

# Visioning Report

Moving Forward – A Vision for the Continuum of  
Dietetics Education, Credentialing and Practice

9/5/2012

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# **Visioning Report: Moving Forward – A Vision for the Continuum of Dietetics Education, Credentialing and Practice**

## **Mega Issue Dialogue Question**

What suggestions do you have for the implementation of the recommendations from the Visioning Report?

## **Dialogue Expected Outcomes**

Meeting participants will:

1. understand the rationale behind the recommendations of the Visioning Report;
2. provide reaction to the Visioning Report;
3. be able to clarify and answer questions regarding the recommendations for Academy members; and
4. create suggestions for implementation of the Visioning Report recommendations.

## **Charge to the Council on Future Practice**

The Council on Future Practice (CFP) was created in response to a recommendation by the 2008 Phase 2 Future Practice and Education Task Force (1). CFP works collaboratively with the Commission on Dietetic Registration (CDR) and the Accreditation Council for Education in Nutrition and Dietetics (ACEND) to project and plan for the future practice needs of the profession of nutrition and dietetics. In addition, the Phase 2 Future Practice and Education Task Force recommendations encouraged the creation of a visioning process to identify future practice needs, including education and credentialing to support future practice. This visioning report provides direction for preparing students in the future and is not intended to impact current practitioners or educators today. If we want a higher level of practice in the future, we must begin to develop plans that will impact the educational preparation of students and the resulting credentialing process.

The 2011 Future Connections Summit (2, 3, 4) confirms that our future is expansive. The Summit provided the following key messages focused on creating our future:

- Prepare to lead consumer-centered focus on food and nutrition.
- Utilize multiple levels, multiple paths for education and credentialing.
- Embrace new practice roles.
- Promote the evolution of education and credentialing.

## **Acknowledgements and Recognition**

The Council on Future Practice expresses its gratitude to ACEND, CDR, the Academy Education Committee, and the House of Delegates (HOD) Leadership Team for their valuable input and contributions to this Visioning Report. The spirit of collaboration both within and among the organizational units has been key to the creation of this document.

The Council would like to emphasize that the Visioning Report is exactly that—a vision of what is possible for future dietetics practitioners and educators. The recommendations are not for today, but for the years to come. While these recommendations are not mandates, they provide a starting point for creating a new future for the profession. We recognize that ACEND and CDR have standard-setting autonomy to implement these recommendations with the option to either fully support them or modify them. However, these recommendations set the stage for dialogue and discussions on how to best implement them for the benefit of the profession. The Council looks forward to the discussions that these recommendations will initiate and the creativity that will be generated to ensure successful implementation.

## Introduction to Visioning Report

For over a decade, the Academy of Nutrition and Dietetics (Academy) has been discussing and debating making changes to education and credentialing to ensure that future dietetics practitioners are able to meet future practice needs. In 2005, the Dietetics Education Task Force (5) noted that basic educational requirements, consisting of a baccalaureate degree and supervised practice, have not changed since 1927. Although there have been updates in content, curriculum, competencies, and programs, the basic structure of education has remained intact. For many years, both Academy members and employers of dietetics practitioners have expressed concerns about dietetics education and the ability of graduates to meet marketplace demands.

The 2005 Task Force noted and expressed concerns that recommendations from previous reports/commissions/task forces, which called for significant changes in the form and structure of dietetics education, did not take place. For example, the Report of the 1972 Study Commission on Dietetics (6) as well as the Report of the 1984 Study Commission on Dietetics (7), which was used as the basis for the 1986 long range planning conference, all recommended changes in dietetics education. Unfortunately, many of the recommendations made over the past 40 years have not been implemented, limiting the Academy's ability to meet its mission and vision and lead the profession into the future. When asked about what they regretted about the profession, delegates participating in the spring 2012 virtual House of Delegates (HOD) meeting expressed concern over the lack of change in the profession, with comments such as, "I am sorry that we [weren't] more visionary 20 years ago about 5, 10, and 15 years down the road," and, "Missed opportunities and passive stance are holding back professional progress" (8).

Academy members and CDR credentialed practitioners have also expressed concerns about their chosen profession. Respondents to the 2008 needs assessment (9), which included a sample 6,955 individuals (58% response rate), felt the four greatest challenges facing the profession were recognition of the value delivered to the larger society (77%), public awareness of the field (75%), reimbursement for services (74%), and compensation (74%). Concern about respect, recognition, and rewards—the three R's—has been a persistent theme dating back to the mid-1990s.

More recently, during the March 2011 Future Connections Summit on Dietetics Practice, Credentialing, and Education, participants discussed a future vision for the profession that was expansive and would prepare dietetics practitioners with the knowledge and skills for the future (2, 3). The Summit utilized design thinking and asked participants to determine design principles for the dietetics profession that would provide a framework for designing a continuum of future practice, credentialing, and education. The Summit culminated in a shared vision that the profession must embrace multiple levels and multiple paths for entering and advancing in dietetics and welcome new roles as members of interdisciplinary teams. Summit participants agreed that education and credentialing must evolve to support diverse, emerging, and adaptive careers in food and nutrition. In addition, participants recognized the need for education programs at all levels of practice, as well as credentialing systems that recognize practice at various levels. One of the major conclusions of the Summit was that the opportunity to shape the future of dietetics is wide open and must be seized now. Glenna McCollum, 2011 Speaker of the HOD, offered the following closing remarks at the Summit: "We are ADA [now the Academy]. We are the leaders who stepped forward to facilitate this change. Each one of us needs to fan this flame of change at the local, state and national levels. We will do this. And we will implement what we discussed this day" (2, page 1589).

In November 2011, CFP, ACEND, and CDR met to explore the question, “What are strategies and practical actions we can take, both collectively and individually, to realize the future of advanced practice we have agreed upon?” (10). A major outcome of the meeting was agreement among the three organizational units to move forward to address advanced practice for the profession, beginning with the clinical dietetics focus area of practice. A consensus was also reached that it was critical to examine the continuum of education and credentialing from entry-level—for both dietetic technicians, registered (DTRs), and registered dietitians (RDs)—to advanced practice in order to elevate practice at all levels, ensure the success of advanced practice RDs, and move the profession forward. Support was provided for possibly increasing the degree requirement for entry into the profession to either a graduate degree or a practice doctorate. Support was also provided for a new credential recommended by the Academy’s Board of Directors-appointed Alternative Pathways Workgroup for baccalaureate degree graduates who have met Didactic Programs in Dietetics (DPD) requirements. The CFP also proposed the possibility of incorporating DTRs into this new credential. The new credential could meet the needs of the increasing numbers of baccalaureate degree graduates who have met DPD requirements who do not have a credential that recognizes their education, increase the number of entrants to the dietetics profession, and provide an opportunity for those students who wish to work for a period of time before pursuing an internship and/or advanced degree in preparation for the RD credential. At the conclusion of the meeting CFP, ACEND, and CDR committed to collaboration and communication to address advanced practice and the continuum of education and credentialing. Following the meeting, work began on a new credentialing framework that would operationalize the continuum of education, practice, and credentialing.

In early 2012, the Academy’s Board of Directors (BOD) approved the new credential for baccalaureate degree graduates who have met DPD requirements (11). Additionally, the Alternative Pathways Workgroup passed a motion to support further investigation and vetting of the proposed credentialing framework (see Appendix A, page 35), and the Academy BOD agreed that a new credentialing framework was an essential component of operationalizing the continuum of education, practice, and credentialing.

In March 2012, CDR and the Academy published the results of the 2011 Dietetics Workforce Demand Study in a supplement to the *Journal of the Academy of Nutrition and Dietetics*. In the introduction, Susan H. Laramée, MS, RD, LDN, FADA, chair of the Dietetics Workforce Demand Study Task Force, emphasized the importance of respect, recognition, and rewards for dietetics practitioners and suggested the need to confront three major goals to help reach our vision of the future: “Increase entrants to the profession; learn to work effectively, proactively, and, when appropriate, in partnership with our competitors; and support practitioners in development and advancement of career skills and competencies that meet the demands of society and the workplace” (12, page S7). The article also suggested that dietetics practitioners reinvent themselves to maintain relevance by being adaptable, taking risks, and avoiding what is termed “perfection paralysis,” which will get the profession nowhere. Some of the major challenges and themes presented in the supplement included the following (13):

- 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.
- Change is a constant and the profession must prepare for continued change in the future by defining, recognizing and supporting multiple levels of practice in a variety of practice areas to meet marketplace demands.
- Both specialist and advanced practice will be important in the future, but skilled generalists will have important roles to play in a fast-changing environment.
- The profession must attend to the small supply of DTRs.

In 2005, the Dietetics Education Task Force stated that “while the time to act is now, we fully understand the need to allow time for input from all stakeholders in this process and time for implementation” (5, page 4). That statement, which was true in 2005, remains true today as the Academy continues to discuss needed changes in the profession. During the Spring 2012 HOD Meeting, many delegates expressed urgency to act, with comments such as, “We haven’t done a good job of being flexible, fast, and nimble in a changing environment” and, “We need to act and make changes later if needed, but we need to act now” (8). In addition, the CFP conducted a qualitative study of ACEND program directors and members of the Nutrition and Dietetic Educators and Preceptors Dietetic Practice Group (NDEP) in the spring of 2012, asking for their input on a future vision for the continuum of education, practice, and credentialing (14). One hundred forty-nine educators responded to six open-ended questions administered through an electronic survey. Based on a content analysis of written responses, several major themes and subthemes calling for needed changes emerged (see Appendix B, page 36). One educator emphasized the need for the Academy to act now: “Make tough changes now so we can survive in the future” (14).

Although the challenges are considerable, now is the time to make changes that will move the profession of dietetics closer to the shared vision of the 2011 Future Connections Summit and operationalize the Dietetics Career Development Guide (15). A motion from the 2012 spring meeting of the HOD recommended that the Guide be supported and integrated throughout the Academy.

As Marsha Rhea, MPA, CAE, stated in her opening remarks to participants in the 2011 Future Connections Summit, “A vision is only a dream without a commitment to act” (3, page 1592). Now is the time to plan for the future by exploring options and engaging stakeholders in an enlightened discussion so that all dietetics practitioners share that sense of urgency expressed in the Dietetics Workforce Demand Study, which was concerned “that the window of opportunity might close before the profession can see what is ahead and adapt” (16, page S34). The statement made by the 2005 Dietetics Education Task Force, “that defining the profession through education and credentialing standards is one of the few true levers available for change,” remains true today (5, Appendix E of full report).

And now is the time for all of the Academy organizational units, leadership and members to come to an agreement on the recommendations and future direction that will protect the public, improve the nation’s health, advance the nutrition and dietetics profession to keep us at the forefront of food and nutrition, and address issues related to the 3 R’s: reward, recognition and respect.

### **Recommendations for the Future of the Profession**

The following nine recommendations are interrelated, have a synergistic effect, and must be addressed together to create a new education and credentialing system capable of supporting and advancing future dietetics practice and keeping the Academy and its members at the forefront of food, nutrition, and dietetics. As a function of the CFP to ensure the viability and relevance of the profession of nutrition and dietetics, it is imperative to develop strategies for implementation of the following recommendations. These recommendations are made by the CFP with input from ACEND, CDR and the Education Committee. The HOD will provide input on implementation strategies for consideration by ACEND and CDR as they determine how to implement the recommendations.

**Recommendation #1:** Elevate the educational preparation for the future entry-level RD to a minimum of a graduate degree from an ACEND-accredited program (see Appendix A, page 35).

- Currently credentialed RDs will be able to continue practice and be recertified without obtaining a graduate degree.
- The degree requirement for entry into the profession should provide flexibility among institutions of higher learning.

### **Rationale**

The expansion of knowledge and need for both deeper and wider expertise has affected all health care professions in the last decade. Increasing entry-level degree requirements may enable future RDs to be competitive and respected members of the healthcare team. In addition, the enhanced preparation for practice leads to better critical thinking and a higher quality of care and protection of the public. Virtually all other allied health professions have increased entry-level educational standards beyond the bachelor's degree to either a master's degree or practice doctorate (17).

The Academy's Coding and Coverage Committee is very concerned about the current level of education for entry into dietetics practice, especially as it relates to the profession's ability to effectively advocate for coverage and reimbursement for nutrition services provided by RDs and to the positioning of RDs on the health care team:

“Education needs to move to a higher degree ... for entry-level clinical practice. Credentials make a difference for our voice to be heard among organizations such as Centers for Medicare and Medicaid Services (CMS), American Medical Association (AMA), and others with a predominant “doctor” culture. We are the least educated of the allied healthcare professionals on the health care team, which influences our ability to garner attention and respect from physicians and other colleagues; educational attainment contributes to respect. Demands for knowledge and skills in today's healthcare environment far exceed those required in the past, and we must expand the current entry-level education preparation model. RDs need to enter practice with evidence-based skills and with research competency to be able to demonstrate and document outcomes and effectiveness; the committee is committed to support CFP's efforts” (18).

The dual issues of adequacy of preparation and respect from health care team members were addressed in the 2005 Dietetics Education Task Force report (5). Recommendation #1 from this report requested that CDR require a graduate degree for RDs to be eligible to take the CDR exam and for professional entry into practice (5). Almost all other health care professions have increased entry-level educational standards based on expansion of knowledge and need for deeper and wider expertise; further, level of education is a factor that influences respect as a valued member of the healthcare team (5). Too often, RDs at any level are seen as assisting in, rather than leading, the nutrition care process, a perception that may affect career advancement (19).

In 2011, participants in a joint meeting of CFP, ACEND, and CDR agreed that increasing degree requirements for entry into the profession to a graduate degree—either a master's degree or practice doctorate—along with developing a new credential for DPD program baccalaureate graduates, would elevate practice at all levels of the profession (10). One theme that emerged from the CFP educator survey indicated that dietetics educators support a graduate degree for entry into the profession, as well (14).



It has been observed that health care professionals with advanced degrees tend to have higher self-esteem and attain a higher profile within the profession as writers, researchers, and leaders (1). The Bureau of Labor Statistics (BLS) indicates that many dietitians have advanced degrees and that employment of dietitians is expected to increase 20% from 2010 to 2020, faster than the average for all occupations (20).

In 2010, RD salaries were 40-45% less than salaries of other non-physician health professionals (21). Education beyond the bachelor's degree continues to be associated with hourly wage gains. In 2011, the difference between the median wage of RDs with a master's degree and those with a bachelor's degree was \$2.41/hour (approximately \$5,000/year difference) (22).

“Healthcare will continue to grow fastest and provide some of the best paying jobs in the nation—but the people in these jobs will increasingly require higher levels of education to enter the field and continuous certification once they are in” (23, page 15). The need to elevate entry-level RD education to a graduate level is consistent with the knowledge, skills, and research base required in the field of nutrition and dietetics and is necessary to protect the public, remain competitive, and increase recognition and respect. Furthermore, Collier found that graduate degree requirements do not deter student interest in a health professions career (24).

**Recommendation #2: Recommend that ACEND require an ACEND-accredited graduate degree program and/or consortium that integrates both the academic coursework and supervised practice components into a seamless (1-step) program as a requirement to obtain the future entry-level RD credential (see Appendix A, page 35).**

▪ **Create an educational system for the future entry-level RD based on core competencies, which provides greater depth in knowledge and skills that build on the undergraduate curriculum, and includes an emphasis area (clinical, management, community/public health).**

### **Rationale**

Eighty-five years have passed since the current system of dietetics education was created. This means the way entry-level dietetics practitioners are educated as generalists, with a minimum of a baccalaureate degree and supervised practice, has not changed since 1927 (5). Currently, there are two pathways to eligibility for dietetic registration, including the Coordinated Program (which includes academic coursework and supervised practice either at the undergraduate or graduate level) and the Didactic Program plus a separate supervised practice experience, in the form of a Dietetic Internship or an Individualized Supervised Practice Pathway (ISPP). Only 53 ACEND-accredited Coordinated Programs exist, while there are 226 accredited DPDs and 244 accredited Dietetic Internships (25). However, of the 53 Coordinated Programs, 22 currently result in a graduate degree, illustrating that an educational system that integrates academic coursework and supervised practice at the graduate level is not without precedent (26). Despite efforts to decrease the shortage of supervised practice experience programs, the shortage persists, suggesting that it is time to consider an alternative system of dietetics education (see Table 1, page 10; 25).

**Table #1: Internship Matches for Didactic Program in Dietetics (DPD) Graduates (25)**

	April 2011	April 2012
Students Matched	2192 (52%)	2313 (50%)
Students Not Matched	2046 (48%)	2272 (50%)
<b>Total Applicants</b>	<b>4238 (100%)</b>	<b>4585 (100%)</b>
Total Positions Filled	2192 (92%)	2313 (93%)
Positions Not Filled	191 (8%)	180 (7%)
<b>Total Positions Available</b>	<b>2383 (100%)</b>	<b>2493 (100%)</b>

A recommendation from the 2005 Dietetic Education Task Force was that “CADE [now ACEND] require accredited programs preparing students for RD credentialing to have a seamless educational system providing both the academic preparation and supervised practice necessary for credentialing in one graduate-degree granting program” (5, page 6). One definition of seamless is “referring to a smooth and seemingly uninterrupted transition from one task to another” (27). The task force also stated that they “believe the complexity of the most prevalent two-step educational process and resulting disconnect between DPDs and dietetic internships hinders the ability of educators to meet the needs of students and future practice” (5, page 8). The seamless approach is consistent with a recommendation from the Association of American Colleges and Universities (28) and the system used by other health professions in which supervised practice occurs as part of the degree program and in conjunction with or immediately following completion of didactic courses (17). Learning becomes more meaningful in a seamless approach because students can understand relevant information presented in didactic courses and then integrate that content into their supervised practice experiences (28).

As noted by the 2005 Dietetic Education Task Force, using a seamless approach would place equal value on both the academic and supervised practice components and place responsibility for the entire program, including its admissions criteria and its outcomes, on one academic unit. In addition, both components of the curriculum could be designed and updated to meet marketplace demands and provide flexibility to meet students’ needs. Having didactic coursework and supervised practice combined into one graduate degree program might also offer advantages to students seeking financial aid and could decrease the complexity of explaining registration eligibility requirements to those interested in entering the profession.

One of the expectations of ACEND, which is formally recognized by the US Department of Education, is that all of its accredited programs will provide all qualified individuals access to the profession for which they have been educated (29). While these recommendations do not entirely eliminate the two-step process to achieving RD status, the creation of a new credential for DPD baccalaureate graduates provides a seamless process to a credential for those graduates who delay or choose not to pursue the RD. The second step, an integrated practice and advanced degree program, provides a seamless approach to the final education and training component for the RD. The new credential for baccalaureate degree graduates who have met DPD requirements could emphasize the breadth of dietetics and meet future needs for skilled generalists, which was a need identified by the Workforce Demand Study (30). A generalist is someone who has many skills but is not necessarily recognized as an expert in any particular area. The educational preparation and examination for the future entry-level RD can then build on this breadth and include the depth of knowledge and skills needed in more focused areas of dietetics practice, which is best met through a simultaneous graduate degree and supervised practice.

Implementation of this recommendation is consistent with two of the findings of the Workforce Demand Study that “professional preparation and continuing education need to be more seamless and adaptable” and that students “will want more assurance that dietetics education leads to immediate and sustained employment” (30, page S14).

That the continuing expansion of food and nutrition science challenges the ability to cover all necessary content in the dietetics curriculum was noted as a concern during the 2011 Future Connections Summit. One suggestion was to allow students to focus on practice-specific areas before becoming RDs (2). One of the design principle states: “RDs possess a core education in foods, food science, nutrition, health, and wellness with the ability to select an emphasis area to position RDs as the leaders in food and nutrition” (2, page 1588). Evidence suggests that RDs are not perceived as being adequately prepared in management-related competencies for the role of hospital foodservice director (31). Skills in financial management, strategic planning, marketing, and human resource management were areas identified as insufficient. In addition, employers have also suggested that the profession strengthen its clinical path by including more science-based courses in the entry-level curriculum in coordination with a focused curricular path in dietetics practice (3).

A graduate degree with both didactic coursework and supervised practice in a focus area of dietetics practice would provide greater depth of learning and allow educators to include many of the competencies and skills desired by employers and necessary for success in the workplace of tomorrow: business/management skills, outcomes research, and application of evidence-based practice and the Nutrition Care Process—especially nutrition diagnosis and nutrition monitoring and evaluation (5). In today’s competitive environment, RDs need to enter practice with evidence-based skills and with the research competency necessary to be able to influence change and demonstrate and document outcomes and the cost effectiveness of their practice (5, 18, 30). In addition to technical nutrition expertise, leadership, teamwork, critical thinking, technology, cultural competency, communication, and interpersonal skills have been identified as essential for RDs and valued by employers (30).

Support for this recommendation is provided by a trend that emerged from the CFP survey of dietetics educators (14). In addition, providing an emphasis area at the graduate level for the preparation of entry-level dietitians and restructuring the RD exam to include both core competencies and an emphasis area were recommendations from both the 2008 Phase 2 Future Practice and Education Task Force (1) and the 2005 Dietetics Education Task Force (5). Therefore, it is time to update our current system for preparing entry-level RDs so that it meets contemporary education practice standards and enables entry-level practitioners to demonstrate their expertise in a focus area of dietetics practice (29).

**Recommendation #3: Support the development and implementation of a new credential and examination for baccalaureate degree graduates who have met DPD requirements (see Appendix A, page 35)**

- **The competencies, skills, and educational standards should clearly differentiate between the practice roles of individuals with the new credential and current/future graduate degree-prepared RDs and provide minimal overlap between the two.**
- **Legislative and regulatory issues (state and federal) will concurrently be examined, and a strategy will be designed to address potential unintended consequences of developing a new credential for licensure and CMS reimbursement.**

## **Rationale**

Each year more students graduate from ACEND accredited DPD programs than can be accommodated in supervised practice positions. However, not all baccalaureate degree graduates who have met DPD requirements pursue the supervised practice route. Of 5,732 baccalaureate degree graduates who have met DPD requirements in 2011, only 3,725 were first-time applicants for internship matching. Additionally, another 1,220 repeat applicants applied for dietetic internship matching (32). However, baccalaureate degree graduates who have met DPD requirements without credentials are employed in dietetics-related positions without having to pass an examination, meet recertification requirements (including continuing education), or adhere to the Academy/CDR Code of Ethics for the Profession of Dietetics and established Standards of Practice. Thus, the most important advantage of a new credential for baccalaureate degree graduates who have met DPD requirements is protection of the public.

Following the 2011 Future Connections Summit on Dietetics Practice, Credentialing, and Education, the Alternative Pathways Workgroup was charged by the 2010-2011 Academy BOD to explore the advantages of establishing a new credential for baccalaureate degree graduates who have met DPD requirements and to develop a new credentialing framework for this new credential. The new credential was approved by the BOD in January 2012. In spring 2012, the Alternative Pathways Workgroup drafted a credentialing framework and the BOD, ACEND, CDR, and CFP have all expressed support for continuing exploration of a new credentialing framework. ACEND and CDR are currently establishing educational standards and defining the proposed scope and role for the new credential, which will serve as the basis for development of a new credentialing examination.

Although the number of internship positions increased by 5% for the 2012 match, the demand for positions increased by 8%, resulting in only a 50% match rate, down from 52% in 2011. Table 1 on page 10 reveals that approximately 2,000 baccalaureate degree graduates who have met DPD requirements each year do not gain access to the supervised practice required for registration eligibility (25). Although a new ACEND-accredited Individualized Supervised Practice Pathway (ISPP) was implemented in January of 2012 for those who do not receive an internship, a shortage of supervised practice positions remains. Additionally, one of the themes that emerged from the CFP educator survey was concern over the large number of baccalaureate degree graduates who have met DPD requirements who do not get matched and/or obtain the RD credential (14). Several possible solutions to this issue were suggested (see Appendix B, page 36), including considering a credential for baccalaureate degree graduates who have met DPD requirements (14). Although many of these graduates may work in non-regulated dietetics-related positions, they may not be part of the professional dietetics community and may become disenfranchised from their chosen profession. The new credential would better position baccalaureate degree graduates who have met DPD requirements in the marketplace, which is an expectation of today's students. The Dietetics Workforce Demand Study emphasizes that, in the future, students "will want more assurance that dietetics education leads to immediate and sustained employment" (30, page S14). The newly credentialed practitioner could also provide support for future graduate degree-prepared RDs to expand and elevate their practice.

The marketplace is currently experiencing a proliferation of nutrition- and dietetics-related credentials: Exercise is Medicine Credential from the American College of Sports Medicine; Certified Food Scientist from the Institute of Food Technology; and Certified in Public Health from the Council on Education for Public Health. Many of the organizations developing new credentials position themselves as experts in health promotion, wellness and nutrition education, while the dietetics profession is positioned as focused on hospital foodservice and medical nutrition therapy. Additionally, other food and nutrition-related associations are offering baccalaureate degree graduates who have met DPD requirements membership and potentially credentials. These graduates' interest in obtaining a dietetics-related credential is evidenced by the increasing number who have taken the DTR exam since they first became eligible in June of 2009 (see Table #2) (33). The 3-year average exam pass rates for first time DT and DPD candidates are similar, and more than half of all new DTRs are now baccalaureate degree graduates who have met DPD requirements (33). Appendix C (page 40) shows current job titles of baccalaureate-degree DTRs, as reported in the 2011 compensation and benefits survey of the dietetics profession (22). Although dietetic educators noted that baccalaureate degree graduates who have met DPD requirements are interested in the DTR credential, they also reported that students may perceive the credential as less than ideal because of its association with an associate's degree (14).

**Table #2: Dietetic Technician, Registered (DTR), Exam Pass Rates by Dietetic Technician (DT) and Didactic Program in Dietetics (DPD) Graduates (as of August 1, 2012)**

	Total Eligible				First Time Candidates Tested				% Passing (first time candidates)		
	2010	2011	2012*	Total	2010	2011	2012*	Total	2010	2011	2012*
Pathway 1 (traditional DT program)	351	401	322	1366	224	223	166	851	67%	65%	61%
Pathway 3 (DPD only)	728	972	693	2703	289	383	301	1103	65%	66%	63%

\*For 2012 year to date (does not equal a 12 month period) (33).

The US economy will require 5.6 million more health care workers in the next 8 years and most will need postsecondary education and training (23). The Dietetics Workforce Demand Study projects that demand for dietetics practitioners will exceed supply in the next 10 years (21). The new credential for baccalaureate degree graduates who have met DPD requirements' could position these dietetics practitioners for future employment opportunities; implement one of the recommendations from the Workforce Demand Study to "cultivate multiple levels of practice to meet marketplace demands" (13, page S94); and embrace one of the design principles of the 2011 Futures Connections Summit: "Multiple levels of practice and innovative ways to reach these levels and credentials enable the profession to grow and develop in a vibrant and challenging environment while protecting the public" (2, page 1588).

This recommendation allows for maintenance of the breadth of dietetics practice at the baccalaureate level without diluting the depth of skills needed in practice that will require graduate degrees and supervised practice. It also establishes a flexible new career continuum to replace the existing one, which has been more limited under the current education and credentialing framework. Additionally, it offers a credential to those baccalaureate-level dietetics practitioners in order to ensure safe and high quality care for the public.

Dietetic licensure laws vary among the states and range from title protection to a defined scope of practice for dietitians. Some states also license nutritionists and/or other nutrition services providers. Licensure laws define the minimum standards necessary to ensure public safety with respect to the provision of medical nutrition therapy (MNT) and other aspects of nutrition services. The review of licensure laws and related regulations is imperative to ensure that role delineations between the registered dietitian and baccalaureate degree graduates who have met DPD requirements are well defined. The completion of an accredited competency-based supervised practice program (dietetic internship, ISPP, or coordinated program) already differentiates the RD skill set from that of baccalaureate degree graduates who have met DPD requirements. It is possible that some licensure laws will need to be reconsidered and scope of practice consistent with the nutrition care process better defined to ensure role delineation.

**Recommendation #4: Using a timeline defined by CDR, phase out the current DTR credential (see Appendix A, page 35).**

- **Currently-credentialed DTR practitioners will continue to be supported and recertified.**
- **DT education programs will continue to exist to meet the needs of the workforce in their local communities, and encourage transfer options with 4-year institutions.**
- **Currently-credentialed DTRs will be provided guidance to achieve a baccalaureate degree necessary to meet eligibility requirements for the new examination and credential for DPD graduates, if desired.**
- **A plan will be created for all existing Dietetics Technician (DT) education programs and DTRs to promote the positive impact of this transition for increasing workforce growth and opportunities.**

### **Rationale**

The DTR registry peaked in 1998 at 5,662 and was at 4,634 on August 1, 2012 (33, 34). Training program numbers are small and dwindling, and the number now rests at 47 programs (25). As noted in Table 2 (page 13), there are currently more baccalaureate degree graduates who have met DPD requirements taking the DTR exam than DT graduates (33). As a result, there has been an increase in the percentage of DTRs who hold bachelor's degrees, especially for those in their first 5 years of practice, among whom the percentage holding bachelor's degrees increased from 24% in 2000 to 55% in 2011 (35). This is also consistent with projections that a bachelor's degree will be required for 24% of all health care jobs in 2020, up from 21% in 2010 (23).

A continued decline in numbers of enrolled Dietetic Technician (DT) program students and graduates coupled with a lack of market demand and competition with baccalaureate degree graduates who have met DPD requirements—with and without a DTR credential—as well as Certified Dietary Managers are factors in moving the DTR credential into obsolescence (5). In 2011, forty-one percent of DTRs responding to a compensation and benefits survey were not working in dietetics and, among newly-credentialed DTRs not working in dietetics, 57% indicated it was because they could not find dietetics-related employment (22). This finding suggests that DTRs do not command workforce demand in the marketplace.

The DTR is trained in food and nutrition to be an integral part of the health-care and foodservice management team. DTRs often partner with RDs to screen, evaluate, educate, manage, and monitor patients to prevent and treat chronic diseases. The credential was established in 1986 to fulfill a supportive role often working in coordination with the RD (5). However, a low level of DTR availability in the Southern states (and to some extent in the West) may have contributed to a failure to create many of the RD/DTR partnerships that were envisioned for the DTR credential (35). Most state licensure/recognition regulations don't include DTRs because they are working under the supervision of the RD.

RDs and DTRs were surveyed regarding their perception of the value of the DTR credential in 2008. Among approximately 7,000 respondents, only 26% of RDs and 42% of DTRs reported that the credential has value in the marketplace (9). The role of the DTR in the profession has been discussed and was the topic of a House of Delegates Mega Issue in fall 2003. The 2005 Dietetics Education Task Force (5) recommended phasing out DT programs and the DTR credential while the Phase 2 Future Practice and Dietetics Education Task Force did not suggest a change in the DTR credential (1).

**Recommendation #5: Recommend that ACEND revise the undergraduate curriculum for dietetics education programs to include requirements for practicum and diverse learning experiences outside of the classroom. This allows an opportunity to introduce students to the breadth of the dietetics profession and to apply theory to practice (see Appendix A, page 35).**

- **This recommendation strives to develop students' critical thinking, leadership, communication, and management skills by providing opportunities to experience them in the context of professional work settings.**

- **This will augment their continued preparation in a broad base in food, nutrition and systems and will emphasize the core knowledge and skills needed by all credentialed 4-year graduates.**

### **Rationale**

A predominant theme identified in the CFP educators' survey was the belief that students need a strong science, research, and statistics background as well as better preparation in leadership and management, critical thinking, communication, marketing, and business skills. The suggestion that undergraduate programs include some practice hours prior to the post-graduate supervised practice program to make classroom learning more meaningful was also noted (14). Such experiences provide a means for students to personally experience work settings, allowing them to gain a better context in which to consider career directions within the field and to challenge them with workplace problem solving and critical thinking opportunities.

The current DPD program design may benefit from practice-specific educational standards to assure the public that graduates are capable of providing safe, high-quality care (36). Entrants into the dietetics profession will need to be broadly educated for careers that will change many times to meet future needs and demands for food and nutrition expertise (30). Students need to see the variety of potential career settings and directions in the dietetics profession. Providing opportunities to realize how theory relates to practice sets the stage for students to develop better skills and facilitates overall learning that may create more flexibility and appreciation for the breadth of the profession. Directly observing professional work settings and participating in actual workplace activities will also introduce students to collaborative experiences and networking, which contributes to the development of leadership skills.

Practical student experience, arranged formally or informally, either in the field and/or through meaningful simulations as part of the didactic component of dietetics training, is needed. This recommendation is intended to add a dimension to undergraduate learning that includes more experience rather than as a dictate to create formal preceptor-led planned rotations within specific sites. Learner-centered education fosters leadership, assertiveness, innovation, critical thinking and problem solving, strategic planning, effective communications, and emotional intelligence (4). This recommendation is validated in the 2011 Future Connections Summit (2, 3, 4) and CFP survey of dietetic educators (14), both advocating for opportunities for learner centered models of teaching that involve exposure to practice-based settings.

**Recommendation #6: Continue to support development of board certified specialist credentials in focus areas where there is a reasonable pool of practitioners to justify the cost of development and maintenance of the credential, and develop a system to recognize RDs practicing in focus areas where numbers are too small to justify the financial investment (see Appendix A, page 35).**

### **Rationale**

Specialty board certification is not a new concept in the medical and allied health professions. CDR began testing for specialists in 1993 for pediatrics and renal. The first exam for sports dietetics was in 2006, followed by gerontological nutrition in 2007. The most recent specialty certification exam was in 2008 for oncology nutrition, bringing the total number to five specialty certifications with approximately 2,500 specialists in 2011 (37, 38). The number of specialists has grown exponentially as the numbers of available certifications have increased, with faster growth rates for sports dietetics, gerontology, and oncology.

The final report of the Phase 2 Future Practice and Education Task Force advised that “ADA continues to recognize specialty practice areas in dietetics and provide support for additional appropriate education and credentialing opportunities” (1, pages 36, 55). The CFP 2011 Visioning Report responded to this recommendation with the development of the Dietetics Career Development Guide, replacing the term “specialty” with “specialist” and developing definitions and criteria for the terms “focus area of dietetics practice,” “specialist,” and “advanced practice” (15).

Participants in the 2011 Future Connections Summit developed two design principles specific to specialist and advanced practice: “Specialist and advanced practice are accessible to diverse populations and areas of practice,” and, “The RD, DTR, specialist, and advanced practice credentials identify dietetics practitioners as leaders in food and nutrition and are recognized and valued by consumers, policymakers, and external stakeholders” (2, page 1588).

A trend that emerged from the CFP educator survey was support for dietetics specialists, as indicated by comments such as, “There needs to be greater opportunities [sic] for advanced specialty credentialing beyond what is currently offered,” “Increase the number of RDs who hold CDR Board Certified Specialist Credentials,” and, “Enhance viability, marketability, and sustainability of the CDR specialist credentials” (14, pages 1, 5, 6).



The Bureau of Labor Statistics (BLS) acknowledges that RDs with special training to provide preventative health care in medical settings and to treat individuals with illnesses, such as diabetes and heart disease, will increase in the future (20). In addition, the BLS predicts an increased need for dietitians to care for an aging population. RDs in some of these areas may require higher level skills and autonomy which are often associated with a specialist (20).

Based on the 2008 Academy/CDR needs assessment, more than 40% of RD respondents currently working or planning to work in dietetics believe that there is market value in the board certifications currently offered by CDR (9). Also, younger members had the highest interest in certification suggesting a considerable increase in the number of specialists in the next decade. The actual number of specialists compared to the number of practitioners in other allied health professions is small. However, 15% of RDs obtain specialty certification (19). A significant proportion of RDs want CDR to offer additional new certifications or credentials with particular interest in health promotion/disease prevention and clinical healthcare (9).

Specialty certification allows RDs to experience recognition, rewards, and respect. CDR surveyed all 1,951 certified specialists in 2010 with a 50% response rate (37). Of the specialists who responded, 91.8% anticipated recertifying. Specialists are achieving many of the outcomes they had expected: 90.4% increased pride and personal satisfaction, 54.9% recognition by peers, 63.5% demonstration of their competencies, and 51.4% employer recognition (37, 38).

Responses from 211 employers/supervisors of CDR-certified specialists indicated that 67% reported paying or reimbursing some form of the CDR exam fees; 39% gave position preference to specialty-certified RDs; 21% assigned enhanced practice responsibilities; 16% gave promotion or career advancement; 19% gave salary increases; and 8% gave a one-time bonus. Departmental benefits experienced due to specialists included 45% increased visibility, 44% increased credibility with the public, and 45% helped to meet regulatory requirements (37, 38). Although the number of employer respondents was relatively small, their perceptions may be reflective of broader opinions among employers.

In terms of compensation, in 2009 a full-time CDR specialist earned an average of 9% more than the RD with no specialty certification at the 50th percentile, which increased to 12% by 2011. In 2011, an RD holding one or more specialist certifications (from CDR or another organization) was associated with a higher median wage, adding \$2.54/hour (~ \$5,200/year difference) over those with no certification (22, 37, 38). RDs working in focused areas of practice, including diabetes care, oncology, and weight management, experienced among the highest percent gains in median hourly wage between 2002 and 2011—demonstrating increased demand for specialization (35).

In 2011, CFP implemented a process to review applications for new specialist credentials. Budgetary challenges are associated with the development and maintenance of a credential. This cost has averaged about \$61,000 for each of the five specialist certifications, which during 2010-2011 was subsidized by CDR (38). To remain fiscally responsible, there must be a sufficient number of RDs who meet the criteria for a new credential to support the costs incurred. Therefore, we need to explore alternative options for practitioners in focus areas too small to justify the development of a new credential.

**Recommendation #7: Support continuing development of advanced practice credentials for the nutrition and dietetics profession, based on objective evidence (see Appendix A, page 35).**

- **Continue to encourage and develop advanced practice educational experiences and opportunities.**

**Rationale**

The need to define, support, and credential advanced dietetics practitioners has been discussed for more than three decades. The primary purpose of establishing advanced practice in dietetics is to prepare individuals to pursue advanced-level positions within various areas of dietetics practice and to be leaders in food, nutrition, and dietetics. Advanced practice has the potential to further protect the public, improve the public's health, increase recognition of the expertise of RDs, attract and retain expert dietetics practitioners, facilitate movement up the career path, and contribute to advancement of the discipline through research (5, 19).

Support for this recommendation is provided by a 2011 Future Connections Summit design principle, the 2008 Phase 2 Future Practice and Education Task Force, and the 2005 Dietetic Education Task Force (1, 2, 5). The design principle states: "Specialist and advanced practice are accessible to diverse populations and areas of practice" (2, page 1588). The Phase 2 Future Practice and Education Task Force recommended that the Academy focus on advanced education and advanced practice to help elevate dietetics practice at all levels and move the dietetics profession forward (1). Guidelines for establishing advanced practice residency programs across the spectrum of dietetics, including all practice areas, have been developed by ACEND (39) with the goal of fostering advanced practice and providing a career path for RDs as envisioned in the CFP Dietetics Career Development Guide (15). Advanced practice residency programs must include both a didactic and supervised experience component. Funding is being established for institutions to establish advanced practice residencies and for RDs who are enrolled in advanced practice residency programs.

In November of 2011, CDR, ACEND, and CFP agreed to move forward with an advanced practice credential for the profession, beginning with the clinical focus area of practice (10). Based on the 2008 Academy/CDR needs assessment, approximately 33% of RDs (out of 6,955) indicated CDR should develop an advanced practice credential (9). Interest in advanced practice competencies and practice doctorate degree programs in clinical nutrition has been documented among clinical RDs and employers (40). On a scale from 5=very interested to 1 = very uninterested, the mean interest in obtaining advanced practice education was  $3.93 \pm 1.01$  among 440 RDs and the mean interest score for hiring RDs with a practice doctorate in clinical nutrition was  $4.02 \pm 0.93$  among 61 employers. Clinical RDs identified the greatest advantages of the practice doctorate degree as respect from other healthcare professionals, a sense of accomplishment, and increased salary (40). In fact, the healthcare workforce is experiencing an increase in advanced practice providers working across the spectrum of health care (41). The number of nurse practitioners went from 141,209 in 2004 to 158,348 in 2008—a 12% increase in 4 years (42). Advanced practice nurses will transition to a practice doctorate by 2015 (43). An advanced dietetics practice credential in the healthcare environment could improve health care outcomes and facilitate increased collaboration with and respect for the RD from other advanced practice professionals.

Opportunities for RDs are predicted to increase in outpatient, medical, and nursing home settings in the areas of aging, preventative healthcare, and the treatment of illnesses such as diabetes and heart disease (20). RDs with higher level skills and more autonomy and independence in practice, which could be achieved by an advanced practice credential, are likely to be needed in these practice areas and settings. An expansion in scope of practice, to include physical assessment, medication management, and feeding tube placement and evaluation could also lead to increased professional opportunities for advanced practitioners (19).

In 2011, CDR appointed a Task Force to design an Advanced Clinical Dietetics Practice Audit study. Clinical was chosen because it represents the largest practice segment of the profession, with approximately 55% of CDR-credentialed practitioners working in clinical healthcare. Also, the 2007 CDR Levels of Practice Study recommended that future studies of advanced practice focus on a specific practice segment versus including all areas of dietetic practice (44). In the context of the study, clinical nutrition is defined as the provision of direct nutrition care to individuals and groups. A marketing feasibility study is being conducted as well as a practice audit (33). Among the resources used to inform the present study are the 2005-2007 CDR Levels of Practice Study (44); Phase 2 Future Practice and Education Task Force Report (1); 2011 CFP Visioning Report (15); 2011 Future Connections Summit (2,3,4); the Academy's Standards of Practice and Standards of Professional Performance (SOP/SOPP) for RDs and DTRs in Nutrition Care (45); the specialist SOP/SOPP for diabetes (46), oncology (47), nephrology (48), pediatric nutrition (49), nutrition support (50), sports dietetics (51), and extended care (52); and a recent Delphi study on advanced-level clinical nutrition practice (53). An update on the study will be provided at the Academy's 2012 Food & Nutrition Conference & Expo.

Although credentialing can be used to evolve the dietetics profession and an advanced practice credential could offer more autonomy, collaboration, and greater career opportunities, advanced practice credentials are not for everyone (41, 54). Based on lessons learned from nursing, advanced education and practice credentials can result in salary increases over time, but practitioners must be thoroughly trained to conduct outcomes research and the profession must measure, document, and publicize outcomes (54).

**Recommendation #8: Conduct a well-funded, comprehensive marketing, branding, and strategic communications campaign related to all of the recommended changes targeting both internal and external stakeholders.**

### **Rationale**

In considering the future of dietetics, some observations have been made about the RD's role in branding and marketing. As a profession, dietetics practitioners generally do not communicate their roles as food and nutrition experts to external groups. Many RDs do not market themselves and believe that marketing and customer service belong only in the business arena and are not part of all aspects of practice. This lack of competitiveness and marketing savvy prevents promotion of the unique training and skill sets that RDs have, and interferes with creation of value for the profession among administrators and business professionals. There is a need to better instill in individual RD's a sense of responsibility regarding the need to market and create a demand for their expertise. Many believe that modifying the credential title may improve the perception of the RD as the food and nutrition expert (55).

The issue of branding to promote the profession has been an item of discussion within the House of Delegates since 2007, with discussions identifying opportunities for affiliates, DPGs, and members to promote the value of the RD and DTR within their communities. In addition, the following statement from the March 2011 Future Connections Summit (4) provides a glimpse at the need to brand the RD:

“ADA’s [the Academy’s] vision is to have RDs and DTRs recognized as the leaders in food and nutrition. In reality, the profession faces considerable competition and encroachment from other disciplines with an interest and stake in food and nutrition. Some members indicate that the RD and DTR credentials have insufficient marketplace recognition; some members perceive that RDs and DTRs receive inadequate reimbursement and compensation for their work; and, many in the profession want to see more effective marketing and brand recognition.” (4, page 5).

The following pilot initiative was proposed during the Future Connections Summit indicating support for a branding initiative:

**Pilot Initiative 1.13:** Marketing and Design Initiative for ADA [Academy]. The desired outcomes noted for this initiative were:

- ADA [Academy] is recognized nationally and internationally as the source of food and nutrition information and service in the United States.
- ADA [Academy] responds optimally to internal and external consumers’ goals in healthcare outcomes, food systems, and food sustainability. RDs are reimbursed for their services in accordance with their education, training, and expertise in traditional and emerging areas of practice.

In the 2008 Needs Assessment survey (9), respondents were asked to identify the greatest challenges facing the profession. The two items rated as challenges by the greatest number of RDs included recognition of the value delivered by the dietetic profession to the larger society (77%) and public awareness of the field (75%) (9). The recent CFP survey of dietetics educators also identified the need to create public awareness of the RD. The results suggest that educators believe that dietetics practitioners need to increase the demand for their services through cost-benefit research and a public awareness campaign promoting the value of the RD (14).

The Academy reviewed existing research and conducted primary research (56) to better understand the RD brand and position. Armed with this information, an RD Differentiation Task Force was appointed by the Academy BOD to review the research and form recommendations. These recommendations were subsequently accepted and approved by the Board and included positioning statements developed to better define the RD to key audiences. Additional research (56) was conducted to test these statements and this research was used to help develop a strategy for both internal (member) and external (consumer) audiences. A proposal will be submitted to the BOD and then to the finance committee to approve an RD brand initiative that includes the enhancement of existing tools to support RD self-marketing; development of new member tools including videos, downloadable brochures, and materials that can be customized; and the creation of education courses to enhance skills in nutrition counseling, motivational interviewing, and self-marketing to physicians. In addition, outreach directly to physicians and consumers in key market areas will be tested in tandem with major enhancements to eatright.org.

**Recommendation #9:** Support an RD credential name change that will be reflective of the changes outlined previously and align with the name change of the Academy.

- The current RD credential will remain a valid credential and will not be negatively impacted by any future name changes.
- The terminology used for the new credential titles for the RD and the new credential for the baccalaureate degree graduate who has met DPD requirements will be complementary and coordinated to provide clarity in distinctions between the two credentials, and to address the roles, image, status, and prestige associated with each of the credentials.
- Legislative and regulatory issues (state and federal) will be examined concurrently, and a strategy will be designed to address potential unintended consequences of changing the name of the RD credential for licensure and CMS reimbursement.

### **Rationale**

As noted previously in the rationale for recommendation #8, the 2011 Future Connections Summit generated ideas that focused on the need for strongly branding “RD” to improve visibility to the public and other professionals (2). However, with the inclusion of the term “nutrition” in the Academy’s new name (Academy of Nutrition and Dietetics), there has been a higher level of interest in the work of the Academy as evidenced by an increase in media impressions. Comparing the media impressions (print, broadcast, and electronic) from Academy press releases, 20 billion were obtained in 2011 (before the name change) and 30 billion were obtained in 2012 for the same 6-month period (57). This increased awareness of the Academy’s role as a key organization in food and nutrition provides support for the incorporation of the word “nutrition” into the potential name change to the RD credential. However, this type of decision will need to be carefully considered based on legislative and regulatory issues related to the RD credential at present.

Dietetic licensure recognizes and allows individuals who meet minimum objective standards of education, supervised practice, and competency to practice. In many states, practitioners with the RD credential meet licensure standards because the education, supervised practice, and exam requirements are similar to that which the state deems is required to practice. Changing the title of the RD would not change the qualifications for which that credential is awarded and thus those with a different title would still meet the objective criteria set forth in state statutes and regulations.

## Conclusion

As previously stated, this visioning report is a vision of what is possible for future dietetics practitioners and educators. The recommendations are not for today, but for the years to come. This visioning report focuses on recommendations related to the future continuum of education, practice, and credentialing from entry-level to advanced practice, designed to optimize the nation's health and elevate the practice of nutrition and dietetics. There are no perfect solutions to the challenges facing the dietetics profession; however, the CFP strongly believes changes cannot be examined in isolation, but must be looked at as part of the whole continuum. Dietetics practitioners also cannot afford to let "perfection paralysis" determine the future of the profession.

The Council on Future Practice recognizes that, as strategies for implementation of the recommendations are discussed, their impact on the current DTR and RD credentials, the ethnic and gender diversity of the profession, existing and future legislation and regulations, including licensure, and educators who will face many logistical issues and need resources to implement changes must be considered. The Council recognizes the economic and political realities of the educational landscape and understands that educators must be accountable to their employers, as well as to ACEND, and deal with the reality of their work settings. In addition, the Council recommends that the Academy allocate significant resources for implementation of the recommendations. The CFP also emphasizes the importance of clearly defining the roles and scope of practice among the various levels of dietetics practitioners and developing standards of education and practice to reflect these various levels. It should also be noted that specific decisions regarding how and when education and credentialing transitions will occur are not included in this report. This omission is purposeful because ACEND and CDR operate as autonomous units and are responsible for these decisions in accordance with their national standards (the US Department of Education is the recognition body for ACEND; the National Commission for Certifying Agencies is the accrediting agency for CDR).

In the recent CFP survey of dietetic educators, one educator made the following observation: "At one time, we were ahead of other professions, now we are behind them. Unlike many other professions, our scope of practice has been diminished, while others have been expanded." (14, page 2). The CFP believes that the profession's challenges are best addressed by moving forward, not dwelling on the past. There will always be reasons for and against making changes and there will always be those who agree and those who disagree with recommended changes. But change has to start somewhere and there is no time to waste. If the dietetics profession is not moving forward, it is being left behind.

## Current Operational Definitions

<b>Term</b>	<b>Definition</b>
Accreditation Council for Education in Nutrition and Dietetics (ACEND) (58)	The Academy's accrediting agency for education programs. ACEND exists to serve the public by establishing and enforcing standards for the educational preparation of dietetics professionals and by recognizing dietetics education programs and education providers that meet these standards. ACEND has sole and independent authority in all matters pertaining to accreditation of programs and providers of entry-level through specialist and advanced practice education, including but not limited to standard setting, establishment of fees, finances, and administration.
Advanced Practice (15)	<p>The practitioner demonstrates a high level of skill, knowledge, and behavior. The individual exhibits a set of characteristics that include leadership and vision and demonstrates effectiveness in planning, evaluating, and communicating targeted outcomes. An advanced practitioner holds at least a master's degree, has more than 8 years of experience as an RD or DTR, and may be a Board Certified Specialist and/or possess an advanced practice credential if either is available in the focus area of practice. An advanced practitioner performs at the expert level of the Dietetics Career Development Guide.</p> <p>A credential to distinguish advanced practice from other levels of performance is under consideration. The method to test or demonstrate achievement of advanced-level performance has not yet been determined.</p>
Advanced Practice Doctorate (59)	Doctoral-level programs that are designed to prepare already credentialed or licensed individuals to practice with competencies above and beyond those expected of entry-level professionals.
Board Certified Specialist (Specialist) (15)	<p>A practitioner who demonstrates a minimum of the proficient level of knowledge, skills, and experience in a focus area of dietetics practice by the attainment of a credential.</p> <p>The term <i>specialist</i> <b>requires a credential</b> and is defined by the Academy Standards of Practice in Nutrition Care (SOP) and Standards of Professional Performance (SOPP) or other criteria established for a focus area of dietetics practice. The specialist will have a minimum of 2 years of experience. A specialist performs at the proficient level of the Dietetics Career Development Guide.</p>
Commission on Dietetic Registration (CDR) (58)	The Academy's certification and credentialing agency. CDR protects the public through credentialing and assessment processes that assure the competence of registered dietitians and dietetic technicians, registered. CDR has sole and independent authority in all matters pertaining to certification, including but not limited to standard setting, establishment of fees, finances, and administration.

Term	Definition
Council on Future Practice (CFP or Council) (58)	The Council on Future Practice was established by the House of Delegates and is responsible for reporting to the HOD. The functions of the Council are: 1. Ensure the viability and relevance of the profession of dietetics via engaging in a visioning process to initiate recommendations for general practice roles, specialist practice roles and advanced practice roles; 2. Identify future specialist and advanced practice roles to meet emerging practitioner and marketplace needs; 3. Seek input and feedback from relevant Academy organizational units on issues related to future practice roles; 4. Coordinate with ACEND, CDR, Education Committee and other Academy organizational units to communicate and collaborate to determine current and future practice, credentialing, and education recommendations; and, 5. Monitor the intended and unintended consequences of implementing current and future practice, credentialing and education recommendations.
Didactic Program in Nutrition and Dietetics (DPND) (Formerly known as Didactic Program in Dietetics [DPD]) (60)	An education program that provides the required dietetics coursework to meet ACEND’s core knowledge requirements to prepare graduates for an Internship Program in Nutrition and Dietetics. Graduates of ACEND-accredited didactic programs who are verified by the program director may apply for supervised practice experiences to establish eligibility to sit for the registration examination for dietitians.
Dietitian Education Program (DEP) or “Dietitian Program” (Formerly known as Coordinated Program [CP]) (60)	An education program that provides the required dietetics coursework and at least 1,200 hours of required supervised practice experiences to meet ACEND’s core knowledge and competency requirements to become a registered dietitian. A verification statement is issued to individuals who successfully complete the program as evidence of eligibility to sit for the credentialing exam.
Dietetic Technician, Registered (DTR) (61)	<p>An individual who has met current minimum requirements through one of three routes:</p> <ol style="list-style-type: none"> <li>1. Successful completion of a minimum of an associate’s degree and Dietetic Technician Program through a program accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics (Academy).</li> <li>2. Successful completion of a baccalaureate degree; met current academic requirements (Didactic Program in Dietetics) as accredited by ACEND of the Academy; successfully completed a supervised practice program under the auspices of a Dietetic Technician Program as accredited by ACEND.</li> <li>3. Completed a minimum of a baccalaureate degree; successfully completed a Didactic Program in Dietetics as accredited by ACEND of the Academy.</li> </ol> <p>In all three routes, the individual must successfully complete the Registration Examination for Dietetic Technicians.</p>



<b>Term</b>	<b>Definition</b>
Education Committee (62)	A committee of the Academy's Board of Directors. Exists to empower dietetics educators in preparing students for a successful career continuum; responsible for recommending an appropriate infrastructure required to address the broad needs of the dietetics education community.
Entry-level Practice Doctorate (59)	Educational programs that prepare students to achieve the knowledge and competencies of first-time graduates expected and articulated by the appropriate accrediting agency.
Focus Area of Dietetics Practice (15)	Defined area of dietetics practice that requires focused knowledge, skills, and experience; relates to how a practitioner practices in a specific area of dietetics (eg, diabetes, community health, foodservice management).
Individualized Supervised Practice Pathways (ISPPs) (63)	A pathway developed within an existing ACEND-accredited dietetics education program to prepare graduates with verification statements to sit for CDR's registration exam. ACEND policies for ISPPs allow 1) graduates who did not match to a dietetic internship, but who possess a DPD verification statement; or, 2) individuals holding a doctoral degree.
Internship Program in Nutrition and Dietetics (Formerly known as Dietetic Internship-DI) (60)	An education program that provides at least 1,200 hours of required supervised practice experiences to meet ACEND's competency requirements to become a registered dietitian. A verification statement is issued to individuals who successfully complete the program as evidence of eligibility to sit for the credentialing exam.
New credential for baccalaureate degree graduates who have met DPD requirements without an ACEND-accredited supervised practice experience (as yet unnamed)	An individual who has completed an Accreditation Council for Education in Nutrition and Dietetics (ACEND)-accredited Didactic Program in Dietetics (DPD), but has not completed an accredited supervised practice program (Dietetic Internship, ISPP, or Coordinated Program). ACEND and CDR are currently defining the scope of practice and designing the credentialing examination for this new credential.
Practice Doctorate (17, 40)	A program that provides a level of skill beyond that required for a bachelor's degree, often requires 4 academic years of college level education before admission, is 3-4 years long, and blends didactic or classroom instruction with supervised practice instruction and experience. The entry-level practice doctorate signifies completion of the academic requirements for beginning practice in a given profession. Also known as first professional degree, clinical practice doctorate, clinical doctorate, or professional doctorate degree.
Registered Dietitian (RD) (61)	An individual who has met current minimum (baccalaureate) academic requirements with successful completion of both specified didactic education and supervised-practice experiences through programs accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) and who has successfully completed the Registration Examination for Dietitians.
Seamless (27)	Referring to a smooth and seemingly uninterrupted transition from one task to another.

## Timeline for Implementation of Recommendations

The following timeline and action steps were created during the November 2011 Joint Meeting of the Council on Future Practice, ACEND, and CDR (10).

<b>Date</b>	<b>Organizational Unit</b>	<b>Action</b>
2011		
November 2011	Council on Future Practice	Develop memo for the ADA Board of Directors and ISPP Workgroup that requests an investigation of the continuum of education and credentialing from entry-level to advanced practice (increase degree requirement for entry into profession—master’s or practice doctorate; new credential for DPD graduates to create new support person for the RD—grandfathering of DTRs into new category. Council requests name change for the ISPP Workgroup.
	CDR	Initiate market analysis for the advanced level clinical dietetics practice credential.
	Alternative Pathways Workgroup (previously ISPP Workgroup)	Conduct conference call to begin selection of a model for DPD graduate credential; discuss memo from Council on Future Practice requesting an investigation of the continuum of education and credentialing.
December 2011	CDR	Identify tasks to include in practice audit for the advanced level clinical dietetics practice credential.
2012		
January 2012		
	ACEND	Release Guidelines for Accredited Advanced-Practice Residencies (moved from Dec 2011).
	Alternative Pathways Workgroup	Forward draft model recommendations for DPD graduate credential to the Council, ACEND, and CDR for input.
	Board of Directors	Discuss model recommendations for DPD graduate credential and provide feedback to Alternative Pathways Workgroup.
	CDR	Develop educational narrative about DPD graduate credential development.
	ACEND	Develop educational narrative about education standards development to help the HOD understand the accreditation system.
	Academy Foundation	Develop application guidelines for Accredited Advanced-Practice Residencies.

<b>Date</b>	<b>Organizational Unit</b>	<b>Action</b>
January 2012 continued		
	ACEND	Request pilot programs based on Guidelines for Accredited Advanced-Practice Residencies (this request should occur after the application guidelines are developed by Academy Foundation, then programs can get funding for development)
	Council on Future Practice/ACEND/CDR/HOD Leadership Team	Identify elements of the HOD Backgrounder for the Spring 2012 HOD Meeting with focus on the Dietetics Career Development Guide and advanced level practice. HOD Backgrounder is developed for review. Feedback is provided to Academy staff for revising the backgrounder.
February 2012		
	Council/ACEND/CDR	Each organizational unit meets during this month (Council: Feb 17-18; ACEND: Feb 24-26; CDR: Feb 2-4).
	Council/ACEND/CDR	Respond to Alternative Pathways Workgroup's draft model recommendations for DPD graduate credential with consolidated feedback.
	HOD Leadership Team	Finalize HOD Backgrounder and distribute to HOD.
	Council	Request the HOD Leadership Team to conduct a dialogue session on the continuum of education, credentialing, and practice for Fall 2012 HOD Meeting.
March 2012		
	CDR	Complete advanced-level clinical dietetics practice credential market analysis; initiate advanced level clinical dietetics practice audit.
April 2012		
	Council on Future Practice	Begin development of visioning report on the future of education and credentialing across the continuum from entry-level to advanced-level practice.
	House of Delegates	Hold dialogue session on the Dietetics Career Development Guide and advanced-level practice.
	Council/ACEND/CDR/Education Committee/NDEP DPG	Participate in Virtual Spring 2012 HOD meeting dialogue on the Dietetics Career Development Guide and advanced level practice.

<b>Date</b>	<b>Organizational Unit</b>	<b>Action</b>
May 2012		
	Council/ACEND/CDR/ Education Committee/NDEP DPG	Review Virtual Spring 2012 HOD meeting feedback from dialogue session on continuum of education and credentialing.
	Council	Continue to develop communication plan for the visioning report on the future of education and credentialing across the continuum from entry-level to advanced-level practice.
	CDR	Identify advanced practice focus area. Workgroups to develop focus area activity for practice audit statements.
June 2012		
	ACEND	Initiate development of degree-based standards for the continuum of education.
July 2012		
	CDR	Finalize practice audit instrument for general and focus area activity statements for advanced-level clinical dietetics practice credential.
	CDR	Conduct cognitive interviews for advanced practice audit instrument activity statements.
August 2012		
	CDR	Distribute draft practice audit instrument to organizational units for input.
September 2012		
	ACEND/CDR	Results of advanced-level practice audit available
	Council/ACEND/CDR/ Education Committee	Determine issues for discussion at joint meeting; need to clearly determine the role for the CMS representative and the university regional accreditation agency representative at the January 2013 meeting.
	ACEND/CDR	Approve exam development timeline for advanced-level clinical dietetics practice credential.
October 2012		
	House of Delegates/Council/ ACEND/CDR/Educatio n Committee	Conduct dialogue session on visioning report on the future of education and credentialing across the continuum from entry-level to advanced-level practice.  Council, ACEND, Education Committee, and CDR members participate in the HOD dialogue Session.
October/ November 2012		
	CDR	Conduct advanced-level clinical nutrition practice audit pilot test.

<b>Date</b>	<b>Organizational Unit</b>	<b>Action</b>
2012 continued		
December 2012	CDR	Update advanced-level clinical nutrition practice audit instrument to reflect results of the pilot test.
2013		
January 2013		
	Council/ACEND/CDR/ Education Committee	Hold joint meeting, including Academy's Government Affairs, CMS representative, and university regional accreditation agency representative, related to the future of education and credentialing across the continuum.
January – April 2013	CDR	Conduct advanced-level clinical nutrition practice audit.
March 2013		
	Council/ACEND	Promote/discuss entry-level education for the RD with educators at NDEP Area Meetings (March/April)
April – May 2013	CDR	Results of practice audit are reported to CDR and the Academy.
	CDR	Conduct employer and beyond entry-level practitioner study regarding their perceptions of advanced-level clinical nutrition practice.
June 2013	CDR	Begin development of advanced-level clinical nutrition credential.
December 2013		
	CDR	Begin exploration of advanced-level practice credential for other focus areas of practice.
2014		
March 2014		
	ACEND	Release graduate degree-based standards for entry into the profession for voluntary use.
	CDR	Analyze data and hold discussion on advanced-level practice credential for other focus areas of practice.
April 2014	CDR	Administer advanced-level clinical nutrition examination.

Date	Organizational Unit	Action
2015		
January 2015		
	Council/ACEND/CDR	Collect and review outcomes data for advanced-level practice and entry-level education and credentialing programs to determine next steps.
2017		
	Council/ACEND/CDR	<p>Make decisions for advanced-level practice credential for other focus areas of practice.</p> <p>Make decisions for the continuum of education, including entry-level education for implementation in 2020-2021.</p>

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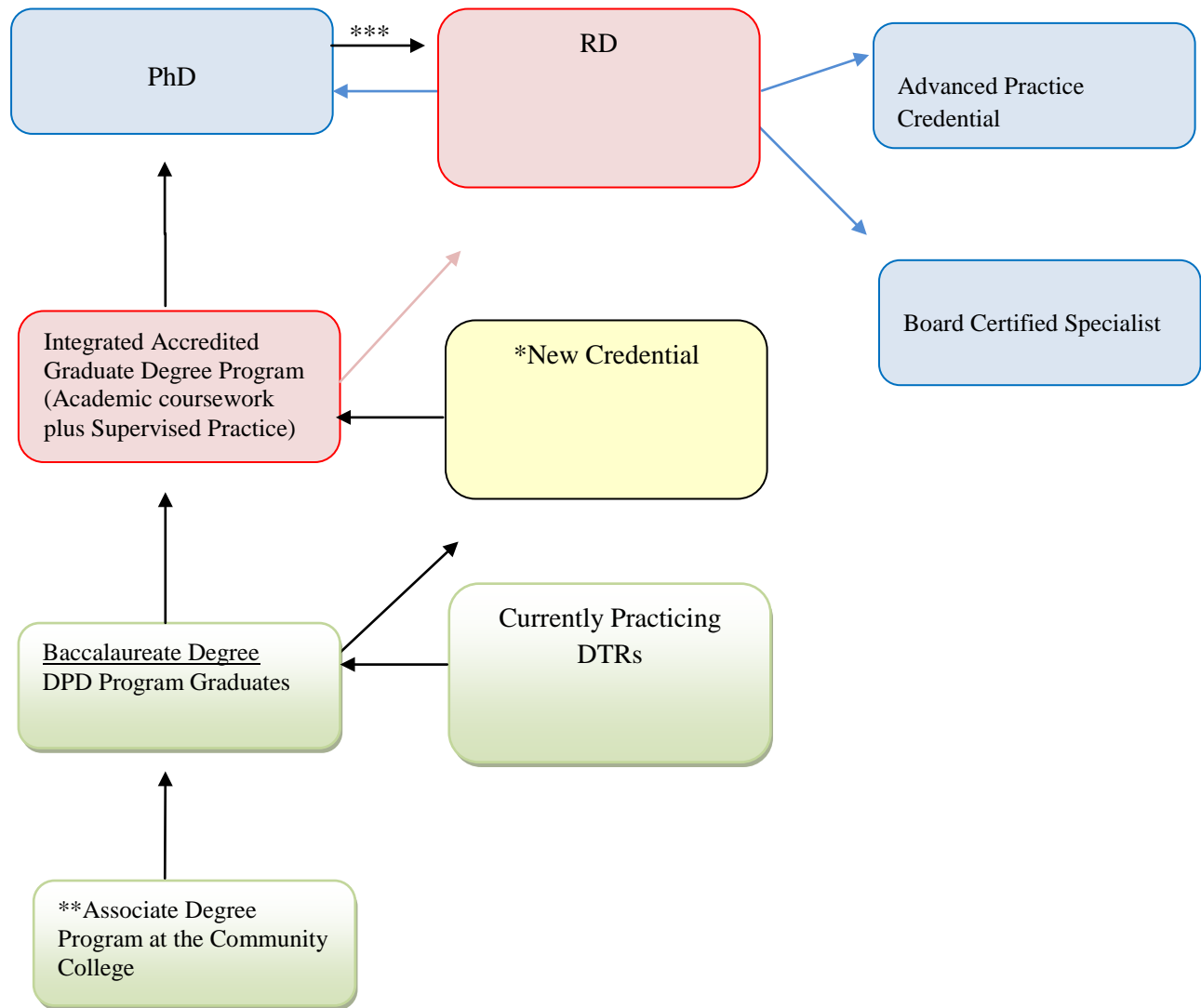


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**Appendix A - Council on Future Practice Credentialing Framework (specific to Recommendations #1-7)**

This framework was adapted from the Alternative Pathways Workgroup’s credentialing framework (Updated 8/10/12).



- \* This credential will be available to DPD program graduates. Decision regarding the new credential as either optional or mandatory is to be determined. If mandatory, timing of examination completion must be determined (mandatory for: DPD verification statement issuance? Program Application/enrollment? Internship verification? RD exam?)
  - \*\* Dietetic Technician Programs will be able to continue although the DTR credential will be phased out. Encourage career laddering by embracing articulation between associate’s and baccalaureate degree programs.
  - \*\*\* Supervised practice will be required for those with a PhD who want to meet eligibility requirements to take the RD exam.
- Post-RD Credentialing/Degree Options
  - Pathway to RD Credential
  - New Credential
  - Pathway to New Credential or RD

## [Appendix B - Questions and Major Themes from Council on Future Practice's 2012 Survey of Dietetic Educators](#)

### **Overview—Purpose and Methods:**

The CFP understands that recommendations about the future of dietetics education, credentialing, and practice are important to dietetics educators. Input from educators is integral to shaping important strategic directions for the profession, including the future continuum of dietetics education, credentialing, and practice. To obtain the perspectives of dietetics educators and directors of ACEND-accredited dietetics education programs for use in developing the Visioning Report, the CFP conducted a qualitative, electronic survey of educators in April of 2012.

The CFP developed the survey, which consisted of six open-ended questions (see below), and sent it to all program directors (n=568) and members of the Nutrition and Dietetic Educators and Preceptors Dietetic Practice Group (NDEP) (n=1,087). The survey was posted for 2 weeks, with one reminder e-mail sent to potential respondents, and responses were received from 149 educators. After the survey period closed, all responses were captured verbatim, resulting in 26 horizontal, typewritten pages of comments. Three CFP members conducted a content analysis of the comments by identifying similar responses and the frequency with which similar ideas and concepts were repeated across the six survey questions. Discussion ensued until there was consensus on the results. Based on this process, seven major themes, with corresponding subthemes, emerged. The CFP Visioning Report Workgroup reviewed and verified the results. Major themes, subthemes, and selected quotes related to each major theme are presented on the following pages.

### **Survey Questions:**

#### **Questions on Survey of Dietetic Educators**

- Describe your vision of an ideal continuum of education, credentialing, and practice from entry-level (for both DTR and RD) to advanced practice for the profession of nutrition and dietetics.
- What changes to the current education and credentialing model and structure (ie, didactic followed by supervised practice [DPD to DI] or didactic concurrent with supervised practice [CP or DT] will move our profession forward and increase parity (credibility, recognition, respect, and remuneration) with other health care professionals?
- What opportunities exist to raise the entry-level educational preparation at all levels of nutrition and dietetics practice (eg, DTR, RD)?
- What are the barriers to raising the entry-level educational preparation at all levels of nutrition and dietetics practice (eg, DTR, RD)?
- What curricular changes might optimize the educational preparation of nutrition and dietetics practitioners to be competitive in 2020?
- What additional recommendations do you have related to education, credentialing, and practice that would address issues facing the profession and maximize future benefits to dietetics practitioners?

**Results:**

<b>Themes, Subthemes, and Selected Quotes from the Survey of Dietetic Educators (n=149)</b>	
<b>Themes and Subthemes</b>	<b>Selected Quotes</b>
<p><u>Establish advanced practice credentials</u></p> <ul style="list-style-type: none"> <li>• Have advanced practice credentials in various areas of practice</li> <li>• Develop practice doctorates and residency programs to support advanced practice</li> <li>• Include advanced-level skills, complex decision making, and risk taking in advanced degree programs</li> </ul>	<p>“Have an advanced practice credential, much in the same way that nurses have the nurse practitioner position.”</p> <p>“Advanced practice would be achieved via certifications in specialized areas.”</p> <p>“Having more advanced practice credentials based on achievement of advanced practice competencies and hours of practice would help employers distinguish between RDs at different points on the continuum of expertise.”</p>
<p><u>Support specialist credentials</u></p> <ul style="list-style-type: none"> <li>• Specialization is imperative</li> <li>• Lack of specialists creates “jack of all trades and master of none” image</li> <li>• Increase number of CDR Board Certified Specialists</li> <li>• Support specialization through formalized training programs</li> </ul>	<p>“The low number of CDR specialists deters advancement of RDs in the marketplace, especially when compared to increases in demand for specialists, and deserves examination and a call to action.”</p> <p>“Enhance viability, marketability, and sustainability of the CDR specialist credentials.”</p> <p>“There needs to be greater opportunities for advanced specialty credentialing beyond what is currently offered.”</p> <p>“Create residency programs and certifications/credentials to allow for a more formalized training and recognition of specialist RDs.”</p>
<p><u>Require master’s degree for entry-level RD</u></p> <ul style="list-style-type: none"> <li>• Undergraduate curriculum too crowded</li> <li>• Provide more depth of knowledge and skills at graduate level</li> <li>• Emphasize a higher level of competency and expectations—degree should be more than graduate credit for Bachelor of Science (BS)–level coursework</li> <li>• Different tracks for various emphasis areas</li> <li>• Consider integrating didactic and supervised practice</li> </ul>	<p>“A master’s degree should be required of all dietetics practitioners if we want to gain parity for our profession.”</p> <p>“Some of our problems are that we are so broad in terms of our scope of practice. I think we need to be more focused so individuals are better at what they do.”</p> <p>“Create separate tracks to allow development of expertise in targeted areas (eg, clinical nutrition as one track, management as another, community/nutrition communications as another) to create some depth in each area.”</p> <p>“Linking didactic and practice would be much more effective than our current model for learning, and improved understanding and retention would raise the preparation.”</p>

	<p>“I think the coordinated program with supervised practice embedded into the curriculum is the best option; matching to internships seems somewhat archaic and inefficient to me.”</p> <p>“The freestanding dietetic internship model is no longer relevant to higher education today. Universities are used to reaching out to the community in today’s environment.”</p>
<p><u>Revise and update curriculum</u></p> <ul style="list-style-type: none"> <li>• Maintain a strong basic science background</li> <li>• Emphasize critical thinking and problem-solving skills</li> <li>• Incorporate hands-on experiences before supervised practice</li> <li>• Focus on skills critical to future success: professional, communication, networking, technology, business, marketing, and outcomes assessment skills</li> <li>• Emphasize prevention as well as treatment of diseases</li> </ul>	<p>“As someone who just came out of a school, I find that the core curriculum mandated by ‘us’ is out of date.”</p> <p>“Strong core in sciences (including food) to understand evidence, which serves as a base for the dietetics core of management, community/wellness, clinical.”</p> <p>“They need to be able to think critically and critically evaluate the research literature to shape what they do in practice.”</p> <p>“Integration of skill training with didactic education.”</p> <p>“Increased focus on developing research, management, and entrepreneurship skills.”</p>
<p><u>Create solution for large numbers of DPD BS graduates who do not become RDs</u></p> <ul style="list-style-type: none"> <li>• Limit enrollment in DPD programs</li> <li>• Have criteria for admission into DPD programs</li> <li>• Fail/reject poorly performing DPD students</li> <li>• Create a credential for DPD BS graduates</li> </ul>	<p>“We need to solve the crisis of not enough internship spots, otherwise we are just pumping out students who don’t get credentialed and end up competing with us in the job market.”</p> <p>“With the current model, many are leaving the profession after frustration with not being able to obtain a dietetic internship.”</p> <p>“DPD programs need to severely limit enrollment, so that we can ensure a higher percentage of DPD graduates are matched to an internship. Otherwise we continue to create our own competition.”</p> <p>“Force undergraduate programs to have a rigorous admission process at the junior level similar to nursing programs.”</p> <p>“Students graduating from a DPD should take a didactic exam much like the current RD exam and receive a credential that qualifies them to work in WIC [Special Supplemental Nutrition Program for Women, Infants, and Children], public health, food service, and general and wellness nutrition</p>

	counseling.”
<p><u>Limited market demand for DTRs</u></p> <ul style="list-style-type: none"> <li>• Prepare at a higher skill level</li> <li>• Require BS degree for DTR</li> <li>• Blend DTR with DPD</li> </ul>	<p>“Entry-level DTR would be a 4-year degree that includes experience.”</p> <p>“DTR should have a different definition and scope of practice at the 4-year degree level to include normal nutrition, nutrition screening, and food service management to a limited level.”</p> <p>“DPD graduates have a credential and can work in the roles currently held by DTRs (DTR as we know it goes away).”</p> <p>“I see that the DTR is no longer necessary. I think those who want training at the associate’s level should become CDMs [certified dietary managers].”</p>
<p><u>Barriers to overcome</u></p> <ul style="list-style-type: none"> <li>• Cost to students relative to income</li> <li>• Cost to programs/institutions</li> <li>• Preceptor shortage</li> <li>• Legal demands of healthcare institutions</li> <li>• Increasing number of supervised practice hours</li> <li>• Universities want high enrollments</li> <li>• Disconnect between educators and practitioners</li> <li>• Limited reimbursement for services</li> <li>• Too many RDs satisfied with the status quo</li> <li>• Individuals don’t accept responsibility for creating respect, recognition, and their own career ladders</li> <li>• Resistance to change</li> <li>• Limited awareness of RD value</li> </ul>	<p>“Cost of education disproportionate to current entry and mid-level salaries for RDs.”</p> <p>“Undergraduate degree granting institutions want large numbers of students paying tuition so favor large DPD programs.”</p> <p>“Times have changed and the profession needs to keep up or we won’t have a profession.”</p> <p>“Increase demand for our services and public awareness of who we are, what we do.”</p> <p>“Make us uncomfortable with the changes—that will mean we are making a big enough change to make a difference versus putting a band aid on a gaping wound.”</p> <p>““We are often focused on ‘how this affects me’ instead of ‘what is right for the future and survival of the profession.’”</p> <p>“We have done a disservice to our profession by showing up, doing our job, and going home. To ignore this part of work life in any field, but especially in a field that has been brushed aside for so long, makes us our own worst enemies.”</p>

Appendix C - Baccalaureate-degree DTR Job Titles as Reported in the Compensation and Benefits Survey of the Dietetics Profession 2011\*

Assistant Director of Clinical Nutrition	Nutrition Care Specialist
Assistant Director of Nutrition & Culinary Services	Nutrition Care Tech WNA
Assistant Food Service Director	Nutrition Coordinator
CDN, Dietitian II	Nutrition Educator
Child Nutrition Program Director	Nutrition Educator/Clinical Nutrition Coordinator
Clinical & Administrative Dietetic Technician	Nutrition Program Coordinator
Clinical Dietetic Technician	Nutrition Services Coordinator
Clinical Dietitian	Nutrition Services Manager
Clinical Dietitian 1	Nutrition Supervisor
Community Nutrition Educator	Nutrition Support Manager
Community Nutritionist	Nutrition Technician
Cook	Nutritionist
Culinologist	Nutritionist (CPA 3)
Diet Clerk	Nutritionist III
Dietary Aid	Nutritionist-WIC Program
Dietary Director	Obesity Nutritionist
Dietary Manager	Owner of Proactive Wellness, LLC
Dietary Manager/Clinical DTR	Parent & Tot Program School Director
Dietetic Assistant	Patient Care Services Supervisor
Dietetic Instructor	Patient Hostess
Dietetic Technician Registered	Program Assistant
Dietetic Technician/Unit Leader	Program Specialist
Dietitian	Quality Control Coordinator
Dietitian/Dietary Manager	Quality Supervisor
Dietitian 2	Registered Diet Technician
Director	Research Assistant
Director of Dietary Services	Research Dietetic Technician
Director of Food & Nutrition Services	Research Dietitian
Food Labs Manager	School Nutrition Specialist
Food Service Manager	Senior Dietetic Technician
Food Service Manager, DTR	Senior Public Health Nutritionist
Food Service Supervisor	Site Manager W.I.C. Nutritionist Supervisor
General Manager Food & Nutrition	Team Leader
Health Educator Supervisor	Tray Service Manager
Home EC Teacher/Health Teacher	WIC Degreed Nutritionist
Junior Scientist	WIC Health Professional
Kitchen Supervisor	WIC Lead Nutritionist
Manager Dining Services	WIC Nutrition Educator
Nutrition & Food Services Supervisor	WIC Nutritionist
Nutrition Assistant	
Nutrition Associate	

\* Job titles reported in response to an open-ended question: *What is your current job title?*



## Appendix D – Members of the 2012-2013 Council on Future Practice

Jana Kicklighter, PhD, RD, LD, chair (CDR Representative)

Anne Marie Hunter, PhD, RD, LD, FADA, vice chair

Ane Marie Kis-Duryea, MS, RD, LDN

Mary Kay Meyer, PhD, RD

Bonnie Spear, PhD, RD

Melissa Pflugh-Prescott, MS, RD (young practitioner)

Mary Cluskey, PhD, RD, (Education Committee Representative)

Jane Allendorph, MS, RD, LDN (ACEND Representative)

Elise Smith, MA, RD, LD (HLT and BOD Representative)

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