

Accredited Practising Dietitian Audit Policy

STATEMENT OF PURPOSE

This policy provides guidelines for the APD annual audit. This policy aligns with the Dietitians Australia values of being committed to excellence and acting with integrity.

POLICY STATEMENT

The Dietitian and Nutritionist Regulatory Council (DNRC) is the regulatory authority responsible for the governance of the Accredited Practising Dietitian (APD) Program, which is in place to ensure APDs are safe and effective in practice and can demonstrate commitment to life-long learning.

As a member of the National Alliance of Self Regulating Health Professions (NASRHP), the annual APD audit includes mandatory compliance checks of minimum certification standards as determined by NASRHP. This includes both Continuing Professional Development (CPD) and Recency of Practice standards.

All APDs are required to participate in the APD program each year, and as part of renewing their APD credential, agree to be subject to the annual APD audit.

POLICY GUIDELINES

Audit Selection Process

After closure of the APD renewal period, the Regulatory Services Portfolio identify all APDs eligible for inclusion in the audit pool. From this pool, a minimum of 5% of APDs are randomly selected to be audited.

Those re-entering the APD program via a Resumption of Accredited Practising Dietitian pathway area also included in the audit, one year following their return to the APD program.

APDs who did not meet minimum audit requirements in the previous year's audit are automatically included in the following year's audit pool.

Those excluded from the audit are

- those who have been audited and met the audit standards within the **past three years**
- those who have been awarded AdvAPD and Fellow status.

Assessment of audit material

The Regulatory Services Auditors are responsible for reviewing CPD records and Recency of Practice requirements for those APD selected for audit. All auditors are required to declare any conflict of interest, and where this exists, an alternative auditor will be assigned to conduct the review.

CPD records are assessed by ensuring the CPD requirements, as described in the APD Program Handbook, have been met. This includes an assessment of

1. CPD hours (total hours, professional competence hours, and self-study hours), and
2. Learning goals, CPD activities, reflections on individual CPD activities, learning modules and learning outcomes.

Total CPD hours need to reach a minimum of 30 hours per year (or a pro-rata requirement of 2.5 hours CPD per full month in the APD program), as outlined under Part A of Figure 1. If 30 hours of acceptable CPD (or sufficient pro-rata hours) is not reached, Part A is *not met*.

The assessment of CPD learning goals, activities, reflections, module allocation and learning outcomes are assessed according to the rubric listed in Figure 1. A global assessment across the six areas of CPD assessment is made to determine the overall outcome for Part B.

APDs must meet both Part A and Part B to meet the overall CPD standards.

Figure 1: CPD Assessment rubric

Area of CPD Assessment	Assessment outcome		
Part A			
CPD hours (minimum 30 hours)	Met	Not Met	
Professional competence hours (minimum 10 hours)	Met	Not Met	
Self-study hours (maximum 20 hours)	Met	Not Met	
Part A outcome:	<i>MET/NOT MET</i>		
Part B			
Learning goals: expressed correctly	None	Some	All
Learning outcomes: relate to learning goals	None	Some	All
Learning outcomes: evidence of reflective learning	None	Some	All
Learning modules: allocated correctly	None	Some	All
CPD activities: adequate details provided in description	None	Some	All
CPD activities: adequate personal reflection	None	Some	All
Part B outcome:	<i>MET/NOT MET</i>		
Overall CPD assessment outcome:	<i>MET/NOT MET</i>		

As a quality measure, APDs who do not meet the overall CPD standard are reviewed by at least one other auditor.

If the assessment outcome gives cause for serious concern about the standard of practice, for example a potential breach of the Code of Conduct is identified, the matter may be referred to the Dietitian and Nutritionist Regulatory Council (DNRC) for further action.

Assessment of Recency of Practice

All APDs who are not in a Recency of Practice exemption category are required to provide evidence of paid or voluntary dietetic practice according to the definition of dietetic practice:

“Dietetic Practice includes using professional knowledge in both clinical and non-clinical relationships with patients or clients, communities and populations and can be working in management, administration, education, research, advisory, communication, program development and implementation, regulatory or policy development, food service, food security, food supply, sustainability and any other roles that impact on safe, effective delivery of services in the profession and/or using professional skills.”

Evidence can be provided via a letter or statement of service from your employer or statutory declaration (if self-employed) and/or alternative form of evidence that clearly outlines the hours of dietetic practice within the required timeframe. All work must comply with the definition of dietetic practice, non-dietetic practice employment hours cannot be counted.

Recency of Practice evidence will be assessed against the following criterion:

- The APD was engaged in dietetic practice (as per definition of dietetic practice)
- The APD has completed a minimum 450 hours of practice over the preceding 3 years or a minimum of 150 hours in previous year.

If there is insufficient evidence of dietetic practice or evidence that has not been provided within the required timeframe, the APDs will be assessed as not having met the requirements of this standard.

Recency of Practice exemption categories:

APDs are exempt from the Recency of Practice standard and do not need to provide evidence against this standard if:

- They have graduated with an accredited dietetics degree in the last 3 years.
- They have successfully completed the DSR exams in the last 3 years.

Outcomes of the audit

An APD must meet the standard for **BOTH** the CPD record and the Recency of Practice requirement to pass the audit. Potential outcomes of the audit include:

CPD assessment outcome	Recency of Practice	Audit outcome
Standard met	Standard met	Standard met
Standard not met	Standard met	Not met

Standard met	Standard not met	Not met
Standard not met	Standard not met	Not met

Any APD that does not meet the overall audit standards will be automatically included in the following year's audit. If an APD does not meet the minimum audit requirements a second time, they may be suspended from the APD Program for a period of 12 months, and Medicare, employers and/or other relevant authorities will be notified. If an APD does not meet the minimum audit, APDs who have not met the minimum requirements will be provided with educative feedback to guide and support understanding of audit standards, professional expectations, and to support achievement in any subsequent audits.

Audit appeal process

Audit outcome appeals are registered by the Credentialing Administrator and overseen by the Manager, Regulatory Services. APDs have the right to lodge an audit outcome appeal under the following circumstances:

1. The APD suspects error/s were made when the provided information was assessed by the auditor
2. The APD suspects errors in the reporting of audit results
3. The APD suspects a breach of policy/assessment procedures

All appeals must be in writing and clearly state the grounds for appeal within 15 business days of receiving the audit outcome. Omission of relevant information from the original audit submission by the APD is not grounds for appeal. If the ground for appeal is accepted, the Manager, Regulatory Services will review the APDs CPD and recency evidence that was originally supplied for audit and/or the recorded audit outcome and/or conduct a process review and make recommendation to the DNRC for determination.

Reporting

An annual APD audit outcome report will be provided to the DNRC.

RELATED POLICIES AND DOCUMENTS

- Code of Professional Conduct
- By-Law Complaints and Disciplinary Procedure
- Accredited Practising Dietitian Policy
- Resumption of Accredited Practising Dietitian Policy