

Diabetes Specialist Dietitian

1. PURPOSE OF POSITION

The diabetes specialist dietitian is an advanced dietetic role with expert knowledge and skills within all aspects of diabetes care. This role is a core clinical position that supports people living with diabetes (PWD) as part of the Diabetes Integrated Team (DIT). This role will specifically work with people aged 15 years and over who are living with diabetes and their families/whanau. Predominantly this will be Type 1 diabetes, diabetes in pregnancy and complex type 2 diabetes. This job description should be read alongside the Taranaki Diabetes Service Integrated Team – Operational Framework, and Te Kawenata. This is a new role and as we work to develop an integrated approach, the role may evolve and change over time.

The DIT is delivered by a collaborative of providers in the Taranaki region who are committed to improving health outcomes and health equity for people living with diabetes and their support people/whānau. The multi-organisational collective includes:

- Ngāruahine Iwi Authority
- Ngāti Ruanui Tahua Ltd
- Pinnacle Midlands Health Network
- Taranaki District Health Board
- Tui Ora Ltd

The collective is embarking on a new integrated service delivery model that has been co-designed by a wide range of stakeholders including PWD across the Taranaki region with one common goal that is to improve the experience and outcomes of those living with diabetes.

2. ORGANISATIONAL VALUES

The Taranaki District Health Board’s (DHB) our mission (Te Kaupapa) is improving, promoting, protecting and caring for the health and well-being of the people of Taranaki. Taranaki DHB’s values define who we are as an organisation, the way we work with each other, our patients, whanau and external partners. Our Te Ahu Taranaki DHB values are:

Partnerships	WHANAUNGATANGA	We work together to achieve our goals
Courage	MANAWANUI	We have the courage to do what is right
Empowerment	MANA MOTUHAKA	We support each other to make the best decisions
People Matter	MAHAKITANGA	We value each other, our patients and whanau
Safety	MANAAKITANGA	We provide excellent care in a safe and trusted environment

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3. DIMENSIONS

Reports to:	Professional Lead – Dietetic Services
Number of people reporting to you	0
Financial limits authority	0
Operating Budget	0

4. WORKING RELATIONSHIPS

External	Internal
Patients/whānau/carer/significant others Community Providers Pinnacle Midlands Health Regional Network (PHO) and associated services e.g. Extended Care Team GP Practices	Professional Lead – Dietetic Services DIT Lead Diabetes CNS Podiatry Clinical Dietitians Endocrinologist/Diabetologist Kaitautoko Referring clinicians Māori Health Team Physicians

5. ACCOUNTABILITIES

Key area of responsibility	Expected outcomes
1. Optimum patient management and care Ensures that patient/client care is delivered according to best practice, within resources constraints	<ul style="list-style-type: none"> You will provide dietetic assessment, intervention and education that is effective and responsive to the holistic needs of the patient and their family/whanau and incorporates cultural safety into practice. The focus of all interactions you have with patients and their family/whanau will be evidence based with the patient voice remaining central in their journey towards self-management You will implement nutrition interventions that are evidence based and link to national standards of care and guidelines such as the Dietitians NZ Standards of Care for the Nutritional Management of Diabetes Mellitus in Adults (T1, T2, GDM) Understand Māori models for health and wellbeing including Mahi a Atua, Te Whare Tapa Whā, Te Wheke and incorporate these into your daily practice with patients seen You will work with your patients and their family/whanau on care planning that is holistic and is

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	<p>shared with other health professionals who you are jointly working with.</p> <ul style="list-style-type: none"> Your delivery of group education sessions will meet the specific nutritional needs of patients and their family/whanau and result in those you are presenting to having a good understanding of the changes they need to make to better self-manage their condition.
<p>2. Service Delivery</p> <p>To ensure services are delivered effectively and efficiently</p>	<ul style="list-style-type: none"> You will demonstrate an effective integration of medical nutrition therapy, practice and experience along with an increasing degree of autonomy in your judgements and interventions for people with diabetes. You will meet agreed programme objectives, work plan and reporting requirements in line with the Taranaki Diabetes Service specification As a DIT member you will participate in MDT meetings, combined clinics, practice education, collegial support and peer review based on need. You will provide clinical advice and education to the DIT, hospital services, Pinnacle Midlands Health Network (PMHN) extended care team, general practice teams and the health provider community, enhancing their understanding of effective nutrition intervention for people with diabetes. You will provide cover during times of planned/unplanned leave where practicable, to your Diabetes Specialist Dietitian colleague(s) that may be employed by another organisation but fulfil the same role. Work in partnership with the DIT and other key stakeholders to understand the health literacy needs of the population, and then design and deliver with the DIT appropriate health literacy options. This includes the review and development of resources which are culturally appropriate for patients and their whanau. Continuous quality service improvement will underpin the service that you provide. You will work on projects that drive improvement in best practice dietetic support for people with diabetes, striving for a sustainable and effective dietetic service that results in positive outcomes for patients. You will also contribute to quality improvement initiatives as led by the DIT.
<p>3. Communication</p> <p>Ensures open and effective communication</p>	<ul style="list-style-type: none"> Records of your assessment, education and monitoring of patients under your care will be accurate, clear and concise. You will communicate accurately, effectively and in a timely manner with referrers including the DIT, hospital services, general practice, PMHN extended care team and

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	<p>community based providers</p> <ul style="list-style-type: none"> Developing and maintaining effective relationships with the DIT, hospital services, PMHN extended care team, general practice teams and community based services is a key focus area to ensure cohesion in the service and co-ordination appropriate for patients receiving your care.
<p>4. Self Development</p> <p>Undertakes compulsory education and additional training and development to promote personal and professional development.</p>	<ul style="list-style-type: none"> You will use the National Integrated Knowledge, Skills and Career Framework for Diabetes Dietitians as a basis for your learning and development objectives, to become competent in all areas within the Specialist Diabetes Dietitian level. You will engage in and complete the NZ Continuing Competency Programme for Dietitians through the Dietitians Board in order to maintain competency and attain your Annual Practising Certificate Attend relevant conferences, teleconferences, seminars or workshops to support continuing competency in diabetes and related conditions

Organisational Accountabilities	Expected Outcome for all Employees
<p>Health Equity</p>	<p>The TDHB strives to eliminate health inequalities and achieve health equity for the Taranaki population. In practical terms this means all staff are required to implement relevant health equity policies, procedures, approaches and guidelines issued from time to time including:</p> <ul style="list-style-type: none"> The Pae Ora Framework which requires: <ul style="list-style-type: none"> Demonstrating the principles of Tino Rangatiratanga, Equity, Active Protection, Options and Partnership under the Te Tiriti o Waitangi; improving understanding of the determinants of ethnic inequalities in health, in particular the “Drivers of ethnic inequalities in health” and the “Pathways to Inequalities” both of which are referenced in the TDHB Pae Ora Framework; Ensuring Health Equity assessment is embedded into your practise where services, policies or programmes are expected to improve outcomes for Māori; Effectively implementing health equity approaches outlined for Health Professionals in “Equity of Health Care for Maori: A Framework” published by the Ministry of Health to support He Korowai Oranga Refresh 2014, national Maori Health Strategy; Ensuring appropriate health literacy responses are used for effective engagement with Māori; You must ensure accurate ethnicity data is collected or held for patients and clients you interact with by following the TDHB Ethnicity Data Collection Policy and procedures; You must attend the Cultural Competency training provided by and for staff of the TDHB including Treaty of Waitangi

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Organisational Accountabilities	Expected Outcome for all Employees
	workshop, General/Clinical Refreshers, Engaging Effectively with Maori and any other training identified as essential for staff.
Health and Safety	<ul style="list-style-type: none"> • Maintains a safe and healthy environment • Complies with health & safety policies and procedures • Carries out work in a way that does not adversely affect their health and safety or that of other workers • Complies with procedures and correctly use personal protective equipment and safety devices provided • Contributes to hazard identification and management process • Reports accurately near misses/incidents/accidents in a timely manner • Participates in health and safety matters
Personal Development	<ul style="list-style-type: none"> • Fully contributes to the individual's team performance and is committed to identify and pursue opportunities for developing new knowledge and skills. • Participates in the performance appraisal process where personal performance and development is reviewed. • Willing to accept new responsibilities, acquire and demonstrate relevant new knowledge.

6. VARIATION TO DUTIES

Duties and responsibilities described above should not be construed as a complete and exhaustive list as it is not the intention to limit in any way the scope or functions of the position. Duties and responsibilities can be amended from time to time either by additional, deletion or straight amendment to meet any changing conditions, however this will only be done in consultation with the employee.

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7. CAPABILITY REQUIREMENTS

Capabilities are the behaviours demonstrated by a person performing the job. Capabilities identify what makes a person most effective in a role. Those listed below are expected for the Diabetes Integrated team roles in the organisation. The required capabilities can change as the organisation develops and the roles change.

Capability
Effective Communication Shares well thought out, concise and timely information with others using appropriate mediums. Ensures information gets to the appropriate people within the organisation to facilitate effective decision making
Decision Making/Problem Solving Demonstrates effective and timely decision making/problem solving techniques. Aware of the impact of decisions on key stakeholders and consults as appropriate utilizing available resources. Is proactive and effective when problem solving is required.
Innovation/Initiative Continually strives for new and improved work processes that will result in greater effectiveness and efficiencies. Questions traditional ways of doing things when choosing a course of action or finds new combinations of old elements to form an innovative solution.
Resilience/Flexibility Articulates differing perspectives on a problem and will see the merit of alternative points of view. Will change or modify own opinions and will switch to other strategies when necessary. Adjusts behaviour to the demands of the work environment in order to remain productive through periods of transition, ambiguity, uncertainty and stress.
Cultural Safety Demonstrates a commitment to cultural safety by meeting and exceeding the cultural needs of clients/customers/colleagues. Manages cultural ambiguity and conflicting priorities well. Understands concepts of whanaungatanga and manaakitanga and Maori cultural orientation to whanau, hapu and iwi.
Teamwork Works to build team spirit, facilitates resolution of conflict within the team, promotes/protects team reputation, shows commitment to contributing to the teams success

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8. EDUCATION

- NZ Registered Dietitian with current annual practising certificate – NZ Dietitians Board
- Dietitian Prescriber Endorsement (or working towards this)
- Masters of Dietetics, Postgraduate Diploma in Dietetics or equivalent as recognised by the NZ Dietitians Registration Board.
- Current full drivers' licence
- Actively involved in NZ Continuing Competency Programme for Dietitians

9. SKILLS

- Diabetes related clinical knowledge, practice and expertise
- Excellent communication, problem solving, judgement and reasoning skills
- Ability to develop and maintain key relationships within a multidisciplinary team and with external agencies
- Excellent time management, ability to independently prioritise and manage a varied workload
- Confidence in public speaking, educating health professionals and patients in groups
- Proficiency with Microsoft packages and competency using video conferencing (e.g. Teams, Zoom)

10. EXPERIENCE

- Minimum 5 years' post-graduate experience
- Experience in clinical, primary care and community settings
- Recent clinical knowledge of diabetes and best-practice guidelines in Medical Nutrition Therapy (MNT) related to Type 1 diabetes, Type 2 diabetes on insulin, other complex Type 2 diabetes cases, youth and young adults, diabetes in pregnancy, advanced carbohydrate counting, insulin pump therapy and glucose monitoring technology.
- Service development/process improvement/change management