

# **Dietitians as first contact practitioners for management of functional gut disorders**

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**Background:** In 2012 the Royal Brisbane and Women's Hospital introduced an innovative model of care (MOC) "Dietitian First Gastroenterology Clinic" (DFCG). The purpose of the clinic was to expedite patient assessment and treatment while reducing gastroenterology waiting lists for patients who could be managed through dietary or lifestyle advice. This study aimed to evaluate the impact of this clinic on patient and service outcomes.

**Method:** The MOC involves the dietitian working independently as a first contact practitioner and in extended scope of practice. Eligible patients are those <40 years with abdominal pain, altered bowel habits and no abnormal screening tests (Chem 20, thyroid function tests, coeliac screen, faecal calprotectin, faecal occult blood) excluding more serious disorders. Data were collected (2012-15) to assess time to first appointment, patient symptoms and referral back to the gastroenterologist for further assessment.

**Results:** Over three years, 62 referrals were triaged from the gastroenterology outpatient clinic wait list to the DFGC. A reduction in wait time was observed, with average time to first appointment with the dietitian being 68 days compared with 283 to see a gastroenterologist prior to introduction of DFGC. Of patients who have completed nutrition intervention (n=25), 84% reported a reduction or complete resolution of symptoms at their final appointment. Almost all patients (94%) were managed in the DFGC without requiring gastroenterology review. The gastroenterology wait list (approximately 1500 referrals per year) was reduced by 1.7%.

**Discussion:** This MOC allowed increased access to services and improved gastrointestinal symptoms in this small patient group. It may present an opportunity for cost savings and efficiencies, particularly in rural and remote areas where there is less access to specialist gastroenterology services. This model has the potential to be applied to other patient groups and across other allied health disciplines.

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