

Workforce core competencies for the safe and effective identification of and response to eating disorders



National Eating Disorders Collaboration

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The National Eating Disorders Collaboration is funded by the Commonwealth Department of Health.

This document is an extract from the National Practice Standards for Eating Disorders, first published February 2018.

WORKFORCE CORE COMPETENCIES

for the safe and effective identification of and response to eating disorders

This document is an extract from the National Practice Standards for Eating Disorders, which were published by the National Eating Disorders Collaboration (NEDC) in 2018.

A competency framework for eating disorders in Australia

This document sets out the workforce core competencies for the safe and effective identification of and response to eating disorders in an Australian context. This includes consideration of the continuum of care for eating disorders from the earliest possible point of identification, through initial response to shared care, evidence-based treatment and recovery support.

Different workplaces, job roles and degrees of specialised practice require different levels of competency, varying on a spectrum from professionals who are solely involved in early identification to professionals providing specialist eating disorder treatment, and varying across service settings.

These core competencies outline the capabilities that **all** health professionals should achieve in their work with eating disorders. They are intended to complement discipline-specific practice standards or competencies of relevant professions, including but not limited to general practice, paediatrics, psychiatry, psychology, nursing, dietetics, social work and occupational therapy. These competencies do not reflect the skills or specific competencies necessary to expertly deliver evidence-based treatments specific to eating disorders care.

Key roles along the continuum of care

Five **functional groups** have been identified who play an important role in the identification and treatment of eating disorders. These functional groups are defined by the role they play in relation to the patient with an eating disorder and not by profession.

Early identifiers

Early identifiers have a duty of care for the wellbeing of people in high risk groups for eating disorders and who are most likely to act as the first point of contact for people with eating disorders and their families. The role of early identifiers is to proactively engage people at risk to promote prevention and early help seeking.

Initial responders

Primary health care providers who provide the first level of intervention, such as screening, initial assessment, initial diagnosis, and referral. Where safe and appropriate after a thorough eating disorder assessment, professionals in this group may also provide guided self-help for people with bulimia nervosa and binge eating disorder.

Shared care providers

Health professionals who provide treatment or support for the consequences of an eating disorder (e.g. medical monitoring and treatment) or for comorbid conditions. Professionals in this group are part of the interdisciplinary and interagency treatment team but are not providing therapy specific to the eating disorder.

Eating disorders treatment providers

Health professionals delivering eating disorder specific treatment that is safe (addressing all aspects of illness) and delivered through a collaborative multi-disciplinary team or shared care approach.

Recovery support providers

People providing professional support to those who are learning to self-manage their recovery from an eating disorder and to families and carers – this group includes the professions most likely to act as early identifiers and initial responders as well as treatment providers.

Core Competencies by functional group

The below table shows at-a-glance the core requirements for workers in each functional group to be able to respond to people with eating disorders safely and effectively within the remit of their role.

Each core competency area is underpinned by units of competency, shown on the following pages.

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 and refer to 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	

Units of competency

The below tables set out the specific units of competency that ought to be demonstrated for a worker to fully meet the requirements of each core competency area.

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)

Competency area	Units of competency
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, EAT-26, BEDS-7, 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

Competency area	Units of competency
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 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
	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

Competency area	Units of competency
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

Competency area	Units of competency
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
	b. Describe the roles of key professions in the multidisciplinary team including: GP, Psychologist, Psychiatrist, Dietitian, Dental Practitioner, 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
	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

Competency area	Units of competency
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

Competency area	Units of competency
<p data-bbox="193 248 555 376">7. Ability to deliver an evidence-based treatment for eating disorders</p> <p data-bbox="193 439 555 510">(required of eating disorder treatment professionals only)</p> <p data-bbox="193 562 555 674">(e required of psychologists and mental health service providers only)</p>	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



For more information about the National Eating Disorders Collaboration and this guide please contact the National Director NEDC, Dr Beth Shelton, at beth.shelton@nedc.com.au.

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August 2019.

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