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. . . A DIETITIAN DOWN UNDER



I have been working as a dietitian in Australia for the past three years. I passed the DAA (Dietetics Association of Australia) exams, which were some of the most stressful and expensive exams I have ever taken in my life!

After this, I was lucky enough to get a job in a large teaching hospital in Brisbane, Queensland.

My preferred area is paediatrics, so I worked in every area there was whilst waiting for a paediatric job to come up!

LEARNING THE DIFFERENCES

I currently work in a tertiary children's hospital in Brisbane, Lady Cilento Children's Hospital. Many aspects of my day-to-day job are similar to my time working as a dietitian in Ireland and the UK. However, some things here are vastly different.

KJs

Whilst studying for the DAA exams, I realised that Australia uses Kilojoules/ Megajoules instead of calories, which is a difficult concept to grasp as a dietitian trying to do calculations and working in numbers that can go into tens of thousands! Thankfully, now where I work, we talk in calories and I don't need to divide everything by 4.2 for it to make sense.

FOODS & DRINKS

I spent many happy hours wandering around the supermarkets trying to memorise name of foods and brands (so I can ask my favourite question, "Is it the blue top milk you have?"). After learning the proper names of everything, I then had to go back and try to understand all the slang words and abbreviations that people use over here. My first diet history consisted of something like this (see Table 1).

As well as understanding the complexities of Aboriginal foods and culture, I also had to learn the dietetic lingo; saying 'serve sizes' instead of portions and asking about tablespoons and cups instead of grams.

WHEN BEING SICK IS 'CROOK'

Learning the medical abbreviations felt like I had to learn another language (note: nasojejunal feeds NJ = TPT - trans pyloric tube?!). I am thankfully familiar with many of the feeds that we use (i.e. Nestle, Nutricia, Abbott) although the range is much smaller. I find myself lamenting over flavours that we don't ▶

Claire has experience working in Ireland, the UK and Australia. She completed research in the United States on obesity and in sports nutrition in the UK. Claire is passionate about working in paediatric dietetics. Her dietetic experience spans across adults, paediatrics, community and sports nutrition.

Table 1

The meal	What was said	What it means
Breakfast	Rice Bubbles and a Milo	Rice crispies breakfast cereal and a flavoured milk drink
Lunch	Cheerios, toast with nuttlex, an LCM bar and a popper	Small sausages, toast with a brand of butter, a breakfast type bar and a juice drink
Dinner	Hot chips, zucchini with rissoles	Chips, courgettes, small balls of fried mince
Snacks	Pikelets/lamingtons/ice block/lollies/	Small pancakes/a type of cake slice/iced lolly/sweets

have here, but I did quickly learn that it's not helpful to tell patients, "Well, if you were in the UK, you could get that flavour!"

FORMULAS AND FEEDS

Formulas and feeds here are discussed in kcal/ml, kcal/30ml, percentages, kJ/ml and in strengths, i.e. '1.25%' strength. This was mind boggling for checking and rechecking my calculations and also for educating families. There can be updates sent to us by the feed companies that certain feeds are out of stock or, are in short supplies reaching Australia. I quietly pray that none of my families hear about these shortages and everything comes on time. If not, panic can spread and I get dozens of calls from families demanding to know what's happening with their deliveries.

COSTS

Cost is significantly different to the UK and Ireland. Patients in Queensland need to pay a subsidised amount for their feeds, consumables and deliveries. As a result, I am more considered in my approach to recommending nutritional supplements and feeds to families. Using the golden oldie 'High Protein High Calorie' information can be the best advice I give out when financial considerations are involved. This has forced me to think outside of the box and let go of my rigidity with prescribing nutritional supplements!

AUSTRALIA'S PUBLIC HEALTH MESSAGE

Australia also has a totally different public health nutrition message, which I was initially shocked to discover. Australia follows

the '5 & 2' recommendation for fruit and vegetables (5 = vegetables, 2 = fruit). There is no UK healthy plate model or food pyramid. All of a sudden, the 'five-a-day' motto for fruit and vegetables that I once treasured wasn't enough. I sometimes think I should be over compensating for all the vegetables I missed out on to make up for this huge deficit.

I take my dietetic clinics very seriously here, knowing that some families have driven for hours, or have flown their entire family down for my appointment and left their farms and properties.

I am very aware of the difficulties that some families have living remotely, including their access to food, local healthcare and sometimes even telephone coverage. In these instances, I need to make up feeding plans that cover a wide range of issues. This has been a really challenging learning experience for me as a dietitian, forcing me to think ahead and plan for every eventuality without overwhelming the families.

I have found Australian medical teams much more informal than those in Ireland or in the UK. I often see my consultants at work in jeans/shorts and insist on everyone including families use their first names (and nicknames!) at ward rounds and appointments. Consequently, I'm far more able to ask my silly questions and put forward my suggestions to teams in this relaxed work environment.

Overall, moving to Australia and working as a dietitian has been an incredible experience and I would encourage anyone who wants to move here to come. But start studying for the exams now!