

Letters

Dear Editor

Evaluating the current and future role of the Accredited Practising Dietitian

With the advent of the Medicare Enhanced Primary Care Plans (EPC) for chronic diseases, referrals to dietitians are increasing, with about 25% of doctors using our services. Will dietitians continue to meet medical and community expectations for nutrition services, especially with the possibility of increasing competition from other health professionals?

Now that dietetics has been on Medicare for nearly three years, a survey/research is needed to assess patient and doctor satisfaction and expectations with the services provided by the APD. Are we expected to be more 'clinical' focusing on nutritional assessment/diagnosis or more 'health promotion' focusing on dietary coaching? Ideally we should do both, but there may be some confusion and redefining the role of the APD may now be warranted.

Due to the current epidemic of chronic nutrition-related diseases, clinical nutrition is appealing to many other professions. RMIT School of Health Sciences (Melbourne) in conjunction with the Australian College of Holistic Medicine is introducing a new "Masters in Nutrition Medicine" in 2008 aimed at health practitioners currently working in clinical practice (doctors, nurses, physiotherapists, chiropractors, osteopaths, naturopaths etc) who would like to incorporate clinical nutrition management into their practice. With more health professionals in the future assessing nutritional status and providing dietary advice, how will this affect dietitians?

A survey evaluating our current services and doctor/community expectations will highlight our strengths and weaknesses and help direct CPD and dietetic university curricula.

If there are non-dietitians being trained in clinical nutrition, DAA may need to do some more advocacy work to entrench our role as 'clinicians' and as experts at nutritional assessment (anthropometry, dietary history, blood tests, drug nutrient interactions, vitamin supplement assessment) and medical nutrition therapy. The APD clinical approach is our strength and sets us apart from others who may not spend the time to do a thorough assessment with a detailed dietary history. In my opinion, it is to our detriment to be simply viewed as 'diet coaches'. Promoting the APD as a clinician may help secure our 'nutrition' turf and continuing appeal to the public.

Dr Antigone Kouris PhD APD AN

Honorary Nutrition Research Fellow, Monash Asia Institute and dietitian in private practice



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Dear Editor

Our DAA national conferences are great events and show every bit of the hard work that members and non-members contribute to them. At our 2007 national conference in Hobart, I attended a very worthwhile and inspiring workshop run by the Indigenous Nutrition Interest Group.

Working towards improving the lives and circumstances of Indigenous people in Australia is a priority issue. Members might agree that DAA could, and should, play an important part in working towards improving circumstances related to good nutrition, and DAA are to be congratulated for a number of relevant activities that are currently being undertaken. As a broad dietetic church, DAA can act both in a supportive role, and as a facilitator (or instigator) of direct action.

I am confident that the vast majority of members, whether their work directly involves Indigenous people or not, have a positive interest in the well-being of Indigenous people, and support appropriate resource allocation from DAA in this area. In relation to conferences, an important aspect is the opportunity to hear, share and learn from people with specific experience – both at a presentation level and personal level. There are few dietitians from an Australian Indigenous background, but many nutrition workers who could be encouraged to participate in our conferences. Importantly, this enhances understanding for all members of our organisation. However, a barrier to participation is the high cost of the DAA conference for non-members, and the distance to travel for people from remote Australia. The Public Health Association provides a number of 'conference scholarships' for Indigenous Health Workers available upon application. A similar scheme could be developed by DAA. Good for DAA, its members and Indigenous nutrition workers.

In the meantime, members could appeal directly to the conference organisers, on behalf of non-members, for consideration of a reduction in conference registration fees for special circumstances – particularly when there is benefit for all delegates.

Regards

Malcolm Riley APD

Editor's Response

*Firstly thank you to Malcolm for raising this issue allowing DAA an opportunity to inform members of what it is doing in this important area. While DAA is indeed a broad church and essentially a member service organisation, our mission of **advocating for better food, better health and better living for all** does commit us all to action in relation to Indigenous nutrition. DAA undertakes a range of activities to this end with the formation of Indigenous Interest Group being a major advance. This group are currently developing a member CPD resource on cultural competency and developing a position on nutrition/food security for Indigenous peoples. DAA also regularly advocates to government regarding the needs in Indigenous nutrition, has recently updated the entry level competency documents to strengthen the content on Indigenous issues and has been liaising with Batchelor Institute of Indigenous Tertiary Education over the last few years with regards to associate membership for their graduates. While the opportunity for special consideration for conferences is available for those contacting the Executive Director, a more structured approach to this, such as a specific conference grant, possibly for Indigenous participants (those not eligible for DAA membership) of the DAA Indigenous Interest group, is a great suggestion which will be conveyed to the board. The strong Indigenous content of both the Gold Coast 2008 and Darwin 2009 national conferences makes this a particularly timely idea.*

Special Features

Achamma's story – an overseas qualified member case study

In November 2005 I successfully completed the DAA examination for overseas skilled dietitians. My basic qualifications in nutrition and dietetics are from India. I was pleased to have passed on the first attempt and this was only possible for the following reasons:

1. The DAA had very clearly outlined the process of the examination by:
 - Stating that it was an entry-level examination for dietitians;
 - Having competency standards placed on its website;
 - Providing sample question paper formats with sample answers;
 - Giving the assessment grid on which the examiners would mark (this clearly told me what the examiners were expecting and what exactly I should answer);
 - Provision of a "Reference guide for assessment" document;
 - Giving a list of reference materials and sites to guide in the preparation.
2. Support from dietitians in Townsville like Camila Mendoza, Joanne Mirtschin, Rebecca Cameron, Linda Morris and, last but not the least, Diane Longstreet from the Townsville Aboriginal & Islander Health Services. These people gave me resources to refer to and also shared their experiences, which was of immense help.
3. Finally my years of experience and training, from which I could draw, coupled with some preparation, helped me get through with ease.

I would like to point out that I approached the examination with utmost fear and dread, as none of the people I knew had passed in their first attempt. I had been told by every single person that I came across that it was indeed a tough exam and a minimum of two or three attempts was the norm before one made it through successfully in both the components. The day of the exam came and went with all its hype and fear. Then began the intense wait for the results - of which

I was sure - a clear fail. Finally the results came and my joy knew no bounds. I had passed. I was hysterical and called my husband to tell him that I passed. He could not understand what I was telling him and he said: "Calm down, who passed away?"

So I thought I should share this with the others out there who think that it is tough and spread the hype about it. Hey! It's not so bad after all. The DAA has provided the best support it can by making available all the information that one could possibly want to prepare for the overseas skilled dietitians examination. Believe me, having worked in a couple of other countries like India and Oman before I came here, I know what tough really means, as sometimes no clear guidelines are given and how examiners will mark our answers is an absolute mystery.

Since 2006, the DAA has also started the mentoring program, through which I have mentored a number of overseas skilled dietitians during their preparations. The DAA has also given us positive feedback on the effectiveness of mentoring. I would like to commend the DAA on the excellent way in which it provides support to the overseas skilled dietitians to help them prepare for these examinations.

When the call for the members' applications to be on the Council on Dietetic Skills Recognition (CODSR) came last year, I decided that I would like to put in my application. I felt that I could share with the council my two-penny worth of experience and richness, as I had been through the process of appearing for the dreaded exam. I was successful in my application and now hope to share and contribute to the CODSR and to the DAA members.

Achamma Joseph APD



Mental Health Curricula project

DAA is now very happy to announce it has been successful in receiving a significant grant from Department of Health and Ageing (DHA) to review dietetic standards and practice in relation to mental health. This funding is part of the Government's mental health reform package to improve services for people with mental illness, their families and carers and the funding also represents the Australian Government's commitment to the Council of Australian Governments (COAG) National Action Plan on Mental Health. Part of this Australian Government commitment is the Mental Health in Tertiary Curricula Program, which will provide approximately \$5.6 million over five years to enhance the mental health skills of newly graduating health workers by expanding health components of undergraduate health training.

Dietitians have significant involvement with mental health issues through their clinical, community and food service roles. We work intensively with some mental illnesses (such as anorexia nervosa) and more broadly with a range of health conditions that can have mental illness as a significant comorbidity (such as obesity and diabetes). Dietitians also work on health promotion programs that target vulnerable groups, which may include people with a mental illness, and we work with services such as group homes for people with mental illness and acute psychiatric facilities.

This project is an exciting opportunity for DAA to review training requirements for dietitians in mental health and to review and update the National Competency Standards for Entry-Level Dietitians, and competency support materials, in line with the project's findings.

Project team

The project commenced in July with the recruitment of the project team after requesting expressions of interest from members. The project leader and project officer, myself and Kerryn Dowding respectively, are based at Queensland University of Technology. A steering committee is being formed from the DAA membership, the DAA Dietetic Standards and Accreditation Advisory Committee (DSAAC) and other key stakeholders. The

Professional Services Unit at National Office will support the project team. The project is due for completion at the end of May 2008.

Project Aims

The project has three key aims. These are to:

- Identify the current and future needs of dietitians in relation to mental health issues;
- Review entry level competencies for dietitians and supporting documents in relation to mental health;
- Revise DAA course accreditation requirements to include a minimum mental health component.

Research methodology used previously in the review of the National Competency Standards for Entry-Level Dietitians and the competency standards for advanced level APD and Fellow will form the framework upon which the project will proceed.

Vital to the achievement of these aims will be member engagement in the project. Members will be given a number of opportunities to participate in this project through member surveys and participation in in-depth interviews performed by the project team.

DAA members will be kept up to date on the progress of this exciting new project on a dedicated page on the DAA website in Info for Professional > Mental Health Curricula Project.

For more information:

National Mental Health Strategy

www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-strategy

The COAG National Action Plan on Mental Health www.coag.gov.au/meetings/140706/docs/nap_mental_health.pdf

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