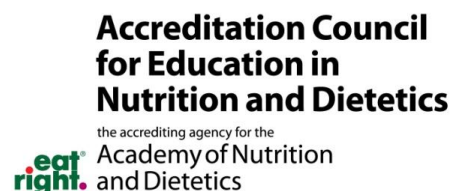

ACEND Virtual Town Hall Meeting
December 16 and 18, 2025, 11:00 a.m. Central Time

Host/Presenter: Rayane AbuSabha, PhD, RD
ACEND Executive Director



Webinar Recording Link:

<https://vimeo.com/1147816823>

418 participants attended the town halls held on December 16 and 18, 2025.

Summary of the Town Hall:

The Town Halls presented an overview of 2027 Accreditation Standards with a summary of the major changes noted by standard.

Pre-requisites Questions:

Q. With the DPD verification statement meeting all requirements for years 1-4, does that mean that CPs/DIs will not be able to require additional coursework for admission?

A. CPs and DIs can set their admission criteria as determined by program and institutional policies. In addition, programs can set their own recency requirements for coursework based on their institution's policies. However, ACEND is encouraging all program types to avoid having students retake courses or requirements that they may have already met in a DPD or pre-requisite course.

Q. Are CPs required to accept applications with a DPD Verification Statement?

A. No, there is no change to the current process. CPs (which include the current GPs) will not be required to accept applications with a DPD verification statement. Those programs can accept applicants with a DPD verification statement or other applicants with a set of completed prerequisites.

Q. What about non-nutrition majors applying to a GP? How will they meet the competencies from the earlier years? How can we ensure if it is in a prerequisite if it is taken at a different university?

A. Programs accepting non-nutrition majors into CPs or GPs would need to use their required prerequisites or prior assessed learning policy to ensure that competencies and performance indicators from years 1-4 have been met. This is similar to the process currently being used under the existing 2022 Standards and Future Education Model (FEM) standards.

Q. If you are accepting a student without a DPD verification statement will the competencies and PIS need to be logged/documented for years 1-4?

A. No, programs must ensure required prerequisite courses as part of admissions criteria are completed; however, those programs will not be required to track competency achievement for those previous years 1-4. This is similar to the 2022 Standards where CPs do not assess KRDNs.

Q. Will DPDs be required to revise their pre-requisite list based on the content of the Associate's degree level components?

A. No, DPDs will not need to revise their pre-requisite lists to ensure they require the content within the associate's degree. If DPDs accept applicants that have completed an associate's degree, they are encouraged to review the student's transcripts to ensure the DPD is not requiring the applicant to repeat coursework completed within their associate degree program.

Q. For CP/GP programs, the proposed standards state that "If the program admits individuals without a DPD Verification Statement, the program must ensure that competencies in years 1 through 4 have been met through prerequisites or within the program (Appendix A)." How will CP/GP programs be capable of ensuring that all of the year 1-4 competencies are met?

A. The program must ensure that students have achieved the required competencies for years 1–4. This can be done in one of three ways:

1. Through the program's set prerequisites,
2. By assessing prior learning, and/or
3. By including these competencies within the CP/GP curriculum.

The list of prerequisites that CPs and GPs set for their program should align with the competencies and performance indicators from years 1 through 4. As with the existing 2022 and FEM standards, the program must demonstrate to ACEND how it verifies that students meet these prerequisites.

Q. The RDN Curriculum Avoids Redundancy Slide - shows the DPD competencies sliding (arrow) into CP. If we have CP and require DPD, do our students complete a PLAR for the overlapping competencies?

A. No, if the CP is requiring a DPD verification statement as part of the admission requirements, the CP will not need to also perform assessment of prior learning as the DPD verification statement provided by the student is evidence that those Years 1-4 have been completed already. This is no different from the current requirement.

Bridge Program Questions:

Q. Can you please provide clarity on how a stand-alone DI program can accept a student with a MPH degree from a non-affiliated program? That MPH program will likely not be teaching on injections or imaging. So, would that student have to pay out of pocket to get those classes elsewhere before they can apply to a DI?

Courses that are not required for a degree will not be covered by financial aid so the cost will fall on the shoulders of the student.

A. DIs can only accept students who have completed their DPD verification statement. A student who successfully completed a DPD and a master's that is not approved by ACEND for meeting the designated ACEND academic competencies will need to complete a bridging module to cover the academic competencies. ACEND will be encouraging programs to submit bridging courses and modules for ACEND approval with the hope to offer a list of modules that could be offered at a more reasonable cost than taking course credits.

Q. For DI programs not associated with a university. The bridge program will provide the student with the opportunity to meet competencies at the academic level. When do the students complete these? before admission or during DI program?

A. Bridge programs are intended to be flexible and may be completed during the summer, in the evening, using a compressed format, or online. In addition, they may be completed before, during, or after starting the internship.

Q. I watched the September Townhall, but I am still very confused about the Bridge Programs. As a stand-alone DI that often accepts students from a 4+1 accelerated DPD with master's, should we ensure that the 8 competencies were obtained during their graduate program, so that they only need to meet 18 competencies with our DI? That makes sense, since a DI + MS would be meeting all these competencies at one time.

A. You are correct. ACEND encourages the accelerated DPD programs to submit their graduate coursework for approval by ACEND for the CP designated academic curriculum, i.e., competencies and performance indicators designated to be completed in the academic setting.

Q. How do we pursue accreditation for a graduate bridge program?

A. The review process for the bridge programs will not lead to accreditation. ACEND continues to work the details for this review process; however, it is expected to be a significantly simpler, more streamlined, and faster process compared to accreditation. Once ACEND is ready to begin the review of bridge programs, communication will be distributed to all our accredited programs and graduate programs affiliated with any of the ACEND programs. A call for applications will also be posted on the ACEND website, in the ACEND Update, and other materials.

Q. Our stand-alone DI has 3 university affiliate programs. ACEND has said the affiliate programs need to be approved by ACEND. We need to know what is required by universities to be approved, the process, timeline, etc. We cannot promote our 2-year programs effectively until we have this information. It is already very difficult to recruit students. With these added requirements without dates and deadlines, this adds an additional hurdle for programs facing diminishing enrollments.

A. We understand that programs are looking for more information about the changes to the ACEND standards. ACEND is unable to begin the process until after the public comment period to hear from constituents before finalizing any process. Look for more information on the bridge programs in 2026. We aim to make the process simple and efficient to ensure that programs have been approved prior to the 2027-2028 applications cycle.

Curriculum, Competencies and CBE Questions:

Q. Are DPD Performance Indicators and Competencies needed to be completed in real life scenarios?

A. DPD programs are NOT expected to have access to outside facilities (real life patients, supervisor foodservice functions, education for different populations, etc.) and coordinate supervised practice. Supervised practice is not part of the proposed standards for DPDs. While some DPD performance indicators appear to be application-based and are at the Miller's Pyramid of "Does" level, these are expected to be performed in alternate settings, laboratory experiences, and classroom projects. This is similar to the expectation for DPDs under the existing 2022 Standards. For example, the meal prepared in the food science course meets the "Does" level of performance, so do many other projects including the needs assessment project, developing lesson plans, the budget project, quantity foods, role-play/real-play practice, simulation activities, high-level case studies, and others.

Q. Can you clarify how to interpret "academic" vs "supervised practice" for where competencies and PI's are taking place in regard to CPs? Since these are taking place typically at the same time this can be a bit grey.

A. CPs (and GPs) are a single program that covers both the academic and the supervised practice competencies. CPs can decide where to address the competencies and performance indicators and in the setting that works best for the program. CPs are housed in the academic setting and maintain authority and freedom to decide where to address each of these competencies and performance indicators (PIs).

Q. Do all PI's need a summative assessment method? Or just the competency?

A. Only the competencies will need to be assessed within the Competency Assessment Table. The PIs only need to be covered (i.e., taught or practiced) within the curriculum and will be noted in the program's curriculum map.

Q. I had a question regarding the DI competencies in the community nutrition area, which are listed as DOES - but show as having to be assessed in graduate coursework. Is there any ability to lower from DOES to SHOWS to allow for didactic courses?

A. The competencies will be assigned as Knows, Shows, and Does within the Miller's Pyramid. Programs will not be able to lower the level assigned in the standards; however, programs can always go above the level indicated within the standards. To meet a "Does" level of performance for a competency, the students can apply the skills in real-world settings or in simulated experiences to demonstrate they can perform the skills effectively. In a community setting, a Needs Assessment project, developing a brochure or a lesson plan, other projects based

on real-world situations, or counseling a client using role-play can all be completed in an academic setting and meet the “Does” level of performance.

Q. Why are the performance indicators labeled with knows, shows and does if they only need to be covered?

A. The Miller’s level of Knows, Shows, and Does is included with the PIs to ensure that the material is covered at the appropriate level. Often times, the performance indicators are used to fully assess the competency at the appropriate level.

Q. Do MS/DI programs in a University setting get to determine in which setting competencies/PIs are met?

A. The competencies and performance indicators specified for the academic setting must be integrated into the degree program (i.e. in the academic setting). Supervised practice programs are encouraged to exceed ACEND’s requirements by demonstrating these competencies and PIs in real-life practice whenever possible.

For competencies and performance indicators designated for the supervised practice setting, the ideal approach is to address during rotations. However, a DI program may face limitations, such as restricted access to certain practice environments or resources, that make this difficult. In such cases, a limited number of performance indicators may be shifted from the supervised practice setting to the academic program. These PIs should still be taught using practice-based learning opportunities within the academic setting. If a DI program makes these adjustments, it must provide ACEND with a clear and well-supported rationale for the changes.

Q. Can you please clarify if you are stating that the checks in boxes for CPIs academic vs supervised practice are "guides" and not required. For example, if Disordered Eating CPI is not available as a rotation, is that topic being covered in academic setting sufficient, or will an alternative sp experience (simulation / case study) be required if you have that checked on "Supervised practice" box?

A. For DI programs, only the competencies and PIs noted in the academic setting must be followed. For competencies and PIs designated for the supervised practice setting, the ideal approach is to address during rotations. In cases where a DI program faces limitations to address a limited number of performance indicators, these may be shifted from the supervised practice setting to the academic program. The DI program will be asked to provide ACEND with a clear and well-supported rationale for the changes.

For CP programs, these checks are just guides. CPs are housed in the academic setting and maintain authority and freedom to decide where to address each of these competencies and performance indicators (PIs).

Q. If a competency is measured in the academic setting but performance indicators attached to it are supposed to be met in the supervised practice setting, are we expected to have that competency assessed in the supervised practice setting? In other words, does that competency need to be evaluated at the student level in a specified rotation? Competency 1.3 is an example where PIs 1.3.6 and 1.3.7 are addressed in supervised practice setting.

A. For CP programs, the program has the ability to determine the setting that is most appropriate for the summative assessment.

For DI programs, the program must ensure that each competency is assessed in its designated environment (marked by the checkmark). For competencies that have performance indicators in both the academic and supervised practice settings, the summative assessment for the competency must occur in the setting indicated by the checkmark in the competency table. For example, for Competency 1.3, some performance indicators are set to be covered in the supervised practice setting; however, the overall competency must be assessed at the summative level in the academic setting. This requirement is shown by the checkmark in the “Academic” setting column of the table.

Q. Do DPDs have to use both the associates degree and DPD competencies in our curriculum maps to ensure we are teaching everything required? Do DPD programs have to assess competencies taught in Years 1–2, or only those taught in Years 3–4, even though Years 1–2 are prerequisite courses?

A. No, DPDs will only need to address where the DPD competencies are within their specific programs. This is similar to the existing 2022 standards where DPDs do not have to include the Required Components in the curriculum map.

Q. Do stand-alone DIs have to integrate the academic competencies into our program if we don’t have an associated masters degree?

A. No, stand-alone DIs can have students complete academic competencies at an ACEND approved bridge program that provides the required competencies needed in the academic setting. Look for communication about the bridge programs in 2026.

Q. If someone comes to our DI and has a MS degree already, how will the 8 competencies from the MS degree be done? If we have multiple tracks, like VS only for the DI, do we cover the 8 MS degree competencies in the DI then?

A. No, DI programs cannot fulfill ACEND’s competency requirements and cannot assess prior learning for academic content. For DIs that admit students with a DPD verification statement and a separate graduate degree, those students must complete the academic competencies through an ACEND-approved bridge program. To accomplish this:

- DIs affiliated with an ACEND-approved master’s program serving as a bridge program, may have the master’s program conduct the prior learning assessment (PAL) for the academic competencies and PIs.

- Stand-alone DIs that are not affiliated with an ACEND-approved master's program serving as a bridge will use ACEND's PAL service. The student will then select from a list of bridge modules to completed any academic competencies and PIs identified as unmet. Look for communication about the bridge programs in 2026.

Q. As a stand-alone DI, we have a decent number of students who apply to our program after having already completed a graduate program. Then we would have to cover all competencies in supervised practice, correct?

A. Yes, you will have to cover all the supervised practice competencies and performance indicators designated for supervised practice. However, prior to providing the student with a verification statement, you must ensure that the applicant has completed an ACEND-approved master's program serving as a bridge or that the applicant uses ACEND's PAL service to verify that their academic competencies have been met.

Q. Graduate medical education, public health, and nursing all have competencies related to systems-based practice. I don't see this in our standards. Also, I see distinct requirements for COM, MNT, and Management rotations - reinforcing a siloed approach. Systems-based practice would show a coordination of care between these systems - which more realistically reflects a patient or population's experience. For example, the hospital could screen for food and nutrition insecurity, provide evidence-based clinical care, then connect with community resources to address food and nutrition insecurity, like SNAP or medically tailored meals upon discharge. Policy and advocacy is interwoven. These actions connect the dots between community, MNT, and management systems - but aren't visible in the competencies at all. I will make these suggestions in the survey, but I'm curious if these competencies have been in place for 24 years in medical, public health and nursing education and why not ever addressed in dietetics?

A. You raise an excellent point about systems-based practice and its importance in reflecting real-world coordination of care. ACEND absolutely supports a systems-based approach as part of our expectations for high-quality education and practice. However, we intentionally leave it to programs to determine how to implement and integrate this approach within their curriculum and supervised practice experiences. This flexibility allows programs to design learning opportunities that best fit their unique resources, affiliations, and practice environments. Your example of connecting hospital screening, clinical care, and community resources is a great illustration of what systems-based practice can look like in dietetics. While the standards outline competencies by setting (academic and supervised practice), programs are encouraged to create integrated experiences that connect these domains—such as incorporating policy, advocacy, and community linkages into rotations. We truly appreciate your insights and encourage you to include these suggestions in the survey.

Program Director Questions:

Q. When CBE training will be available for program directors?

A. The CBE trainings are scheduled to be offered beginning summer 2026. More information will be shared with all programs as those timelines and dates are finalized.

Q. For DI programs that are affiliated with a graduate degree, would there be a requirement for a doctorate-level faculty member to oversee the MS program?

A. Yes, the leader of the graduate program that seeks approval from ACEND must meet the minimum requirements of a doctoral degree. The same requirement is applied to program directors of graduate level DPD programs.

Q. If a current program director retires after June 2027, will the incoming DI director need to have a doctoral degree?

A. If the program is a CP under the 2027 standards, the incoming program director will need to have a minimum of a doctoral degree. This is not the case for DI, DPD or DT programs, where a minimum of a master's degree is required for the program director position.

Q. How long until the doctoral degree requirement will reach DI programs?

A. DI programs are practicum experiences and are not housed in academic institutions nor do they award degrees or credentials. As such, program directors of DI programs do not need to hold a doctoral degree. If the DI is affiliated with a master's degree, the coordinator or director of the graduate degree would need to hold a doctoral degree.

Q. Could you elaborate on how the program director authority to manage all functions of the program would work if the university policy dictates that faculty are under the Department chair and not the program director?

A. The program director is expected to have full authority to manage the ACEND-accredited program, but not to supervise or manage the faculty who teach within the program. For example, if a faculty member is responsible for coordinating student placements in foodservice facilities, the program director retains ultimate responsibility and decision-making authority regarding those facility placements.

Q. Why is the release time for DI and CP directors the same? These are different programs with different costs. Having the DI have such a high release time requirement is a hardship.

A. ACEND encourages you to complete the survey with your suggestions for DI program directors' release time. The Standards Committee would appreciate any suggestions regarding release time.

Q. Can the required minimum FTE allotment that must be devoted to program management be divided between two or more positions?

A. Yes, the FTE allotment for program management can be divided between the program director and other faculty or individuals (including coordinators) at the university.

Q. Can you clarify what is meant by "management responsibilities" for the program director? Is that just program director tasks? Or also covering courses, clinical placements, etc.?

A. The management responsibilities are those expectations listed under the 2027 Standards, Required Element (RE) 1.5b for program director responsibilities. While placements count towards program management responsibilities, teaching, other university or community service, and research do not count.

Q. Some of us teach courses that are specific to our role as DPD or DI directors, for example a "professional" course where we help our students set up DICAS and do some of the professional competencies such as learning about licensure. Will we be able to count course time towards the admin requirement if it is specifically directed at helping students in the DPD and DI do things specifically required by the program accreditation?

A. If the content of the course meets elements within the expected management responsibilities of the program director (RE 1.5b under the 2027 Standards), then programs should be able to count the course towards the release time, if they wish.

Q. How does the FTE translate to credits? Or hours per week?

A. The full-time workload is defined by the institution. However, 1.0 FTE typically means a full-time workload for a faculty member; this is often equivalent to 40 hours/week. Anything less, for example a 0.5 FTE, represents a proportional workload; therefore, 0.5 FTE would be half the time or equivalent to approximately 20 hours/week. If a full-time faculty member's load is expressed in credits and, for example, is equivalent to 21 credits teaching load (1.0 FTE= 21 credits), then a 0.5 FTE or half-time release would be 10.5 credits.

The program director's release time is only to manage the ACEND program which means to meet the program director's responsibilities listed under RE 1.5b of the 2027 Standards. Teaching, service, and research do not count towards program management responsibilities; therefore, they would not count towards release time.

Q. Is the release time for program directors based on per cohort or based on maximum enrollment?

A. The release time is based on the program's approved maximum enrollment. For example, a two-year program with 16 maximum enrollment per cohort will base their release time on the total maximum enrollment of 32 students. The Standards Committee encourages any suggestions and recommendations regarding release time.

Q. Has ACEND considered making a proposed ratio scale for DPD Director's release time for large programs (much greater than 26), similar to how they have a proposed ratio scale for the DI/CPs?

A. Yes. The Standards Committee held long discussions pertaining to release time for each program type. For the DPD program, the Committee reviewed ACEND's most recent Annual Report data available for DPD programs on release time. The data showed that the average release time assigned to DPD program directors was reported as 26% and the average actual time reported to be spent managing the program was 29%. The median for both actual release time and time needed to manage the program was reported at 25%. Release time for DPD programs with more than 100 students needed to manage the program varied from 15% to 50% and averaged 38%. The average time reported by DPD program that they actually spend managing their program per current enrollment is provided in the table below:

Number of students enrolled in the program	Average actual % time spent managing the program
20-30 students	29%
31-50 students	29%
51-100 students	33%
20-100 students	31%
100-165 students	38%

Q. During Tuesdays Town Hall, there were two slides that seemed to be contradictory. One slide RE 1.5d - Release Time for Program Director stated: DI/CP 11-20: 1 FTE and +0.5 FTE for 10. On another slide, FTE calculations for Release Time (CPs and DIs only) it states programs with 11-29 students require 1 FTE. Can you please clarify.

A. For DI and CP programs after the first FTE for 11-20 students, programs do not need to add the next 0.5 FTE until their maximum enrollment reaches 30 students. ACEND encourages public comments and suggestions on release time.

Q. For program management FTE distribution across my department, I would be very interested to learn what titles may already be used in other programs. For example: Director of Research, Director of Admissions, etc. Would ACEND consider gathering this data to share with us?

A. NDEP may be an excellent group to collect such information. We encourage you to contact the NDEP Council regarding such a survey.

Q. For standard 1.5e, on page 7 of standards for DI, if Program Director delegates program management responsibilities to an admin level position (ie: helping to maintain records, such as gathering faculty or preceptor CV's or syllabi, or marketing) this person is required to hold a master's degree? Or is this intended to relate to program director "coverage" i.e. for vacation or time off?

A. The draft 2027 standards set the expectation that any individual performing program management responsibilities must hold a master's degree. ACEND has heard from several programs that some responsibilities, such as maintaining records or marketing the program, are often handled by university staff

who do not have a graduate degree. We strongly encourage you to share your feedback in the public survey. This will help inform the Standards Committee's discussion as it reviews comments and considers whether adjustments are needed.

Q. I cannot tell you how appreciative I am and how validating it is to have the required minimum FTE allotment for program management. However, RE 1.5e is concerning. If I cannot delegate some administrative tasks (i.e., course registration, affiliation agreements, tracking completion of clinical onboarding, etc.) to staff (non-RDNs) at my university, I will not be able to teach/research enough to be eligible for tenure and promotion. The other full-time faculty has too much research buy-out to take on regular admin tasks. Question- Does RE 1.5e apply to all the delegation of any task or rather delegating the temporary role as program director (i.e., during sabbatical or summer months if on a 9-month contract)?

A. Thank you for your comments. As ACEND stressed in the town hall presentations, programs are encouraged to provide feedback on the proposed ratio for program management based on what is feasible for your program and institution within the public comment survey. Required Element 1.5e related to delegation of program management responsibilities on an ongoing basis and not when the program director role is assigned to another individual during a sabbatical or for coverage during summer months, for example.

Supervised Practice Questions

Q. You stated students can have as many alternate experiences as they want, so the <50% alternate experiences policy is being deleted?

A. The 2027 standards specify that students must have rotations in foodservice, clinical, and community. The hours for the foodservice and community rotations are not specified and only the clinical rotation is expected to have the majority of hours onsite. The requirement for the clinical rotation remains the same as the 2022 standards with the majority ($\geq 51\%$) of the rotation being on site in real-life professional experiences.

Q. When you say 800 hours in a professional setting, do those hours need to be completed on site or can the intern be working remotely?

A. The 800 hours in professional settings can be completed on site or via distance; however, if the hours are associated with a clinical rotation, the majority of the hours ($\geq 51\%$) spent in a clinical setting must be completed on site. This is the same as the current expectation in the ACEND 2022 Standards.

Q. How do you define “high acuity” clinical setting?

A. ACEND will be sharing a formal definition of high acuity. Based on discussions of the Standards Committee, a high-acuity patient in this context refers to an individual whose medical condition is unstable, rapidly changing, or severe requiring intensive or continuous monitoring, frequent interventions, and complex clinical decision-making. These patients often present with:

- Multiple and interrelated conditions

- Life-threatening or critical conditions (e.g., sepsis, multi-organ failure, severe trauma)
- High risk of deterioration without immediate care
- Need for advanced technology and specialized staff (ventilators, continuous cardiac monitoring) or multidisciplinary team involvement to manage the complexity
- Care in settings such as ICU, emergency departments, critical care units, as well as acute care rehabilitation centers, acute care long term care centers, and skilled nursing facilities.

In contrast, a low-complexity patient typically has stable, predictable health needs that can be managed with routine care and minimal risk of sudden decline.

Faculty and Preceptors

Q. Can you clarify if the additional full-time faculty member needs to be tenure track RDN? Or can it be a teaching faculty (non-tenured track)?

A. ACEND does not require that additional full-time faculty be in tenure-track positions.

Q. Can you explain how this requirement for 2nd FT faculty with an RDN coincides with the FTE/program release time listed earlier? It seems like all programs are now required to have 2 FT faculty? Could this requirement be met with adjuncts who have RDNs?

A. The release time for a program with a maximum enrollment of 10 students is less than one full time FTE; however, this program will be required to have a second full-time faculty as an RDN. For CPs this position must be occupied by one individual who is full-time. DPDs on the other hand, are able to distribute this position Among part-time faculty and adjuncts. This second full-time faculty is able to assume program management responsibilities and share the release time with the program director.

Q. Is it your intent that 2027 standards for preceptors that are RDs have completed an ACEND-accredited or approved didactic and supervised practice program? Many facilities have utilized this phrase as a minimum education requirement in dietitian position descriptions since the ACEND standards for # hours as well as the minimum degree requirement has fluctuated over the years.

A. The proposed 2027 standards do not have a requirement specifically stating that preceptors must be RDNs who have completed an ACEND-accredited program; however, if the preceptor is a credentialed RDN, they would have successfully completed an ACEND-accredited program as that is a requirement from CDR for exam eligibility.

Program Completion- master's degree

Q. I need some clarification regarding standard 1.4. The requirements regarding the types of master's degrees that would be acceptable are only for ACEND-accredited programs, correct? We are a stand-alone DI. So we could still accept an intern with any master's degree, not just those listed by ACEND. Am I understanding this correctly?

A. Correct. The only time this requirement comes into effect is if ACEND approved the master's degree or the master's bridge program.

Q. Would an MBA meet the requirement?

A. Yes, an equivalent course of study can include Master of Business Administration (MBA), Master of Education (MEd) or other degrees relevant to nutrition and to dietetics. The definition is quite broad and will not impact existing CP nor DI programs. A review of ACEND's programs revealed that all the graduate degrees in the ACEND database meet this requirement, including those master's degree affiliated with DI programs

Student Identified Supervised Practice Requirements

Q. Do "sites secured before starting rotations" mean affiliation agreements must be in place or that the program has received a verbal or written confirmation that they will be available to take a student?

A. Affiliation agreements must be in place before a student begins supervised practice within a facility. While all affiliation agreements may not be finalized, supervised practice sites for students must be confirmed before the student begins supervised practice.

Q. How can distance DI programs show sufficient supervised practice sites if there is no way to know where students will be located from year to year?

A. All programs are required to demonstrate that resources are available for their enrolled students. This includes supervised practice sites allowing the student to successfully complete the program in a reasonable amount of time. DI programs that have remote sites that are geographically distant from where the program is located will be required to demonstrate where their students will be placed for each required rotation. Programs with student-identified supervised practice will be required to demonstrate to ACEND how they will support students in identifying sites prior to the student starting supervised practice rotations. For example, the program may provide a database of facilities that have been evaluated and are appropriate for students.

Scope of practice Questions:

Q. If these are skills that our dietetic preceptor practitioners do not currently have, why is it something we are asking our students to learn?

A. Education is about preparing graduates for the future of the profession, not just the present. For a profession to advance, new skills must be acquired. Students need to graduate with skills that position them for upcoming roles and responsibilities, ensuring they can lead change rather than lag behind it.

Other Questions

Q. Can you indicate how DPD programs will be expected to switch to CBE when we have students currently achieving KRDNs? Are we switching midcourse and expected to measure competencies for students already earning KRDNs? Or are we to only assessing competencies for new students?

A. Programs will have a period of time to transition from the KRDNs under the 2022 standards to the Competencies and Performance Indicators under the 2027 standards. This timeline will be discussed by the board in January and will be shared with programs as soon as it is finalized.

Q. Will DIs be able to accept PhD and MS students without a DPD if they have met C&PI?

A. Master's degree: Applicants to DI programs are still required to have a DPD verification statement even if they have a master's degree. This will ensure that applicants have met the required competencies and performance indicators for years 1 through 4.

Doctoral degree: Applicants to DI programs with a doctoral degree will either need a DPD verification statement or a verification by ACEND through the ACEND Prior Assessment of Learning (PAL) Service. That demonstrates that they have met the requirement for years 1 through 4.

Q. Does this mean with the 2027 standards that all GPs are becoming CPs? I'm not clear on that point.

A. Correct. Under the 2027 Standards, The GPs under the Future Education Model (FEM) will follow the Coordinated Program (CP) as the FEM demonstration programs were a pilot program. FEM GPs are currently recognized by USDE as Coordinated Programs.

Q. Will there still be the ability to have a DPD at the graduate level? If not, when should these be phased out?

A. Yes, while the minimum requirement for a DPD remains at the bachelor's level, DPDs can still be accredited at the graduate level. ACEND encourages the accelerated DPD programs to submit their graduate coursework for approval by ACEND for the CP designated academic competencies and performance indicators.

Q. Is the terminology going towards the use of supervised practice versus supervised experiential learning?

A. Yes, the terminology proposed in the 2027 standards will be supervised experiential learning with supervised practice. Supervised practice is the language used in licensure and supports consistency of terms to minimize confusion.

Q. For the maximum program completion time, is 5 years for the DI as well? That is too long for a standalone DI - ours is 3 years - are you saying that we have to override our university policy and push it to 5 years?

A. Maximum time allowed to complete the program must follow the sponsoring academic institution's policy (the university, college or academic center's policy) or be no less than five years. Therefore, if the institution's policy is 3 years, the program must follow the institution's policy and set their maximum time at 3 years. If the institution does not have a policy on the maximum time students are allowed to complete the program, ACEND expects this time to be no less than 5 years.

Q. When is the expected date to have finalized 2027 standards, and what is the expected date when programs will be required to implement them?

A. The finalized 2027 Standards are scheduled to be available for programs in Fall 2026 and will become effective for mandatory adoption in June 2027. When the standards are released, ACEND will provide detailed guidance which may include extended timelines for compliance for certain sections. For example, programs will be given additional time to incorporate CBE and clinical skills into their curriculum.

Q. Will there be a fee to revert from a GP to an MS DI? Or do you plan to wave the associated fee.

A. Programs can submit substantive changes to ACEND when making changes to their program. ACEND no longer charges programs a change fee when submitting substantive changes.

Q. How will the transition to the new competencies occur in Competency AI? Will the changes happen automatically? Or will we need to re-enter everything by hand?

A. ACEND will work with the Competency Software company to have the new competencies and performance indicators for each program type added into the system. Programs utilizing Competency Software will receive additional information about this transition once the Standards are finalized.

Q. Will the concept of enhanced competencies in the GP be eliminated?

A. The enhanced competencies from the GP standards were developed to ensure that those specifically noted competencies are covered within the graduate curriculum. Enhanced competencies are not included in the 2027 standards because all the competencies and performance in the CP are written for the graduate level curriculum.

Q. I think maybe I need a definition of a CP. I keep hearing CP and DI. Am I a CP if I am affiliated with a MS degree for my DI?

A. A Coordinated Program (CP) is a specific ACEND-accredited program type where the didactic coursework at the graduate level and at least 1,000 hours of supervised practice for RDN eligibility in one combined program. A Dietetic Internship (DI) is a different ACEND-accredited program type that is accredited to offer at least 1000 hours of supervised practice. While some DIs also offer a graduate degree as part of the program completion requirement, MS/DIs are not considered CPs. Programs that are MS/DIs can be reorganized into a CP. This is a substantive change required by ACEND.