



DIETITIANS BOARD

Te Mana Mātanga Mātai Kai

PROFESSIONAL STANDARDS & COMPETENCIES *for* DIETITIANS

Consultation document released
25 SEPTEMBER 2017

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1. Purpose of this paper

The Dietitians Board is consulting with practitioners and stakeholders on **Professional Standards & Competencies for Dietitians**¹. The Board has a statutory obligation to consult on such matters.

Professional Standards & Competencies for Dietitians consist of statements that describe the standard and competence required for initial registration and continuing practice as a dietitian in New Zealand.

The Professional Standards & Competencies for Dietitians are aspirational, forward focussed and will help guide the future of dietetics in New Zealand.

The Board has, to date, consulted with practitioners in early 2016 to seek feedback on the current Registration Competency Requirements. Based on feedback from that process an Expert Working Group was set up to review and develop revised standards and competencies that took into consideration the future of dietetic practice and were fit for purpose.

An initial Phase #1 Consultation of the draft Professional Standards & Competencies for Dietitians took place in mid-2017 with 135 dietetic practitioners and following some amendments to the document is now being circulated to the wider stakeholder group and all Registered Dietitians for comment.

The consultation period commences on 25 September 2017 and all submissions must be received by **5.00pm on Monday 23 October 2017** either via Survey Monkey or as a written submission.

Your input would be valuable to the Dietitians Board's consultation and to the profession.

2. Introduction

The Dietitians Board protects the health and safety of the New Zealand public by ensuring that every dietitian working in New Zealand is competent, fit to practise and meets standards of professionalism as required by the *Health Practitioners Competence Assurance Act* (HPCA Act 2003) (Appendix 2).

Professional Standards & Competencies for Dietitians define the knowledge, skills, abilities and attitudes required for dietetic practice in a variety of contexts. They describe the standard and competence required for both initial registration and continuing practice as a dietitian in New Zealand. They are aspirational and future focussed.

A range of organisations and people will use these competency standards for various purposes.

Professional Standards & Competencies for Dietitians can be used by:

Dietitians Board to:

- Accredit university qualifications required for registration as a dietitian
- Assess qualifications and competence requirements for both New Zealand trained and overseas trained candidates seeking registration in New Zealand
- Assess continuing competency programmes for registered dietitians
- Assess competence requirements for dietitians returning to practice after a significant absence

Universities to:

- Develop and evaluate curricula (including assessments) for accredited qualifications
- Assist students with comprehending expectations for dietetic practice and setting long-term goals for professional development

¹ Professional Standards & Competencies for Dietitians replaces the Dietitians Board's *Registration Competency Requirements* (2009).

Dietitians to:

- Identify personal development and continuing education needs for self-directed lifelong learning
- Review competence prior to changing an area of practice

Employers and Managers to:

- Recognise the variety of professional roles that dietitians can perform
- Recognise the dietetic practice context
- Describe safe workplace performance
- Identify workplace performance standards, competencies and expectations
- Provide a framework to support supervision

Other Health Professionals to:

- Understand the broad scope of dietetic practice and the competency requirements for dietitians

Clients and the Public to:

- Identify the standards against which the public can expect safe and competent practice
- Recognise the required knowledge, skills and behaviours of dietitians
- Recognise the variety of professional roles that dietitians may perform

3. Acknowledgements

The Dietitians Board acknowledges the key stakeholders and individuals who participated in the development of the **Professional Standards & Competencies for Dietitians**.

An expert working group reviewed the *Registration Competency Requirements* (2009) and developed the **Professional Standards & Competencies for Dietitians**. The expert working group, led by Dr Louise Mainvil (Dietitians Board), included representatives from the Dietitians Board (Vicky Campbell, Hiki Pihema, Sue Domanski), Dietitians New Zealand (Vicki Robinson), District Health Boards' Leaders Group (Teresa Stanbrook), Massey University (Associate Professor Rozanne Kruger), The University of Auckland (Associate Professor Clare Wall), and the University of Otago (Louise Beckingsale). Dr Louise Mainvil and Sue Domanski, Registrar of the Dietitians Board, drafted the **Professional Standards & Competencies for Dietitians** in collaboration with the Expert Working Group.

The Dietitians Board and Expert Working Group thanks dietetic practitioners who contributed to the initial review of *Registration Competency Requirements* in early 2016 and an initial draft **Professional Standards & Competencies for Dietitians**, mid 2017, prior to this wider public consultation.

The process used to develop these competency standards is described in Appendix 1.

4. The Role of a Registered Dietitian in New Zealand

The Dietitian is the health professional registered to practise dietetics in New Zealand. Registered Dietitians practise autonomously and in collaborative teams to improve health and well-being. They practise within the limits of their education and competence; they are accountable and responsible for their actions.

Scope of Practice

Under the HPCA Act (2003) the Dietitians Board describes the profession of dietetics in one Scope of Practice:

Dietitians are registered health practitioners who evaluate scientific evidence about food and nutrition and translate it into practical strategies. Dietitians work in partnership with individuals, whānau, communities and populations, in states of health and disease, to support optimal health and well-being.

Dietitians use their dietetic knowledge, skills, and judgement in a variety of contexts, which includes promoting and protecting public health, directing and delivering medical nutrition therapy services, and managing food and health systems. They may perform a variety of functions, including policy development, leadership, management, research, education, and communication roles.

Dietitians with a prescribing endorsement are able to prescribe Special Foods and approved nutrition-related medicines.

Dietitians are accountable for ensuring that their practice is consistent with the Dietitians Board's competency requirements, Code of Ethics and Conduct, and relevant legislation.

The Dietitians Board has one Restricted Activity – *Prescribing of parenteral nutrition where the feed is administered through a tube into the gut or central venous catheter.*

The **Dietitian Prescriber Endorsement** is held by a number of Dietitians who are able to prescribe and authorise subsidised dispensing of approved nutrition-related medicines, in addition to all Special Foods.

Definition of Dietetic Practice

Registered Dietitians work in a wide range of places assisting people to improve their health and lifestyle through optimal nutrition. Registered Dietitians in New Zealand may be found using their dietetic skills and knowledge while working (or volunteering):

- in public health, food service management or clinical settings,
- as a service manager/advisor or leader working in a healthcare environment,
- as a dietetic educator/lecturer/researcher,
- as a policy advisor,
- as a consultant, or as part of a multidisciplinary team, providing dietetic services to individuals or groups in areas such as elite sport/personal training or aged care,
- in media or communications, and
- as a nutritionist.

Dietitians can be found working anywhere that involves people, food, nutrition, physical activity, health or well-being. Workplaces might include government agencies, publically and/or privately funded organisations, public health providers, health centres, hospitals, rest homes, commercial organisations (e.g. food or pharmaceutical manufacturers, distributors, services), education providers (kohanga reo/early childhood, schools, polytechnics, universities), research institutes, media, armed forces, sports/fitness centres, whare hauora, or people's homes.

5. Cultural Responsiveness

New Zealand is rich and colourful, and the many cultures that make up our communities provide a myriad of approaches and perspectives about healthcare. Dietetic practice is even more complex and challenging because food is often a very important part of an individual's culture.

A dietitian must be culturally responsive and create culturally safe environments for dietetic practice. In its simplest form, cultural responsiveness is having the ability to interact and respond effectively and respectfully with individuals who have a different background or perspective on life than that of the practitioner. Having the competence to build and maintain a strong rapport and to motivate and empower individuals from different cultures is imperative to dietetic practice.

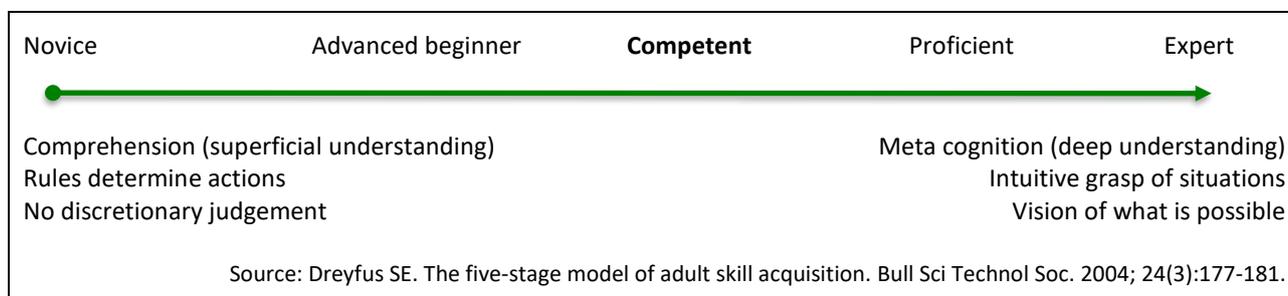
Te Tiriti o Waitangi/Treaty of Waitangi

The Government affirms that Māori as Tangata Whenua hold a unique place in our country, and that the Treaty of Waitangi is the nation's founding document. The introduction of the New Zealand *Public Health and Disability Act (2000)*, confirms the Treaty's place within the health sector as fundamental to the improvement of Māori health.

The Treaty is an integral part of the HPCA Act (2003). In the health sector, key Treaty principles for involving Māori include partnership, participation and protection. The Dietitians Board is committed to ensuring these principles are acknowledged and actioned.

6. Dietetic Competence

Dietetic competence is the ability of a person to fulfil the dietetic role safely and effectively (*refer Glossary*). It encompasses the entire spectrum of knowledge, skills, abilities and attitudes specified in this document, but given the complexity of the role, acknowledges that full expertise will develop with experience:



A prescribed university qualification for registration (HPCA Act 2003, s15) indicates that a practitioner is prepared to begin providing safe, competent and professional dietetic care in a variety of settings. Accredited dietetic education programmes assess core competencies to ensure competency standard achievement at a basic level.

All newly registered dietitians are supervised by an experienced dietitian in their first year of practice in New Zealand. Their supervisor/mentor assists them with professional development and enhancing their practice through quality improvement processes and lifelong learning.

Over time, the Registered Dietitian, as a reflective practitioner and lifelong learner, will continually critique his/her performance and improve until competency standards are accomplished at an advanced level. All Registered Dietitians are required to participate in the Dietitians Board's Continuing Competency Programme (HPCA Act 2003, s40) for maintaining, examining and improving professional standards and competencies in the vocational scope of dietetics. Ensuring a dietitian's competence and fitness to practise (HPCA Act 2003, s15 & s16) also protects the health and safety of members of the public.

7. Professional Standards & Competencies for Dietitians

Registered Dietitians use their dietetic knowledge, skills, and judgement in a variety of contexts to support optimal nutrition, health and well-being. They draw on a wide range of competencies to perform various functions such as promoting and protecting public health, directing and delivering medical nutrition therapy services, and managing food and health systems.

The **Professional Standards & Competencies for Dietitians** consist of five **integrated themes** which collectively describe the characteristics of a competent Registered Dietitian and the abilities to be demonstrated in practice:

Food, Nutrition & Health Expertise
Communication & Collaboration
Management & Leadership
Professionalism
Scholarship



The competency standards and core competencies for each theme reflect dietetic knowledge and skills that are used across practice settings. They are aspirational to prepare a flexible workforce for future practice, highlighting the diverse roles that Registered Dietitians may perform in any setting.

Each theme begins with a **definition** that provides context for the competencies. Dietetic characteristics, roles and practice features are outlined.

Following that, the **competency standards** are described. These are the overarching practices required for dietitians to work safely and effectively across the breadth of dietetic practice. Initially, dietetic performance may be at a basic level but this will advance over time with reflective practice and lifelong learning.

The **core competencies** describe the essential and measurable components of each competency standard. They describe the knowledge, skills and attitudes that apply to all Registered Dietitians regardless of role, area of practice or setting.

A brief overview of the themes and professional standards is provided in Appendix 2.



Food, Nutrition & Health Expertise

Dietitians² have a strong foundation in biological sciences and human nutrition with specialist skills in dietetics. They understand food, health and social systems from health promotion and pathogenic perspectives. Dietitians use interdisciplinary³ knowledge and skills to manage food service systems and to deliver population and personal health, food, nutrition and dietetic services. Their interdisciplinary expertise informs dietetic reasoning, judgement and approaches to problem solving and enables engagement in interprofessional practice.

Competency Standards Dietitians will:	Core Competency Dietitians are able to:
<p>1.1 Use evidence-based nutrition knowledge and dietetic expertise, reasoning and judgement to optimise nutrition, health and well-being</p>	<p>1.1.1 Demonstrate understanding of nutrition science and medical nutrition therapy for people in states of health and disease</p> <p>1.1.2 Demonstrate understanding of sustainable food systems, food service management, food products and food preparation practices influencing nutrition and health</p> <p>1.1.3 Demonstrate understanding of public health nutrition, including population monitoring and surveillance, community capacity building, and public health intervention planning, implementation and evaluation</p> <p>1.1.4 Use appropriate interdisciplinary² principles and frameworks to assess and identify client⁴ and stakeholder needs and to plan, implement, monitor, evaluate and adapt dietetic strategies</p>
<p>1.2 Apply nutrition knowledge and dietetic expertise, reasoning and judgement to nutritional assessments</p>	<p>1.2.1 Assess the nutrient composition and/or nutritional quality of food products, composite foods, menus and food environments</p> <p>1.2.2 Use appropriate dietary assessment methods to assess food and nutrient intakes of individuals and populations</p> <p>1.2.3 Assess the nutritional status of populations and individuals in states of health and disease, using appropriate dietary, biochemical, anthropometric, physical/observed, medical and historical data</p> <p>1.2.4 Assess physical environments and economic, political and socio-cultural factors affecting client food choice and intake</p>

Terms are defined in the Glossary on pages 18-21

² Dietitians are the only nutrition health profession to be regulated by law. Most Registered Dietitians have an accredited undergraduate science/health science degree in human nutrition, as well as a postgraduate qualification in Dietetics.

³ Principles from other disciplines (eg. natural, biological, behavioural and social sciences and business studies) are embedded in dietetic practice models.

⁴ A client is a person/population or organisation using a dietetic service (Glossary on pages 18-21).

Competency Standards Dietitians will:	Core Competency Dietitians are able to: (continued)
<p>1.3 Manage food service systems to optimise nutrition, health and well-being</p>	<p>1.3.1 Demonstrate understanding of operational large-scale food production and distribution systems (including food safety and hygiene), transforming inputs to safe, nutritious, culturally acceptable and affordable outputs</p> <p>1.3.2 Assess, plan, implement, monitor, evaluate and adapt food service systems⁵ to meet client and stakeholder needs</p> <p>1.3.3 Demonstrate financial and technological literacy and optimise resources to deliver safe, effective, efficient food services</p> <p>1.3.4 Identify and manage risks to food systems</p>
<p>1.4 Implement effective public health nutrition interventions to promote and protect population health and well-being</p>	<p>1.4.1 Demonstrate understanding of public health principles, frameworks, theories and models to promote healthy socio-ecological systems</p> <p>1.4.2 Identify, prioritise and advocate for structural interventions to address population food and nutrition needs</p> <p>1.4.3 Identify and collaborate with key stakeholders from diverse settings to influence structural change</p> <p>1.4.4 Assess, plan, implement, monitor, evaluate and adapt a public health nutrition intervention to meet client and stakeholder needs and reduce health inequalities</p> <p>1.4.5 Support vulnerable communities to build their capacity for health promotion</p>
<p>1.5 Implement evidence-based nutrition and dietetic interventions to prevent, treat and manage food and nutrition-related diseases, injuries and conditions and to optimise health and well-being</p>	<p>1.5.1 Demonstrate understanding of nutrition care processes, medical nutrition therapy principles* and evidence-based guidelines to support patient-centred care across the lifespan (* includes interpreting aetiology, pathophysiology and pharmacology information)</p> <p>1.5.2 Analyse assessment data, make a nutrition diagnosis, and formulate goals in collaboration with patients</p> <p>1.5.3 Develop, implement, monitor, evaluate and adapt patient-centred nutrition care plans based on assessment data and clinical reasoning</p> <p>1.5.4 Prescribe, monitor and evaluate Special Foods (oral, enteral and parenteral products) and approved nutrition-related medicines to optimise nutritional status</p> <p>1.5.5 Communicate assessment, clinical reasoning, intervention and monitoring plans via effective written documentation</p> <p>1.5.6 Contribute dietetic expertise, reasoning and judgement to interprofessional clinical teams, participating in shared decision making and implementation and evaluation of patient-centred care</p>

Terms are defined in the Glossary on pages 18-21.

⁵ Food service systems include standards for food safety, nutrition and sustainability, menus, standardised recipes and portions, and communications.



Communication & Collaboration

As communicators, dietitians facilitate discussions with individuals, family/whānau, groups, organisations, communities and populations from various cultural, socioeconomic, organisational and professional backgrounds. They engage and empower people through gathering and sharing essential information.

Dietitians communicate and collaborate with diverse groups effectively and respectfully in an effort to enhance relationships and pursue common goals. They establish and maintain therapeutic and professional partnerships and relationships with people in an environment characterised by trust, respect, empathy and cultural safety. They engage with interprofessional colleagues to enhance dietetic practice.

Competency Standards Dietitians will:	Core Competency Dietitians are able to:
<p>2.1 Demonstrate effective oral and written communication and interpersonal skills to enhance relationships in nutrition and dietetic practice</p>	<p>2.1.1 Assess people’s communication needs and respond in a manner that is appropriate to their level of understanding, culture and preferred ways of communicating</p> <p>2.1.2 Critically reflect on how their own cultural values, beliefs and practices influence their communications</p> <p>2.1.3 Respect Tikanga when communicating with Māori</p> <p>2.1.4 Establish and maintain effective and healthy relationships that are characterised by trust, respect, empathy and cultural safety</p> <p>2.1.5 Communicate responsibly and effectively utilising media, social media and other communication channels</p>
<p>2.2 Use effective client-centred oral and written communication strategies to optimise nutrition, health and well-being</p>	<p>2.2.1 Demonstrate understanding of behavioural psychology, counselling and education principles and skills in dietetic practice</p> <p>2.2.2 Communicate with clients at an appropriate health literacy level to support informed decisions</p> <p>2.2.3 Engage, motivate, empower and enable⁶ individuals, families/whānau and groups to achieve dietary behaviour and lifestyle change goals</p> <p>2.2.4 Engage, motivate, empower and enable organisations to create health promoting environments</p> <p>2.2.5 Offer Māori clients a whānau-friendly service that aspires to incorporate traditional Māori values, models of care and whānau support</p>
<p>2.3 Collaborate with interprofessional colleagues and stakeholders to establish and achieve common goals</p>	<p>2.3.1 Demonstrate understanding of the principles of team leadership, team work and group processes that support collaborative practice, and their own role within the team</p> <p>2.3.2 Seek out, integrate and value the input and engagement of colleagues, clients and stakeholders when contributing to shared decision making</p> <p>2.3.3 Demonstrate knowledge of conflict resolution, mediation, advocacy, negotiation and assertiveness techniques</p>

Terms are defined in the Glossary on pages 18-21.

⁶ People on low-incomes may require access to food and food preparation equipment



Management & Leadership

Dietitians demonstrate management and leadership skills appropriate to their experience and role descriptions across a range of settings. In work and professional environments, dietitians set measurable standards and coordinate resources (human, financial and physical) to achieve goals. They can lead teams and coordinate the work of others.

Competency Standards Dietitians will:	Core Competency Dietitians are able to:
<p>3.1 Contribute to broad management functions of nutrition and dietetic practice</p>	<p>3.1.1 Apply management principles and skills to dietetic practice</p> <p>3.1.2 Apply quality management principles to develop and sustain a safe, effective, efficient, client-centred service</p> <p>3.1.3 Demonstrate understanding of strategic planning and its role in developing and improving services</p>
<p>3.2 Demonstrate leadership in professional practice</p>	<p>3.2.1 Demonstrate understanding of professional leadership within professional, legal and ethical frameworks</p> <p>3.2.2 Demonstrate knowledge of organisational culture and its influences on professional leadership and practice</p> <p>3.2.3 Encourage and support a safe environment for collegial professional practice and innovation</p> <p>3.2.4 Identify problems and solutions and lead change to enhance professional practice</p> <p>3.2.5 Demonstrate commitment to inter-sectoral/interprofessional practice</p> <p>3.2.6 Advocate for the value dietitians bring to the health system to optimise nutrition outcomes</p> <p>3.2.7 Encourage and support others to engage in personal and professional development activities for career growth and skill enhancement</p>

Terms are defined in the Glossary on pages 18-21.



Professionalism

Dietitians understand professional responsibility and standards of behaviour and their legal and ethical obligations to practise safely and effectively within the New Zealand cultural context. They are committed to lifelong learning and accept responsibility for acquiring and maintaining professional competence.

Competency Standards Dietitians will:	Core Competency Dietitians are able to:
4.1 Practise safely and effectively	4.1.1 Critically reflect on professional practice 4.1.2 Maintain professional standards and responsibility 4.1.3 Evaluate self-performance and recognise and address limitations of professional knowledge, skills and abilities (including cultural competence) 4.1.4 Demonstrate a commitment to continuing professional development 4.1.5 Identify and understand professional boundaries 4.1.6 Identify and assess health and safety risk and work with employers to develop effective management systems
4.2 Practise according to New Zealand legal and ethical requirements	4.2.1 Comply with legislation, statutory codes and professional, ethical and social frameworks for dietetic practice 4.2.2 Use appropriate procedures for informed consent 4.2.3 Maintain confidentiality and privacy in all areas of work 4.2.4 Demonstrate professional behaviours and boundaries when using information technology and social media platforms
4.3 Practise within the New Zealand cultural context	4.3.1 Demonstrate understanding of New Zealand food and health systems 4.3.2 Critique and contribute to the development of New Zealand policies influencing food, nutrition and health systems 4.3.3 Advocate for the client within the broader health system 4.3.4 Promote social justice and health equity for all groups including Māori 4.3.5 Encourage and facilitate initiatives to reduce social and health inequalities in New Zealand 4.3.6 Apply the principles of Te Tiriti o Waitangi and Māori models of health (such as Te Whare Tapa Wha) to dietetic practice 4.3.7 Demonstrate cultural awareness and be responsive to client values, beliefs, and practices in relation to food, nutrition and health

Terms are defined in the Glossary on pages 18-21

Scholarship leads the development of the discipline of dietetics, refining its content and approaches. Dietitians demonstrate lifelong commitment to excellence in evidence-based nutrition and dietetic practice. They routinely critically appraise and summarise evidence and evaluate their practice. They contribute to research by developing and disseminating new knowledge. Technology facilitates scholarship activities.

Competency Standards Dietitians will:	Core Competency Dietitians are able to:
5.1 Develop nutrition and dietetic expertise, reasoning and judgement through lifelong, evidence-based learning	5.1.1 Demonstrate evidence-based dietetic practice 5.1.2 Apply critical thinking principles and problem solving techniques to dietetic practice 5.1.3 Conduct a comprehensive literature search, critically appraise and interpret research evidence, and consolidate findings 5.1.4 Implement, evaluate and develop evidence-based practice guidelines and standards for dietetic practice 5.1.5 Conduct an audit to monitor adherence to standards 5.1.6 Conduct formative, process and impact evaluations to enhance dietetic practice 5.1.7 Use quality management principles to improve outcomes, systems and contribute to the evidence base
5.2 Contribute to research initiatives that enhance nutrition and dietetic practice	5.2.1 Demonstrate understanding of research principles, qualitative and quantitative methodologies and relevant technologies 5.2.2 Participate in and/or lead a nutrition or dietetic research project 5.2.3 Disseminate research findings to advance evidence-based nutrition and dietetic practice
5.3 Use information and communication technology to enhance research and dietetic practice	5.3.1 Use technology and standardised terminology to retrieve, interpret, store, analyse and disseminate information 5.3.2 Evaluate and contribute to the development of user-centred technologies to enhance dietetic practice 5.3.3 Demonstrate knowledge of advancing technology and health informatics

Terms are defined in the Glossary on pages 18-21.

8. Next Steps

Making a submission

The Board is seeking feedback from interested stakeholders and Registered Dietitians - Your feedback is important and to assist with ensuring the process allows for information to be provided in a consistent format and in a timely manner, there is an online questionnaire.

Please follow this link to the [SUBMISSION QUESTIONNAIRE](#).

If you prefer to make a written submission please comment using the following format:

Food, Nutrition, & Health Expertise

- Are the **Food, Nutrition, & Health Expertise Standards & Competencies** easy to read and understand? *Please provide a reason for your answer*
- Do you generally agree with the proposed **Food, Nutrition, & Health Expertise Standards & Competencies**? *Please provide a reason for your answer*
- Is there anything you think is missing from the **Food, Nutrition, & Health Expertise Standards & Competencies**? *Please provide a reason for your answer and/or provide your thoughts*

Communication & Collaboration

- Are the **Communication & Collaboration Standards & Competencies** easy to read and understand? *Please provide a reason for your answer*
- Do you generally agree with the proposed **Communication & Collaboration Standards & Competencies**? *Please provide a reason for your answer*
- Is there anything you think is missing from the **Communication & Collaboration Standards & Competencies**? *Please provide a reason for your answer and/or provide your thoughts*

Management & Leadership

- Are the **Management & Leadership Standards & Competencies** easy to read and understand? *Please provide a reason for your answer*
- Do you generally agree with the proposed **Management & Leadership Standards & Competencies**? *Please provide a reason for your answer*
- Is there anything you think is missing from the **Management & Leadership Standards & Competencies**? *Please provide a reason for your answer and/or provide your thoughts*

Professionalism

- Are the **Professionalism Standards & Competencies** easy to read and understand? *Please provide a reason for your answer*
- Do you generally agree with the proposed **Professionalism Standards & Competencies**? *Please provide a reason for your answer*
- Is there anything you think is missing from the **Professionalism Standards & Competencies**? *Please provide a reason for your answer and/or provide your thoughts*

Scholarship

- Are the **Scholarship Standards & Competencies** easy to read and understand? *Please provide a reason for your answer*
- Do you generally agree with the proposed **Scholarship Standards & Competencies**? *Please provide a reason for your answer*
- Is there anything you think is missing from the **Scholarship Standards & Competencies**? *Please provide a reason for your answer and/or provide your thoughts*

FINAL COMMENTS

Registered Dietitians hold increasingly diverse roles and are required to work flexibly in a variety of settings:

- Do the **Professional Standards & Competencies for Dietitians** reflect the changing workforce? *Please provide a reason for your answer*
- Do the **Professional Standards & Competencies for Dietitians** reflect the changing needs of the New Zealand population? *Please provide a reason for your answer*
- Is there anything else you would like to comment on regarding the **Professional Standards & Competencies for Dietitians**?

Following the close of the consultation period, submissions will be considered by the full Board at the next face-to-face meeting in November 2017. The Board will make applicable amendments and finalise the Professional Standards & Competencies for Dietitians. The profession will be notified when the Standards & Competencies have been approved and published.

The consultation period commences on 25 September 2017 and all submissions must be received by **5.00pm on Monday 23 October 2017** either via the online submission questionnaire or as a written submission.

Submissions can be sent to:

The Registrar
Dietitians Board
PO Box 9644
Wellington 6141

Email: dietitians@dietitiansboard.org.nz
Phone: 04 474 0746



Glossary

Term	Meaning in context of dietetic practice in New Zealand
Client	A client is a person/population or organisation using a dietetic service. ¹ In this document, it also refers to the intended service population. Depending on the setting, dietetic service users could be individuals, families/whānau, community groups, organisations or populations.
Client-centred	A client/person/patient-centred approach focuses on the needs, interests and wishes of the client. The client (or representative) plays a central role in assessing, planning and evaluating their dietetic care. This requires the dietitian to build non-judgemental, empathic and genuine relationships with clients in a safe and trusting environment.
Collaboration	Collaboration is the action of two or more people working together or with others cooperatively to achieve a common goal. Dietitians may work in partnership with dietetic and/or interprofessional colleagues, clients (including family/whānau), and stakeholders to plan and deliver quality services. Elements of effective collaborative practice include respect, trust, shared decision-making and partnership. ²
Community	A community is a group of people either living in a geographically defined area or having a shared characteristic. ¹
Competence	Competence is “the ability to do something successfully or efficiently” ¹ . Competent dietitians practise safely (do no harm, cause no adverse effects) and effectively (achieve a desired result) in a range of settings and in situations of varying levels of complexity. An individual’s level of competence in any situation will be influenced by many factors including qualifications, dietetic experience, professional development, and the dietitian’s ability to integrate required knowledge, skills, attitudes and personal attributes into their practice (reasoning, judgements, actions).
Competency standards	Competency standards describe the overarching practices required for dietitians to work safely and effectively across the breadth of dietetic practice. Each standard has a set of core competencies.
Core competencies	Core competencies are the essential and measurable components of each competency standard. They describe the knowledge, skills and attitudes that apply to all Registered Dietitians regardless of role, area of practice, or setting.
Culture	Culture is “the ideas, customs, and social behaviour of a particular people or society” ¹ . Culture essentially describes “the ways members of a group understand each other and communicate that understanding” ³ . The dynamic programming of the human mind harbours and expresses cultural values and customs that distinguish members of one group from others. Cultural groups can differ based on age, gender, sexual orientation, ethnicity, occupation, socioeconomic status, social class, organisation, impairment, beliefs, lifestyle and other factors.
Cultural competence	Cultural competence is the dietitian’s ability to practise safely and effectively with a culturally diverse range of people. A dietitian needs to be aware of his/her own cultural biases and respect cultural differences. The dietitian accepts responsibility for acquiring and incorporating knowledge and skills to better understand members of other cultures and to develop therapeutic relationships with them for optimal client-centred care. Dietitians are committed to inclusivity, social justice and health equity.
Cultural safety	Cultural safety supports and promotes equity in health care. Given cultural diversity between and within cultural groups, only the client can determine the cultural appropriateness of their dietetic care. To achieve optimal outcomes, the dietitian needs to be culturally aware, sensitive and competent to identify and incorporate the client’s unique cultural beliefs, values and customs into their care. The dietitian does not rely on unconscious bias, assumptions or stereotypes that could adversely impact processes and outcomes. Any action that diminishes,

	demeans or disempowers the client’s cultural identity and well-being is considered to be unsafe cultural practice.
Evidence-based practice	Evidence-based dietetic practice is “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients” ⁴ , taking into consideration client needs and preferences and dietetic expertise. ^{4,5} Best evidence comes from systematic, well-designed research studies. Dietetic expertise, reasoning and judgement is developed through experience and continuing education.
Food	Food is “any nutritious substance that people...eat or drink...in order to maintain life and growth” ¹ .
Food preparation	Food preparation requires knowledge and skills to select, process, measure and combine ingredients to prepare food for eating.
Food service	Food service is the component of the food system involved with routinely feeding large groups of people (e.g., hospital, rest home, residence hall, school, workplace canteens). Food is purchased/ donated, stored, prepared, distributed and served following management standards to ensure safe, nutritious food delivery.
Food systems	Food systems refer to systems related to the production, processing, distribution, marketing, preparation, consumption and disposal of food.
Health	Health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” ⁶ .
Health equity	Health equity promotes fair and just health outcomes for all members of society. Relevant human rights include non-discrimination, equality, a level of education to fully participate in society, and a standard of living adequate for health. Efforts are made to remove structural barriers that create and maintain the gap between advantaged and disadvantaged groups. ⁷
Health inequalities	Health inequalities are the measurable outcomes that identify and monitor avoidable, unnecessary and unjust differences in the health of different population groups. Disparities accumulate across lifetimes and generations, so a life-course approach is needed. ⁷
Health informatics	Health informatics is “the science of processing [<i>health</i>] data for storage and retrieval” ¹ . Data is stored and retrieved for assessment and evaluation purposes.
Health literacy	Health literacy is the client’s “knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course” ⁸ .
Health systems	A health system “consists of all organisations, people and actions whose primary intent is to promote, restore or maintain health” ⁹ . Services could include public health, primary care, secondary or acute care, tertiary care, respite care, restorative care and continuing care.
Informed consent	The dietitian engages with the client/legal guardian/organisation to ensure they have received and understood the information that a reasonable person in the same situation would require to make an informed decision about their dietetic care. ¹⁰ The client makes an informed decision and consents before initiating treatment/intervention. ¹⁰
Interdisciplinary	Interdisciplinary means “relating to more than one branch of knowledge”. ¹ Principles from multiple disciplines are embedded in dietetic practice models (e.g. natural and biological sciences, behavioural and social sciences, and business studies).
Interprofessional practice	Interprofessional practice is “two or more professions working together as a team with a common purpose, commitment and mutual respect” ¹¹ .
Intersectoral practice	Intersectoral practice/action refers to actions undertaken by non-health sectors (e.g., education, employment, social development), possibly in collaboration with the health sector, to improve health or health equity outcomes. ¹²

Leadership	Leadership is the act of “leading [<i>guiding/organising</i>] a group of people or an organization” ¹ .
Management	Management is the act of setting measurable standards/objectives for a business/organisation/ service and coordinating resources (human, financial, physical) to achieve them. It include managing performance, compliance, quality, marketing and communications, and risk.
Medical nutrition therapy	In this document, medical nutrition therapy refers to evidence-based clinical nutrition and dietetic care for individuals with food and nutrition-related: medical conditions, disease risk factors, diseases and co-morbidities. Nutrition and dietetic care may be delivered individually or in groups and may include nutrition and diet therapy, counselling, education and/or support services. Therapy may involve dietary and/or lifestyle change, prescribed Special Foods and/or approved nutrition-related medicines, enteral feeding directly into the gut or parental/intravenous feeding.
Nutrition	Human nutrition is “the science of food, the nutrients and other substances contained therein, their action, interaction, and balance in relation to health and disease” ¹³ . It includes “normal nutrition (caloric [<i>energy</i>] and nutrient requirements throughout the life cycle and for specific populations)... and nutritional epidemiology” ¹³ .
Nutritional status	Nutritional status refers to the human body having sufficient nutrients to meet its metabolic needs in states of health and disease. Dietitians take many factors into account when assessing an individual’s nutritional status including food and nutrition-related history, dietary intake, biochemical data, medical tests and procedures, anthropometric measurements, nutrition-focused physical findings, and client history.
Population health	Population health refers to the overall health of a large population (e.g., New Zealand, Waikato or Hamilton). It is concerned with population health outcomes and the distribution of these outcomes among population subgroups (health equity). Public health approaches are used.
Public health	Public health is “the science and art of preventing disease, prolonging life and promoting health through organized efforts of society” ¹⁴ . It includes population health surveillance, capacity building, and interventions to build healthy socio-ecological systems. ¹⁵
Resources	Resources are “a stock or supply of money, materials, staff, and other assets...” that a person, group or organisation can draw upon to function effectively. ¹
Research methodologies	Dietetic research methodologies include quantitative research (deductive research to test theory), qualitative research (inductive research to generate theory), and mixed methods research (designed to integrate qualitative and quantitative research techniques).
Science	Science is the “... systematic study of the structure and behaviour of the physical and natural world through observation and experiment” ¹ .
Social justice	Social justice is the fair and reasonable “distribution of wealth, opportunities, and privileges within a society” ¹ . (refer health equity)
Social science	Social science is “the scientific study of human society and social relationships” ¹ . It studies how people are influenced, behave and influence others.
Socio-ecological systems	Socio-ecological systems, consisting of personal, socio-cultural and environmental elements, are complex and adaptive. Systems thinking is used to understand how elements influence one another within the whole, acknowledging multiple levels of influence: 1) social structure, public policy and systems; 2) community; 3) organisational; 4) interpersonal; and 5) individual. ¹⁶
Special Foods	Special Foods are enteral and sip feeds and nutritional supplements, which may be fully or partially subsidised through PHARMAC (New Zealand’s Pharmaceutical Management Agency). Registered dietitians with <i>Dietitian Prescriber Endorsement</i> can prescribe Special Foods and approved nutrition-related medicines.

Stakeholder	A stakeholder is a person, group or organisation “with an interest or concern in something” ¹ such as the success of an initiative.
Structural interventions	‘Structural’ public health nutrition interventions attempt to change social, economic, political or physical environments that shape and constrain food choice and intake.
Sustainable food systems	Sustainable food systems deliver food security and nutrition for all in such a way that the economic, social and environmental bases to generate food security and nutrition for future generations are not compromised. ¹⁷
Systems	A system is a complex network of interacting, interrelated or interdependent elements that form a whole. ¹
Tikanga	This Māori word has a variety of meanings and is generally taken to mean ‘the Māori way of doing things.’ It refers to “the customary system of values and practices that have developed over time and are deeply embedded in the social context” ¹⁸ – it includes “correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol” ¹⁸ .

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Appendix 1: Professional Standards & Competencies *for* Dietitians review process

The Dietitians Board protects the health and safety of the New Zealand public by ensuring that every dietitian working in New Zealand is competent, fit to practise, and meets standards of professionalism required by the Health Practitioners Competence Assurance Act (2003). The Dietitians Board is responsible for defining the scope of practice for dietitians and setting competency standards.

Over the past 18 months the Dietitians Board has undertaken three projects which has assisted in the development of the document being consulted on: (1) *Scope of Practice* review, (2) *Registration Competency Requirements* review, and (3) the development of the *Professional Standards & Competencies for Dietitians*.

Scope of Practice review

The Dietitians Board reviewed and updated the *Scope of Practice for Dietitians (2017)*, which defines major dietitian work roles and functions in New Zealand. The revised Scope of Practice clarifies the range of dietetic practice and includes the prescribing endorsement. Two rounds of public consultation in 2016 informed refinements: initial feedback (21 submissions) helped to develop two versions of the Scope of Practice for the second round of consultation and second round feedback (49 submissions) helped to develop the final version.

Registration Competency Requirements review

The Dietitians Board has, to date, undertaken two reviews of the *Registration Competency Requirements (2009)*. Competency standards define the knowledge, skills and professional attributes that dietitians need to perform core functions outlined in the Scope of Practice. In early 2016, 162 of 630 registered dietitians (online survey participants) reviewed the 2009 competency standards and provided feedback on the general strengths and limitations of the current Registration Competency Requirements in light of current practice and future workforce needs.

Expert Working Group to develop Professional Standards & Competencies *for* Dietitians

An Expert Working Group (EWG), established in July 2016, to review competence requirements and update the competency standards, considered the feedback from the initial consultation, completed a SWOT analysis of the 2009 standards and developed revised competencies in line with international best practice. The document was renamed **Professional Standards & Competencies *for* Dietitians (PSCD)**.

The EWG consisted of nine people representing six stakeholder groups: Dietitians Board (n= 4 including Māori Advisor and Registrar), Dietitians New Zealand, District Health Boards' Leaders Group, Massey University, The University of Auckland and University of Otago. The represented stakeholder groups are frequent users of the competency standards as employers and training providers. Collectively, stakeholder-nominated representatives had clinical, public health and food service management leadership roles in a range of practice settings.

The EWG met on 11 occasions in 2016 and 2017, identified six broad competency themes, and brainstormed minimum competence requirements. EWG members worked collaboratively to develop each theme; they organised brainstormed competence requirements, filled in gaps, and benchmarked them against national and international competency standards (refer Bibliography). The EWG met to discuss each theme, identify missing and redundant elements and gain consensus on minimum competence requirements. It was agreed that cultural responsiveness should be embedded across the themes, not stand-alone.

Draft Professional Standards & Competencies for Dietitians development

The first draft of the **Professional Standards & Competencies for Dietitians** (PSCD) was developed by two EWG members in early 2017 based on feedback and work undertaken by the EWG. The standards and competencies identify a broad range of knowledge, skills and professional attributes that prepare dietitians for future practice in a range of settings. It recognises that professional practice requires integration of competencies across themes to support overall performance. The EWG critiqued a first draft and agreed moderate changes to theme definitions, competency standards and core competencies. The EWG also critiqued the second draft and agreed further minor changes.

The Dietitians Board reviewed draft 3 and agreed it was ready for a wider independent review (subject to minor changes). EWG stakeholder groups nominated 135 registered dietitians to review the document from wide-ranging practice domains, employment settings and years work experience which included public health, clinical, sport & recreation, research & education, food service management, consultancy, business, media and management as well as recent graduates (2013-2017).

Fifty-nine of 135 invited practitioners completed the Dietitians Board's online survey - 44% of the surveyed cohort. Participants were asked to respond to each draft competency standard and its individual core competencies by indicating their agreement or disagreement using a Likert scale.

There was at least 90% agreement with over three-quarters of the competencies, and at least 70% agreement with all competencies (18 competency standards, 95 core competencies). The Board was looking for a > 75% agree or strongly agree response as the benchmark for establishing initial agreement with the proposed standard/competency. In most instances >85% agreed or strongly agreed. There were only a very small number reporting a <75% agree/disagree response.

Written comments revealed valuable insights that were incorporated into this final draft (16 competency standards, 76 core competencies) following EWG review.

Through all consultation phases the Board's intent is to:

- Ensure dietetic competencies reflect the breadth of dietetic practice in New Zealand over the next 5-10 years to enable registered dietitians to practise safely and competently
- Raise stakeholder awareness of Standards and Competencies shared across practice domains and health professions
- Provide clarity and transparency for the public, employers, accredited education providers, students and practitioners.

The Board is now undertaking a wide stakeholder consultation on the Draft Professional Standards & Competencies for Dietitians with the intention to publish late 2017 early 2018.

Appendix 2: Overview of the Professional Standards for Dietitians

Food, Nutrition & Health Expertise

Dietitians will:

1.1 Use evidence-based nutrition knowledge and dietetic expertise, reasoning and judgement to optimise nutrition, health and well-being	1.2 Apply nutrition knowledge and dietetic expertise, reasoning and judgement to nutritional assessments	1.3 Manage food service systems to optimise nutrition, health and well-being	1.4 Implement effective public health nutrition interventions to promote and protect population health and well-being	1.5 Implement evidence-based nutrition and dietetic interventions to prevent, treat and manage food and nutrition-related diseases, injuries and conditions and to optimise health and well-being
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Communication & Collaboration

Dietitians will:

2.1 Demonstrate effective oral and written communication and interpersonal skills to enhance relationships in nutrition and dietetic practice	2.2 Use effective client-centred oral and written communication strategies to optimise nutrition, health and well-being	2.3 Collaborate with interprofessional colleagues and stakeholders to establish and achieve common goals
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Management & Leadership

Dietitians will:

3.1 Contribute to broad management functions of nutrition and dietetic practice	3.2 Demonstrate leadership in professional practice
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Professionalism

Dietitians will:

4.1 Practise safely and effectively	4.2 Practise according to New Zealand legal and ethical requirements	4.3 Practise within the New Zealand cultural context
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Scholarship

Dietitians will:

5.1 Develop nutrition and dietetic expertise, reasoning and judgement through lifelong, evidence-based learning	5.2 Contribute to research initiatives that enhance nutrition and dietetic practice	5.3 Use information and communication technology to enhance research and dietetic practice
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