

## Overview of process for revision of the Competency Standards

### **Qualitative survey to evaluate existing competency standards**

Aimed to review the existing Competency Standards (concerns, gaps, repetition).

Distributed to all DAA members via an email.

Completed by 161 members (53 clinical dietitians, 17 private practitioners, 20 community/public health practitioners, 2 food services dietitians, 3 food industry dietitians, 35 academics, seven new graduates and 24 practitioners from a range of different other areas).



### **Data analysis to identify gaps, issues, concerns with current standards**

Key issues that were identified:

- \* The need to enhance the focus on client centred care and skills for changing dietary behaviour.
- \* Food service and community and public health nutrition competencies were felt to be out of date with current entry-level practice.
- \* Enhance the professionalism related competencies.
- \* Ensure the competencies were reflective of the changing and modernising health system.
- \* Ensure common understanding of the standards for all of the profession
- \* Restructure, simplify and reduce the size of the standards.



### **Qualitative focus groups to define current and future practice**

A mix of employers (dietitians and non-dietitians) of new graduates across all areas of practice, together with academics and recent graduates were recruited to participate in a focus group.

The focus groups were conducted via teleconference to identify the key purpose of the profession, major work roles (units/domains of competency) and key tasks (elements). The focus groups were also able to gather opinions on the key purpose of the profession and identify issues of concerns or gaps in our current competency standards.



### **Data analysis to inform standards to be tested**

A total of 7 focus groups were conducted. 5 focus groups were conducted with 20 participants (n=15 employers/supervisors (2 non-dietitians and 13 dietitians) and n=5 academics) and 2 focus groups were conducted with eight new graduates.

The data analysis revealed:

- \* The key purpose of the profession needed modernising to reflect current language.
- \* The major work roles differed somewhat from the current units of competency in the standards.
- \* Data defining the key tasks of the profession were confirmed and grouped under major work roles.
- \* There needed to be a restructure in the way the competencies were conceptualised in light of current health workforce developments and new evidence for articulating competence.

The research consultant, together with an expert working group agreed on major work roles and the categories under each work role which were then further developed outside the meeting into typical structure of competency standards. The research consultant used existing DAA standards statements, Health Workforce Australia capability statements or developed new statements drawing from the competency standards literature to develop the data collected from focus groups into the key tasks and activities of entry-level professionals. The research consultant together with the expert working group revised and modified these until the group was satisfied that they adequately reflected the focus group data and were written in the form of competency standards.



### **Modified Delphi survey (2 rounds) seeking consensus on revised standards (major work roles, key tasks and observable and/or measurable actions)**

A modified Delphi survey was constructed. The panel was formulated from web-based search of accredited dietetics programs and academics and practitioners listed as involved in teaching and learning were selected. In addition, the project management committee provided guidance on suitable additional practitioners to include in the sample. A panel of 110 were identified to participate.

Round 1 of the survey was completed by 82 of 110 invited participants (75% response rate – mean 20 years as a dietitian; 56% academic). Overall there was a high level of consensus on the revised standards. Ninety-three percent of the domains, elements and activities achieved >70% consensus by participants in round 1. The domains, elements and activities that did not reach consensus or that were significantly reworded based on participant feedback were included in Round 2 of the survey.

Round 2 of the survey was completed by 67 participants (82% response rate from round 1). All revised standards achieved consensus.



### **Expert working group review and consensus**

The expert working group finalised the standards, checking for duplication and ensuring clarity.