

**NDEP FEEDBACK to ACEND: RE: Program Director Survey – FEM Talking Points for Administrators - Summary of Responses**

- Post NDEP Council discussion (8/19/20)/, send to ACEND (8/24/20), and posted to NDEP website (8/25/20).

Program Type	%Responses	n	In Process of Transition to FEM (all program types)
DI	44.12	45	YES 21 (21%)
DPD	29.41	30	NO 81 (79%)
CP	9.80	10	
DT	5.88	6	<b>Considering Transition to FEM (all program types)</b>
FEM Graduate (FG)	4.90	5	YES 32 (32%)
FEM Bachelor (FB)	2.94	3	
CP/DPD/DI with and ISPP	2.94	3	<b>Not Currently Transitioning and Not Considering Transitioning</b>
FEM Associate (FA)	0.00	0	NO 70 (68%)
TOTAL:	100%	<b>N=102</b>	<b>N = 70/91 current non FEM- programs (77%)</b>

**(% of individuals that commented) – ACEND statement - Individual Comments/Suggestions for Change of Wording**

- 1) **(20%) The Accreditation Council for Education in Nutrition and Dietetics (ACEND) has released the *Future Education Model Accreditation Standards for Associate (FA), Bachelor’s (FB) and Graduate (FG) Degree Programs, which are competency-based education (CBE) programs that integrate classroom learning with supervised experiential learning.***
  - All current programs are CBE programs as that is how interns’ readiness is evaluated.
  - **Suggestion:** Administrators will need to know difference between CBE and traditional programs. Define the acronym CBE.
  - **Suggestion:** “In addition to the ACEND accredited DPD, DI, CP, and DTR programs that are competency-based, ACEND has released.....”
  
- 2) **(37%) Nutrition and Dietetics is joining the other allied health profession that have switched to CBE model, such as physical therapy, speech language pathology, occupational therapy, audiology, nursing and pharmacy.**
  - **Suggestion:** substitute “transitioned” or “that utilize the CBE model...” instead of “switched”
  - **Suggestion:** delete “the” prior to other.....unless that list includes all allied health professions.
  - This makes it sound like we are lagging behind these other professions and puts us in a bad light.
  - **Suggestion:** remove "allied" so it states "other health professions" for the same reason many schools of allied/health related have dropped the term "allied" or "related" since they are health professions in their own right. You could even add athletic training, medicine and dentistry.
  - **Suggestion:** Nutrition and Dietetics is aligning with other allied health professions.....
  
- 3) **(36%) CBE fosters work readiness. In the FEM Accreditation Standards, the curriculum is guided with the competencies and their respective performance indicators, which are defined based on the desired behaviors and job skills targeted.**
  - Misleading, these statements equate CBE with FEM Standards when CBE is already included in 2017 Accreditation Standards.
  - Competency based evaluation systems are already doing this. This is not unique to FEM programs.
  - **Suggestion:** “curriculum is ~~more~~ clearly focused on...”
  - **Suggestion:** “CBE fosters work readiness. In the FEM Accreditation Standards, the curriculum is guided with the competencies and their respective performance indicators, which are defined based on the desired professional skills targeted. We need to remember we are training students for a "profession" not a "job". There are "jobs" within the "profession". It is unclear what is meant by "desired behaviors" - we can't teach behaviors nor can behaviors be evaluated and verified for level of competency (proficient, expert, etc.)
  - How does FEM "workplace readiness" for FEM graduates differ from existing DI/CP/ISPP existing program graduates who get the same jobs, the same salary and the same RD/RDN credential?
  - Since there has been no market survey or series of market surveys - it is unclear to this writer how AND ACEND has even determined what desired behaviors and job skills the work place and what clinical employers really want. Provide this data to administrators.
  - The 2019 AND Salary survey page 15, 2nd column, last paragraph indicates that there is a \$1.44/hour advantage in the first five years of practice for an MS RD over a BS RD; \$1.44 x 2080 hours/year = about \$3,000/ year PRE-TAX; at 25% taxes this leaves \$2250/Bottom line: Participation in FEM MS RD programs will require privilege; persons from low income families (1st generation college, immigrants, children of single parents, etc.) which disproportionately impacts communities of color - will not be able to afford or participate
  - If I tell my administrators the FEM promotes work readiness, they are going to ask how it is different from my current program. They get the same degree, same credential, same jobs, so this is not a powerful argument.

- **Suggestion:** CBE fosters work readiness. In the ACEND Accreditation Standards, the curriculum for all accredited programs are guided with the competencies and their respective performance indicators, which are defined based on the desired professional skills targeted.
- 4) **(45%) Employers see potential value in job applicants who will study using CBE since it aligns academics with the skills they seek in their employees.**
- This is not discussing an advantage of FEMs, it is discussing an advantage of CBE.
  - If there is evidence, you could include the reference vs just this statement.
  - Makes it sound like we are recommending the employers do not hire anyone who is not "CBE" trained and currently employees are not well trained or competent.
  - Is the transition to CBE being communicated by ACEND to employers?
  - Are there statistics yet regarding differences in employment rate or salary of FEM vs. non-FEM program graduates?
  - What data do we have that employers prefer CBE?
  - Employers have applicants who have graduated programs which used CBE. Most employers care about an RD coming from a strong program.
  - Are students who come out of CBE programs now (such as those in FEM) getting more internships or passing the exam at a higher rate than those who are not currently in CBE programs? Share the data.
  - The sheer amount of performance indicators in the two-year graduate program is overwhelming to both students and faculty. There is no way to teach with both the depth and breadth desired while continuing to keep this within a two-year program (as opposed to the Additionally, some of the performance indicators do not seem to align with entry level work. I understand that we are trying to raise the bar, but I fear that we will graduate students who know a little about several things and a lot about nothing.
  - How do employers even know what FEM programs are - since there has been no employer market survey or series of employer market surveys NOR has there been an active marketing?
- 5) **(55%) Students will benefit from programs that offer both the required experiential and didactic in a single degree program versus the most common dietetics education traditional process of completing a bachelor's degree program and then requiring a separate application to a supervised practice program; reducing both anxiety and expense for the student.**
- **Suggestion:** The first line should remove "the" prior to required, and have "learning" after "...the-required experiential and didactic...."
  - **Grammar:** The end of this sentence should use a comma, not a semi-colon since "reducing both anxiety and expense for the student" is not an independent clause.
  - The reduction of expense is not at all clear. Reduction of expense compared to what? If you are comparing the expense of a bachelor's degree and a separate dietetic internship (DI) to a graduate FEM that includes supervised practice, you have to consider the following:
    - a) how expensive is the bachelor's degree? Some are expensive, some are not.
    - b) how expensive is the DI? Some are expensive, some are not.
    - c) a graduate FEM will require prerequisites, most likely including a bachelor's degree. Therefore the student has to pay first for a bachelor's degree before starting the graduate FEM.
    - d) a FEM is not necessarily inexpensive. The FEM must still pay for staff and time and equipment and materials, etc. to support supervised practice. CPs have been relatively rare in dietetics education because of the expense of supporting supervised practice.
    - e) Are FEMs less expensive than CPs? Is there data on that question?
  - Do we know that this will decrease costs for the students? Where is the data? Provide the reference(s).
  - Anxiety and expense is not true. You are basing anxiety in getting into an internship? That's a small piece of things. There is a lot of other anxiety with graduate school. The FEM is a stressful model in all of the requirements and timeline- lots of anxiety. I'm not sure how you can gauge or speak to someone's anxiety or expense for the program at this point. Do you have data ?
  - Since the FEMs for RD/RDN programs are graduate based - they will eliminate the online matching process as incoming students must first be accepted into the graduate school. Elimination of the online matching process will significantly increase the costs to FEM. No data exists to demonstrate superiority of FEM approach over existing supervised program approaches (BS RD and MS RD). Thus the FEM approach will increase the cost to all students and provide preference to those students coming from privileged backgrounds. Finally students of less privileged backgrounds often take off a year or two after completion of the existing 4-year DPD programs to work and save money prior to attending a post-bac internship of 1 year or less duration. Many "maxed out" student loans in undergraduate
  - Is it true that coordinated programs have historically not been as successful on the RD exam as the DI programs? Data?

- Will be difficult for us to find supervised experiential learning at the undergraduate level and not take away opportunities for graduate students.
  - **Suggestion:** removing the word 'bachelor's' from this statement, to make it more accurate: traditional process of completing a bachelor's degree program.
- 6) **(24%) FEM demonstration programs will have access to CBE support materials from ACEND, along with online and in-person training on CBE and competency assessment.**
- **Suggestion:** delete "will".
  - **Concern:** Is ACEND not supporting current programs with CBE and assessment? Are the FEM programs being favored in some way so that those students have more support and therefore better outcomes?
  - **Legal issue:** CBE training, materials and resources should be available to all existing programs; otherwise preference is being given to FEM programs that is paid for by either AND membership or NDEP membership, and accreditation fees.
  - There is no reason to give preference to FEM (over other existing programs) as no data exists to support that FEM programs produce a superior graduate who gets selected over others for jobs, earns more money and/or who gains promotions faster.
  - **Inclusive issue:** Is preference another way of continuing to promote privilege?
  - Administrators would ask, why is this done for FEM and not for the current CP offered?
- 7) **(28%) FEM demonstration programs and their organizations gain national recognition as leaders and early adopters.**
- Eliminate this point. I do not believe it is valid.
  - Leaders of who and of what?? Will they start their own (privileged/ exclusive) practice group?
  - Associate Degree will not gain national recognition due to job hiring trends.
  - Premature statement until pass rates are published.
  - It can be argued that those who are early adopters are fools as they will be the ones to endure the challenges that have not been anticipated. Not sure this will be seen as a benefit to administrators, particularly since there is no evidence to back up this so-called national recognition.
  - Describe what that recognition is. Recognition from whom-our own association? Unless it's a prestigious 'recognizer', I'm not sure this is an effective argument.
- 8) **(26%). Directors of demonstration programs will participate in a network of educators implementing the FEM Accreditation Standards, as well as in tele-networking and in-person meetings with other demonstration program directors.**
- We already have this with NDEP and its list serve. This implies that "regular" program directors do not have a network of educators with tele-networking and in-person meetings. All existing programs (non-FEM and FEM) already network - so how will this be any different? If you make this statement - you need to be able to demonstrate what exactly will be different. Data?
  - Who pays for in-person meetings?
  - Will FEM programs form an exclusive/ privileged network, telework and in-person group(s) that is funded either by AND membership fees or NDEP membership?
  - Many directors also teach and share duties of being the director with other roles, such as teaching and advising. Making directors busier in areas that do not directly tie to revenue or research is not always a positive.
- 9) **(24%) Directors of demonstration programs will have access to collated data, collected by ACEND from stakeholders of demonstration programs, which can be used to inform enhancements to their programs.**
- Many DPD and DI (and presumably CP) directors have wanted more data from ACEND with which to inform enhancements to our programs. Instead, we have been burdened with collecting more and more of our own data each self-study cycle.
  - Would be good to clarify how often they will have access to this data and also how often they have to submit data.
  - Can you describe some of the enhancements? Can the traditional programs have these too?
  - **Transparency issue:** all programs should have access to this so we can see how this is moving forward, if it is to be the wave of the future.
  - **Inclusivity issue:** Why will FEM programs have exclusive preferential access to data that all existing programs and the general AND membership should have access to? Data that is not openly collected (via evidence based methods) and transparently shared creates a perception of exclusivity and preference and privilege.
  - Data should be available to ALL DPD programs wishing to transform into FEM, for planning purposes.

- 10) (21%). **Financial benefits include waived fees for a program change or candidacy application, a one-year accreditation fee, training webinars and travel and registration for the in-person training on CBE and assessment. For a list of current fees visit the website at: <https://www.eatrightpro.org/acend/accreditation-standards-fees-and-policies/fee-schedule>.**
- Will these financial benefits be around for the first year, ten years? What are fees after first year?
  - Is this fee structure fair? It seems to be rewarding programs that adopt the FEM. What about smaller programs that do not have this option?
  - Why is financial preference being given to one group (FEM) over others (existing supervised practice programs)?
  - Who is paying for this financial preference? Is it AND membership fees, grant from some sponsor and/or NDEP membership fees? If AND membership fees are being to fund these activities - transparency must be shown to the general membership.
  - This is not sufficient financial benefit to provide for clinical instructors on site...Also, most of the successful FEM programs are housed in large teaching universities affiliated with medical centers.
  - Is ACEND providing incentives to transition to FEM programs when evidence of their success and benefits has not been appropriately gathered and shared? It is biased to financially favor FEM programs - if the FEM programs are successful, is that because FEM.
- 11) (23%) **Any additional comments/questions.**
- Administration is all for our conversion to the FG model. My job, however, is to let them know the workload that myself, my colleagues, and my preceptors have ahead of me in implementing these changes. It is certainly not as simple as "adding a Master's Degree".
  - Administrators want to understand the bottom line - cost savings.
  - Better communication about the data collected needs to occur. Otherwise, you are creating an environment where people do not trust what you are saying and it really pits the FEM over traditional programs. You have already done this with the marketing of FEM programs.
  - Why is ACEND giving preference to FEMs? What do the fee-paying, hard working, effective DIs, ISPPs, and CPs need to do to get the same commitment?
  - Inclusivity issue: FEM is to the detriment of all other programs, taking diversity and inclusion down with them.
  - How does ACEND anticipate the handling of students who do not progress through the competencies? Do they extend their time in the programs or get a different "score" for competencies upon completion?
  - What jobs are available to the FEM Associate?
  - How can ACEND explain cost effectiveness of the FEM programs for students?
  - What are the additional accreditation fees and the rate of return on tuition?

**Other information provided to the Administrator on the FEM Talking Points:**

**1. Other ACEND Standards Considerations:**

- No decision has been made to discontinue any program type. All existing program types (CP, DI, DPD, DT, FDE, IDE) continue under the *2017 Accreditation Standards* and are expected to be compliant with these standards.
- CP, DPD, DI and IDE programs that do not offer a master's degree must tell students they need, at minimum, a master's degree to be eligible to take the CDR registration exam for Registered Dietitian Nutritionists after January 1, 2024.
- There has been no change to the degree requirement to take the CDR registration exam for Nutrition and Dietetic Technicians, Registered (NDTR).

**Communication:**

- For more information on the degree-based FEM standards and submitting applications to become a demonstration program visit <https://www.eatrightpro.org/acend/accreditation-standards-fees-and-policies/future-education-model>
- ACEND hosts quarterly virtual town halls. Go to: <https://www.eatrightpro.org/acend/public-notice-and-announcements/virtual-town-hall-meetings> for more details.
- Contact ACEND at 1-800-877-1600 ext. 5400 or [futuremodel@eatright.org](mailto:futuremodel@eatright.org) with any questions.