

## Section 2 DAA Policy on Education for Dietitians

### 2.1 Policy Statement on Education for Dietitians

- DAA supports the education of dietitians. Its position is described in the following statement:

*DAA recognises the need to support its members in expanding the range of work roles encompassed by the key purpose of the profession to ensure continued growth of the profession in an environment of changing community needs and changing work patterns, practices and structures. DAA supports innovations in dietetic education which prepare dietitians for an increased diversity of professional roles while maintaining a high quality of dietetic education. DAA believes that final assessment of competence to enter the profession will occur in the fourth year of an undergraduate program or in the final year of postgraduate qualifications.*

- DAA will set, maintain and review standards for nutrition and dietetic education and will detail the competencies required for entry into the profession. In meeting competency-based standards, there is flexibility for universities educating dietitians to provide programs that most suit their skills, resources and expertise, and the perceived needs of the community.
- DAA has a national accreditation system, including on-site visits. The accreditation process includes examination of program structure and management, individual subjects or programs, staffing levels, qualifications of staff, quality of classroom and laboratory facilities, library and other support services, student assessment procedures, and organisation of practical placements.
- DAA is committed to a generalist education as the basis for entry into the profession. It is recognised that different educational institutions place varying emphasis on the components of a generalist education, while continuing to meet the minimum standards of dietetic education.
- DAA supports existing departments, schools and faculties within universities educating dietitians to ensure that existing resources are maintained and that future resource increases are available as necessary to ensure the sustainability of existing programs.
- DAA acknowledges a partnership and joint commitment with the universities to provide excellence of supervision in professional practice placements.
- 50% of each of the first and second years of undergraduate dietetic programs must be composed of bioscience, chemistry, physiology and biochemistry, including a minimum of 15% of a full year load each of biochemistry and physiology. Some of these programs can be at higher levels within the program. This is consistent with the DAA philosophy that dietitians are scientists with a special focus on nutrition and dietetics
- Program planning is complex and ongoing and DAA will provide an advisory role throughout these processes to assist programs in meeting its standards. The accreditation process is distinct from program planning, however, and DAA involvement in program planning does not presume accreditation.

- Establishment of needs for dietetic education is complex and involves consideration of long- and short-term views of workforce needs, and consideration of local and national perspectives. DAA requires inclusion in the needs assessment process for new programs.
- DAA is committed to the recognition and continuing development of dietetics as a distinct field of study, practice and research arising from human nutrition and health care fields. Staff must include dietitians who hold APD credentials. It is expected that there will be a mix of dietetic staff with some continuing practice and research qualifications. DAA representation is required on program development and advisory committees, which need to include other dietitians representing a range of practice and employment areas.
- In submitting a program for DAA accreditation, the responsible officers of the university acknowledge that they are aware of and accept as objectives of the program the competencies described in Section 4, *National competency standards for entry-level dietitians*. DAA will work co-operatively with the university to ascertain that the program is structured and resourced to ensure that these objectives are met.

## 2.2 Professional Practice Program

The professional practice program is the final component of the education program and needs to build on theory developed in the academic program. Review sessions and tutorials during the professional practice program should link theory and application. The assessment of the professional practice program is part of the accreditation process, as described in Section 3. While components of competence can be assessed in earlier years, final competence to enter the profession must occur at fourth year or in the final year of postgraduate level.

- Experience in the employment setting is a recognized element of the development of professional competency. However, skills develop over time and certain elements of competence can be developed and assessed prior to the commencement of the professional practice program.
- DAA research (Phillips et al, 2000) has indicated that entry-level graduates perform the core activities (see Appendix 1.3) which confirm the focus of the entry-level competency based standards. Placement activities need to provide students with an opportunity to demonstrate competence in these activities.
- DAA recognises the need to develop a flexible placement program that is sustainable in the local context. A range of approaches for teaching in the placement setting are encouraged e.g. peer assisted, group and self-directed learning experiences. However, final assessment of competence must be done on an individual basis.

### Off Shore Placements

Where professional practice programs offer off shore placements the following requirements need to be demonstrated:

1. The placement sites provide an environment equivalent to Australian sites including issues such as:
  - **clinical case mix** – sites should reflect in general the typical case mix found in the Australian health setting;
  - **technology** – sites should provide access to technologies found commonly in the Australian health setting;
  - **protocols of medical and dietetic practice** – sites should reflect protocols in the Australian health care system including the multi disciplinary approach, evidenced based practice and clarity of role of the allied health practitioner; and where relevant, community and / or public health nutrition practice.
2. A significant proportion of the supervision will be undertaken by Australian dietetic graduates or by dietitians who have work experience in the Australian health care system or equivalent.
3. There is ongoing involvement of senior academics from the university in the training of supervisors and the final assessment of competency must be verified by a dietitian holding the APD credential.

- 4 Students have the capacity to educate and counsel clients effectively in relation to the Australian food supply and cultural context and be assessed in Australia on this.
- 5 Students have adequate access to library and other information resources while on placement.

In this sense, a range of locations for learning is defined to enable context specific entry-level competence. This learning also follows the development of theoretical knowledge in the academic program, and as such needs to be integrative and supervised. Review sessions and tutorials held during the program need to clearly link theory with practice. The organization of the learning program should be conducive to the work environment and assessments must ensure safe entry-level practice in that domain. For example, assessment of clinical competence must be done with supervisors on a one-on-one basis.

### **Duration of the Professional Practice Program**

The program should reflect the work environment and emphasis should be on quality of outcomes. The current practice of a 20-week period has been shown to produce acceptable graduates and this will remain the standard acceptable to DAA. The combination of learning contexts have also been developed based on acceptance of graduates and research on trends in practice.

**The program must include the minimum requirements outlined below:**

#### **Management of individual care**

Within that program, a minimum of 10 weeks full-time is required in developing competencies for safe practice in managing nutrition care of individuals. At least 4 weeks of this period should be undertaken in a clinical setting in a hospital where at least two full-time equivalent dietitians are employed. Placements within private practice and clinics not part of the public health system may also be undertaken provided they meet the supervisory and assessment requirements.

#### **Participation in programs addressing community and population health issues**

A minimum of 4 weeks should be allocated to addressing development of skills in community and population health nutrition, including group education and health promotion activities. These locations may vary, but include nutrition units in community health centres, non-government organizations, government department, and the food industry.

#### **Management and advocacy in food and nutrition systems**

A minimum of 4 weeks should be allocated to practice in this area, and at least two weeks should be related to the provision of food services in the healthcare context. Examples include food industry experience, food service management in corrective services, child care centres, meals on wheels, voluntary meal provision, school canteens, nutrition service management, quality coordination, government policy advice, information management.

- There is an opportunity for the remaining two (2) weeks to be spent wherever students' interests lie and/or their level of competence requires, in any of the above three areas or in an unspecified area such as industry or private practice.
- Days of experience and the spread of time of professional practice both contribute to the development of professional skills. Tutorial days directly relevant to the practice placement may be included in the practice weeks.
- Experience should be sequenced in a number of ways. For example, the three major steps in clinical case management, community program management and food service management are:
  - opportunities to observe experienced practitioners, and
  - then to participate in clinical case management, program planning and food service management under experienced practitioners, prior to
  - independent practice with reporting to and feedback from the supervisor.
- Documented assessment procedures for professional practice must be developed collaboratively between the university and supervising dietitians, and the final decision on student competence must involve consultation between them.

## 2.3 Student supervision

Supervision of the student learning program in all work contexts must be the responsibility of an experienced dietitian (primary supervisor). University appointed clinical supervisors / subject coordinators should have the overall responsibility of reporting assessments to the university. Although the University has final responsibility for student grades, assessment methods should be fully negotiated with and communicated to supervisors. Regular workshops, conducted by the universities, to support this process are recommended.

Primary supervisors are responsible for setting of standards, learning outcomes and verifying final assessment of competence of students. A primary supervisor must be an APD and have at least two years experience in the relevant practice context. Academic placement co-ordinators, who must be an APD, may take the role of primary supervisor to support less experienced on-site supervisors who provide aspects of day to day supervision.

Primary Supervisors are responsible for all areas of professional placement, clinical, food service and community practice.

The use of secondary supervisors who are not APD is acceptable to DAA. They provide expertise and supervision in their particular work setting (eg. in food service or community health placements) or dietitians with less experience who are responsible for particular wards or services in clinical placements. Secondary supervisors must liaise with the primary supervisor to ensure appropriate learning opportunities are provided but do not set standards or learning outcomes. The secondary supervisor contributes to assessment but does not take primary responsibility for assessment and verification of competency.

Examples of secondary supervisors:

- Clinical: A less experienced dietitian who may, or may not, be an APD and works in the setting
- Food Service: A food service manager, who may or may not be a dietitian and who may or may not be an APD, on a food service placement
- Community: A public health nutritionist, who may or may not be a dietitian and who may or may not be an APD, on a community placement

Details on nominated supervisors and the learning program are required in the accreditation report.

For programs with an offshore placement component the supervision must be predominately provided by Australian dietetic graduates or dietitians with significant practice experience in the Australian Health Care System. The role of primary supervisor will be taken by a senior academic dietitian who must be APD.

DAA recommends that Dietetic Departments develop their student placement program in the context of everyday service delivery. Team management of groups of students, with individual assessments is a useful model to negotiate with universities.

## **2.4 Student assessment**

Assessment of students should be:

- competency based
- conducted at regular intervals
- final assessment of competence of students to enter the profession must occur in the fourth year of an undergraduate program or in the final year of post graduate qualifications
- verified by an APD

The university will be required to provide documentary evidence of assessment as part of the accreditation process.