

National Competency Standards for Dietitians in Australia



The National Competency Standards for Dietitians in Australia were originally published in 1993 and reviewed in 1998, 2005 and 2009. This revision was developed in 2014 and endorsed by Dietitians Association of Australia (DAA) in 2015.

The National Competency Standards for Dietitians in Australia are used to facilitate a shared understanding of competency. More specifically they may be used by:

Students to:

- Identify the relationship between their program of learning, assessment and program outcomes
- Determine what they are expected to do by the end of their university study (on entry to the profession)
- Guide their plans for professional development as part the Accredited Practising Dietitian program

Practitioners to:

- Provide a framework for assessment of students
- Guide professional development plans for the Accredited Practising Dietitian mentoring program
- Describe minimum performance in the workplace

Universities to:

- Design and implement dietetic education programs that are compliant with the DAA Accreditation Standards
- Develop curricula and assessment strategies that are aligned with the Competency Standards
- Graduate entry-level dietetic practitioners that are competent against the Competency Standards.

DAA to:

- Inform standards for accreditation of university programs
- Guide the assessment processes of dietitians whose qualifications are not from Australia and for dietitians returning to practice
- Describe safe performance in the workplace

By patients, clients and the community to:

- Establish the expected knowledge, skills and behaviours of dietitians and provide the standards against which the public can expect safe practice

Domain 1. Practises professionally	
Key Tasks/Elements	Observable and/or measurable actions
1.1 Demonstrates safe practice	1.1.1 Reviews and evaluates the impact of own practice on improving nutritional health 1.1.2 Recognises own professional limitations and the profession's scope of practice and seeks assistance as necessary 1.1.3 Accepts responsibility for and manages, implements and evaluates own personal health and well-being 1.1.4 Shows a commitment to professional development and conduct and lifelong learning 1.1.5 Consistently demonstrates reflective practice in collaboration with supervisors, peers and mentors 1.1.6 Accepts responsibility for own actions 1.1.7 Demonstrates flexibility, adaptability and resilience and the ability to manage own emotions
1.2 Practises within ethical and legal frameworks	1.2.1 Exercises professional duty of care in accordance with relevant codes of conduct, ethical requirements and other accepted protocols 1.2.2 Demonstrates integrity, honesty and fairness 1.2.3 Prepares appropriate documentation according to accepted standards
1.3 Demonstrates professional leadership	1.3.1 Uses negotiation and conflict resolution skills when required 1.3.2 Develops and maintains a credible professional role by commitment to excellence of practice 1.3.3 Seeks, responds to, and provides, effective feedback 1.3.4 Participates in mentoring 1.3.5 Demonstrates initiative by being proactive and developing solutions to problems
1.4 Practises effectively	1.4.1 Applies organisational, business and management skills in the practice of nutrition and dietetics (effective time, workload and resource management) 1.4.2 Utilises suitable evaluation tools to review effectiveness of practice 1.4.3 Identifies and assesses risks, follows risk management protocols and develops basic risk management strategies for services 1.4.4 Utilises relevant technology and equipment efficiently, effectively and safely 1.4.5 Applies the principles of marketing to promote healthy eating and influence dietary change
1.5 Demonstrates cultural competence	1.5.1 Reflects on own culture, values and beliefs and their influence on practice 1.5.2 Seeks out culturally specific information to inform practice 1.5.3 Works respectfully with individuals, groups and/or populations from different cultures

Domain 2. Positively influences the health of individuals, groups and/or populations to achieve nutrition outcomes	
Key Tasks/Elements	Observable and/or measurable actions
2.1 Applies an evidence-based approach to nutrition and dietetics services	2.1.1 Collects, analyses and interprets relevant health, medical, cultural, social, psychological, economic, personal, environmental, dietary intake, and food supply data in determining nutritional status 2.1.2 Makes appropriate nutrition diagnoses and identifies priority nutrition issues based on all available information 2.1.3 Prioritises key issues, formulates goals and objectives and prepares goal oriented plans in collaboration with patient/client or carer, community/population/service, other members of the health care team, key stakeholders and partners 2.1.4 Implements, evaluates and adapts nutrition care plans/programs/services in collaboration with patient/client or carer, community/population/service and other members of the health care team or key stakeholders and/or partners
2.2 Influences the food supply to improve the nutritional status of individuals, groups and/or populations	2.2.1 Applies an approach to practice that recognises the multi-factorial and interconnected determinants influencing nutrition and health 2.2.2 Identifies opportunities and advocates for change to the wider social, cultural and/or political environment to improve nutrition, food standards or the food supply in various settings 2.2.3 Acknowledges the multiple factors that influence food choice and the provision of service 2.2.4 Uses food legislation, regulations and standards to develop, implement and evaluate food systems to maintain food safety 2.2.5 Applies a socio-ecological approach to the development of strategies to improve nutrition and health
2.3 Facilitates optimal food choice and eating behaviours for health	2.3.1 Applies a highly developed knowledge of nutrition science, health and disease, food and food preparation methods to tailor recommendations to improve health of individuals, groups and/or populations 2.3.2 Displays effective active listening, interviewing and interpersonal skills to better understand perspectives of clients, carers, groups and key stakeholders to inform approaches and influence change 2.3.3 Uses client-centred counselling skills to negotiate and facilitate nutrition, behaviour and lifestyle change and empower clients with self-management skills

Domain 3. Applies critical thinking and integrates evidence into practice	
Key Tasks/Elements	Observable and/or measurable actions
3.1 Uses best available evidence to inform practice	3.1.1 Adopts a questioning and critical approach in all aspects of practice 3.1.2 Gathers, critiques, uses and shares research and information to support sound decision making with key stakeholders 3.1.3 Applies problem-solving skills to create realistic solutions to nutrition problems or issues
3.2 Conducts research, evaluation and quality improvement processes using appropriate methods	3.2.1 Identifies and selects appropriate research methods to investigate food and nutrition problems 3.2.2 Applies ethical processes to research and evaluation 3.2.3 Collects, analyses and interprets qualitative and quantitative research and evaluation data 3.2.4 Accurately documents and disseminates research, quality improvement and evaluation findings

Domain 4. Collaborates with clients and stakeholders	
Key Tasks/Elements	Observable and/or measurable actions
4.1 Communicates appropriately with individuals, groups, organisations and communities from various cultural, socio-economic, organisational and professional backgrounds	4.1.1 Practises in a manner that encompasses the needs, preferences and perspectives of others 4.1.2 Demonstrates empathy and establishes trust and rapport to build an effective relationship with client, carers, families, colleagues, community and other key stakeholders 4.1.3 Translates technical information into practical advice on food and eating and other relevant topics 4.1.4 Adapts and tailors communication appropriately for specific audiences 4.1.5 Communicates clearly and concisely to a range of audiences using a range of media
4.2 Builds capacity of and collaborates with others to improve nutrition and health outcomes	4.2.1 Shares information with and acts as a resource person for colleagues, community and other agencies 4.2.2 Identifies, builds relationships with and assists in implementing plans with key stakeholders who have the capacity to influence food intake and supply 4.2.3 Empowers individuals, groups and/or the broader community to improve their own health through engagement, facilitation, education and collaboration
4.3 Collaborates within and across teams effectively	4.3.1 Promotes a high standard of nutrition care, while respecting the goals and roles of clients and other professionals, key stakeholders or groups 4.3.2 Participates in collaborative decision making, shared responsibility, and shared vision within a team 4.3.3 Shares responsibility for team action, recognising the diverse roles and responsibilities other team members play 4.3.4 Guides and supports other team members and peers 4.3.5 Actively promotes the role of a Dietitian and the broader profession of nutrition and dietetics

Domain 1. Practises professionally		
Elements	Performance criteria	Definition of key terms
1.1 Demonstrates safe practice	1.1.1 Reviews and evaluates the impact of own practice on improving nutritional health 1.1.2 Recognises own professional limitations and the profession's scope of practice and seeks assistance as necessary 1.1.3 Accepts responsibility for and manages, implements and evaluates own personal health and well-being 1.1.4 Shows a commitment to professional development and conduct and lifelong learning 1.1.5 Consistently demonstrates reflective practice in collaboration with supervisors, peers and mentors 1.1.6 Accepts responsibility for own actions 1.1.7 Demonstrates flexibility, adaptability and resilience and the ability to manage own emotions	<p><i>Safe practice:</i> practice of health-professionals and their interaction with patients that leads to positive health outcomes.¹</p> <p><i>Professional conduct:</i> behaviours exhibited in line with the DAA Code of Professional Conduct² and Statement of Ethical Practice.³</p> <p><i>Scope of practice:</i> the breadth and extent of safe dietetic practice for an individual practitioner. The DAA Code of Professional Conduct² and Statement of Ethical Practice³ describe the skills, knowledge, attitudes and ethical behaviour expected of the practice of dietitians.</p> <p><i>Health:</i> is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.⁴</p> <p><i>Well-being:</i> the combination of feeling good and functioning effectively⁵ whereby an individual manages both positive and negative emotions and has some control their life with helpful relationships.⁵</p> <p><i>Professional development:</i> the process of identifying learning needs, making plans for personal and professional development, implementing plans and reflecting on practice.⁶</p> <p><i>Resilience:</i> a personal and cultural strategy for surviving and even transcending adversity.⁷</p> <p><i>Reflective practice:</i> the process of reviewing an experience you have had, identifying what happened, your behaviour, thinking and emotions and building on this experience for future practice.⁸</p>
1.2 Practises within ethical and legal frameworks	1.2.1 Exercises professional duty of care in accordance with relevant codes of conduct, ethical requirements and other accepted protocols 1.2.2 Demonstrates integrity, honesty and fairness 1.2.3 Prepares appropriate documentation according to accepted standards	<p><i>Ethical framework:</i> practices to Statement of Ethical Practice³ with clients and the community.</p> <p><i>Legal framework:</i> practices according to the DAA Code of Professional Conduct² privacy legislation, and other relevant organisational laws and systems.</p> <p><i>Applicable codes of ethics and conduct:</i> may include but are not limited to the DAA Code of Conduct and Statement of Ethical Practice, workplace policies, National Statement on Ethical Conduct, Privacy, Equal Opportunity</p>
1.3 Demonstrates professional leadership	1.3.1 Uses negotiation and conflict resolution skills when required 1.3.2 Develops and maintains a credible professional role by commitment to excellence of practice 1.3.3 Seeks, responds to, and provides, effective feedback 1.3.4 Participates in mentoring 1.3.5 Demonstrates initiative by being proactive and developing solutions to problems	<p><i>Excellence of practice:</i> aspires to and is committed to improve knowledge, skills and abilities.</p> <p><i>Effective Feedback:</i> the process whereby learners become judges of their own performance, drive feedback from peers and supervisors and where education allows opportunities for learners to build on all feedback received.⁹</p> <p><i>Mentoring:</i> a reciprocal learning process whereby two individuals support each other's professional and personal development.¹⁰</p>
1.4 Practises effectively	1.4.1 Applies organisational, business and management skills in the practice of nutrition and dietetics (effective time, workload and resource management) 1.4.2 Utilises suitable evaluation tools to review effectiveness of practice 1.4.3 Identifies and assesses risks, follows risk management protocols and develops basic risk management strategies for services 1.4.4 Utilises relevant technology and equipment efficiently, effectively and safely 1.4.5 Applies the principles of marketing to promote healthy eating and influence dietary change	<p><i>Organisational, business and management skills:</i> the approach to individual workload management, working in small teams and skills and knowledge of team dynamics as applied to an individual work practice, utilising these skills as an employee.</p> <p><i>Technology:</i> advancements in materials, information technology or other components to support practice.</p> <p><i>Marketing:</i> in the context of dietetics practice and these standards, it is a process by which healthy eating or dietary behaviour change is identified, developed, priced, placed and promoted to create consumer demand.¹¹</p>
1.5 Demonstrates cultural competence	1.5.1 Reflects on own culture, values and beliefs and their influence on practice 1.5.2 Seeks out culturally specific information to inform practice 1.5.3 Works respectfully with individuals, groups and/or populations from different cultures	<p><i>Culturally competent:</i> the ability to be inclusive, effective and sensitive to the cultural, linguistic and spiritual needs of groups other than your own.¹²</p>

Examples of strategies to support the development of competence:

- evidence of workload management at university (eg. submission of assessment tasks on time, timely attendance) and in practice (managing typical new graduate workload)
- peer or teamwork assessment, taking a role as leader and team member with accompanying reflection on role in team and areas for improvement
- critical incident reflection regarding a key incident with peer or other professional or an observation of optimal/suboptimal healthcare
- reporting on development of plans to address nutrition problems
- feedback from a patient/client of Aboriginal or Torres Strait Islander or Culturally and Linguistically diverse background
- client/group members feedback on ability to market nutrition messages
- continuing professional development or learning plans/goals with evidence of progression towards achievement of goals over time
- direct supervisors feedback on compliance with relevant ethical and legal processes
- feedback from direct supervisors, clients or peers on performance criteria above
- marketing or business plan, grant/project proposal with budget
- peer mentoring of fellow students and other non-dietetic staff
- reflection on factors (personal, environmental, knowledge) that influence performance

Contexts include all areas of supervised practice, such as: public and private hospitals, clinics, community health care centres, private practice, health care agencies, residential aged care facility and hostels, education institutions and private industry.

Comments regarding evidence of entry-level:

Competence is a point on the spectrum of improving performance from beginner to advanced practitioner. The competence of any one individual at any point in time will depend on the complexity of the situation, the environment of practice and the personal state of the individual professional. Entry level competence is demonstrated when individuals have had some experience, and are able to make autonomous decisions regarding nutrition problems with limited complexity, based on process and the analysis of the situation.¹³ There should be no expectation that complex issues are managed autonomously by an entry-level practitioner.

Domain 2. Positively influences the health of individuals, groups and/or populations to achieve nutrition outcomes		
Elements	Performance criteria	Definition of key terms
2.1 Applies an evidence-based approach to nutrition and dietetics services	2.1.1 Collects, analyses and interprets relevant health, medical, cultural, social, psychological, economic, personal, environmental, dietary intake, and food supply data in determining nutritional status	<p><i>Evidence based approach:</i> approach to practice whereby the practitioner uses best available scientific evidence to inform assessment and interventions including the use of critical thinking and clinical reasoning to inform decisions.¹⁴ 'Critical thinking is described as purposeful, self-regulatory judgement which results in interpretation, analysis, evaluation, and inference [needed to] ... effectively manage complex care situations'.¹⁵ Clinical reasoning is defined as 'the cognitive processes involved in making judgments ...followed by a determined course of action'¹⁶ underpinned by critical thinking.</p> <p><i>Nutrition and dietetics services:</i> the provision appropriate food or dietary assessment, intervention and monitoring to individuals, groups and populations to improve health outcomes taking into account the holistic needs of those individuals, groups or populations.</p> <p><i>Nutrition diagnosis:</i> part of the nutrition care process which is a systematic approach to providing high-quality nutrition care or services. It consists of distinct yet interrelated steps: Nutrition Assessment, Diagnosis, Intervention and Monitoring/Evaluation as applied to individuals, groups and/or populations.¹⁷</p> <p><i>Patient/client:</i> recipient (individual, providers or funders) of a health care service from a healthcare professional.</p> <p><i>Carer:</i> individual who provides ongoing personal care, support and/or assistance to another individual.</p> <p><i>Community/Population:</i> a group who share a similar characteristic or geographical location.</p> <p><i>Service:</i> a system supplying a need.</p> <p><i>Health care team:</i> professionals from a range of disciplines who work together to deliver comprehensive care or services.</p> <p><i>Stakeholders:</i> individuals or organisations that are invested in an issue.</p> <p><i>Partners:</i> individuals who are unified with others in an issue, circumstance or situation.</p>
	2.1.2 Makes appropriate nutrition diagnoses and identifies priority nutrition issues based on all available information	
	2.1.3 Prioritises key issues, formulates goals and objectives and prepares goal oriented plans in collaboration with patient/client or carer, community/population/service, other members of the health care team, key stakeholders and partners	
	2.1.4 Implements, evaluates and adapts nutrition care plans/programs/ services in collaboration with patient/client or carer, community/ population/service and other members of the health care team or key stakeholders and/or partners	
2.2 Influences the food supply to improve the nutritional status of individuals, groups and/or populations	2.2.1 Applies an approach to practice that recognises the multi-factorial and interconnected determinants influencing nutrition and health	<p><i>Food supply:</i> production and distribution of food, including the way consumers eat (prepare and consume) food, retail, processing, growing and distributing food.</p> <p><i>Nutritional status:</i> outcome of a validated assessment process to provide objective evidence regarding an individual, group or populations nutrition related health.¹⁸</p> <p><i>Multi-factorial and interconnected determinants:</i> the multiple factors (see below) which are known to contribute to health.¹⁹</p> <p><i>Advocates:</i> acts on behalf of for individuals, groups and/or communities to gather commitment, support, and policy change around a health issue.²⁰</p> <p><i>Food legislation and regulation:</i> the relevant authoritative laws and rules that stipulate food composition, safety and standards.²¹</p> <p><i>Food safety:</i> the provision of safe food which is food that does not cause physical harm to any individual who eats the food. Safe food is not damaged, perished, nor contains physical, biological or chemical matter that could cause harm.²¹</p> <p><i>Food standards:</i> guidelines and laws that relate to the provision of meals/menus,²² labelling, composition and marketing of foods.²¹</p> <p><i>Multiple factors:</i> the social, political, economic, environmental, cultural and behavioural factors influencing health.¹⁹</p> <p><i>Service:</i> a system supplying a need.</p> <p><i>Food systems:</i> activities related to the production and supply of food, including the way consumers eat (prepare and consume) food, retail, processing, advertising and marketing, growing and distributing food - the food supply system - all of which have the potential to influence health.²³</p> <p><i>Socio-ecological:</i> an approach that recognises the individual, institutional, organizational, community and public policy factors influencing health. It assumes that changes in the social environment will produce health behaviour change for individuals.²⁴</p>
	2.2.2 Identifies opportunities and advocates for change to the wider social, cultural and/or political environment to improve nutrition, food standards or the food supply in various settings	
	2.2.3 Acknowledges the multiple factors that influence food choice and the provision of service	
	2.2.4 Uses food legislation, regulations and standards to develop, implement and evaluate food systems to maintain food safety	
	2.2.5 Applies a socio-ecological approach to the development of strategies to improve nutrition and health	

Domain 2. Positively influences the health of individuals, groups and/or populations to achieve nutrition outcomes

Elements	Performance criteria	Definition of key terms
<p>2.3 Facilitates optimal food choice and eating behaviours for health</p>	<p>2.3.1 Applies a highly developed knowledge of nutrition science, health and disease, food and food preparation methods to tailor recommendations to improve health of individuals, groups and/or populations</p> <p>2.3.2 Displays effective active listening, interviewing and interpersonal skills to better understand perspectives of clients, carers, groups and key stakeholders to inform approaches and influence change</p> <p>2.3.3 Uses client-centred counselling skills to negotiate and facilitate nutrition, behaviour and lifestyle change and empower clients with self-management skills</p>	<p><i>Food preparation methods:</i> includes shopping, cooking, presenting food as well as chemical properties of food when cooked and its effect on composition and also practical application to meals and dietary patterns.</p> <p><i>Client-centred counselling:</i> an approach whereby health care practice supports client/patient autonomy and choice through a partnership between the practitioner and client. The approach assumes both practitioner and client have responsibility to improve health and involves strategies that enable the client to achieve health outcomes.²⁵</p> <p><i>Active listening:</i> the act of alert intentional hearing, interpretation, and demonstration of an interest in what a person has to say through verbal signal, nonverbal gestures, and body language.</p> <p><i>Empower:</i> an approach that supports individuals to be able to address their own health such that they have increasing control over their own health.²⁶</p> <p><i>Self-management:</i> engaging clients in activities to support them to manage their own health.²⁷</p>

Examples of strategies to support the development of competence:

- documented nutrition care plans or patient/client case notes, including clinical reasoning and decision making and opportunity to demonstrate in practice
- facilitating a nutrition education session using client-centred approaches to support nutrition and health outcomes
- development of nutrition education materials in consultation with clients or the target group
- client/patient encounter involving assessment and translation of scientific knowledge into client-centred practical advice that supports behaviour change
- evidence of client/patient/community/population nutrition related health outcomes as a consequence of care/input
- implementing recommendations from project reports, governance documents, practice guidelines
- reports of quality audits (eg. meal quality assessment), systems review of food services (eg. review of meal delivery system or menu management system)
- assessment of meals meeting client/group requirements
- completion of client satisfaction surveys for clinical nutrition or food services, evaluation of consumption and/or food wastage
- food service menu analysis and recommendation action plan developed in consultation with key personnel or outcome of such work
- a community situational and determinant analysis, community consultation, community led intervention and evaluation or outcome of such work
- planning for, or implementation of, a program/policy/project/change related to addressing a population nutrition problem/issue
- evaluation of an existing program/policy/project related to addressing a population nutrition problem/issue or food service system

Applications may include but are not limited to: simulated settings (eg. role plays, student clinics, Objective Structured Clinical Exam), individuals, small groups, institutions, communities or populations where dietary behaviour change is the intended outcome.

Contexts include, but are not limited to: hospital in and out-patient settings, residential aged care facilities, community health centre, client-residence, private practice, general practice, Aboriginal Community Controlled Health Service, worksite, government and non-government agencies such as population health units, community health centres, welfare agencies, schools, long day care centres, Aboriginal communities, food production, development and manufacturing including advocacy in food industry, retail settings, meals on wheel services, boarding schools, university colleges, prisons, detention centres, live-in worksites (eg. mines), central production units.

Comments regarding evidence of entry-level:

- Student placement learning experience limitations may not enable students to demonstrate:
- Management of every type of clinical case, food service setting or population group. Students must demonstrate application in practice of the nutrition care process, as it applies to a variety of health and disease states throughout the lifecycle and demonstrate the ability to transfer learning to other contexts.
 - All components of the planning implementation and evaluation for services, groups and populations, however students must demonstrate that they know where their practical experience sits within the context of these processes and provide evidence of knowledge and skills in each of the other stages through documentation. This could be achieved through simulated menu reviews or situational analyses, proposals, reports, case or problem based learning activities, written or oral exams.
 - Assessment of competence must be based on a system of assessment that uses multiple pieces of evidence to inform decisions regarding competence over time, by people, adequately experience and qualified to be making decisions about competence, rather than just being based on single performances or encounters in single settings/context. Overall competence judgement needs to be assessed by more than one person.

Domain 3. Applies critical thinking and integrates evidence into practice			
Key Tasks/Elements	Performance criteria		Definition of key terms
3.1 Uses best available evidence to inform practice	3.1.1 Adopts a questioning and critical approach in all aspects of practice 3.1.2 Gathers, critiques, uses and shares research and information to support sound decision making with key stakeholders 3.1.3 Applies problem-solving skills to create realistic solutions to nutrition problems or issues		<p><i>Critical thinking</i>: is described as purposeful, self-regulatory judgement which results in interpretation, analysis, evaluation, and inference [needed to] ... effectively manage complex care situations.¹⁵</p> <p><i>Best-available evidence</i>: the highest level of evidence according to study design hierarchy that is available in the scientific literature to inform practice.¹⁴</p>
3.2 Conducts research, evaluation and quality improvement processes using appropriate methods	3.2.1 Identifies and selects appropriate research methods to investigate food and nutrition problems 3.2.2 Applies ethical processes to research and evaluation 3.2.3 Collects, analyses and interprets qualitative and quantitative research and evaluation data 3.2.4 Accurately documents and disseminates research, quality improvement and evaluation findings		<p><i>Research</i>: the systematic examination of an issue or topic in order to obtain new information and reach new conclusions.</p> <p><i>Evaluation</i>: an assessment of the degree to which a desired program/service/system achieves its intended process, impact or outcomes.</p> <p><i>Quality improvement</i>: a process aimed to change practice that is undertaken to improve, evaluate or formalise processes, systems or service, usually at a local level.²⁸</p> <p><i>Research methods</i>: include a range of quantitative and qualitative and approaches that are used to inform study design.²⁹</p> <p><i>Appropriate methods</i>: in this context refers to feasible, practical, valid/credible, reliable/dependable strategies and/or approaches.</p> <p><i>Ethical processes</i>: methods that take into consideration issues related to collecting data from humans and reporting on it that comply with the Declaration of Helsinki³⁰ and National Health and Medical Research Council National statement on ethical conduct in human research.³¹</p> <p><i>Qualitative methods</i>: research strategies that emphasise words rather than numbers in data collection and analysis. The focus of qualitative research is on the generation of theories.²⁹</p> <p><i>Quantitative methods</i>: research strategies that emphasise numbers in data collection and analysis. The focus of quantitative research is on the testing of theories.²⁹</p> <p><i>Disseminates</i>: process of sharing results to others to enhance their impact and influence change.³²</p> <p><i>Key stakeholders</i>: individuals, groups and organisations with an interest or stake in, and the potential to influence, an issue.³³</p> <p><i>Nutrition problems/issues</i>: a topic that is considered important or a priority to address that is related to nutrition in its broadest sense, they may be social, political, economic, environmental, cultural and behavioural factors influencing nutrition.</p>

Examples of strategies to support the development of competence:

- a review of the literature relevant to practice, such as evidence based guidelines or a systematic literature review
- research, evaluation or quality improvement project reports
- research papers (suitable for submission into a peer reviewed journal) or thesis
- presentation of research, evaluation or quality improvement activity in a state or national conference-type (eg. within the university setting) format (oral or poster)
- facilitation of a workshop or discussion group to present gathered evidence and support plans for the way forward

Comments regarding evidence of entry-level:

Students are not required to undertake an individual research project, but may work as individuals or groups and use research, evaluation or quality improvement processes, to systematically identify questions for inquiry, use valid/credible and reliable/dependable research methodologies to answer questions, analyse using appropriate methods and document and disseminate outcomes to support the translation of the findings into practice contexts. The emphasis should be on meaningful workplace focussed projects that add authenticity to the learning experience and a process of review/research applied to these projects.

Domain 4. Collaborates with clients and stakeholders			
Key Tasks/Elements	Observable and/or measurable actions		Definition of key terms
4.1 Communicates appropriately with individuals, groups, organisations and communities from various cultural, socio-economic, organisational and professional backgrounds	4.1.1	Practises in a manner that encompasses the needs, preferences and perspectives of others	<p><i>Empathy</i>: a personality trait that enables one to identify with another's situation, thoughts, or condition by placing oneself in their situation.³⁴</p> <p><i>Communicates appropriately</i>: ability to tailor or adapt communication based on the situation and feedback from the recipients in the context of stage of personal and professional development.</p> <p><i>Empowerment</i>: an approach that supports individuals to be able to address their own health such that they have increasing control over their own health.²⁶</p> <p><i>Media</i>: a method of communication that extends to a wide range of people and aims to influence them. In a range of forms - print (eg. magazine, newspaper etc.), electronic (television, internet, radio, blog etc).</p> <p><i>Capacity building</i>: process by which individual, groups and communities are enabled to take control over improving their health to increase the sustainability of health outcomes.³⁵</p> <p><i>Collaborates</i>: the process of working with others, including demonstration of active listening, teamwork, negotiation and sharing.</p>
	4.1.2	Demonstrates empathy and establishes trust and rapport to build an effective relationship with client, carers, families, colleagues, community and other key stakeholders	
	4.1.3	Translates technical information into practical advice on food and eating and other relevant topics	
	4.1.4	Adapts and tailors communication appropriately for specific audiences	
	4.1.5	Communicates clearly and concisely to a range of audiences using a range of media	
4.2 Builds capacity of and collaborates with others to improve nutrition and health outcomes	4.2.1	Shares information with and acts as a resource person for colleagues, community and other agencies	<p><i>Team</i>: a group of people who come together to develop a shared goal and work together towards achievement of that goal.</p> <p><i>Peers</i>: a person who is equal to another in abilities, and qualifications that provides feedback, support and guidance.</p> <p><i>Promotes</i>: the process of actively supporting or encouraging an outcome.</p>
	4.2.2	Identifies, builds relationships with and assists in implementing plans with key stakeholders who have the capacity to influence food intake and supply	
	4.2.3	Empowers individuals, groups and/or the broader community to improve their own health through engagement, facilitation, education and collaboration	
4.3 Collaborates within and across teams effectively	4.3.1	Promotes a high standard of nutrition care, while respecting the goals and roles of clients and other professionals, key stakeholders or groups	
	4.3.2	Participates in collaborative decision making, shared responsibility, and shared vision within a team	
	4.3.3	Shares responsibility for team action, recognising the diverse roles and responsibilities other team members play	
	4.3.4	Guides and supports other team members and peers	
	4.3.5	Actively promotes the role of a Dietitian and the broader profession of nutrition and dietetics	

Examples of strategies to support development of competence:

- peer assessment of performance within team context or with others
- personal reflection on own role in team and teamwork performance and management of conflict within groups or teams
- feedback from supervisors/other health professionals, members of interdisciplinary team on functional ability within team or outcomes
- feedback from supervisors/preceptors/clients/carers/colleagues on interpersonal style
- undertaking critique of existing resources and/or development of nutrition education resources for individual, group or other professionals
- media article written for newspaper
- demonstrated outcomes/product of team/group work
- training or providing knowledge to others with evidence of participants evaluation of training

Comments regarding evidence of entry-level:

Students will have the opportunity to work in a range of different teams. Assessment on their ability to collaborate with clients, peers, colleagues and stakeholders should be made based on multiple piece of evidence, including, but not limited to, their ability to function as a member of a team and work-based placement experience where they work with other health professionals and/or key staff (eg. food service staff or community members) to achieve outcomes.

Interprofessional learning competency statements³⁶ may provide a useful guide from which to base assessment of outcomes for entry-level practitioner. They state what a graduate of any professional entry-level health care degree will be able to at the completion of a program of study.

Questions to assist in interpretations of the Competency Standards:

What are the competency standards for dietitians in Australia?

The National Competency Standards for Dietitians are statements that describe the function of a dietitian in Australia. They comprise domains, elements and performance criteria. The domains describe the major work roles of the profession and the elements describe the key tasks needed to perform work roles. The performance criteria describe the observable or measurable actions that a dietitian performs in practice.

What is the different between competence and competency?

Competency is a skill whereas **competence** is the attribute of a person's practice in context.

Professional **competence** is "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection"³⁷ and "the bringing together of different components to perform, do something successfully or manage complex situations".³⁸

Competency on the other hand is defined as "an observable ability ... integrating ... knowledge, skills, values and attitudes".³⁹

Competence is a point on the spectrum of improving performance from novice to expert⁴⁰ that will vary for any one individual depending on the complexity of the situation and environment of practice.¹³ Professional competence is about being able to make a judgement in a situation based on evidence and rules. Competence has been defined as a situation where "individuals have some experience, they are able to make some autonomous decision but they deal with complexity, based on rules and the analysis of the situation".¹³

What does entry-level competence look like?

The Dreyfus model of skills acquisition has been used effectively to describe the development of skills in dietetics⁴¹ and other health professions.¹³ This model has been adapted and describes a process of continual performance improvement from incompetent to master. In the adaption the following descriptions have been used to classify attributes against the levels of performance Khan, K. and S. Ramachandran (2012).¹³

Incompetent:	Unable to perform. Training and supervision needed to move up to the novice level.
Novice:	Rules-based performance. Unable to deal with complexity. Tasks seen in isolation. Direct supervision needed at all times.
Advanced-beginner:	Guidelines-based performance. Able to achieve partial resolution of complex tasks. Task seen as a series of steps. Able to perform routine tasks under indirect supervision. Direct supervision needed for complex tasks only.
Competent:	Performance not solely based on rules and guidelines but also previous experience. Able to deal with complexity with analysis and planning. Task seen as one construct. Able to perform routine complex tasks the majority of the time.
Proficient:	Perform mostly based on experience. Able to perform on acceptable standards routinely. Able to deal with complexity analytically. Related option also seen beyond the given task. Still needing supervision for non-routine tasks.
Expert:	Performance based on experience and intuition. Achieves excellent performance. In complex situations moves easily between analytical and intuitive solutions. All options related to the given task are considered.
Master:	Performance becomes a reflex in most common situations. Sets new standards of performance. Mostly deals with complex situations intuitively. Has a unique vision of what may be possible related to the given task.

What is the relationship between the competency standards and accreditation standards?

Competency standards (also referred to as professional standards) are statements that "provide a focus on observable outcomes"⁴² of competence. "Accreditation standards are used to assess whether a program of study, and the education provider that provides the program of study, provides graduates of the program with the knowledge, skills and professional attributes to practise the profession".⁴³ Accreditation standards are informed by the competency standards which shape the direction of evidence needed to be presented in order for a course to be accredited. There will not be a single way for an education program to ensure students meet competency standards, but a professional accrediting body will enforce additional standards and requirements to ensure these are met for current students and for ongoing enrolments.

What is competency based education and assessment?

Competency based education is the development of dietetics courses curriculum which includes, teaching and learning strategies focused on preparing students for the practice of their profession - defined by competency standards. Competency based assessment is part of a competency based education system that recognises that multiple pieces of evidence, including skills and competency, contribute to the judgement of competence.⁴⁴ Competency based assessment is both evidence of simulated and actual performance in the workplace. The emphasis is on the evidence providing an indication of achievement or ability against the competency standards. Evidence should be objective and based on actual observation of performance, ideally across more than a single setting or context.

Should milestones be used to assess competence?

Competency based education is focussed on outcomes. As such, in this model, demonstration of competence is not based on time, but rather achievement of competencies or these outcomes. A description of the standard that is expected to be achieved rather than achievement of that standard within a period of time is recommended.⁴⁵ Within this approach, judgement should be formulated using competency standards to guide, discuss and describe individual performance rather than as a list of elements to be 'ticked off'. As such, milestones should not be viewed as a task list that needs to be completed but rather use competency standards as words to assist describe the standard of performance.⁴⁶

Is it expected that a dietitian can demonstrate all domains, elements and performance criteria?

Yes. Competence is the sum of all the different individual competency statements. The domains and their elements and performance criteria together describe the work role of a dietitian in Australia. The many elements and performance criteria are interrelated and are all expected from the practice of a dietitian. However, it is not expected that students demonstrate in practice every nutrition related care process for every different type of disease, community or service system issue as assessment in the work based setting are variable and unstandardized.⁴⁷ Good assessment promotes sampling key tasks to develop a picture of competence.⁴⁶

What assessment would provide evidence of achievement of competence?

Competence must be viewed as a whole. The evidence guide provided in the competency standards document provides a guide to the evidence that supports decision making about entry-level competence. It is suggested that a wide range of simulated and workplace based placement experiences, across multiple settings and contexts will provide students with the opportunity to acquire knowledge and skills and experience learning required and undertake assessment to provide evidence of achievement of competence. It is acknowledged that these skills and abilities will be developed and assessed in both the university as well as placement (work-based) setting. In the work-based settings some evidence may be required from multiple sites/settings/contexts. Demonstration of the day to day activities required of a professional in the work setting are a key part of the evidence.⁴⁸

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