



## Certified Practicing Nutritionist – Diabetes Care Role Statement

Certified Practicing Nutritionists (CPNs), accredited by the Australasian Association and Register of Practicing Nutritionists (AARPN), are clinically trained, degree-qualified allied health professionals with specialised expertise in Clinical Nutrition/Nutrition as Medicine. Within the diabetes care landscape, CPNs provide a distinct, evidence-informed, and person-centred model of care that supports the prevention, management, and remediation of Type 2 Diabetes Mellitus (T2DM) and its precursor conditions.

Rooted in the Clinical Nutrition/Nutrition as Medicine paradigm, CPNs are unique in the allied health dietary services space, integrating biomedical science, functional assessment, targeted dietary intervention, and therapeutic nutritional prescribing (underpinned by the Therapeutic Goods Act 1989: Section 42AA and Schedule 5 Item 6, and Schedule 8 Item 4).

CPNs deliver comprehensive clinical assessment, dietary planning and modification, personalised therapeutic nutrition interventions including dietary planning and modification, behavioural counselling, and targeted nutritional prescribing to support glycaemic control, improve insulin sensitivity, and remediate metabolic dysfunction.

### Clinical assessment and risk stratification

CPNs undertake comprehensive health and nutritional assessments to detect early signs of metabolic dysfunction, assess diabetes risk, and stratify clients according to clinical need. They integrate biochemical, genetic, anthropometric, dietary, and lifestyle data to assess risk and identify deviations in glucose metabolism, insulin signalling, and nutrient status. CPNs frequently assess functional markers such as fasting insulin, fasting glucose, HbA1c, and micronutrient levels to uncover subclinical imbalances and guide early intervention.

### Therapeutic nutrition and individualised treatment

CPNs apply nutrition as medicine to support the address of insulin resistance, support a return to normal metabolic function, and achievement of improved glycaemic control. They design evidence-informed, personalised dietary plans. Nutritional strategies are tailored to clinical profiles, comorbidities, psychosocial contexts, and cultural backgrounds, and may also include therapeutic nutritional supplementation based on deficiency or scientific evidence of efficacy in supporting type 2 diabetes prevention, management, remediation (e.g., magnesium, chromium, omega-3s, B-vitamins, vitamin D) to complement dietary treatment.

### Behavioural counselling and self-management education

Client education is central to the CPN role. They support individuals in developing the knowledge and confidence required to self-manage their condition. Through motivational

interviewing, collaborative goal setting, and health literacy strategies, CPNs equip clients with skills to understand their clinical markers, implement dietary changes, and sustain long-term behavioural improvements. This includes addressing comorbidities such as obesity and metabolic syndrome and delivering support across the lifespan which can include in-clinic, in-home, and aged care and disability settings.

## Building therapeutic relationships and cultural safety

CPNs foster trust through client-centred, compassionate, and culturally safe care. They create a therapeutic space that honours individual values, preferences, and lived experience. Their approach is particularly important when working with Aboriginal and Torres Strait Islander clients and other culturally diverse populations, ensuring engagement is respectful, empowering, and free of stigma.

## Interdisciplinary communication and care coordination

Working across healthcare systems, CPNs can liaise with GPs, Diabetes Educators, Endocrinologists, Psychologists, and other allied health professionals to ensure coordinated, integrated care. They prepare structured reports, participate in shared care planning, and advocate for nutrition inclusion in multidisciplinary teams. Referrals are made when clients require services outside the CPN scope.

## Nutritional prescribing and quality use of supplements

Under the Therapeutic Goods Act 1989, CPNs (as clinically trained Nutritionists) are authorised to prescribe and compound practitioner-grade nutritional supplements within clinical care. This enables the targeted treatment of insulin resistance, and nutrient deficiencies. CPNs ensure supplement use is evidence-based, safe, and documented, with awareness of potential drug-nutrient interactions and coordinated communication with medical professionals.

## Use of diabetes technology

CPNs support the responsible use of technology, such as continuous glucose monitors (CGMs), nutrition tracking apps, and digital logs, to enhance client self-monitoring and engagement. They can interpret technology-generated data in collaboration with clients and integrate these insights into treatment planning.

## Research, innovation, and quality improvement

CPNs maintain currency through critical appraisal of scientific literature, reflective learning, and participation in mentoring, professional development, and practice-based research. They can contribute to innovation in diabetes care, including the development of remission protocols and public health strategies, and play an advocacy role in shaping policy that supports equitable access to nutrition services.

## Program and business management

Operating predominantly in private and community-based settings, CPNs ensure their services are delivered safely, ethically, and efficiently. They manage systems for clinical governance, business operations, and quality assurance, and can lead or contribute to programs that scale personalised nutrition care to broader populations.

## Conclusion

Certified Practicing Nutritionists provide an integrated and personalised approach to diabetes care that addresses root causes, and supports restoration of metabolic health, and empowerment of individuals toward sustainable self-management. Their unique training, clinical capability, and therapeutic scope position them as vital contributors to Australia's diabetes response – who can deliver preventative, restorative, and scalable Nutrition as Medicine based solutions, for individuals, communities, and health systems.

### **Therapeutic Goods Act Section 42AA**

[https://classic.austlii.edu.au/au/legis/cth/consol\\_act/tga1989191/s42aa.html](https://classic.austlii.edu.au/au/legis/cth/consol_act/tga1989191/s42aa.html)

### **Schedule 5 Item 6**

[https://classic.austlii.edu.au/au/legis/cth/consol\\_reg/tgr1990300/sch5.html](https://classic.austlii.edu.au/au/legis/cth/consol_reg/tgr1990300/sch5.html)

### **Schedule 8 Item 4**

[https://classic.austlii.edu.au/au/legis/cth/consol\\_reg/tgr1990300/sch8.html](https://classic.austlii.edu.au/au/legis/cth/consol_reg/tgr1990300/sch8.html)

### **AARPN Submission to the Parliamentary Inquiry into Diabetes**

<https://aarpn.com/wp-content/uploads/2025/01/AARPN-Submission-to-the-Parliamentary-Inquiry-into-Diabetes-in-Australia.pdf>