General Standards

The nine General Standards outline the requirements of the practical delivery of eating disorder training, including assessment and evaluation.

Training providers are required to incorporate each of these standards into their training and address them in their applications for approval.

This checklist has been designed to support training providers, service leaders, and clinicians align workforce development initiatives with the General Standards outlined in the National Framework for Eating Disorders Training – A guide for training providers.

Please see the Training Framework for a full reference list.

Principle	Description	Notes: Align Standard with training
1. Clinical experience involved in planning, developing, delivering, and evaluating training	A health professional with clinical experience in providing treatment for people experiencing an eating disorder must be involved in all stages of training development and delivery. For model-specific training, the training provider should have significant experience using and applying the model in clinical practice. Training providers of evidence-based treatment model and evidence-informed dietetic practice should meet the eligibility criteria of the ANZAED Eating Disorder Credential and are required to provide evidence of this in their application for approval of training. Training providers of Introduction to Eating Disorders for Health Professionals should have clinical experience in providing support for people experiencing eating disorders.	
2. Lived experience, family and/or support contribution to training	The lived experience perspective needs to be incorporated into training development and delivery. The co-design framework can assist training providers in evaluating and determining the level of lived experience input into training. For more information see: Co-Design. Shared perspectives on authentic co-design. For example, this can be through live or pre-recorded visual, audio, and/or written information sharing. This may also be through presenting research on the experience of living with or providing support for someone experiencing an eating disorder, or on the experience of a particular treatment approach. Training providers may also consider using publicly available lived experience stories and recordings provided consent is sought and obtained.	
3. Inclusion of preparatory activity/activities to improve educational value	Preparatory activities are completed prior to the formal training for evidence-based treatment model and evidence-informed dietetic practice training. These activities could include pre-reading or pre-watching and are designed to adequately prepare the clinician for meaningful engagement with the training. Note: this Standard is not required to be met for Introduction to Eating Disorders training.	

Principle	Description	Notes: Align Standard with training
4. Learning outcomes are described in the description of training and at the commencement of training	Explicitly stated learning goals and outcomes support clinicians to choose the training most appropriate for their learning needs, increasing transparency between the training provider and the clinician seeking training in a particular area. Learning outcomes also assist the training provider in establishing a framework from which to build appropriate content and supports a clinician to reflect on and discuss what they have learned. Any promotion or listing of training should include a description of the intended learning outcomes. Within the training, clinicians should be allowed space for reflection on learning outcomes.	
5. A mixed training format of didactic, interactive, and experimental approaches	Training should be interactive, with a focus on participant engagement, active learning, and application, whether face-to-face or via online formats. Training should enhance opportunities for learning and skill and knowledge retention and attend to different learning styles. Suggested approaches include: • Opportunities for participants to view examples of specific mental health or dietetic clinical skills and techniques via live or pre-recorded demonstrations • Participants to view responses and techniques of fellow participants • Participant feedback mechanisms provided throughout the training so participants can review their progress (thus modelling reflective practice) • Small group discussion and roleplay of clinical skills using predefined scenarios For asynchronous training (training that is not live), include content questions and practice scenario-based examples with subsequent answers and/or explanations. Video roleplays should also be used in the teaching of skills such as assessment.	
6. Assessment of learning	An assessment of learning and skill development for the clinician should be included. Reflective practice should be a component of this activity, assisting the clinician to recognise areas of development and future learning needs. Assessment of learning may include quizzes, role plays, and group discussion.	
7. Evaluation of training: Participant feedback	Participant feedback on training could include presenter style, training approach and methods, quantity, and quality of content, preparatory and reinforcing activities, and clinician confidence, skills, and preparedness to apply skills.	

Principle	Description	Notes: Align Standard with training
8. Duration of training	The duration of e-learning activities should be comparable to those trainings offered face-to-face. Introduction to eating disorders training: minimum of 5 active hours. Evidence-based treatment model training duration will be determined by the model: • FBT, CBT-E, MANTRA, AF, IPT-ED, FPT, DBT-ED, CBT-AN, CBT-BN, CBT-BED – minimum of 12 active hours • SSCM – minimum of 6 active hours • CBT-GSH – minimum of 5 active hours Evidence informed dietetic practice: minimum of 12 active hours Active hours are defined as the time spent engaged in learning. This does not include break times.	
9. Evidence-based and evidence-informed approaches	Training should incorporate the most recent evidence and be aligned to evidence-based and evidence-informed treatment guidelines. Data and research cited within training should be appropriately referenced.	

Building a safe, consistent and accessible system of care for people with eating disorders

info@nedc.com.au
www.nedc.com.au