

# **International Competency Standards for Dietitian-Nutritionists**



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## Introduction

The International Confederation of Dietetic Associations (ICDA) is an organization of national associations of Dietitian-Nutritionists. With a national dietetics association (NDA) Member in over 40 countries, ICDA is widely recognized as the international organization for dietetics professionals. The national associations that belong to ICDA represent about 180,000 Dietitian-Nutritionists around the world. We support national dietetics associations and their members beyond borders.

We do this by providing:

- Guidance, development and increased awareness of the standards of education and training that form the foundations of the profession
- Leadership in various situations, with a focus on evidence based nutrition and dietetics practice.
- An integrated communications system for members
- Networking and professional development opportunities
- Promotion of the role of nutrition and dietetics professionals in enhancing health, supporting human development, and reducing disease.

At the 16<sup>th</sup> International Congress of Dietetics in Sydney, Australia in 2012, there was consultation with member associations as well as individual attendees who asked the ICDA Board to commence and expand work on the International Standards, including defining competence and developing an International Accreditation System.

## International Standards

The International Confederation of Dietetic Associations develops international standards through consensus of its Member associations. The international standards are meant to express those important matters to which we can all agree. ICDA's international standards represent the common ground of dietetics around the world. They are not designed to replace any standards that are developed within any country, but to provide a consistent basis for developing own standards or to be those standards where no others exist.

### International Definition of Dietitian-Nutritionist

Developed by consensus with Member association Representatives in 2004, published by the International Confederation of Dietetic Associations. This was refreshed in 2014 as:

“A dietitian-nutritionist is a professional who applies the science of food and nutrition to promote health, prevent and treat disease to optimise the health of individuals, groups, communities and populations.”

### International Standard for Dietetics Education

Developed by consensus with Member association Representatives in 2004, published by the International Confederation of Dietetic Associations. This was refreshed in 2014 to be:

“The minimum level of education of a dietitian-nutritionist is:

- A bachelor degree in nutrition and dietetics *and*
- A period of supervised professional practice of at least 500 hours *and*
- Meets the international competency standards”

### **International Code of Ethics and Code of Good Practice**

Developed by consensus with Member association Representatives 2004- 2008 and expanded by consensus of a working group of Member associations on evidence-based dietetics practice and approved by the Board of Directors in 2010, published by the International Confederation of Dietetic Associations.

As part of the 2012-2016 strategic plan, and following extensive consultation with members in 2012, the ICDA Board was empowered to commence work on expanding and defining competence for entry into the profession, based on the Code of Good Practice.

### **Developing Consensus**

The Board of Directors commenced work on refining and developing a set of competency standards. The Board of Directors (2012-2016) included two Directors with extensive experience in competence development and use (Ms Sylvia Escott-Stump, USA and Professor Sandra Capra AM, Australia). However in such an important task, to assist in this work, an international specialist group was formed to advise and assist. That group included:

- Professor Agneta Hörnell from Sweden
- Professor Winnie Chee from Malaysia
- Dr Claire Palermo from Australia
- Ms Marlene Wyatt from Canada

Members of this group were selected because they had experience in developing and interpreting competence standards, and were connected to Member organisations and to other groups of dietetic associations. This means that a broad range of views were used to develop these Standards.

Existing competency standards from Member associations and groups of dietetic associations were collected and considered by the group.

The ICDA would, in particular, like to recognise the close working relationship with the European Federation of Associations of Dietitians (EFAD) in the development of the competencies. By working closely and jointly with EFAD, and developing a shared basis for the competencies, the ICDA believes that the goal of consensus development has been strengthened, and the competencies themselves have been strengthened through this validation process. Specific acknowledgement is made of Professor Anne de Looy, and the EFAD Education and Lifelong Learning Committee for their generous review and cooperation.

A draft of the competencies was circulated to all members in late 2015 with an invitation to comment. Comments from twelve members, from many individual dietitians and from EFAD were received and views that could be, were incorporated into the revision. A workshop held by the Asian Federation of Dietetics Associations (AFDA) also provided important feedback on the first draft.

The consultation process in early 2016 identified the following:

- There is consensus that competency standards are useful, that there is a common set of skills that all dietitian-nutritionist professionals should share, and that a minimum set of competencies will enhance professional standing.
- There is no consensus on whether practitioners in different countries need the same set of skills. This suggests that the competency standards must be flexible enough to be able to be applied to many different types of work and skill sets.

This leads to the challenge of finding the minimum set of competencies that all dietitian-nutritionists should reach to enter the profession, which are flexible enough to be able to be applied to a variety of different settings, but which do not prevent the development of country specific skills.

## **Introduction to ICDA Competency Standards for Dietitian-Nutritionists**

Newly qualified dietitian-nutritionists should have the necessary knowledge, skills and attitudes to perform their role when they first start to practice. The ICDA Competency Standards for Dietitian-Nutritionists (the Standards) defines those minimum competences that any dietetics practitioner should demonstrate at the point of entry to the profession, and will act as a framework for their continued professional development throughout their professional life.

Competency-based education uses both educational (classroom/theory) and clinical outcomes (practice); work-based assessments rely heavily on the observations and judgments of suitably trained supervisors or preceptors with frequent, effective direct observations, coaching and feedback (Holmboes, 2015.)

The Standards are intended to be valid in any of the member countries of ICDA but some members may find that some standards might not be easy to meet at the present time. They would then be designed to be aimed for in the near future. The Standards will be revised regularly, (minimum every five years) to include future developments in dietetics. The Standards are not designed to replace any standards that already exist. However it is expected that where other standards are already in place they will be checked against these Standards to ensure that the International standards are met as a benchmark.

It is expected that higher education institutions will work with the dietetics workforce (practicum providers, practice placement providers/training dietitian-nutritionists in the workplace and regulators) in the design and delivery of their curricula as the Standards combines both knowledge (theory) and practitioner or practice components. The Standards do not stop the use of simulations, virtual patient cases, and Objective

Structured Clinical Examinations (OSCE), especially if the direct observations of students with real patients or clients is difficult. The very nature of the competency standards suggest that multiple pieces of assessment evidence would be required to make a judgement on a trainees achievement of competence

Where theory is delivered to mixed groups of students, for example, together with health care or science students, the dietetics outcomes should be made clear for the dietetics students in the group.

The Standards should be used as a key reference for a variety of interested people/groups or organisations (stakeholders) and purposes.

- For higher education institutions when designing and developing new programs of dietitian-nutritionist education, or when revising existing programs.
- For internal and external evaluation, providing a plan to support control of quality and improvements, such as academic review, as well as for making judgements about minimum standards being met.
- For employers to understand the competences, qualities and capabilities that should be demonstrated by the dietitian-nutritionist.
- For students to understand the competencies, qualities and capabilities being developed during their education and training.
- For patients, clients, other health professionals, government and other stakeholders to understand the roles of the dietetics profession,
- For the dietetics workforce to improve the profile and image of the dietetics workforce.
- For the dietetics workforce to help assist with the exchange of professionals between countries.

Some Member countries of ICDA (NDAs) or their governments, may wish to set their competency standards or standards of proficiency at a higher level for the point of entry for their Dietitian-Nutritionists to enter the workforce. *These ICDA Competence Standards are designed to be a minimum, or threshold or baseline level for the start of practice.*

## Definitions used in this document

In any learning process there are two key players - the learner and the 'supervisor' or teacher. There is some confusion in the use of terms to define competence. The definitions provided here are to help to distinguish the different roles of the most relevant players in the learning dynamic.

Term	Definition
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<p><i>Competence(-s)</i></p>	<p>Professional competence is regular and skilfull use of “communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection”<sup>1</sup> and “the bringing together of different components to perform, do something successfully or manage complex situations” <sup>2</sup></p> <p>Competence defines WHAT a person is able to do well, effectively and following professional standards.</p> <p>Competence refers to a person’s ability or the skills and knowledge that the person possesses.</p> <p>Competence can only be demonstrated .</p> <p>Competence is an outcome: it describes what someone can do. It does not describe the learning process which the individual has taken</p> <p>Competence represents the whole combination of knowledge, understanding, skills and abilities and the capacity for applying them.</p> <p>In order to reliably measure someone’s ability to do something, there must be clearly defined and widely accessible standards through which performance is measured and accredited;</p> <p>Competence is a measure of what someone can do at a particular point in time.</p>
<p><i>Competency(-ies)</i></p>	<p>Competency is a skill whereas competence is the sign of a person’s practice in the workplace context.</p> <p>Competency is defined as “an observable ability... integrating .... knowledge, skills, values and attitudes”.<sup>3</sup></p> <p>The focus of competency is concentrated on the learners and their actions rather than upon already agreed upon products, or it can mean active participation through learning. Learning programs (in Higher Education or elsewhere) are therefore competency based programs. Note that programs in Europe use the Dublin Descriptors<sup>4</sup> to guide their development.</p>
<p><i>Learning outcomes</i></p>	<p>Learning outcomes are statements of what a learner is expected to know, understand and/or be able to demonstrate or do after the completion of learning. They can refer to a single subject, course, unit or module or they can refer to a time period of study, for example, a first or</p>

<sup>1</sup> Epstein R and Hundert E. Defining and assessing professional competence. *JAMA*. 2002; 287: 226-35

<sup>2</sup> Fernandez N, Dory V, Ste-Marie L, Chaput M, Charlin B and Boucher A. Varying conceptions of competence: an analysis of how health science educators define competence. *Med Educ*. 2012; 46: 357-65

<sup>3</sup> Frank JR, Mungroo R, Ahmad Y, Wang M, De Rossi S and Horsley T. Toward a definition of competency-based education in medicine: a systematic review of published definitions. *Med Teach*. 2010; 32: 631-7

<sup>4</sup> Bologna Declaration explained; can be found at

<http://europa.eu.int/comm/education/policies/educ/bologna/bologna.pdf>

	<p>a second cycle program (Europe) or a program year. Learning outcomes specify the requirements for award of academic credit.</p> <p>Learning outcomes are developed by academic staff, who have professional knowledge of actual practice requirements and expectations.</p>
<i>Behavioural objective</i>	<p>A behavioural objective has three parts:</p> <ul style="list-style-type: none"> <li>a) a defined behavioural verb,</li> <li>b) described conditions that allow the behaviour described by the verb,</li> <li>c) a description of the minimum level of acceptable performance (criteria).</li> </ul> <p>An example of a behavioural objective is: by the end of the period of training (the condition), the student will be able to perform a physical nutrition assessment (the behaviour) with 90% accuracy (the minimum level of performance)</p> <p>In this document, higher order behavioural descriptors<sup>5</sup> such as “synthesises”, “evaluates”, “creates”, “characterises” and similar are not included as these standards are designed as minimum to enter the profession. This does not preclude the use of higher order objectives in practice as these are examples only.</p> <p>The actual level or quality of performance needed to meet the behavioural objectives are not outlined in this document, as it is expected that local contexts and expectations will lead to a variety of performance measures.</p>
<i>Client</i>	<p>The term “client” is used to include; individual patients – whether in hospital or the community, a group such as community group seeking nutrition services, stakeholders or organisations who may be purchasing or funding programs or services or any other people who are receiving nutrition services.</p>

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<sup>5</sup> Anderson LW, Krathwohl DR, Bloom BS A Taxonomy for learning, teaching and assessing: a revision of Bloom’s taxonomy of educational objectives, New York, Longman 2001

# Competency Standards for Dietitian-Nutritionists

## Minimum requirements for entrance into the profession at the point of qualification

Note that the examples of the behaviours to meet the learning outcomes are EXAMPLES only- they are not meant to be exhaustive nor prescriptive, but flexible enough to allow educational providers to devise curricula and assessment strategies that meet the needs of the particular country and type/location of practice.

Examples have been added for the domains of practice, clinical practice, public health nutrition and foodservice management, but it is recognised that dietitian-nutritionists do not necessarily undertake practice in all these locations in every country. Also the examples are not necessarily restricted to the specified domain. It is NOT required that for entry level all of the behaviours have to be shown – they are examples only.

<b>1.0 Dietetic Process and Professional Reasoning</b>			
	<b>Competency</b>	<b>Behavioural objectives or learning outcomes</b>	<b>Examples of behaviour</b>
<b>1.1</b>	Applies the nutrition care process based on the expectations and priorities of individuals, group, community or population	a) Can identify, assess, and develop goals for nutrition related problems with individuals, groups, communities, populations and regulators	Clinical Practice <ul style="list-style-type: none"> <li>• Writes nutrition care plan sheets for simulated and/or real cases</li> <li>• Makes reasoned case reports or provides case portfolio</li> <li>• Gives case presentations</li> </ul> Public Health/Community Nutrition <ul style="list-style-type: none"> <li>• Writes report for group education / community projects demonstrating needs assessment, plans and implementation</li> </ul> Foodservice Management <ul style="list-style-type: none"> <li>• Assesses the accurate delivery of appropriate meals consistent with the nutrition plan.</li> </ul>
		b) Develops and implements intervention plans, and monitors and evaluates the outcomes, and reports on it.	Any Practice Setting <ul style="list-style-type: none"> <li>• Writes reasoned report on implementation of plan and outcomes</li> <li>• Presents evidence of interaction with individuals/groups/populations demonstrating improvement of planned nutrition interventions (simulated cases or real 'cases')</li> </ul>

<b>1.2</b>	Engages in collaborative (shared) practice in providing high quality, cost efficient services to achieve positive health outcomes	a) Establishes collaborative (shared) partnerships, consults with and advises clients, care-givers, team members and other stakeholders to improve care	Any Practice Setting <ul style="list-style-type: none"> <li>Documents evidence of inter-professional<sup>6</sup> involvement in partnership activities to improve care or service</li> <li>Finds evidence for (and of) quality assurance of dietetic services</li> <li>Reports on the effective and timely completion of independent work</li> </ul> Clinical Practice <ul style="list-style-type: none"> <li>Provides a case portfolio or case(s) connecting activity and impact resulting in improved care</li> </ul>
		b) Undertakes basic cost benefit analysis of interventions	Any Practice Setting <ul style="list-style-type: none"> <li>Finds ways to use time and resources more cost effectively</li> </ul> Foodservice Management <ul style="list-style-type: none"> <li>Writes a report of food service management project(s) with cost-benefit evidence</li> </ul>
<b>1.3</b>	Reflects and reviews own dietetic practice	a) Utilizes the process of reflection <sup>7</sup> to take action on critical incidents <sup>8</sup> (either positive or negative) that reflects professional benefit	Any Practice Setting <ul style="list-style-type: none"> <li>Writes and presents critical incident reflection</li> </ul>
		b) Develops plans for own dietetic practice improvement	Any Practice Setting <ul style="list-style-type: none"> <li>Shows how systematic evaluation of practice provides opportunities for Lifelong learning and on-going assessment of competence<sup>9</sup></li> <li>Uses feed-back from peers, supervisors and colleagues to write on the value of supervised interaction with colleagues and clients</li> </ul>
<b>1.4</b>	Works independently and in partnership to integrate nutrition and dietetics into overall professional	a) Accepts personal responsibility and is answerable to others for actions and decisions	Any Practice Setting <ul style="list-style-type: none"> <li>Describes the ethics of communication, including social media</li> <li>Shows agreement with and acts on policies, procedures and professional ethics through nutrition care notes or other documentation.</li> </ul>

<sup>6</sup> Inter-professional: when two or more students from health and social care learn together with the end goal of improving client-centred care.

<sup>7</sup> Reflection: the process of giving serious thought and consideration to practice with the intention of continuing practice that works, and stopping for improving practice that is less effective\

<sup>8</sup> Critical incident: any situation where a person experiences strong reactions which could inform their ability to perform

<sup>9</sup> Life long learning: the idea that formal training is just the beginning and that learning continues as you progress through your career and gain more experience

	care/service		<ul style="list-style-type: none"> <li>• Uses reports and feedback by supervisors to show professional role in a multidisciplinary team Clinical Practice</li> <li>• Reports examples where limitations of own knowledge and skills required individual clients to be referred to other competent professionals</li> </ul>
		b) Maintains a critical knowledge of current best practice guidelines and policy statements	<p>Any Practice Setting</p> <ul style="list-style-type: none"> <li>• Demonstrates the use of best practice guidelines and policy statements for a safe and professional service</li> </ul>
		c) Contributes to team decision-making	<p>Any Practice Setting</p> <ul style="list-style-type: none"> <li>• Makes use of opportunities to contribute dietetics and nutrition expertise to the service. Provides relevant input into inter-professional decisions about care.</li> </ul>
<b>1.5</b>	Respects the unique emotional, social, cultural, religious, ecological needs of individuals, groups, communities or populations	a) Recognises social, cultural, regional and religious influences on food selection and the provision of nutrition interventions	<p>Any Practice Setting</p> <ul style="list-style-type: none"> <li>• Takes into account diverse socio-cultural situations, ability and resources of clients when planning nutrition care or services Public Health/Community Nutrition or Foodservice Management</li> <li>• Demonstrates cultural competency and how diverse socio-cultural groups and diversity within socioeconomic status guides community projects</li> </ul>
		b) Uses client-centred intervention and community development approaches <sup>10</sup>	<p>Any Practice Setting</p> <ul style="list-style-type: none"> <li>• Works according to the principles of a non-discriminatory client-centred practice</li> <li>• Reports on assessment approaches that utilise principles of community development Clinical Practice</li> <li>• Presents a case portfolio(s) showing client centred intervention(s)</li> </ul>

<sup>10</sup> Community development: a process where community members come together to find the solutions to issues that may be present in their community.

## 2.0 Evidence Based Practice and Application of Research

	Competency	Behavioural objectives or learning outcomes	Examples of behaviour
2.1	Systematically search, judge, interpret and apply findings from food, nutrition, dietetic, social, behavioural and education sciences into practice	a) Can demonstrate skills in independent searching of scientific literature and other relevant information	Any Practice Setting <ul style="list-style-type: none"> <li>Writes an evidence based report to justify a nutritional intervention</li> </ul>
		b) Interprets, analyses, synthesises <sup>11</sup> and critically appraises research findings and their applicability to practice	Any Practice Setting <ul style="list-style-type: none"> <li>Works showing a logical, reasoned approach to dietetic practice</li> </ul> Clinical Practice <ul style="list-style-type: none"> <li>Presents case studies showing an evidenced based approach with reasoned conclusions</li> <li>Shows through care plans that problem solving skills have been used to provide a justified approach to practice</li> </ul>
2.2	Identify, design and participate in research and audit to enhance the practice of dietetics	a) Participates in research or evaluation or audit projects within the field of nutrition and dietetics	Any Practice Setting <ul style="list-style-type: none"> <li>Reports on how dietetic practice was audited against standards and proposes future actions</li> <li>Writes a research, or audit project report in the field of dietetics and nutrition</li> </ul>
		b) Uses principles of research design, data management, analyses and interpretation in dietetic practice	Any Practice Setting <ul style="list-style-type: none"> <li>Develops and uses systems to manage data and information which is shown to enhance dietetic practice</li> </ul>
		c) Shows how results from audit/research activities can be used to enhance own practice	Any Practice Setting <ul style="list-style-type: none"> <li>Keeps a reflective portfolio<sup>12</sup> to show how systematic monitoring and use of evidence have informed and changed own practice</li> <li>Uses reports from supervisors and peers to show how own practice has changed due to audit outcomes</li> </ul>

<sup>11</sup> Synthesis: the bringing together of information and data from different to infer relationships

<sup>12</sup> Reflective portfolio: a collection of written, audio or video pieces that are collected to demonstrate changes in practice and/or competence

<b>2.3</b>	Apply food and nutrition science to solve problems	a) Collects and analyses relevant information related to an identified issue and proposes a solution	Any Practice Setting <ul style="list-style-type: none"> <li>Develops and presents a protocol for a research project</li> </ul> Public Health/Community Nutrition <ul style="list-style-type: none"> <li>Writes a project report demonstrating information gathering from and for communities/groups and prioritising issues</li> </ul>
		b) Provides evidence based rationale to resolve the identified issue	Clinical Practice <ul style="list-style-type: none"> <li>Shows in nutrition care process notes how issues have been resolved and solutions implemented</li> </ul>
		c) Discusses ways dietitian-nutritionists can contribute to the research process.	Any Practice Setting <ul style="list-style-type: none"> <li>Leads a discussion on how dietitian-nutritionists have contributed to a research outcome</li> <li>Participates in research as part of the team</li> </ul>
<b>2.4</b>	Adopts an evidence based approach to dietetics practice	a) Judges the evidence to answer practical dietetic questions	Any Practice Setting <ul style="list-style-type: none"> <li>A case portfolio shows justified evidence-based practice</li> <li>Demonstrates professional judgement in the use of evidence</li> </ul>
		b) Uses contextual factors and stakeholder perspectives to justify decisions	Clinical Practice <ul style="list-style-type: none"> <li>Case notes and care plans clearly show how evidence has been used to guide decisions</li> </ul>
<b>2.5</b>	Shares evidence based dietetics and nutrition with colleagues and key stakeholders	a) Summarizes and communicates research information appropriate to the 'audience'.	Any Practice Setting <ul style="list-style-type: none"> <li>Writes a summary of evidence based dietetics or nutrition in response to questions</li> </ul>
		b) Shares own knowledge, skills and experiences with others	Any Practice Setting <ul style="list-style-type: none"> <li>Makes an oral or poster presentation of thesis, dissertation, research projects or case studies</li> </ul>

### 3.0 Quality Assurance of Dietetics Practice

	<b>Competency</b>	<b>Behavioural objectives or learning outcomes</b>	<b>Examples of behaviour</b>
3.1	Improve practice through continuous and systematic evaluation maintaining clear and concise records of all activities	a) Uses dietetics and other standards to systematically evaluate practice and participate in audit procedures	Any Practice Setting <ul style="list-style-type: none"> <li>Locates and summarises dietetic and other standards which are applied for quality assurance</li> </ul> Foodservice Management <ul style="list-style-type: none"> <li>Produces an audit cycle</li> </ul>
		b) Collects data and revises plans to achieve continuous quality improvement across the dietetics service in partnership with others	Any Practice Setting <ul style="list-style-type: none"> <li>Produces documentation which can be audited successfully</li> </ul> Clinical Practice <ul style="list-style-type: none"> <li>Always uses a standardised system for collecting patient records</li> </ul> Foodservice Management <ul style="list-style-type: none"> <li>Develops a plan for quality improvement involving stakeholders</li> <li>Discusses the ways a service can be evaluated</li> </ul>
		c) Uses current technology in practice to provide evidence for quality assurance purposes	Any Practice Setting <ul style="list-style-type: none"> <li>Uses information technology to reliably enter data for future analysis</li> <li>Explains how data entered into electronic systems can only be used responsibly for quality management while maintaining confidentiality</li> </ul> Clinical Practice <ul style="list-style-type: none"> <li>Describes how electronic health records and other management systems are used to provided data for quality purposes</li> </ul>
3.2	Maintain competence to practice through lifelong learning (LLL)	a) Demonstrates regular review of own practice and competence	Any Practice Setting <ul style="list-style-type: none"> <li>Routinely seeks feedback on performance as a dietitian-nutritionist from peers, colleagues, clients and others</li> <li>Identifies own competences and compares to published professional competences</li> <li>Produces a Lifelong Learning (LLL) plan</li> </ul>
		b) Implements a plan for professional	Any Practice Setting <ul style="list-style-type: none"> <li>Sets themselves continuous</li> </ul>

		development	improvement tasks <ul style="list-style-type: none"> <li>• Discusses choice of activities to show how they meet LLL plan</li> <li>• Actively shows how professional development activities meet the LLL plan</li> </ul>
3.3	Assumes leadership, educational and mentoring roles	a) Participates in supervision, teaching and mentoring <sup>13</sup> processes with peers, students and colleagues	Any Practice Setting <ul style="list-style-type: none"> <li>• Maintains professional boundaries, roles and responsibilities when working with others</li> <li>• Engages in a formal or informal learning partnership with clear agreed outcomes</li> <li>• Uses a range of techniques to encourage others to reflect on their professional progress</li> </ul>
		b) Demonstrates leadership skills in a variety of formal and informal roles	Any Practice Setting <ul style="list-style-type: none"> <li>• Demonstrates commitment to achieving a successful outcome for the project and the team</li> <li>• Encourages others to value each other's abilities and contribution</li> </ul>
3.4	Use current technologies, to collect and manage data responsibly and professionally for information and reporting purposes	a) Develops, plans and gathers valid, reliable and comprehensive information using current technology	Any Practice Setting <ul style="list-style-type: none"> <li>• Assesses the reliability and validity of data gathered with the support of current technology before using Foodservice Management</li> <li>• Shows how data can be used to provide reliable information for informing/planning different areas of dietetic work</li> </ul>
		b) Assesses the relevance, importance and validity of data gathered both electronically and by other means	Clinical Practice <ul style="list-style-type: none"> <li>• Shows how use of electronic health records or health management systems in patient care can be assessed for relevance</li> </ul> Public Health/Community Nutrition <ul style="list-style-type: none"> <li>• Produces evidence of how digital literacy<sup>14</sup> has been successfully used in IT</li> </ul>

<sup>13</sup> Mentoring: a relationship between two people based on a mutual desire for development towards agreed goals and objectives

<sup>14</sup> Digital literacy: the ability to find, judge, use, share, and create content using information technologies including but not limited to the web, twitter, social media.

			<p>related projects</p> <p>Foodservice Management</p> <ul style="list-style-type: none"> <li>Leads a discussion on the validity of results from nutrition software used to analyse nutrient composition of diets</li> </ul>
3.5	Accepts responsibility for ensuring practice meets legislative requirements	a) Complies with current legislation that applies to the professional context in which dietitians-nutritionists work	<p>Clinical Practice</p> <ul style="list-style-type: none"> <li>Case notes and care plans show how current legislation has been applied</li> </ul> <p>Foodservice Management</p> <ul style="list-style-type: none"> <li>Provides explanations on how work is managed to comply with legal constraints</li> </ul>
		b) Establishes safe environments for practice which minimises risks including human rights, hazard and infection control	<p>Any Practice Setting</p> <ul style="list-style-type: none"> <li>Adopts an approach to their work and role which shows concern for human rights</li> </ul> <p>Foodservice Management</p> <ul style="list-style-type: none"> <li>Takes appropriate and correct action to infection control when working with people, food or in other areas</li> <li>Shows awareness of what and how a safe environment can be established</li> </ul>

#### 4.0 Professional relationships, communication and partnerships

	Competency	Behavioural objectives or learning outcomes	Examples of behaviour
4.1	Communicate effectively and responsibly using multiple means	a) Uses a communication style to meet the needs of stakeholder	<p>Any Practice Setting</p> <ul style="list-style-type: none"> <li>Adapts communication style to meet the needs and level of understanding of the individual or group</li> <li>Uses encouraging and active listening techniques to maintain rapport</li> <li>Explains how the use of non-verbal communications can be used to evaluate effective communication</li> <li>Develops and explains the uses of teaching materials for users of differing abilities</li> <li>Develops (in writing, visually or verbally) and evaluates a client resource information package</li> </ul>
		b) Writes and speaks clearly, concisely and professionally using professional terminology	<p>Any Practice Setting</p> <ul style="list-style-type: none"> <li>Seeks feedback on type and style of communication from peers, supervisors and colleagues</li> <li>Presents and discusses an audit of communication styles and language of printed or other media</li> </ul> <p>Foodservice Management</p> <ul style="list-style-type: none"> <li>When working and communicating with teams always checks for team members' understanding</li> </ul>
4.2	Demonstrate interpersonal skills, professional autonomy <sup>15</sup> and accountability	a) Establishes trust and rapport with stakeholders	<p>Any Practice Setting</p> <ul style="list-style-type: none"> <li>Takes corrective action during one on one conversations to restore rapport and understanding</li> <li>Accepts accountability and responsibility for own actions</li> </ul> <p>Clinical Practice</p> <ul style="list-style-type: none"> <li>Seeks views of supervisors/teachers on the establishment of trust and rapport during interviews</li> <li>Writes a reflective log about</li> </ul>

<sup>15</sup> Professional autonomy: the right and privilege to exercise professional skills independently without input from others

			an encounter where professional autonomy was challenged.
4.3	Build partnerships, networks and promote the dietetics profession	a) Shows how opportunities for partnerships and networks can be used effectively	Any practice Setting <ul style="list-style-type: none"> <li>Records how a professional encounter was used to promote/introduce the expertise of dietitian-nutritionists</li> </ul>
		b) Raise the profile of the profession through professionalization and networking	Any Practice Setting <ul style="list-style-type: none"> <li>Works and behaves as a professional dietitian-nutritionist using the professional code of conduct</li> <li>Writes an article for a professional dietetics newsletter or other media source</li> <li>Serves on a committee and promotes the role of the dietitian-nutritionist</li> </ul>
4.4	Seek, support and promote opportunities for learning among peers, and others	a) Identifies and uses learning episodes to support team members, peers and others	Any Practice Setting <ul style="list-style-type: none"> <li>Encourages others to recognise learning opportunities in daily life to advance practice</li> <li>Writes a reflective log about a learning opportunity in which team members advanced their understanding of dietetics</li> </ul>
		b) Engages in the development and use of appropriate learning materials to support professional development	Any Practice Setting <ul style="list-style-type: none"> <li>Sets-up or actively participates in a literature review and discussion or a Journal Club</li> <li>Develops a learning episode and evaluates its effectiveness</li> </ul>
		c) Seeks, responds to, and provides, effective feedback	Any Practice Setting <ul style="list-style-type: none"> <li>Monitors and reports on learning undertaken by a peer</li> <li>Pro-actively takes a critical approach to own learning and sets goals and targets for lifelong learning</li> </ul>
4.5	Advocate for the contribution that nutrition and dietetics can make to improve health	a) Identifies opportunities to change factors affecting health	Any Practice Setting <ul style="list-style-type: none"> <li>Undertakes a project to show how dietetics and dietitian-nutritionists can improve nutritional health for an individual or a population (e.g. malnutrition in hospitalized patients)</li> </ul>

		b) Advocates on behalf of stakeholders to improve health	Any Practice Setting <ul style="list-style-type: none"><li>• Writes a report on how advocacy has changed policies or other situations</li></ul>
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## 5.0 Knowledge Essential for the Practice of Dietetics

	Competency	Behavioural objectives or learning outcomes	Examples of behaviour
5.1	Integrates knowledge of food and food systems, human nutrition and dietetics in the provision of services	a) Uses knowledge of food, nutrition and dietetics in the prevention and treatment of disease and promotion of health	<p>Clinical Practice</p> <ul style="list-style-type: none"> <li>Writes nutrition care plan / case reports / meal plans for simulated and/or real cases which shows the use of a knowledge of food and nutrition</li> <li>Uses food composition data appropriately when considering a care plan</li> </ul> <p>Public Health/Community Nutrition</p> <ul style="list-style-type: none"> <li>Makes plans for group education / community projects demonstrating needs assessment and giving rationales / evidence for plans and implementation</li> </ul> <p>Foodservice Management</p> <ul style="list-style-type: none"> <li>Reports by supervisors confirm use of knowledge of food and food systems, human nutrition and dietetics</li> <li>Describe aspects of food systems from procurement through preparation and distribution that affect nutritional well-being of patients/clients</li> <li>Shows the application of knowledge of food science and basic food preparation techniques when speaking with users</li> </ul>
		b) Explains why new and revised information about food, human nutrition and dietetics is necessary for provision of a safe service	<p>Any Practice Setting</p> <ul style="list-style-type: none"> <li>Finds and shares new knowledge about human nutrition and dietetics with colleagues</li> </ul>
5.2	Integrates knowledge of biomedical sciences in the provision of services	a) Uses knowledge of biomedical sciences (e.g. nutrition, anatomy, physiology, immunology, biochemistry, epidemiology,	<p>Clinical Practice</p> <ul style="list-style-type: none"> <li>Presents case reports which show how a knowledge of biomedical sciences has informed the care of patients</li> <li>Uses biochemical parameters, physical and anthropometric</li> </ul>

		genetics, pharmacology) to support safe practice	data, laboratory tests (compared to reference values and standards) when formulating care plans
5.3	Integrates a knowledge of behavioural and social sciences in the provision of dietetic services	a) Explains why theories of behaviour change are required to improve eating behaviours	Clinical Practice <ul style="list-style-type: none"> <li>Shows how theories of behaviour change are used in practice to improve eating behaviours</li> </ul>
		b) Identifies and uses effective methods for nutrition and dietetic interventions	Foodservice Management <ul style="list-style-type: none"> <li>Provides evidence of how management of individual cases or food service has used behavioural and social sciences, for example, where health inequalities are present</li> </ul>
5.4	Integrates business and management principles and skills in the provision of service	a) Can develop a basic business plan for dietetics and nutrition services	Any Practice Setting <ul style="list-style-type: none"> <li>Writes a basic business plan for nutrition and dietetic services using business, financial and management principles and skills</li> </ul>
		b) Shows how leadership, management skills and resources (financial, human, physical and/or material resources) affects service provision	Any Practice Setting <ul style="list-style-type: none"> <li>Writes a reflective log entry on teamwork and group work tasks or activities at university or in real world settings, considering integration of business, financial and management principles and skills</li> </ul>
5.5	Integrates a knowledge of organisational, professional and legislative requirements in the provision of dietetic services	a) Recognises how a systematic understanding of the relevant organisational and legislative requirements relates to a safe professional dietetics service	Foodservice Management <ul style="list-style-type: none"> <li>Reports on how organisational and legislative requirements (e.g. Health &amp; Safety Regulations, Food &amp; Drug Regulations, Nutrition Labelling Regulations) were recognised during the practical placement</li> </ul>
		b) Explains how a systematic understanding of relevant professional requirements can affect a safe and professional service	Any Practice Setting <ul style="list-style-type: none"> <li>Documents evidence of compliance with relevant professional codes, guidelines and standards of practice and ethics (e.g., ICDA Code of Ethics and Code of Good Practice)</li> <li>Shows how a critical incident reflection related to professional or legal issue affected subsequent practice</li> </ul>

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