



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

ADEA and DAA support the multidisciplinary approach to diabetes care to provide the person with diabetes with the tools to self manage their diabetes.

ADEA and DAA recommendations

- Diabetes education is a specialised extension of the health professional's primary discipline, therefore completion of an ADEA Accredited Graduate Certificate in Diabetes Education and Care should be the entry-level qualification to practise as a diabetes educator. This includes accredited practising dietitians, accredited pharmacists, podiatrists and registered nurses.
- All practitioners encourage and facilitate clients 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 recommended that they refer clients to a Credentialed Diabetes Educator and an Accredited Practising Dietitian for comprehensive diabetes self-management education.
- Credentialed Diabetes Educators are competent to provide general nutrition education (as described in this statement) as part of the diabetes self-management education process.
- Accredited Practising Dietitians 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 Accredited Practising Dietitian for medical nutrition therapy in order to achieve optimal nutritional management as part of their diabetes care. Where an Accredited Practising Dietitian is not available in person, or where face-to-face access is limited, the use of teleconferencing and other technologies are encouraged.
- General nutrition education is only appropriate as an introduction to nutrition principles for those with relatively uncomplicated diabetes and is not a substitute for a referral to a dietitian for medical nutrition therapy.
- In addition, general nutrition education does not include comprehensive teaching of carbohydrate counting to people with diabetes requiring multiple daily injections (MDI) or continuous subcutaneous insulin infusion (CSII). Medical nutrition therapy is required for all people with diabetes including those requiring MDI or CSII.

- All diabetes educators and dietitians should establish a professional relationship with the other discipline to ensure currency of their knowledge and practice with respect to general nutrition education and diabetes self-management education guidelines.

Background

Diabetes care consists of three components: participant self-management; diabetes self-management education and clinical management.

Typically, diabetes care is delivered by a multidisciplinary team of medical, nursing, and allied health professionals. Individual team members work within the scope of practice of their primary discipline 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 training and experience in their primary discipline, diabetes self management education is a highly specialised extension of the individual's discipline and requires advanced diabetes management, education and counselling skills.

The purpose of this paper is to:

- Clarify the roles and responsibilities of Credentialed 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 paper should be read in conjunction with *The Role of the Credentialed Diabetes Educator in Australia – Role and Scope of Practice* www.adea.com.au and the *Evidence-based practice guidelines for the nutritional management of type 2 diabetes mellitus in adults* www.daa.asn.au.

What is a Credentialed Diabetes Educator?

Credentialed Diabetes Educators are either Registered Nurses, Accredited Practising Dietitians, Accredited Pharmacists, Registered Medical Practitioners or Podiatrists who have graduated from tertiary courses accredited by their registration boards or professional associations and completed an Australian Diabetes Educators Association (ADEA) Accredited graduate certificate in diabetes education and care. They have also undertaken a minimum of 1800 hours of full-time practice in diabetes education, submitted a refereed report demonstrating appropriate achievement, completed a mentoring program and shown a demonstrated commitment to a continuing professional development program.

Diabetes educators who have met the above requirements are identified by their primary qualification followed by CDE eg. Registered Nurse (RN) CDE, Dietitian (APD) CDE, etc.

The role of the Credentialed Diabetes Educator is to integrate diabetes self-management education and clinical management through provision of discipline specific clinical care

or through referral and collaboration with other members of the multidisciplinary diabetes care team.

What is an Accredited Practising Dietitian?

Accredited Practising Dietitians are university-trained and Dietitians Association of Australia (DAA) accredited dietitians are in possession of the knowledge, skills and competency to provide expert nutrition and dietary advice.

Dietitians who have met the requirements of the DAA credentialling program are recognised as Accredited Practising Dietitians (APD).

The 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.

Diabetes Self Management Education

The underlying goal of diabetes self management education is to improve the health outcomes for people with diabetes using a client/family-focussed approach. Diabetes self management education, in conjunction with an individualised clinical care plan with regular monitoring and review, prepares participants to make informed decisions, engage in effective diabetes self-management, and implement self-care behaviours that allow individuals to maximise their physical and psychological well-being.

Diabetes self management education is 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. It is a collaborative process between the person with diabetes and their multidisciplinary team that involves:

- Assessing the client's education needs and their readiness for behaviour change
- Planning the teaching, learning and behaviour change intervention
- Implementing the plan
- Evaluating the intervention
- Documenting the process and outcomes and communicating with other care providers

The American Association of Diabetes Educators 7TM Self-care Behaviours have been identified as contributing to the effectiveness of diabetes self management education. The AADE 7TM have been adapted by ADEA with the permission of AADE ie. Diabetes Self Care – the 7 steps to Success:

- Healthy eating
- Being active
- Monitoring
- Taking medication
- Problem solving
- Healthy coping
- Reducing risks

Diabetes education contributes to a continuum of outcomes: knowledge, self-management, self determination, psychological adjustment, clinical outcomes and cost effectiveness.

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 with an outcome of better diabetes management and a reduced risk of diabetes complications. This is in the context of maintaining quality of life, cultural and individual dietary preferences.

Nutrition management includes both general nutrition education and medical nutrition therapy. General nutrition education covers a range of nutrition topics required by all people with diabetes and is an integral component of diabetes self management education. General nutrition education may be provided to groups or individuals, and can be given as introductory information at diagnosis or part of ongoing education. On the other hand, medical nutrition therapy forms part of the clinical management for people with diabetes and should only be provided by dietitians. Medical nutrition therapy 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
- General aims of dietary intervention ie. weight management; blood glucose, lipid and blood pressure control
- Prevention and treatment of hypoglycaemia
- Role of carbohydrate containing foods with respect to medication (oral or insulin)
- An introduction to basic principles of carbohydrate counting where appropriate
- Adjustment of carbohydrate intake with respect to usual physical activity
- Appropriate food choices 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
- General recommendations regarding alcohol consumption

General nutrition therapy is best provided by dietitians, but it is suitable for Credentialed Diabetes Educators to provide this information if necessary. Any resources used to complement this education should be developed with/by an Accredited Practising Dietitian.

Medical Nutrition Therapy

Medical nutrition therapy 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. Medical nutrition therapy is client focussed, 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 and includes integration of the social, cultural and environmental factors which affect food intake.

Medical nutrition therapy is individually tailored to client needs and preferences rather than being a pre-determined prescription of energy and nutrient intake. Medical nutrition therapy that is delivered by dietitians according to dietetic practice guidelines has been demonstrated to be both clinically and cost effective.

Consequently ADEA and DAA recommend that all people with diabetes should have access to an accredited dietitian in order to achieve optimal nutritional management as part of their diabetes care. Medical Nutrition Therapy (and not General Nutrition Education) is essential for the following:

- People with type 1 diabetes
- 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 injection regimens
- Gestational diabetes
- Those with diabetes for pre-conception planning and during pregnancy
- Those with other related conditions eg. Coeliac disease
- Those planning meal replacement strategies as part of a weight loss program
- Those with diabetes related complications or co-morbidities eg. Heart failure, renal disease, post transplantation, etc

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

Medicare Reimbursement

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 Accredited Practising Dietitians and Credentialed Diabetes Educators who have registered with the Health Insurance Commission. While Credentialed Diabetes Educators provide general nutrition education as part of diabetes education occasion of service, only Accredited Practising Dietitians can provide and claim re-imburement for medical nutrition therapy.

Disclaimer

This document is a general guide to appropriate practice, to be followed subject to the health professional's judgement in each case. This statement is designed to provide information to assist decision making and is based on the best available information available at the date of compilation. DAA and ADEA do not accept liability to any person for the information or advice provided in printed material or on their web sites, or incorporated into it by reference or for loss or damages incurred as a result of reliance upon the material.

For Review – 2012

MODEL OF COLLABORATION

	ACCREDITED PRACTISING DIETITIAN	CREDENTIALLED DIABETES EDUCATOR RN
Common Assessment	<p>Assessment</p> <ul style="list-style-type: none"> ▪ Medical history ▪ Chronic disease history e.g. diabetes ▪ Previous care/education ▪ Biomedical profile e.g. (lipids/HbA1c/BP) ▪ Anthropometry ▪ Current activity level ▪ Smoking/alcohol status ▪ Medications ▪ Psychosocial issues ▪ Current self care ▪ Special needs ▪ Assessment of diabetes knowledge ▪ Identification with patient and health care team of long term management goals <p>Behavioural History & Readiness for Change</p> <ul style="list-style-type: none"> ▪ Motivational interviewing ▪ Readiness for change ▪ Goal setting ▪ Health beliefs ▪ Barriers and enablers to change with respect to diet, exercise and diabetes self management 	
Profession Specific Assessment	<p style="text-align: center;">General Diabetes History</p> <ul style="list-style-type: none"> ▪ Self blood glucose monitoring, including hyper and hypoglycaemic episodes ▪ Have they had regular complications reviews? ▪ Assessment of diabetes knowledge ▪ Current sick day management plan ▪ Have they seen a CDE? <p style="text-align: center;">Detailed Diet History</p> <ul style="list-style-type: none"> ▪ Relationship between meals, snacks and medications ▪ Previous APD input? ▪ Previous dietary modifications/hx ▪ Detailed eating pattern ▪ Food types/brands/label reading ▪ Detailed serving sizes ▪ Food frequency ▪ Cooking methods/skills ▪ Limitations/practical issues ▪ GIT conditions 	<p style="text-align: center;">General Diet History</p> <ul style="list-style-type: none"> ▪ Relationship between meals, snacks and medications ▪ Regular eating patterns/dietary habits ▪ Brief assessment of diabetes food knowledge ▪ Have they seen an APD? <p style="text-align: center;">Detailed Diabetes History</p> <ul style="list-style-type: none"> ▪ Previous CDE input? ▪ SBGM technique ▪ SBGM, including hyper and hypoglycaemic episodes ▪ Detailed medication review eg. insulin adjustment ▪ Injection technique and check injection sites (if appropriate) ▪ NDSS registration ▪ Detailed assessment of diabetes knowledge and skill level ▪ Foot assessment ▪ Have they had a complications review in the last 12 months? ▪ Current sick day management plan
P	PROFESSIONAL PARTNERSHIP, CROSS REFERRAL OR JOINT PROGRAM DELIVERY MODEL	

<p style="text-align: center;">Medical Nutrition Therapy</p> <ul style="list-style-type: none"> ▪ Detailed eating pattern including timing of meals ▪ Food types/brands ▪ Nutrition prescription (energy and macronutrients, meal plan, foods to avoid or limit) ▪ Glycaemic index and glycaemic load ▪ Weight loss ▪ Hyperlipidaemia and hypertension ▪ Other diabetes complications/other food related health problems eg. food allergy ▪ Integrating medication, SBGM data, other biochemical/anthropometric results (eg. lipids, weight) and dietary intervention ▪ Alcohol guidelines ▪ Cooking methods/skills ▪ Social activities/Travel ▪ Problem solving ▪ Sick day management ▪ Hypoglycaemia – causes, symptoms and treatment ▪ Eating before and after 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 and communication with health care providers 	<p style="text-align: center;">Diabetes Self Care Plan</p> <ul style="list-style-type: none"> ▪ SBGM – interpretation and discussion of results; problem solving ▪ Medications – actions, side effects, interactions, etc ▪ Insulin adjustment ▪ Diabetes complications ▪ Relationship between diabetes and other health problems ▪ Exercise guidelines including relationship of food to exercise ▪ Sick day management ▪ Alcohol guidelines, illicit drug use ▪ Social activities/travel ▪ General nutrition education – as appropriate ▪ Hypoglycaemia – causes, symptoms and treatment ▪ Pregnancy and pre-pregnancy planning ▪ 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 and communication with health care providers ▪ Impact of concurrent conditions eg. obstructive sleep apnoea, corticosteroids, atypical antipsychotics
<p>SCHEDULE REVIEW AND FACILITATE REFERRAL</p>	

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