

**Dietitians ensuring education,  
teaching and professional quality**

**2010-13**

**DIETS2  
Embedding and driving change (WP8)**

**Del 8.6 Embedding Lifelong Learning Policies in Europe; reports from  
National Dietetic Associations and Higher Education**

---

“This project has been funded with support from the European Commission.  
This publication [communication] reflects the views only of the author,  
and the Commission cannot be held responsible for any use which may  
be made of the information contained therein“.



## **Index**

<b>Section</b>		<b>page</b>
<b>1.0</b>	Introduction	3
<b>2.0</b>	Methods used to investigate Lifelong strategies used in Europe for dietitians	4
<b>3.0</b>	The results of the focus groups	4
<b>4.0</b>	Discussion and implications for Lifelong Learning for dietitians in Europe	9
<b>5.0</b>	Conclusions and recommendations	10
<b>References</b>		11
<b>Appendix 1</b>	The EFAD Lifelong Learning Policy for dietitians	12
<b>Appendix 2</b>	Questionnaire used for the focus groups	14
<b>Appendix 3</b>	Focus groups what they had to say: Higher Education Institutions	16
<b>Appendix 4</b>	Focus groups what they had to say: National Dietetic Associations	21

## 1.0 Introduction

The European Commission define lifelong learning (LLL) as *'all learning activity undertaken throughout life, with the aim of improving knowledge, skills and competence, within a personal, civic, social and/or employment-related perspective.'* (Accessed July 2013: [http://ec.europa.eu/education/lifelong-learning-policy/doc/policy/qualityreport\\_en.pdf](http://ec.europa.eu/education/lifelong-learning-policy/doc/policy/qualityreport_en.pdf))

Clearly the advancement of any professional and their practice must include an element of LLL.

One of the core objectives of the DIETS2 project (2010) was:

- To define the competences required for post-qualification dietitians and provide support and encouragement for dietitians to engage in Lifelong Learning LLL once qualified.

To this end competences for advanced and specialist dietitians were published and adopted by the European Federation of Associations of Dietitians (EFAD, 2012). Additionally a Strategy for Lifelong Learning (DIETS2, 2012 and at Appendix 1) for National Associations of Dietetics (NDAs) to use/implement was discussed at the 2012 EFAD General Meeting. The NDAs agreed to consider further their policies and strategies for LLL.

At the same time DIETS2 created a database where NDAs and Higher Education Institutes (HEIs), were invited to post on their courses and programmes ([www.thematicnetworkdietetics.eu](http://www.thematicnetworkdietetics.eu)) that would or could support the LLL needs of dietitians in Europe. The concept was that dietitians could consult this database and use it to facilitate their learning needs.

However there is very little information on several key questions with respect to LLL and the dietetic profession. The Professional Practice Committee of EFAD has published a statement regarding the hallmarks of professional practice. Maintaining competence is at the heart of professional practice and LLL is key to sustaining and developing not only individual professional practice but also advancing the profession as a whole. It is also imperative in ensuring the dietitian is providing safe, evidenced based, quality client care, thus optimising the well-being of, in this instance, the European population.

**Professional practice** concerns the way professionals apply their specific expertise to particular cases and use their experiences systematically to build their expertise. Professional practices are characterized by;

- integrity,
- competence
- and
- accountability.

In order to determine barriers and/or drivers affecting how the HEIs embed LLL and provide courses for dietitians and nutritionists, a focus group discussion was planned with key contacts from HEIs. Similarly a focus group was held with NDA representatives. By understanding how the NDAs are planning to approach proactively supporting their members to engage in LLL, EFAD and HEIs can support their aspirations. Focus groups were used to establish views and reflections on these topics.

The proposed “Strategy for Lifelong Learning within EFAD” (DIETS2 LLL Strategy) was used as a basis for the focus group discussions. The outcome from these group discussions can be used advantageously by EFAD, HEIs and NDAs to strengthen the advancement of the profession of dietetics in Europe.

## **2.0 Methods used to investigate Lifelong strategies used in Europe for dietitians**

The DIETS2 Network has identified a ‘key contact’ in each of its 101 partners. The majority of partners are HEIs while NDAs and NGOs make up about 30% of the partnership. Key contacts for both NDAs and HEIs were contacted and invited to join virtual focus groups to discuss LLL and to share DIETS/EFAD opinions and knowledge. Two dates/times were set for these groups. A focus group was decided as appropriate given that additional and rich information can be obtained in discussion. It was also decided to record the discussions so that essential points could be noted however due to resource limitations the discussions were not transcribed verbatim.

As the DIETS2 LLL Strategy was known to the NDAs and also had been circulated to the HEIs as part of their involvement in the DIETS2 network it was decided to use the strategy as a focus for the questions to be discussed. The final sets of questions used during the focus groups are in Appendix 2. Some questions are unique to each group but the majority are the same.

Prior to the meeting the proposed DIETS2 LLL Strategy and the questions (Appendix 2), plus instructions for joining the virtual focus groups, were sent to the participants so they could prepare themselves for the discussions.

At the beginning of each of the discussions it was made clear that the meeting would be recorded and used in the analysis of the discussion. All members were able to withdraw at any time. The resulting information was sent to those attending the meeting for agreement before publication.

Due to response rates to participate three virtual focus groups were facilitated; 2 for HEIs and 1 for NDAs. On request the focus group questions were sent to 4 other NDAs with 3 of them returning a completed questionnaire. One HEI also requested if they could send a written response. A completed form was returned for inclusion.

## **3.0 Results of the focus groups**

The focus groups were drawn from members of the DIETS2 Network and were a sample from HEIs and also from NDAs. Four HEIs and four NDAs took part in the discussion. Four NDAs and one HEI that wished to take part and could not make the set time answered the questions in writing and were included in the analysis. Overall ten responses were obtained. The participants represented a range of countries giving a broad picture of LLL in Europe

The focus groups were run by two DIETS2 partners (both HEIs) and the notes during the meeting and the analysis of the tape records were undertaken by a third partner (HEI).

Immediately after the discussion the tape recording was summarised and the summaries made available to the Key contacts that had participated in the meetings for factual accuracy.

Table 1 provides an overall summary of the main points of the discussion with the HEIs and the NDAs. Table 2 provides a more detailed summary of questions and their responses. Please note that the NDAs and HEIs were not asked the same questions in all cases.

The full transcribed summary record of the focus groups can be found in Appendices 3 and 4.

**Table 1 main discussion outcomes regarding LLL (HEIS and NDA)**

In different countries HEIs and NDAs organize courses to promote LLL but no clear National or European strategy exists.

HEIs promote LLL by organizing seminars and conferences.

HEIs and NDAs are working together in promoting LLL, though not always in a formal way.

Only a HEI can accredit a course or conference using ECTS.

Some countries already have some kind of accreditation system though it is not used in practice.

National systems for monitoring individual development is available although the importance for such a system is recognized

**Table 2 Detailed summary of Focus Groups regarding LLL (HEIs and NDAs)**

Country/question	Belgium (HEI)	France (NDA)	Germany (NDA)	Ireland (NDA)	Portugal (HEI)	Spain (NDA)	Turkey (HEI)	UK (NDA & HEI)
<b>LLL strategy in different countries</b>	No formalised system/ strategy by the NDA	No formalised system/ strategy by the NDA	No formalised system/ strategy by the NDA	A formalised CPD system/ strategy by the NDA	No formalised system/ strategy by the NDA	No formalised system/ strategy by the NDA	No formalised system/ strategy by the NDA	A formalised CPD strategy by the NDA
<b>Monitoring Professional Development</b>	HEIs monitor staff but no formal monitoring by NDA	A national system (DPC) for HCPs to be implemented 2013	'Points' issued by NDA for CPD used to maintain registration	Formal need to submit hours of CPD to NDA	HEIs monitor staff LLL but no formal monitor by NDA	Legal framework for public employees but for all dietitians voluntary	Completely voluntary	Informal and voluntary; but see below at 'accreditation of learning'
<b>Career pathway</b>		Not yet but recognised as important to promote to the DPC	Not recognised			Not yet but using EDAC to monitor PG courses		National competence framework for HCPs; NDA interprets for dietitians
<b>Competences for a specialist dietitian</b>	EDAC is known but not applied	None reported	None reported	Advanced working; service 30%, research 30% education 30%	EDAC is known but not applied	EDAC is known but not yet applied although there are plans to do so	EDAC is known but not applied; reading English is difficult	EDAC is known but not applied; the BDA has developed its own informal guidance
<b>Accreditation of learning</b>		Only for HCPs in general	None reported	NDA provides points for courses		None reported		BDA awards Prof Devel award after 5 years study

Country/question	Belgium (HEI)	France (NDA)	Germany (NDA)	Ireland (NDA)	Portugal (HEI)	Spain (NDA)	Turkey (HEI)	UK (NDA & HEI)
<b>Promotion of LLL by HEIs</b>	In practice placement and conferences				In practice placement	PG modules regionally	none	Through research projects
<b>Cooperation HEIs and NDAs</b>	Formal Commission of Education: HEIs and NDAs				No formal process but informal Work together on major professional projects	At regional level development courses with credit	Work together on conferences	No formal process with NDA but locally may take place
<b>ECTS in different countries</b>	No ECTS* given				No ECTS* system but points for attendance	No ECTS system but points for attendance	No ECTS given	No ECTS given
<b>Formal and informal learning</b>	A system recognising informal learning beneficial				A system recognising informal learning beneficial		A system recognising informal learning beneficial	A system recognising informal learning beneficial

\*ECTS (or equivalent) given for doctors/nurses and midwives

### Glossary

BDA- British Dietetic Association

CPD – Continuous Professional Development

DPC - Developpement Professionnel Continu (France)

EDAC – European Dietetic Advanced Competences

HCP – Healthcare professional

HEI – Higher Education Institution

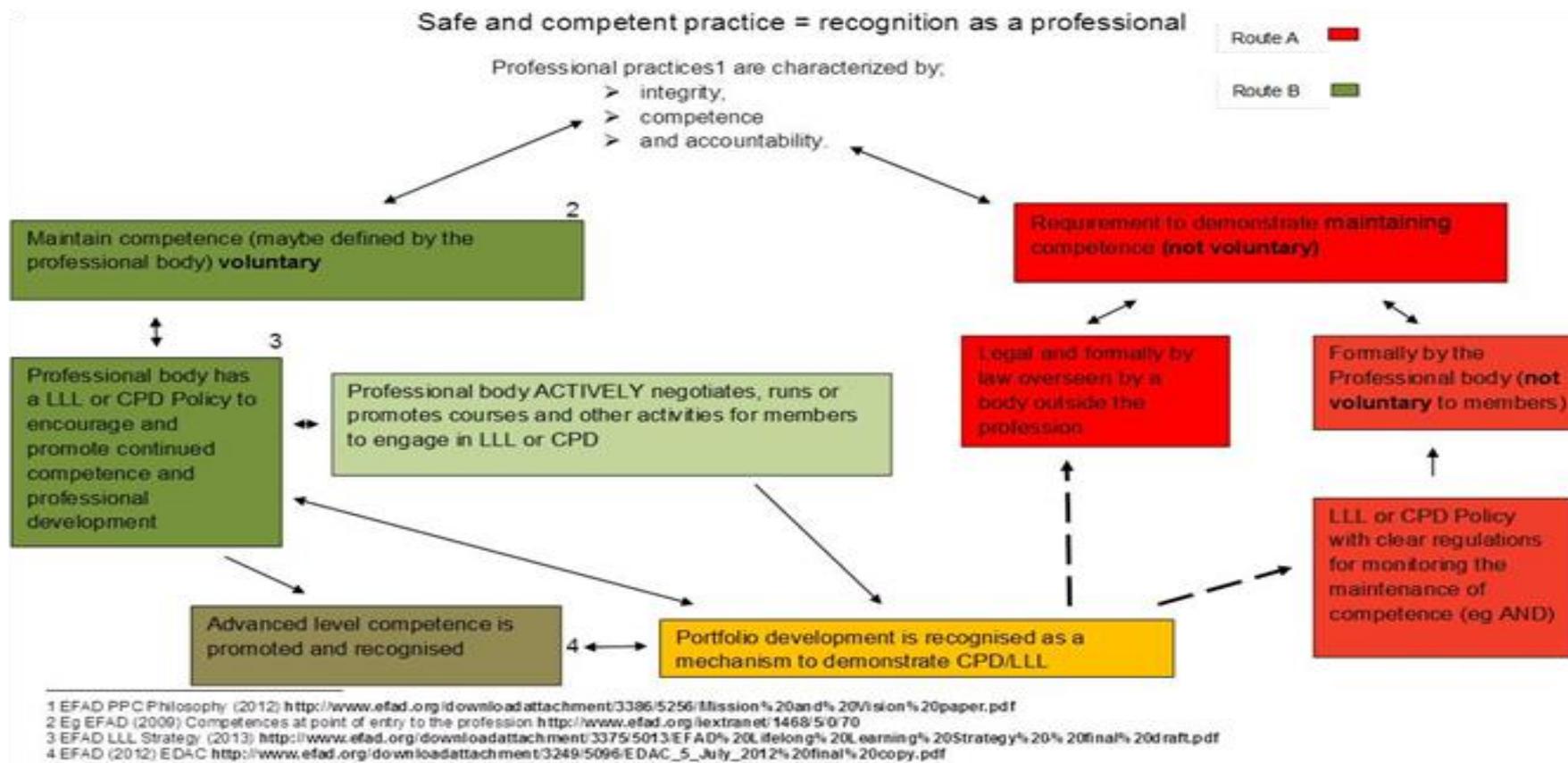
LLL- Lifelong Learning

NDA – National Dietetic Association

PG - postgraduate

As a result of the analysis Figure 1 provides a summary overview of how LLL, captured using a portfolio of evidence may inform recognition of the professional status and on-going professional development (registration).

**Figure 1** the role of LLL to maintain competence and recognition as a professional Dietitian (de Looy, 2013)



#### 4.0 Discussion and implications for Lifelong Learning for dietitians in Europe

During the discussions and the subsequent analysis of the focus groups several key points became important to clarify and discuss. Amongst them was the definition of CPD (Continuing Professional Development) and LLL (Lifelong Learning). Two National Dietetic Associations (NDAs) spoke of CPD while the HEIs tended to report on LLL. The UK Health and Care Professions Council (HCPC) have defined CPD as seen in the box on this page and it is specifically intended to define the LLL needs for professionals. LLL is a more generic concept that can be applied to all professionals including teachers of dietetics. Of course they may also consider themselves to undertake CPD if they have a professional role. The goal of LLL can be seen to be CPD. However if HEIs and NDAs are to work proactively together it is important that both agree on concepts and definitions. EFAD may wish to take these two definitions forward into European dietetics and is a discussion still to be undertaken.

##### What is CPD?

The UK Health and Care Professions Council (HCPC) defines continuing professional development (CPD) as “... a range of learning activities through which professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice”.

The HEIs clearly see themselves as key players in the promotion of LLL/CPD and informal partnerships were described. Further consideration is needed to explore how to foster and ensure that these relationships remained productive and actively meeting the needs of the professional. Only one respondent said they have a formal system for developing conferences. As it was not clear how this could happen more systematically over the breadth of learning opportunities from the discussions perhaps more active joint working, such as fostered by the DIETS2 Network, could be used. The formal recognition of learning, which is a key component of LLL, was not evident from 8 of 10 responses. However it was reported that one NDA has a process whereby evidence of learning can be awarded a Professional Diploma. However even for this NDA this award is voluntary<sup>1</sup> and not all dietitians may wish to enrol for such a programme of study. Whereas it was reported that in some countries doctors and nurses can be awarded ECTS this is not yet available for dietitians in any of the countries surveyed. The award of recognition for LLL, stated by 2 of the 10 respondents was undertaken by the NDA and appeared to require evidence of attendance at courses as proof of LLL rather than testing that any learning from the experience had taken place. Whether this can be considered to indicate LLL or indeed CPD requires further discussion.

Two countries said they had constructed and adopted a CPD/LLL policy for dietitians and some were considering this. Only one country had a mapped career pathway for dietitians and two countries had set competences for dietitians at post registration level. Most countries were familiar with the EFAD competences at advanced level but they were not in use yet.

<sup>1</sup> This NDA is in a country where a regulated profession means that the regulator requires evidence of maintenance of competence every two years.

Finally the HEI respondents all acknowledged the need for formal and informal learning to be recognised as leading to an acknowledged outcome for CPD/LLL. However it appeared as if this might not be achieved in the near future. It would involve a change in culture and more cooperation between the NDAs and the HEIs.

## **5.0 Conclusions and recommendations**

A CPD or LLL Strategy is not formally present in the majority of National Dietetic Associations although it is acknowledged that provision of learning opportunities is required and NDAs promote conferences and other events to support their members. Often the HEI can be involved but it is not a formal commitment on behalf of either the NDA or the HEI. A system of recognition of the CPD is offered by some NDAs but no clear association or partnership is apparent where ECTS are awarded.

Therefore it is recommended that NDAs and HEIs consider:

1. Formally adopting a CPD and/or LLL Strategy
2. How the Strategy can be implemented in the education of dietitians before they become competent to practice
3. Working in partnership to provide recognition for study episodes (both formal and informal)

And finally,

4. Giving serious consideration as to how the learning which results from engagement with Continuous Professional Development can be used by individuals to demonstrate advancing professional practice and continuing competence.

It is recommended that EFAD takes the concepts of Continuous Professional Development (CPD) and Life Long Learning (LLL) forward into European dietetics.

## References

DIETS2 (2012) LLL Strategy for NDAs (currently not yet adopted) ) [Accessed August 2013, <http://www.efad.org/iextranet/2327> Education: Draft Life Long Learning Strategy]

Professional Practice Committee of EFAD (2011) A discussion paper: How does EFAD want to understand professional practice and professional development? [Accessed August 2013, <http://www.efad.org/iextranet/2327> Professional Practice: Mission and Vision Paper]

EFAD (2012) European Dietetic Advanced Competences (EDAC) [Accessed August 2013, <http://www.efad.org/iextranet/2327> Education: European Advanced Dietetic Competences statements]

EU Commission (June 2002) EUROPEAN REPORT ON QUALITY INDICATORS OF LIFELONG LEARNING: FIFTEEN QUALITY INDICATORS [Accessed July 2013 [http://ec.europa.eu/education/lifelong-learning-policy/doc/policy/qualityreport\\_en.pdf](http://ec.europa.eu/education/lifelong-learning-policy/doc/policy/qualityreport_en.pdf)]

Health and Care Professions Council (HCPC): Glossary of terms. [Accessed July 2013 <http://www.hcpc-uk.org/registrants/cpd/glossary>]

## Appendix 1: EFAD Lifelong Strategy (2013) and questions for focus groups

([www.efad.org](http://www.efad.org))



### Strategy for Lifelong Learning within EFAD (draft)

According to the European Commission lifelong learning (LLL) is defined as '*all learning activity undertaken throughout life, with the aim of improving knowledge, skills and competence, within a personal, civic, social and/or employment-related perspective.*'

Part of the mission and aims of European Federation of Associations of Dietitians (EFAD) is to support member associations in developing the role that dietitians have in reducing inequalities and improving nutritional health in Europe.

This proposed strategy for LLL is aimed at dietitians in Europe through their National Dietetic Associations (NDAs) and written by the Work Package '*Second and third cycle competences for dietitians*' of the Thematic Network of Dietitians (DIETS2, [www.thematicnetworkdietetics.eu](http://www.thematicnetworkdietetics.eu)).

The purpose of the strategy is to support NDAs and the profession in Europe to fulfil the Mission and aims of EFAD by promoting the development of the dietetic profession and developing dietetics on a scientific and professional level in the common interest of the member Associations. This should also ensure fulfilment of the professional code of ethics and good practice adopted by EFAD, which states that European Dietitians should have;

#### ***“Continued competence and professional accountability***

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

EFAD will help to develop and support NDAs who in their turn will be committed to the constant development and commitment of their members to improve their competence as they progress through their careers. This will not only benefit the people, that dietitians' serve, to gain and maintain their health through improved food choice and nutrition, but also advance the status and reputation of the dietetic profession in Europe.

### Aims of the EFAD Strategy for Lifelong Learning

1. To create a culture of LLL and professional development amongst dietitians in Europe.
2. To support individual NDAs to develop their commitment to LLL for/of their members.
3. To work with education providers, directly and through NDAs to develop learning opportunities, the promotion of these and the subsequent dissemination across Europe.
4. To work with all constituents who would benefit from professional engagement with dietitians in order to advance their learning about the contribution that can be made to the improvement of health through nutrition.
5. To provide basic and advanced level benchmark competence statements and a 'toolkit to record LLL' for European dietitians and to support individual NDAs to adapt to national requirements.
6. To monitor the development of the profession in Europe together with the NDAs as opportunities are introduced for LLL.

### **Recommended actions for NDAs**

1. For Countries that do not yet have an accreditation or credit system, EFAD would recommend the NDAs and/or their education providers establish a system for rewarding learning (professional development and LLL) wherever it may occur.
2. Consider, adopt and promote a system for recording on-going professional development for example using a portfolio-based or an internet based log system, to monitor the individual's professional progress in achieving their learning goals.
3. Explore and implementation of a Specialist Dietitian title by the NDA as a means of showing advancement as a professional and so create new career developments and opportunities.
4. The adoption either at national (competent authority level) or by the NDA of a mechanism to systematically monitor, ensure and publically list all dietitians they consider are safe and competent practitioners and a transparent system to identify those that are not competent (which may include reporting by colleagues or the public).

## Appendix 2: Questions used to guide the focus group discussions



### Questions for the HEI Focus group – [taken from the strategy]

#### Introduction and Welcome

1. Does your NDA/government promote LLL; If yes how does it do this  
Is there a strategy in your country about LLL?

Have you any views on the one by DIETS2?

2. Does your HEI promote LLL among the students or the graduates? If yes how does it do this
3. How closely do you work with the Dietitians in your NDA to find out what needs to be studied for LLL and how do you respond to this?
4. Do you work together?
5. Do dietitians or other HCPs need to have accredited learning eg ECTS In your country?

If so is there a system for accrediting professional learning post qualification? Is this for Dietitians only or for other Health care professionals

Who accredits the learning? is it the NDA, HEI or other e.g. Competent authority etc

6. Is there a system in place for recording on-going professional development e.g. portfolio based, internet based log book to monitor the individuals progress.
7. If there is a system who looks at it and for what purpose
8. Are you aware of the defined competences of what is a Specialist Dietitian (EFAD/DIETS2) if answer no then are there certain levels that need to be achieved (time, courses etc?) and if yes.



**Questions for the NDA Focus group – [taken from the strategy]**

1. Does your NDA promote LLL; If yes how does it do this
2. Is there a LLL strategy in your country?
3. Is there a system in place for monitoring continuing professional development e.g. portfolio based, internet based log book to monitor the individuals progress.
4. Does your country have defined competences of what is a Specialist Dietitian?  
**OR** are there any guidelines about how many hours they have to study/courses et or level of competence that they have to show?
5. Who accredits the learning? Is it the NDA, HEI or other e.g. Competent authority etc
6. Does your country have a career pathway Dietitians can follow?

If No would you find the defined competences of what is a Specialist Dietician (EFAD/DIETS2) document useful.

### **Appendix 3: Focus Groups – what they had to say: Higher Education Institutions (HEIs)**

#### **Focus group 1 with HEIs**

Dates: Friday March 1, 2013, 14.00-15.00, and Monday March 4, 2013, 13.00-14.00 and questionnaires by email

Location: GoToMeeting

WP-members: Anne de Looy (discussion leader)  
Pauline Douglas (WP8, discussion leader)  
Saskia Meijboom (WP8, minutes secretary)

Participants: Willem de Keyzer, University College Ghent, Belgium  
Ana Catarina Moreira, Higher School of Health's Technology Lisbon, Portugal  
Turkan Kutluay Merdol, Okan University, Istanbul, Turkey  
Duane Mellor, University of Chester, UK  
Monica Caixinha, Higher School of Health Algarve, Portugal

#### **LLL strategy in different countries**

*Does your NDA/government promote LLL; If yes how does it do this?*

*Is there a strategy in your country about LLL?*

*Have you any views on the one by DIETS2?*

Lisbon: The board of the NDA is elected every four years and consists of dietitians from all working fields. The new board determines the major topics for the courses in the next 4 year period. Every year 3-4 courses are organised and evaluated. Attending the courses is not mandatory for graduated dietitians, and there is no system for giving points for attending courses. The government does not promote LLL for dietitians. After graduation dietitians can continue for their Master or PhD degree. The Association organizes several courses annually but has no strategy about LLL.

Ghent: LLL is one of the criteria in the education of dietitians, it is incorporated the legislation. The Flemish government has no budget to support LLL by dietitians. Therefore LLL is something the NDA has to take care of, but there is no clear strategy. Belgium has seven HEIs for dietitians. Every year a conference is organized in a joint responsibility of all HEIs. Together the HEIs plan the topics for the next four years. A second conference is organized each year by another HEI.

Turkey: LLL for dietitians is supported by NDA with a cooperation of HEIs. There was only one HEI for dietitians for 38 years which has established in 1962. During the last two decades the number of the departments of Nutrition and Dietetics that started student enrolment reached to 40 which almost 90 percent of them appeared after the year of 2005. NDA has started in-service training programs in the year of 1989 when the number of graduates was about 630. Since then NDA is planning seminar, symposium, congresses and workshops together with in-service training programs at least twice a year. NDA is also giving support to dietitians courses organized in other congresses such as diabetes, obesity and eating disorders by medical doctors with NDA cooperation. The list of these kinds of

programs for the last three years is shown below. The strategy to decide what kind of in-service training and/or course program is set according to the needs appearing for a given year. NDA has an educational committee who takes the responsibility to choose the topic by negotiating the issue with HEI representatives.

The Ministry of Health (MH) doesn't have any strategy for dietitians LLL but they are sending to the directors of the health institutions where dietitians are working such as hospitals and Mother and Child Care Units running by the government to give permission to the dietitians for attending the NDA educational events. MH has a division of Nutrition where lots of educational materials such as books, booklets, poster etc. that are being developed with HEI staff support.

Algarve: The NDA promotes LLL, these courses are promoted to NDA members by mail and e-mail as well as NDA web sites and Facebook.

Chester: A number of specific groups do have a strategy for LLL, e.g. diabetes. Many different courses are available. The British Dietetic Association doesn't really have a clear LLL strategy though a lot of courses developed by groups themselves is available.

### *Main points*

In different countries HEIs and NDAs organize courses to promote LLL but no clear strategy exists.

### **Promotion of LLL by HEIs**

*Does your HEI promote LLL among the students or the graduates? If yes how does it do this?*

In Portugal One annual conference is organized by alumni, the attendance is free, only registration is needed. During their education students attend conferences organized by practical placements (e.g. hospital). They have to write a report about the conference. Graduated dietitians attend conferences as they feel the need of updating professional subject.

In Belgium the students have 3 consecutive practical placements during their last semester. In the practical placement year they learn the principles of LLL in formal and non-formal learning. Students are encouraged to improve their knowledge. In the mission statement of the HEIs is stated they are obliged to organize conferences by alumni.

In Turkey, the students can attend to the Nutrition and Dietetic congresses organized by NDA with cooperation of HEIs as all HEI Nutrition and Dietetics Departments give permission to them for participation. As many of the HEIs started to have graduates very recently most of the graduates are from the first 3 universities. These HEIs cooperates with each other and NDA for the educational events. As the number of graduates is increasing in number, it is expected that each HEI will take action themselves for their own graduates. Most of the HEIs who started to give graduates have master degree programs. There are 3 doctorate degree

programs out of 40 departments as many didn't start having graduates. Considering all these events we can simply say that the HEIs are promoting LLL.

Okan University does not currently promote LLL among students/graduates due to lack of staff. We hope to overcome this problem in the near future, since we are planning in having LLL courses available for Dietetic students/graduates.

Chester has no direct pathway but some MsC courses are available. Teaching of under-graduated and post-graduated dietitians about LLL is carried out by research projects.

#### *Main points*

HEIs promote LLL by organizing seminars and conferences.

### **Cooperation HEIS and NDAs**

*How closely do you work with the dietitians in your NDA to find out what needs to be studied for LLL and how do you respond to this? Do you work together?*

In Portugal dietitians participate, e.g. in the decision of topics of interest. They have no formal protocol to do this.

In Belgium the NDA includes a commission of education. Each HEI is represented in this commission. There is no formal decision in the topics for the second conference. Because all HEIs are represented in the commission they are involved in the decision.

In Turkey as mentioned earlier, the NDA and HEIs are working together, e.g. in organizing. NDA has a committee for educational actions. This committee has the responsibility to choose the topics for the courses. They negotiate the needs and conditions with HEI representatives.

Chester: At present there is no formal link between BDA and universities. A good relationship with practice is important to come to issues that are really needed.

#### *Main points*

HEIs and NDAs are working together in promoting LLL, though not always in a formal way.

### **ECTS in different countries**

*Do dietitians or other health care professionals need to have accredited learning e.g. ECTS In your country? If so is there a system for accrediting professional learning post qualification? Is this for dietitians only or for other health care professionals?*

*Who accredits the learning? Is it the NDA, HEI or other e.g. Competent authority etc.?*

In Portugal no ECTS system exists. Some medical studies offer ECTS but it's not mandatory. Everybody who visits a conference or course can receive ECTS points but these points have no value as they only register attendance and not learning.

In Belgium an accreditation system is used for general practitioners, dentists and midwives. Medical doctors should gain a certain amount of accreditation points every year in order to maintain their knowledge level, not to increase it. Belgium has no online or high-tech register for accreditation points.

Turkey had no accredited learning system before. Recently due to the necessity to harmonize the educational programs with EU standards ECTS is started to be used in HEIs. There is no standard educational dietetic program yet but HEIs are trying to set their semester base credits as 30. Some HEIs are increasing their number of elective courses to adjust their program to Bologna declaration.

Chester: Points given are no formalized yet, so at this moment there is no ECTS. Points should be given for learning not for attending a course.

#### *Main points*

Only a HEI can accredit a course or conference by ECTS.

Some countries already have some kind of accreditation system though it is not used in practise.

#### **Monitoring professional development**

*Is there a system in place for recording on-going professional development e.g. portfolio based, internet based log book to monitor the individuals progress.*

*If there is a system who looks at it and for what purpose*

In Portugal the working field of dietitians is divided in three main areas: research, communication and organisation. Every three years each dietitian needs to be classified according to the minimal amount of learning in each working area that had to be performed. In the university in Lisbon these results are recorded in the dietitians CV in descriptive way. Portugal has no system to ensure the professional development of dietitians in the working field.

Belgium has no system to monitor the individual development of graduated dietitians. There is no penalty for a dietitian who doesn't apply LLL. HEIs might have a system to record the publications and activities of the dietitians working at the HEI. The NDA in Belgium is working to develop an accreditation system so all dietitians can record their LLL in the future. There is need for an electronic system; help from EFAD would be appreciated.

In Turkey monitoring a dietitians development is not compulsory. Every dietitian can record their learning activities in their personal CV. It is only used when applying for a better job.

Chester: monitoring of personal development is very informal, using a personal portfolio (a more reflective way).

### *Main points*

No national system for monitoring individual development is available although the importance for such a system is recognized.

### **Competences of specialist dietitian**

*Are you aware of the defined competences of what is a Specialist Dietitian (EFAD/DIETS2) if answer no then are their certain levels that need to be achieved (time, courses etc.?) and if yes.*

The defined competences for a specialist dietitian are known by the participants of the focus group. In order to support this part of the discussion the flowchart over the progress from newly graduated dietitian to a dietitian at advanced level is shown (source: Strategy LLL).

The importance of a personal development plan is mentioned. It should be clear which additional skills are needed to become a specialized dietitian in a certain area. A plan is needed to make the right choices for learning the right skills, a person cannot be specialized in all areas. Maybe students should already learn how to make such de personal development plan.

In Turkey, all dietitians are getting jobs easily at the moment without having any specialization. Titles of therapeutic, administrative community, renal dietitians etc. are used only when dietitians want to categorize their interest and experience in job application or in C.V.

Development is good for the profession but it should be funded, and involved in programs.

### **Formal and informal learning**

The issue of formal and informal learning was suggested as an addition to the LLL Strategy.

ECTS covers measurable formal learning; it proves that you have learned something.

The assessment of informal learning is difficult because often it's not measurable. For instance, many years of working experience might improve your quality but that's not always true. Evidence based practice might help to solve this problem. The dietitian could write a brief report about a topic she's involved in. In the report the literature study and the link between the theory and the practical use of that information could be described. In this way the dietitian can prove she is up-to-date and has understood the literature. This should be equivalent to ECTS.

#### **Appendix 4: Focus group 2 – what they had to say: National Dietetic Associations**

Date: Monday March 4, 2013, 15.00-16.00, and questionnaires by email

Location: GoToMeeting

WP-members: Anne de Looy (discussion leader)  
Pauline Douglas (WP8, discussion leader)  
Saskia Meijboom (WP8, minutes secretary)

Participants: Claudia Krueger, Dortmund, Germany  
Sue Kellie, British Dietetic Association, United Kingdom  
Thérèse Libert, French Association of Nutritionist Dietitians, France  
Manuel Moñino, Spanish Dietetic Association, Spain  
Mary Moloney & Education Board of The Irish Nutrition & Dietetic Institute, Ireland

#### **LLL strategy in different countries**

*Does your NDA promote LLL? If yes how does it do this?*

*Is there a LLL strategy in your country for dietitians or health care professionals? If yes can you explain a little more?*

##### Germany:

Members will receive a certificate and points for attending congresses and online courses. Showing these points to the NDA will prolong their certificate for 3 years. A plan is used for the number of points to receive per congress or course. A list of names of persons with enough points is available on the website. Points are awarded by the NDA. Germany has no clear policy in this. Discussions are going on how to change the system and decide what to do in the next 20 years.

##### UK:

Continued professional development (CPD) is promoted. It is recorded by members in a portfolio. Awarding of CPD is not linked to a university, the system is not evaluated externally. It includes formal learning but no points or credits are given. It is marked what is needed to become advanced. CPD is valid for 5 years. The United Kingdom, BDA has a CPD policy.

##### France:

Members are encouraged to continue to learn and train throughout their careers.

LLL is promoted in the newsletter and on the website. It is new since 2013 for paramedics: the DPC (Developpement Professionnel Continu). Recommendations were developed by the High Authority for Health. They were sent for proofreading and comments by various organizations including the High Committee of Health Care Professions (AFDN is on the Board).

### Spain:

From Spanish Association of Dietitians-Nutritionists AEDN, is promoted continuing education courses and seminars, organized by AEDN, Regional Professional Bodies of Dietitians and some Higher Education Institutions (HEI) and other recognized organizations, like the International Society for the Advancement of Kinanthropometry (ISAK) with which sign agreements. This year 2013, AEDN has been divided into two new entities that work together: General Council of Dietitians-Nutritionists of Spain (CGDN) and Spanish Foundation of Dietitians-Nutritionists / AEDN Foundation (FEDN). The CGDN will be the Professional Body to order, regulate and represent the profession nationally and internationally, and the interlocutor with the competent national authorities. Meanwhile the FEDN will assume the scientific and educational role of profession. It'll be decisive in the LLL, the social projection of the profession and the interaction with citizens through health promotion strategies.

There is a National Commission for Continuing Education/training of health professionals, including dietitians, although there is still no legal framework that establishes the level and type of LLL that each healthcare professional should have. Pending the organization of Compulsory Professional Life (a kind of legal way to have a minimum level of LLL) but just for public employees. This is the link to the website of the Ministry of Health [http://www.msc.es/profesionales/formacion/formacion Continuada/comision.htm](http://www.msc.es/profesionales/formacion/formacion%20Continuada/comision.htm). Currently these evaluation committees are competent at regional level, depending of the Regional Ministries of Health and involving health professional bodies, HEI and other related entities. Here is for example the site of the Continuing Education Committee of the Balearic Islands for health professionals <http://www.caib.es/sacmicrofront /contenido.do?mkey=M1002151206012576391&lang=ES&cont=16940>. The continuing education committee evaluates the documentation provided by the applicant organization and getting credit training recognized at national level. In addition to recognizing "continuing education credits", some courses may also receive a mention of "healthcare interest" if the applicant forward all contents and receive the approval of the commission. Depending on the applicant, some courses may admit only to dietitians.

### Ireland:

The Irish Nutrition and Dietetic Institute (INDI) launched it Continuous Professional Development system in October 2012. This is a voluntary system to encourage members to plan, reflect and record on CPD. Currently this is in a paper format. INDI plans to audit members compliance with CPD. The INDI has established an endorsement committee to credit conferences, seminars, etc with CPD points that member can accrue towards reaching the minimum requirement for CPD. This will ensure the profession are prepared for State Registration in 2015 and the requirement for evidence of CPD of 60 hours over 2-year period. INDI facilitates CPD/LLL through educational seminars, special interest groups. INDI bids for CPD bursaries to facilitate development of specific skills amongst members e.g. Behavioural Change Skills, research skills etc.

INDI Position Statement: Continuing Professional Development (CPD).

CPD defined and in context. INDI defines continuing professional development (CPD) as

“The maintenance and enhancement of the knowledge, expertise and competence of professionals throughout their careers according to a plan formulated with regard to the needs of the professional the employer, the profession and society”. (Madden and Mitchell, 1993).

INDI is committed to equitable access to CPD for all Clinical Nutritionists/Nutritionists to ensure high quality and safe practice. CPD is an ongoing process, undertaken by each professional regardless of place or type of work (clinical, private practice, community, industry, academia, health promotion etc.) by which knowledge and expertise is updated, maintained and enhanced in order to ensure continuing competence to practice. The Health and Social Care Professionals Act (HSCPA, 2005) legislated for the statutory registration of at least 12 Health and Social Care Professions overseen by the Health and Social Care Professionals Council (HSCPC) and acknowledges that importance of CPD as registrants must be able to prove fitness to practice.

The responsibility of the HSCPC is ‘To protect the public by promoting high standards of professional conduct and professional education, training and competence among registrants of the designated professions.’ (HSCPA, 2005). This is echoed in HIQA’s National Standards for Safer Better Healthcare 2012: • *‘Standard 6.2 “Service providers recruit people with the required competencies to provide high quality, safe and reliable healthcare.”* • *Standard 6.3 “Service providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare.”*

• *Standard 6.4 “Service providers support their workforce in delivering high quality, safe and reliable healthcare”*

Dietitians/Clinical Nutritionists work in a changing environment as healthcare delivery evolves with consequent demands on the profession to change their work practices, increase specialisation and advance scope of practice. INDI supports the education and development of Dietitians/Clinical Nutritionists to meet the needs of service providers and service users. The CPD process recommended by the INDI is guided by the principles listed below.

Individual responsibility: Individual professionals are responsible for maintaining fitness to practice and CPD as set out in the INDI Code of Professional Practice. ‘It is the responsibility of the Dietitian/Clinical Nutritionist to maintain and continually improve his/her professional knowledge, keeping up to date with scientific progress in order to offer the best service possible to clients/patients and other health professionals. ‘(INDI Code of Professional Practice, Section 3 Professional Conduct, 2008)

CPD involves acquiring new knowledge, skills, experience and attitudes relevant to scope of practice. A self-directed learner requires skills in critical thinking and reflective practice which are necessary for assessment of learning needs and application of learning into practice. CPD begins with planning for the short and longer term. Personal developmental planning, performance reviews with respect to competencies, ideally with a manager/mentor/supervisor provide can objective aids to CPD.

There is a need for shared responsibility between the individual and the employer to support engagement in CPD, in terms of recognition of the need for CPD, financial support and in provision of protected time for CPD. Outcome focused CPD; linking CPD to Competence. CPD is a process of professional and personal development while competence is a state

which ensures fitness to practice. In order to address the developmental requirements of the individual professionals and the provision of effective and safe patient care, the CPD process must;

- focus on outcomes and learning achievement
- consider CPD and learning in terms of benefits to patient care
- recognise practical learning
- acknowledge that competence includes knowledge, skills, attitudes and ethical and emotional dimensions.

(Gosling, 1999).

The INDI encourages CPD focused on enhancing practice rather than a task orientated model. INDI requires that members demonstrate a minimum of 15 hours CPD per year from a blend of four categories of CPD activities which relate to identified CPD needs. This process is based on self-assessment of CPD needs using the INDI CPD Planning and Recording tools, INDI Professional Competencies/Office of Health Management Health and Social Care Professions Management Competencies. CPD activities are evaluated with respect to changes to clinical and professional practice. INDI will conduct an annual CPD audit of CPD plan and record summary forms randomly selecting approximately 5% of the INDI membership and of these five members will be randomly selected to submit their CPD portfolio. At the end of a five year CPD cycle; 25 members will be randomly selected for audit of their professional portfolio. The purpose of this audit is to encourage members to prioritise CPD planning, engagement, evaluation and recording and ensuring CPD is linked to identified needs and benefits to the service user.

Recognition of the range of learning activities: CPD includes a variety of learning activities which may be:

- Formal activities; such as post graduate courses such as Post graduate certificates and diplomas, INDI courses, study days, distance learning
- Work based learning activities include; case studies, reflective log, journal clubs, clinical audit
- Professional activities e.g. active membership of Special Interest Groups (SIGs), membership of INDI council or working groups, supervision/mentoring
- Self-directed activities such as journal/book review.

*See INDI CPD Handbook for more details on CPD activities*

Consideration to different learning style applies to Dietitians/Clinical Nutritionists when choosing CPD activities to meet identified needs and to those developing CPD activities and events. Self-awareness with regard to preferred learning style is acknowledged as a requirement to becoming a better learner as it allows the individual to choose learning activities that are best suited to the preferred learning method, and by raising awareness gives greater attention to under-used styles. (Honey, 2007; in a document reproduced under licence for Dietitians in Dublin Academic Teaching Hospitals (DATHs) Non Managerial Professional Supervision (NMPS) learning programme). As the practice of Dietetics advances so too does the range of learning and training activities required for CPD. Professionals are encouraged to acknowledge the importance and value of work based learning as the basis for CPD by recognising and recording learning opportunities. CPD is an on-going process of lifelong learning that is as relevant to a new graduate as to a professional in the latter stages of their professional life.

Recording CPD: The INDI professional portfolio was developed and updated to facilitate planning and recording CPD. The portfolio has a number of functions:

- Providing a means to plan CPD, set personal goals and evaluate progress
- Serves as a file to record formal education and course attendance and informal CPD activities
- Encourages reflective practice; provides a tool to reflect on and record all types of CPD opportunities and links this learning to change in practice
- Allows professionals to collect evidence of CPD in a

structured and organised format for the purposes of personal development planning and audit.

Documentation of CPD is a fundamental component of the process as it is thought that writing down an intention to change practice can affect internal commitment (Overton, *et al.*, 2008).

Figure: CPD cycle



### **Monitoring professional development**

*Is there a system in place for monitoring continuing professional development (LLL)?*

*e.g. portfolio based, internet based log book to monitor the individuals progress.*

*Which ones do you use and have you any comment on their use and benefit?*

#### **Germany**

Germany has a 3 year school system for dietitians with no special opportunity for post-graduation education of dietitians. There are some opportunities together with other health professionals. There isn't a system in place for monitoring continuing professional for the dietitians. So each dietitian has to demonstrate the professional development on his own way. LLL is a personal undertaking in all areas.

#### **UK**

Development is based on reflection. Results are not recorded in a PD award system but in a personal portfolio. LLL should be promoted as part of a policy of what is expected from a

member at a particular level. It is difficult to implement monitoring of PD. Development is a individual responsibility.

### France

Not yet. It will be implemented this year via the DPC.

### Spain

The administration does have a training platform for public employees, differentiated by areas of knowledge. But today there are very few dietitians practicing in the NHS, so the AEDN and Regional Professional Bodies of Dietitians are who mainly oversee the continuing education of dietitians.

### Ireland

Currently it is portfolio based (paper based), but we hope this can be replaced by electronic system via INDI website. The website is currently undergoing an upgrade.

## **Career pathway**

*Does your country have a career pathway that dietitians can follow?*

*e.g. there is formal recognition of a Specialist Dietitian?*

### Germany

There is no clear career pathway. After three years education students may graduate as dietitian. After this education the dietitian has to find their own way. They can go the way like other health professionals or they make a decision for a specialization. With our Certification we promote LLL since 13 Years and there are many courses for specializations.

### UK

There are nationally recognized competence based career frameworks. These are based around agreed levels of progression. Example: level 5 is a practitioner, level 6 is a senior practitioner, level 7 is advanced and level 8 consultancy role. The BDA have a Dietetic career framework which has Dietitian (based on level 5), specialist Dietitian (based on level 6), advanced (level 7) etc. This also maps to the Indicative National Workforce Competence/National Occupational Standards. The BDA holds the curriculum for the training and education of Dietitians in the UK. The revised curriculum will be published in 2013.

### France

No. For Public Hospitals, the possibility exists for a dietitian to become Health Care Manager and Warden, but it is not specific to the profession of dietitian. This work interest us greatly as we could make proposals to the working groups that are implementing the LLL system in France (DPC)

### Spain

YES. The document European Advanced Dietetic Competences (EDAC), in which we have participated, will be vital as a base for advanced training of dietitian, as in their day they were to protect our title in Spain, the European Dietetic competences and their performance indicators - 2009 and the European Academic and Practitioner Standards for Dietetics 2005.

The EDAC will be helpful for universities and FEDN and Regional Professional Bodies of Dietitians. In this way we could be able to avoid the serious problem causing to the profession by those education programs that supposedly has advanced training in dietetics, when they are not. For example, some postgraduate studies, which have been denounced to university authorities by the AEDN and Regional Professional Bodies of Dietitians, because is giving professional competencies attributed by law only to Dietitian-Nutritionist and also because it's using a misleading name on the level of academic and professional purposes. The AEDN has requested to the university authorities to lead the professional itinerary uniquely to graduates in Human Nutrition and Dietetics, but only if its competencies are advanced in Human Nutrition and Dietetics or otherwise lead students only to research and educational itineraries, and delete the professional one. We think that it is unethical and illegal that universities be pretending to give professional competencies on Dietetics, to other professionals from the area of health or not, who have not previously attended the official studies of Human Nutrition and Dietetics.

Ireland: no comment made

### **Competences for a Specialist Dietitian**

*Does your country have defines competences for a Specialist Dietitian?*

#### Germany

Yes we have an education law with defines competences and we have some Courses to train *Specialist Dietitian with specified competences, too.*

#### UK

The BDA guide on "Advanced practice: capabilities for advanced practice in Dietetics" is used along with BDA dietetic career framework in line with national career frameworks. BDA developed an ADVANCED PRACTICE GUIDANCE DEVELOPMENT NEEDS ANALYSIS TOOL to enable Dietitians to fully understand what their personal development needs are.

#### France

Not yet.

#### Spain

No. AEDN is jointly organized courses like Postgraduate in Dietary Treatment of Overweight and Obesity (<http://www.il3.ub.edu/es/postgrado/postgrado-tratamiento-dietetico-sobrepeso-obesidad.html>) only addressed to dietitians, credited with 20ECTS, or the Course on "Food and Nutrition in childhood: Keys to daily professional practice" (<http://fufosa.org/il3aednfufosa/>) credited with 6ECTS, both of them are not an official recognized qualification. Our intention and our challenge, is to begin this new stage of FEDN

to establish bases for dietetic specialties, even make the FEDN able to evaluate and accredit the LLL of Dietitians , issuing certificates of professional specialization. We will take as a basis the documents EDAC.

### Ireland

Hours of study are not specified, but they do have to demonstrate competence level. Clinical Specialist posts are expected to deliver service in 30% time allocation, 30% on research and 30% on education. They are expected to be able to demonstrate advance level of competencies in these areas of work.

### **Accreditation of learning**

*Is the learning accredited (or formally recognised) for post-registration dietitians?*

*Does your country have a career pathway that dietitians can follow?*

*e.g. there is formal recognition of a Specialist Dietitian?*

### Germany

No formal recognition of specialist dietitian. A system for learning and accreditation point in Europe is seen to be important. Dietitians should learn from each other. A system to support this should be developed by the NDA.

### UK

Professional development award is a five year structured Continuing Professional Development (CPD) programme for dietitians. The BDA Centre for Education and Development (CED) offers a range of one and two day courses for dietitians and dietetic support workers to support their continuing professional development. To support dietitians and providers of education the BDA offers endorsement of post-registration education for dietitians, a system which provides quality assurance of continuing professional development (CPD) activities for dietitians. Endorsement is added value and a quality assurance mark that the learning has been evidenced and reviewed by an independent assessor. The HEIs in the UK accredit learning. Many dietitians use accredited learning for short courses or modules in specialized dietetic practice areas to show CPD.

### France

Yes but it is not specific to Dietitians, it is for Health Care professions.

### Spain

As above, all training courses accredited by the Continuing Education Committee, are officially recognized, but not always an HEI is which organizes training. For example AEDN and Regional Professional Bodies of Dietitians, organize courses recognized with official credits than previously has been recognized by the Regional Continuing Education Committee. So far we have not established a scale to help us evaluate other training

activities such as lectures, seminars, conference attendance or congress communications. This would be of great help to encourage the LLL for dietitians, until we have the opportunity to establish dietetic specialties, although we are aware that the LLL not necessarily have to be based on specialties, but in updating knowledge and professionals skills. FEDN recently has set its Scientific Committee, by using an ad hoc scale that could be used in the future to assess the training and professional competence of dietitians, through online tools

Both AEDN as Regional Professional Bodies and Associations of Dietitians, are aimed to organize courses that are accredited by the National Commission for Continuing Education to accredit the training of dietitians, but also make others which are not.

### Ireland

As described above, INDI endorse course to provide learning hours. We are not currently accrediting courses.