Work Package 2: Second and Third Cycle Specific Dietetic Competences

Final Report:
Lifelong Learning for dietitians: a report (Del 2.2),
Consultation 2nd and 3rd Cycle Specific Competence (Del 2.4),
Policy on Lifelong Learning, and
2nd/3rd Cycle Dietetic Competences (Del 2.5)

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1 Summary

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

In the DIETS1 Network European Dietetic Competences and their Performance Indicators attained at the point of qualification and entry to the profession of dietetics was developed and unanimously adopted by the EFAD General Meeting, September 2009. This Competence Framework provides for the minimum level or baseline of knowledge, skills, understanding and competence of a dietitian at the point of qualification in Europe. The Framework includes Performance Indicators (PIs) describing the ways in which Dietitians can show that they are working at the level of competence achieved at qualification. The PIs are for guidance only. Higher Education Institutions working in conjunction with their dietetic colleagues in practice may wish to adopt and modify the PIs as appropriate to their needs.

The second network, the EU funded Thematic Network ‘Dietitians ensuring education, teaching and professional quality (DIETS2) builds on this foundation. This final report presents details on the work with Second and Third Cycle Specific Dietetic Competences and the strategy for Lifelong Learning for European dietitians.

DIETS Network Coordinator
February 2014.
2 Background

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

The European Academic and Practitioner Standards for Dietetics (EDBS) were adopted by EFAD in 2005 to provide guidance to Higher Education Institutions (HEIs) and others on the work of the Dietitian in Europe and the expected education and learning outcomes. The EDBS reflected the four identified roles for the majority of dietitians employed in Europe.

In the DIETS1 Network a European Dietetic Competences and their Performance Indicators attained at the point of qualification and entry to the profession of Dietetics was developed and unanimously adopted by the EFAD General Meeting, September 2009. This Competence Framework provides for the minimum level or baseline of knowledge, skills, understanding and competence of a dietitian at the point of qualification in Europe. The Framework includes Performance Indicators (PIs) describing the ways in which Dietitians can show that they are working at the level of competence achieved at qualification. The PIs are for guidance only. HEIs working in conjunction with their dietetic colleagues in practice may wish to adopt and modify the PIs as appropriate to their needs.

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’. Dietitians need to be committed to constant development as they progress through their career; making effective use of LLL to increase their competence and attain a high quality of performance, creativity and innovation together with safe practice.

The main focus of the DIETS2 Network ‘Dietitians ensuring education, teaching and professional quality’ funded by the EACEA (2010-13) is the continued learning after entering the workforce; recognizing the importance of fostering a mind-set already during basic education which is geared towards continuous learning.
3 Aims, Objectives and Performance Indicators for WP2

Aims:
- To identify Lifelong Learning requirements of European dietitians through consultation with higher education, employers and the profession
- To establish specific second and third cycle competences for dietitians in Europe.

Objectives:
- To map working patterns of dietitians in key areas of dietetic practice, throughout Europe, in order to identify Lifelong Learning (LLL) requirements and associated competences
- To develop specific second and third cycle competences for dietitians using Tuning methodology
- To develop a Charter on LLL competences for dietitians

Performance indicators:
- To encourage the development of specialist networks in different dietetic fields
- To describe and analyse key areas of dietetic practice among dietitians in Europe (Dev 2.2a)
- To map the competences needed and LLL requirements for dietitians in Europe (DEV 2.2b)
- To develop specific second and third cycle competences and performance indicators (PIs) for dietitians in different dietetic fields (Dev 2.4 and 2.5a)
- To encourage and support LLL among dietitians by developing strategies for LLL for EFAD, NDAs and individual dietitians (2.5b)
4 Lifelong Learning for Dietitians in Europe

4.1 Establishing the position of education and learning post registration
To establish the position of education and learning post registration for dietitians, there was a need to find out more about the various fields within which dietitians practiced and what competences they deemed as necessary within these fields. A first step to learn more about this was at the 4th DIETS Conference in Amsterdam, The Netherlands, 3-4 December 2010, when WP2 arranged workshops that gathered dietitians interested in different dietetic specialties. 62 delegates from 22 different countries took part in six different workshops, focusing on administrative dietitians (n=9), diabetes (n=14), obesity (n=11), pediatrics (n=7), public health (n=17) and renal dietetics (n=4). Each workshop discussed required competences within each field and the possibilities to start European specialist dietetic networks.

The discussions held in the workshops served as a basis when WP2 developed an online questionnaire about dietitian’s work experiences and competences (Appendix 1). An invitation with a link to the questionnaire was sent out electronically to all partners of DIETS2 and to all National Dietetic Association (NDA) members of EFAD. The questionnaire could be answered May-October 2011. German and Portuguese translations of the questionnaire were available on the DIETS homepage as pdf documents.

The questionnaire included 20 questions divided into four parts:
- background of respondents (age, gender, education, etc)
- present and previous work experience within the dietetic field and further education after graduation
- competences expected from a specialist working as an advanced practitioner within a dietetic field
- How they viewed their own level of practice.

Preliminary results were presented in a talk at the 5th DIETS Conference in Barcelona, Spain, 20-21 October 2011, as well as in five workshops focused on administrative dietitians, diabetes, public health, renal dietetics and ageing.

4.1.1 Participants in survey
Responses were received from 2030 dietitians from a total of 35 countries (10 participants gave no country of residence) (Table 1). Eight countries (Belgium, France, Germany, Greece, Italy, Netherlands, Portugal and Sweden) had a large response rate and 69% of the respondents came from one of these countries.

90% of the participants were female, 7% male, 3% not stated; reflecting the sex distribution of the profession. The mean age was 37 years (±11) with a variation between 20-73 years. One third were below 30 years and 75% below 46 years. The participants had graduated between 1960 and 2013 (ie some were retired and some still students). 17% gave no information about graduation year.

Of those who answered, 52% (n=876) graduated between 2000 and 2010. About 4% (n=77) graduated or will graduate between 2011 and 2013. For 63% (n=1281) their qualification was a university degree, 4% (n=83) did not answer the question. 25% (n=498) had a Masters degree (most from Norway [n=56], UK [n=55], Sweden [n=54], and Italy [n=45]), and 6% (n=125) had a PhD (most from Sweden [n=21] and Greece [n=17]). 4% (n=75) (4%) had a Masters and a PhD.
Only 45% of the participants answered a question about whether they felt that they worked at an advanced level and 75% of those stated that they do work at an advanced level. Of those who answered the question, 37% had a Masters and/or a PhD. Of those with a PhD, 93% considered that they worked at an advanced level compared with 84% of those with a Masters degree and 58% of those without either.

80% of participants worked in a position related to their degree, 5% worked in an unrelated area, and a similar percentage were unemployed or looking for their first job; 6% did not answer the question.

Table 1. Number of dietitians by country and by response rate (35 countries and 2,030 responses)

<table>
<thead>
<tr>
<th>Individual Responses from dietitians by country and by response rate: High, Medium, Low or Very Low (alphabetical order)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Responders</strong></td>
</tr>
<tr>
<td>• Belgium (179)</td>
</tr>
<tr>
<td>• France (187)</td>
</tr>
<tr>
<td>• Germany (129)</td>
</tr>
<tr>
<td>• Greece (121)</td>
</tr>
<tr>
<td>• Italy (200)</td>
</tr>
<tr>
<td>• Netherlands (118)</td>
</tr>
<tr>
<td>• Portugal (137)</td>
</tr>
<tr>
<td>• Sweden (323)</td>
</tr>
<tr>
<td>• Switzerland (58)</td>
</tr>
<tr>
<td><strong>Low Responders</strong></td>
</tr>
<tr>
<td>• Finland (8)</td>
</tr>
<tr>
<td>• Iceland (9)</td>
</tr>
<tr>
<td>• Israel (10)</td>
</tr>
<tr>
<td>• Latvia (10)</td>
</tr>
<tr>
<td>• Luxembourg (17)</td>
</tr>
<tr>
<td>• Turkey (8)</td>
</tr>
<tr>
<td>• Australia (17)</td>
</tr>
<tr>
<td>• Austria (70)</td>
</tr>
<tr>
<td>• Cyprus (33)</td>
</tr>
<tr>
<td>• Denmark (32)</td>
</tr>
<tr>
<td>• Hungary (34)</td>
</tr>
</tbody>
</table>

1 Ten participants did not state a country of residence

4.1.2 Lifelong Learning Experience

To remain competent or increase competence in their field the dietitians reported conducting many different activities, including attending courses, conducting research and reflecting on practice by themselves or together with others (Figure 1).
Figure 1 Education/training undertaken to remain competent or increase competence after qualifying as a dietitian. Respondents are 2030 European dietitians taking part in questionnaire within DIETS2, May-October 2011. (More than one answer was possible). (HEI = Higher Education Institution; NDA = National Dietetic Association.)

4.1.3 Field of Dietetics and Dietetic Experience
The majority (n=1497, 74%) reported those dietetic fields in which they were presently or formerly experienced (Table 2). The main fields suggested in the questionnaire were: administrative, clinical and public health dietitians, sports nutrition, food industry, research and teaching higher education. Most participants answered more than one field.

Table 2 Job experience among 2030 dietitians in Europe taking part in questionnaire within DIETS2, May-October 2011. (More than one answer was possible).

<table>
<thead>
<tr>
<th>Field of work</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical dietitian</td>
<td>1331</td>
<td>65.6</td>
</tr>
<tr>
<td>Public health dietitian</td>
<td>713</td>
<td>35.1</td>
</tr>
<tr>
<td>Administrative dietitian</td>
<td>612</td>
<td>30.1</td>
</tr>
<tr>
<td>Teaching HEI ( ^1 ) (total)</td>
<td>397</td>
<td>19.6</td>
</tr>
<tr>
<td>Research (total)</td>
<td>359</td>
<td>17.7</td>
</tr>
<tr>
<td>Research + teaching HEI ( ^1 )</td>
<td>214</td>
<td>10.5</td>
</tr>
<tr>
<td>Sports nutrition</td>
<td>204</td>
<td>10.0</td>
</tr>
<tr>
<td>Food industry</td>
<td>197</td>
<td>9.7</td>
</tr>
<tr>
<td>None reported</td>
<td>533</td>
<td>26.3</td>
</tr>
<tr>
<td>Total participants</td>
<td>2030</td>
<td></td>
</tr>
</tbody>
</table>
66% (n=1331) had experience as clinical dietitians, 30-35% had worked as administrative or public health dietitians, and about 20% had been involved in research or teaching higher education (1 in 10 had done or were doing both).

45% of the participants (n=913) answered questions about whether they considered themselves working at an advanced level or not. 25% of those answering the question (n=229) defined themselves as not working at an advanced level. In the written comments in the questionnaire, some participants questioned whether you can be seen as working at an advanced level if you have to cover many different specialties, eg if you are the only dietitian at one hospital. Some of those saying that they were not working on an advanced level stated that they had broad competence rather than in-depth competence in one or a few areas. Many also commented that they had been qualified too short time to be able to work at an advanced level already.

Participants also reported a range of activities to enable work at advanced level (Figure 2). In addition to further academic studies and attending courses, seminars and conferences, other less self-evident activities such as supervising students and being part of reference groups were mentioned. Attending courses run by NDAs (45%), workplace (40%) or companies (35%) were more common than attending courses run by HEIs (27%).

**Figure 2 Activities performed to enable work at advanced level among 2030 European dietitians taking part in questionnaire within DIETS2, May-October 2011.** *(More than one answer was possible).*

![Figure 2 Diagram]

Having been asked for advice or expert opinions was the most common reason why dietitians believed that others saw them as working at advanced level (Figure 3).
4.2 Discussion

Responses to the questionnaire gave a good basis for the continued work with the development of second and third cycle competences for dietitians in Europe. It was clear from the responses that the dietetic field is multifaceted and those dietitians in Europe practice in a variety of settings; many with experience from more than one setting.

An added bonus was that the work with the questionnaire started the formation of European Specialist Dietetic Networks (ESDNs), with the ESDN for administrative dietitians as the first. These networks meet at the DIETS2 conferences to discuss specialist areas of practice and share research and evidence based practice. The ESDNs have now been formally adopted and managed by the European Federation of the Associations of Dietitians (EFAD)
5 Development of Second and Third Cycle Competences for Dietitians

The results of the first questionnaire on the position of education and learning following registration for dietitians in Europe served as a basis for the development of second and third cycle competences and performance indicators. Information was also gathered from earlier competence descriptions, both from the dietetic field and from other professions in Europe and internationally (see References at the end of this document).

There were a number of areas to consider during the development of the framework:

- A Glossary of terms was important to establish as a reference point to be used when discussing differences between specialist, expert and advanced level practice.
- The clear differentiation between second cycle competent practice and practice of first cycle dietitians that may have been qualified for a number of years.
- The need for performance indicators for second and third cycle competences.
- The difference between competency, which can be used more readily in formal education and competence used in practice.
- The need to consider whether third cycle competence can only occur with a doctoral or third cycle degree or whether third cycle competence is achievable through expert practice.

Many of these questions took time to resolve. A draft framework including a glossary of terms (some shown in Figure 4), competence statements and performance indicators (PIs) was developed during the winter 2011-2012 and was discussed in consultation with experienced dietitians and teachers at different HEIs. This resulted in a first draft of 2nd and 3rd level competences; the European Dietetic Advanced Competences (EDAC).

| Competence | A competence defines WHAT a person is capable of doing well, effectively and following professional standards  
-competence is an outcome: it describes what someone can do. It does not describe the learning process which the individual has undergone  
-in order to reliably measure someone’s ability to do something, there must be clearly defined and widely accessible standards through which performance is measured and accredited;  
-competence is a measure of what someone can do at a particular point in time. (UDACE 1989: Tight 1996) |
| Performance indicator (PI) | The performance indicator (PI) tells HOW a person performs a specific activity.  
-A ‘PI’ is a tool to assess a person’s ability to perform a specific task  
The PI’s enable assessment of a person’s performance in range of tasks that contribute towards a defined competence.  
-Together the PI’s specify the level of performance required to achieve and define a Competence |

Figure 4 Definitions of competence and performance indicator - two of the definitions found in the glossary of the European Dietetic Advanced Competences (EDAC), adopted by the European Federation of Associations of Dietitians (EFAD) in 2012.

The EDAC draft was sent out to the partners in the DIETS network, to the ESDNs that had started to form, as well as to the NDA members of EFAD in May-June 2012 for consultation, using a modified Delphi technique. 19 NDA/specialist groups, 35 HEIs and 271 individuals from a total of 30 countries participated in the consultation.
There were 325 comments made about the Glossary, and between 148-160 comments for the specific competences and PIs. Most were positive, but there were also comments and suggestions for improvements from 8-28 groups/individuals per competence. It was obvious that the varying level of dietetic education in the European countries influenced the answers. Some commented that in their country they regarded some of the competences as being on a basic level while others perceived the levels as very high or only appropriate for other positions than those of a dietitian.

5.1 Discussion and Future

In 2005, EFAD adopted the European academic and practitioner standards for dietetics (also called European Dietetic Benchmark Statement [EDBS], EFAD, 2005, www.efad.org). In 2009, this was complemented by the adoption of the European Dietetic Competences and Performance Indicators for Dietetics (EFAD, 2005, www.efad.org). Both describe a threshold level for entry into the profession. Thereafter the profession and HEIs in Europe began a process to ensure that all dietitians qualifying from their programmes have achieved these competences.

The work with the description of the advanced competences and PIs very clearly showed that the basic education for dietitians in Europe as well as the work they are expected to perform still varies considerably across Europe, although the differences are smaller than they were before the adoption of the above mentioned documents.

The development of the advanced level competences also revealed a need for an evaluation and revision of the basic level competence statements. This has started and will be continued by EFAD’s Education and Lifelong Learning Committee (ELLLC).
6 European Dietetic Advanced Competences (EDAC)

The final EDAC-document (Appendix 2) was unanimously adopted at the General Meeting of EFAD in Portoroz, Slovenia, 25 October 2012. It contained the following eight competence areas:

1. Advanced knowledge and understanding of dietetics
2. Dietetic process and professional reasoning
3. Professional relationships
4. Professional autonomy and accountability
5. Education skills
6. Research and development in dietetics and its science
7. Management of a professional dietetic service
8. Leadership, entrepreneurial skills and business development of dietetics

There were descriptions of 6-10 PIs per competence and for the first four competences there were also additional PIs for some or all of the three main specific dietetic fields (administrative, clinical, and public health).

A presentation of the work with developing EDAC was presented at the 6th DIETS-conference in Portoroz, Slovenia, 26-27 October 2012. The presentation included a flowchart over the progression from newly graduated dietitian to a dietitian practising at advanced level, indicating standards to be met at the two levels and the experience required to reach the higher level (Figure 5).

![Flowchart over the progression from newly graduated dietitian to a dietitian practicing at advanced level](image)

**Figure 5 Flowchart over the progression from newly graduated dietitian to a dietitian practicing at advanced level**, indicating standards to be met at the two levels and the experience required to reach the higher level.

An advanced practice or specialist dietitian will be one who is able to demonstrate that they meet the advanced competence standards by drawing on a wide range of evidence. The evidence can be gained from professionally recognized programmes of study, for example a degree at Masters or Doctoral level or equivalent, or by using a competency-based assessment process. Other approaches may also be used to demonstrate commitment to evidence-based practice to meet the advanced competence standards.
A dietitian's NDA and national legislation will determine exactly which of the competences described in EDAC have to be reached and which performance indicators (PIs) they have to show before being regarded as working at advanced level. The EDAC document also provides a benchmark for monitoring development of the profession in Europe as opportunities are introduced for LLL. It also presents a challenge to HEIs, the professional bodies and individual learners to consider how they can support the advancement of their colleagues, learners and themselves through educational programmes and more informal means.

6.1 Discussion and future

One of EFAD’s goals is to support the NDAs in reducing inequalities and improving nutritional health in Europe. Part of this includes developing standards of competence at different levels of dietetic practice. Going from a newly qualified dietitian to a dietitian working at advanced and/or specialist levels requires higher levels of knowledge and skills, as it includes significantly more demanding and complex work together with higher levels of responsibility and professional judgment. It will require the dietitian to be flexible, innovative and a proactive leader who integrates high-level nutrition and dietetic skills to influence the health of the community.

At this advanced level it is inappropriate to specify particular competences for every specialist area such as renal or diabetes, although some competences described in EDAC will be more applicable to some specialist areas than others. Over time it may be appropriate for specialist groups of dietitians to augment these EDAC standards with specifics from their own specialty to legitimize role autonomy.

Where highly specialised roles are undertaken, eg in paediatric or renal disease dietetics, more specific competences will need to be added. Although some competences in EDAC are specified as applicable to one of the three main dietetic fields (administrative, clinical or public health) this does not mean that only a specific named working environment defines the dietitian’s competence.

The basic level competence statements adopted by EFAD in 2005 and 2009 set a threshold level for entry into the profession (EFAD, 2005, www.efad.org ), and started a process to ensure that all dietitians qualifying from their programmes in Europe have achieved these competences.

The European Union is committed to the prevention and control of non-communicable diseases (EC 2007 & 2011) through more healthful nutrition and increased physical activity. Within this context, the development of competence statements for qualified dietitians was therefore highly relevant and it is important for the profession to support the achievement and implementation of these Resolutions and White papers.

Key ambitions of DIETS2 have been:

- To prepare dietitians to be able to undertake and evaluate health promoting interventions and publish findings (enquiry led-learning)
- To support dietitians to develop and use contemporary communication and pedagogic/education methods (ICT)
- To enable dietitians to continually enhance their own expertise and relevance through lifelong learning (LLL)
EDAC defines the competences that highly qualified dietitians should be able to reach after “some years” of practical experience combined with continued education and other experiences of LLL. Practical work experience is essential to improve competence, but years in practice are not enough by themselves to reach advanced level. How a dietitian works and what LLL experiences the individual chooses to undertake will be crucial in the process (see Figure 4). It is possible to work many years as an adequate and competent dietitian without reaching advanced level. The competences described in EDAC are set at a baseline level for dietitians working at advanced level. Some Member States may wish to set their competence standards (or standards of proficiency) at a higher level for their dietitians.

One of the future tasks for the EFAD Education and Lifelong Learning Committee (ELLLC) is to describe how EDAC is received and implemented by key stakeholders (eg individual dietitians, HEIs, NDAs and employers). Another task is to gather reports, such as that shown in Section 8 of this report, so that continual review and revision is possible of publications together with examples of good practice and recommendations for the implementation of LLL among dietitians around Europe.
7 Strategies for Lifelong Learning for dietitians in Europe

“When a person or business understands what they want and why, it will be of benefit to themselves and their organization and they will be more likely to succeed”

(Ross Blaine).

Reflecting on your needs for learning and having a strategy for how to reach your goals are important prerequisites for success. Part of the mission and aims of EFAD is to support member associations in developing the role that dietitians have in reducing inequalities and improving nutritional health in Europe.

Two strategies for LLL were developed by WP2 and adopted by EFAD at the General Meeting in Garda, Italy, 7 November 2013. One was aimed at EFAD (Appendix 3) and the other at individual dietitians (Appendix 4).

The purpose of the EFAD LLL 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

The LLL strategy for EFAD states that EFAD will help to develop and support NDAs who in their turn will be committed to the development of their members in order to improve their competence as they progress through their careers. This will not only benefit the people who 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.

The aims of the EFAD Strategy for LLL are:

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 in the LLL strategy for individual dietitians are:

1. To stay committed to constant professional development through your career
2. To use basic and advanced level benchmark competence statements for European dietitians to set up short-term and long-term lifelong learning goals
3. To learn how to recognize learning possibilities
4. To actively seek opportunities for lifelong learning
5. To document all lifelong learning activities to review, set goals, monitor progress and demonstrate professional development
6. To help create a culture of LLL and development amongst dietitians in Europe.

7.1 Discussion and future

It is clear that the dietetic field is multifaceted and that dietitians in Europe practice in a variety of settings; many with experience of more than one. This means that although the need for LLL is universal, dietitians need to assess and consider their specific needs for LLL individually. To create a culture of LLL and professional development amongst dietitians in Europe is important and EFAD have an important role, but it is also crucial that each individual dietitian understands that it is necessary for them to engage in this endeavour.

DIETS2 has developed several tools and documents that will be useful for dietitians planning their LLL, but also for HEIs and NDAs when planning and organising courses. Helping students and dietitians to understand how they can use all the material developed in DIETS2 is an important task for the EFAD Education and Lifelong Learning Committee (ELLLC).

Increased awareness of how to use technology as a medium for sharing information and for furthering LLL is one of the important outcomes from the DIETS2 network. For instance, in July 2013 a webinar was held on how to use EDAC together with the LLL Guide and Toolkit (developed by the DIETS’ WP3; Lifelong Learning for Dietitians in Europe) when planning LLL (Appendix 5). There were nine participants at the live eSeminar and an additional 109 asynchronous viewers by December 2013. Keeping webinars available through the EFAD website make it easier for individuals to attend as you can choose your own time and place for attending.
8 External Evaluation of the WP Deliverables

To obtain more information about the use and usefulness of our main deliverable, WP2 asked three external evaluators to provide feedback on the EDAC document. The table below shows the answers to the different questions.

<table>
<thead>
<tr>
<th>Guide Question</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>The product is clearly labelled and its purpose or proposed use clearly indicated</td>
<td>The product is subject to some degree of knowledge about the different nutrition professions. We suggest a short information about today's situation regarding different professions, different educators etc in Europe. In Norway for example, it is unfamiliar to pronounce kostøkonom (administrative dietitians) as dietitians. It might be helpful for the readers, if the sentence “requirement to go from newly qualified dietitian to advanced level of knowledge and skills” is presented as a subtitle? The purpose could be clarified by listing the target groups that the document is aimed at. Maybe also by giving examples of situations when the document can be used.</td>
</tr>
<tr>
<td>The content was logically presented and easily understood</td>
<td>It is very well written and the different competences are described in a logical way. Maybe the performance indicators could be even more condensed resulting in shorter lists?</td>
</tr>
<tr>
<td>I could see this product being used if.....</td>
<td>The competence standards (or standards of proficiency) are already set at a higher level in Norway, especially regarding the Norwegian clinical dietitians. This product can although be used as a competence framework for qualifying to higher levels of knowledge and skills and for more specific specialising. Clinical dietitians in Norway are authorized as healthcare professionals. All healthcare professionals are subject to laws where for instance professional responsibility (“krav om faglig forsvarlighet”) is a key issue. We suggest that the phrase professional responsibility is mentioned and discussed in this product. We find that the description of general dietitian versus a clinical and or administrative dietitian is rather unclear and suggest that this description is made more clearly, especially regarding the patient safety and demands of clinical skills and role in patient care. Perhaps there might be an idea to establish or discuss to what extent a general or an administrative dietitian is qualified to practice clinical nutrition in clinical practice. Or more important, what tasks do these not qualify for. In work aimed at improving quality of public meals, the role of the administrative dietitian often needs to be clarified: in all stages from procurement, planning, cooking and serving food. The proposed framework for competence is a good base for discussions, but in the suggested performance indicators 1.0 g) and h) only the aspects of nutrition and hygiene are raised. Meal quality includes additional aspects and various theories and models are available, for example the FAMM model. Besides hygiene and nutrition, other areas such as taste, mealtimes, eating environment and individual preferences must be taken into account if the aim is that the food served is to be eaten. This includes close collaboration with professional chefs and catering staff. The administrative dietitian also needs to take into account the different aspects of food and nutrition, eg for older people versus pre-schoolers. If further aspects of meal quality are not raised, there is a risk that the dietitian focuses only on nutrition and hygiene and far too often the food in the public sector is left uneaten.</td>
</tr>
<tr>
<td>I would like to use this product for.....</td>
<td>This product would be of some use for further development of nutritional and dietetic skills among different professions and in development of competence criteria for these, for example for clinical dietitians. There would be of great interest also in this context, to know more about the situation in Europe regarding nutritional education, skills and tasks. Strengthening professional practice among dietitians.</td>
</tr>
<tr>
<td>Anything more you would like to say?</td>
<td>The project is a good initiative and a useful base for discussions.</td>
</tr>
</tbody>
</table>
9 References


http://www.eucen.eu/EQFpro/GeneralDocs/FilesFeb09/STATEofPLAY.pdf (accessed April 2012)


European Commission (2011)  

*Glossary of the DIETS project* (www.diets.org)


Initiatives to improve nutritional health in Europe; EC White paper, 2007; WHO, 2008 and EU Platform for action on Diet, Physical Activity and Health  
(http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/platform_en.htm).

NHS (Scotland) (2010) *Education and development framework for senior AHPs.*  


Appendix 1 Questionnaire for Advanced competences

Questionnaire regarding developing a Specialist Dietitian title in Europe.

Introductory remarks

One of DIETS2’s main goals (WP2) is to do a needs analysis and a mapping of Lifelong Learning (LLL) patterns of dietitians throughout Europe. This is needed to be able to identify Life Long Learning requirements and associated competencies to practice as a dietitian.

The questionnaire will be sent to the members of all Dietetic Association partners of DIETS 2 and EFAD. The partner organizations have all signed an agreement to share information with the other DIETS partners.

To be able to get a good picture of the situation around Europe, your reply to this questionnaire is highly valuable.

The aim of this questionnaire is to find out what skills and competences (theory and practice) are needed to be able to work at an advanced level within a specific dietetic field (Administrative/Clinical/Public Health Dietetics).

Results and further goals:

- Results will be published on the DIETS website.
- European Dietetic Benchmark Standards for the second cycle (EDBS-2) and a Competency Framework will be developed. This will provide guidance to Higher Education Institutions and others on the work of the dietitian as an advanced practitioner in Europe and the education and learning outcomes that can be expected from this group.
- A Specialist Dietitian title within Europe will be developed to improve career progression possibilities and recognition of advanced status of some dietetic roles (to be used in argument for salaries, applying for jobs etc).

NOTES on how to fill in questionnaire:
There are three parts. It will take you about 30 minutes to fill in the questionnaire. You can save anytime and continue later.

The following definitions might help you to understand our questions;

*Competence* = the ability to do something well, effectively and following professional standards.

*Advanced practice* = an advanced practitioner is distinguished from a competent (adequate but not exceptional) professional by the concept of advanced practice. Terms associated with advanced practice are ‘higher levels of knowledge and skill’, ‘significantly more demanding’, ‘higher levels of responsibility and judgment’, ‘more complex procedures’ etc. Advanced practice is underpinned by advanced reasoning.

*Specialization* = the focus of practice within each dietetic role (administrative, clinical, public health), i.e. distinguishing practice in one area or field (such as paediatric dietitian) from another (renal dietitian). You can work at a basic or advanced level within the specialized field.
Specialist = denotes a level of practice within a specialty that is more advanced than the competences associated with initial registration, or with simply working in a specialty at the level of primary practice. The specialist’s role encompasses professional expertise, teaching, evaluation and practice/service development. In some countries in Europe a title Specialist Dietitian has been proposed or implemented for dietitians working as advanced practitioners.

Questions 1 through 11 give some background about yourself
1. Age in years .............
2. Sex........male/female
3. Country of residence..................
4. Year in which you qualified (got your exam/degree) as a dietitian...........
5. Was this a university degree?...............yes/no
6. Title of your dietetic qualification, in your native language and in English...........
7. Do you have a master degree - yes/no. Subject/title (specify).................. Country (specify) ........
8. Do you have a PhD - yes/no. Subject/title (specify)............... Country (specify) ........
9. Your employment situation today:
   □ Working in a position related to my degree
   □ Working in a position not related to my degree
   □ Further study
   □ Looking for my first job
   □ Unemployed, but have previously been employed
   □ Neither employed nor looking for employment
   □ Other, (please specify)..............................

Questions 10 through 12 will ask you what you have done since you qualified as a dietitian.
Note: The working situation for dietitians in Europe varies a lot. For example in some countries dietitians work both as a clinical and as an administrative dietitian, and it is therefore important that you look through the whole list.

In this way there would be no need to repeat ‘mark all that apply in this field’ and the text is best placed next to the area than at the end when the dietitian has already gone through the list.

10. From which of the following dietetic fields do you have work experience (current and previous)?
    Please mark all the different fields in which you have had more than a half-time contract (and state the number of years in the space provided). It is important that you look through the whole list.

    Administrative dietitian - mark all that may apply to you within this specific field;
    □ Hospice catering, operative manager in kitchen for ........ years
    □ Hospice catering, administrative manager in office for ........ years
    □ Hospital catering, operative manager in kitchen for ........ years
    □ Hospital catering, administrative manager in office for ........ years
    □ Pre-school/school catering, operative manager in kitchen for ........ years
    □ Pre-school/school catering, administrative manager in office for ........ years
    □ Nursery homes/catering for the elderly, operative manager in kitchen for ...years
    □ Nursery homes/catering for the elderly, administrative manager in office for years
    □ Other, (please specify).............................. for ........ years.
Clinical dietitian - mark all that may apply to you within this specific field;
- Allergies and intolerance……. for ........ years
- Cardiovascular disease……. for ........ years
- Diabetes……. for ........ years
- Endocrinology …….. for ........ years
- Gastrointestinal……. for ........ years
- General……. for ........ years
- Geriatrics……. for ........ years
- Intensive care medicine……. for ........ years
- Learning disabilities……. for ........ years
- Liver……. for ........ years
- Lung/Chronic obstructive pulmonary disease (COPD) for ........ years
- Neurology……. for ........ years
- Obesity……. for ........ years
- Oncology……. for ........ years
- Pediatrics……. for ........ years
- Psychiatric illness……. for ........ years
- Rheumatology……. for ........ years
- Renal……. for ........ years
- Support/enteral……. for ........ years
- Other, (please specify)………………… for ........ years

Public health dietitian - mark all that may apply to you within this specific field;
- Advocacy/lobbying within the field of dietetics...for ........ years
- Community health……. for ........ years
- Primary health care……. for ........ years
- Other, (please specify)………………… for ........ years

Other areas - mark all that may apply to you;
- Food industry……. for ........ years
- Sports nutrition……. for ........ years
- Research……. for ........ years
- Teaching higher education/university level… for ........ years
- Research and teaching higher education/university level … for ........ years
- Other, (please specify)………………… for ........ years

11. Which of the fields above would you consider as your main field?

12. What education/training have you done to remain competent or increase your competence in your field after qualifying as a dietitian? Mark all that may apply to you.
- Courses run by, or within, your workplace
- Courses run by national Dietetic Association
- Courses run by companies
- Advanced dietetic courses run by the university or higher education institution (HEI)
- Research method courses run by the university or HEI
- Other courses run by the university or HEI
- Exchanges with other dietitians/clinics in the field in country of residence
- Collaboration partnerships with dietitians/clinics in other countries
- National and international conferences and workshops
- Reading scientific literature
- Training to specify research questions in your field of specialization
- Training to carry out research in your field of specialization
Training how to write a peer reviewed article on your own research.
Reflection on experience by yourself
Reflection on experience together with colleagues
Reflection on experience together with mentor/supervisor
Reflection on experience together with patients/clients/guests
Taking part in, and presenting, projects
Teaching at higher education courses
Working in nutritional teams/interdisciplinary work
Other, (please specify)…………………………

Questions 13 through 15 will ask what competences you expect from a specialist working as an advanced practitioner within a dietetic field. For each of the skills/competences listed below, please estimate the importance in your organization. (1 = not important; 5= very important). NOTE; All questions are mandatory and we would like you to estimate the importance of the competences also within the dietetic fields you do not work within yourself. You cannot proceed until all questions are answered, but you can mark ‘Don’t know’ if needed.

13. Administrative Dietetics
A dietitian working as an advanced practitioner within the field of administrative dietetics should demonstrate the following specific competences;

<table>
<thead>
<tr>
<th>Competence</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Management Skills</strong> (is demonstrated by …)</td>
<td>1  2  3  4  5  Don´t know</td>
</tr>
<tr>
<td>Integration of leadership knowledge and personnel management skills to handle complex problems</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Bringing together resources (financial, human, physical and/or material resources) to handle complex problems</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Using in depth knowledge about dietetics and different meal service systems to plan, produce and serve meals according to laws, regulations and policies</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Performing advanced organizational and strategic service planning integrating dietetic reasoning</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Participating in business or operating plan development</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Critically reviewing and evaluating economy and budget</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Using knowledge of hygiene and traceability to improve service standards</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Performing marketing functions about the profession of dietetics, food and nutrition</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Implementing a nutrition care process and documenting it in patient records</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Using health management skills to affect health policies locally and nationally</td>
<td>□ □ □ □ □</td>
</tr>
</tbody>
</table>

**Evidence Based Practice & Research** (is demonstrated by …)
Active engagement in Life Long Learning and change in practice          | □ □ □ □ □ |
An ability to design, plan, and adapt research within the field          | □ □ □ □ □ |
Carrying out or assisting in research                                    | □ □ □ □ □ |
Writing scientific articles or in peer recognized journals within the dietetic field | □ □ □ □ □ |
Using evaluation and research skills in practice to critically evaluate own practice and justify rationale for change | □ □ □ □ □ |
Identifying prioritized nutrition diagnosis based on an adequate assessment | □ □ □ □ □ |
Making evidence-based changes or improvement in practice                | □ □ □ □ □ |
<table>
<thead>
<tr>
<th><strong>Specific Practice</strong> (is demonstrated by …)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dealing with complex cases within a particular field of dietetic practice</td>
</tr>
<tr>
<td>Showing advanced knowledge of complex co-morbidities to justify therapeutic action</td>
</tr>
<tr>
<td>Using knowledge of the complex relationships between patients nutritional and medical management (e.g. medication, surgery, nutrition) to justify therapeutic action</td>
</tr>
<tr>
<td>Using nutritional assessment tools adapted to specific patient groups and suggesting appropriate action plans</td>
</tr>
<tr>
<td>Explaining and motivating choices for dietary disease treatment to patients, doctors and other health workers</td>
</tr>
<tr>
<td>Explaining how dietetic approach will affect eating behaviors of the individual and his/hers surrounding</td>
</tr>
<tr>
<td>Designing and using effective education for chronic disease management for the individual</td>
</tr>
<tr>
<td>Showing an understanding of the relationship between nutrition and socio-economic factors</td>
</tr>
<tr>
<td>Using a holistic approach to dietetic practice</td>
</tr>
<tr>
<td>Showing effective communication with patients and others in a multidisciplinary environment</td>
</tr>
<tr>
<td>Working together with many different specialists (physicians, nurses, pharmacists, psychologists, social workers etc)</td>
</tr>
<tr>
<td>Showing effective methods for influencing group and individual behavior</td>
</tr>
<tr>
<td>Participating in further development of the dietetic field.</td>
</tr>
<tr>
<td>Selecting and justifying use of pedagogic skills (students, patients, other professionals)</td>
</tr>
<tr>
<td>Showing good supervision skills within dietetic practice (colleagues, interns, other professionals)</td>
</tr>
<tr>
<td>Adopting appropriate effective evaluation techniques and analyzing outcomes to change approach</td>
</tr>
<tr>
<td>Involvement in professional networks</td>
</tr>
<tr>
<td>Competent use of epidemiological information when planning approach</td>
</tr>
<tr>
<td>Showing advanced skills in advocacy and negotiation</td>
</tr>
<tr>
<td>Involvement in the local governance agenda</td>
</tr>
<tr>
<td>Having good practical skills in PR (public relations)</td>
</tr>
<tr>
<td>Good communication skills in speech and writing for all social levels</td>
</tr>
<tr>
<td>Showing an understanding of public health, as to its social causes and implications for different groups of the population</td>
</tr>
<tr>
<td>Justifying strategies adopted for prevention of health inequalities</td>
</tr>
<tr>
<td>Integrating and communicating knowledge about structures in public health at European and international level to justify strategies adopted for prevention of health inequalities</td>
</tr>
</tbody>
</table>

14. **Clinical dietetics**
A dietitian working as an advanced practitioner within the field of clinical dietetics should show the following specific competences;

SAME TABLE AS ABOVE
15. Public Health Dietetics
A dietitian working as an advanced practitioner within the field of public health dietetics should show the following specific competences;
SAME TABLE AS ABOVE

Questions 16 through 19 will ask how you look upon your own level of practice.

16. Do you consider that you work at an advanced level?............ yes/no

17. If 'yes', what have you done to be able to work at an advanced level?
   □ Worked in the same field with at least half-time contract, for at least (add the number of years you believe is adequate) _____ years
   □ Taken part in projects or research within the field
   □ Been a coordinator of projects or research within the field
   □ Published scientific papers, books etc, within the field
   □ Continued higher education at university or a higher education institution
   □ Attended courses, workshops, seminars, and/or conferences relevant to the field
   □ Organized or led courses, workshops, seminars, and/or conferences relevant to the field
   □ Member of a reference group within the field
   □ Developed protocols within the field
   □ Developed teaching materials for qualification and post-qualification levels within the field
   □ Teaching at higher levels within the field
   □ Supervising others, e.g. dietetic students in clinical training
   □ Leading a service within the field
   □ Other, (please specify).................................

18. How do you know that others view you as working at an advanced level in your field?
   □ I’m expected to supervise others
   □ I’m often asked for advice or expert opinion
   □ I’m a member of a reference group within the field
   □ I’ve been asked to teach at higher levels
   □ I’ve been asked to give talks/presentations at conferences etc
   □ Other, (please specify).................................

19. If you don’t consider yourself as working on an advanced level, why not?.................................................................

20. Do you have any other comments to the questionnaire?.............................................

“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.”
Appendix 2 The European Advanced Dietetic Competences (EDAC)

The EDAC can also be found as an associated printed booklet

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26
European Dietetic Advanced Competences (EDAC)

July 2012

Unanimously Adopted by the EFAD General Meeting October 2012

“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”.
This document is aimed to dietitians in Europe and written by the Work Package ‘Second and third cycle competences for dietitians’ of the Thematic Network of Dietitians (DIETS2, www.thematicnetworkdietetics.eu). The document will help us to better understand the competences required by dietitians who work or will work at advanced/specialist level in Europe.

The paper is arranged as follows:
- Introduction
- Glossary of Terms
- Proposed Advanced Competence Framework

Introduction

Going from a newly qualified dietitian to an advanced level requires higher levels of knowledge and skills, as it includes significantly more demanding and complex work together with higher levels of responsibility and professional judgment. One of the European Federation of the Associations of Dietitians (EFAD) goals is to support the National Dietetic Associations (NDA’S) to reduce inequalities and improve nutritional health in Europe. Part of this includes developing standards of competence at different levels of dietetic practice.

In 2009, EFAD adopted the European Dietetic Competences and Performance Indicators (PI’s) at a threshold level for entry into the profession (EFAD, 2005, www.efad.org). Thereafter the profession and higher education institutions (HEI) in Europe began a process to ensure that all dietitians qualifying from their programmes have achieved these competences.

The European Union is committed to the prevention and control of non-communicable diseases (EC 2007 & 2011) through more healthful nutrition and increased physical activity. Dietitians as nutrition experts can further advance their profession, their professional expertise and, working as autonomous professionals, support their user groups and other healthcare professionals regarding healthful human nutrition.

Within the current context of Europe, the development of competence statements for dietitians post-qualifying is therefore highly relevant and important for the profession to support the achievement and implementation of these Resolutions and White papers. In additional and bearing in mind that the key ambitions of the Thematic Network for Dietitians (DIETS2) are:

- To prepare dietitians to be able to undertake and evaluate health promoting interventions and publish findings (enquiry led-learning)
- To support dietitians to develop and use contemporary communication and pedagogic/education methods (ICT)
- To enable dietitians to continually enhance their own expertise and relevance through lifelong learning (LLL)

This paper defines the competences highly qualified dietitians should be able to reach after “some years” of practical experience combined with continued education and other experiences of Lifelong Learning (LLL). Practical work experience is essential to improve competence, but years in practice are not enough by themselves to reach advanced level. How a dietitian works and what LLL-experiences the individual chooses to undertake will be crucial in the process (see Figure 1). It is possible to work many years as an adequate and competent dietitian without reaching advanced level.
Figure 1. Flowchart over the progression from newly graduated dietitian to a dietitian practicing at advanced level, indicating standards to be met at the two levels and the experience required to reach the higher level.

Meeting the European Academic and Practitioner Standards for Dietetics (EDBS).

1) Practical work experience ("reflective practice"), maybe leading to specialisation
2) Academic education (i.e. post-graduate courses/modules at master and doctorate level)
3) Other Lifelong Learning

Meeting the European Dietetic Advanced Competence (EDAC)

Practising as a dietitian at advanced level

Developing as an experienced and competent dietitian

Graduation as a competent dietitian
An advanced practice or specialist dietitian will be one who is able to demonstrate they meet the advanced competence standards by drawing on a wide range of evidence. The evidence can be gained from professionally recognized programmes of study, for example a degree at Masters level or equivalent, or by using a competency-based assessment process. Other approaches may also be used to demonstrate commitment to evidence-based practice to meet the advanced competence standards.

Exactly which of the competences described in this EDAC-document a dietitian has to reach and which performance indicators (PIs) they have to be able to show before being regarded as working at advanced level will be determined by their National Dietetic Associations (NDAs) and national legislation. The EDAC-document also provides a benchmark for monitoring development of the profession in Europe as opportunities are introduced for Lifelong Learning. It also presents a challenge to Higher Education, the Professional Bodies and individual learners to consider how they can support, through educational programmes and more informal means, the advancement of their colleagues, learners and themselves.

**Acknowledgment**

*The authors of this paper gratefully acknowledge the use of several competence statements from the publications listed at the end of this paper.*

**Glossary of terms**

| **Advanced practice (practice at advanced level)** | Advanced practice can take place in either a general or a specialist field. Terms associated with advanced practice are 'higher levels of knowledge and skill', 'significantly more demanding', 'higher levels of responsibility and judgment', 'more complex procedures' etc. Advanced practice is underpinned by advanced reasoning.
Advanced practice results from an expanded and specialized knowledge set, skills, competence, and experience. Expansion refers to the acquisition of new practice knowledge and skills, including the knowledge and skills that legitimize role autonomy within areas of practice that may overlap the traditional boundaries within dietetics practice.
Advanced level practice is characterized by the integration of a broad range of unique theoretical, research-based, and practical knowledge that occurs as a part of training and experience beyond entry level and is shaped by the context in which the dietitian practices (ADA). |
| **Advanced practitioner/specialist** | Denotes a level of practice, often within a specialty, that is more advanced than the competences associated with initial registration, or with simply working in a specialty requiring different approaches (e.g. primary care at community level, elder care, rehabilitation homes or in hospital). The specialist’s role encompasses professional expertise, teaching, evaluation and practice/service development. In some countries in Europe a title Specialist Dietitian has been proposed or implemented for dietitians working as advanced practitioners in an area of specialisation. A specialist may also be considered an expert. |
### Competence

A competence defines **WHAT** a person is capable of doing well, effectively and following professional standards
- competence is an outcome: it describes what someone can do. It does not describe the learning process which the individual has undergone
- in order to reliably measure someone’s ability to do something, there must be clearly defined and widely accessible standards through which performance is measured and accredited;
- competence is a measure of what someone can do at a particular point in time. (UDACE 1989: Tight 1996)

### Competency(ies)

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.

### Dietitian

The European Federation of the Associations of Dietitians (EFAD) and the International Congress of Dietetic Associations (ICDA) define a dietitian is a person with a legally recognised qualification (in nutrition and dietetics) who applies the science of nutrition to the feeding and education of groups of people and individuals in health and disease.

<table>
<thead>
<tr>
<th>Administrative dietitian</th>
<th>A dietitian with an education in nutrition and dietetics focused on food service management with responsibility for feeding of groups of people in health and disease in an institution or a community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical dietitian</td>
<td>A dietitian with an education focused on clinical nutrition and dietetics with responsibility for dietary prevention and treatment of groups and individuals in an institution or a community.</td>
</tr>
<tr>
<td>General dietitian</td>
<td>A dietitian with a basic education (but not a specialisation) in both clinical nutrition and dietetics and food service management with overall responsibilities for both aspects in an institution or a community.</td>
</tr>
<tr>
<td>Public health or community dietitian</td>
<td>A dietitian directly involved in health promotion and policy formulation that leads to the promotion of food choice amongst individuals and groups to improve or maintain their nutritional health and minimize risk from nutritionally derived illness.</td>
</tr>
</tbody>
</table>

### Expert

An expert is a person with extensive knowledge, skills or ability based on research and experience in a particular area of study i.e. Dietetics.

### Performance

The performance indicator (PI) tells **HOW** a person performs a specific activity.
**Indicator (PI)**

- A ‘PI’ is a tool to assess a person’s ability to perform a specific task
- The PI’s enable assessment of a person’s performance in range of tasks that contribute towards a defined competence.
- Together the PI’s specify the level of performance required to achieve and define a Competence

<table>
<thead>
<tr>
<th>Proficiency</th>
<th>Ability to adapt and apply knowledge and skills over a wide range of situations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialisation/field of interest</td>
<td>Specialisation is focusing to 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). The dietitian may work at a basic or advanced level within the specialised field but to achieve advanced status the criteria for European Dietetic Advanced Competence must be demonstrated.</td>
</tr>
</tbody>
</table>
Proposed Competence Framework

The European Dietetic Advanced Competences (EDAC) provide the baseline of knowledge, skills, understanding and competence of a Dietitian working as a dietetic practitioner at advanced and specialist level in Europe.

The European Dietetic Academic and Practitioner Standards (2005) recognised the major fields of Dietitians employed in Europe. However working at advanced and/or specialist levels will require the dietitian to be flexible, innovative and a proactive leader who integrates high-level nutrition and dietetic skills to influence the health of the community. At this level it is inappropriate to specify particular competences for every specialist area eg renal or diabetes, although some competences will be more applicable to some specialist areas than others. Over time it may be appropriate for specialist groups of dietitians to augment these EDAC standards with specifics from their own specialty to legitimize role autonomy. Examples are provided using the following colour notations:

Generic Advanced Dietetics – black text – applicable for all Dietitians in all working environments

Specific to Administrative Dietetics – identified by blue text
Specific to Clinical Dietetics – identified by red text
Specific to Public Health or Community Dietetics – identified by green text

It is recognised that where highly specialised roles are undertaken e.g. in paediatric or renal disease dietetics more specific competences will be added. It is also recognised that although some competences are colour coded this does not mean that only a specific named working environment defines the dietitian’s competence.

Some Member States may wish to set their competence standards (or standards of proficiency) at a higher level for their Dietitians. These competences are set at a baseline level for dietitians working at advanced level.
### 1.0 Advanced knowledge and understanding of Dietetics

Constantly interprets knowledge base to display a deep and systematic understanding of the theoretical and methodological approaches to a relevant field of dietetic practice and through this advances professional dietetics.

<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Knowledge, skills and application applicable to all field of dietetics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) Demonstrates an extensive depth and breadth of knowledge in a defined area or specialist field of dietetic practice</td>
</tr>
<tr>
<td></td>
<td>b) Maintains a critical knowledge of up-to-date best practice guidelines and best policy statements</td>
</tr>
<tr>
<td></td>
<td>c) Applies advanced knowledge to synthesis new and innovative theories and approaches, demonstrating originality and leadership in dietetic practice</td>
</tr>
<tr>
<td></td>
<td>d) Demonstrates high level skill in the application of knowledge to complex dietetic matters and specific dietetic approaches to affect the eating behaviour of an individual within his/her environment and communicates this in an easily understandable way. Demonstrates a deep knowledge and understanding of health inequalities when deciding how to develop methods for supporting or providing dietetic interventions to individuals or groups.</td>
</tr>
<tr>
<td></td>
<td>e) Has a critical knowledge of nutritional screening and assessment tools adapted to specific client groups</td>
</tr>
<tr>
<td></td>
<td>f) Demonstrates a systematic understanding of the relevant government legislation as it affects dietetic practice</td>
</tr>
</tbody>
</table>

**Additional performance indicators specific to administrative dietitians:**

| g) | Demonstrates a systematic understanding of the relevant government legislation and different meal service systems to plan, produce and serve meals according to laws, regulations and policies (blue) |
| h) | Has an extensive knowledge and critical understanding of dietetic and catering practices that influence hygiene and traceability to improve service standards (blue) |

**Additional performance indicators specific to clinical dietitians:**

<p>| i) | Has an extensive knowledge and critical understanding of complex co-morbidities, social inequalities and food choice to justify dietetic action, in relevant dietetic settings (red) |</p>
<table>
<thead>
<tr>
<th>Competence</th>
<th>Performance indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.0 Dietetic Process and Professional Reasoning</strong></td>
<td>Knowledge, skills and application applicable to all field of dietetics</td>
</tr>
<tr>
<td>2.1 Demonstrates an ability to reflect on own practice to synthesis innovative solutions, applications and ideas</td>
<td></td>
</tr>
<tr>
<td>2.2 Creatively applies knowledge of the Dietetic Process in complex situations, unpredictable or unfamiliar contexts and, where appropriate, in a specialist context</td>
<td></td>
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</table>

**Additional performance indicators for clinical dietitians:**

k) Synthesizes best available evidence to inform and prioritizes the nutrition diagnoses based on the severity of problem, the likelihood that nutrition intervention will impact the problem, and patient’s perception of importance. (red)
<table>
<thead>
<tr>
<th>Competence</th>
<th>Knowledge, skills and application applicable to all field of dietetics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance indicators</td>
<td></td>
</tr>
<tr>
<td>a) Exhibits a deep awareness of cultural diversity with recognition that cultural differences enrich Dietetic practice and also demonstrates equality of care</td>
<td></td>
</tr>
<tr>
<td>b) Acts as role model for personal conduct when dealing with diversity and difference; educates, advises and guides less experienced team members and other stakeholders</td>
<td></td>
</tr>
<tr>
<td>c) Identifies and manages ethical dilemmas that arise within professional relationships and ensures ethical principles (see EFAD or national ethical guidelines) are adhered to within own practice</td>
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<tr>
<td>d) Encourages, inspires and works with others; actively seeking collaboration for inter-disciplinary work</td>
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<tr>
<td>e) Has local, national, (international), and policy-making network connections in the Dietetic and related fields</td>
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<tr>
<td>f) Seeks opportunities to engage in the management of networks to promote professional practice through enhanced communication</td>
<td></td>
</tr>
</tbody>
</table>

I) The ability to demonstrate an ‘extended intervention role as appropriate to the specialist area of advanced practice (red)

Additional performance indicators for public health dietitians:

m) Able to integrate, synthesize and communicate knowledge about structures in public health and social services at local, national, European and international level to justify strategies adopted for prevention of health inequalities (green)

n) Able to operate in an unpredictable and complex environment to promote and apply the local governance agenda to dietetic practice (green)

o) Apply a critical understanding of the value of epidemiological information, especially that which is based on local data, when planning care (green)

3.0 Professional Relationships

Demonstrates advanced communication skills to engage effectively in professional relationships with clients, professional colleagues, policy and decision makers in a variety of settings, to establish clear and appropriate actions and outcomes.
<table>
<thead>
<tr>
<th>Competence</th>
<th>Performance indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.0 Professional Autonomy and Accountability</strong>&lt;br&gt;Demonstrates the ability to apply own initiatives to decision making and problem solving, within ethical and professional guidelines, accepting full accountability for outcome of own actions.</td>
<td>Knowledge, skills and application applicable to all field of dietetics</td>
</tr>
<tr>
<td>g) Works as an effective member of a multi-professional/multi-agency team (eg medical, social, private enterprise and public bodies) contributing to evidence-based practices and policies of the team</td>
<td>a) Constantly uses personal reflection to evaluate self-performance and demonstrate advancement to dietetic practice</td>
</tr>
<tr>
<td>h) Can apply skills in counselling and interview techniques e.g. motivational, to support and influence people that dietitians work with including patients/clients, other health care professionals and co-workers</td>
<td>b) Has pro-active role in recognition of mal-practice and is partner in decisions regarding mal-practice</td>
</tr>
<tr>
<td>Additional performance indicators for clinical dietitians:</td>
<td>c) Demonstrates responsibility for own professional development by actively engaging in Life Long Learning to support advancing dietetic practice</td>
</tr>
<tr>
<td>i) Creates a climate of mutual trust and establishes partnerships with patient/clients, carers and families to encourage active choices and participation in care and treatment (red)</td>
<td>d) Creates a culture of continuing development within own workplace through acting as a role model for others</td>
</tr>
<tr>
<td>j) Demonstrates the flexibility to provide support when a need is identified and a sensitive awareness of the clients need for autonomy when less support is appropriate (red)</td>
<td>e) Reflects on skills and creates opportunities to own further development</td>
</tr>
<tr>
<td>k) Demonstrates advanced communication skills to practice a client-centred approach, including knowledge of client’s expectations and respect for individual differences and their influence on dietary and lifestyle habits (red)</td>
<td>f) Leads on the development of local, national and international policies, regulations and codes of ethics for Dietitians to promote professional excellence</td>
</tr>
<tr>
<td>Competence</td>
<td>Performance indicators</td>
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<tr>
<td><strong>Additional performance indicators for clinical dietitians</strong></td>
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<tr>
<td>g) Demonstrates autonomous practice and full accountability for the care of clients, in assessment, clinical reasoning, treatment and intervention by maintaining clear, accurate and timely records of practice (red)</td>
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</tr>
<tr>
<td><strong>5.0 Educator Skills</strong></td>
<td>Knowledge, skills and application applicable to all field of dietetics</td>
</tr>
<tr>
<td>5.1 Demonstrates responsibility to contribute to the education and training of patients/clients, students, dietitians, and other health professionals.</td>
<td>a) Has an extensive knowledge and critical understanding of effective educational methods and pedagogy to influence the behaviour of individuals and groups, as well as students and other professionals</td>
</tr>
<tr>
<td>5.2 Demonstrates ability to prepare and present educational material through the critical evaluation and synthesis of relevant information to meet learning outcomes in appropriate settings and using effective media.</td>
<td>b) Uses educational techniques to empower patients/clients, students, professionals and other people to identify their potential and seek out opportunities to improve nutritional health and reduce inequalities</td>
</tr>
<tr>
<td><strong>Performance indicators</strong></td>
<td>c) Ensures that individuals are encouraged and supported, wherever possible, to be self-sufficient in managing their own educational or health related needs</td>
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<tr>
<td></td>
<td>d) Facilitates learning in practice, mentoring and coaching to promote a positive learning environment for students and other relevant professionals</td>
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<tr>
<td></td>
<td>e) Able to perform a systematic literature review to critically appraise current evidence and synthesize an informed strategy, to teach best practice for a specific dietetic question</td>
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<td>f) Creates a culture of challenge and support where critical feedback is received positively and mistakes are regarded as learning opportunities</td>
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<td></td>
<td>g) Provides positive critical feedback, coaches team members to enhance their performance and clarify their roles and responsibilities</td>
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<td></td>
<td>h) Initiates, manages and demonstrates exemplary supervisory skills within dietetic practice and supports the development of supervision skills in others (students, colleagues and other professionals)</td>
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<tr>
<td>Competence</td>
<td>Performance indicators</td>
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<tr>
<td><strong>6.0 Research and Development in Dietetics and its Science</strong></td>
<td>Knowledge, skills and application applicable to all field of dietetics</td>
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<tr>
<td></td>
<td>a) Able to critically reflect on current literature in a defined area or specialist field of practice, to develop relevant research questions</td>
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<tr>
<td></td>
<td>b) Able to perform a systematic literature review to critically appraise current evidence and synthesize an informed strategy, to implement evidence-based best practice for a specific dietetic question</td>
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<td></td>
<td>c) Demonstrates the application of skills of enquiry and a systematic research approach to problem solving, identifying solutions and promoting development in dietetics</td>
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<tr>
<td></td>
<td>d) Has a critical knowledge and understanding of methods of research enquiry, project design and data analysis to enable service evaluation and evidence informed practice through research and audit</td>
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<td>e) Engages actively in research projects within the dietetic field</td>
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<td></td>
<td>f) Engages in writing professional, reasoned and scientific articles for peer reviewed journals within the dietetic field</td>
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<tr>
<td><strong>7.0 Leadership and management of professional dietetics</strong></td>
<td>Knowledge, skills and application applicable to all field of dietetics</td>
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<tr>
<td></td>
<td>a) Recognizes the need to strategically manage change, taking account of organizational and service delivery needs</td>
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<td></td>
<td>b) Demonstrates an ability to integrate skills in leadership and management with resources (financial, human, physical and/or material resources) to prioritize and manage complex and conflicting priorities, to handle</td>
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<tr>
<td>Competence</td>
<td>8.0 Entrepreneurial skills and business development of dietetics</td>
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<td></td>
<td>Demonstrates ability to apply a high level of critical thinking and innovation to develop new concepts and approaches for identified opportunities within a ‘business’ environment using dietetics and nutrition.</td>
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<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Knowledge, skills and application applicable to all field of dietetics</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>a) Undertakes analysis to understand the user requirements and creates a plan, strategy or policy taking due account of the ethical responsibilities of the dietitian</td>
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<td></td>
<td>b) Fosters a culture of enquiry that is supportive and facilitative, encouraging creativity and innovation</td>
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<td></td>
<td>c) Performs advanced organizational and strategic service planning to implement reasoned service delivery</td>
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<td></td>
<td>d) Is influential in setting standards and devising criteria to define the skills required of dietitians in different fields</td>
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<td></td>
<td>e) Ensures that a dietetic perspective is achieved in the multi-professional/multi-agency delivery of care</td>
</tr>
<tr>
<td></td>
<td>f) Uses health management skills to affect health policies locally, nationally and internationally</td>
</tr>
</tbody>
</table>
References

- *Glossary of the DIETS project* (www.diets.org)
Appendix 3  Lifelong Learning Strategy for National Dietetic Associations

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).

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 dietician 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 dietician 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.

Cont/
**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).

“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*.”
Appendix 4 Lifelong Learning Strategy for dietitians

Strategy for Lifelong Learning for dietitians in Europe

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.’


Dietitians need to be committed to constant development as they progress through their career; making effective use of LLL to increase their competence and attain a high quality of performance, creativity and innovation together with safe practice.

The purpose of the strategy is to encourage individual dietitians to improve their scientific and professional skills throughout their careers. Lifelong learning has a key role to play in advancing the status and reputation of the dietetic profession, reducing inequalities and improving nutritional health in Europe. Continued development will also ensure fulfilment of the professional code of ethics and good practice adopted by the European Federation of Associations of Dietitians (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.”

Recommended actions for dietitians

7. Stay committed to constant professional development through your career
8. Use basic and advanced level benchmark competence statements for European dietitians* to set up short- and long term lifelong learning goals
9. Learn how to recognize learning possibilities
10. Actively seek opportunities for lifelong learning
11. Document all lifelong learning activities to review, set goals, monitor progress and demonstrate professional development
12. Help create a culture of lifelong learning and development amongst dietitians in Europe.

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Appendix 5 Webinar on how to use EDAC

The EDAC webinar can be accessed on YouTube at the following URL:
https://www.youtube.com/watch?v=Ue_YPzTA5GE

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