

Webinars Questions & Answers

Release of the 2022 ACEND Accreditation Standards

September 9 and 15, 2022 Webinars

Resources on website:

Q. Where can the 2022 Standards crosswalk be found?

A: The 2022 Standards, Templates, Guidance Information Document and other resources are located on the ACEND website

<https://www.eatrightpro.org/acend/accreditation-standards-fees-and-policies/2022-standards>

NDEP Town Hall

Q. Many of the questions within this document refer to the NDEP Town Hall. Where can we have access to this Town Hall recording?

A: The recording of the September 3, 2021 NDEP Town Hall is available on the NDEP website here: <https://www.eatrightpro.org/ndep/member-resources/meetings>. For questions, please contact ndep@eatright.org.

Individualized Supervised Practice Pathway (ISPP)

Q: Does this mean that ISPPs no longer require a DICAS non-match and that ISPPs can participate in DICAS as well?

A: A program with an ISPP can only accept individuals who have a Didactic Program in Dietetics (DPD) verification statement and did not receive an internship match; or ISPPs are able to accept individuals with a doctoral degree. ISPP slots may not be filled through the Dietetic Internship match.

Q: Will ISPPs be allowed and be assisted in converting to a traditional DI program now?

A: An ISPP is a pathway of an accredited program; an ISPP that is part of a DPD must meet the Dietetic Internship (DI) standards requirements. A program can choose to transition an ISPP to an ACEND-accredited DI. This would involve submitting an eligibility application under the 2022 Standards. A number of ISPPs and DPD programs have transitioned into a Future Graduate (FG) under the Future Education Model Standards. For more information see Demonstration Program Application: <https://www.eatrightpro.org/acend/accreditation-standards-fees-and-policies/future-education-model>

Q: If we're submitting a substantive program change (addition of ISPP), do we submit the change based on the 2022 standards?

A: A program that wishes to add an ISPP pathway may submit the substantive change under the 2022 Standards. For an existing ISPP, a program can choose to transition an ISPP to an ACEND-accredited DI. This would involve submitting an eligibility application under the 2022 Standards.

The Removal of Tracks

Q. Our two DPD tracks are a BS track and a post baccalaureate DPD certificate. We have 2 CDR pass rate program codes. We don't need to separately report these two tracks even if we have two program codes?

A: Although ACEND does not require programs to report on tracks separately, programs are encouraged to keep two CDR exam pass rate program codes for their own tracking purposes moving forward.

NDEP Town Hall Question: We are a DPD program with 2 CDR pass rate program codes. 1 for BS level, 1 for post-baccalaureate DPD certificate. The two programs take the same courses. Is this 2 programs (i.e. need to report data separately) or 2 tracks (no need to separate reports)?

A: ACEND considers this one program with a single program director. The program may use the two separate pass rate codes to ensure comparability of outcomes between the two options. The data may be presented to ACEND separately or combined. Reporting the aggregate data or moving to a single pass rate code for both options will meet ACEND's requirement.

NDEP Town Hall Question: I know ACEND is moving away from the concept of “tracks” but if you create an MS/DI option with an assessment of prior learning policy allowing those with a masters to join your program, would this be 2 CDR codes & would you report two pools separately?

A: The 2022 Standards do not include tracks. A DI that uses the two options is not considered to have two tracks. However, if the program is interested in comparing the performance of their two groups of interns on the CDR exam, they are encouraged to obtain two CDR codes for these options. Programs may also decide to get only one CDR code and then collect separate outcomes data in order to evaluate the effectiveness of each option and make adjustments when needed. These decisions are optional and ACEND will not review these data. If you wish to identify applicants with a graduate degree versus those without a graduate degree during the computer match process you may contact D&D Digital to obtain a separate computer match code for each option.

Business entities:

Q. How will we do an accreditation visit to business entities after 2022; what standards will they be held to?

A. As always, dietetic internships housed in business entities are held to the accreditation standards for dietetic internships.

Timeline for Implementation of the 2022 Standards

Q: If you are already accredited by ACEND, when must you switch to follow the 2022 standards?

A: Programs that are currently accredited are expected to implement the standards starting June 1, 2022. To verify compliance with the 2022 Standards, all programs will complete a compliance audit by December 31, 2023.

Related Questions:

Q: If a new DI class starts every August, could we wait for August 2022 to start the 2022 standards rather than switching mid class to meet June 1, 2022 deadlines? Can we start 2022 requirements with the cohort that starts after June 2022 or does the current class need to meet these competencies in order to sit for the exam?

Q. Many programs function on an academic year. Compliance date of August 1 makes more sense as we use the summer to prepare for the upcoming year.

A: For students/interns that are enrolled in the program before the June 1, 2022 implementation date, the program can finish the current class under the existing 2017 standards. Any cohorts beginning after June 1, 2022 must meet the competencies set in the 2022 Standards.

Q: Is the date of implementation of the 2022 Standards December 31, 2023 or June 1, 2022?

A: The date of implementation of the 2022 Standards is June 1, 2022 with two exceptions: the addition of a graduate degree which is stated in the standards and the new clinical skill Core Knowledge KRDN 3.4 and Core Competencies CRDNs 3.3-3.6 which may be delayed until December 31, 2023. As with all new releases of ACEND Standards, the ACEND Board performs a compliance audit to ensure appropriate adoption and application of the new Standards. Based on comments and requests of stakeholders for added flexibility due to COVID-19 pandemic, the Standards Committee delayed the compliance audit for the 2022 Standards until December 31, 2023. For the new clinical skills, the expectation is that programs must either have Core Knowledge KRDN 3.4 and Core Competencies CRDNs 3.3-3.6 implemented by June 1, 2022 or programs must show evidence of plans for implementation such as meeting minutes where implementation is discussed. After December 31, 2023, all programs must have these competencies fully implemented within the curriculum.

Q: If a program was re-accredited with 2017 standards does the program complete the cycle with those standards until the next self-study or the program must switch to the 2022 standards in June 2022?

A: Programs are expected to be in compliance with the 2022 standards by June 1, 2022. Self-study reports for site visits that take place after June 1, 2022 must incorporate the 2022 Standards; however, the program will be reporting program outcomes and student learning outcomes based on the 2017 Standards for any time prior to June 1, 2022. Any data collected after June 1, 2022 must be reported using the new templates and follow the requirements under the 2022 Standards. Programs do have the option to switch all their data reporting to the 2022 Standards templates if they wish: for example, use the competency assessment table instead of the Student Learning Outcomes (SLO) plan for all seven years.

Related Questions:

Q: We are to have a site visit Fall 2022; our Self Study Report will be written in Spring/Summer 2022. Which Standards should be used to complete the Self Study Report? Because the site visit is in Fall 2022, do we need to write the self-study report using 2022 standards?

Q. Since my last site visit was in March of 2014, do I need to go back 7-10 years and reconfigure data to the 2022 standards?

Q. For a site visit, do we report on the most recent standards? If so, what years would we include in the site visit review, only the years applicable for those standards (5 years)? Thanks for this helpful presentation!

Q. I have a 10-year accreditation in 2024 --- so do I need to do 3 years for the 2012; 7 years for the 2017 and the remaining 4 years on 2022 standards?

A: Any program with a site visit after June 1, 2022, must prepare the self-study report following the 2022 Standards. However, outcomes data collected under the 2017 standards may be presented following the 2017 Standards requirements and templates. Programs do have the option to switch all their data to the 2022 Standards templates only if they wish: for example, use the competency assessment table instead of the SLO plan for all seven (or ten) years.

Q: Will programs with a site visit after June 1, 2022, still be required to complete the compliance audit in December 2023 if they have already demonstrated compliance through a site visit?

A: ACEND will review documentation required for the compliance audit and will make a determination. Programs will be informed of any decisions at the time the requirements of the audit are announced.

Related Questions:

Q. My program is currently in review for FG. If I plan to sunset the DI program in October 2023, when is the mandatory implementation date for the 2022 standards. Is that the Dec 31, 2023 date?

A: For program specific questions about the timing of a program closure, please reach out to your ACEND manager to discuss the timing for your program and how to present information in the self-study report.

NDEP Town Hall Question: Would you clarify the standards that need to be reported on during site visits? In our next site visit, will we need to report on the 2017 standards, 2022 standards and potentially 2027 standards (for example if our site visit is Fall 2027)?

A: Any program with a site visit after June 1, 2022, must prepare the self-study report following the 2022 Standards. However, outcomes data collected under the 2022 or 2017 standards may be presented following these Standards requirements and templates. Programs do have the option to switch all their data to the 2022 Standards templates only if they wish: for example, use the competency assessment table instead of the SLO plan for all seven (or ten) years.

Future of Nutrition and Dietetics Programs: Enrollment, DPD

Q: What is ACEND doing about dropping enrollment in DPD and decrease in the number of seniors applying for supervised practice?

A: The drop in students entering college nationally was 3.5% from 2019 to 2020. The drop of students in ACEND programs was only by 2%, a much smaller decline than national average. Many of the requirements in the 2022 Accreditation Standards are aimed at protecting students and should assist with student recruitment and retention.

NDEP Town Hall Question: What is the estimated effect of the “graduate degree” on minorities?

A: Ethnic diversity in student enrollment in ACEND accredited programs has increased over the past 10 years. Most notably, the number of Hispanic students has nearly doubled. ACEND talked with other health profession accreditors (Physical Therapy, Pharmacy, Occupational Therapy) who have moved their education requirements to a graduate level and learned that this change did not decrease student diversity in those professions. In pharmacy, for example, under-represented minority students (Black, Hispanic, Native American) were 10.6% of the student population in 1988, prior to implementing their practice doctorate degree requirement, and 11.4% in 2012 after implementation. Diversity of students currently enrolled in coordinated programs at the graduate level (under-represented minorities = 23%) is similar to the diversity of students in coordinated programs that do not offer a graduate degree (under-represented minorities = 23%). ACEND currently monitors and will continue to monitor student diversity in all accredited programs.

Finally, the integrative nature of the FEM has allowed Future Graduate programs to decrease the length of the time in the program of a student by one full semester to one year (compared to DPD+DI+ MS). This decreases costs and allows students to enter the workforce and earn wages more quickly.

NDEP Town Hall Question: This fall, many students starting out in an ACEND-accredited program will require a MS degree to take the RD credentialing Exam in 2024. Are the enrollment figures for new students entering DPDs and MS programs etc. available yet?

A: Enrollment figures for Fall 2021 will be available after the completion of the annual report, in Spring 2022.

Related Questions:

NDEP Town Hall Question: How can DIs prepare if a downturn in qualified applicants with a MS occurs—especially resulting from this pandemic climate and constraints?

NDEP Town Hall Question: What is ACEND doing to offset the drop in DPD enrollment & a further drop in senior dietetic students applying to dietetic internships- as supervised practice is at the end of the pipeline and not at the beginning? Does this affect diversity?

A: For the Spring 2021 match, 27% of DPD applicants were not matched during first round. The match potential is 94% meaning there are still more DPD students applying than there are DI positions available. One of the options for DIs is to accept DPD applicants from the group that is applying. DIs can also accept international students from FDE programs, and/or reach out to the thousands of DPD applicants who did not receive a match in previous years.

NDEP Town Hall Question: What is the projected decrease in enrollment in DPD programs and DI programs when the MS transition takes place? Can assumptions be made by looking at data from other health care professions that made similar transitions?

A: ACEND has had many conversations with other accreditors to learn the process they used and challenges they faced in implementing new standards. One of the public members that served on ACEND's Board, who was also involved as part of the Visioning Group early in the standards development process, is a physical therapist who served as Vice President of Education for the American Physical Therapy Association during the transition to the doctoral degree and has provided valuable input into ACEND's work on the development of the *Future Education Model Accreditation Standards*. Physical Therapy, as with Pharmacy, have seen a drop in enrollment during the planning stages of increasing requirements; however, once the doctoral degrees were established both have seen increases in enrollments.

NDEP Town Hall Question: What could DPDs do to prepare and budget should a downturn in applicants to their programs occur due to the MS requirement overlapped by ramifications from the pandemic?

A: Some actions include: Increased marketing and recruitment efforts; reaching under-represented minorities, first generation students, those in underserved and/or rural areas; responding to the many requests from international students (ACEND is seeing an upsurge in interest from international students); updating the program and curriculum in response to the interest of incoming students (e.g., integrative nutrition, sports nutrition, public health, sustainability, culinary medicine, etc.).

Delay in Meeting the Graduate Degree Requirement

Q. Those who are in university settings are likely to need more time to process major curricular changes through college and university curriculum committees, deans, provosts, etc. What kinds of extensions will be available to make these changes possible?

A: Undergraduate Coordinated Programs in Dietetics and Dietetic Internships wishing to add a graduate degree are encouraged to submit their substantive change request for adding a graduate degree to ACEND by December 31, 2022 to allow for the ACEND Board to approve the change prior to the deadline. Programs will need to work with their institutional review process to ensure that they have adequate time to implement curriculum changes and include it in recruitment materials and admission processes. **To protect students and meet ACEND requirements, all students/interns completing CP/DI program requirements after December 31, 2023 must have a graduate degree.** Programs that are unable to meet this deadline will be reviewed by the ACEND Board for potential action and are required to establish mechanisms, such as temporary affiliation with an academic institution, to ensure this requirement is met.

Q: Will programs transitioning to CP from DPD which encounter barriers at the institutional level be provided extensions?

A: There is no requirement for a DPD to transition to a Coordinated Program (CP). DPD programs can continue to be accredited at the bachelor's level.

Q: After June 1, 2024, do students who completed their CP requirements need to first pursue a graduate degree and then come back to their program director in order to process their RDN registration in REPS?

A: To be in compliance with the 2022 Standards, a CP must add a graduate degree before December 31, 2024 or affiliate with another institution to offer the graduate degree.

NDEP Town Hall Question: If a student earns the verification statement from the DI in December 2023, do they need to have the exam passed before January 1 2024. In other words, are they ok without the master's degree if verified by December 2023?

A: Correct. Students who complete all requirements from the DI or CP by December 2023 will be able to sit for the RDN exam in 2024 without meeting the requirement for a graduate degree.

Required Element 1.4

A. Graduate Degree Requirement

Q: Has there been consideration to delay the 2024 graduate degree requirement date to allow for flexibility during COVID?

A: Delaying the January 1, 2024 date is a Commission on Dietetic Registration (CDR) decision. However, more than 71% of ACEND programs leading to the Registered Dietitian Nutritionist (RDN) credential already offer graduate credit or offer a graduate degree. ACEND has been in contact with CDR with a request for an extension allowing program directors additional time to input their students/interns that complete requirements at the bachelor's level into CDR's Registration Eligibility Processing System (REPS) beyond December 31, 2023 to allow adequate time for obtaining the final transcripts. On August 6, 2021, the CDR Commission granted the request: "*CDR staff who handles the registration eligibility management will review candidate applications submitted after January 1, 2024 to verify when degree requirements were met in 2023. Once verified, the candidate(s) will be processed for registration eligibility even if the final transcript or letter from the registrar indicates a 2024 conferred degree date.*"

Q: Will a program graduate who is approved for eligibility to take the RD exam by 12/31/23 without a graduate degree be able to take the RD exam AFTER 1/1/24?

A: Correct. Program graduates without a graduate degree who are eligible to take the RDN exam by December 31, 2023 will be able to sit for the exam after January 1, 2024. CDR staff who handles the registration eligibility management will review candidate applications submitted after January 1, 2024 to verify when degree requirements were met in 2023. Once verified, the candidate(s) will be processed for registration eligibility even if the final transcript or letter from the registrar indicates a 2024 conferred degree date.

Q: Does a DI substantive change to add a graduate degree require the master's program to be accredited as well by ACEND?

A: ACEND does not accredit or review the master's curriculum that is part of the DI substantive change to add a graduate degree unless the DI competencies are incorporated within the master's curriculum. For example, ACEND will review the graduate degree when supervised practice courses are part of the credits to complete the graduate degree.

Q: Is a DI that uses the two options of accepting students with a graduate degree and students that plan to complete the Master's program considered to have two tracks?

A: The 2022 Standards do not include tracks. A DI that includes the two options is not considered to have two tracks. However, programs are encouraged to obtain two CDR codes for these options and collect separate outcomes data in order to evaluate the effectiveness of each option and make adjustments if needed.

Q: Can a stand-alone DI make a graduate degree an admission requirement and still remain in compliance with the 2024 graduate degree mandate?

A: Under the 2022 Standards, DI programs have the ability to accept DPD students who already completed a graduate degree.

Q: Does the DI need to be integrated with a graduate degree?

A: The DI does not always need to be integrated with a graduate degree. Under the 2022 Standards, DI programs that choose not to become a graduate degree DI (ex. MS/DI), have the ability to accept DPD graduates who already completed a graduate degree or accept DPD graduates currently finishing a graduate degree within the timeframe of the DI program length. In addition, the DI curriculum may be offered separately from the graduate degree; for example, an intern may complete all the graduate degree requirements prior to starting their DI rotations, or complete supervised practice prior to completing the graduate degree, but the verification statement can only be awarded upon program completion, which in this example includes both the graduate degree and supervised practice.

Q: How does 1.4 address students who want a master's in an area other than nutrition?

A: The Standards are set to ensure quality of the nutrition and dietetics program. Providing students with choices is left to the programs.

Q: After the year 2024, do international students who completed their program requirements of the international/global CP need to first pursue a graduate degree and then come back to their program director in order to process their RDN registration in REPS?

A: International students who complete the International Dietitian Education (IDE) program under the 2017 Standards or the CP under the 2022 Standards are eligible to take the RDN exam without the need for a graduate degree until December 31, 2023. Those who complete the program after January 1, 2024 will require a graduate degree.

Related Questions:

Q: Can the master's coursework extend beyond the dates of the DI while recognizing that the verification statement may be conditional on completing the master's requirements?

Q: Can the MS degree program coursework extend beyond the time that the student is completing the DI requirements? For example, can a student begin the graduate coursework at the same time as the DI rotations but then the MS coursework extends 9-12 months beyond the end of their DI rotations? Verification statement and degree is granted at the end of both.

Q: Can students be enrolled in the MS and DI at the same time?

A: For combined graduate DI programs, or MS/DI, interns are able to complete the graduate degree before beginning the supervised practice component of the program. Interns are also able to complete the graduate degree in conjunction with the supervised practice. Interns may also complete the graduate degree after completing their supervised practice rotations. The verification statement is provided to interns after they have completed **both** the graduate degree and the competency and supervised practice hours requirements of the DI program. Programs should ensure that the graduate degree requirements are completed within a reasonable time to limit any time gap between completing the supervised practice and being able to sit for the RDN exam. Ideally, these should be completed within no more than one year of each other.

NDEP Town Hall Question: What do you mean by a combined MS/DI? Can students without a DPD verification statement enter a combined MS/DI program?

A: A combined MS/DI is a dietetic internship that offers a graduate degree in conjunction with the internship and requires the completion of the graduate degree and DI supervised practice requirements to issue a verification statement. Students without a DPD verification statement cannot enter a combined MS/DI program. To be accepted into a DI program, students must have a DPD or an FDE verification statement.

NDEP Town Hall Question: How does the Future Education Model interface with existing MS/DI programs? Do we need to change our competencies to the FEM competencies or do we use the 2022 competencies?

A: Programs following the Future Education Model Standards are a different accredited program type than an MS/DI. MS/DI programs must follow the 2022 Standards to meet all the core competencies outlined within the 2022 Standards. Programs may exceed the ACEND Standards and incorporate some of the competencies from the FEM Standards, if they wish; however, this is not an ACEND expectation for MS/DIs, nor will these added competencies fall under the ACEND review.

Related Questions:

NDEP Town Hall Question: When you say that by 2024 all DI programs will need to be paired with a master's, do you mean as a Coordinated MS program or could the institution just have a stand-alone master's as an offering?

NDEP Town Hall Question: When you mention the combined MS/DI in the future - are you referring to a coordinated program? Is there another option for combining MS/DI? This issue is confusing.

A: In the 2022 Standards, DI programs are required to have a process in place to ensure students complete the graduate degree within a reasonable time of completing the DI. The graduate degree does

not have to be integrated nor combined with the DI; a stand-alone graduate program may be sufficient to meet the requirement. The graduate degree aligned with a DI program would not need to include the ACEND knowledge requirements that are obtained in a DPD whereas a coordinated program includes the knowledge requirements.

NDEP Town Hall Question: What is the reasonable time to complete MS degree after internship that Rayane just mentioned?

A: A reasonable time is estimated to be approximately one year. This time frame follows recommendation from ACEND's legal counsel in meeting USDE's expectation for "reasonable time."

NDEP Town Hall Question: What did ACEND, BOD & CDR meet about on July 12, 2021?

A: The ACEND, CDR and Academy Board of Directors (BOD) met on July 12, 2021 to examine the progress made towards the 2024 graduate degree requirement, share data, and evaluate effects of any environmental changes, including COVID pandemic.

NDEP Town Hall Question: Would it be possible to start a tracking method to know what stand-alone DIs will be requiring a graduate degree for admission (to meet 2024 requirement)? This will be very useful to us advisors in DPD programs.

A: Thank you for your comment. ACEND will look into this request. In addition, applicants to dietetic internships are encouraged to use the ACEND accredited programs directory on its website to find programs that meet their needs. Each dietetic internship has a link to its website where information and admission requirements for the program are listed. <https://www.eatrightpro.org/acend/accredited-programs/accredited-programs-directory>

Related Questions:

NDEP Town Hall Question: As a DPD director – how can you offset nursing claims that with BS degree (only) RNs earn \$100,000+ per year, and after COVID nursing salaries are expected to increase further

NDEP Town Hall Question: How can we compare our salaries to OT, PT, Pharmacy when they all make \$20,000+ more in salary based upon US Labor statistics published information.

NDEP Town Hall Comment: with the change to a graduate degree requirement, the salary disparity between RD and specifically other clinical professions that have transitioned to a higher level of education like DPT and DPh needs to be addressed.

A: There will always be positions that pay higher wages than nutrition and dietetics. Many factors influence the decision to choose a field of study including interest, personal fulfillment, career advancement, environment, all of which may be as important as earning higher salary. DPD Directors can act as coaches to their students as they negotiate their salaries and secure better wages for future graduates. Finally, it is unreasonable to compare dietitians' salaries to PharmDs or DPT considering the training is at the doctorate level.

NDEP Town Hall Question: I am concerned about the number of seats that will be available for May/June 2023 DPD (undergraduate) graduates in graduate supervised practice programs. How many MS+DI, GCP, and FGP total seats will be available for entry in fall 2023?

A: Currently, if all DI program slots are filled, the match potential would be 94% of DPD students. This does not account for the positions available in Future Graduate Programs, 60% of which were given to DPD graduates in 2020.

B. Foreign Dietitian Education (FDE) and International Programs

Q: Why does the FDE not require the same minimum number of supervised practice hours as every other RD?

A: Similar to students who complete a DPD, graduates of an FDE program must apply and complete the requirements of a DI program to be able to sit for the RDN exam. FDE students come with a minimum of 700 hours of required supervised practice experience. The supervised practice hours are intended to fulfill the needs and requirements for practice within the country where the FDE program is located. Programs are asked to consider the experience of FDE graduates and use their policies on prior assessed learning to ensure the students are not repeating experiences unnecessarily.

Q: When FDE students finish their program, do they receive a Verification Statement like traditional DPD programs?

A: When FDE students finish their program, they receive a Verification Statement like traditional DPD graduates. Similarly, FDE students are able to apply to DI, CP and Future Graduate (FG) programs and participate in the match.

Q: What is the expected supervised hours requirement in the U.S. for an FDE graduate? For example, is it only 300 hours since the student has already completed 700 hours in their home country?

A: ACEND does not specify the number of supervised practice hours that an FDE graduate must complete in the U.S. to sit for the RDN exam. These hours are set by the DI program and should be based on the program's policy of prior assessed learning.

Q: Can international programs in nutrition and dietetics seek a CP accreditation track similarly to those in the USA? Also, will its graduates immediately become eligible to sit for the RDN exam?

A: Under the 2022 Accreditation Standards, international programs in nutrition and dietetics are able to seek accreditation as a Coordinated Program in Dietetics (CP) similarly to those in the US. The key requirements that differentiate these CP international programs from FDE programs is that the program director of the international CP must be an RDN credentialed by CDR or an RDN in a country with reciprocity with CDR and the CP must provide 1000 hours versus the 700 hours required of an FDE. Graduates of these international CP programs are eligible to sit for the RDN exam upon program completion.

Q: Do FDE programs with a candidacy status have to become fully accredited first before seeking to switch their accreditation track to CP or can they do so immediately?

A: Any candidacy FDE program seeking to switch to an international CP should contact their ACEND manager to discuss this request.

Required Element 1.6

Supervised Practice Hours

Notice: COVID flexibilities remain in effect until the USDE rescinds the COVID pandemic emergency.

For example, the minimum number of 600 hours of Supervised practice in professional work settings will remain in effect until the state of emergency is rescinded.

Q: What are the guidelines for alternative professional experiences for a DI program? What are the hours for alternative professional experiences for an FDE program?

A: For CP and DI programs, of the 1000 hours, a minimum of 700 hours must be in the professional work setting; the remaining 300 are in alternative experiences. Programs with more than 1000 supervised practice hours must ensure a minimum of 700 hours are within the professional work setting. Any hours above 700 hours may be in alternative supervised practice. For FDE programs, hours are decreased to 700 hours with 500 hours in the professional work setting. Any hours above 500 hours can be in alternative practice.

Q: Can DI programs provide over 1000 hours of supervised practice?

A: ACEND does not set a maximum limit for the length of the SP experience. DI programs can provide more than 1000 hours of supervised practice; however, programs are encouraged to review their program's length and prior learning assessment policies to be sure students/interns are not spending additional time in supervised practice that may not be necessary to achieve the competencies. This is in consideration of program costs and potential debt burden to students/interns.

Q: Which set of hours will be required for DI interns graduating in 2022?

A: The minimum number of hours of supervised practice is 1000 hours. The number of hours has been decreased as part of COVID-19 flexibilities and will remain at 1000 hours until the 2022 Standards come into effect.

Related Questions:

Q: Is a substantive change required for decreasing supervised practice hours?

NDEP Town Hall Question: With the new decrease of SP hours to 1000 hours and the recommendation by ACEND to evaluate decreasing the length of our programs, will following through on this recommendation require a substantive program change (with associated \$)?

A: Programs meeting the minimum number of supervised practice hours are not required to submit a substantive change request to decrease supervised practice hours. However, programs must notify

ACEND by emailing the program manager or acend@eatright.org within 30 days of permanently decreasing the total number of supervised practice hours. Programs must update all materials on the program's website, handbook, and/or other sources to reflect the change in hours. Notifying ACEND is not required for temporary changes made during the COVID pandemic.

Q: How will we improve quality of care and patient safety if entry level practitioner (RDNs) programs include more book learning and less direct care experience?

A: A profession that prides itself on evidence-based practice makes decisions based on the available evidence. CDR exam pass rate data, as well as other program outcomes have not shown any improvement from increasing the supervised practice hours to 1200 hours; in fact, the national average on the CDR exam has dropped by close to 10 percentage points. The new requirement for the majority of the professional work settings hours spent in the major rotations to be completed in person ensures direct care experiences.

Q: What is the available evidence for the effectiveness of simulated clinical experiences in preparing qualified entry-level practitioners?

A: Simulation-based education is an increasingly popular pedagogical approach. It provides students with opportunities to practice their clinical and decision-making skills through various real-life situational experiences. A meta-analysis study showed strong educational effects, with particularly large effects in the psychomotor domain (Kim et. al, 2016). Simulations are believed to promote patient safety and raise the quality of patient care (Lavoy and Clarke, 2017; Penman, et. al 2021). In nursing, research suggests that up to 50% of clinical hours may be replaced by simulated experiences without negative impacts on learning outcomes (Lavoy and Clarke, 2017). Incorporation of simulation has been shown to enhance nursing students' skills (Labrague, 2021) speech language pathologist students' skills (Penman, et. al 2021), students in the health sciences (Kok, et. al 2021), medical students (Sideris, et. al 2021) and many more. A PubMed search revealed over 1,500 refereed articles on the benefits of simulated learning in clinical settings (September 2021).

Q: Will remote and telehealth hours done under the supervision of a preceptor apply toward the 700 minimum hours required in a professional work setting?

A: Supervised practice hours may be in professional work settings or in alternate activities. Both of these settings may be completed virtual or onsite. If the student/intern is doing realistic/practical work that occurs in a professional work setting, this can count towards the 700 hours. Onsite is defined as intern/student and preceptor are in the same physical location. Telehealth can be considered on site if the preceptor and student/intern are in the same location; however, if they are all virtual, this would not be considered onsite.

Related Questions:

Q: Many preceptors work hybrid schedules. Will time spent working just as the preceptor works count as 'in person' time?

Q: Why did ACEND require the in-person practice when the requirement for on-site is not currently what businesses are adapting to both Gen Z and the Millennial—most are moving toward some flexibility with hybrid learning?

A: The ACEND standards allow for flexibility and hybrid learning. The requirement for the majority (>50%) of hours to be in person is for the major rotations only, for example, foodservice, clinical and/or community rotations. Flexibility for hybrid learning, virtual rotations, telehealth and other creative educational methods applies to the remaining portion of the major rotations that is not on-site (up to 50%) and all other non-major rotations such as outpatient, long-term care, elective, and/or others.

Q: I have a DI clinical elective rotation that is onsite. It may be eating disorder or renal, etc., that is not at the intern main site. What are the maximum number of hours that could be spent in that elective?

A: ACEND has no requirement for the length of a rotation. It is up to the program to determine the appropriate length of the supervised practice rotations. Furthermore, a rotation that is not determined as “major rotation” is not limited in the number of virtual hours.

NDEP Town Hall Question: Is there a limit on how many hours can be counted for prior assessed learning? Specific to fitting into DI 1000 hours of supervised practice.

A: ACEND does not specify a limit on the number of hours that can be counted for prior assessed learning. The program is expected to follow its policy on prior assessed learning.

Standard 2

Q: In the DPD RE 2.1, the new objective regarding graduate performance states that we must assess performance in supervised practice, graduate program or employment within 12 months of graduation. Even if graduates are placed in supervised practice immediately after graduation, most will not have completed their supervised practice or graduate program within 12 months after graduation, especially since most will be completing supervised practice and graduate education simultaneously. They also will not be employed as a RDN within 12 months of graduation. Are programs to survey program directors while the graduates are in the progress of completing supervised practice/graduate education?

A: Outcomes on graduates must be collected within one year of graduation to ensure the responses reflect the DPD program and not time in the graduate program, employment or the internship. DPD programs may survey program directors while the graduates are in the process of completing supervised practice or graduate education or may survey employers of those employed immediately after graduation.

Standard 3

A. Program Concentration and RE 3.1:

Q: Are concentrations completely removed or are they now optional?

A: A concentration is no longer an ACEND requirement for DIs, CPs and ISPPs; however, programs can always choose to have a concentration and keep or add program specific competency statements, if they wish. These will not be part of the ACEND review.

Q: Is a program that retains its concentration required to include concentration competencies?

A: A program that retains its concentration is not required to include concentration competencies. Because concentration is no longer an ACEND requirement, it is outside the ACEND review.

Q: Under RE 3.1, do Dietetic internships have a list of Required Components?

A: Required components are limited to the didactic curriculum. The DI Standards do not include Required Components.

NDEP Town Hall Question: Are concentrations being completely eliminated in the 2022 standards or are they now “optional”. If they are now optional, what is the process for evaluating and reporting concentration competency?

A: A concentration is no longer an ACEND requirement for DIs, CPs and ISPPs; however, programs can always choose to have a concentration and keep or add program specific competency statements, if they wish. These will not be part of the ACEND review.

B. Clinical Skills CRDNs 3.3-3.6 and Other Knowledge/Competencies

Q: For KRDN 2.8 on participation in professional organization: Are students required to join the Academy of Nutrition and Dietetics (Academy), or does the student association of nutrition and dietetics (club level on campus) count? Is there a way to demonstrate this without forcing students to join an association?

A: Students are not required to join any association to meet KRDN 2.8. Participation in an association, including a campus level club, may be accomplished by completing activities without joining the organization. Examples include, but are not limited to, presentations, developing materials, participating in meetings, and/or assisting in community activities.

Q: For CRDN 3.3, must all of the listed skills after “including” completed in a professional work setting or can they be simulated in a classroom environment.

A: Measuring blood pressure, conducting waived point-of-care laboratory testing, and pharmacotherapy plans must all be performed by students/interns. ACEND does not specify if these skills may be practiced in-person or in simulated activities. This decision remains up to the program.

Q: For CRDN 3.3, what does it mean to “conduct waived point-of-care laboratory testing”? Does this mean ordering tests or actually physically doing the tests?

A: A Waived Point-of-Care Laboratory Testing (POCT) is a test that is used in a diagnostic setting that is remote from a centralized laboratory facility. Waived testing is designated by the Clinical Laboratory Improvement Amendments (CLIA) of the Food and Drug Administration (FDA) as simple tests that carry

a low risk for an incorrect result. These tests, such as finger stick tests for hemoglobin, blood glucose, and cholesterol, are usually conducted during community health screenings and outside hospital or clinical settings. The expectation is for students/interns to practice conducting such tests in simulated and/or real-world professional settings.

Q: Re: CRDN 3.3: Why are the two separate skills: performing routine screening and recommending or initiating pharmacotherapy combined into one CRDN?

A: These competencies follow the terminologies/classifications in the nutrition and dietetics Scope of Practice.

Q: For CRDN 3.5 related to nasogastric tube feeding placement and swallow screen: Could these skills be conducted in simulated situations, using manikin patient simulator?

A: ACEND does not specify if these skills may be practiced in-person or in simulated activities. This decision remains up to the program.

Q: For CRDN 3.5: Why was the language stating “if available, assist in the process of placing a nasogastric or nasoenteric feeding tube” added to the competency when it identifies a learning activity and is not required?

A: The intent of CRDN 3.5 is to ensure students are competent in placing a feeding tube; however, public comments indicated that it may be difficult to achieve this skill in many facilities. The added statement emphasizes that whenever the opportunity presents itself, students/interns should be practicing placing a feeding tube.

Related Questions:

Q: How is ACEND defining “conduct a swallow screen” (CRDN 3.6)?

NDEP Town Hall Question: Could you speak to the competency related to the intern completing a swallow screen. What do you envision with this competency?

A: The American Speech-Language-Hearing Association (ASHA) defines a swallow screening as a “minimally invasive procedure that enable quick determination of 1) the likelihood that dysphagia exists, 2) whether the patient requires referral for further swallowing assessment, and 3) whether the patient requires referral for nutritional or hydration support.” (<https://www.asha.org/practice-portal/clinical-topics/adult-dysphagia/swallowing-screening/> Accessed September 2021).

NDEP Town Hall Question: Why are we adding a competency for swallow screening, if nursing already does this and nursing has MUCH MORE interactions with patients than RDs?

A: In many settings, the delay in screening patients results in delaying feeding and poor nutritional outcomes. The ability of the dietitian to conduct swallow screen has the potential to improve patient outcomes, especially in areas where nursing shortages exist, such as rural areas, home care, and long-term care.

Q: Why were CRDNs 3.3-3.6 revised rather than deleted?

A: ACEND's mission is to ensure the quality of nutrition and dietetics education to advance the practice of the profession. Public comments revealed that educators believed these were important skills for the profession; however, concern was voiced about the programs' ability to meet these competencies as proposed. The competencies were revised based on many of the recommendations made. To further assist programs, ACEND is developing a one-day workshop to provide nutrition and dietetics educators with hands-on practice on these clinical skills. The development of this workshop was also based on suggestions from stakeholders.

Related Comments:

Q: Re: performing routine health screening assessments: Has ACEND contacted the American Heart Association to determine what standards they have for blood pressure measurement or cholesterol measurement?

Q: Re: Provide instruction to clients/ patients for self-monitoring blood glucose. Has ACEND contacted CDCES (formerly CDE: certified diabetes educators) to learn if they have training standards that should be used in this interprofessional setting? Or should individual programs contact CDCES and/or Diabetes Care (journal)?

Q: Re: learning to place a feeding tube. Has ACEND worked with ASPEN who have (or are) developing guidelines for placement to learn what needs to be included in a training to place a feeding tube. Or should individual programs contact ASPEN?

Q: Re: Swallow screen. Has ACEND worked with ASHA (SLP national organization) to determine what needs to be included in swallow screen to effectively assess a client in an interprofessional setting. Or should individual programs contact ASHA?

A: To foster innovation in nutrition and dietetics education, ACEND does not dictate the content of the curriculum or the methods used to meet the knowledge and/or competencies. Faculty have the expertise and professional knowledge to determine the latest evidence-based content to incorporate in the curriculum. To assist programs, ACEND is developing a one-day workshop to provide nutrition and dietetics educators with hands-on practice on many of these clinical skills. Look for more information on the ACEND website with regards to the workshop soon.

Q: In states with restrictive Business and Profession Codes, RDs will not be allowed to perform these clinical skills. Once the intern demonstrates competency, they may never be asked to demonstrate competency again.

A: ACEND's mission is to ensure the quality of nutrition and dietetics education to advance the practice of the profession. As more program graduates achieve these skills, the scope of their positions may increase. This and the high job mobility of today's environment and telehealth practices ensure that programs are training professionals who will be mobile and work in many different states throughout their careers. Programs are training the professionals who will work across the U.S. under many different professional codes.

Q: Can you give examples of evidence of substantive and regular interaction with students for distance education?

A: Substantive and regular interaction is a term used by the United States Department of Education (USDE) and defined as engaging students on a regular basis in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following—

- (i) Providing direct instruction;
- (ii) Assessing or providing feedback on a student's coursework;
- (iii) Providing information or responding to questions about the content of a course or competency;
- (iv) Facilitating a group discussion regarding the content of a course or competency; or
- (v) Other instructional activities approved by the institution's or program's accrediting agency.

All these activities may use any of several communication methods including e-mail, recordings, telephone calls, discussion groups, etc.

Q: CRDN 5.7 (mentor others) and CRDN 5.8 (articulate the value of precepting). Since supervised practice students themselves are being mentored and precepted – at what point does ACEND expect them to be able to do this for others?

A: There are many levels of mentoring and precepting and students/interns should be continuously engaged in these types of leadership activities throughout the program, such as, but not limited to, mentoring junior dietetics students, interns mentoring other interns or students/interns mentoring high school students who may be interested in becoming RDNS.

Related Questions:

NDEP Town Hall Question: How is ACEND planning to incorporate topics around sustainable food systems in dietetics curriculum and internship requirements?

NDEP Town Hall Question: Curious if ACEND is looking at incorporating competencies around sustainable/resilient food and water systems?

A: Environmental sustainability is an expected knowledge needed for entry-level practice as a registered dietitian nutritionist. Under Required Element 3.1a for DPD, CP and FDE Standards, it is Required Component 14 and part of CRDN 4.6 of the RDN's curriculum (DPD, DI, CP and FDE). In the DT Standards sustainability is captured in CNDT 4.7.

NDEP Town Hall Question: With re: Competency 2.5 of FEM FG : What does ACEND consider to count as "pharmacotherapy" ? Does this include EN and PN prescriptions?

A: EN and PN prescriptions do count as part of pharmacotherapy. It also includes any nutrient recommendations such as B12 and iron supplementation.

Related Questions:

NDEP Town Hall Question: Would ACEND interpret the intern needing to be competent in performing NFPE (a component of Malnutrition Assessment) for either / both adults and pediatric populations to be considered competent in completing a nutrition assessment?

A: ACEND does not specify a population group for teaching students/interns to conduct a nutrition focused physical exam.

NDEP Town Hall Question: For CRDN 3.3-3.6, where is the delayed implementation date information located?

A: Thank you for your comment. The delayed implementation date information is posted in the [2022 Standards ACEND Guidance Information Document](#).

NDEP Town Hall Question: Since current competencies do not require proficiency in enteral or parenteral nutrition – are programs required to teach this? I showed competencies to a preceptor and she was dumbstruck they are not listed.

A: Information on enteral or parenteral nutrition must be taught as part of the Nutrition Care Process; therefore, they are a requirement in the nutrition and dietetics curriculum.

NDEP Town Hall Question: I have concern regarding the FG competency 2.5.1-2.5.9 regarding pharmacotherapy and drugs. I continue to recommend that “drugs” and “pharm” terminology should be changed to nutrients as ex given B12 and TPN.

A: Thank you for your comment. ACEND will add this topic for discussion by the Standards Committee during the next revisions of the FEM Standards.

NDEP Town Hall Question: I am concerned that we will not have preceptors competent to supervise CRDN 3.3, 3.4, 3.5, 3.6 since these are not part of RDNs duties in most locations. I suppose we'll end up using case studies and role play for these, I assume that is OK?

A: To foster innovation in nutrition and dietetics education, ACEND does not dictate the content of the curriculum or the methods used to meet the knowledge and/or competencies. Faculty have the expertise and professional knowledge to determine the latest evidence-based content and effective learning activities to incorporate in the curriculum, including case studies and role play. To assist programs, ACEND is developing a one-day workshop to provide nutrition and dietetics educators with hands-on practice on many of these clinical skills. Look for more information on the ACEND website with regards to the workshop soon.

NDEP Town Hall Question: For the KRDNs is it okay to credit completion of some of these from pre-req courses? i.e., Food Mgmt is a pre-req course but not a course that is taken during our MS-CP can some of the KRDNS (under 4.0) be counted as met from prior UG learning?

A: Programs are encouraged to set policies on prior assessed learning and use these policies to credit completion of some of the knowledge and competencies. ACEND does not specify the level of courses where the KRDNs may be credited for prior assessed learning. A program may use an undergraduate course taken as a pre-req to meet competencies in their graduate level CP.

Standard 4 – Knowledge/Competency Assessment

Related Questions:

Q: Do we need to represent the data we collected for the SLO in previous years somewhere else during a site visit? Does a program need to keep track for on-site materials?

Q: If we are at a halfway point until our next self-study, will we present data for both the 2017 and 2022 standards? For example, the SLOs for the first half but the knowledge table for the second half of the reporting period?

A: Refer to the 2022 Standards Guidance Information Document located on the ACEND website related to required appendices and onsite evidence for your site visit. Programs will be required to supply a copy of the Student Learning Outcomes (SLO) Assessment Plan including student/intern data under the 2017 standards since their last accreditation review along with the Core Knowledge or Competency Assessment Table required of the 2022 Standards.

Q: Will it be required to add artifacts from Column C – i.e. does each rubric, project instructions, etc need to be included?

A: The 2022 Guidance document indicates the required supporting evidence that is needed in your self-study report narrative, appendices, and onsite evidence. Examples of assessment tools such as exams, rotation evaluations, rubrics, projects, portfolios, etc. listed on the Assessment Table must be provided in the appendices of the self-study report. All assessment methods documented in 4.1-4.2 Assessment Table must be provided onsite. Assessment methods may be detailed in course syllabi or provided separately.

Related Questions:

Q: By “individual student data” do you mean we need to list each program student separately or can we track data as a class? Ex. If we have 10 students, will our data need to list each student separately or do we track as a class (ie 10/10 achieved)?

NDEP Town Hall Question: In RE 4.1, we must have a process for tracking individual students' demonstration of core knowledge. Does our program data need to be presented as a list of individual students or can we report as a cohort (ex. 10/10 met the learning objective)?

A: Onsite, programs must provide evidence of individual student/intern tracking of core knowledge and/or competency achievement. This may be in a simple data sheet showing how individual students met the knowledge/competency using the assessment tools listed in the Knowledge/Competency Assessment Table. Actual grades, checks, Yes/No, or other indicators are acceptable. Aggregate data of a class of students/ do not meet the requirement and should not be included.

Q: Can Senior Capstones with multiple competencies be used for many of the competencies?

A: One assessment method (project, rubric, etc.) may be used to assess several core knowledge requirements or competencies.

Q: Must a program use the same assignment for all students/interns to achieve a competency and/or can we use a series of different assignments to achieve a competency?

A: A program may use a variety of assignments or experiences to measure achievement of a knowledge or competency. In these instances, comparability of the assignments/experiences must be assured.

Q: Under the 2017 Standard Guidance documents, there were notes indicating what candidates would needs to include or could omit. Is this information available under the 2022 Standards?

A: The 2022 Guidance Information document includes notes specific for programs applying for candidacy, where appropriate.

NDEP Town Hall Question: With the new competency assessment, if we have a minimum standard (say 70% passing on x assignment for KRDNx) - how do we account for a student who transfers in with that course equivalency?

A: The program must establish a clear policy on prior learning. Within this policy, the program determines how to credit prior experience. For example, the program may request a portfolio or a table from the student with a list of the knowledge or competencies, the activities where these were met and a verification that they were met. The verification may be a syllabus, graded assignment, confirmation letter from a faculty or employer or other artifacts. ACEND will look to ensure the program is following its policy.

Standard 5-Diversity Equity and Inclusion (DEI) Training

Q: Is a DEI Certificate of training from a workplace be used for faculty and preceptors?

A: Institutional trainings and other verifiable DEI trainings are acceptable.

Q: Do all preceptors in the facility need to be trained in diversity, equity, and inclusion or is the main preceptor the only one?

A: All preceptors interacting with students/interns must receive training in DEI. If a training is required by the facility, this information is sufficient as evidence. Programs are encouraged to use the resources and trainings available on the ACEND DEI webpage. ACEND is planning a general training to be used by programs and make available to their faculty, preceptors and students. Look for information on this training soon. When available, programs have the option to make this training an expectation for preceptors to complete.

Q: Will preceptors who precept for multiple programs be expected to do DEI training for each program? If not, how do differing programs keep track?

A: One training is sufficient. Preceptors should use information on this training (certificate, institution policy, etc.) to provide to all programs.

Related Questions:

Q: How does a program with over 130 preceptors prove that all have been trained on DEI?

Q: What if a qualified preceptor refuses to complete diversity training, can we still use as preceptor?

Q: Is merely providing access to DEI training webinars, workshops, etc. to preceptors enough? Should there be verification of attendance/participation to ensure that training has actually been provided by the program for each of its preceptors?

A: ACEND requires that all preceptors be trained on diversity, equity, and inclusion regardless of the program options or locations. Programs can determine the best way to ensure that preceptors are adequately trained which could be an institutional or facility training that the preceptors complete. ACEND has provided many recorded webinars that can be offered to your preceptors for training. ACEND is planning a general training to be used by programs and make available to their faculty, preceptors and students. Look for information on this training soon.

Related Questions:

Q: What are examples of showing efforts to meet DEI when using DICAS and the match if you don't really get diverse applicants?

Q: One of the issues with increasing diversity representation within our profession/ programs is that the number of students entering dietetics programs is dropping. Since DIs are at “the end of the education pipeline” we can only select from students who apply.

A: Actions such as reviewing the application for more inclusive language, holding faculty discussions to explore DEI opportunities, and/or recruiting efforts that aim to reach diverse communities may all be examples of efforts made by the program. DI programs have many opportunities to reach diverse groups of students prior to, and independent of, the matching process.

Q: After 2023. Will the preceptors need to have a MS degree?

A: Preceptors are not required to have a MS degree as long as they are qualified in the area they are precepting.

NDEP Town Hall Question: Will ACEND be providing training modules or other resources to help DPD directors to meet the standards to train faculty on KRDN 5.2d and KRDN 5.3c?

A: ACEND is planning a general training to be used by programs and make available to their faculty, preceptors and students. Look for information on this training soon. When available, programs have the option to make this training an expectation for preceptors to complete. Programs are encouraged to use the resources and trainings available on the ACEND DEI webpage.

Standard 6 - Affiliation Agreements:

Q: Are Affiliation agreements needed for virtual rotations as well?

A: Correct. If you are using a facility to complete virtual supervised practice hours, you would need to have an affiliation agreement with that facility.

NDEP Town Hall Question: Do DPD programs need to have formal MOU with sites that provide students with experiential learning that include background checks, drug screens, immunizations, etc.?

A: Affiliation agreements for DPD programs that require experiential learning are not required to meet ACEND requirement because these learning experiences are not part of ACEND's Standards

requirement. DPD programs with experiential learning are encouraged to follow their institution's policies in establishing affiliation agreements.

NDEP Town Hall Question: Does ACEND have any knowledge of cases where interns/students or institutions were harmed by NOT having an Affiliation Agreement? I know an AA offers additional protection, but it may come as a cost (lost exp).

A: ACEND does not collect data on harm caused when affiliation agreements are not in place.

NDEP Town Hall Question: Previously, Affiliation Agreements could be dispensed with if both parties agreed that one was not needed. The rational given was "this could cause legal/liability issues". Do you have any data to support that? How often did problems occur in the past.

Q: Requiring Affiliation Agreements might adversely affect the breadth of in person opportunities for interns, especially those in distance programs. Some sites refuse to go through an affiliation agreement process for interns coming for 1 week or 1 day.

A: Affiliation agreements are established to protect the program and its students/interns. Students/interns in facilities without affiliation agreements lack the necessary protection secured by the agreement. (e.g., not following on responsibilities of the facility, in case of injury or harm to student, etc.). Affiliation agreements are not required for shadowing, volunteer or other non-hands-on experiences such as observation.

Additional Questions:

NDEP Town Hall Question: What is the long-term fate of the DPD? Will these be phased out in a few years?

A: ACEND has no plans to phase out DPDs nor DIs. The DPD verification statement is still a requirement for all DI programs and for close to 50% of Future Graduate programs. In addition, DPDs house a well-rounded undergraduate curriculum that contain many of the prerequisites needed to enter graduate programs in nutrition and dietetics as well as other health professions including physical therapy, occupational therapy, physician assistant, medical school and other programs. In the 2022 Standards, the mission for the DPDs has been broadened to allow expanding the curriculum and the reach of these programs. DPDs may be rebranded to offer many career pathways that are in great demand including sports nutrition, sustainability, culinary medicine, integrative nutrition and others, all of which fit within the structure and core knowledge requirements of the DPD.

Q: If remediation does not help and an intern is not progressing, do the 2022 standards still allow for termination?

A: Termination is a program's decision. ACEND expects fair and impartial treatment of the student/intern and that the program follows its policies for termination.

Related Questions:

Q: May we be provided with all the public comments that were provided in response to requests for comments regarding the 2017 Standards and the proposed 2022 Standards?

NDEP Town Hall Question: Will the comments from the 2022 standard drafts be made public?

A: As with any confidential survey to support honest discourse and feedback, ACEND is unable to share the public comments.

Q: Can we obtain a copy of the new USDE requirements?

A: USDE website is available for public to view here <https://www.ecfr.gov/current/title-34 subtitle-B/chapter-VI/part-602/subpart-B>. ACEND consults with its accreditation legal counsel and USDE liaison to ensure appropriate interpretations of these regulations.

Related Questions:

Q: Why we are not able to view who is participating with us in this forum. Can this be corrected in the future, or even today?

Q: Is WebEx not able to let us see who the participants are? If so, can ACEND look for other software programs that allows more transparency

A: To minimize disruptions and ensure that stakeholders' questions are answered without background interruptions, ACEND has moved to using the professional version of Webex. "Webex Events" allows ACEND to hold large meetings; however, it does not include the feature where attendees are able to view the list of participants. Attendees may use the chat feature to introduce themselves or announce their presence.

Other Comments

- Please note for next year many of us are in the midst intensive orientations – teaching a lot. Consider repeating end of September
- A training session right after DICAS applications is not good timing for DI directors
- Have we heard anything from CDR regarding whether the 2024 graduate degree mandate is still planned vs. being rescinded? We were told by Le Greta Hudson of CDR that this was to be discussed at CDR's May 24, 2021 Board Meeting but have not been provided with any results of that discussion
- I hope the ACEND staff will go through all of the questions here and answer them ALL since we did not have adequate time here. Thank you for your time.
- Thanks Kathy I was just going to ask a similar question. About vaccination mandates at sites and students' willingness to get vaccinated (not including those with documented medical or where accepted religious waivers).

Additional Comments from the NDEP Town Hall

- Thank you for the mention on the need to have the discussion for negotiating and asking for more money! As a field dominated by women this is a huge area for improvement!
- Nursing has an easier career path - you get paid well after years of education. I fear our new plan will reduce the diversity in our field. Minority students might choose a less expensive path to a good paying job. Do we have data from Phar or PT
- While our numbers of DPD students is dropping - why are nursing programs - bursting at the seams with applicants? E.g., In our area one nursing program is marketing if you have a bachelor's degree - they can earn a BSN in 15 months after the BS.