



National
Eating Disorders
Collaboration

Evidence

Experience

Expertise



Eating Disorders Training in Tertiary Education

Scoping Review and Recommendations

NEDC acknowledges the traditional custodians of lands throughout Australia. We pay our respects to Aboriginal and Torres Strait Islander Elders, past and present, and acknowledge the important role of Aboriginal and Torres Strait Islander peoples, their cultures and customs across Australia.

Recommended citation: National Eating Disorders Collaboration (NEDC). Eating Disorders Training in Tertiary Education Scoping Review and Recommendations. NEDC; 2023.

The development of the Eating Disorders Training in Tertiary Education Scoping Review and Recommendations was funded by the Commonwealth Department of Health and Aged Care.

The Scoping Review was led and written by Dr Emma Spiel, Workforce Development and Evaluation Lead, NEDC, with consultancy support and NEDC team support.

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About the National Eating Disorders Collaboration (NEDC)

NEDC is a national sector collaboration dedicated to developing and implementing a nationally consistent, evidence-based system of care for the prevention and treatment of eating disorders. NEDC is funded by the Australian Government Department of Health and Aged Care. Over the past decade NEDC has created a large body of comprehensive, evidence-based information and resources which establish standards for prevention and treatment of eating disorders. NEDC implements these standards in system-building projects, workforce development and consultation. To inform its work, NEDC engages a broad range of stakeholders, including people with lived experience of eating disorders and their families and supports, clinicians, researchers, and other experts. NEDC has more than 10 000 members. NEDC also provides expert consultation and guidance on evidence-based provision of eating disorder services to policymakers and to national, state/territory and regional health, mental health and community organisations. NEDC's work is led by National Director Dr Beth Shelton and Chair Professor Phillipa Hay, and a Steering Committee of national sector leaders and experts. NEDC's contract is administered by the Butterfly Foundation on behalf of the Commonwealth Government.

Learn more about NEDC's work at www.nedc.com.au

Support services

If the content of this document brings up concerns for you, or you are concerned about someone else, please contact:

- Butterfly Foundation National Helpline on 1800 ED HOPE (1800 33 4673), support@butterfly.org.au or [Webchat](#)
- Eating Disorders Victoria Helpline on 1300 550 236, hub@eatingdisorders.org.au or [Webform](#)
- Eating Disorders Families Australia on 1300 195 626 or admin@edfa.org.au
- Beyond Blue for mental health on 1300 22 4636 or [Webchat](#)
- Lifeline on 13 11 14 or [Webchat](#)
- Kids Helpline on 1800 55 1800, counsellor@kidshelpline.com.au or [Webchat](#)
- Suicide Call Back Service on 1300 659 467 or [Webchat](#)
- MensLine Australia on 1300 78 99 78 or [Webchat](#)
- 13 YARN to talk with an Aboriginal or Torres Strait Islander Crisis Supporter on 13 92 76
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If you or someone you are with is in immediate danger, please call triple zero (000).

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Acknowledgements

NEDC would like to acknowledge the many people who contributed their time and expertise to inform the development of the Eating Disorders Training in Tertiary Education Scoping Review and Recommendations.

Eating Disorders in Tertiary Education Expert Advisory Group

The Eating Disorders in Tertiary Education Expert Advisory Group (EAG) provided expert advice on the development of the Scoping Review and Recommendations and endorsement of the project plan and scope, ensuring that it reflects best practice evidence and approaches for supporting changes to teaching about eating disorders, disordered eating, and body image within tertiary education.

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Foreword from Dr Beth Shelton

NEDC National Director

Eating disorders are serious, complex mental illnesses accompanied by physical and mental health complications which may be severe and life threatening. More than one million Australians are estimated to be currently experiencing an eating disorder ([Butterfly Foundation, 2024](#)), and many more experience disordered eating or body image concerns. In addition to those directly experiencing eating disorders or related concerns, millions more are impacted through the need to provide care and support.



While significant progress has been made in recent years, many Australians still face systemic barriers and challenges in accessing a minimum standard of evidence-based care. Unmet treatment need is high, with data indicating that over two-thirds of individuals with eating disorder concerns do not seek or receive help ([Kathina et al., 2024](#)). The National Eating Disorders Collaboration (NEDC) recently released the [National Eating Disorders Strategy 2023-2033](#) (National Strategy) is a practical roadmap that articulates the key components, standards and actions required to achieve a system of care that meets the needs of people experiencing or at risk of eating disorders and their families/supports and communities.

Workforce development is a key component of the National Strategy, and will be a critical driver of the change needed across the system of care. Once considered the sole domain of a 'specialist' workforce, there is increasing recognition that eating disorders should be considered 'core business' within health and mental health services. Tertiary education providers have a key role in helping to build the capability of the future health and mental health workforce to respond to eating disorders, disordered eating and body image concerns, and to interact safely with topics related to bodies, food and eating. In recognition of this key role, the National Strategy calls for eating disorder service development organisations to work with tertiary and vocational health/mental health education providers to map and increase eating disorder content in undergraduate and postgraduate courses.

In line with the National Strategy, NEDC undertook an initiative to map current teaching about eating disorders within tertiary education settings in Australia, and identify mechanisms to embed eating disorder content within curricula. Perhaps unsurprisingly, NEDC identified a lack of eating disorders content within tertiary courses in Australia. Through close engagement with key stakeholders in the tertiary sector, NEDC has identified a range of strategic and practical initiatives which could be implemented to enhance the consistency and coverage of eating disorders within tertiary curricula.

I encourage you to read and engage with this report, and to consider your role in supporting the next phases of this work.

Dr Beth Shelton

NEDC National Director

Executive Summary

Why this report?

Eating disorders are serious mental health challenges associated with significant psychological, medical, and physical harm. Eating Disorders are one of the most common mental health conditions in Australia.



Of individuals impacted by eating disorders and associated issues, ~70% report not being linked with appropriate health professionals for treatment (Kathina et al., 2024).

Of those who do receive treatment, ~20% will receive evidence-based treatment (Striegel Weissman & Rosselli, 2017).

Many Australians still face systemic barriers and challenges in accessing a minimum standard of evidence-based care.

Health professionals report feeling under skilled to be able to prevent, identify and support help seeking for people experiencing eating disorders.

Tertiary education providers have a key role in helping to build the capability of the future health and mental health workforce to respond to eating disorders, disordered eating and body image concerns, and to interact safely with topics related to bodies, food and eating.

Very little is known about the coverage of ED content within tertiary curriculum for key health professionals involved in ED care within Australia, or the key levers for how to support the embedding of content and learning opportunities.

To address this gap, NEDC undertook an initiative to map current teaching of eating disorder and associated competencies within tertiary education in Australia, understand the relevance and importance of this learning and possible solutions to overcome barriers to embedding eating disorder content within curricula.

What we did

Focused our review on 6 key professional groups involved in ED care: Nursing, GP medicine, Psychiatry, Dietetics, OT and Psychology

Surveyed 189 educators and leaders from 42 Australian Tertiary education institutions

Interviewed 35 subject matter experts from tertiary education, accreditation and professional bodies

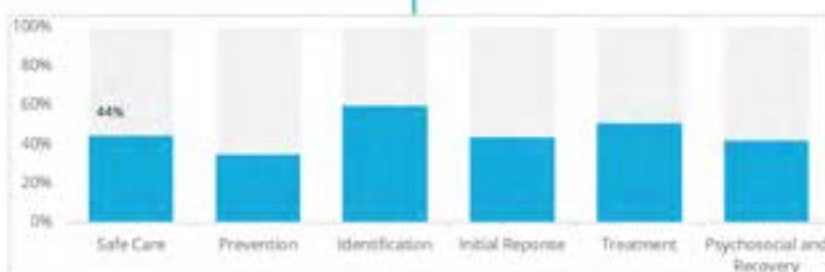
Conducted 2 in-person workshops with 45 leaders of key institutions across each target professional group

Executive Summary (continued)

What we found

The majority of respondents felt that it was important or very important to teach students about eating disorders, disordered eating or body image concerns.

However, the majority of respondents identified that core competencies were not taught in their program.



Implications

Several key initiatives are outlined in the report as strategies to enhance the consistency and coverage of EDs within tertiary curricula

Develop expert collaboration model to support resource and ideas sharing

Develop repository of evidence-based teaching resources

Facilitate interdisciplinary learning events

Develop and ratify baseline competency standards for tertiary education

Next steps

NEDC will be collaborating with sector partners and local champions to support institutions to be able to embed evidence-based teaching eating disorders, disordered eating and body image within tertiary curricula.

If you would like more information, contact us training@nedc.com.au.

Background



Eating disorders are going undetected and untreated with our health system.

Eating disorders, disordered eating, and body image concerns are serious and impact the lives of a substantial number of people across Australia (Butterfly Foundation, 2024). Around 70% of individuals impacted by eating disorders and associated issues report not being linked with appropriate health professionals for treatment, suggesting no changes in the level of *unmet need* for treatment since 1989 (Kathina et al., 2024). There is also significant *delay* in accessing treatment, with the average duration of untreated eating disorder found to be approximately 2.5 years for anorexia nervosa, 4.4 years for bulimia nervosa and 5.6 years for binge eating disorder within a recent systematic review (Austin et al., 2021). Eating disorder duration is a key predictor of poor outcome (Steinhausen, 2002), with converging evidence suggesting that neurobiological changes associated with disordered eating unfavourably affect the illness trajectory of eating disorders (O'Hara, Campbell, & Schmidt, 2015; Steinglass & Walsh, 2016). Early identification and support to access treatment are identified as key to addressing unmet need and supporting people to access care as early in their eating disorder as possible (e.g., National Institute for Health and Care Excellence [NICE], 2017; National Collaborating Centre for Mental Health [NCCMH], 2019).

"My very first eating disorder professional that I saw was an awful experience and really traumatising."

- Jane, National Eating Disorders Strategy (2023) Public Survey Respondent

An additional concern regarding the current health system response to eating disorders is indication that only around 20% of those who do receive treatment will receive eating disorder specific treatment (Kathina et al., 2024; Striegel Weissman & Rosselli, 2017). When people cannot access the right type of treatment early in illness, they have poorer health (Byrne, Fursland, Allen, and Watson, 2011) and social development outcomes (Wade, Calvert, Wild et al., 2021).

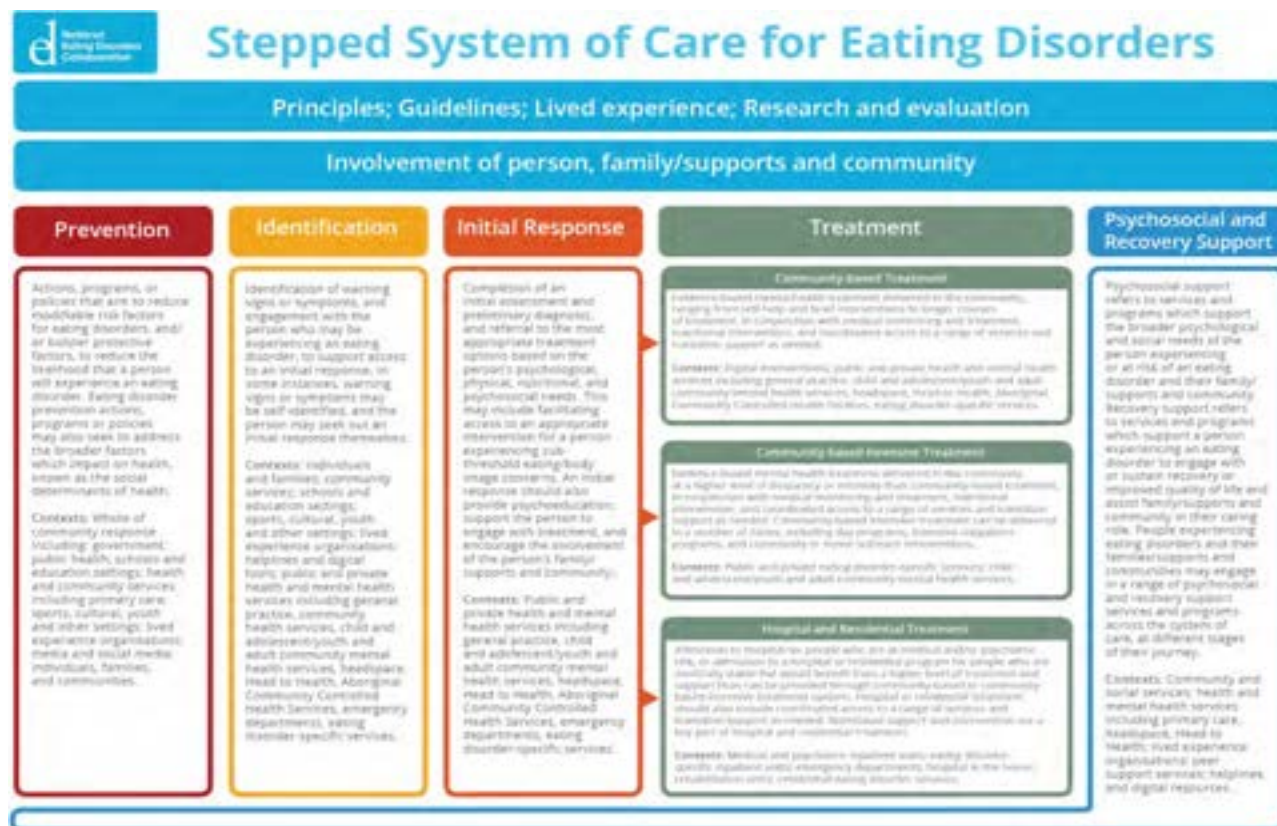
Better visibility of health professionals qualified to provide eating disorder treatment has been identified as one way to help reduce the substantial treatment gap (Kathina et al., 2024). Additionally, building the capacity of the health and mental health workforce to *prevent* the emergence or exacerbation of eating

disorders disordered eating and/or body image concerns; to *engage safely* with people around issues of food, bodies and eating; *identify* signs of an eating disorder and provide *supported referral* to appropriate health professionals will likely reduce the prevalence, impacts and unmet treatment needs for eating disorders (NEDC, 2023).

A skilled health and mental health workforce able prevent the development/exacerbation of eating disorders, identify eating disorder, and support referral to eating disorder specific treatment is required.

To articulate the broad range of skills required by the health and mental health workforces, NEDC has integrated two decades of sector and lived experience consensus and service development to develop the [Stepped System of Care \(SSoC\) for Eating Disorders in Australia](#). The SSoC depicts the core components and contexts required for an effective system of care that meets the needs of people at risk of or experiencing eating disorders, their families supports and communities.

The SSoC is designed to be embedded within a wider framework of Australian health and mental health services, policies, services, and curricula. It assists in the integration of evidence-based responses across mainstream and eating disorder specific services. Not every health or mental health worker will need to perform a role in treatment, but there is a role for the health and mental health workforce in prevention, identification, initial response, and psychosocial support so that people who need help are not missed. The SSoC framework can be used to consider the skills required by health professionals to support people to access care across this continuum based on their needs.



Gaps in health and mental health workforce capability contribute to unmet prevention and treatment need.

Despite the useful articulation of the components and functions of the stepped system of care, and associated workforce competencies (NEDC, 2018), eating disorder treatment accessibility is impacted by a limited understanding (Walker and Lloyd, 2011) and lack of confidence (Cadwallader, Godart, Chastang et al., 2016) in health professionals to provide evidence-based care for people experiencing eating disorders (McGuire et al., 2019).

Health professionals report concern about their skill to be able to identify eating disorders (Waller et al., 2014), with 57% of Australian GPs reporting they need more support to be able to identify and support people experiencing eating disorders (RACGP, 2023). Australian dietitians also report reluctance to practice clinically with people with an eating disorder, due to a lack of confidence and skill to be able to do so (Parker et al., 2023).

A systematic review (Thompson-Brenner et al., 2012) and recent study (Reas et al., 2021), show that attitudes of health professionals who have training experience in eating disorders appear to be more favourable towards providing treatment and care for people experiencing eating disorders. Opportunities exist for health professionals to develop skill and confidence to prevent, identify and provide evidence-based care for people experiencing eating disorders through free and low fee training and supervision within Australia (See NEDC professional development for an overview of existing training and professional development opportunities). For example, a recent rollout of training to over 900 clinicians resulted in improved confidence, knowledge, and willingness to provide care for people experiencing eating disorders, and an increase in the number of people for whom these clinicians provided treatment over the subsequent 6 month period (NEDC, 2023). Yet, Australian clinicians receive limited training in eating disorders (Heruc et al., 2020) suggesting that it is a small yet dedicated workforce being relied upon to provide this care (NEDC, 2023).

Consistent with this trend, a cohort of Australian and New Zealand dietetic students reported inadequate eating disorder and associated knowledge and skills-based training from university education, graduating unclear on their role in nutritional care for eating disorders (Parker et al., 2023). International data suggests that there is also lack of education about eating disorders within medical training. In the UK, a maximum of 2 hours of eating disorder and associated content was taught in medical schools, out of the total 10-16 years required for undergraduate and postgraduate medical training (Ayton, 2018), with graduate school training opportunities for those interested in treating EDs reported to be insufficient and inadequate (Wilson et al., 2007). A recent Australian initiative found that mental health clinicians and dietitians rated their willingness to treat eating disorders as high, but their skill and confidence to do so were much lower (NEDC, 2023).

Current evidence suggests that there is not a large enough cohort of health and mental health workers seeking post-qualification professional development in eating disorders to meet the needs of people experiencing eating disorders. Additionally, health professionals report not receiving adequate training within their tertiary education in order to have the basic skill, knowledge and confidence to provide safe care. Yet, little is known about the breadth and depth of training in eating disorders within Australian tertiary institutions, or the barriers and possible levers to embedding this within training.

Building the future health and mental health workforces is identified as a National Priority to embed eating disorders within an effective, equitable and coordinated system of care.

The *National Eating Disorders Strategy 2023-2033* ([NEDC, 2023](#)) articulates the key components, standards and actions that are required to achieve an effective, equitable and coordinated system of care that meets the needs of people experiencing or at risk of eating disorders and their families/supports and communities. Funded by the Australian Government Department of Health and Aged Care, the NS is the product of extensive lived experience, clinical, and research expertise. The workforce section of the National Strategy contains specific standards and actions to increase the skill, size and diversity of the health, mental health, and education, social and community services workforces.

The tertiary education sector was identified as a key target for action within the [National Eating Disorders Strategy \(2023\)](#). The need for change in the tertiary sector is also recognized within the [Australian National Mental Health Workforce Strategy 2022-2032](#). However, currently very little is known about what is being taught about eating disorders, and the relationship between health, food, mind, and body across the Australian tertiary education institutions that train key health professionals, and possible levers to influence the breadth and depth of content taught. This report aimed to address this gap in knowledge of training within tertiary education, and to explore ways in which teaching about prevention, identification, and safe care for eating disorders could be enhanced.

Review Purpose and Objectives

The Eating Disorders Training in Tertiary Education Scoping Review and Recommendations aimed to determine:

1.

What is being taught about eating disorders, and associated content across the Australian tertiary education institutions that train key health professionals.

2.

How tertiary education needs to be changed or enhanced to improve the availability and quality of eating disorder care and safe interactions around health, food, mind, and body by health professionals.

3.

Mechanisms for achieving these changes/enhancements.

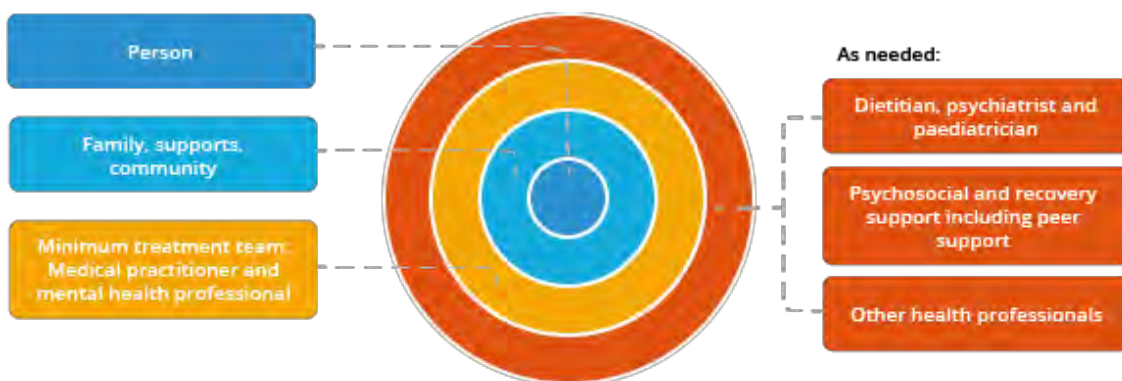
Review Approach

Participants

The Eating Disorders Training in Tertiary Education Scoping Review and Recommendations included six professional groups identified as key to eating disorder prevention, early identification, treatment, and care* ([Services Australia, 2023](#)). Additional data regarding social work was collected in addition to this primary review and will be presented in a subsequent report.

The professional groups included within this report include those identified within NEDC's [Care Team framework](#). While the minimum treatment team for eating disorders is identified as a medical practitioner and a mental health professional, input from practitioners from a range of disciplines is often necessary for comprehensive care, alongside family and supports. These professional groups also have a role in the *prevention, identification, and initial response* for eating disorders.

NEDC Care Team Framework



Professional Groups Included in the Review

General Practitioners (GP)

- GPs are often the initial point of contact for people experiencing disordered eating/eating disorders. The NEDC recognises GPs in the “minimum treatment team” within The Care Team framework ([NEDC, 2023](#)), as playing a key role in identifying and providing an initial response for disordered eating during routine check-ups, guiding referrals to suitable healthcare professionals.

Psychiatrists

- Psychiatrists are responsible for the development of comprehensive treatment plans, prescription of medication, and the delivery of focused psychological treatment. Psychiatrists can play a crucial role in the assessment, diagnosis, and treatment of eating disorders, particularly within public mental health settings.

Nurses

- Nurses are the largest healthcare workforce, and are likely to have interactions with people experiencing or at risk of eating disorders across their roles in community and acute settings. As such, nurses are well positioned in number and location to provide safe care interactions around food, bodies and eating, and be eating disorder identifiers, with some nurses being engaged in direct eating disorders care.

Occupational Therapists (OT)

- As well as having a role in prevention and identification, occupational therapists play a specific role in helping individuals with eating disorders regain their functional independence, improve their overall well-being, and develop the skills needed for a sustained recovery. Mental Health occupational therapists are also an underutilized professional group within the current eating disorders treatment workforce ([NEDC, 2023](#)).

Psychologists

- Psychologists are recognized as having a primary role in providing psychological treatment for eating disorders. With appropriate training and support, Psychologists can play a primary role in the diagnosis and treatment of eating disorders. Psychologists also play a role in prevention identification and initial response.

Dietitians

- Dietitians are frequently enlisted by individuals seeking nutritional and dietetic support. Dietitians are well placed to identify possible eating disorders and refer to treatment. With appropriate training and support, dietitians can also provide evidence-informed dietetic care for eating disorders ([Heruc et al., 2020](#)).

***NEDC acknowledges that a number of important professional groups were not included within this review, due to resourcing limitations.*

Representatives Included in the Review

NEDC consulted leaders and educators from tertiary institutions and professional bodies representing the 6 professional groups. These two key groups were consulted due to their direct knowledge of, and impact on curriculum design.

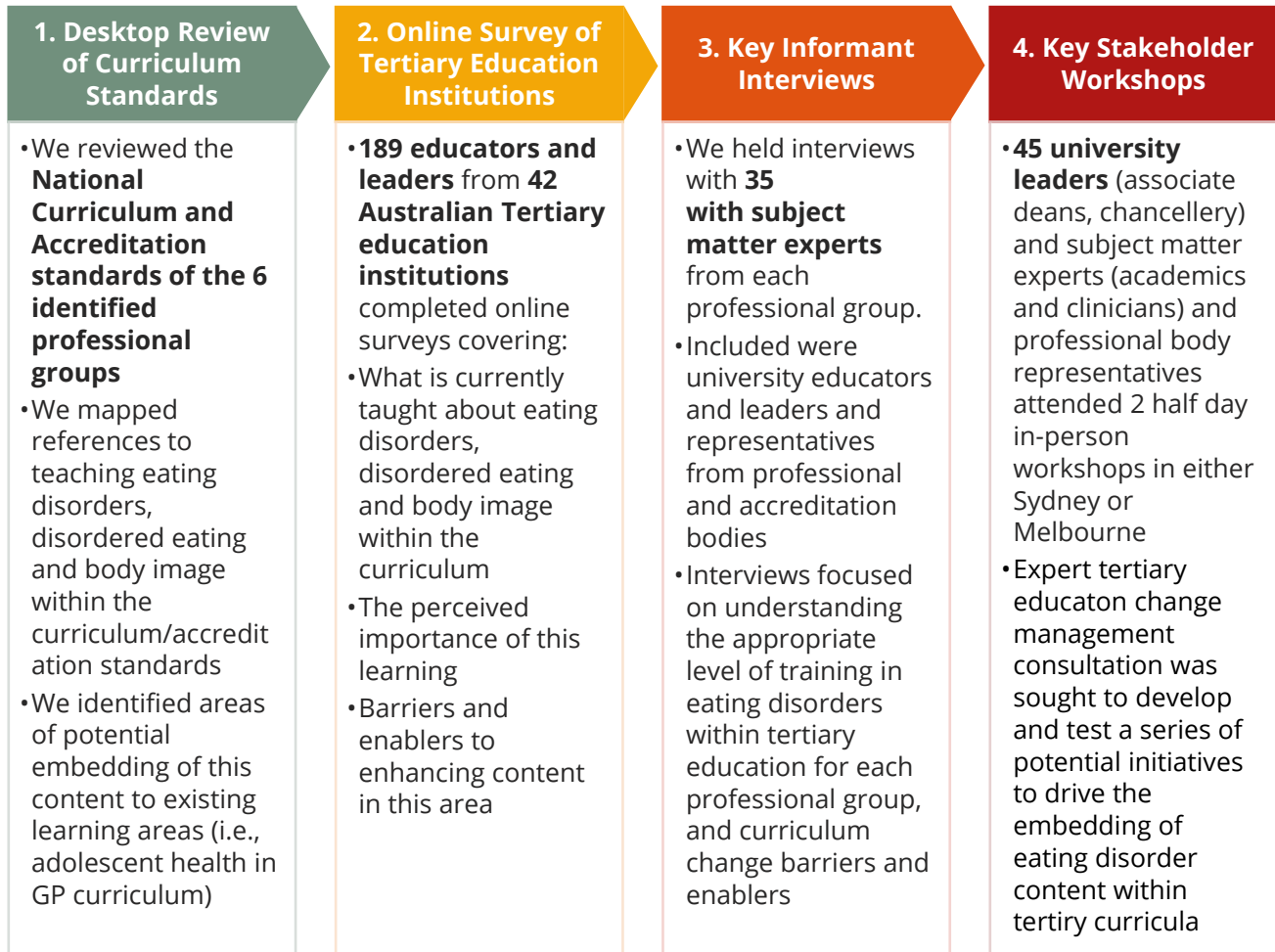
Tertiary Institutions	Professional bodies
(Universities and professional training organizations such as RACGP, RANZCP)	(Peak institutions that represent and/or regulate the practice of professional groups)
<p>Individuals from tertiary institutions were identified as key stakeholders and consulted for the review because:</p> <ul style="list-style-type: none"> • Tertiary institutions have the greatest direct impact on curriculum content. • They develop and deliver the curriculum to meet accreditation and professional standards. • There is flexibility in curriculum content development and delivery as accreditation and professional bodies typically set high-level learning and program outcomes rather than specifying curriculum content. • Thus, tertiary institutions are key to developing and delivering curricula related to eating disorders, eating, food and bodies for each profession. 	<p>Individuals from professional bodies were identified as key stakeholders and consulted for the review because:</p> <ul style="list-style-type: none"> • Professional bodies establish and uphold standards for their respective profession. • Some professional bodies also accredit tertiary programs (i.e., DA, RACGP), requiring students to achieve the outcomes specified by these bodies prior to becoming registered members of their profession. • Professional bodies can advocate for key content to be integrated into the curriculum. • Some professional bodies can mandate the teaching of specific content within tertiary curricula. • Thus, professional bodies are key to influencing curriculum design and advocating for changes

Note: See Appendix A for additional information about the training pathways for each professional group.

Method

The following activities were undertaken to:

1. Map what is mandated to be taught and what is being taught about eating disorders and related content across Australian tertiary education institutions
2. Understand ways tertiary education needs to and can be changed or enhanced to improve the availability and quality of eating disorder care:

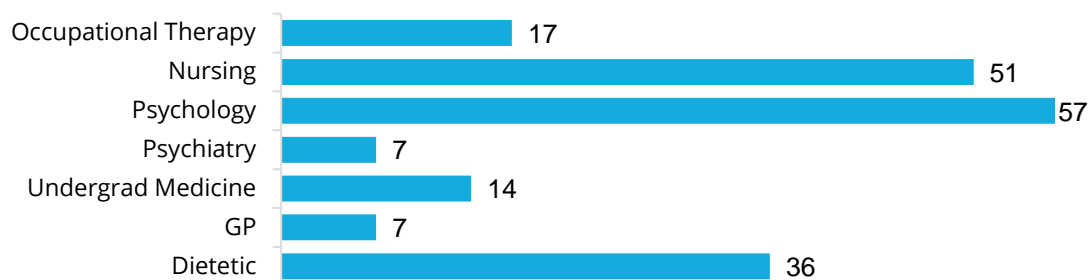


Survey participant demographics

The online survey was sent to 2,513 individuals across 56 universities, TAFEs and psychiatry and GP registrar training organizations based on a comprehensive database of lecturers and key contacts compiled through desktop review. Of these, 189 university educators and leaders from 43 Australian tertiary education institutions completed the online survey reporting on their programs' approach to the teaching of eating disorders and related content.

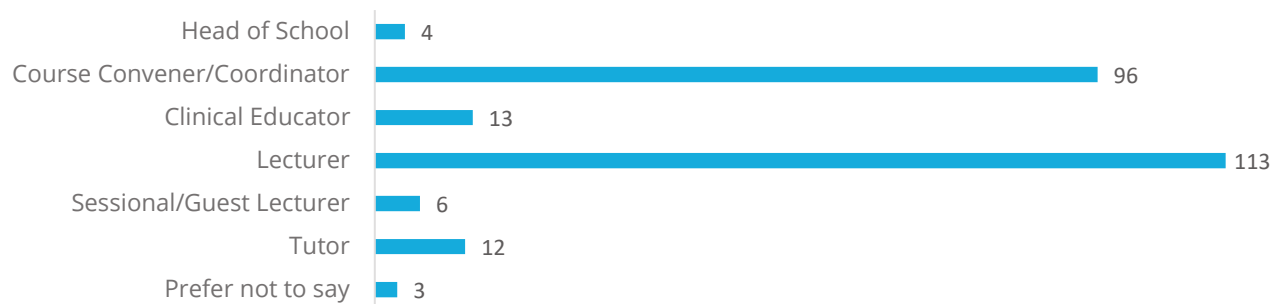
As shown in the following graphs, all 6 professional groups were represented within the survey responses, including undergraduate medicine as the pathway to both psychiatry and general practice medicine. Most respondents were involved with psychology training programs, followed by nursing and dietetics. Lower response rates from psychiatry and GP medicine are in part due to a substantially smaller number of institutions that offer registrar programs.

Total number of survey respondents across the 7 professional training program areas (n=189)



Most survey respondents were either lecturers ($n=113$) and/or course coordinators ($n=96$), with a smaller proportion of respondents from leadership roles (i.e., head of school, $n=4$).

Participant role(s) within the tertiary education/training program (n=189)



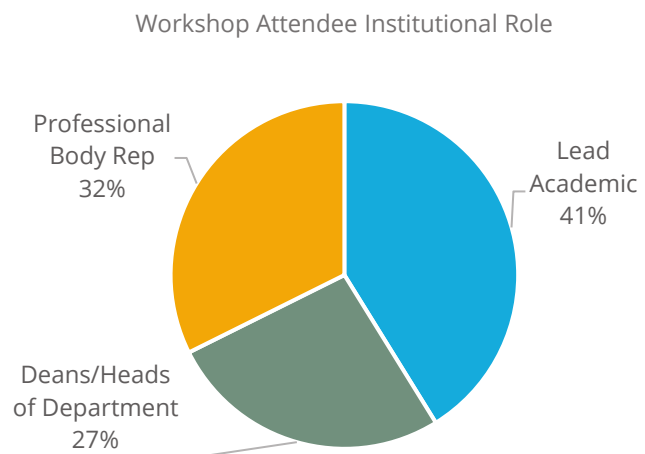
Key informant interview participant demographics

Online qualitative interviews were held with 35 representatives spanning each of the 6 professional groups. These included representatives from the following teaching institutions, curriculum regulators, and professional bodies:

Dietitians Australia (DA)	Australian Psychology Accreditation Council (APAC)	Australian Medical Council (AMC)	Australian Psychological Society (APS)
Australian College of Nursing (ACN)	Royal Australian and New Zealand College of Psychiatrists (RANZCP)	Medical Education Deans Australia New Zealand (MEDANZ)	Services for Australian Rural and Remote Allied Health (SARRAH)
Australian Clinical Psychology Association (ACPA)	Australian College of Rural and Remote Medicine (ACRRM)	Royal Australian College of General Practitioners (RACGP)	Australian College of Mental Health Nurses
Monash University	Melbourne University	Deakin University	University of Notre Dame
La Trobe University	Flinders University	University of NSW	University of Sydney
Western Sydney University	University of Queensland		

Workshop participant demographics

45 representatives from key teaching institutions and professional bodies spanning each of the 6 professional groups attended the in-person workshops. 24 representatives attended in Sydney, 21 attended the Melbourne workshop. As shown in the image, workshop attendees held one of three institutional roles, including education institution leadership (Chancellors, Associate Deans, Heads of Departments/Schools), lead eating disorder and discipline area academics, and representatives of professional and accreditation bodies.



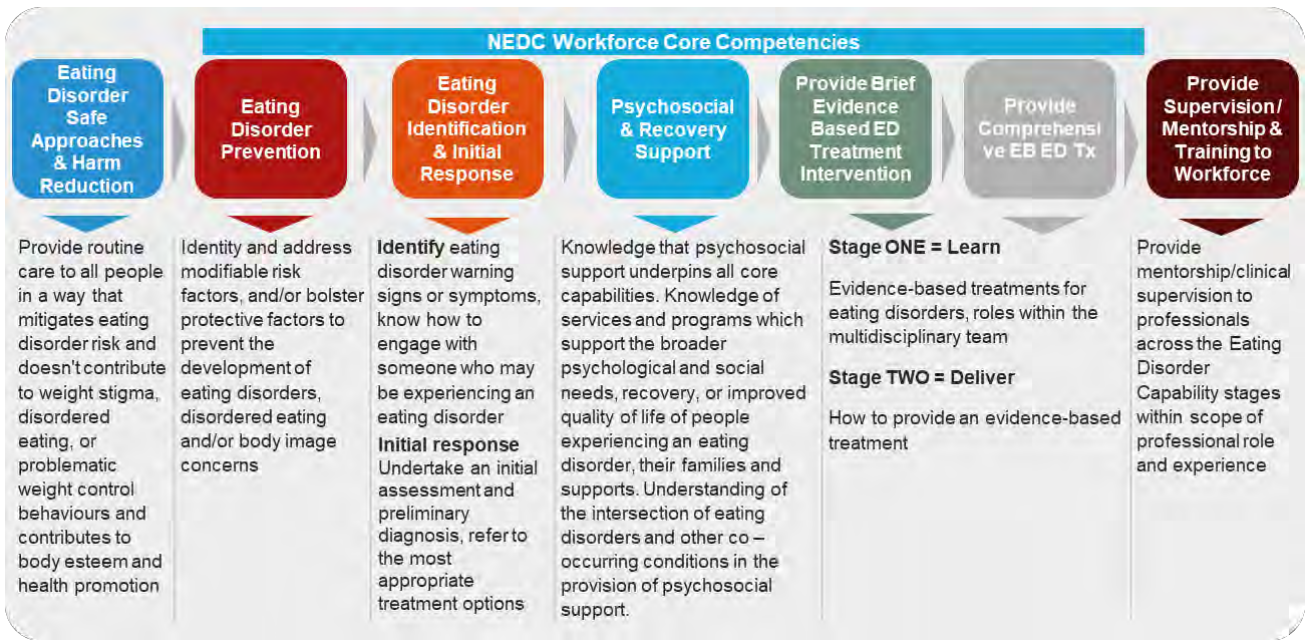
Representatives from the following teaching institutions and professional bodies attended the workshops:

Sydney Workshop (n=24)	Melbourne workshop (n=21)
University of Sydney	Melbourne University
Western Sydney University	Monash University
University of Notre Dame	Deakin University
Dietitians Australia	La Trobe University
Australian Psychological Society	Dietitians Australia
RANZCP	Australian Psychological Society
RACGP	RANZCP
ACRRM	RACGP
Medical Education Deans Australia New Zealand (MEDANZ)	Australian Psychology Accreditation Council
Australian College of Nursing	Medical Education Deans Australia New Zealand
SARRAH	Australian Medical Council
	OT Australia

Assessing eating disorder and associated content coverage

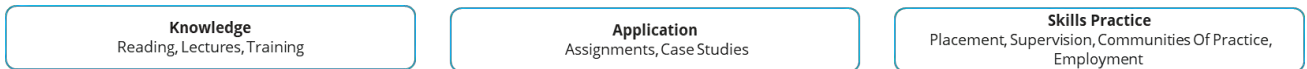
To measure the breadth of eating disorder topic coverage within tertiary curricula, the NEDC under the guidance of the Eating Disorders in Tertiary Education EAG proposed an Eating Disorder Tertiary Graduate Competency Framework based on the components of the NEDC [Stepped System of Care](#), the NEDC [Workforce core competencies for the safe and effective identification of and response to eating disorders](#), the [National Framework for Eating Disorders Training](#) and preliminary data gathered as part of the [National Eating Disorders Strategy 2023-2033](#) articulating a new workforce competency area; 'eating disorder safe' approaches to prevention and care. The Framework, shown below, was used to develop items for the online survey for respondents to indicate what is present and what is absent in current teaching. The model was tested and refined through key stakeholder interviews, and used to understand the competencies that representatives from professional bodies believe should be covered within tertiary education across the professional groups.

Proposed Eating Disorder Tertiary Graduate Competency Framework



See Appendix C for a copy of the Proposed Eating Disorder Tertiary Graduate Competency Framework

It was identified that along with defining the competency areas, consideration must be given to how to support students to develop these competencies, including:



Review Findings

1. The role of accreditation bodies in driving curriculum changes

Our review of Australian accreditation and curriculum standards showed that Accreditation bodies do not consistently mandate the teaching of eating disorders content in Australia. Course accreditation standards tend to be set at a high-level, specifying more general skill competencies that can be translated across particular population groups and presentations. Most curriculum guidelines leave full discretion for the coverage of eating disorder and related content to tertiary institutions.

GPs (RACGP & ACCRM)

RACGP & ACCRM include EDs as subsections of larger topics taught within the curriculum. However, ED topics are not embedded as core content. Content may be covered as part of postgraduate vocational training in clinical placements, prior to Fellowship.

Psychiatry (RANZCP)

• **RANZCP includes ED as a topic to be taught in clinical settings under their stage two curriculum**, and management of specific EDs within stage three of the Entrustable Professional Activity (EPA) curriculum as part of the Fellowship program.

Medicine (AMC)

• Students completing undergraduate medicine are required to perform a full and accurate physical examination, including a mental state examination, or a problem-focused examination as indicated. **There is no mention of specific ED and associated content.**

Nursing

• **ED and associated content is not specifically identified as part of the NMBA practice standards**, however it may be taught as a section of mental health topics. **ANMAC does not consider Mental Health topics as mandatory** for standardisation or enforcement, and consequently, ED and associated content is also not standardised or enforced.

Dietetics (DA)

Eating disorders, disordered eating and/or body image is not identified with the domains, elements and performance criteria outlined in the National Competency Standards for Dietitians in Australia. Coverage of this content is at the discretion of the University and relevant placement opportunities.

Psychology (APAC)

• **ED and associated content is not specifically identified as part of the undergrad and postgrad curriculum**, however eating disorders may be covered at the postgraduate level as part of psychopathology, or under nutrition and eating behaviour as part of sports and exercise psychology.

Occupational Therapy (OTC)

• The Occupational Therapy Council of Australia Ltd (OTC) assesses and accredits occupational therapy education programs. Mental health is a subset of OT education that receives various levels of focus across entry-level programs. **ED and associated content is not specifically identified as part of the curriculum.**

See Appendix B for a summary of training pathways and associated curriculum standards

2. Coverage, relevance and importance of eating disorders and related content within tertiary curricula

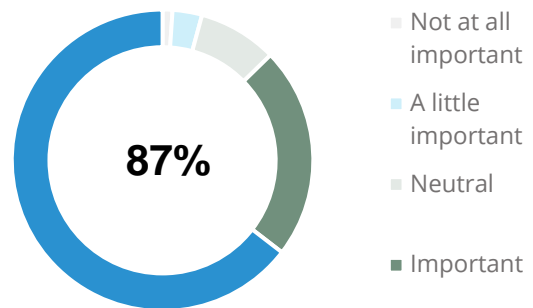
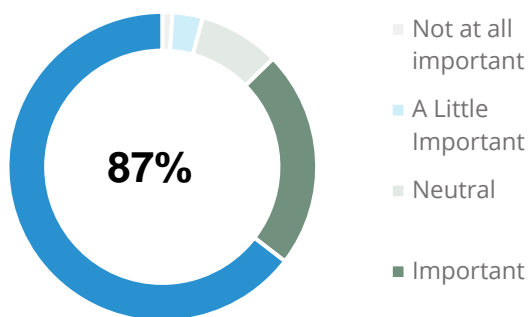
Perceived importance of eating disorder competency areas for tertiary-level training

Survey outcome data

Data from our online survey showed that the majority (87%) of surveyed tertiary educators and leaders felt that it was 'Important' or 'Very Important' teach students about eating disorders, disordered eating and/or body image concerns within their programs.

Participant ratings of the importance of teaching students about eating disorders, disordered eating, and/ or body image concerns

Participant ratings of the importance of teaching students about eating disorder safe care

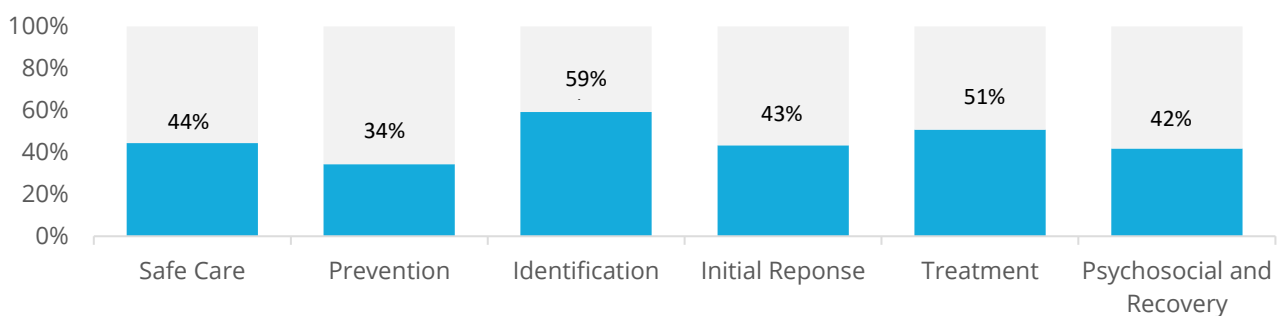


Coverage of eating disorder competency areas for tertiary-level training

Survey outcome data

Despite identifying this as an important area for teaching, most respondents identified that core competencies articulated within the Proposed Eating Disorder Tertiary Graduate Competency Framework were not being taught in their program. The difference in perceived importance and actual coverage of eating disorder competency areas suggest that respondents are facing barriers to being able to cover content they perceive to be important.

% of courses teaching eating disorder and associated competency areas within the curriculum

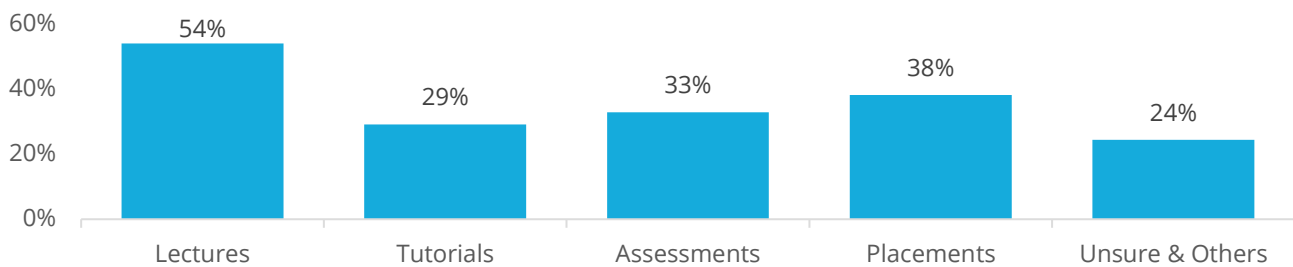


Modes of teaching eating disorder competency areas for tertiary-level training

Survey outcome data

As shown in the figure below, survey respondents indicated that coverage of eating disorder content tends to occur within lectures, with fewer programs offering placements, tutorials and assessment opportunities. As identified within the Proposed Eating Disorder Tertiary Graduate Competency Framework, learning about this area requires opportunity to develop knowledge, as well as the opportunity to apply this knowledge through activities such as assignments and case studies, and to develop and practice skills through placement, simulated learning and supervision opportunities. These responses suggest that students may not be getting exposure to opportunities to apply and translate learning through practical application opportunities.

% participants utilizing any of the 5 identified modes of teaching for eating content delivery



Perceived relevance of eating disorder competency areas for tertiary-level training

Survey outcome data

Tertiary educators rated the relevance of each of the proposed eating disorder competency areas for the professional program with which they are affiliated. As shown in the table below, many of the professional groups scored the relevance of teaching prevention as <4, indicating that this is a skillset and responsibility that is not yet being consistently identified as applicable across all professional groups. Dietetics respondents ranked the relevance of all competency areas most highly relative to other those of other professional groups, whereas occupational therapy and nursing respondents rated relevance across the competency areas lower relative to those of other professional groups.

Average relevance rating of each competency area by survey respondent professional group

	GP		Psychiatry		Nursing	Psychology	Dietetics	Occupational Therapists	All Professions
	GP	Medicine*	Psychiatry						
Safe Care	4.14	4.29	3.86		4.12	4.42	4.72	4.00	4.32
Prevention	3.86	3.86	3.28		3.80	4.07	4.78	3.18	4.00
Identification	4.43	4.29	4.86		4.22	4.67	4.78	3.82	4.45
Initial Response	4.43	4.21	4.00		4.06	4.35	4.64	3.47	4.23
Treatment	3.85	3.78	4.57		3.78	4.52	4.08	3.94	4.11
Psychosocial & Recovery Support	4.14	3.64	4.14		3.90	4.21	4.08	4.18	4.05
All Competencies	4.14	4.01	4.12		3.98	4.28	4.51	3.77	







Key:	1	2	3	4	5	Highly Relevant
Not at all Relevant						

These findings suggests that the tertiary educators who teach into professional programs may not be aware that prevention and identification of eating disorders is within the scope of practice for their discipline, influencing how relevant they perceive this content for developing competencies within graduates. Efforts to support professions to identify their role across these competency areas, and studies that highlight the usefulness of these skills for graduates will be important to drive changes to teaching. For those educators who rated the relevance of teaching eating disorder competencies highly (i.e., dietetics, psychology), there could be scope to commence action to further embed eating disorders within the curriculum more readily.

Insights from Key Informant Interviews

To further understand the perceived need for training in eating disorders within tertiary education, the perspective of key informants from professional bodies and curriculum regulators, as well as eating disorder subject matter experts of the 6 professional groups was sought via qualitative interviews. Key informants were asked to identify the components of the proposed Tertiary Eating Disorder Competency Framework that they believed should be taught within tertiary education, based on the expected competencies and scope of practice of each health professional upon graduating education and entering the workforce. Participant responses are presented in the diagram on the following page.

Competency areas endorsed as relevant to teaching within tertiary education by professional body representatives across the discipline groups

NEDC Eating Disorder Core Competencies Framework	
	<div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="background-color: #0072bc; color: white; padding: 5px; border-radius: 5px;">Eating Disorder Safe Approaches & Harm Reduction</div> <div style="background-color: #800000; color: white; padding: 5px; border-radius: 5px;">Eating Disorder Prevention</div> <div style="background-color: #ff6600; color: white; padding: 5px; border-radius: 5px;">Eating Disorder Identification & Initial Response</div> <div style="background-color: #0072bc; color: white; padding: 5px; border-radius: 5px;">Psychosocial & Recovery Support</div> <div style="background-color: #4f7942; color: white; padding: 5px; border-radius: 5px;">Provide Brief Evidence Based ED Treatment Intervention</div> <div style="background-color: #808080; color: white; padding: 5px; border-radius: 5px;">Provide Comprehensive EB ED Tx</div> <div style="background-color: #4b0000; color: white; padding: 5px; border-radius: 5px;">Provide Supervision / Mentorship & Training to Workforce</div> </div>
 General Practice (GP)	Undergraduate (Medicine)
	Rural General Practice (RGP)
 Psychiatry	Undergraduate (Medicine)
	Postgraduate (Registrar)
 Nursing	Undergraduate
	Postgraduate
 Psychology	Undergraduate
	Postgraduate
 Dietetics	Undergraduate
	Postgraduate
 Occupational Therapy (OT)	Undergraduate
	Postgraduate

Relevance of competency areas

As shown in the competency areas endorsed as relevant to teaching within tertiary education diagram, all the interviewed representatives from the 6 discipline areas indicated that *Eating Disorder Safe Approaches and Harm Reduction*, *Eating Disorder Prevention*, and *Identification and Initial Response* should be taught within tertiary education. This is promising given the important role of health professionals across these areas of care. Future initiatives to develop and disseminate a core competency curriculum at scale to meet the skill development needs of multiple professional groups could help to address training in this area.

Rural general practice representatives indicated that RGP's should learn about and be able to develop skills in all the identified competencies within their pre-registration and registrar training programs, due to the service gaps experienced in rural and remote health settings and extended scope of practice of RGPs. As such, rural generalist practitioners will likely require content tailored to the competencies and scope of practice required within the rural generalist context.

Psychiatry and psychology representatives identified a role for teaching eating disorder specific treatment approaches within entry-level degrees. It is worth noting that other professional groups could include treatment approaches within their required competency areas, such as eating disorders specific dietetic care (dietitians) and community medical management of eating disorders (GPs). Support for professionals to apply their knowledge within practice will be required through the development of placement networks and appropriately skilled supervisors.

Surprisingly, only occupational therapy respondents indicated psychosocial and recovery support as an area of competency for tertiary level training, suggesting additional work needs to be done to promote this as a core area of knowledge/practice across health professions.

Competency description summary (Proposed Eating Disorder Tertiary Graduate Competency Framework, p.23)

Proposed Competency Area	Description
Eating Disorder Safe Approaches & Harm Reduction	Provide routine care to all people in a way that mitigates eating disorder risk and doesn't contribute to weight stigma, disordered eating, or problematic weight control behaviours and contributes to body esteem and health promotion.
Eating Disorder Prevention	Identify and address modifiable risk factors, and/or bolster protective factors to prevent the development of eating disorders, disordered eating and/or body image concerns.
Eating Disorder Identification & Initial Response	Identify eating disorder warning signs or symptoms, know how to engage with someone who may be experiencing an eating disorder. Initial response Undertake an initial assessment and preliminary diagnosis, refer to the most appropriate treatment options,
Psychosocial & Recovery Support	Knowledge that psychosocial support underpins all core capabilities. Knowledge of services and programs which support the broader psychological and social needs, recovery, or improved quality of life of people experiencing an eating disorder, their families and supports. Understanding of the intersection of eating disorders and other co – occurring conditions in the provision of psychosocial support.
Treatment	
1. Provide Brief Evidence Based ED Treatment Intervention	Stage ONE = Learn Evidence-based treatments for eating disorders, roles within the multidisciplinary team
2. Provide Comprehensive Evidence-Based Eating Disorder Treatment	Stage TWO = Deliver How to provide an evidence-based treatment/intervention within the scope of professional role
Provide Supervision, Mentorship & Training	Provide mentorship/clinical supervision to professionals across the Eating Disorder Capability stages within scope of professional role and experience

3. Barriers to embedding eating disorder content within the curriculum.

Survey outcome data

As indicated in the discrepancy between perceived importance of covering eating disorders and associated content within tertiary education and the degree to which these competences are currently being taught, survey respondents identified several key barriers to teaching eating disorder related competencies within the curriculum.

- **Crowded curriculum:** Course conveners and lecturers reported that they find it difficult to include additional eating disorder and related content during lectures and tutorials due to the lack of space within the curriculum.

“Already full curriculum. If include more on eating disorders, then need to take something out”

- Dietetic Educator, NEDC Tertiary Review Survey

- **Limited confidence in Teaching General ED Related Content:** Educators reported concerns about their depth of expertise to be able to deliver eating-disorder specific content and fear that they may ‘trigger’ students. Guest expert speakers were identified as difficult to invite to deliver ED related lectures due to a lack of availability.

“Lack of eating disorder expertise within our teaching staff and profession in general...”

- Occupational Therapy Educator, NEDC Tertiary Review Survey

- **Limited access and time to embed contemporary evidence:** Educators and conveners reported insufficient access to contemporary evidence-based resources for teaching ED and associated content, as well as a lack of time to be able to update this in line with the evolving evidence-base.
- **Cost and Administrative Constraints for Incorporating Additional Offerings:** Tertiary institutions hesitate to expand their course offerings due to limitations in resource allocation required for developing and maintaining curriculum content, as well as the necessary resources and tools for teaching.

“...lack of resources; lack of funding to provide opportunity for lived-experience expertise to guide development”

- Nursing Educator, NEDC Tertiary Review Survey

- **Limited delivery and learning modes:** Respondents indicated that exams and assessments tend not to require students to learn and be tested on their understanding of eating disorders and associated content. Also, few assignments prescribe eating disorders as a focus topic, limiting this learning to students who voluntarily chose this as a focus and who likely already have an interest in the area.

- **Limited opportunities for students to apply and practice skills:** Educators and convenors identified limited availability of clinical placements where students get exposure to eating disorders as a major barrier to the development of student skill and competency in this area. Student exposure to applying their learning in practice relies on the expertise of their supervisors and exposure to people experiencing eating disorders within their placements, which is currently significantly limited especially in generalist placements such as in hospitals and community health and mental health settings.

“Placement opportunities would be the only barrier. I think that all teaching staff should have sufficient expertise to teach.”

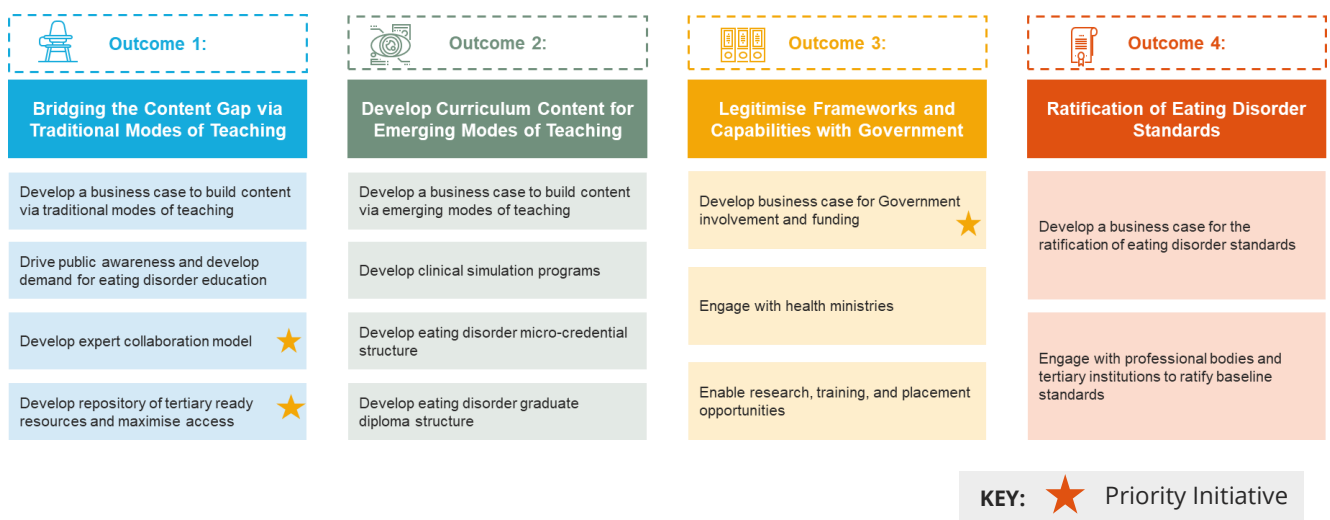
- Psychology Educator, NEDC Tertiary Review Survey

4. Initiatives to drive the embedding of eating disorder content within tertiary curricula

Outcomes from the Key Stakeholder Workshops

University leaders (associate deans, chancellors), subject matter experts (academics and clinicians) and professional body representatives attended 2 half day in-person workshop in either Sydney or Melbourne to test a series of potential initiatives to drive the embedding of eating disorder content within tertiary curricula, developed via themes in survey responses, key informant interviews and in consultation with a tertiary curriculum change management consultant. The below initiatives were presented and endorsed by the group, with priority initiatives identified, as starred below.

See Appendix B for a detailed description of the initiatives.



Summary

Tertiary education providers play a key role in helping to build the capability of the future health and mental health workforce to respond to eating disorders, disordered eating, and body image concerns.

The findings of this report suggest that graduate health professionals are missing out within their tertiary education on opportunities to learn about how to prevent and respond safely and effectively to eating disorders and associated concerns. Promisingly, those who deliver content within tertiary education settings believe that this is an important area for teaching and development into the future.

Barriers to embedding content within curricula were identified, and a number of strategic and practical initiatives which could be implemented to enhance the consistency and coverage of eating disorders within tertiary curricula were presented.

The report presents frameworks that articulate core competencies for eating disorders teaching within tertiary education that have been endorsed by professional body representatives and subject matter experts. Further development and translation of these core competencies could support the development and reach of Nationally consistent eating disorder curricula and associated teaching resources.

This report marks the start of a body of work that will require coordinated action and collaboration in line with the [National Eating Disorders Strategy 2023-2033](#) to drive the development of a better equipped health workforce to meet the needs of people experiencing or at risk of eating disorders.

Next steps and getting involved

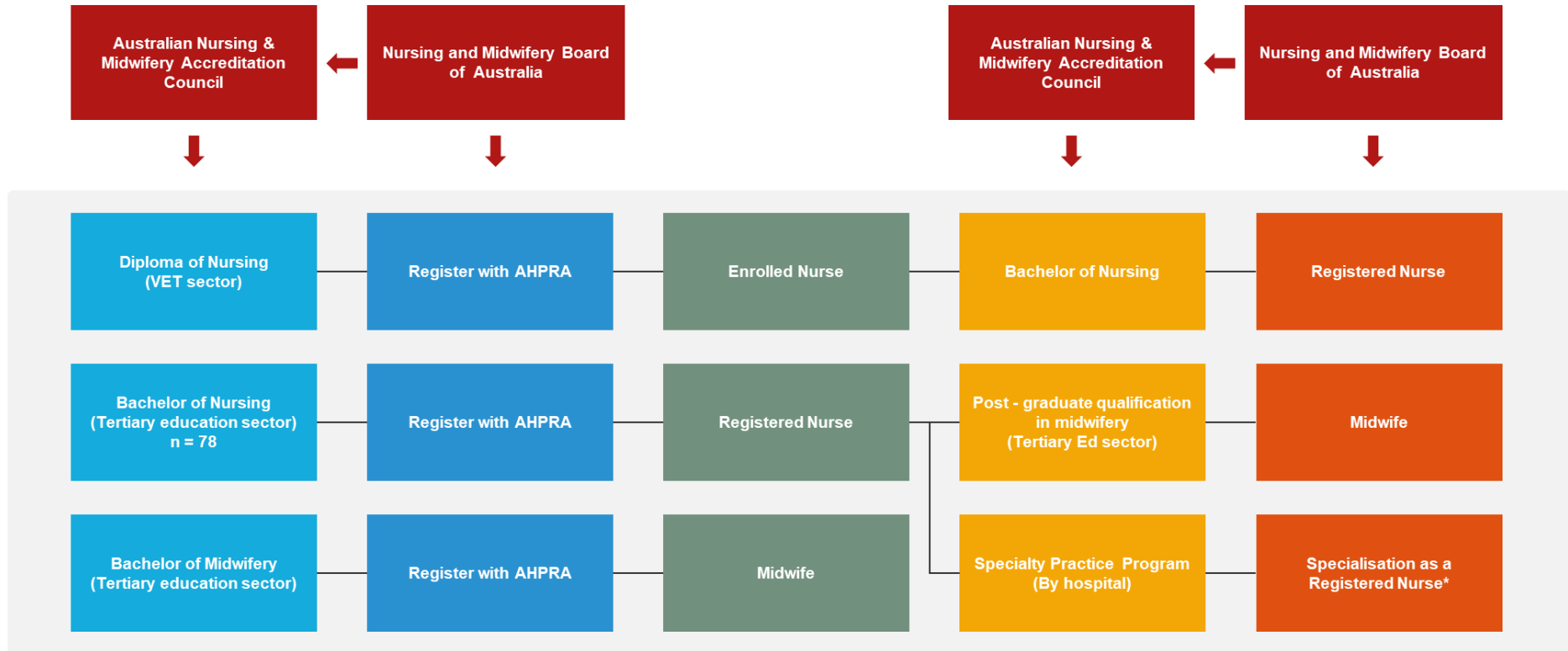
NEDC will be collaborating with sector partners and local champions to support the implementation of a number of key initiatives identified within this report.

If you are interested in being part of this change, or would like to be provided with initiative updates and development, please email us training@nedc.com.au

Appendices

Appendix A. Professional Training Pathways

Training Pathway: NURSING



Key Curriculum Stakeholders: NURSING



Australian Nursing & Midwifery Accreditation Council (ANMAC)

- **National Framework**
- Broad conditions for course accreditation
- Accreditation Standards
- Assessing, accrediting and monitoring pre-registration and pre-endorsement entry to practice nursing and midwifery programs of study and the education providers that provide these programs
- Developing, reviewing and publishing (once approved by the Nursing and Midwifery Board of Australia) accreditation standards against which nursing and midwifery programs are assessed. (enrolled nurse, registered nurse, nurse practitioner, midwife)



Council of Deans in Nursing and Midwifery (CDNM)

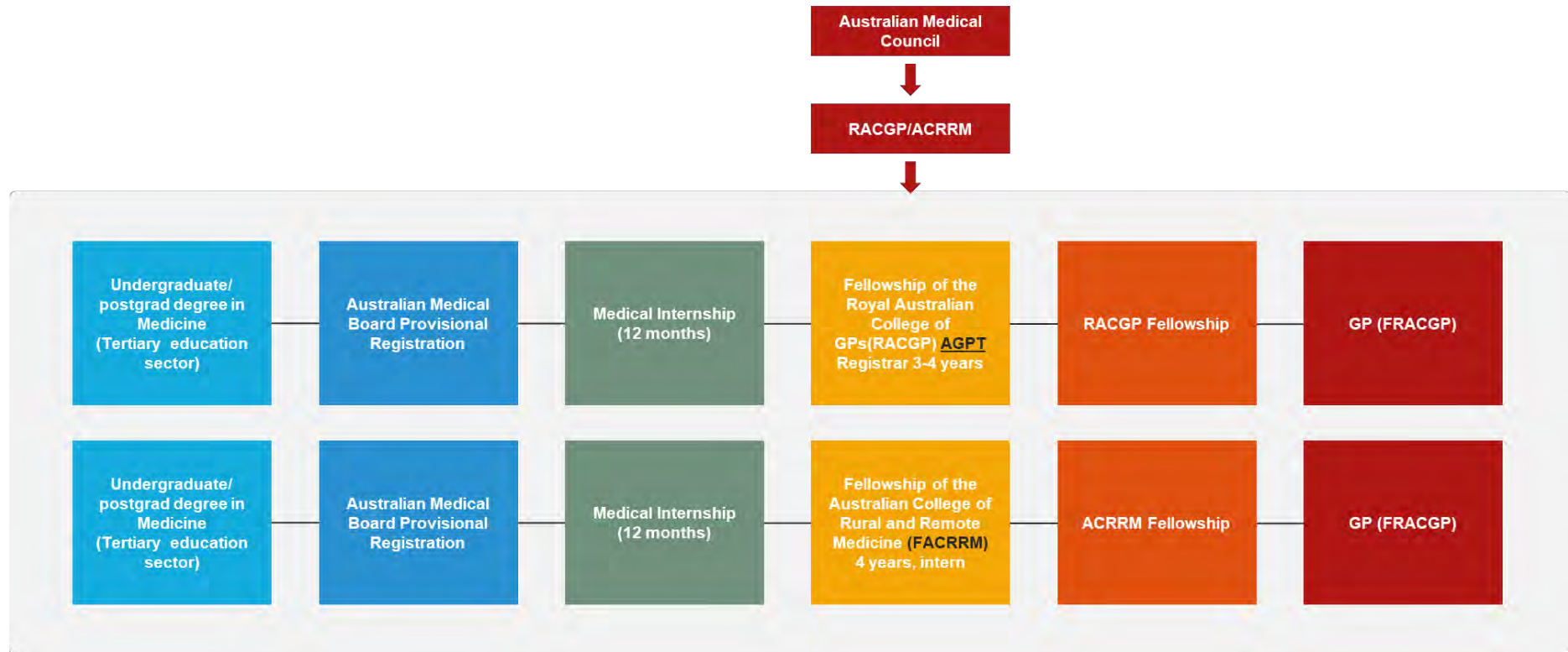
- maintenance of quality standards of university education for nurses and midwives.
- voice of tertiary education for nurses and midwives,
- lead and represent those who provide tertiary education to nurses and midwives
- promote the public image of nursing and midwifery



AHPRA Nursing and Midwifery Board (NMBA)

- **Registered Nurse Standards for Practice**
- **Enrolled Nurse Standards for Practice**
- **Nurse Practitioner Standards for Practice**
- **Midwife standards for practice**
- The NMBA approve and publish nursing practice standards. Nurses and midwives must be registered with the Nursing and Midwifery Board of Australia, and meet the NMBA's registration standards, in order to practice in Australia.

Training Pathway: GP MEDICINE



Key Curriculum Stakeholders: GP MEDICINE



RACGP

- Administer Australia General Practice training
- Australian General Practice Training (AGPT) Curriculum
- Administer Australia Rural and Remote Medicine training
- Rural Generalist Curriculum



AHPRA Medical Board of Australia

- Responsible for regulating medical practitioners practising in Australia
- Publish regulatory standards, codes, guidelines, updates and other resources for doctors, employers, students and the public



Medical Deans Australia and New Zealand

- peak body representing professional entry-level medical education, training and research in Australia and New Zealand.
- Our members are the 24 medical schools across the two countries,
- planning for, developing and supporting the medical graduate workforce our communities need



Australian Medical Council (AMC)

- Responsible for accrediting education providers and their programs of study for the medical profession
- Set professional medical standards for training, assessment, certification and continuing professional development in the specialty of general practice
- RACGP & ACRRM Fellowship is accredited by the AMC

Training Pathway: PSYCHIATRY



Key Curriculum Stakeholders: PSYCHIATRY



RANZCP

- College administers postgraduate training in pathway
- Membership training stage 1 stage 2 stage 3



AHPRA Medical Board of Australia

- Responsible for regulating medical practitioners
- practising in Australia
- Publish regulatory standards, codes, guidelines, updates and other resources for doctors, employers, students and the public



Medical Deans Australia and New Zealand (MDANZ)

- peak body representing professional entry-level medical education, training and research in Australia and New Zealand.
- Our members are the 24 medical schools across the two countries,
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Australian Medical Council (AMC)

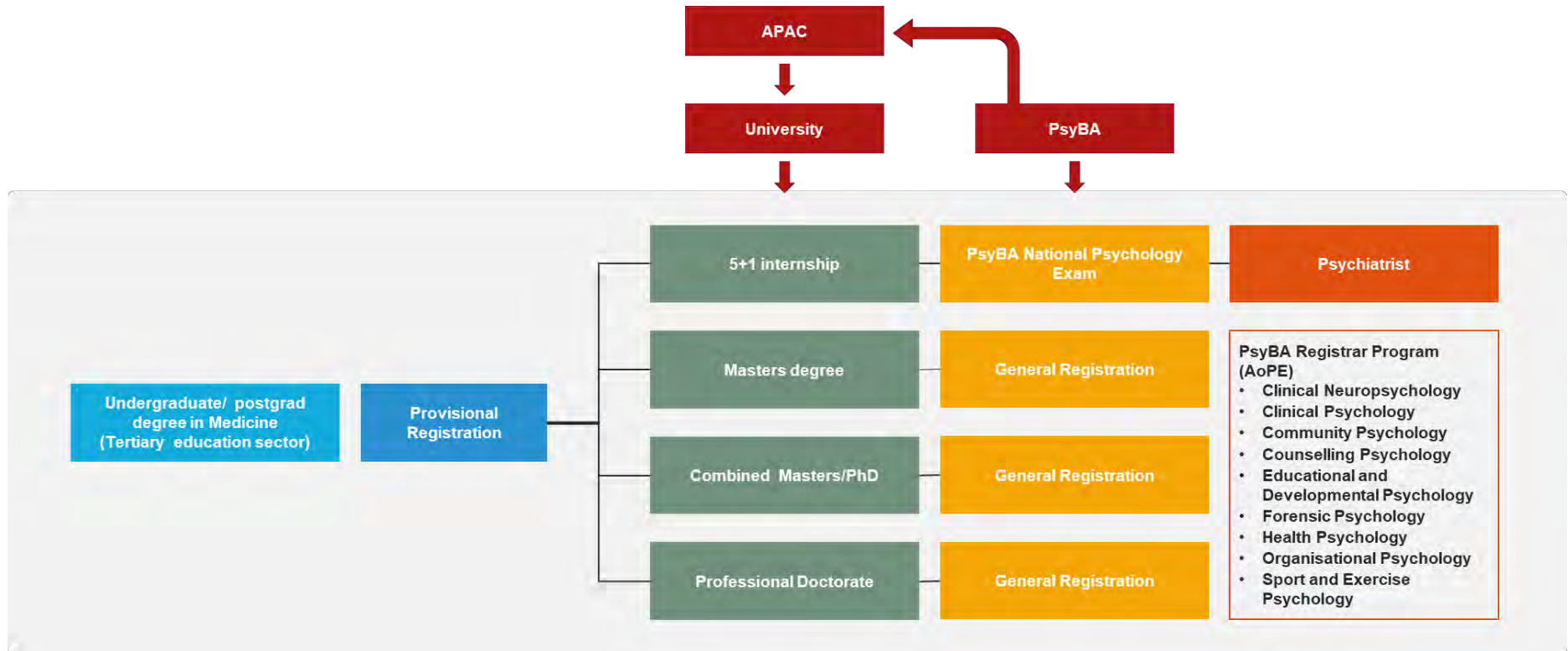
- Responsible for accrediting education providers and their programs of study for the medical profession
- Set professional medical standards for training, assessment, certification and continuing professional development in the specialty of general practice
- RACGP & ACRRM Fellowship is accredited by the AMC



Medical Education Leads Australia & NZ (MELANZ)

- SIG within Medical Education Collaboration Committee (MECC) of MDANZ

Training Pathway: PSYCHOLOGY





APAC Australian Psychology Accreditation Council

- independent quality and standards organisation.
- Develop and maintain standards for the education and training of psychologists for approval by the PsyBA
- Assess higher education providers' (HEP) psychology programs
- Provide advice and consultation to the PsyBA, governments, and other bodies on matters of education and training relevant to the psychology profession and discipline.



AHPRA Psychology Board of Australia

- Responsible for regulating psychologists
- practising in Australia
- Publish regulatory standards, codes, guidelines, updates and other resources



Heads of Departments and Schools of Psychology Association (HODSPA)

- Represents the discipline of psychology in universities in Australia
- Consortium of universities represented



Australian Psychological Society

- Responsible for regulating psychologists
- practising in Australia
- Publish regulatory standards, codes, guidelines, updates and other resources

Appendix B Detailed descriptions of four key initiatives to further embed and enhance eating disorder across tertiary curricula, and build workforce capability.

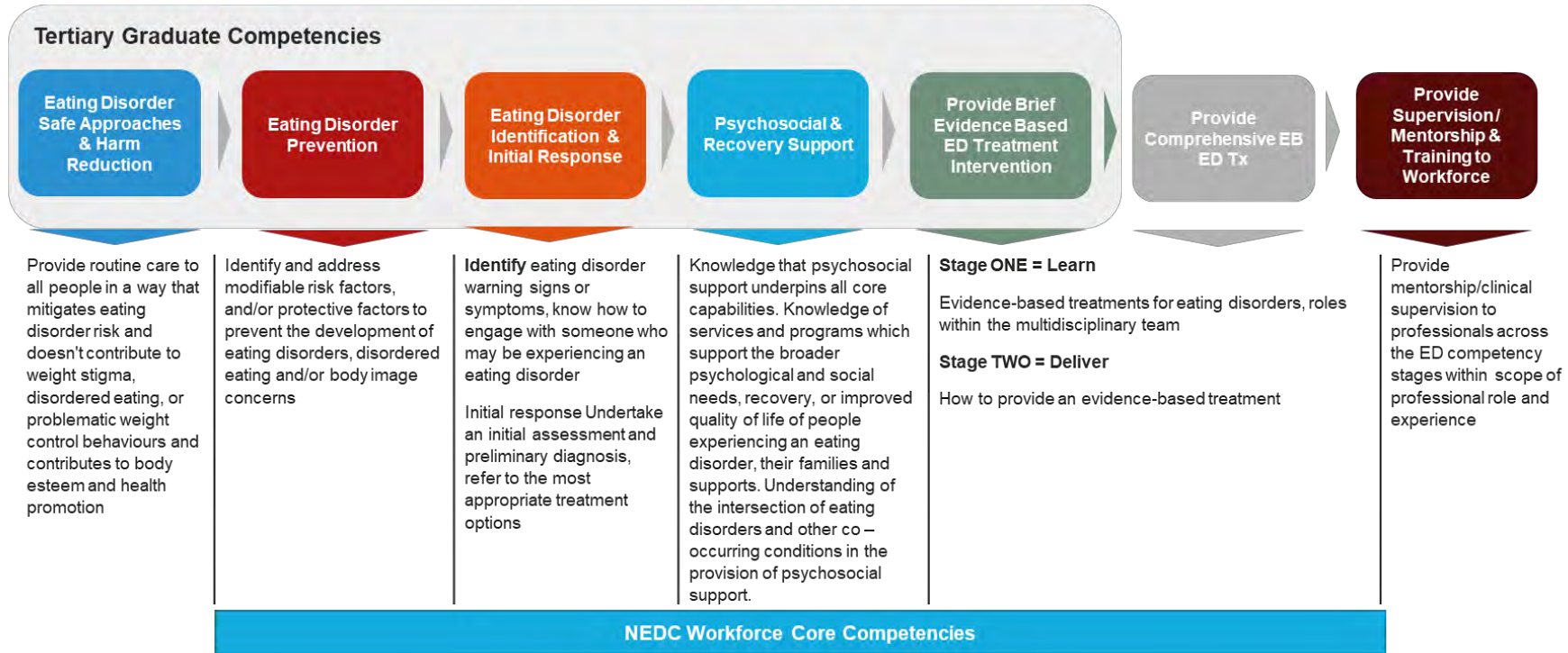
ID	Future State Initiatives for the NEDC	Description
Outcome 1: Facilitate collaboration to target and bridge content and expertise gaps for tertiary institutions via traditional modes of teaching		
1a.	Develop a business case targeted towards tertiary institutions to build content via traditional modes of teaching.	Develop a comprehensive business case for tertiary institutions to address the education gap through traditional teaching modes. Covering the background and current status of eating disorder, disordered eating, and body image content in tertiary education, the case should present both the strategic and academic rationale for change, along with financial benefits for the institution. Include a high-level delivery roadmap and strategies for risk mitigation.
1b.	Drive public awareness of the gap in eating disorder, disordered eating, and body image education and develop demand for enhanced education.	This may require the NEDC to partner with philanthropic organisations for public awareness through fundraisers and programs, or conducting surveys and focus groups with students across the six professional areas to assess interest in learning about ED and associated topics. Such efforts aim to increase demand for bridging the current gap and gauge students' appetite for content on this topic within the six professional areas.
1c.	Develop an ongoing expert collaboration model to curate and develop material for tertiary education related to eating disorder, disordered eating and body image.	Forge strong partnerships with tertiary institutions and professional bodies to create a collaborative environment for sharing resources, expertise, and best practices. This ongoing platform will facilitate the exchange of knowledge and experience among experts, enriching the community with diverse perspectives and innovative solutions. Content development may encompass general nutrition standards, healthy eating, and tailored materials on disordered eating.
1d.	Develop repository of tertiary ready resources on eating disorders, disordered eating, and body image concerns and maximise access for tertiary institutions to leverage for their courses.	Collaborate with Australian universities to centralise academic resources, such as lectures and tutorial materials, creating an accessible repository for universities nationwide. The NEDC should look to prioritise the curation of content for core competencies relevant to various professions first, such as Safe Care and Identification. Noting that it will be critical to develop and communicate the terms and conditions of curating shared content. Engage with select tertiary institutions to pilot-test content curation, starting with professions like Dietetics that have reported ED content relevancy in tertiary curricula as among the highest.

ID	Future State Initiatives for the NEDC	Description
Outcome 2: Engaging with tertiary institutions to prioritise and develop curriculum content for emerging modes of teaching		
2a.	Develop a business case targeted towards tertiary institutions to build content via emerging modes of teaching.	Develop a compelling business case for tertiary institutions to embrace emerging teaching methods, including ED-oriented simulated placements, micro-credentials, and graduate diplomas. The case will assess financial, academic, and strategic implications, evaluating the feasibility of implementing changes such as establishing an Eating Disorder micro-credential. The business case should provide background on the current state of eating disorder education, challenges of traditional methods, and conduct a cost-benefit analysis to demonstrate strategic, academic, and financial benefits for tertiary institutions. Additionally, include a high-level delivery roadmap and outline potential risks with corresponding mitigation strategies.
2b.	Collaborate with industry partners and tertiary institutions to design and develop clinical simulation program(s) to supplement eating disorder placements.	Engage with industry partners and tertiary institutions to develop simulated clinical placement program(s) involving role play of patients presenting with ED symptoms. This program will provide students with practical opportunities to learn and practice ED treatment, including safe care, prevention, identification, and initial response. Content and the program structure should be regularly reviewed and updated based on student and facilitator feedback.
2c.	Collaborate with industry partners and tertiary institutions to design and develop micro-credential structure to supplement traditional modes of teaching.	Identify and outline both compulsory and elective topics on ED to be included in short courses forming a comprehensive micro-credential on ED and associated content. Supply tertiary institutions with a course structure outline and a repository of educational content to facilitate course creation. Content and course structure should be regularly reviewed and updated based on participant feedback.
2d.	Develop ED course structure(s) as part of an ED focused graduate diploma to supplement traditional modes of teaching.	Identify compulsory ED and associated topics to be taught as part of specialised courses that form a larger ED focused graduate diploma. Supply tertiary institutions with a course structure outline and a repository of educational content to facilitate course creation. Content and course structure should be regularly reviewed and updated based on participant feedback.

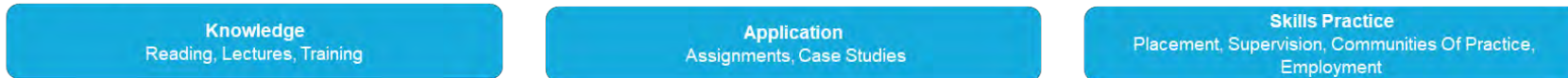
ID	Future State Initiatives for the NEDC	Description
Outcome 3: Legitimise frameworks and competencies		
3a.	Develop business case for Government involvement and funding	Develop an economic business case to secure funding that will highlight 'the cost of doing nothing', emphasising the societal and individual toll of living with eating disorders, disordered eating, and body image disorders (ED). The funding will enhance ED and associated content in tertiary curricula, providing tertiary institutions with more resources for content development. This will also enable NEDC and similar organisations to create programs that further enhance ED and associated content.
3b.	Engage with health ministries across state and federal governments to become advocates for enhanced ED and associated education and research.	Leverage bi-partisan political interest and identify key government agencies to continually engage with and influence federal decision-making. This effort aims to legitimise and embed ED frameworks into the public healthcare system and thus, influence the tertiary institutions to adapt their curricula to meet workforce needs. Obtaining ongoing government sponsorship will be essential for validation of ED frameworks and to encourage adoption within key tertiary institutions. An example of professional standards/frameworks include the stepped system of care.
3c.	Enable ongoing research, training, and placement opportunities for students through additional funding and government partnerships.	Build further upon political interest to access ongoing funding and grants, facilitating increased repeat opportunities for research, training and placements.
Outcome 4: Ratification of ED standards		
4a.	Develop a business case for change to ratify eating disorder standards in tertiary institutions, targeted towards professional bodies.	Developing a case for change targeted towards professional bodies to align common awareness of the prevalence of eating disorder cases and the baseline expectations for eating disorder care within each profession.
4b.	Engage with professional bodies to ratify baseline standards of ED and associated content to be taught in tertiary institutions.	Collaborating with professional bodies to incorporate baseline expectations for providing ED care into the required standards outlined by each professional body. Minimum standards of ED course requirements will be reflected into curriculum content in tertiary institutions.

Appendix C. Proposed Eating Disorder Competency Framework for Tertiary Education

Proposed Eating Disorder Competency Framework¹



Enhanced by:



¹National Eating Disorders Collaboration. (nd.) *Proposed Eating Disorder Competency Framework*, National Eating Disorders Collaboration.

Building a safe, consistent and accessible system of care for people with eating disorders

✉ info@nedc.com.au

🌐 www.nedc.com.au



The National Eating Disorders Collaboration is an initiative of the Australian Government Department of Health and Aged Care.

