

Disability Role Statement

Developed by members of the Disability Interest Group

Introduction

Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice. APDs are qualified to advise individuals, groups and organisations on nutrition-related matters.

APDs have university training accredited by Dietitians Australia, undertake ongoing professional development and commit to evidence-based practice. They comply with the [Dietitians Australia Code of Conduct for Dietitians & Nutritionists](#) and commit to providing quality service.

APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs, the National Disability Insurance Agency and most private health funds as the quality standard for nutrition and dietetics services in Australia. It is a recognised trademark protected by law.

Purpose of this role statement

- To define the role an APD may fulfil when working in the area of disability
- To promote the knowledge and expertise of an APD, broadly and in the area of disability and beyond [National Competency Standards](#)
- To advocate for dietetic services

Knowledge and skills in this area of practice

Entry level dietetic competencies ensure all APDs can conduct assessments, diagnose nutritional issues, and develop, monitor and evaluate interventions. Within a particular practice area, APD skills and knowledge will range from entry level to highly skilled. Within this continuum APDs can either fully manage the patient, seek support to continue seeing the patient or refer the patient on.

The following is a list of skills and knowledge required to work in the disability area:

Knowledge

- Nutrition-specific evidence relating to a specific disability and implementation of evidence informed practice including regular review and reflection on outcomes.
- Impacts, interactions and side effects of medications, diet modifications, particular foods, fluids, nutritional supplements and thickeners that may be commonly used in the care of people with a disability.
- Popular diets and nutrition misinformation relating to specific disabilities.
- Policies, procedures and guidelines relating to health care in disability in line with the mandatory organisation/site specific, state and federal policy directives (for example, use of restricted or restrictive practice).¹⁻⁴

- Disability-related funding that may impact an individual's access to health and dietetic care (for example, National Disability Insurance Scheme) and requirements of dietitians in relation to this including realistic implementation within community settings.⁵
- Awareness and utilisation of the International Classification of Functioning to inform nutrition assessment, care plans and decision making.⁶

Skills

- Consideration of accurate and relevant data, unique features of the client's disability, and related nutrition impact symptoms, physical and cognitive limitations, and communication difficulties when conducting a nutrition assessment and developing a plan.^{7,8}
- Ability to determine health priorities for complex disability clients with multiple comorbidities using evidence base and clinical experience to inform practice.
- Ability to ethically work with clients with a disability who have intellectual/cognitive/memory impairments, behavioural disturbances and mental health co-morbidities. For example, working within scope of practice as part of an interdisciplinary team, delivering person-centred care using social justice principles, understanding informed consent and supported decision-making, and that behaviours are a form of communication.
- Assess the capacity and capability of people with a disability and/or their carers to follow dietetic recommendations and adjust interventions accordingly.
- Collaboration with clients, families, group homes, client support networks and interdisciplinary disability related health teams working within the person-centred practice paradigm, considering the individual's needs, abilities, preferences, choices and aspirations.
- Confident identification of the most appropriate method to effectively communicate with clients, families and/or support workers with a range of cognitive abilities to deliver disability-specific nutrition recommendations using evidence-based reasoning.

Activities entry level APDs would conduct

- Nutrition assessment utilising the most appropriate methods, intervention and monitoring considering key disability-specific issues (For example, dysphagia, mealtime behavioural issues, menu choice, supports in day-to-day life, cognition, fluctuating health, level of intellectual impairment and client capacity to self-monitor, client access to services, communication or environmental stressors).
- Provide nutrition therapy for individuals with disabilities without complex comorbidities (For example, enteral feeding regimens, food fortification, healthy eating, food aversions, food allergies, mealtime management plans).
- Referral to and coordination with specialist/support services available for people with disabilities.
- Ability to work within scope as part of an interdisciplinary team, and appropriately identify when to refer on and/or be guided by more experienced clinicians (For example, inborn errors of metabolism or management of a ketogenic diet for epilepsy).
- Provide consultation and recommendations for meal planning in disability-related residential and respite facilities.

Activities APDs working at a higher level would conduct

- Provide nutrition therapy for individuals with disabilities who have complex comorbidities (For example, eating disorders, psychiatric illness with behaviours of concern, metabolic conditions including phenylketonuria (PKU)).
- Intuitively utilise advanced nutrition and dietetic skills acquired, and recognise other clinicians' knowledge and skills to successfully problem solve and implement effective interventions.^{7,8}
- Facilitate a transdisciplinary approach when working with individuals with disabilities to implement holistic strategies that promote wellbeing.
- Design, develop and actively participate in research that informs policies and best practice for people with disabilities.
- Ability to confidently communicate at organisation and government levels to advocate for disability-specific nutrition priorities with evidence-based reasoning.
- Act as a nutrition resource to dietitians and members of the interdisciplinary team on application of disability related nutrition protocols and guidelines to an individual client or population. This includes the mentoring/supervision of students or less experienced dietitians as well as other health professionals.^{7,8}

Practitioners should refer to the [Scope of Practice Decision Tool](#) to determine if a task is within their scope of practice.

Activities APDs working in this area of practice do not usually undertake

- Assessments of swallowing or making food texture and fluid thickness recommendations.
- Assessments of safety and functioning while cooking.
- Assessments of physical activity capacity.
- Assistance with feeding at mealtimes.

Appendix A – Background

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

United Nations Convention of the Rights of Persons with Disabilities⁹

With the assistance of appropriate aids and services, the restrictions experienced by many people with a disability may be overcome. People with disabilities are at high risk of nutritional concerns such as over/underweight, malnutrition, nutritional deficiencies and other nutrition related conditions. It is paramount that this population group are provided with high level nutritional care to identify and address risks to reduce harm.

References

1. NSW Department of Family and Community Services and Cerebral Palsy Alliance [Internet]. Cerebral Palsy Alliance; 2017. Dietetic core standards for disability. Available from: https://member.dietitiansaustralia.org.au/Common/Uploaded%20files/DAA/Resource_Library/2020/Dietetic_Core_Standards_Disability_2016.pdf
2. Child Family Community Australia. Australian Government: Australian Institute of Family Studies; 2020. Mandatory reporting of child abuse and neglect; June 2020. Available from: <https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>
3. Australian Government. Australian Government: Department of Social Services; 2013. National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector. Available from: https://www.dss.gov.au/sites/default/files/documents/04_2014/national_framework_restrictive_practices_0.pdf
4. Department of Health and Human Services. 2020. The Allied Health capability framework: disability and complex support needs. Available from: <https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/ahcf-disability-complex-support-needs>
5. National Disability Insurance Scheme. Australian Government; National Disability Insurance Agency; 2018. NDIS. Available from: <https://www.ndis.gov.au/>
6. World Health Organisation. Geneva: WHO; 2001. International classification of functioning, disability & health. Available from: <http://www.who.int/classifications/icf/en>
7. Conway C, Lemons S, Terrazas L. Academy of Nutrition and Dietetics: Revised 2020 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Intellectual and Developmental Disabilities. *J Acad Nutr Diet*. 2020; 120 (12): 2061 - 2075. Available from: <https://doi.org/10.1016/j.jand.2020.08.094>
8. Ptomey LT, Wittenbrook W. Position of the Academy of Nutrition and Dietetics: Nutrition Services for Individuals with Intellectual and Developmental Disabilities and Special Health Care Needs. *J Acad Nutr Diet* [Internet]. 2015 Apr 01; 115 (4) : 593-608. Available from: [https://jandonline.org/article/S2212-2672\(15\)00121-5/fulltext](https://jandonline.org/article/S2212-2672(15)00121-5/fulltext)
9. United Nations General Assembly. 2007. Convention on the Rights of Persons with Disabilities, NY; <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>