

# Disability Role Statement

## Role Statement for Accredited Practising Dietitians practising in the area of Disability

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 and groups on nutrition related matters.

APDs have sound university training accredited by DAA, undertake ongoing professional development and comply with the DAA guidelines for best practice. They are committed to the DAA Code of Professional Conduct and Statement of Ethical Practice, and to providing quality service.

APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs 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

The purpose of this Role Statement is:

- 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
- To advocate for access to dietetic services
- To advocate for optimal nutritional health for people with a disability

### Knowledge and skills in this area of practice

Entry level dietetic competencies ensure all APDs can conduct comprehensive assessments (assessment, diagnosis, intervention, monitoring and evaluation). 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 (clinical supervision, secondary consultation, mentor) to continue seeing the patient or choose to refer the patient on.

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

### **Skills:**

- Ability to identify the correct assessment and management processes in line with an individual's diagnosis and disability for example anthropometric assessment, growth parameters and nutrition assessment
- Ability to identify and undertake an individually tailored assessment, diagnosis, intervention and treatment for a person with a disability considering their age, type of disability associated multiple co-morbidities and the stage of injury (acute or rehab etc)
- Ability to determine health priorities for complex disability clients with multiple co morbidities
- Ability to work with people with a disability who have intellectual impairment, behavioural disturbances or mental health co morbidities
- Ability to assess the capacity and capability of people with a disability and/or carers to follow the dietetic recommendations and adjust communication and education strategies to accommodate their needs
- Working within the person centred practice paradigm taking into account the participants personal needs, choices and aspirations.

### **Knowledge:**

- Knowledge of the unique nutritional requirements of client with disabilities including the effect a particular disability will have on health, nutrition and outcomes.
- Knowledge of interactions, side effects and impact of medications/foods/thickeners commonly used in people with a disability
- Knowledge of policies, procedures and guidelines relating to health care in disability in line with the mandatory organisation/site specific, state and federal policy directives
- Knowledge of when it is appropriate to refer to other therapists or specialist.

### **Activities entry level APDs would conduct:**

- Provision of advice at appropriate level for client especially where an intellectual disability/cognitive impairment is present
- Commitment to person centred evidence based practice and continual knowledge development
- Be aware of and work with cultural belief systems (religious, nationality or disability specific)
- Provision of nutrition care in line the person-centred model of care

### **Activities APDs working at a higher level would conduct:**

- Where possible identify and use most appropriate method to communicate with people with cognitive impairment/intellectual disability/acquired brain injury. Where this is not possible they would communicate with family or carers whilst including the client in proceedings
- Awareness of specialist/support services available for people with disabilities

- Utilisation of the international classification of functioning to inform nutrition assessment, care plans and decision making - Design, develop and/or actively participate in research that informs policies and best practice in people with disabilities
- Develop and/or actively participate in the development and implementation of policies and best practice in people with disabilities
- Advocate for the unique nutritional needs of this group in health advisory forums and other relevant committees
- Involvement in strategic and collaborative discipline specific activities

Any individual practitioner 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 do not usually undertake:**

- Dietitians work closely with speech pathologists who assess the person's ability to safely chew and swallow. Dietitians utilise the speech pathologist's recommendations regarding food texture and fluid consistency to ensure the person consumes a nutritionally adequate diet. Other allied health professionals, including occupational therapists and physiotherapists, also contribute to person-centred eating and drinking plans.
- Assessments regarding safety and functioning while cooking: this is undertaken by occupational therapists
- Assessments of physical activity capacity. This is undertaken by exercise physiologists and/or physiotherapists
- Dietitians do not routinely assist people at meal times. But dietitians can design/develop an informed supported eating and drinking plan. When supporting people with a disability with eating and drinking it is important to consider the whole person, not just their swallowing disorders. Close collaboration and teamwork is required with the person, parents, carers and other professionals on the team.

### **References:**

WHO (World Health Organisation) (2001). *International classification of functioning, disability & health*. Geneva: WHO. Website: <http://www.who.int/classifications/icf/en>

[Link to entry level competencies](#)

### **Appendix 1 – Background**

When assessing and treating for nutrition and diet therapy for a person with a disability, it is important to first understand the nature of the disability. A disability is any continuing condition that restricts everyday activities. The Disability Services Act (1993) defines 'disability' as meaning a disability:

- which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments
- which is permanent or likely to be permanent
- which may or may not be of a chronic or episodic nature
- which results in substantially reduced capacity of the person for communication, social interaction, learning or mobility and a need for continuing support services.

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.