

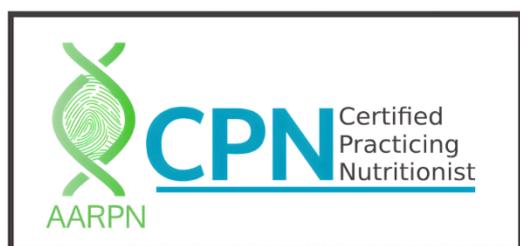
To: Dr Scott McKeown, Deputy Director Public Health, Department of Health Tasmania  
Alysia Brown, Project Manager – Preventive Health Strategy, Community, Mental Health and Wellbeing |  
Department of Health Tasmania  
[consultation@health.tas.gov.au](mailto:consultation@health.tas.gov.au)

Dear Dr McKeown and Project Manager Brown

**RE: Submission to the Tasmanian 20-Year Preventive Health Strategy**

The Australasian Association and Register of Practicing Nutritionists (AARPN) welcomes the development of Tasmania's 20-Year Preventive Health Strategy and strongly supports its focus on lifestyle for preventing chronic disease and improving population well-being.

We begin this submission by introducing you to The Australasian Association and Register of Practicing Nutritionists (AARPN). AARPN is a full ordinary member of Allied Health Professions Australia (AHPA) and is Australia's only single-profession association that exclusively represents degree qualified professional Nutritionists that are clinically trained in Clinical Nutrition (also termed Nutritional Medicine due to its origins in the merging of medicine and nutrition science in the 1950's (Cardenas, 2016)) and whom AARPN allied health accredits as Certified Practicing Nutritionists (CPN) through its trademarked professional certification program. Further description of Certified Practicing Nutritionists can be found in the National Health Practice Allied Health Engagement Toolkit (Link: <https://hneccphn.imgix.net/assets/src/uploads/images/National-Allied-Health-Practice-Engagement-Toolkit.pdf>) and on the AARPN website (Link: [www.aarpn.com](http://www.aarpn.com)).



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The purpose of the AARPN CPN program is to afford Government, employers, other health professionals, and consumers, the ability to clearly distinguish in a transparent manner, degree qualified clinically trained Nutritionists (Practicing Nutritionists) from those of lesser training - or from those whose scope of practice does not include Clinical Nutrition/Nutritional Medicine, who may also engage the term Nutritionist in the context of a non-clinical Nutrition Scientist. The CPN program is accompanied by a comprehensive set of competencies that reflect the scope of practice of a 'Certified Practicing Nutritionist', along

with AARPN requirements for professional indemnity insurance, First Aid certification, Working with Children Check clearance, and mandatory compliance with the CPN Code of Conduct and continuing professional development requirements. <https://aarpn.com/index.php/competencies-of-a-practicing-nutritionist/>.

The CPN Scope of Practice Statement and CPN Role Statements are included in the appendices 1 to 7 of this submission document are also available on the AARPN website: <https://aarpn.com/index.php/scope-of-practice/>.

A primary directive of AARPN is to advocate for Certified Practicing Nutritionists and expand public access to high quality personalised nutritional interventions for the betterment of public health at the individual, group, and population level. In this capacity, we seek to put forward that the allied health services provided by Certified Practicing Nutritionists (CPNs), represent an opportunity for the Tasmanian Government to complement and

enhance the effectiveness, of its current objective to improve the health of all Tasmanians (and prevent the development of chronic disease).

As per the statement by Dr McKeown, “Chronic conditions are the leading cause of illness, disability, and death Australia-wide”, and we specifically note his further statement that “seven out of ten adults in Tasmania live with one or more chronic conditions”

(<https://www.premier.tas.gov.au/latest-news/2024/october/consultation-open-for-the-development-of-the-20-year-preventive-health-strategy>). Many of these conditions are linked to lifestyle and associated modifiable risk factors of which nutrition plays a pivotal role in both disease aetiology and disease prevention. Certified Practising Nutritionists are specifically trained to identify and address nutrition-related risk factors, and can bridge gaps in preventive care. They apply a ‘nutrition as medicine’ approach which entails but is not limited to – using tailored dietary therapy and coaching to address issues like poor diet quality and obesity which contribute to the metabolic dysregulation that is scientifically linked to the development of chronic disease.

CPNs are skilled in dietary assessment, the early identification of metabolic risk, and the design of personalised nutrition plans to address metabolic dysregulation and help prevent disease onset or progression and support the remediation of disease symptoms. They are also adept at behaviour change techniques (such as motivational interviewing and health coaching) that support individuals in achieving sustainable nutrition/lifestyle changes. These capabilities position CPNs as invaluable contributors to primary prevention and secondary prevention efforts. Importantly, CPNs complement and enhance existing health services rather than duplicate them. They are not dietitians; rather, CPNs represent a distinct allied health profession focusing on preventive and therapeutic nutrition that includes dietary modification therapy and the complex prescribing of nutritional supplementation for nutrient repletion and complex nutrition as medicine purposes. Their nutritional therapeutic prescribing capacity is underpinned by Section 42AA of the Therapeutic Goods Act (1989). By integrating CPNs into care teams, either face-to-face or via Telehealth, Tasmania can leverage the unique capacities of CPNs for nutrition and lifestyle intervention. The National Allied Health Practice Engagement Toolkit – a recent initiative to support allied health in primary care – emphasizes that allied health professionals should be fully utilized as part of integrated, patient-centred care to improve outcomes. Including CPNs in Tasmania’s preventive health framework directly aligns with this national guidance, as CPNs bring specialised nutrition expertise that can augment multidisciplinary approaches to chronic disease prevention.

AARPN notes that the National Preventive Health Strategy 2021–2030 fundamentally requires multi-sector collaboration across an expanded prevention workforce, to achieve its vision of a healthier Australia (Australian Department of Health, 2021). CPNs, as degree qualified nutrition clinicians, are well-positioned to contribute to this vision by addressing nutrition related determinants of health. Their role is consistent with several priority areas of the Strategy – notably, “improving access to and the consumption of a healthy diet” (Australian Department of Health, 2021, p. 8). Moreover, the Strategy recognizes that mental health and wellbeing are “impacted by our diet, with the risk for depression increasing when consuming an unhealthy diet” (Australian Department of Health, 2021, p. 52). This underlines that nutrition is not only about physical health but also influences mental health – a connection that sits well within the Clinical Nutrition/Nutritional Medicine training and scope of practice of a CPN. Engaging CPNs in preventive health initiatives offers a practical, evidence-based means of reducing nutrition related lifestyle risk factors and thereby supports the strategic objectives at both state and national levels. No other allied health profession has the same exclusive focus on nutritional and metabolic health combined with clinical training in therapeutic nutrition.

A core premise of this submission is that improved nutrition and management of metabolic health can significantly reduce the burden of chronic diseases in Tasmania. By addressing insulin resistance through nutrition and lifestyle, CPNs can simultaneously impact multiple chronic disease pathways. CPNs are specifically educated to detect and intervene on emerging metabolic dysfunction through use of pathology testing including fasting insulin and HbA1c, and targeted nutritional interventions focused on improving insulin sensitivity and reducing metabolic risk/restoring metabolic regulation. Critical to the prevention of chronic disease, insulin resistance is known to precede the

development of associated chronic disease states by many years, creating a powerful opportunity to intervene and prevent the development (and promote the remediation) of chronic disease states. For example: insulin resistance is thought to precede the development of type 2 diabetes by 10 to 15 years (Freeman, Acevedo & Pennings, 2023).

We would put forward that CPNs are synonymous with the delivery of personalised nutrition through evidence informed engagement with Clinical Nutrition and are well positioned to engage with the prevention of chronic disease, particularly those chronic conditions linked to metabolic dysregulation that begin with insulin resistance and move into more distinct disease states. These include the following:

- type 2 diabetes for which insulin resistance has been referred to as the forgotten pathophysiological component (Abdul-Ghani et al. 2024);
- hypercholesterolaemia via increased cholesterol synthesis and decreased cholesterol absorption (Hoenig et al. 2010);
- cardiovascular disease whereby an estimation conducted by the Archimedes model confirmed that insulin resistance is the most important single cause of coronary artery disease (Adeva-Andany et al. 2019);
- hypertension regardless of the presence or non-presence of overweight/obesity (Castro et al. 2023);
- non-alcoholic fatty liver disease by driving hepatic de novo lipogenesis (Smith et al. 2020);
- osteoporosis whereby insulin resistance has been positively correlated with low bone mass (Zhou et al. 2023);
- depression through a positive association with cognitive/affective and somatic depressive symptoms in non-obese individuals (Rhee et al. 2023); and
- Alzheimer's disease which is sometimes referred to as type 3 diabetes (Yoon et al. 2023).

Further to the above, chronically increased levels of circulating insulin secondary to insulin resistance has been referred to as the silent killer (Fazio, Bellavite & Affuso, 2024) due to the concomitant metabolic dysregulation that ensues and the pro-tumorigenic environment conducive to cancer development and progression that this creates (Caturano et al. 2025). For example: by 'triggering the insulin-like growth factor (IGF1R) signalling pathway, activating cancer-associated pathways such as mitogen-activated protein kinase (MAPK) and phosphatidylinositol 3-kinase (PIK3CA), which promote cell proliferation and survival, thereby supporting tumour growth' (Caturano et al. 2025).

As an adjunct to the references cited above, a concise summary of how insulin resistance contributes to chronic disease can be found in an August 2023 Stats Pearls CPD article presented by the National Institute of Health entitled 'Insulin Resistance' (Freeman, Acevedo & Pennings, 2023). Further, this summary article states that "Lifestyle modifications should be the primary focus when treating insulin resistance. Nutritional intervention with calorie reduction and avoidance of carbohydrates that stimulate excessive insulin demand is a cornerstone of treatment. Physical activity helps to increase energy expenditure and improve skeletal muscle insulin sensitivity."

We note that Preventive Health, also called prevention, has been defined as "the term for activities that help protect, promote and maintain good health and wellbeing". (DISCUSSION PAPER 20-Year Preventive Health Strategy, Page 11). We further note that the *National Preventative Health Strategy 2021-2030* seeks to "improve access to and consumption of a healthy diet", and that exercise and lifestyle education forms part of the primary, secondary and tertiary prevention strategies for Tasmania in the Tasmanian 20-Year Preventive Health Strategy. We would put forward that Nutrition is a critical component of this lifestyle education and that within this lifestyle model should also be located the identification of biological markers that indicate that a person's lifestyle is placing them at increased risk of disease. Such an approach allows for early intervention and the prevention of the development of disease. We further note that prevention programs already in use (such as Tasmania's free telephone coaching program 'THE COACH PROGRAM' - offered by Diabetes Australia) makes use of health professionals that engage predominantly with the disease once it has manifested. Examples here include Dietitians and Diabetes Educators - but they do not engage Certified Practicing Nutritionists, who are also allied health professionals and whose scope of practice explicitly includes the use of nutrition for the prevention of disease. We would posit that the preventative reach of such programs and of the Tasmanian preventative health strategy, would be enhanced by involvement of CPNs. This is particularly possible since CPN's can hold HPI-I numbers, in addition to AARPN being a partner

organisation with Provider Connect Australia - and with the impending inclusion of allied health in 'My Health Record', which will particularly enhance interoperability of health information across GP's and allied health professionals, including CPNs.

In support and illustrative of the preventative and remediating capability of the CPN profession in the context of chronic disease, we have included a copy of our submission to the National Parliamentary Inquiry into Diabetes (see Appendix 8) wherein AARPN laid out a novel blue print designed to capture (and enact upon in a clinical capacity) metabolic risk in the community (i.e., targeting the 'low hanging fruit' opportunities) - with the intention of preventing disease progression and remediating established type 2 diabetes via a personalised Clinical Nutrition approach. We believe that the information and approach presented is highly relevant to optimising the preventive health outcomes stemming from the Tasmanian 20-Year Preventive Health Strategy.

We welcome and would value the opportunity to discuss further how CPN's can contribute to a healthy future for all Tasmanians.

Yours sincerely,



Natasha Radcliffe  
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CPN (AARPN)



Dr Joshua P Sutherland (PhD)  
AARPN Vice Chair & Deputy CEO  
CPN (AARPN), A Nutr. (NSA)

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## Certified Practicing Nutritionist Scope of Practice Statement

[https://aarpn.com/wp-content/uploads/2025/04/Certified-Practicing-Nutritionist-Scope-of-Practice-Statement\\_2025\\_a.pdf](https://aarpn.com/wp-content/uploads/2025/04/Certified-Practicing-Nutritionist-Scope-of-Practice-Statement_2025_a.pdf)

**Scope of Practice** is defined as *the full spectrum of roles, functions, responsibilities, activities, and decision-making capacity that individuals within that profession are educated, competent and authorised to perform.*

### Scope of Practice for Certified Practicing Nutritionist (CPN)

A Certified Practicing Nutritionist (CPN) is a degree-qualified, clinically trained Primary Care health professional trained to provide evidence-informed nutrition care across a wide range of health settings. The scope of practice encompasses the full spectrum of roles, functions, responsibilities, activities, and decision-making capacity for which CPNs are educated, competent and authorised to perform.

### Overview

The scope of practice of a Certified Practicing Nutritionist includes the autonomous or team based clinical provision of evidence-informed nutrition care in any area or sector where their Certified Practicing Nutritionist skills capabilities intersect and is not otherwise prohibited. Examples include but are not limited to:

- o Primary Care,
- o Secondary Care,
- o Multi-disciplinary/Interdisciplinary Care,
- o Aboriginal and Torres Strait Islander Health,
- o Geriatric Care,
- o Paediatric Care,
- o Diabetes Care and other Metabolic disorders,
- o Mental Health Care,
- o Disability Care,
- o Chronic Disease Care
- o Weight Management.

CPNs are equipped to differentially assess, treat and manage clients' nutritional health needs, using a range of clinical tools and interventions, including personalised nutrition based on genetic insights, while working autonomously or collaboratively within healthcare teams and/or contributing to public health initiatives. CPNs work with a wide range of populations, including but not limited to individuals with chronic conditions, metabolic disorders, and other health challenges where nutrition plays a key role in health management.

Further examples of within scope CPN activities include:

- Planning, implementing and evaluating public health nutrition policies, programs, and initiatives.
- Assessing the nutritional needs of individuals and groups, and developing customised nutrition plans, such as dietary modification and supplementation, to promote health, and prevent, or support the remediation of, illness or disease.
- Explaining the relationship between nutrition and health.

- Conducting research on the relationship between nutrition and health.
- Monitoring and evaluating the effectiveness of nutrition plans.
- Providing guidance on food selection and preparation to individuals and groups.
- Developing and delivering nutrition education materials and presentations.
- Providing primary and secondary healthcare in settings that include but are not limited to private practice, specialised clinics, and community health centres.

## Roles and Responsibilities of a CPN

CPNs assess, manage, and address the nutritional needs of clients and engage scientific evidence-based interventions tailored to optimise health, prevent disease, manage chronic conditions, and improve recovery.

CPNs engage the evidence-informed provision of **Dietary Services** through the use of **Personalised/Precision Nutrition** interventions based on clinical insight, derived from case-history, dietary recalls, functional and pathology testing, genetic testing [such as, single nucleotide polymorphism (SNP) tests, whole exome and genome sequencing]), and from this insight, a Certified Practicing Nutritionist may utilise:

- (1) the prescription of orally administered, food-based-dietary-supplements and Therapeutic Goods Authority of Australia (TGA) approved dietary supplements that are administered in an evidence-informed manner, based on the critical evaluation of existing scientific nutrition and/or dietary data, in conjunction with clinical expertise;
- (2) the provision of scientific evidence-informed dietary advice on dietary modification; and
- (3) the provision of scientific evidence-informed advice on levels of physical activity (which support nutritional related outcomes);

all of which are implemented either independently or collectively in a personalised manner, or as a part of a wider public health activity or initiative in partnership with general and allied health practitioners, in the best interest of the client and/or community. The Scope of Practice of a Certified Practicing Nutritionist does not include the use of liquid herbs.

**Personalised/Precision Nutrition** means the targeted provision of **Dietary Services** through the application of Nutrition Practice by Certified Practicing Nutritionists, for the purposes of optimising health including but not limited to supporting disease prevention, disease management, health remediation and recovery, and improving human performance, based on genetic, phenotypic, medical, nutritional, and other relevant information about individuals or groups of individuals, or populations.

**Dietary services** include scientific evidence-informed dietary advice on intake of food in substances and in liquids, and the scientific evidence-informed prescription of orally administered dietary supplements to the diet of an individual or group of individuals, or population, as well as the provision of scientific evidence-informed advice on levels of physical activity (which support nutritional related outcomes), for the purposes of optimising health including but not limited to supporting disease prevention, supporting disease management, health remediation and recovery, and improving human performance.

**Dietary advice** is the provision of evidence-informed guidance and recommendations on dietary intake of food in substances and in liquids to an individual or group of individuals, or population, and can include the provision of scientific evidence-informed advice on levels of physical activity (which support nutritional

related outcomes) to an individual or group of individuals, or population, for the purposes of optimising health including but not limited to supporting disease prevention, supporting disease management, health remediation and recovery, and improving human performance.

### **Dietary Advice**

It is within the scope of a CPN to provide personalised, individual, group or population based dietary advice including but not limited to personalised meal planning.

### **Prescription and Compounding of Dietary Supplements**

Clinically trained Nutritionists are included under Section 42AA of the Australian Therapeutic Goods Act ([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)) and Schedule 8 Item 4 of the Therapeutic Goods Act Rules and Regulations ([https://www.austlii.edu.au/cgi-bin/sinodisp/au/legis/cth/consol\\_reg/tgr1990300/sch8.html](https://www.austlii.edu.au/cgi-bin/sinodisp/au/legis/cth/consol_reg/tgr1990300/sch8.html)) supported with Schedule 5 Item 6 of the Therapeutic Goods Act Rules and Regulations ([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)). Under Section 42AA clinically trained Nutritionists are recognised as Health Professionals and this legislation underpins their prescribing capacity. It is in scope for a CPN to autonomously prescribe orally administered food-based dietary supplements and Therapeutic Goods Administration (TGA)-approved dietary/nutritional supplements (including 'practitioner only' supplements), and when needed, to extraneously compound nutritional supplements, to address nutrient deficiencies or enhance health outcomes.

### **Physical Activity Advice**

It is within the scope of a CPN to provide guidance on levels of physical activity that support nutrition-related health goals.

### **Comprehensive Health Assessments and Health Status Monitoring**

It is within the scope of a CPN to conduct detailed assessments by gathering and analysing client health information, including but not limited to medical history, dietary habits, and clinical tests. CPNs use their knowledge of anatomy, physiology, biological chemistry, pathophysiology, functional pathology, genetics, pharmacology, counselling and nutritional prescribing, to evaluate health status, identify variations, and formulate and implement customised/personalised nutrition care plans to manage conditions, support recovery, and improve overall health.

### **Primary Care Independent Clinical Practice**

CPNs are prepared for independent primary care clinical practice through intensive supervised clinical practicum training, ensuring they are equipped to provide personalised nutrition care to individuals and groups. They are fully equipped to manage clients independently from graduation, with a strong emphasis on personalised nutrition interventions. It is within the scope of a CPN to operate autonomously, making independent clinical decisions about the differential assessment, treatment, and management of clients' nutritional needs.

### **Client-Centred Care**

It is within the scope of a CPN to use motivational interviewing techniques, counselling and collaborative decision-making, to engage clients in their health journey and empower them to take active roles in their own care.

## **Collaboration and Team-Based Care**

It is within the scope of a CPN to work collaboratively within multidisciplinary healthcare teams, interacting with other health professionals to provide comprehensive care. CPNs contribute valuable nutritional expertise in team settings, enhancing patient outcomes.

As primary care providers, CPNs can work both independently and as part of multidisciplinary teams, collaborating with medical doctors, allied health professionals, and other healthcare practitioners when necessary to provide comprehensive, patient-centred care.

## **Decision-Making and Autonomy**

It is within the scope of a CPN to make independent clinical decisions related to nutrition care, including the diagnosis and treatment of clients' nutritional issues, the prescription of supplements, and the planning of personalised care strategies/plans.

It is within the scope of a CPN to practice autonomously, managing all aspects of client care, including clinical examination, differential assessment, nutritional treatment planning, and follow-up, without needing to refer clients to other practitioners unless the assessed needs of the client are beyond the CPN scope of practice.

## **Client Management:**

It is within the scope of a CPN to be responsible for monitoring client progress, adjusting treatment strategies as necessary, and maintaining comprehensive documentation of care.

## **Public Health and Community Engagement**

It is within the scope of a CPN to develop, implement, and evaluate community nutrition programs. It is within the scope of a CPN to engage with public health initiatives and contribute to population-level health strategies aimed at addressing global, national, and local health challenges. It is within the scope of a CPN to design and manage public health nutrition programs that address key health issues, using behaviour change strategies and scientific evidence to improve outcomes for individuals, communities and populations.

## **Boundaries of Practice**

CPNs work within the legal and ethical boundaries of their profession and recognise when to refer clients to other healthcare professionals.

## **Settings of Practice**

A Certified Practicing Nutritionist primarily operates in private practice or government and business sector settings but is not precluded from engagement in other sectors and settings where their skills capabilities intersect such as but not limited to Primary Care, Multi-disciplinary/Interdisciplinary Care, Aboriginal and Torres Strait Islander Health, Aged Care, Diabetes, Mental Health, Disability, Chronic Disease, etc.

## **Legal and Ethical Responsibilities**

A CPN must adhere to the Code of Conduct and professional requirements set forth by AARPN, and additionally ensure they are compliant with all relevant legislation and regulations in all aspects of their practice.

CPNs are expected to maintain professional integrity and deliver services in an ethical, patient-centred manner.

CPNs must protect client confidentiality and adhere to privacy legislation and regulations. CPNs must ensure that informed consent is integral to their practice.

### **Tools, Interventions, and Techniques**

CPNs are skilled in using a wide range of clinical tools and techniques to support their practice, including but not limited to:

- **Clinical Assessments:** Gathering detailed health and dietary information through interviews, laboratory testing, and genetic testing where applicable.
- **Nutritional Interventions:** Recommending and prescribing dietary modifications, therapeutic supplements and physical activity-based lifestyle changes to improve client health outcomes.
- **Supplement Prescription:** Prescribing evidence-based dietary supplements and therapeutic products to address specific health needs.

### **Education and Continuing Professional Development**

CPNs must engage in ongoing professional development to maintain and expand their clinical knowledge and competencies. CPNs are required to meet the professional development standards set by the AARPN Certification Committee, ensuring their skills and knowledge are up to date and they remain current with emerging trends and scientific advancements in nutrition science.

### **Supervision and Mentoring**

While CPNs are fully qualified to practice independently upon graduation, they may seek mentorship or supervision in specialised areas of practice as part of their ongoing professional development. More experienced practitioners may serve as mentors to new practitioners, guiding them in their professional growth.

### **Emergency and First Aid Responsibilities**

CPNs are trained to recognise and respond to emergency situations within their practice settings. They follow established safety protocols and are equipped to provide first aid in clinical situations when necessary.

### **Cultural Competence**

CPNs provide culturally sensitive care, recognising and respecting the diverse backgrounds of the clients they serve. They ensure that their nutrition assessments and interventions are inclusive, respectful, and adapted to the individual needs of clients from various cultural and social contexts.

### **Cultural Safety**

CPNs are equipped to work with diverse populations, including Aboriginal and Torres Strait Islander communities, ensuring that their care is respectful of and aligned with cultural values.

**Advanced Scope of Practice** is the demonstrated evidence of increased skills, reasoning, knowledge, and experience leading to expert status in one or more areas of practice within the current scope of practice of a profession. For a Certified Practising Nutritionist (CPN) advanced scope of practice signifies a highly specialized level of practice that involves clinical leadership, research, and contributions to the advancement of the Certified Practising Nutritionist profession. Practitioners operating within an advanced scope have demonstrated exceptional expertise through but limited to extensive clinical experience, and/or post-graduate qualifications or advanced certifications approved by the AARPN Certification Committee.

An advanced scope of practice may include, but is not limited to:

- **Clinical Leadership:** Acting as a lead clinician in multidisciplinary teams, guiding nutritional care plans for metabolic disorders, food allergies, chronic disease, aged care, disability or mental health.
- **Specialist Nutrition Services:** Delivering specialized nutrition services in niche areas, such as but not limited to oncology nutrition, paediatric nutrition, or nutritional support for autoimmune diseases, with the required specialist certifications and training.
- **Research and Evidence Synthesis:** Conducting and applying research in nutritional science, critically evaluating emerging evidence, and contributing to clinical guidelines and policy development within the nutrition field.
- **Education and Mentorship:** Leading educational programs for other health professionals, mentoring emerging practitioners, and contributing to the credentialing and standard-setting processes for the CPN profession.
- **Advanced Clinical Governance:** Designing, implementing, and overseeing clinical protocols, quality assurance processes, and best practice guidelines within a nutrition practice setting.

**Extended Scope of Practice** is a discrete knowledge and skill base additional to the recognised scope of practice of a profession and regulatory context of a particular jurisdiction. For a *Certified Practicing Nutritionist (CPN)* extended scope of practice refers to the practice activities that go beyond the standard scope defined in the Certified Practicing Nutritionist Scope of Practice Statement. It encompasses additional responsibilities and functions acquired through further education, specialized training, or professional experience. These activities must be evidence-based, align with recognized standards in the allied health sector, and be approved by the *AARPN Certification Committee* in consultation with relevant industry partner(s) and the *AARPN Board*.

**Date for review: September 2027.**

## Certified Practicing Nutritionist – Preventative Health Care Role Statement

*With a focus on Metabolic Syndrome*

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### Overview

A **Certified Practicing Nutritionist (CPN)** is a tertiary-qualified allied health professional delivering evidence-informed, person-centred nutritional interventions across the preventative health care continuum. With expertise in nutrition as medicine and public health, the CPN plays a fundamental role in addressing modifiable risk factors that drive the nation's burden of disease.

In particular, CPNs are uniquely positioned to support the prevention, management and remediation of conditions linked to insulin resistance and metabolic syndrome, including type 2 diabetes, obesity, hypertension, dyslipidaemia, and non-alcoholic fatty liver disease (NAFLD). As highlighted in the AARPN Parliamentary Submission to the Inquiry into Diabetes in Australia, CPNs deliver precision nutrition strategies that are clinically effective, cost-saving, and essential to addressing Australia's growing chronic disease crisis.

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### Scope of preventative practice

CPNs deliver preventative health care across primary care, community health, and public health domains. Their work integrates:

- Early identification of risk and emerging disease.
- Evidence-based dietary and lifestyle intervention.
- Evidence-based personalised prescribing of targeted nutritional supplementation.
- Public health nutrition education and promotion.
- Systems navigation and interprofessional collaboration.
- Advocacy for equitable access to nutrition care.
- Evaluation, research translation, and quality improvement in nutritional care.

CPNs approach health through a biopsychosocial lens, applying nutrition as medicine to influence physiological pathways, reduce inflammation, improve insulin sensitivity, and support the remediation of disease.

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### Key Domains of Preventative Health Practice

#### 1. Identifying risk and addressing metabolic dysfunction

CPNs are trained to identify signs of emerging or established metabolic dysfunction, including:

- Central obesity and waist circumference indicators.
- Elevated fasting glucose and/or insulin resistance.
- Abnormal lipid profiles (e.g., high triglycerides, low HDL).
- Hypertension and endothelial dysfunction.
- Dietary drivers of insulin resistance and chronic low-grade inflammation.

They assess lifestyle and nutritional patterns, detect red flags, and intervene early with evidence-based nutritional approaches to support the prevention, slowing and remediation of metabolic disease.

## 2. Addressing obesity and improving insulin sensitivity

CPNs apply a non-judgmental, therapeutic approach to obesity care, using person-centred strategies to reduce visceral adiposity and metabolic risk:

- Designing individualised nutrition plans that promote gradual, sustainable weight loss.
- Encouraging dietary patterns known to enhance insulin sensitivity (e.g., Mediterranean, DASH, and low insulin load or low carbohydrate diets).
- Replacing refined carbohydrates and ultra-processed foods with whole, nutrient-dense alternatives.
- Promoting plant-based eating patterns rich in fibre, polyphenols, and healthy fats.
- Addressing disordered eating patterns, food addiction, and emotional eating through behavioural strategies and trauma-informed care.

Weight loss of 5–10% has been shown to significantly improve insulin sensitivity, reduce hepatic fat, and lower the risk of progression from prediabetes to type 2 diabetes. CPNs work to achieve these outcomes while preserving dignity, autonomy, and body diversity.

## 3. Nutrition as medicine for chronic disease remediation

CPNs use nutrition as a first-line therapy for supporting the remediation of early-stage chronic disease processes, with a view to delaying or reducing the need for medication. This includes:

- Stabilising and/or remediating blood glucose levels in people with prediabetes or T2D.
- Reducing hepatic steatosis in those with NAFLD through low-sugar, high-fibre eating.
- Lowering blood pressure and triglycerides through sodium reduction, omega-3 intake, and potassium-rich foods, plus personalised targeted prescribing of nutritional supplementation when required.
- Improving lipid profiles via soluble fibre, plant sterols, and reduced saturated fat.
- Supporting gut microbiota balance to reduce systemic inflammation and metabolic stress.

These strategies are personalised and continuously refined based on clinical response, with close monitoring and collaboration with the client's medical team when previously engaged or engaged upon referral by the CPN.

## 4. Preventing and managing type 2 diabetes

In the context of type 2 diabetes, CPNs deliver precision nutrition care aligned with AARPN's position that diet and lifestyle intervention should be integrated as core care. Their work can span:

- Screening and identifying individuals at high risk.
- Delivering targeted nutritional plans to support the remediation of insulin resistance.
- Educating clients on carbohydrate quality, insulin index/load, and food timing.
- Promoting modest weight loss and physical activity as critical intervention pillars.
- Supporting clients already diagnosed with T2D through nutrition as medicine with measurable improvements in HbA1c, fasting insulin, fasting glucose, and overall quality of life.

Greater integration of CPNs into multidisciplinary chronic disease management, enhances the range of care, equity and cost-effectiveness across the health system.

## 5. Community engagement and Public Health Nutrition

CPNs may extend their preventative focus to the community level, working to address the social determinants of poor metabolic health, including:

- Food insecurity and affordability.
- Poor nutrition literacy.
- Marketing of ultra-processed and obesogenic foods.
- Lack of access to culturally appropriate dietary support.

They can develop and deliver culturally safe group education, community cooking programs, and school or workplace initiatives that empower communities to reduce their collective chronic disease risk.

## 6. Interprofessional collaboration and systems navigation

CPNs collaborate with GPs, and other allied health professionals to support clients across the care continuum. They can:

- Contribute to shared care plans.
- Refer appropriately for medical or psychological support.
- Assist clients in navigating nutrition care options.
- Advocate for integrated services that include nutrition care by a CPN as standard practice.

## 7. Strategic advocacy and policy engagement

CPNs advocate for:

- Funding and recognition of their role in chronic disease prevention and care.
- Public policy that supports nutritious food access and reduces dietary risk.
- Nutrition education and workforce development initiatives.
- Inclusion in multidisciplinary chronic disease teams and Medicare-funded models.

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## Conclusion

A Certified Practicing Nutritionist is a frontline provider of preventative nutritional based care in the fight against chronic diseases linked to metabolic syndrome. Through targeted, compassionate, and science-based nutrition as medicine approaches, CPNs can improve insulin sensitivity, support the remediation of early disease markers, and facilitate restoration of metabolic balance.

CPNs can play an essential role in reducing Australia's chronic disease burden and building a more resilient, health-literate population. Their integration into preventative health strategies, particularly those addressing the growing diabetes and metabolic syndrome related epidemic is imperative.

**Date for review: September 2027.**

## Certified Practicing Nutritionist – Primary Care Role Statement

- Derived from mappings to the SA Health Allied Health Advanced Clinical Practice Framework

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A **Certified Practicing Nutritionist (CPN)** is a tertiary-qualified allied health professional delivering evidence-informed, person-centred nutritional interventions. Operating within primary care settings, CPNs play a critical role in supporting individual and population health outcomes by providing evidence-informed, person-centred, and culturally safe nutritional and lifestyle interventions.

The CPN's scope of practice spans direct clinical care, interprofessional collaboration, leadership, education, and research. The following role statement details the contributions of the CPN in primary care, based on CPN competency mappings to the SA Health Allied Health Advanced Clinical Practice Framework.

### 1. Advanced Clinical Practice

#### Clinical Assessment and Diagnosis

CPNs apply proficient health assessment and diagnostic reasoning to inform treatment. They determine the scope of the assessment and client needs, obtain informed consent, and assess for signs of disease or condition using structured methods. They correlate client history with assessment findings, apply critical evaluation to formulate a differential diagnosis, and identify condition stages and implications such as acute or chronic progression.

#### Client-Centred Care and Planning

Using a collaborative and person-centred approach, the CPN supports clients in identifying key information and addressing health concerns. CPNs design therapeutic nutritional strategies by integrating nutritional, anatomical, physiological, and pathophysiological knowledge and ensuring alignment with the client's goals, needs, and capacity for compliance. In partnership with clients, they review and revise care plans to ensure optimal health outcomes.

#### Therapeutic Nutrition Interventions

CPNs deliver evidence-based nutritional treatments (including meal planning, dietary modification and the personalised prescribing of therapeutic nutritional supplementation) to specific conditions and populations. Treatment plans may include dietary modification, nutritional supplementation, counselling, and health education. They document recommendations, assess treatment efficacy, and adjust strategies accordingly.

#### Managing Complexity

In cases of medical complexity or uncertainty, CPNs integrate multisystem assessments, identify risk factors, and liaise with other professionals. They apply critical thinking to evaluate contraindications, assess possible treatment reactions, and respond to adverse effects.

### 2. Clinical Leadership

#### Professional Autonomy and Accountability

CPNs practice independently within their scope, adhering to relevant legal and regulatory frameworks, maintaining confidentiality, and managing ethical issues in practice. They implement measures for accountability, participate in mentoring and performance review, and promote safe, high-quality care.

#### Team-Based Leadership and Supervision

The CPN supports workforce capability through coaching, mentoring, and performance support. They facilitate the

development of professional knowledge, skills, and attitudes and contribute to team development through reflective feedback and consultation.

## Service and Practice Development

By analysing their service performance and identifying areas for improvement, the CPN can contribute to operational strategies, diversity management, and clinic development aligned with emerging trends and health needs.

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## 3. Education and Development

### Self-Directed Learning and Reflective Practice

The CPN is committed to professional development, undertaking regular self-evaluation, planning realistic learning goals, and participating in ongoing training. They use emerging evidence and health system trends to evolve their practice.

### Educating Clients and Colleagues

CPNs enhance client health literacy through tailored communication strategies, support shared decision-making, and adapt nutrition and health education to suit diverse populations. They educate colleagues and students through peer support, mentoring, and interprofessional learning.

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## 4. Research and Evidence-Based Practice

### Integration of Evidence into Practice

The CPN critically appraises current research, correlates findings with clinical cases, and implements evidence into individualised treatment strategies. They evaluate new methods and protocols and can contribute to innovation through nutrition service redesign.

### Research Participation and Translation

Where appropriate, the CPN can participate in research initiatives, collect and analyse data, report findings, and support service evaluation in collaboration with broader health teams and academic networks.

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## 5. Systems Thinking and Collaboration

### Team-Based Practice and Referral

CPNs establish effective relationships with professionals across sectors, work collaboratively in shared care environments, and make timely and appropriate referrals. They communicate clearly and professionally in written and verbal formats and ensure client consent and appropriate confidentiality.

### Service Navigation and Consumer Advocacy

CPNs maintain current knowledge of health systems, where relevant and appropriate they advise clients on available services, and can act as client advocates when navigating complex systems of care within a nutritional context.

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## 6. Safety and Risk Management

### Clinical Risk Management

The CPN identifies and manages potential clinical risks, implements infection control measures, and maintains hygiene and safety standards in their clinical practice. They respond appropriately to workplace incidents and emergencies, promote a safe work environment, and undertake WHS training.

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## 7. Health Equity and Population Health

### Public Health Nutrition and Health Promotion

CPNs can contribute to health equity by identifying emerging nutrition issues, applying health promotion strategies, and addressing the needs of vulnerable and diverse communities. They can promote sustainable, group-level nutrition outcomes through evidence-based education.

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## Conclusion

The Certified Practicing Nutritionist in Primary Care is a clinical practitioner who:

- Delivers individualised, evidence-based nutritional care.
- Contributes to multidisciplinary care teams.
- Leads professional development and service quality initiatives.
- Participates in research and evaluation.
- Promotes public health nutrition.

Through client centred, ethical, and evidence-informed practice, the CPN adds measurable value to Australia's primary care landscape.

**Date for review: September 2027.**

## Certified Practicing Nutritionist Role Statement – Interprofessional/ Multidisciplinary Care

- *Mapped to the National Interprofessional Competency Framework*

[https://aarpn.com/wp-content/uploads/2025/04/Certified-Practicing-Nutritionist-Role-Statement-for-Interprofessional-Care\\_2025\\_a.pdf](https://aarpn.com/wp-content/uploads/2025/04/Certified-Practicing-Nutritionist-Role-Statement-for-Interprofessional-Care_2025_a.pdf)

This role statement defines how Certified Practicing Nutritionists (CPNs) function within interprofessional/multidisciplinary care, outlining the specific ways their competencies contribute to collaborative, client-centred practice. It demonstrates how CPNs can work alongside other professionals through clear communication, shared decision-making, and mutual respect for roles and responsibilities.

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### 1. Role Clarification

Certified Practicing Nutritionists (CPNs) have a clear understanding of their own scope of practice and how it integrates with that of other health and social care professionals. They articulate their professional boundaries and actively identify, access, and collaborate with other health care services.

CPNs respect and value the diverse roles within the interprofessional team and communicate using appropriate terminology, ensuring that communication facilitates collaboration in a way that is both effective and respectful of cultural and professional differences. They demonstrate a capacity to refine their own practice by seeking the perspectives and input of others, thereby promoting an integrated approach to health care that is responsive to individual client needs and aligned with team objectives.

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### 2. Patient/Client/Family/Community-Centred Care

Central to the CPN's role is the prioritisation of clients as active partners in care. CPNs adopt a person-centred model that respects the autonomy and voice of clients and their families. They collaborate with clients to identify health goals, explore expectations, and clearly explain the parameters of the CPN role and scope of practice.

CPNs ensure that treatment strategies are co-designed with clients, with ample opportunity for discussion and clarification of responsibilities. This participatory approach extends to shared decision-making and supports clients in navigating their health journey with knowledge, confidence, and dignity. Educational components of nutritional care are tailored to enhance understanding and promote client independence, while any challenges or concerns are addressed compassionately.

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### 3. Team Functioning

Within team-based care settings, CPNs contribute to effective collaboration by fostering trust, shared values, and mutual respect in accordance with the professional standards of a CPN. They bring a commitment to the principles of team development. They participate in decision-making with integrity and empathy and support the development of strong team relationships across professional disciplines.

The CPN maintains confidentiality, responds to team difficulties constructively, and promotes inclusive and culturally safe environments. They evaluate their own performance within team processes and contribute to ongoing team development through mentoring, knowledge-sharing, and feedback. The goal is not only to fulfil individual clinical duties but to contribute meaningfully to the team's collective performance and cohesion.

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## 4. Collaborative Leadership

CPNs actively engage in shared leadership models by promoting inclusive decision-making and quality improvement. Using their leadership-related competencies, CPNs help create a climate that fosters collaboration and mutual support. They facilitate contributions from others, implement support strategies for team members, and handle conflicts or system-level barriers to collaboration with professionalism and fairness. By evaluating practice outcomes and seeking feedback, CPNs support continuous quality improvement and evidence-informed practice. In doing so, they not only contribute to patient outcomes but can help evolve interprofessional/multidisciplinary care models.

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## 5. Interprofessional Communication

Effective communication is foundational to the CPN's role within interprofessional/multidisciplinary care. Through contributing to effective workplace relationships, and establishing and managing client relationships, and engaging with other health professionals and the health system, CPNs establish shared understanding with both clients and colleagues.

CPNs convey information clearly, respectfully, and using industry-appropriate terminology. Communication strategies are adapted to diverse needs, ensuring inclusivity and comprehension. CPNs confirm understanding, maintain confidentiality, and structure information logically for a range of stakeholders. Whether in written referrals, care planning discussions, or team briefings, CPNs are trained to ensure that communication supports cohesion and coordinated service delivery.

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## 6. Interprofessional Conflict Resolution

In addressing conflict, CPNs embrace a positive, proactive stance. They understand that disagreements may arise in the complex environments of interprofessional/multidisciplinary practice and utilise their professional competencies to contribute to effective workplace relationships, work with diverse people, and maintain an effective health work environment, to resolve issues constructively.

They use communication and empathy to identify underlying causes of conflict and apply established organisational protocols to mediate and resolve differences. By fostering a culture of safety and openness, CPNs support an environment where all voices are heard and respected. Whether resolving interpersonal concerns or addressing system-level ambiguities in roles or responsibilities, they strive for collaborative solutions that uphold client care as the shared priority.

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## Summary

Certified Practicing Nutritionists can play a vital, integrated role within interprofessional/multidisciplinary care environments. Grounded in collaborative communication, and person-centred values, they contribute to cohesive care delivery and positive health outcomes. The professional skill set of a CPN both supports individual health goals and enhances team dynamics and interprofessional collaboration across health professionals.

**Date for review: September 2027.**

## Certified Practicing Nutritionist – Diabetes Care Role Statement

- Informed by the ADEA Diabetes Care Capability Framework (Level 3)

[https://aarpn.com/wp-content/uploads/2025/04/Certified-Practicing-Nutritionist-Diabetes-Care-Role-Statement-2042025\\_2025\\_a.pdf](https://aarpn.com/wp-content/uploads/2025/04/Certified-Practicing-Nutritionist-Diabetes-Care-Role-Statement-2042025_2025_a.pdf)

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>

**Date for review: September 2027.**

## Certified Practicing Nutritionist – Mental Health Role Statement

– drawn from the CPN competency mapping to the Queensland Alliance for Mental Health Core Competency Framework

[https://aarnpn.com/wp-content/uploads/2025/04/Certified-Practicing-Nutritionist-Mental-Health-Role-Statement\\_2025\\_a.pdf](https://aarnpn.com/wp-content/uploads/2025/04/Certified-Practicing-Nutritionist-Mental-Health-Role-Statement_2025_a.pdf)

Certified Practicing Nutritionists (CPNs) are qualified health professionals trained in Clinical Nutrition. Their practice is person-led, trauma-informed, culturally responsive, and grounded in the bio-psycho-social model of care. CPNs can provide targeted, evidence-informed nutrition care to support individuals across the spectrum of mental health and wellbeing.

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### 1. Effective Communication

CPNs are trained in person-centred communication techniques that build trust, respect, and empathy. They actively use inclusive, non-stigmatising and strengths-based language, listen attentively, and respond sensitively to a person's cultural, cognitive, and linguistic needs. They adapt both verbal and non-verbal communication appropriately and engage interpreter services when needed.

Written and digital communications are timely, respectful, and wherever possible and appropriate, they are co-produced with clients. CPNs also apply motivational interviewing techniques, support shared decision-making, and advocate for clients to use their own voice in care planning and review. They maintain professional integrity and clear role boundaries and document care plans in language that clients and practitioners can both understand.

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### 2. Understanding Mental Health and Wellbeing

CPNs understand that mental health is shaped by the interaction between biological, psychological, social, and cultural factors. They apply the Wellbeing Continuum alongside clinical understanding of mental health conditions and diagnostic frameworks. They take account of stigma, distress, and sociocultural barriers in a non-pathologising way, respecting diverse definitions of mental wellbeing.

CPNs are aware of the systemic functions of the mental health and community sector and will refer clients into appropriate care pathways where the full spectrum of the client's needs extends beyond their scope of practice. CPN nutritional assessments and treatment planning include culturally safe practices, recognition of intersectionality, and integration with physical health status and chronic disease comorbidities.

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### 3. Trauma-Informed Practice

CPNs understand the pervasive impact of trauma on health and wellbeing. They approach all interactions with respect for physical, emotional, and cultural safety. They build therapeutic trust through choice, transparency, and shared control, while being mindful of the need to prevent re-traumatisation.

In responding to challenging behaviour or distress, CPNs use established de-escalation and motivational techniques. They maintain professional boundaries and refer when specialist mental health care is needed. Their training enables them to nurture and contribute to trauma-informed environments that reinforce client dignity, resilience, and personal agency.

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## 4. Supporting Personal Recovery

CPNs work alongside clients as equal partners, using recovery-oriented and culturally attuned models of care. They support individuals to define meaningful goals, self-manage their health, and move toward flourishing. With counselling and coaching competencies, they tailor nutritional care to each person's strengths, preferences, and readiness for change.

CPNs use structured clinical assessment frameworks within a nutrition as medicine paradigm and support dietary and lifestyle change through feedback-informed, evidence-based interventions. Client progress is reviewed regularly, and the treatment plan is renegotiated where necessary to promote optimal outcomes for the client.

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## 5. Responding to Crisis and Suicidality

CPNs understand that individuals may experience acute distress, suicidal ideation, or crisis events as part of their mental health journey. CPNs adopt a trauma-informed, calm, and ethical approach in responding to such situations. They are trained to recognise early signs of crisis and respond within the scope of their role to ensure client safety, including making timely referrals to mental health services where indicated.

CPNs understand the importance of balancing safety, dignity, and risk. Within a nutrition as medicine context, they support the development of personalised coping strategies and as far as possible and appropriate, align responses with the person's expressed preferences.

Following any critical incident, CPNs participate in debriefing and reflective processes to support their own wellbeing. They also maintain professional integrity, operate within legal boundaries and follow mandatory reporting and workplace protocols. In all cases, they uphold confidentiality while acting in accordance with ethical duty of care to their client.

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## 6. Social Determinants of Mental Health

CPNs consider the broader social, cultural, and structural conditions that shape mental health outcomes. During assessment and care planning, they consider factors such as housing instability, financial stress, education, social exclusion, stigma, intergenerational trauma, and systemic discrimination. They work collaboratively with the client to identify barriers and connect them through referral, with relevant services and supports.

CPNs are trained to recognise the intersectionality between socioeconomic conditions, health inequities, and recovery. They identify when social determinants are impacting engagement or outcomes in the nutrition care plan and refer to or collaborate with appropriate services and community supports. When appropriate, they support the development of advocacy skills and through referral, connect clients to pathways that can increase agency and inclusion.

CPNs incorporate culturally appropriate, lifestyle-sensitive nutrition strategies that align with the client's life circumstances. In every case, they ensure that social determinants are acknowledged and accommodated, as part of the comprehensive, person-centred nutritional care plan.

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## 7. Multi-Morbidity

CPNs are trained to work at the nutritional interface between physical and mental health. They understand that clients with mental health conditions are at increased risk of metabolic syndromes, cardiovascular disease, nutritional deficiencies, and the side effects of psychotropic medications, including weight gain and insulin resistance.

CPNs use clinical assessment techniques to identify comorbid conditions, analyse diagnostic data, and apply nutrition and lifestyle interventions that support both physical and mental wellbeing. They educate clients about the impacts of alcohol and other drugs on nutrition and mental health and provide relevant referrals when indicated.

CPNs also support clients with disabilities, chronic illness, and cognitive differences by adjusting interventions to ensure accessibility, equity, and dignity. In all cases, they work within the scope of their practice, applying clinical and nutritional knowledge to improve outcomes across co-existing health conditions.

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## 8. Collaboration, Coordination, and Connection

CPNs are active and capable participants in interdisciplinary and interagency collaboration. They maintain knowledge of local health, welfare, and community services and use this to ensure appropriate use of referrals to coordinated care pathways. They develop both formal and informal networks to support continuity of client care.

CPNs can participate in case conferencing, shared learning activities, and collaborative care planning across sectors. They also take initiative in developing their own professional capability and contributing to service improvement through mentoring and review.

When making referrals, CPNs ensure that these are undertaken respectfully, with client consent, and in line with privacy and confidentiality legislation. They write clear, professional referral documents and recommendations within their area of expertise.

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## 9. Working with Families, Supporters, and Kin

CPNs recognise the vital role families, carers, and kin play in supporting recovery. With the individual's informed consent, CPNs can involve families and supporters as appropriate, acknowledging them as part of the person's care network. They are sensitive to family dynamics, diverse caregiving structures, and cultural approaches to care, and they work across both individualistic and collective cultures in their delivery of nutritional care.

CPNs communicate with families using inclusive, non-judgemental, and respectful language, and seek interpreters when required to support understanding. They promote shared understanding, encourage collaborative care planning, and recognise the stressors that carers may face - and can provide information or referral to specialised carer supports when appropriate.

CPNs maintain professional boundaries and uphold the confidentiality and autonomy of the person they are nutritionally supporting, ensuring family involvement is always person-led and rights-based.

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## 10. Evidence-Based Practice and Continuous Improvement

CPNs are committed to delivering evidence-informed care and engaging in continuous improvement. They integrate contemporary research and clinical evidence into their nutritional interventions and routinely evaluate outcomes to improve practice. CPNs critically review literature, apply findings to individualised nutritional treatment plans, and assess their relevance and application within the mental health context.

CPNs actively participate in reflective practice, peer review, and professional supervision/mentoring to ensure they remain responsive to the evolving nutrition needs in the mental health sector. They undertake formal and informal development activities, including ongoing education and membership with professional associations, and routinely review their practice against ethical, clinical, and legal standards. They also contribute to the development of knowledge within their profession through shared learning and engagement with emerging best practices.

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## 11. Safety, Professionalism, and Ethical Practice

CPNs adhere to professional standards for ethical and safe practice. They uphold client confidentiality, informed consent, and respect the rights of their clients to be autonomous. They understand mandatory reporting requirements and follow incident reporting protocols in line with workplace procedures.

CPNs maintain safe and professional boundaries, operate within their defined scope of practice, and make timely referrals when client needs fall outside their expertise.

CPNs also prioritise practitioner wellbeing by identifying signs of stress, burnout, and vicarious trauma, and engage in regular self-care and debriefing practices. They promote ethical decision-making and regularly review their own practice to ensure accountability and alignment with professional values.

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## 12. Wellbeing Promotion and Population-Based Approaches

CPNs are equipped to contribute significantly to mental health promotion at the population level. They can design and deliver nutritional plans/programs that enhance protective factors such as diet and physical health, and address food insecurity and health inequity. They can lead or collaborate on public health nutrition initiatives that improve community mental wellbeing.

CPNs can support community engagement, tailoring interventions to meet the needs of specific population groups, including Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse populations, and those with lived experience of mental health distress. They empower individuals and groups through personalised nutrition education and nutritional skill-building.

**Date for review: September 2027.**

## Certified Practicing Nutritionist (CPN) - Disability Role Statement

- Derived from mappings to the NDIS Allied Health Capability Framework Disability and Complex Support Needs

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This Disability Role Statement is based on the detailed mappings of the Certified Practicing Nutritionist Competencies, Competency Elements and Competency Element Performance Indicators, against the *NDIS Allied Health Capability Framework Disability and Complex Support Needs*. It demonstrates the scope and value of Certified Practicing Nutritionists (CPNs) in supporting people with disability and recognises the distinct and essential contribution of CPNs in delivering NDIS-funded nutrition supports.

CPNs are degree qualified allied health professionals whose professional competencies enable them to provide evidence-based nutrition support to people with disability and complex support needs. Operating within an ethical, person-centred, and evidence-informed framework, CPNs play a key role in promoting health, independence, and wellbeing through the development and delivery of tailored nutritional care plans and interventions.

The CPNs' role is grounded in the principles of the National Disability Insurance Scheme (NDIS), including enabling choice and control, promoting inclusion and participation, and supporting people to pursue their goals. CPNs work collaboratively with individuals, their families, formal and informal supports, and multidisciplinary teams, to deliver safe, quality therapeutic nutritional care that is responsive to the diversity and complexity of individual needs.

## Core functions of the Certified Practicing Nutritionist role

### 1. Understands disability and complex support needs

CPNs recognise the rights and diversity of people with disability, including physical, cognitive, sensory, and psychosocial disabilities. They gather and analyse information about the client - considering nutritional, physical, emotional, social, and cultural contexts—through health assessments and apply clinical reasoning to identify nutritional support needs linked to the individual's disability. This includes:

- Recognising the increased risk of malnutrition, nutrient deficiencies, and mealtime issues in people with disability.
- Identifying impacts of disability on eating, swallowing, digestion, or meal preparation capacity.
- Developing evidence-informed strategies and plans to support safe and adequate nutritional intake including personalised meal plans and nutrition care plans.
- Supporting clients through the prescribing of nutritional supplements where nutritionally or medically indicated.

### 2. Promotes independence and informed choice

CPNs empower participants by promoting informed decision-making in all aspects of nutritional care, ensuring nutritional care plans are clearly explained, consent is obtained, and personal preferences are acknowledged. They support skill-building for greater independence in meal planning and preparation where possible, aligning with NDIS expectations that support fosters long-term self-management.

### 3. Works in partnership to set and achieve goals

CPNs use a person-centred approach to co-design nutritional goals that are functional, developmentally appropriate, and aligned with broader aspirations for social and economic participation. They assess capacity and tailor interventions that reflect individual goals, developmental stage, and life context.

### 4. Thinks flexibly and tailors' interventions

CPNs adapt therapeutic nutrition support interventions based on the lived experience and environment of the individual. This includes working with those requiring help understanding nutrition, planning meals, shopping, or preparing meals. CPNs can also identify when support workers, carers or informal supports may require training to assist with implementation and provide that training.

### 5. Communicates effectively

CPNs apply accessible communication strategies using appropriate language, cultural awareness, and communication aids where necessary. They foster trust, respect, and shared understanding with individuals, their families and carers, and communicate nutrition-related risks, benefits, and recommendations clearly and respectfully.

### 6. Works collaboratively with the person's supports

CPNs recognise the value of formal and informal supports in the person's life and actively engage them in care planning and implementation. They share relevant information with consent, refer appropriately, and provide training to supports on safe implementation of the plan.

### 7. Operates within Scope of Practice

CPNs adhere to their professional scope and the NDIS delineation of roles between health and disability systems and to the boundaries of the NDIS nutrition supports item. They provide therapeutic nutrition supports which may include dietary modification, personalised meal planning, education in nutrition and meal preparation, and the targeted prescribing of nutritional supplementation (when needed). CPNs are unique to other allied health providers of NDIS nutrition supports in that they are qualified to prescribe therapeutic nutritional supplements, and this nutritional prescribing capacity is legislatively underpinned by Section 42AA of the Therapeutic Goods Act (1989). CPNs refer to or collaborate with other health professionals as needed. CPNs do not engage with the provision of enteral nutrition.

### 8. Collaborates interprofessionally

CPNs actively engage in interdisciplinary care, understanding the contribution of other disciplines in meeting complex needs. They initiate and receive referrals, contribute to service coordination, and share information using structured and accessible reporting formats.

### 9. Navigates the NDIS

CPNs understand the NDIS funding criteria, guidelines, and terminology relevant to disability-related nutrition supports. They provide the necessary documentation and evidence—including tailored nutrition plans or reports, to support plan development and reassessment. Within their scope of practice, they support individuals to advocate for themselves and/or act as advocates when appropriate.

### 10. Collaborates across service systems

CPNs understand and operate across multiple service systems, including health and disability. They can contribute to effective transitions between services, especially for participants leaving hospital or entering supported accommodation by ensuring continuity of nutritional care through accurate and adequate documentation and appropriate and authorised sharing of information.

### 11. Acts ethically and resolves conflicts

CPNs practice in alignment with professional codes of ethics and practice guidelines, respecting cultural values, family dynamics, and rights of people with disability. They recognise and balance duty of care with dignity, informed

choice, and risk management, particularly when complex or conflicting priorities arise in the course of providing therapeutic nutrition supports.

## 12. Promotes quality, safety and inclusion

CPNs ensure inclusive and culturally safe practices, particularly when working with Aboriginal and Torres Strait Islander participants or other culturally diverse communities. They create clinical environments and engage in clinical practices that promote health and inclusion, and where required, support staff in managing the impacts of vicarious trauma.

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## Summary

Certified Practicing Nutritionists are integral to delivering person-centred, culturally safe, and evidence-based therapeutic nutrition supports under the NDIS. Their role extends beyond nutritional assessment and meal planning to encompass appropriate nutritional advocacy, collaboration, support coordination, and capacity-building for individuals and their support networks. Through their scope and multidisciplinary engagement, CPNs contribute to the broader goals of inclusion, participation, and quality of life for people with disability.

**Date for review: September 2027.**

AARPN Submission to the National Inquiry into Diabetes