



Dietitians-Nutritionists around the World

Their Education and their Work

Practice Trends 2018-2019

Introduction

Historically, every four years, ICDA has conducted a survey of the education and work of Dietitian–Nutritionists in the member countries. In the last survey undertaken in 2016, there was an increase in the number of National Dietetic Associations (NDA) reporting that Dietitian-Nutritionists were working in a wider range of settings, in addition to the traditional hospital based work. Different ways of working were also reported.

This survey was conducted to collect more information about the changes in where and how Dietitian-Nutritionists are working.

Methodology

A survey regarding practice trends was developed using the Qualtrics™ Survey platform. Approval to conduct the survey was approved by the University of North Florida's (Jacksonville, Florida, U.S.A.) Institutional Review Board (IRB). The survey was requested by the Board of Directors of the International Confederation of Dietetic Associations (ICDA). Judith Rodriguez (USA) and Carole Middleton (UK), ICDA Board Members, developed the survey and worked on this report. The narrative data was tallied by Graduate Assistant Alana Marrero, under the supervision of Judith Rodriguez.

The fifty (50) National Dietetic Association (NDA) members of ICDA, from forty-three (43) countries, were invited to participate in the survey, which was posted between October 2018 and February 2019. Twenty-four (24) NDAs, listed in appendix A, from twenty (20) countries responded (48%).

Results

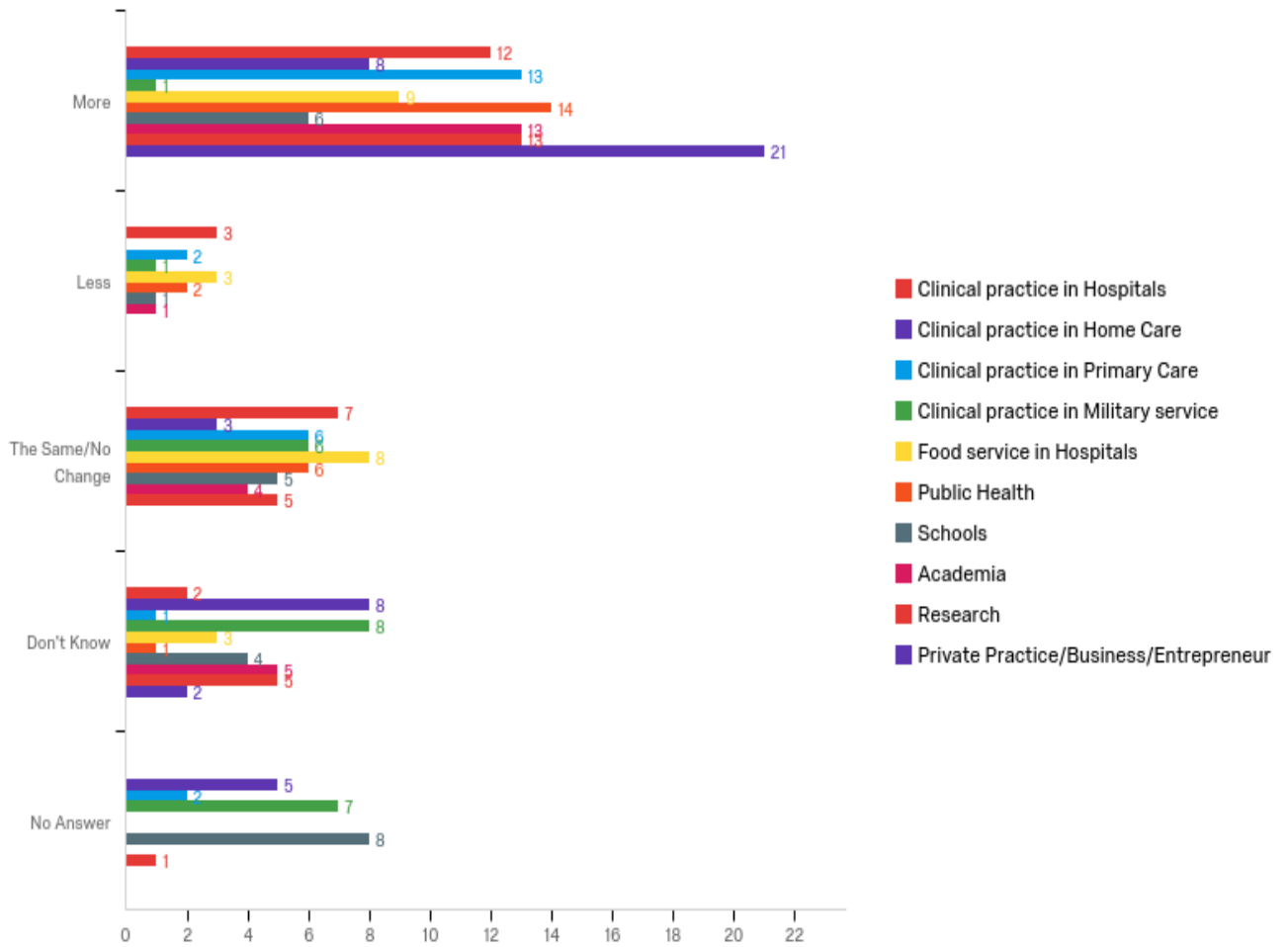
Note: In some cases respondents may have provided multiple answers so totals will be greater than the number of respondents.

1 - Over the last 5 years how has the number of Dietitian-Nutritionists working in your country changed (not the number of members in your association)?

	Answer	%	Count
1	Increased	91.67%	22
2	Decreased	0.00%	0
3	Stayed the same	4.17%	1
4	No answer	0.00%	0
5	Does not know	4.17%	1

2 – How has the number of Dietitian-Nutritionists working in the following areas changed?

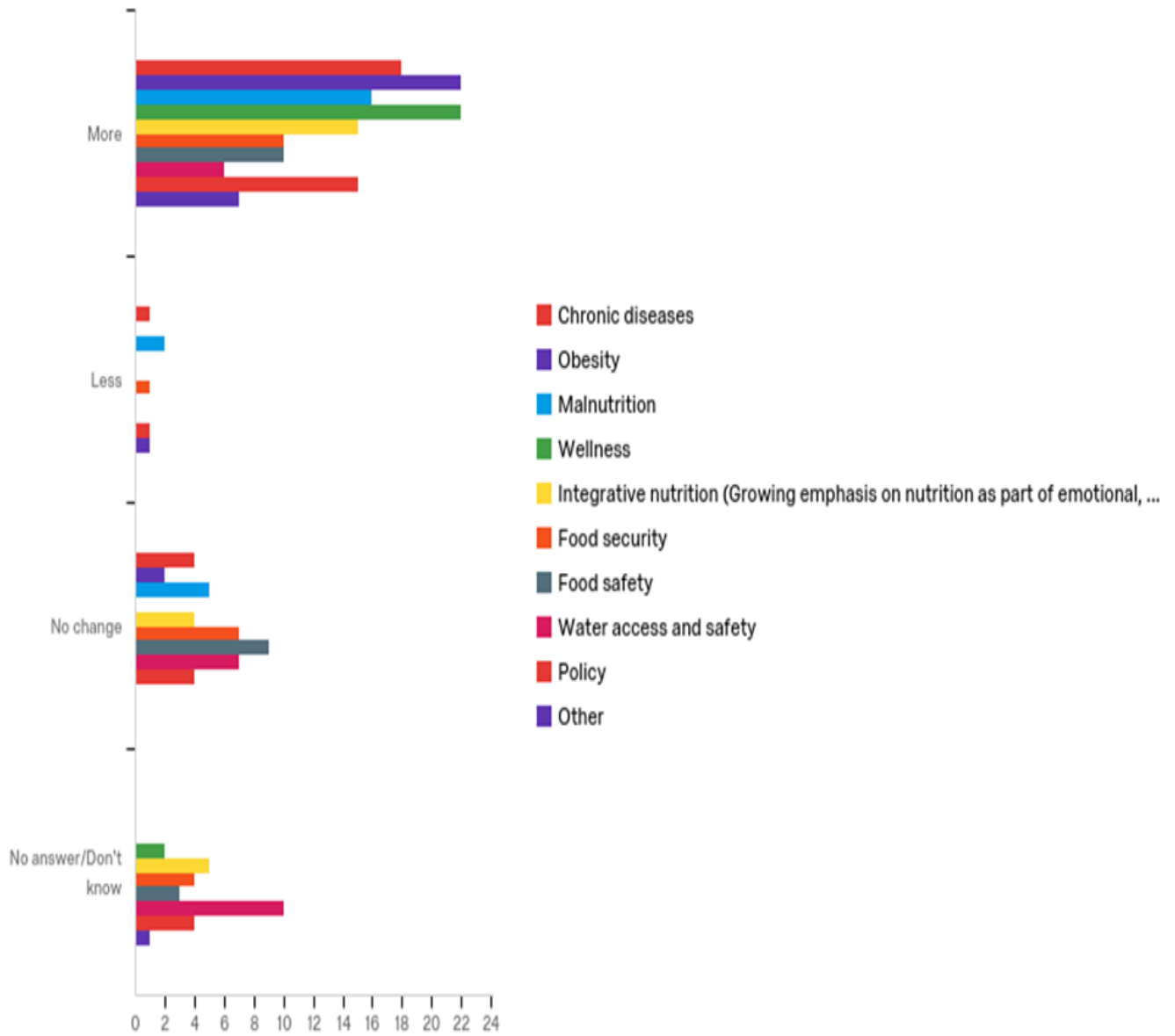
	Question	More		Less		Same/No Change		Don't Know		No Answer		Total
1	Clinical practice in Hospitals	50.00%	12	12.50%	3	29.17%	7	8.33%	2	0.00%	0	24
2	Clinical practice in Home Care	33.33%	8	0.00%	0	12.50%	3	33.33%	8	20.83%	5	24
3	Clinical practice in Primary Care	54.17%	13	8.33%	2	25.00%	6	4.17%	1	8.33%	2	24
4	Clinical practice in Military service	4.35%	1	4.35%	1	26.09%	6	34.78%	8	30.43%	7	23
5	Food service in Hospitals	39.13%	9	13.04%	3	34.78%	8	13.04%	3	0.00%	0	23
6	Public Health	60.87%	14	8.70%	2	26.09%	6	4.35%	1	0.00%	0	23



Additional comments	Responses
<ul style="list-style-type: none"> • Dietitians leaving not replaced • No federal registration; only small number increase • Increase in private practice • No increase in entrepreneurs • PH has become the focus (2) • More interest in lifestyle, coaching and logisticians now competition • No home care (2) or school service (2), military (2) • Remuneration improving • Pharma, sports, corporate, writing, online consulting increasing • No changes/ data not tracked 	15

3 - Has the focus on the following areas changed?

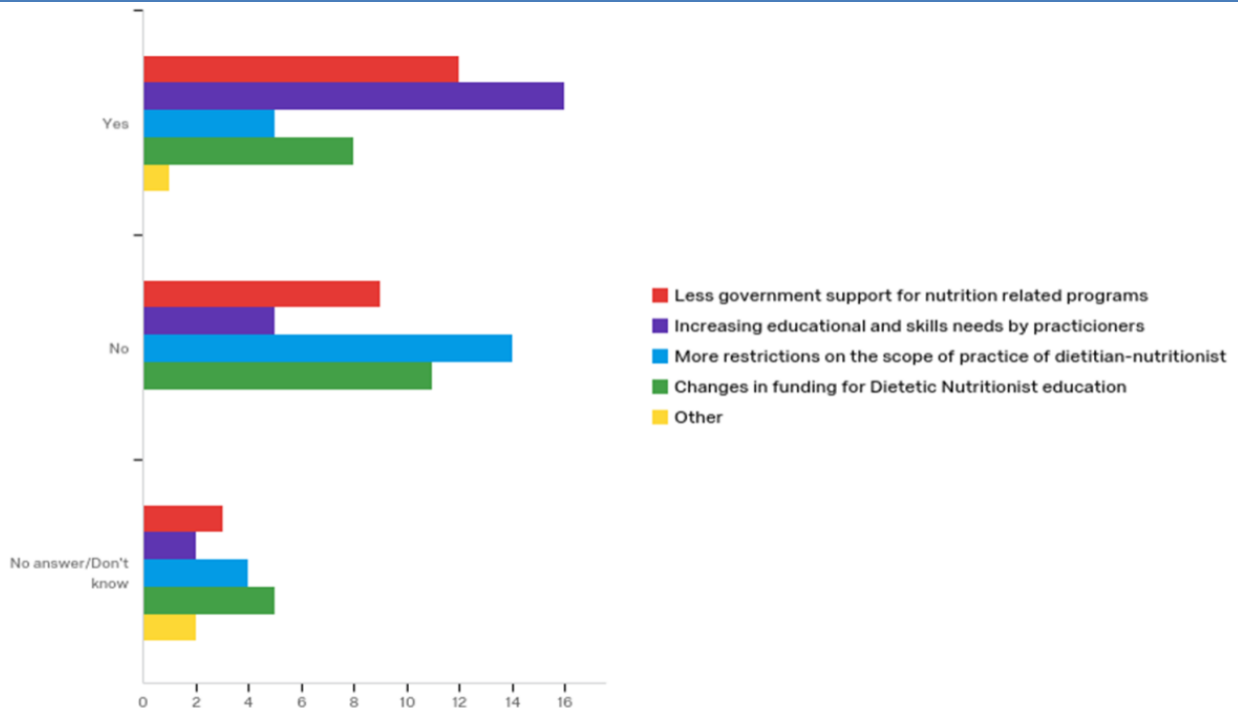
	Question	More		Less		No change		No answer/ Don't know		Total
1	Chronic diseases	78.26%	18	4.35%	1	17.39%	4	0.00%	0	23
2	Obesity	91.67%	22	0.00%	0	8.33%	2	0.00%	0	24
3	Malnutrition	69.57%	16	8.70%	2	21.74%	5	0.00%	0	23
4	Wellness	91.67%	22	0.00%	0	0.00%	0	8.33%	2	24
5	Integrative nutrition	62.50%	15	0.00%	0	16.67%	4	20.83%	5	24
6	Food security	45.45%	10	4.55%	1	31.82%	7	18.18%	4	22
7	Food safety	45.45%	10	0.00%	0	40.91%	9	13.64%	3	22
8	Water access and safety	26.09%	6	0.00%	0	30.43%	7	43.48%	10	23
9	Policy	62.50%	15	4.17%	1	16.67%	4	16.67%	4	24
10	Other	77.78%	7	11.11%	1	0.00%	0	11.11%	1	9



Additional comments	Responses
<p>Changes in Practice</p> <ul style="list-style-type: none"> • Malnutrition screening mandatory • Emphasis on females, adolescents, life cycle • Most changes due to government & international organizations • Integrative nutrition interest increasing 	<p>4</p>

4 - Have the following had an impact on Dietitian-Nutritionists in the country you represent at ICDA?

Question	Yes	No	No answer / Don't know	Total
1 Less government support for nutrition related programs	50.00%	37.50%	12.50%	24
2 Increasing educational and skills needs by practitioners	69.57%	21.74%	8.70%	23
3 More restrictions on the scope of practice of Dietitian-Nutritionist	21.74%	60.87%	17.39%	23
4 Changes in funding for Dietetic Nutritionist education	33.33%	45.83%	20.83%	24
5 Other	33.33%	0.00%	66.67%	3



Additional comments	Responses
Changes in profession	
<ul style="list-style-type: none"> • Changes in education and/or credentialing • Changes in practice scope or loosening of regulations /competition for scope of practice (2) • Broadening of scope of practice for dietitians • Changes in VAT tax for services • Changes in reimbursement (to be added) for consults re: obese children 	6
Skills or training	
<ul style="list-style-type: none"> • No funding for practitioner education 	1
Practice	
<ul style="list-style-type: none"> • No statutory regulation 	1
Increase access to safe and healthy food	1

5 - In the 2016 survey a number of NDAs reported that more Dietitian-Nutritionists were becoming entrepreneurs. Is that happening in the country you represent at ICDA?

Answer	%	Count
1 Yes	75.00%	18
2 No	12.50%	3
3 No answer/Don't know	12.50%	3
Total	100%	24

5a - How, if at all, is entrepreneurship affecting dietetic and nutrition practice?

Classification	Total responses
Positive impact of entrepreneurship	18 (56%)
Negative impact of entrepreneurship	13 (41%)
Neutral impact of entrepreneurship	1 (3%)
Total responses	32

Positive impact of entrepreneurship	Responses
New job opportunities	
<ul style="list-style-type: none"> • Creation of job opportunities • Adding variety of the working scope of dietetics • Increased challenges decreased depended on employment. • Online platforms consultations • Retail, Industry consultation • Developing Home delivered meals 	6
Skills or training	
<ul style="list-style-type: none"> • Its specialization (Creative solutions to internet access) 	1
Growth of the profession	
<ul style="list-style-type: none"> • Increased recognition • More recognition of the profession in different areas, like sports, technology development and food industry. • The supply of the dietetic and nutrition practices increases • Working with family farms (Agro farming) • Online consumer engagement 	6
Technology and social media	
<ul style="list-style-type: none"> • Applications (Social media) • Millennials are embarking more into social media entrepreneurs championing food and nutrition • More social media • Becoming nutrition informatics 	4
Accessibility (Food security)	
<ul style="list-style-type: none"> • Increased access to safe and healthy food 	1

Negative impact of entrepreneurship	Responses
Growth of the profession (Competes with dietetic practice)	
<ul style="list-style-type: none"> • More space than it should • Affects profession and relation with other domains 	2
Evidenced based and clinical setting	
<ul style="list-style-type: none"> • Weakening to the clinical setting • Less control over non-evidenced based practice • The dietitians go out the hospital and turn more to the general public • Lowering the level of scientific quality in the public positions, especially those who do business in social networks • Promotion of supplements without evidence based 	5
Skills or training	
<ul style="list-style-type: none"> • More business management skills • More soft skills are needed • New governance models (ethical dilemma) • Entrepreneur is not the same as a good dietitian, it can be hard to survive dealing with rules of the care sector. • As many entrepreneurs is newly graduated, they might have a high chance of violating the code of ethic and giving out wrong dietetic messages to the media due to lack of experience. • Many entrepreneurs have difficulty balancing between their business and the code of ethics. 	6

5b - Examples of new trends in the practice of Dietitian-Nutritionists.

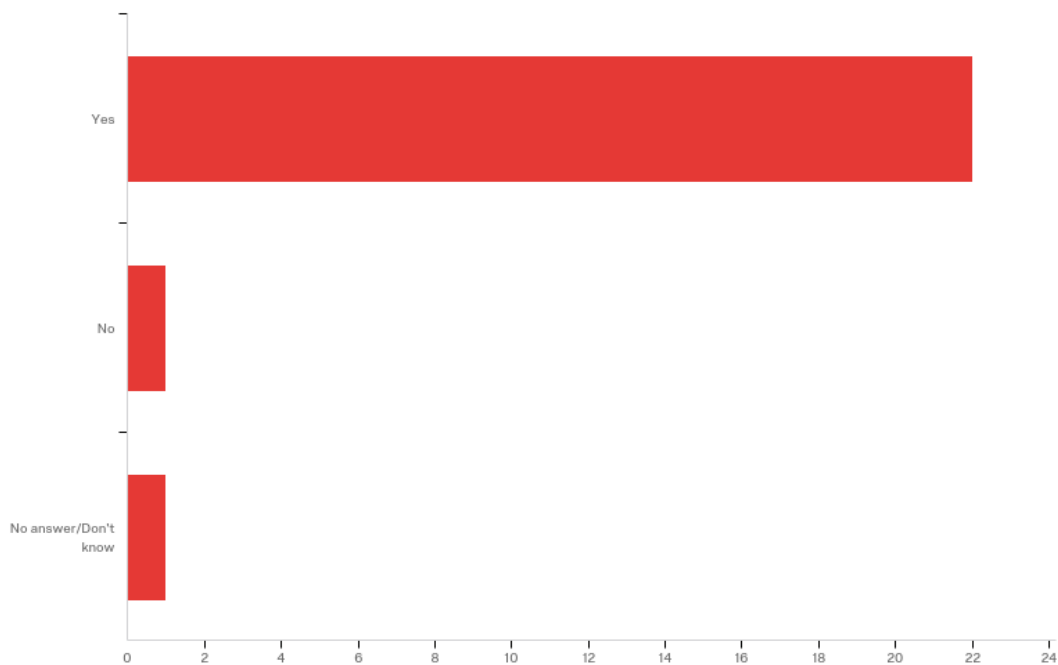
Classification	Total responses
Positive impact of new trends	26 (93%)
Negative impact of new trends	2 (7%)
Total responses	28

Positive impact of new trends	Responses
Expand practice focus	
<ul style="list-style-type: none"> • Culinary work-shops • Meeting of the school circles • Work in dialogue with mutual insurance companies • Mass-market retailing • Social entrepreneur • Online dietetic services • Intellectual property • More focus on lifestyle coach for chronic diseases while at the same time they start with specialist networks for instance on Parkinson or Oncology. • More focus on mental aspects, especially when treating obesity (also optional qualifications concerning psychology). 	9
Growth of the profession	
<ul style="list-style-type: none"> • More private practice dietitian • More public health • More community-based work • Not only counseling, but working with companies to create or promote healthier options • Content writing • Product endorsements • Wellness Program • Sports nutrition 	8
Technology and social media	
<ul style="list-style-type: none"> • Technology transfer • Dietitians are consulting to home delivered meal services which are serving expanding markets in aged care, disability and wellness markets. • More connection with social domain. Combination with movement (obesity, malnutrition, sarcopenia) • Social entrepreneur • Online dietetics services • Digital platforms too support dietary behavior changes • Creation of blogs and social networks to promote the work and make a better connection with patients/clients. • Use of app developed by colleagues. • Online consulting 	9

Accessibility (Food security)	
<ul style="list-style-type: none"> • Telehealth and web health are newer technologies being utilized by our members to increase access to rural, remote and isolated Australians. • Care and cure within local community. 	2
Evidenced based and clinical setting	
<ul style="list-style-type: none"> • Evidence-based nutrition and scientific resources to address the use of physiotherapy in nutrition and diet consultations. 	1

Negative impact of new trends	Responses
Technology and Social media	
<ul style="list-style-type: none"> • Marketing via many social media platforms which might be difficult to regulate by local dietetic organizations • It's all about "fame" approach. 	2

6 - Has the use of social media in the work of Dietitian-Nutritionists increased in your country?



6a- How is social media affecting dietetic and nutrition practices?

Classification	Total Responses
Positive impact of social media	38 (93.7%)
Negative impact of social media	3 (7.3%)
Total responses	41

Positive impact of social media	Responses
Social media (Visibility)	
<ul style="list-style-type: none"> • Making professionals more visible and offering "real facts" for controversial discussions. • Social media is helping with publicity of one's work or establishment. • Advocacy for the professionals in the field. • Increase business • Shortening the distances • Digital platforms, internet of the things • Many dietitians and the VBVD own a Facebook page to promote their business. • We use the Facebook page "Week van de Diëtist" to promote our activities and increase our visibility • More emphasis recognition and attention on nutrition and dietetic related activities is being drawn through social media. • Without specific data, I'm might only relate the social media impact in the recognition of the profession, but also the amount of "noise" regarding different nutritionist and the promotion of their work. • A way to reach more people. • Raising awareness 	12
Social media (Support systems)	
<ul style="list-style-type: none"> • Support groups on WhatsApp have helped dietitians to stay in touch with patients, 	1
Social media (Counseling/Interact of clients)	
<ul style="list-style-type: none"> • 38 percent indicated that they use social media to interact with clients. • We don't know exactly but some members have their own blogs or giving advises by WhatsApp. 	2

Social media (Misinformation)	
<ul style="list-style-type: none"> • On the other hand, falsified or exaggerated information on nutrition is spread through social media by unqualified persons who are leading to confusion amongst the public. • There is higher risk of wrong nutrition messages being spread by unqualified people. • Greater uptake of social media platforms by our members is allowing dietitians to influence the public and specific audiences. Social media is presenting both opportunities and challenges for dietitians with respect to competing interests. For example, celebrities promote their alternative nutrition approaches and misinformation to the public • We're focusing on fake news. • Dispelling nutrition myths • The academic level of nutritionists in social networks is very low and worsens as they enter the world of scientific dissemination, decreasing the scientific clarity of the positions. • Without no specific data, I'm might only relate the social media impact in the recognition of the profession, but also the amount of "noise" regarding different nutritionist and the promotion of their work 	7
Social media (Communication)	
<ul style="list-style-type: none"> • Support groups on WhatsApp have helped dietitians to stay in touch with patients. • Better and faster communication among dietitians, between dietitians and the public • The public is searching for dietitians and answers to their questions about nutrition on social media. • Discussions going on in social media, like Facebook, in open and closed groups. • Reliable information can be found on www.gezondheidenwetenschap.be, www.gezondleven.be and their social media. • Few platforms are now available providing advice to patients on diet and healthy living. These give patients access to nutrition advice without face to face contact. Nutritionists and dietitians have to be innovative to keep up with technology 	6
Social media (Information)	

<ul style="list-style-type: none"> • Dissemination of nutrition information is taking place through social media. • The answer “YES, social media usage by Dietitian-Nutritionists has increased in our country” is anecdotal but supported by an increase in the Academy’s following of member-facing profiles, specifically @eatrightPRO (Twitter following increased from 5,716 in 2012 to 34,155 in 2018; Facebook increased from 10,801 in 2012 to 55,416 in 2018). * In the 2018 survey “Identifying RDN Reach and Influence,” Academy members were asked whether they use social media in their practice. Of the 969 respondents, 25 percent indicated that YES, they use social media in their practice. Of those who responded YES, 71 % use social media to post nutrition information. • 50 percent to provide links to articles. • Dissemination of knowledge, scientific news, opinions, also as a platform to promote dietetics services. • Much information’s about our profession and skills can be shared with professionals or the general public. 	5
Social media (Follow others, interact)	
<ul style="list-style-type: none"> • Better and faster communication among dietitians • Dissemination of knowledge, scientific news, opinions, also as a platform to promote dietetics services. • 36 percent to follow industry leaders • 67 percent indicated that they use social media to interact with other registered dietitian nutritionists and/or health professionals 	4
Social media (Employment opportunity)	
New job opportunity, new way to reach the client	1
Negative impact of social media	Responses
<ul style="list-style-type: none"> • Self-proclaimed nutritionists are becoming popular which is affecting the practice of genuine professionals • However, quacks are also selling their agenda. • It's good to have more exposure for dietetic and nutrition practice; but public get even more confused about the qualification difference between dietitian and nutritionists in our country; especially without statutory registration and regulation of the Chinese title of Dietitians. Anyone can call them self-dietitian in the media. 	3

7 - What do you feel is affecting or changing the profession and practice of dietetics and nutrition?

Classification	Responses	%
Visibility	0	
Support systems	0	
Competition/Market confusion/credential	9	12%
Counseling	1	1%
Misinformation	0	
Communication	0	
Follow others	0	
Employment opportunity	16	21%
EBP, Science	3	4%
Politics	16	21%
Interdisciplinary	2	3%
Lifestyle	5	6%
Personalized nutrition	4	5%
Technology	10	13%
Holistic care	2	3%
Lifelong learning	7	9%
Code of Ethics	2	3%
Other	1	1%
Total responses	78	

Classification	Responses
Competition/Market confusion/credential	

<ul style="list-style-type: none"> • In Sri Lanka, dietetic & nutrition profession is in a huge crisis due to the professional intrusion by medical practitioners. • It becomes more and more competitive for young generations. • Consumer protection issues: often related to telehealth, population health initiatives with rise in use of “coaches”. • Challenges by unqualified persons. • More unqualified people in wellness industry, no regulation around therapeutic claims. • More interest in lifestyle in prevention and public health with a role for dietitians at the other hand more other practitioners and lifestyle coaches who take the jobs. • The food service dietitians in hospital are replaced by logisticians. The hospital food offer to consumers evolved towards hotel offer? • In Sri Lanka currently medical practitioners have started intruding the dietetic profession trying to establish two new carder positions: Medical Officer- Nutrition and Consultant Nutrition Physician. Due to the influence of them Dietitians and Nutritionists are not allowed to participate in governments' nutrition programs. • In the United States, we have experienced a trend towards fewer restrictions on the scope of the dietitian-nutritionist, with federal and state governments both loosening regulations to allow qualified RDNs to order therapeutic diets in various facilities, join the medical staff of hospitals, conduct nutrition focused physical examinations, and in some state, insert naso-gastric feeding tubes. 	9
Counseling/Interact of clients	
<ul style="list-style-type: none"> • e-consultation 	1
Employment opportunity	
<ul style="list-style-type: none"> • Lack of employment in hospital/shadowing opportunity in hospital setting resulting in less experience in real clinical setting for newly graduated dietitians. • High cost of healthcare and shift to quality-based outcomes has led for some medical centers to decrease clinical dietitian staffing. • Aging population: impacts incidence of chronic diseases and workforce demand diversity. • New government initiatives and revision of program delivery to people with disability, aged care, mental health, and other specific population groups. • In these last few years, due to the financial crisis, the position in hospitals (mainly public), are very limited, dietitians who go out on pension are usually not replaced. New dietitians graduate, and mainly try to do something on their own. This is why we see 	16

<p>less dietitians in clinical now, and more dietitians working on their own.</p> <ul style="list-style-type: none"> • Female adolescent nutrition for improving general malnutrition in the country. 1000 days approach to improve nutrition across life-cycle is getting the momentum 	
<p>EBP, Science (EBP)</p>	
<ul style="list-style-type: none"> • Scientific reports about the increase of obesity (and the chronic diseases resulting thereof on evidence-based practice. • Shift to quality-based outcomes has led for some medical centers to decrease clinical dietitian staffing. • Malnutrition screening in hospitals is obligatory by law since 2015. In nursing homes, there is a project starting for screening implementation. There is however no obligation. 	3
<p>Politics</p>	
<ul style="list-style-type: none"> • Our lobbying at the Belgian authorities/ministries. • Government realization that malnutrition can reduce the economy of the country • This has imposed many restrictions in the scope of work of dietitians and nutritionists. • Artificial intelligence (and technology in general) and what it means for all areas of dietetics practice. • Lack of regulation of the profession. • New government initiatives and revision of program delivery to people with disability, aged care, mental health, and other specific population groups. • Change in politics • Financial crisis • There is no federal registration of the number of dietitians working, only a number of dietitians registered, and this number has increased over the past 5 years. • We don't have funding for dietetic nutritionist education. • There is still absence of statutory registration of Dietitians-Nutritionists in Hong Kong. Currently, the Hong Kong Dietitians Association (HKDA) and the Working Group for the Accredited Scheme for Dietitian (Convener: Sylvia Lam) applied for the Accredited Register Scheme for Allied Health Professional so that dietitians can be regulated under this scheme. We are now waiting for the approval announcement in the 4th Quarter of 2018. According to the Policy Address of Hong Kong 2018, HK Government will evaluate the success of the Accredited Register Scheme and see the scheme can help to formulate statutory registration for dietitians in the future. • In Sri Lanka currently medical practitioners have started intruding the dietetic profession trying to establish two new carder positions: Medical Officer- Nutrition and Consultant Nutrition Physician. Due 	16

<p>to the influence of them Dietitians and Nutritionists are not allowed to participate in governments' nutrition programs.</p> <ul style="list-style-type: none"> • The VBVD was invited to a hearing in the chamber of federal representatives to give their opinion about the broad approach of obesity in Belgium. More specific, of obese children. As a result of this hearing, the Minister of Health promised to reimburse dietetic consultations for children will be reimbursed in 2019. • Also enforcing the VAT as a tax for nutrition services. This effect the professionals in a negative way mainly. • Since 2009, there is reimbursement of the dietetic consults limited to chronic kidney diseases and diabetes. The reimbursement of dietetic consults for (pre) diabetes type 2 is expected in 2019. The reimbursement of dietetic consults to treat overweight and obese children is announced for 2019 as well. • Mainly due to government and international organization-initiated focus 	
<p>Interdisciplinary, Multidisciplinary</p>	
<ul style="list-style-type: none"> • The multidisciplinary character of treatment of patients in which the patient plays a central role. • Increased emphasis on inter-professional practice. 	2
<p>Lifestyle</p>	
<ul style="list-style-type: none"> • Lifestyle • The general idea that diets are similar to a healthy lifestyle and that nutritionists only advocate for specific diets. The simplification of some concepts that should not be put so simple, like, protein consumption, for example. • The growing tendency of wellbeing. • Public health nutritionist has become the focus in the country due to SUN initiative. • These changes are in line with move towards disease prevention and public/community health. 	5
<p>Personalized Nutrition</p>	

<ul style="list-style-type: none"> • Personalized nutrition • Personalized health: nutrigenomics, microbiome, overall science of genetics as it relates to dietetics practice. • A shift towards 'person-centered' management of clients and patients is designed to improve health outcomes by giving consumers more ownership of their health care goals and management. • All this, the result of not improving their academic profile (doctoral studies) and not practicing nutrition based on evidence. 	4
Technology/ Social Media	
<ul style="list-style-type: none"> • Use of media • Industrial Revolution 4.0 • Innovation • Soft skills • Artificial intelligence (and technology in general) and what it means for all areas of dietetics practice. • Media • Technology • New technologies are changing and enhancing the way we communicate with each other, and other professionals. These include telehealth, health records, online forums and spaces for networking, social media and practice support software. These technologies are also enhancing patient experience e.g. apps to track food intake or to check ingredients, or telehealth for consultations etc. • Social media is affecting the practice of dietetics. • Social media 	10
Holistic care	
<ul style="list-style-type: none"> • Holistic approach to health • Integrative nutrition is slowly catching on in India. However, integrative nutrition is used for a combination of nutrition and Ayurveda. So, I'm not sure of integrative nutrition with mental / spiritual health. 	2
Lifelong learning, new skills	

<ul style="list-style-type: none"> • It creates a need for new sets of skills to practice dietetics online and manage information online. • lack of training in entrepreneurship • Employers expecting better leadership, communication, and research interpretation skills. • Lack of uniformity in education and practice standards. • Public health and management skills • We MUST be more present in the educational domain than in hospital. • The eligibility requirements for the national credentialing exam to become a registered dietitian will increase to a minimum of a graduate degree 1/1/2024. 	7
Code of Ethics	
<ul style="list-style-type: none"> • Dietitians paid less attention to their code of ethics (i.e. endorsing vitamins/minerals or food product publicly which might be biased and lack of scientific evidence; they also often work with food industry which biased some of the products in the market). • The ethics and deontology in social networks and the radicalization of the positions of nutritionists in the diet that stop offering practical resources to the population to eat healthy and varied and establish strict prohibitions 	2

Summary

Out of 24 National Dietetic Association responses 22 indicated that the number of Dietitian-Nutritionists in their country had increased (one did not respond and one indicated no change). However, they were not asked to provide quantitative data. The five areas indicated as having the most increase in terms of areas of practice were entrepreneurship/private practice, public health, academia, research and clinical practice in primary care. The increase in entrepreneurship reflects the same response from the 2016 survey. In this survey 18 (56%) of respondents indicated that it has a positive impact and 13 (41%) said it was negative (1 respondent was neutral). Food service and clinical practice in hospitals were ranked highest for both “less practice” and “no change.” The most responses related to “focus in areas of change” were for more related to obesity and wellness followed by a range of other areas, chronic diseases and malnutrition. Respondents indicated that the largest impact has been the need for increasing educational skills and needs by practitioners and less government support for nutrition programs.

More respondents (26, or 93%) indicated that entrepreneurship has a positive impact as it creates new job opportunities and increases visibility and recognition. However, a few

(2, or 7%) were concerned regarding its weakening of other practice settings, of evidence-based practice, the potential for violations of the Code of Ethics, the need for additional skills or training and difficulty regulating social media platforms. There were many comments regarding the use of technology and social media.

Appendix A.

National Dietetic Associations Responding to the Survey

Argentinean Association of Dietitians and Nutritionist-Dietitians (AADYND)

Dietitians Association of Australia

Union Professionnelle de Dieteticiens de Langue Francaise - Belgium

Vlaamse Beroepsvereniging van Dietisten - Belgium

The Danish Diet and Nutrition Association

The Association of Clinical and Public Health Nutritionists in Finland

French Nutritionist Dietitians Association

Union of Dietitians Nutritionists of Greece

Hong Kong Dietitians Association

Indian Dietetic Association

Irish Nutrition and Dietetic Institute

Malaysian Dietitians' Association

Mexican College of Dietitians

Dutch Dietetic Association

Pakistan Nutrition and Dietetic Society

Singapore Nutrition and Dietetic Association

Spanish Academy of Nutrition and Dietetics and General Council of Dietitians-Nutritionists

Dietitians' Association of Sri Lanka

Swiss Association of Registered Dietitians

Taiwan Dietetic Association

The Chinese Dietetic Society (Taiwan)

Academy of Nutrition and Dietetics - USA