Dietitians Australia
The Leading Voice of Nutrition

National Competency Standards for Dietitians in Australia

Introduction

The National Competency Standards for Dietitians are statements that describe the function of a dietitian in Australia. They comprise domains, elements (key tasks) and performance criteria (measurable and observable actions).

Acknowledgement and respect of traditional owners and country

As dietitians, we acknowledge Aboriginal and Torres Strait Islander peoples as the First Nations peoples whose lands, winds and waters we all now share, and pay respect to their unique values, and their continuing and enduring cultures which deepen and enrich the life of our nation and communities.

The history of colonisation and its adverse effects for Aboriginal and Torres Strait Islander peoples, such as the breakdown of culture, experiences of racism and the impacts of past government, must be acknowledged to ensure the delivery of safe, accessible and responsive dietetic services.

Cultural safety and responsiveness

Culturally safe and responsive practice with Aboriginal and Torres Strait Islander peoples assists to support self-determination and quality of life. These competency standards specifically acknowledge the need for dietitians to enhance their cultural safety and responsiveness competencies for practice with Aboriginal and Torres Strait Islander peoples.

These competency standards have evolved within a particular cultural and social timeframe in Australia and they recognise that Aboriginal and Torres Strait Islander peoples are the traditional custodians of this country and hold cultural values and beliefs that are diverse, complex and evolving.

Use of the National Competency Standards

The National Competency Standards for Dietitians in Australia are used to facilitate a shared understanding of competence. More specifically, they may be used by:

Students to:

- identify the relationship between their program of learning, assessment and program outcomes
- determine what they are expected to do on entry to the profession
- guide their plans for professional development as part of the Accredited Practising Dietitian program

Practitioners to:

- provide a framework for student assessment
- guide professional development plans for the Accredited Practising Dietitian mentoring program
- describe minimum performance in the workplace

Universities to:

- design and implement dietetic education programs that are compliant with accreditation standards*
- develop curriculums and assessment strategies that are aligned with the National Competency Standards
- graduate entry-level dietetic practitioners who are competent against the National Competency Standards

Dietitians Australia to:

- inform standards for the accreditation of university programs
- guide the assessment processes of dietitians whose qualifications are not from Australia
- guide the assessment processes of Australian-trained dietitians returning to practice
- describe safe and effective practice in the workplace

By clients to:**

- establish the expected knowledge, skills and behaviours of dietitians

*Accreditation standards for the education of health professionals are used to determine whether a program of study produces graduates who have the knowledge, skills and professional attributes to practise the profession in Australia.[1] The National Competency Standards should be used in conjunction with the Accreditation Standards for Dietetics Education Programs (version 2.0, 2017), associated processes and the Evidence Guide for universities seeking accreditation.

For the purpose of this document, ***client* refers to a person, group of people, patients (and their families and/or carers where relevant), consumers, communities, organisations, institutions, businesses and any other entity for which a dietitian may normally provide services (within the dietitian's scope of practice) who has entered into a therapeutic or professional relationship with a dietitian.

Domain 1. Professional Practice

Elements	Performance criteria
1.1 Demonstrates safe practice	1.1.1 Operates within the individual's and the profession's scope of practice, seeks assistance and refers to other services as necessary 1.1.2 Shows a commitment to professional development and lifelong learning 1.1.3 Consistently demonstrates reflective practice in collaboration with supervisors, peers and mentors 1.1.4 Demonstrates professional conduct and accepts responsibility for own actions 1.1.5 Accepts responsibility for and manages, implements and evaluates own emotions, personal health and wellbeing 1.1.6 Demonstrates flexibility, adaptability and resilience
1.2 Demonstrates ethical and legal practice	1.2.1 Exercises professional duty of care in accordance with relevant codes of conduct, ethical requirements, and other accepted protocols 1.2.2 Demonstrates integrity, honesty and fairness 1.2.3 Prepares, stores and transmits accurate and timely documentation according to accepted standards
1.3 Demonstrates leadership	1.3.1 Uses negotiation and conflict-resolution skills when required 1.3.2 Develops and maintains a credible professional role by commitment to excellence of practice 1.3.3 Seeks, responds to and provides effective feedback 1.3.4 Participates in supervision, teaching and mentoring processes with peers, students and colleagues 1.3.5 Demonstrates initiative by being proactive and developing solutions to problems 1.3.6 Advocates for the contribution that nutrition and dietetics can make to improve health, and for the value dietitians bring to organisations and society 1.3.7 Identifies opportunities and advocates for change to the wider social, cultural and political environment to improve nutrition, food standards and the food system 1.3.8 Recognises that whole systems — including health and education — are responsible for improving Aboriginal and Torres Strait Islander health, and collaborates with Aboriginal and Torres Strait Islander individuals and communities to advocate for social justice and health equity for Aboriginal and Torres Strait Islander peoples
1.4 Demonstrates management	1.4.1 Applies organisational, business and management skills in the practice of nutrition and dietetics 1.4.2 Utilises outcomes-based systems and tools to evaluate and assure quality of practice based on agreed goals, and revises practice accordingly 1.4.3 Identifies and assesses risks, incidents and errors, follows relevant protocols, and develops basic risk, incident and error management strategies for services 1.4.4 Utilises relevant technology and equipment efficiently, effectively and safely
1.5 Demonstrates cultural safety and responsiveness	1.5.1 Acknowledges, reflects on and understands own culture, values, beliefs, attitudes, biases, assumptions, privilege and power at the individual and systems level, and their influence on practice 1.5.2 Works respectfully with diverse clients in choosing culturally safe and responsive strategies to suit the goals, lived experiences and environment of clients 1.5.3 Applies evidence- and strengths-based best practice approaches in Aboriginal and Torres Strait Islander health care, valuing Aboriginal and Torres Strait Islander ways of knowing, being and doing 1.5.4 Acknowledge colonisation and systemic racism, social, cultural, behavioural, and economic factors which impact Aboriginal and Torres Strait Islander peoples' health outcomes and how this might influence dietetic practice and outcomes

Domain 2. Expert Practice

Elements	Performance criteria
2.1 Adopts an evidence-based approach to dietetic practice	2.1.1 Adopts a questioning and critical approach in all aspects of practice 2.1.2 Applies a highly developed knowledge of nutrition science, social science, behavioural science, health, disease, food, food preparation methods, food systems, and sustainability to tailor recommendations to improve health of clients 2.1.3 Systematically searches for, evaluates, interprets and applies findings from food, nutrition, dietetic, social, behavioural and education sciences into dietetic practice 2.1.4 Applies problem-solving skills to create realistic solutions to nutrition problems or issues
2.2 Applies the nutrition care process based on the expectations and priorities of clients	2.2.1 Collects, analyses and interprets relevant health, medical, cultural, social, psychological, economic, personal, environmental, dietary intake, and food systems and sustainability data when assessing nutritional issues of clients In collaboration with clients, other professionals, key stakeholders, and partners: 2.2.2 Makes appropriate nutrition diagnoses and identifies priority nutrition issues based on all available information 2.2.3 Prioritises key issues, formulates goals and objectives, and prepares individualised, realistic goal- oriented plans 2.2.4 Uses client-centred counselling skills to negotiate and facilitate nutrition, behaviour and lifestyle change and empower clients with self-management skills 2.2.5 Systematically implements, evaluates and adapts nutrition care plans, programs and services 2.2.6 Facilitates advanced-care planning, discharge planning and referral to other services where appropriate, in accordance with jurisdictional legislation, policy or standards
2.3 Influences food systems to improve the nutritional status of clients	2.3.1 Applies an approach to practice that recognises the multi-factorial and interconnected determinants influencing nutrition and health 2.3.2 Uses food legislation, regulations and standards to develop, implement and evaluate food systems and sustainability to maintain food safety 2.3.3 Applies a socio-ecological approach to the development of strategies to improve nutrition and health

Domain 3. Research Practice

Elements	Performance criteria
3.1 Conducts research, evaluation, and quality-management processes	3.1.1 Identifies and selects appropriate research, evaluation and quality-management methods to advance the practice of dietetics 3.1.2 Applies ethical processes to research, evaluation, and quality management 3.1.3 Collects, analyses and interprets qualitative and quantitative research, evaluation, and quality-management data 3.1.4 Accurately documents and disseminates research, evaluation, and quality-management findings 3.1.5 Translates the implications of research findings for dietetic practice, advocacy and key stakeholders

Domain 4. Collaborative Practice

Elements	Performance criteria
4.1 Communicates appropriately with people from various cultural, socioeconomic, organisational and professional backgrounds	4.1.1 Demonstrates empathy and establishes trust and rapport to build effective partnerships with clients, other professionals, key stakeholders and partners 4.1.2 Uses a range of communication methods to communicate clearly and concisely to a range of audiences, adapting or co-creating communication messages for specific audiences where appropriate 4.1.3 Engages in culturally appropriate, safe and sensitive communication that facilitates trust and the building of respectful relationships with Aboriginal and Torres Strait Islander peoples 4.1.4 Translates technical information into practical messaging that can be easily understood and used by clients, other professionals, key stakeholders, partners, and members of the public
4.2 Builds capacity of and collaborates with others to improve nutrition and health outcomes	4.2.1 Shares information with and acts as a resource person for colleagues, community and other agencies 4.2.2 Identifies, builds partnerships with, and assists in implementing plans with key stakeholders who have the capacity to influence food intake and food systems 4.2.3 Displays effective active listening, interviewing and interpersonal skills to better understand perspectives of clients, other professionals, key stakeholders and partners to inform approaches and influence change 4.2.4 Applies the principles of marketing to promote healthy eating and influence dietary change 4.2.5 Empowers clients to improve their own health through engagement, facilitation, education and collaboration
4.3 Collaborates within and across teams effectively	4.3.1 Recognises and respects the diversity of other professionals' roles, responsibilities and competencies 4.3.2 Participates in collaborative decision-making, shared responsibility, and shared vision within teams at an individual, organisational and systems level 4.3.3 Guides and supports team members and peers

Evidence Guide

This Evidence Guide aims to assists those using the National Competency Standards for any of the above stated purposes. The Evidence Guide provides further definitions of terms used in the Standards, as well as examples of practice that would illustrate competent performance.

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Domain 1. Professional Practice

Elements	Performance criteria	Definition of key terms
1.1 Demonstrates safe practice	1.1.1 Recognises the individual's and the profession's scope of practice, seeks assistance and refers to other services as necessary 1.1.2 Shows a commitment to professional development and lifelong learning 1.1.3 Consistently demonstrates reflective practice in collaboration with supervisors, peers and mentors 1.1.4 Demonstrates professional conduct and accepts responsibility for own actions 1.1.5 Accepts responsibility for and manages, implements and evaluates own emotions, personal health and wellbeing 1.1.6 Demonstrates flexibility, adaptability and resilience	*Safe practice*: practice of health professionals and their interaction with patients that leads to positive health outcomes.[2] *Professional conduct*: behaviours exhibited in line with Dietitians Australia Code of Conduct for Dietitians and Nutritionists[3] *Scope of practice*: the breadth of professional practice as described in Dietitians Australia Scope of Practice *Health*: is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.[4] *Wellbeing*: the combination of feeling good and functioning effectively, whereby an individual manages both positive and negative emotions and has some control their life with helpful relationships.[5] *Professional development*: the process of identifying learning needs, making plans to address these learning needs, implementing plans and reflecting on practice.[6] *Resilience*: a personal and cultural strategy for surviving and even transcending adversity.[7] *Reflective practice*: the process of reviewing an experience and identifying what happened, personal behaviour, thinking and emotions, and building on this experience for future practice.[8]
1.2 Demonstrates ethical and legal practice	1.2.1 Exercises professional duty of care in accordance with relevant codes of conduct, ethical requirements, and other accepted protocols 1.2.2 Demonstrates integrity, honesty and fairness 1.2.3 Prepares, stores and transmits accurate and timely documentation according to accepted standards	*Relevant codes of conduct, ethical requirements and other accepted protocols*: may include but are not limited to the Dietitians Australia Code of Conduct for Dietitians, workplace policies, National Statement on Ethical Conduct, Privacy, Equal Opportunity
1.3 Demonstrates leadership	1.3.1 Uses negotiation and conflict-resolution skills when required 1.3.2 Develops and maintains a credible professional role by commitment to excellence of practice 1.3.3 Seeks, responds to, and provides effective feedback 1.3.4 Participates in supervision, teaching and mentoring processes with peers, students and colleagues 1.3.5 Demonstrates initiative by being proactive and developing solutions to problems 1.3.6 Advocates for the contribution that nutrition and dietetics can make to improve health, and for the value dietitians bring to organisations and society	*Excellence of practice*: aspires to and is committed to improve knowledge, skills and abilities. *Effective feedback*: the process whereby learners become judges of their own performance, drive feedback from peers and supervisors, and where education allows opportunities for learners to build on all feedback received.[9] *Mentoring*: a reciprocal learning process whereby two individuals support each other's professional and personal development.[10] *Advocates*: acts on behalf of for individuals, groups and/or communities to gather commitment, support, and policy change around a health issue.[11] *Aboriginal health*: means not just the physical wellbeing of an individual, but refers to the social, emotional and cultural wellbeing of the whole community, in which each individual is able to achieve their

	1.3.7 Identifies opportunities and advocates for change to the wider social, cultural and political environment to improve nutrition, food standards and the food system 1.3.8 Recognises that whole systems — including health and education — are responsible for improving Aboriginal and Torres Strait Islander health, and collaborates with Aboriginal and Torres Strait Islander individuals and communities to advocate for social justice and health equity for Aboriginal and Torres Strait Islander peoples	full potential as a human being. This brings about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.[12]
1.4 Demonstrates management	1.4.1 Applies organisational, business and management skills in the practice of nutrition and dietetics 1.4.2 Utilises outcomes-based systems and tools to evaluate and assure quality of practice based on agreed goals, and revises practice accordingly 1.4.3 Identifies and assesses risks, incidents and errors, follows relevant protocols, and develops basic risk, incident and error management strategies for services 1.4.4 Utilises relevant technology and equipment efficiently, effectively and safely	*Organisational skills:* refers to prioritisation and time-management skills. *Business skills:* refers to business-development, project-management and planning skills. *Management skills*: refers to human-resource, financial and risk-management skills. *Marketing*: in the context of dietetics practice and these standards, marketing refers to a process by which healthy eating or dietary behaviour change is identified, developed, priced, placed and promoted to create consumer demand.[13] *Service*: a system supplying a need.
1.5 Demonstrates cultural safety and responsiveness	1.5.1 Acknowledges, reflects on and understands own culture, values, beliefs, attitudes, biases, assumptions, privilege and power at the individual and systems level, and their influence on practice 1.5.2 Works respectfully with diverse clients in choosing culturally safe and responsive strategies to suit the goals, lived experiences and environment of clients 1.5.3 Applies evidence- and strengths-based best practice approaches in Aboriginal and Torres Strait Islander health care, valuing Aboriginal and Torres Strait Islander ways of knowing, being and doing 1.5.4 Acknowledges colonisation and systemic racism, social, cultural, behavioural, and economic factors which impact Aboriginal and Torres Strait Islander peoples' health outcomes, and how this might influence dietetic practice and outcomes	*Cultural safety:* is not defined by the health professional, but is defined by the health consumer's experience — the individual's experience of care they are given, ability to access services and to raise concerns.[14] Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive health care free of racism, recognising historical factors post-colonisation.[15] Cultural safety has several essential features[14]: a) An understanding of one's culture b) An acknowledgment of difference, and a requirement that caregivers are actively mindful and respectful of difference(s) c) It is informed by the theory of power relations; any attempt to de-politicise cultural safety is to miss the point d) An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations peoples' living and wellbeing, both in the present and past e) Its presence or absence is determined by the experience of the recipient of care and not defined by the caregiver. *Cultural responsiveness:* "has cultural safety at its core. Cultural responsiveness is what is needed to transform systems; how individual health practitioners work to deliver and maintain culturally safe and effective care. It is innately transformative and must incorporate knowledge (knowing), self-knowledge and behaviour (being) and action (doing). It is about the approaches we take in engaging with people and how we act to embed what we learn in practice. This requires genuine dialogue to improve practice and health outcomes — it is how we achieve, maintain and govern cultural safety."[16]

		*Culture: "*Learned yet dynamic ways of being in everyday life, informed by attributes such as age, class, ability, ethnicity, gender and sexual orientation, which influence beliefs, values and attitudes and how humans explain and respond to life's context and circumstances." (Cox 2016) "Culture can be seen as a set of complex beliefs and behaviours acquired as part of relationships within particular families and other social groups (Saggers & Walter, 2011). It is important to recognise that culture is expressed at both group and individual levels. The complex beliefs and behaviours of cultural groups are not held or expressed uniformly by all members of those groups. Most of us live in more than one cultural setting and we perceive, experience, and engage with all aspects of our lives and the world around us through the lens of our cultures (Avruch, 2012)."[16] *Client:* refers to a person, group of people, patients (and their families and/or carers where relevant), consumers, communities, organisations, institutions, businesses and any other entity for which a dietitian may normally provide services (within the dietitian's scope of practice) who has entered into a therapeutic and/or professional relationship with a dietitian. *Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing:* where knowing refers to knowledge, being refers to self-knowledge and behaviour, and doing refers to action.[16]

Examples of strategies to support the development of competence:

- Evidence of organisation and workload management at university (e.g. submission of assessment tasks on time, timely attendance) and in practice (managing typical new-graduate workload)
- Peer or teamwork assessment, taking a role as leader and team member with accompanying reflection on role in team and areas for improvement
- Critical incident reflection regarding a key incident with peer or other professional or an observation of optimal/suboptimal health care
- Reporting on development of plans to address nutrition problems
- Reflexivity on how one's own culture and dominant cultural paradigms influence perceptions of interactions with Aboriginal and Torres Strait Islander peoples
- Feedback from a client of Aboriginal or Torres Strait Islander or culturally and linguistically diverse background or equivalent simulated response
- Client or peer group members' feedback on ability to market nutrition messages
- Continuing professional development or learning plans and goals with evidence of progression towards achievement of goals over time
- Direct supervisor's feedback on compliance with relevant ethical and legal processes
- Feedback from direct supervisors, clients or peers on performance criteria above
- Marketing or business plan, grant/project proposal with budget
- Peer mentoring of fellow students and other non-dietetic staff
- Provision of feedback to peers or other health-profession students
- Reflection on factors (personal, environmental, knowledge) that influence performance

Contexts include all areas of supervised practice, such as: public and private hospitals, clinics, community healthcare centres, private practice, healthcare agencies, disability sector, mental-health facilities, residential aged care facilities and hostels, education institutions, and private industry.

Comments regarding evidence of entry-level practice:
Competency standards are statements that focus on observable outcomes of competence. Professional competence is "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection"[17] and "the bringing together of different components to perform, do something successfully or manage complex situations."[18] Competence is a point on the spectrum of improving performance from novice to expert that will vary for any one individual depending on the complexity of the situation and environment of practice.[19] Professional competence is about being able to make a judgement in a situation based on evidence and rules. Competence has been defined as a situation where "individuals have some experience, they are able to make some autonomous decision but they deal with complexity, based on rules and the analysis of the situation."[19]

There should be no expectation that complex issues are managed autonomously by an entry-level practitioner nor that all students will have had an experience with an Aboriginal or Torres Strait Islander client or community in practice. Simulated or other learning experiences that would support which support learning would be appropriate.

Domain 2. Expert Practice

Elements	Performance criteria	Definition of key terms
2.1 Adopts an evidence-based approach to dietetic practice	2.1.1 Adopts a questioning and critical approach in all aspects of practice 2.1.2 Applies a highly developed knowledge of nutrition science, social science, behavioural science, health, disease, food, food preparation methods, food systems and sustainability to tailor recommendations to improve health of clients 2.1.3 Systematically searches for, evaluates, interprets, and applies findings from food, nutrition, dietetic, social, behavioural and education sciences into dietetic practice 2.1.4 Applies problem-solving skills to create realistic solutions to nutrition problems or issues	*Evidence-based approach*: approach to practice whereby the practitioner uses the best available scientific evidence to inform assessment and interventions, including the use of critical thinking and clinical reasoning to inform decisions.[20] "Critical thinking is described as purposeful, self-regulatory judgement which results in interpretation, analysis, evaluation, and inference [needed to] … effectively manage complex care situations."[21] Clinical reasoning is defined as "the cognitive processes involved in making judgements …followed by a determined course of action"[22] underpinned by critical thinking. *Dietetic practice:* includes using professional knowledge in both clinical and non-clinical relationships with patients or clients, communities and populations, and can be working in management, administration, education, research, advisory, communication, program development and implementation, regulatory or policy development, food service, food security, food supply, sustainability and any other roles that impact on safe, effective delivery of services in the profession and/or using professional skills (definition approved by DA Board in September 2014). *Sustainability:* sustainable food systems, which are those "that deliver food and nutrition security for all in such a way that the economic, social and environmental bases to generate food security and nutrition for future generations are not compromised."[23] *Nutrition problems/issues*: a topic that is considered important or a priority to address that is related to nutrition in its broadest sense. They may be social, political, economic, environmental, cultural and behavioural factors influencing nutrition.
2.2 Applies the nutrition care process based on the expectations and priorities of clients	2.2.1 Collects, analyses and interprets relevant health, medical, cultural, social, psychological, economic, personal, environmental, dietary intake, and food systems and sustainability data when assessing nutritional issues of clients In collaboration with clients, other professionals, key stakeholders, and partners: 2.2.2 Makes appropriate nutrition diagnoses and identifies priority nutrition issues based on all available information 2.2.3 Prioritises key issues, formulates goals and objectives and prepares individualised, realistic goal-oriented plans 2.2.4 Uses client-centred counselling skills to negotiate and facilitate nutrition, behaviour and lifestyle change and empower clients with self-management skills 2.2.5 Systematically implements, evaluates and adapts nutrition care plans, programs and services	*Key stakeholders*: individuals, groups and organisations with an interest or stake in, and the potential to influence, an issue.[24] *Partners*: individuals who are unified with others in an issue, circumstance or situation. *Nutrition diagnosis*: part of the nutrition care process, which is a systematic approach to providing high-quality nutrition care or services. It consists of distinct yet interrelated steps: Nutrition Assessment, Diagnosis, Intervention and Monitoring/Evaluation, as applied to individuals, groups and/or populations.[25] *Empowerment*: an approach that supports individuals to be able to address their own health such that they have increasing control over their own health.[26]

	2.2.6 Facilitates advanced-care planning, discharge planning and referral to other services where appropriate, in accordance with jurisdictional legislation, policy or standards	
2.3 Influences food systems to improve the nutritional status of clients	2.3.1 Applies an approach to practice that recognises the multi-factorial and interconnected determinants influencing nutrition and health 2.3.2 Uses food legislation, regulations and standards to develop, implement and evaluate food systems and sustainability to maintain food safety 2.3.3 Applies a socio-ecological approach to the development of strategies to improve nutrition and health	*Nutritional status*: outcome of a validated assessment process to provide objective evidence regarding an individual, group or population's nutrition-related health.[27] *Multi-factorial and interconnected determinants*: the multiple factors (see below) which are known to contribute to health.[28] *Food legislation and regulation*: the relevant authoritative laws and rules that stipulate food composition, safety and standards.[29] *Food safety*: the provision of safe food, which is food that does not cause physical harm to any individual who eats the food. Safe food is not damaged or perished, nor contains physical, biological or chemical matter that could cause harm.[29] *Food standards*: guidelines and laws that relate to the provision of meals/menus,[30] labelling, composition and marketing of foods.[29] *Multiple factors*: the social, political, economic, environmental, cultural and behavioural factors influencing health.[28] *Food systems*: activities related to the production and supply of food, including the way consumers eat (prepare and consume) food, retail, processing, advertising and marketing, growing and distributing food — the food supply system — all of which have the potential to influence health.[31] *Socio-ecological approach*: an approach that recognises the individual, institutional, organisational, community and public policy factors influencing health. It assumes that changes in the social environment will produce health-behaviour change for individuals.[32]

Examples of strategies to support the development of competence:

- Documented nutrition care plans or client case notes, including clinical reasoning and decision-making and opportunity to demonstrate in practice
- Facilitating a nutrition education session using client-centred approaches to support nutrition and health outcomes
- Development of nutrition education materials in consultation with clients or the target group
- Client encounter involving assessment and translation of scientific knowledge into client-centred practical advice that supports behaviour change
- Evidence of client nutrition-related health outcomes as a consequence of care or input
- Implementing recommendations from project reports, governance documents, practice guidelines
- Reports of quality audits (e.g. meal-quality assessment), systems review of food services (e.g. review of meal-delivery system or menu-management system)
- Assessment of meals meeting client requirements
- Completion of client-satisfaction surveys for clinical nutrition or food services, evaluation of consumption and/or food wastage
- Food-service menu analysis and recommendation action plan developed in consultation with key personnel or outcome of such work
- A community situational and determinant analysis, community consultation, community-led intervention and evaluation or outcome of such work
- Planning for, or implementation of, a program/policy/project/change related to addressing a population nutrition problem/issue
- Evaluation of an existing program/policy/project related to addressing a population nutrition problem/issue or food-service system
- Application of best available evidence to implementation of nutrition care and services

Applications may include but are not limited to: simulated settings (e.g. role plays, student clinics, Objective Structured Clinical Exam), individuals, small groups, institutions, communities or populations where dietary behaviour change is the intended outcome.

Contexts include, but are not limited to: hospital in- and outpatient settings, residential aged care facilities, community health centre, client residence, disability services, mental-health facilities, private practice, general practice, Aboriginal Community Controlled Health Service, worksite, government and non-government agencies such as population health units, welfare agencies, schools, long day care centres, Aboriginal communities, food production, development and manufacturing including advocacy in food industry, retail settings, meals-on-wheels services, boarding schools, university colleges, prisons, detention centres, live-in worksites (e.g. mines), central production units.

Comments regarding evidence of entry-level practice:

Student placement learning experience limitations may not enable students to demonstrate:

- management of every type of clinical case, food-service setting or population group. Students must demonstrate application in practice of the nutrition care process, as it applies to a variety of health and disease states throughout the lifecycle and demonstrate the ability to transfer learning to other contexts.
- all components of the planning implementation and evaluation for services, groups and populations; however, students must demonstrate that they know where their practical experience sits within the context of these processes and provide evidence of knowledge and skills in each of the other stages through documentation. This could be achieved through simulated menu reviews or situational analyses, proposals, reports, case- or problem-based learning activities, or written or oral exams.
- assessment of competence must be based on a system of assessment that uses multiple pieces of evidence to inform decisions regarding competence over time, by people adequately experienced and qualified to be making decisions about competence, rather than just being based on single performances or encounters in single settings/contexts. Overall competence judgement needs to be assessed by more than one person.

Domain 3. Research Practice

Elements	Performance criteria	Definition of key terms
3.1 Conducts research, evaluation, and quality-management processes	3.1.1 Identifies and selects appropriate research, evaluation and quality-management methods to advance the practice of dietetics 3.1.2 Applies ethical processes to research, evaluation, and quality management 3.1.3 Collects, analyses and interprets qualitative and quantitative research, evaluation, and quality-management data 3.1.4 Accurately documents and disseminates research, evaluation, and quality-management findings 3.1.5 Translates the implications of research findings for dietetic practice, advocacy and key stakeholders	*Critical thinking*: is described as purposeful, self-regulatory judgement which results in interpretation, analysis, evaluation, and inference [needed to] … effectively manage complex care situations.[21] *Best available evidence*: the highest level of evidence according to study design hierarchy that is available in the scientific literature to inform practice.[20] *Research*: the systematic examination of an issue or topic in order to obtain new information and reach new conclusions. *Evaluation*: an assessment of the degree to which a desired program/service/system achieves its intended process, impact or outcomes. *Quality improvement*: a process aimed to change practice that is undertaken to improve, evaluate or formalise processes, systems or service, usually at a local level.[33] *Research methods*: include a range of quantitative and qualitative methods and approaches that are used to inform study design.[34] *Appropriate methods*: in this context refers to feasible, practical, valid/credible, reliable/dependable strategies and/or approaches. *Ethical processes*: methods that take into consideration issues related to collecting data from humans and reporting on it that comply with the Declaration of Helsinki[35] and National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research.[36] *Qualitative data*: focuses on words rather than numbers.[34] *Quantitative data*: focuses on numbers rather than words.[34] *Translates*: process of sharing results to others to enhance their impact and influence change.[37]

Examples of strategies to support the development of competence:
• Conducts research with Aboriginal and Torres Strait Islander peoples and communities that responds to local priorities, is planned with and led by community members, and ensures community access, input and influence over how the results are used • Conducts research with Aboriginal and Torres Strait Islander peoples and communities that follows ethical guidance • A review of the literature relevant to practice, such as evidence-based guidelines or a systematic literature review • Research, evaluation or quality-improvement project reports • Research papers (suitable for submission into a peer-reviewed journal) or thesis • Presentation of research, evaluation or quality-improvement activity in a state or national conference-type (e.g. within the university setting) format (oral or poster) • Facilitation of a workshop or discussion group to present gathered evidence and support plans for the way forward **Comments regarding evidence of entry-level practice:** Students are not required to undertake an individual research project but may work as individuals or groups and use research, evaluation or quality-improvement processes to systematically identify questions for inquiry, use valid/credible and reliable/dependable research methodologies to answer questions, analyse using appropriate methods, and document and disseminate outcomes to support the translation of the findings into practice contexts. The emphasis should be on meaningful workplace-focused projects that add authenticity to the learning experience and a process of review/research applied to these projects.

Domain 4. Collaborative Practice

Elements	Performance criteria	Definition of key terms
4.1 Communicates appropriately with people from various cultural, socioeconomic, organisational and professional backgrounds	4.1.1 Demonstrates empathy and establishes trust and rapport to build effective partnerships with clients, other professionals, key stakeholders and partners 4.1.2 Uses a range of communication methods to communicate clearly and concisely to a range of audiences, adapting or co-creating communication messages for specific audiences where appropriate 4.1.3 Engages in culturally appropriate, safe and sensitive communication that facilitates trust and the building of respectful relationships with Aboriginal and Torres Strait Islander peoples 4.1.4 Translates technical information into practical messaging that can be easily understood and used by clients, other professionals, key stakeholders, partners, and members of the public	*Empathy*: a personality trait that enables one to identify with another's situation, thoughts, or condition by placing oneself in their situation.[38] *Capacity building*: process by which individual, groups and communities are enabled to take control over improving their health to increase the sustainability of health outcomes.[39]
4.2 Builds capacity of and collaborates with others to improve nutrition and health outcomes	4.2.1 Shares information with and acts as a resource person for colleagues, community and other agencies 4.2.2 Identifies, builds partnerships with, and assists in implementing plans with key stakeholders who have the capacity to influence food intake and food systems 4.2.3 Displays effective active listening, interviewing and interpersonal skills to better understand perspectives of clients, other professionals, key stakeholders and partners to inform approaches and influence change 4.2.4 Applies the principles of marketing to promote healthy eating and influence dietary change 4.2.5 Empowers clients to improve their own health through engagement, facilitation, education and collaboration	
4.3 Collaborates within and across teams effectively	4.3.1 Recognises and respects the diversity of other professionals' roles, responsibilities, and competencies 4.3.2 Participates in collaborative decision-making, shared responsibility, and shared vision within teams at an individual, organisational and systems level 4.3.3 Guides and supports team members and peers	

Examples of strategies to support development of competence:
• Peer assessment of performance within team context or with others • Actual or simulated assessment of communication with Aboriginal and Torres Strait Islander peoples such that it facilitates trust and the building of respectful relationships • Personal reflection on own role in team and teamwork performance and management of conflict within groups or teams • Feedback from client, supervisors or other health professionals, or members of interdisciplinary team on functional ability within team or outcomes • Feedback from client, supervisors, carers, colleagues on interpersonal style and ability to 'market' healthy eating messages • Undertaking critique of existing resources or development of nutrition education resources for individual, group or other professionals • Media article written for a reputable publication • Demonstrated outcomes/product of teamwork • Training or providing knowledge to others with evidence of participants' evaluation of training
Comments regarding evidence of entry-level practice: Students will have the opportunity to work in a range of different teams. Assessment on their ability to collaborate with clients, peers, colleagues and stakeholders should be made based on multiple pieces of evidence, including, but not limited to, their ability to function as a member of a team, and a work-based placement experience where they work with other health professionals and/or key staff (e.g. food-service staff or community members) to achieve outcomes. Interprofessional learning guidance[40, 41] may provide a useful ideas from which to base learning assessment of outcomes for entry-level practitioners.

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