

## PRACTICE TIPS: Legal Implications of Scope of Practice

All Registered Dietitian Nutritionists (RDNs) and Nutrition and Nutrition and Dietetics Technicians, Registered (NDTRs) are individually responsible for the understanding and application of the [Scope and Standards of Practice](#) documents. These documents include:

- The Scope and Standards of Practice for the NDTR and the Scope and Standards of Practice for the RDN, which include standards and quality indicators for nutrition care and professional performance. To view, go to the Commission on Dietetic Registration (CDR) Website at <https://www.cdrnet.org/scope>.
- Focus area Scope and Standards that each RDN is responsible for understanding and utilizing as applicable to their practice area (i.e., a pediatric dietitian should understand and utilize the Standards for RDNs in Pediatric Nutrition). To view the focus area Scope and Standards, go to the CDR Website at <https://www.cdrnet.org/focus>.

Failure to understand and utilize the Scope and Standards of Practice and applicable [focus area Scope and Standards](#) for self-assessment of competence in practice can increase a practitioner's risk for liability. Consider the following situations and how the practitioner may be liable:

- A RDN in general clinical practice is a Medicare Medical Nutrition Therapy (MNT) Provider for patients with diabetes in an outpatient clinic. This RDN has identified an opportunity to expand services to include blood glucose self-monitoring instruction but has not been trained and deemed competent in providing blood glucose self-monitoring instruction.
- An RDN consultant at a long-term care facility is asked to reduce their hours. They propose to delegate aspects of the nutrition care process to the NDTR.
- Due to a staff vacancy, a Clinical Nutrition Manager needs to provide MNT to residents in a hospital's newly opened long-term care/skilled unit but has not practiced MNT in 5 years.

### Addressing Specific Practice Scenarios

- Scenario: Change in practice area - Expertise in a specific practice area or many years in practice does not ensure competence. Each practitioner is required to self-reflect on their level of knowledge, skill, and experience in the new practice area. Useful tools for this self-reflection include the [Scope and Standards of Practice](#), [focus area Scope and Standards](#) (RDN only), [Scope of Practice Decision Algorithm](#), [Practice Tools](#), and the [Professional Development Portfolio \(PDP\)](#). The goal is to measure *your* competence by using the appropriate standards, determine *your* learning needs and identify methods to meet those needs.

The Scope and Standards of Practice are a comprehensive framework describing both the competent level of practice as well as the depth and breadth of practice in nutrition and dietetics for RDNs or NDTRs.

The Scope and Standards of Practice serve as a key resource for credentialed nutrition and dietetics practitioners to understand the practice environment and standards that guide practice; evaluate, improve, and expand their practice; and demonstrate and assure safe and quality practice for the individuals and organizations they serve.

[Revised 2024 Scope and Standards of Practice for the RDN](#)  
[Revised 2024 Scope and Standards of Practice for the NDTR](#)

Revised September 2024

- Scenario: Shortened, inadequate or no training period - Adequate preparation enhances application, competence, and quality in practice. Busy schedules, heavy patient workload, and inadequate staffing should not decrease time spent training. Reflect on training and assess competence prior to practicing independently. Ask yourself, “Am I competent to provide safe and adequate care in this practice area/performing this task?” Discuss current skills and training needed with your supervisor and an RDN with experience in the practice area or patient population and develop a training plan which includes demonstrating competence to a practitioner qualified to assess competence in that task(s). Include documentation of training and evaluation of competence in your personnel file.
- Scenario: Inadequate exposure to specific condition or disease state during training - Consider how much exposure is required to practice in a new area effectively and safely. Compare this with what is already known and what competence needs to be demonstrated. Identify the specific knowledge and application deficits, determine what is needed to diminish those deficits, and develop a plan with your supervisor and/or assigned unit RDN to accommodate current workload to allow for the time necessary for appropriate and adequate training.
- Scenario: Lack of self-reflection by the practicing RDN or NDTR regarding competence in a new and different practice area or patient population - Each practitioner is responsible for their own competence in practice. Each practitioner should be conscious of their level of competent practice with the patient population and in their role and associated responsibilities. Use the [Scope and Standards of Practice](#), and applicable [focus area Scope and Standards](#) to discuss and advocate for training, assessment, mentoring, and necessary level of competence with supervisor. Refer to May 2022 Academy Ethics Opinion on maintaining competence in practice (membership required or for purchase) ([https://www.jandonline.org/article/S2212-2672\(22\)00130-7/fulltext](https://www.jandonline.org/article/S2212-2672(22)00130-7/fulltext)).
- Scenario: Inadequate assessment of competence by the RDN’s or NDTR’s supervisor - Demonstration and documentation of competence is required by regulatory agencies and accreditation entities, such as The Joint Commission (TJC), Accreditation Commission for Health Care (ACHC), and Det Norske Veritas (DNV). Practitioners in supervisory roles should utilize the [Scope and Standards of Practice](#) and applicable [focus area Scope and Standards](#) to evaluate and document measurable evidence of competent performance for the employees they supervise. Examples of competence assessment processes include employer’s competencies checklist, documentation review, direct observation, peer evaluations, chart audits, customer service reports, and job responsibility deliverables.
- Scenario: Overreliance on state licensing mandates - Licensing mandates vary from state to state while the [Scope and Standards of Practice](#) and [focus area Scope and Standards](#) are consistent for all practitioners. Each practitioner should review and understand the licensing act and rules and regulations for your state as well as the [Scope and Standards of Practice](#) and [focus area Scope and Standards](#) and how they influence your practice.

Revised September 2024

Each practitioner strives to provide quality, competent care and reduce their risk for litigation by consistently following the strategies below:

1. Understand and apply the applicable Scope and Standards of Practice and licensing mandates when applicable to their practice.
2. Understand and apply the Academy of Nutrition and Dietetics/Commission on Dietetic Registration Code of Ethics.
3. Complete a self-assessment of knowledge, skills and competence level using the 2024 Scope and Standards for the RDN or for the NDTR and applicable [focus area Scope and Standards](#) for the RDN, and the Commission on Dietetic Registration [Professional Development Portfolio](#) process.
4. Collaborate with their supervisor or appropriate professional to develop plans for adequate training and/or continuing education; including methods to determine, develop, assess, and document competence.

*In this Practice Tips, the CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).*

Revised September 2024

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