National Eating Disorders Collaboration

Eating Disorders Training in Australia
Consultation paper, November 2018

About this paper

This paper has been prepared to give National Eating Disorders Collaboration (NEDC) Members and other key stakeholders an opportunity to provide input to a key piece of work that the NEDC is currently undertaking.

The NEDC will submit a report on Eating Disorders Training in Australia to the Australian Government Department of Health in December 2018. This paper presents the executive summary and the body of that report. Some data is still being collected and analysed, so the data tables that will appear in the final version of the report have not been included in this consultation paper.

How to use this paper

This paper has been made available to NEDC Members and other key stakeholders so that you may provide feedback and input into the final report.

Please read the paper in full, and look at the example training information at the back of the document. While reading, please think about what this means for you as a person with lived experience of an eating disorder, a carer, a health professional or a workforce planner. Also think about anything important that is missing from the report.

Remember that the paper is only a draft. We are still collecting and analysing data from several other training providers, so none of the numbers that you see presented in this paper are necessarily accurate at this time.

How to give feedback

Once you have read the paper, go to https://www.surveymonkey.com/r/NEDCtrainingreview and share your feedback with us.

Many thanks for your time in reading, considering and responding to this paper. Your feedback is valuable and appreciated.

National Eating Disorders Collaboration

Executive Summary

The National Eating Disorders Collaboration (NEDC) has conducted a review of professional development training delivered by state-funded specialist eating disorders services. This was done in order to map at a national level (i) the current range of professional development training about eating disorders delivered around Australia, and (ii) how each of these training offerings aligns with the National Practice Standards for Eating Disorders.

The output, this report, represents a national first both in compiling the training module information from all of the eating disorders specialist organisations included in the review, and in attempting to show how each of those training modules aligns with the seven core competency areas, and each of the specific units of competency that underpin them.

This facilitates a gap analysis, where, for the first time, eating disorder specialist training providers, funding bodies, workforce planners across key health agencies, professional bodies and other interested parties can see what other training is needed and where it needs to be delivered, if all of the health professionals who need to be reached are to be reached.

The seriousness of the high prevalence of eating disorders in the Australian community cannot be overstated, particularly in light of high rates of morbidity and mortality. Despite this, 97% of surveyed health professionals stated that they had received either no training in eating disorders or inadequate training to be able to confidently identify and treat a person with an eating disorder. Activities to increase the eating disorder competence of the workforce are clearly needed.

This review looked at 55 training modules [*editor's note: this and other numbers may change in the final report*] and other relevant professional development activities offered by state-funded specialist eating disorders services and one specialist eating disorders professional body. Training modules varied in delivery format, duration, cost and geographic availability. Key findings with regards to the competency framework were:

- All units of competency in the competency framework were covered by at least one nationally available training module;
- Eight of the modules included in the review were available online; the rest were face to face and currently limited in their reach by both geographical and time/frequency barriers;
- NSW was the only state where regional delivery of face to face training was occurring routinely;
- No face to face training was identified in the Northern Territory;
- There was evidence that the state-based eating disorders specialist services included in this review are already collaborating and finding ways to share their training

modules with each other to ensure a baseline of information is imparted before specialised training modules are offered.

The NEDC acknowledges the time, expertise and input of the organisations that participated in this review and thanks them for their contribution. The organisations involved in the Advisory Group to the review were:

- The InsideOut Institute
- The Centre of Excellence in Eating Disorders
- Queensland Eating Disorders Service
- SA State-wide Eating Disorders Service
- WA Eating Disorders Outreach and Consultation Service
- Australia and New Zealand Academy for Eating Disorders
- Partners in Practice

In addition, the following organisations submitted information about their training to the review, and are thanked for making this contribution:

- [*further organisational details to be added here*]

National Eating Disorders Collaboration

PART ONE

National Eating Disorders Collaboration

The National Eating Disorders Collaboration (NEDC) is an initiative of the Australian Department of Health which brings together research evidence, clinical expertise and lived experience to develop a nationally consistent, evidence-based approach to the prevention, treatment and management of eating disorders in Australia.

The NEDC is a collaboration of over 2800 individuals and organisations with a strong interest in or experience with Eating Disorders, guided by a Steering Committee of experts in the field. The collaboration is administered on behalf of the federal government by the Butterfly Foundation.

This Report

This report summarises the work undertaken by the NEDC to bring together information on current, eating disorders-specific training and development opportunities for health and allied workforces in an easily accessible, coordinated suite.

The report is separated in to two parts:

- Part one provides details on workforce development and eating disorders, the review process and the reviews key findings
- Part two provides an overview of education resources relevant to eating disorders for professional audiences. It includes listings for individual resources or programs, providing:
    - Overview of offering – module name, provider, delivery method, delivery frequency, cost, geographic availability, duration, target audience
    - Summary table – the extent to which each of the core competency areas is covered or addressed in the training module
    - Detailed tables – whether or not each of the units of competency underpinning a core competency area has been covered in the training modules
    - Access information with details on provider and availability.

Workforce capacity, training, development and systems have formed a significant part of the work undertaken by NEDC to date. This review should be read in conjunction with other NEDC materials including:

- National Practice Standards for Eating Disorders (2018)
- Competency to Treat Eating Disorders; A Workforce Development Blueprint (2016)
- Eating Disorders: The Way Forward – An Australian National Framework (2010)
- An Integrated Response to Complexity – National Eating Disorders Framework (2012)

- Eating Disorders Prevention, Treatment and Management – An Evidence Review (2010 and 2017)

All published reports are available from the NEDC website www.nedc.com.au .

Eating Disorders and the Australian Health Workforce

Eating disorders are serious mental illnesses resulting in significant physical complications and impairment, together with an increased risk of mortality. Eating disorders are estimated to affect approximately 9% of the total population; in Australia today more than 2 million people are likely to experience an eating disorder at some point in their lives. These are conservative estimates; at least two studies have indicated that only a small proportion of people with Bulimia Nervosa and Binge Eating Disorder receive a diagnosis or treatment and that 70% of Australians with eating disorders currently do not receive timely access to treatment. This prolongs illness, entrenches core psychopathology, increases the likelihood of complications and mortality, makes eventual treatment more complex, and costs the community from both human and financial perspectives.

Eating disorders require treatment that is specific to the illness and level of severity. Working with clients with eating disorders requires a specific knowledge and skill base including knowledge of evidence based practice, medical and nutritional issues, assessment of physical and psychiatric health, developmentally appropriate care, and the need to be able to work in a collaborative multidisciplinary team.

For treatment of eating disorders to be effective it must be evidence-informed and delivered by skilled and specifically trained clinicians with fidelity to the evidence-based treatment model (ANZAED, 2011).

People with eating disorders may come into contact with the healthcare system for assistance with many comorbidities or complications of their illness, but if eating disorders are not identified as a possible cause or comorbidity by the treating clinician then an opportunity for intervention and assistance to move towards recovery is missed. This affects the trajectory of the illness and the person's long-term quality of life; there is evidence that earliest possible identification and intervention lead to the best rates of recovery and long-term quality of life.

It is a principle of the National Framework (NEDC 2012) that people with eating disorders should have access to services when and where they are needed, in their local community, as early as possible in the illness. Most people with eating disorders could be treated in their community if community evidence based treatment options were available. Development of community based services for people with eating disorders that are safe and effective cannot occur without workforce development.

As eating disorders are diverse both in presentation, the people that they can affect and the health outcomes they produce, any practitioner in the healthcare system may have a role in the eating disorders continuum of care.

The need for an Australian health workforce with the skills and knowledge to identify, screen, intervene, treat and support people with eating disorders to work towards recovery is clear and present. A continuum of care from prevention to early intervention, treatment and recovery support is required and the capacity to deliver this continuum relies heavily on the availability of a skilled workforce appropriately trained in evidence-based approaches to eating disorders.

The Australian healthcare workforce comprises close to 550,000 health professionals across the 14 health professions that are registered by the Australian Health Practitioner Regulation Agency (AHPRA) (Department of Health, 2018). These people work across a broad range of disciplines, in every state and territory and in locations ranging from major cities through to remote and very remote areas. In addition, a broad range of health professionals providing treatment or support for people with eating disorders work in disciplines that are not regulated by AHPRA, including Dietitians, Social Workers, Exercise Physiologists and more. It is estimated that at least 170,000 health professionals work in designated roles that directly relate to the delivery of eating disorders treatment (e.g. psychologist, psychiatrist, dietitian, GP, occupational therapist, paediatrician, physiotherapist, social worker, mental health nurse) and the number is likely to be significantly higher.

This workforce is set to grow (Health Workforce Australia, 2014). This in part aligns with the growth in Australia's population, as well as its aging. With an aging population will also come an increase in demand for complex care, requiring increased role specialisation in certain areas of the sector at the same time as an increase in ancillary health workers roles (e.g. Allied Health Assistants) in others.

In Australia the majority of health professionals do not have the knowledge or skill to safely and effectively treat people with eating disorders. An investigation conducted by the NEDC as part of the 2013 Gap Analysis Report found that 97% of clinicians surveyed had received no or insufficient training in eating disorders to enable them to provide treatment with confidence. The outcome is delayed access to treatment or access to inappropriate treatment; increased physical and mental health consequences for patients; a longer course of illness with an increased risk of relapse and recurrence; and a higher social and economic impact.

To ensure access to eating disorder treatment in all communities, especially regional and rural communities, it is essential that providers of general primary and secondary health care are equipped and supported to contribute to diagnosis and treatment for people with eating disorders.

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Workforce Development and Competency

As with treatment of other health conditions, the effectiveness of eating disorders treatment is mediated by the experience and skills of the treatment team. There is evidence that outcomes are poor when therapy is provided by health professionals without the necessary level of knowledge and skill in the treatment of eating disorders (NEDC 2012). Without appropriate skill and expertise, experience in early intervention and treatment for people with eating disorders may do harm, prolonging the duration of illness, building resistance to treatment, and increasing the loss of hope in recovery and the risk of suicide.

The National Standards Schema for Eating Disorders (NEDC, 2012) includes a skilled workforce as one of eleven essential principles for a safe and effective response to eating disorders:

"A skilled workforce in which all health and frontline professionals receive training in eating disorders to raise their awareness of the serious nature of eating disorders and to enable them to identify, assess and contribute to the treatment of eating disorders".

Workforce development is a very high priority area for action. While other strategies are required in delivering evidence-based services across the continuum of stepped-care, none of these strategies can successfully address the effectiveness of responses to eating disorders without the development of a skilled workforce.

The challenges in developing a systematic response to eating disorders in the Australian context are shared with many other health sectors. These challenges include the stigma associated with mental illness, providing expert community-based care to relatively small populations, and the integration of physical and mental health, and health and non-health services, as part of a whole treatment pathway.

In addition to these shared issues, the NEDC has found the following key issues for workforce development and capacity building in Australia:

- Health professionals need to receive meaningful training specifically in all eating disorder presentations in a manner to equip them to treat eating disorders in a manner appropriate to their role
- Strong training and education resources exist and require better awareness and facilitated access to connect with the broader health workforce, particularly those who have not self-identified eating disorders as an area of need
- Resources are needed for existing centres of eating disorder expertise to enable better outreach and tertiary support for primary and secondary health services, especially in regional areas

- Core competencies for all health professionals and other professionals working with people at high risk of eating disorders need to be consistently adopted across the sector.

Core competencies refer to the skills and knowledge required to work in a particular field. They are an important framework for professional development and have a number of potential benefits in providing a consistent, measurable framework for skills and work practices. Implementation of competencies needs to be strengthened by policy, training, professional development, supervision and support.

Ensuring that competence to identify and respond to eating disorders is included in ongoing health workforce development is critical.

The NEDC developed the first Australian draft competencies as part of the Gap Analysis Report (2013) based on international practice standards. In 2014-2015, the NEDC undertook a further review of the evidence supporting the draft competencies and consulted with representatives from the eating disorders sector and from related professional bodies. The draft competencies were reviewed by industry stakeholders, including a significant review by the Australia and New Zealand Academy of Eating Disorders (ANZAED) to provide a set of expert endorsed Core Competencies for eating disorders. The competencies form a significant part of the NEDC National Practice Standards for Eating Disorders (2017) and their roll out is part of wider eating-disorders workforce development activity driven by the NEDC.

The competency framework has been structured to reflect the different levels of knowledge and skill that professionals at different points on the continuum of care require to identify and respond to eating disorders safely and effectively. It is not expected that all health professionals should become specialists in eating disorder treatment, nor that any single health professional should provide the full suite of supports and clinical input that a patient with an eating disorder may require. The mix of professional development training available in eating disorders must therefore be able to cater to this wide variety of roles.

METHODOLOGY

The Review

As identified in the NEDC Gap Analysis (2013) and Workforce Development Blueprint (2016), there are currently available, evidence-based training and education programs with Australia. It is important, before seeking to produce new resources, to support the understanding of these programs and facilitate their uptake.

This review sought to:

- Map selected current training content to the competency framework and the requirements for each of the key functional groups within the eating disorders responsive health workforce
- Facilitate wider awareness of and access to existing evidence-based training, particularly focusing on those provided within a workforce development context
- Identify gaps in the current mix of training modules in terms of content/competencies covered
- Identify opportunities, barriers and needs in accessibility of current training to the health workforce, with geographic, resource and time-based considerations.

To guide workforce development activity, including the development of this review, the NEDC convened an expert Advisory Group in May 2018. This group included including representatives from key public state-based eating disorder specialist services with an explicit role in workforce development, NEDC steering committee representatives including representation of those with a lived experience, and representation from the Australia & New Zealand Academy of Eating Disorders (ANZAED) as the peak professional body for eating disorders professionals and clinicians. The organisations represented on the Advisory Group were:

- The InsideOut Institute
- The Centre of Excellence in Eating Disorders
- Queensland Eating Disorders Service
- SA State-wide Eating Disorders Service
- WA Eating Disorders Outreach and Consultation Service
- Australia & New Zealand Academy of Eating Disorders
- Partners in Practice
- The National Eating Disorders Collaboration

As part of their work, the advisory group proposed a simplified version of the competency framework to facilitate the mapping of current training against NEDC core competencies. The simplified framework and mapping tool groups all required competencies under seven core areas, summarised in Table 1.

Underpinning each of these core competency areas are 53 units of competency which apply variously to the different functional groups. These are shown in Table 2. The 53 units of competency are drawn from the National Practice Standards for Eating Disorders (2017). [*Editor's note: these have previously been subject of consultation, are endorsed and are not the focus of this consultation process*]

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Table 1: Competency framework for the safe and effective identification of and response to eating disorders, shown by professional functional group

Core competency area	Functional group				
	Early identifiers	Initial responders	Shared care professionals	Treatment professionals	Recovery support professionals
1. General knowledge of the clinical features of eating disorders, common treatments and the individual experience of recovery	Required	Required	Required	Required	Required
2. Ability to identify warning signs of eating disorders and disordered eating and to conduct initial assessment within the scope of usual professional role	Required	Required	Required	Required	Required
3. Ability to engage the person with an eating disorder and family in a non-judgemental manner and to motivate engagement with relevant health services and treatments	Required	Required	Required	Required	Required
4. Ability to support the person and their family to facilitate personal recovery		Required	Required	Required	Required
5. Ability to contribute to multi-disciplinary team assessment, care planning and treatment within scope of usual professional role			Required	Required	Required
6. Knowledge of current clinical practices and standards in the treatment of eating disorders			Required	Required	Required
7. Ability to deliver an evidence-based treatment for eating disorders				Required	

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Table 2: Units of competency for safe and effective identification and response to eating disorders

Competency area	Units of competency
1. General knowledge of the clinical features of eating disorders, common treatments and the individual experience of recovery (required of all health professionals)	a. General knowledge of developmentally appropriate healthy eating, nutritional principles and healthy relationships with food
	b. Ability to describe eating disorders, their progression and impact on psychological health and quality of life
	c. Awareness of the overlapping nature of eating disorders and the prevalence of atypical presentations
	d. Ability to describe the range of physical issues related to eating disorders
	e. Ability to explain the impact of rapid weight loss and/or very low BMI on cognition
	f. Awareness of a variety of health conditions which can co-exist with eating disorders (e.g. diabetes, depression)
2. Ability to identify warning signs of eating disorders and disordered eating and to conduct initial assessment within the scope of usual professional role (a-e required of all health professionals) (f required of shared care management and eating disorder treatment professionals) (g-i required of recovery support professionals)	a. Ability to recognise the signs of disordered eating and describe the associated health risks
	b. Knowledge of warning signs and red flags
	c. Ability to take a preliminary case history relevant to eating disorders using culturally respective practice
	d. Assess for risk of suicide and self-harm
	e. Use assessment tools and tests as appropriate for the person and the professional discipline (e.g. SCOFF, EDE-Q, EDI, RMI, HEADSS, etc.)
	f. Contribute to the comprehensive assessment of children, adolescents and adults in relation eating disorders
	g. Discuss the risk of relapse and the importance of recovery support
	h. Describe secondary prevention strategies
	i. Ability to conduct strengths-based assessment, collaborating with the person to identify their strengths, risks for relapse and individual needs for support
3. Ability to engage the person with an eating disorder and family in a non-judgemental manner and to motivate engagement with relevant health services and treatments	a. Ability to demonstrate an empathetic understanding of the high levels of ambivalence and fear of change in people with eating disorders
	b. Discuss the barriers to self-disclosure that a person with an eating disorder may experience and strategies to deal with these barriers
	c. Demonstrate knowledge of services and systems in your region appropriate for the treatment of eating disorders

(a-f required of all health professionals) (g required of shared care management, eating disorder treatment and recovery support professionals)	d. Refer people with eating disorders to relevant services to address their physical, psychological and nutritional needs
	e. Identify when the person should be referred directly to an eating disorders specialist service
	f. Identify when a person with an eating disorder needs an urgent medical assessment or psychiatric assessment and when they should be referred to a Hospital Emergency Department
	g. Demonstrate awareness of personal attitudes, values and beliefs (e.g. body shape) to manage the potential impact of collusion with a person with an eating disorder
4. Ability to support the person and their family to facilitate personal recovery (a-e required for all professionals) (f-g required for eating disorder treatment professionals) (h-j required for recovery support professionals)	a. Ability to engage parents/carers/partners and assess their concerns recognising that symptoms may be minimised by the person with an eating disorder
	b. Ability to encourage patients to allow their family to share information with the treatment team
	c. Provide appropriate follow-up for people referred for treatment
	d. Demonstrate knowledge of support services available for people with eating disorders and their families and provide information
	e. Ability to manage a person with an eating disorder who is waiting for treatment
	f. Ability to provide professional guidance to people with BN and BED who are working through a self-help program
	g. Work collaboratively with and support family members and identified support people
	h. Explain the range of education and support needs a person with an eating disorder and their family/support people may require
	i. Demonstrate awareness of community-based supports and resources and refer people to appropriate services
	j. Recognise indications of relapse and support people to re-access treatment services
5. Ability to contribute to multi-disciplinary team assessment, care planning and treatment within scope of usual professional role (a-f required of shared care management professionals, eating disorders treatment	a. Understand how care teams are set up including the range of professions required to safely address all aspects of illness
	b. Describe the roles of key professions in the multidisciplinary team including: GP, Psychologist, Psychiatrist, Dietitian, Dentist, Mental Health Nurse, OT, Social Workers, Paediatricians
	c. Within usual role, work collaboratively with professionals from other disciplines to implement and review management plan, and to reduce the risk of patient's "splitting" health care providers
	d. Monitor progress and measure outcomes (relevant to own professional discipline)
	e. Support transfer between services and service providers

professionals and recovery support professionals) (g required of recovery support professionals)	f. Know the limits of personal expertise and when to seek advice or refer on to other colleagues in the shared care team
	g. Within scope of usual role demonstrate ability to provide one or more of the following: Information; Case management; Family education and support; Peer support; Recovery education; General counselling; Meal support
6. Knowledge of current clinical practices and standards in the treatment of eating disorders (a-e required of shared care management professionals and eating disorders treatment professionals) (f-i required of eating disorders treatment professionals)	a. Describe the standards for safe treatment (National Standards Schema)
	b. Describe the medical and nutritional care that may be required to treat eating disorders
	c. Describe the role of treatment for medical consequences of eating disorders and of comorbid mental conditions including hospital admission, including intensive treatment and hospital admission
	d. Describe the purpose of weight gain for people with malnutrition
	e. Discuss issues in the care of adults with long term eating disorders
	f. Knowledge of specific evidence based psychological and pharmacological treatments
	g. Knowledge of the clinical practice guidelines for treatment of DSM-5 feeding and eating disorders
	h. Be aware of the risks of re-feeding syndrome, and the need for specialist care in nutritional restoration
	i. Demonstrate awareness of the circumstances when involuntary treatment may be necessary
7. Ability to deliver an evidence-based treatment for eating disorders (required of eating disorder treatment professionals only) (e required of psychologists and mental health service providers only)	a. Describe a range of evidence supported treatment modalities for eating disorders and their relevance to individual needs including: CBT, Guided Self Help CBT, FBT
	b. Implement strategies to enhance motivation for change
	c. Utilize relevant tertiary services for professional training, case conferencing, supervision and referral
	d. Refer people with eating disorders for treatment of comorbid conditions where appropriate
	e. Ability to implement at least one evidence based treatment modality for eating disorders e.g. CBT-E, Guided Self Help CBT, FBT

Resources to be included in the review process were identified by the advisory group. Emphasis was placed in the first instance on identifying (1) Australian resources already in use within the health workforce broadly and (2) resources that have been developed with the assistance of government funding, noting that government funded services or projects have a mandate to ensure that the materials they produce are contemporary and evidence-based. As this review did not include a comprehensive assessment of all training materials provided with each module, it was felt that the use of this second criterion was necessary.

The advisory group was asked to provide information about the range of training modules that their organisations each offered, with a view to mapping this information against the competency framework. In addition, six organisations not represented in the advisory group were invited to provide the same details for any government-funded eating disorders training that they currently provide. These were:

- Eating Disorders Victoria
- Eating Disorders Queensland
- Eating Disorders Training and Evaluation Centre (WA)
- Centre for Clinical Interventions (WA)
- ACT Eating Disorders Program
- Royal Hobart Hospital, Paediatric Eating Disorders Service

Each of the organisations involved in the review provided its own assessment of how its training modules mapped to the competency framework. This was then compiled by the NEDC and analysed for national trends and key gaps.

Wherever possible, a training module has been mapped against the 53 individual units of competency, to indicate the extent to which the module covers each core competency area. In some cases, sufficient information about a training module was not available to enable a full analysis of each of the specific units of competency. In these cases, the mapping exercise was limited to a broad interpretation of the seven core competency areas. Rather than rate the extent to which these modules have covered a given core competency area, they have been assessed as either 'Addressed' or 'Not addressed.'

Review Limitations

The nature of the review undertaken and the information provided means that there are important limitations to note in interpreting and using this information.

Most significantly, this report represents the available information about training resources that were mapped as part of this review exercise. The list does not comprise a comprehensive, exhaustive list of all resources available to health professionals in Australia.

In addition to this, the following limitations are noted:

- Mapping of current trainings to core competencies is not in any way a judgement on the quality of the training content or delivery. Similarly, if a training module is not included in this review because it did not meet all inclusion criteria, this does not represent a judgement about quality.
- Almost all of the training modules that are included in this report were developed by specialist eating disorder organisations before the competency framework was developed, endorsed and circulated. A wide variety of training modules have been developed in response to identified needs over time. These include several modules which address topic areas highly relevant to work in eating disorders but which are more specialised than the competency framework is able to reflect. Mapping that indicates a training module does not address many of the competencies in the framework is not a judgement about its relevance to a particular topic or professional group.
- The appraisal of resources on the domain of NEDC core competencies is arguably less fitting for particular types of education or training resources, such as those focused on sharing personal narratives or brief sessions on very specific topics. The aim of the appraisal was to facilitate identification of those resources which might be judged as particularly comprehensive, evidence-based and in line with nationally consistent approaches. There are resources that were not selected for review or may not map well to the NEDC core competencies which nevertheless, anecdotally, have been reported as helpful or comprehensive.
- The mapping of content to NEDC core competencies was conducted at a single point in time based on evidence from the provider organisations. Education and training resources are continually being developed and made publicly available, therefore this resource set comprises those identified as available at one specific point in time only. There will be other useful resources that subsequently become available.

Further work is required to interpret the competencies for specific professions and for services working at different points in the treatment continuum, supporting implementation of the competencies with relevant professional training, decision tools and information resources. Each profession has its own needs and will require structures that support continual development, supervision and support to ensure ongoing implementation of core competencies and skills.

It should also be noted that there is no expectation going forward that all training modules should cover every competency area in the framework. In a workforce as large and diverse as the Australian healthcare workforce, operating across a spectrum of functional roles in the prevention, identification and management of eating disorders, there will always be a need for a range of training modules to address the different professional development needs of both professional and functional groups.

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KEY FINDINGS

Fifty-five training modules and related activities were included in this review. Their distribution across the eating disorder specialist organisations involved in the process is shown at Table 3.

Table 3: Number of training modules included in review, by provider

Provider	Number of training modules
InsideOut Institute	10
Centre of Excellence in Eating Disorders	10
Queensland Eating Disorders Service	20
SA State-wide Eating Disorders Service	1
WA Eating Disorders Outreach and Consultation Service	3
Australia and New Zealand Academy for Eating Disorders	11
Information from other providers to be included	
Total	**55**

The reach of the various modules depended on both delivery method and delivery frequency. The eight modules included in the review that were delivered online had the potential to reach health professionals around the country at a time of their choosing.

The 47 face to face modules tended to be of longer duration, and therefore more likely to cover content in greater depth (though content depth is not necessarily always reflected in the competency framework). This was particularly so for multi-day training modules, which were generally focused on training clinicians in a specific evidence-based modality. In general, these modules were limited in their reach to one or two locations and only once or a few times a year, though some providers noted that they were able to deliver training in regional locations on request. NSW was the only state where face to face training was routinely delivered across all of its Local Health Districts.

Every one of the 53 specific units of competency was addressed in at least one training module that was nationally available. Most units of competency were covered by ten or more training modules. Units of competency that had limited coverage (in fewer than 20% of the training modules) were:

- 1a. General knowledge of developmentally appropriate healthy eating, nutritional principles and healthy relationships with food;
- 1c. Awareness of the overlapping nature of eating disorders and the prevalence of atypical presentations;
- 1f. Awareness of a variety of health conditions which can co-exist with eating disorders (e.g. diabetes, depression);
- 2b. Knowledge of warning signs and red flags;
- 2d. Assess for risk of suicide and self-harm;

- 2g. Discuss the risk of relapse and the importance of recovery support;
- 2h. Describe secondary prevention strategies;
- 2i. Ability to conduct strengths-based assessment, collaborating with the person to identify their strengths, risks for relapse and individual needs for support;
- 3e. Identify when the person should be referred directly to an eating disorders specialist service;
- 4e. Ability to manage a person with an eating disorder who is waiting for treatment;
- 4j. Recognise indications of relapse and support people to re-access treatment services;
- 5e. Support transfer between services and service providers;
- 5f. Know the limits of personal expertise and when to seek advice or refer on to other colleagues in the shared care team;
- 6a. Describe the standards for safe treatment (National Standards Schema);
- 6h. Be aware of the risks of re-feeding syndrome, and the need for specialist care in nutritional restoration;
- 6i. Demonstrate awareness of the circumstances when involuntary treatment may be necessary;
- 7b. Implement strategies to enhance motivation for change;
- 7c. Utilize relevant tertiary services for professional training, case conferencing, supervision and referral; and
- 7d. Refer people with eating disorders for treatment of comorbid conditions where appropriate.

Units of competency that had minimal coverage (in fewer than 10% of the training modules) were:

- 4f. Ability to provide professional guidance to people with BN and BED who are working through a self-help program; and
- 6e. Discuss issues in the care of adults with long term eating disorders.

The above data should be read with caution, however, in light of the fact that not all providers were able to produce information about their training modules that was sufficiently granular to be included in this part of the analysis.

In the current review, some training providers identified that they specify pre-requisites for some of the training modules that they offer, so that participants may access more advanced learning without having to revisit entry-level material. This is one example of how multiple training modules may be combined to make up the right training mix for a professional or functional group.

It is worth noting that several providers involved in the review pointed to others as key sources of training modules that they either recommended to or purchased for practitioners in their jurisdiction. This was particularly true of online training modules, which some providers use as a pre-requisite before a practitioner attends their face to face training.

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PART TWO

This section of the report sets out the detailed mapping information for each training module that has been reviewed for this report. Beginning on the next page, each training module is set out according to the following format:

- Overview of offering – module name, provider, delivery method, delivery frequency, cost, geographic availability, duration, target audience.
- Summary table – the extent to which each of the core competency areas is covered or addressed in the training module.
- Detailed tables – whether or not each of the units of competency underpinning a core competency area has been covered in the training module.

[*Editor's note: an example of an entry from Part Two is included on the following pages, however the full contents of this section of the report are not ready to be shared at this time.*]

Name of training	Example Only
Name of provider	Example provider
Delivery method	Online
Delivery frequency	Always available
Cost	$50
Geographic availability	Australia-wide
Duration/CPD hours	1 hour
Target audience	Clinicians (unspecified)

Summary of competencies covered in this training					
Core competency	For early identifiers	For initial responders	For shared care professionals	For treatment professionals	For recovery support professionals
1. General knowledge of the clinical features of eating disorders, common treatments and the individual experience of recovery	Partially covered	Partially covered	Partially covered	Partially covered	Partially covered
2. Ability to identify warning signs of eating disorders and disordered eating and to conduct initial assessment within the scope of usual professional role	Fully covered	Fully covered	Fully covered	Fully covered	Partially covered
3. Ability to engage the person with an eating disorder and family in a non-judgemental manner and to motivate engagement with relevant health services and treatments	Fully covered	Fully covered	Fully covered	Fully covered	Fully covered
4. Ability to support the person and their family to facilitate personal recovery	Not required	Partially covered	Partially covered	Partially covered	Partially covered
5. Ability to contribute to multi-disciplinary team assessment, care planning and treatment within scope of usual professional role		Not required	Mostly covered	Mostly covered	Partially covered
6. Knowledge of current clinical practices and standards in the treatment of eating disorders			Partially covered	Partially covered	Partially covered
7. Ability to deliver an evidence-based treatment for eating disorders			Not required	Not covered	Not required

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Core competency	Units of competency	Included?
1. General knowledge of the clinical features of eating disorders, common treatments and the individual experience of recovery (required of all health professionals)	a. General knowledge of developmentally appropriate healthy eating, nutritional principles and healthy relationships with food	Yes
	b. Ability to describe eating disorders, their progression and impact on psychological health and quality of life	Yes
	c. Awareness of the overlapping nature of eating disorders and the prevalence of atypical presentations	No
	d. Ability to describe the range of physical issues related to eating disorders	No
	e. Ability to explain the impact of rapid weight loss and/or very low BMI on cognition	Yes
	f. Awareness of a variety of health conditions which can co-exist with eating disorders (e.g. diabetes, depression)	No

Core competency	Units of competency	Included?
2. Ability to identify warning signs of eating disorders and disordered eating and to conduct initial assessment within the scope of usual professional role (a-e required of all health professionals) (f required of shared care management and eating disorder treatment professionals) (g-i required of recovery support professionals)	a. Ability to recognise the signs of disordered eating and describe the associated health risks	Yes
	b. Knowledge of warning signs and red flags	Yes
	c. Ability to take a preliminary case history relevant to eating disorders using culturally respective practice	Yes
	d. Assess for risk of suicide and self-harm	Yes
	e. Use assessment tools and tests as appropriate for the person and the professional discipline (e.g. SCOFF, EDE-Q, EDI, RMI, HEADSS, etc.)	Yes
	f. Contribute to the comprehensive assessment of children, adolescents and adults in relation eating disorders	Yes
	g. Discuss the risk of relapse and the importance of recovery support	No
	h. Describe secondary prevention strategies	No
	i. Ability to conduct strengths-based assessment, collaborating with the person to identify their strengths, risks for relapse and individual needs for support	No

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Core competency	Units of competency	Included?
3. Ability to engage the person with an eating disorder and family in a non-judgemental manner and to motivate engagement with relevant health services and treatments (a-f required of all health professionals) (g required of shared care management, eating disorder treatment and recovery support professionals)	a. Ability to demonstrate an empathetic understanding of the high levels of ambivalence and fear of change in people with eating disorders	Yes
	b. Discuss the barriers to self-disclosure that a person with an eating disorder may experience and strategies to deal with these barriers	Yes
	c. Demonstrate knowledge of services and systems in your region appropriate for the treatment of eating disorders	Yes
	d. Refer people with eating disorders to relevant services to address their physical, psychological and nutritional needs	Yes
	e. Identify when the person should be referred directly to an eating disorders specialist service	Yes
	f. Identify when a person with an eating disorder needs an urgent medical assessment or psychiatric assessment and when they should be referred to a Hospital Emergency Department	Yes
	g. Demonstrate awareness of personal attitudes, values and beliefs (e.g. body shape) to manage the potential impact of collusion with a person with an eating disorder	Yes

Core competency	Units of competency	Included?
4. Ability to support the person and their family to facilitate personal recovery (a-e required for all professionals) (f-g required for eating disorder treatment professionals) (h-j required for recovery support professionals)	a. Ability to engage parents/carers/partners and assess their concerns recognising that symptoms may be minimised by the person with an eating disorder	No
	b. Ability to encourage patients to allow their family to share information with the treatment team	Yes
	c. Provide appropriate follow-up for people referred for treatment	Yes
	d. Demonstrate knowledge of support services available for people with eating disorders and their families and provide information	Yes
	e. Ability to manage a person with an eating disorder who is waiting for treatment	No
	f. Ability to provide professional guidance to people with BN and BED who are working through a self-help program	No
	g. Work collaboratively with and support family members and identified support people	Yes
	h. Explain the range of education and support needs a person with an eating disorder and their family/support people may require	No
	i. Demonstrate awareness of community-based supports and resources and refer people to appropriate services	Yes

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Core competency	Units of competency	Included?
5. Ability to contribute to multi-disciplinary team assessment, care planning and treatment within scope of usual professional role (a-f required of shared care management professionals, eating disorders treatment professionals and recovery support professionals) (g required of recovery support professionals)	a. Understand how care teams are set up including the range of professions required to safely address all aspects of illness	Yes
	b. Describe the roles of key professions in the multidisciplinary team including: GP, Psychologist, Psychiatrist, Dietitian, Dentist, Mental Health Nurse, OT, Social Workers, Paediatricians	Yes
	c. Within usual role, work collaboratively with professionals from other disciplines to implement and review management plan, and to reduce the risk of patient's "splitting" health care providers	Yes
	d. Monitor progress and measure outcomes (relevant to own professional discipline)	No
	e. Support transfer between services and service providers	Yes
	f. Know the limits of personal expertise and when to seek advice or refer on to other colleagues in the shared care team	Yes
	g. Within scope of usual role demonstrate ability to provide one or more of the following: Information; Case management; Family education and support; Peer support; Recovery education; General counselling; Meal support	No

Core competency	Units of competency	Included?
6. Knowledge of current clinical practices and standards in the treatment of eating disorders (a-e required of shared care management professionals and eating disorders treatment professionals) (f-i required of eating disorders treatment professionals)	a. Describe the standards for safe treatment (National Standards Schema)	Yes
	b. Describe the medical and nutritional care that may be required to treat eating disorders	Yes
	c. Describe the role of treatment for medical consequences of eating disorders and of comorbid mental conditions including hospital admission, including intensive treatment and hospital admission	No
	d. Describe the purpose of weight gain for people with malnutrition	Yes
	e. Discuss issues in the care of adults with long term eating disorders	No
	f. Knowledge of specific evidence based psychological and pharmacological treatments	Yes
	g. Knowledge of the clinical practice guidelines for treatment of DSM-5 feeding and eating disorders	Yes
	h. Be aware of the risks of re-feeding syndrome, and the need for specialist care in nutritional restoration	No
	i. Demonstrate awareness of the circumstances when involuntary treatment may be necessary	Yes

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Core competency	Units of competency	Included?
7. Ability to deliver an evidence-based treatment for eating disorders (required of eating disorder treatment professionals only) (e required of psychologists and mental health service providers only)	a. Describe a range of evidence supported treatment modalities for eating disorders and their relevance to individual needs including: CBT, Guided Self Help CBT, FBT	No
	b. Implement strategies to enhance motivation for change	No
	c. Utilize relevant tertiary services for professional training, case conferencing, supervision and referral	No
	d. Refer people with eating disorders for treatment of comorbid conditions where appropriate	No
	e. Ability to implement at least one evidence based treatment modality for eating disorders e.g. CBT-E, Guided Self Help CBT, FBT	No