



# General Standards for Eating Disorders Training

## Training Provider Checklist

The [National Framework for Eating Disorders Training – A guide for training providers](#) (the Framework) was developed by NEDC in collaboration with training providers across Australia. Its purpose is to align with the [ANZAED Eating Disorder Credential](#) criteria and national standards, ensuring consistency and quality across the training required for the Credential. The Framework seeks to guide the development of training which engages, inspires, and equips the workforce with the knowledge and skill to safely and effectively respond to, and provide treatment for, people living with an eating disorder. Establishing consistency and quality in trainings will contribute to clearer learning and professional development pathways for clinicians, resulting in a stronger workforce able to respond to increasing demand.

The Training Framework can be used by all training providers to improve quality and consistency so that eating disorder training is evidence-based, inclusive, and based on best practice care for people experiencing eating disorders. The Framework outlines General and Content Standards which the training must meet to be approved through the [NEDC Training Approvals](#). In addition, thirteen Guiding Principles are specified which should underpin all training.

**The General Standards outline nine practical training components which are designed to strengthen participant learning, help consolidate knowledge and skill, and enhance clinical practice. All training providers are encouraged to apply the General Standards when developing or providing any training in eating disorders information and care. Please use the checklist below when developing your training.**

## Standard 1: Clinical experience involved in planning, developing, delivering, and evaluating training

A health professional with clinical experience in providing treatment for people experiencing an eating disorder must be involved in all stages of training development and delivery.

For model-specific training, the training provider should have significant experience using and applying the model in clinical practice.

Training providers should meet the eligibility criteria of the ANZAED Eating Disorder Credential and are required to provide evidence of this in their application for approval of training.

**STANDARD 1 INCORPORATED IN TRAINING:**



## Standard 2: Lived experience, family and/or support contribution to training

The lived experience perspective needs to be incorporated into training development and/or delivery. The co-design framework can assist training providers in evaluating and determining the level of lived experience input into training. For more information see: [Co-Design. Shared perspectives on authentic co-design.](#)

For example, this can be through live or pre-recorded visual, audio, and/or written information sharing. This may also be through presenting research on the experience of living with or providing support for someone experiencing an eating disorder, or on the experience of a particular treatment approach.

Training providers may also consider using publicly available lived experience stories and recordings provided consent is sought and obtained.

**STANDARD 2 INCORPORATED IN TRAINING:**



## Standard 3: Inclusion of preparatory activity/activities to improve educational value

Preparatory activities are completed prior to the formal training for evidence-based treatment model and evidence-informed dietetic practice training.

These activities could include pre-reading or pre-watching and are designed to adequately prepare the clinician for meaningful engagement with the training.

**STANDARD 3 INCORPORATED IN TRAINING:**



## Standard 4: Learning outcomes are described in the description of training and at the commencement of training

Explicitly stated learning goals and outcomes support clinicians to choose the training most appropriate for their learning needs, increasing transparency between the training provider and the clinician seeking training in a particular area. Learning outcomes also assist the training provider in establishing a framework from which to build appropriate content and supports a clinician to reflect on and discuss what they have learned.

Any promotion or listing of training should include a description of the intended learning outcomes. Within the training, clinicians should be allowed space for reflection on learning outcomes.

**STANDARD 4 INCORPORATED IN TRAINING:**



## Standard 5: A mixed training format of didactic, interactive, and experiential approaches

Training should be interactive, with a focus on participant engagement, active learning, and application, whether face-to-face or via online formats. Training should enhance opportunities for learning and skill and knowledge retention and attend to different learning styles. Suggested approaches include:

- Opportunities for participants to view examples of specific mental health or dietetic clinical skills and techniques via live or pre-recorded demonstrations
- Participants to view responses and techniques of fellow participants
- Participant feedback mechanisms provided throughout the training so participants can review their progress (thus modelling reflective practice)
- Small group discussion and roleplay of clinical skills using predefined scenarios
- For asynchronous training (training that is not live), include content questions and practice scenario-based examples with subsequent answers and/or explanations.

**STANDARD 5 INCORPORATED IN TRAINING:**



## Standard 6: Assessment of learning

An assessment of learning and skill development for the clinician should be included. Reflective practice should be a component of this activity, assisting the clinician to recognise areas of development and future learning needs.

**STANDARD 6 INCORPORATED IN TRAINING:**



## Standard 7: Evaluation of training: participant feedback

Participant feedback on training could include presenter style, training approach and methods, quantity and quality of content, preparatory and reinforcing activities, and clinician confidence, skills, and preparedness to apply skills.

**STANDARD 7 INCORPORATED IN TRAINING:**



## Standard 8: Duration of training

The timeframe of e-learning activities should be comparable to those trainings offered face-to-face.

Introduction to eating disorders training should run for a minimum of 5 hours.

Evidence-based treatment model training duration will be determined by the model:

- FBT, CBT-E, MANTRA, AF, IPT-ED, FPT, DBT-ED, CBT-AN, CBT-BN, CBT-BED – minimum of 2 days (equivalent to 12 active hours)
- SSCM – minimum of 1 day (equivalent to 6 active hours)
- CBT-GSH – minimum of 5 hours

Evidence informed dietetic practice: minimum of 12 active hours.

Active hours are defined as the time spent engaged in learning. This does not include break times.

**STANDARD 8 INCORPORATED IN TRAINING:**



## Standard 9: Evidence-based and evidence-informed approaches

Training should incorporate the most recent evidence and be aligned to evidence-based and evidence-informed treatment guidelines. Data and research cited within training should be appropriately referenced.

**STANDARD 9 INCORPORATED IN TRAINING:**



## References

Please see pages 41-42 of the [National Framework for Eating Disorders Training – A guide for training providers](#) for the full reference list.