Leading the Vision into Future Practice

HOD Backgrounder

House of Delegates

Introduction
For over a decade, the Academy has collectively worked towards a vision of future education and practice that will elevate the profession and its credentialed nutrition and dietetics practitioners. Some areas such as nutrition and dietetics education and practice competencies have already begun shifting to this vision, and other changes will be implemented over the next several years and decades. In addition, the Academy has just now entered its Second Century (1), further emphasizing the importance of elevating the nutrition and dietetics profession.

Our opportunity:
Choose a bold, purposeful way to continue this legacy with a new vision for the Academy’s Second Century — one that will not only elevate the profession and expand our reach, but do more to improve health around the world.

Mega Issue Question
How can credentialed nutrition and dietetics practitioners elevate the profession, expand opportunities, and enhance practice for the Second Century?

Meeting Objectives:
Delegates and Meeting Participants will be able to:
1. Share current efforts underway by the Academy and its organizational units to identify and meet the needs of the Second Century workforce.
2. Create a vision of a Second Century workplace.
3. Generate ideas to close the gap between current and future practice.
4. Recognize skills and professional development needed for current and future practitioners.
Leading the Vision into Future Practice

The Academy, Council on Future Practice (CFP), Accreditation Council for Education in Nutrition and Dietetics (ACEND), and Commission on Dietetic Registration (CDR) have each investigated the current and future landscape to determine education and practice opportunities. Many common themes emerged from their work. A quote from the 2013 Consensus Report (2) from the CFP stated these commonalities best, “If the nutrition and dietetics profession is not moving forward, it is being left behind.”

The Landscape
According to the Academy’s 2016 Needs Satisfaction Survey (3), half of working RDNs indicated their primary practice area as clinical practice, with 19% in inpatient, 22% in outpatient, and 9% in long term care. When asked to indicate all of the practice areas in which RDNs spend at least 20% of their time, the results were as follows [Exhibit 012]:

- 27% acute care, inpatient
- 11% acute care, outpatient
- 17% ambulatory/outpatient care
- 15% long term/extended care
- 7% rehab facility
- 14% community/public health program
- 9% government agency
- 6% non-profit agency
- 12% private practice
- 9% college/university faculty

Looking ahead, the implications document related to the Commission on Dietetic Registration’s Work Force Demand Study identified the aging population, health care reform, increasing prevalence of certain conditions (including obesity), and growth in the food industry as key factors affecting the demand for nutrition and dietetics practitioners (4). This excess demand will provide opportunities for non-registered practitioners (e.g., naturopathic physicians, athletic trainers, health coaches, health educators, and other health professionals) to provide nutrition and dietetics services. The task force study authors recommended proactive interventions that included: increasing the supply of RDNs by increasing the number of dietetic
Leading the Vision into Future Practice

In addition the CFP Visioning Report 2017: A Preferred Path Forward for the Nutrition and Dietetics Profession (6) was recently released and consisted of input from Academy members, CDR credentialed nutrition and dietetics practitioners, Academy organizational units, CFP think tank members, and Academy external organization liaisons. The change drivers identified in the report are listed in the table below. Each change driver provides opportunities for the dietetics practitioner now and in the future. The recommendations within the report are not meant to be all-inclusive, but rather specific, actionable items that can be pursued in the next 10-15 years to advance the profession.

Table 3. Rankings and ratings of the 10 change drivers from the Change Drivers and Trends Survey conducted in November 2015 among Academy members and Commission on Dietetic Registration credentialed professionals.

<table>
<thead>
<tr>
<th>Change drivers</th>
<th>Ranking %^b</th>
<th>Mean rating^c ± standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Tier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Becomes Medicine in the Continuum of Health</td>
<td>77.6</td>
<td>3.68 ± 0.53</td>
</tr>
<tr>
<td>Aging Population Dramatically Impacts Society</td>
<td>69.9</td>
<td>3.61 ± 0.55</td>
</tr>
<tr>
<td>Accountability and Outcomes Documentation Become the Norm</td>
<td>57.4</td>
<td>3.43 ± 0.61</td>
</tr>
<tr>
<td>Middle Tier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population Health and Health Promotion Become Priorities</td>
<td>58.5</td>
<td>2.94 ± 0.77</td>
</tr>
<tr>
<td>Consumer Awareness of Food Choice Ramifications Increases</td>
<td>56.6</td>
<td>3.23 ± 0.68</td>
</tr>
<tr>
<td>Embracing America’s Diversity</td>
<td>42.6</td>
<td>3.42 ± 0.61</td>
</tr>
<tr>
<td>Technological Obsolescence Is Accelerating</td>
<td>40.6</td>
<td>3.49 ± 0.57</td>
</tr>
<tr>
<td>Bottom Tier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creating Collaborative-Ready Health Professionals^d</td>
<td>47.0</td>
<td>3.37 ± 0.61</td>
</tr>
<tr>
<td>Tailored Health Care to Fit My Genes</td>
<td>37.7</td>
<td>3.11 ± 0.71</td>
</tr>
<tr>
<td>Simulations Stimulate Strong Skills</td>
<td>12.1</td>
<td>3.05 ± 0.65</td>
</tr>
</tbody>
</table>

^aChange drivers are presented in descending order of mean ranking.
^bPercent of respondents selecting the change driver in top 5.
^cMean ratings based on a scale from 1 (strongly disagree) to 4 (strongly agree).
^dThis change driver is in the bottom tier because of its low mean rating, even though its ranking percentage is higher than some middle tier change drivers.
The House Leadership Team has been and will continue to utilize the change drivers for mega issues discussed by the House of Delegates. Work continues as a result of many of these mega issues and will drive us to our desired future. See examples below.

<table>
<thead>
<tr>
<th>Examples of Mega Issues with a Connection to the Change Drivers and Other Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent <a href="#">HOD Mega Issues</a> (7) have addressed many opportunities for the future including:</td>
</tr>
<tr>
<td>• Wellness and Prevention (2016)</td>
</tr>
<tr>
<td>• Technological Innovations (2016)</td>
</tr>
<tr>
<td>• Malnutrition (2015)</td>
</tr>
<tr>
<td>• Business and Management Skills (2014)</td>
</tr>
<tr>
<td>• Engaging Members in Research (2014)</td>
</tr>
<tr>
<td>• Nutrition Services Delivery and Payment (2013)</td>
</tr>
<tr>
<td>• Food and Nutrition Insecurity (2013)</td>
</tr>
<tr>
<td>• Public Health Nutrition (2012)</td>
</tr>
<tr>
<td>• Continuum of Professional Progression and Growth (2012)</td>
</tr>
</tbody>
</table>

**Education**

In 2012, ACEND began exploring the education needed to best prepare graduates for future practice in nutrition and dietetics. ACEND released the Expanded Standards Committee Background Report in July 2014 (8) reviewing three themes that emerged from their environmental scan, as it related to the future educational requirements for nutrition and dietetics practitioners:

1. Continuous high-speed advancements in healthcare, technology, medicine, and food systems warrant additional information and a higher level of education may better prepare nutrition and dietetics practitioners to meet the needs of the public.
2. There is a broadening and increasing complexity in public health nutrition, food safety, disease prevention, food production, and health promotion that may impact the practice of nutrition and dietetics.
3. Many health professions have identified differing skills levels needed by their practitioners in the marketplace. As a result many accrediting agencies have differentiated knowledge and skill requirements at bachelor’s and graduate levels.

ACEND proposed a model for future nutrition and dietetics education with new graduate level standards to prepare generalist and specialist dietitians for these future roles in their *Rationale Document* (9). The proposed model also includes new associate and bachelor’s level standards to better prepare graduates for emerging roles in community nutrition and health, wellness, business and industry, and management. Figure 2 on the next page depicts the recommended future model for education in nutrition and dietetics. The model includes development of programs starting at the high school level and continuing through the doctoral degree level.
## Proposed Model for Nutrition and Dietetics Education

### Integrated Knowledge and Experiential Learning

<table>
<thead>
<tr>
<th>Level</th>
<th>Program Description</th>
</tr>
</thead>
</table>
| **High School Level** | **Community Nutrition and Health Worker**  
(visioned for future exploration)  
Program will contain knowledge and experiential learning requirements in one program;  
program will prepare students for support roles in community health. |
| **Associate’s Level** | **Nutrition Health Associate**  
Program will include integrated knowledge and experiential learning requirements in one program;  
program will focus on topics of general nutrition, health, wellness, cultural competence and communication |
| **Bachelor’s Level** | **Food and Nutrition Practitioner**  
Program will include integrated knowledge and experiential learning requirements in one program;  
program will include coursework in sciences and dietetics core to prepare graduates for identified careers;  
may provide prerequisite preparation for graduate study, and will meet nutrition and dietetic technician registration examination eligibility. |
| **Master’s Level** | **Generalist Dietitian Nutritionist**  
Program will include integrated knowledge and experiential learning requirements in one program;  
program will include preparation in client clinical care;  
team work, communication, research, professional practice;  
community and population health;  
leadership, management, food, and foodservice skills necessary to function as a generalist dietitian nutritionist and will meet dietitian nutritionist registration examination eligibility. |
| **Doctoral Level** | **Specialist Dietitian Nutritionist**  
(Visioned for future exploration)  
Program will include integrated knowledge and experiential learning requirements in one program;  
program will provide preparation for specialized practice. |

*Figure 2. Proposed model for future education in nutrition and dietetics  
*Current focus is on the Associate’s to Master’s level, but other areas will be determined at a later time.*
In 2016, ACEND released a first draft of standards and opened a public comment period for the future education model associate, bachelor’s and master’s degree program. The public comments were reviewed; and in February 2017 ACEND released a revised set of standards based on the input. They now seek public comment on the most recently released draft of the *Future Education Model Accreditation Standards for Associate, Bachelor and Master Degree Programs in Nutrition and Dietetics*. Updates and answers to questions are communicated via ACEND’s Monthly Standards Updates and Town Hall meetings (10).

Below is the guiding vision that ACEND has used in the development of the proposed competencies (9):

<table>
<thead>
<tr>
<th>Future master’s degree prepared nutrition and dietetics practitioner</th>
<th>Future bachelor’s degree prepared nutrition and dietetics practitioner</th>
<th>Future associate degree prepared nutrition and dietetics practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credential available: Registered Dietitian Nutritionist (RDN)</td>
<td>Credential available: Nutrition and Dietetics Technician, Registered (NDTR)</td>
<td></td>
</tr>
<tr>
<td>Facilitates inter and intra professional teamwork and collaboration</td>
<td>Manages the production, distribution and service of food in foodservice operations</td>
<td>Collects data and assists with in home screening regarding changes in: behaviors, nutrition, physical activity, substance use, medication adherence, and other issues as related to the established care plans</td>
</tr>
<tr>
<td>Develops and implements community, population, and global nutrition programs</td>
<td>Develops evidence-informed nutrition communications</td>
<td>Promotes access to community resources for clients</td>
</tr>
<tr>
<td>Reviews, evaluates, and conducts research</td>
<td>Assists clients with meal planning and conducts cooking classes</td>
<td>Assists clients with food label reading and meal preparation tips</td>
</tr>
<tr>
<td>Provides Medical Nutrition Therapy counseling that results in behavior change</td>
<td>Assists the RDN with client/patient screening, nutrition intervention, and client/patient education</td>
<td>Assists with community events such as health fairs and farmer’s markets</td>
</tr>
<tr>
<td>Demonstrates leadership to guide practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assumes administrative, leadership, and entrepreneurial positions in nutrition and dietetics</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Credentialing
CDR changed the degree requirement for dietitian registration eligibility, from a baccalaureate degree to a master’s degree, effective January 1, 2024 (11). This action was based on the recommendations of the Council on Future Practice Visioning Report released in fall 2012. CDR calculated a five to six year window for those entering a Didactic Program in Dietetics (DPD) in 2014 to complete the DPD, followed by two years to find and complete a supervised practice program, and then two years as a cushion for any unforeseen circumstances that would interfere with submission of the registration eligibility application by January 1, 2024.

CDR also launched the Essential Practice Competencies for credentialed nutrition and dietetics practitioners. In June 2015 the new CDR registrants began using the Essential Practice Competencies (12); and those recertifying on June 1, 2016 also began the new process. By the 2020 cycle, all credentialed nutrition and dietetics practitioners will be on the competency-based system. There are 14 spheres, 55 practice competencies for RDNs (50 for NDTRs), and 352 performance indicators for RDNs (271 performance indicators for NDTRs). The Essential Practice Competencies are:
- Broad enough to encompass the range of activities within the profession (e.g., clinical care, management, food service, research, education, public health, consultation, etc.) and to recognize that RDNs and NDTRs assume many unique roles (e.g., marketing for a food manufacturer, informatics for a health system, etc.).
- Descriptive of the different practice roles between the RDN and NDTR credentials.
- Applicable to all credentialed nutrition and dietetics practitioners.

These essential competencies are just one step in preparing the profession for the changing landscape, trends and other forces driving practice.

Question #2: What do we know about the needs, wants and expectations of members, customers and other stakeholders relevant to this decision?

Realities
Over the years, credentialed nutrition and dietetics practitioners have expressed concern about the three Rs- respect, recognition, and rewards. This theme has remained consistent since the 1990’s (2, 13). In addition one of the themes in a supplement from the Workforce Demand Survey Study (14) noted, “Too many in the profession see dietetics as a job rather than a profession and are not ready to step up to the challenge of change.”

At the same time, many practitioners are also seeking opportunities to advance practice and expand services. Many active projects and initiatives support this need, such as CDR’s Advanced Practice Credential in Clinical Nutrition, CDR’s Certificate of Training Programs in Weight Management, and the Academy’s eleven online Certificate of Training Programs in various...
areas of practice (levels 1 and 2 for advanced growth). Successful advocacy efforts by the Academy have created opportunities for therapeutic diet order writing privileges in both hospital and long-term care settings. In addition, the Academy has been offering hands-on training workshops on Nutrition Focused Physical Examination (NFPE). Other areas for continued expansion include integration of RDNs and nutrition services in newer models of health care delivery and payment, which include opportunities to tap into the full scope of practice of the RDN. Furthermore, Dietetic Practice Groups (DPGs) and Member Interest Groups (MIGs) offer opportunities for continuing education, sharing ideas, networking, and building relationships with colleagues.

Stakeholders

ACEND’s Environmental Scan with Stakeholders

- There is an increased focus on disease prevention and integrative healthcare, and the need for more knowledge in emerging areas such as genomics, telehealth, behavioral counseling, diet order writing, and informatics.
- This work requires that health care professionals work more interprofessionally.
- Employers indicated the need for improved communication skills in nutrition and dietetics practitioners and an improved ability to understand the patient’s community and cultural ecosystem.
- Practitioners need to be able to read and apply scientific knowledge and interpret this knowledge for the public. Employers also expressed a desire for stronger organizational leadership, project management, communication, patient assessment, and practice skills.
- Many of the stakeholders identified gaps in current competencies in areas of research, communication, leadership/management skills, cultural care, interprofessional work, basic food and culinary preparation, and sustainability.
- Employers indicated that more time might be needed in the preparation of future nutrition and dietetics practitioners to assure application of knowledge and demonstration of skills needed for effective practice.
- Stakeholders identified the importance of associate and bachelor’s level prepared graduates for roles in community health, wellness, and management.
- Employers identified the need for preparing undergraduates with transferable skills in leadership, business and management, and expressed the need for faculty prepared at the doctoral level.

ACEND interviewed stakeholders representing healthcare administration (pharmacy, nursing), deans of allied health colleges, employers of less traditional roles (communications, marketing, and management), physicians, educators in allied health graduate programs, and researchers...
regarding their needs with employment of current and future practitioners (9). The table above on page 8 shows key themes that emerged from these interviews.

**Opportunities**
The Academy is entering its Second Century and there are many exciting opportunities to advance the profession. Six Second Century opportunity categories have been identified (15). The potential is great for the profession heading into the Second Century and opens the door for further stakeholder collaboration.

### Opportunities in Six Categories

**FOOD AND NUTRITION SECURITY**
Ensure all people have reliable access to culturally appropriate, nutrient-dense food and clean water – now and in the future – by building resilient food systems and prioritizing actions to prevent and divert wasted food throughout the value chain.

**RESEARCH AND STANDARDS**
Implement models of trusted, public-private collaboration to support high-quality nutrition research, metrics and standards creation and open-access platforms for curating research and reporting outcomes.

**ENVIRONMENT, BEHAVIOR AND CHOICE**
Create a culture and environment that support health and wellness through relevant and appealing solutions for all places where people spend their time – home, work, schools and communities.

**GLOBAL WORKFORCE CAPACITY**
Grow the number of trained nutrition professionals and dietitians globally and embed nutrition knowledge broadly to increase nutrition capacity and reach global health goals.

**PREVENTION AND HEALTH CARE**
Improve health outcomes and decrease health disparities by accelerating the shift to a preventive health care model and using new technologies to individualize nutrition care.

**INVESTMENT**
Accelerate progress and explore collaborations to drive investment in nutrition outcomes.

Moving the educational preparation of the RDN to the master’s degree level will help elevate the profession among our allied health professional colleagues, whose professions have already elevated entry-level educational standards to either a master’s degree or practice doctorate (16). Advancing the education level should also increase the profession’s ability to effectively advocate for coverage and reimbursement for nutrition services provided by RDNs, and for appropriate positioning of RDNs on the health care team (2).
The CFP Visioning Report 2017 also looked at the future needs of society and the profession. Highlights from the report are shown below. Credentialed nutrition and dietetics practitioners can help fulfill these changing needs.

### Society’s Future Needs and Changes

#### Demographics
- Diversity
- Generations
- Geographic distribution
- Financial and political disparities
- Education levels

#### Client/Patient Needs, Preferences and Health Education
- Lifestyles
- Cultural values
- Consumer trends
- Health disparities
- Health education
- Health and nutrition literacy
- Personal resources (income)

#### Food and Nutrition Systems and Sustainability
- Food industry
- Food systems management
- Food and nutrition security
- Food safety
- Food-related environmental sustainability
- Agricultural systems

#### Healthcare
- Healthcare reform
- Coordinated care
- Healthcare delivery systems and models including long-term care and acute care facilities
- Alternative medicine/health
- Access to primary care
- Access to RDNs and NDTRs
- Quality care and outcomes

#### Public Health, Policies and Priorities
- Obesity
- Nutrition and physical activity across the lifespan
- Chronic disease management
- Health promotion and wellness
- Changing the environment/infrastructure to promote healthy lifestyle

#### Economics/Market Forces
- Economic outlook
- General employment trends
  - Wages
  - Areas for job growth
- Delivery and payment for nutrition services
- Public reporting of measurable results for nutrition service

#### Advances in Medicine, Science and Technology
- Genetics, genomics
- Behavioral science
- Information communication technologies
- Mobile connectivity
- Electronic health records

#### Global Context
- Nutrition and dietetics practices in other countries
- Migration/immigration and global workforce
- Global professional collaboration
- Trends in population health and agriculture

### Profession’s Future Needs and Changes
### Education/Professional Development
- Integrated didactic education and supervised practice
- Knowledge and continuing competence
- Education programs and curriculum
- Learning technologies and platforms

### Work and Workplaces
- Practice roles
- Business models
- Emerging opportunities
- Competitive providers of nutrition and dietetics services
- Work and family balance
- Salaries and benefits

### Workforce Projections
- Supply and demand
- Mobility and adaptability
- Workplace settings and focus areas
- Staffing models and ratios
- Retention of RDNs, NDTRs and dietetics students/interns
- Diversity of the workforce

### Practice Requirements
- Evidence-based practice
- Business and entrepreneurial skills
- Technology use
- Education, counseling and behavior change
- Cultural competency
- Interprofessional training and proficiency
- Practice efficiency methods

### Career Advancement and Leadership
- Reward and recognition
- Leadership and management
- Drive and motivation
- Mentoring new practitioners

### Advocacy, Credentialing and Licensure
- Advocating for the profession
- Patterns in credentialing in nutrition and dietetics
- Competing and related credentials

### Translating Evidence-Based Research into Practice and Policy
- Research on effectiveness of nutrition services
- Opportunities for practitioner/researcher collaborations
- New developments in nutrition and health sciences
- Informatics and data analytics
- Translating research into policy

### Values and Ethics
- Evidence-based nutrition
- Social responsibility
- Personal integrity and professionalism

---

**Figure 2.** Ten priority change drivers and their associated trends for the Council on Future Practice’s 2014-2017 Visioning Cycle.

**In July of 2014, the CFP utilized the scanning framework to identify and prioritize the following five shaded categories for the 2014-2017 visioning cycle.**

---

Before moving on to the next section, please stop and read the following documents to set the stage for the strategic position and capacity section.
- **Appendix A:** CFP’s Visioning Report 2017: A Preferred Path Forward for the Nutrition and Dietetics Profession

---

Leading the Vision into Future Practice
As we head into the Second Century and look to advance with multiple levels of practice, there are opportunities to expand the workforce not only in the U.S., but also globally. The Workforce Demand Study noted the demand for nutrition and dietetics services was predicted to increase due to health care reform and the expansion of health care services to an additional 30 million people (4). The report suggested that approximately 75% of the demand for dietetics services would be met by the year 2020, which would leave 25% as an unmet need. Credentialed dietetics practitioners’ characteristics in 2010 included an average age of 44 years, 96% were women and about 55% worked in clinical dietetics. The net supply of CDR credentialed dietetics practitioners was projected to grow by 1.1% annually (3). The implications report also indicated that the public will have more options for nutritional advice from the rise in homeopathy and other sources of alternative (natural) medicine. Therefore, without an adequate supply of credentialed nutrition and dietetics practitioners, the competitive space for RDNs and NDTRs may be challenged (4). Current discussions within the national political arena around changes to the Affordable Care Act may impact these previous projections in ways we cannot yet anticipate. Either way, we know the public has a heightened interest in nutrition and health.

There is also a shortage of health workers globally, while demand for health services jobs are expected to increase. The workforce provides a clear pathway to improved food, nutrition and overall health for those who benefit from access to nutrition and health services (17). The report from the High-Level Commission on Health Employment and Economic Growth also identified a 9 to 1 return on investment in the health sector workforce (17).

Additionally, there is growing global momentum for collaborative solutions in food and nutrition. Last year, the United Nations Sustainable Development Goals (SDGs) were launched, with 17 transformative targets for all countries to work toward (18). Food and nutrition is at the top of the agenda. Goal #2 is to end hunger and all forms of malnutrition. A rapid path to supporting the SDG #2, the Decade of Action on Nutrition, and addressing the need for global health workers is by creating a pathway for RDNs, NDTRs, dietetic interns, and undergraduate dietetics majors to fill the gap. RDNs are the most highly trained nutrition practitioners and represent a workforce of 100,000 credentialed nutrition and dietetics practitioners. Yet, they
are underrepresented in careers in global health, resulting in an unfulfilled potential to accelerate progress in improving nutritional status of all people around the world.

The Academy has built an organizational infrastructure to help advance the profession. This infrastructure includes:

- a highly respected research arm (including the Evidence Analysis Library, Dietetics Practice Based Research Network, ANDHII, position and practice papers, and the electronic Nutrition Care Process Terminology used by 15 countries);
- a lifelong learning and professional development arm, which hosts the Academy’s annual scientific Food and Nutrition Conference and Expo, offers over 400 continuing professional education credits per year, and manages nearly 30 specialty dietetics practice groups; and
- an advocacy arm, which influences food and nutrition public policy at all levels of government.

The Academy’s infrastructure also includes the credentialing arm of the profession, the Commission on Dietetic Registration, and the accrediting agency for education programs preparing students for careers as RDNs and NDTRs, the Accreditation Council for Education in Nutrition and Dietetics (ACEND), which accredits 575 nutrition and dietetics programs in the U.S. and five international programs. In addition, the Academy’s Foundation is the only charitable organization devoted exclusively to promoting nutrition and dietetics, funding health and nutrition research and improving the health of communities through public nutrition education programs.
As a part of its Second Century initiative and centennial celebrations, the Academy of Nutrition and Dietetics has established a new vision, mission, principles and strategic direction that will expand the influence and reach of the Academy and the nutrition and dietetics profession.

**Academy of Nutrition and Dietetics New Mission, Vision and Principles**

**New Vision**
*A world where all people thrive through the transformational power of food and nutrition*

**New Mission**
*Accelerate improvements in global health and well-being through food and nutrition*

**New Principles**
*The Academy of Nutrition and Dietetics and our members:*
- Integrate research, professional development and practice to stimulate innovation and discovery
- Collaborate to solve the greatest food and nutrition challenges now and in the future
- Focus on system-wide impact across the food, wellness and health care sectors
- Have a global impact in eliminating all forms of malnutrition
- Amplify the contribution of nutrition practitioners and expand workforce capacity and capability.

As the Academy and the Academy Foundation move into the Second Century, a Nutrition Impact Summit was held to focus on increasing collaboration among key stakeholders and identifying opportunities to improve the global health trajectory. The Summit brought together 170 thought leaders, experts, innovators, and strategic thinkers across the food, wellness, and health care sectors to answer the question, "How might we accelerate progress toward good health and well-being for all people through collaboration across food, wellness and health care systems?" (19). A key focus of this summit was on increasing collaboration among key stakeholders and identifying opportunities to improve the global health trajectory.
The core tenets of this proposed new vision:

- Accelerating progress through technology
- Revealing evidence through gold-standard research
- Empowering consumers through education and creating an environment where the healthy choice is the easy choice
- Advocating for stronger policies
- Optimizing wellness through health care and customized nutrition solutions
- Fueling innovation through investment

Many opportunity areas covered during the Nutrition Impact Summit correspond with items from the 2017 Visioning Report and ACEND rationale document, setting the stage for advancing the profession. RDNs and NDTRs can help meet practice needs across the spectrum in the U.S. and across the globe.
Implications

Scope of Practice for the Profession of Nutrition and Dietetics
The scope of practice for the profession of nutrition and dietetics incorporates education, credentials, practice standards, practice management and advancement, and practice resources (20). Scope of practice in nutrition and dietetics encompasses the range of roles, activities, and regulations within which nutrition and dietetics practitioners perform. For credentialed nutrition and dietetics practitioners, scope of practice is typically established within the practice act and interpreted and controlled by the agency or board that regulates the practice of the profession in a given state (21). The Scope of Practice for the RDN reviews the RDN’s education and training in food and nutrition and summarizes the responsibilities for nutrition-related services. RDNs are integral leaders of interdisciplinary teams in health care, foodservice systems, education, and other practice environments. They provide services in varied settings, including health care, business and industry, communities and public health systems, schools, colleges and universities, the military, government, research, fitness centers, private practice, and communications (22). The Scope of Practice for the NDTR describes the NDTR’s education and training in food and nutrition and outlines their roles in providing services and activities. NDTRs are integral members of the nutrition care and foodservice management teams. NDTRs work in employment settings such as health care, business and industry, communities and public health systems, schools, fitness centers, and research (23).

Standards of Practice (SOP) and Standards of Professional Performance (SOPP)
Standards of Practice in Nutrition Care are authoritative statements that describe practice and responsibilities for which RDNs and NDTRs are accountable using four separate standards. Each standard demonstrates quality indicators through nutrition assessment, nutrition diagnosis (problem identification), nutrition intervention (planning, implementation) and outcomes monitoring and evaluation (24, 25). The Standards of Professional Performance includes standards for six domains of professionalism: Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. For RDNs in specialty practice, the SOPs and SOPPs in the 17 focus areas (i.e., diabetes, oncology, sports, pediatrics, etc.) further illustrate quality indicators within competent, proficient and expert levels of practice (26).
Future Considerations

With the education model shifting and implementation of the newly updated education knowledge standards and corresponding competencies, the scopes of practice, standards of practice, and standards of professional performance will be evaluated after workforce uptake and adoption of the three levels of nutrition and dietetics practitioners. The Academy’s Quality Management Committee will review employers’ identified and initiated job position specifications that meet their market demand.

The helix graph (see right) will also expand to include the third level of education and parallel pathway as applicable (27).

Competency, Professional Knowledge and Continuing Education

According to Principle 14 of the Academy of Nutrition and Dietetics and Commission on Dietetic Registration (CDR) Code of Ethics, “The dietetics practitioner assumes a lifelong responsibility and accountability for personal competence in practice, consistent with accepted professional standards, continually striving to increase professional knowledge and skills and to apply them in practice.” (24) The Essential Practice Competencies are already applicable to all credentialed nutrition and dietetics practitioners. However, continuing education opportunities will need to be geared towards the future types of practitioners, as well as multiple levels of practice (competent, proficient and expert). Credentialed nutrition and dietetics practitioners will need continuing education opportunities that match their practice level and allow for growth across their career to ensure they are abiding by the Code of Ethics.
Professional Regulations
The purpose of states licensing professionals is for public protection by ensuring only qualified individuals are engaged in practices that could impact the health or safety of citizens. Currently 47 states either require dietitians to be licensed, license and regulate the practice of nutrition and dietetics without requiring one be licensed to practice, or regulate the use of dietetics and nutrition-related titles. State dietetics and nutrition licensing boards or state departments of professional regulation or health are responsible for developing and implementing regulations governing professional qualification and practice. Each state defines the legal scope of practice for licensed dietitian nutritionists or licensed dietitians (i.e., what licensees are legally permitted to do) and determines the requisite educational preparation and experience required to be recognized as a licensed practitioner in the state.

A non-RDN bachelor’s level practitioner who passes CDR’s examination for registered dietitians is generally eligible for state recognition and oversight as licensed dietitian nutritionists (or similar titles). This means that non-RDN CDR credentialed nutrition and dietetics practitioners with a bachelor’s level education will hold the same legal scope of practice as a licensed RDN unless the states and the federal government are persuaded to adopt the Academy’s recommendations for concomitant amendments to scores of statutes and regulations. The Academy continues to work with our affiliates and numerous interested stakeholders to lay the foundation for changes to state licensure laws to improve the practice of nutrition and dietetics around such issues as therapeutic diet ordering, telehealth, and the minimum academic requirements necessary for licensure.

Credentialing by Third Party Payers
There will be continued emphasis on expanding consumer access and coverage for Medical Nutrition Therapy (MNT) and the broad range of services provided by credentialed food and nutrition practitioners, while working to achieve competitive reimbursement for quality nutrition services. Under the fee-for-service payment structure, provider credentialing is tied to professional credentialing requirements (such as those of CDR) and state licensure. For example, Section 1861[42 U.S.C. 1395x] of the Social Security Act defines the qualified provider of Medical Nutrition Therapy services under Medicare Part B as follows: (vv)(1) The term “medical nutrition therapy services” means nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional (as defined in paragraph (2)) pursuant to a referral by a physician (as defined in subsection (r)(1)).

(2) Subject to paragraph (3), the term “registered dietitian or nutrition professional” means an individual who—

(A) holds a baccalaureate or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics, as
accredited by an appropriate national accreditation organization recognized by the Secretary for this purpose;
(B) has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional; and
(C)(i) is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed; or
(ii) in the case of an individual in a State that does not provide for such licensure or certification, meets such other criteria as the Secretary establishes.

(3) Subparagraphs (A) and (B) of paragraph (2) shall not apply in the case of an individual who, as of the date of the enactment of this subsection, is licensed or certified as a dietitian or nutrition professional by the State in which medical nutrition therapy services are performed.

Without a change in state licensure laws to align the RDN credential with a master’s degree or higher, NDTRs, who in the future will hold a bachelor’s degree, might be deemed to meet the definition of “nutrition professional” for the purposes of Medicare enrollment and the provision of MNT services to Medicare beneficiaries. Similar implications may apply for state Medicaid programs and private payers. It should be noted that this change is not guaranteed and could lead to disastrous and costly unintended consequences as licensure laws and federal statutes and regulations are opened up. It will be important to align laws, regulations, and third party payer credentialing policies with the education and credentialing requirements and scope of practice of the future credentialed nutrition and dietetics practitioners, once they are actually defined.

The Academy has an opportunity to accelerate improvements in nutrition and health around the world, by building on our strengths and collaborating with other leaders.

Conclusion:
The dietetics profession is propelling forward with the advancements of education and practice; and while some changes may take decades to implement, the time to advance practice is now. The changes will affect every area of the profession. Credentialed nutrition and dietetics practitioners must be prepared to advance skills and elevate practice to compete in the Second Century workforce.
REFERENCES:


25. The Academy Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Revised

