

PRACTICE TIPS: NDTRs and Autonomy

How do NDTRs know if they can work independently from an RDN?

All credentialed nutrition and dietetics practitioners are ethically and legally responsible for maintaining competence in professional activities and practicing within their legal, as outlined in State practice acts, if applicable, and individual scope of practice. The Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered (1) and the Revised 2017 Standards of Practice and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered (2) outline the expectations for practice of the NDTR. Other resources identified in this Practice Tips, provide additional information to assist in determining whether a desired activity may be performed. This is particularly important when practicing as a solo practitioner without ready access to an RDN for consultation and referral when providing nutrition care to patients/clients. First consideration is always patient/client safety and quality of outcomes.

<i>By answering “yes” to <u>all</u> of the following questions...</i>	<i>Resources to investigate your answers ...</i> https://www.cdrnet.org/scope <i>For non-members of the Academy, additional resources may be purchased at Academy Store or through <i>Journal</i> at https://www.jandonline.org/ .</i>
1. With the education and training to perform the activity, am I actually competent? Has my competence been evaluated and documented in my personnel file?	See Definition of Terms list : Competence & Competent Level of Practice Practice Tips : What is meant by “Under the Supervision of the RDN”? (4), RDN-NDTR Team-Steps to Preserve (5), Competence in Practice (6) Ethics Opinion: Personal Competence in Practice (7)
2. Does my level of academic preparation (plus any additional training and/or continuing education) give me the basis to engage in the activity desired safely and ethically?	Academy of Nutrition and Dietetics/CDR Code of Ethics ACEND Foundation Knowledge and Competencies
3. Does the license, if applicable, or credential(s) I hold permit me to perform this activity or service? 4. Do I need any additional credentials/certificates/certifications to perform the activity? Examples could include food safety, cardiopulmonary resuscitation, fitness instructor, smoking cessation certificate, and certified fitness professional.	State and Licensure Resources
5. Do I possess and have the proper documentation of the knowledge, skills, credentials, specialized training and relevant	Continuing Professional Education Obtain Primary Source Verification for each active credential and certification obtained

<p>continuing education required to perform the desired activity?</p>	
<p>6. Do I understand the meaning of ‘Individual Scope of Practice’?</p>	<p>Individual scope: Revised 2017 Scope of Practice for the NDTR</p> <p>Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for NDTRs</p> <p>Scope of Practice Decision Algorithm</p> <p>Scope and Standards of Practice Brochure and Learning Modules</p>
<p>7. Does the state where I work have a practice act for NDTRs? Is there a practice act for RDNs and does it contain language that addresses NDTRs?</p> <p>8. Does this work overlap into another profession’s scope of practice, including the RDN and registered nurse, if applicable?</p>	<p>State Practice Acts (including licensure and title protection):</p>
<p>9. Are there any federal or state laws or regulations that impact my ability to perform this activity?</p>	<p>Centers for Medicare and Medicaid Services (CMS) Appendix to CMS regulations for hospitals, long term care, renal dialysis centers, hospice and home Care</p> <p>Other Practice Resources: Accreditation Regulatory</p>
<p>10. Have I investigated my organization’s policies, procedures, job description, and applicable practice guidelines?</p>	<p>Seek help in identifying these answers from your supervisor and/or department director or the organization’s Human Resources department.</p> <p>Review departmental policies and procedures, and other organizational policies that relate to NDTR functions.</p>
<p>11. Do I need a personal liability insurance policy to address malpractice and professional liability for the services I wish to perform? (Discounts through the Member Advantage Program (eatrightpro.org))</p>	<p>Investigate organization’s liability insurance coverage to determine if you will be covered for this activity as part of your job responsibilities or if you need personal malpractice liability insurance.</p>

If the answer to all the questions is ‘Yes’ without a problem being identified possibly resulting in a public safety issue, you may be able to work autonomously – without direct supervision of an RDN when engaged in nutrition activities involving direct care to patients/clients. Present all your facts and research to your supervisor or the hiring organization’s representative.

What about nutrition counseling?

Review definition for Nutrition Intervention and Medical Nutrition Therapy in the [Definition of Terms](#)

Nutrition Counseling is one of the Nutrition Intervention domains within the Nutrition Care Process along with Nutrition Education. Medical Nutrition Therapy is in-depth, evidence-based, individualized nutrition care tailored to manage a disease, injury or condition. Nutrition education provides instruction or training in a skill or imparts knowledge to help patients/clients voluntarily manage or modify food, nutrition, and physical activity choices and behavior to maintain or improve health.

According to the Scope of Practice for the Nutrition and Dietetics Technician, Registered (NDTR), NDTRs “work under the supervision of an RDN when in direct patient/client nutrition care, and may work independently in providing general nutrition education to healthy populations . . .” (1) The Revised 2017 Standards of Practice in Nutrition Care for NDTRs clearly outlines the role of the NDTR as part of the RDN-NDTR team when providing nutrition care to patients/clients. The RDN is ultimately responsible and accountable to the patient/client, employer/organization, and regulator for nutrition activities assigned to NDTRs and other technical and support staff. (2)

In practice settings where an RDN may not be directly involved (e.g., sports facility, community/non-profit organization, or medical/health clinic/office), the NDTR “is guided by the NDTR’s individual scope of practice and requirements specified in regulations, employer organizational policies and procedures, and state practice acts for RDNs or other disciplines, when applicable”.(1) The NDTR’s knowledge, skills, demonstrated and documented competence, and compliance with the Code of Ethics that states “Nutrition and dietetics practitioners shall recognize and exercise professional judgement within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate” (8) must guide roles undertaken. Additional education, skills training beyond entry-level education and supervised practice, e.g., Certificate of Training in Obesity for Pediatrics and Adults, attainment of a certified health coach credential brings enhanced qualifications for roles where the NDTR credentialed practitioner may be qualified.

Competent NDTRs understand the opportunities and boundaries of their individual scope of practice. When nutrition education activities cross into in-depth individualized nutrition counseling incorporating the Nutrition Care Process and workflow elements, the NDTR acknowledges and advocates for consultation with or referral to an RDN to support safe and quality nutrition care. Being able to articulate qualifications, special training and continuing education to qualify for roles, and scope of practice in relation to an RDN is valuable and important for employers who hold legal responsibility for activities delegated/assigned to staff members.

Role delineation for the RDN and NDTR in performing the steps of the NCP and workflow elements are outlined in the below chart. This process applies to any practice setting where the NCP and workflow elements are used and/or medical nutrition therapy (MNT) encompassing nutrition diagnosis and individualized nutrition counseling for prevention and treatment of acute or chronic diseases or conditions is the focus of care. (1)

Nutrition Care Process and Workflow element	RDN Role	NDTR Role
Nutrition Screening	Perform or obtain and review nutrition screening data	Perform or obtain nutrition screening data
Nutrition Assessment	Perform via in-person, or facility/practitioner assessment application system, or HIPAA ^a compliant video conferencing telehealth platform and document results of assessment	Assist with or initiate data collection as directed by the RDN or per standard operating procedures and begin documenting elements of the nutrition assessment for finalization by the RDN
Nutrition Diagnosis	Determine nutrition diagnosis(es)	Per RDN-assigned ^b task, communicate and provide input to the RDN
Nutrition Intervention/ Plan of Care	Determine or recommend nutrition prescription and initiate interventions. When applicable, adhere to established and approved disease or condition-specific protocol orders from the referring practitioner	Implement/oversee standard operating procedures; assist with implementation of individualized patient/client/customer interventions and education as assigned ^b by the RDN
Nutrition Monitoring and Evaluation	Determine and document outcome of interventions reflecting input from all sources to recognize contribution of NDTR/nutrition care team members to patient/client experience and quality outcomes	Implement/oversee (duties performed by other nutrition, foodservice staff) standard operating procedures; complete, document, and report to the RDN and other team members the results and observations of patient/client-specific assigned monitoring activities
Discharge Planning and Transitions of Care	Coordinate and communicate nutrition plan of care for patient/client discharge and/or transitions of care	Assist with or provide information as assigned ^b by the RDN
<p>^aHIPAA=Health Insurance Portability and Accountability Act.</p> <p>^bThe RDN or clinically qualified nutrition professional³² is ultimately responsible and accountable to the patient/client/advocate, employer/organization, consumer/customer, and regulator for nutrition activities assigned to NDTRs and other technical, professional, and support staff.</p>		

Figure 6. Nutrition Care Process and Workflow: Roles of registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs).

Figure from the Revised 2017 SOP in Nutrition Care and SOPP for NDTRs (1).

CASE STUDIES

Scenario #1

A NDTR works in an acute care hospital under the supervision of an RDN for nutrition care activities. The NDTR assists the RDN with the nutrition assessment needed for a patient on the assigned unit by obtaining and documenting data and information from the patient and family. The patient has a history of type 2 diabetes and heart disease, which is being managed with oral medications, diet and exercise. During the interview, the patient asks the NDTR's opinion on several supplements and alternative therapies the patient is already taking or is thinking of using. The NDTR, a practitioner with 20 years of experience, has heard of the products but lacks knowledge of potential drug-supplement interactions.

The Outcome:

The NDTR is unable to provide their opinion on the supplements and must refer the patient/client to the RDN or unit's pharmacist according to the team's procedures.

The Issue:

Addressing drug-supplement interactions is an issue that requires specific knowledge beyond that of NDTR's knowledge requirements/competencies and is outside the NDTR's scope of practice. Giving the patient/client advice or information without referral to an appropriate practitioner who has experience with integrative and functional medicine and/or drug-supplement interactions would put the patient at risk.

Considerations:

Code of Ethics (CoE) Principle #1 (f): Nutrition and dietetics practitioners shall recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.

Revised 2017 Standards of Professional Performance (SOPP) for NDTRs

Standard 3: Provision of Services

The NDTR provides safe, quality service based on customer expectations and needs, and the mission, vision, principles, and values of the organization/business. The NDTR works under the supervision of an RDN when providing services related to direct care.

3.2 Promotes public access and referral to credentialed nutrition and dietetics practitioners for quality food and nutrition programs and services

3.2B Refers customers to appropriate providers when requested services or identified needs exceed the NDTR's individual scope of practice

Standard 2: Competence and Accountability

The NDTR demonstrates competence in, and accepts accountability and responsibility for ensuring safe, quality practice and services.

2.1 Adheres to the code(s) of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics)

2.4 Assumes accountability and responsibility for actions and behaviors

Standard 1: Quality in Practice

The NDTR provides quality services using a systematic process with identified ethics, leadership, accountability, and dedicated resources.

1.2 Performs within individual and statutory scope of practice and applicable laws and regulations

Scenario #2

A NDTR works part-time at a community fitness facility. A typical work week for the NDTR includes group or individual instruction on healthy eating utilizing [MyPlate.gov](https://myplate.gov) resources. Activities include how to determine energy needs, portion control, and how to use food and nutrition apps

(<https://foodandnutrition.org/tag/apps/>). The NDTR is approached by a friend who is an employee training for running and biking marathons and triathlons with specific questions about sports nutrition. Although the NDTR is familiar with the role of physical activity and nutrition for general health needs, they have limited knowledge and experience with sports nutrition for elite and competitive athletes.

The Outcome

The NDTR is not qualified to provide advice and must refer the friend to an appropriate practitioner (i.e., RDN with sports nutrition training, RDN with the CSSD certification, certified personal trainer or certified health/fitness specialist) with sports nutrition knowledge.

The Issue:

In this situation, providing nutrition advice would be both deceptive and outside the scope of practice for this NDTR. A referral to an appropriate practitioner who is competent in sports nutrition (i.e., RDN with CSSD, certified personal trainer or certified health/fitness specialist) and/or working in collaboration with one of these practitioners is necessary.

Considerations:

Same Code of Ethics Principle #1(f) and Standards of Professional Performance Standards as in example #1.

Scenario #3

A NDTR works part-time at a community fitness facility. A fitness facility member without diagnosed health problems would like advice on how to improve their diet to lose some weight. The NDTR gathers the member's information on eating habits, general food and nutrition knowledge, food preferences, and goal for weight loss.

The Outcome:

Since the member has no known/diagnosed health problems, the NDTR provides general food and nutrition information. Discussion includes how to use the [My Plate.gov](https://myplate.gov) food guidance system resources, determining energy needs, portion sizes of favorite foods, and utilization of food and nutrition apps (<https://foodandnutrition.org/tag/apps/>) to monitor actual food intake. This information helps the member identify three changes they could make that would assist in their goal of weight loss.

Considerations:

Same Code of Ethics Principle #1(f) and Standards of Professional Performance Standards as in example #1.

Revised 2017 SOPP for NDTRs

Standard 5: Communication and Application of Knowledge

The NDTR effectively applies knowledge in communications.

5.1 Communicates and applies current knowledge and information based on evidence

5.4 Shares current, evidence-based knowledge, and information with various audiences

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).

References:

1. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. *J Acad Nutr Diet*. 2018; 118(2): 327-342.
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3. Definition of terms. Commission on Dietetic Registration. Accessed September 30, 2022. <https://www.cdrnet.org/definitions>.
4. Practice Tips: What is Meant By “Under the Supervision of a Registered Dietitian Nutritionist”. Commission on Dietetic Registration. Accessed September 25, 2022. <https://www.cdrnet.org/tips>
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7. Gates GE, Amaya L. Ethics opinion: Registered dietitian nutritionists and nutrition and dietetics technicians, registered are ethically obligated to maintain personal competence in practice. *J Acad Nutr Diet*. 2015;115(5):811-815.
8. 2018 Code of Ethics for the Nutrition and Dietetics Profession. Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR). Accessed August 5, 2022. [Code of Ethics - Commission on Dietetic Registration \(cdrnet.org\)](#)