

Council on Future Practice Visioning Report and Consensus Agreement for Moving Forward the Continuum of Dietetics Education, Credentialing, and Practice

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Editor's Note: All information, data, and references included in this article were current at the time the Visioning Report and Joint Leaders Report were released in September 2012 and January 2013. Updates of actions taken since the two reports were released are included.

All registered dietitians (RDs) are nutritionists—but not all nutritionists are RDs. The Academy's Board of Directors and Commission on Dietetic Registration have determined that those who hold the RD credential can optionally use "Registered Dietitian Nutritionist" (RDN). These two credentials have identical meanings. The RDN has been used exclusively throughout the report, except in situations where a direct quote has been used.

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 The 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. The Visioning Report,² developed by the CFP with input from ACEND, CDR, the Academy of Nutrition and Dietetics' (Academy) Education Committee, and the House of Delegates (HOD) Leadership Team, is a projection of what is needed in the future for the benefit of the public and the profession. The Council's recommendations took into consideration the changing landscape of health care, clinical specialist practice, food systems, services, and the expanding art and science of food and nutrition. These recommendations have broad implications for education and credentialing, which verifies mastery of subject material and skills critical for future practice.

For more than a decade, the Academy has been discussing and debating making changes to education and credentialing to ensure that future nutrition and dietetics practitioners are able to meet future practice needs. Although there have been updates in content, curriculum, competencies, and programs over the years, the basic structure of dietetics education, consisting of a baccalaureate degree and a separate supervised practice experience, has remained intact since 1927.³ Both Academy members and employers of nutrition and dietetics practitioners have expressed concerns about educational preparation and the ability of graduates to meet marketplace demands.

The 2005 Dietetics Education Task Force³ 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 Dietetics⁴ and the Report of the 1984 Study Commission on Dietetics,⁵ which was used as the basis for the 1986 long-range planning conference, recommended changes in dietetics education. Unfortunately, many of the recommendations made in 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 HOD meeting expressed concern about 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."⁶

Academy members and CDR-credentialed practitioners have also expressed concerns about their chosen profession. Respondents to the 2008 Needs Assessment,⁷ which included a sample of 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 Rs—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 knowledge and skills for the future.^{8,9} 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 nutrition and 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. Dr Glenna McCollum, MPH, RDN, current Academy President and 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.”⁸

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 the dietetic technician, registered (DTR), and registered dietitian nutritionist (RDN)—to advanced practice in order to elevate practice at all levels, ensure the success of advanced practice RDNs, and move the profession forward. Support was provided for possibly increasing the

Date	Activities/Outcomes
April 2013	<ul style="list-style-type: none"> Commission on Dietetic Registration (CDR) practice audit results for Didactic Program in Dietetics (DPD) baccalaureate-degree graduate discussed by CDR.
May 2013	<ul style="list-style-type: none"> CDR presents the practice audit results for DPD baccalaureate-degree graduate to the Academy's Board of Directors (BOD). Preliminary discussion of options for proceeding discussed and will be on the agenda for the July BOD meeting.
July 2013	<ul style="list-style-type: none"> Academy BOD identified an option to pursue for addressing this recommendation. The BOD requested Academy staff to further develop a plan to implement the option.^a
August-September 2013	<ul style="list-style-type: none"> Academy staff discussed implementation of the identified option and identified barriers to implementation. A survey of student members was conducted on the potential option to obtain input on how to proceed. Academy staff presented an alternative option for BOD consideration in early October 2013.
<p>^aAt the time this report was being prepared, the Board of Directors was not able to share more specifics about the option being considered.</p>	

Figure 1. Timeline of activities since the release of the Joint Leaders Report related to the Council on Future Practice’s Proposed Recommendation #3 for the Future of the Nutrition and Dietetics Profession.

degree requirement for entry into the profession to either a master’s degree or a practice doctorate. Support was also provided for a new credential recommended by the Academy’s Board of Directors (BOD)—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 but do not have a credential that recognizes their education. In addition, the new credential would increase the number of entrants to the nutrition and 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 RDN credential. At the conclusion of the meeting, the CFP, ACEND, and CDR committed to collaboration and

communication to address advanced practice and the continuum of education and credentialing. After 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 BOD approved the new credential for baccalaureate-degree graduates who have met DPD requirements.¹¹ In addition, the Alternative Pathways Workgroup passed a motion to support further investigation and vetting of a proposed credentialing framework and the Academy BOD agreed that a new credentialing framework was an essential component of operationalizing the continuum of education, practice, and credentialing. See the timeline of activities related to Proposed Recommendation #3 (Figure 1) to understand what has occurred since the original report was published.

In March 2012, the 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 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.

During the dialogue session on the “Continuum of Professional Progression and Growth” at 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.”¹⁶ In addition, the CFP conducted a qualitative study of ACEND program directors and members of the Nutrition and Dietetics Educators and Preceptors Dietetic Practice Group

(NDEP DPG)* 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. One educator emphasized the need for the Academy to act now: “Make tough changes now so we can survive in the future.”¹⁴

The future vision for the profession of nutrition and dietetics is based on an inter-related continuum of education, credentialing, and practice that provides individuals with multiple paths to begin and then advance in their education and careers. However, as stated by Marsha Rhea, MPA, CAE of iSignature (Alexandria, VA) in her opening remarks to 2011 Future Connections Summit participants, “A vision is only a dream without a commitment to act.”⁹ Although the challenges are considerable, the Academy must implement changes now that will move the profession of nutrition and dietetics closer to the shared vision of the 2011 Future Connections Summit and operationalize the Dietetics Career Development Guide.¹⁵ Consensus agreement on recommendations and future direction is important to keep the nutrition and dietetics profession at the forefront of food and nutrition, while working to protect the public’s health and well being.

RECOMMENDATIONS FOR THE FUTURE OF THE NUTRITION AND DIETETICS PROFESSION

The CFP submitted the initial recommendations in a Visioning Report² to the Academy’s HOD, its organizational units, and the membership. More than 600 members provided electronic feedback¹⁶ to the report, which was released in September 2012. The Visioning Report served as the dialogue topic for the Fall 2012 HOD meeting,

**NDEP DPG was approved to be a new organizational unit as of June 1, 2013, and is no longer a DPG. Rather, it is an organizational unit that reports directly to the Academy’s BOD.*

which generated additional input from delegates, members, and students. The outcomes of this dialogue topic were summarized in the Visioning Report Outcomes HOD Fact Sheet released to members of the HOD on October 10, 2012.¹⁷

Representatives from the five organizational units of the Academy—ACEND, CDR, CFP, Education Committee, and NDEP DPG—met January 17–19, 2013 in a joint meeting to discuss member feedback on these recommendations and agree on the best path for updating and strengthening education, credentialing, and practice. Marsha Rhea of iSignature served as an outside facilitator for the joint meeting. During the meeting, the Academy’s organizational units’ representatives and staff devoted the majority of time to the recommendations with the most member feedback and questions. Participants at the joint meeting reached consensus on recommendations on the inter-related continuum of education, credentialing, and practice, and began planning how to implement these changes:

1. The Academy and its organizational units will support the DTR credential as long as it is financially viable and relevant in the practice environment.
2. Baccalaureate-degree–prepared individuals can qualify to take a new examination that will be based on a practice audit defining the acceptable knowledge, skills, and competencies for practice at this education level. These credentialed baccalaureate-degree individuals can choose to pursue other educational opportunities, along with other professional options for advancement, if desired. As new education standards for the baccalaureate degree are developed and implemented by ACEND, eligibility requirements for this examination might evolve over time. See the timeline of activities related to Proposed Recommendation #3 (Figure 1) to understand what has occurred since the original report was published.
3. A graduate degree that integrates supervised practice into

the curriculum and successful completion of an examination based on a practice analysis will qualify individuals to enter practice as an RDN. See update of actions taken related to Proposed Recommendation #1 to understand what has occurred since the original report was published.

4. Currently credentialed and future RDs can use the professional designation of either RD or RDN. See update of actions taken related to Proposed Recommendation #9 to understand what has occurred since the original report was published.
5. Investigation and implementation of specialist practice and advanced practice education and credentialing will continue.

The top priority will be defining and differentiating what roles these different practitioners will serve and the knowledge and skills that will be the basis for educational preparation and credentialing at each level of the career continuum. Organizational units within the Academy, although they function independently and autonomously, are collaborating with “early adopters” of educational program changes to ensure the profession remains forward thinking and relevant to the environment in which dietetics and nutrition professionals practice. Until the transition and implementation is complete, existing and aspirational education programs and credentials can coexist and the Academy and its units will support academic programs and individuals as they navigate this time of change and transition.

The joint meeting facilitator, Marsha Rhea, used a structured and systematic approach that is reflected in the following analysis and summary contained in this report:

- Initial CFP proposed recommendation
- Rationale for each proposed recommendation
- Vision objectives (proposed outcomes of each recommendation, if implemented)
- Member and leader feedback summary for each recommendation

- Constraints and limitations for each recommendation
- Proposed actions to advance each recommendation

Academy organizational unit leaders acknowledge that creation of an inter-related educational preparation, credentialing, and career continuum for the profession will be an evolutionary process over time and that all levels of the continuum will be grounded in food, nutrition, and dietetics knowledge and skills, including management, professional, and leadership skills, as well as other related areas. This will enable individuals to move across the education and credentialing continuum toward greater expertise, more specialized focus areas of practice, and advanced practice.

These changes must occur within the parameters of present requirements of accreditation and credentialing standards that ACEND and CDR must uphold. Educational institutions will need flexibility to pursue different approaches and models to achieve the profession's desired outcomes and the Academy is willing to support educators throughout the transition. ACEND is required to make decisions solely for the purpose of protecting the safety of students and the public using the best available evidence. CDR is required to credential roles, knowledge, and skills present in the current workplace and will use practice audits to monitor and evolve the requirements for different credentials over time. The Academy, CFP, and NDEP will support and facilitate the change to ensure success for the future. These changes within the profession will occur through a process that is transparent and inclusive of the perspectives of different stakeholders.

CFP Proposed Recommendation #1: Graduate Level RDN

Elevate the educational preparation for the future entry-level RDN to a minimum of a graduate degree from an ACEND-accredited program.

- Currently credentialed RDNs 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 for Recommendation

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 might enable future RDNs to be competitive and respected members of the health care team. In addition, the enhanced preparation for practice leads to better critical thinking and 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.¹⁸

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 RDNs and to the positioning of RDNs 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. RDNs 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.¹⁹

The dual issues of adequacy of preparation and respect from health care team members were addressed in the 2005 Dietetics Education Task Force

report.³ Recommendation #1 from this report requested that CDR require a graduate degree for RDNs to be eligible to take the CDR examination and for professional entry into practice.³ Almost all other health care professions have increased entry-level educational standards based on expansion of knowledge and need for deeper and wider expertise; in addition, level of education is a factor that influences respect as a valued member of the health care team.³ Too often, RDNs at any level are seen as assisting in, rather than leading, the nutrition-care process, a perception that can affect career advancement.²⁰ Actions taken by CDR since the publication of the Visioning Report and release of the Joint Leaders Report are described later in this article.

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.²¹ The Bureau of Labor Statistics 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.²²

In 2010, RDN salaries were 40% to 45% less than salaries of other nonphysician health professionals.²³ Education beyond the bachelor's degree continues to be associated with hourly wage gains. In 2011, the difference between the median wage of RDNs with a master's degree and those with a bachelor's degree was \$2.41/hour (approximately \$5,000/year difference).²⁴

"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."²⁵ The need to elevate entry-level RDN 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. In addition, Collier found that graduate-degree requirements do not deter student interest in a health professions career.²⁶

Consensus Agreement on Recommendation #1: Graduate-Level RDN

The graduate-level degree will prepare individuals to enter the profession as an RDN. This degree will be based on new roles, knowledge, skills, and curriculum needed to meet client and customer needs for food and nutrition services. The new graduate degree will address the diversity of the profession's practice areas and help develop leaders in advancing the profession. Academic programs preparing the RDN will collaborate with other health care professionals and scientists to educate nutrition and dietetics professionals.

Vision Objectives. With a graduate-level degree for the RDN, the public will have better-prepared dietitians because practitioners will obtain higher levels of professional management and clinical skills. RDNs will have a greater level of skill to better protect the public.

Member and Leader Feedback. Although the majority of members in the HOD favor this new degree, many members want to know how it would affect current practitioners. The first priority has to be what is needed for patients and clients. Some students expressed excitement about a higher-level credential that sets them apart and want to see supervised practice integrated into the program. Others commented that the profession needs to do this or else other professionals with higher-level preparation will encroach on practice.

Several members would like to see options for the focal areas for the graduate degree that reflect the practice areas of nutrition and dietetics, and possibly even related degrees like the

MPH and the MBA. The profession will need to create a new set of standards to improve the quality and preparation of students, address concerns about potential degree creep, and define and strengthen the curriculum for this level. Educators expect more mature students will approach the curriculum with better performance. Graduate programs might require more research and therefore strengthen research efforts within the profession.

There is some concern that this degree could be more costly for students and impair efforts to attract more diverse students. However, it has been hard for students in freestanding internships to get financial support. Educational institutions may have a shortage of doctoral faculty and face extra costs to correct this.

Constraints and Limitations. Who will educate these students? More faculty with doctoral degrees will be required, as well as more collaboration with other disciplines, to get the skills needed in the interim. A change in educational preparation could reduce the number of RDNs in the marketplace. At the outset, physical therapy and pharmacy programs enrolled fewer students when they were changing curricula until they could demonstrate program effectiveness; then the number of graduates increased as the programs became established. These changes will be subject to how institutions look at the economics of offering graduate degrees and the requirements their institutions might have for instituting graduate programs; the level of degree might be a moving target of either master's or doctorate, depending on the institution. Where education programs are housed within their institutions can result in different capacities to secure faculty and resources. There could be additional cost to students, which could further limit diversity.

Proposed Actions to Advance Recommendation #1

1. Define what we want this graduate-degree practitioner to do and what skills and knowledge are required. Determine how this will be different from other roles in the continuum.

The CFP was asked to review the practice and skills for each of the levels within dietetics (associate-degree DTR, baccalaureate-degree practitioner, and graduate-degree RDN) based on previous reports produced by the Academy, ACEND, and CDR.

2. Provide guidance to programs on what to do to get the new degree approved within their institutions, including articulation from one degree level to the next level.
3. Allow voluntary implementation of the recommendation and operate a dual approach until a critical mass have implemented graduate-level programs and evidence is obtained that shows the increased benefits to the health and welfare of the public from the graduate-trained practitioner.
4. Identify programs and institutions that are interested in transitioning to graduate-degree RDN completion programs.
5. Consider different types of RDNs to decide what this degree looks like and how much specialty education is integrated into the program.
6. Secure evidence of outcomes resulting from a higher level of education.
7. Align language in state and federal legislation and regulations to reflect the graduate-level RDN.
8. Communicate across the organizational units and with the membership on the intent and expected outcomes of graduate-level education for the profession.
9. Foster development of leaders within all focus areas of practice who have the ability to advance the profession.

Action Taken Since Release of the Joint Leaders Report

The CDR has established and communicated the new entry-level registration eligibility degree requirements (minimum of a graduate degree) to Academy organizational units, dietetics education program directors, dietetics students, nutrition program chairs, and deans in May 2013. The entry-level

Table 1. Internship matches for didactic program in dietetics graduates²⁷

	April 2011	April 2012
	←-----n (%)-----→	
Students matched	2,192 (52)	2,313 (50)
Students not matched	2,046 (48)	2,272 (50)
Total applicants	4,238 (100)	4,585 (100)
Total positions filled	2,192 (92)	2,313 (93)
Positions not filled	191 (8)	180 (7)
Total positions available	2,383 (100)	2,493 (100)

registration eligibility education requirements for RDNs will be changed from a baccalaureate degree to a minimum of a graduate degree beginning January 1, 2024.

CFP Proposed Recommendation #2: Supervised Practice Integrated into Education Preparation

- 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 (one-step) program as a requirement to obtain the future entry-level RDN credential.
- Create an educational system for the future entry-level RDN based on core competencies, which provides greater depth in knowledge and skills that build on the undergraduate curriculum, and includes an emphasis area (such as clinical, management, community/public health).

Rationale for Recommendation

Eighty-six 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 1927.³ Currently, there are two pathways to eligibility for dietetics 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. Only 53 ACEND-accredited Coordinated Programs exist, while there are 226 accredited DPDs and 244 accredited Dietetic Internships.²⁷ 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.²⁸ 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 (Table 1).²⁷

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."³ One definition of seamless is "referring to a smooth and seemingly uninterrupted transition from one task to another."²⁹ 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."³ The seamless approach is consistent with a recommendation from the Association of American Colleges and Universities³⁰ 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 after completion of didactic courses.¹⁸

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.³⁰

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.³¹ Although these recommendations do not entirely eliminate the two-step process to achieving RDN 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 RDN. The second step, an integrated practice and advanced-degree program, provides a seamless approach to the final education and training component for the RDN. 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.³² A generalist is an individual whose practice includes responsibilities across several focus areas of practice, including but not limited to more than one of the following: community, clinical, consultation and business, research, education, and food and nutrition management. The educational preparation and examination for the future entry-level RDN 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."³²

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 RDNs.⁸ 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."⁸ Evidence suggests that RDNs are not perceived as being adequately prepared in management-related competencies for the role of hospital foodservice director.³³ 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.⁹

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.³ In today's competitive environment, RDNs 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.^{3,19,32} In addition to technical nutrition expertise, leadership, teamwork, critical thinking, technology, cultural competency, communication, and interpersonal skills have been identified as essential for RDNs and valued by employers.³²

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 RDN examination to include both core competencies and an emphasis area were recommendations from both the 2008 Phase 2 Future Practice and Education Task Force¹ and the 2005 Dietetics Education Task Force.³ Therefore, it is time to update our current system for preparing entry-level RDNs so that it meets contemporary education practice standards and enables entry-level practitioners to demonstrate their expertise in a focus area of dietetics practice.³¹

Consensus Agreement on Recommendation #2: Supervised Practice Integrated into Education Preparation

Supervised practice will be integrated into the graduate-level curriculum for the RDN.

Vision Objectives. Integrating supervised practice into the curriculum will improve the education experience and ensure students will have greater ability to qualify for the RDN examination. Ultimately, the public will have access to a supply of qualified RDNs who provide high-quality care in a cost-effective manner.

Member and Leader Feedback. This recommendation will address a longstanding problem of having insufficient supervised practice opportunities available for didactic program graduates. However, finding enough preceptors and quality supervised practice experiences is likely to remain a challenge.

Constraints and Limitations. Educational institutions will have to make this change within the constraints of their mission, resources, and marketplace demand. There may continue to be a

capacity challenge for supervised practice. Educational programs will need to ensure that supervised practice is defined appropriately and permits new models in meeting the requirements.

Proposed Actions to Advance Recommendation #2:

1. Support education programs in converting to a graduate-level RDN with supervised practice.

CFP Proposed Recommendation #3: New Baccalaureate-Degree Credential

Support the development and implementation of a new credential and examination for baccalaureate-degree graduates who have met DPD requirements.

- 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 RDNs 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 Centers for Medicare and Medicaid Services reimbursement.

Rationale for Recommendation

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 met DPD requirements in 2011, only 3,725 were first-time applicants for internship matching. In addition, another 1,220 repeat applicants applied for dietetic internship matching.³⁴ 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. The most important advantage of a new credential for baccalaureate-degree graduates who have met DPD requirements is protection of the public.

After 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 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.²⁷ Although a new ACEND-accredited Individualized Supervised Practice Pathway was implemented in January of 2012 for those who do not receive an internship, a shortage of supervised practice positions remains. In addition, one of the themes that emerged from the CFP educator survey was concern about the large number of baccalaureate-degree graduates who have met DPD requirements but do not get matched or obtain the RDN credential.¹⁴ Several possible solutions to this issue were suggested, including considering a credential for baccalaureate-degree graduates who have met DPD requirements.¹⁴ Although many of these graduates work in nonregulated dietetics-related positions, they might not be part of the professional dietetics community

and might 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."³² The newly credentialed practitioner could also provide support for future graduate-degree-prepared RDNs 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. In addition, 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 examination since they first became eligible in June of 2009 (Table 2).³⁵ The 3-year average examination pass rates for first-time dietetic technician (DT) and DPD candidates are similar, and more than half of all new DTRs are now baccalaureate-degree graduates who have met DPD requirements.³⁵ Although dietetic educators noted that baccalaureate-degree graduates who have met DPD requirements are interested in the DTR credential, they also reported that students might perceive the credential as less than ideal because of its link with an associate's degree.¹⁴

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.²⁵ The Dietetics Workforce Demand Study projects that demand for

Table 2. Dietetic technician, registered, examination pass rates by dietetic technician and didactic program in dietetics graduates (as of August 1, 2012)

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

^aFor 2012 year to date (does not equal a 12-month period).³⁵

^bDT=dietetic technician.

^cDPD=didactic program in dietetics.

dietetics practitioners will exceed supply in the next 10 years.²³ 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 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.”⁸

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. In addition, it offers a credential to those baccalaureate-degree-level dietetics practitioners to ensure safe and high-quality care for the public.

Dietetics licensure laws and regulations vary among the states and range from title protection to a defined scope of practice for dietitians that restricts practice only to licensed providers. Some states also separately license and/or regulate differently qualified nutritionists and other nutrition services providers. Licensure laws and regulations define the minimum standards

necessary to ensure public safety with respect to the provision of medical nutrition therapy and other aspects of nutrition-care services. A thorough review of licensure laws and related regulations is imperative to ensure that role delineations between the RDN and baccalaureate-degree graduates who have met DPD requirements are well defined. The completion of an accredited competency-based supervised practice program (eg, dietetic internship, Individualized Supervised Practice Pathway, or coordinated program) already differentiates the RDN skill set from that of baccalaureate-degree graduates who have met DPD requirements. It is possible that some licensure laws and regulations will need to be reconsidered and a scope of practice consistent with the nutrition-care process better defined to ensure role delineation. The reconsideration of the laws and regulations will require an evaluation of the resources and the relevant risk of negative consequences. It is worth noting that some individuals with a baccalaureate degree who do not complete an accredited competency-based supervised practice program can currently become licensed in some states as a dietitian.

Consensus Agreement on Recommendation #3: New Baccalaureate-Degree Credential

A baccalaureate-degree credential should provide the public with enhanced protection because baccalaureate-degree individuals are currently working in food and nutrition without a credential. However, it is essential that the profession differentiate the degrees

and credentials at all levels. The new credential should be based on current practice in the marketplace as identified through a practice audit; as practice evolves the competencies required for the credential will also evolve. ACEND and educational institutions are able to anticipate and shape the diverse areas these credential holders might pursue in the future. Yet to be determined is the role of the practitioner and whether these individuals are working under the supervision and in support of RDNs or working independently. The CDR is conducting a practice audit to provide additional information. These baccalaureate-degree programs should be designed to include a practicum or experiential learning to better prepare students to apply their learning in the workplace and to explore practice areas for further education and professional advancement. The new credential should provide new opportunities for the Academy and practitioners to meet new areas of public need in food and nutrition services.

Vision Objectives. The new credential will demonstrate entry-level competence for graduates possessing baccalaureate-degree-level education. If properly defined, practitioners with the new credential can help meet workforce demand needs in food and nutrition. This new baccalaureate credential could be a good education end point for some students and give them better employability. Under the new continuum, graduate-level students will have an integrated supervised practice and baccalaureate

students will benefit from early practicum or experiential learning. Embracing these baccalaureate-degree students with a new credential will be a boon for public health and welfare. The new credentialed practitioner could allow RDNs to function at a higher level within their practice areas.

Leader and Member Feedback. These baccalaureate-degree graduates are working now and the new credential offers the public more protection. Current licensure laws and regulations do not prevent these graduates from practicing in several states. Scopes of practice are not delineated in all state laws, so employers generally define who does what. Members have many questions about what the holder of this new credential will do.

Students are attracted to food and nutrition and this will give them other opportunities besides the RDN credential and help the profession capture other potential roles and markets as a growth area. This credential could help graduates move into various areas of practice and could attract more ethnically diverse students.

There are a large number of 4-year graduates working in some capacities within the profession who are not accountable to a code of ethics or standards of practice. The new credential for baccalaureate graduates is an Academy initiative to include and support these individuals. However, some meeting participants continue to express strong reservations that this decision to provide a credential for meeting DPD requirements without supervised practice will only result in credentialing less-qualified people and create confusion for the public and employers about what the three credentials (RDN, DTR, and the new credential) represent.

Constraints and Limitations. How many credentials can the profession and CDR support and the public understand? This will be a voluntary credential and there is strong concern that individuals will not be willing to pay for it. The credential must be based on what the practice audit shows people with this level of education are currently doing, although the profession would like to look to future roles in defining the continuum. The credentialing examination can be updated

through future audits, research, and education.

There is a concern this individual will be in competition with the RDN. A needs assessment of employers has not been conducted. Individuals who have completed a 4-year degree and obtained supervised practice (which does not have to be an ACEND-accredited program) and have passed CDR's entry-level registration examination to meet current licensure requirements in many states present a challenge. It is important to note that these individuals who have passed the state licensure examination are not registered by CDR but rather are licensed to practice in the state. In addition, the exemptions in states not allowing these individuals to be licensed might allow them to practice. The Academy and its affiliates would face challenges from other organizations if the decision is made to re-open licensure laws to incorporate these changes.

The timing of this new credential is a constraint and a concern. The Academy and CDR are moving forward with implementation of the new credential based on a practice audit of DPD program graduates. At the same time, CFP will be identifying roles for the levels of practice, while ACEND is developing accreditation standards for the baccalaureate-degree credential and graduate-degree RDN.

Proposed Actions to Advance Recommendation #3

1. Define the role for the baccalaureate-degree credential.[†] The CFP was asked to review the practice and skills for each of the levels within dietetics (ie, DTR, baccalaureate-degree credential, and graduate RDN) based on previous reports produced by the Academy, ACEND, and CDR.

[†]*This will be a combination of what is now occurring in the marketplace as demonstrated through the practice audit and what the profession envisions it could become. The profession needs to think differently about what these practitioners will do, and recognize some students do not want to be an RD/RDN. Consider these individuals moving into diverse areas.*

2. Examine the demand for this credential. Investigate why students are not pursuing the RDN credential.
3. ACEND will set accreditation standards for baccalaureate-level education.
 - a. Define curriculum.
 - b. Decide how to incorporate the experiential learning.
4. Education institutions should recruit and counsel students to pursue appropriate degree programs based on their potential for successful completion of the requirements.
5. Investigate opportunities to collaborate with other nutrition-related organizations for educating and credentialing future practitioners.

Update on DPD Baccalaureate-Degree Graduate Practice Audit Results

The Joint CDR/ACEND Task Force completed its work on the DPD baccalaureate-degree graduate practice audit in April 2013. After a very thorough analysis of the study results, the task force determined the DPD baccalaureate-degree graduate practice was not differentiated from the practice of DTRs. The results indicate that the practice activities performed by noncredentialed DPD baccalaureate-degree graduates are a subset of the activities performed by DTRs. The results did not differentiate the practice performed by the DPD baccalaureate-degree graduate and the DTR. Therefore, CDR concurred with the task force's conclusions and agreed not to support the development of a distinct DPD baccalaureate-degree examination. However, CDR did recommend that the Academy consider offering the option of an alternative credential for individuals who pass the registration examination for the DT.

CFP Proposed Recommendation #4: DTR Credential

CFP Recommendation #4 was rejected by the HOD during its dialogue session in October 2012. The Joint Leaders also rejected this proposed recommendations during its January 2013 meeting. This proposed recommendation is included in this report only to provide

the necessary context for this summary of the discussion and will not be implemented.

Using a timeline defined by CDR, phase out the current DTR credential.

- 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 DT education programs and DTRs to promote the positive impact of this transition for increasing workforce growth and opportunities.

Rationale for Recommendation

The DTR registry peaked in 1998 at 5,662 and was at 4,634 on August 1, 2012.^{35,36} Training program numbers are small and dwindling, and the number now rests at 47 programs.²⁷ As noted in [Table 2](#), there are currently more baccalaureate-degree graduates who have met DPD requirements taking the DTR examination than DT graduates.³⁵ 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 2011.³⁷ 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 2010.²⁵

A continued decline in numbers of enrolled 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.³ In 2011, 41% 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.²⁴ 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 RDNs 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 RDN.³ However, a low level of DTR availability in the southern states (and to some extent in the west) might have contributed to a failure to create many of the RDN/DTR partnerships that were envisioned for the DTR credential.³⁷ Most state licensure/recognition regulations do not include DTRs because they are working under the supervision of the RDN.

RDNs and DTRs were surveyed regarding their perception of the value of the DTR credential in 2008. Among approximately 7,000 respondents, only 26% of RDNs and 42% of DTRs reported that the credential has value in the marketplace.⁷ The role of the DTR in the profession has been discussed and was the topic of an HOD Mega Issue in Fall 2003. The 2005 Dietetics Education Task Force³ 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

Consensus Agreement on Recommendation #4: Affirm the Continuation of the DTR Credential

The Academy and its organizational units will support and promote the DTR credential as long as it is relevant and financially viable in the practice environment. The Academy will monitor the changes in the education, credentialing, and career continuum to see how different practice roles evolve. The dietetics and nutrition profession needs a technical level in the career continuum. The Academy should

evaluate current practice in the marketplace. The Academy, RDNs should increase their visible support of DTRs to help increase their geographic distribution within the United States.

Vision Objectives. Ending the DTR credential would allow CDR to better use its resources and delineate practice roles with only two credentials. There would be no DTR competition with RDNs and less confusion within the public about who is qualified in nutrition and dietetics. These outcomes were judged to be insufficient to support the proposed recommendation.

Member and Leader Feedback. There is strong sentiment to keep the DTR credential as noted by the HOD dialogue outcomes and member input to this recommendation. DTRs are marginally more diverse (based on the 2012 Member Needs Survey) and this certification provides an option to those who might not be able to pursue a 4-year degree in food and nutrition for a variety of reasons. Although the number of DTR programs has been declining in the last 10 years, there has been a 20% increase in graduates in the last year. The real problem is with the total number and geographic distribution of DTRs. Other health care professions are moving to para-professionals to support professionals and provide services more economically. Limited research suggests that employers favor the 4-year graduate over the 2-year graduate, especially in the many markets where DTRs are scarce.

Concern was expressed that the Academy and CDR have not engaged with practitioners, department heads, or consumers on the value of working with DTRs. There is competition in some care settings because of shifts in health care delivery and the current economy. Some DTRs are perceived to be competing with RDNs to deliver food and nutrition services in various settings.

Some programs view the credential as a valuable path to a job and have strong programs with high pass rates. However, many students are not sitting for the examination. Some programs believe the Academy does not support DTRs.

Alternatively, the profession should strengthen the DTR with more education and skills. They should be encouraged to articulate through the education and career continuum.

Constraints and Limitations. DTRs have a passionate constituency that would feel abandoned by the Academy if the DTR credential is eliminated. A perception exists that if the DTR credential is eliminated, CDR will lose the ability to protect the public and RDNs would lose the good relationships they now have with DTRs.

Although a distinction was made that eliminating the credential does not mean eliminating DT programs or DTR jobs, the existing programs value the credential and consider it an important outcome. What could strengthen the DTR's position in the continuum would be articulation agreements among educational institutions, but the Academy, CDR, and ACEND have limited ability to force institutions to have them.

The low volume and uneven geographic distribution of DTRs throughout the country have posed considerable challenges to marketing the credential. Both of these factors impede the two primary drivers of demand for voluntary certification programs—regulation (governmental and nongovernmental) and employment requirements—which are directly related to regulatory specification of the credential. Regulators are not going to include a credential in national or state regulations when there are insufficient numbers to meet the marketplace need.

Proposed Actions to Address the Withdrawal of Proposed Recommendation #4:

1. Adopt degree-based standards rather than credential-based standards: What do we want each graduate to do at each level? The CFP was asked to review the practice and skills for each of the levels within dietetics (ie, DTR, baccalaureate-degree credential, and graduate RDN) based on previous reports produced by the Academy, ACEND, and CDR.
2. RDNs need to support DTRs and employ them.

3. Establish a true educational ladder/continuum.
4. Continue to allow the 4-year graduates to take the DTR examination and become credentialed as DTRs.
5. Explore a new name for DTR to make it more attractive.
6. Recognize any decision related to the DTR is inter-related with other decisions in the career continuum.
7. Review competencies across the credentials.
8. Increase the Academy's visible support of DTRs.
9. Modify the DTR credential and 2-year education program to better differentiate between the DTR and RDN and meet the need for a technical level practitioner within the Academy.
10. Explore how to increase the geographic distribution of DTRs within the United States.

CFP Proposed Recommendation 5: Experiential Learning

- 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.
- 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 for Recommendation

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 before the postgraduate 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 might benefit from practice-specific educational standards to assure the public that graduates are capable of providing safe, high-quality care.³⁸ 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.³² 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 can 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.³⁹ This recommendation is validated in the 2011 Future Connections Summit^{8,9,39} and CFP survey of dietetic educators,¹⁴ both advocating for opportunities for learner-centered models of teaching that involve exposure to practice-based settings.

Consensus Agreement on Recommendation #5: Experiential Learning

Incorporating experiential learning into baccalaureate-degree education would enhance the quality of academic preparation. It would afford students an opportunity to apply didactic learning to real-world situations and explore different practice areas within the nutrition and dietetics profession. Institutions have the flexibility to use new models, such as simulations and other approaches, to integrate these experiences within their curriculum.

Vision Objectives. Integrating an experiential learning with the baccalaureate-degree education will lead to better learning and better-prepared graduates for the workplace. Students will be exposed to career opportunities and potential focus areas of practice. With students venturing into work settings, educational institutions will enjoy greater community recognition.

Member and Leader Feedback. Most of the feedback on this topic related to insufficient opportunities for supervised practice for the RDN rather than differentiating what a practicum or experiential learning might provide to a baccalaureate degree. Otherwise, people support the opportunity to apply theory to practice and explore the diversity of practice areas within nutrition and dietetics. ACEND already has requirements for diverse learning experiences outside the classroom in its standards.

Constraints and Limitations. Some institutions might need flexibility to design these experiences within the constraints of their programs and situations.

Proposed Actions to Advance Recommendation #5:

This was discussed in concert with new standards for baccalaureate education and the new baccalaureate-degree credential. As ACEND already has requirements designed to foster these learning experiences, ACEND seeks guidance on whether these need to be strengthened.

CFP Proposed Recommendation #6: Board-Certified Specialist Credentials[‡]

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 RDNs practicing in focus areas where numbers are too small to justify the financial investment.

Rationale for Recommendation

Specialist 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 examination for sports dietetics was in 2006, followed by gerontological nutrition in 2007. The most recent specialist certification examination was in 2008 for oncology nutrition, bringing the total number to five specialty certifications, with approximately 2,500 specialists in 2011.^{40,41} 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 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

[‡]*Due to time constraints and the need to focus on six recommendations (#1, #2, #3, #4, #5, and #9), the discussions related to the recommendation for board-certified specialist credentials (#6), advanced practice credentials (#7), and marketing/branding (#8) were limited. They each have some action being taken by the Academy, ACEND, and CDR.*

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, policy-makers, and external stakeholders.”⁸

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

The Bureau of Labor Statistics acknowledges that RDNs 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.²² In addition, the Bureau of Labor Statistics predicts an increased need for dietitians to care for an aging population. RDNs in some of these areas might require higher-level skills and autonomy, which are often associated with a specialist.²²

Based on the 2008 Academy/CDR needs assessment, >40% of RDN respondents currently working or planning to work in the dietetics profession believe that there is market value in the board certifications currently offered by CDR.⁷ 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 with the number of practitioners in other allied health professions is small. However, 15% of RDNs obtain specialty certification.²⁰ A significant proportion of RDNs want CDR to offer additional new certifications or credentials with particular interest in health promotion/disease prevention and clinical health care.⁷

Specialist certification allows RDNs to experience recognition, rewards, and respect. CDR surveyed all 1,951 certified specialists in 2010 with a 50% response rate.⁴⁰ 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.^{40,41}

Responses from 211 employers/supervisors of CDR-certified specialists indicated that 67% reported paying or reimbursing some form of the CDR examination fees; 39% gave position preference to specialist-certified RDNs; 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.^{40,41} 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 RDN with no specialist certification at the 50th percentile, which increased to 12% by 2011. In 2011, an RDN 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.^{24,40,41} RDNs 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.³⁷

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 was subsidized by CDR during 2010–2011.⁴¹ To remain fiscally responsible, there must be a sufficient number of RDNs 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.

Consensus Agreement on Recommendation #6: Board-Certified Specialist Credentials

Work that is now underway to support this recommendation should continue.

Vision Objectives. Specialist credentials help the public identify who the specialists are and also help other colleagues know who to turn to for specialized expertise. Specialist credentials help create a career path into focus areas of practice and enhance protection of the public.

Member and Leader Feedback. Individuals like having this option of specialist credentials available to them and view these credentials as a way to differentiate expertise and advance their careers.

Constraints and Limitations. There must be a reasonable pool of practitioners to justify the cost of development and maintenance of the credential.

Proposed Actions to Advance Recommendation #6:

CDR will continue to evaluate the viability of new specialist credentials proposed by the CFP. CFP will collaborate with CDR to promote strong and viable specialist credentials.

CFP Proposed Recommendation #7: Advanced Practice Credentials

Support continuing development of advanced practice credentials for the nutrition and dietetics profession based on objective evidence.

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

Rationale for Recommendation

The need to define, support, and credential advanced dietetics practitioners has been discussed for more than 3 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 RDNs, attract and retain expert nutrition and dietetics practitioners, facilitate movement up the career path, and contribute to advancement of the discipline through research.^{3,20}

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.^{1,3,8} The design principle states: "Specialist and advanced practice are accessible to diverse populations and areas of practice."⁸ 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 ACEND⁴² with the goal of fostering advanced practice and providing a career path for RDNs 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 RDNs 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 RDNs (out of 6,955) indicated CDR should develop an advanced practice credential.⁷ Interest in advanced-practice competencies and practice doctorate-degree programs in clinical nutrition has been documented among clinical RDNs and employers.⁴³ On a scale from 5=very interested to 1=very uninterested, the mean interest in obtaining advanced practice education was 3.93 ± 1.01 among 440 RDs and the mean interest score for hiring RDNs with a practice doctorate in clinical nutrition was 4.02 ± 0.93 among 61 employers. Clinical RDNs identified the greatest advantages of the practice doctorate

degree as respect from other health care professionals, a sense of accomplishment, and increased salary.⁴³ In fact, the health care workforce is experiencing an increase in advanced practice providers working across the spectrum of health care.⁴⁴ The number of nurse practitioners went from 141,209 in 2004 to 158,348 in 2008—a 12% increase in 4 years.⁴⁵ Advanced practice nurses will transition to a practice doctorate by 2015.⁴⁶ An advanced dietetics practice credential in the health care environment could improve health care outcomes and facilitate increased collaboration with, and respect for, the RDN from other advanced practice professionals.

Opportunities for RDNs are predicted to increase in outpatient, medical, and nursing home settings in the areas of aging, preventative health care, and the treatment of illnesses, such as diabetes and heart disease.²² RDNs 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.²⁰

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 health care. Also, the 2007 CDR Levels of Practice Study recommended that future studies of advanced practice focus on a specific practice segment vs including all areas of dietetics practice.⁴⁷ 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 was conducted as well as a practice audit.³⁵ Among the resources used to inform the present study are the 2005-2007 CDR Levels of Practice Study⁴⁷; Phase 2 Future Practice and Education Task Force Report¹; 2011 CFP Visioning Report¹⁵; 2011 Future Connections Summit^{8,9,39}; the Academy's Standards of Practice and Standards of Professional Performance for RDs and DTRs in Nutrition Care⁴⁸;

the specialist Standards of Practice and Standards of Professional Performance for diabetes,⁴⁹ oncology,⁵⁰ nephrology,⁵¹ pediatric nutrition,⁵² nutrition support,⁵³ sports dietetics,⁵⁴ and extended care⁵⁵; and a recent Delphi study on advanced-level clinical nutrition practice.⁵⁶ An update on the study was provided at the Academy's 2013 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.^{44,57} 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.⁵⁷

Consensus Agreement on Recommendation #7: Advanced Practice Credentials

Work that is now underway to support this recommendation, including CDR's practice audit efforts and ACEND's efforts to define advanced practice education, should continue.

Vision Objectives. Advanced practice credentials could help the public and employers identify individuals with the knowledge, competencies, and skills to deliver better health outcomes. These credentials could expand the options for how RDNs serve the public's food and nutrition needs, including possibly opening the door to independent, autonomous practice consistent with public protection.

Constraints and Limitations. The education and requirements for this credential have yet to be defined. Until then, it is not possible to anticipate how many people will choose to qualify for this credential.

Member and Leader Feedback. Experienced RDNs are especially interested in having this opportunity to differentiate their experience and capabilities.

Proposed Actions to Advance Recommendation

CDR has conducted a practice audit to define advanced clinical nutrition practice. If the results of this audit support development of an advanced practice in clinical nutrition credential, it will be developed. Results of this audit were reported in September and October 2013. ACEND has already developed guidelines⁴² for advanced practice education.

Update on the Advanced Clinical Nutrition Practice Audit Results

A pilot test was conducted in Fall 2012. The audit instrument was mailed in early January 2013. The results of the first-phase online study survey exceeded expectations, with a 39% response rate. The second phase of the study was completed in late March 2013 with a 49% response rate. The task force has analyzed the study results and identified an advanced practice study population of RDNs with 8 or more years of experience and a minimum of a master's degree distinguished by their autonomous practice, presentations, and/or publications. The next step will be to identify the tasks that the population performs. The task force is scheduled to meet in November 2013 to identify the certification eligibility criteria, which may vary from the study population definition.

CFP Proposed Recommendation #8: Comprehensive Marketing, Branding, and Communications Campaign

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 for Recommendation

In considering the future of dietetics, some observations have been made about the RDN's role in branding and marketing. As a profession, nutrition and dietetics practitioners generally do not communicate their roles as food and nutrition experts to external groups. Many RDNs do not market themselves, and they 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 RDNs have, and interferes with creation of value for the profession among administrators and business professionals. There is a need to better instill in individual RDNs a sense of responsibility regarding the need to market and create a demand for their expertise. Many believe that modifying the credential title might improve the perception of the RDN as the food and nutrition expert.⁵⁸

The issue of branding to promote the profession has been an item of discussion within the HOD since 2007, with discussions identifying opportunities for affiliates, DPGs, and members to promote the value of the RDN and DTR within their communities. In addition, the following statement from the March 2011 Future Connections Summit³⁹ provides a glimpse at the need to brand the RDN:

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.³⁹

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 health care outcomes, food systems, and food sustainability. RDNs 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,⁷ respondents were asked to identify the greatest challenges facing the profession. The two items rated as challenges by the greatest number of RDNs included recognition of the value delivered by the dietetics profession to the larger society (77%) and public awareness of the field (75%).⁷ The recent CFP survey of dietetics educators also identified the need to create public awareness of the RDN. 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 RDN.¹⁴

The Academy reviewed existing research and conducted primary research⁵⁹ to better understand the RDN 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 RDN to key audiences. Additional research⁵⁹ 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 RDN brand initiative that includes the enhancement of existing tools to support RDN 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.

Consensus Agreement on Recommendation #8: Comprehensive Marketing, Branding, and Communication Campaign

Extensive communication, marketing, and branding are required during both the development and implementation phases for these recommendations to ensure that Academy members, credential holders, education institutions, other stakeholders, and the public understand the education, credentialing, and career continuum in nutrition and dietetics.

Vision Objectives. This campaign will ensure others know who we are and what we do. It could attract more diverse individuals into the profession and counter the claims of unqualified practitioners.

Member and Leader Feedback. Members are enthusiastic about the Academy's efforts to explain and market the RDN. Judging from the volume of comments on the proposed recommendations, they also expect to be kept well informed during the development and implementation of these recommendations.

Constraints and Limitations. The only constraint is wisely investing available Academy resources.

Proposed Actions to Advance Recommendation #8:

1. At the conclusion of the joint meeting, the representatives agreed on the need to have a fact sheet and other communications to key stakeholders. This fact sheet was developed and distributed on February 5, 2013.
2. The Joint Meeting report will be presented to the BOD, HOD, DPGs, Member Interest Groups, Affiliates, ACEND, ACEND program directors, Education Committee, NDEP DPG, CDR, all Academy committees and widely shared within the membership.
3. Other communication plans will be developed in tandem with key decisions and dates on the recommendations.

CFP Proposed Recommendation #9: RD Designation Expanded to Include Nutrition

- 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 Centers for Medicare and Medicaid Services reimbursement.

Rationale for Recommendation

As noted previously in the rationale for proposed 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.⁸ 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.⁶⁰ 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 credential.

Regulation of the practice of dietetics and nutrition recognizes qualified practitioners and protects the public by often limiting practice to those individuals who meet minimum objective standards of education, supervised practice, and competency. In many states, practitioners with the RD credential meet the state-specific qualifications for licensure because the education, supervised practice, and examination requirements are similar to that which the state deems is required to practice. Changing the title of the RD to RDN would not change the qualifications for licensure and those with a different title would still meet the objective criteria set forth in state statutes and regulations. In states that separately license and regulate nutritionist and other nutrition providers, the ability to use the RDN might be contingent upon meeting any qualifications and title protection standards set forth for this separate and distinct title.

Consensus Agreement for Recommendation #9: RD Designation Expanded to Include Nutrition

Currently credentialed and future RDs can use the professional designation of either RD or RDN. This is a personal choice that builds on the RD credential and incorporates nutrition.

Vision Objectives. Adding nutrition into the credential better reflects what we do. The public will recognize we are at the forefront of nutrition and dietetics. This new credential name might appeal to more prospective students.

Member and Leader Feedback. This credential name change is generally viewed as a positive option that embraces past practice and recognizes the profession’s leadership in nutrition. It is also viewed as consistent with the Academy’s name change.

Constraints and Limitations. Legal counsel has provided input that the best approach to incorporating nutritionist into the credential designation is to retain the RD credential and add

the RDN credential as an option for RDs to use. It is important that the Academy retain use of the RD so that it is not assumed by another group. The Academy’s BOD and CDR have taken a big step: RDs now have the option to use the credential RDN.

Proposed Actions to Advance Recommendation #9:

1. Academy BOD and CDR determined how the designation option will be represented during its March 2013 meetings.
2. CDR will develop logos for both designations and do the appropriate filing with the US Patent and Trademark Office.
3. Promote the purpose and usage of the new credential in conjunction with Food & Nutrition Conference & Expo 2013.

Action Taken Since Release of Joint Leaders Report

The Academy’s BOD in collaboration with CDR announced the option for use of the RD or RDN to Academy members via an all-member communication on March 13, 2013.

State and federal legislative and regulatory issues are being reviewed and solutions developed to address those already identified as well as potential unintended consequences of changing of the RD credential with regard to licensure laws and regulations for dietitians and nutritionists. In the event there is an impact on licensure or dietetic practice, guidance will be provided to affiliates, including assistance in communicating with regulatory officials and legislators and developing a strategy to make any necessary updates to laws and regulations. Because the two titles RD and RDN have identical meanings and legal effect, efforts are not currently being made to change federal statutes. The decision to use RD or RDN will be considered in a case-by-case approach when proposing new legislation or regulations. In addition, when drafting communications to regulatory agencies and other policy makers, the Academy will include language in a footnote or the body of the document informing the reader of the interchangeability of the RD and RDN credentials.

Term	Definition
Accreditation Council for Education in Nutrition and Dietetics (ACEND) ⁶¹	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	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 a registered dietitian nutritionist or dietetic technician, registered, 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. 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.
Advanced-practice doctorate ⁶²	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	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. The term <i>specialist</i> requires a credential and is defined by the Academy Standards of Practice in Nutrition Care and Standards of Professional Performance 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.
Commission on Dietetic Registration (CDR) ⁶¹	The Academy's certification and credentialing agency. CDR protects the public through credentialing and assessment processes that assure the competence of registered dietitian nutritionist and dietetic technician, 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.
Council on Future Practice (CFP or Council) ⁶¹	The Council on Future Practice was established by the House of Delegates (HOD) and is responsible for reporting to the HOD. The functions of the Council are: <ol style="list-style-type: none"> 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.

(continued on next page)

Figure 2. Current operational definitions.

Term	Definition
	<ol style="list-style-type: none"> 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. 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]) ⁶³	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]) ⁶³	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 examination.
Dietetic technician, registered (DTR) ⁶⁴	<p>An individual who has met current minimum requirements through one of three routes:</p> <ol style="list-style-type: none"> 1. Successful completion of a minimum of an associate's degree and dietetic technician program through a program accredited by the ACEND of the Academy of Nutrition and Dietetics (Academy). 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. 3. Completed a minimum of a baccalaureate degree; successfully completed a Didactic Program in Dietetics as accredited by ACEND of the Academy. <p>In all three routes, the individual must successfully complete the Registration Examination for Dietetic Technicians.</p>
Education committee ⁶⁵	Previously a committee of the Academy's Board of Directors, which merged with Nutrition and Dietetics Educators and Preceptors (NDEP) on June 1, 2013. The committee existed 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. These functions have been incorporated into NDEP's program of work.
Entry-level practice doctorate ⁶²	Educational programs that prepare students to achieve the knowledge and competencies of first-time graduates expected and articulated by the appropriate accrediting agency.
<i>(continued on next page)</i>	

Figure 2. (continued) Current operational definitions.

Term	Definition
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) ⁶⁶	A pathway developed within an existing ACEND-accredited dietetics education program to prepare graduates with verification statements to sit for CDR's registration examination. ACEND policies for ISPPs allow graduates who did not match to a dietetic internship, but who possess a DPD verification statement; or individuals holding a doctoral degree.
Internship program in nutrition and dietetics (formerly known as dietetic internship [DI]) ⁶³	An education program that provides at least 1,200 hours of required supervised practice experiences to meet ACEND's competency requirements to become an RD. A verification statement is issued to individuals who successfully complete the program as evidence of eligibility to sit for the credentialing examination.
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 ACEND-accredited 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 ^{18,43}	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 to 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) or registered dietitian nutritionist (RDN) ⁶⁴	The CDR defines the registered dietitian (RD) or registered dietitian nutritionist (RDN) as 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 ACEND of the Academy of Nutrition and Dietetics and who has successfully completed the Registration Examination for Dietitians. To maintain the RD or RDN credential, the RD or RDN must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 75 units of approved continuing professional education every 5 years).
Seamless ²⁹	Referring to a smooth and seemingly uninterrupted transition from one task to another.

Figure 2. (continued) Current operational definitions.

For current operational terms and definitions, see Figure 2.

CONCLUSIONS

The Visioning Report is a vision of what is possible for future nutrition and dietetics practitioners and educators and the proposed recommendations are not for today, but for the years to come. This summary 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; and it includes the next steps toward implementation. There are no perfect solutions to the challenges facing the nutrition and dietetics profession; however, the CFP strongly believes changes cannot be examined in isolation, but must be evaluated as part of the whole continuum. Nutrition and

dietetics practitioners also cannot afford to let "perfection paralysis" determine the future of the profession. The Academy is taking these actions to advance the profession to improve America's health and protect the public. The Academy and its units have a responsibility to anticipate the public's changing needs for food and nutrition services and to prepare individuals for these future practice roles at different levels of the career continuum.

The CFP recognizes that, as strategies for implementation of the recommendations are discussed, their impact on the current DTR and RDN credentials; the ethnic and sex 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 CFP 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 CFP 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 nutrition and dietetics practitioners and developing standards of education and practice to reflect these various levels. It should also be noted that specific decisions about 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 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 nutrition and dietetics profession is not moving forward, it is being left behind.

References

1. Phase 2 Future Practice and Education Task Force. Final Report of the Phase 2 Future Practice and Education Task Force.

- July 15, 2008. Academy of Nutrition and Dietetics website. www.eatright.org/futurepractice/. Accessed June 25, 2012.
2. Visioning Report: Moving Forward—A Vision for the Continuum of Dietetics Education, Credentialing and Practice. September 5, 2012. Academy of Nutrition and Dietetics website. <http://www.eatright.org/futurepractice>. Accessed September 9, 2012.
 3. American Dietetic Association. Dietetics Education Task Force. *Dietetics Education Task Force Report and Recommendations*. Chicago, IL: American Dietetic Association; 2005. Unpublished.
 4. American Dietetic Association. *The Profession of Dietetics: The Report of the 1972 Study Commission on Dietetics*. Chicago, IL: American Dietetic Association; 1972.
 5. American Dietetic Association. *A New Look at the Profession of Dietetics: Report of the 1984 Study Commission on Dietetics*. Chicago, IL: American Dietetic Association; 1985.
 6. Academy of Nutrition and Dietetics' House of Delegates. HOD Dialogue Session Workbook, Unedited Consolidation (Day 2), HOD Virtual Spring 2012 Meeting (April 26-27, 2012). Academy of Nutrition and Dietetics website. <http://www.eatright.org/Members/content.aspx?id=6442462538>. Accessed June 10, 2012.
 7. Rogers D. Report on the American Dietetic Association/Commission on Dietetic Registration 2008 Needs Assessment. *J Am Diet Assoc*. 2009;109(7):1283-1293.
 8. Boyce B. 2011 Future Connections Summit on Dietetics Practice, Credentialing, and Education: The Summit at a glance. *J Am Diet Assoc*. 2011;111(10):1584-1589.
 9. Boyce B. 2011 Future Connections Summit on Dietetics Practice, Credentialing, and Education: Summary of presentations on shaping the future of the dietetics profession. *J Am Diet Assoc*. 2011;111(10):1591-1599.
 10. American Dietetic Association. Future of Advanced Practice. Meeting of Representatives of CADE, CDR and CFP conducted on November 4-5, 2011. Meeting Summary (Revised 4/10/12). Unpublished.
 11. Academy of Nutrition and Dietetics. Board of Directors Meeting Agenda Item Summary from May 11, 2012. Unpublished.
 12. Laramee SH, Tate M. Dietetics workforce demand study task force supplement: An introduction. *J Acad Nutr Diet*. 2012;112(3 suppl 1):S7-S9.
 13. Nyland N, Lafferty L. Implications of the dietetics workforce demand study. *J Acad Nutr Diet*. 2012;112(3 suppl 1):S92-S94.
 14. Council on Future Practice Survey of Dietetic Educators, March-April, 2012. Results Unpublished.
 15. Council on Future Practice. Council on Future Practice Visioning Report. Released in March 2011. Academy of Nutrition and Dietetics website. www.eatright.org/futurepractice/. Accessed June 10, 2012.
 16. Member Input to the Visioning Report, September-November 2012. Academy of Nutrition and Dietetics website. <http://www.eatright.org/futurepractice>. Accessed September 28, 2012.
 17. HOD Fall Meeting Fact Sheet: Council on Future Practice Visioning Report: Moving Forward—A Vision for Education, Credentialing and Practice. October 10, 2012. Academy of Nutrition and Dietetics website. <http://www.eatright.org/futurepractice>. Accessed October 10, 2012.
 18. Skipper A, Lewis NL. A look at the educational preparation of the health diagnosing and treating professions: Do dietitians measure up? *J Am Diet Assoc*. 2005;105(3):420-427.
 19. Internal communication. Letter from M. Garner, Chair, Coding and Coverage Committee to N. Nyland, Chair, Council on Future Practice. November 29, 2011.
 20. O'Sullivan Mailet J, Brody RA, Skipper A, Pavlinac JM. Framework for analyzing supply and demand for specialist and advanced practice registered dietitians. *J Acad Nutr Diet*. 2012;112(3 suppl 1):S47-S55.
 21. Brody R, Byham-Gray L, Touger-Decker R. A review of characteristics of graduates in the allied health and nursing professions: Entry level and advanced practice. *Top Clin Nutr*. 2009;24(3):181-192.
 22. Bureau of Labor Statistics, US Department of Labor. Occupational Outlook Handbook, 2012-2013 edition. Dietitians and nutritionists. <http://www.bls.gov/ooh/healthcare/dietitians-and-nutritionists.htm>. Accessed June 17, 2012.
 23. Hooker RS, Williams JH, Papneja J, Sen N, Hogan P. Dietetics supply and demand: 2010-2020. *J Acad Nutr Diet*. 2012;112(3 suppl 1):S75-S91.
 24. Ward B. Compensation and benefits survey 2011: Moderate growth in registered dietitian and dietetic technician, registered, compensation in the past 2 years. *J Acad Nutr Diet*. 2012;112(1):29-40.
 25. Carnevale AP, Smith N, Gulish A, Beach BH. *Healthcare: Executive Summary*. Washington, DC: Georgetown University Center on Education and the Workforce; June 2012. http://www9.georgetown.edu/grad/gppi/hpi/cew/pdfs/Healthcare_ExecutiveSummary.081412.pdf. Accessed June 27, 2012.
 26. Collier S. Is bifurcation of health graduates occurring? Implications for schools of allied health. Trends. December-January 05-06. Association of Schools of Allied Health Professions website. <http://www.asahp.org/trends/2005/December-January05-06.pdf>. Accessed May 13, 2012.
 27. Accreditation Council for Education in Nutrition and Dietetics. ACEND Connection (On-line update), April 2012. Academy of Nutrition and Dietetics website. <http://www.eatright.org/newsletters.aspx>. Accessed June 15, 2012.
 28. Accreditation Council for Education in Nutrition and Dietetics. Coordinated Programs in Dietetics. Academy of Nutrition and Dietetics website. <http://www.eatright.org/ACEND/content.aspx?id=74>. Accessed August 3, 2012.
 29. McGraw-Hill Concise Dictionary of Modern Medicine. <http://medical-dictionary.thefreedictionary.com/seamless>. Accessed August 10, 2012.
 30. Greater Expectations National Panel. *Greater Expectations: A New Vision for*

- Learning as a Nation Goes to College*. Washington, DC: Association of American Colleges and Universities; 2002. <http://www.greaterexpectations.org/>. Accessed July 12, 2012.
31. Elaine Molaison, Chair, ACEND. Message posted on NDEP Listerv on July 5, 2012.
 32. Rhea M, Bettles C. Future changes driving dietetics workforce supply and demand: Future scan 2012-2022. *J Acad Nutr Diet*. 2012;112(3 suppl 1):S10-S24.
 33. Gregoire MB, Sames K, Dowling RA, Lafferty LJ. Are registered dietitians adequately prepared to be hospital food-service directors? *J Am Diet Assoc*. 2005;105(8):1215-1221.
 34. Accreditation Council for Education in Nutrition and Dietetics. ACEND Supply and Demand for Dietetics Internships Since 1993. August 2012. Unpublished reports.
 35. Commission on Dietetics Registration. Report to the Council on Future Practice (August 10, 2012). Unpublished.
 36. Commission on Dietetics Registration. CDR Report on Registry Growth-DTR from 1991-2011 (December 31). April 1, 2012. Unpublished.
 37. Rogers D. Dietetics trends as reflected in various primary research projects, 1995-2011. *J Acad Nutr Diet*. 2012;112(3 suppl 1):S64-S74.
 38. Internal communication. Letter from K. Haubrick, Chair ACEND, to Alternative Pathways Workgroup. March 15, 2012. Unpublished.
 39. American Dietetic Association Summit Oversight Workgroup. Final Report to ADA Organizational Units: 2011 Future Connections—Summit on Dietetic Practice, Credentialing and Education, May 18, 2011. Academy of Nutrition and Dietetics website. www.eatright.org/futurepractice/. Accessed May 10, 2012.
 40. Commission on Dietetic Registration. Board Certification as a Specialist in Dietetics Evaluation 2010. February 2012. Unpublished.
 41. Commission on Dietetic Registration. Internal Operations Review: Specialty Certification Program Evaluation 2010. February 2012. Unpublished.
 42. Accreditation Council for Education in Nutrition and Dietetics. Guidelines for ACEND-Accredited Advanced-Practice Residencies. Academy of Nutrition and Dietetics website. <http://www.eatright.org/ACEND/>. Accessed August 29, 2012.
 43. Skipper A, Lewis N. Clinical registered dietitians, employers and educators are interested in advanced practice education and professional doctorate degrees in clinical nutrition. *J Am Diet Assoc*. 2006;106(12):2062-2066.
 44. Raines L. Midlevel providers growing to meet demands in healthcare. The Atlanta Journal-Constitution. February 9, 2012. <http://www.ajc.com/business/midlevel-providers-growing-to-1341739.html>. Accessed February 12, 2012.
 45. The Registered Nurse Population. Initial Findings from the 2008 National Sample Survey of Registered Nurses. March 2010. US Department of Health and Human Services, Health Resources and Services Administration website. http://www.acnpweb.org/files/public/HRSA_2008_Initial_RN_National_Survey.pdf. Accessed July 30, 2012.
 46. American Association of Colleges of Nursing. AACN Position statement on the practice doctorate in nursing. <http://www.aacn.nche.edu/dnp/position-statement>. Accessed June 11, 2012.
 47. Commission on Dietetic Registration. 2005-2007 Levels of Practice Study Executive Summary. <http://www.cdnet.org/whatsnew/Executive%20Summary.cfm>. Accessed June 11, 2012.
 48. American Dietetic Association Quality Management Committee. American Dietetic Association Revised 2008 Standards of Practice for Registered Dietitians in Nutrition Care; Standards of Professional Performance for Registered Dietitians; Standards of Practice for Dietetic Technicians, Registered, in Nutrition Care; and Standards of Professional Performance for Dietetic Technicians, Registered. *J Am Diet Assoc*. 2008;108(9):1538-1542.e9.
 49. American Dietetic Association. Revised Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Diabetes Care. *J Am Diet Assoc*. 2011;111(1):156-166.e27.
 50. American Dietetic Association. Revised Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Oncology Nutrition Care. *J Am Diet Assoc*. 2010;110(2):310-317.e23.
 51. American Dietetic Association and the National Kidney Foundation Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Nephrology Care. *J Am Diet Assoc*. 2009;109(9):1617-1625.e33.
 52. American Dietetic Association. Standards of Practice and Standards of Professional Performance (Generalist, Specialty, and Advanced) for Registered Dietitians in Pediatric Nutrition. *J Am Diet Assoc*. 2009;109(8):1468-1478.e28.
 53. American Society for Parenteral and Enteral Nutrition and American Dietetic Association. Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Nutrition Support. *J Am Diet Assoc*. 2007;107(10):1815-1822.e24.
 54. American Dietetic Association. Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, Advanced) in Sports Dietetics. *J Am Diet Assoc*. 2009;109(3):544-552.e30.
 55. American Dietetic Association. Standards of Practice and Standards of Professional Performance for Registered Dietitians (Competent, Proficient, and Expert) in Extended Care Settings. *J Am Diet Assoc*. 2011;111(4):617-624.e27.
 56. Brody R, Byham-Gray L, Tougher-Decker R, Passannante MR, O'Sullivan Mailet J. Identifying components of advanced-level clinical nutrition practice: A Delphi study. *J Acad Nutr Diet*. 2012;112(6):859-869.
 57. Skipper A. The history and development of advanced practice nursing: Lessons for dietetics. *J Am Diet Assoc*. 2004;104(6):1007-1012.
 58. Council on Future Practice. Transforming the Profession of Nutrition and Dietetics: Issues Impacting a Climate for Change. March 27, 2012. Unpublished.
 59. Academy Board of Directors. Poloris Marketing Research Report: May 2012. Unpublished.
 60. Spring 2012 HOD Meeting Update: Academy President. Academy of Nutrition and Dietetics website. <http://www.eatright.org/Members/content.aspx?id=6442462538>. Accessed July 4, 2012.
 61. Academy of Nutrition and Dietetics By-laws. <http://www.eatright.org/Members/content.aspx?id=8345>. Accessed July 30, 2012.
 62. Descriptive Differentiation of Clinical Doctorates. Position Statement of the Association of Schools of Allied Health Professions. <http://www.asahp.org/docs/ASAHP%20re%20Clinical%20Doctorates.doc>. Accessed July 30, 2012.
 63. Accreditation Council for Education in Nutrition and Dietetics. 2012 Standards for Didactic Programs in Nutrition and Dietetics. Appendix K: Accreditation Glossary, pages 77 and 79. Academy of Nutrition and Dietetics website. <http://www.eatright.org/ACEND/>. Accessed July 11, 2012.
 64. Academy of Nutrition and Dietetics. Scope of Dietetics Practice Framework Subcommittee of the Quality Management Committee. Definitions of Terms List. Update August 2012. <http://www.eatright.org/scope>. Accessed August 10, 2012 and September 21, 2013.
 65. Academy of Nutrition and Dietetics. Description of Academy Committees. <http://www.eatright.org/Members/content.aspx?id=8345>. Accessed July 30, 2012.
 66. Accreditation Council for Education in Nutrition and Dietetics. 2012 Standards for Didactic Programs in Nutrition and Dietetics. Appendix I: Individualized Supervised Practice Pathways-ISPPs, page 72. Academy of Nutrition and Dietetics website. <http://www.eatright.org/ACEND/>. Accessed July 11, 2012.

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