

CHAPTER 4 SERVICE DELIVERY

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It is noted that health system priorities, resourcing and health professional scope of practice may differ between different regions/countries, and thus it is important that recommendations reflect the local Australian and NZ practice environment and health systems. Where there are differences in recommendations between peak bodies in terms of components and frequency, local standards of care, practices and health service considerations have been used to inform practice recommendations and advice.

4.1 Interdisciplinary Care

Interdisciplinary care is known to deliver the best outcomes for people with CF²⁴³. Interdisciplinary team approaches, as the word itself suggests, integrate separate discipline approaches into a holistic management plan for the person with CF. In Australia and NZ, care is generally provided by a specialist CF team which includes a nutrition expert, a qualified dietitian². Doctors including gastroenterologists and endocrinologists, nurses, physiotherapists, pharmacists, social workers and psychologists also play important roles in promoting good nutrition. New Zealand CF clinic sizes are significantly smaller than those seen in Australia due to the diverse geographical distribution of people with CF. Despite continuous advancements, treatment for CF remains non-curative and is aimed at optimising lung function and nutritional status^{2,244}. Dietitians play an important role in identifying growth and nutrition issues that may be related or unrelated to CF disease and may require specific interventions.

4.2 Dietetic Staffing

What is the level of dietetic service required for people with CF? PICO 4.1

There have been no specific studies looking at dietetic staffing in relation to patient outcomes [un-graded].

Consensus documents from across the world suggest consistent dietetic staffing ratios for smaller clinics, with greater variability being seen in recommendations for centres with more than 150 patients^{2,3,244}. It is recommended that staffing levels for dietitians in CF clinics follow current consensus documents, see table 4a (Australia) and table 4b (NZ). Where possible, to ensure continuity, the same dietitian/s should support both outpatient and inpatient CF management^{2,3}. For larger services, an increase in dietetic staffing that is proportionate to these staffing ratios is likely to be required in order to provide nutrition management in accordance with and these Nutrition Management Guidelines and the CF Standards of Care².

Table 4a. Dietitian staffing (full-time equivalents) recommended by Cystic Fibrosis Australia for Australian adult and paediatric CF centres².

Staffing	50-75 patients	75-150 patients	≥150 patients
Dietitian	0.5	1	2

Table 4b. Dietitian staffing (full-time equivalents) recommended by Cystic Fibrosis New Zealand for NZ adult and paediatric CF centres³.

Staffing	Per 10 patients	Per 50 patients sole care	Per 50 patients shared care
Dietitian	0.1	0.5	0.25

*i.e. staffing levels for professionals who visit another centre

4.3 Dietitian Role

A copy of the 2014 CF dietitian role statement can be found in [Appendix A](#). This role statement was developed by the DAA CF interest group in collaboration with the NZ dietitians CF special interest group, thus it is generally applicable for use in both countries. A significant difference in practice between the two countries, however, is that designated dietitians in NZ can prescribe certain nutritional related medications (e.g. pancreatic enzyme replacement therapy) whereas Australian dietitians cannot. Dietitian prescribing in NZ is explained more in section 4.4.

ALLIED HEALTH ASSISTANTS (NUTRITION)

In their 2013 pilot project, the dietetic team at Children’s Hospital at Westmead in Sydney demonstrated the benefit of using a nutritional assistant (Cert III Allied Health Assistant) in the care of children and adolescents with CF²⁴⁵. The aim of this position was to provide technical support for clinical dietitians in both the outpatient and inpatient setting and ultimately allow the specialist CF dietitian additional time for more complex nutritional interventions. The nutritional assistant was considered part of the interdisciplinary CF team.

Roles and responsibilities of the assistant role included administration (management of home-enteral nutrition and oral/enteral nutrition support funding accounts, pre-clinic growth screening, and dietary food analysis), inpatient services (management of food services and the practical application of diet specifications), outpatient services (nutrition screening, diet histories, design and implementation of education tools, joint dietetics education sessions and the practical implementation of food knowledge), and project work (resource development and quality improvement work in conjunction with the specialist CF dietitians).

4.4 Designated Dietitian Prescribing in NZ

Since December 2011 dietitians have been able to “prescribe” subsidised non-prescription items for therapeutic nutrition for outpatients but not medicines classified as prescription under the Medicines Act 1981. The new Medicines (Designated Prescriber – Dietitians) Regulations 2015 (the Regulations) means that suitably trained dietitians are now able to prescribe a number of products including: pancreatic enzymes therapy, zinc and high dose Vitamin D.

The Board requirements for education and training that Registered Dietitians must undertake before commencing prescribing are as follows:

- a Master of Dietetics degree (University of Otago) or Master of Science (Nutrition and Dietetics) degree (Massey University) or Master of Health Sciences in Nutrition and Dietetics degree (University of Auckland), conferred after January 2014; or
- for all other NZ Registered Dietitians the successful completion of the Dietitians Board Prescriber Training Course – consisting of an online course and a face to face workshop with a summative assessment which demonstrates knowledge to safely prescribe dietetic prescription medicines and knowledge of the regulatory framework for prescribing.

Registered dietitians who prescribe must:

- be in an ongoing supervised prescribing relationship and advise the Board of their supervision arrangements;
- include prescribing and prescribing related developments as part of their continuing professional development; and
- complete the Board’s online Annual Prescriber Update on an annual basis.

Registered dietitians authorised to prescribe must present to the Board each registration year, with their application for a practising certificate and evidence that they have maintained their prescribing competence through:

- a practice review of their prescribing;
- successful completion of the online Annual Prescriber Update; and
- ongoing supervision of their prescribing practice by a registered prescriber.

Practice Points PICO 4.1

Dietetic staffing levels should follow the most recent country specific Standards for CF Care^{2,3}.

