



**Final Report of the Joint Meeting of the
Council for Education in Nutrition and Dietetics
Commission on Dietetic Registration
Council on Future Practice
Education Committee
Nutrition & Dietetics Educators and Preceptors DPG**

March 2013

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Executive Summary

[The Visioning Report](#) is a projection of what is needed in the future for the benefit of the public and 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.

The future vision for the profession of nutrition and dietetics is based on an interrelated continuum of education, credentialing and practice that provides individuals with multiple paths to begin and then advance in their education and careers.

Representatives from five organizational units of the Academy of Nutrition and Dietetics-- Accreditation Council for Education in Nutrition and Dietetics (ACEND); Commission on Dietetic Registration (CDR); Council on Future Practice (CFP); Education Committee and Nutrition & Dietetics Educators and Preceptors DPG (NDEP DPG) reached consensus in a joint meeting January 17-19, 2013 on this continuum and began planning how to implement these changes:

1. The Academy and its organizational units will support the Dietetic Technician, Registered (DTR) credential as long as it is financially viable and relevant in the practice environment.
2. Baccalaureate degree prepared individuals may 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 may 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 exam may evolve over time.
3. A graduate degree which 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 Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN).
4. Currently credentialed and future RDs may use the professional designation of either RD or RDN.
5. Continue to investigate and implement specialist practice and advanced practice education and credentialing.

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, while 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 may co-exist and the Academy and its units will support academic programs and individuals as they navigate this time of change and transition.

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.

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. 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 proposed changes will keep the nutrition and dietetics profession at the forefront of food and nutrition while working to protect the public's health and well-being.

The Council on Future Practice submitted the initial recommendations in a [visioning report](#) (1) to the Academy's House of Delegates (HOD), its organizational units and the membership. Over 600 members have provided [electronic feedback](#) (2) to the report since its release in September 2012. The Visioning Report served as the dialogue topic for the Fall 2012 HOD Meeting, 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 (3). The purpose of the January 17-19, 2013 joint meeting was to discuss member feedback on these recommendations and agree on the best path for updating and strengthening education, credentialing and practice.

Marsha Rhea, iSignature, Alexandria, VA, served as an outside facilitator for this joint meeting. She used a structured and systematic approach that is reflected in the analysis and summary contained in this report:

- Proposed outcomes of each recommendation, if implemented;
- Leader and member feedback summary for each recommendation;
- Constraints and limitations for each recommendation;
- Possible actions to advance each recommendation;
- Consensus on actions to advance each recommendation;
- Organizational unit assignments.

Academy organizational unit leaders acknowledge that creation of an interrelated educational preparation, credentialing and career continuum for the profession will be an evolutionary process over time that all levels of the continuum will be ground 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, Council on Future Practice 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.

Visioning Report Recommendations Analysis and Consensus Agreements

For purposes of clarity, this summary of the joint meeting consensus agreements and analysis is organized in the same order of recommendations as the Visioning Report. The initial Council on Future Practice recommendation is included for reference. To read the Council's full report and rationale for these recommendations, see <http://www.eatright.org/futurepractice>. During the January 17-19, 2013 meeting, the Academy's organizational units' representatives and staff devoted the majority of the time to the recommendations with the greatest member feedback and questions.

As a first step, participants were challenged to suspend any reservations they might have about implementing the recommendations and work together to identify the positive outcomes that could accrue from enacting the recommendations. Then the group used a structured approach to analyze the recommendations, summarizing the member and leader feedback, acknowledging constraints and limitations and identifying actions that could advance the recommendation before arriving at consensus on each recommendation. This process helped ensure that everyone worked collaboratively to make the proposed changes. This summary of a wide-ranging discussion is provided to extend the understanding to Academy members, CDR credential holders, ACEND accredited education programs and other stakeholders to promote a transparent and inclusive process. By seeing all the many ideas, opinions and possible actions analyzed in this joint meeting, others can have confidence that these leaders were bold yet thorough, visionary in outlook and pragmatic in execution, and above all committed to protecting public health now and into the future.

The consensus agreement for each recommendation states the decisions and actions that the representatives of the Academy's organizational units agreed to pursue. They will continue meeting together as needed and working separately through the many details to implement the changes envisioned in these recommendations, which will take time.

1. Consensus Agreement: Graduate Level RD or RDN

The graduate level degree will prepare individuals to enter the profession as an RD or 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 RD or RDN will collaborate with other healthcare professionals and scientists to educate nutrition and dietetics professionals.

Council on Future Practice Proposed Recommendation (1): *Elevate the educational preparation for the future entry-level RD to a minimum of a graduate degree from an ACEND-accredited program.*

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

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

Member and Leader Feedback: While the majority of the 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 masters' 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 may require more research and therefore strengthen research efforts within the profession.

There is some concern this degree could be more costly for students and impair efforts to attract more diverse students. However, it has been hard for students in free-standing 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 RDs in the marketplace. At the outset, physical therapy and pharmacy programs enrolled fewer students while 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 may 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 and that could further limit diversity.

Proposed Actions to Advance Recommendation:

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 Council on Future Practice was asked to review the practice and skills for each of the levels within dietetics (DTR, baccalaureate degree credential and graduate RD or 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 RD or RDN completion programs.
5. Consider different types of RDs or 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 RD or 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.

2. Consensus Recommendation: Supervised Practice Integrated into Education Preparation

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

Council on Future Practice Proposed Recommendation (1): *Recommend that ACEND require an ACEND-accredited graduate degree program and/or consortium that integrates both the academic coursework and supervised practice components into a seamless (1-step) program as a requirement to obtain the future entry-level RD credential.*

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

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

Member and Leader Feedback: This will address a long-standing problem of having insufficient supervised practice opportunities available for didactic program graduates. However, finding enough preceptors and quality supervised practice experiences is likely to continue as 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:

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

3. Consensus Agreement: 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 among 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 RDs or RDNs or working independently. 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.

Council on Future Practice Proposed Recommendation (1): *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 RDs and provide minimal overlap between the two.*
- *Legislative and regulatory issues (state and federal) will concurrently be examined, and a strategy will be designed to address potential unintended consequences of developing a new credential for licensure and CMS reimbursement.*

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 endpoint 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 RD or RDNs to function at a higher level within their practice areas.

Leader & 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. Will it be wellness? Support for the RD or RDN? The practice audit results expected in April 2013 will inform this discussion.

Students are attracted to food and nutrition and this will give them other opportunities besides the RD or 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 four-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 (RD, 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 exam can be updated through future audits, research and education.

There is a concern this individual will be in competition with the RD or RDN. A needs assessment of employers has not been conducted. Individuals who have completed a four-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 requirement 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, may 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 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 RD or RDN.

Proposed Actions to Advance Recommendation:

1. Define the role for the baccalaureate degree credential (see footnote below¹). The Council on Future Practice was asked to review the practice and skills for each of the levels within dietetics (DTR, baccalaureate degree credential and graduate RD or RDN) based on previous reports produced by the Academy, ACEND and CDR.
2. Examine the demand for this credential. Investigate why students are not pursuing the RD or 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.

4. Consensus Agreement: Affirm the Continuation of the Dietetic Technician Registered

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, RDs and RDNs should increase their visible support of DTRs to help increase their geographic distribution within the U.S.

This proposed CFP recommendation below was rejected and is included in this report only to provide the necessary context for this summary of the discussion.

¹ 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 don't want to be an RD/RDN. Consider these individuals moving into diverse areas.

Council on Future Practice Proposed Recommendation (1): *Using a timeline defined by CDR, phase out the current DTR credential (proposed recommendation not accepted).*

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

Vision Objectives: Ending the DTR would allow CDR to better use its resources and delineate practice roles with only two credentials. There would be no DTR competition with RDs 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 may not be able to pursue a four-year degree in food and nutrition for a variety of reasons. While 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 healthcare professions are moving to paraprofessionals to support professionals and provide services more economically. Limited research suggests that employers favor the four-year graduate over the two year graduate and 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 healthcare delivery and the current economy. Some DTRs are perceived to be competing with RDs 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 exam. 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 RDs would lose the good relationships they may now have with DTRs.

While a distinction was made that eliminating the credential does not mean eliminating DTR 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 significant marketing challenges to marketing the credential. Both of these factors impede the two primary drivers of demand for voluntary certification programs; regulation (governmental and non-governmental) 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 Advance Recommendation:

1. Adopt degree-based standards rather than credential-based standards: what do we want each graduate to do at each level? The Council on Future Practice was asked to review the practice and skills for each of the levels within dietetics (DTR, baccalaureate degree credential and graduate RD or RDN) based on previous reports produced by the Academy, ACEND and CDR.
2. RDs need to support DTRs and employ them.
3. Establish a true educational ladder/continuum.
4. Continue to allow the four 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 interrelated 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 RD or 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 U.S.

5. Consensus Agreement: 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 dietetic profession. Institutions have the flexibility to use new models such as simulations and other approaches to integrate these experiences within their curriculum.

Council on Future Practice Proposed Recommendation (1): *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.*

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 RD or 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 may need flexibility to design these experiences within the constraints of their programs and situations.

Proposed Actions to Advance Recommendation: 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.

Due to time constraints and the need to focus on six recommendations, the discussions related to the recommendation for Board Certified Specialist credentials, Advanced Practice credentials and Marketing/Branding were limited. They each have some action being taken by the Academy, ACEND and CDR.

6. Consensus Agreement: Board Certified Specialist Credentials

Work now underway to support this recommendation should continue.

Council on Future Practice Proposed Recommendation (1): *Continue to support development of board certified specialist credentials in focus areas where there is a reasonable pool of practitioners to justify the cost of development and maintenance of the credential, and develop a system to recognize RDs practicing in focus areas where numbers are too small to justify the financial investment.*

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

7. Consensus Agreement: Advanced Practice Credentials

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

Council on Future Practice Proposed Recommendation (1): *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.*

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 RD or 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 RDs are especially interested in having this opportunity to differentiate their experience and capabilities.

Proposed Actions to Advance Recommendation: CDR is conducting 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 are expected in May 2013. ACEND has already developed [guidelines](#) (4) for advanced practice education which can be converted into standards.

8. Consensus Agreement: Comprehensive Marketing, Branding/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.

Council on Future Practice Proposed Recommendation (1): *Conduct a well-funded, comprehensive marketing, branding, and strategic communications campaign related to all of the recommended changes targeting both internal and external stakeholders.*

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 RD and 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:

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. This report will be presented to the Board of Directors, House of Delegates, DPGs, MIGs, 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.

9. Consensus Agreement: RD Designation Expanded to Include Nutrition

Currently credentialed and future RDs may use the professional designation of either RD or RDN. This is a personal choice that builds on the RD credential and incorporates nutrition. This option has been announced and explained on March 13, 2013.

Council on Future Practice Proposed Recommendation (1): *Support an RD credential name change that will be reflective of the changes outlined previously and align with the name change of the Academy. The current RD credential will remain a valid credential and will not be negatively impacted by any future name changes.*

- *The terminology used for the new credential titles for the RD and the new credential for the baccalaureate degree graduate who has met DPD requirements will be complementary and coordinated to provide clarity in distinctions between the two credentials, and to address the roles, image, status, and prestige associated with each of the credentials.*
- *Legislative and regulatory issues (state and federal) will be examined concurrently, and a strategy will be designed to address potential unintended consequences of changing the name of the RD credential for licensure and CMS reimbursement.*

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 may 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: Registered dietitians now have the option to use the credential "registered dietitian nutritionist" (RDN).

Proposed Actions to Advance Recommendation:

1. Academy BOD and CDR have decided how the designation option will be represented during its March 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 FNCE 2013.

Conclusion

This report from the joint meeting will be shared with the Board of Directors, House of Delegates, DPGs, MIGs, Affiliates, ACEND, ACEND program directors, Education Committee, NDEP DPG, CDR, all Academy committees and members in March. Communications to all organizational units and constituents began immediately with a fact sheet. The Council on Future Practice will review the data from practice audits and other relevant research to begin framing practice roles, knowledge and skills at each level and convene conference calls with organizational unit representatives to define the different levels of practice. The Academy will also use the NDEP meetings to communicate with educators about the proposed changes. The organizational unit chairs (ACEND, CDR, CFP, Education Committee and NDEP DPG) will have quarterly conference calls to coordinate and communicate development and implementation of these changes. All relevant information will be posted as it becomes available to the Academy's website to support a transparent and inclusive process. These changes will be widely communicated and discussed at FNCE 2013.

References

1. *Visioning Report: Moving Forward – A Vision for the Continuum of Dietetics Education, Credentialing and Practice*. September 5, 2012. <http://www.eatright.org/futurepractice>
2. Member Input to the Visioning Report, September – November 2012. <http://www.eatright.org/futurepractice>
3. *HOD Fall Meeting Fact Sheet: Council on Future Practice Visioning Report: Moving Forward-A Vision for Education, Credentialing and Practice*. February 5, 2013. <http://www.eatright.org/futurepractice>
4. *ACEND Guidelines for Advanced Practice Education*. Date. <http://www.eatright.org/ACEND/>

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