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Summary

Over a three-year period, the EU-funded Thematic Network ‘Dietitians Implementing Education and Training Standards’ (DIETS) have assembled data about academic and practice placement education leading to qualification as a dietitian working in Europe. Reflective and virtual visits together with face-to-face visits and questionnaires have revealed quality assurance processes in education employed across Europe. Dietitians have developed competences at the point of entry to the profession dietitians have been developed, together with performance indicators now adopted by the European Federation of Dietetic Associations (EFAD) as a competency framework that will become the benchmark for lifelong learning.

A great deal of learning and change to practice has resulted as well as closer engagement between Higher Education Institutions (HEIs) and their dietetic departments across Europe. This network of HEIs and their dietetic colleagues will endure long after the DIETS Network has finished as dietitians in Europe continue to develop their quality assurance mechanisms and competence. The ultimate benefit to the dietetic profession, their education and lifelong learning and their contribution to nutritional health in Europe will continue to unfold.

This consultation document represents another step along the journey of an extraordinary and unique exchange between dietitians in their National Dietetic Associations and their academic colleagues in HEIs or awarding institutions in setting Europe-wide educational standards.

DIETS Network Coordinator

September 2009
Background

“Erasmus networks are designed to promote European co-operation and innovation in specific thematic areas of particular importance to higher education in a European context. In this way, they contribute to enhancing quality, defining and developing a European dimension within a given academic discipline, study area, or furthering innovation and good practice on other aspects of higher education development. This is achieved by means of co-operation within the network between higher education institutions, university faculties and departments. Co-operation should also involve academic and other associations, learned societies, enterprises, and professional bodies, other Partners of socio-economic importance in the public or private sector and, where appropriate, student organisations. All networks should bring together an appropriate range of relevant stakeholders concerned. Co-operation within networks is expected to lead to outcomes which will have a lasting and widespread impact on higher education institutions across Europe in the field concerned”.

Dietitians provide advice on nutrition; healthy catering and can initiate or contribute to public health nutrition strategies. They work professionally within complex frameworks of accountability, ethical and legal boundaries in a health service, private practice, industry, local government, education or research and are uniquely equipped to support initiatives such as the European Platform on Diet, Physical Activity and Health. In 2004 the International Confederation of Dietetic Associations (ICDA) http://www.internationaldietetics.org defined a dietitian in this way:

- A dietitian is a person with a qualification in Nutrition & Dietetics recognized by national authority(s). The dietitian applies the science of nutrition to the feeding and education of groups of people and individuals in health and disease.
- The scope of dietetic practice is such that dietitians may work in a variety of settings and have a variety of work functions.

DIETS has focussed on harmonisation of the curriculum, practice competence and tools to ensure quality and effectiveness of practice education. During the period 2006-2009 DIETS was funded to achieve the following aims within the 30 countries and between the 120 Partners who are members of the Network:

- To aid the Bologna and Lisbon processes through mapping and describing all areas of dietetic practice education and training throughout Europe
- To improve communications between educators and dietetic practitioners, to harmonise education and develop quality indicators. In particular in practice education, to develop courses and to publicise best practice through the development of a dedicated website and associated databases.
- To facilitate sharing of knowledge and disseminated research findings amongst educators and practitioners about practice education competences and where possible work with other interested parties throughout Europe and internationally
- To develop the role of the dietitian in promotion of nutritional health through embedding lifelong learning competences in first cycle degrees.

All of the information contained in this report is available as raw data form from the DIETS website. The numbers given in the Tables and other figures refers to Partner numbers of the visitors and is included to enable the reader to cross-refer to the raw data or to contact the Partner directly for more information.
1.0 Introduction

EFAD has passed a significant declaration and an important resolution. Both, reproduced below, have proved to be a challenge to the profession of dietetics in Europe and both will be addressed in this report.

The Roskilde Declaration (EFAD, 2003) resulted in European Dietetic Academic and Practitioner standards being published in 2005. These standards covered the description of the role of the dietitian in Europe, specifying a minimum number of ECTS points for a dietetics qualification and set academic and some placement standards. However, this fell short of benchmarking teachers of dietetics and defining technical terms, but without this set of standards the move to registration of dietitians throughout Europe could not be encouraged.

### At the General Meeting of EFAD in September 2003

EFAD delegates agreed that the priorities for the education and practice of dietitians across Europe should be:

1. To agree a description of the role of the Dietitian in Europe
2. To investigate the requirement of a minimum qualification (3 year degree) benchmarked, with an ECTS rate
3. To agree a European Dietetic Benchmark Statement (EDBS), including practical placement standards
4. To set a benchmark for teachers of dietetics
5. To agree a common language by defining technical terms used (in dietetics)
6. National registration of Dietitians to protect the title
7. Consideration be given to registration as a European Dietitian

**Roskilde Declaration, EFAD 2003**

In 2007 EFAD recognised that the competence of dietitians at the point of qualification would need to be defined if standards for lifelong learning were to be established. This of course would be fundamental to realising the goal of registration of a European Dietitian. A minimum academic standard and a level of competence across Europe would not only ensure a quality of dietetic provision but also safe practice. The revised Lisbon Strategy (2005) can only be fulfilled if there is a healthy and productive European workforce and their nutritional health must be a fundamental expectation. Dietitians play a key role in enabling people to reach and maintain nutritional health and until dietitians are fully able to contribute and play their part in pursing the WHO European Action Plan for Food and Nutrition Policy 2007-2012 (2007) then poor nutritional health will continue. EFAD therefore adopted a Resolution at its meeting in Taromina, Sicily (EFAD, 2007) specifying the need to define Dietetic Competences and reiterated the belief that without specifying quality indicators and defining technical terms, this time for practice education there would be little advance of harmonisation across Europe of dietetic provision and safe practice. The Taromina Resolution is reproduced on the next page.
However, although fundamental, defining competences at the point of qualification is only the first key step to realising the lifelong learning potential of competent dietitians. Lifelong learning has been defined as “preparation for, and in response to, the different roles, situations, and environments that somebody will encounter in the course of a lifetime” and “continual acquisition of knowledge and skills throughout somebody's life” (Business definition). A European Reference Framework (2006) defines Lifelong learning (LLL) as “the knowledge, skills and attitudes, which all individuals need for personal fulfilment and development, active citizenship, social inclusion and employment.” The Framework also states that:

“Key competences should be acquired by:
- young people at the end of their compulsory education and training equipping them for adult life, particularly for working life, whilst forming a basis for further learning
- adults throughout their lives through a process of developing and updating skills”

The Framework then goes on to propose key generic competences:

- communication in the mother tongue
- communication in foreign languages
- mathematical and science competence
- digital competence
- learning to learn
- interpersonal, intercultural and social competence
- entrepreneurship
- cultural expression

Tuning Educational Structures in Europe have been undertaken by The Tuning Project, which has introduced a process for all higher education to follow to encourage greater transparency in degree programmes (Tuning, 2000).

In this report, the outcomes of face-to-face visits (DIETS, 2009a) and reflections on these visits (DIETS, 2009b) are drawn together. From this work a set of quality indicators or practice placement Standards has been formed. Best practices in education are also drawn together as are the results of the Europe-wide consultation on specific dietetic competences at the point of qualification. There will be an ongoing dialogue between employers and academics concerning the ranking of dietetic competences (specific and generic), which will inform quality assurance processes of the profession into the future through lifelong learning.
A business definition of lifelong learning is the ‘continual acquisition of knowledge and skills throughout somebody's life. Lifelong learning occurs in preparation for, and in response to, the different roles, situations, and environments that somebody will encounter in the course of a lifetime. It is supported by formal and informal education systems, both within and outside the workplace, through which somebody can both learn and receive guidance and encouragement. The adoption of lifelong learning is seen as a key element in CPD*, and as an important tool in maintaining employability.’ (BNET Business Dictionary, 2009)

In dietetics, lifelong learning continuously improves the quality of the profession and of patient care.

(*Continuing Professional Development)
2.0 Glossary

This glossary originally appeared in the European Academic and Practitioner Standards for Dietetics (EFAD, 2005 – see Appendix A) and has been added to this report for convenience. It goes someway to establishing the definition of the technical terms for practice placements.

Assessment - academic
The collection of information relating to the student’s ability to: perform certain tasks, to demonstrate knowledge, understanding, skill or an attitudinal response. The assessment may be formative or summative.

- **Formative assessment** provides the student with constructive feedback on performance but does not contribute to the academic assessment awards.
- **Summative assessment** provides the student with constructive feedback on performance and is graded for achievement of the learning outcome. Summative assessment can be a pass or fail of the standard set and if the summative assessment is passed academic award is given.

Assessment – therapeutic
The collection of information relating to a patient's condition, taking account of the full range of relevant contextual factors, that is needed to make a clinical diagnosis and plan of management.

Awarding Institution
The Higher Education Institution (HEI) where the dietetics qualification, normally a degree, is awarded.

Benchmark Statement
An initiative undertaken under the aegis of the Quality Assurance Agency (QAA) to describe the nature and characteristics of higher education programmes in a specific subject, while representing general expectations about the standards for an award of qualifications at a particular level and articulating the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Best Practice
This term is associated with the approach a professional practitioner adopts during the course of their work for the benefit and safety of their client or patient. It is normally evidenced-based. Also see ‘good practice’.

Campus-based
The academic component normally delivered at the awarding institution

Clinical Reasoning
The critical and analytical thinking associated with the process of making clinical decisions

Codes of Practice
These may be established by the dietetics profession or incorporated into national rules and laws. They include ethical rules and principles that form an obligatory part of professional practice.

Competence
A combination of attributes (with respect to knowledge and its application, attitudes, skills and responsibilities) that describe the level or degree to which a person is capable of performing them (Tuning Project)

Continuing Professional Development (CPD)
The process by which professionals update, maintain and enhance their knowledge, skills and expertise in order to ensure their continuing competence to practise. The process is systematic and ongoing.
**Critical Reflection**
The ability to explore reasons, approaches, underlying concepts and assumptions. The exploration is based upon an evaluation of the context and takes account of social, personal and historical influences upon the professional setting.

**European Credit Transfer System (ECTS)**
ECTS is the European system for transferring credits in further and higher education. ECTS has been developed within the EU to improve academic recognition and to transfer credits from studies or parts of studies obtained in other countries. The system is also usable for transferring credits within a country. The ECTS credits system can be used to estimate the workload measured in time.

**Evaluation**
Review and assessment of the quality of care in order to identify areas for improvement

**Evidence-based Practice**
A commitment to using the best available evidence to inform decision-making that involves integrating individual professional judgement of practitioners with evidence gained through systematic research

**Fitness to Practise**
A level of practice which demonstrates an appropriate level of knowledge and understanding, skills and competency, attitude and adherence to a code of conduct for the role currently being undertaken and a commitment to maintain that level.

**Good Practice**
This term is usually associated with the overall behaviour and approach that professional practitioners should or must achieve to maintain safe practice. For example, it has been associated with standards for dietititians by both EFAD and ICDA (see 3.0 below). Also see ‘best practice’.

**Higher Education Institution (HEI)**
An institution providing education at first, second or third cycle (bachelor, master and doctoral) degree level.

**Independent Practitioner**
A person acting in his or her own right

**Inter-professional**
Two or more professionals from different disciplines working together in an integrated way resulting in new ways of working

**Learning Theories**
Established ideas of how learning can be promoted

**Lifelong Learning**
The process of constant learning and development incorporating continuous professional development in which all individuals need to engage in a time of rapid change to remain competent and maintain safe practice.

**Learning Outcome**
A statement of the learning that must be demonstrated at the end of a period of education or practice placement; achievement of the total number of learning outcomes allows the learner to meet the aims of the education period.
Multidisciplinary
One or more disciplines working collaboratively

Nutrigenomics
The study of how different foods may interact with particular genes to increase the risk of disease.

Non-discriminatory Practice
Professional practice within which individuals, teams and organisations actively seek to ensure that no-one (including patients, carers, colleagues or students) is either directly or indirectly treated less favourably than others are, or would be, treated in the same or similar circumstances, on the grounds of age, colour, creed, criminal convictions, culture, disability, ethnic or national origin, gender, marital status, medical condition, mental health, nationality, physical appearance, political beliefs, race, religion, responsibility for dependants, sexual identity, sexual orientation or social class.

Performance Indicator
A competence may have different parts or components and the performance indicator provides a list of those parts or components. By meeting all of the components, the minimum standard (degree, level) of a competence is demonstrated. A range may be stated where performance is clearly less than adequate and above which it is deemed to have been successfully demonstrated.

Practice Placement
A period of education carried out in the workplace, providing the opportunity to translate theory into practice.

Practice Placement Partner
The institution where a practice placement is carried out, eg a clinic, hospital, public health agency

Practice Placement Teacher or Supervisor
The person responsible for facilitating learning for the student during the practice placement

Problem-solving
Exercises and processes that enable students to examine their existing knowledge and develop their learning to formulate a solution to a presented question or issue and that should deepen students’ learning, as well as developing their conceptual and methodological skills, thereby enhancing their overall approach to professional practice.

Professional Autonomy
The power to make decisions regarding the management of the patient/client based on the professional’s own professional knowledge and expertise

Reflective Practice / Reflection on Action
Reflection after the event: may involve thinking through a situation and discussing treatment of a patient with colleagues. It involves being self-aware and should be action-orientated and lead to change.

Reflection in Action
Being aware of what you are doing. Knowing and doing at the same time

Resource
The potential or assets in a person or an organisation, eg time, money, equipment, staff, the specialist knowledge held by a person, which could be used to help or support others when needed.

Self-directed Learning
Independent learning initiated by the student
**Tool**
The instrument or method

**User**
Anyone receiving a dietetic service – patients, clients, the public, catering services, food industry, customers
3.0 Code of Ethics and Good Practice for Dietetics

European dietitians adopted a code of ethics and good practice in September 2008. It forms the basis for all dietetic activity in Europe and it is widely taught both in higher education programmes and the practice placement (DIETS Report 2, 2009b).

EFAD & ICDA International Code of Ethics and Code of Good Practice

International standards are not meant to replace any national standards that exist, but are meant to put on paper those important matters to which we can all agree, so that NDAs who have their own, can still commit to the sentiments of any internationally agreed code. They represent the common ground of dietetics around the world. This is the way we think we can advance nutrition.

Agreed International Code of Ethics

Dietitians practice in a just and equitable manner to improve the nutrition of the world by:
1. Being competent, objective and honest in our actions
2. Respecting all people and their needs
3. Collaborating with others
4. Striving for positive nutrition outcomes for people
5. Doing no harm
6. Adhering to the standards of good practice in nutrition and dietetics

Agreed International Code of Good Practice in Dietetics

Provision of Service and application of knowledge
1. Provide high quality, cost-efficient services in nutrition and dietetics
2. Provide services based on the expectation and needs of the community or client
3. Competently apply the knowledge of nutrition and dietetics and integrate this knowledge with other disciplines in health & social sciences
4. Work co-operatively with others to integrate nutrition and dietetics into overall care/service regardless of context.
5. Work in partnership with clients and users of the service

Developing practice and application of research
1. Interpret, apply, participate in or generate research to enhance practice
2. Develop a unique body of knowledge
3. Have an in-depth scientific knowledge of food & human nutrition
4. Develop practice based on evidence

Communication
1. Communicate effectively through nutrition education, education and training, development of policy and programs
2. Advocate for nutrition and dietetics, the alleviation of hunger and the value of services
3. Advance and promote the dietetics profession

Quality in practice
1. Systematically evaluate the quality of practice and revise practice on the basis of this feedback
2. Strive to improve services and practice at all times
3. Maintain continued competence to practice

Continued competence and professional accountability
1. Ensure accountability to the public
2. Accept responsibility for ensuring practice meets legislative requirements
3. Maintain continued competence by being responsible for lifelong learning and engaging in self-development.
4.0 Identifying Practice Placement Standards

This section deals with the standards that should be followed to achieve a quality practical placement learning experience for the student dietitian. The standards are in part drawn from the best practice identified because of the face-to-face visits (DIETS, 2009a), the reflections on face-to-face visits (DIETS, 2009b) and the good practice identified because of the education-mapping questionnaire. Other standards proposed for health professionals (HPC, 2009) and work-based learning (QAA, 2007) have also been influential.

Table 1 Standards and Good Practice

<table>
<thead>
<tr>
<th>Standard</th>
<th>Practice Placement Standard</th>
<th>Best Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Learning outcomes must be set for the practice placement(s) and clearly contribute to the overall aims for the programme, normally through ECTS credit rating.</td>
<td>European Academic and Practitioner Standards for Dietetics (EFAD, 2005)</td>
</tr>
<tr>
<td>2</td>
<td>The learning outcomes must be clear to the practice placement teacher, student and academic member of staff.</td>
<td>Report 3: Table 2 &amp; 3 and 1st DIETS Conference Proceedings (DIETS, 2009)</td>
</tr>
<tr>
<td>3</td>
<td>The learning outcomes must be assessed appropriately.</td>
<td>Report 2: Tables 16, 17</td>
</tr>
<tr>
<td>4</td>
<td>The Awarding Institution is responsible for the academic standards and quality of all learning environments including practice placements.</td>
<td>Report 3: Table 3</td>
</tr>
<tr>
<td>5</td>
<td>The Awarding Institution must have policies and procedures by which it is able to satisfy itself that the appropriate standards for the approval of practice placement and their ongoing quality of delivery of learning are in place.</td>
<td>Report 3: Table 3</td>
</tr>
<tr>
<td>6</td>
<td>The practice placement is a partner in delivery of the curriculum &amp; must have a formal agreement of the roles and responsibilities including termination of an agreement.</td>
<td>Report 3: Table 3</td>
</tr>
<tr>
<td>7</td>
<td>Both parties will agree on the responsibilities of each other with respect to achieving a quality student learning experience</td>
<td>Report 2: Section 3.26</td>
</tr>
<tr>
<td>8</td>
<td>Information, support and guidance materials should be available and drawn-up by the practice placement partners and awarding institutions in consultation.</td>
<td>Report 2: Figure 8</td>
</tr>
<tr>
<td>9</td>
<td>Early warning systems of potential difficulties with the placement opportunity or student progress must be clearly articulated.</td>
<td>2nd DIETS Conference Proceedings (Workshops) (DIETS, 2009)</td>
</tr>
<tr>
<td>10</td>
<td>Students will be expected to demonstrate lifelong learning whilst on practice placement and the awarding institution should prepare the students in development of this skill.</td>
<td>Report 2: Table 6</td>
</tr>
<tr>
<td>11</td>
<td>The practice placement and awarding institution will make clear the role, responsibilities and entitlements the student may expect while on their placement.</td>
<td>Not reported specifically</td>
</tr>
<tr>
<td>12</td>
<td>Clear procedures should be in place and known to all if problems occur during the practice placement or a complaint needs to be made.</td>
<td>2nd DIETS Conference Proceedings (Workshops) (DIETS, 2009)</td>
</tr>
<tr>
<td>13</td>
<td>The awarding institution should provide clear guidance for the practice placement partner on procedures for monitoring and reporting at the end of the placement.</td>
<td>Report 2: Table 8</td>
</tr>
<tr>
<td>14</td>
<td>The awarding institution should provide appropriate support and training for the teachers and supervisors.</td>
<td>Report 2: Table 22</td>
</tr>
</tbody>
</table>
In the following sub-sections, the 18 Standards in Table 1 are elaborated under the following broad headings:

- Practice Placement Learning Outcomes
- Responsibilities for Academic Standards and Quality
- Responsibilities of Partners
- Responsibilities and Entitlements of Students
- Practice Placement Partners
- Staff Development
- Monitoring and Evaluation

### 4.1 Practice Placement Learning Outcomes

Practice placements are an integral part of any programme leading to qualification as a dietitian. The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes. The awarding institution must ensure that these learning outcomes are in place for the period(s) of practice placement. The learning outcomes:

- must be clearly identified for all practice placement teachers or supervisors, academic staff and students
- must demonstrate what areas of the curriculum are to be taught and assessed within the overall aims of the programme
- must be shown to contribute to the overall aims of the programme
- must be assessed appropriately

Various forms of agreed learning outcomes will contribute to the integration of practice-based learning into a programme. The amount or extent of practice placement learning that contributes to the overall qualification will determine the learning outcomes. In identifying the specific learning outcomes for practice placement learning, an awarding institution will consider:

- whether the learning outcomes are clear and specifically designed
- whether the student has had adequate/appropriate opportunities to achieve the intended learning outcomes
- what impact will the compulsory placement component have on the intended learning outcomes of the programme as a whole

A credit value at an appropriate level, e.g. Year 1 (or Level 1) or Year 2 (or Level 2) etc may be given to sets of learning outcomes linked to placement learning. The credit value indicates both...
'how much' (the amount) of learning is expected and 'how hard' (the relative level of difficulty) it is. The quality assurance procedures of the HEI will cover the allocation of credits to sets of learning outcomes and their award to students for achieving those outcomes.

Under the broad heading of ‘Practice Placement Learning Outcomes’, Standards 1-3 of Good Practice in Placement are therefore:

1. Learning outcomes must be set for the practice placement(s) and clearly contribute to the overall aims for the programme; normally through ECTS credit rating
2. The learning outcomes must be clear to the practice placement teacher, student and academic member of staff
3. The learning outcomes must be assessed appropriately.

4.2 Responsibilities for Academic Standards and Quality

Awarding institutions are responsible for the design, academic standards and quality of provision of their awards and this includes practice placement learning. Policies and procedures should be in place and be clearly available.

The design of higher education programmes including placement learning will involve a number of partners in addition to the HEI. An HEI may delegate responsibility for some aspects of a programme, where the practice placement has the capacity to accept and discharge that responsibility. An HEI, together with its partner(s), may consider where devolved or shared responsibilities can be used, for example, by means of a service level contract/agreement. The contractual agreement should specify a system capable of monitoring all placements to ensure that they are able to meet the learning needs of the students. Clarity about responsibilities is important, as placement learning takes place away from the premises of the HEI.

Defined policies and procedures for securing, approving and/or allocating practice placements are important (see Appendix B for guidance). Factors such as the capacity and capability to help students to achieve the intended learning outcomes will be an important component of these policies and procedures. It may sometimes be necessary for one or more of the partners to terminate an arrangement and policies/procedures should be agreed at the outset of any partnership as to how this will be carried out.

Under the broad heading of ‘Responsibilities for Academic Standards and Quality’, Standards 4 - 6 of Good Practice in Placement are therefore:

4. The Awarding Institution is responsible for the academic standards and quality of all learning environments including practice placements.
5. The Awarding Institution must have policies and procedures by which it is able to satisfy itself that the appropriate standards for the approval of practice placement and their ongoing quality of delivery of learning is in place.
6. The practice placement is a partner in delivery of the curriculum and must have a formal agreement of the roles and responsibilities including termination of an agreement.

4.3 Responsibilities of Partners

HEIs must ensure that all the practice placement partners are aware of their responsibilities and that the appropriate learning opportunities are in place for the students. It is vital that the responsibilities of both are clearly set out and available to both parties.

In all cases, it should be all partners should understand and be clear about where (among other things) responsibility lies for the provision of appropriate learning opportunities, the health and
safety of students and the assessment of students. (See Appendix Y for a checklist that can be used as a risk assessment.) If both the placement partner and the HEI undertake regular monitoring and a formal agreement is in place, then the HEI will have the assurance it needs in order to agree a placement learning opportunity.

The HEI and any partners must discuss and agree about how they will provide support and guidance for students on placement. Information, support and guidance materials developed in consultation with partners will reduce duplication and ensure that appropriate, consistent and timely information is available to students at all stages of their placement. It is also important that the partners agree how they will provide each other with an early warning of potential problems that may prevent the progress of students or satisfactory completion of their learning outcomes.

Under the broad heading of ‘Responsibilities of Partners’, Standards 7 - 9 of Good Practice in Placement are therefore:

7 Both parties will agree on the responsibilities of each other with respect to achieving a quality student learning experience.
8 Information, support and guidance materials should be available and drawn-up by the practice placement partners and awarding institutions in consultation.
9 Early warning systems of potential difficulties with the placement opportunity or student progress must be clearly articulated.

4.4 Responsibilities and Entitlements of Students

HEIs must inform students of their specific responsibilities and entitlements whist on placement, as it is expected that students will be responsible for managing their own learning and professional relationships, and for tracking and recording their own progress and achievements in their placement as lifelong learners.

Students must be provided with instruction on managing their own learning. Further, they should be supported in the practice of lifelong learning using such things as personal development planning and learning logs. The HEI is expected to help students prepare for managing their own learning. Students should be informed of the procedures that they should follow if problems occur during their placement or if they have a complaint about their placement.

Under the broad heading of ‘Responsibilities and Entitlements of Students’, Standards 10 - 12 of Good Practice in Placement are therefore:

10 Students will be expected to demonstrate lifelong learning whilst on practice placement and the awarding institution should prepare the students in development of this skill.
11 The practice placement and awarding institution will make clear the role, responsibilities and entitlements the student may expect while on their placement.
12 Clear procedures should be in place and known to all if problems occur during the practice placement or a complaint needs to be made

4.5 Practice Placement Partners

For their placement partners HEIs will provide clear information about the objectives of the learning (work-based or placement), their particular roles and responsibilities and the nature and scope of the activity involved. The partners will need support and guidance for monitoring progress of students and reporting at the end of the placement. Any training for the mentor or placement teachers or supervisors must be provided before the student begins the placement.
Under the broad heading of ‘Practice Placement Partners’, Standards 13 & 14 of Good Practice in Placement are therefore:

13 The awarding institution should provide clear guidance for the practice placement partner on procedures for monitoring and reporting at the end of the placement.

14 The awarding institution should provide appropriate support and training for the teachers and supervisors.

4.6 Staff Development

HEIs should expect that all the staff who are involved in preparing students for placement or are facilitating student learning on placement:

- are appropriately qualified
- have adequate resources to undertake the role
- have appropriate monitoring mechanisms to demonstrate continued staff competence
- are able to provide appropriate staff development opportunities and resources to support staff in their own learning

Further, students will meet and work with other staff in the placement as part of their multiprofessional and multidisciplinary roles. It is important that these staff have appropriate guidance as to their specific roles and responsibilities. For example, this might take the form of briefing about dietetic education or legislation as it affects dietetics and nutrition and other policies and practices.

Under the broad heading of ‘Staff Development’, Standards 15 & 16 of Good Practice in Placement are therefore:

15 All staff within the awarding institution or the practice placement must have appropriate access and encouragement to undertake staff development in order to maintain a high quality learning experience for the student

16 Staff development should be monitored and regularly reviewed to ensure maintenance of competence.

4.7 Monitoring and Evaluation

To gain maximum benefit from the close engagement with practice that is available by the use of placements, the HEI should monitor the relationship in a planned and efficient way. A close working relationship will allow both sides to gain maximum benefit through exchange of information and understanding. In particular, the relationship should be used to inform about future developments in the profession and academia.

Process and procedures should be set up to facilitate sharing of information on quality and standards. Further, there should be mechanisms for adopting best practice and improvements on a regular basis. For example, regular review meetings (including students) may prove to be extremely informative and valuable. Regular visits to placement partners to monitor quality and shared reports can be informative and contribute to effectiveness of HEI policies and procedures as well as improve practice-based learning.
Under the broad heading of 'Monitoring and Evaluation', Standards 17 & 18 of Good Practice in Placement are therefore:

17  Regular planned meetings between the practice placement partners and awarding institution, with student involvement, should be used to improve quality and advance understanding of the effectiveness of placement learning.

18  Monitoring and evaluation can also bring added benefit to improving developments of mutual benefit in the profession and academia.
5.0 Competences and Performance Indicators

5.1 Introduction

One of the stated aims of the DIETS Thematic Network was:
“
To facilitate sharing of knowledge and disseminate research findings concerning practice education competences amongst educators and practitioners and where possible work with other interested parties throughout Europe and internationally.

A key objective was:
“
To aid the Bologna and Lisbon processes through the mapping and description of contemporary dietetic practice and training throughout Europe using methodologies developed by Tuning I and II especially in practice-based learning.”

The EDBS (Appendix A) provided guidance to HEIs and others on the work of the dietitian in Europe and the education and learning outcomes that can be expected to lead to a qualification as a dietitian. The European Standards reflected the four identified roles in which the majority of dietitians are employed in Europe. However, while the academic knowledge and skills were clearly identified and are discussed more in the results of the mapping of education across Europe (Cuervo et al, 2010) the demonstration of the competent dietetic practitioner was not identified or defined.

During 2007/08 the DIETS Education and Practice Group considered the published competence standards for Australia, Canada, European countries and the United States. A list of competences grouped under the following headings was put forward National Dietetic Association members of EFAD, together with their performance indicators:

- Generic (based on Tuning Methodology)
- Knowledge of Dietetics
- Dietetic Process and Professional Reasoning
- Professional Relationships and Partnerships
- Professional Autonomy and Accountability
- Education Skills
- Research and development in Dietetics and its science
- Management and Promotion of Dietetics
- Business and Entrepreneurial Skills

In the EDBS (Appendix A), the competences printed in black represent those that all dietitians should possess, regardless of where they will practice. The colour-coded competences reflect the systematic identification of dietetic roles and responsibilities:

- General dietetics – black text – the basis for all dietitians at the point of qualification and working environments
- Specific to Clinical dietetics – identified by red text
- Specific to Community or public health dietetics – identified by green text
- Specific to Administrative dietetics – identified by blue text

The Competency Framework describes the minimum level or baseline of demonstrable knowledge, understanding, skills and attitude that a student should be able to display at the end of their study programmes and just before qualification as a dietitian. This level of competence should be the minimum standard to be achieved throughout the working life of the dietitian.

The Performance Indicators (PIs) were provided to support the assessment and evaluation of students both in their practice placement and in their HEI. The PIs are for guidance only and it is expected that HEIs working in conjunction with their dietetics colleagues in practice would wish to
adopt and modify the PIs as appropriate to their needs. Also, some member States and their statutory bodies may wish to set their competency or proficiency standards of at a higher level for point of entry of a dietitian into the workforce.

During 2008, the competence statements and their performance indicators were translated into 19 languages (including Hebrew) before a Europe-wide consultation. Following consultation, the agreed statements were returned to the National Dietetic Associations for further consultation and then presented to a General Meeting of EFAD for adoption by the dietetics profession in Europe.

5.2 Method and Outcomes

The competence statements and their performance indicators were adapted for an electronic questionnaire. The questionnaire was distributed via the National Dietetic Association members of the DIETS Network and participants were asked to rate the competences in order of importance to the dietitian at the point of qualification. The scale was 1 – 4. The ratings were then analysed from the 1167 responses returned.

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Number of dietitians responding to the competences consultation (29 countries and 1167 responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual Responses from dietitians by country and by response rate: High, Medium, Low or Very Low</td>
</tr>
<tr>
<td></td>
<td>High responders</td>
</tr>
<tr>
<td></td>
<td>• Czech R. (82)</td>
</tr>
<tr>
<td></td>
<td>• Denmark (82)</td>
</tr>
<tr>
<td></td>
<td>• France (90)</td>
</tr>
<tr>
<td></td>
<td>• Germany (61)</td>
</tr>
<tr>
<td></td>
<td>• Lithuania (82)</td>
</tr>
<tr>
<td></td>
<td>• Sweden (134)</td>
</tr>
<tr>
<td></td>
<td>• Swiss (84)</td>
</tr>
<tr>
<td></td>
<td>• Turkey (73)</td>
</tr>
<tr>
<td></td>
<td>Low responders</td>
</tr>
<tr>
<td></td>
<td>• Cyprus (13)</td>
</tr>
<tr>
<td></td>
<td>• Netherlands (13)</td>
</tr>
<tr>
<td></td>
<td>• Norway (29)</td>
</tr>
<tr>
<td></td>
<td>• Poland (22) + 200</td>
</tr>
<tr>
<td></td>
<td>• Slovenia (12)</td>
</tr>
<tr>
<td></td>
<td>• Spain (19)</td>
</tr>
<tr>
<td></td>
<td>• UK (18)</td>
</tr>
</tbody>
</table>

There appeared to be no relationship between the number of dietitians per country (EFAD Education Report, 2002) and the response rates demonstrated in Table 2.

The ranking for each competence was then given a score and the overall mean rank for each competence was analysed. This yielded the most highly rated competences and the least highly rated.
Figure 1 indicates the order of priority given to competences for dietitians about to enter the profession.

**Figure 1**  
**Ranking of dietetic specific competences at the point of entry to the profession given by dietitians in Europe**

Those competences that dietitians rated poorly and therefore were lowest priority for the newly qualified dietitian were (in descending order):

- Critically assess research findings.
- Have the ability to integrate research into practice.
- Undertake supervision of dietetics students, helpers, assistants, volunteers and others.
- Understand and implement strategies to promote the provision of services and work with local decision-makers concerning nutritional health.
- Be competent in research design.
- Participate in business or operating plan development.

European dietitians gave a very low ranking to research competence and engagement with supervisory practices. This is disappointing, as part of the definition of what constitutes a ‘profession’ is the close relationship between research and professional development.
It was possible to analyse the priority given to certain competences by different specialities within dietetics within the same country. Table 3 shows the priority of competences for Norwegian administrative and clinical dietitians.

Table 4  The ranking of dietitians in Norway by different specialities

<table>
<thead>
<tr>
<th>Administrative Dietitian</th>
<th>Clinical Dietitian</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. practice ethically</td>
<td>1. working English</td>
</tr>
<tr>
<td>2. plan work for delivery service</td>
<td>2. justify dietetic practice</td>
</tr>
<tr>
<td>3. code of conduct/diversity/culture</td>
<td>3. use special dietetic products</td>
</tr>
<tr>
<td>4. simple strategies to promote dietetics</td>
<td>4. build partnerships</td>
</tr>
<tr>
<td>5. implement quality improvement</td>
<td>5. engage proactively in lifelong learning</td>
</tr>
<tr>
<td>6. integrate resources to benefit service</td>
<td>6. accept accountability</td>
</tr>
<tr>
<td>7. lifelong learning</td>
<td>7. systematic searching</td>
</tr>
<tr>
<td>8. apply QA in dietetics</td>
<td>8. prioritise dietetic services</td>
</tr>
<tr>
<td>9. information management and IT</td>
<td>9. supervise students &amp; others</td>
</tr>
<tr>
<td>10. explain role in HR functions</td>
<td>10. lifelong learning</td>
</tr>
<tr>
<td>11. competent in research design</td>
<td>11. meet needs of the clients</td>
</tr>
</tbody>
</table>

It was also possible to analyse the data to see if two dietetic specialities, working in different countries, would have the same order of priority. Table 5 shows this analysis.

Table 5  The effect of country on prioritisation of competences for clinical dietitians

<table>
<thead>
<tr>
<th>Cyprus</th>
<th>Norway</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. work within own limits</td>
<td>1. working English</td>
</tr>
<tr>
<td>2. engage proactively in lifelong learning</td>
<td>2. justify dietetic practice</td>
</tr>
<tr>
<td>3. accept accountability</td>
<td>3. use special dietetic products</td>
</tr>
<tr>
<td>4. systematic searching</td>
<td>4. build partnerships</td>
</tr>
<tr>
<td>5. responsible for analysing general health &amp; social well-being</td>
<td>5. engage proactively in lifelong learning</td>
</tr>
<tr>
<td>6. justify dietetic practice</td>
<td>6. accept accountability</td>
</tr>
<tr>
<td>7. make a dietetic diagnosis</td>
<td>7. systematic searching</td>
</tr>
<tr>
<td>8. apply client-centred care</td>
<td>8. prioritise dietetic services</td>
</tr>
<tr>
<td>9. practice ethically</td>
<td>9. supervise students &amp; others</td>
</tr>
<tr>
<td>10. work simple projects</td>
<td>10. lifelong learning (generic)</td>
</tr>
</tbody>
</table>

The order of priority is different between the two countries and clinical dietitians jointly rank only three competences in the top 10.
In 2007 and 2009, an education-mapping questionnaire was sent to all HEIs in the Network (n=70). Included in the questionnaire were the generic competences proposed by the TUNING project (2005). It was therefore possible to analyse the priorities given to the generic competences by HEIs or academic educators. Table 6 shows the results from the two sets of data collected.

Table 6  Priority given HEIs to generic competence priorities for student dietitians at the end of their programmes (descending order)

<table>
<thead>
<tr>
<th>EMQ 2007</th>
<th>EMQ 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Basic general knowledge in the field of the profession in practice</td>
<td>2. Basic knowledge of the profession in practice</td>
</tr>
<tr>
<td>3. Capacity for analysis and synthesis</td>
<td>3. Basic general knowledge in the field of study</td>
</tr>
<tr>
<td></td>
<td>4. Problem solving</td>
</tr>
<tr>
<td></td>
<td>5. Capacity for analysis and synthesis</td>
</tr>
<tr>
<td></td>
<td>6. Ability to work in an interdisciplinary team</td>
</tr>
</tbody>
</table>

It is of note that over the two-year period, the shift of emphasis appears to be towards more professional dietetic ‘know-how’ and less analysis and synthesis.

It was not possible to compare the ranking given to the generic competences by teachers of student dietitians by the dietitians as employers. Data from 2008 and 2009 was used to compare the responses and Table 7 shows this analysis.

Table 7  The ranking of generic competences at the point of entry to the profession of dietetics by the employers and educators (top 3 in descending order)

<table>
<thead>
<tr>
<th>Higher Education</th>
<th>Dietitians (Employers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Capacity for applying knowledge in practice</td>
<td>1. Lifelong learning</td>
</tr>
<tr>
<td>2. Basic knowledge of the profession in practice</td>
<td>2. Ethical and legal information management</td>
</tr>
<tr>
<td>3. Basic general knowledge in the field of study</td>
<td>3. Reflection and problem-solving</td>
</tr>
</tbody>
</table>

It appears that the ranking of competences expected by employers and academic staff do not match. This has been shown before (Tuning, 2005).

Delegates to the 2nd DIETS Conference in 2008 were asked to identify the attributes that students should possess at the end of their practical placement(s) and the results are reported in the Table 8. It can be seen that the responses closely reflect the identified competence statements (DIETS, 2009).
Table 8   Attributes that students should have at the end of their practice placements identified by dietitians in the workshops at the 2<sup>nd</sup> DIETS Conference.

<table>
<thead>
<tr>
<th>What should the student dietitian be able to do at the completion of their last placement?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication skills</strong></td>
</tr>
<tr>
<td>▪ communication skills (oral, written) for all population groups</td>
</tr>
<tr>
<td>▪ communicate successfully with patient, medical staff, kitchen staff</td>
</tr>
<tr>
<td>▪ use different strategies to communicate nutritional recommendations</td>
</tr>
<tr>
<td>▪ apply communication skills</td>
</tr>
<tr>
<td>▪ communication skills (written, oral) demonstrating empathy</td>
</tr>
<tr>
<td>▪ communicate with unequal levels, discipline and team/multidiscipline</td>
</tr>
<tr>
<td>▪ counselling skills</td>
</tr>
<tr>
<td>▪ adapt dietetic advice to cultural diversity</td>
</tr>
<tr>
<td><strong>Lifelong learning skills</strong></td>
</tr>
<tr>
<td>▪ being able to reflect on practice</td>
</tr>
<tr>
<td>▪ knowing how to solve a problem</td>
</tr>
<tr>
<td>▪ recognise the importance of lifelong learning</td>
</tr>
<tr>
<td><strong>Professional dietetic practice</strong></td>
</tr>
<tr>
<td>▪ demonstrate consistency with the code of ethics</td>
</tr>
<tr>
<td>▪ effectively manage an appropriate caseload using time-management skills</td>
</tr>
<tr>
<td>▪ work/contribute to the MDT</td>
</tr>
<tr>
<td>▪ apply appropriate strategies to the nutritional care of groups/individuals</td>
</tr>
<tr>
<td>▪ use appropriate dietary assessment methods</td>
</tr>
<tr>
<td>▪ provide nutritional care for groups/individuals in a safe and ethical way</td>
</tr>
<tr>
<td>▪ document a patient file or report</td>
</tr>
<tr>
<td>▪ write a diet history and make proper recommendations based on the needs of the patient</td>
</tr>
<tr>
<td>▪ write a diet note (document) according to guidelines for the medical chart</td>
</tr>
<tr>
<td>▪ prepare, perform and document the nutritional consultation</td>
</tr>
<tr>
<td><strong>Advancing professional practice</strong></td>
</tr>
<tr>
<td>▪ use evidence-based professional practice</td>
</tr>
<tr>
<td>▪ translate research info and scientific knowledge into appropriate language</td>
</tr>
<tr>
<td>▪ acquire the skills of info gathering analysis and interpretation and application</td>
</tr>
<tr>
<td>▪ apply the skill of translating theory into practice in action</td>
</tr>
<tr>
<td>▪ be capable of adapting to the environment (different practices in different placement) and knowing whom to approach</td>
</tr>
<tr>
<td>▪ work independently, recognise their limitations, take initiative and understand/identify the area of work</td>
</tr>
<tr>
<td>▪ acquire self-confidence during this last placement &amp; carry out tasks related to daily practice</td>
</tr>
<tr>
<td>▪ autonomy</td>
</tr>
<tr>
<td>▪ find and implement EBP</td>
</tr>
<tr>
<td>▪ management skills</td>
</tr>
<tr>
<td>▪ prepare a business plan</td>
</tr>
<tr>
<td><strong>Be familiar with:</strong></td>
</tr>
<tr>
<td>▪ food processing</td>
</tr>
<tr>
<td>▪ food preparation</td>
</tr>
<tr>
<td>▪ quality control, food hygiene etc</td>
</tr>
<tr>
<td><strong>Nutritional Education</strong></td>
</tr>
<tr>
<td>▪ develop educational materials for all levels (patient, professionals etc)</td>
</tr>
<tr>
<td>▪ effectively conduct nutrition/patient education</td>
</tr>
</tbody>
</table>
5.3 Discussion and Conclusion

The translation of the competence statements into 18 European languages demonstrates the commitment by National Dietetic Associations (NDAs) to make these statements as accessible as possible to the greatest number of dietitians in Europe. The low number of questionnaires returned appears particularly disappointing, however in some cases a single dietitian completed one questionnaire after consulting peers within the same specialist network, eg Dutch renal dietitians and those specialising in malnutrition. It was particularly interesting to note that the responses were independent of the numbers that may be anticipated in each country. It may be that the distribution of the questionnaires by the NDAs was not as comprehensive as it could have been or there was a general unwillingness to complete an electronic questionnaire. Another factor may have been the presence in the Nation State of dietetic standards, or competences or proficiencies and this may have lead to some misunderstanding about the significance of this consultation on European Dietetic Competence.

However, what was of more interest in those questionnaires that were completed, was the consensus that gave a high ranking to the competences of ‘professional accountability and responsibilities’ and ‘lifelong learning’ at the point of qualification as a dietitian. These same high-ranking competences were also clearly seen when individual specialities and countries were compared.

Dietetic students working towards a qualification in one of the four roles identified in the EDBS or in a different country will have different priorities dependent upon that speciality and country. Their periods of practice placement will be different and the practice will take place in different venues to meet academic and professional requirements. However, what is very important is that the competences that are not relevant at the point of entry to the profession were removed from the overall set of standards. Those competences rated very low came from the business and management area. On inspection and discussion with NDAs, it was concluded that for a minimal standard it would be appropriate to remove those competences. Individual programmes or Nation states may wish to set their own competences in this area for their newly qualified dietitians, but for the majority of the dietetics profession in Europe, these competences are more likely to be at post-qualification or postgraduate level.

‘Research’ was also seen as poorly rated. Competence in research design and interpretation is key for an evidence-based approach to dietetics as well as being a fundamental process for safe practice and advancing the profession (through systematic analysis). While these competences were generally ranked low it was agreed, again in discussion with NDAs, that they should remain; although some of the higher order research competences such as ‘Undertake responsibility for projects within health, social care and related areas’ were removed. It was also agreed to retain the competences that were educational and supervisory. When asked in workshops at the DIETS conference in Frankfurt (DIETS, 2009), dietitians agreed on the importance of many of the competences including those needed for dietitians to engage in research, enquiry-based learning and also analysis and evidence-based practice. This was another strong reason for retaining those competences that appeared to be ranked towards the bottom of the priority list.

The revised and reviewed competences and their performance indicators were amended in the European languages and to date 15 are lodged on the EFAD website (www.efad.eu). The Statements were presented to the General Meeting of EFAD in September 2009 and were unanimously accepted. The agreed European Competency Statements and their Performance Indicators (in English) are in Appendix C.
6.0 Best Practice in Facilitating Student Learning

During the three years of the DIETS Thematic Network, data on educational process was collected from dietitians who are practice placement teachers or supervisors and academic staff from HEIs. They recorded information from face-to-face visits (DIETS Report 2, 2009a) or virtual visits (DIETS Report 3, 2009b) or through completing the Education Mappi

6.1 Teaching and Learning

Both dietetic practitioners and academics who teach student dietitians outlined several key steps to facilitate learning in their students and these are:

- preparation of the students
- preparing for the learning situation
- techniques to use and evaluate

Drawing on the responses obtained from face-to-face visits, reflective review visits and the presentations at conferences and the special seminars, the following are some of the outcomes:

6.1.1 Preparation of the student

*Increase student responsibility (promoting lifelong learning skills):*

- In organising their own programme of study, set their own objectives/internship (stimulation for teaching students)
- Self-assessment system for students during academic and practice placement
- Development of support materials for assessment (for example use a Lickert scale)
- Include more problem-based teaching to promote lifelong learning skills
- Use portfolios to capture learning
- Develop reflection on practice abilities
- Let the student evaluate practice
- Let students find their own way of doing it
- Let students make reflections
- Practice in classes/case studies/real play theatre/PBL volunteered patients

*Focus on dietetic skill development (introducing a skills lab):*

- Training in counselling (by letting students film counselling of their family or friends at home)
- Focus of teaching more towards patient-centred and advising the patient
- Let students learn about nutrient content per portion
- Introduction of basics of research into the study programme
- Cooking practices for patients having specific dietary requirements
- Oral presentation of case studies by students to peers and HEI staff
- Use more medical information out of medical records
- More emphasis on communication skills, psychology, health improvement and clinical skills and first-aid training
- Demonstrate use of ethical skills and code of best practice
6.1.2 Preparing for the learning situation

Skills to be developed:

- Communication skills
- Patience and comprehensive understanding
- Be clear in expectations
- Motivate and stimulate the student
- Be reflective as a role model
- Be objective in evaluation
- Observational skills

Training and preparation:

- Knowledge of assessment
- Have a list/checklist for outcomes
- To have practical experience
- To know the standards
- Able to break down the activity into stages
- Able to facilitate

Some useful equipment:

- Have a camera or a camcorder

1st Conference Proceedings: Workshops. Also see the presentation at the 2nd Conference Preparing Practice Placement Educators Helén Lönnberg, Karolinska University Hospital, Sweden (DIETS, 2009)

6.1.3 Techniques to use and evaluate

Assuring the quality of the teaching and learning with particular emphasis on assuring the same standards is achieved between the HEI and placement and between placements. In this way the students are not disadvantaged by some teaching being better prepared and more appropriate than in other learning environments.

Activities:

- Develop quality indicators together
- HEI & placement teachers must use the same terms and definitions
- Share theoretical knowledge with HEI & placement teachers
- Develop competencies and quality indicators together
- Make written contracts between HEI & placement teachers
- Communication between student, practitioner and HEI
- Peer review
- Joint assessment
- Share learning outcomes for teachers
- Periodical meetings / communication with each other / discuss the goals
- Peer review
- Train practitioner regularly
Data collection:

- Evaluation questionnaire (by student and practitioner)
- List of competences use checklist/scale to evaluate student competences
- Student feedback
- Define minimal levels standards (national/European)/outcomes
- Create guidelines to standardise quality procedures
- Assess students with exams/presentations integrated examination before practice placement
- Student develop a portfolio, learning diary
- Student self-evaluation (video)

Reports 2 and 3 and Proceedings of the 1st and 2nd Conferences, in particular the workshops (DIETS, 2009). Also see 'Criteria for Approving Placement Training Centres', Val Heath, Associate Dean & Head of Placement Quality Development, University of Plymouth, England (2nd Conference)

6.3 Assessment and Evaluation

Assessment is an important mechanism for giving constructive feedback to students on the progress of their learning. It is therefore critical that students (and academic or placement teachers) are familiar with the standards and that students have been encouraged to achieve these standards, through appropriate facilitation of learning. Any learning should be seen as progressive. The emphasis on good communication skills between learner and teacher is fundamental to the success of this endeavour (Chianese and Channon, 2002, Cooke et al 2009).

There are seven principles of good feedback practice identified by Nicol in 2007:

1. helps to clarify what good performance is (goals, criteria, expected standards)
2. facilitate the development of self-assessment (reflection) in learning
3. delivers high quality information to students about their learning
4. encourages teacher peer dialogues around learning
5. encourages positive motivational beliefs and self-esteem
6. provides opportunities to close the gap between current and desired performance
7. provides information to teachers that can be used to help shape the teaching

During the three years of face-to-face meetings (visits) and other meetings, the most significant topic highlighted was student assessment. This area seems to pose the most problems for dietitians when teaching students. It is probably also fair to say that assessment can create both motivation and anxiety in students, as it provides critical feedback on progress towards their qualification. Students (and those that teach them) need to look on assessment as fundamental to the process of lifelong learning. For this reason the methods adopted should be transparent and supportive. Above all, these methods should meaningfully encourage students to be reflective practitioners. Future practice placement teachers and their academic colleagues will also need to explore the assessment of competence (Wolfe, 2001).

The following are some of the examples of best practice but readers are recommended to trace the comments of the original authors and review with them their journey, success and limitations. All the raw data is on the DIETS website.
Best practice identified by dietitians:

- Written clear guidance (including schedule) from HEI for students and placement teachers to be issued shortly before placement starts
- Trained supervisors (minimum 2 years qualified as a dietitian)
- Safe and supportive student learning environment
- All students are not necessarily at the same level, but will reach the minimal standard and some will exceed it. Use the same methodology for assessment.
- Evaluated competency-based checklist (to be used by students and teachers)
- Practical examination / case studies / role play / PBL / exam with patients / oral presentation / project work / theoretical exam / solving concrete problems
- Portfolio / learn diary / self-asses (video) / peer assess

Introduce practical exams either before, during of at the end of the placement(s):

- Need a standard of knowledge demonstrated in a practice setting before starting placement
- Need skills on finding information
- To have opportunity to 'do' not just to 'observe' from day 1 but in a controlled way, eg to shake hands / welcome a patient, depends on student during placement
- Reflection and feedback from patients (informal /some formal) to student (positive) during placement to supervising dietitian-peer assessment
- The dietitian observes the student doing the practice (counselling, team meetings, rounds, presentations and case studies) during the placement
- Be able to demonstrate that the student can do the job as a dietitian; student at the end is able to work independently and in multi-disciplinary teams

Some key principles of assessment and methods used have been highlighted by dietitians and HEIs and may be found on the DIETS website.

6.3 Resources: Reusable Learning Objects (RLOs)

Reusable Learning Objects (RLOs) are resources, usually in a digital format, that are available to be used and reused for educational purposes. They may focus on a particular point of knowledge or skill and can be used, reused completely or partially; adapted or mixed and changed by the user. RLOs are normally freely available. The development and the availability of the RLO usually occur without copyright.

RLOs have the following key characteristics:

- small units of learning, for example a single lesson
- may be used in different or multiple contexts for multiple educational purposes
- can be grouped into larger collections of content, including traditional course structures
- usually have descriptive information, but the minimum are: identifiers, subject area

The introduction of standards and competence statements will require a sustainable method of continual professional development for dietitians working in Europe. Employing RLOs (see definition above) is one mechanism by which dietitians can access learning materials and use them to build learning for their colleagues and others. DIETS decided to 'Start to map all reusable learning objects' and asked the Education Practice Group (EPG) to be responsible for that work. So a specific file was reserved for RLOs on the DIETS website.
RLOs may have various presentations formats (slide shows, video presentation teaching tools, lesson plans, assessment tools and so forth). The EPG decided that DIETS would adopt the widest possible definition for an RLO and include all materials that were considered to enhance learning. Learners could modify any of these RLOs to produce learning. (See RLO-CETL and Learning Technology Standards Committee (2002) for more information about the development and use of RLOs.)

DIETS invited all participants (and more specifically the educators) to post their RLOs (in any language) on the website or send them to their DIETS key contact. In addition, and as a result of visits organised between HEIs, placement teachers and practicing dietitians, information on courses and assessment methods were also posted and could be used as RLOs. Finally the DIETS website also contained publicity materials that can be used to teach others and promote the work of dietitians across Europe. From a range of European countries, 19 RLOs that fulfil the criteria of ‘small units of learning’ have been submitted to the DIETS website. Many more RLOs, that fulfil the broadest possible criteria, are also online.

All of the learning materials found on the DIETS website have the ability to communicate and influence learning. Contact with the authors of RLOs can further advance understanding, by comparing practice or the level of knowledge presented, using and developing the RLO. In some RLOs several areas link with the education and the practices of dietitians. Here we have a real development of quality indicators for practice, allowing each student, each dietitian, each educator the possibility to assess his own knowledge and to learn more. RLOs promote interactive skills and DIETS RLOs are available to everyone in the Network and beyond.

However, it is difficult now to interpret the success and the effective contribution of RLOs in the practice of educators and dietitians. The DIETS Network is still young and at this time it is difficult to know whether there has been an enhancement of learning and if there has been an increase in research capacity and practice education. Some actions could make RLOs more accessible:

- have a specific group, (3-4 dietitians), who manage the RLOs (classification, communication to all partners)
- translate this report and RLOs into more languages and send it to every HEI
- publish more about RLOs in our newsletter or others professional publications

There is great potential to improve on the use of RLOs and their use is one way to improve the situation of dietitians, their lifelong learning and the students they teach in Europe.
7.0 Recommendations and Conclusions

Through face-to-face meetings (DIETS, 2009a), reflective meetings (DIETS, 2009b) and conferences (DIETS, 2009 and 2009c) the DIETS Network has brought dietitians in practice together with their academic colleagues. Together they have recorded their concerns and successes with respect to teaching and training student dietitians. These records have been drawn together at the end of a three-year comprehensive data collection period, representing many hours of discussion. This has produced a set of practice placement standards that EFAD will now distribute for consultation to its constituent members, together with those in HEIs who teach dietetic students. The eventual aim is the adoption of agreed standards across Europe.

The recent creation of European competence statements (EFAD, 2009) means that for the first time there is a practice-based set of standards for dietitians across Europe to complement the academic standards (EFAD, 2005). These will augment the competence or proficiency standards currently operating in some nation states and will provide an end point for all dietetic education for any student who wishes to qualify as a dietitian working in Europe. The performance indicators provide more detail about how these competences should be measured and it will take time for both academics and practitioners to be comfortable working with these indicators.

However, the summaries of methods used by dietitians in Europe to teach and assess their students (given above) demonstrate the best practice available. By using RLOs and by continuing to develop the DIETS website as a resource and database (DIETS, 2009d) it will be possible to share and continue the process of best educational practice both in academia and practice.

The significance of the European competence statements is that they will provide not only a point of entry to the profession but also a fixed point by which all dietitians can confirm their competence to practice throughout their careers. A minimum standard will confirm not only competence to practice but also safe practice.
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Appendix A

European Academic and Practitioner Standards

For

Dietetics

Assembled by the European Federation of Associations of Dietitians (EFAD)

June 2005
Definition of the concept "benchmark"

A "benchmark" originates from setting a mark on a "working bench" for measuring. A benchmark could also be cut in a rock or a rock wall and was used by surveyors as a common starting point for measurements, i.e., a fixed point or point of reference for comparisons. The word "benchmarking" is now used for the comparison process.
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Preface

Dietitians working across Europe have at the forefront of their minds the nutritional health of the people of Europe. They work with health professionals and others to realise this goal, Dietitians work to make good nutrition and food a reality to the people of Europe and it has been my pleasure to be part of this team and network. One of the aims of the European Federation of Associations of Dietitians (EFAD) is to foster high standards of service and importantly fitness for purpose and fitness to practice. Working with our 24 member National Dietetic Associations we have recognised that in the spirit of convergence and sharing of best practice EFAD has a role to play in furthering not only the standards of education about also the maintenance of standards.

The Bologna Declaration of June 1999 called for a coherent, compatible and competitive European Higher Education Area by 2010. Further at the Convention in Salamanca in March 2001 the European universities declared that: ‘European Higher Education Institutions recognise that their students need and demand qualifications which they can use effectively for the purposes of their studies and careers all over Europe….and confirm their willingness to organise themselves accordingly within the framework of autonomy.’

EFAD Member Associations also made a commitment at Roskilde in 2003 to define priorities for the convergence of the education and practice of dietitians across Europe. As part of this commitment it was agreed to establish a European Benchmark Statement for Dietetics. Two years later I am pleased to say that the Benchmark has been formulated and accepted by all members of EFAD. As dietitians we will now begin to work towards the implementation of this Benchmark across our member states to further health through good nutrition in Europe.

Irene C. I. Mackay FBDA
Honorary President
European Federation of the Associations of Dietitians
1.0 Introduction to the European Dietetic Benchmark Statement

1.1 Background

The Bologna Declaration (1999) from the European Ministers of Education agreed a common goal to create a European Area for Higher Education and pledged to reform their higher education structures in a convergent way.

The objectives within the Bologna Declaration (1999) include:

- The adoption of a system of easily readable and comparable degrees, facilitating academic and professional recognition of course units, to allow the use of qualifications, competencies and skills throughout the European Higher Education Area.
- Convergence of higher education to a system of two cycles, (at Bachelor and Masters Level) with a framework described in terms of learning outcomes, competencies and profile (also see Joint Quality Initiative, 2004).
- Establishing a system of credits to allow transferability and access (also see European Credit Transfer System; ECTS).
- Promotion of mobility of students, academic and administrative staff.
- Quality assurance to ensure high quality standards and comparability of qualifications across Europe.
- The development of modules, courses and curricula with a European dimension.

Dietetics is an established profession with a common core in the application of the science of nutrition to the feeding and education of groups of people and individuals in health and disease. The practice of dietetics across Europe is, however, diverse and has evolved to meet the needs of the users and demand within each country. The European Benchmark has been developed to reflect those needs within a European context.

The first professional qualification, obtained in any country, represents the completion of a curriculum that permits the use of the title ‘Dietitian’ and allows the holder to practise as an independent professional. The qualification is nationally regulated in most countries but is not comparable across Europe and the title is only protected in a minority of countries.

The European Federation of the Associations of Dietitians (EFAD), established by the dietetic associations of countries within the Council of Europe, aims to promote the development of the dietetic profession and to develop dietetics on a scientific and professional level in the common interests of the member associations. EFAD has produced a number of reports related to the education and/or work of dietitians in the member states of EFAD (1986, 1987, 1990, 1991, 1996, 1999, and 2003) that highlights the variation in courses that lead to a qualification in dietetics and the diversity of work undertaken by dietitians.

The application of the objectives of the Bologna Declaration to dietetic education is consistent with the aims of EFAD and reinforces the need to develop a common standard across Europe. Comparable qualifications would then support the European labour market, enabling dietitians to study and work more easily throughout the European Union. However, it is acknowledged that additional education in specializations may be required in order to gain employment in member States for the dietitian who has trained in a specialization different from the one they are now seeking employment.
1.2 How the European Dietetic Benchmark Statement was developed

A dietetic benchmark statement was developed in the UK by a group of appropriate specialists drawn from higher education institutions, service providers and the professional and statutory regulatory bodies. The statements represent the first attempt to make explicit in published form the general academic characteristics and standards of dietetic awards in the UK. The work was undertaken under the guidance of the Quality Assurance Agency (QAA) and published in July 2001.

At the General Meeting in September 2003, in Denmark, the EFAD delegates participated in a workshop to consider the desirability and feasibility of establishing a European dietetic benchmark statement. The delegates from the 18 member associations present agreed that the priorities for the convergence of the education and practice of dietitians across Europe should be as follows:

1. To agree a description of the role of a dietitian working in Europe
2. To define the minimum qualification of a first cycle bachelor degree, with a benchmark level, within the European Credit Transfer System (ECTS)
3. To agree a European Dietetic Benchmark Statement, including a practical placement benchmark, for the education of dietitians in Europe
4. To set a benchmark for teachers of dietetics
5. To agree a common “language” by defining any technical terms used
6. To set up a National Registration of dietitians to protect the title “dietitian”.
7. Consideration should be given to registration as a European Dietitian.

A working group, established to take the work forward, met in February 2004 in Düsseldorf and agreed that the benchmark statement for dietetics should encourage programmes to focus on outcomes rather than a curriculum of finite subjects. This is in keeping with the current thinking of the EU on convergence and free migration. The document was based upon the QAA (2001) document, adapted to reflect the work of the dietitian across Europe. The European physiotherapy benchmark statement (2003) was also used for reference. A draft document was circulated to all of the member Associations and Higher Education Institutes involved in dietetic education in July 2004 for consultation.

The working group reconvened in September 2004 to consider the response, prior to the EFAD General Meeting in Bordeaux. The deadline was short and the number of responses was too small to be considered as representative. There was, however, sufficient agreement with the priorities established in Denmark to recommend to the EFAD delegates that the order of work should be as stated but that priorities 2 and 3 be combined, with the European Dietetic Benchmark Statement as the defined level of a first cycle bachelor degree.

A second workshop was held in Bordeaux to refine and develop the statement. The delegates agreed that for EFAD to have a clear mandate to proceed, responses should be received from all of the Associations and 50% of the Higher Education Institutes. It was felt that a high level of agreement was required, particularly for the standard at which the benchmark was set, as some countries would not initially meet that standard. The deadline for the consultation on the first draft of the European Dietetic Benchmark Statement was extended to give all of the Associations and Higher Education Institutes time to respond. Associations undertook to translate the Benchmark into their own language.

The second draft of the European Dietetic Benchmark Statement was circulated to all of the member Associations for further discussion with their respective Higher Education Institutes. The final ratification and acceptance of the Benchmark statement took place at the General meeting in Geneva, June 2005.
1.3 **What is the purpose of the European Dietetic Benchmark Statement?**

The benchmark statements are used for a variety of purposes.

- They provide a means of describing the nature and characteristics of programmes of study and training in dietetics.
- They represent general expectations about standards for the award of qualifications at a given level and articulate attributes and capabilities that those possessing such qualifications should be able to demonstrate.
- They are an important external source of reference for designing and developing new programmes of dietetic education.
- They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum.
- They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.
- The European Dietetic Benchmark Statement also provides support in the pursuit of internal quality assurance.
- The European Dietetic Benchmark Statement is one of a number of external sources of information that can be drawn upon for the purposes of academic review and for making judgements about minimum standards being met.
- Benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework.

The benchmark statement should be used by reviewers in conjunction with, and taking into account, documentation of relevant professional and statutory regulatory bodies as well as the institutions own evaluation document. This will provide a broad range of evidence to enable rounded judgements from reviewers rather than a crude checklist.

The statement has been written to establish the minimum standard required for qualification as a dietitian in any of the member countries of EFAD. Additional statements are included that supplement the minimum, core statements and are the threshold level for the areas of specialization within dietetics.

1.4 **Who should use the European Dietetic Benchmark Statement?**

The benchmark statement can be used in curriculum planning and development and for internal and external assurance of quality and standards by national organisations, governments, health and education authorities, dietetic educators and others, who have an interest in providing education.

The benchmark statement can also be used to inform dietitians, managers, service providers and others delivering healthcare of the level of attributes and skills of dietitians on entry to the profession. Users of the service (see Glossary) will find the statement a useful indication of the attributes and skills they can expect from dietitians delivering the service.

1.5 **What is the status of the European Dietetic Benchmark Statement?**

The statement does not set a European or national curriculum for programmes leading to awards in dietetics but it does set the minimum framework within which the curriculum needs to be set. It acknowledges that the requirements of the professional and statutory regulatory authorities need to be incorporated into the design of programmes. It seeks to encourage higher education institutions and service providers to work collaboratively in the design and delivery of their curricula. The essential feature is the specification of minimum standards that combine academic and practitioner elements. This provides a minimum standard against which higher education institutions should
set their standards for the award. It is important to emphasise that in due course, the benchmark statement will be revised to reflect developments in dietetics and the experiences of institutions, academic review, service providers and others working with it in Europe.

The European Dietetic Benchmark Statement is currently advisory but has been adopted by EFAD (endorsed by all of the member Associations) as the standard that must be achieved by dietitians on qualification and maintained through continuing professional development (CPD). To promote dietetic standards and quality of service EFAD will work towards convergence of dietetic education across Europe so that dietitians will be able to work and move freely between regulatory bodies in Europe.

Acknowledgment

EFAD is grateful to the Quality Assurance Agency, Gloucester, UK for permission to use the Benchmark Statement for Dietetics as a basis for this document.
2.0 Extent and Nature of Dietetics within a European Context

Dietitians work throughout Europe and internationally where they oversee the use of food to ensure the promotion of good health in all age groups. Dietitians advise on dietary manipulation to treat disease and optimise health. Dietitians can work at population level in health promotion, advising on nutritional policy and in public health nutrition.

Dietetics is based on nutritional science. It incorporates the understanding of the composition of food, the nature of nutrients and their metabolism in the body, the nutritional requirements of people through the lifecycle, the dietary effects of foods on health and the ways that food can be used to promote health in individuals and groups thereby minimizing the risk of illness. It is a broad-based subject ranging from the natural and clinical sciences through to the social sciences.

Dietitians have a singular role, knowledge and skills in the therapeutic application of nutritional science although they are increasingly being required to develop more specialist knowledge and skills which enable them to work in allied areas.

Within Europe EFAD has adopted, in principle, the ICDA definition of the role of the dietitian:

- A dietitian is a person with a qualification in Nutrition & Dietetics recognized by national authority(s). The dietitian applies the science of nutrition to the feeding and education of groups of people and individuals in health and disease.
- The scope of dietetic practice is such that dietitians may work in a variety of settings and have a variety of work functions.

Within Europe dietitians find themselves practising in three main areas. These may be quite distinctive, such as the administrative dietitian in Sweden or more generic such as in the United Kingdom. This Benchmark Statement indicates the three areas of specialization, recognized by EFAD, which can occur and are within the practice of dietetics in Europe. These are:

**Administrative Dietitian:** a dietitian who focuses and works primarily within food service management with responsibility for providing nutritionally adequate, quality food to individuals or groups in health and disease in an institution or a community setting.

**Clinical Dietitian:** a dietitian who has responsibility for planning, education, supervision and evaluation of a clinically devised eating plan to restore the client/patient to functional nutritional health. Clinical dietitians can work in primary care as well as in institutions.

**Public Health or Community Dietitian:** a dietitian directly involved in health promotion and policy formulation that leads to the promotion food choice amongst individuals and groups to improve or maintain their nutritional health and minimizes risk from nutritionally derived illness.

All dietitians, regardless of their specialism, interpret and communicate nutritional knowledge to groups and individuals. Practitioners of dietetics elicit information from individual clients and groups about dietary intake, interpret, translate and critically evaluate information on nutritional requirements and research from the various disciplines in order to produce practical advice on food intake and associated advisory resources. Dietitians are required to work professionally within the complex frameworks of accountability and ethical and legal boundaries within the workplace, be that in the Health Service, private practice, industry, local government, education or research. To become a registered dietitian, students must follow a prescribed first cycle course (Bachelor degree) normally delivered at a higher education Institution, which carries a minimum of 210 ECTS or their equivalent (also see Section 4.0, pg 18) eg a first cycle/bachelor/undergraduate degree or

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1 Specific attributes for the administrative dietitian will be indicated by blue text
2 Specific attribute for the clinical dietitian will be indicated by red text
3 Specific attributes for the public health or community dietitian will be indicated by green text

Appendix A
a second cycle/postgraduate programme of study. The degree must contain an academic and practical element and this Benchmark Statement provides guidance on both.

Therefore, the study of dietetics includes these principles:

- **The application of the science of nutrition to individuals and groups by translating theoretical concepts and principles into relevant and applied diet therapy and dietary modification**
- Acquisition of the educational skills and qualities that enable the practitioner to empower individuals to take control of their food choice in relation to their health
- Integration of theoretical concepts from biological, clinical, economic and social sciences with practical application to food service and nutritional habits
- Ability to assess, advise and enable individuals and groups to make appropriate and safe food provision;
- Development of strong interpersonal and language skills to enable effective communication through varying media and to a wide diversity of individuals and groups
- Ability to act as an advocate on behalf of individuals, groups and the profession
- Development of team working skills / working collaboratively with others
- Maintenance and enhancement of health both through the treatment of disease by diet and the promotion of good nutrition and lifestyle (as appropriate)
- Critical reflection, self-evaluation and commitment to the use of research in the evaluation and improvement of the practice of dietetics
3.0 The Subject and Discipline of Dietetics

Dietetics is an interdisciplinary and applied subject that is concerned with the application of nutritional science for treatment of disease and the promotion of health for individuals and groups. It is concerned primarily with ensuring that individuals have the appropriate nutrients from the foods they eat. Dietetics requires the integration of a broad range of natural and social sciences so that practitioners can educate and empower individuals and groups to improve food intake to the benefit of health.

Manipulating the food selected by individuals can modify their nutrient provision and this is used either to correct a metabolic imbalance or to maintain and promote health. Dietetics is concerned with the nutrition of the individual both in health and disease at a primary level and extends through to tertiary care in acute specialised medical provision. Practitioners of dietetics use their interpersonal skills, knowledge and expertise in other arenas such as industry (especially food and pharmaceutical), primary research and development, education, local government, the media and private practice.

Dietetics has nutritional science at its core. Nutritional science investigates how the body nourishes itself and the effects of nutrient supply on the body’s functions in health and disease, the effect of diet on metabolism and the interaction of the genes with nutrients. Public health nutrition focuses on the promotion of good health through nutrition and the primary prevention of diet-related illness in the population, whereas dietetics requires an understanding of individuals and how change can be brought about to effect a therapeutic outcome. Therefore, dietetics is essentially the manipulation of diet to improve health. This requires reflective practice, systematic clinical reasoning and a problem-solving approach as well as an understanding of individual circumstances, including age, gender, socio-economic status, disease state, food habits and lifestyle, to assess nutritional status and formulate appropriate dietary advice.

The practice of dietetics is restricted to dietitians who have undergone a recognised education and training. The requirements for ‘fitness to practise’ and eligibility for recognition to practise is normally overseen by a Regulatory Body (RB). The RB assumes responsibility for the safe practice of dietetics through a published ‘Statement of Conduct’ and also sets the criteria for the dietetic curriculum. The RB and the higher education institution (HEI) where the education is delivered have a shared responsibility to ensure that all graduates who enter the professional register are appropriately fit to do so.

Dietetics draws mainly on nutritional science and clinical subjects (including diet therapy) underpinned by life sciences including biochemistry, physiology, immunology, microbiology, genetics, pharmacology, and food science. The pre-registration student has supporting studies in psychology, sociology, communication, education, and health promotion. The study of these subjects enables dietitians to take an integrated view of dietetics and communicate this effectively with an inter-disciplinary perspective. Epidemiology, management, food studies, catering, information technology and statistics complete the major areas of study. The development of a reflective practitioner with the potential to continue professional development is encouraged through the study of research methods, subject-specific literature, ethics and clinical education placements.

There are two pre-registration routes for dietetics that take place in higher education. The first cycle qualification is the most popular route to gain a qualification and registration in dietetics. However, it is possible for individuals with a Bachelor’s degree in an appropriate subject (normally in human sciences) to undertake a second cycle programme, suitably constructed and delivered to achieve a dietetics qualification and registration. Both routes include a mandatory period of practice in their structure.
A The Dietitian as a registered health care practitioner; expectations held by the profession, employers and public

A1 Professional autonomy and accountability of the dietitian

The dietitian should be able to:
- maintain the standards and requirements for the professional role of the dietitian
- demonstrate awareness of the roles of the Regulatory or Statutory and Professional Bodies in dietetics (country specific)
- demonstrate understanding of his/her commitment to the ethics and code of conduct of the profession of dietetics in own country and in Europe
- show an understanding of the need for continuing professional development in order to maintain a credible and professional dietetic role

A2 Professional relationships

The dietitian should be able to:
- show awareness of the role of the dietitian in healthcare services
- report accurately to relevant people, including writing in medical notes and producing technical reports
- contribute to, and encourage colleagues to initiate and participate in, enquiry into all areas of dietetic practice
- share the findings of evaluation and research with dietitians and other professionals
- initiate and maintain effective interactions with relevant external agencies including other healthcare professionals
- take account of the normative and moral positions of others to understand how human needs are felt and met with respect to food choice and its provision
- use interpersonal skills to demonstrate respect for others
- deploy and manage support staff effectively and efficiently

A3 Personal and professional skills of the dietitian

The dietitian should be able to:
- demonstrate confidence in delivering a quality of dietetic service at an explicit and evidence-based level
- practise in a non-discriminatory manner, with dignity, recognising the rights and autonomy of each individual
- show awareness of the limitations of his/her knowledge and experience and know how to obtain advice and guidance
- demonstrate understanding of the need to influence and contribute to all activities that enable each individual and group to make appropriate and safe food choices
- identify strategies that can be used to influence nutritional choices for the individual and within the community
- show understanding of the methods used to evaluate self-performance as an individual and as part of a team
- draw up a plan for her/his own professional development including methods for continually updating dietetic knowledge and practice
- act as a resource in nutrition and dietetics to develop appropriate educational material and training packages
- show awareness of his/her role and sphere of influence within the organisation, enabling effective dietetic service delivery
• manage change, uncertainty and stress
• work as a member of a team and demonstrate leadership
• manage own time, resources and people to complete tasks effectively and meet deadlines
• work with others to develop partnerships and demonstrate negotiation and conciliation skills

The national dietetic organisation/regulatory authorities may wish to include a statement regarding the recording of learning and education activities

A4 Profession and employer context for the practice of dietetics

The dietitian should be able to:
• show understanding of the role of the dietetic service within the organisation and function of the professional manager, and the levels of responsibility of other dietetic colleagues in achieving the quality of service
• show familiarity with government policies for the provision of health care as they impinge on dietetic service
• demonstrate awareness of financial business planning, tendering and contracting, quality, standards, audit and governance
• be aware of contemporary health and safety legislation and integrate into dietetic practice
• show understanding of policy issues concerned with public health nutrition
• play an active role in health education and health promotion programmes
• demonstrate familiarity with the current systems for the provision of health care, education and social sciences
• demonstrate familiarity with community and catering services available and the relevant government legislation with respect to dietetic provision
• show understanding of the role of the dietitian as an advisor who can influence positively the wider social, commercial and political environment for the modification of factors that influence eating behaviour, and national and local nutritional standards
• recognise the wide and reaching value of research and scholarly activity within the health care and professional context

B Principles and concepts held by the profession of dietetics which are applied to secure maintenance to, or improvement in, health/wellbeing

B1 Patient/client and user assessment

The dietitian should be able to:
• collect medical, nutritional (anthropometric, biochemical) social, cultural, economic, personal and food intake details, organise and then evaluate all relevant information before initiating the most appropriate dietetic response
• show awareness of the social and cultural factors that shape the individual's lifestyle and that may affect the interaction between client(s) and dietitian
• use the dietetic knowledge base to assess the information gathered quantitatively and qualitatively, eg the perceived needs of the individual or group depending on their circumstances and attitudes
• assign priorities to the information collected to set appropriate dietetic goals
• record concisely all the necessary information to support the professional dietetic judgement in line with established standards and the professional code(s) of conduct
B2 Application of practice of dietetics

The dietitian should be able to:

- formulate practical dietetic advice and resources by interpreting, translating and critically evaluating information emanating from the various disciplines that contribute to the knowledge base of dietetics
- translate nutritional, medical and social theory into practical dietetic advice on food, eating and drinking for individuals and groups
- plan menus for healthy individuals to modify these for both sick and healthy people of all age groups and different cultural groups being aware of personal circumstances and financial constraints involved
- integrate health education as part of overall health care
- use a detailed knowledge of current theories of human nutrition and dietetics to develop strategies that support safe practice
- apply knowledge and appropriate skills for the promotion of nutritional health and management of disease
- plan, devise and review nutritional programmes for individuals and groups
- prepare a plan for achieving an agreed goal, taking into consideration the contribution of the family, health professionals and other agencies, eg school and social services
- set a timescale to review the achievements for individuals and groups and re-assess priorities as a result of the review
- apply knowledge of sociology and psychology to support and motivate individuals to change their food behaviour
- undertake educational activities that enable others to influence the dietary behaviour of individuals and groups
- use educational and communication skills, together with knowledge of all factors that affect food choice, in order to give nutritional and dietary advice to individuals and groups
- use information technology to identify and access information, to record and manage client data and to process and analyse research findings
- handle information with due regard for legal and ethical requirements
- plan and work collaboratively with individuals and groups

B3 Evaluation of dietetic practice

The dietitian should be able to:

- monitor and evaluate the effects of dietetic treatment and nutritional interventions
- undertake a simple audit, interpret the outcome and relate it to the practice of dietetics
- use research from the relevant disciplines as an evaluation tool in day-to-day work for the advancement of professional knowledge and practice
- evaluate dietetic practice continually
- evaluate the dietetic interventions within the total service provision:
- reflect on dietetic experiences and demonstrate reflection in action
- apply dietetic knowledge in a way so as not to endanger the health or safety of an individual or group
- use nutrition and dietetic research findings to support evidence-based practice in dietetics.
- recognise the boundaries of their own dietetic practice
C Subject knowledge, understanding and associated skills that are essential to underpin informed safe and effective practice of dietetics

C1 The dietitian should be able to demonstrate a systematic understanding of the key aspects of the range of disciplines underpinning dietetics (those written in black)

To qualify as:
- a Clinical Dietitian they should also be able to demonstrate a detailed knowledge of those aspects in red,
- an Administrative Dietitian they should also be able to demonstrate a detailed knowledge of those aspects in blue, and
- a Public Health Dietitian they should also be able to demonstrate a detailed knowledge of those aspects in green

The disciplines should include:

Biochemistry
- The chemistry of living processes including an integrated understanding of cellular and molecular sciences
- Major metabolic pathways and the involvement of nutrients and other food constituents in body chemistry
- The cellular and molecular basis of disease and metabolic complications that occur in common clinical conditions eg diabetes, hyperlipidaemia and obesity

Clinical Medicine
- Sound medical background, understanding of medical terminology and disease classification
- Know the difference between aetiology and risk factors
- Know the ways in which patients are investigated to achieve a diagnosis, common types of therapy and patient management
- Have an in-depth understanding of the ways in which patients are investigated to achieve a diagnosis, common types of therapy and patient management (red)

Dietetics
- Know the rationale behind the modification of the food and nutrient intake and how these modifications can be applied to the prevention of disease or its treatment
- Knowledge of techniques used to assess dietary intake, calculate the relevant nutrients, how to interpret the results and the limitations of the data to estimate nutrient requirements
- Understand how to modify the diet for individuals with differing food habits, cultural backgrounds and socio-economic circumstances, recognising that the nutritional bioavailability will affect the achievement of nutritional requirements
- Demonstrate knowledge of the dangers of dietary manipulation and how to manage the consequences for the individual
- Know the range and use of foods including those that can be classified as drugs and prescription products used in artificial feeding
- Understand the ways in which dietary modifications can be used for diagnosis and research

Catering and Food Service
- Knowledge of different production, distribution and service systems
- Understand how menu planning is influenced by catering resources ie equipment, the human resources, the budget and the availability of products, and the effect this will have on quality and sustainability of provision of food for meeting nutritional standards
- An understanding of quality control
- In-depth understanding of production, distribution and service systems (blue)
Food skills
• Knowledge of cooking, other methods of food preparation and presentation of food to ensure nutritional requirements are met

Food Hygiene
• Knowledge of procedures for safe handling and preparation of food
• A basic knowledge of legislation and procedures pertaining to food hygiene and handling, eg HACCP
• Detailed knowledge of current legislation and procedures pertaining to food hygiene and handling, eg HACCP (blue)

Education and communication
• Knowledge of formal and informal methods of communication
• Knowledge and understanding of verbal and non-verbal education skills and recognise the need to use interpersonal skills to encourage active participation of all users
• How these can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status and how to modify to address potential barriers such as in learning or physical disability
• Knowledge of some elements of educational and learning theories including health promotion strategies

Enquiry
• Understand the principles of scientific enquiry, statistics, evidence-based practice and epidemiology and the need for dietitians to be involved in audit, research and the evaluation of practice
• Understand current technologies and how they can be applied in everyday practice

Public Health/Health Promotion
• Know how to promote healthy food choices amongst individuals, groups and communities and increasing awareness of the link between nutrition and health, eg local authority, schools, youth services
• Understand how descriptive and analytical epidemiological studies can be used to examine the relationship between nutrition and health and show familiarity with the demographic, social and economic aspects of life in both a local and European context and how these may affect health
• Basic understanding of public health policy at national and European level
• Insight into the role of the dietitian in the promotion, assessment of need, planning, directing, coordinating and evaluating the nutrition component of public health policies (green)
• Knowledge of the economic, political, social and psychological aspects of nutrition and health promotion initiatives (green)

Pharmacology
• An understanding of clinical pharmacology to provide knowledge of the basis of drug/nutrient interaction, the use of nutrients as pharmacological agents and the use of drug therapy in relevant diseases
• Know the names, functions and contraindications of drugs used in the treatment of diseases where the dietitian is a key member of the clinical team (red)

Immunology
• An understanding of the principles of immunology and its role in the aetiology of ill health
• Know the effect of nutrients on immunological response and the role of the dietitian in advising on the appropriate use of these agents (red)
Genetic
- An understanding of the principles of genetics and their role in the aetiology of ill health
- Know how to use the genetic profile of an individual to target dietary advice more effectively (red)

Sociology and Social Policy
- Know the role of food and eating in a social context and the sociology of health and illness
- Understand the concepts of status, roles, social networks and social mobility relating particularly to health and healthcare, the concept of socialisation and its application to the various stages of the life cycle
- Be aware of the classification systems, use of social class, social problems, social policy and the availability of community services in relation to patterns of health, health inequalities and health behaviours (green)

Professionalism of dietetics
- Knowledge of the legal and ethical boundaries together with the professional and personal scope of their practice
- Understand the obligation to maintain fitness to practice and the need for career-long and self-directed learning

Administration
- A basic understanding of how to budget and purchase, and the systems that need to be in place to meet legal requirements, local agreements and quality standards
- Knowledge of how to budget and purchase within legal and local agreements, to meet nutritional and quality standards (blue)
- Knowledge of how to document the use of all resources (blue)
- Knowledge of how to plan large-scale catering and how to use associated resources (blue)

Food Science
- Knowledge of food chemistry and the nutritional content of foods and meals
- Know how the nutrient content of food is altered by food production, food processing, distribution and serving methods
- An appreciation of food labelling, regulation and legislation, the types and uses of food additives and methods of food preservation

Management and leadership
- Knowledge of what factors must be considered to lead, manage and work successfully with various individuals and groups
- Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- Apply knowledge of leadership to create a good working environment
- A detailed knowledge of the principles of management and leadership (blue)

Marketing
- Knowledge of how to market the importance of nutrition for good health
- Knowledge of how to market and promote the need for a qualified dietitian
- Knowledge of marketing strategies to promote the need for a qualified dietitian to advise and provide a food and nutrition service (green)
Nutrition
- Knowledge of the principles of human nutrition, nutritional requirements and the mechanisms through which nutrition contributes to maintenance of good health
- Methods available to monitor nutritional health, intake and their limitations
- Have an understanding of the impact of nutrients on cellular mechanisms and gene expression/nutrigenomics
- Understand the factors determining food choice within Europe and the relationship between physical exertion, environmental factors and the development of disease (green)

Microbiology
- Knowledge of the key elements of microbiology applied to human health, disease, food science and food preparation
- Understanding of clinical microbiology appropriate to dietetic practice, the microorganisms most commonly associated with infection of all groups of the population and how to minimise the spread of infection

Physiology
- Knowledge of the functions of the human body in health, including those aspects of particular relevance to the dietitian, such as visceral organs, endocrine and cardiovascular system
- Know the physiology of the systems of the human body and their structure to cellular level that lead to the specialist knowledge of the disease process required by the dietitian

Psychology
- Knowledge of human behaviour, including the effects of personality, group dynamics, theories of motivation and behaviour change together with aspects of counselling
- Be aware of the models of health beliefs to understand health behaviour and the factors that determine health
- Understand the psychological dimensions of hunger, satiety and food choice and be familiar with the psychological aspects of normal and abnormal eating behaviour, which can lead to clinically defined conditions
C2 Skills

A capacity for self-reflection on the extent and limitations of:

- The professional role of the dietitian, the maintenance of standards and the requirements for registration
- Monitoring and evaluating the effects of dietetic service. He/she must know the theory and rationale for reflective practice as a mechanism for maintaining and improving his/her professional practice
- Reflection on action and reflection in action. The dietitian must be able to demonstrate his/her understanding of how these two processes can advance his/her professional practice

An ability to gather and evaluate evidence and information from a wide range of sources and draw reasoned conclusions or reach sustainable judgements with particular regard to:

- European and world nutrition problems
- The principles and integration of knowledge acquired in physiology and nutrition with biochemistry
- The ways in which dietary modifications can be used in diagnosis and research
- The techniques used to assess the nutritional status of individuals and groups such as anthropometry, biochemical tests, and dietary surveys
- Basic statistical techniques used in nutrition and dietetics

An ability to identify, investigate, analyse and formulate solutions to problems, including a capacity to draw on established analytical techniques where appropriate and particularly to:

- Assimilate and assess critically new concepts to initiate and to promote changes in practice
- Undertake a practical project of some substance, demonstrating a critical approach to research involving some original thought

An expertise in an appropriate range of skills and procedures essential for the practice of dietetic including:

- The rationale behind the modification of nutrient intake and how these modifications can be applied in the prevention and/or treatment of disease
- Knowing how and why the intake of specific nutrients must be modified in the treatment of named diseases and the giving of practical advice to clients from differing social and economic backgrounds to achieve the required modification
- The ways of fortifying/modifying diets
- Knowledge of the types of nutritional products that are available (prescribable), and when and how to use them
- Familiarity with objective setting in the delivery of a dietetic service
- Knowing how to evaluate and interpret relevant biochemical and medical data
- Awareness of, and the ability to prepare, both standard recipes and recipes modified with those products specifically for use in therapeutic diets, eg gluten-free flour
- A thorough understanding of the methods of achieving optimal nutritional status in all disease states
- Knowledge of what intervention a patient requires to follow a healthy eating regime taking into consideration financial and other constraints
- Understanding of the origins, changes and current eating patterns of different sectors of the population
An ability to collect and interpret data to provide qualitative information, particularly:

- Understanding the theoretical and practical basis for the use of biochemical tests in the detection and management of disease states of patients
- Being aware of ways in which dietary modifications can be used in diagnosis and research

The range of communication skills and other interpersonal skills necessary for effective performance including:

- Awareness of the different methods and styles of communication that are used when interacting with other health care personnel, catering staff and clients, and appropriate one-to-one communication with colleagues and the general public
- Use of communication skills to establish working relationships and develop strategies for coping with pressure
- The ability to identify the barriers to communication and ways in which these may be overcome
- Ability to choose the most appropriate methods of communication for a given situation
- Know, understand and use appropriately a variety of education techniques

Confidence in engaging with technology in the pursuit of effective dietetic practice including:

- A working knowledge of the methods commonly used in nutrition research and the ability to evaluate research papers critically
- Ability to use basic packages for word processing and statistical analysis, and understand how to set up databases and spreadsheets
- Demonstration of appropriate information technology skills to communicate with colleagues (eg email), search for information and as a medium for teaching
- Competence in using a nutritional analysis programme to analyse food intake records/recipes
4.0 Education Programmes, Teaching, Learning and Assessment

4.1 General comments

*Decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should complement the learning outcomes associated with health profession programmes. It is not for benchmark statements to promulgate any one approach (or combination of approaches) over others. However, this European Benchmark Statement promotes an integrative approach to the application of theory and practice. It underlines the significance attached to the design of learning opportunities that facilitate the acquisition of professional capabilities and to assessment regimes that ensure these are being both delivered and rewarded to an appropriate standard. Fundamental to the basis upon which students are prepared for their professional career, is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.*

4.2 European Credit Transfer System (ECTS)

ECTS is the European system for transferring credits in further and higher education. ECTS has been developed within the EU to improve academic recognition and to transfer credits from studies or parts of studies obtained in other countries. The system is also usable for transferring credits within a country.

The ECTS point system can also be used to estimate the workload measured in time. Proposals concerning workload have been made by the Tuning Project (2003), which was supported by the European Commission in the Framework of the Socrates programme, ie in Europe the average total student workload per year is about 1500 hours delivered over 25 weeks. This equates to about 25 hours of student work for one credit. 60 ECTS points corresponds to a full-time first cycle degree study over one year (25 weeks) or 75 ECTS points where the study is over 45 weeks. The Tuning Project makes note that the workload of one hour of lecture is different from one hour practical work. At the time of writing the levels of study within the first cycle degree have not yet been characterised.

EFAD recommends that first cycle education of European dietitians (of all specialisations) has a minimum of 210 ECTS points corresponding to 3 ½ years of study, derived as follows:

The theoretical part has a minimum of 180 ECTS-points, corresponding to 2 ½ - 3 years of academic theory.
The practical part has a minimum of 30 ECTS-points corresponding to ½ - ¾ year of dietetic practice.

EFAD recommends that second cycle education of European dietitians (of all specialisations) has a minimum of 90 ECTS-points, which includes 30 derived from practice.
5.0 Benchmark Standards for the Practical Component

5.1 General comments
The practical element of the first or second cycle degree is an essential part of any qualification leading to registration as a dietitian. The practical component allows demonstration of the application of theory in the practical setting. The applied nature of dietetics means that students must demonstrate capability in both the academic (campus-based) component and the workplace or practical component at the minimum/threshold level.

Dietitians work in a variety of situations with a diversity of individuals and groups and it essential that they demonstrate their dietetic capabilities under these circumstances. The practical component will enable demonstration of knowledge, skills and attitudes of the subject and discipline of dietetics as stated in 3.0 (A, B and C) to meet the standards as stated in 6.0 (see below).

5.2 Specification for application of dietetics
To meet the practitioner standards the practical component will meet the following specification. The practical component will take place in a minimum of two different settings:

a) where the individuals or groups are healthy and well, eg schools, workplace
b) where the individuals or groups are unwell, eg clinics, hospitals

The individuals or groups will represent a range of ages, pathological conditions, special needs and cultures.

When a particular specialisation is included in the first or second cycle degree, it may be necessary and desirable to broaden the range of practical experiences.
6.0 Academic and Practitioner Standards Minimum /Threshold

The minimum standard expected of the graduate is outlined below. Additionally if an area of specialization is incorporated (as indicated in colour) into the first or second cycle degree this is referred to as a threshold level for that specialization. Achievement of this standard will meet the regulatory requirements handed down by the Professional and or Regulatory Body within a member State.

### 6.1 Working as a professional in dietetics

The dietitian should be able to:

- recognise the potential and limitations of dietetics as a practice-based discipline within the legal and ethical boundaries laid out by the country in which dietetics is practiced
- integrate his/her understanding of ethical issues and Professional Code of Conduct (country specific) with his/her own dietetic interventions in specific situations
- demonstrate his/her capacity to update continuously his/her knowledge and practice in response to changing circumstances and nutritional knowledge
- exercise substantial autonomy in most of the professional activities associated with dietetics, these will cover processes such as assessment, planning, execution and evaluation of safe dietary intervention
- guide and direct the work of others and be responsible for the proper use of resources
- work effectively as a reflective practitioner in exercising judgements based on awareness of key issues in dietetics
- as a reflective practitioner accept responsibility, in a peer relationship and with some guidance, for determining and achieving personal and group outcomes
- demonstrate appropriate knowledge of the workplace within the dietetic practice context
- demonstrate an understanding of the organisation of health promotion and health education, with a critical understanding of the role and the theoretical foundation of dietary interventions in public health
- recognise the importance of undertaking research and scholarly activity and be able to make a contribution to the evolving knowledge base of the profession of dietetics

### 6.2 Application of principles and concepts

The dietitian should be able to:

- select and use appropriate dietetic, nutritional analysis and assessment techniques within his/her practice
- evaluate social, cultural, financial and personal factors together with medical and nutritional information to reach a justified and reasoned response to a dietetic problem
- devise a dietetic intervention for a range of therapeutic cases, and in accord with established dietetic standards, some of which will be at the forefront of the discipline area
- demonstrate a capability to advise individuals or their carers about food choice which will be clinically effective with a high level of autonomy and communication skills
- effect a change in food choice or nutritional intake that can be recorded and monitored in a manner appropriate to safe dietetic practice
- critically evaluate new concepts, arguments and evidence from a range of current theories and research from relevant disciplines and use these to analyse novel problems in dietetic practice
- show creativity when solving problems, often undertaken with senior colleagues or in peer groups, where evaluations are based on limited information and data
- communicate effectively with peers, staff and senior colleagues, including those who have particular expertise in the area
- show awareness of personal limitations and a capacity to draw on advice to improve personal performance and interactions with others
# 6.3 Subject knowledge and understanding

The dietitian should be able to:

- show systematic and integrated understanding of the key areas of study as specified in C
- draw evidence from a range of sources specified in C to solve problems and plan strategies for dietetic intervention
- draw on his/her knowledge of investigative methods, introduced in C, to critically evaluate published materials in nutrition and dietetics and related fields
- communicate information, ideas, problems and solutions on diet and health in a variety of formats appropriate to specialist and non-specialists groups and individuals
- exercise judgement based on awareness of key issues in dietetics and show responsibility for achieving personal and group outcomes
- show confidence in using technology to analyse nutrient content of diets, undertake investigative work and deliver nutrition and dietetic health education
- describe the limitations of nutritional assessment tools and recommended dietary allowances
Glossary of Terms

Assessment
The collection of information relating to a patient's condition, taking account of the full range of relevant contextual factors, that is needed to make a clinical diagnosis and plan of management.

Benchmark Statement
An initiative undertaken under the aegis of the Quality Assurance Agency (QAA) to describe the nature and characteristics of higher education programmes in a specific subject, while representing general expectations about the standards for an award of qualifications at a particular level and articulating the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Campus-Based
The academic component

Clinical Reasoning
The critical and analytical thinking associated with the process of making clinical decisions

Codes of Practice
These may be established by the dietetic profession or incorporated into national rules and laws. They include ethical rules and principles that form an obligatory part of professional practice.

Continuing Professional Development (CPD)
The process by which professionals update, maintain and enhance their knowledge, skills and expertise in order to ensure their continuing competence to practise. The process is systematic and ongoing.

Critical Reflection
Involves exploring reasons and approaches and the underlying concepts/assumptions. The exploration is based upon an evaluation of the context and takes account of social, personal and historical influences upon the professional setting.

Dublin Descriptors
These are reproduced in full at the end of the glossary

European Credit Transfer System (ECTS)
ECTS is the European system for transferring credits in further and higher education. ECTS has been developed within the EU to improve academic recognition and to transfer credits from studies or parts of studies obtained in other countries. The system is also usable for transferring credits within a country. The ECTS point system can be used to estimate the workload measured in time.

Evaluation
Review and assessment of the quality of care in order to identify areas for improvement.

Evidence-based Practice
A commitment to using the best available evidence to inform decision-making that involves integrating practitioners’ individual professional judgement with evidence gained through systematic research.

Fitness to Practise
A level of practice which demonstrates an appropriate level of knowledge and understanding, skills and competency, attitude and adherence to a code of conduct for the role currently being undertaken and a commitment to maintain that level.
Higher Education Institution (HEI)
An institution providing education at first cycle (bachelor) degree level.

Independent Practitioner
A person acting in his or her own right

Inter-professional
Two or more professionals from different disciplines working together in an integrated way resulting in new ways of working.

Learning Theories
Established ideas of how learning can be promoted.

Lifelong Learning
The process of constant learning and development incorporating continuous professional development in which all individuals need to engage in a time of rapid change.

Multidisciplinary
One or more disciplines working collaboratively

Nutrigenomics
The study of how different foods can interact with particular genes to increase the risk of disease.

Non-discriminatory Practice
Professional practice within which individuals, teams and organisations actively seek to ensure that no-one (including patients, carers, colleagues or students) is either directly or indirectly treated less favourably that others are, or would be, treated in the same or similar circumstances, on the grounds of age, colour, creed, criminal convictions, culture, disability, ethnic or national origin, gender, marital status, medical condition, mental health, nationality, physical appearance, political beliefs, race, religion, responsibility for dependants, sexual identity, sexual orientation or social class.

Practical Placement /Clinical Education Placements
A period of education carried out in the workplace, providing the opportunity to translate theory into practice.

Problem Solving
Exercises and processes that enable students to examine their existing knowledge and develop their learning to formulate a solution to a presented question or issue and that should deepen students’ learning, as well as developing their conceptual and methodological skills, thereby enhancing their overall approach to professional practice.

Professional Autonomy
The power to make decisions regarding the management of the patient/client based on the professional’s own professional knowledge and expertise.

Reflective Practice / Reflection on Action
Reflecting after the event. Often involves thinking through a situation and discussing it with a colleague. It involves being self-aware and should be action orientated and lead to change.

Reflection in Action
Being aware of what you are doing. Knowing and doing at the same time

Resource
The potential or assets in a person or an organisation, eg time, money, equipment, staff, the specialist knowledge held by a person, which could be used to help or support others when needed.
Self-directed Learning
Independent learning that is initiated by the student

Tool
The instrument or method

User
Anyone receiving a dietetic service – patients, clients, the public, catering services, food industry, customers
The ‘Dublin’ Descriptors (2004)

Qualifications that signify completion of the first cycle are awarded to students who:

- have demonstrated knowledge and understanding in a field of study that builds upon and their general secondary education, and is typically at a level that, whilst supported by advanced textbooks, includes some aspects that will be informed by knowledge of the forefront of their field of study
- can apply their knowledge and understanding in a manner that indicates a professional approach to their work or vocation, and have competences typically demonstrated through devising and sustaining arguments and solving problems within their field of study
- have the ability to gather and interpret relevant data (usually within their field of study) to inform judgements that include reflection on relevant social, scientific or ethical issues
- can communicate information, ideas, problems and solutions to both specialist and non-specialist audiences
- have developed those learning skills that are necessary for them to continue to undertake further study with a high degree of autonomy

Qualifications that signify completion of the second cycle are awarded to students who:

- have demonstrated knowledge and understanding that is founded upon and extends and/or enhances that typically associated with Bachelor’s level, and that provides a basis or opportunity for originality in developing and/or applying ideas, often within a research context
- can apply their knowledge and understanding, and problem solving abilities in new or unfamiliar environments within broader (or multidisciplinary) contexts related to their field of study
- have the ability to integrate knowledge and handle complexity, and formulate judgements with incomplete or limited information, but that include reflecting on social and ethical responsibilities linked to the application of their knowledge and judgements
- can communicate their conclusions, and the knowledge and rationale underpinning these, to specialist and non-specialist audiences clearly and unambiguously
- have the learning skills to allow them to continue to study in a manner that may be largely self-directed or autonomous

Qualifications that signify completion of the third cycle are awarded to students who:

- have demonstrated a systematic understanding of a field of study and mastery of the skills and methods of research associated with that field
- have demonstrated the ability to conceive, design, implement and adapt a substantial process of research with scholarly integrity
- have made a contribution through original research that extends the frontier of knowledge by developing a substantial body of work, some of which merits national or international refereed publication
- are capable of critical analysis, evaluation and synthesis of new and complex ideas;
- can communicate with their peers, the larger scholarly community and with society in general about their areas of expertise
- can be expected to be able to promote, within academic and professional contexts, technological, social or cultural advancement in a knowledge based society
References

Bologna Declaration explained; can be found at http://europa.eu.int/comm/education/policies/educ/bologna/bologna.pdf

European Credit Transfer System; ECTS Point system can be found at http://europa.eu.int/comm/education/programmes/socrates/ects_en.html

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European Federation of the Associations of Dietitians; The Job Field of Dietitians, Now and in Future 1986

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Joint Quality Initiative; Shared ‘Dublin’ descriptors: October 2004 to be found at http://www.jointquality.org/content/ierland/Complete_set_Dublin_Descriptors_2004_1.31.doc

Towards the European Higher Education Area; European Ministers of Higher Education 1999

Tuning: Tuning Educational Structures in Europe (supported by the European Commission in the Framework of the Socrates Programme) papers can be found at www.relint.deusto.es/TuningProject/index.htm or www.let.rug.nl/TuningProject/index.htm

Quality Assurance Agency for Higher Education, UK; Benchmark Statements for Dietetics 2001

Dietetics benchmarking group membership

Professor Anne de Looy (facilitator)        The University of Plymouth, UK
Birgit Josefson                               The Swedish Dietetic Association
Carole Middleton                             The British Dietetic Association
Ghita Parry                                   The Danish Dietetic Association
Kalliopi-Anna Poulia                          The Hellenic Dietetic Association
Appendix B

Sample Checklist for Approval of Practice Placement Partners

Prior to a formal visit to the practice placement the following should be prepared and be ready for discussion. A report detailing the outcomes of the visit will also be expected.

Practice Placement Visit Information

1.0 Management of the Practice Placement

A clear ‘practice placement’ handbook must be available to demonstrate that students, practice placement teachers and supervisors are fully prepared for the practice placement. There should also be a formal commitment by the practice placement partner available. The handbook will include information about and an understanding of:

- the learning outcomes and competences to be achieved
- the timings and the duration of any placement experience and how associated records are to be maintained
- expectations of professional conduct
- the assessment procedures using performance indicators and including the implications of, and any action to be taken in the case of, failure in certain or all competences and therefore to progress
- communication and lines of responsibility

In addition there should be convincing information that:

- there is a review mechanism for the learning outcomes
- that there are teaching & learning strategies
- the placement providers have equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored.
- there is evidence of support for the practice placement within the institution and practice placement partner

2.0 Staffing and Staff Development

Practice placement teachers and supervisors must have relevant knowledge, skills and experience to deliver the approved and agreed practice placement and the following should be recorded as evidence of quality and quality assurance:

- Practice placement educators must undertake appropriate training for placement teachers and supervisors.
- Practice placement educators must be appropriately registered or recognised as a dietitian within their own Nation State, unless other arrangements are agreed.

In addition there should be convincing evidence that:

- staff development policies are in place
- staff CVs have been scrutinized and conclusions made
- there is a regular review of appropriate staffing
- some audit or research is being undertaken to support the programme
- there is adequate finance to support staff development & research
3.0 Standards and Audit

A report should be made confirming that in the practice placement:

- there are quality assurance mechanisms in place
- an assessment check that learning outcomes have been achieved is clear to both staff and students
- there is some evidence that there are available: project reports, placement report forms and assessment outcomes that demonstrate a quality approach

4.0 Resources & Facilities

The practice placement settings must provide a safe and supportive environment. This can be demonstrated through adequate:

- library facilities
- information technology facilities
- materials and information sources for students
- office and living accommodation
- student-support facilities in place, eg mentors

5.0 Final report

A report should be made to record the above and an action plan drawn up to enhance standards with a clear list of responsibilities and dates for achievement.

There must be regular and effective collaboration between the education provider and the practice placement provider.

A date should also be set for the next visit or renewal of formal agreement.
Appendix C

European Dietetic Competences and their Performance Indicators
attained at the point of qualification and entry to the profession of Dietetics

European Federation of the Associations of Dietitians (EFAD)
and Thematic Network Dietitians Improving Education and Training Standards in Europe (DIETS)

March 2009

Unanimously adopted by the EFAD General Meeting, September 2009

to be reviewed 2014
Introduction

The European Academic and Practitioner Standards for Dietetics (EDBS) were adopted by The European Federation of the Associations of Dietitians (EFAD) in 2005 to provide guidance to Higher Education (and others) on the work of the Dietitian in Europe and the expected education and learning outcomes.

This Competence Framework provides for the minimum level or baseline of knowledge, skills, understanding and competence of a Dietitian at the point of qualification in Europe. The Performance Indicators (PIs) describe the ways in which Dietitians can show that they are working at the level of competence achieved at qualification. The PIs are for guidance only. Higher Education Institutions working in conjunction with their dietetic colleagues in practice may wish to adopt and modify the PIs as appropriate to their needs.

The EDBS reflected the four identified roles for the majority of Dietitians employed in Europe. The black text competences represent those competences that all Dietitians should obtain, regardless of where they will practise. The colour-coded competences reflect the systematic identification of roles identified in the EDBS.

General Dietetics – black text – the basis for all Dietitians at the point of qualification and in all working environments
Specific to Clinical Dietetics – identified by red text
Specific to Community or Public Health Dietetics – identified by green text
Specific to Administrative Dietetics – identified by blue text

The Education and Practice Working Group (EPG) of the DIETS Thematic Network used as reference the process of competence development adopted by TUNING. These competences were selected by dietitians working in Europe and responses from 28 countries are presented as both Generic and Specific for Dietetics.

Some Member States may wish to set their competency standards or standards of proficiency at a higher level for the point of entry of their Dietitians into the workforce. These competences are set at a minimum or threshold or baseline level.
## Index

The Competence Statements are arranged, with their Performance Indicators in the following sequence:

<table>
<thead>
<tr>
<th>Competence</th>
<th>Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.0 Generic</strong></td>
<td>1.1 Analyse and synthesise general health and social issues.&lt;br&gt;1.2 Reflect on and apply basic knowledge in practice and be especially skilled in problem-solving and decision-making.&lt;br&gt;1.3 Use current technologies, computing skills and information management skills for reporting and searching for information.&lt;br&gt;1.4 Apply legal and ethical principles in managing information&lt;br&gt;1.5 Have basic research skills including abilities to critique and apply research findings&lt;br&gt;1.6 Describe basis research design.&lt;br&gt;1.7 Have a working knowledge of English in order to update themselves with the professions’ body of knowledge.&lt;br&gt;1.8 Be especially skilled in interpersonal communication, including oral and written communication with professionals and service users, in group work and interdisciplinary teamwork with health and social care professionals.&lt;br&gt;1.9 Follow the national/international code of conduct and ethics, and appreciate individual diversity and multi-cultural differences through a knowledge of cultures and customs of other countries&lt;br&gt;1.10 Have the capacity to engage in lifelong learning.&lt;br&gt;1.11 Apply procedures for quality assurance of Dietetics</td>
</tr>
<tr>
<td><strong>2.0 Knowledge of Dietetics</strong></td>
<td>2.1 Critically synthesise and integrate relevant knowledge from a range of disciplines that underpin the art and science of Dietetic practice, especially the complex relationship between the person, the environment and food (this knowledge relates to the theoretical foundations of the profession and its practice).&lt;br&gt;2.2 Use dietetic knowledge to justify their practice by debate and discussion, giving rationales and/or evidence.</td>
</tr>
<tr>
<td><strong>3.0 Dietetics Process and Professional Reasoning</strong></td>
<td>3.1 Meet the needs of clients in complex situations related to health, social situations and the environment. Clients may be individuals, groups, organisations or populations&lt;br&gt;3.2 Implement the Dietetic process, including screening, assessment, identifying needs, formulating goals, planning, implementing interventions and evaluating outcomes, in order to enable client choice.&lt;br&gt;3.3 Implement theories and models, nutritional and activity analysis in order to integrate reasoning related to the dietetic process with client need. (This guides the selection and provides best possible practice for individuals and groups).</td>
</tr>
</tbody>
</table>
### For the Clinical Dietitian

3.4 Make a dietetic/nutrition related diagnosis.
3.5 Treat and counsel a client/patient using special dietetic/nutritionally modified products.

### For the Administrative Dietitian

3.6 Integrate dietetic reasoning with food service provision. (This guides the selection and implementation of theories and models, nutritional and activity analysis and synthesis in order to provide best possible practice for food service for individuals, groups and organisations.)

### For the Public Health or Community Dietitian

3.7 Develop and implement strategies to promote safe and healthy food choices for individuals and population groups.

### 4.0 Professional Relationships

4.1 Establish and maintain a relationship with the client, which is the foundation of practice. Apply client-centred practice, particularly, respect for individual differences and their influence on dietary and lifestyle habits and knowledge of client’s expectations.

4.2 Build partnerships and offer consultation and advice related to diet and lifestyle.

4.3 Identify and manage ethical dilemmas that arise within professional relationships.

### 5.0 Professional Autonomy and Accountability

5.1 Practise in accordance with national and international policies, regulations and codes of ethics for Dietitians as appropriate.

5.2 Plan, execute and record work effectively and efficiently within the procedures laid down for delivery of the service.

5.3 Work within the limitations of own knowledge and skills, and refer or receive referrals from professionals as appropriate.

5.4 Be proactive in identifying learning opportunities and engage in a process of lifelong learning and professional development.

5.5 Accept personal responsibility and accountability for actions and decisions.

### 6.0 Education Skills

6.1 Learn and teach through academic study and work or practice-based learning.

### 7.0 Research and Development in Dietetics and its Science

7.1 Assess research findings and have the ability to integrate nutrition, dietetic, social science and education research into practice.

7.2 Systematically search for information from a wide variety of sources related to the practice of dietetics.

### 8.0 Management and Promotion of Dietetics

8.1 Work to provide opportunities for clients to learn more about food and nutrition for their health and well-being.

8.2 Demonstrate that he or she can determine and prioritise dietetic services related to the clients’ needs.

8.3 Undertake some supervision of Dietetics students, helpers, assistants, volunteers and others.
## 1.0 Generic:

At this level the Dietitian should be able to:

<table>
<thead>
<tr>
<th>Competence</th>
<th>Performance Indicator</th>
</tr>
</thead>
</table>
| 1.1 Analyse and synthesise general health and social issues. | - Identifies and records at least the minimum of medical, biochemical, social and environmental data necessary to plan nutritional management.  
- Uses a variety of sources to obtain medical, social, biochemical, economic and environmental data, taking into account ethical issues.  
- Has an understanding of the various screening tools for individuals and groups.  
- Can select the appropriate screening tool for use with a specific client. |
| 1.2 Reflect on and apply basic knowledge in practice and be especially skilled in problem-solving and decision-making. | - Evaluates evidence based practice findings to determine the reliability and credibility of information.  
- Collects and analyses relevant information related to an identified issue.  
- Develops and analyses potential solutions to resolve the identified issue.  
- Implements the best solution to resolve the identified issue.  
- Evaluates the success of the solution and implements further action if required.  
- Completes accurate calculations related to practice. May include: imperial/metric conversions, nutrient requirements for clients, nutrient composition of foods, recipes, dietary intakes, food costs/selling prices, budget preparation. |
| 1.3 Use current technologies, computing skills and information management skills for reporting and searching for information. | - Determines the purpose and objectives of information-gathering activities.  
- Develops plans and gathers accurate, comprehensive, relevant information. May include: client interviews, focus groups, meetings  
- Builds trust and rapport with others to facilitate the information-gathering process.  
- Establishes plans based on outcome of information gathering activities.  
- Documents and maintains information in compliance with established guidelines.  
- Maintains accurate, clear, concise and timely documentation of professional services.  
- Uses current technology in practice. May include: software, multimedia, webcasts, email, instant messaging, file transfers, video conferencing, electronic search engines. |
| 1.4 Apply legal and ethical principles in managing | - Complies with legislation and established policies in |
| 1.5 Have basic research skills including abilities to critique and apply research findings | • Reviews practice periodically.  
• Evaluates research and other evidence and demonstrates how this informs own practice  
• Determines applicability of current research/evidence based practice findings to practice setting |
| 1.6 Describe basic research design. | • Shows awareness of methods commonly used in health care research  
• Demonstrates a logical and systematic approach to problem solving |
| 1.7 Have a working knowledge of English in order to update themselves with the professions' body of knowledge. | • Uses English documentation in dietetic practice. |
| 1.8 Be especially skilled in interpersonal communication, including oral and written communication with professionals and service users, in group work and interdisciplinary teamwork with health and social care professionals. | • Selects appropriate methods for communications.  
  *May include: face-to-face, telephone, group meeting, letter / memo, email.*  
• Identifies and addresses barriers to communication.  
  *May include: literacy issues, cultural issues, lack of understanding, interruptions, physical distractions, fear.*  
• Adapts communication style to meet needs and level of understanding of individuals and groups.  
• Uses effective verbal communication skills.  
• Writes clearly, concisely and professionally in a technically and grammatically accurate manner.  
• Produces educational material that is relevant and sensitive to the comprehension ability of the intended target group or individual.  
• Facilitates two-way communications.  
• Uses active listening techniques.  
  *May include: encouraging, clarifying, restating / paraphrasing, reflecting, summarising, validating.*  
• Interprets and responds to non-verbal communications.  
• Applies principles of collaboration and negotiation in team work.  
  *Teams may include: clients, care givers, agencies, other professionals, staff.*  
• Incorporates team members' knowledge, expertise and personal skills in team processes.  
• Collaborates with team members to determine goals.  
• Adapts personal approach to team members and situations.  
• Works with team members to identify and resolve
<table>
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<tr>
<th>Competency</th>
<th>Performance Indicator</th>
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</table>
| 1.9 Follow the national/international code of conduct and ethics, and appreciate individual diversity and multi-cultural differences through a knowledge of cultures and customs of other countries (also see Appendix) | - Practises in compliance with professional legislation and regulations. *May include: health profession, protection for person in care, health information protection, freedom of information and protection of privacy.*  
- Practises in compliance with professional standards, practice guidelines and codes. *May include: practice standards, codes of ethics, continuing competency programs*  
- Provides services within scope of practice and personal competence.  
- Accepts personal responsibility and accountability for actions and decisions. |
| 1.10 Have the capacity to engage in lifelong learning.                     | - Reflects on and evaluates own current practice.  
- Assesses quality of services provided and identifies opportunities for improvement.  
- Recognises limitations in practice qualifications and own level of competence.  
- Identifies professional competency goals.  
- Develops plans for meeting professional competency goals. |
| 1.11 Apply procedures for quality assurance of Dietetics                   | - Demonstrates improve dietetic practice by using a plan, do, check and act cycle (identify a problem, make a plan for improvement, implementation, evaluation, make a new plan for improvement, etc). |

### 2.0 Knowledge of Dietetics

At this level the Dietitian should be able to:

<table>
<thead>
<tr>
<th>Competency</th>
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</table>
| 2.1 Critically synthesise and integrate relevant knowledge from a range of disciplines that underpin the art and science of Dietetic practice, especially the complex relationship between the person, the environment and food (this knowledge relates to the theoretical foundations of the profession and its practice). | - Explains the theoretical concepts underpinning Dietetics, specifically the relationship between people, health and food.  
- Synthesises and applies relevant knowledge from biological, medical, human, psychological, social, technological and nutrition sciences, together with theories of Dietetics.  
- Analyses the complexities of applying formal theories and research evidence in relation to Dietetics in the context of a changing society. |
| 2.2 Use dietetic knowledge to justify their practice by debate and discussion, giving rationales and/or evidence. | - Engages and influences others in rational and reasoned debate in relation to human nutrition and Dietetics |

### 3.0 Dietetics process and professional reasoning
At this level the Dietitian should be able to:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Performance Indicator</th>
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</table>
| 3.1 Meet the needs of clients in complex situations related to health, social situations and the environment. Clients may be individuals, groups, organisations or populations. | - Selects a suitable method and level of detail for assessing intake of foods and nutrients important to the client’s problems or needs, as identified by referral, the client, previous history or epidemiological data.  
- Recognises cultural and religious influences on food selection.  
- Makes judgements about potential impact of social and environmental factors on nutritional management.  
- Integrates assessment data in order to assign priorities for nutrition planning including relevant lifestyle adjustments.  
- Can adapt communication methods to meet the needs of the client/target group/audience.  
- Creates an environment conducive to effective counselling. Allows the client/carer/family to contribute and to clarify concerns or issues and to identify the barriers to compliance and willingness to change.  
- Negotiates client orientated goals and strategies.  
- Provides information and responds to client concerns.  
- Evaluates the process and outcomes of the counselling sessions.  
- Applies knowledge of nutrition requirements throughout the life cycle in practice. |
| 3.2 Implement the Dietetic process, including screening, assessment, identifying needs, formulating goals, planning, implementing interventions and evaluating outcomes, in order to enable client choice. | - Defines nutrition problems/diagnoses as a prelude to planning management.  
- Selects the appropriate screening tool for use for a specific patient, patient type, or group.  
- Selects and uses appropriate dietary methodology to collect information on retrospective, current and prospective food and nutrient intakes.  
- Is able to estimate nutrient intake using food composition tables and software packages to compare with Recommended Dietary Allowances (RDAs) or estimated requirements.  
- Can qualitatively assess dietary intake by comparing food intake to a food guidance system, such as national dietary guidelines, the food pyramid or the plate model.  
- Considers co-morbidities in development of the nutrition care plan.  
- Outlines a plan, including short-term and long-term goals and dietary regimen, according to diagnosis and a system for monitoring and review.  
- Formulates meal plans and feeding regimens that are consistent with individual nutrition and dietetic goals within the scope of the hospital food service and/or home or community setting.  
- Translates nutritional or dietary advice into foodstuffs according to currently accepted standards, scientific views and guidelines and gives information appropriate to the client’s knowledge and culture.  
- Coaches the client to follow dietary advice, making use of |
3.3 Implement theories and models, nutritional and activity analysis in order to integrate reasoning related to the dietetic process with client need. (This guides the selection and provides best possible practice for individuals and groups).

<table>
<thead>
<tr>
<th></th>
<th>Uses professional and ethical reasoning effectively throughout the dietetic process and/or intervention</th>
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<tbody>
<tr>
<td></td>
<td>Incorporates findings with other relevant information such as assessment data and draws conclusions that are professionally recognised as correct for the nutritional issue in question.</td>
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<td></td>
<td>Documents summary of the process and outcomes as a basis for planning.</td>
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<td></td>
<td>Accurately interprets biochemical and anthropometric data against standards relevant to the nutritional issues.</td>
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<td></td>
<td>Reviews available documentation to elicit problems.</td>
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<td></td>
<td>Determines realistic goals for nutritional management or intervention in consultation with client/carers/family/group and other members of health care team as appropriate.</td>
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<td></td>
<td>Plans menus and meal plans that conform to consumer needs, nutrition requirements and aesthetic characteristics of foods.</td>
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<td></td>
<td>Applies knowledge of food science and basic food preparation techniques in practice.</td>
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<td></td>
<td>Applies knowledge of quality food standards and food safety in practice.</td>
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<td></td>
<td>Identifies ways in which goals may be achieved, taking account of the effect of disease on the nutritional requirements/target.</td>
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<td></td>
<td>Selects the best strategy in terms of feasibility, effectiveness and individual, group, organisation and/or population benefit.</td>
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<tr>
<td>For the Clinical Dietitian</td>
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<tr>
<td><strong>3.4 Make a dietetic/nutrition related diagnosis.</strong></td>
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<tr>
<td>- Makes a dietetic diagnosis on the basis of analysis and interpretation of clinical data collected.</td>
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<tr>
<td>- Supervises nutrition assessment of individual patients/clients with medical conditions.</td>
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<td>- Integrates pathophysiology into medical nutrition therapy recommendations.</td>
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<td><strong>3.5 Treat and counsel a client/patient using special dietetic/nutritionally modified products.</strong></td>
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<tr>
<td>- Participates in determination of appropriate formula and feeding route for clients. <em>May include: oral, enteral, parenteral</em></td>
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<td>- Participates in the care of patients/clients requiring adaptive feeding devices, for example special forks and spoons</td>
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<tr>
<td>- Supervises development and implementation of feeding plans from the inpatient to home setting.</td>
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<td>- Discusses with the client the possible methods of dietetic treatment and their consequences.</td>
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<td>- Sets and agrees nutrition goals with the client.</td>
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<td>- Evaluates treatments with the client, assesses their effectiveness and concludes with a report to the referral authority.</td>
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<tr>
<td>- Records client data in a care dossier and manages this for accountability, quality improvement and possible research purposes.</td>
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<tr>
<td>- Designs a protocol/guideline for the treatment of a nutritional problem, using an evidence-based design in order to improve nutritional and dietary care.</td>
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</tbody>
</table>
For the Public Health or Community Dietitian

3.6 Develop and implement simple strategies to promote safe and healthy food choices for individuals and population groups.

- Understand food and nutrition related legislation, regulations, standards and guidelines and how they apply to practice. May include: Food & Drug Regulations, Nutrition Labelling Regulations, Dietary Reference Intakes, Health & Safety Regulations, Workplace Hazardous Materials Information System (WHMIS), Workers’ Compensation Board (WCB), etc.
- Demonstrates knowledge of foods, cultural/religious foods, eating patterns and food trends in populations.
- Communicates to others the role, scope of practice and areas of expertise of the Dietitian.
- Understands how public health and health care systems provide community and population health services.
- Identifies individual, public/private organisational and government roles and responsibilities within public health and health care systems.
- Shows how a knowledge of food security is applied in the provision of community and population health services. May include: sustainability, social justice elements
- Can apply principles of behavioural sciences, social sciences, biostatistics, epidemiology and environmental public health in the development of community and population health services.
- Demonstrates how to promote nutritional health and disease prevention in the community.
- Can participate in food and nutrition policy development and evaluation based on community and population health needs.
- Understands how processes and policy development can affect food, food security and nutrition in communities and populations.
- Knows how to collaborate with community partners and stakeholders in promoting community and population health.
- Knows how to develop and implement strategies for disease prevention and management.
- Consults with and provides nutrition information within the community. May include: individuals, groups, schools, agencies, outreach workers, companies, work places
- Identifies determinants of health and their influence on community and population health status.
- Can explain how to assess the nutritional health and functional status of communities and populations.
- Can determine goals for community-based food and nutrition programs/services in collaboration with community partners. May include: individuals, groups, schools, agencies, outreach workers, companies, work places
- Identifies available resources for development of community based food and nutrition programs / services.
- Selects strategies for addressing needs for community based food and nutrition programs / services.
- Delivers simple nutrition programs/services to meet identified needs of communities and populations.
- Identifies and knows how to implement strategies for reaching individuals and populations that do not have access to community services.
- Evaluates effectiveness and recommends improvements for community-based food and nutrition programs/services.
### For the Administrative Dietitian

| 3.7 Integrate dietetic reasoning with food service provision. (This guides the selection and implementation of theories and models, nutritional and activity analysis and synthesis in order to provide best possible practice for food service for individuals, groups and organisations.) | • Plans and implements master menus that conform to consumer needs, nutrition requirements, aesthetic characteristics of foods, available equipment, staff skill level and budget restrictions.  
• Evaluates menus based on established criteria.  
• Participates in applied sensory evaluation of food and nutrition products  
• Evaluates products based on established criteria for customer acceptance, nutrition content, cost and quality.  
• Coordinates the purchasing, receiving, storage and issuing of food, beverages, consumables and equipment.  
• Manages the production of products that meet established quality standards. *May include: standardised recipes, formulas, special diet products*  
• Manages food distribution and service ensuring accuracy, quality and portion control.  
• Develops and implements food safety and sanitation programs in compliance with government regulations.  
• Develops and implements employee safety/accident prevention programs in compliance with government regulations. |

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**Appendix C**

Page 12
### 4.0 Professional relationships and partnerships

At this level the Dietitian should be able to:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Performance Indicator</th>
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</table>
| 4.1 Establish and maintain a relationship with the client, which is the foundation of practice. Apply client-centred practice, particularly, respect for individual differences and their influence on dietary and lifestyle habits and knowledge of client’s expectations. | - Works according to the principles of client-centred practice.  
- Builds a relationship/partnership as the foundation of the dietetic intervention  
- Uses a variety of assessment strategies, individualised to client needs. *Clients may include:* patients, residents, care givers, those who want *advice on disease prevention* (sports, school, workplace etc)  
- Interviews clients to conduct needs assessments.  
- Develops learning plans and supporting education resource materials to meet the learning needs of individuals and groups.  
- Adapts content and instruction style in the delivery of education to meet the needs of individuals and groups.  
- Takes into account the ability and resources of clients to implement the nutrition care plan.  
- Collaborates with clients/care givers in determining realistic nutrition goals and managing nutrition care.  
- Recognises that relationships with clients and other users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility  
- Practises in a non-discriminatory manner                                                                                                                                                                                                                                                                                                                                 |
| 4.2 Build partnerships and offer consultation and advice related to diet and lifestyle. | - Establishes collaborative partnerships, consults with and advises clients, carers, team members and other stakeholders to improve the care of patients or client                                                                                                                                                                                                                                                                                                                                                                               |
| 4.3 Identify and manage ethical dilemmas that arise within professional relationships. | - Respects individuals and their rights regardless of race, religious beliefs, colour, gender, physical and/or mental disability, marital status, family status, economic status, education level, age, ancestry or sexual orientation.  
- Respects the dignity and privacy of individuals.  
- Obtains informed consent as required prior to providing services.  
- Serves the best interests of the individual and their needs.                                                                                                                                                                                                                                                                                                                                                           |
**5.0 Professional Autonomy and Accountability**

At this level the Dietitian should be able to:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Performance Indicator</th>
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</table>
| 5.1 Practise in accordance with national and international policies, regulations and codes of ethics for Dietitians as appropriate. | • Complies with local/regional/national/European policies and procedures, professional standards and employers’ regulations  
• Practises in an ethical manner, respecting clients and taking account of professional codes of conduct for Dietitians |
| 5.2 Plan, execute and record work effectively and efficiently within the procedures laid down for delivery of the service. | • Adapts to unexpected situations and fluctuating workloads by prioritisation of workload.  
• Prepares, maintains and reviews documentation of the dietetic process |
| 5.3 Work within the limitations of own knowledge and skills, and refer or receive referrals from professionals as appropriate | • Recognises when issues are beyond scope of his/her competency and refers individuals for consultation  
• Advocates on behalf of clients within the multidisciplinary team.  
• Coordinates and integrates care to ensure quality and continuity of care. |
| 5.4 Be proactive in identifying learning opportunities and engage in a process of lifelong learning and professional development. | • Is open to participation in induction, mentoring and to being supervised.  
• Engages in activities to gain new knowledge, skills and behaviours to meet professional competency goals.  
• Can be seen to apply new knowledge, skills and behaviours to practice and demonstrates continuing lifelong learning to enhance their own dietetic practice  
• Can be seen to apply research/evidence-based findings to improve practice. |
| 5.5 Accept personal responsibility and accountability for actions and decisions. | • Demonstrates confidence in self-management, self-awareness and knowledge of own limitations as a Dietitian |

**6.0 Education skills**

The Dietitian working at this level should be able to:

<table>
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<tr>
<th>Competency</th>
<th>Performance Indicator</th>
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</table>
| 6.1 Learn and teach through academic study and work or practice-based learning | • Contributes to the improvement of quality of the profession by making his or her knowledge, skills and experiences available to others.  
• Uses appropriate materials and communication skills to teach on Dietetics courses and in other relevant disciplines.  
• Evaluates the education process with colleagues and students to assess the quality of dietetic education.  
• Introduces new methods to academic study or practice learning to improve the Dietitian’s education. |
### 7.0 Research and Development in Dietetics and its science

At this level the Dietitian should be able to:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Performance Indicator</th>
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<tbody>
<tr>
<td>7.1 Assess research findings and have the ability to integrate nutrition,</td>
<td>• Interprets, analyses, synthesises and critically appraises research findings</td>
</tr>
<tr>
<td>dietetic, social science and education research into practice</td>
<td>• Understands, selects and defends research designs and methods appropriate to Dietetics,</td>
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<tr>
<td></td>
<td>taking account of ethical aspects</td>
</tr>
<tr>
<td>7.2 Systematically search for information from a wide variety of sources</td>
<td>• Demonstrates skills in independent searching,</td>
</tr>
<tr>
<td>related to the practice of dietetics</td>
<td>critical examination and integration of scientific literature and other relevant</td>
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<td></td>
<td>information</td>
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</table>

### 8.0 Management and promotion of Dietetics

At this level the Dietitian should be able to:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Performance Indicator</th>
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<tbody>
<tr>
<td>8.1 Work to provide opportunities for clients to learn more about food and</td>
<td>• Demonstrates that he or she can take a proactive role in the development, improvement</td>
</tr>
<tr>
<td>nutrition for their health and well-being</td>
<td>and promotion of the profession of Dietetics and the professional organisation.</td>
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<tr>
<td>8.2 Demonstrate that he or she can determine and prioritise dietetic</td>
<td>• Identifies the need for change and desired outcomes.</td>
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<tr>
<td>services related to the clients' needs</td>
<td>• Knows how to assess readiness, implications and relevant issues related to change.</td>
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<td></td>
<td>• Can develop and implement plans to achieve desired outcomes.</td>
</tr>
<tr>
<td></td>
<td>• Can evaluate and revise plans to achieve desired outcomes.</td>
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<td></td>
<td>• Shows how to determine the priorities for dietetic services</td>
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<td></td>
<td>• Can show engagement in a continuous process of evaluation and improvement of the</td>
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<td>quality of dietetic services (involving clients where appropriate) and communicates</td>
</tr>
<tr>
<td></td>
<td>the results to relevant stakeholders</td>
</tr>
<tr>
<td>8.3 Undertake some supervision of Dietetics students, helpers, assistants,</td>
<td>• Promotes a learning culture.</td>
</tr>
<tr>
<td>volunteers and others.</td>
<td>• Contributes to a culture of ethical behaviour.</td>
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<tr>
<td></td>
<td>• Knows how to direct and supervise personnel involved in the delivery of services.</td>
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<td></td>
<td>• Shows that he or she can adapt leadership style to the situation.</td>
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<tr>
<td></td>
<td>• Can identify and explain how to facilitate resolution of conflict.</td>
</tr>
<tr>
<td></td>
<td>• Knows how to delegate to others within their employment scope and level of competence.</td>
</tr>
<tr>
<td></td>
<td>• Plans and conducts meetings to achieve desired outcomes.</td>
</tr>
</tbody>
</table>
Acknowledgements:

The European Federation of the Associations of Dietitians: European Academic and Practitioner Standards for Dietetics 2005

Dietitians Association of Australia: National Competency Standards for Entry-Level Dietitians

Health Professions Council: Standards of Proficiency for Dietitians 2007

College of Dietitians of British Columbia: Introduction to Essential Competencies for Dietetic Practice 2006

American Dietetic Association: Foundation Knowledge and Skills and Competency requirements for entry-level Dietitians


Irish Nutrition & Dietetic Institute: Standards for Professional Competency for Dietitians 2004
International Code of Ethics and Code of Good Practice

International standards are not meant to replace any national standards that exist, but are meant to put on paper those important matters to which we can all agree. They represent the common ground of dietetics around the world.

International Code of Ethics

Dietitians practice in a just and equitable manner to improve the nutrition of the world by:
- Being competent, objective and honest in our actions
- Respecting all people and their needs
- Collaborating with others
- Striving for positive nutrition outcomes for people
- Doing no harm
- Adhering to the standards of good practice in nutrition and dietetics

International Code of Good Practice

Provision of Service and application of knowledge:
- Provide high quality, cost efficient services in nutrition and dietetics
- Provide services based on the expectation and needs of the community or client
- Competently apply the knowledge of nutrition and dietetics and integrate this knowledge with other disciplines in health and social sciences
- Work co-operatively with others to integrate nutrition and dietetics into overall care/service regardless of context
- Work in partnership with clients and users of the service

Developing practice and application of research
- Interpret, apply, participate in or generate research to enhance practice
- Develop a unique body of knowledge
- Have an in-depth scientific knowledge of food and human nutrition
- Develop practice based on evidence

Communication
- Communicate effectively through nutrition education, education and training, development of policy and programs
- Advocate for nutrition and dietetics, the alleviation of hunger and the value of services
- Advance and promote the dietetics profession

Quality in practice
- Systematically evaluate the quality of practice and revise practice on the basis of this feedback
- Strive to improve services and practice at all times
- Maintain continued competence to practice

Continued competence and professional accountability
- Ensure accountability to the public
- Accept responsibility for ensuring practice meets legislative requirements
- Maintain continued competence by being responsible for lifelong learning and engaging in self development.

Agreed by the International Confederation of Dietetic Associations (ICDA)
Adopted by the European Federation of the Associations of Dietitians (EFAD) September 2008
Appendix D
Best Practice as identified through visits and the Education-mapping Questionnaire (EMQ)

<table>
<thead>
<tr>
<th>Good Practice in Placement Organisation</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **1a** Offers a variety (child / adult /catering) | The advantages and disadvantages of the single training placement (6 months) in dietetics training: A presentation of the Greek Technological-Education system. This structure ensures:  
  - all students visit all the clinics of interest,  
  - students are introduced to different health care and food services systems  
  - they are trained in the most specialised clinics or units in a disease area  
  
  (GR2)  
  
  The advantages of our PP are mostly derived from the "round" structure regarding hospital visits, meaning students visit during their PP different hospitals.  
  
  (GR2)  
  
  The students are experienced in different hospitals such as those for children or for adults.  
  
  (TR2)  
  
  Students have to attend 7/28 weeks in children's hospital, 7/28 weeks in adult hospital, 7/28 weeks in catering service and 7 weeks in catering services or any hospital.  
  
  (TR2) |
| **1b** Offers a variety (more broadly, eg food industry). Some opportunity to select the placement in which student has particular interest | We offer the students a broad range of possibilities of different institutions to fulfil their practice placement training.  
  
  (NL2)  
  
  Last 7/28 weeks is an elective placement before qualification as a dietitian.  
  
  (TR2)  
  
  The student can choose from different types of practice placement centres (ie hospital: wards, private consultation, rest home, industry, health promotion).  
  
  (BE2)  
  
  The students can select the last placement centre (hospital, catering service, food industry, GP surgery).  
  
  (TR)  
  
  Practical training takes place in hospitals, primary care institutions, food service systems and caterings (large scale cooking), food processing industry, governmental and non-governmental institutions and in health counselling institutions (in tourism, sport centres).  
  
  (SI1) |
| **2a** Supervision: teacher is dietitian | All our PP teachers are dietitians, so they “speak the same language” and the students can learn with someone from the profession, someone who really does what they are learning.  
  
  (PT2)  
  
  At each practice placement place there is at least one dietitian working.  
  
  (BE2)  
  
  The practice placement study is practiced under the supervision of the HEI lecturers and responsible dietitians.  
  
  (TR2) |
2b Supervision is 1:1 or 1:2
We have a maximum of 2 students for teacher in each PPL. This allowed close monitoring of student activities and promotes interactive methodology. (PT2)

Organizing a good quality practical training is highly demanding and tough (2 students per 1 mentor; 1 student must have 1 mentor for a long time – at least for 6 weeks) to be able to evaluate the student’s progress: the exact definition of practical exercises that students have to do. (SI1)

3 Lecturer and teacher work together. Some lecturers also teach in placement, may even work in the placement. Supervision plus evaluation by different professionals
One of the positive aspects of our placement training is good cooperation between lecturers and trainers, because they work in the same hospital and are able to harmonize teaching and assessment process. (LT2)

We consider it important that the students get good theoretical background in dietetics. Their recommendations for the dietary management of patients admitted to a hospital are very appreciated by the physicians. In cooperation with the doctors, the dietitians are able to design diets even for rare diseases. (SK2)

Placement supervisors and HEI staff members will work together with students, evaluate problems, take care of patients, and have discussions, supervisions, exchange experiences. (SI-EPG)

4 Placements that are about 12 weeks allow students to follow-up their patients
Practice placement training during the 1, 2 and 3 semesters: On well-chosen training period places students independently carry out consultations (under supervision of the placement teacher). In each case, 2 students and the placement teacher are with the patient. First, the discussion of the results takes place, then one student leads the consultation and the second student listens. Afterwards the post discussion of the carried out consultations finds by together. According to the semester and teaching contents, the clinical pictures are defined. In the third semester, eg dialysis patients, a patient is consulted more than 3 months by one student (long time consultation coaching). (AT2)

5 Formal organisation of placement learning
Our practice placement training includes an individual case-history analysis, food record, counselling and menu planning. (HU2)

Students have to fulfil certain "dietetic processes", which means they have to work intensively with different patients on very different diseases and metabolic problems, e.g. diabetes. They have to do a carefully documentary on those cases and describe the treatment individually. (AT2)

How to share of practical placements among students (LT2)
Student support (GB2)

Effective management of resources (GB2)

6 Money
Organizing a good quality practical training is very expensive (in the clinical dietitian education programme it costs €1600 for 10 weeks. Next year this will rise to €2000). Money is paid to the practical setting institution. (SI1)
### Good Practice In Preparation Of Students

<table>
<thead>
<tr>
<th>Good Practice</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Skill lab</strong></td>
<td>To prepare students very well for practice placement we introduced some years ago 'skill lab', where students practice consultation using actors as patients. (NL2)</td>
</tr>
</tbody>
</table>
| **2 Communication /counselling** | The way of organisation and communication between student-trainer – HEI staff member is OK (BE2)  
We prepare our students in class before they enter the 1st placement by teaching different counselling techniques and the basics of communication. (AT2)  
We video role-plays to get some practice for them. It is a kind of mixture of different soft skills, and we try to combine specific knowledge as soft skills. (AT2)  
Much stress in training is put on skills in counselling for the patients. It is the dietitian who provides dietary counselling when the patient is discharged from the hospital. (SK2) |
| **3 Cooking skills** | The dietitians are trained in preparation and cooking dietary meals. These skills are valuable for their professional practice – the cooking experience makes the diet planning more effective. (SK2)  
Our students have training in the kitchen for educational purposes, where they prepare foods for any relevant diet, so they can experience their taste, consistency and preparation. (HU2) |
| **4 Paramedic skills** | We will introduce next year an assessment for paramedic skills before the start of the practice placement training for students to give them precise feedback of their skills, so the student can describe very precise the learning goals in the internship. NL2 |
| **5 Ethical skills** | The students are aware of/introduced to an ethical code of practice. (BE-EPG / NL-EPG / HU-EPG / SP-EPG / CH-EPG / FI-EPG / TR-EPG / SEEPG / GR-EPG / 41-EPG) |

### Good Practice In Preparation Of Placement Teachers

<table>
<thead>
<tr>
<th>Good Practice</th>
<th>Examples</th>
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</table>
| **1 Motivation** | Motivating practitioners to teach students. (LT2)  
Mentors are frequently uninspired, especially when not paid sufficiently according to their expectations. (SI1) |
| **2 Training** | Until this year, HAN University invited placement supervisors for one day to receive information about placements. Now, we are developing training for placement supervisors for next year (2008-2009). (NL-EPG)  
Regular education for placement supervisors (pedagogically and professionally) will be established and will start in the study year 2008-2009. (SI-EPG)  
Training about supervising, competences, how to fill in an evaluation form, etc. Every time there is a new study guide for the practical placement there is an option to take courses. (NL-EPG)  
We take a meeting for practical supervisors before all of the practices. The meeting contains the next points of view: written particular guideline (a little book) which contains the competences and exercises for students, oral conversation about the points of view of assessment |
Appendix D

<table>
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<tr>
<th>Good Practice In Assessment</th>
<th>Examples</th>
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<tbody>
<tr>
<td>1  Assessment project</td>
<td>During one placement period (5 weeks) a student can perform field-work related to his final thesis in a centre relevant for the investigated topic. This gives the student a greater insight into the subject-related issues and (because of the involvement of a relevant placement centre) a higher level of quality of the final product. (BE2)</td>
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<td>2  Organization in assessment</td>
<td>An electronic learning diary - it is interactive, activates students for thinking and reflecting. (FI2)</td>
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<td>Chart of competencies we have developed in our institution and the third level (in Dutch). (BE2)</td>
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<td>Portfolio development &amp; student preparation (GB2)</td>
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<td>Case studies performed at practice placement centre: because an HEI teacher observes a student during medical file investigation and performance of a dietary assessment of a real patient, each student must make 3 case studies of patients with different pathologies. (BE2)</td>
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<td>Possibilities of transportation for students are taken into account when assigning a student to a practice placement centre.</td>
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<td>BE2</td>
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<td>3  Assessment evaluation</td>
<td>Evaluation: criteria, periods, responsible members (LT2)</td>
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<td>The students only get a pass for the placement if they get positive classification for all parts of the placement, and if so they still have to resolve, present and discuss an unselect study case. If they fail in any of these parts, they have to do the placement again. (PT2)</td>
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<td>The assessment is undertaken using a questionnaire that the supervisor uses to assess the general attitude of the student towards patient care and professional skills. (SP-EPG)</td>
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<td>The student’s progress is assessed by both the supervisor in the workplace and by HEI staff by a written report about a specific subject related to the practice. (PT1 / GR-EPG / HU-EPG / SE-EPG / 6?-EPG/ 18-EPG/ 41?-EPG)</td>
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<td>The assessment is undertaken using assessment forms agreed between the HEI and practice teachers.</td>
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<td>(IE-EPG)</td>
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