THE ROLE OF CREDENTIALLED DIABETES EDUCATORS AND ACCREDITED PRACTISING DIETITIANS IN THE DELIVERY OF DIABETES SELF MANAGEMENT AND NUTRITION SERVICES FOR PEOPLE WITH DIABETES

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Dietitians Association of Australia

ABN 34 008 521 480

1/8 Phipps Close Deakin ACT 2600

Australian Diabetes Educators Association

ABN 65 008 656 522

6/70 Maclaurin Cres Chifley ACT 2606

PO Box 163 Woden ACT 2606

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Lena Lim RN CDE

Dr Kate Marsh PhD AdvAPD CDE

Rachel McKeown APD CDE (ADEA Professional Services Manager)

Dr Cynthia Porter PhD AdvAPD CDE

Kate Ryan RN CDE

Annabelle Stack AdvAPD CDE

Natalie Stapleton APD AEP (DAA Practice and Credentialing Dietitian)

Maggie Stewart RN CDE

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Statement of Position

The Dietitians Association of Australia (DAA) and the Australian Diabetes Educators Association (ADEA) support a multidisciplinary approach to diabetes care to provide the person with diabetes with the skills and resources to self-manage their diabetes.

Aim/Purpose

The purpose of this document is to outline the role of the Credentialled Diabetes Educator (CDE) and Accredited Practising Dietitian (APD) in the provision of nutrition education as part of diabetes self management education (DSME). This statement provides a guide for determining the tasks a CDE and an APD can undertake in terms of nutrition education, however this document should be considered in conjunction with scope of practice, training and individual skills, knowledge and competency. There is potential that similar documents could evolve in the future in collaboration with other disciplines.

Executive Summary and Professional Scope

- Diabetes education is a specialised extension of the health professional's primary discipline, therefore completion of an ADEA accredited Graduate Certificate degree is the entry-level qualification to practice as a diabetes educator. A CDE is a diabetes educator who has met the standards of the ADEA credentialling program.
- All practitioners encourage and facilitate people with diabetes to access the full range of health care professionals involved in diabetes care. Where practitioners do not hold an ADEA recognised qualification in diabetes care, it is highly recommended that they refer clients to a CDE for comprehensive DSME and an APD for comprehensive nutrition assessment and medical nutrition therapy (MNT).
- CDEs are competent to provide general nutrition education (as described in this statement) as part of the DSME process. General nutrition education is only appropriate as an introduction to nutrition principles and is not a substitute for a referral to an APD for MNT.
- General nutrition education does not include comprehensive teaching of carbohydrate counting to people with diabetes requiring multiple daily injections (MDI) of insulin or continuous subcutaneous insulin infusion (CSII). MNT provided by an APD is required for all people with diabetes including those requiring MDI or CSII.
- APDs are the recommended providers for all aspects of the nutrition management of people with diabetes. For this reason all people with diabetes should have access to an APD for MNT in order to achieve optimal nutritional management as part of their diabetes care. Where an APD is not available in person, or where face-to-face access is limited, the use of teleconferencing and other technologies is encouraged.
- All diabetes educators and dietitians should establish a professional working relationship with each other to ensure consistency of messages and provision of coordinated care. Currency of knowledge and practice with respect to general nutrition education and DSME should come from participation in continuing professional development.
- DAA and ADEA recommend and encourage the use of the 'Scope of Practice' documents from each association (1, 2). There exists recognisable extension of scope and continuum of practice for all health professionals dependent on knowledge, skills and achievement of competencies. Individuals are responsible for determining and working within their own role and scope of practice.

Background

Diabetes care consists of three components: participant involvement and interaction; DSME and clinical management.

Ideally, diabetes care is delivered by a multidisciplinary team of medical, nursing, and allied health professionals. Individual team members work within their scope of practice and according to position descriptions within their place of employment, as well as within legislation and regulatory constraints. While each team member contributes specific knowledge and skills acquired through education, training and experience in their respective primary discipline, diabetes self-management education is a specialty area of practice and requires advanced diabetes management, education and counselling skills.

The purpose of this document is to:

- Clarify the roles and responsibilities of Credentialled Diabetes Educators and Accredited Practising Dietitians with respect to the delivery of diabetes self-management and nutrition education, and
- Encourage all diabetes service providers to understand, value and respect the roles and expertise of individual team members.

This document should be read in conjunction with the following documents:

- ADEA The Role and Scope of Practice for Credentialled Diabetes Educators in Australia 2015 (1)
- DAA Dietitian Scope of Practice Framework 2014 (2)
- ADEA National Standards of Practice for Credentialled Diabetes Educators 2014 (3)
- DAA Evidence-based practice guidelines for the nutritional management of type 2 diabetes mellitus in adults 2006 (4)

What is a Credentialled Diabetes Educator?

Credentialled Diabetes Educator (CDE) is the nationally accepted credential for the quality assured provision of DSME. CDEs promote optimal health and wellbeing for individuals, communities and populations at risk of, or affected by, diabetes, using a range of specialised knowledge and skills. They integrate DSME with clinical care as part of a therapeutic intervention to promote physical, social, spiritual and psychological wellbeing. CDEs refer to and collaborate with other members of the multidisciplinary diabetes care team.

CDE is a multidisciplinary credential. The health disciplines ADEA recognises as eligible for credentialling are Registered Nurses, Accredited Practising Dietitians, Registered Pharmacists, Registered Medical Practitioners, Accredited Exercise Physiologists, Registered Podiatrists, Registered Physiotherapists and Direct-entry Midwives. For a successful application for CDE status the diabetes educator must have completed an ADEA accredited graduate certificate in diabetes education and care, undertaken a minimum of 1000 hours of practice in diabetes education, submitted a referee report demonstrating appropriate achievement according to the ADEA Core Competencies for Credentialled Diabetes Educators, completed a mentoring program and shown a demonstrated commitment to a diabetes specific continuing professional development portfolio.
To maintain CDE status, CDEs must annually submit their current registration/accreditation certificate in their primary health discipline to ADEA, as well as a continuing professional development (CPD) portfolio of at least 20 hours of diabetes specific CPD activities.

Regardless of primary health discipline background, all CDEs are eligible to undertake all aspects of DSME. The extent of DSME provided by a CDE does not depend on their primary health discipline but is dependent on individual self-determined role and scope of practice (1). All CDEs are registered to sign National Diabetes Services Scheme (NDSS) forms and are acknowledged by Medicare, DVA and private health insurers (those recognising rebates for diabetes education) as providers of DSME.

The Find a CDE search function on the ADEA website can be used to find a Credentialled Diabetes Educator.

What is an Accredited Practising Dietitian?

Accredited Practising Dietitians are university-trained and are in possession of the knowledge, skills and competency to provide accurate and practical, evidenced based nutrition and dietary advice.

Dietitians who have completed an accredited university qualification are eligible to join the DAA credentialing program and be recognised as an Accredited Practising Dietitian (APD). On commencing the program participants must complete a provisional year which includes a 52 week mentoring partnership and a minimum of 30 hours of professional development. To maintain the Accredited Practising Dietitian credential participants must adhere to the Code of Professional Conduct, engage in ongoing mandatory annual professional development and declare recency of dietetic practice annually.

One role of the Accredited Practising Dietitian is to design and deliver medical nutrition therapy that forms an integral part of the management of people with chronic and complex diseases. The aim of the intervention is to facilitate long term behaviour change by encouraging the self- management of health through nutrition, diet and other lifestyle modifications, with a view to preventing and treating disease.

The Find an APD search on the DAA website can be used to locate an Accredited Practising Dietitian.

Diabetes Self-Management Education

The underlying goal of diabetes self-management education (DSME) is to improve the health outcomes for people with diabetes (5) using evidence based best practice and a person/family-centred care approach (6). DSME in conjunction with an individualised clinical care plan with regular monitoring and review, prepares people with diabetes to make informed decisions, engage in effective diabetes self- management, and implement self-care behaviours that enable individuals to maximise their physical and psychological well-being. Diabetes education contributes to a variety of outcomes: knowledge, self-management, self determination, psychological adjustment, clinical outcomes and cost effectiveness (5).

DSME refers to 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 (5). It is a collaborative process between the person with diabetes, their family and carers, and their multidisciplinary team that involves:

- a person-centred approach utilising appropriate education strategies according to the person's needs. (ADEA have developed resources for person-centred care and health literacy http://www.adea.com.au/projects/person-centred-care/)
- assessing the person with diabetes' current level of self-management, limitations and enablers
- assessing the person with diabetes' education needs and their readiness for behaviour change
- planning the teaching, learning and behaviour change intervention
- implementing the plan and providing self management support
- evaluating the intervention, and
- documenting the process and outcomes and communicating with other care providers, including referral as required.

The American Association of Diabetes Educators (AADE) have developed the AADE7 Self-Care Behaviors™ identifying the seven key areas that contribute to the effectiveness of diabetes self-management education (7). The self-care behaviours are:

- healthy eating
- being active
- monitoring
- taking medication
- problem solving
- healthy coping, and
- reducing risks.

With the permission of AADE, the AADE7 Self-Care Behaviors™ were adopted by ADEA to become: Looking After your Type 2 diabetes- Smart Steps (8).

Nutrition Management and 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 to achieve appropriate diabetes management and to reduce the risk of diabetes complications, in the context of maintaining quality of life, and considering cultural and individual dietary preferences (9).

Nutrition management includes both general nutrition education and medical nutrition therapy (MNT) following evidence based best practice guidelines. General nutrition education covers a range of topics required by all people with diabetes and is an integral component of DSME. General nutrition education may be provided to groups or individuals, by CDEs or APDs, and can be given as introductory information at diagnosis or part of ongoing education. On the other hand, MNT forms part of the clinical management for people with diabetes and should only be provided by APDs. MNT builds on general nutrition education and is an individualised and comprehensive clinical intervention.

General Nutrition Education

General nutrition education provides a basic level of nutrition information on a range of topics and is limited to:

- general/introductory nutrition information on the role of food in diabetes management
- basic food composition ie. identification of protein, fat and carbohydrate sources
- the Australian dietary guidelines, food groups and serve sizes
- general aims of dietary intervention ie. weight, blood glucose, lipid and blood pressure management
- prevention and treatment of hypoglycaemia
- an introduction to the basic principles of the glycaemic index
- an introduction to basic principles of carbohydrate recognition eg. introduce the concept that insulin doses and carbohydrate intake can be matched for flexible or set doses, explain concept of the insulin to carbohydrate ratio to assist with Insulin dose self-adjustment in MDI/CSII
- consideration of carbohydrate intake with respect to usual physical activity
- appropriate food choices (ie. carbohydrate sources) for illnesses of short duration
- general 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, and
- general recommendations regarding alcohol consumption.

General nutrition education is best provided by an APD, however CDEs can provide such information where an APD is not available, assuming the CDE has the appropriate knowledge. All CDEs may provide general nutrition education if it is within their individual scope of practice. Any nutrition resources used should be developed with/by an APD.

Medical Nutrition Therapy

Medical nutrition therapy (MNT) is a clinical intervention which builds on general nutrition education to achieve improved clinical and health outcomes through nutrition assessment, nutrition prescription, knowledge and skills development and behavioural counselling. MNT is individualised and person-centred, 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. It also includes adapting advice for other medical conditions, eg. coeliac disease and renal failure, and includes integration of the social, cultural and environmental factors, and religious and spiritual beliefs, which affect food intake.

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 APDs according to dietetic practice guidelines has been demonstrated to be both clinically and cost effective (9-12).

Consequently DAA and ADEA recommend that all people with diabetes should have access to an APD in order to achieve optimal nutritional management as part of their diabetes care. MNT (over and above General Nutrition Education) is essential for the following:

- people with type 1 diabetes, LADA and MODY
- people with type 2 diabetes on insulin
- people with diabetes requiring major changes to treatment eg. commencement of continuous subcutaneous insulin infusion (CSII)
- people requiring carbohydrate counting skills for CSII and multiple daily insulin injection regimens
- women with gestational diabetes
- women who are in the obese or morbid obese range to monitor gestational weight gain, who are at high risk of gestational diabetes
- women with pre-existing diabetes planning a pregnancy and during pregnancy
- women with Polycystic Ovarian Syndrome
- those with other nutrition related conditions eg. Coeliac disease, food allergy, malnutrition, dysphagia, eating disorder
- prior to and following bariatric surgery
- those planning meal replacement strategies as part of a weight loss program, and
- those with diabetes related complications or co-morbidities eg. cardiovascular disease, renal disease, post transplantation, wounds, gastroparesis.

Providing general nutrition education **only** is **not suitable** in any of these situations.

Medicare Reimbursement

Both APDs and CDEs are nationally recognised by Medicare, Department of Veteran Affairs and many Private Health Insurers. Under the Commonwealth Medicare arrangements, private dietetic and diabetes education services (individual and group education) are reimbursable items. In order to be eligible for Medicare reimbursement, these services must be provided by APDs and CDEs who have registered with the Department of Human Services. CDEs provide general nutrition education as part of diabetes education occasion of service. Only APDs can provide and claim re-imbursement for MNT, separate to the diabetes education they may provide as a CDE.

APD/CDE Model of Collaboration regarding Nutrition Services and DSME

The model of collaboration table on the next page outlines the roles of an APD and a CDE in assessment and education of people with diabetes. APDs are responsible for medical nutrition therapy, while CDEs are responsible for diabetes self-care. **An APD who is also a CDE is able to undertake both levels of care provision (both upper and lower rows of the table below) if they are within their individual scope of practice (1).**

APD/CDE Model of Collaboration regarding Nutrition Services and DSME

	Common Assessment	Profession Specific Assessment		Profession Specific Implementation and Plan	
ACCREDITED PRACTISING DIETITIAN (APD)	**Assessment** • Medical history • Family history • Diabetes history • Chronic disease history eg. cardiovascular disease (CVD) • Previous care/education • Biomedical profile e.g lipids/HbA1c/blood pressure (BP) • Anthropometry • Current activity level • Smoking/alcohol use • Medications • Psychosocial issues • Current self-care • Special needs • Assessment of diabetes knowledge • Long term management goals (individual and healthcare team)	**General Diabetes History** • Previous CDE input • Review glycaemic control, including hyper and hypoglycaemic episodes • Assessment of diabetes knowledge • Previous complications reviews • Current sick day diet management plan **Detailed diet history** • Relationship between meals, snacks and medications • Previous APD input • Previous dietary modifications and diet history • Detailed eating pattern • Food types/brands/label reading • Detailed serving sizes • Food frequency • Cooking methods/skills • Limitations/practical issues • Gastrointestinal conditions	PROFESSIONAL PARTNERSHIP, CROSS REFERRAL OR JOINT PROGRAM DELIVERY MODEL	**Medical Nutrition Therapy (MNT)** **Nutrition related aspects of:** • Integrating medication, SMBG data, other biochemical/anthropometric results (eg. lipids, weight) and dietary intervention • Other diabetes complications/other food related health problems eg. food allergy • Detailed eating pattern including timing of meals • Concept of insulin self-adjustment (if applicable) • Food types/brands • Nutrition prescription (energy and macronutrients, meal plan, foods to avoid or limit) • Glycaemic index and glycaemic load • Weight management • Hyperlipidaemia and hypertension • Cooking methods/skills • Alcohol guidelines; illicit drug use • Social activities/travel • Problem solving • Sick day management • Hypoglycaemia – causes, symptoms and treatment • Nutritional pregnancy and pre-pregnancy planning where appropriate • Exercise guidelines including relationship of food to exercise • Provision of appropriate health information, educational and meal planning tools eg. label reading skills • Implementation and evaluation of the intervention • Assessment of whether MNT is likely/unlikely to achieve desired management goals	DOCUMENTATION, SCHEDULE REVIEW, FACILITATE REFERRAL, CASE CONFERENCE, REPLY TO REFERRER
CREDENTIALLED DIABETES EDUCATOR (CDE)	**Behavioural history & Readiness for change** • Motivational interviewing • Readiness for change • Goal setting • Health Beliefs • Barrier and enablers re. diet, exercise and diabetes self-management	**Detailed Diabetes History** • Previous CDE input • Self monitoring blood glucose (SMBG) technique • Review glycaemic control, including hyper and hypoglycaemic episodes • Detailed medication review • Injection technique and check injection sites • National Diabetes Services Scheme registration • Detailed assessment of diabetes knowledge and skill level • Foot assessment • Previous complications, screening, management and reviews • Current sick day management plan **General diet history** • Previous APD input • Relationship between meals, snacks and medications • Brief assessment of food knowledge re. diabetes • Regular eating patterns/dietary habits		**Diabetes Self-Management Education (DSME)** • SMBG – interpretation and discussion of results; problem solving • Medications – actions, timing, side effects, interactions • Concept of insulin self-adjustment (if applicable) • Diabetes complications • Relationship between diabetes and other health problems • General nutrition education – as appropriate (refer to page 11) • Alcohol guidelines, illicit drug use • Social activities/travel • Problem solving • Sick day management • Hypoglycaemia – causes, symptoms, prevention and treatment • Pregnancy and pre-pregnancy planning where appropriate • Impact of concurrent conditions eg. obstructive sleep apnoea, corticosteroids, atypical antipsychotics • Foot care and foot assessment • Exercise guidelines including relationship of food to exercise and insulin adjustment • Provision of appropriate health information and education tools • Implementation and evaluation of the intervention • Assessment of whether intervention is likely/unlikely to achieve desired management goals	

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Supporting Documents

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