

## **Dietitians Meeting – APC Liverpool 3<sup>rd</sup> March 2010**

Following on from the Dietitians disciplinary meeting at the APC in Liverpool this document outlines the key areas that were discussed. These issues have been fed back to Diabetes UK.

Dietitians were asked to highlight;

- Achievements and successes in their area / nationally over the last year
- Local and national issues of concern
- Processes or solutions to these issues

### **Achievements and successes**

- Implementation of structured education / increase in courses
- Dietitian led pump service
- All patients newly diagnosed now seen within 1 month (one to one / structured education)
- Referring patients with Type 2 diabetes into community dietetics services
- Expanding number of posts in the community / hospital
- Expanding gestational diabetes (GDM) services
- Recognition of diabetes specialist dietitians
- Use of lay educators
- Blurring of roles across the diabetes team
- Byetta groups
- Audit of weight gain in GDM

### **Local and national issues of concern**

- Lack of specialist dietitians e.g. only 2.4 WTE per 350,000 population / 0.3 WTE per 260,000 population
- Funding cuts
- Education of other health care professional not standardised
- GPs not referring patients for dietetic advice / specialist services due to cost
- Having to use a non-accredited Type 1 education course as no funding for DAFNE available
- Post code lottery of services
- Unable to recruit to senior posts
- Increasing numbers of pumps but no increase in dietitians
- Clarity about dose prescribing / local protocols
- New dietetic course but not enough jobs
- Insurance for insulin adjustment – can dietitians adjust?
- Not enough dietetic involvement in obesity surgery
- Funding for research – difficulty in making a research career

### **Processes or solutions to these issues**

- Increased links between primary and secondary care
- Standardise training for health care professionals? have different levels of training e.g. beginner / advanced and replicate in different areas
- Specialist services for Type 1 patients in secondary care
- Validating group education for different patient groups e.g. adolescents / pregnancy.
- Medicines management module for dose adjustment
- Dietitians need to be more vocal about importance of assessment before gastric banding and after care provided
- Higher profile for clinical dietary research
- DMEG adopting studies to promote