

## **Council of Deans of Nutrition and Dietetics Australia and New Zealand Response to the Australian Universities Accord Discussion Paper**

The Council of Deans of Nutrition and Dietetics (CDND) comprises leaders representing the 18 Universities that currently offer programs in Nutrition and Dietetics across Australia and New Zealand accredited by Dietitians Australia or the Dietitians Board New Zealand. We provide a forum for discussion, feedback, consultation, and advocacy on issues relevant to nutrition and dietetics training, research and practice in Australia and New Zealand. CDND also conducts projects to inform our curricula to produce dietitian/nutritionists to meet the current and future needs in traditional health areas and in emerging areas requiring the knowledge and skills of our graduates.

(e.g. [https://static1.squarespace.com/static/62ce380024a36d59838b187d/t/63462f31b89e681770fc36e6/1665543992648/REPORT\\_FUTURESPROJECT\\_CDND\\_FINAL\\_15102021+%281%29.pdf](https://static1.squarespace.com/static/62ce380024a36d59838b187d/t/63462f31b89e681770fc36e6/1665543992648/REPORT_FUTURESPROJECT_CDND_FINAL_15102021+%281%29.pdf))

More information about CDND is available at <https://www.deansnutritiondietetics.com/>

The broad areas we will focus on in our response are

- 1 Student professional placements
- 2 Academic workforce
- 3 Nutrition and Dietetic Research
- 4 Student support

Our response will focus on specific questions of the Accord that are impacting academics and students in nutrition and dietetics degrees.

Q4 Looking from now to 2030 and 2040, what major national challenges and opportunities should Australian higher education be focused on meeting?

A major challenge is the sustainability of the health and aged care workforce with increased needs of our aging population. This includes dietitian/nutritionists: demands will increase, and the existing workforce needs to be retained and retrained as needed to meet future challenges and opportunities. In the health and nutrition field dietitians will be needed for older Australians in the community and aged care facilities to improve the quality of life of older populations; to manage the chronic diseases such as cancer that will result from the obesity epidemic; and to work with other sectors to ensure food security in response to climate change and future emergencies in supply chains.

Q5 How do the current structures of institutions, regulation and funding in higher education help or hinder Australia's ability to meet these challenges? What needs to change?

To meet the needs of the population for nutrition and dietetic services government funding for university places in priority areas is needed; greater incentives for industry to support additional training of staff to meet future challenges could be offered; greater incentives for people to retrain (particularly those returning from parental responsibilities) to meet future workforce needs. Universities are well placed to offer the latter if appropriate funding available.

Q8 What reforms are needed to promote a quality learning environment and to ensure graduates are entering the labour market with the skills and knowledge they need?

Graduates of nutrition and dietetics will require new skills, but help is needed to ensure that students receive practical experience in emerging areas of practice that will increasingly require dietitians. Areas of concern are aged care and primary care. In the case of aged care there are so few dietitians (most are private consultants) that students cannot gain supervised experience and current funding models do not support this. New models of care that include dietitian student education are required. Similarly in private care practice dietitians are unable to claim services delivered by students on Medicare and many other funding sources even though students are supervised by qualified professionals. While the need for experience is high there is a disincentive to supervising dietetic students.

**Potential solutions are to** fund a pilot of multidisciplinary allied health models of service delivery to be scaled up across the university/aged care sector if proven successful. Reform Medicare to allow primary care private practitioners to claim for services delivered by students under supervision. This reform is consistent with the Commonwealth Strengthening Medicare Taskforce Report.

Additionally good learning environments need good staff and the academic workforce in nutrition and dietetics will need to grow. Hence PhD funding in this area is key.

Q9 How should Australia ensure enough students are studying courses that align with the changing needs of the economy and society?

This could be controlled via funding mechanisms to encourage students into areas of need. Obviously there should be informed workforce planning in health and aged care. Our profession of dietetics is excluded from AHPRA and thereby not included currently in the plan for allied health and instead the Council of Deans of Nutrition and Dietetics (with the self-regulatory professional body) must fund

research. **The solution** is to fund degrees where there is a demonstrated need in future workforce and include the health professions such as dietetics in workforce planning (perhaps include in AHPRA).

Q10 What role should higher education play in helping to develop high quality general learning capabilities across all age groups and industries?

Universities already effectively provide opportunities in continuing education inclusive of credentialled and those of general interest. With funding universities are an ideal institution to partner with industry and workforce and provide these opportunities.

Q13 How could an Accord support cooperation between providers, accreditation bodies, government and industry to ensure graduates have relevant skills for the workforce?

Ensuring inclusion of forward-thinking education and technology specialists, industry leaders and members from areas such as private practice and aged care on health-related Accreditation Boards will help embrace innovation. The government could give guidance on the composition of these boards. In nutrition and dietetics good attempts have been noted but the two examples of aged care and private practice yet to be embraced.

Q14 How should placement arrangements and work-integrated learning (WIL) in higher education change in the decades ahead?

As the need for dietitians increases the number of university courses and students will grow and yet the funding model pushes students to hospital-based placements where the workforce to supervise students is not growing. Placing students is a difficult expensive process for universities. **A way forward** would be integrated digital systems for booking student placements that encompass the full spectrum of placements, not just the public hospital system, rather than each individual university negotiating the complex arrangements might reduce costs.

Assessment tools for placement students are unique for each university and as such make supervising dietitians adverse to dealing with multiple universities. **To solve this** the Accrediting body who created the competencies and standards could produce a tool and thereby create efficiencies. The government cost to supporting this would be small compared with the current process.

Placements in the areas of growing need for dietitians such as aged care, primary care, NGOs and industry should be encouraged but require financial incentives for the sector to provide training.

Access to funding for international students to undertake training in rural areas (not just domestic students) under the Rural Health Multidisciplinary Training Scheme should be instituted. Many international graduates remain in Australia and join our local health workforce.

Q24 What reforms will enable Australian research institutions to achieve excellence, scale and impact in particular fields?

More funding in applied and translational research and increase in partnerships with industry, including health sector, and government institutions.

Q27 How can we improve research training in Australia including improving pathways for researchers to gain experience and develop high-impact careers in government and industry?

More funding for extra PhD places is required and could be offered according to priorities for the Australian public. For example nutrition should be a priority area to address food sustainability; food security and to deal with chronic disease and the aging population. There is a lack of career paths post-PhD (not just early career but also mid-career) that is linked to inadequate funding to the education and research institutes as well lack of incentivization of research within government and industry. Fostering greater partnerships between industry/government and universities will assist in the creations of pathways.

Q30 How can governments, institutions and employers assist students, widen opportunities and remove barriers to higher education?

Despite higher education becoming more widely accessible to most of the population, there is an increasing divide between disadvantaged groups of our population and others – which has multigenerational effects. Enhancing flexible modes of study and incentivizing employers and government policy to encourage further education in disadvantaged groups is appropriate. Providing Universities with adequate funding to support the additional needs of these groups will have long term benefits to the community.

Q41 How should research quality be prioritised and supported most effectively over the next decade?

The Academy of Science recognizes nutrition should be a research priority. Investment in a data capability for all institutions to share is critical. Research to support disadvantaged communities attain optimal nutrition should be prioritized, especially for Aboriginal and Torres Strait Islanders, and conducted collaboratively. Research into health and social services for support of infants, children, young families, and our older populations especially in aged care research is required. Research into food security and sustainability are essential. PhD and post-doctoral funding in these areas should be prioritized in government funding schemes. The usual citation-based metrics disadvantage translation-based research. Thus how “research quality” is measured and ultimately supported needs to be carefully considered. Many dietitians have excellent track records and yet are rarely funded in government schemes such as NHMRC. The problem may be that the research community is small and conflicts of interest mean applications are reviewed by those without disciplinary knowledge.

Q 49 Which aspects of the JRG package should be altered and which should be retained?

While JRG reduced the cost of studying nutrition and dietetics for students, it also decreased the revenue by at least \$1,000 per student per annum. At the same time the cost of delivering health degrees has increased substantially because of covid-19 but it remains higher in 2023. Costs of simulations rose and placement providers who attract fees have also increased these. Some dietetic placements continue to be offered for no charge but those increasing fees make it difficult to estimate costs for placements in annual budgets.

We strongly suggest the Commonwealth conducts new costing studies of nutrition and dietetic degrees at the undergraduate and postgraduate level that account for all aspects of the education. This should include costs for incorporation of training in new additional skills, technologies, and placements.

Thank you for the opportunity to comment.