**CDR Mission**

The Commission on Dietetic Registration (CDR) will exist to serve the public by establishing and enforcing standards for certification, recertification and the Code of Ethics and by issuing credentials to individuals who meet these standards. 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.

**PDP Appendix Purpose**

This Appendix provides all the information and tools to supplement your Professional Development Portfolio process, as outlined in the PDP Guide. As information will be updated frequently, please also reference our website, [www.cdrnet.org](http://www.cdrnet.org) for the most current information.
# Table of Contents

**Appendices**

A: Instructions for Online Entry of Learning Plan/Activity Log ............ 2

B: Request for Paper PDP Forms, Sponsored Independent Learning Contract and Examples ................................................................. 11

C: Approved Certification Program Information .................................. 17

D: Resources for PDP Process Development ....................................... 19

E: Environmental Scan & Workforce Demand Study ......................... 20

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**Professional Development Portfolio Guide**

Please Note: All pages listed below are contained in the separate PDP Guide booklet to be found in the Professional Development Portfolio.

Professional Development Portfolio Process ........................................ 5

Continuing Professional Education Guidelines ..................................... 7

Step 1: Professional Self-Reflection ...................................................... 18

Step 2: Learning Needs Assessment .................................................... 22

Step 3: Learning Plan ........................................................................ 26

Step 4: Activity Log .......................................................................... 29

Step 5: Professional Development Evaluation .................................... 32

Portfolio Audit Procedures ................................................................. 35

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**Contacting CDR**

The Commission on Dietetic Registration will always be the best resource for information regarding the PDP process and its requirements. Feel free to contact us in one of the following manners:

Phone: 1-800-877-1600 x 5500

Web: [www.cdrnet.org](http://www.cdrnet.org)

Email: cdr@eatright.org

Fax: 312-899-4772

Mail: Commission on Dietetic Registration
     120 South Riverside Plaza, Suite 2000
     Chicago, IL 60606-6995
Instructions for Online Entry

To submit your Learning Plan online, point your Internet browser to [www.cdrnet.org](http://www.cdrnet.org). On the CDR home page, click on the login link on the left side of your screen.

Enter your ID number (your CDR Registration number) and your password. If you do not have your password, click on the “Forgot your password” link to reset it.
Your Individual Information page will appear. Click on the "CDR Certification and PDP" tab on the left side of the page.

Next, click on the "PDP Learning Plan" link on the below your credential information, in the center of the page.
Click the “Select” button to select your current recertification cycle and to enter your Learning Plan.

On this screen, you may have two options available. If this is your first 5-year recertification cycle you will be presented with the option to Add a New Plan. If you have already completed one recertification cycle you will also have the ability to copy your last Learning Plan submission by clicking Copy Last Plan from Previous Recertification Cycle.

On the first screen you will be asked to select that activities that you plan to participate in over this certification cycle. Remember that you are completing these for planning purposes only; you are not restricted to only learning in the identified ways.
Select the activities by clicking on the boxes next to the activities. When you are finished, click the Save and Continue button.

Select one of your goals from Step 1: Professional Self-Reflection and record it where it says “Goal Number 1.” The minimum number of goals is one; however, we encourage you to select a realistic number of goals to assist you in meeting your professional needs. It is important to realize that you will not be required to accomplish all of your goals.

After typing your goal, select from the drop-down menus the Learning Need Codes (LNCs) you will use to achieve that particular goal. You must have at least one LNC per goal. If you need to add more LNCs, click on the green plus button (+) on the far right-hand side of the page. Refer to the Step 2: Learning Needs Assessment in your PDP guide for a complete list of Learning Need Codes.

Once all of this information has been entered for a goal, click on “Add Another Goal” to continue entering your remaining goals.
When you have entered all of your Goals and Learning Need Codes, then **click the “Finish - Submit for Approval” button.**

Be sure you are ready to submit before you click this button since you will not be able to modify this information until your Plan has been approved. You will receive verification of your approved Learning Plan within 4 weeks of submission.

- To log your CPE activities online, login as we previously covered. However, instead of clicking the PDP Learning Plan, **click the PDP Activity Log.**
Like before, click the “Select” button found on the right side to view your current recertification cycle Activity Log.

To add a CPE activity, click the “Add Activity” button.

First, you’ll need to refer to your Learning Plan to determine which of your learning needs a particular CPE activity addresses and record that information on your Log. It is important to note that while some CPE providers do provide learning need codes for their CPE activities, these are suggested codes and you may use your professional judgment to assign a code other than those suggested.

Then, identify the type of activity (for example, seminar or web-based self-study) from the drop-down menu.

Next, you’ll describe the activity name, provider, the CPE units, and the date of completion.
Lastly, relate each learning activity to your Learning Plan. You’ll identify how you used the knowledge or skill acquired from the learning activity and click the “Add Activity” button, and you’ll return to the Log page where the activity you’ve entered will show. Repeat adding activities throughout your five-year recertification cycle.

There are a couple of additional ways to add activities to your Log. If you are an author, click the button highlighted to log your publications.

If the activity is CDR prior-approved, you can click the button, highlighted here, to search CDR’s online CPE Database for the activity, click on another button and the activity details will be automatically filled in on your Log.
You can [click on the Journal Article Quiz button](#) to complete the ADA Journal article CPE quizzes. These quizzes are free for ADA Members and are available to non-member practitioners at a fee. Quizzes will be available for a year following the article's publication date. Once you have completed a quiz, you will be given a one-time option to automatically transfer the CPEUs to your Activity Log.

Optionally, you may submit for a mid-point review of your learning activities once you’ve logged between 30 and 74 CPEUs for RDs and 30 and 49 CPEUs for DTRs and as long as it is earlier than December first of the last year in your recertification cycle. To do so, you would [click the button highlighted](#).

Your December 1st deadline for requesting a mid-point review can be calculated by subtracting 1 from your recertification cycle end date. As an example, if your end date is 2017, subtracting 1 gives you the deadline of December 1st, 2016.

Again, this is optional and for those who want to be assured they are progressing okay.
After you have logged 75 or more CPEUs (50 or more for DTRs), a button will appear that says “Finish – Submit Log for Processing.”

Be sure you are ready to submit before you click this button since you will not be able to modify your activities or add additional activities to your Log.

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<thead>
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<td>NATIONAL SEMINAR GROUP, A DIVISION OF ROCKHURST UNIVERSITY \ EDUCATION CENTER</td>
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<td>1909</td>
<td>170</td>
<td>COMMUNICATING WITH TACT AND SKILL FOR MANAGERS AND SUPERVISORS</td>
<td>NATIONAL SEMINARS/ROCKHURST CONTINUING EDUCATION CENTER</td>
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Total CPE 78.5 This Page CPE 78.5

After you click on this button to submit your CPEUs for review, a Certification Statement Page will appear. You need to answer the questions and click “Finish – Submit” again before your Log is officially submitted for review.

You will receive verification of your approved Activity Log within 6-8 weeks of submission, via email, if you have an address associated with your profile, otherwise it will be sent through the mail.
**Request for Paper PDP Forms**

If your circumstances require you to fill out a paper form of the Step 3: Learning Plan and Step 4: Activity Log, please complete this request form and mail it to CDR. The paper forms will be mailed to you within 10 business days.

### Required Information

<table>
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**Mailing Address:**

(The forms will be mailed to this address)

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Please mail this completed form to:

Commission on Dietetic Registration  
120 South Riverside Plaza, Suite 2000  
Chicago, IL 60606-6995

### For CDR Use Only

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<th>Date Received:</th>
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Sponsored Independent Learning Contract

To be completed only by those using this activity type (see instructions in the Professional Development Portfolio Guide, page 13, for Activity Type 220, Sponsored Independent Learning).

Learner Name __________________________ CDR Credential  ○ RD  ○ DTR
Registration # ____________________________
Sponsor Name: ___________________________ Title: ___________________________
Institution: ______________________________ Phone Number: __________________

Learning Need:

Which learning need(s) from your Step 3: Learning Plan does this learning contract address? List the learning need/s being addressed.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Learning Outcome:

What do you intend to learn? Describe the learning outcomes (skills, knowledge, or behaviors) you will be able to demonstrate following completion of this learning contract. The outcomes must be measurable or observable, clearly stated, and focus on what you will be able to demonstrate.

As a result of my learning, I will...

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Learning Resources and Activities:

How will you accomplish each learning outcome? Describe the resources (material and/or human) you plan to use to achieve the learning outcome and the activities (techniques and/or tools) you will employ.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
**Target Number of Hours Needed to Accomplish Learning Outcomes:**
How much time will you devote to achieving each learning outcome through the activities described? List the hours you anticipate spending on each activity. You must keep track of these hours in order to receive CPEUs for the activities.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**Target Completion Date:**
When will your learning outcomes be met? List your target date: ______________

**Evidence of Learning Outcome(s) Achievement:**
How will you know if you have achieved the learning outcomes? List the evidence you will use to measure achievement of your learning outcomes. Examples of evidence include a peer audit, chart review, completion of a project, publication, self-assessment, question-and-answer session.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**Sponsor and Learner Agreement:**
We have discussed the Independent Learning Contract and agree to implement the activities outlines in this plan.

Signature of Learner: ___________________________ Date: ______________
Signature of Sponsor: ___________________________ Date: ______________

**********************************************************************************

**Complete this section after learning outcomes have been demonstrated:**
I verify that the learner has devoted _____ hours towards achieving the learning plan outcomes and produced evidence of such achievement.

Describe the evidence and attach documentation, if applicable.

Signature of Sponsor: ___________________________ Date: ______________
Sponsored Independent Learning Contract

To be completed only by those using this activity type (see instructions in the Professional Development Portfolio Guide, page 13, for Activity Type 220, Sponsored Independent Learning).

Learner Name: Danielle Smith  
Registration #: 101010101  
CDB Credential: © RD © DTR

Sponsor Name: Jane Doe, MS, RD, CDR  
Institution: General University Hospital  
Title: Transplant Dietitian  
Phone Number: (888)978-6543

Learning Need:
Which learning need(s) from your Step 3: Learning Plan does this learning contract address? List the learning need/s being addressed.
- 5340 - Renal Disease
- 5360 - Transplantation

Learning Outcome:
What do you intend to learn? Describe the learning outcomes (skills, knowledge, or behaviors) you will be able to demonstrate following completion of this learning contract. The outcomes must be measurable or observable, clearly stated, and focus on what you will be able to demonstrate.

As a result of my learning, I will...
- learn about the intricacies of kidney transplantation and the role a Dietitian plays as a part of the interdisciplinary team

Learning Resources and Activities:
How will you accomplish each learning outcome? Describe the resources (material and/or human) you plan to use to achieve the learning outcomes (techniques and/or tools) you will employ.
- Shadow the transplant dietitian including visits to the post-transplant clinic, read latest journal research on kidney transplantation and present to the IDT, and complete hospital-based learning modules.
- I will demonstrate newly honed skills and an understanding of the dietitian’s role in the transplantation process by completing an oral assessment with my sponsor. There will also be periodic chart reviews and critiques of the journal presentations by the IDT.

Target Number of Hours Needed to Accomplish Learning Outcomes:
How much time will you devote to achieving each learning outcome through the activities described? List the hours you anticipate spending on each activity. You must keep track of these hours in order to receive CPEUs for the activities. Remember that two hours of activity equals one CPEU.
- Shadowing/Hands-on training - 70 hrs
- Journal reading - 10 hrs, including two presentations to the IDT
- Modules - 4hrs

Target Completion Date:
When will your learning outcomes be met? List your target date:
- August 31, 2014

Evidence of Learning Outcome(s) Achievement:
How will you know if you have achieved the learning outcomes? List the evidence you will use to measure achievement of your learning outcomes. Examples of evidence include a peer audit, chart review, completion of a project, publication, self-assessment, question-and-answer session.
- I verify that the learner has devoted _____ hours towards achieving the learning plan outcomes and produced evidence of such achievement.

Sponsor and Learner Agreement:
We have discussed the Independent Learning Contract and agree to implement the activities outlined in this plan.
Signature of Learner: __________________________ Date: May 14, 2014
Signature of Sponsor: __________________________ Date: May 17, 2014

Complete this section after learning outcomes have been demonstrated:
I verify that the learner has devoted _____ hours towards achieving the learning plan outcomes and produced evidence of such achievement.
Signature of Sponsor: __________________________ Date: September 1, 2014
Sponsored Independent Learning Contract Examples

Sponsored Independent Learning Contract

To be completed only by those using this activity type (see instructions in the Professional Development Portfolio Guide, page 13, for Activity Type 220, Sponsored Independent Learning).

Learner Name: John Adams  
Registration #: 85001234  
Sponsor Name: Cynthia Ross  
Institution: University of Wisconsin, Madison

CDR Credential:  
RD  
DTR

Learning Need:
Which learning need(s) from your Step 3: Learning Plan does this learning contract address? List the learning need/s being addressed.

1020 - Computer, electronic technology
1000 - Professional Skills
Expand professional skills in web site development

Learning Outcome:
What do you intend to learn? Describe the learning outcomes (skills, knowledge, or behaviors) you will be able to demonstrate following completion of this learning contract. The outcomes must be measurable or observable, clearly stated, and focus on what you will be able to demonstrate.

As a result of my learning, I will...

Learn about HTML coding, web extensions, Adobe DreamWeaver, web development and maintenance at a beginner’s level.

Learning Resources and Activities:
How will you accomplish each learning outcome? Describe the resources (material and/or human) you plan to use to achieve the learning outcome and the activities (techniques and/or tools) you will employ.

Will read “HTML For Dummies,” complete DreamWeaver tutorial, shadow the IT professional for hands-on experience, and will utilize additional web resources as needed.

How much time will you devote to achieving each learning outcome through the activities described? List the hours you anticipate spending on each activity. You must include a peer audit, chart review, completion of a project, publication, self-assessment, question-and-answer session.

I will utilize my new skill set to plan and implement a redesign of my personal web site for private practice. I intend to create a blog on the site as well, where I may dispense daily nutrition tips, as well as grow my client base through social interactions.

Sponsor and Learner Agreement:
We have discussed the Independent Learning Contract and agree to implement the activities outlines in this plan.

Signature of Learner: __________________________ Date: 04/02/15
Signature of Sponsor: __________________________ Date: 04/05/15

Complete this section after learning outcomes have been demonstrated:
I verify that the learner has devoted _____ hours towards achieving the learning plan outcomes and produced evidence of such achievement.

Describe the evidence and attach documentation, if applicable.

Signature of Sponsor: __________________________ Date: 01/12/16

Professional Development Portfolio Appendix
Approved Certification Programs
(For Consecutive Recertification Periods)

Board Certification as a Specialist in Dietetics (Gerontological Nutrition, Oncology Nutrition, Pediatric Nutrition, Renal Nutrition, and Sports Dietetics)

Board Certified Advanced Diabetes Management
American Association of Diabetes Educators, 8515 Georgia Ave., Suite 400, Silver Spring, MD 20910-3492. Phone: 800-284-2378. Web: [www.diabeteseducator.org](http://www.diabeteseducator.org)

Certified Diabetes Educator

Certified Nutrition Support Clinician
National Board of Nutrition Support Certification, Inc. 8630 Fenton St., Suite 412, Silver Spring, MD 20910. Phone: 800-727-4567. Fax: 301-587-2365. Email: nbnsc@nutr.org Web: [www.nutritioncertify.org](http://www.nutritioncertify.org) (RD only).

Certified Personal Trainer
National Council on Strength and Fitness, 13501 SW 136 St., #102, Miami, FL 33146. Phone: 800-772-6273, Fax: 305-256-7722. Email: info@ncsf.org Web: [www.ncsf.org](http://www.ncsf.org)

International Board Certified Lactation Consultant
International Board of Lactation Consultant Examiners, 6402 Arlington Blvd., Suite 350, Falls Church, VA 22042. Phone: 703-560-7330. Fax: 703-560-7332. Email: iblce@iblce.org Web: [www.iblce.org](http://www.iblce.org)

Canadian Board Certified Diabetes Educator
Canadian Diabetes Educator Certification Board, 2878 King Street, Caledon, ON, L7C 0R3. Phone: 905 838-4898. Fax: 905 838-4899. Email: cdecb@sympatico.ca Web: [www.cdecb.ca](http://www.cdecb.ca)

*This list will be updated on a periodic basis. Please visit [www.cdrnet.org](http://www.cdrnet.org) or contact CDR for a current list of approved certifications.
Approved Certification Programs (For Alternate Recertification Periods)

ACE Certified Clinical Exercise Specialist, ACE Certified Group Fitness Instructor, Lifestyle & Weight Management Consultant, ACE Certified Personal Trainer
American Council on Exercise, 4851 Paramount Drive, San Diego, CA 92123.
Phone: 800-825-3636. Fax: 858-576-6564.
Web: www.acefitness.org.

ACSM Certified Personal TrainerSM, ACSM Health Fitness SpecialistSM, ACSM Health/Fitness Director®, ACSM Clinical Exercise SpecialistSM, or ACSM Program DirectorSM
American College of Sports Medicine. P.O. Box 1440, Indianapolis, IN 46206-1440.
Phone: 317-637-9200. Fax: 317/634-7817.
Email: crtacsm@acsm.org
Web: www.acsm.org

Certified Foodservice Professional
North American Association of Food Equipment Manufacturers, 161 North Clark St., Suite 2020, Chicago, IL 60601.
Phone: 312-821-0201. Fax: 312-821-0202.
Web: www.nafem.org/cfsp
(This is an approved certification for recertification of DTRs only)

Certified in Family and Consumer Sciences
American Association of Family and Consumer Sciences. 400 N. Columbus St., Suite 202, Alexandria, VA 22314.
Phone: 800-424-8080 Fax: 703-706-4663.
Email: info@aafcs.org
Web: www.aafcs.org

Certified Health Education Specialist
Phone: 888-624-3248 Fax: 800-813-0727.
Email: nchec@nchec.org
Web: www.nchec.org

Certified Professional in Healthcare Quality
Healthcare Quality Certification Board, PO Box 19604, Lenexa, KS 66285-9604.
Phone: 913-895-4609. Fax: 913-895-4652.
Email: info@cphq.org
Web: www.cphq.org

Certified Strength and Conditioning Specialist or NSCA Certified Personal Trainer
National Strength and Conditioning Association Certification Commission, 3333 Landmark Circle, Lincoln, NE 68504.
Phone: 888-746-2378. Fax: 402-476-7141.
Email: commission@nsca-cc.org
Web: www.nsca-cc.org

NASM Certified Personal Trainer
National Academy of Sports Medicine, 26632 Agoura Rd., Calabasas, CA 91302.
Phone: 800-460-6276, Fax: 818-878-9511.
Email: bsutton@nasm.org
Web: www.nasm.org

National Certified Counselor
National Board for Certified Counselors, 3 Terrace Way, Suite D, Greensboro, NC 27403.
Phone: 336-547-0607. Fax: 336-547-0017.
Email: nbcc@nbcc.org
Web: www.nbcc.org

School Foodservice and Nutrition Professional
School Nutrition Association, 120 Waterfront St. National Harbor, MD
Email: servicecenter@schoolnutrition.org
Web: www.schoolnutrition.org
(This is an approved certification for recertification of DTRs only)
**Background and Impetus for the Professional Development Portfolio Development**


Health Professions Education: A Bridge to Quality, Committee on the Health Professions Education Summit, Board on Healthcare Services, Institute of Medicine on the National Academies.Washington D.C., 2003

**Self-Reflection**


**Learning Needs Assessment**


Kolb, DA. Learning Styles Inventory (Version LSI-3). TRG Hay/McBer; Boston. 1999. Self-Scoring Inventory and Interpretation Booklet sold in quantities of 10. Call TRG Hay/McBer at 800-729-8074. Individuals can complete the inventory online at [www.haygroup.com](http://www.haygroup.com).


**Learning Plan Development and Implementation**


**Evaluation of Learning Plan Outcomes**


Also refer to Atkins and Driscoll articles, listed under Self-Reflection.
In 2006, CDR contracted to have qualitative, focus group research done with a sample of employers who hire RDs. The following excerpts from that research summarize some of the things employers listed when asked what additional knowledge, skills or abilities they would like to see in RDs they would hire:

– A better understanding of how adults learn
– A better ability to communicate with patients/clients at their level
– Improved counseling and coaching skills
– Improved writing and presentation skills
– Physical assessments
– Enteral and parenteral feedings
– Improved critical thinking and problem solving
– Specialization – more depth in one focal area
– Improved management skills, to include:
  – Supervision
  – Coaching, mentoring
  – Negotiation
  – Accounting/finance
  – Budgeting/cost control
  – Inventory
  – QA/QI
  – Marketing, selling
  – Revenue generation; reimbursement, sales grant writing

Core Trends
The 1995 and 2000 studies identified “the core trend to be the need to do more and better with less. Rising costs, increased competition, and rising customer expectation pressures drive this trend. Computerization and automation accelerate it. Private and public organizations are downsizing, reorganizing, outsourcing, automating and relying more on multidisciplinary teams of cross-trained, versatile, flexible, creative, proactive professionals who know how to focus their efforts on the organization’s outcomes and bottom line- and who know how to show professional and public audiences that they are doing so.” Nothing in the 2006 results contradicts the basic thrust of those findings. Other continuing trends noted in prior research and evidenced in the current findings include the decline of “traditional” dietetics jobs (clinical plus food service responsibilities in a community hospital) and the growth of other “non-traditional” opportunities (as evidenced particularly by participants in the sports/wellness/fitness and business/industry/consulting groups). Technology continues to affect the way dietetics professionals do their work, especially in the areas of menu planning/printing/recording, charting nutrient analysis, and patient education/presentations. The bottom line emphasis noted since 1995 continues; the focus is relentlessly on outcomes and results, for patients and for the employing organizations.

Segment Specific Trends
What follows is a recap of trends somewhat more specific to each of the vertical segments investigated.

Community
A need is seen here for even more coordination between disciplines, and more effective joint delivery of services. With a rapidly diversifying population base, there is a growing need for practitioners with
strong cultural competence, and the ability to speak a language other than English (led by Spanish). Some participants feel the diversity of the dietetics profession must be increased for future success in agency settings. Finally, employers perceive a need for entry-level professionals to take on leadership roles more quickly; agencies are chronically short-staffed and depend on an almost entrepreneurial approach from practitioners to achieve needed results.

**Healthcare (including Food Service group participants)**

Higher acuity and greater complexity are seen as characterizing today’s patient base, which the trend towards reduced hospital stays exacerbates. The latter results in the need for quicker interventions, putting a premium on efficiency, prioritizing, and decision-making. Its corollary is that the cure is being driven more and more to outpatient settings. There is now more interdisciplinary coordination and joint delivery of service, as well as higher expectations for coordination of care at discharge. Customer service and satisfaction has become even more of a driver, as patients direct their own care more frequently, and customer satisfaction measurement becomes a competitive marketing tool. The combination of interdisciplinary coordination plus customer focus means dietetics professionals must be effective “people persons” for a broad range of stakeholders, from doctors to other health professionals to diet office staff to low-literacy patients. Finally, some employers in this group assert that there is little to no time to train RDs on the job, so there is a strong need for practical experience prior to registration.

**Long-Term Care**

The combination of increasing regulation/oversight plus funding squeezes makes efficiency the watchword in this segment; employers assert that RDs must be adept at doing more with less to succeed. Because reimbursement drives revenue, documentation skills are more critical. An aging population is seen to increase the acuity and complexity of care, meaning RDs must now be much more clinically focused; there is no time for them to be in the kitchen any longer. Because RDs are often consultants to multiple facilities (thus not always on site), they need to educate other caregivers to function in their stead: CNAs, RNs, LPNs, MDs. This group, too, felt that entry level RDs must take on leadership roles more quickly than they once did.

**Business/Consulting/Sports/Wellness/Fitness**

These are the areas where entrepreneurial ambitions are almost a job requirement; many discussion participants were in positions they had more or less created for themselves. These employers would also assert that there is little to no time for on-the-job training of entry level RDs, so practical experience before registration is highly valued. People skills are important for this segment too, in that patients/clients feel themselves better informed and are more likely to direct their own care; counseling and coaching, not “educating” or ordering, are the modes by which RDs will be successful. As with others, these employers feel new RDs must take on leadership and supervisory roles more quickly. Finally, uniquely, these employers consider marketing, sales, product development, and grant writing to be core competencies for entry-level RDs.

**Education/Research**

Some in this group see research opportunities increasing, though others would disagree. Several see a trend towards needing to educate/present to more varied audiences, both health care professionals and patients/
clients. The focus of many in this segment meant their supervision of RDs was of a more pedagogical nature, and thus of somewhat diminished interest to the main purposes of this research.

THE 2009 – 2011 DIETETICS WORKFORCE DEMAND STUDY

included extensive literature reviews, futuristic visioning with expert opinion, public policy examination, analysis of numerous research surveys, and data-based modeling. So what do all of these documents and data reveal? Although all analysts approached workforce demand using different methodologies and perspectives, some common themes emerged.

Change

Probably the most compelling theme is that change is constant. It arises simultaneously from multiple sources and offers dietetics practitioners both challenges and opportunities.

Demographic Shifts and Population Risk Factors

There are dramatic demographic shifts underway in the age and racial/ethnic composition of the US population, affecting both the practice of dietetics and the dietetics workforce. The aging population increases the need for preventive care, wellness, and chronic-disease management. An aging population and increased cultural diversity will push dietetics practitioners to adapt existing programs and services as well as create new services. In addition, the incidence of overweight and obesity, which are associated with increased risk for chronic diseases such as cardiovascular disease and diabetes, will have a major impact on the dietetics profession. The aging of registered dietitians (RDs) also affects the profession.

With an average member age of 47 years, the lack of sufficient practitioners with the experience needed to fill positions opened by pending retirements will result in demand exceeding supply, especially in upper-level positions.

Legislation

Although the implementation details of the 2010 Patient Protection and Affordable Care Act have yet to be finalized, health care reform is a reality. Currently, nutrition services provided by RDs are not specifically mandated in the act. However, the opportunity exists to enhance professional presence and the provision of those services. Demonstrating the cost-effective benefits of RD services on patient and client outcomes will be critical.

Bifurcation of Health Care Labor Force

The trend of the health care labor force to bifurcate between technically prepared and advanced-level practitioners results in a practice model where advanced-level practitioners direct a cadre of health care providers with a technical or basic level of training. This model increases demand for practitioners at both ends of the education spectrum and gives impetus to the Academy of Nutrition and Dietetics emphasis on defining, recognizing, and supporting multiple levels of practice in a variety of practice areas.

Change Agents

On the whole, RDs have maintained only basic business skills, while medical nutrition skills have expanded. The resulting benefit is that the public has been protected by ensuring, through credentialing and/or licensure, that RDs are the providers of medical nutrition therapy in most states. However, the detriment is that the majority
of dietetics practitioners serve in staff rather than leadership/management positions. As a result, leadership of food and nutrition services is often filled by other disciplines.

**Interdisciplinary Teams**

Interdisciplinary teaming offers challenges and opportunities for all medical professionals. The ability to cooperatively focus the expertise of diverse disciplines on the desired outcome for the patient, client, or project is critical. This trend offers opportunities to demonstrate expertise, effectiveness, and leadership. Rigorous scientific training positions RDs to be highly valued members of a medical interdisciplinary team. With additional leadership and business skills, RDs could lead these teams in many settings.

**Advanced Practice**

The percent of RDs who hold specialist credentials (15%) is higher than practitioners in other allied health and nursing professions, but differentiating specialist practice and advanced practice activities from general practice activities has been difficult. RDs who hold specialist credentials report personal benefits, but employers have yet to value and demand practitioners with specialist credentials in large numbers. There is currently no advanced practice credential (a different designation than specialist) available from the Academy, but this issue is being studied. Although recognition of both specialist and advanced practice skills will be important in the future, the future scan published in this Supplement also indicates that skilled generalists will have important roles to play in a fast-changing environment.

**Increased Competition**

Competition for dietetics roles and jobs comes from several sources. Included in these ranks are practitioners academically prepared in other health-related professions whose scopes of practice blur into the dietetics practitioner’s role. In addition, graduates of Didactic Programs in Dietetics who do not complete dietetic internships to become credentialed professionals often want to work in the dietetics profession. Another source of competition is individuals without academic preparation or credentials but who identify themselves as nutrition and health experts.

**Demand that Exceeds Supply**

The current projection is that by 2020, only 75% of the demand for dietetics practitioners will be met, unless the supply increases dramatically. This is both sobering and exciting news. The supply/demand gap might provide already credentialed dietetics practitioners with economic advantages in the short-term. However, this also provides competitors with opportunities for market positions. If RDs and dietetic technicians, registered, do not meet employment demand, competitors will fill the nonregulated positions and economic advantages for dietetics practitioners will quickly erode.

Note: The preceding information was reproduced with permission from “Implications of the Dietetics Workforce Demand Study,” an article from the March 2012 Supplement 1 of the Journal of the Academy of Nutrition and Dietetics.
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