Competency for Retired Credentialed Practitioners

N E A R L Y O N E F O U R T H O F credentialed dietetics practitioners are age 55 years or older.1 As this large group of practitioners approaches traditional retirement age (65 years old), it is important to address the issue of continuing competence as a lifetime commitment.

The retired credentialed dietetics practitioner, whether registered dietitian (RD) or dietetic technician, registered (DTR), faces several challenges. Friends and family continue to turn to the retired practitioner as a nutrition resource. The public, as well as the profession, still expects the practitioner to be competent. There is a continuing responsibility to act ethically. The body of nutrition knowledge continues to change at a rapid pace. Finally, the retired credentialed dietetics practitioner is faced with the cost of continuing professional education (CPE) on a fixed income and loss of access to CPE offered in a work-related setting.

The purpose of this article is to highlight and discuss the ethical principles that may be especially challenging for a retired dietetics practitioner who maintains the RD or DTR credential and to provide approaches to addressing those challenges.

ETHICAL PRACTICE: THE EXPECTATION DOES NOT END WITH RETIREMENT

The Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR) code of ethics for the profession of dietetics reflects the values and ethical principles guiding the dietetics profession. The code of ethics sets forth commitments and obligations of the dietetics practitioner to the public, clients, the profession, colleagues, and other professionals. Practitioners who are credentialed by CDR, whether members of the Academy or not, agree to abide by the code of ethics.2 There are four specific principles within the code of ethics that may be especially challenging to the retired credentialed dietetics practitioner:

**Principle 14**
The dietetics practitioner assumes a lifelong responsibility and accountability for personal competence in practice, consistent with accepted professional standards, continually striving to increase professional knowledge and skills and to apply them to practice.

The National Organization for Competency Assurance defines competence as the ability to provide service at specified levels of knowledge and skill, not only at the time of initial certification, but also throughout an individual’s professional career.3 The code of ethics for the profession of dietetics, the Academy’s Standards of Professional Practice, and CDR’s Professional Development Portfolio work together to assure competence for the dietetics practitioner.4

Although the retired practitioner is no longer gainfully employed, friends, family, and the community will still consider the practitioner a nutrition expert who is able to interpret scientific information and translate it into healthy food choices. Situations arise where others turn to the retired practitioner for guidance regarding health promotion, medical nutrition therapy, and food safety. The knowledge and skill one needs to function in this role might differ from that required previously to retirement.

**Example of the Application of Principle 14.** At the time that LG retired from practice, she realized that she no longer needed to maintain competency in hospital accreditation standards and licensing regulations specific to medical nutrition therapy and foodservice management, as well as performance measurement and improvement. To address these changes, she submitted a new Professional Development Portfolio Plan to CDR that emphasizes health promotion/disease prevention, medical nutrition therapy, leadership, and advocacy. She focuses her continuing professional education in these areas.

**Principle 12**
The dietetics practitioner practices dietetics based on evidence-based principles and current information.

Competence is dynamic. As scientific knowledge, the profession of dietetics, and practice settings change, the knowledge and skills required to practice competently change as well.

In the past few years, new ideas have become basic principles and tools, such as the Nutrition Care Process5,6 and the Evidence Analysis Library.7 New scientific evidence has led to changes in the information that practitioners communicate to clients and the public. In 2010, the US Department of Agriculture released new Dietary Guidelines for Americans.8 Treatment of type 1 diabetes has changed significantly in the past few years.9,10 New information is emerging on the role of total fat and saturated fat in the risk of cardiovascular disease.11-14 And 65% of adult Internet users state that they use social networking sites.15 It is critical that the retired RD or DTR remains current in those areas where he or she might be providing professional expertise.

**Example of the Application of Principle 12.** Shortly after she retired, PC’s granddaughter was diagnosed with type 1 diabetes. Realizing that her information relating to type 1 diabetes was outdated, she completed in-depth continuing education on this diagnosis. Because people were asking her questions about metabolic syndrome, she completed a free webinar on this topic. She was approached about speaking to mothers of preschoolers at her church, at about the time that the 2010 Dietary Guidelines for Americans were released. She completed online education on the...
US Department of Agriculture website, with a focus on guidelines for children. In addition, she updated her knowledge on hot topics in pediatric nutrition.

**Principle 4**  
The dietetics practitioner withdraws from professional practice when unable to fulfill his or her professional duties and responsibilities to clients and others. A college degree represents success-ful completion of academic coursework in a specific major subject at a point in time. The degree is awarded and held permanently. Unlike the college degree, the RD or DTR credential assures the continuing competence of the practitioner. It is the responsibility of the credentialed practitioner to maintain competence and to be willing to relinquish the credential if unable to do so.

**Example of the Application of Principle 4.** HT retired a few years ago from a position in a nutrition program for seniors. As she approached 75 years old, she realized that she would not be returning to dietetics practice. The cost of maintaining competence in nutrition and dietetics (time, effort, and financial cost) was greater than the benefit she would gain. For this reason, HT did not renew her RD credential.

**APPROACHES TO HELP ENSURE ETHICAL PRACTICE**

So, how might a retired credentialed dietetics practitioner continue to be in compliance with the code of ethics, especially regarding the requirement for continuing competence? The following suggestions will facilitate this process:

1. Update his or her Professional Development Portfolio Goals and Learning Plan to reflect those areas where expertise may be needed. A link to the Portfolio Process and individual portfolios can be found at www.CDRnet.org.  
2. Review the Academy/CDR Code of Ethics in light of retirement from dietetics practice. The Code of Ethics can be found at www.eatright.org or in the August 1999 issue of the *Journal of the American Dietetic Association.*  
   a. Selecting the “retired” category of membership will result in cost savings.  
   b. Consider joining the Fifty Plus in Nutrition and Dietetics Member Interest Group, which focuses on programming, education, careers, and networking targeted at members aged 50 years and older.  
   c. Join a dietetics practice group that addresses identified learning needs.  
   d. Become active in state and local dietetics associations.  
   e. Information about membership categories, Member Interest Groups, and Dietetics Practice Groups can be found at www.eatright.org.  
4. Stay current in major new developments, such as health promotion guidelines. Read and use position papers and information in the Academy’s Evidence Analysis Library at www.eatright.org. Subscribe to the e-mail “Daily News” from the Academy’s Knowledge Center by calling 800/877-1600, ext. 4853 or 4784, or by sending an e-mail to knowledge@eatright.org.  
5. Take advantage of high-quality, easily accessible, and often low-cost continuing professional education opportunities that address learning needs, including: a. state dietetic association and local district meetings;  
   b. Journal articles that are approved for free online continuing professional education;  
   c. Professional reading from peer-reviewed journals;  
   d. Distance learning, such as tele-seminars, audio recordings, and webinars; and  
   e. Tutorials, such as those offered by the Academy, including those addressing the Nutrition Care Process and the Evidence Analysis Library. These can be found at www.eatright.org/cpd/online.  
6. Continue to use traditional approaches to CPE, such as seminars, journal clubs, and workshops. When possible, attend local and state meetings, as well as the Academy’s Food and Nutrition Conference and Exposition (FNCE).  
7. Recognize the limits to his or her expertise and make referrals, as appropriate. The Academy’s “Find a Registered Dietitian” service is a good resource for referrals to RDs. A link to this service can be found on the Academy’s home page at www.eatright.org.

**CONCLUSION**

Retired credentialed dietetics practitioners are responsible for maintaining competence. This responsibility is delineated in the Code of Ethics for the Profession of Dietetics. It is critical that the retired practitioner identify areas in which he or she anticipates needing professional expertise and directs continuing professional education to these areas. There are easily accessible, cost-effective approaches to maintaining competence in retirement. As is the expectation for any practitioner, retired practitioners should know the limits of their expertise and make referrals as appropriate.
References


