Registered Dietitian Nutritionists and Nutrition and Dietetics Technicians, Registered, Are Ethically Obligated to Maintain Personal Competence in Practice

An Ethics Opinion reflects the interpretation or application of the Academy of Nutrition and Dietetics/Commission on Dietetic Registration (CDR) Code of Ethics for the Profession of Dietetics by the Ethics Committee. This interpretation or application by the Ethics Committee is in response to a specific ethics issue facing the Registered Dietitian Nutritionist (RDN) or Nutrition and Dietetics Technician, Registered (NDTR), in practice.

An Ethics Opinion is an educational guide for RDN and NDTR conduct; it is meant to be a comprehensive review of the issue. The situations described are hypothetical.

Miller-Keane and O’Toole define competence as the ability to consistently deliver safe and reliable services. Registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs), who are competent use up-to-date knowledge and skills; make sound decisions based on appropriate data; communicate effectively with patients, customers, and other professionals; critically evaluate their own practice; and improve performance based on self-awareness, applied practice, and feedback from others.

More than 30 years ago, Houle noted that one of the distinguishing features of a profession is the recognition, by professionals as well as the public, of the need to keep current with the latest advances in the field. A recent report by the Institute of Medicine reaffirmed the need to remain competent in a changing field by suggesting that professionals need to build on basic knowledge and skills learned in school, as well as continue to learn new techniques and the latest evidence-based information, and improve performance to provide quality services for current and future work settings. Professionals also must take responsibility to determine the limits of their competence; a professional who is considering entering a new area of practice or implementing a new treatment approach must become competent to practice in the new area. For example, nutrition and dietetics practitioners today may need to learn the latest social media techniques and legal and ethical issues in delivering information via social media, and professionals in the future may need to learn to interpret and communicate the results of complex nutrigenetic testing.

In recent years, various groups have specifically focused on the need for continuing competence of health professionals. For example, the Joint Commission requires institutions to assure that staff remain competent in their practice area by assessing and documenting competence every 3 years, or more frequently as determined by hospital policy. Consumer organizations, federal agencies, managed care organizations, and legislators are applying increasing pressure for licensure and certifying bodies to take steps to ensure the continuing competence of providers.

For example, the National Commission for Certifying Agencies approved new 2016 standards that require certifying agencies to promote continued competence through periodic recertification. Employers, the Academy, and the Commission on Dietetic Registration expect RDNs and NDTRs to remain competent throughout their careers.

For RDNs and NDTRs, the Code of Ethics for the Profession of Dietetics, Comprehensive Scope of Practice Resources for the RDN/NDTR, and Professional Development Portfolio work together to assure competence. The Code of Ethics defines ethical principles that support the best interests of persons in the society and provides guidelines on how RDNs and NDTRs should conduct business with clients, colleagues, and other professionals. Principle 14 states that “the dietetics practitioner assumes a life-long 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 in practice.” Therefore, RDNs and NDTRs are ethically obligated to remain competent so that they can provide the best possible service to clients, customers, and society.

The Comprehensive Scope of Practice Resources for the RDN/NDTR explains safe and appropriate practice. The Standards of Practice and Standards of Professional Performance hold the individual practitioner responsible for continuing competence by participating in self-assessment and professional development to improve knowledge and skills. The Professional Development Portfolio process offers a framework to guide RDNs and NDTRs though the continuing professional education (CPE) process in order to help them achieve...
self-identified learning needs or practice competencies.13 The Scope of Practice Resources and the Professional Development Portfolio outline a similar process for maintaining continued competence and professional accountability. Both dietetics resources emphasize conducting regular self-assessments based on self-reflection and feedback from a variety of sources to identify gaps in practice competencies or needs for professional development. They also help the RDN or NDTR develop and implement a plan for professional growth and evaluate the effectiveness of the plan in maintaining competence. For this process to be effective, RDNs and NDTRs must accept responsibility for accurately assessing their learning needs, preparing and implementing a learning plan that appropriately addresses identified needs, applying new knowledge and skills to practice, and honestly evaluating whether they remain competent to practice.

When registration was first implemented in 1969, mandatory continuing education was established to promote continuing competence of registered dietitian nutritionists.14 As part of the Professional Development Portfolio process, RDNs and NDTRs must participate in CPE activities that are related to nutrition and dietetics. Dietetics is defined as “the integration, application and communication of principles derived from food, nutrition, social, business and basic sciences, to achieve and maintain optimal nutrition status of individuals through the development, provision and management of effective food and nutrition services in a variety of settings.”15 The purpose of CPE is to maintain or develop competence in specific areas of nutrition and dietetics. To be most effective, CPE activities should be based on needs assessments, be interactive, provide feedback, use multiple learning methods, provide adequate time to incorporate knowledge, and apply to the learner’s professional practice.16

However, participation in formal professional development activities such as workshops is not the only way professionals learn. Professional development during the years of active practice also occurs as the direct or indirect result of the work itself. RDNs and NDTRs who maintain a mindset of continuous performance improvement through self-reflection and interaction with others will be more effective practitioners. For example, a nutrition and dietetics practitioner who would like to improve his or her ability to help clients solve nutrition-related problems may use critical self-analysis to revise his or her counseling approach. Or a dietetics manager may learn about more effective personnel management strategies through informal interactions with other managers in the institution. Other professional development opportunities in the workplace may include observation of role models, analysis of errors or unexpected results of one’s actions, or discussion of difficult clients or situations with colleagues.17-19 This informal learning in the workplace can help RDNs and NDTRs maintain competence to practice.

RDNs and NDTRs who fail to remain competent, or are not competent enough to practice, expose themselves to many professional risks, including the possibility that they may cause harm to clients or customers. For example, an RDN in clinical practice who writes orders for parenteral nutrition without extensive training may cause metabolic complications, a foodservice manager who does not remain current with procedures to prevent food-borne illness may risk causing injury or death to vulnerable clients, or an RDN in private practice may exacerbate a patient’s medical condition by recommending inappropriate diet restrictions. Incompetent practitioners may also become the subject of a lawsuit. For example, the family of a patient in a long-term care facility who dies of malnutrition may sue the nutrition and dietetics practitioner who failed to appropriately identify and recommend treatment for the patient. Other professional risks of practicing in an incompetent or less-than-competent manner include the possibility that the RDN or NDTR may lose his or her job or become the subject of a complaint to a state licensure board, to the Ethics Committee of the Academy, and the Commission on Dietetic Registration. Licensure boards and the Ethics Committee may suspend or revoke the individual’s registration10 or license to practice.

EVALUATION OF COMPETENCE
How does a professional know if he or she is competent to practice? Most professionals believe that they are competent to practice, but overconfidence or resistance to change may cloud their judgment. Both experienced professionals and those who are either considering entering a new area of practice or implementing a new treatment approach must be sure that they have the appropriate training and understand the scientific basis of practice. Professionals have the responsibility to identify the limits of their competence. Professionals may use a number of strategies to evaluate their competence.

Self-reflection, a key component of lifelong learning, is an important strategy for evaluating competence.11,18,20 Self-reflection may be defined as a “conscious and systematic approach to thinking about experiences with the aim of learning and changing behaviors.”21 Reflection is most effective when professionals pay careful attention to and maintain curiosity about their daily work, especially in complex, difficult, or emotionally challenging situations, and receive feedback about their performance.22-24 An example of an opportunity to use self-reflection to evaluate success in maintaining competence may occur when a professional experiences a critical incident.25 For example, an RDN or NDTR who writes a blog post about a controversial diet should evaluate his or her knowledge of research on the effectiveness of the diet after receiving critical comments about the post from other professionals. Effective analysis of critical incidents is based on sound and sufficient knowledge, the ability to transfer learning from one situation to another, and a willingness to change.23

Obtaining feedback on performance from a variety of sources including clients, supervisors, peers, and mentors, is another effective strategy to determine whether one is maintaining competence.2,18 These individuals, who are in a position to directly observe the RDN’s or NDTR’s behavior, can provide valuable evidence of competence. A nutrition and dietetics practitioner who observes incompetent practice by another practitioner has the ethical responsibility to confront the incompetent individual, and if the incompetent practice can harm the public, provide evidence to the state licensing board and the Ethics Committee.

Another strategy for nutrition and dietetics practitioners to estimate their level of competence is to compare their performance to evidence-based
practice guidelines.26-29 Evidence-based practice guidelines are developed from current research on the effectiveness of different approaches to practice. The resulting guidelines translate the research findings into the most appropriate strategies to use in practice. Thus, an RDN or NDTR who is following the guidelines appropriately should be providing high-quality services. For example, an RDN who uses clinical judgment to diagnose malnutrition in adult oncology patients should compare his or her criteria for diagnosis with the recommendations in the Academy’s Evidence Analysis Library,30 and an RDN or NDTR who provides nutrition education for children should evaluate his or her online program by comparing it with the Nutrition Evidence Library.31

The Standards of Practice and Standards of Professional Performance are designed to be self-evaluation tools for RDN and NDTR competence.1 In addition to these descriptions of the minimum competent level of practice and professional performance, published standards in at least 12 focus areas (available from www.eatright.org/scope) represent expert opinion and consensus on the expectations for professional practice. For example, an RDN or NDTR who has been hired as a patient service manager may use the Standards of Professional Performance for Registered Dietitian Nutritionists in Management of Food and Nutrition Systems,32 and a clinical RDN who has taken on responsibility for renal patients may use the Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists in Nephrology Nutrition13 to identify gaps in practice competencies and develop goals for professional development.

Another way nutrition and dietetics practitioners can determine whether they are maintaining competence is to compare their performance in the worksite to the best practices identified in professional development activities. For example, a nutrition and dietetics practitioner who teaches nutrition to nursing students may attend a training session on effective strategies for distance education courses, and then determine whether the web-based course designed for his or her students incorporates the most effective strategies.

Finally, some RDNs and NDTRs may evaluate competence by completing the requirements to achieve and maintain relevant certification. For example, an RDN may demonstrate application of knowledge and decision-making skills for the appropriate care of children by passing the examination to become a Board Certified Specialist in Pediatric Nutrition.34 Registered dietitian nutritionists may also become Board Certified Specialists in Renal Nutrition, Gerontological Nutrition, Oncology Nutrition, and Sports Dietetics.34

**EXAMPLES OF THE NEED FOR PERSONAL COMPETENCE IN PRACTICE**

The following three examples demonstrate the need for nutrition and dietetics practitioners to maintain personal competence in practice:

- Ben is an NDTR who has worked for 2 years as the manager of a school lunch program in a rural area. The local school board received a complaint that Ben’s department is not following acceptable financial practices. Upon further investigation, the board determines that Ben must update his knowledge and skills in budgeting, record keeping, and interpreting financial data, in order to remain employed. Ben agrees to complete a workshop on financial practices and to meet regularly with the school district’s chief financial officer for one year. If Ben had assumed responsibility for remaining competent to practice, he could have avoided the potential loss of his job.

- Maria was recently elected as an officer of the district dietetic association. Maria wanted to become an effective officer, so she establishes a mentoring relationship with an experienced officer to develop her leadership and team-building skills. As a result of identifying and addressing a learning need, Maria has maintained competence as a professional.

- Jane is an RDN who has been out of the workforce for 10 years. When she decides to return to work, she accepts a position working with patients with diabetes. During her 10 years away from practice, Jane participated in CPE activities related to medical nutrition therapy; however, when she accepts the position Jane determines that she must identify opportunities to quickly update her knowledge and skills on the management of patients with diabetes. Jane purchases the Diabetes Mellitus Toolkit25 and works with a mentor to understand these evidence-based practice guidelines before then applying the guidelines to her practice and evaluating the effectiveness of the medical nutrition therapy that she provides to her clients. Jane has demonstrated that she is willing to assume responsibility and accountability for competence in practice.

**CONCLUSION**

All RDNs and NDTRs have an ethical responsibility to remain competent throughout their careers. Practitioners who are returning to the workforce, changing job responsibilities, or continuing to practice in the same position must all accept responsibility for learning and improving performance throughout their careers. Changing practitioner roles requires individuals to plan and implement learning experiences that will keep them ready to safely and effectively provide nutrition services. When each RDN or NDTR chooses the most appropriate learning strategy to train for his or her specific area of practice, the result will be a diverse group of competent nutrition and dietetics practitioners with a solid foundation of knowledge and skills. Participating in critical self-evaluation, gathering feedback from others, following evidence-based practice guidelines, adopting best practices, or obtaining certification will help RDNs and NDTRs evaluate how successful they are in maintaining competence.

**References**


AUTHOR INFORMATION

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