Revised 2025 Scope and Standards of Practice for Registered Dietitian Nutritionists in Nutrition in Integrative and Functional Medicine

A complementary document to the Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist

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Academy of Nutrition and Dietetics

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APPROVAL

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This document uses the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and the term NDTR to refer to both dietetic technicians, registered (DTR) and nutrition and dietetics technicians, registered (NDTR).

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INTRODUCTION

The Dietitians in Integrative and Functional Medicine Dietetic Practice Group (DIFM DPG) of the Academy of Nutrition and Dietetics (Academy), under the guidance of the Commission on Dietetic Registration (CDR) Practice Competence Committee, has revised the Scope and Standards of Practice for Registered Dietitian Nutritionists in Nutrition in Integrative and Functional Medicine (Scope and Standards in NIFM), previously titled Revised 2019 Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition in Integrative and Functional Medicine.[1] A focus area of nutrition and dietetics is a defined area of practice that requires focused knowledge, skills, and experience that applies to all levels of practice.[2] This document, along with the Code of Ethics[3] and 2024 Scope and Standards of Practice for Registered Dietitian Nutritionists (RDNs)[4] can be used by RDNs to guide their practice and performance. These foundational documents describe how RDNs in NIFM:

- are uniquely qualified to provide nutrition and dietetics care and services;
- demonstrate the knowledge, skills, and competencies for the provision of safe, effective, and quality care and services at the competent, proficient, and expert levels of practice; and
- use a systematic approach to benchmarking levels of proficiency and determining paths for knowledge and skill development for personal and professional advancement.

SCOPE OF PRACTICE

The Scope and Standards in NIFM encompasses a range of roles, activities, practice guidelines, regulations, and the code(s) of ethics (eg, Academy/CDR, other national organizations, and/or employer[s] code of ethics) within which RDNs practice. Each RDN has a unique scope of practice with flexible boundaries to capture the breadth of the individual's professional practice, which is determined by initial and ongoing continuing education, training, credentialing, and experience.[2] Scope of practice may change throughout the RDN's career with professional advancement, expanded or revised roles within an organization, and additional training, certifications, and/or credentials (eg, Functional Medicine Certified Professional [FMCP], formerly Institute of Functional Medicine Certified Practitioner [IFMCP] through the Institute for Functional Medicine; Integrative and Functional Nutrition Certified Practitioner [IFNCP] through Integrative and Functional Nutrition Academy [IFNA]); OR at least 5+ years' experience working in NIFM-focused practice. The Scope of Practice Decision Algorithm (https://www.eatrightpro.org/practice/scope-and-standards-of-practice) guides credentialed nutrition and dietetics practitioners through a series of questions to determine whether a particular activity is within their scope of practice.[5]

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STANDARDS OF PRACTICE

The 2024 Scope and Standards of Practice for the RDN serves as a blueprint for the development of the focus area scope and standards of practice for RDNs. As of 2025, there are 17 published focus area standards (based on the Scope and Standards of Practice for the RDN) that can be accessed through the Academy's website at https://www.eatrightpro.org/practice/scope-and-standards-of-practice/focus-area-scope-and-standards. With publication of the Revised 2024 Scope and Standards of Practice for RDNs, the focus area scope and standards are updated to the new format as part of their next 7-year review.

The Revised 2024 Scope and Standards of Practice for the RDN serves as the foundation for the development of focus area scope and standards of practice for RDNs in competent, proficient, and expert levels of practice. While this document addresses the NIFM focus area, it is with the expectation that RDNs using the focus area scope and standards are meeting the minimum competent level of practice outlined in the Revised 2024 Scope and Standards of Practice for all RDNs.[4] Thus, the minimum competent level indicators are not repeated in this document unless they have been edited extensively to highlight their application within NIFM.

The 2 scope and standards documents are intended to be used together.

The focus area Scope and Standards for RDNs in NIFM provides:

- a guide for self-evaluation, change management, and expanding practice;
- a means of identifying areas for professional development;
- a tool for demonstrating competence in delivering nutrition and dietetic services; and
- a resource to determine the education, training, and experience required to maintain currency in the focus area and for advancement to a higher level of practice.

The indicators are measurable action statements that illustrate how each standard can be applied in practice. (see Figure 1) The Scope and Standards in NIFM were revised with input from, and consensus of, content experts representing diverse practice and geographic perspectives, and were reviewed and approved by the Executive Committee of the DIFM Dietetic Practice Group and the Practice Competence Committee.

The 2024 Scope and Standards of Practice for the RDN, along with focus area scope and standards do not supersede state practice acts (eg, licensure, certification, or title protection laws). However, when state law does not define scope of practice for the RDN, the information within these documents may assist with identifying activities that may be permitted within an RDN's individual scope of practice based on qualifications (eg, education, training, certifications, organization policies, clinical privileges, referring physician-directed protocols or delegated orders, and demonstrated and documented competence).

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OVERVIEW OF THE NIFM FOCUS AREA

Integrative and functional medicine is a health care approach that aims to identify the root cause of disease and restore whole person health. There is distinction and overlap between the principles of integrative medicine and functional medicine, with both relying on partnerships between the person/client and practitioner to determine therapeutic modalities and achieve personalized health care goals. **Integrative medicine**[6] incorporates science-based conventional and complementary therapies that are natural, effective, and less invasive, whereas **functional medicine**[7] acknowledges the biochemical uniqueness of individuals. The focus is on the interconnectedness of all body systems to identify and address underlying imbalances contributing to disease. When practiced together, a person-centered care plan tailored to the individual is developed. Nutrition plays a central role in supporting wellness and treating chronic diseases[8]. In essence, nutrition is foundational and is the connective thread that unites integrative and functional medicine. Therefore, the inclusion of nutrition assessment and counseling within clinical practice is paramount to improving lives and reducing the financial and emotional burdens of health conditions. Additionally, the incorporation of 'food as medicine' strategies[9,10] allows for personalization of nutrition in the treatment, management, and prevention of acute and chronic diseases.

Nutrition in integrative and functional medicine (NIFM) is a person-centered, healing-focused approach that embraces conventional and complementary therapies (see Figure 4 in the 2019 article[1]). RDNs practicing NIFM perform a systems assessment of biological, clinical, and lifestyle factors to develop a nutrition care plan based on the evaluation of genetic, physical, social, lifestyle, and environmental factors influencing interactions between the mind, body, and spirit.[11,12] The term NIFM is used by the DIFM DPG to connect medical nutrition therapy and integrative and functional medicine principles with allopathic medicine to address both chronic and acute conditions. (See Figure 2) NIFM approaches address a host of biological imbalances including cardiometabolic, autoimmune, gastrointestinal, neurodegenerative, neurodivergent, hormonal, and mitochondrial conditions along with cancer, inborn errors of metabolism, and inflammatory conditions such as arthritis, cognitive decline, and chronic pain. These imbalances often result in a cascade of biochemical responses, poor health, and acute conditions that could lead to decreased functionality[13] or negative health consequences. Further, prolonging these imbalances has significant influence on long-latency nutritional insufficiencies and chronic disease perpetuation, thus underscoring the need for nutrition intervention and counseling.

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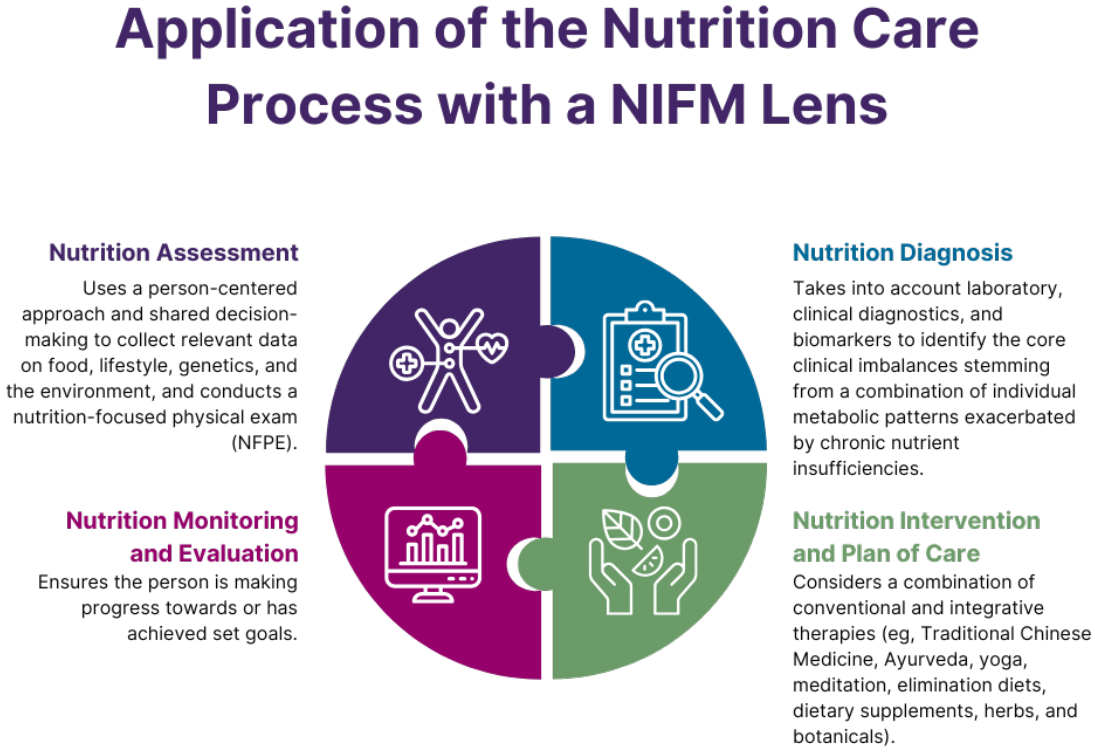
Figure 2. Application of the Nutrition Care Process with a NIFM Lens



Currently, an estimated 129 million people in the United States have at least one major chronic disease (eg, heart disease, cancer, diabetes, obesity, hypertension).[14] According to data from the National Health Interview Survey (NHIS),[15] consumer demand for complementary approaches to conventional medicine increases in tandem with increasing prevalence of these conditions and diseases. This has led to more RDNs in NIFM working in a variety of practice settings (See Figure 3) ranging from private practice to interprofessional health care teams and translational nutrition research, as well as additional growth in functional laboratory positions and faculty teaching appointments in academic programs in nutrition.

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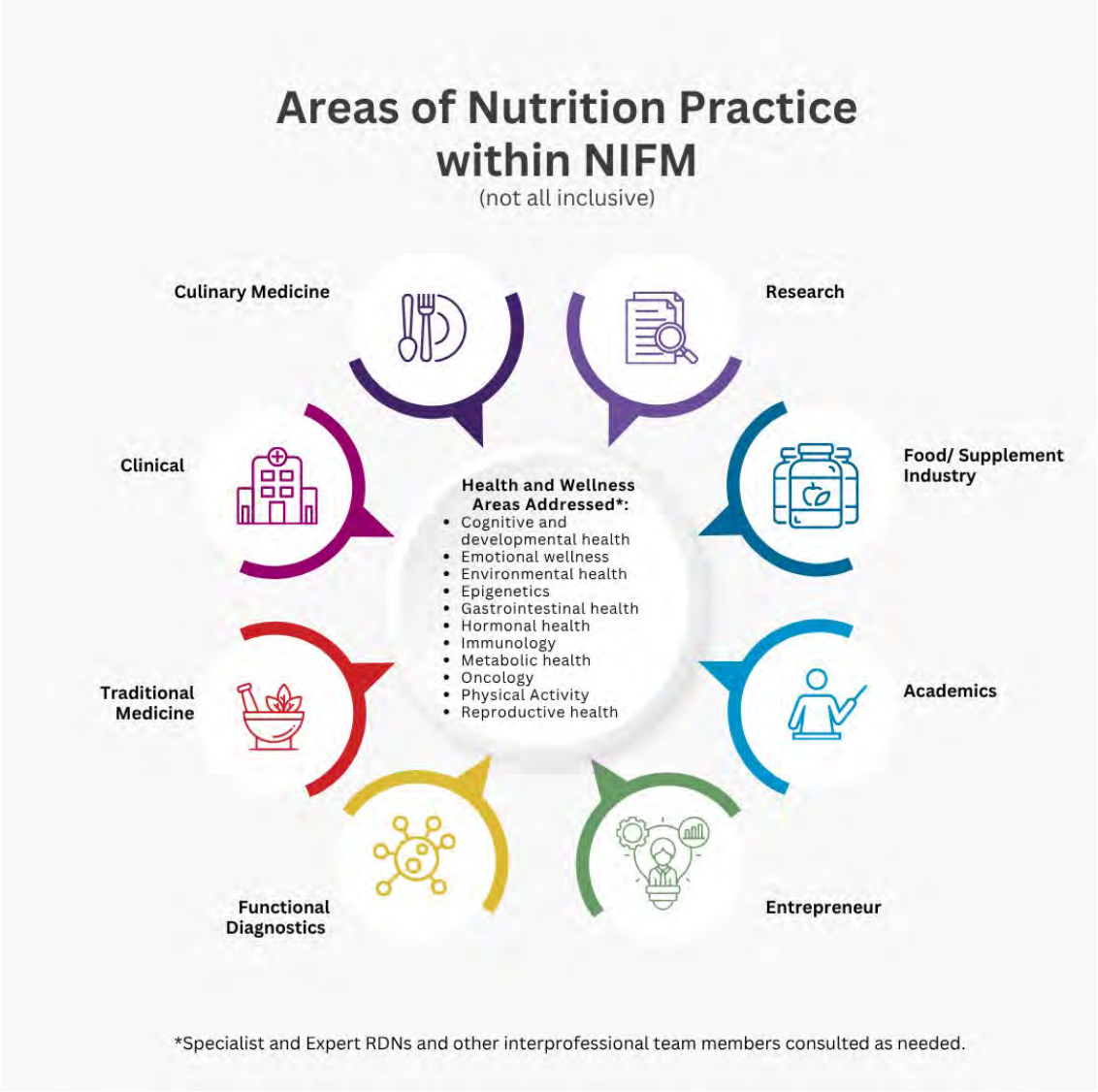
Figure 3. Areas of Nutrition Practice within NIFM



The RDN in NIFM provides consultation to persons/clients who seek optimal wellness and chronic disease prevention across the lifespan. Due consideration is given to the person's/client's beliefs, attitudes, values, lifestyle, motivations and physical, emotional, and mental wellness. RDNs in NIFM appreciate that individuals have unique metabolic patterns based on the interplay between genetics and the environment. Providers of integrative and functional medicine propose minor imbalances within the body may produce a cascade of long-latency biochemical responses that may lead to poor health, acute conditions, and chronic illness.

The RDN's provider relationship with the person/client prioritizes the care of the whole person and identifying root nutritional and lifestyle causes of clinical imbalances. Appropriate therapeutic approaches that complement the evidence-based conventional medicine model are used to support the person's/client's long-term wellbeing. These include integrative interventions in holistic health care that may have their origin in traditional medicine, such as yoga, qigong, Ayurveda, chiropractic, naturopathy, movement, and meditation.

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A detailed interview upon the patient/client/caregiver consent to NIFM care and/or services begins by hearing *The Patient's Story*.[16,17] Ample time is devoted to gathering this story through a detailed lifestyle assessment using available tools, such as the Institute for Functional Medicine (IFM) Toolkit[18] that includes the IFM Timeline to document medical and health history throughout the person's/client's lifespan (ie, in utero to present) that influences their current state of health. The nutrition assessment includes a comprehensive questionnaire, nutrition-focused physical examination, conventional and functional laboratory and diagnostic findings including nutrigenomics data to identify genetically unique patterns that may impact the body's functioning; and an assessment of the patient/client/caregiver readiness to change. The IFM Matrix[18] serves as a practical framework for documenting (1) information on antecedents (preceding events), triggers (precipitates an event), and mediators (promotes a reaction) and, (2) core physiological imbalances arising from the interplay of individual genetics, environmental factors, and potential diet and lifestyle behaviors that develop and perpetuate chronic disease. This approach allows practitioners to address multiple dimensions involved in health promotion and disease prevention by honoring the mind-body-spirit uniqueness of the individual. In addition, the STAIN model[19] is a heuristic developed by the Integrative and Functional Nutrition Academy (IFNA) to further categorize root-cause exploration related to **S**tress, **T**oxins, **A**dverse food reactions, **I**nfections, and/or **N**utritional imbalances (eg, deficiencies) that may be associated with symptoms or a condition.

A personalized approach to nutrition assessment and diagnosis is a major tenet of NIFM. The RDN in NIFM presents the person/client with available evidence-based options and employs techniques such as motivational interviewing to elicit the person's/client's readiness for change. NIFM is a person-centered approach that closely aligns with the shared decision-making process and fosters the person's engagement and empowerment. Holistic approaches to person/client assessment allow for practitioners to address multiple facets of health promotion and disease prevention.

The Integrative and Functional Medical Nutrition Therapy (IFMNT) Radial[20] was created in 2011 and updated in 2018 by 3 expert RDN practitioners, Kathie Swift, Diana Noland, and Elizabeth Redmond, as a conceptual framework to assist RDNs in implementing IFMNT in practice. (See Figure 4) The circular architecture of the Radial depicts a person-/client-centered process surrounded by community, body, earth (eg, agriculture production, health of soil), mind, and spirit, and allows for the evaluation of complex interactions and interrelationships using the Nutrition Care Process. The 5 key areas of IFMNT are represented in the circular patient-/client-centered process: food, lifestyle, environment (eg, food security, culture and traditions, exercise, or movement); systems (ie, systems biology); nutrition, physical signs and symptoms; metabolic pathways and networks; and biomarkers. Food is considered a key determining factor in health and disease as it contains the messages of biological information that influence the key areas of IFMNT. All areas are interconnected and influenced by a person's biochemical and genetic uniqueness, illustrated by the DNA and

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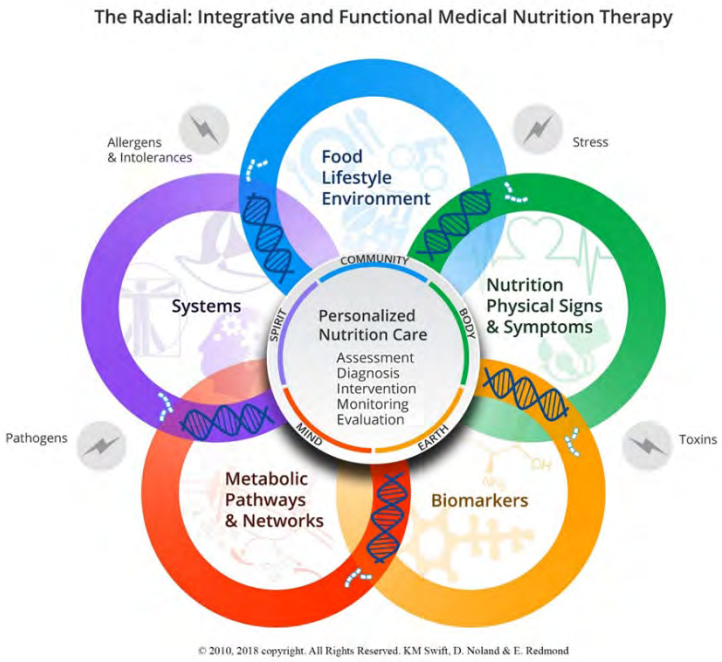
microbiota strands linking the 5 key areas. Precipitating factors, such as allergens and intolerances, stress, pathogens, and toxins (metabolic and environmental exposures), exist along the Radial's periphery.

Figure 4. IFMNT Radial



The Academy's DIFM DPG[21] is a specialty practice group of nutrition practitioners whose core philosophy centers around a holistic, personalized approach to health and healing. Members integrate a variety of nutrition therapies including nutrient dense foods, tailored supplements, and mind-body modalities in clinical practice. DIFM RDNs seek out and address the underlying causes of symptoms through evidence-based approaches including genetic, environmental, and lifestyle factors in addition to nutrition, sleep, stress, and relationship to food.

DIFM is advancing their members' application of knowledge in NIFM, blending conventional and complementary therapies that represent a broader paradigm of medical nutrition therapy and the Nutrition Care Process workflow elements. The vision of DIFM DPG is optimal health and healing for all with integrative and functional nutrition, and its mission is to empower members to be leaders in integrative and functional nutrition. The DIFM DPG website provides descriptions of networks and partnerships that allow DIFM DPG members access to valuable educational opportunities including reduced fees for professional conferences, webinars, journals, newsletters, and online courses.

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QUALITY PRACTICE

Quality services are a foundation of the Academy's/CDR's Code of Ethics and the 2024 Scope and Standards of Practice for RDNs. RDNs in all areas of practice are expected to provide quality evidence-based nutrition care and services that are routinely measured and evaluated to assure quality outcomes. These expectations are also held by consumers, third party payers, and regulatory agencies, as they utilize data to assess the quality of facilities and to compare facilities' services to one another. Quality nutrition and dietetics services that demonstrate measurable outcomes and are incorporated into health care standards of care and provider practice settings also elevate the unique contribution of RDNs.

Code of Ethics

The Code of Ethics reflects the values and ethical principles guiding the nutrition and dietetics profession, and serve as commitments and obligations of the practitioner to the public, clients, the profession, colleagues, and other professionals.[3,22] As the profession of nutrition and dietetics evolves, and more specifically the practices in the NIFM focus area, new ethical situations may arise that require focus area knowledge, practice experience, and perhaps, consultation with a knowledgeable professional colleague or legal counsel/risk management. When questioning the ethical implications of a situation, personal self-reflection is required to determine what information and/or resources are needed to act safely, appropriately, and to the benefit of the individual(s) or programs involved.[23] Examples may include recommendation or sale of dietary supplements,[24] use of social media,[25] contributing to or publishing blogs, use of online business platforms, delivering services through telehealth,[26] adherence to HIPAA regulations (eg security, privacy, informed consent, and considerations of genetic testing[27]) and/or developing materials that require proper citation of intellectual property,[3,28] health equity,[29,30] and conflicts of interest.[31] Refer to ethics resources at https://www.eatrightpro.org/practice/code-of-ethics.

Principle 1 in the Code of Ethics states the following: "Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate."[3] The Scope and Standards in NIFM are written in broad terms to allow for an individual practitioner's handling of non-routine situations. The standards are geared toward typical situations for practitioners with the RDN credential. Strictly adhering to standards does not always constitute the best care and service. It is the responsibility of individual practitioners to recognize and interpret situations and to know which standards apply and in what ways they apply.

Competence

In keeping with the Code of Ethics, RDNs can only practice in areas in which they are qualified and have demonstrated and documented competence to achieve ethical, safe, equitable, and quality outcomes.[32] Competence is an overarching "principle of professional practice, identifying the ability of the provider to

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administer safe and reliable services on a consistent basis."[33] Lifelong learning and professional development enables practitioners to acquire and develop skills enhancing their competencies and levels of practice. Competent practitioners at all levels of practice in NIFM:

- understand and practice within their individual scope of practice;[2,4]
- use up-to-date knowledge, practice skills, critical thinking, judgment, and best practices;
- make sound decisions based on appropriate data;
- communicate effectively with patients, clients, customers, caregivers, and others;
- critically evaluate and strengthen their own practice;
- identify the limits of their competence; and
- improve performance based on self-evaluation, applied practice, and feedback from others.

Professional competence involves the ability to engage in clinical or practice-specific reasoning that facilitates problem solving and fosters person-/client-/customer-/population-centered behaviors and participatory decision making.

Evidence-Based Practice

Evidence-based practice involves complex and conscientious decision making based on patient/client characteristics, situations, and preferences as well as professional expertise, and best available evidence.[2,34] A competent RDN searches literature and applicable practice guidelines (eg, Academy Evidence Analysis Library,[35] Examine,[36] and Natural Medicines Database[37] as well as peer-reviewed journals such as *Integrative Medicine: A Clinician's Journal*[38]) and assesses the level of evidence to select the best available research/evidence to inform recommendations. With high-quality, evidence-based practice and safety[2,34] as guiding factors when working with patients, clients, customers, caregivers, and/or populations, the RDN identifies the level of evidence, clearly states research limitations, provides safety information from reputable sources, and describes the risk of the intervention(s), when applicable. RDNs must evaluate and understand the best available evidence to be able to converse with the interprofessional team and other decision makers/stakeholders authoritatively and with transparency and accuracy; and must involve the patient/client/population and caregivers in shared decision making.

LAWS AND REGULATIONS SHAPING RDN PRACTICE IN NIFM

Laws and regulations specific to an RDN's area(s) of nutrition and dietetics practice may impact roles and/or responsibilities. RDNs are responsible for adhering to and implementing all applicable laws, regulations, and standards related to their specific practice area(s) and responsibilities, department, organization, and other programs within their area of responsibility. If a task is delegated, the RDN is responsible for ensuring the task

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is completed by a legally appropriate, trained, and competent individual. The laws, regulations, and accreditation standards applicable to NIFM include but are not limited to:

- Local, state, and federal laws (eg, state licensure,*[39] telehealth,[26] IMPACT Act*)
- Organization accreditation standards (eg, The Joint Commission [TJC], Accreditation Commission for Health Care [ACHC], DNV GL Healthcare Accreditation and Certification, Commission on Cancer [CoC], Public Health Accreditation Board [PHAB][34])
- Federal health care facility regulations (eg, Centers for Medicare and Medicaid Services. State Operations Manuals (eg, Appendix A-Hospitals, Appendix PP Long-Term Care Facilities). https://www.cms.gov/files/document/som107appendicestoc.pdf
- Federal or state/territory, local, and/or tribal laws and regulations related to RDN order writing privileges/credentialing*
- US Department of Agriculture Food and Nutrition Service Nutrition Standards for School Meals[40]
- Management-related regulations (eg, employee safety, human resources regulations and laws, as applicable,[41] federal, state, city, county, and retail food codes and food safety regulations[42,43]
- Health Insurance Portability and Accountability Act (HIPAA)[44,45]

Practice Tips and Case Studies are helpful resources that credentialed nutrition and dietetics practitioners can use to guide their professional practice. Topics covered in this document with corresponding Practice Tips or Case Study are marked with an asterisk (*). These resources can be found at https://www.cdrnet.org/tips.

RELATIONSHIP OF THE RDN WITH THE NDTR AND SUPPORT STAFF IN DELIVERING HIGH QUALITY NUTRITION CARE AND SERVICE

The RDN is responsible for supervising and/or providing oversight of all patient/client/population nutrition care services that are delegated/assigned to professional, technical, and support staff (including the NDTR) and is accountable to the patients/clients/populations and others for these services. This description of "supervision" as it relates to the RDN/NDTR team is not the same as managerial supervision or clinical supervision used in medicine and mental health fields (eg, peer to peer), supervision of provisional licensees, and/or supervision of dietetics interns and students.*[46] Instead, duties assigned by RDNs should be consistent with the NDTR's or other support staff's position description, scope of practice (if applicable), training, and demonstrated competence; and considering their interests, when possible, as this would support skill development and achievement of desired outcomes.

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FRAMEWORK TO ADVANCE PRACTICE FROM COMPETENT TO EXPERT

The Dreyfus model[47] identifies levels of proficiency (novice, advanced beginner, competent, proficient, and expert) (See Figure 5) during the acquisition and development of knowledge and skills. In nutrition and dietetics, the first 2 levels are components of the required didactic education (novice) and supervised practice experience (advanced beginner) that precede credentialing for nutrition and dietetics practitioners. Upon successfully attaining the RDN credential, a practitioner enters professional practice at the competent level and manages their professional development to achieve individual professional goals. This model can be used by RDNs to better understand the levels of practice described in focus area standards (competent, proficient, and expert).

Competent-Level Practitioner

In nutrition and dietetics, a competent-level practitioner is an RDN who is either just starting practice in a professional setting or an experienced RDN recently transitioning their practice to a new focus area of nutrition and dietetics. A competent practitioner consistently provides safe and reliable services by employing appropriate knowledge, skills, behaviors, and values in accordance with accepted standards of the profession; acquires additional on-the-job skills; and engages in tailored continuing education to further enhance knowledge, skills, and judgement obtained in formal education.[2]

All RDNs, even those with significant experience in other practice areas, must begin at the competent level when transitioning to a new setting or new focus area of practice. At the competent level, an RDN in NIFM is learning the principles that underpin this focus area and is gaining experience and developing knowledge, skills, and judgement, in order to practice safely and effectively in all settings. This RDN, who may be new to the profession or an experienced RDN, has a breadth of knowledge in nutrition and dietetics and may have proficient or expert knowledge/practice in another focus area. For example, an experienced RDN could have a general clinical practice or a practice with responsibilities across several specialty areas such as clinical, community nutrition, consultation and business, education, and food and nutrition management. However, the RDN new to the focus area of NIFM must critically evaluate their current level of knowledge, skills, and experience against those required to practice in this focus area, and when needed, seek assistance from more experienced practitioners. The type of assistance required will depend on the practitioner's task-specific competence, and may include activities such as mentorship, discussion, resource review, or hands-on training and competency assurance. It is incumbent upon the practitioner to ensure competence for tasks performed (eg NFPE[48]). Useful resources for self-evaluation include position descriptions, the Scope and Standards in NIFM and other related focus area scope and standards, applicable practice guidelines, and other focus area resources

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such as the functional medicine toolkit[49] and Certificates of Trainings, Learning Series or Webinars located at https://www.eatrightstore.org/cpe-opportunities/training-modules.

Proficient-Level Practitioner

A proficient-level practitioner is an RDN who has obtained operational job performance knowledge, skills, and practice experience in a focus area, and consistently provides safe and reliable services. This RDN is more skilled at adapting and applying evidence-based guidelines and best practices and can modify practice according to unique situations. The RDN may possess or be working toward acquiring a specialist credential, if available, to demonstrate proficiency in a focus area. (See Figure 5)

Proficient-level indicators within the Standards in this document are consistent with, but not equivalent to, the Integrative and Functional Nutrition Certified Practitioner (IFNCP)[50] through the Integrative and Functional Nutrition Academy (IFNA) or the Functional Medicine Certified Professional (FMCP)[51] through the Institute of Functional Medicine (IFM). Rather, the credentials recognize the skill level of an RDN who has developed and demonstrated knowledge and application beyond the competent practitioner and demonstrates, at a minimum, proficient-level skills. An RDN with one or both of the aforementioned credentials is an example of an RDN who has demonstrated additional knowledge, skills, and experience by the attainment of a specialist credential.

Expert-Level Practitioner

Expert-level achievement is acquired through critical evaluation of practice, and feedback from others with additional knowledge, experience, and training.[2] Expert-level RDNs in NIFM are recognized within the profession as they are able to combine dimensions of highly developed focus area knowledge and skills, critical thinking, performance, and professional values as an integrated whole to formulate effective and appropriate judgements that reflect their advanced practice.[52]

An expert can quickly identify “what” is happening and “how” to approach the situation, and easily uses practice skills to demonstrate quality practice and leadership.[2] They not only develop and implement nutrition and dietetics services, they also lead, manage, drive, and direct clinical care; mentor colleagues and/or precept students/interns; engage in advocacy; conduct and collaborate in research and scholarly work; and accept organization leadership roles; guide interprofessional teams; and lead the advancement of nutrition and dietetics practice. An expert practitioner may have an expanded and/or specialist role and may possess an advanced credential(s), such as the CDR Advanced Practitioner Certification in Clinical Nutrition (RDN-AP) or focus area credential. Generally, the practice is more complex and has a high degree of professional autonomy and responsibility.

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Figure 5. Using the Scope and Standards to Advance Practice in NIFM

Competent practitioners critically evaluate their own practice; improve performance based on self-awareness, applied science, and feedback from others; and engage in continuing education to enhance skills, proficiency, and knowledge. Self-evaluation is particularly important when shifting roles throughout the practitioner's career. (CDR Definition of Terms; see Competence Section for Levels of Practice)

When performing a self-evaluation, the RDN:

- uses the Scope and Standards in Nutrition in Integrative and Functional Medicine (NIFM) and other applicable focus area standards (eg, Renal Nutrition, Diabetes Care, Weight Management) to self-evaluate level of practice and to determine areas to strengthen;
- applies evidence-based research and resources including nutrition-related guidelines from professional organizations and Academy of Nutrition and Dietetics (Academy) Evidence Analysis Library (EAL) Projects for information and to implement appropriate interventions; and
- updates their professional development plan to include applicable essential practice competencies for NIFM care and service.

Determine your actionable goals based on your self-assessment and career priorities.

Competent	Proficient	Expert
Description		
NIFM competent-level practitioners focus on beginning learning the fundamentals of systems biology and applying concepts to practice with guidance from a mentor as needed through education and training and professional development activities.	NIFM proficient-level practitioners focus on expanding nutrition assessment skills by better identifying root causes of disease symptoms, acute illnesses, or chronic medical conditions. NIFM proficient-level practitioners determine appropriate nutrition interventions.	NIFM expert-level practitioners are recognized as leaders in NIFM practice; frequent speakers, or authors on NIFM topics, and/or consultants or mentors to others in the health care community interested in the integration of conventional, traditional, and integrative and functional medicine.
Core NIFM Education, Training, and Credentialing		
Competent: • 1-2 years clinical practice as an RDN • Knowledge of systems biology • Knowledge of Integrative and Functional Medical Nutrition Therapy • Completion of relevant Academy of Nutrition and Dietetics (Academy) Certificate of Trainings • Completion of IFN program specific to entry-level practice	Competent plus: • 2-5 years NIFM-focused practice • Additional training and/or mentoring with an expert RDN in NIFM • Completion of relevant Academy Certificate of Trainings • Completion of a NFPE[a] with application of IFN principles • Additional credentials and/or certifications (eg, FMCP[b] through Institute for Functional Medicine, IFNCP[c] through IFNA[d] OR at least	Proficient plus: • 5-10 years NIFM-focused practice • Maintain and expand current nutrition science knowledge with recommended CPEUs[e] per 5-year period • Additional credentials and/or certifications (eg, CDR Advanced Practice Certification in Clinical Nutrition [RDN-AP])

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Competent	Proficient	Expert
https://integrativerd.org/resources/functional-nutrition-toolkit • Completion of the Academy's Nutrigenomics On-Demand Learning Series	5+ years' experience working in NIFM-focused practice	
Actionable Goals to Advance Practice		
Competent: • View video: "What do Integrative and Functional Dietitians DO?" • Review DIFM Functional Nutrition Tool Kit which contains resources such as *21st Century Medicine: A New Model for Medical Education and Practice* • Review *IntegrativeRD* newsletter (offers practice-related CPE[f] articles and other helpful information) • View "Beginner (Novice/Beginner in IFM)" DIFM webinars • Use databases such as Examine.com and Natural Medicines Database • Access resources and clinical guidelines for specific conditions • Identify a RDN in NIFM mentor(s)	Competent plus: • View "Intermediate (Competent/Proficient in IFM)" DIFM webinars • Review publications such as, but not limited to: *Integrative Medicine: A Clinician's Journal; Alternative Therapies in Health and Medicine; Explore; Journal of Medicinal Food and Advances in Mind-Body Medicine; Nutrition and Metabolism; Journal of Translational Medicine* • View NIFM practice-related webinars • Recognize QI needs in practice setting and propose QI projects and research questions • Obtain advanced certification related to Nutrigenomics, Herbs and Botanical, Dietary Supplements	Proficient plus: • View "Advanced (Expert in IFM)" DIFM webinars • Attend NIFM-related conferences and workshops • Attend Food & Nutrition Conference & Expo (provided by the Academy) NIFM-related education sessions or workshops • View additional Academy and DPG Webinars (not provided by DIFM DPG) • Volunteer for national organizations (eg, writing or contributing to practice papers and serving on a committee) • Obtain certification related to population being served, eg, Advanced Practice in Clinical Nutrition-RDN-AP, Board Certified Specialist in relevant areas such as Weight Management, Renal, Digestive Health. • Train and teach colleagues in the interprofessional team on the nutrition care process and clinical practice guidelines • Design, initiate, and execute or collaborate and participate in research projects including QI studies
Examples of use of the Scope and Standards of Practice in NIFM *(See introduction for foundational self-evaluation resources)*		
MR is an experienced RDN working in a primary care clinic that routinely provides MNT counseling and education for individuals with prediabetes, insulin resistance, and related cardiometabolic	MR has obtained the Functional Nutrition Certified Professional (FNCP) credential and is now a proficient-level RDN overseeing integrative nutrition services within a primary care and	MR recognizes the rapidly evolving field of integrative and functional medicine, digital health technology, and advanced clinical practice standards, and decides to pursue opening a private

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Competent	Proficient	Expert
conditions. MR identifies a professional goal of qualifying for the Functional Nutrition Certified Professional (FNCP) credential. The RDN performs regular self-evaluation of current level of practice using the Scope and Standards of Practice for RDNs in Nutrition in Integrative and Functional Medicine (NIFM), as well as the Scope and Standards of Practice in Diabetes Care, to determine areas to strengthen with the goal of achieving the proficient practice level. The RDN reviews the criteria for the FNCP certification examination to update their professional development plan aimed at successful attainment of the FNCP credential. MR decides to join local/national integrative health and functional medicine professional organizations and begins developing evidence-based handouts and group class content to share with clinic patients and providers on current topics to highlight optimizing whole-body health, disease prevention and management through diet and lifestyle modifications, using the pillars of the IFMNT Radial (Figure 4).	lifestyle medicine clinic. MR wants to develop an interprofessional functional nutrition program that includes person-centered care plans, microbiome assessment, and group-based lifestyle education. MR refers to the Scope and Standards of Practice in Nutrition in Integrative and Functional Medicine (NIFM) as a tool for developing program protocols, competence standards, and assessment tools; guiding self-evaluation and professional development activities; and ensuring a quality program and compliance with accreditation and licensure standards. MR's professional goal is to reach expert level. To achieve this, MR volunteers on local and national integrative and functional nutrition-related organizations and task forces and assists in developing guidelines for operating at the top of the RDN scope of practice in personalized nutrition care planning, systems biology-informed assessment, and evidence-based use of functional labs and nutraceuticals.	practice and employing other RDNs with the FNCP, or similar credential. Through quality assurance and performance improvement (QAPI) projects, MR identifies a need for access to personalized, root-cause nutrition care and integrative health education services beyond the local community. MR works with the interprofessional team including physicians, behavioral health providers, and health coaches—to create virtual care models and digital health solutions such as telehealth group programs, personalized nutrition portals, and asynchronous educational content. MR volunteers to participate in the Academy Evidence Analysis Library (EAL) workgroup to review and update the EAL in the topic of Integrative and Functional Nutrition interventions for chronic inflammation and metabolic syndrome.

Roles and responsibilities vary across NIFM practice settings. Outcome indicators in the Scope and Standards in NIFM may not apply at a point in time. Select approaches described in this Figure that would support current or desired role and responsibilities and enhance knowledge and skills with the goal of advancing practice and achieving career goals.

[a]NFPE=Nutrition Focused Physical Exam., [b]FMCP=Functional Medicine Certified Professional, [c]IFNCP=Integrative and Functional Nutrition Certified Practitioner, [d]IFNA=Integrative and Functional Nutrition Academy, [e]CPEUs=Continuing Professional Education units, [f]CPE=Continuing Professional Education

Definition of Terms. www.cdrnet.org/definitions

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HOW ARE THE STANDARDS STRUCTURED?

Each of the 7 standards is presented with a brief description of the competent level of practice[2] and a rationale statement explaining the intent, purpose, and importance of the standard. Indicators provide measurable action statements that illustrate applications of the standard. The standards are equal in relevance and importance and are not limited to the clinical setting (see Figure 1). The term *appropriate* is used in the standards to mean: selecting from a range of best practice or evidence-based possibilities, one or more of which would give an acceptable result in the circumstances.

HOW CAN I USE THE STANDARDS IN NIFM TO ELEVATE AND ADVANCE MY PRACTICE AND PERFORMANCE?

While the focus area standards in NIFM are based on and complement the Standards in the 2024 Scope and Standards for RDNs,[4] they provide additional guidance by providing focus area indicators for 3 levels of practice (competent, proficient, and expert) that are specific to RDNs practicing in NIFM. The 7 standards and subsection titles presented in Figure 1 are from the 2024 Scope and Standards for the RDN, while the indicators for competent, proficient, and expert levels are specific to practice in NIFM.

The indicators are measurable action statements that illustrate how each standard can be applied in practice. An "X" appears in the Level of Practice columns to indicate level of practice for each indicator. The depth with which an RDN performs each activity will increase as the individual moves beyond the competent level. Several levels of practice are considered in this document; thus, taking a holistic view of the NIFM Standards is warranted. It is the totality of individual practice that defines a practitioner's level of practice and not any one indicator or standard.

As practitioners progress through levels of competence from competent to proficient and proficient to expert, their ability to perform the activities described in the indicators becomes more nuanced. For example, an indicator marked "proficient" would be applicable to both proficient- and expert-level practitioners. The expert, because of more extensive knowledge and experience, is able to more readily adjust their approach based on the specific context of the situation, such as patient/client goals, previous experience with similar situation(s), and knowledge of available resources. This approach is a hallmark of true expertise, showcasing the adaptability and depth of understanding that experts possess (see Scope and Standards of Practice Learning Module for Case Study examples). The indicators are refined with each review of these Standards as expert-level RDNs systematically record and document their experiences, often through use of exemplars. Exemplary performance of individual RDNs in NIFM that enhance care and/or services can be used to illustrate practice models.

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RDNs can use the Revised 2025 Scope and Standards in NIFM (see Figure 1) as a self-evaluation tool to support and demonstrate quality practice and competence.[32] More specifically, RDNs can use this document to:

- identify the competencies needed to provide safe, effective, equitable,[53] and quality NIFM care and/or services;
- self-evaluate whether they have the appropriate knowledge, skills, and judgement to provide NIFM care and/or services for their current or desired level of practice;
- develop a continuing education plan where additional knowledge, skills, and experience are needed;
- demonstrate competence and document learning;
- apply applicable indicators and achieve the outcomes in line with work/volunteer roles, responsibilities, and desired outcomes;
- demonstrate value and competence by identifying additional indicators and examples of outcomes that reflect individual areas of practice/setting;
- enhance professional identity and provide a foundation for public and professional accountability as an RDN practicing in the NIFM focus area;
- support efforts for strategic planning and change management, performance improvement or quality improvement projects, outcomes reporting, and assist management in the planning and communicating the nature of NIFM nutrition and dietetics services and resources;
- guide the development of NIFM nutrition and dietetics-related education and continuing education programs, career ladders*, job descriptions, standards of care and services, best practices, protocols, clinical models, competency evaluation tools, career pathways; and advocacy; and
- assist educators and preceptors in teaching students and interns the knowledge, skills, and competencies needed to work in NIFM nutrition and dietetics, lead effectively in interprofessional teams/efforts, and grasp the full scope of this focus area of practice.

RDNs should review the Scope and Standards in NIFM at determined intervals, as regular self-evaluation is important for identifying opportunities to improve and enhance practice and professional performance. RDNs are expected to practice only at the level at which they have demonstrated and documented competence, which will vary depending on education, training, and experience.[32] RDNs are encouraged to pursue opportunities to collaborate and/or additional training and experience in order to maintain currency and expand individual scope of practice within the limitations of the statutory scope of practice.[2] See Figure 5 for role examples of how RDNs in different roles and at different levels of practice may use the Scope and Standards in NIFM.

The Scope and Standards in NIFM can also be used as part of CDR's *Professional Development Portfolio* (PDP) recertification process,*[54] to develop goals and focus continuing education efforts. CDR's PDP encourages RDNs to use the essential practice competencies to determine professional development needs,

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develop a learning plan for their 5-year recertification cycle, report completed continuing education, and report application of outcome(s) of self-reflection and learning.[54,55] For information about PDP policy updates and announcements, visit https://www.cdrnet.org/UniversalPDPGuide.

EMERGING ISSUES

The Scope and Standards in NIFM is an innovative and dynamic document. Each new iteration reflects changes and advances in practice, changes to dietetics education standards, regulatory changes, advances in technology, and outcomes of practice audits. Continued clarity and differentiation of the 3 practice levels in support of safe, effective, equitable, and quality practice in NIFM remains an expectation of each revision to serve tomorrow's practitioners and their patients/clients/caregivers/customers/populations. A continued focus on health equity, cultural humility, improving access to nutrition services for underrepresented groups, and addressing health disparities is critical to NIFM practice.

Integrative and Functional Nutrition within the functional medicine health care paradigm is a person-centered therapeutic approach to chronic disease prevention through a holistic, mind-body-spirit approach. This type of management ensures positive vitality and sustained organ function for optimal wellness and health across the lifespan.[56–59] The emphasis on nutrient dense food and nutrition cannot be underscored in maintaining optimal metabolic functioning. This is achieved through an understanding of (a) how food and nutrient density contribute to clinical imbalances and variances in functionality via a complex interplay of an individual's genetics and epigenetics, the environment and lifestyle characteristics with the body's physiological and metabolic functioning; (b) identifying these inefficiencies using a broad spectrum of functional diagnostics, and (c) consider how food can return the body to homeostasis by giving due consideration to all aspects of food.

Precision Nutrition (previously interchangeable with "personalized nutrition" now deemed outdated by the National Research Council)[60,61] is an individualized approach that integrates biological data (eg, DNA, microbiome, metabolic responses), lifestyle, and environment to create nutrition guidance tailored for health optimization, disease prevention, and treatment.[62–67] Precision nutrition recognizes that individuals are unique and often respond differently to foods and thus goes beyond general dietary patterns to customize recommendations based on the whole person. Precision nutrition is a combination of precise quantitative data such as biological uniqueness (eg, phenotype and metabolic needs) in addition to the subjective qualitative data such as personalization of needs, preferences, access, applicability and cultural appropriateness. (See Figure 6[67]) RDNs specializing in NIFM have long employed these personalized strategies. Furthermore, RDNs in NIFM have been enhancing the evolution of these tools through substantial contributions to the body of science. Their contributions have been instrumental in shaping the evolving field of precision nutrition and enhancing

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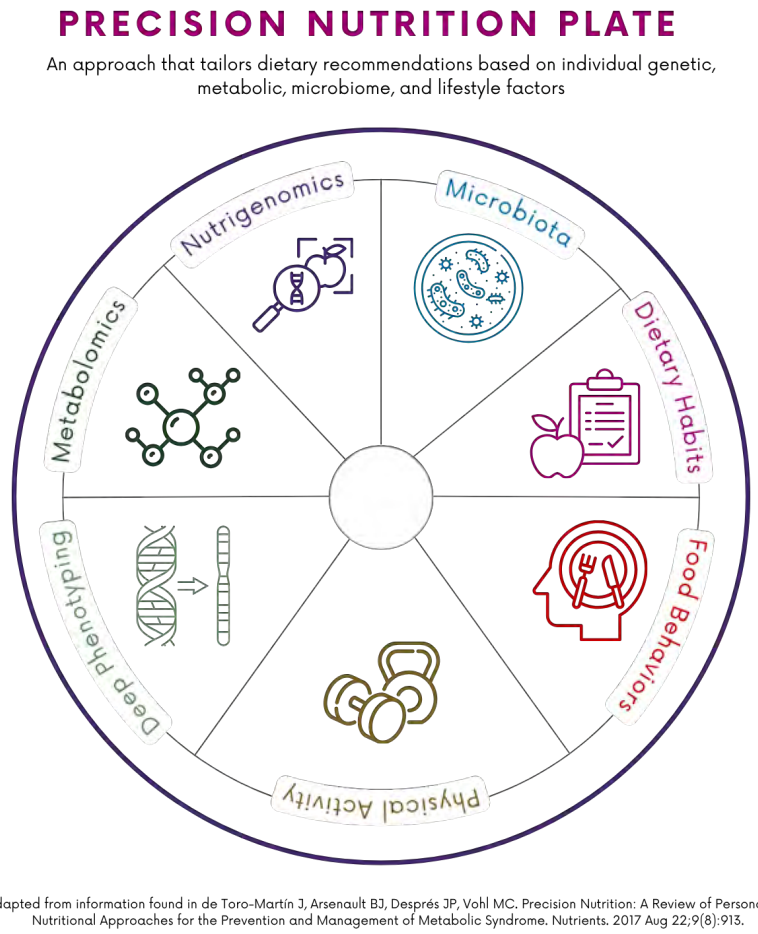
patient outcomes through targeted interventions. By integrating data on age, sex, ethnicity, medical history, genetics, and environmental influences, RDNs in NIFM have been at the forefront of developing individualized nutrition plans that move beyond the one-size-fits-all model.

Figure 6. Precision Nutrition



Adapted from information found in de Toro-Martín J, Arsenault BJ, Després JP, Vohl MC. Precision Nutrition: A Review of Personalized Nutritional Approaches for the Prevention and Management of Metabolic Syndrome. Nutrients. 2017 Aug 22;9(8):913.

Recent initiatives, such as the National Institutes of Health's Nutrition for Precision Health study[62], underscore the growing emphasis on personalized dietary approaches. This research aims to understand how nutrition can be tailored to individual genetic, cultural, and environmental contexts to improve health outcomes.

Other emerging issues in integrative and functional nutrition that RDNs should consider include:

- Advancements in Technology: The integration of artificial intelligence and machine learning in dietary assessments offers new tools for personalized nutrition while also raising questions about data accuracy, ethical use, and loss of critical thinking capability.
- Microbiome Research: Understanding the gut microbiome's role in health and disease is expanding, influencing dietary recommendations and interventions.

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- Ethical and Equity Considerations: As personalized nutrition becomes more prevalent, ensuring equitable access and avoiding exacerbation of health disparities is crucial.
- Regulatory and Credentialing Challenges: The proliferation of certifications and varying scopes of practice necessitate clarity in professional roles and responsibilities to maintain public trust and professional integrity.

RDNs in NIFM must stay informed about these developments to continue providing evidence-based, personalized care that aligns with emerging scientific insights and societal needs.

SUMMARY

RDNs face complex situations every day. Addressing the unique needs of each situation and applying scope and standards appropriately is essential to providing safe, timely, effective, efficient, equitable, person-/population-centered, quality care and service. All RDNs are advised to conduct their practice based on the most recent editions of the Code of Ethics for the Nutrition and Dietetics Profession, the 2024 Scope and Standards of Practice for RDNs, and applicable federal, tribal, state, and local regulations and facility accreditation standards. The Scope and Standards in NIFM is a complementary document and a key resource for RDNs at all knowledge and performance levels. These standards can and should be used by RDNs who provide care and/or services in NIFM to individuals to consistently improve and appropriately demonstrate competence and value, and as a professional resource for self-evaluation and professional development. Just as a professional's self-evaluation and continuing education process is an ongoing cycle, these standards are also a work in progress and will be reviewed and updated every 7 years.

Current and future initiatives of the Academy, as well as advances in NIFM care and services, will guide future updates by clarifying and documenting the specific roles and responsibilities of RDNs at each level of practice. As a quality initiative of and the Academy's DIFM Dietetic Practice Group, these standards are an application of continuous quality improvement and represent an important collaborative endeavor.

These scope and standards are intended to be used by individuals in self-evaluation, practice advancement, development of practice guidelines and specialist credentials, and as indicators of quality. These do not constitute medical or other professional advice and should not be taken as such. The information presented in the scope and standards is not a substitute for the exercise of professional judgment by the credentialed nutrition and dietetics practitioner. These scope and standards are not intended for disciplinary actions, or determinations of negligence or misconduct. The use of the standards for any other purpose than that for which they were formulated must be undertaken within the sole authority and discretion of the user.

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Ayurveda: A system of traditional medicine from India that aims for the knowledge for a long life. Ayurveda promotes a balance of the three bodily humors or doshas called *vata, pitta, and kapha*. It is generally practiced as complementary to conventional medicine. Ayurveda emphasizes good health and prevention and treatment of illness through lifestyle practices (such as massage, meditation, yoga, and dietary changes) and the use of herbal remedies.[68]

Biochemical Individuality: Describes the unique nutritional, lifestyle, and metabolic needs of each individual based on genetic makeup, lifestyle, and environmental factors.[69,70]

Biomarkers: Refers to "a characteristic that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a therapeutic intervention."[60] "Biomarkers are any substance, structure or process that can be measured in the body or its products and influence or predict the incidence of outcomes or disease."[71]

Biotransformation and Elimination (eg, Detoxification): An integral process to the liver and cellular detoxification system, it involves a highly complex, biphasic process (phase 1 and phase 2) comprised of enzymes, nutrient cofactors, and transporters. Phase 1 involves modification of toxins and metabolites to be excreted using the cytochrome P450 group of enzyme-reactions (eg, oxidation, reduction, or hydrolysis) producing intermediary metabolites that become reactive oxidation species requiring further transformation by the phase 2 enzyme conjugation reactions before excretion via feces, urine, breath, and skin.[7,72–76]

Cellular Respiration: The cellular metabolic processes that convert biochemical energy derived from nutrients into the molecule adenosine triphosphate are one of the key ways cells release chemical energy to fuel cellular activity while also releasing metabolic waste products. Each conversion step is dependent on nutrient cofactors.[77]

Chronic Disease: "A culmination of a series of pathogenic processes in response to internal and/or external stimuli over time that results in a clinical diagnosis/ailment and health outcomes."[39] Current science is recognizing biomarkers of early development of chronic disease pathophysiology when an individual is asymptomatic that can benefit from the implementation of nutritional and lifestyle interventions to promote a more positive clinical outcome.[78]

Core Clinical Imbalances: Systemic imbalances related to dysfunctional physiological and metabolic systems within the body caused by a combination of nutritional, nutrigenomic, and/or environmental factors (eg, diet, toxicants, pathogens, allergens, stress, lifestyle, and trauma). Examples of core clinical imbalances include structural integrity, cellular communication, assimilation, biotransformation and elimination, energy metabolism, inflammation/oxidative stress, neuro-endocrine-immune, and nutritional status.[7,72,79]

Dietary Supplements: Refer to CDR Definition of Terms List at www.cdrnet.org/definitions which cites the US Food and Drug Administration.[2,80]

Energy Metabolism: Series of interconnected metabolic pathways (the citric acid cycle and oxidative phosphorylation) that generate energy molecules (adenosine triphosphate) from nutrients. The nutritionally generated adenosine triphosphate can be fueled by glucose (glycolysis), non-carbohydrate carbon precursors (gluconeogenesis), or fat (ketosis). Biochemical reactions can occur in the presence or absence of oxygen. Beyond the cellular production of energy, altered energy metabolism may result in unhealthy changes to the phenotype (eg, obesity, sarcopenia), and are largely affected by environmental, lifestyle, diet, and genetic influences on an individual over the lifespan.[81]

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Endocrine disruptors: Endocrine disruptors are natural or man-made chemicals that may mimic or interfere with the body's hormones, known as the endocrine system. These chemicals are linked with many health problems in both wildlife and people.[82]

Environmental Toxicology: The study of chemical molecules or environmental toxins acquired from the environment (eg, food, air, water, soil) capable of producing adverse effects on the human body. Environmental toxins can have adverse effects on food quality, inhibit metabolic and physiological pathways, nutrient function, absorption and utilization, damage DNA, and deplete nutrients required for biotransformation.[11,83]

Epigenetics: "DNA modifications that do not change the DNA sequence can affect gene activity. Chemical compounds that are added to single genes can modify and regulate their activity; these modifications are known as epigenetic changes. The epigenome comprises all of the chemical compounds that have been added to the entirety of one's DNA (genome) as a way to regulate the activity (expression) of all the genes within the genome. The chemical compounds of the epigenome are not part of the DNA sequence, but are on or attached to the DNA ("epi-" means above in Greek). Epigenetic modifications remain as cells divide and in some cases can be inherited through the generations. Environmental influences, such as a person's diet and exposure to pollutants, can also impact the epigenome."[84]

Functional Foods[85]: "Foods and food components that provide a health benefit beyond basic nutrition (for the intended population). Examples may include conventional foods; fortified, enriched or enhanced foods; and dietary supplements. These substances provide essential nutrients often beyond quantities necessary for normal maintenance, growth, and development, and/or other biologically active components that impart health benefits or desirable physiological effects."[86]

Functional Laboratory Data: Data may be conventional clinical tests or procedures, such as blood tests, imaging, or microbiology, which are evaluated using a functional lens. Biomarkers of nutritional and metabolic status using biomedical, nutrient, pathology, physical exam, microbial, and/or hormonal tests are interpreted using functional or holistic perspectives. [87,88]

Genomic Testing: A type of laboratory analysis that identifies variations in chromosomes, genes, or proteins that may be associated with disease.[89] The genetic testing of most interest to the field of nutrigenomics is DNA microarray technology and quantitative real-time polymerase chain reaction that successfully evaluate the interactions between diet and genes measured as epigenetic changes in single nucleotide polymorphisms (SNPs) genetic expression. Several relatively common SNPs (defined in glossary below) are known to influence nutrient requirements. Increasing in popularity are direct-to-consumer saliva tests and a growing number of professional genetic testing labs.[90,91]

Integrative Medicine: A holistic approach that focuses on the whole person recognizing the benefit of combining appropriate therapeutic approaches, health care professionals and disciplines including evidence-based complementary and alternative medicine. This approach addresses physical, emotional, social, spiritual, and environmental factors that can affect a person's health and well-being.[6,92]

Long Latency Nutritional Insufficiencies and Deficiencies: A theory that postulates long-term nutrient inadequacies/insufficiencies and/or micronutrient deficiencies can accelerate molecular aging, including DNA damage, and mitochondrial decay, which may contribute to the development of major chronic diseases.[93]

Methylation: Denotes the addition of a methyl group (CH_3). In biological systems, methylation is a critical process in metabolism. It is also involved in gene expression, as well as modification of heavy metals and RNA metabolism.[94,95]

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Mitochondriopathies: Refers to mitochondrial abnormalities that can either be inherited maternally or develop from spontaneous mutations, where the mitochondria are physically or functionally altered. Mitochondriopathies are found in most chronic diseases, especially neurodegenerative diseases and common age-related diseases, such as Alzheimer's or Parkinson's disease. Mitochondrial membrane structure and function can be altered in an individual by nutrient imbalances, environmental, lifestyle, diet, and genetic influences.[96–98]

Nutritional Biochemistry: Nutritional biochemistry uses physiology, medicine, microbiology, pharmacology, chemistry, biology, and genomic influences to apply to the study of and connections between health, diet, nutrition, disease, and drug treatments.[99]

Nutritional Genomics: "The broad term encompassing nutrigenetics, nutrigenomics, and nutritional epigenomics, all of which involve interactions between nutrients and genes, the expression to reveal phenotypic outcomes, including disease risk."[49] It focuses on the effect of genes on the risk of diseases and dysfunction that may be eased by nutrition intervention in addition to the impact food, nutrition, stress, and toxins have on the epigenetic expression in genes resulting in changes to physiology.[91,100]

Nutrition Transition: Describes the global alterations in dietary patterns, body composition, and physical activity patterns, with a special emphasis on emerging economies that are experiencing accelerated and simultaneous urbanization, socioeconomic, and acculturative changes. The health outcomes are referred to as the double burden of disease, where nutritional insufficiencies occur concomitantly with chronic diseases in the same population, family, and sometimes within the same individual. Transitory changes are fueled by a combination of global agricultural policies and practices that promote the displacement of traditional diets of whole foods with foods higher in sugars, fats, plastic, sodium, and environmental residuals, and reduced vegetable and fruit intake; and the inability of existing health care systems to address these challenges adequately and efficiently.[101]

Organic Acids: Products of metabolism that can sensitively identify nutrient deficiencies and core clinical imbalances that lead to metabolic roadblocks. Traditionally they were used for detection of neonatal inborn errors of metabolism, including mitochondrial disorders (eg, a deficiency of vitamin B-12 produces high levels of a urinary organic acid called methylmalonic acid). Other organic acids can be indicative of deficiencies of many nutrients (eg, vitamin B-1, vitamin B-6, folic acid, magnesium), and other metabolic networks.[73,102]

Single Nucleotide Polymorphisms (SNPs): DNA sequence variations that occur when a single nucleotide (A, T, C, or G) in the genome sequence is altered. SNPs are the most common type of genetic variation among people and their biochemical genomic uniqueness. SNPs "may help predict influences on an individual's nutrient requirements, response to certain drugs, susceptibility to environmental factors such as toxins, and risk of developing particular diseases. SNPs can also be used to track the inheritance of disease genes within families."[103]

STAIN: The STAIN[19] signature method is a core clinical assessment tool developed by the Integrative and Functional Nutrition Academy (IFNA) to help practitioners identify and address the root causes of dysfunction using a personalized, systems-based lens. Each letter in STAIN represents a category of underlying contributors to chronic illness and imbalance:

- **S – Stress and Sleep** Evaluates physical, emotional, and environmental stressors, as well as sleep quantity and quality—key drivers of inflammation, hormonal disruption, and metabolic imbalance.

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T – Toxins and Trauma Considers the impact of environmental exposures (eg, heavy metals, mold, endocrine disruptors) and unresolved psychological or physical trauma, both of which can impair detoxification and immune function.

A – Adverse Food Reactions Assesses food sensitivities, intolerances, allergies, and reactivity—often hidden contributors to symptoms such as fatigue, digestive issues, skin conditions, and mood disturbances.

I – Infections Identifies chronic infections (eg, viral, bacterial, fungal, parasitic) and imbalances in the microbiome, hormones, or neurotransmitters that can disrupt immune and metabolic regulation.

N – Nutritional Imbalances Screens for deficiencies or excesses in macronutrients and micronutrients that impact cellular energy, detoxification, neurotransmission, and tissue repair.

The STAIN framework allows practitioners to:

- Organize complex patient data efficiently
- Uncover hidden drivers of dysfunction
- Guide targeted interventions across multiple domains
- Engage patients in understanding the *why* behind their symptoms

Steroidogenesis: Process by which cholesterol is converted biologically to steroid hormones that are secreted from all endocrine glands, including adrenals, thyroid, parathyroid, gonads, pituitary, and hippocampus as they "dance together" each effecting the function of the other. Comprehension of steroidogenesis is important in understanding nutrient, herbal cofactors, and lifestyle influences on endocrine disorders such as obesity, and physiological homeostasis to develop targeted intervention strategies.[104]

Systems Biology: Systems biology is the recognition of integration of systems of biological components, which may be molecules, cells, and organisms working together as a whole contributing to the full function of an organism. This paradigm in clinical medicine provides new prospects for determining the causes of the complexity of human disease, the human host microbiome, and finding possible cures.[105–108]

The Patient's Story: "The patient's experience can describe a history that could provide both patient and clinician a better understanding of the causes of their illness. A conceptual tool that has the effect of giving the patient insight into previous life events and validates for them that their story has been heard, both of which help to motivate them to make lifestyle modifications and engage more fully in the treatment plan. It is patient-centered because it places central importance on the patient's experience, not just the clinician's interpretation of the patient's symptoms".[7] Listening to a patient's story may reveal antecedents/triggers/mediators that may help identify and understand conditions that underlie an illness or dysfunction.[16,17]

Whole-person health is an approach to health and care from a holistic lens that recognizes the interconnection of biological, behavioral, social, emotional, spiritual, and environmental influences on an individual's overall well-being. Rather than treating isolated symptoms or conditions, it focuses on supporting the **full range of factors that contribute to health**, empowering individuals in their own care, and promoting wellness and prevention. Whole-person health emphasizes **prevention**, **resilience**, and **restoration of health** across the lifespan, empowering individuals, families, communities, and populations to invest in quality of life rather than short-term, temporary treatments.[109,110]

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Figure 1. Standards of Practice

The 2026 Scope and Standards of Practice in Nutrition in Integrative and Functional Medicine (NIFM) provides focus area-specific indicators intended to guide and expand practice for RDNs working in NIFM practice settings. However, because many standards are universally applicable across various settings or focus area, RDNs using this document are also expected to review the primary indicators in the 2024 Scope and Standards of Practice for RDNs.

Unlike the 2024 Scope and Standards of Practice, which includes only competent-level indicators, this document provides indicators for multiple levels of practice (competent, proficient, and expert) indicated by the columns titled C, P, and E. Consider role(s) and responsibilities in job or volunteer activities to identify applicable indicators. Refer to the information below when determining which indicators are relevant to your specific level of practice:

- X in the "C" column: applies to competent, proficient and expert levels
- X in the "P" column: applies to proficient and expert levels
- X in the "E" column: applies to the expert level

Note: Terms such as patient, client, individual, and population are interchangeable in this resource depending on the indicator wording. A term could also mean patient, client, individual, family, caregiver, participant, consumer, customer, or any individual, group, or organization to which an RDN provides care or service.

NIFM-related terms can be found in the Glossary of Terms.

STANDARD 1. DEMONSTRATING ETHICS AND COMPETENCE IN PRACTICE

Standard

The registered dietitian nutritionist (RDN) demonstrates competence, accountability, and responsibility for ensuring safe, ethical, and quality person-centered care and services through regular self-evaluation, and timely continuing professional education to maintain and enhance knowledge, skills, and experiences.

Standard Rationale

Professionalism in nutrition and dietetics practice is demonstrated through:

- evidence-based practice;
- continuous acquisition of knowledge, skills, experience, judgment, demonstrated competence; and
- adherence to established ethics and professional standards.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in NIFM:		C	P	E
1.1 Adheres to code of ethics				
1.1.1	Demonstrates responsible practices that adhere to the code(s) of ethics (eg, Academy and CDR, other national organizations, allied organizations and/or employer(s) code of ethics). This includes: • identifying, acknowledging, and correcting errors	X		

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Each RDN in NIFM:		C	P	E
	• disclosing actual or potential conflicts of interest, and any financial relationships including the promotion, sale or recommendation of products (eg, dietary supplements, books, foods) to clients or workplace or organization			
1.1.2	Develops guidelines and tools on ethical and accurate reporting of NIFM services (eg, billing codes for payers; ensuring compliance with contracts or funder requirement in all practice areas within NIFM; and remediation plans for use when needed)		X	
1.1.3	Develops training resources that address ethical considerations specific to integrative and functional medicine practice settings, person/patient-centered care, shared decision making, complementary and alternative therapies, and use of supplements		X	
1.1.4	Conducts research, publishes articles that illustrates how to apply the code(s) of ethics in educational and practice settings in peer-reviewed journals, presents webinars and writes newsletter articles for the Dietitians in Integrative and Functional Medicine Dietetic Practice Group (DIFM DPG)			X
1.2 Ensures competence in practice				
1.2.1	Demonstrates and documents competence in practice and delivery of person-centered services by: • developing knowledge of the elements of the Integrative and Functional Medical Nutrition Therapy (IFMNT) Radial conceptual diagram and application to practice (See Figure 4); and resources such as the IFM Toolkit[18] that includes the IFM Timeline and IFM Matrix • exhibiting professionalism and commitment toward improvement in practice (eg, manages change effectively; demonstrates listening and conflict resolution skills, and ability to collaborate • integrating NIFM Scope and Standards and other professional standards into practice as applicable to populations served and practice setting • pursuing opportunities (education, training, credentialing, certifications) to advance practice in accordance with laws and regulations and requirements of practice settings	X		
1.2.2	Reviews literature and educational materials including, but not limited to, professional peer-reviewed articles, textbook chapters, books, podcasts, and webinars from content experts to develop/maintain currency in practice; consults with experienced RDN in NIFM as needed	X		
1.2.3	Recognizes the pros and cons of technology related to privacy, confidentiality, effectiveness, and safety for clients and organization such as: • strengths and potential limitations associated with emerging technology (eg, Artificial Intelligence [AI], genetic testing) • need for recognizing potential ethical issues and aligning with the Code of Ethics when using AI and the importance of reviewing any AI-generated information for accuracy or any other emerging technologies	X		
1.2.4	Accesses professional training and development opportunities to increase awareness and understanding of the applications and limitations of new resources in different practice settings	X		
1.2.5	Assists in designing and evaluating effectiveness of technologies such as AI for NIFM practice by:		X	

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Each RDN in NIFM:		C	P	E
	• selecting criteria for evaluation using data collection protocols based on practice settings • selecting appropriate comparison criteria to evaluate the effectiveness of new technologies such as AI			
1.2.6	Develops implementation strategies that use AI and identifies situations where these technologies can be most effectively and efficiently used		X	
1.2.7	Recognizes and uses best-available evidence for NIFM, practice setting, and population(s) served		X	
1.2.8	Models advanced level practice, leadership and professional responsibilities such as serving at state or national levels within the Academy or state or federal health care organization			X
1.2.9	Uses the NIFM Scope and Standards as guides in developing protocols in coaching, mentoring, professional development activities, professional academic contributions (ie, research studies, articles)			X
1.2.10	Directs the development, management, monitoring, and evaluation of AI-related activities used within the NIFM practice area			X
1.3 Adheres to laws and regulations				
1.3.1	Provides person-centered care that complies with: • state licensure or certification laws and regulations, if applicable, including organization policies, telehealth, and continuing education requirements • federal, tribal, or state/territory laws and regulations, organization accreditation standards, specific policies or regulations related to specialty practice areas within NIFM and IFMNT, as well as the Health Insurance Portability and Accountability Act (HIPAA) rules • nutrition and dietetics practice-related laws and public policy	X		
1.3.2	Develops guidelines and tools to monitor compliance with regulations, and ensure ethical and accurate reporting of NIFM services		X	
1.3.3	Leads or guides colleagues and/or organizations to appropriately interpret and adhere to laws, regulations, policies, and the best-available research evidence			X
1.4 Completes self-evaluation to identify needs for continuing education				
1.4.1	Engages in self-evaluation at regular intervals and compares individual performance to self-directed goals for consistency with evidence-based guidelines, best practices, and research for management of population receiving NIFM care and/or services	X		
1.4.2	Evaluates current level of practice in NIFM to identify areas for professional development or advancement to higher level of practice by: • using self-assessment tools to evaluate knowledge, skills, and practice consistent with best practices and research findings according to level of practice (eg, CDR Scope of Practice Decision Algorithm) • ensuring compliance with scope of practice requirements related to additional credentialing or position (eg, Certified Health Education Specialist, Certified Diabetes Care and Education Specialist) • seeking formal/informal feedback from colleagues, members of the interprofessional[a] team, and supervisors • exploring new or increased responsibilities for advancing practice	X		

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Each RDN in NIFM:		C	P	E
1.5 Pursues continuing education				
1.5.1	Develops a professional development portfolio identifying learning needs and implements a continuing education plan to maintain or advance practice	X		
1.5.2	Participates in training and continuing education to ensure that patient/client counseling and activities/programs are current, fair, equitable and based on evidence	X		
1.5.3	Pursues opportunities to advance practice (eg, education, training such as Certificate of Trainings from the Academy, credentials, certifications) in accordance with laws and regulations; requirements and needs of the profession, practice setting(s), and personal interests by: • actively pursuing NIFM continuing education opportunities locally, regionally, and nationally • completing pertinent NIFM-related education and skill development opportunities (eg, Academy Certificate of Training Programs) • reviewing literature and educational material such as professional peer reviewed articles, textbook chapters, books, podcasts and webinars from content experts or consultation with experienced RDN in NIFM		X	
1.5.4	Develops and/or presents continuing education related to NIFM topics as part of professional development		X	
1.5.5	Participates in specialty certification creation or maintenance and development of credentials to expand competencies and to support an advanced level of practice			X
1.5.6	Obtains and maintains specialty certifications and credentials such as: • FMCP= Functional Medicine Certified Professional • IFNCP= Integrative and Functional Nutrition Certified Practitioner			X
1.5.7	Investigates and accepts leadership positions to expand competencies and leadership opportunities; and volunteer opportunities within the field			X

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STANDARD 2. STRIVING FOR HEALTH EQUITY

Standard

The registered dietitian nutritionist (RDN) approach to practice reflects the value the profession places on health equity in all forms of interaction when delivering care and/or services to colleagues, customers, students/interns, and when interacting with stakeholders.

Standard Rationale

Health equity is at the core of nutrition and dietetics practice where:

- all individuals have the same opportunity and access to healthy food and nutrition;
- RDNs advocate for a world where all people thrive through the transformative power of food and nutrition; and
- RDNs work to accelerate improvements in health and well-being through food and nutrition.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in NIFM:		C	P	E
2.1 Addresses social determinants of health, nutrition security, food insecurity, malnutrition				
2.1.1	Considers social, cultural, economic, and environmental factors (eg, residence, transportation, finances, language, cultural preferences, access to farms, markets, grocery stores, access to appropriate kitchen, pantry and equipment for food preparation) that limit access to and availability of adequate food and nutrition intake as part of assessment and when developing and identifying appropriate interventions and resources for individuals and communities	X		
2.1.2	Uses culturally competent group engagement processes to improve and enhance services	X		
2.1.3	Considers factors that guide person-centered interactions with patients/clients and caregivers such as: • cultural factors including values, beliefs, attitudes, traditional health care practices, and interactions with traditional medical practitioners • language barriers and engagement with translators and interpreters to help provide culturally appropriate services • spiritual and religious needs of patients or clients and ensure these needs are met in clinical and community settings	X		
2.1.4	Educates individual patients/clients and/or communities about federal, tribal, state or local programs and community food resources (eg, Supplemental Nutrition Assistance Program [SNAP], Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], Food as Medicine programs) to maintain healthy food choices and lifestyles	X		
2.1.5	Develops and/or adapts resources and processes for providing appropriate socio-economically targeted and culturally specific food and nutrition services (eg, culturally inclusive medically tailored meals, Food Farmacy programs in urban communities)		X	
2.1.6	Leads in the development of workplace and community-related programs and services that minimize or eliminate health disparities and biases associated with social determinants of health (eg, workshops centered on learning and experiencing different perspectives, exposure to culturally diverse settings and			X

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Each RDN in NIFM:		C	P	E
	environments, active listening and communication skills throughout the assessment process)			
2.2 Promotes sustainability practices (eg, food systems, food/ingredient/supply choices)				
2.2.1	Collaborates with an interprofessional team, community partners (including farmer's markets, Community Supported Agriculture [CSA] programs, feeding programs), family and caregivers to ensure and improve a person's access to safe, optimal, and healthy wholesome food, air, and water	X		
2.2.2	Engages with community partners and food programs to develop and/or adapt programs to meet socio-cultural needs of community members to support food security for individuals and those with medical diseases or conditions		X	
2.2.3	Collaborates with interprofessional teams including clinicians, government, and non-governmental entities to facilitate integration of food as medicine programs into health care to provide infrastructure support and improved access pathways for healthy food			X
2.3 Maintains awareness of public health and community nutrition/population health				
2.3.1	Collaborates with multi-sectorial partners to support and implement public health programs such as produce prescription programs to address nutrition sensitive chronic conditions and food and nutrition security for individuals and communities	X		
2.3.2	Provides information and resources to increase public awareness and understanding of food-based medically supportive interventions such as Food Farmacy programs in federally qualified health centers and integrative medical group settings, which focus on prevention and treatment of chronic conditions	X		
2.3.3	Initiates or collaborates on modifying existing public health programs to incorporate nutrition as an important public health component to improve health-related outcomes		X	
2.3.4	Conducts and publishes clinical research on the value and importance of food-based medically supportive interventions			X
2.3.5	Plans and/or collaborates with stakeholders (eg, health care organizations, philanthropic foundations and organizations, and state, tribal, or federal government programs) in the development and implementation of food-based medical intervention programs to ensure health equity and positive health outcomes			X
2.4 Recognizes the effects of global food and nutrition				
2.4.1	Considers health as well as nutrition equity while ensuring optimal health and wellness for all global citizens by recognizing: • everyone, regardless of ethnicity or cultural background, has the right to attain the highest level of health and well-being • the human right of all global citizens to optimal healthy food, air, and water • structural, political, and social determinants of health from a domestic as well as global perspective to reduce health inequities, social injustice, underrepresentation and marginalization • intersections of social determinants (eg, socio-political contexts), and social stratification (eg, gender, age, disabilities) often linked by aspects of unfairness, injustice and exclusion that impact intermediate experiences	X		

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Each RDN in NIFM:		C	P	E
	(experiences of daily living as affected by immediate food and health care environments)			
2.4.2	Adapts practice to minimize or eliminate health disparities associated with culture, race, socioeconomic status, age and other factors	X		
2.4.3	Recognizes need to understand culture-specific worldviews, health values, beliefs, and practices of patient/client/population that are rooted in healing traditions that are inherent components of global ethnic cultures		X	
2.4.4	Uses and collects data to track changes in health disparities and ensure inclusivity, equality, and equity		X	
2.4.5	Collaborates with both traditional and alternative medical practitioners in an interprofessional manner to reduce inequities and biases associated with health care beliefs and practices of individuals and communities		X	
2.4.6	Participates as a NIFM expert in an interprofessional, international project or initiative (eg, global malnutrition project, drafting international guidelines for malnutrition)			X
2.4.7	Participates in international organization projects related to Sustainable Development Goals through mentoring, leading study abroad programs, and research activities			X
2.4.8	Creates messages and opportunities to address social justice and equity through different media platforms, work settings, professional advocacy settings			X

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STANDARD 3. ILLUSTRATING QUALITY IN PRACTICE

Standard

The registered dietitian nutritionist (RDN) provides quality services effectively and efficiently using systematic processes with identified ethics, leadership, accountability, and dedicated resources.

Standard Rationale

Delivery of quality nutrition and dietetics care and/or services reflects:

- application of knowledge, skills, experience, and judgement.
- demonstration of evidence-based practice, adherence to established professional standards, and competence in practice; and
- systematic measurement of outcomes, regular performance evaluations, and continuous improvement to illustrate quality practice.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in NIFM:		C	P	E
3.1 Incorporates quality assurance and performance improvement (QAPI) processes				
3.1.1	Practices in accordance with the goals and objectives of continuous quality improvement	X		
3.1.2	Engages patients/clients/advocates[b] in intervention evaluations (eg, patient satisfaction surveys) to identify service and delivery improvements	X		
3.1.3	Proactively and systematically recognizes needs; anticipates outcomes and consequences of various approaches; modifies resource management and/or delivery of services for improvement in achieving shared goals and desired outcomes		X	
3.1.4	Reports outcomes of delivery of services and quality improvement activities against goals and performance targets		X	
3.1.5	Identifies and participates in using an appropriate organization-approved performance improvement model(s)/processes (eg, Six Sigma, LEAN Thinking)		X	
3.1.6	Applies performance improvement and research data to NIFM practice to improve effectiveness and efficiency		X	
3.1.7	Presents evidence-based NIFM research and information at professional meetings and conferences (eg, local, regional, national, or international)		X	
3.1.8	Ensures competence in practice by using scientific methods to collect, analyze, and interpret data; and evaluate outcomes regarding process improvement programs (eg, effectiveness of patient/client counseling and activities/programs, current and evidence-based diagnostic services)			X
3.1.9	Designs and implements evaluation protocols, analyzes data, and implements improvements			X
3.1.10	Partners with relevant stakeholders to assess return on investment of services and programs			X
3.2 Identifies and uses tools for determining/conducting quality improvement (QI)				
3.2.1	Collects QAPI data using designated tools and analyzes to evaluate, improve, and document outcomes and identify best practices in collaboration with others as needed	X		

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Each RDN in NIFM:		C	P	E
3.2.2	Participates in collecting and analyzing patient/client population and outcomes data, program resource/service participation, and expense data to evaluate and adjust programs and services	X		
3.2.3	Participates in developing and conducting regular surveys with patients/clients/advocates, community participants and stakeholders to assess patient/client or population satisfaction	X		
3.2.4	Compares performance to self-directed professional goals and expected outcomes, and implements improvements as needed	X		
3.2.5	Identifies and uses a systematic performance improvement model/process to ensure competence in practice such as Six Sigma		X	
3.2.6	Identifies short, medium, long-term outcomes including cost-effectiveness, collaborating with interprofessional team and other stakeholders		X	
3.2.7	Leads and participates in data collection regarding the population served, services provided, and outcomes (eg, demographics, staffing, benchmarking, reimbursement/revenue)		X	
3.2.8	Compares department/organization performance to goals and expected outcomes to identify improvement recommendations/actions in collaboration with the interprofessional team or other stakeholders		X	
3.2.9	Participates in or analyzes data related to program services and patient/client/caregiver satisfaction; communicates results and recommendations for change(s)		X	
3.2.10	Monitors and evaluates data against expected outcomes; adjusts processes based on results		X	
3.2.11	Resolves internal and external issues that may affect the delivery of NIFM services		X	
3.2.12	Leads in educating and mentoring practitioners in measuring NIFM processes to determine effectiveness			X
3.2.13	Initiates and/or facilitates the development and evaluation of processes and outcomes			X
3.2.14	Benchmarks department/organization performance with national programs and standards			X
3.2.15	Directs operational review reflecting evaluation of performance and benchmarking data to manage resources and modifications for design and delivery of NIFM programs and services			X
3.2.16	Implements, monitors, and evaluates changes based on data collection and analysis			X
3.3 Identifies measures and outcomes				
3.3.1	Collects and participates in evaluation of data using clinical quality measures applicable to population and setting (eg, screening timeframes, number at-risk or with malnutrition and services provided [eg, nutrition assessment, nutrition and/or dietary supplements, nutrition counseling])	X		
3.3.2	Engages community members, funders, and applicable stakeholders in developing and monitoring outcomes-based management systems		X	
3.3.3	Assists in designing performance improvement programs that use evidence-based evaluation protocols to evaluate effectiveness of services		X	

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Each RDN in NIFM:		C	P	E
3.3.4	Selects criteria for data collection, and advocates for and participates in the development of data collection tools (eg, clinical, operations, and financial)		X	
3.3.5	Engages interprofessional partners, including the community, in documenting outcomes and impact		X	
3.3.6	Evaluates collected data to facilitate improved outcomes and quality of care and services		X	
3.3.7	Relates program outcomes to multilevel outcomes (eg, organization, program, and/or individual outcomes/needs)		X	
3.3.8	Oversees, monitors, ensures consistency, and revises processes and outcome evaluation efforts to improve services		X	
3.3.9	Adjusts services based on data and review of most current evidence-based information (eg, Academy Evidence Analysis Library [EAL])		X	
3.3.10	Leads the development and management of systems, processes, and programs that advance best practices and the core values and objectives of NIFM			X
3.3.11	Develops implementation strategies and leads quality improvement activities (eg, identification/adaptations of evidence-based practice guidelines/protocols, skills training/reinforcement, organization support/incentives)			X
3.3.12	Directs the development, management, monitoring, and evaluation of quality improvement activities addressing NIFM practice			X
3.3.13	Facilitates local, state, national, and/or international quality initiative efforts to support goals and best practices in NIFM			X
3.4 Monitors and addresses customer safety				
3.4.1	Recognizes potential drug-nutrient, drug-food-medical, food-herb-dietary supplement safety and interactions, and potential interactions between interventions and other therapies as potential hazards; provides education and counseling as appropriate	X		
3.4.2	Remains up-to-date on current findings regarding dietary supplements using the following resources: • Natural Medicine Database (https://naturaldatabase.therapeuticresearch.com/Content/Resource-Hub/All/Natural-Medicines-Resource-Hub) • MedWatch (https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program) • Examine (https://examine.com/) • Nutrition.gov: Dietary Supplements (https://www.nutrition.gov/subject/dietary-supplements) • Office of Dietary Supplements, National Institutes of Health (https://ods.od.nih.gov/) • Food Safety (https://www.foodsafety.gov/)	X		
3.4.3	Recognizes potential issues with respect to toxins in foods, food packaging, and preparation methods (eg, US Food and Drug Administration Food Guidance & Regulation https://www.fda.gov/food/guidance-regulation-food-and-dietary-supplements)	X		
3.4.4	Addresses dietary supplement products and manufacturing practices, quality control, error prevention recommendations (eg, as provided by Institute for Safe Medication Practices [https://home.ecri.org/pages/ismp], US Food and		X	

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Each RDN in NIFM:		C	P	E
	Drug Administration, U.S. Pharmacopeia (USP) [https://www.usp.org/]), and provides education and counseling as appropriate			
3.4.5	Reviews sports/dietary supplement products to ensure compliance with anti-doping rules and regulations of sports organizations and governing bodies when counseling athletes, or members of the military: • US Anti-Doping Agency (https://www.usada.org/athletes/substances/supplement-connect/high-risk-list/); • Operation Supplement Safety (https://www.opss.org/dod-prohibited-dietary-supplement-ingredients); • NCAA Banned Substances (https://www.ncaa.org/sports/2015/6/10/ncaa-banned-substances.aspx) • NSF Certified for Sport (https://www.nsfsport.com) • refer to the Standards of Practice and Standards of Professional Performance for RDNs in Sports and Human Performance Nutrition (https://www.eatrightpro.org/practice/scope-and-standards-of-practice/focus-area-scope-and-standards)		X	
3.4.6	Develops protocols to identify, address, and prevent errors and hazards in the delivery of NIFM			X

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STANDARD 4. DEMONSTRATING LEADERSHIP, INTERPROFESSIONAL COLLABORATION,ANDMANAGEMENT PROGRAMS, SERVICES, AND RESOURCES

Standard

The registered dietitian nutritionist (RDN) provides safe, quality service based on customer expectations and needs; the mission, vision, principles, and values of the organization/business; and integration of interprofessional collaboration.

Standard Rationale

Quality programs and services are designed, executed, and promoted reflecting:

- RDN's knowledge, skills, experience, and judgement,
- knowledge of organization/practice setting operations, culture, and the needs and wants of its customers; and
- competence in addressing the current and future needs and expectations of the organization/business and its customers.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in NIFM:		C	P	E
4.1 Engages in collaborative ready practice				
4.1.1	Ensures that RDNs are part of an interprofessional approach across collaborative programs and efforts	X		
4.1.2	Collaborates with interprofessional team for education/skill development and to demonstrate role of the RDN and nutrition and dietetics team (eg, nutrition and dietetics technician, registered [NDTR]), incorporating NIFM principles	X		
4.1.3	Provides nutrition-specific information as part of an interprofessional team, with organization and community programming, resources, services, and referrals as needed	X		
4.1.4	Incorporates standards for NIFM care based on evidence-based guidelines and recommendations in the design of programs and services; seeks assistance if needed	X		
4.1.5	Serves as a resource and conducts activities to educate RDN colleagues and interprofessional team members about NIFM, its applications and strategies, and potential for health promotion, disease prevention, and positive health outcomes		X	
4.1.6	Consults and provides expertise with partners to ensure evidence-based nutrition services across the lifespan (eg, childcare, schools, senior programs)		X	
4.1.7	Consults as an expert/resource on emerging evidence-based and scientific information in NIFM and/or related field with colleagues and/or medical community			X
4.1.8	Identifies new opportunities for leadership and volunteering across disciplines to promote NIFM			X
4.2 Facilitates referrals				
4.2.1	Participates in developing referral tools and processes to include interprofessional communication to conventional and traditional practitioners	X		
4.2.2	Creates policies, practices, and procedures that support patients/clients and populations		X	

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Each RDN in NIFM:		C	P	E
			X	
			X	
4.2.5	Collects and/or uses data to track effectiveness and revise referral process and system		X	
4.2.6	Communicates aggregate referral data and related outcomes of referrals with stakeholders		X	
4.2.7	Directs and manages referral process and systems including establishing agreements and developing/modifying referral systems with health and community partners			X
4.2.8	Audits, evaluates, and revises nutrition and NIFM referral processes for efficiency and effectiveness			X
4.3.1	Participates in NIFM program and service planning (eg, business planning and organization/community program development)	X		
4.3.2	Participates in operational planning of NIFM programs and services (eg, staffing, marketing, budgeting, information management system/tools, billing)	X		
4.3.3	Incorporates standards for NIFM care based on evidence-based guidelines and recommendations in the design of programs and services; seeks assistance if needed	X		
4.3.4	Shares program outcomes and impact with organization, patients/clients/caregivers, or community participants	X		
4.3.5	Participates in or develops NIFM program/practice in compliance with evidence-based guidelines and best business/management practices; seeks assistance as needed		X	
4.3.6	Integrates anticipated needs, identified goals, and objectives into program development and delivery; engages in long-term strategic planning		X	
4.3.7	Uses the NIFM Scope and Standards as a guide to promote the competence of the RDN (eg, job descriptions, career ladders, job-related performance competencies, acceptable performance level)		X	
4.3.8	Shapes, modifies, and adapts program and service delivery in alignment with budget requirements and priorities		X	
4.3.9	Manages effective delivery of NIFM programs and services (eg, business and marketing plan, budget and billing processing, program administration), and care as an active participant in interprofessional teams		X	
4.3.10	Leads in strategic and operational planning, implementation, and monitoring of NIFM programs and services			X
4.3.11	Develops programs in line with organization goals as well as the mission/vision in order to maximize the reach and effectiveness of programs			X
4.3.12	Develops and manages NIFM programs and services in keeping with evidence-based research			X
4.3.13	Articulates the application of NIFM principles[1] to community environments and population-level programs			X
4.3.14	Directs or manages design and delivery of NIFM services in various settings			X

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Each RDN in NIFM:		C	P	E
4.3.15	Guides the planning, implementation, and evaluation of services at the local, state, tribal, federal, and/or international levels			X
4.3.16	Oversees responsible and accurate management of grants and projects in order to achieve comprehensive outcomes			X
Protocols and Guidelines				
4.3.16	Participates in developing guidelines and nutrition screening parameters for assessing malnutrition using screening tool applicable to population (eg, for adults, Malnutrition Screening Tool [MST] and, for pediatrics, Screening Tool for the Assessment of Malnutrition in Pediatrics [STAMP])	X		
4.3.17	Adheres to organization-approved provider protocols/delegated orders for including in scope of work: ordering or revising diet, ordering functional laboratory testing, ordering or revising medical food[2] and dietary supplements, or other nutrition-related orders	X		
4.3.18	Engages in and ensures ethical and accurate reporting of NIFM services (eg, billing codes for payer, group, or individual visit); and compliance with contracts or funder requirements, when applicable	X		
4.3.19	Directs and/or develops NIFM protocols and policies based on best available evidence, national/international guidelines, best practices as established by current peer-reviewed research, or by organizations with expertise in NIFM (eg, Institute for Functional Medicine, Dietitians in Integrative and Functional Medicine Dietetic Practice Group [DIFM], NIFM-focused organizations and academic institutions)		X	
4.3.20	Implements, assists in developing, and monitors use of protocols/ guidelines for recommending/ordering diagnostic and laboratory evaluations		X	
4.3.21	Designs, implements, and evaluates food and targeted nutrition-based protocols used with patient/client population, as needed, including the addition of condition-specific products (eg, prebiotics and probiotics for irritable bowel syndrome)		X	
4.3.22	Collaborates with a pharmacist or interprofessional team in the development of organization and provider-approved pharmacotherapy protocols (eg, monitoring for food-herbal-dietary supplement and drug interactions)		X	
4.3.23	Leads interprofessional collaboration to translate evidence-based nutrition and NIFM research and trends into national and international guidelines and best practices to guide safe and quality NIFM care and services			X
Supporting practice with technology resources				
4.3.24	Uses and participates in the development/revision of electronic health records applicable to setting	X		
4.3.25	Participates in nutrition surveillance systems for populations (eg, nutrition monitoring system such as an app or other appropriate technology) applicable to setting that leads to policy formulation and action planning	X		
4.3.26	Develops or collaborates with the interprofessional team to capture NIFM-specific data through electronic health records or other data-collection tools		X	
4.3.27	Provides structure and systems for staff to create reports to identify program outcomes and gaps		X	
4.3.28	Analyzes and uses data to communicate value of conventional nutrition and NIFM services in relation to patient/client population and organization outcomes/goals		X	

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Each RDN in NIFM:		C	P	E
4.3.29	Leads in the advancement of technology/informatics in NIFM practice (eg, AI, information technology research, software program design)			X
4.3.30	Seeks and facilitates opportunities to contribute expertise to national bioinformatics/medical informatics projects as applicable/requested			X
4.4 Contributes to, manages, and/or designs food/nutrition delivery systems				
4.4.1	Participates in evaluation, selection, and implementation, if applicable, of new products (eg, functional foods, botanicals) to ensure safe and optimal delivery of NIFM; seeks assistance if needed	X		
4.4.2	Participates in interprofessional processes to provide expertise in the selection of medical foods and dietary supplements and contributes to the development of protocols for monitoring and reporting food-supplement-drug interactions		X	
4.4.3	Consults and provides guidance to organization interested in NIFM approach to incorporating foods into menus, snack options, and beverages for the populations served		X	
4.5 Precepts, supervises, and engages in career laddering				
4.5.1	Participates in peer-review activities consistent with setting and patient/client population (eg, peer evaluation, peer supervision, clinical chart review, performance evaluations)	X		
4.5.2	Provides professional, technical, and support personnel with information and guidance needed to complete assigned activities	X		
4.5.3	Ensures that applicable staff or colleagues in other disciplines have adequate training to deliver appropriate nutrition-related services; seek consultation if needed	X		
4.5.4	Participates in mentoring entry-level RDNs in NIFM, and serves as a preceptor for nutrition and dietetics students/interns; seeks guidance as needed		X	
4.5.5	Provides or facilitates training or educational programs on tools, policies, procedures, and expectations for quality services for patients, clients, and caregivers		X	
4.5.6	Trains professional, technical, and support personnel and evaluates their competence		X	
4.5.7	Assesses and determines capabilities/expertise of staff working directly with patients/clients/caregivers to determine tasks that may be delegated		X	
4.5.8	Develops mentoring and/or practicum opportunities for RDNs aspiring to reach proficient-level practice and for NIFM practitioners (eg, professional development programs, education and training workshops, webinars, and podcasts)		X	
4.5.9	Evaluates RDNs' in NIFM performance based on level of education, skills, and performance requirements		X	
4.5.10	Develops NIFM mentor and preceptor programs, and interprofessional learning opportunities			X
4.5.11	Provides expertise and counsel to education programs related to food and nutrition care and services, industry standards, practice guidelines, and practice roles for nutrition and dietetics practitioners in NIFM settings			X

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STANDARD 5. APPLYING RESEARCH AND GUIDELINES

Standard

The registered dietitian nutritionist (RDN) applies, participates in, and/or generates research to enhance practice. Evidence-based practice incorporates the best available research/evidence and information in the delivery of nutrition and dietetics services.

Standard Rationale

Application, participation, and generation of research promotes:

- maintenance and enhanced familiarity with the peer reviewed literature applicable to nutrition and dietetics and for specific populations and area(s) of practice to support evidence-based practice; and
- improved safety and quality of nutrition and dietetics practice and services.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in NIFM:		**C**	**P**	**E**
5.1 Engages in scholarly inquiry (ie, identifies and uses evidence-based publications and practice guidelines applicable to practice area; and contributes to process of research)				
5.1.1	Understands basic research design and methodology (eg, data collection, interpretation of results, application to practice) and applies this knowledge	X		
5.1.2	Reads peer-reviewed publications, evidence-based guidelines, best practice statements; participates in journal clubs; and accesses evidence-based resources such as the Natural Medicines Database or Examine to identify applicable courses of action for providing care or services for patients/clients	X		
5.1.3	Identifies key issues when evaluating NIFM-related information addressing prevention, delay and/or management of chronic clinical conditions and uses systematic methodology to obtain evidence to answer questions to guide clinical decision making	X		
5.1.4	Uses evidence-based nutrition and NIFM-specific data as the primary resource for contribution to or review of research publications and for clinical decision making	X		
5.1.5	Participates in journal clubs, professional supervision, interprofessional research teams, the Academy's research workgroups such as the EAL to extend research into practice		X	
5.1.7	Designs and/or leads peer-review process(s) such as serving on editorial boards for peer-reviewed journals, publishing groups, and professional organizations in NIFM			X
5.2 Applies critical thinking and judgement for evidence-based practice				
5.2.1	Demonstrates the experience and critical thinking skills required to evaluate the strength of original research findings, limitations, and potential biases and its applicability to NIFM for diverse audiences		X	
5.2.2	Systematically reviews the available scientific literature in situations where evidence-based guidelines for NIFM or medical conditions are not available		X	
5.2.3	Participates in research and contributes to or publishes in peer- reviewed, high impact journals for sharing knowledge and greater visibility of professional practice		X	

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Each RDN in NIFM:		C	P	E
5.2.4	Uses advanced training, best available research, and emerging theories to guide management of complex cases (eg, multiple comorbidities, refractory conditions of unknown etiology, chronic inflammation, gut dysbiosis) in individuals, communities, and target populations			X
5.2.5	Identifies and addresses NIFM-related questions and uses a systematic approach to applying research and evidence-based guidelines (eg, EAL) by: • disseminating the results, emphasizing the significance and value of NIFM research findings • identifying key health priorities and stakeholders for future collaborations • advocating for prioritizing and funding research activities to expand the NIFM knowledge base and inform clinical decision making			X
5.2.6	Mentors and/or collaborates in conducting research, and when serving as a graduate thesis committee member to advance scholarly work			X
5.2.7	Serves as a primary or senior author of research and/or organization research papers (eg, Academy Position papers, Institute for Functional Medicine) or other scholarly work			X
5.2.8	Identifies patient/client or community nutrition priorities, and seeks or advocates for funding for future research collaborations			X

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STANDARD 6. PROVIDING EFFECTIVE COMMUNICATIONS AND ADVOCACY

Standard

The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications with customers and the public, and in public policy advocacy efforts.

Standard Rationale

The RDN works with others to achieve common goals by effectively sharing and applying unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services; and in contributing to public policy efforts by advocating for nutrition and dietetics programs and services. The RDN works with others to:

- achieve common goals by effectively sharing and applying knowledge, skills, and expertise in food, nutrition, dietetics, and management services; and
- contribute to public policy efforts by advocating for nutrition and dietetics programs and services that benefit patients/clients, and individuals, customers, and the public.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in NIFM:		**C**	**P**	**E**
6.1 Engages in information dissemination through conversations, presentations, publications, media, social media with various audiences				
6.1.1	Communicates NIFM information and trends through electronic professional networking groups, social media, and other nutrition informatics resources and tools	X		
6.1.2	Sharpens written and oral communication skills with the ability to translate complex scientific and policy information to the needs of various audiences	X		
6.1.3	Presents evidence-based NIFM research topics for consumers and health care professionals	X		
6.1.4	Presents to the local community on topics related to nutrition, health, and wellness (eg, health fairs, wellness days)	X		
6.1.5	Communicates the relationship between food, environment/systems, genetics, and behavior in disease prevention as the foundation for nutrition education, programs, and prevention approaches; seeks assistance as needed	X		
6.1.6	Provides education resources or assists in locating available resources and services (eg, DIFM DPG website at www.integrativerd.org)	X		
6.1.7	Identifies evidence-based resources to evaluate dietary supplement for identity, safety, efficacy, and quality		X	
6.1.8	Interprets and applies current NIFM research to professional practice and to practical application in communications for diverse audiences, as appropriate		X	
6.1.9	Develops innovative approaches for use with current information technology to deliver up-to-date NIFM information to NIFM practitioners, other health care professionals, and the public		X	
6.1.10	Integrates NIFM into patient/client or community wellness and/or prevention programs (eg, community wellness fairs, school nutrition presentations, programs for seniors)		X	
6.1.11	Integrates current and emerging scientific knowledge of conventional nutrition and NIFM when considering an individual's or population's health status, behavior barriers, communication skills; seeks collaborative guidance as needed		X	

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Each RDN in NIFM:		C	P	E
6.1.12	Contributes to NIFM education and professional development of nutrition and dietetics practitioners and students/interns, and health practitioners through formal and informal teaching and mentoring		X	
6.1.13	Serves on planning committees/task forces to develop continuing education, activities, and programs in NIFM practice for students/interns and practitioners		X	
6.1.14	Provides interprofessional education and experiential opportunities in health care and other settings		X	
6.1.15	Expands course curricula, site-specific learning activities, and research projects to include NIFM concepts and practices		X	
6.1.16	Establishes quality criteria for identifying best available resources and services in NIFM/integrative and functional health for dissemination			X
6.1.17	Serves as an expert resource/opinion leader for colleagues, other health care professionals, the community, and outside agencies related to NIFM			X
6.2 Participates in advocacy and public policy engagement and outreach				
Advocating for the profession				
6.2.1	Seeks opportunities to integrate NIFM into clinical practice and programs	X		
6.2.2	Considers organization policies related to participating in advocacy activities	X		
6.2.3	Advocates for underserved populations (eg, individuals with disabilities, food insecure, identified cultural/religious populations/groups)	X		
6.2.4	Advocates for the role of evidence-based NIFM care and services in chronic disease management and prevention activities/issues at the local, state, tribal, and federal policy level		X	
6.2.5	Collaborates with groups working on policies and legislation		X	
6.2.6	Performs analysis of existing or proposed legislation or nutrition policies that impact or are impacted by NIFM and IFMNT to guide strategic activities		X	
6.2.7	Develops and implements communication plans to educate policy makers about NIFM services		X	
6.2.8	Provides leadership to colleagues (RDNs, community members, and other stakeholders) on nutrition and public policy			X
6.2.9	Pursues leadership roles in local, state, and national advisory groups related to nutrition laws and regulations			X
Leadership, community engagement, and media				
6.2.11	Serves on local planning committees and task forces for health professionals, industry, and community	X		
6.2.12	Advocates (with local media, publications, local governmental agencies, and for/against legislative issues) for including NIFM assessment of individuals as part of wellness promotion and chronic disease prevention		X	
6.2.13	Serves and leads on regional, national, and international planning committees and task forces		X	
6.2.14	Engages in leadership role in advocacy of NIFM component of chronic disease management and prevention programs; authors articles, and delivers presentations on topic			X
6.2.15	Serves as NIFM media spokesperson (eg, interviews, guest commentary, editorials)			X

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Each RDN in NIFM:		C	P	E
6.2.16	Serves as a consultant to organizations (eg, business, industry, government, health) on NIFM practices to address the needs of consumers, health care professionals, and health care providers			X
6.2.17	Functions as a business and opinion leader within the scope of NIFM			X

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STANDARD 7. PROVIDING PERSON-/POPULATION-CENTERED NUTRITION CARE

Standard

The registered dietitian nutritionist (RDN) provides medical nutrition therapy (MNT) using the nutrition care process and workflow elements to identify and address nutrition-related problems an RDN is responsible for treating, incorporating the following elements:

- reviews or obtains nutrition screening data to identify malnutrition or risk of malnutrition
- obtains and evaluates medical, nutrition, and food-related information for relevance and accuracy
- identifies and labels nutrition problem(s)/diagnosis(es)
- develops plan and implements culturally appropriate person-/population-centered nutrition interventions
- monitors and evaluates person-/intervention-specific indicators and outcomes data to determine whether planned interventions should be continued or revised
- documents and communicates results with interprofessional team and patients/clients/caregivers

Standards Rationale

Quality nutrition and dietetics patient/client/population care reflects the Nutrition Care Process and workflow elements:

- Nutrition screening — the preliminary step to identifying individuals who require a nutrition assessment performed by an RDN
- Nutrition assessment — a systematic process of obtaining and interpreting data in order to make decisions about the nature and cause of nutrition-related problems and provides the foundation for identifying a nutrition diagnosis; an ongoing, dynamic process that involves conferring with patient/client and others, initial data collection, and analysis of patient/client or population needs
- Nutrition diagnosis — the basis for determining goals and interventions
- Nutrition intervention/plan of care — consists of two interrelated components- planning with patient/client/caregivers, interprofessional team, and others; and implementation
- Nutrition monitoring and evaluation — provides an outcomes management system to assure quality care and determining when reassessment and revision of interventions/plan of care is required
- Discharge planning and transitions of care — process with patient/client/caregiver and interprofessional team for facilitating transfer of nutrition care plan and nutrition-related data between care settings

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in NIFM:		**C**	**P**	**E**
7.1 Reviews or completes nutrition screening				
7.1.1	Reviews screening data or screens for nutrition risk (eg, malnutrition, nutrient deficits, food security) using evidence-based screening tools for the setting and/or population (adult or pediatric)	X		
7.1.2	Evaluates the effectiveness of nutrition screening tools using established guidelines, recommendations, and research		X	
7.1.3	Incorporates additional functional screening tools tailored to patient populations (eg, dietary inflammatory index [DII] screening, digestive symptom screening)		X	
7.1.4	Assesses for risks beyond malnutrition, such as chronic inflammation, gut dysfunction, blood sugar dysregulation, and metabolic risk factors (eg, hs-CRP		X	

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Each RDN in NIFM:		C	P	E
	[high-sensitivity C-reactive protein], interleukins, TNF-α [tumor necrosis factor alpha])			
7.1.5	Utilizes patient-reported symptom tools and validated functional screening methods		X	
7.1.6	Evaluates the appropriateness and validity of emerging NIFM screening tools			X
7.1.7	Trains other professionals in NIFM screening methods and their application across diverse populations			X
7.1.8	Integrates genetic, biochemical, and environmental risk factor screening into clinical and population-level strategies			X
7.2 Conducts nutrition assessment				
7.2.1	Collaborates with the interprofessional team to identify and gather comprehensive, person-centered nutrition assessment data (eg, medical and social history, lifestyle factors, patterns of food and fluid intake, nutrition-related behaviors)	X		
7.2.2	Evaluates the potential impact of current or planned medical treatment (eg, diabetes, cancer treatments, other chronic conditions) on nutrition status and lifestyle	X		
Client history				
7.2.3	Assesses personal, family history, and genetic factors related to current acute and chronic disorders (eg, diabetes, cardiovascular disease, neurological disorders, mental or behavioral health disorder, substance use disorder) considering antecedents (preceding events), triggers (precipitates an event), and mediators (promotes a reaction) of health and disease	X		
7.2.4	Listens to The Patient's Story, which provides background and the individual's perspective on their lifestyle, health status, and factors related to their disease(s)/conditions(s), when applicable, and goals	X		
Anthropometric measurements				
7.2.5	Identifies appropriate adult and pediatric reference standards for comparison	X		
7.2.6	Identifies and interprets trends in anthropometric indices (eg, suboptimal growth and development or overweight/obesity in children, adolescents, teens) considering current medical diseases/conditions, or reported concerns	X		
7.2.7	Evaluates data from multiple sources to identify potential nutrition diagnosis(es) and NIFM approaches that complement medical treatments		X	
7.2.8	Uses a systems-based approach to guide personalized medical nutrition therapy and support root-cause resolution		X	
7.2.9	Requests or obtains data from previous health care encounters when not readily available (eg, acute care, dialysis center, other outpatient providers including RDNs) and/or from caregivers		X	
7.2.10	Uses resources such as the Functional Medicine Matrix or the Integrative and Functional Medical Nutrition Therapy [IFMNT] Radial [Figure 4] to identify symptoms or problems related to, imbalances of: • structural integrity (cellular, musculoskeletal) • digestion, assimilation, and microbiome/gastrointestinal • biotransformation and elimination • energy metabolism (eg, cellular respiration, mitochondriopathies, obesity) • defense and repair (immune, inflammation, infection)		X	

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Each RDN in NIFM:		C	P	E
	• communication (endocrine [eg, steroidogenesis], neurotransmitters, immune) • transport (cardiovascular and lymphatic systems) • nutritional status			
Assesses biochemical tests, medical tests and procedures				
7.2.11	Assesses diagnostic test results, biochemical and nutritional status biomarkers, procedures, and/or evaluations	X		
7.2.12	Assesses results of conventional lab tests (eg, complete blood count, standard metabolic panel with protein status, plasma glucose, plasma lipid levels) for nutrition-related conditions, disease management, and prevention	X		
7.2.13	Assesses and compares conventional and functional laboratory data patterns and trends related to nutritional insufficiencies, deficiencies and/or imbalances (eg, mineral status, amino acid profile, oxidative stress and antioxidant status, gastrointestinal health and digestive stool analysis, hormonal indicators, inflammatory marker results, and toxic load), and with training, genomic biomarkers such as single nucleotide polymorphisms (eg, vitamin D receptor, methylenetetrahydrofolate reductase)		X	
7.2.14	Assesses need for ordering and/or interpreting results of diagnostic tests, procedures, and other evaluation methods of biochemical pathways and networks, and cellular, molecular, and physical aspects of nutrition-related function and dysfunction		X	
7.2.15	Determines necessity/potential benefit of initiating further diagnostic assessment(s) through interprofessional referrals, if indicated		X	
7.2.16	Evaluates nutrigenomic/genetic assessment results to identify epigenetic effects contributing to unique nutrient and lifestyle requirements to benefit nutritional metabolism		X	
7.2.17	Integrates new diagnostic approaches as appropriate and available			X
Physical exam findings				
7.2.18	Uses evidence-based recommendations for conducting and guiding the nutrition focused physical exam (NFPE) and evaluating the physical or clinical findings	X		
7.2.19	Assesses clinical signs and symptoms (eg, visual exam of face, mouth, nails, posture, level of energy, skin turgor, and frailty) during evaluation with physiological systems in mind which include: circulatory/ cardiovascular, digestive, endocrine, immune, integumentary, musculoskeletal, nervous, reproductive, skeletal, urinary, lymphatic	X		
7.2.20	Assesses dental health, dentition, and mastication to identify barriers to nutrient availability as well as risk for periodontal tissue infection	X		
7.2.21	Identifies clinical signs of malnutrition and/or abnormalities in structural integrity impacting altered metabolism that supports diet, nutrient, and lifestyle interventions to restore optimization of metabolism through a NIFM systems biology assessment		X	
7.2.22	Assesses clinical signs of malnutrition, undernutrition, and eating disorders (eg, muscle wasting; dry, brittle, or thinning hair and nails; sarcopenia; and cachexia)		X	
7.2.23	Collaborates and coordinates with interprofessional team(s) in conducting physical exam, as applicable		X	

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Each RDN in NIFM:		C	P	E
Food and nutrient intake				
7.2.24	Estimates food and fluid intake and changes in normal intake by observing and reviewing intake records, and/or communicating with patient/client, caregivers, and interprofessional team	X		
7.2.25	Considers the effects of food preferences and restrictions (eg, cultural, religious, economic, food security, medical/diet order, behavioral, beliefs, allergies/intolerances) as potential barriers to adequate intake	X		
7.2.26	Assesses patient's/client's specific diet and lifestyle approaches (eg, high protein, vegan/vegetarian, macrobiotics, Ayurveda, food elimination diets, biotransformation and elimination [eg, detoxification] regimens/protocols, fasting, low-carbohydrate, ketogenic, physical activity, sleep)		X	
7.2.27	Assesses patient's/client's appropriate use of added dietary and botanical components (eg, fiber, fatty acids, phytonutrients, functional food ingredients, teas, elixirs, tinctures, therapeutic essential oils)		X	
Food and nutrient administration				
7.2.28	Assesses adequacy and appropriateness of food and nutrient intake related to metabolic pathways, networks, and balances in core systems	X		
7.2.29	Assesses adequacy and appropriateness in regard to inflammatory control mechanisms, such as eicosanoid metabolites (eg, prostaglandins, thromboxanes, and leukotrienes) and immune modulators (eg, vitamin D)		X	
Medications and dietary supplement use				
7.2.30	Assesses dietary supplement use (safety, efficacy, quality, application to health status, or disease state) and route of administration (oral, enteral, intramuscular, intravenous, other) using clinical databases and guidelines such as: • Natural Medicines Database (https://naturaldatabase.therapeuticresearch.com/Content/Resource-Hub/All/Natural-Medicines-Resource-Hub) • American Society for Parenteral and Enteral Nutrition (https://www.nutritioncare.org) • American College for Advancement in Medicine (https://www.acam.org/?) • International Society of Nutrigenetics/Nutrigenomics (https://www.nutritionandgenetics.org) • Examine.com • Office of Dietary Supplements, National Institutes of Health (https://ods.od.nih.gov/)	X		
7.2.31	Assesses drug/dietary supplement-food-nutrient interactions	X		
7.2.32	Assesses appropriate use of dietary supplements (eg, B vitamins, fat soluble vitamins, liver support products) for age, potential constraints in specific populations (eg, athletes, military personnel), and application to health status or disease state		X	
7.2.33	Assesses nutrition-related benefits and side effects of dietary supplement and medication intake (eg, fluid retention, gastrointestinal [GI] disturbances, allergy)		X	

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Each RDN in NIFM:		C	P	E
7.2.34	Assesses laboratory findings in relationship to targeted use of dietary supplement (eg, red yeast rice and cholesterol; saw palmetto and prostate specific antigen level)		X	
7.2.35	Provides training and monitors use of protocols and assessment tools for nutrition-related medication management, including food/dietary supplement interaction(s) in collaboration with interprofessional team (eg, pharmacist, physician)			X
Knowledge, beliefs, and attitudes				
7.2.36	Engages with the patient/client/family/advocate to identify personal preferences and goals, help identify barriers and solutions, while offering evidence-based nutrition information to support collaborative discussion through shared decision making[c] for achieving the desired outcomes	X		
7.2.37	Evaluates behavioral mediators (or antecedents) related to dietary intake (ie, attitudes, self-efficacy, knowledge, intentions, readiness, and willingness to change, perceived social support, outside influences/caregiver influences on behavior)	X		
7.2.38	Evaluates patient/client ability to identify evidence-based nutrition information among resources found in media and popular literature	X		
Physical activity and developmentally appropriate nutrition-related tasks				
7.2.39	Compares usual activity level to current age-appropriate physical activity guidelines (https://health.gov/paguidelines/)	X		
7.2.40	Assesses physical activity limitations such as functional disability (eg, vision, mobility, dexterity), environmental safety, medical condition(s), and/or medication contraindications, and physical inactivity (eg, television/screen and other sedentary activity time)	X		
7.2.41	Uses validated or commonly accepted developmental, functional, and mental status evaluation tools (eg, Karnofsky Performance Scale, Pediatric Quality of Life inventory, ADLs) that consider cultural, ethnic, and lifestyle factors		X	
7.2.42	Assesses metabolic needs related to physical activity (eg, evaluation of hydration status, adequacy of nutrient intake, and impact of inflammation/oxidative stress on nutrient needs)		X	
Other factors affecting intake, nutrition and health status				
7.2.43	Assesses safe, healthful food/water/meal availability: • financial resources, access to farms, markets, and/or groceries; access to appropriate kitchen, pantry, and equipment for safely cooking, serving, and storing food • awareness and use of federal, state, tribal, or local resources for food (eg, Supplemental Nutrition Assistance Program, food banks/pantries, shelters) • use of family and/or community resources to maintain healthy lifestyle or improve lifestyle choices • barriers to adequate food access (eg, lack of housing, transportation or finances; language, communication, and cultural differences)	X		
7.2.44	Assesses geographic residence related to food-nutrient availability and sunshine exposure for vitamin D status	X		
7.2.45	Assesses status of sleep and circadian rhythm for influence on nutrition status (eg, weight, hormone regulation, immune status)		X	

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Each RDN in NIFM:		C	P	E
7.2.46	Assesses current environmental exposures in foods, beverages, as well as exposures in food containers, and household cleaners (eg, toxins like pesticides, phthalates, heavy metals, pathogens)		X	
Reference standards				
7.2.47	Compares nutrition assessment data to appropriate criteria, relevant norms, population-based surveys, standards (eg, Academy of Nutrition and Dietetics, The National Academies of Sciences, Engineering, and Medicine: Health and Medicine Division), and evidence-based positions for determining nutrition-related recommendations	X		
7.2.48	Evaluates NIFM and conventional nutrition recommendations and possible consequences considering: • applicable population studies and guidelines on nutrient needs (eg, Dietary Reference Intakes) • individual's needs based on NFPE and functional laboratory biomarkers		X	
7.2.49	Evaluates nutrient recommendations and their subsequent effects for an individual based on NFPE, blood chemistry, and functional laboratory biomarkers		X	
7.2.50	Evaluates population-based surveys and studies for bias and valid conclusions to consider for clinical application		X	
7.2.51	Recognizes and incorporates guidelines from other practice areas (eg, nutrition support, renal, diabetes, oncology, weight management) into IFMNT-focused assessment guidelines and practices applicable to population(s) and setting(s)			X
7.3 Identifies nutrition diagnosis				
Evaluates nutrition assessment data to determine:				
7.3.1	Appropriateness of current energy intake, nutrient intake, and use of dietary supplements for special conditions (eg, pregnancy, lactation, disease condition, physical training)	X		
7.3.2	Appropriateness of foods, fluids, dietary supplements, physical activity, and lifestyle on individual metabolic functions		X	
7.3.3	Risk of exposure to exogenous toxins, including heavy metals, solvents, persistent organic compounds (eg, insecticides, pesticides, herbicides, phthalates), electromagnetic fields		X	
7.3.4	Risk of nutrition-related chronic and acute complications (eg, GI, metabolic, infectious, musculoskeletal, hormonal, sleep disturbances)		X	
7.3.5	Functional laboratory assessment results to identify metabolic pathways and long latency nutritional insufficiencies and deficiencies to guide nutrition recommendations			X
Identifies supporting concepts to determine diagnosis				
7.3.6	Determines the functional root cause/etiology of the problem(s) (eg, genetic, food/food intake, infection, stress, allergens, sleep, movement, toxins and environment, inadequate nutrient status); seeks assistance if needed	X		
7.3.7	Uses standardized terminology (eg, Nutrition Care Process Terminology (eNCPT) (https://www.eatrightpro.org/practice/nutrition-care-process/ncp-terminology) for reporting diagnosis whenever possible	X		
7.3.8	Documents the nutrition diagnosis(es) incorporating IFMNT language (eg, excessive intake of bioactive substances related to large daily doses of gingko	X		

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Each RDN in NIFM:		C	P	E
	biloba, garlic, and ginseng while on warfarin therapy as evidenced by high prothrombin time and International Normalized Ratio [PT/INR] and recent bleeding episodes)			
7.3.9	Systematically compares and contrasts findings in formulating a differential nutrition diagnosis(es)		X	
7.3.10	Approaches identifying diagnoses through a systems biology pattern recognition for underlying nutritional and lifestyle influences; considers: • presence of medical conditions, and systems, pathways, and core clinical imbalances that are involved • abnormal significant clinical indicators, such as temporal wasting, status changes, and skin elasticity depletion • anticipation of unintended consequences, such as digestive intolerance and sleep disturbances		X	
7.3.11	Integrates complex information related to food intake, biochemical data, diagnostic tests, clinical complications and their management within an interprofessional environment or need for consultation with other providers when formulating a nutrition diagnosis(es)		X	
7.3.12	Considers compromised lifestyle, sleep, movement, eating choices, toxin exposure influencing nutritional metabolism			X
Prioritizes nutrition problem(s)/diagnosis(es)				
7.3.13	Considers evidence-based research when ranking nutrition diagnosis(es) in order of importance	X		
7.3.14	Considers biochemical individuality, and genomic testing data and influence on nutrient requirement(s) when ranking nutrition diagnosis(es) in order of importance		X	
7.3.15	Uses experience and evaluation of evidence-based research in systems biology and application of dietary supplement ingredients to rank nutrition diagnosis(es)		X	
7.3.16	Understands the importance of considering the patient's/client's/ advocate's wishes/goals as a key factor when ranking the nutrition diagnosis(es) in order of importance		X	
7.3.17	Uses expert reasoning and full understanding of the literature and evidence-based protocols that explain the specific differences between individuals			X
Effectively communicates nutrition diagnosis(es)				
7.3.18	Seeks collaboration with other members of the patient's/client's interprofessional team regarding the nutrition diagnosis(es)	X		
7.3.19	Explains relevance of nutrition diagnosis(es) by retelling The Patient's Story to the patient/client/family for validation	X		
7.3.20	Participates in developing communication protocols and pathways to meet the organization's/program's standards and the workflow of the setting, when applicable		X	
7.4 Develops nutrition intervention/plan of care				
7.4.1	Considers available practice guidelines for patient's/client's diseases/conditions when determining complementary NIFM interventions (eg, Natural Medicines Database, Examine, Academy's EAL, or applicable focus area Scope and Standards of Practice)	X		

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Each RDN in NIFM:		C	P	E
7.4.2	Uses professional judgement that draws from scientific literature, practice experience, treatments for medical conditions, when applicable, and the nutrition status of the individual in developing an intervention plan; seeks assistance from experienced practitioner, if needed	X		
Prioritization considerations				
7.4.3	Readiness of the patient/client to receive selected nutrition interventions	X		
7.4.4	Cognitive, physical, developmental, and behavioral readiness to benefit from interventions	X		
7.4.5	Transitions of care needs/plans; seeks assistance if needed	X		
7.4.6	Immediacy of the problem and severity of nutrition risk or malnutrition, if present		X	
7.4.7	Emerging therapies or nontraditional intervention(s) to achieve intended outcome(s) (eg, assessing functional, nutritional, and systems laboratory markers, referral to interprofessional functional practitioners for specialty and/or spine- and joint-related therapies) to support optimizing nutritional metabolism		X	
7.4.8	Recognizes when it is appropriate and safe to deviate from established nutrition guidelines and evidence-supported NIFM practices		X	
Collaboration considerations				
7.4.9	Recognizes specific knowledge and skills of the patient/client/caregiver and of other providers in developing interventions/plan of care	X		
7.4.10	Guides decision making with patients/clients and/or caregivers by providing decision aids or tools and resources to set goals and ensure health care needs are met	X		
7.4.11	Organizes care in collaboration with patient/client, caregiver, or advocate, and with the interprofessional team		X	
7.4.12	Facilitates the collaborative process with interprofessional team members and other providers, when applicable, in planning the intervention			X
7.4.13	Serves as a resource to other practitioners and the interprofessional team on incorporating NIFM into treatment approaches for patients/clients with complex medical conditions			X
7.4.14	Directs integration of IFMNT with nutrition management of long-term complications within the context of integrated care (eg, high risk pregnancy, renal failure, heart failure, surgery, long-term enteral nutrition) in consultation with interprofessional team or other applicable providers			X
Goal setting and care planning				
7.4.15	Intervention plan considerations may include but are not limited to: • patient's/client's/caregiver's/advocate's goals, expectations, skills, and resources • interventions to address issues which include achieving and maintaining wellness • barriers to successful outcomes	X		
7.4.16	Develops goals, outcomes, and plan(s) for monitoring through shared decision making with patient/client/caregiver/advocate using clear, concise, and measurable terms	X		

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Each RDN in NIFM:		C	P	E
7.4.17	Identifies strategies to address lapses in self-care management or behaviors and recovery options through shared decision making		X	
7.5 Implements nutrition monitoring and evaluation				
7.5.1	Monitors progress or reasons for lack of progress related to problems and interventions	X		
7.5.2	Identifies existing tools and methods to improve understanding of and/or adherence to plan as needed, based on the patient's/client's/caregiver's/ advocate's specific needs and situations	X		
7.5.3	Determines whether barriers to understanding are present and impacting the patient's/client's/caregiver's/advocate's compliance with the nutrition intervention/plan of care		X	
7.5.4	Tailors tools and methods to ensure desired outcomes reflect the patient's/client's social, physical, environmental factors, nutrition goals, and support engagement in the interventions		X	
7.5.5	Evaluates nutrition intervention in the face of complex clinical situations (eg, non-healing wounds, pre- and post-metabolic/bariatric surgery, multiple comorbid conditions, food allergies and intolerances, and cultural factors)			X
Reviews data to evaluate intervention effectiveness				
7.5.6	Communicates and consults with patient/client/caregiver/advocate/other health care provider(s) as needed or with informed consent by the patient/client/caregiver/advocate	X		
7.5.7	Determines patient/client/caregiver/advocate understanding and adherence to nutrition-lifestyle intervention by observing progress toward or meeting goals	X		
7.5.8	Evaluates the patient/client variance from planned outcomes and incorporates findings into future individualized treatment recommendations	X		
7.5.9	Uses multiple resources to assess progress (eg, NFPE, laboratory and other clinical data, changes in body weight/body composition, pertinent medications/dietary supplements) relative to effectiveness of the care plan		X	
7.5.10	Compares genomic testing results, functional laboratory data with nutrition prescription/goals or reference standards		X	
7.5.11	Considers impact of the intervention on biomarkers collected (eg, laboratory values, body composition changes, imaging [eg, bone density])		X	
7.5.12	Follows changes in core clinical balances via diagnostic tests and signs and symptoms to monitor need for alterations in intervention strategies		X	
7.5.13	Initiates interprofessional team or referring practitioner consultation to review monitoring data and outcomes of interventions to identify next steps for interventions		X	
7.5.14	Identifies problems and barriers that are interfering with the interventions and recommends appropriate adjustments or referrals			X
Addresses underlying factors or barriers to intervention for improvement or adjustment of the intervention plan				
7.5.15	Modifies intervention strategies as needed (eg, considering culture, psychosocial, change in living/care situation, progress/change in goal, change in health status parameters); seeks assistance as needed	X		
7.5.16	Documents processes and outcomes	X		

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Each RDN in NIFM:		C	P	E
7.5.17	Modifies intervention strategies as appropriate to address patient/client needs, new/emerging situations (such as comorbidities and complications), and results of any further functional or other testing		X	
7.5.18	Arranges for additional integrative and functional resources/avenues of therapy (eg, chiropractic, Ayurveda, massage, acupuncture, naturopathy) to support the intervention plan in meeting desired patient/client outcomes in consultation with interprofessional team as needed		X	
7.5.19	Monitors and evaluates delivery of patient/client care over time to adapt nutrition interventions/plans of care as indicated according to NIFM best practices and expertise		X	
7.5.20	Adjusts intervention strategies by drawing on practice experience, knowledge, clinical judgement, and research-/evidence-based practice about the patient/client populations in complicated and unpredictable situations			X
7.6 Participates in coordination and transitions of care				
7.6.1	Develops, communicates, and documents discharge nutrition care and education plan, and provides appropriate education materials, counseling, and resources (eg, arranging home delivered meals) to improve care: • as patients/clients transition from clinical setting to: o home or another care setting (eg, acute rehabilitation, skilled or long-term care) o home with recommendations for community-based services (eg, outpatient primary care, wellness sites, home care agency) • to communicate the plan of care with RDN in hospital outpatient clinic, community clinic (eg, federally qualified health center), or private practice for nutrition-related chronic condition(s) or other health care services	X		
7.6.2	Collaborates with interprofessional team and other agencies and providers to coordinate nutrition care (eg, social services, integrative providers) and maintenance, for future considerations for referrals or follow-up, and any other specific NIFM-related instructions or information		X	

[a]**Interprofessional:** The term *interprofessional* is used in this evaluation resource as a universal term. It includes a diverse group of health care team members (eg, physicians, naturopathic doctors, physician assistants, chiropractors, nurses, dietitian nutritionists, pharmacists, massage therapists), that work collaboratively to improve health outcomes, depending on the setting and needs of the individual/patient/client.

[b]**Advocate:** An *advocate* is a person who provides support and/or represents the rights and interests at the request of the patient/client. The person may be a family member or an individual not related to the patient/client who is asked to support the patient/client with activities of daily living or is legally designated to act on behalf of the patient/client, particularly when the patient/client has lost decision-making capacity. (Adapted from definitions within The Joint Commission Glossary of Terms[111])

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[c]**Shared decision making**: *Shared decision making* is a collaborative process where patients and clinicians work together to better understand the patient's experience and health care needs. The process respects the patient's awareness of options, their choice and provides an opportunity for them to participate in the decision-making process. Information is provided with tools and aids to explain the pros and cons, costs and benefits of intervention options and this can help choose the option that best aligns with their preferences, values, beliefs, emotional state and perceived capabilities. The process is dynamic and nonjudgemental in that additional information is provided with transparency and the patient's decision is not judged.[112,113]

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