

**APPENDIX 1.2 IS CURRENTLY UNDER REVISION – PLEASE CONTACT DAA REGISTRAR, ACCREDITATION AND RECOGNITION SERVICES**

**Appendix 1.2 Range of Variables Statements and Evidence Guide for Standards**

Unit	Range of variables statement	Evidence guide
<p><b>Unit 1</b>  <b>Demonstrates knowledge sufficient to ensure safe practice.</b></p>	<p>No Statement</p>	
<p><b>Unit 2</b>  <b>Interprets and translates scientific knowledge and principles into practical information.</b></p>	<ul style="list-style-type: none"> <li>• Knowledge of the theory of human nutrition and dietetics to a level which supports safe practice is required to demonstrate competency in this Unit.</li> <li>• A broad and thorough knowledge of food use in Australia and food science as it relates to nutrition and dietetics is required to demonstrate competence in this Unit.</li> </ul>	<ul style="list-style-type: none"> <li>• Contexts include: individuals and small group client care, communities requiring nutrition programs, including disadvantaged communities, and the general population, receiving any food supply.</li> <li>• Evaluation of competency would include assessment with Units 1, 4, 5, 6 and 7.</li> </ul>
<p><b>Elements</b></p> <p>2.1 Utilises nutritional and health related data and scientific literature in identifying nutrition problems in individuals and in the community.</p> <p>2.2 Translates technical nutritional information into practical advice on food and eating.</p> <p>2.3 Develops education resource material.</p>	<ul style="list-style-type: none"> <li>• Scientific knowledge and principles are related to that found in scientific articles and biomedical literature, held in any large university or hospital library, in documents published by government health departments, drug compendiums, biomedical reference standards, food composition tables, food service policies, regulations and guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of knowledge of current literature is required.</li> </ul>

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<p><b>Unit 3</b>  <b>Collects, organises and assesses data relating to the health and nutrition status of individuals and groups.</b></p>	<ul style="list-style-type: none"> <li>Data involves knowledge of nutrient requirements of individual clients and groups, nutrient levels of foods, biomedical standards, as well as an understanding of social, environmental and cultural issues and eating behaviour of the different groups.</li> </ul>	<ul style="list-style-type: none"> <li>Contexts include: hospital in-and out patient setting, community health care centre, client residence, private practice, Aboriginal Community Controlled Health Services, worksite or other non-government agency.</li> </ul>
<p><b>Elements</b></p> <p>3.1 Collects food intake data.            3.2 Provides quantitative and qualitative.            3.3 Collects biomedical, social and environmental data.            3.4 Assesses and assigns priorities to all data.            3.5 Draws justifiable conclusions.</p>	<ul style="list-style-type: none"> <li>Knowledge of nutrition research and evaluation methodology is required to demonstrate competency in this Unit.</li> <li>Data must be collected using methods applicable to both individuals and groups in the acute care, community or research situation.</li> <li>Health and nutritional status involves a knowledge of diet for health and disease.</li> <li>The term ‘individuals’ include: single individuals, couples, parent and 1 child and groups are up to 200 people. Both individual and groups must be English speaking and may have a range of social/cultural backgrounds eg. Aboriginal and Torres Strait Islander, with no significant intellectual/psychiatric impairment. Entry level dietitians may seek advice from a more experienced colleague or other health worker in case of extreme or unfamiliar social/family/cultural background.</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation of competency is required to be assessed with Units 7 and 4 or 5 or 6.</li> <li>Required evidence would include: nutrient analysis of facility menu, assessment of nutrient intake of an individual including action plan, nutrition profile or needs assessment of a particular community.</li> </ul>

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<p><b>Unit 4</b>  <b>Manages nutrition care for individuals.</b></p>	<ul style="list-style-type: none"> <li>Knowledge of the theory of human nutrition and dietetics to a level which supports safe practice must be demonstrated.</li> </ul>	<ul style="list-style-type: none"> <li>Contexts would include: acute or long term hospital or nursing home outpatient clinic, community health agency, private practice.</li> </ul>
<p><b>Elements</b></p> <p>4.1 Negotiates case management goals.            4.2 Prepares plan for achieving management goals.            4.3 Counsels individuals and families on nutrition, food and diet issues.            4.4 Plans and implements meal and food orders for individuals.            4.5 Monitors progress of the individual’s condition and care, and adapts plan as necessary.            4.6 Documents all steps of the process.</p>	<ul style="list-style-type: none"> <li>Application of the theories of communication and counselling must be demonstrated.</li> <li>Nutrition care includes preventive, therapeutic and palliative care.</li> <li>Entry level dietitians must be able to manage clients with the following conditions without assistance: overweight, obesity, hyperlipidaemia, diabetes, diarrhoea and constipation, hypertension, nutrition assessment, diverticular disease, hiatus hernia, conditions requiring modified texture, cow’s milk, protein and lactose intolerance, vegetarianism, conditions requiring enteral nutrition, cancer, trauma, undernutrition, general nutrition.</li> <li>Documentation is according to recognised procedures of the organisation.</li> <li>Communication is person-to-person, or person-to-group, except where not essential e.g. unconscious client.</li> <li>Counselling, negotiation and management skills required.</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of competency in this Unit would require simultaneous assessment of Units 2, 3, 6, 7 and 8.</li> <li>Required evidence could be a counselling session with an individual client or documented client management plan or case study.</li> </ul>

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<p><b>Unit 5</b>  <b>Manages components of programs, which deal with nutrition issues in the community, as part of a health care team.</b></p>	<ul style="list-style-type: none"> <li>A basic knowledge of the theory of health promotion is required to demonstrate competency in this Unit.</li> </ul>	<ul style="list-style-type: none"> <li>Contexts include: government and non-government community service agencies, community health care centres, schools, long day care centre, nursing homes and hostels and Aboriginal Community Controlled Health Services.</li> </ul>
<p><b>Elements</b></p> <p>5.1 Determines goals for dealing with nutrition issues in the community.</p> <p>5.2 Develops plans for dealing with nutrition issues in the community.</p> <p>5.3 Develops plans for group education session.</p> <p>5.4 Facilitates learning in a small group.</p> <p>5.5 Documents all steps of the process.</p>	<ul style="list-style-type: none"> <li>A thorough knowledge of food service systems is required to demonstrate competency in this Unit.</li> <li>The basic principles of education theory must be utilised.</li> <li>Programs include those dealing with health promotion issues, disease prevention and management, and improvements in the food supply. Exclusion: HIV/AIDS groups, psychiatric groups, alcohol and drug using groups.</li> <li>Community include groups targeted by national, state and local food and nutrition policies i.e. women of child bearing age, infants and young children, Aboriginal and Torres Strait Islander peoples, school age children, homeless adolescents and adults, older people, socially and economically isolated and disadvantaged people and people with diet related diseases, such as diabetes and cardiovascular disease.</li> <li>Health care team include: community nurses, general practitioners, allied health professionals, health promotion officers, Aboriginal health workers, food service workers and environmental health and safety officers.</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of competency must be demonstrated with Units 2, 3 7 and 8.</li> <li>Evidence could be obtained from nutrition profile or needs assessment of a group in the community, a plan for the nutrition component of a community program or education of a group in the community.</li> </ul>

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<b>Unit 6</b> <b>Influences and contributes to activities promoting a safe and nutritious food supply.</b>	<ul style="list-style-type: none"> <li>• Uses food standards, policies and hygiene and safety guidelines produced by national, state and local authorities.</li> <li>• Uses principles of food legislation and regulation in practice.</li> </ul>	Contexts include: preschools, long day care centres, industrial and school canteens, hospitals and nursing homes, meals on wheels services, commercial food companies, prisons and defence. Exclusion: >500 person facility in hospital, nursing home, prison or defence, >40 person facility for remainder.
<b>Elements</b> 6.1 Acts as an advisor and advocates on behalf of individuals, groups and the profession to positively influence the wider political, social and commercial environment, about factors which affect eating behaviour and nutritional standards. 6.2 Applies nutrition principles to food service. 6.3 Describes meal plans/menus for individuals and groups, including the formulation and modification of suitable recipes and serving methods.	<ul style="list-style-type: none"> <li>• A thorough knowledge of human nutrition and dietetics in relation to safe practice must be demonstrated for competency in this Unit.</li> <li>• A broad and thorough knowledge of food use in Australia must be demonstrated for competency.</li> <li>• A thorough knowledge of food service systems must be demonstrated for competency.</li> <li>• A basic knowledge of the theories of organisation and management must be demonstrated for competency.</li> <li>• Food and nutrition issues throughout the life cycle of individuals in the community must be addressed as for Unit 5. Food and nutrition issues of people requiring special diets must be addressed as for Unit 4.</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of competency would be required with Units 3, 4 or 5, 7 and 8.</li> <li>• Evidence could be inferred from nutritional analysis of menus, modification of menus for special diets or definition of safety and/or hygiene procedure.</li> </ul>

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<p><b>Unit 7</b>  <b>Demonstrates basic skills in research and evaluation.</b></p>	<ul style="list-style-type: none"> <li>• Knowledge of research and evaluation procedures must be demonstrated for competency in this Unit.</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of competency in this Unit involves assessment with units 3, 4, 5 and 6.</li> </ul>
<p><b>Elements</b></p> <p>7.1 Adopts a questioning and critical approach in all aspects of practice.</p> <p>7.2 Evaluates practice on an ongoing basis.</p> <p>7.3 Applies research and evaluation findings to practice.</p>	<ul style="list-style-type: none"> <li>• A system of documentation and review is established in practice.</li> <li>• Reports include business cases, internal quality documents, published case studies, insight or research papers and evidence based guidelines. Presentations may be oral or poster at state or national DAA level.</li> <li>• Practice includes all aspects of work.</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence could be inferred from documentation of Quality Assurance Programs and Strategic Plans, critique of the literature relevant to practice, publication of reports, abstracts or papers, evidence based guidelines, research databases and evidence based reviews.</li> </ul>

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<p><b>Unit 8</b> <b>Demonstrates an organised, professional and ethical approach to work.</b></p>	<ul style="list-style-type: none"> <li>• Knowledge of the theories of organization, management and quality management must be demonstrated for competency in this Unit.</li> </ul>	
<p><b>Elements</b></p> <p>8.1 Works effectively within the organisation.</p> <p>8.2 Develops and maintains a credible professional role by commitment to excellence of practice.</p> <p>8.3 Applies quality management principles to all aspects of practice.</p> <p>8.4 Demonstrates professional leadership to promote the contribution of nutrition and dietetics to health and disease</p>	<ul style="list-style-type: none"> <li>• A system of continuous professional</li> <li>• Development is established in practice.</li> <li>• Professional leadership includes profiling nutrition and dietetics at a local level.</li> <li>• Work organisations include: public and private hospitals, clinics, community health care centres, private practice, health care agencies, nursing homes and hostels, tertiary teaching institutions and any other facility where a dietitian may work.</li> <li>• Profession includes: membership of or eligibility for membership of the Dietitians’ Association of Australia (DAA): professional approach involves applying a knowledge of DAA Code of Professional Conduct and DAA’s position on nutrition and health matters to everyday practice, attendance of professional conferences and meetings and contribution to professional affairs.</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence would include membership of the Accredited Practising Dietitian program.</li> <li>• Evidence would include membership of local committees and working parties, which advocate for the nutritional benefit in health and disease.</li> </ul>