



JOINT STATEMENT ON THE ROLE OF ACCREDITED PRACTISING DIETITIANS AND DIABETES EDUCATORS IN THE DELIVERY OF NUTRITION AND DIABETES SELF MANAGEMENT EDUCATION SERVICES FOR PEOPLE WITH DIABETES

APPROVED BY THE BOARDS OF THE AUSTRALIAN DIABETES EDUCATORS ASSOCIATION AND THE DIETITIANS ASSOCIATION OF AUSTRALIA – JUNE 2005

Introduction

Diabetes care consists of three components: participant self-management; diabetes self-management education (DSME); and clinical management.

Diabetes care is typically delivered by a multidisciplinary team of medical, nursing and allied health professionals each of which contributes the specific set of knowledge and skills acquired through training and experience in their primary discipline. Individual health professionals within multidisciplinary diabetes education teams work within the scope of practice of their primary discipline and according to position descriptions within their place of employment and within legislation and regulatory constraints.

Diabetes self-management education (DSME) is a highly specialised extension of the diabetes educator's primary discipline requiring advanced diabetes management, education and counselling skills rather than an advanced practice role within the health professional's primary discipline.

The nutrition management component of diabetes care includes both general nutrition education (GNE) and a clinical component, medical nutrition therapy (MNT). GNE, a component of DSME, covers a range of nutrition topics required by all people with diabetes and may be delivered by both dietitians and qualified diabetes educators. MNT involves individualised nutrition recommendations and is provided by dietitians.

Post-graduate training programs in diabetes education and opportunities for expanded spheres of practice have resulted in the practice of diabetes education becoming more *interdisciplinary* in nature. This has resulted in overlap of function of the various team members and a need to provide clarity around the roles of diabetes educators and dietitians.

Purpose

The purpose of this paper is to:

- clarify the roles and responsibilities of Accredited Practising Dietitians and diabetes educators with respect to the delivery of medical nutrition therapy and general nutrition education and
- encourage all diabetes service providers to value and respect the roles and expertise of individual team members.

This paper should be read in conjunction with *The Role of the Diabetes Educator in Australia*, and other standards of practice produced by both Associations and other relevant standards.

Meeting Needs in Diabetes Care

The goal of diabetes care is to improve the health outcomes for people with diabetes using a client / family focussed approach. Diabetes self-management education, in conjunction with an individualised clinical care plan and regular monitoring and review, prepares participants to make informed decisions, engage in effective diabetes self-management, and implement self-care behaviours that allow individuals to maximise their physical and psychological well-being.

1. Diabetes Self-Management Education

DSME is the process of facilitating the development of knowledge, skills, attitudes and behaviours that enable the person with diabetes to perform self-care on a day to day basis. Behaviour change is the immediate goal (and the unique outcome measure) of DSME and one of the foundations through which clinical outcomes are achieved.

Seven domains of diabetes self care behaviours have been identified as contributing to the effectiveness of DSME:

- making appropriate food choices;
- being physically active;
- using medications for therapeutic effectiveness;
- monitoring blood glucose and using results to achieve improved glycaemic control;
- problem solving for varying blood glucose levels, including sick day management;
- reducing the risks of diabetes complications;
- psychosocial adaptation to diabetes.

DSME is a collaborative process between the client and their multidisciplinary team that involves:

- assessing the client's education needs;
- planning the teaching, learning and behaviour change intervention;
- implementing the plan;
- evaluating the intervention;
- documenting the process and outcomes and communicating with other care providers.

NOTE: The initiation or adjustment of insulin is an advanced clinical management role. Health professionals are referred to the *National Standards for the Development and Quality Assessment of Services Initiating Insulin Therapy in the Ambulatory Setting* to ensure they meet relevant competency, legal and policy standards before becoming involved in this area of practice.

2. Nutrition Management of Diabetes.

The underlying goal of nutrition management in diabetes care is to facilitate the development of knowledge, skills, attitudes and behaviours to enable the person with diabetes to make appropriate food choices on a day to day basis with an outcome of better diabetes management and a reduced risk of diabetes complications.

Nutrition management includes both general nutrition education and medical nutrition therapy. GNE covers a range of nutrition topics required by all people with diabetes. It is an integral component of DSME. GNE may be provided to groups or individuals and can be given as introductory information at diagnosis and as part of ongoing education. On the other hand, MNT forms part of the clinical management for people with diabetes and is only provided by dietitians. MNT builds on GNE and is an individualised and comprehensive clinical intervention.

2.1 General Nutrition Education

General nutrition education, a component of DSME, provides a basic level of nutrition information on a range of topics.

General nutrition education topics are required by all people with diabetes and include:

- general information on the role of food in diabetes management;
- basic food composition i.e., identification of protein, fat and carbohydrate sources;
- general aims of dietary intervention;
- prevention and treatment of hypoglycaemia;
- role of carbohydrate containing foods with respect to medication (oral or insulin);
- adjustment of carbohydrate intake with respect to usual physical activity;
- appropriate food choices for illnesses of short duration;
- tips for cooking, shopping, eating out and recipe modification to promote healthy food choices;
- general recommendations regarding food requirements for travel, during fasting, shift work, religious or other special occasions;
- general recommendations regarding alcohol consumption.

2.2 Medical Nutrition Therapy

Medical nutrition therapy is a clinical intervention which builds on general nutrition education delivered during DSME to achieve improved clinical and health outcomes through nutrition assessment, prescription, knowledge and skills development and behavioural counselling. MNT is client focussed, based on an assessment of blood glucose, blood pressure and lipid levels, status of diabetes and life stage, diabetes knowledge base, self-motivation and readiness to change, and other health, social and environmental factors.

MNT is individually tailored to client needs and preferences rather than being a pre-determined prescription of energy and nutrient intake. MNT that is delivered by dietitians according to Dietetic Practice Guidelines (DPG) has been demonstrated to be both clinically and cost effective.

MNT is guided by evidence-based Dietetic Practice Guidelines and includes:

- assessment (clinical and anthropometric data, nutrition history, physical activity history, psychosocial, knowledge and skill level, health beliefs and motivation to change);
- identification with patient and health care team of long term management goals;
- nutrition prescription (energy and macronutrients, meal plan);
- identification of appropriate educational and meal planning tools;
- implementation and evaluation of the intervention (including an assessment of when MNT is unlikely to achieve desired management goals);
- documentation and communication with health care providers.

Consequently ADEA and DAA recommend that all people with diabetes should have access to a dietitian for Medical Nutrition Therapy in order to achieve optimal nutritional management as part of their diabetes care.

Education and Credentials

Diabetes educators are health professionals who have graduated from tertiary courses accredited by their registration boards or professional associations and who have attained additional knowledge, skills and expertise in diabetes education and care.

As diabetes education is a specialised extension of the diabetes educator's primary discipline, ADEA and DAA recommend the completion of an ADEA Accredited Graduate Certificate in Diabetes Education and Care (over and above the educator's primary qualification) as the minimum qualification to practise as a diabetes educator.

Both ADEA and DAA conduct credentialling programs that require attainment of specific professional goals over and above the minimum qualification to practise.

Diabetes educators who have met the professional requirements of the ADEA professional recognition program are recognised as Credentialed Diabetes Educators (CDE) and are identified by their primary qualification followed by CDE, for example, Registered Nurse (RN) CDE, Dietitian (APD) CDE etc.

Dietitians who meet the requirements of the DAA credentialling program are recognised as Accredited Practising Dietitians (APD).

ADEA and DAA recommend that CDEs are those best qualified to provide diabetes self-management education and Accredited Practising Dietitians (APDs) as best qualified to provide medical nutrition therapy.

ADEA and DAA support the multidisciplinary approach to diabetes care and recommend that all providers facilitate access to the full range of health care professionals involved in diabetes care. Diabetes educators integrate DSME and clinical management either through direct discipline specific service provision or through referral and collaboration with other care providers. Where a health professional has an ADEA recognised qualification in diabetes education they are able to provide DSME as described in this paper, in addition to discipline specific clinical care. Where they do not hold such a qualification, ADEA and DAA recommend they refer to a diabetes educator for comprehensive DSME.

Medicare Reimbursement

Under new Commonwealth Medicare arrangements private dietetic and diabetes education services are reimbursable items. In order to be eligible for Medicare reimbursement, these services must be provided by Accredited Practising Dietitians[®] (APD) and Credentialed Diabetes Educators[®] (CDE) respectively who have registered with the Health Insurance Commission (HIC).

While CDEs provide general nutrition education as part of a diabetes education occasion of service, only APDs can provide and therefore claim reimbursement for MNT.

Statement of Position

1. **Accredited Practising Dietitians are the recommended providers for all aspects of the nutrition management for people with diabetes.**
2. **Diabetes educators who have successfully completed ADEA recommended training are competent to provide general nutrition education (as described in this statement) as part of the DSME process. Diabetes educators who work with dietitians as part of multidisciplinary teams provide GNE as agreed between team members.**
3. **People with Type 1 or gestational diabetes, people with co-morbidities, people with specific life-stage nutrition requirements or who are potentially nutritionally compromised require MNT delivered by an APD.**
4. **All people with diabetes should have access to a dietitian for medical nutrition therapy. Where an Accredited Practising Dietitian is not available in person, or where face to face access is limited, diabetes educators should facilitate access to an Accredited Practising Dietitian to ensure the appropriate nutritional management of the client Eg. The use of teleconferencing and other technologies are encouraged.**
5. **Dietitians who have completed an ADEA accredited diabetes education course are qualified to deliver diabetes self-management education as described in this paper. Dietitians without this qualification should refer clients to a diabetes educator for comprehensive diabetes self-management education.**
6. **Where a diabetes educator or dietitian works in isolation, they should establish a professional relationship with the other discipline to ensure currency of their knowledge and practice with respect to general nutrition education and diabetes self-management education guidelines.**
7. **ADEA and DAA recommend the completion of an ADEA Accredited Graduate Certificate in Diabetes Education and Care (over and above the educator's primary qualification) as the minimum qualification to practise as a diabetes educator.**
8. **Credentialed Diabetes Educators (CDEs) are recommended by ADEA and DAA as those best qualified to provide diabetes self-management education.**

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