



# NDIS participant access to Accredited Practising Dietitian services and nutrition support products

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## **DAA statement on Accredited Practising Dietitian services and nutrition support products for NDIS participants**

The Dietitians Association of Australia (DAA) supports the rights<sup>1-3</sup> of people with disability to access nutrition support products and Accredited Practising Dietitian services which meet their unique needs to promote physical, mental and social wellbeing.

The following principles focus on National Disability Insurance Scheme<sup>4</sup> (NDIS) participants in Australia. NDIS participants experience physical, intellectual, sensory or psychiatric impairments that lead to unique and complex food and nutrition needs.

People with a disability have food and nutrition needs related to function, which are in addition to those for growth and development, defence against infection, repair of injury, physical activity, maintenance, and mental health.<sup>5</sup>

The inclusion of the services of Accredited Practising Dietitians (APDs) as qualified and credentialed nutrition professionals and nutrition support products in NDIS participant plans is reasonable and necessary for participants to realise their goals and aspirations, and to increase their social and economic participation. The National Disability Insurance Agency is on record in the Australian Parliament as stating that allied health and dietary supports are considered on an individual basis in the planning process (Appendix One).<sup>6</sup>

### **Key Principles**

1. Many NDIS participants have complex nutritional needs and live in complex social situations requiring more time to work with an APD. NDIS Plans should include sufficient APD hours to undertake activities which will enable the participant to realise their goals and aspirations, whether the participant is living independently, with family or friends, or in supported accommodation.
2. NDIS participants living in rural or remote locations should be able to access APD services and nutrition products to achieve good life outcomes.<sup>7</sup>
3. Consistent with the principle of self-determination, the NDIS participant should be free to choose an APD provider with the skills and experience relevant to the NDIS participant goals and aspirations to maximise their independent lifestyle and full inclusion in the community. Choice is important

in building participant self-esteem and a strong working relationship between participant and an APD.

The use of Medicare Chronic Disease Management items<sup>8</sup> to access dietetic services will rarely meet the complex functional needs of NDIS participants. Health agencies may not have the resources to meet NDIS participant needs. NDIS participants may not be able to access an APD to achieve their goals and aspirations if APD services and nutrition support products are not included in their NDIS plan.

4. Access to APD services may be needed by NDIS participants of any age but is particularly important for NDIS participants aged 0-7 years with global developmental delay or disability including Autism Spectrum Disorder (ASD). Early intervention supports should allow for inclusion of APDs in a collaborative team approach.<sup>5</sup>
5. NDIS participants should have access to affordable nutrition support products (including tube feeds, consumables, oral supplements, fluid and food thickeners). Access to food is a human right<sup>1</sup>. NDIS participants with complex needs should be food secure i.e. the cost of nutrition support products in an unregulated market should not place them at risk of food insecurity<sup>9</sup>.
6. NDIS participants should be empowered with NDIS plan set up and review processes which identify necessary supports, are timely and do not place them at risk of harm<sup>10</sup> or compromise their activities of daily living, social inclusion and functional wellbeing.
7. APDs are food and nutrition professionals who are qualified and credentialed to work with NDIS participants, families, support staff, professionals and others. APDs must meet regulatory and professional standards including the DAA Code of Professional Conduct, the DAA Statement of Ethical Practice<sup>11</sup> and DAA Scope of Practice Framework<sup>12</sup> (Appendix Two). APDs work within an evidence-based paradigm and use relevant guidelines, including the Dietetic Core Standards for Disability<sup>13</sup>.
8. APDs advocate for the rights of individual NDIS participants. APDs have the right to speak out against situations that discriminate against people with a disability and may compromise NDIS participant well-being.

## References

1. Universal Declaration of Human Rights  
[http://www.ohchr.org/EN/UDHR/Documents/UDHR\\_Translations/eng.pdf](http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf)
2. United Nations Convention on the Rights of Persons with Disabilities  
[http://www.un.org/disabilities/documents/convention/convention\\_accessible\\_pdf.pdf](http://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf)
3. Convention on the Rights of the Child  
<https://www.humanrights.gov.au/convention-rights-child>
4. National Disability Insurance Scheme Act 2013  
<https://www.legislation.gov.au/Details/C2016C00934>
5. 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 2015;115:593-608
6. Dietetic Services under the NDIS. Answers to Estimates Questions on Notice. Social Services Portfolio. 2017-18 Additional Estimates Hearings. Question Number NDIA SQ18-000032.  
[file:///C:/Users/Policy%20Dietitian/Downloads/A0201\\_CommunityAffairs\\_2017-18AdditionalEstimates\\_SocialServices.pdf](file:///C:/Users/Policy%20Dietitian/Downloads/A0201_CommunityAffairs_2017-18AdditionalEstimates_SocialServices.pdf)
7. National Disability Insurance Agency Rural and Remote Strategy 2016 – 2019  
<https://www.ndis.gov.au/medias/documents/h2c/hbo/8800389824542/Rural-and-Remote-Strategy-991-KB-PDF-.pdf>
8. Chronic Disease Management - Individual Allied Health Services under Medicare – Provider Information  
[http://www.health.gov.au/internet/main/publishing.nsf/content/health-medicare-health\\_pro-gp-pdf-allied-cnt.htm](http://www.health.gov.au/internet/main/publishing.nsf/content/health-medicare-health_pro-gp-pdf-allied-cnt.htm)
9. Booth S, Smith A. Food security and poverty in Australia – challenges for dietitians. Aust J Nutr Diet 2001; 58: 150-156
10. United Nations General Assembly resolution A/RES/70/1, Transforming our world: the 2030 Agenda for Sustainable Development  
[United Nations General Assembly resolution A/RES/70/1, Transforming our world: the 2030 Agenda for Sustainable Development](https://www.un.org/en/content/dam/secure-dam/inline-images/2015/09/transforming-our-world-2030-agenda-for-sustainable-development.pdf)
11. DAA Code of Conduct and Statement of Ethical Practice  
<https://daa.asn.au/maintaining-professional-standards/professional-standards/>
12. DAA Scope of Practice  
<https://daa.asn.au/maintaining-professional-standards/dietitian-scope-of-practice/>
13. Dietetic Core Standards for Disability 2017  
<https://daa.asn.au/resource/dietetic-core-standards-for-disability/>

## Appendix One

**Senate Community Affairs Committee**  
**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**  
**SOCIAL SERVICES PORTFOLIO**  
**2017-18 Additional Estimates Hearings**

**Outcome:** National Disability Insurance Agency      **Question No:** NDIA SQ18-000032

**Topic:** Dietetic Services under the NDIS

**Hansard Page:** Written

**Senator Steele-John** asked:

The exclusion of dietetic services from the NDIS seems to be in direct contrast to the intent of the NDIS to 'enhance outcomes and maximise the social and economic participation of people with disability'. The exclusion increases the risk of harm to children and their families who wish to exercise choice and control by including a Dietitian in their NDIS plan but cannot access services. This is particularly so for children with complex disability and socioeconomic profiles. Can you explain the reasoning behind the exclusion of dietitians?

**Answer:**

Allied health and dietary supports are considered on an individual basis in the planning process.

## Appendix Two

### About the Dietitians Association of Australia

- [DAA](#) is the leading body for nutrition professionals and the national association of the dietetic profession with branches in each State/Territory. It has been nationally organised since 1976. DAA is a member of the [National Alliance of Self Regulating Health Professions and Allied Health Professions Australia](#).
- The Association has over 6000 members constituting approximately 80 percent of the dietetic workforce in Australia.
- DAA was approved in 1999 by the Australian Government Department of Employment Training and Youth Affairs as the [assessing authority](#) for dietitians trained in other countries, and prior to this advised the Australian Government on recognition of dietitians trained overseas.
- DAA has [accredited dietetic training courses](#) in Australian universities since 1984.
- The interests of dietitians are broad and derive from training in three dominant areas of practice i.e. individual case management of medical nutrition therapy (clinical care), community and public health nutrition, and food service management.

### About the Accredited Practising Dietitian (APD) program

- The [Accredited Practising Dietitian \(APD\) program](#) is the foundation of DAA as a self-regulated profession with over 98 percent of eligible members participating in the program.
- The APD credential is recognised by the NDIS, Medicare, the Department of Veterans Affairs, private health funds and for access to the Healthcare Identifiers Service.
- The APD program meets the requirements of the National Alliance of Self Regulating Health Professions and has similar requirements to professions regulated under the Australian Health Practitioner Regulation Agency, including
  - Work within scope of practice framework
  - Subject to code of conduct
  - Compliance and disciplinary processes in place
  - Minimum annual continuing professional development required, and subject to audit
  - Resumption of practice requirement
- APDs work in diverse settings including disability, aged care, hospitals, mental health, private practice, public health, community health, food service, food industry, research and teaching.
- APDs will often work extensively in one area and develop high level skills and experience in that area e.g. APDs that work with people with a disability.

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