



## **Revised Dietetic Competence and the six domains of dietetic competency in Europe**

Attained at the point of qualification and entry to the profession of Dietetics (European Dietetic Competence or EDC)

### **Statement by the European Federation of the Associations of Dietitians (EFAD)**

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(Revision of first European Dietetic Competences adopted in 2009)

***The following statement provides a description of the competence to be expected from dietitians at the entry into the profession in Europe.***

***The document recognizes that the profession and practice of dietitians varies between European countries. While healthcare is the main workfield, dietitians also improve the food and nutrition environment through their work in communities, food outlets, government, industry, academia and research. In consequence, this statement is intended to be used as a guide to threshold standards.***

***This statement can be used to inform other healthcare professionals, employers, educators, policy makers, clients and civil society together with other key stakeholders what they can expect when working and meeting with a qualified dietitian.***

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## 1.0 Introduction to European Dietetic Competence (EDC)

Each profession has a unique set of knowledge, skills and attitudes which together are recognisable as their area of competence. Competence defines a profession and its practice and much research has been carried out to define the concept of professional competence<sup>1</sup>,<sup>2</sup>. There is a general agreement that to define, identify and measure professional competence is difficult. Although complex, the following definition of competence may be helpful.

Professional competence is “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection” and “the bringing together of different components to perform, do something successfully or manage complex situations”.

Epstein R and Hundert E. Defining and assessing professional competence. *JAMA*. 2002; 287: 226-35.

To define and measure European dietetic competence is especially problematic as dietitians across Europe practice in a wide variety of cultures and settings<sup>3</sup>. Each European country has a set of unique circumstances; a baseline/threshold level must however exist to identify a dietetic practitioner from other professionals. Above all, a dietitian in Europe is a professional healthcare practitioner with further unique knowledge, skills and attributes which characterise them as dietitians. This document aims to describe the competence (based on the definition of Epstein and Hundert above) of a professional dietitian in Europe as an entry-level practitioner. It also offers guidance to teachers of dietitians and others on how they can measure that competence. All dietitians should see the competence defined in this document as a minimum level of dietetic performance which they build on during their careers. Most dietitians will progress beyond entry-level competence as they master their profession.

Professional practice requires a theoretical knowledge base in dietetics applied in practice, to develop the skills and attitudes characteristic of a professional dietitian. The education of a European dietitian (as for all healthcare practitioners) therefore includes both an academic requirement (knowledge)<sup>4</sup>, and a practice based educational requirement<sup>5</sup>. The European Dietetic Competence Statement (EDC) defines the threshold competence and level of dietetic practice that any dietetic practitioner should demonstrate at the point of graduation from their academic and practice based education, at entry to the profession. The EDC will be revised regularly to reflect developments in dietetics and will therefore provide a framework for continued professional development throughout a dietitian’s professional life (Figure 1).

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<sup>1</sup> Frank JR, Mungroo R, Ahmad Y, Wang M, De Rossi S and Horsley T. Toward a definition of competency-based education in medicine: a systematic review of published definitions. *Med Teach*. 2010; 32: 631-7.

<sup>2</sup> Epstein R and Hundert E. Defining and assessing professional competence. *JAMA*. 2002; 287: 226-35.

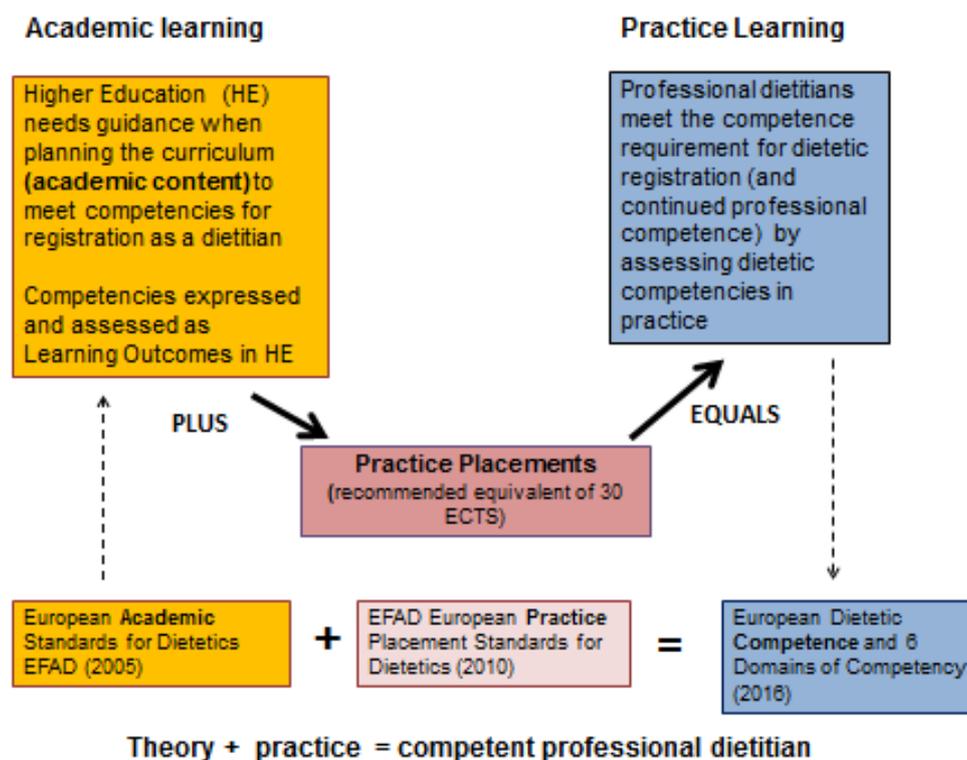
<sup>3</sup> Clinical, food service, and public health dietetics

<sup>4</sup> EFAD Academic Standards for Dietetics, EFAD 2016 at [www.efad.org](http://www.efad.org)

<sup>5</sup> European Practice Placement Standards for Dietetics, EFAD 2010. See also Pedagogic standards for dietetic placement teachers. EFAD 2013. Both at [www.efad.org](http://www.efad.org).

The EDC is intended to be valid in any of the member countries of EFAD. In addition to the minimum standards for dietitians in general, further statements will be specified for the three current areas of specialization within dietetics; clinical, food service and public health. These specific competencies for the three areas will be published separately.

It is envisaged that higher education institutions (HEIs) will collaborate with the dietetic workforce (practice placement providers) in the design and delivery of their curricula as the EDC combines both academic and practitioner elements. Where academic content is delivered to mixed groups of students, e.g., together with health care or science students, the dietetic outcomes should be clarified for the dietetic students.



**Figure 1 A combination of academic learning and practice is needed to become a competent professional dietitian.**

## 2.0 How to use the European Dietetic Competence and the six domains of dietetic competency

Measuring and assessing professional dietetic competence is easy to speak about but in practice is difficult to do. A person's competence can be measured by looking at their competency to perform or demonstrate a skill. In order to reliably measure someone's ability to do something, there must be clearly defined and widely accessible standards through which performance can be measured and accredited.

## 2.1 Competency domains

Competency is defined as “an *observable* (measurable) ability... integrating knowledge, skills, values and attitudes”<sup>6</sup>. Competency can therefore be measured using appropriate assessment tools as an ‘outcome measure’ during and after academic and practice-based education.

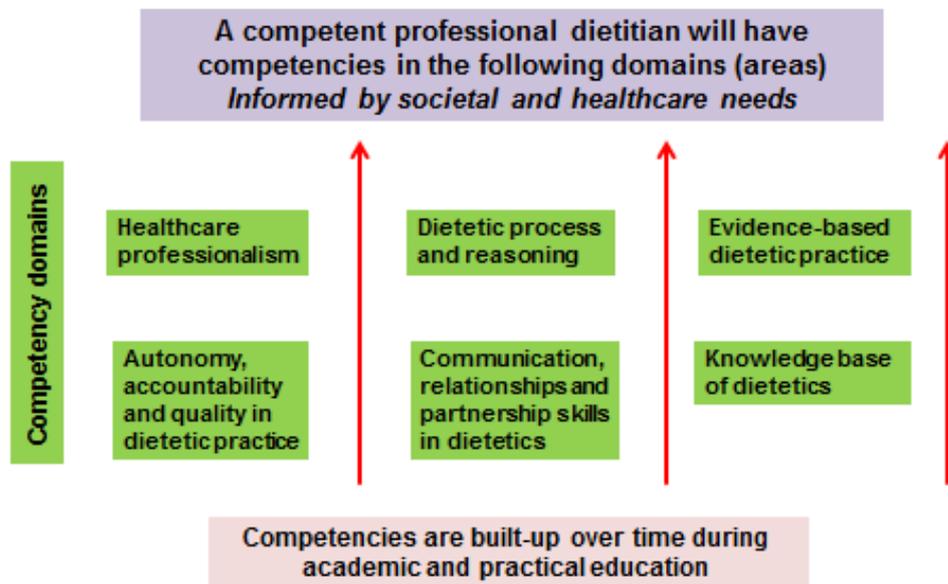
Six competency domains are seen for a professional dietitian in Europe (Table 1). To be a competent dietitian and healthcare professional, you must show that you have competencies in all six domains. The first domain indicates a set of competencies that are common for all healthcare professionals e.g., nurses, occupational or physical therapists. The other five domains are dietetic profession specific to dietitians. It is these five specific sets of competencies together with healthcare competency that provide the dietitians with a unique competence unlike, for example, a nutritionist.

**Table 1: The six domains of competency in dietetics**

Competency Domain	Purpose
<b>1.0 Healthcare professionalism (pg 9)</b>	Dietitians are healthcare professionals practicing/offering safe and effective healthcare; using a set of key ethical standards they do no harm
<b>2.0 Knowledge base of dietetics (pg 13)</b>	The scientific knowledge that dietitians draw upon to inform their practice is used in a unique and profession specific way
<b>3.0 Dietetic process and reasoning (pg 16)</b>	The application of dietitians knowledge, skills and attitudes is applied in a systematic and effective way for a safe health outcome
<b>4.0 Evidence based dietetic practice (pg 19)</b>	Dietitians appraise and justify their food and nutrition interventions based on evidence and commit to enhancing evidence effective healthcare
<b>5.0 Autonomy, accountability and quality in dietetic practice (pg 22)</b>	Dietitians recognise that they are accountable for their actions and practice autonomously ensuring quality of their practice care
<b>6.0 Communication, relationship and partnership skills in dietetics (pg 28)</b>	Dietitians advise, counsel and teach in multi-sector environments adapting to societal and health needs about food and nutrition

<sup>6</sup> Fernandez N, Dory V, Ste-Marie L, Chaput M, Charlin B and Boucher A. Varying conceptions of competence: an analysis of how health science educators define competence. *Med Educ.* 2012; 46: 357-65.

Together, these six domains are demonstrated at the point of entry into the profession in a new but competent dietetic practitioner. These six domains are also the baseline/threshold competencies for all dietetic practitioners after qualification during their professional careers in dietetics.



**Figure 3 Competency domains contributing to a competent professional dietitian**

Becoming competent requires time (Figure 3). Building up and mastering competency must be done stepwise. Therefore to achieve a competency domain, each domain needs to be broken down into individual learning outcomes and measured<sup>7</sup>. As different individuals will take differing amounts of time to acquire or reach competency<sup>8</sup>, in particular areas of practice, at least 30 ECTS credit points or half an academic year of full-time placement<sup>9</sup> (in addition to the academic component) is the minimum period of time recommended to meet all six domains.

Measuring competencies requires not only an appropriate assessment tool but also this tool must be applied at particular points of time to assess progress (milestones). Given that individuals vary in their learning habits the time when a person is ready to be assessed for competency will vary between individuals. (Unlike academic education assessment when many students will be tested at the same time, competency based assessment is student-led or practitioner-led<sup>10</sup>).

**2.2 Competency-based education** is an approach which is organized around competencies. Competencies are expressed as learning outcomes and the individual will

<sup>7</sup> See pages 9-28 for suggested outcomes for each domain competencies

<sup>8</sup> Pender FT & de Looy AE Monitoring the development of clinical skills during training in a clinical placement (2004) *J Hum Nutr and Diet* 17:25 - 34

<sup>9</sup> Recommended in EFAD European Academic Standards for Dietetics (2016) at [www.efad.org](http://www.efad.org)

<sup>10</sup> As in continuing professional development through Lifelong Learning

submit evidence to demonstrate that they have met the outcome/competencies in each domain of dietetics. As the focus is on outcome, the process of producing the evidence becomes very important and should be less dependent on the environment, and instead more flexible and learner centred. The learner becomes more accountable to provide the evidence. As accountability for professional performance is expected of all healthcare professionals using a student form of competency based assessment is a very useful introduction to the process of continuing professional development (CPD)<sup>11</sup>. Self-assessment will be used after admission to the profession when the qualified dietitian undertakes their Lifelong Learning (LLL).

It is however important that the mastery of a competency domain is seen as the goal and the achievement of the goal is seen as a process of incremental steps or stages (milestones) guided by learning outcomes. The role of the academic and practice teachers is therefore to work together to develop the programme to produce competency-based education. EFAD Pedagogic Standards<sup>12</sup>, Practice Placement Standards<sup>13</sup> and the DIETS2 Report on Practice Placement Best Practice<sup>14</sup> should be consulted.

### 3.0 Definitions of key concepts used in the description of the six domains of dietetic competency

In any learning process there are two key players - the learner and the 'supervisor' or teacher. These definitions are provided to distinguish the different roles of the most relevant players in the learning dynamic. A glossary of terms and abbreviations are also to be found on page 29.

Term	Definition
<i>Competence (-s)</i>	<p>A competence defines WHAT a person is capable of doing well, effectively and following professional standards</p> <p>Professional competence is “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection” and “the bringing together of different components to perform successfully or manage complex situations”</p> <p>Competence can only be demonstrated by the students/learners showing that they have the competency to perform something</p> <p>Competence is an outcome: it describes what someone can do. It does not describe the individual's learning process</p> <p>Competence represents a dynamic combination of knowledge, understanding, skills and abilities</p> <p>Practical work experience is essential to gain, maintain and improve competence</p>

<sup>11</sup> Guide to Lifelong Learning for Dietitians in Europe How to develop your professional competence (2013) at [www.EFAD.org](http://www.EFAD.org)

<sup>12</sup> EFAD Pedagogic Standards for Dietetic Teachers (2013) at [www.efad.org](http://www.efad.org)

<sup>13</sup> EFAD European Practice Placement Standards for Dietetics (2010) at [www.efad.org](http://www.efad.org)

<sup>14</sup> DIETS2: Guide to best practice; dietetic practice placements in Europe (2013) at [www.efad.org](http://www.efad.org)

	<p>In order to reliably measure someone's ability to do something, there must be clearly defined and widely accessible competence standards through which performance is measured and accredited</p> <p>Competence is a measure of what someone can do at a particular point in time. (UDACE 1989: Tight 1996)</p>
<i>Competency (-ies)</i>	<p>Competency is a skill whereas competence is the attribute of a person's practice in context</p> <p>Competency focuses and concentrates on the learners and their actions rather than upon predetermined products, or it can mean active participation through learning (Smith 1996, 2005)</p> <p>Learning programmes (in Higher Education or elsewhere) are usually competency-based programmes or use Competency Based Education. Programmes in Europe will use the Dublin Descriptors (Bologna, 2004) to guide their development</p>
<i>Learning outcomes</i>	<p>Learning outcomes are statements of what a learner is expected to know, understand and/or be able to demonstrate after completion of learning. They can refer to a single course unit or module or else to a period of studies, for example, a first or a second cycle programme. Learning outcomes specify the requirements for award of credit</p> <p>Learning outcomes are devised by academic staff and practice teachers</p>
<i>Behavioural objective or outcome</i>	<p>A behavioural objective or outcome has three parts:</p> <ol style="list-style-type: none"> <li>a) a defined behavioural verb,</li> <li>b) described conditions that permit the behaviour called for by the verb,</li> <li>c) a description of the lower level of acceptable performance (criteria)</li> </ol>

**4.0 The Six Domains of Dietetic Competency which make a competent European dietitian  
- minimum requirements for entrance into the profession or at the point of qualification, and throughout career as a dietitian.**

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

**First Domain: Healthcare Professionalism**

1.0	<b>Healthcare professionalism</b>		
	<b>Competency</b>	<b>Learning outcome or Behavioural objective</b>	<b><u>Examples</u> of documented or observed behaviour</b>
1.1	Knows, analyses and applies relevant general health and social issues in practice	a) Identifies, uses and records at least the minimum of medical, biochemical, social and environmental data necessary to plan client-centred care/management.  b) Uses a variety of sources to obtain medical, social, biochemical, economic and environmental data, taking into account ethical issues.	<ul style="list-style-type: none"> <li>• Uses relevant information when planning an intervention for health improvement in individuals or groups</li> <li>• Integrates and records information from individuals and/or groups before planning</li> </ul>

1.2	Uses problem-solving and decision-making skills.	<p>a) Collects and analyses relevant information related to the problems identified.</p> <p>b) Shows a logical and systematic approach to problem solving</p> <p>c) Develops and analyses solutions to solve the identified problem.</p> <p>d) Uses the best solution to resolve the problem</p> <p>e) Evaluates the success of the solution and takes further action if necessary.</p>	<ul style="list-style-type: none"> <li>• Makes requests for or finds more information if there is not enough available to make a valid and reliable decision</li> <li>• Shows how information from a number of sources is analysed and assessed before it is used to resolve a problem</li> <li>• Writes a plan showing how the outcome will be evaluated and what action might be taken next</li> </ul>
1.3	Uses current technologies, computing skills and information management skills for analysing, reporting and searching for information.	<p>a) Makes plans based on information from data gathering activities.</p> <p>b) Keeps all information within established guidelines.</p> <p>c) Keeps accurate, clear, concise and current records of professional services.</p> <p>d) Uses current technology in practice <i>including software, multimedia, webcasts, email, instant messaging, file transfers, video conferencing and electronic search engines.</i></p>	<ul style="list-style-type: none"> <li>• Shows how clear and meaningful records are kept and used to provide reliable and up-to-date information</li> <li>• Plans practice and records information based on clear, ethically sound and legally obtained information</li> <li>• Selects and uses a wide range of technology which is appropriate to the task</li> </ul>
1.4	Uses basic research skills including the ability to critique, justify and apply research findings	<p>a) Evaluates research and other evidence and shows how this has guided their own practice</p> <p>b) Shows awareness of methods</p>	<ul style="list-style-type: none"> <li>• Practices using an evidence based approach and is able to explain the reliability/applicability of the evidence to the problem</li> </ul>

		commonly used in health care research	
1.5	Uses English to update their knowledge of their own profession.	Proficiency of written English is sufficient to read current health journals and books	<ul style="list-style-type: none"> <li>• Uses information from English journals or other English materials that are important to current practice</li> </ul>
1.6	Is able to use interpersonal communication, including oral and written communication with other professionals and lay people in groups or as individuals	<p>a) Uses the best method for communicating with individuals or groups <i>for example; face-to-face, on the telephone, at a group meeting, by letter / memo, email.</i></p> <p>b) Shows that if there is a problem with communication another method can be chosen. <i>For example literacy issues, cultural issues, lack of understanding, interruptions, physical distractions, fear.</i></p> <p>c) Adapts communication style to meet needs and level of understanding of individuals and groups.</p> <p>d) Uses national and international networking to expand knowledge and understanding, and improve professionalism</p>	<ul style="list-style-type: none"> <li>• Talks to individuals or groups adapting the method used to make the conversation meaningful</li> <li>• Explains why an encounter did not go well and how it was changed to make it better</li> <li>• Networking through national and international e.g., working groups, organisations and conferences</li> </ul>
1.7	Values and appreciates individual diversity and multi-cultural differences through a knowledge of cultures and customs of other countries	<p>a) Practices in compliance with professional legislation and regulations. <i>May include: health profession, protection for person in care, health information protection, freedom of information and protection of privacy.</i></p> <p>b) Practises in compliance with professional standards, practice guidelines</p>	<ul style="list-style-type: none"> <li>• Shows in day-to-day practice how the approach takes into account the clients circumstances</li> <li>• Explains how professional standards and legislation have guided any encounters with individual or groups</li> </ul>

		and codes. <i>May include: practice standards, codes of ethics, continuing competency programs</i>	
1.8	Knows and applies legal and ethical principles to all areas of practice	<p>a) Provides services within scope of practice and personal competence.</p> <p>b) Understands and practices in a way that shows mutual respect, trust and in the best interests of the service user.</p>	<ul style="list-style-type: none"> <li>• Shows how the approach taken is in a patient or client centred way which means respectful of their wishes and in their best interests</li> <li>• Explains how their own knowledge of their limitations (scope of practice/competence) influences the service that can be offered</li> </ul>
1.9	Engages in review, reflection and Lifelong Learning to maintain quality of professional practice.	<p>a) Reflects on and evaluates own current practice.</p> <p>b) Assesses quality of services provided and identifies opportunities for improvement.</p> <p>c) Identifies and develops plans for meeting professional competency goals.</p> <p>d) Keeps up to date with scientific literature and attends conferences and meetings</p>	<ul style="list-style-type: none"> <li>• Explains the reflective process and how it is used to identify areas that need to be improved in own professional practice</li> <li>• Provides a reflective 'diary' to show the use of reflection in practice</li> <li>• Refers to relevant scientific literature in reports</li> </ul>
1.10	Establishes and maintains a safe practice environment.	<p>a) Identifies health and safety legislation, policies and procedures and adheres to them in practice.</p> <p>b) Establishes safe environments and takes opportunities to minimise risk (especially infection) to all users</p>	<ul style="list-style-type: none"> <li>• Can explain, maintain and practices in a safe practice environment</li> </ul>

## Second Domain: Knowledge base of dietetics

2.0 Knowledge base of Dietetics			
	Competency	Behavioural objective or outcome	Examples of behaviour
2.1	Integrates knowledge of food and food service systems, human nutrition and dietetics in the provision of services	a) Uses knowledge of food, nutrition, public health and dietetics in the prevention and treatment of disease and promotion of health	<ul style="list-style-type: none"> <li>• Makes plans for individual / group education and community projects demonstrating needs assessment and giving rationales / evidence for plans and implementation</li> <li>• Reports by supervisors confirm use of knowledge of food and food systems, human nutrition and dietetics</li> <li>• Shows the application of knowledge of food science and basic food preparation techniques when speaking with users</li> <li>• Uses food composition data appropriately when considering a care plan</li> <li>• Describe aspects of food systems from procurement through preparation and distribution that affect nutritional well-being of patients/clients</li> </ul>
		b) Explains why new and revised information about food, human nutrition and dietetics is necessary for provision of a safe service	<ul style="list-style-type: none"> <li>• Finds and shares new knowledge about human nutrition and dietetics with colleagues</li> </ul>
		c) Measures and evaluates significance of findings of epidemiology and anthropometric measures to assess nutritional status of individuals, groups and populations.	<ul style="list-style-type: none"> <li>• Uses physical and anthropometric data during assessments and to formulate care plans</li> <li>• Can discuss how epidemiological data is used to make plans for public health nutrition initiatives.</li> </ul>

2.2	Integrates knowledge of biomedical sciences in the provision of services	a) Uses knowledge of life sciences <sup>15</sup> and functional biomarkers for nutrition to support safe practice.	<ul style="list-style-type: none"> <li>• Presents case reports which show how knowledge of biomedical sciences<sup>15</sup> has contributed to the care of patients</li> <li>• Uses biochemical parameters, laboratory tests (compared to reference values and standards) when formulating care plans</li> </ul>
2.3	Integrates a knowledge of behavioural and social sciences in the provision of dietetic services	a) Uses knowledge of psychology, sociology and motivational techniques to inform interactive practice with individuals, groups and care givers	<ul style="list-style-type: none"> <li>• Demonstrates and provides a reflective report on how they have used psychology, sociology and/or motivational techniques in day to day dietetic practice</li> </ul>
		b) Identifies and uses effective methods for nutrition and dietetic interventions	<ul style="list-style-type: none"> <li>• Provides evidence of how management of individual cases or food service has used behavioural and social sciences, e.g., where health inequalities are present</li> </ul>
		c) Explains why theories of behaviour change are required to change eating behaviours	<ul style="list-style-type: none"> <li>• Shows how theories of behaviour change are used to influence eating behaviours in day to day dietetic practice</li> </ul>
2.4	Knows and applies pedagogic (education/teaching) knowledge and skills in the provision of dietetic services	a) Uses their knowledge of pedagogy to plan, develop and deliver an appropriate learning environment for individuals, and groups	<ul style="list-style-type: none"> <li>• Plans and delivers a teaching session to an individual or a group therefore meeting the needs of the learner(s)</li> <li>• Provides case presentations</li> </ul>
		b) Evaluates effectiveness of learning environment and takes appropriate action	<ul style="list-style-type: none"> <li>• Provides a review of a teaching session which shows an understanding of their own ability to improve/make the experience more effective</li> </ul>

<sup>15</sup> Life sciences include anatomy, biochemistry, biology, epidemiology, food science, dietetics, genetics, immunology, medicine, microbiology, nutrition, pharmacology, and physiology

2.5	Integrates business and management principles and skills in the provision of service	a) Can develop a basic business plan for safe and professional dietetics and nutrition service	<ul style="list-style-type: none"> <li>Writes a basic business plan for nutrition and dietetic services using business and management principles and skills</li> </ul>
		b) Shows how leadership, management skills and resources (financial, human, physical and/or material) affect service provision	<ul style="list-style-type: none"> <li>Writes a reflective log entry on group work tasks/activities at university or teamwork in real world settings considering integration of business and management principles and skills</li> </ul>
2.6	Integrates a knowledge of organisational, professional and legislative requirements in the provision of dietetic services	a) Recognises how a systematic understanding of the relevant organisational and legislative requirements relates to a safe professional dietetic service	<ul style="list-style-type: none"> <li>Reports by the student, dietitian or supervisor on how organisational and legislative requirements (e.g., Health &amp; Safety Regulations, Food &amp; Drug Regulations, Nutrition Labelling Regulations) were recognised during practical placement</li> </ul>
		b) Explains how a systematic understanding of relevant professional requirements can affect a safe and professional service	<ul style="list-style-type: none"> <li>Documents evidence of compliance with relevant professional codes, guidelines / standards of practice and ethics (e.g., EFAD code of ethics)</li> <li>Shows how a critical incident reflection is related to professional or legal issue and how this affects subsequent practice</li> </ul>

### Third Domain: Dietetic Process and Reasoning

3.0 Dietetic Process and Reasoning			
	Competency	Learning outcome or Behavioural objective	Examples of documented or observed behaviour
3.1	Applies client-centred practice in the nutrition care process based on the expectations and priorities of individuals, groups, community or population	a) Can identify, assess and formulate goals for nutrition related problems with individuals, groups, communities or populations	<ul style="list-style-type: none"> <li>Writes nutrition care plans / case reports / meal plans for simulated and/or real cases which shows the use of a knowledge of food and nutrition (including enteral and parenteral nutrition)</li> <li>Proposes reasoned case reports or provides case portfolios</li> <li>Writes reports for group education / community projects demonstrating needs assessment, plans and implementation</li> </ul>
		b) Develops and implements intervention plans and then monitors, evaluates and reports the outcomes of nutritional care	<ul style="list-style-type: none"> <li>Writes reasoned reports on implementation of dietetic plan and outcomes</li> <li>Presents evidence of client-centred practice in interaction with individuals/groups/populations demonstrating improvement of planned nutrition intervention (simulated cases or real 'cases')</li> <li>Shows agreement with and acts on policies, procedures and professional ethics through nutrition care notes</li> </ul>
3.2	Identifies the ethical and legal implications of modifying or withdrawing food, nutrition or fluid in situations where the individual is	Evaluates each individual situation and provides a reasoned, evidence based explanation for choice of dietetic action and/or intervention	<ul style="list-style-type: none"> <li>Provides a plan for a simulated and/or real case where the choice of nutrition intervention may have to be made on behalf of the individual respecting legal and ethical frameworks.</li> </ul>

	unable to make a reasoned decision		
3.3	Reflects and reviews own dietetic practice	a) Uses the process of reflection <sup>16</sup> to take action on critical incidents <sup>17</sup> (either positive or negative) that reflects professional benefit	<ul style="list-style-type: none"> <li>Writes and presents critical incident reflection</li> </ul>
		b) Develops plans for own dietetic practice improvement	<ul style="list-style-type: none"> <li>Shows how systematic evaluation of practice provides opportunities for Lifelong Learning</li> <li>Uses feed-back from students, supervisors and colleagues to write on the value of supervised interaction with colleagues and clients</li> </ul>
3.4	Works independently and in partnership/collaboratively with other professionals to integrate nutrition and dietetics into overall professional care/service	a) Identifies other professionals that can contribute to effective food, feeding and hydration and work collaboratively to achieve an optimum nutritional outcome	<ul style="list-style-type: none"> <li>Shows, through case notes or by other means, how nutritional care was achieved collaboratively with other professionals (e.g., speech and language therapist)</li> <li>Uses reports and feedback by supervisors to show professional role in a multidisciplinary team</li> <li>Reports examples where limitations of own knowledge and skills required individual clients to be referred to other competent professionals</li> </ul>
		b) Maintains a critical knowledge of current best practice guidelines and policy statements	<ul style="list-style-type: none"> <li>Demonstrates the use of best practice guidelines and policy statements for a safe and professional service</li> </ul>

<sup>16</sup> Reflection: the process of giving serious thought and consideration to practice with the intention of continuing practice that works, and stopping for improving practice that is less effective

<sup>17</sup> Critical incident: any situation where a person experiences strong reactions which could inform their ability to perform

		c) Contributes to team decision-making	<ul style="list-style-type: none"> <li>• Makes use of opportunities to contribute dietetic and nutrition expertise to the service and provide relevant input into interprofessional decisions about care</li> </ul>
3.5	Respects the unique emotional, social, cultural, religious and sustainable needs of individuals, groups, communities and populations	a) Recognises social, cultural, regional and religious influences on food selection and the provision of nutrition interventions	<ul style="list-style-type: none"> <li>• Takes into account diverse socio-cultural situations, ability and resources of clients when planning nutrition care or services</li> <li>• Demonstrates cultural competency and how diverse socio-cultural groups and diversity within socioeconomic status guides community projects</li> </ul>
		b) Uses client-centred intervention and community development approaches	<ul style="list-style-type: none"> <li>• Works according to the principles of a non-discriminatory client-centred practice</li> <li>• Reports on assessment approaches that utilise principles of community development</li> <li>• Presents a case portfolio(s) showing client centred intervention(s)</li> </ul>
		c) Recognises and implements the principles of food sustainability	<ul style="list-style-type: none"> <li>• Works showing appropriate sustainability awareness for individuals, groups or communities</li> </ul>
3.6	Demonstrates the economic value of dietetic services to individuals, groups (society), employers and other policy makers	Undertakes basic cost benefit analysis of dietetic interventions	<ul style="list-style-type: none"> <li>• Writes a report of case management or food service management project(s) with cost-benefit evidence</li> <li>• Finds ways to use time and resources more cost effectively</li> <li>• Reports on the effective and timely completion (cost-effectiveness) of independent work</li> </ul>

## Fourth Domain: Evidence Based Dietetic Practice

4.0 Evidence Based Dietetic Practice			
	Competency	Behavioural objective or outcome	Examples of behaviour
4.1	Systematically searches for, evaluates, interprets and applies findings from food, nutrition, dietetic, social, behavioural and education sciences into dietetic practice	a) Can demonstrate skills in independent searching of international, scientific literature and other relevant information	<ul style="list-style-type: none"> <li>Writes an evidence based report to justify a nutritional intervention</li> </ul>
		b) Interprets, analyses, synthesises <sup>18</sup> and critically appraises research findings and their applicability to practice	<ul style="list-style-type: none"> <li>Presents case studies showing an evidenced based approach with reasoned conclusions</li> <li>Works showing a logical reasoned approach to dietetic practice.</li> <li>Shows through care plans that problem solving skills have been used to provide a justified approach to practice</li> </ul>
4.2	Identifies, designs and participates in research and audit to enhance the practice of dietetics	a) Participates in research/evaluation/audit projects within the field of nutrition and dietetics	<ul style="list-style-type: none"> <li>Reports on how dietetic practice was audited against standards and proposes future actions</li> <li>Writes a thesis/dissertation/research project in the field of dietetics and nutrition</li> </ul>
		b) Uses principles of research design, data management, analyses and interpretation in dietetic practice	<ul style="list-style-type: none"> <li>Develops and uses systems to manage data and information which is shown to enhance dietetic practice</li> <li>Writes a thesis/dissertation/research project report</li> </ul>

<sup>18</sup> Synthesis: the bringing together of information and data from different sources to infer relationships

		c) Shows how results from audit/research activities can be used to enhance own practice	<ul style="list-style-type: none"> <li>• Writes a report or a reflective portfolio<sup>19</sup> to show how systematic monitoring and use of evidence have informed and changed own practice</li> <li>• Uses reports from supervisors to show how own practice has changed due to audit outcomes</li> </ul>
4.3	Applies food, nutrition and dietetic science to solve problems	a) Collects and analyses relevant information related to an identified issue and proposes a solution	<ul style="list-style-type: none"> <li>• Develops and presents a protocol for a thesis/dissertation/research project</li> <li>• Writes a project report showing ability to gather information and prioritise issues</li> </ul>
		b) Provides evidence based rationale to resolve identified issues	<ul style="list-style-type: none"> <li>• Shows in nutrition care process notes how issues have been resolved and solutions implemented</li> </ul>
		c) Can discuss ways dietitians can contribute and be used in the research process	<ul style="list-style-type: none"> <li>• Leads a discussion on how dietitians have contributed to a research outcome</li> </ul>
4.4	Adopts an evidence based approach to dietetics practice	a) Evaluates the evidence to answer practical dietetic questions	<ul style="list-style-type: none"> <li>• A case portfolio shows a justified evidence-based practice approach</li> </ul>
		b) Uses contextual factors and stakeholder perspectives to justify decisions	<ul style="list-style-type: none"> <li>• Case notes and care plans clearly show how evidence has been used to guide decisions</li> </ul>
4.5	Shares evidence based dietetic and nutrition with colleagues and key stakeholders	a) Summarizes and communicates research information appropriate to the 'audience'.	<ul style="list-style-type: none"> <li>• Writes a summary of evidence based dietetics or nutrition in response to questions</li> </ul>
		b) Shares own knowledge, skills and	<ul style="list-style-type: none"> <li>• Makes an oral or poster presentation of</li> </ul>

<sup>19</sup> Reflective portfolio: a collection of written, audio or video pieces that are collected to demonstrate changes in practice and/or competence

		experiences with others	thesis/dissertation/research projects, case studies
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## Fifth Domain: Autonomy<sup>20</sup>, accountability and quality in dietetic practice

5.0 Autonomy, accountability and quality in dietetic practice			
	Competency	Behavioural objective or outcome	Examples of behaviour
5.1	Is able to practice as an autonomous, accountable dietetic practitioner using own knowledge and skills in dietetics to make professional judgements	a) Accepts personal responsibility and accountability for actions and decisions	<ul style="list-style-type: none"> <li>Shows in day to day work how dietetic decisions have been made</li> <li>Is able to defend the dietetic decision that has been made</li> <li>Recognises and then takes responsibility for initiating own Lifelong Learning to improve knowledge and skills</li> </ul>
		b) Is able to solve problems using own dietetic knowledge and skills and takes personal initiative to act where appropriate	<ul style="list-style-type: none"> <li>Writes a reflective log about an encounter where professional autonomy was challenged</li> <li>Uses other services or health professionals (e.g., may refer on to another professional) when necessary to produce the best outcome for patients and groups</li> </ul>
5.2	Improves practice through continuous and systematic evaluation maintaining clear and concise records of all activities	a) Uses dietetic and other standards to systematically evaluate practice and participate in audit procedures	<ul style="list-style-type: none"> <li>Locates and summarises dietetic and other standards which are applied for quality assurance</li> <li>Produces an audit cycle</li> </ul>
		b) Collects data and revises plans as necessary to achieve continuous quality improvement across the dietetic service in partnership with others	<ul style="list-style-type: none"> <li>Uses a standardised system for collecting patient records</li> <li>Produces documentation which can be audited successfully</li> <li>Develops a plan for quality improvement involving</li> </ul>

<sup>20</sup> Professional autonomy: the right and privilege to exercise professional skills independently without input from others

			<p>stakeholders</p> <ul style="list-style-type: none"> <li>• Discusses the ways a service can be evaluated, monitored and improved</li> </ul>
		c) Uses current technology in practice to provide evidence for quality assurance purposes	<ul style="list-style-type: none"> <li>• Describes how electronic health records and other management systems are used to provide data for quality purposes</li> <li>• Uses information technology to reliably enter data for future analysis</li> <li>• Explains how data entered into electronic systems is used responsibly for quality management while maintaining confidentiality</li> <li>• Finds evidence for (and of) quality assurance of dietetic services</li> </ul>
5.3	Maintains competence to deliver a professional dietetic practice of known quality through Lifelong Learning	a) Demonstrates regular review of own practice and competence	<ul style="list-style-type: none"> <li>• Routinely seeks feedback on performance as a dietitian from peers, colleagues and others</li> <li>• Identifies own competences and compares to published professional competences</li> <li>• Produces a Lifelong Learning plan</li> </ul>
		b) Implements a plan for professional development	<ul style="list-style-type: none"> <li>• Sets own continuous improvement tasks</li> <li>• Discusses choice of activities to show how they meet their Lifelong Learning plan</li> <li>• Actively shows how professional development activities meet the Lifelong Learning plan</li> </ul>
5.4	Use current technologies to collect and manage data responsibly, and professionally for information, reporting and quality improvement purposes	a) Develops, plans and gathers valid, reliable and comprehensive information using current technology and by other means	<ul style="list-style-type: none"> <li>• Assesses the reliability and validity of data gathered with the support of current technology before using them</li> <li>• Shows how data can be used to provide reliable information for informing/planning different areas of dietetic work</li> </ul>

			<ul style="list-style-type: none"> <li>• Provides a case portfolio or case(s) connecting activity and impact resulting in improved professionals services and quality of care</li> <li>• Shows how ethical aspects of communication is considered when using social media and other electronic information resources</li> </ul>
		b) Assesses the relevance, importance and validity of data gathered both electronically and by other means	<ul style="list-style-type: none"> <li>• Leads a discussion on the validity of results from nutrition software used to analyse nutrient composition of diets</li> <li>• Shows how use of electronic health records or health management systems in patient care can be assessed for relevance</li> <li>• Produces evidence of how digital literacy<sup>21</sup> has been successfully used in IT related projects</li> </ul>
5.5	Accepts responsibility for ensuring practice meets legislation and requirements	a) Complies with current legislation that applies to professional context in which dietitians work	<ul style="list-style-type: none"> <li>• Provides explanations on how work is managed to comply with legal constraints</li> <li>• Case notes and care plans show how current legislation has been applied</li> </ul>
		b) Establishes safe environments for practice which minimises risks including human rights, hazard and infection control	<ul style="list-style-type: none"> <li>• Adopts an approach to own work and role which shows concern for human rights</li> <li>• Takes appropriate and correct action to infection control when working with people, food or in other areas</li> <li>• Shows awareness of what a safe environment is and how it can be established</li> </ul>
		c) Maintains a critical knowledge of	<ul style="list-style-type: none"> <li>• Presents a case portfolio/study or talk on the use of</li> </ul>

<sup>21</sup> Digital literacy: the ability to find, judge, use, share, and create content using information technologies (IT) including but not limited to the web, twitter, social media

		current best practice guidelines and policy statements	best practice guidelines and policy statements to ensure dietetic practice is meeting legislative requirements
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## Sixth Domain: Communication, relationships and partnerships skills in dietetics

6.0 Communication, relationships and partnerships skills in dietetics			
	Competency	Behavioural objective or outcome	Examples of behaviour
6.1	Communicates effectively and responsibly using multiple means	a) Uses an appropriate communication style to meet the needs of the user	<ul style="list-style-type: none"> <li>Adapts communication style to meet the needs and level of understanding of the individual or group</li> <li>Uses encouraging and active listening techniques to maintain rapport</li> <li>Explains how the use of non-verbal communications can be used to evaluate effective communication</li> <li>Develops and explains the uses of teaching materials for users of differing abilities</li> <li>Develops (in writing, visually or verbally) and evaluates a client resource information package</li> </ul>
		b) Writes and speaks clearly, concisely and professionally using professional terminology	<ul style="list-style-type: none"> <li>Seeks feedback on type and style of communication from peers, supervisors and colleagues</li> <li>When working/communicating with teams checks team members' multiprofessional understanding</li> <li>Presents and discusses an audit of communication styles and language of printed or other media</li> </ul>
		c) Demonstrates interpersonal skills, to establish trust and understanding with stakeholders	<ul style="list-style-type: none"> <li>Takes corrective action during one on one conversations to restore rapport and understanding</li> <li>Seeks views of supervisors/teachers on the</li> </ul>

			establishment of trust and rapport during interviews
6.2	Engages in collaborative practice to achieve positive health outcomes	a) Establishes collaborative partnerships, consults with and advises clients, carers, team members and other stakeholders to improve care	<ul style="list-style-type: none"> <li>Documents evidence of inter-professional involvement in partnership activities to improve care.</li> </ul>
6.3	Builds partnerships, networks and promotes the profession of dietetics	a) Shows how opportunities for partnerships and networks can be used effectively	<ul style="list-style-type: none"> <li>Records how a professional encounter was used to promote/introduce the expertise of dietitians</li> </ul>
		b) Raise the profile of the profession through professionalization and networking	<ul style="list-style-type: none"> <li>Works and behaves as a professional dietitian using the professional code of conduct</li> <li>Writes an article for a professional dietetic newsletter or other media source</li> <li>Serves on a committee and promotes the role of the dietitian</li> </ul>
6.4	Assumes leadership, educational or mentoring role to build better/more effective collaborative partnerships	a) Participates in supervision, teaching and mentoring <sup>22</sup> processes with peers, students and colleagues	<ul style="list-style-type: none"> <li>When working with others agrees professional boundaries, roles and responsibilities</li> <li>Engages in formal or informal learning partnerships with clear agreed outcomes</li> <li>Uses a range of techniques to encourage others to reflect on their professional progress</li> </ul>
		b) Demonstrates leadership skills in a variety of formal and informal roles	<ul style="list-style-type: none"> <li>Shows characteristics that will build trust and confidence in own leadership role</li> <li>Demonstrates commitment to achieving a successful outcome for the project and the team</li> <li>Encourages others to value each other's abilities</li> </ul>

<sup>22</sup> Mentoring: a relationship between two people based on a mutual desire for development towards agreed goals and objectives

			and contribution
6.5	Seek, support and promote opportunities for learning among peers, students and others	a) Identifies and uses learning episodes to support team members, peers and others	<ul style="list-style-type: none"> <li>Encourages others to recognize learning opportunities in daily life to advance practice</li> <li>Writes a reflective log about a learning opportunity in which team members advanced their understanding of dietetics</li> </ul>
		b) Engages in the development and use of appropriate learning materials to support professional development	<ul style="list-style-type: none"> <li>Sets-up or actively or participates in a literature review and discussion/Journal Club</li> <li>Develops a learning episode and evaluates its effectiveness</li> </ul>
		c) Seeks, responds to, and provides effective feedback	<ul style="list-style-type: none"> <li>Monitors and reports on learning undertaken by a student</li> <li>Pro-actively takes a critical approach to own learning and sets goals and targets for Lifelong Learning</li> </ul>
6.6	Advocates for the contribution that nutrition and dietetics can make to improve health	a) Identifies opportunities to change factors affecting health	<ul style="list-style-type: none"> <li>Undertakes a project to show how dietetics and dietitians can improve nutritional health for an individual, group or population (e.g., malnutrition in hospitalized patients)</li> </ul>
		b) Advocates on behalf of stakeholders to improve health	<ul style="list-style-type: none"> <li>Writes a report on how advocacy has changed policies or other situations</li> </ul>

## **5.0 Glossary of terms and abbreviations.**

### **Administrative Dietitian or Food Service Dietitian**

A dietitian who has responsibility within food service management, by providing nutritionally adequate, safe, tasty, and sustainable quality food to individuals or groups to improve health and treat disease within financial and regulatory frameworks. Food service dietitians can work in institutional, community and educational settings and other work places including food industry.

### **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.

### **Behavioural objective (or outcome)**

A behavioural objective (or outcome) has three parts:

- a) A defined behavioural verb,
- b) Described conditions that permit the behaviour called for by the verb,
- c) A description of the lower level of acceptable performance (criteria).

### **Clinical Dietitian**

A dietitian who is responsible for planning, education, supervision and evaluation of a clinically devised eating plans to restore the client/patient to functional nutritional health. Clinical dietitians can work in primary care as well as institutions.

### **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.

### **Competence (-s)**

A competence defines WHAT a person is capable of doing well, effectively and following professional standards.

- Professional competence is “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection” and “the bringing together of different components to perform, do something successfully or manage complex situations”.
- Competence can only be demonstrated by the students/learners showing that they have the competency to perform something.
- Competence is an outcome: it describes what someone can do. It does not describe the learning process that the individual has undergone.
- Competence represents a dynamic combination of knowledge, understanding, skills and abilities
- Practical work experience is essential to gain, maintain and improve competence

- In order to reliably measure someone's ability to do something, there must be clearly defined and widely accessible competence standards through which performance is measured and accredited
- Competence is a measure of what someone can do at a particular point in time. (UDACE 1989; Tight 1996);

### **Competency (-ies)**

Competency is a skill whereas competence is the attribute of a person's practice in context.

The focus is concentrated on the learners and their actions rather than upon predetermined products, or it can mean active participation through learning (Smith 1996, 2005). Learning programmes (in Higher Education or elsewhere) are therefore competency-based programmes. Programmes in Europe will use the Dublin Descriptors (Bologna, 2004) to guide their development.

Learning programmes (in Higher Education or elsewhere) are therefore competency-based programmes or use Competency Based Education. Programmes in Europe will use the Dublin Descriptors (Bologna, 2004) to guide their development.

### **Continuing Professional Development (CPD)**

The process by which professionals are able to update, maintain and enhance their knowledge, skills and expertise in order to ensure their continuing competence to practise. The process is systematic and on going.

### **Critical reflection**

This involves exploring the reasons and approaches and the underlying concepts/assumptions that have been made in the period being reflected upon. The exploration is based upon an evaluation of the context and takes account of social, personal and historical influences upon the professional setting.

### **Evaluation/Quality assessment**

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.

### **Food Service Dietitian or Administrative Dietitian**

A dietitian who has responsibility within food service management, by providing nutritionally adequate, safe, tasty, and sustainable quality food to individuals or groups to improve health and treat disease within financial and regulatory frameworks. Food service dietitians can work in institutional, community and educational settings and other work places including food industry.

### **Higher Education Institute (HEI)**

A recognised institution that is set-up to provide education at first cycle (bachelor) degree level as well as other levels of education.

**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 outcomes**

Learning outcomes are statements of what a learner is expected to know, understand and/or be able to demonstrate after completion of learning. They can refer to a single course unit or module or else to a period of studies, for example, a first or a second cycle programme. Learning outcomes specify the requirements for award of credit. Academic staff and practice teachers devise learning outcomes.

**Lifelong Learning (LLL)**

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

**National Dietetic Association (NDA)**

An association for dietitians in a country

**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 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.

**Practical placement /Clinical education placements**

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

**Public Health or Community Dietitian**

A dietitian directly involved in health promotion and policy formulation which leads to the promotion of food choice amongst individuals, groups to improve or maintain their nutritional health and minimize risk from nutritionally derived illness.

**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, e.g., time, money, equipment, staff, the specialist knowledge held by a person, which could be used to help or support others when needed.

**Salutogenic**

The Salutogenic orientation focus on the origin of health; people's resources which maintains and improves the movement towards health. It gives the answer to why people despite stressful situations and hardships stay well. It is the opposite of the pathogenic concept where the focus is on the obstacles and deficits.

**Self-directed learning**

Independent learning that is initiated by the student

**Solution focused approach**

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.

**Specialisation/field of interest**

Specialisation is focusing on part of the field of dietetics (eg, administrative dietetics, ambulatory care, long-term care, diabetes, renal, paediatric, private practice, public health, nutrition support, research, sports nutrition).

**Tool**

The instrument or method

**User**

Anyone receiving a dietetic service – patients, clients, the public, catering services, food industry, customers