



**Dietitians Board**

Te Mana Mātanga Mātai Kai

# PROFESSIONAL STANDARDS & COMPETENCIES FOR DIETITIANS

NOVEMBER 2017

# Acknowledgements

## **The Dietitians Board acknowledges the key stakeholders and individuals who participated in the development of the *Professional Standards & Competencies for Dietitians*.**

An expert working group reviewed the Registration Competency Requirements (2009) and developed the *Professional Standards & Competencies for Dietitians*. The expert working group, led by Dr Louise Mainvil (Dietitians Board), included representatives from the Dietitians Board (Vicky Campbell, Hiki Pihema, Sue Domanski), Dietitians New Zealand (Vicki Robinson), District Health Boards' Leaders Group (Teresa Stanbrook), Massey University (Associate Professor Rozanne Kruger), The University of Auckland (Associate Professor Clare Wall), and University of Otago (Louise Beckingsale). Dr Louise Mainvil and Sue Domanski, Registrar of the Dietitians Board, drafted the *Professional Standards & Competencies for Dietitians* in collaboration with the Expert Working Group.

The Dietitians Board and Expert Working Group thanks dietetic practitioners who contributed to the initial review of Registration Competency Requirements in early 2016 and an initial draft *Professional Standards & Competencies for Dietitians* in mid-2017. The Dietitians Board also thanks dietetic practitioners and members of the wider public who reviewed refined *Professional Standards & Competencies for Dietitians* in late-2017.

*The process used to develop these competency standards is described in Appendix 1.*

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## 1 Mihi

Tēnā koutou, tēnā tātau katoa. Tēnei ka mihi, ka tangi ki te hunga kua whetūrangitia.

E koa ana te Poari Mātanga Kai ki te tāpae atu i ngā *Paerewa me ngā Āheinga Ngaio mō ngā Mātanga Kai* māna ka whakatakoto i ngā mātauranga, i ngā pūkenga, i ngā waiaro me ngā whanonga e hiahiatia ana mō ngā mahi tohutohu kōwhiringa kai i ngā horopaki maha o Aotearoa.

Tēnei ka mihi ki ngā tāngata katoa i whai wāhi mai ki ngā mahi nui hei whakarite i tēnei pukapuka.

Otirā, tēnā koutou, kia piki te ora.

Greetings to everyone, and to those who have passed on, we greet and acknowledge you also.

The Dietitians Board is pleased to present the *Professional Standards and Competencies for Dietitians* which defines the knowledge, skills, attitudes and behaviours required for dietetic practice in a variety of contexts in New Zealand.

We thank everyone for their hard work in developing this document.

Once again, greetings and best wishes.





# 2

## Introduction

The Dietitians Board protects the health and safety of the New Zealand public by ensuring that every dietitian working in New Zealand is competent, fit to practise and meets standards of professionalism as required by the *Health Practitioners Competence Assurance Act (HPCA Act 2003)*.

*Professional Standards & Competencies for Dietitians* define the knowledge, skills, attitudes and behaviours required for dietetic practice in a variety of contexts. They describe the minimum standards and competencies required for practice as a dietitian in New Zealand. They are a reference for the Dietitians Board in exercising its statutory functions – they are the standards that uphold a dietitian’s professional credibility to the public and other health professionals. These standards are designed for a dietetic workforce with increasingly diverse roles in health and other sectors and are central to the identity of the dietetic profession.

A range of organisations and people will use these competency standards for various purposes.

*Professional Standards & Competencies for Dietitians* can be used by:

### Dietitians Board to:

- Accredite university qualifications required for registration as a dietitian
- Assess qualifications and competence requirements for both New Zealand-trained and overseas-trained candidates seeking registration in New Zealand
- Assess continuing competency programmes for registered dietitians
- Assess competence requirements for dietitians returning to practise after a significant absence

### Universities to:

- Develop and evaluate curricula (including assessments) for accredited qualifications
- Assist students with comprehending expectations for dietetic practice and setting long-term goals for professional development

### Dietitians to:

- Identify personal development and continuing education needs for self-directed lifelong learning
- Review competence prior to changing an area of practice

### Employers and Managers to:

- Recognise the variety of professional roles that dietitians can perform
- Recognise the dietetic practice context
- Describe safe workplace performance
- Identify workplace performance standards, competencies and expectations
- Provide a framework to support supervision

### Other Health Professionals to:

- Understand the broad scope of dietetic practice and the competency requirements for dietitians

### Clients and the Public to:

- Identify the standards against which the public can expect safe and competent practice
- Recognise the required knowledge, skills and behaviours of dietitians
- Recognise the variety of professional roles that dietitians may perform





# 3

## The Role of a Registered Dietitian in New Zealand

The Dietitian is the health professional registered to practise dietetics in New Zealand. Registered Dietitians practise autonomously and in collaborative teams to improve health and well-being. They practise within the limits of their education and competence; they are accountable and responsible for their actions.

### Scope of Practice

Under the HPCA Act (2003) the Dietitians Board describes the profession of dietetics in one Scope of Practice:

Dietitians are registered health practitioners who evaluate scientific evidence about food and nutrition and translate it into practical strategies. Dietitians work in partnership with individuals, whānau, communities and populations, in states of health and disease, to support optimal health and well-being.

Dietitians use their dietetic knowledge, skills, and judgement in a variety of contexts, which includes promoting and protecting public health, directing and delivering medical nutrition therapy services, and managing food and health systems. They may perform a variety of functions, including policy development, leadership, management, research, education, and communication roles.

Dietitians with a prescribing endorsement are able to prescribe Special Foods and approved nutrition-related medicines.

Dietitians are accountable for ensuring that their practice is consistent with the Dietitians Board's competency requirements, *Code of Ethics and Conduct*, and relevant legislation.

The Dietitians Board has one Restricted Activity – *Prescribing of enteral and parenteral nutrition where the feed is administered through a tube into the gut or central venous catheter.*

The **Dietitian Prescriber Endorsement** is held by a number of Dietitians who are able to prescribe and authorise subsidised dispensing of approved nutrition-related medicines, in addition to all Special Foods.



## Definition of Dietetic Practice

Registered Dietitians work in a wide range of places assisting people to improve their health and lifestyle through optimal nutrition. Registered Dietitians in New Zealand may be found using their dietetic skills and knowledge while working (or volunteering):

- in public health, food service management or clinical settings,
- as a service manager/advisor or leader working in a healthcare environment,
- as a dietetic or nutrition educator/lecturer/researcher,
- as a policy advisor,
- as a consultant, or as part of a multidisciplinary team, providing dietetic services to individuals or groups in areas such as elite sport/personal training or aged care,
- in media or communications, and
- as a nutritionist.

Dietitians can be found working anywhere that involves people, food, nutrition, physical activity, health or well-being. Workplaces might include government agencies, local government, publically and/or privately funded organisations, public health providers, health centres, hospitals, rest/care homes, private practices, commercial organisations (e.g. food or pharmaceutical manufacturers, distributors, services), education providers (kohanga reo/early childhood, schools, polytechnics, universities), research institutes, media, armed forces, correctional facilities, sports institutes, sport/fitness centres, gyms, whare hauora, or people's homes.



## 4 Cultural Responsiveness

**New Zealand is culturally and ethnically diverse, and the many cultures that make up our communities provide a myriad of approaches and perspectives about healthcare. Dietetic practice is even more complex and challenging because food is often a very important part of an individual's culture.**

A dietitian must be culturally responsive and create culturally safe environments for dietetic practice. In its simplest form, cultural responsiveness is having the ability to interact and respond effectively and respectfully with individuals who have a different background or perspective on life than that of the practitioner. Communication can be facilitated by support people and interpreters. Having the competence to build and maintain a strong rapport and to motivate and empower individuals from different cultures is imperative to dietetic practice.

### ***Te Tiriti o Waitangi/Treaty of Waitangi***

The Government affirms that Māori as Tangata Whenua hold a unique place in our country, and that the Treaty of Waitangi is the nation's founding document. The introduction of the New Zealand Public Health and Disability Act (2000), confirms the Treaty's place within the health sector as fundamental to the improvement of Māori health.

The Treaty is an integral part of the HPCA Act (2003). In the health sector, key Treaty principles for involving Māori include partnership, participation and protection. The Dietitians Board is committed to ensuring these principles are acknowledged and actioned. This document includes both broad 'cultural' and Māori-specific competencies to honour this commitment.

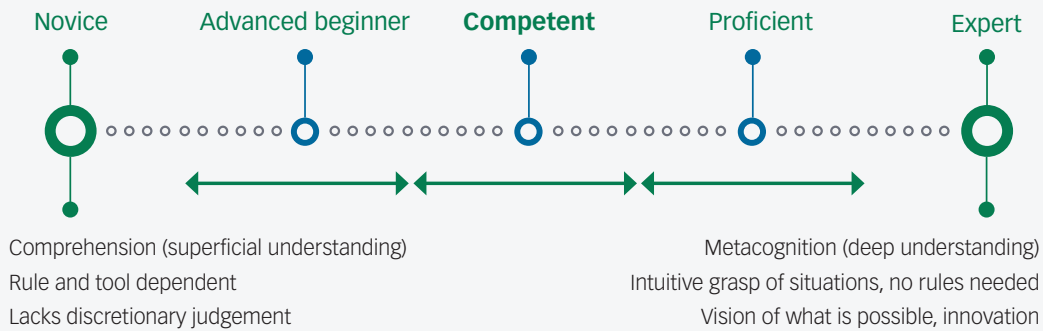




# 5

## Dietetic Competence

**Dietetic competence is the ability of a person to fulfil the dietetic role safely and effectively. It encompasses the entire spectrum of knowledge, skills, attitudes and behaviours specified in this document, but given the complexity of the role, acknowledges that full expertise will develop with experience:**



Source: Dreyfus SE. The five-stage model of adult skill acquisition. Bull Sci Technol Soc. 2004; 24(3):177-181.

A prescribed university qualification for registration (HPCA Act 2003, s15) indicates that a practitioner has moved beyond novice and advanced beginner level and is prepared to begin providing safe, competent and professional dietetic care in a variety of settings. Accredited dietetic education programmes assess core competencies to ensure competency standard achievement at a minimum level.

An experienced dietitian supervises all newly registered dietitians in their first year of practice in New Zealand. Their practice supervisor assists them with professional development and enhancing their practice through quality improvement processes and lifelong learning.

It is the dietitian's responsibility to ensure they meet minimum standards and competencies in their area of practice. If they change their area of dietetic practice, then upskilling may be required to meet minimum standards. Over time, the Registered Dietitian, as a reflective practitioner and lifelong learner, will continually critique his/her performance until relevant competency standards are accomplished at an advanced level.

All Registered Dietitians are required to participate in the Dietitians Board's Continuing Competency Programme (HPCA Act 2003, s40) for maintaining, examining and improving professional standards and competencies in the vocational scope of dietetics. Ensuring a dietitian's competence and fitness to practise (HPCA Act 2003, s15 & s16) also protects the health and safety of members of the public.



# 6

## Professional Standards & Competencies for Dietitians

Registered Dietitians use their dietetic knowledge, skills, and judgement in a variety of contexts to support optimal nutrition, health and well-being. They draw on a wide range of competencies to perform various functions such as promoting and protecting public health, directing and delivering medical nutrition therapy services, and managing food and health systems.

The **Professional Standards & Competencies for Dietitians** consist of five **integrated themes** which collectively describe the characteristics of a competent Registered Dietitian and the abilities to be demonstrated in practice:

-  Food, Nutrition & Health Expertise
-  Communication & Collaboration
-  Management & Leadership
-  Professionalism
-  Scholarship

The competency standards and core competencies for each theme reflect dietetic knowledge and skills that are used across practice settings. They are designed for a flexible workforce and highlight the diverse roles that Registered Dietitians may perform in any setting.

Each theme begins with a **definition** that provides context for the competencies. Dietetic characteristics, roles and practice features are outlined.

Following that, the **competency standards** are described. These are the overarching practices required for dietitians to work safely and effectively across the breadth of dietetic practice. Initially, dietetic performance may be at a minimum level but this will advance over time with reflective practice and lifelong learning.

The **core competencies** describe the essential and measurable components of each competency standard. They describe the knowledge, skills, attitudes, and behaviours that apply to all Registered Dietitians regardless of role, area of practice or setting.





## Food, Nutrition & Health Expertise

### Dietitians will:

<b>1.1</b> Use evidence-based nutrition knowledge and dietetic expertise, reasoning and judgement to optimise nutrition, health and well-being	<b>1.2</b> Apply nutrition knowledge and dietetic expertise, reasoning and judgement to nutritional assessments	<b>1.3</b> Manage food service systems to optimise nutrition, health and well-being	<b>1.4</b> Implement effective public health nutrition interventions to promote and protect population health and well-being	<b>1.5</b> Implement evidence-based nutrition and dietetic interventions to prevent, treat and manage food and nutrition-related diseases, injuries and conditions and to optimise health and well-being
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## Communication & Collaboration

### Dietitians will:

<b>2.1</b> Demonstrate effective oral and written communication and interpersonal skills to enhance relationships in dietetic practice	<b>2.2</b> Use effective client-centred oral and written communication strategies to optimise nutrition, health, well-being and performance outcomes	<b>2.3</b> Collaborate with nutrition, dietetic, interprofessional and intersectoral colleagues, clients and other stakeholders to establish and achieve common goals
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## Management & Leadership

### Dietitians will:

<b>3.1</b> Demonstrate effective management skills to optimise service quality	<b>3.2</b> Demonstrate effective leadership in professional practice
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## Professionalism

### Dietitians will:

<b>4.1</b> Practise safely and effectively	<b>4.2</b> Practise according to New Zealand legal and ethical requirements	<b>4.3</b> Practise within the New Zealand cultural context
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## Scholarship

### Dietitians will:

<b>5.1</b> Develop nutrition and dietetic expertise, reasoning and judgement through lifelong, evidence-based learning	<b>5.2</b> Contribute to research initiatives that enhance nutrition and dietetic practice	<b>5.3</b> Use information and communication technology to enhance research and dietetic practice
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## Food, Nutrition & Health Expertise

Dietitians<sup>1</sup> have a strong foundation in biological sciences and human nutrition with specialist skills in dietetics. They understand food, health and social systems from health promotion and pathogenic perspectives. Dietitians use interdisciplinary<sup>2</sup> knowledge and skills to manage food service systems and to deliver population and personal health, food, nutrition and dietetic services. Their interdisciplinary expertise informs dietetic reasoning, judgement and approaches to problem solving and enables engagement in interprofessional and intersectoral practice.

Competency Standards	Core Competency
Dietitians will:	Dietitians are able to:
<p><b>1.1</b> Use evidence-based nutrition knowledge and dietetic expertise, reasoning and judgement to optimise nutrition, health and well-being</p>	<p>1.1.1 Apply knowledge of nutrition science and medical nutrition therapy for people in states of health and disease</p> <p>1.1.2 Apply knowledge of sustainable food systems, food service management, food products and food preparation practices influencing nutrition and health</p> <p>1.1.3 Apply knowledge of public health nutrition, including health equity, population monitoring and surveillance, community capacity building, and public health intervention planning, implementation and evaluation</p> <p>1.1.4 Use appropriate interdisciplinary<sup>2</sup> principles and frameworks to assess and identify client<sup>3</sup> and stakeholder needs and to plan, implement, monitor, evaluate and adapt dietetic strategies</p>
<p><b>1.2</b> Apply nutrition knowledge and dietetic expertise, reasoning and judgement to nutritional assessments</p>	<p>1.2.1 Assess the nutrient composition and/or nutritional quality of food products, composite foods, menus and food environments</p> <p>1.2.2 Use appropriate dietary assessment methods to assess food and nutrient intakes of individuals and populations</p> <p>1.2.3 Assess the nutritional status of populations and individuals in states of health and disease, using appropriate dietary, biochemical, anthropometric, physical/observed, clinical and historical data</p> <p>1.2.4 Assess physical environments and economic, political and socio-cultural factors affecting client food choice and intake</p>

Terms are defined in the Glossary on pages 17-21.

<sup>1</sup> Dietitians are the only nutrition health profession to be regulated under the Health Practitioners Competence Assurance Act (2003). Most Registered Dietitians have an accredited undergraduate science/health science degree in human nutrition, as well as a postgraduate qualification in Dietetics.

<sup>2</sup> Principles from other disciplines (eg. natural, biological, behavioural and social sciences and management) are embedded in dietetic practice models.

<sup>3</sup> A client is a person/population or organisation using a dietetic service (Glossary, on page 17).



Competency Standards	Core Competency
Dietitians will:	Dietitians are able to:
<p><b>1.3</b> Manage food service systems to optimise nutrition, health and well-being</p>	<p><b>1.3.1</b> Use knowledge of operational large-scale food production and distribution systems transforming inputs to quality food that is safe, suitable, nutritionally adequate, culturally acceptable, practical, affordable and accessible</p> <p><b>1.3.2</b> Assess, plan, implement, monitor, evaluate and adapt food service systems<sup>4</sup> to meet client and stakeholder needs</p> <p><b>1.3.3</b> Demonstrate financial, technological and environmental literacy and optimise resources to provide safe, effective, efficient and sustainable food services</p> <p><b>1.3.4</b> Identify and manage risks to food service systems</p>
<p><b>1.4</b> Implement effective public health nutrition interventions to promote and protect population health and well-being</p>	<p><b>1.4.1</b> Apply public health principles, frameworks, theories and models to promote healthy socio-ecological systems</p> <p><b>1.4.2</b> Identify, prioritise and advocate for structural interventions to address population food and nutrition needs</p> <p><b>1.4.3</b> Identify and collaborate with key stakeholders from diverse settings to influence structural change</p> <p><b>1.4.4</b> Assess, plan, implement, monitor, evaluate and adapt public health nutrition interventions to meet client and stakeholder needs and reduce health inequalities</p> <p><b>1.4.5</b> Assist vulnerable communities to build their capacity for health promotion</p>
<p><b>1.5</b> Implement evidence-based nutrition and dietetic interventions to prevent, treat and manage food and nutrition-related diseases, injuries and conditions and to optimise health and well-being</p>	<p><b>1.5.1</b> Apply clinical nutrition and medical nutrition therapy principles* and models to client-centred care across the lifespan (*includes aetiology, pathophysiology and pharmacology elements)</p> <p><b>1.5.2</b> Analyse assessment data to identify nutrition diagnoses, prioritise problems and formulate goals in collaboration with client</p> <p><b>1.5.3</b> Develop, implement, monitor, evaluate and adapt client-centred nutrition care plans based on assessment data and clinical reasoning</p> <p><b>1.5.4</b> Prescribe, monitor and evaluate Special Foods (oral, enteral and parenteral products) and approved nutrition-related medicines to optimise nutritional status</p> <p><b>1.5.5</b> Maintain clear, accurate and appropriate records of the nutrition care process using standardised terminology</p> <p><b>1.5.6</b> Contribute dietetic expertise, reasoning and judgement to interprofessional clinical teams, participating in shared decision making and implementation and evaluation of client-centred care</p>

Terms are defined in the Glossary on pages 17-21.

<sup>4</sup> Food service systems include resource management, food safety and hygiene, sensory quality, nutrition and diets, menus, standardised recipes and portions, communication, service and sustainability.



## Communication & Collaboration

As communicators, dietitians facilitate discussions with people (individuals, family/whānau, groups, employees, volunteers, organisations, communities and populations) from various cultural, socioeconomic, organisational and professional backgrounds. They engage, motivate, empower, and enable people through gathering and sharing essential information.

Dietitians communicate and collaborate with diverse groups effectively and respectfully in an effort to enhance relationships and pursue common goals. They establish and maintain therapeutic and professional partnerships and relationships with people to enhance dietetic, interprofessional and intersectoral practice.





Competency Standards	Core Competency
Dietitians will:	Dietitians are able to:
<p><b>2.1</b> Demonstrate effective oral and written communication and interpersonal skills to enhance relationships in dietetic practice</p>	<p>2.1.1 Assess people’s communication needs and respond in a manner that is appropriate to their level of understanding, culture and preferred ways of communicating</p> <p>2.1.2 Critically reflect on how their own personal values, beliefs and practices influence their communications</p> <p>2.1.3 Respect Tikanga when communicating with Māori</p> <p>2.1.4 Establish and maintain professional relationships that are characterised by trust, respect, empathy and cultural safety</p> <p>2.1.5 Communicate evidence-based messages appropriately and responsibly utilising media, social media and other communication channels</p>
<p><b>2.2</b> Use effective client-centred oral and written communication strategies to optimise nutrition, health, well-being and performance outcomes</p>	<p>2.2.1 Apply principles of behavioural psychology, counselling and learning to client-centred dietetic practice</p> <p>2.2.2 Engage, motivate, empower and enable<sup>5</sup> individuals, families/whānau and groups to achieve dietary behaviour and lifestyle change goals</p> <p>2.2.3 Demonstrate commitment to incorporating traditional Māori values, models of care and family/whānau support into Māori client-centred care</p> <p>2.2.4 Communicate with clients at an appropriate health and food literacy level to support informed decisions</p> <p>2.2.5 Engage, motivate, empower and enable employees and volunteers to provide quality food, nutrition and health services</p> <p>2.2.6 Engage, motivate, empower and enable organisations to create health promoting environments</p>
<p><b>2.3</b> Collaborate with nutrition, dietetic, interprofessional and intersectoral colleagues, clients and other stakeholders to establish and achieve common goals</p>	<p>2.3.1 Apply principles of team leadership, team work dynamics and group processes to support collaborative practice, and describe their own role and the roles of others within the team</p> <p>2.3.2 Seek out, integrate and value the input and engagement of colleagues, clients and other stakeholders in shared decision making and designing, implementing and evaluating client-centred care/ services</p> <p>2.3.3 Demonstrate basic conflict resolution, mediation, advocacy, negotiation and assertiveness techniques</p>

Terms are defined in the Glossary on pages 17-21.

<sup>5</sup> Dietetic advice needs to be affordable and practicable for clients; food insecure households may require income/food assistance services.



## Management & Leadership

Dietitians demonstrate management and leadership skills appropriate to their experience and role descriptions across a range of settings. In work and professional environments, dietitians set measurable standards and coordinate resources (human, financial and physical) to achieve goals.

They can lead teams and coordinate the work of others.

Competency Standards	Core Competency
Dietitians will:	Dietitians are able to:
<p><b>3.1</b> Demonstrate effective management skills to optimise service quality</p>	<p>3.1.1 Apply management principles and skills to dietetic practice</p> <p>3.1.2 Use quality management principles to develop and sustain a safe, effective, efficient, client-centred service</p> <p>3.1.3 Contribute to strategic planning and understand its role in developing and improving services</p>
<p><b>3.2</b> Demonstrate effective leadership in professional practice</p>	<p>3.2.1 Apply leadership principles within professional, legal and ethical frameworks</p> <p>3.2.2 Identify organisational culture and its influences on professional leadership and practice</p> <p>3.2.3 Encourage and support a safe environment for collegial professional practice and innovation</p> <p>3.2.4 Identify problems and solutions and lead change to enhance professional practice</p> <p>3.2.5 Demonstrate commitment to interprofessional and intersectoral practice</p> <p>3.2.6 Advocate for the value dietitians bring to organisations and society</p> <p>3.2.7 Encourage and support others to engage in personal and professional development activities for career growth and skill enhancement</p>

Terms are defined in the Glossary on pages 17-21.





## Professionalism

Dietitians understand professional responsibility and standards of behaviour and their legal and ethical obligations to practise safely and effectively within the New Zealand cultural context. They are committed to lifelong learning and accept responsibility for acquiring and maintaining professional competence.

Competency Standards	Core Competency
Dietitians will:	Dietitians are able to:
<b>4.1 Practise safely and effectively</b>	4.1.1 Critically reflect on professional practice 4.1.2 Maintain professional standards and responsibility (includes competence, professional conduct and fitness to practise) 4.1.3 Evaluate self-performance and recognise and address limitations of professional knowledge, skills and abilities (including cultural competence) 4.1.4 Demonstrate a commitment to lifelong personal and professional development and self-care 4.1.5 Identify and respect professional boundaries 4.1.6 Identify and assess health and safety risk and work with employers and employees to develop safe environments
<b>4.2 Practise according to New Zealand legal and ethical requirements</b>	4.2.1 Comply with legislation, statutory codes and professional and ethical frameworks for dietetic practice 4.2.2 Use appropriate procedures for informed consent 4.2.3 Maintain confidentiality, privacy and security of client information
<b>4.3 Practise within the New Zealand cultural context</b>	4.3.1 Apply knowledge of New Zealand food, health and social systems 4.3.2 Critique and contribute to the development of New Zealand policies influencing food, nutrition and health systems 4.3.3 Advocate for the client within broader systems 4.3.4 Advocate for social justice and health equity for all groups including Māori 4.3.5 Contribute to the reduction of social and health inequalities 4.3.6 Apply Te Tiriti o Waitangi principles, Tikanga and Māori models of health (such as Te Whare Tapa Wha) to dietetic practice 4.3.7 Be culturally responsive to client values, beliefs, and practices in relation to food, nutrition and health

Terms are defined in the Glossary on pages 17-21.



## Scholarship

Scholarship leads the development of the discipline of dietetics, refining its content and approaches. Dietitians demonstrate lifelong commitment to excellence in evidence-based nutrition and dietetic practice. They routinely critically appraise and summarise evidence, and they evaluate their practice. They contribute to research by developing and disseminating new knowledge. Dietitians use technology to facilitate their scholarship activities.

Competency Standards	Core Competency
Dietitians will:	Dietitians are able to:
<p><b>5.1</b> Develop nutrition and dietetic expertise, reasoning and judgement through lifelong, evidence-based learning</p>	<p>5.1.1 Demonstrate evidence-based dietetic practice</p> <p>5.1.2 Apply critical thinking principles and problem solving techniques to dietetic practice</p> <p>5.1.3 Conduct a comprehensive literature search, critically appraise and interpret research evidence, and consolidate findings</p> <p>5.1.4 Implement, evaluate and develop evidence-based practice guidelines and standards for dietetic practice</p> <p>5.1.5 Audit and monitor adherence to standards</p> <p>5.1.6 Conduct formative, process and impact/outcome evaluations to develop and monitor interventions and assess effectiveness</p> <p>5.1.7 Use quality management principles to improve outcomes, systems and contribute to the evidence base</p>
<p><b>5.2</b> Contribute to research initiatives that enhance nutrition and dietetic practice</p>	<p>5.2.1 Apply relevant research principles, methodologies (qualitative and quantitative) and technologies to advance dietetic practice</p> <p>5.2.2 Coordinate a nutrition, dietetic or interprofessional research project</p> <p>5.2.3 Disseminate research findings to advance evidence-based nutrition and dietetic practice</p>
<p><b>5.3</b> Use information and communication technology to enhance research and dietetic practice</p>	<p>5.3.1 Use technology and standardised terminology to retrieve, interpret, store, analyse and disseminate information</p> <p>5.3.2 Evaluate and contribute to the development of user-centred technologies to enhance dietetic practice</p> <p>5.3.3 Demonstrate knowledge of advancing technology and health informatics</p>

Terms are defined in the Glossary on pages 17-21.



## Glossary

Term	Meaning in context of dietetic practice in New Zealand
<b>Client</b>	A client is a person/population or organisation using a dietetic service. <sup>1</sup> In this document, it also refers to the intended service population. Depending on the setting, dietetic service users could be individuals, groups of individuals, employees, volunteers, families/whānau, community groups, organisations or populations.
<b>Client-centred</b>	A client/person/patient-centred approach focuses on the needs, interests and wishes of the client. The client (or representative) plays a central role in assessing, planning and evaluating their dietetic care. This requires the dietitian to build non-judgemental, empathic and genuine relationships with clients in a safe and trusting environment.
<b>Collaboration</b>	Collaboration is the action of two or more people working together or with others cooperatively to achieve a common goal. Dietitians may work in partnership with nutrition, dietetic, interprofessional and/or intersectoral colleagues, clients (including family/whānau), and other stakeholders to plan and deliver quality services. Elements of effective collaborative practice include respect, trust, shared decision-making and partnership. <sup>2</sup>
<b>Community</b>	A community is a group of people either living in a geographically defined area or having a shared characteristic. <sup>1</sup>
<b>Competence</b>	Competence is “the ability to do something successfully or efficiently” <sup>1</sup> . Competent dietitians practise safely (do no harm, cause no adverse effects) and effectively (achieve a desired result) in a range of settings and in situations of varying levels of complexity. An individual’s level of competence in any situation will be influenced by many factors including qualifications, dietetic experience, professional development, and the dietitian’s ability to integrate required knowledge, skills, attitudes and personal attributes into their practice (reasoning, judgements, actions).
<b>Competency standards</b>	Competency standards describe the overarching practices required for dietitians to work safely and effectively across the breadth of dietetic practice. Each standard has a set of core competencies.
<b>Core competencies</b>	Core competencies are the essential and measurable components of each competency standard. They describe the knowledge, skills, attitudes and behaviours that apply to all Registered Dietitians regardless of role, area of practice, or setting.
<b>Culture</b>	Culture is “the ideas, customs, and social behaviour of a particular people or society” <sup>1</sup> . Culture essentially describes “the ways members of a group understand each other and communicate that understanding” <sup>3</sup> . The dynamic programming of the human mind harbours and expresses cultural values and customs that distinguish members of one group from others. Cultural groups can differ based on age, gender, sexual orientation, ethnicity, occupation, socioeconomic status, social class, organisation, impairment, beliefs, lifestyle and other factors.



Term	Meaning in context of dietetic practice in New Zealand
<b>Cultural competence</b>	Cultural competence is the dietitian’s ability to practise safely and effectively with a culturally diverse range of people. A dietitian needs to be aware of his/her own cultural biases and respect cultural differences. The dietitian accepts responsibility for acquiring and incorporating knowledge and skills to better understand members of other cultures and to develop therapeutic relationships with them for optimal client-centred care. Dietitians are committed to inclusivity, social justice and health equity.
<b>Cultural safety</b>	Cultural safety supports and promotes equity in health care. Given cultural diversity between and within cultural groups, only the client can determine the cultural appropriateness of their dietetic care. To achieve optimal outcomes, the dietitian needs to be culturally aware, sensitive and competent to identify and incorporate the client’s unique cultural beliefs, values and customs into their care. The dietitian does not rely on unconscious bias, assumptions or stereotypes that could adversely impact processes and outcomes. Any action that diminishes, demeans or disempowers the client’s cultural identity and well-being is considered to be unsafe cultural practice.
<b>Evidence-based practice</b>	Evidence-based dietetic practice is “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients” <sup>4</sup> , taking into consideration client needs and preferences and dietetic expertise. <sup>4,5</sup> Best evidence comes from systematic, well-designed research studies. Dietetic expertise, reasoning and judgement is developed through experience and continuing education.
<b>Food</b>	Food is “any nutritious substance that people...eat or drink...in order to maintain life and growth” <sup>1</sup> .
<b>Food preparation</b>	Food preparation requires knowledge and skills to select, process, measure and combine ingredients to prepare food for eating.
<b>Food service</b>	Food service is the component of the food system involved with routinely feeding large groups of people (e.g., hospital, rest home, residence hall, school, workplace canteens). Food is purchased/donated, stored, prepared, distributed and served following management standards to ensure safe, suitable, nutritious, quality food delivery and client access.
<b>Food systems</b>	Food systems are systems related to the production, processing, distribution, marketing, preparation, consumption and disposal of food.
<b>Health</b>	Health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” <sup>6</sup> .
<b>Health equity</b>	Health equity promotes fair and just health outcomes for all members of society. Relevant human rights include non-discrimination, equality, a level of education to fully participate in society, and a standard of living adequate for health. Efforts are made to remove structural barriers that create and maintain the gap between advantaged and disadvantaged groups. <sup>7</sup>



Term	Meaning in context of dietetic practice in New Zealand
<b>Health inequalities</b>	Health inequalities are the measurable outcomes that identify and monitor avoidable, unnecessary and unjust differences in the health of different population groups. Disparities accumulate across lifetimes and generations, so a life-course approach is needed. <sup>7</sup>
<b>Health informatics</b>	Health informatics is “the science of processing [health] data for storage and retrieval” <sup>1</sup> . Data is stored and retrieved for assessment and evaluation purposes.
<b>Health literacy</b>	Health literacy is the client’s “knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course” <sup>8</sup> .
<b>Health systems</b>	A health system “consists of all organisations, people and actions whose primary intent is to promote, restore or maintain health” <sup>9</sup> . Services could include public health, primary care, secondary or acute care, tertiary care, respite care, restorative care and continuing care.
<b>Informed consent</b>	The dietitian engages with the client/legal guardian/organisation to ensure they have received and understood the information that a reasonable person in the same situation would require to make an informed decision about their dietetic care. The client makes an informed decision and consents before initiating treatment/intervention. <sup>10</sup>
<b>Interdisciplinary</b>	Interdisciplinary means “relating to more than one branch of knowledge” <sup>1</sup> . Principles from multiple disciplines are embedded in dietetic practice models (e.g. natural and biological sciences, behavioural and social sciences, and management).
<b>Interprofessional practice</b>	Interprofessional practice is “two or more professions working together as a team with a common purpose, commitment and mutual respect” <sup>11</sup> .
<b>Intersectoral practice</b>	Intersectoral practice/action refers to actions undertaken by non-health sectors (e.g., education, employment, social development), possibly in collaboration with the health sector, to improve health or health equity outcomes. <sup>12</sup>
<b>Leadership</b>	Leadership is the act of “leading [guiding/organising] a group of people or an organization” <sup>1</sup> .
<b>Management</b>	Management is the discipline and process of planning, organising, implementing, controlling and evaluating. <sup>13</sup> Management roles can be classified into three broad categories: interpersonal, informational and decisional. <sup>14</sup> Managers set measurable standards/objectives for a business/organisation/service/project and manage resources (human, financial, physical) to achieve them. They manage performance, quality, marketing and communications, and risk to achieve management outcomes.



Term	Meaning in context of dietetic practice in New Zealand
<b>Medical nutrition therapy</b>	In this document, medical nutrition therapy refers to evidence-based clinical nutrition and dietetic care for individuals with food and nutrition-related: medical conditions, disease risk factors, diseases and co-morbidities. Nutrition and dietetic care may be delivered individually or in groups and may include nutrition and diet therapy, counselling, education and/or support services. Therapy may involve dietary and/or lifestyle change, prescribed Special Foods and/or approved nutrition-related medicines, enteral feeding directly into the gut or parenteral/intravenous feeding.
<b>Nutrition</b>	Human nutrition is “the science of food, the nutrients and other substances contained therein, their action, interaction, and balance in relation to health and disease” <sup>15</sup> . It includes “normal nutrition (caloric [energy] and nutrient requirements throughout the life cycle and for specific populations)... and nutritional epidemiology” <sup>15</sup> .
<b>Nutritional status</b>	Nutritional status refers to the human body having sufficient nutrients to meet its metabolic needs in states of health and disease. Dietitians take many factors into account when assessing an individual’s nutritional status including food and nutrition-related history, dietary intake, biochemical data, clinical tests and procedures, anthropometric measurements, nutrition-focused physical findings, and client history.
<b>Population health</b>	Population health refers to the overall health of a large population (e.g., New Zealand, Waikato or Hamilton). It is concerned with population health outcomes and the distribution of these outcomes among population subgroups (health equity). Public health approaches are used to improve outcomes.
<b>Public health</b>	Public health is “the science and art of preventing disease, prolonging life and promoting health through organized efforts of society” <sup>16</sup> . It includes population health surveillance, community capacity building, and interventions to build healthy socio-ecological systems. <sup>17</sup>
<b>Research methodologies</b>	Dietetic research methodologies include qualitative research (inductive research to generate theory), quantitative research (deductive research to test theory), and mixed methods research (designed to integrate qualitative and quantitative research techniques).
<b>Resources</b>	Resources are “a stock or supply of money, materials, staff, and other assets...” that a person, group or organisation can draw upon to function effectively. <sup>1</sup>
<b>Science</b>	Science is the “... systematic study of the structure and behaviour of the physical and natural world through observation and experiment” <sup>1</sup> .
<b>Social justice</b>	Social justice is the fair and reasonable “distribution of wealth, opportunities, and privileges within a society” <sup>1</sup> . (refer health equity)
<b>Social science</b>	Social science is “the scientific study of human society and social relationships” <sup>1</sup> . It studies how people are influenced, behave and influence others.



Term	Meaning in context of dietetic practice in New Zealand
<b>Socio-ecological systems</b>	Socio-ecological systems, consisting of personal, socio-cultural and environmental elements, are complex and adaptive. Systems thinking is used to understand how elements influence one another within the whole, acknowledging multiple levels of influence: 1) social structure, public policy and systems; 2) community; 3) organisational; 4) interpersonal; and 5) individual. <sup>18</sup>
<b>Special Foods</b>	Special Foods are enteral and sip feeds and nutritional supplements, which may be fully or partially subsidised through PHARMAC (New Zealand’s Pharmaceutical Management Agency). Registered dietitians with Dietitian Prescriber Endorsement can prescribe Special Foods and approved nutrition-related medicines.
<b>Stakeholder</b>	A stakeholder is a person, group or organisation “with an interest or concern in something” <sup>1</sup> such as the success of an initiative.
<b>Structural interventions</b>	‘Structural’ public health nutrition interventions attempt to change social, economic, political or physical environments that shape and constrain food choice and intake.
<b>Sustainable food systems</b>	Sustainable food systems deliver food security and nutrition for all in such a way that the economic, social and environmental bases to generate food security and nutrition for future generations are not compromised. <sup>19</sup>
<b>Systems</b>	A system is a complex network of interacting, interrelated or interdependent elements that form a whole. <sup>1</sup>
<b>Tikanga</b>	This Māori word has a variety of meanings and is generally taken to mean ‘the Māori way of doing things.’ It refers to “the customary system of values and practices that have developed over time and are deeply embedded in the social context” <sup>20</sup> – it includes “correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol” <sup>20</sup> .



## References

1. English Oxford Dictionary [online]. No date [cited 2017 Sep 20]. Available from: <https://en.oxforddictionaries.com>.
2. World Health Organization. Framework for action on interprofessional education & collaborative practice [document on the Internet]. c2010 [cited 2017 Sep 20]. Available from: [http://apps.who.int/iris/bitstream/10665/70185/1/WHO\\_HRH\\_HPN\\_10.3\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf).
3. Durie M. Cultural competence and medical practice in New Zealand. Paper presented at: Australian and New Zealand Boards and Council Conference; 2001 Nov 22; Wellington.
4. Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what is it and what it isn't. *BMJ*. 1996;312(7023):71-72.
5. Melnyk BM, Gallagher-Ford L, Long LE, Fineout-Overholt E. The establishment of evidence-based practice competencies for practicing registered nurses and advanced practice nurses in real-world clinical settings: proficiencies to improve healthcare quality, reliability, patient outcomes, and costs. *Worldviews Evid Based Nurs*. 2014;11(1):5-15.
6. World Health Organization. WHO definition of health. c1946 [cited 2017 Sep 20]. Available from: <http://www.who.int>.
7. Braveman P. What is health equity: and how does a life-course approach take us further toward it? *Matern Child Health J*. 2014;18:366-372.
8. Sørensen K, Van den Broucke S, Fullam J, et al. Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health* [serial online]. 2012 [cited 2017 Sep 20];12:80. Available from: BioMed Central.
9. World Health Organization. Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action [document on the Internet]. c2007 [cited 2017 Sep 20]. Available from: [http://www.who.int/healthsystems/strategy/everybodys\\_business.pdf](http://www.who.int/healthsystems/strategy/everybodys_business.pdf).
10. Code of Health and Disability Services Consumers' Rights [code online]. c1996, 2004 [cited 2017 Sep 20]. Available from: <http://www.hdc.org.nz>.
11. Freeth D, Hammick M, Reeves S, Koppel I, Barr H. *Effective interprofessional education: development, delivery and evaluation*. Oxford: Blackwell Publishing; 2005.
12. World Health Organization, Public Health Agency of Canada. Health equity through intersectoral action: an analysis of 18 country case studies [document on the Internet]. c2008 [cited 2017 Sep 20]. Available from: [http://www.who.int/social\\_determinants/resources/health\\_equity\\_isa\\_2008\\_en.pdf](http://www.who.int/social_determinants/resources/health_equity_isa_2008_en.pdf).
13. Fayol H. *General and industrial management*. London: Pitman; 1949 transl (1919 orig.).
14. Mintzberg H. *The nature of managerial work*. New York: Harper and Row; 1973.
15. U.S. National Library of Medicine, National Institutes of Health. *Collection Development Manual. Human Nutrition* [online]. c2004 [cited 2017 Sep 20]. Available from: <https://www.nlm.nih.gov/tsd/acquisitions/cdm/subjects51.html>.





16. Acheson D. Public health in England: the report of the Committee of Inquiry into the Future Development of the Public Health Function. London: HMSO; 1988.
17. World Health Organization. The Ottawa Charter for Health Promotion [online]. c1986 [cited 2017 Sep 20]. Available from: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>.
18. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Educ Q. 1988;15(4):351-377.
19. HLPE. Food losses and waste in the context of sustainable food systems. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security, Rome 2014 [document on the Internet]. Available from: <http://www.fao.org/3/a-i3901e.pdf>.
20. Māori Dictionary [online]. No date [cited 2017 Sep 20]. Available from: <https://maoridictionary.co.nz>.





## Bibliography

- Canadian Interprofessional Health Collaborative. A National Interprofessional Competency Framework. c2010 [cited 2017 Sep 20]. Available from: <https://www.cihc.ca>.
- Canadian Nurses Association. Position statement: promoting cultural competence in nursing. c2010 [cited 2017 Sep 20]. Available from: <https://www.cna-aiic.ca>.
- Commission on Dietetic Registration. Essential Practice Competencies for the Commission on Dietetic Registration's Credentialed Nutrition and Dietetics Practitioners. c2015 [cited 2017 Sep 20]. Available from: <https://www.cdrnet.org>.
- Dietitians Association of Australia. National Competency Standards for Dietitians in Australia. c2015 [cited 2017 Sep 20]. Available from: <https://daa.asn.au>.
- European Federation of the Associations of Dietitians. European Dietetic Advanced Competences. c2012 [cited 2017 Sep 20]. Available from: <http://efad.org>.
- European Federation of the Associations of Dietitians. European Dietetic Competences and their Performance Indicators. c2009 [cited 2017 Sep 20]. Available from: <http://efad.org>.
- International Confederation of Dietetic Associations. International Competency Standards for Dietitian-Nutritionists: discussion paper. c2015 [cited 2017 Sep 20]. Available from: <http://www.internationaldietetics.org>.
- New Zealand Dietitians Board. Statement of Registration Competency Requirements. c2009 [cited 2017 Sep 20]. Available from: <http://www.dietitiansboard.org.nz>.
- Palmero C, Conway J, Beck EJ, Dart J, Capra S, Ash S. Methodology for developing competency standards for dietitians in Australia. *Nurs Health Sci*. 2016;18(1):130-137.
- Partnership for Dietetic Education and Practice. The Integrated Competencies for Dietetic Education and Practice. Version 2. c2013 [cited 2017 Sep 20]. Available from: <https://www.dietitians.ca>.
- Public Health Association of New Zealand. Generic Competencies for Public Health in Aotearoa-New Zealand. c2007 [cited 2017 Sep 20]. Available from: <http://www.publichealthworkforce.org.nz>.
- Royal College of Physicians and Surgeons of Canada. CanMEDS 2015 Physician Competency Framework. c2015 [cited 2017 Sep 20]. Available from: <http://canmeds.royalcollege.ca>.
- The British Dietetic Association. Curriculum Framework for the Pre-Registration Education and Training of Dietitians. c2008 [cited 2017 Sep 20]. Available from: <https://www.bda.uk.com>.
- The Royal New Zealand College of General Practitioners. Curriculum for General Practice. c2014 [cited 2017 Sep 20]. Available from: [www.rnzcgp.org.nz/](http://www.rnzcgp.org.nz/).
- World Public Health Nutrition Association. A competency framework for global public health nutrition workforce development: a background paper. c2011 [cited 2017 Sep 20]. Available from: [www.wphna.org](http://www.wphna.org).



## APPENDIX 1: *Professional Standards & Competencies for Dietitians review process*

The Dietitians Board protects the health and safety of the New Zealand public by ensuring that every dietitian working in New Zealand is competent, fit to practise, and meets standards of professionalism required by the *Health Practitioners Competence Assurance Act* (2003). The Dietitians Board is responsible for defining the scope of practice for dietitians and setting competency standards.

Over the past 21 months the Dietitians Board completed three projects that contributed to the development of the Professional Standards & Competencies for Dietitians: (1) *Scope of Practice* review, (2) *Registration Competency Requirements* review, and (3) development of the *Professional Standards & Competencies for Dietitians*.

### ***Scope of Practice review***

The Dietitians Board reviewed and updated the *Scope of Practice for Dietitians* (2017), which defines major dietetic work roles and functions in New Zealand. The revised Scope of Practice clarified the broad range of dietetic practice and included the prescribing endorsement. Two rounds of public consultation in 2016 informed refinements: initial feedback (21 submissions) helped to develop two versions of the Scope of Practice for the second round of consultation, and second round feedback (49 submissions) helped to develop the final version.


### ***Registration Competency Requirements review***

The Dietitians Board undertook two reviews of the *Registration Competency Requirements* (2009). Competency standards define the knowledge, skills and professional attributes that dietitians need to perform core functions outlined in the Scope of Practice. In early 2016, the Dietitians Board invited all dietetic practitioners to complete an online survey seeking feedback on the 2009 competency standards. In total, 162 of 630 practitioners commented on the strengths and limitations of the 2009 competencies in light of current practice and future workforce needs. The second review was completed by the Expert Working Group.

### ***Expert Working Group to develop Professional Standards & Competencies for Dietitians***

An Expert Working Group (EWG) was established in July 2016 to review competence requirements and update the competency standards. The EWG considered feedback from the initial consultation, completed a SWOT analysis of the 2009 standards and developed revised competencies in line with international best practice. The document was renamed *Professional Standards & Competencies for Dietitians*.

The EWG consisted of nine people representing six stakeholder groups: Dietitians Board (n= 4 including Māori Advisor and Registrar), Dietitians New Zealand, District Health Boards' Leaders Group, Massey University, The University of Auckland and University of Otago. These groups were frequent



users of the competency standards as regulators, employers and training providers. Collectively, stakeholder-nominated representatives had clinical, public health and food service management leadership roles in a range of practice settings.

The EWG met on eleven occasions in 2016 and 2017, identified six broad competency themes, and brainstormed minimum competence requirements. EWG members worked collaboratively to develop each theme; they organised brainstormed competence requirements, filled in gaps, and benchmarked them against national and international competency standards (refer Bibliography). The EWG met to discuss each theme, identify missing and redundant elements and gain consensus on minimum competence requirements. It was agreed that cultural responsiveness should be embedded across the themes, not stand-alone.

### ***Draft Professional Standards & Competencies for Dietitians development***

In early 2017, two EWG members wrote the first draft of the *Professional Standards & Competencies for Dietitians* based on EWG findings. The standards and competencies outline the knowledge, skills and professional attributes required for a flexible workforce that performs diverse roles in a range of settings. It recognises that professional practice requires integration of competencies across themes to support overall performance. The EWG critiqued the first draft and agreed moderate changes to theme definitions, competency standards and core competencies. The EWG also critiqued the second draft and agreed minor changes.

The Dietitians Board reviewed draft 3 and agreed it was ready for a wider independent review (subject to minor changes). EWG stakeholder groups nominated 135 registered dietitians from wide-ranging practice domains, employment settings and years of work experience to review the document. These dietitians represented clinical, public health, food service management, research & education, business, consultancy, management, media and sport & recreation practice settings as well as recent graduates (2013-2017). Fifty-nine of 135 invited practitioners completed the Dietitians Board's online survey. Participants indicated their agreement or disagreement with each draft competency standard (N=18) and core competency (N=95) using a Likert scale. There was at least 90% agreement with over three-quarters of the competencies, and at least 70% agreement with all competencies. In most instances >85% agreed or strongly agreed. A very small number of competencies had <75% agreement, which was the Dietitians Board's target of acceptance. Written comments revealed valuable insights that informed refinements.

The Dietitians Board reviewed draft 4 (16 competency standards, 76 core competencies) and released it for wider stakeholder consultation. Sixty-two individuals and six groups made a submission. Most participants were registered dietitians (87%), but other health professionals (10%) and a member of the public took part. The Ministry of Health, two health practitioner regulatory authorities, two dietetic professional associations, three employers and six educators were represented. There was over 80% agreement with the competencies for each theme. In response to a statement on "increasingly diverse roles... dietitians are required to work flexibly in a variety of settings", it was generally agreed that the *Professional Standards & Competencies for Dietitians* reflected the changing workforce (79% agreement) and changing needs of the NZ population (77% agreement).



Through all consultation phases the Dietitians Board's intent was to:

- Ensure dietetic competencies reflect the breadth of dietetic practice in New Zealand over the next 5-10 years to enable registered dietitians to practise safely and competently,
- Raise stakeholder awareness of Competency Standards and Core Competencies shared across practice domains and health professions, and
- Provide clarity and transparency for the public, employers, education providers, students and practitioners.



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