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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Table of Contents

Acknowledgements **4**

Statement of Position **5**

Aim / Purpose 5

Executive Summary and Professional Scope **6**

Background **7**

What is a Credentialled Diabetes Educator? **8**

What is an Accredited Practising Dietitian? **9**

Diabetes Self-Management Education and Support **9**

ADCES7 Self-Care Behaviors 10

DSME/S Process 10

Nutrition Management and Diabetes **11**

General Nutrition Education 11

Medical Nutrition Therapy 12

Scope of Practice Considerations **13**

Medicare Rebate **14**

APD/CDE Model of Collaboration **14**

Nutrition Services and DSME/S 14

References **17**

Supporting Documents **18**

Appendix 1 ..... **19**

Dietitians Australia – Scope of Practice for Dietitians Decision Tool 19

Appendix 2 ..... **20**

ADEA Scope of Practice for CDEs in Australia – Decision Pathway 20

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

Statement of Position

Dietitians Australia (DA) 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 Accredited Practising Dietitian (APD) and the non-APD Credentialled Diabetes Educator (CDE) in the provision of nutrition education for people with diabetes. It also aims to clarify the roles of the APD who is a CDE as well.

There is potential that similar documents could evolve in the future in collaboration with other disciplines, such as registered nurses (RNs), midwives, pharmacists, podiatrists, optometrists and exercise physiologists.

This statement provides a guide for determining the tasks that an APD and a non-APD CDE can undertake in terms of nutrition education. This document should be considered in conjunction with scope of practice, training and individual skills, knowledge and competency.

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.
- Everyone with diabetes should have access or referred to an APD.
- 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 diabetes self-management education and support (DSME/S) and an APD for comprehensive nutrition assessment and medical nutrition therapy (MNT).
- CDEs can only provide general nutrition education (as described in this statement) as part of the DSME/S 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.
- MNT provided by an APD is required for all people with diabetes and people at risk of diabetes.
- General nutrition education does not include tailored teaching of carbohydrate counting and/or education that factors in additional dietary requirements, for people with diabetes requiring multiple daily injections (MDI) of insulin, continuous subcutaneous insulin infusion (CSII), or Automated Insulin Delivery (AID) and Hybrid Closed Loop (HCL) systems and/or other complex health conditions that require further dietitian input (gut health/ renal/ liver, wound healing, etc.).
- 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 are encouraged.
- All CDEs 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/S should come from participation in continuing professional development.
- DA 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.
- APDs who are also CDEs can work as both APD and CDE.

Background

Diabetes care consists of three components: participant involvement and interaction; DSME/S 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 and support 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 non-APD CDEs and APDs 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 2022 (1)
- DA Scope of Practice for Dietitians (2)
- ADEA National Competencies for Credentialled Diabetes Educators 2024 (3)
- ADEA National Standards of Practice for Diabetes Educators (4)
- DA Dietary Management of Adult Patients with Type 2 Diabetes in the non-acute Care Setting 2018 (5)

What is a Credentialled Diabetes Educator?

Credentialled Diabetes Educator (CDE) is the nationally accepted credential for the quality assured provision of DSME/S. 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/S 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, Registered Midwives, Registered Optometrists, and Aboriginal and Torres Strait Islander Health Workers/Health Practitioners/other allied health professions who meet the eligibility criteria. 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 500 hours of practice in diabetes education
- Submitted a referee report demonstrating appropriate achievement according to the ADEA National Competencies for Credentialled Diabetes Educators (3)
- Completed a mentoring program
- 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/S. The extent of DSME/S 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/S.

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 (APDs) are university-trained with extensive experience in nutrition and are in possession of the knowledge, skills and competence to provide up-to-date, credible, evidenced-based nutrition and dietary advice in a broad range of areas, not just weight reduction and diabetes.

Dietitians who have completed an accredited Australian university qualification or the examination process for those who trained overseas are eligible to join the DA credentialling program and be recognised as an APD. To maintain the APD 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 APD is to design and deliver MNT that forms an integral part of the management of people with chronic and complex conditions. 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 managing the condition.

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

Diabetes Self-Management Education and Support

The underlying goal of diabetes self-management education and support (DSME/S) is to improve the health outcomes for people with diabetes (6) using evidence based best practice and a person/family-centred care approach (7). DSME/S 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 (6).

Diabetes self-management education and support (DSME/S) is the process of facilitating the knowledge, skill, and ability necessary for diabetes self-care. Diabetes self-management support refers to the support that is required for implementing and sustaining coping skills and behaviours needed to self-manage on an ongoing basis (8). DSME/S continues to be based on the seven self-care behaviours defined and outlined by the ADCES (previously AADE), following review of the self-care behaviours published in 2021.

ADCES7 Self-Care Behaviors

Aligned with ADCES's vision of "optimal health and quality of life for persons with, affected by, or at risk of diabetes and chronic conditions", the ADCES7 Self-Care Behaviors are:

- Healthy coping
- Healthy eating
- Being active
- Taking medication
- Monitoring
- Reducing risk
- Problem solving (9)

DSME/S Process

DSME/S 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 (see ADEA developed resources for person-centred care)
- Assessing the person with diabetes' current level of self-management, limitations and enablers
- Assessing the person with diabetes' education needs and readiness for behaviour change
- Planning the teaching, learning and behaviour change intervention
- Implementing the plan and providing self-management support
- Evaluating the intervention
- Documenting processes, outcomes and communicating with other care providers, including referrals as required

ADEA have developed a set of referral pathways for people with diabetes, encompassing all stages of diabetes self-management education and support, and key times that a person should engage with a CDE, and other health professionals in the diabetes care team (ADEA Diabetes Referral Pathways).

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 (10).

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/S. 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 is best provided by an APD. CDEs can provide 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.
- General information about the benefits of dietary intervention for management of blood glucose levels, blood lipids, blood pressure and weight.
- Basic food composition i.e. identification of protein, fat and carbohydrate sources.
- Basic nutrition advice in line with the Australian Dietary Guidelines and Eat For Health recommendations (i.e. food groups, types and amounts of foods in a healthy diet).
- General nutrition information for weight management that is consistent with above guidelines.
- Identifying sources of carbohydrate in food.
- General introduction to carbohydrate counting.
- The importance of carbohydrate counting and referral to a dietitian to learn the skill.
- Foods for the prevention and treatment of hypoglycaemia.
- An introduction to the basic principles of the glycaemic index.
- An introduction to the basic principles of carbohydrate recognition – e.g. 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*. Insulin dosage should be adjusted to match food intake, not vice versa.
- Consideration of carbohydrate intake with respect to usual physical activity.
- Appropriate food choices (i.e. carbohydrate sources) for illnesses of short duration.
- General recommendations regarding food requirements for travel, during fasting, shift work, religious or other special occasions.
- General recommendations regarding alcohol consumption.

Teaching detailed carbohydrate counting for insulin dose adjustment should be provided only by APDs. In specific settings such as rural and remote areas, where an APD is not available, education via telehealth must be considered.

Role and Importance of APDs in 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. Everyone with diabetes should see or have access to an APD to complete MNT. Medical nutrition therapy 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, e.g. 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 (10–13).

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

- People with type 1 diabetes
- People with or at risk of developing type 2 diabetes
- People with other types of diabetes, especially if requiring insulin (e.g. Latent Autoimmune Diabetes in Adults (LADA) and Maturity-Onset Diabetes of the Young (MODY))
- People with type 2 diabetes requiring insulin
- People with diabetes with major changes to treatment e.g. starting insulin pump therapy
- People requiring carbohydrate counting skills
- Women with or at high risk of developing gestational diabetes
- Women with pre-existing diabetes planning a pregnancy, during pregnancy and postpartum
- Women with Polyendocrine Metabolic Ovarian Syndrome (PMOS)
- People with Cystic Fibrosis related diabetes
- People who have had a pancreatectomy
- Those with other nutrition related conditions such as Coeliac Disease, food allergies or intolerances, dysphagia or irritable bowel syndrome
- Those with disordered eating or an eating disorder
- Those with unintentional weight loss or who are malnourished
- Those following a specific diet i.e. plant-based diet
- Prior to and following bariatric surgery
- Those wanting to adopt a low carbohydrate diet for blood glucose or weight management
- Those planning meal replacement strategies as part of a weight loss program
- Those taking glucagon-like peptide (GLP)-1 agonists or Dipeptidyl Peptidase-4 (DPP-4) inhibitors
- Those with diabetes related complications or co-morbidities e.g. cardiovascular disease, renal disease, liver disease, post transplantation, wounds, gastroparesis

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

Scope of Practice Considerations

DA and ADEA have clear documentation that outlines scope of practice decision making for their respective members (1, 2).

DA recognises that the role of dietitians continues to expand and does not wish to define practice too narrowly, as it may stifle innovation (2).

APDs working in the area of diabetes must work within the scope of practice for dietitians (2), according to relevant standards, as permitted by relevant legislation or regulations, consistent with the policies of their employer, and within the conditions of their employment.

DA's role statement for APDs working in diabetes outlines the usual tasks that are undertaken by APDs.

Of note, DA outlines the activities that dietitians working in diabetes do not usually undertake:

- Endorse intensive diet restrictions and 'sugar-free' diets for frail and aged people with diabetes, where malnutrition can be a greater risk than mild hyperglycaemia. Refer to the NDSS diabetes in aged care handbook for more information.
- Manage individuals without the involvement of other members of a diabetes multidisciplinary team, such as general practitioner, endocrinologist, diabetes educator, exercise physiologist, podiatrist, etc.
- Provide education, counselling or interventions beyond dietetic scope of practice, such as in-depth diabetes self-management education, psychological counselling, foot assessments, insulin adjustments and activities involving skin penetration (including insertion of insulin pump or continuous/flash glucose monitor), without undertaking appropriate steps to extend scope of practice (for example, post-graduate training to become a Credentialled Diabetes Educator, or local network approval process for extended scope of practice).

APDs who are also CDEs have extended their scope to provide diabetes self-management education and support. All CDEs should refer to the ADEA Scope of Practice (2022) document.

Both DA and ADEA Scope of Practice documents include a decision tool for assisting their respective members in determining their own scope.

The Scope of Practice Decision Tool is a framework for practitioners to assess whether a task is a core or extended activity for the individual health professional. It also provides guidance for practitioners to extend scope of practice safely and ethically. Ultimately, health professionals shall accept responsibility for all interventions provided under their management.

The DA Scope of Practice document is currently under review, with the revised version due for release in November 2026.

See Appendix 1 and Appendix 2 for Scope of Practice Decision Tools.

Medicare Rebate

Both APDs and CDEs are nationally recognised by Medicare, Department of Veterans' 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 Benefits Schedule (MBS) Medicare rebate, these services must be provided by APDs and CDEs who have registered with the Department of Human Services. Non-APD CDEs provide general nutrition education as part of a diabetes education occasion of service. Only APDs can provide and claim a reimbursement for MNT, separate to the diabetes education they may provide as a CDE.

APD/CDE Model of Collaboration

Nutrition Services and DSME/S

The model of collaboration below outlines the roles of an APD and a non-APD CDE in assessment and education of people with diabetes. APDs are responsible for medical nutrition therapy, while CDEs are responsible for DSME/S. APDs who are also CDEs are able to undertake both levels of care provision if they are within their individual scope of practice (1, 2).

Common Assessment	Profession Specific Assessment	Profession Specific Implementation and Plan
Both APD and CDE complete a common assessment covering:	**ACCREDITED PRACTISING DIETITIAN (APD)**	**CREDENTIALLED DIABETES EDUCATOR (CDE)**
• Medical history • Family history • Diabetes history • Chronic disease history (e.g. CVD) • Previous care/education • Biomedical profile (lipids/HbA1c/BP) • Anthropometry • Current activity level • Smoking/alcohol use • Medications • Psychosocial issues • Current self-care • Special needs • Assessment of diabetes knowledge • Long term management goals **Behavioural History & Readiness for Change** • Motivational interviewing • Readiness for change • Goal setting • Health beliefs • Barriers and enablers re. diet, exercise and diabetes self-management	**General Diabetes History** • Previous CDE input • Review glycaemic management including hyper/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	**Detailed Diabetes History** • Previous CDE input • Self- monitoring blood glucose (SMBG) technique • Review glycaemic management including hyper/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
Implementation	**Medical Nutrition Therapy (MNT)**	**Diabetes Self-Management Education & Support (DSME/S)**
APD and CDE work in professional partnership, with cross referral or joint program delivery	**Nutrition related aspects of:** • Integrating medication, SMBG data, biochemical/anthropometric results (e.g. lipids, weight) and dietary intervention • Other diabetes complications/food related health problems (e.g. food allergy) • Detailed eating pattern including timing of meals • Concept of insulin self-adjustment (if applicable)	• 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

	• 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 (e.g. label reading skills) • Implementation and evaluation of the intervention • Assessment of whether MNT is likely/unlikely to achieve desired management goals	• General nutrition education – as outlined earlier • 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 (e.g. 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
DOCUMENTATION, SCHEDULE REVIEW, FACILITATE REFERRAL, CASE CONFERENCE, REPLY TO REFERRER		

An APD with CDE qualifications can perform both APD and CDE assessments.

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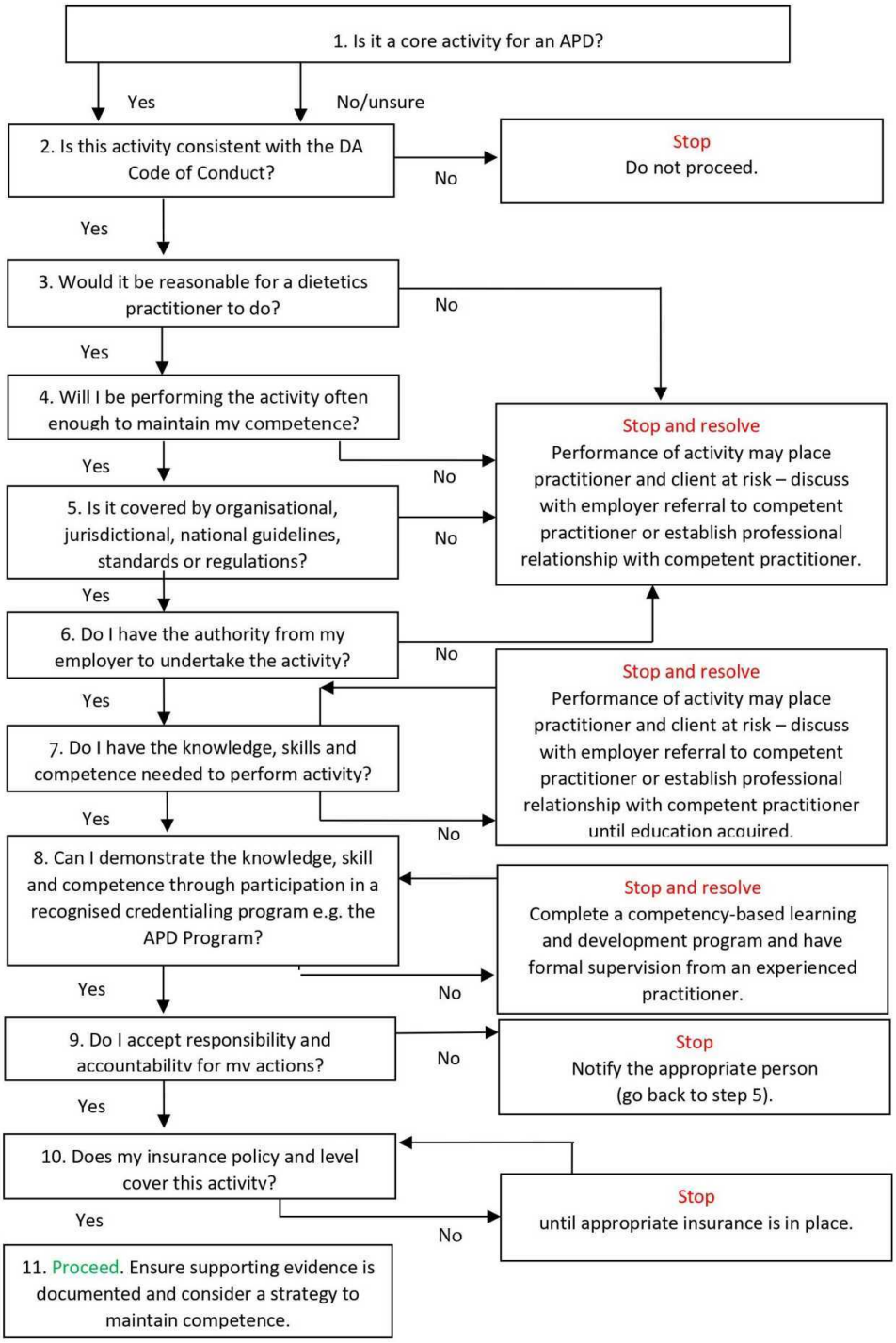
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Appendix 1

Dietitians Australia – Scope of Practice for Dietitians Decision Tool



Appendix 2

ADEA Scope of Practice for CDEs in Australia – Decision Pathway

