Dietetics practitioners, like most health care practitioners, are often faced with the difficult question of whether an activity is within their scope of practice. As your Association, the American Dietetics Association (ADA) is faced with providing guidance on the breadth and depth of dietetics practice.

With dietetics practitioners taking on shifting and more diverse roles, as well as specialty and advanced practice, the Association committed itself to equipping its members with new tools to operate in a diverse, highly changeable environment. The result is the Scope of Dietetics Practice Framework, which serves as a cornerstone for the profession. The framework is a flexible decision-making structure that empowers practitioners to provide safe, effective, and timely health care services.

The framework was approved by the ADA House of Delegates on November 3, 2003. For more history behind its development and more detail about the Framework, consult the Web site at www.eatright.org. This site will continue to evolve as the members of the Association use it to help realize ADA’s vision of its members as the most valued source of food and nutrition information.

**THE BASIC FRAMEWORK**

The Framework is an umbrella that encompasses the entire practice of dietetics. It is for use by practicing registered dietitians (RDs), dietetics technicians, registered (DTRs), and dietetics students as a career-development guide. It can also be used as an aid to organizations when making employment decisions.

The Framework covers three broad areas:

- **Foundation knowledge**—definition of dietetics as a profession, five characteristics of the profession, and educational resources. These are resources and information that every professional should know.

- **Evaluation resources**—code of ethics and standards of practice and professional performance outlined for RDs, DTRs, and specialty or advanced professionals. These are evaluation tools that practitioners and their managers can use to gauge and channel performance. For example, a DTR can apply the DTR Standards of Practice to ensure that he or she is following accepted practice in his or her day-to-day work, to determine whether a particular competency falls within the scope of his or her work, or to ensure that his or her role description is accurate and comprehensive.

- **Decision aids**—decision tree, decision analysis tool, definition of terms, and other resources that practitioners can apply to their situations to further define the scope of their practice. The first two aids can be used to determine whether a requested service, such as providing instruction on the use of an insulin pump for a patient with diabetes, falls within one’s legitimate, qualified scope of practice. These tools are especially helpful when state, federal, and ADA documents do not clearly delineate responsibility. The Definition of Terms sets a common vocabulary for practitioners to use when discussing professional matters.

There are four underlying assumptions in the design of this scope: (a) the assumption that level of experience, skills, and proficiency with respect to identified activities varies among individuals; (b) the assumption that dietetics practitioners may not be competent to practice in all aspects of the field; (c) the assumption that individual practitioners are expected to practice only in areas in which they are competent; and (d) the assumption that practitioners should pursue additional education and experience to expand the scope of their personal dietetics practice.

**HOW THE FRAMEWORK IS STRUCTURED**

The Framework consists of three building blocks that, when viewed together, describe the full range of roles, responsibilities, and activities that dietetics practitioners are educated and authorized to perform today. To facilitate the growth of the profession and the growth of individual practitioners into new roles and areas of responsibility, the blocks have been designed with flexible boundaries. Within the blocks, spe-
specific tools are provided to inform, enable, and support practitioners’ career decisions.

Dietetics practitioners work in a variety of environments and serve many different functions. Because of the dynamic nature of our profession, a flexible algorithmic approach was adopted. An algorithm is a series of steps that can be followed to solve a problem or achieve a goal. In the ADA’s case, there are a multitude of goals and pathways. For example, the needs of RDs who specialize in witness testimony or diabetes care are quite different from those of DTRs who have just entered the profession. Given this variance in applications and needs, the Framework should be viewed as an umbrella that describes, rather than defines, the safe, sanc-
tioned practice of dietetics, including its foundations, career progression, and tools for negotiating dietetics practice.

The Framework captures core responsibilities based on formal education and training at the entry level (Foundation Knowledge), then builds from there to encompass practice grounded in knowledge, skills, and experience, including additional certification or advanced degrees (Evaluation Resources). The Framework also provides tools for helping practitioners grow their practice in response to changing role or job needs (Decision Aids). This approach allows our profession to evolve as new research and practice trends emerge. Viewed in entirety, the Framework can be seen as a series of stepping stones that guide the profession into the future at the individual practitioner level and, through our combined efforts, at the collective level.

**BLOCK ONE: FOUNDATION KNOWLEDGE**

Every profession, from clergy to accounting to medicine, defines precisely what it is that the profession does and the specific behaviors that practitioners must carry out to engage in the profession. Generally, those characteristics include a code of ethics, a body of knowledge, education, a certain level of autonomy, and service.

Dietetics is a broad discipline incorporating many venues. The best definition of the profession says that dietetics “is the integration and application of principles derived from the sciences of food, nutrition, management, communication, and biological, physiological, behavioral, and social services to achieve and maintain optimal human health” (1). This definition was reaffirmed by the ADA Board of Directors in September 2003. The definition of the profession and its key characteristics are the foundation of our profession—both the everyday, working knowledge of who we are and what we do as professionals, and why we are uniquely, distinctively dietetics professionals and not physicians or nurses. This clear understanding guides our practice along safe, acceptable lines; trains students for successful practice; ensures our certification process adequately measures competence; and holds us accountable for the services we render and methods we pursue to offer them to the public.

Core resources available to dietetics professionals align with each characteristic (Figure 1). To act within the scope of dietetics practice, we must consider its definition, our individual competency, and the core documents that lay the foundation for our profession: our Code of Ethics (2), our entry-level educational competencies (3), our process and model for nutrition care (4), and our standards of practice and professional performance (5). These, along with position papers, evidence-based guides for practice, and research, define the core of our profession.

**BLOCK TWO: EVALUATION RESOURCES**

The evaluation resources continue on from the Foundation knowledge and include the Code of Ethics, the Standards of Practice in Nutrition Care, and the Standards of Professional Performance (Figure 2). Major expansion is anticipated in this area with the Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Diabetes Care in next month’s issue of the *Journal of the American Dietetic Association*, as well as several others anticipated within the year.

The new Standards of Practice in nutrition care, which are based on the Nutrition Care Process Model; the Commission on Accreditation for Dietetics Education (CADE) educational core competencies; research impacting the profession; and the updated Standards of Professional Performance are presented in the article by Kieselhorst and colleagues (5) in this month’s issue of the *Journal*, and are key resources in evaluating the scope of practice within the profession (5).

Together with relevant state, federal, and licensure laws, these resources serve as a guide for ensuring safe and effective dietetics practices. They may also be used to evaluate performance, to make hiring decisions, to determine whether a particular activity falls within an individual’s legitimate scope of the practice, or to initiate regulatory reform.

**BLOCK THREE: DECISION AIDS**

Dietetics practitioners must practice safely, ethically, and effectively when presented with new challenges within a health care environment that is highly diverse and evolving. Although the dietetics profession as a whole has flexible boundaries, individual practitioners must take responsibility for...
The Framework consists of three building blocks with flexible boundaries. The blocks describe the full range of roles, responsibilities, and activities that dietetics professionals are educated and authorized to perform. The flexible boundaries allow for new roles to emerge. Because of the complexity of the profession, it is impossible to present this information as a list of isolated activities that are parceled out at different levels. Rather, a stepped algorithmic approach is needed to capture the breadth of the profession, allow individual practitioners to draw from the full range of resources, and lend our scope of practice flexibility it needs to evolve as new research in dietetics and practice emerges.

From an individual perspective, whether an activity is within your scope of practice is influenced by every level of the Framework—our Foundation Knowledge, Code of Ethics, Standards of Practice, and Standards of Professional Performance—as well as by licensure and certification laws, research, guidance for practice and expert opinion, and new research.
When to Use the Decision Analysis Tool: Use this tool to determine whether a specific requested service or act falls within your individualized scope of practice. This tool can be used in conjunction with the Decision Tree, or separate from it.

Instructions for Use: Complete each section, and then follow the instructions at the end of each section.

Part A: General Review
1. Describe the activity or service to be performed:

2. Review the practice expectations (job description, policies and procedures) and core competencies for your level (DTR, RD, or RD Specialty/Advanced Practice) to determine whether the service or act is permitted.
3. Review the Code of Ethics, Standards of Practice in Nutrition Care, and Standards of Professional Performance for your practice level to determine whether the service or act is permitted.
4. Review any licensure laws to determine whether the activity is allowed or not explicitly restricted.

Instructions: If the service or act is NOT explicitly permitted by 2 or 3 above, or explicitly restricted by 4 above, go on to Part B and/or the Decision Tree. If it is explicitly permitted, go to Part F.

Part B: Education, Credentialing, and Privileging
1. If the activity or service was not included in your basic DTR/RD education program, have you since completed a training program that demonstrates competence? ❑ No ❑ Yes
2. If yes, has this training been documented? ❑ No ❑ Yes
3. Is the activity or service becoming so routine across the profession that it can reasonably and prudently be assumed within scope? ❑ No ❑ Yes
4. Do the policies and procedures, your manual, or your credentialing and privileging for your employer permit the activity or service? ❑ N/A ❑ No ❑ Yes
5. Does performing the activity pass the “reasonable and prudent” test for dietetics practice? ❑ No ❑ Yes
6. Is the activity reflective of the consumer’s desires and appropriately authorized? ❑ No ❑ Yes
7. Is the activity authorized by federal statute, if applicable (e.g., Medicare Medical Nutrition Therapy)? ❑ N/A ❑ No ❑ Yes

Instructions: If you answered “no” to any of the above questions, the activity may not be within your scope of practice. Go to Part C for further analysis. If you answered “yes” or “N/A” to all the questions, then proceed to Part F of this tool.

Part C: Existing Documentation
1. Does information about this activity exist in nationally developed guidelines and standards of practice; or from a local, community, or national perspective? ❑ No ❑ Yes
2. Are there statements or opinions from professional groups or dietetics organizations on this activity? ❑ No ❑ Yes
3. Does the activity meet the requirements of the Dietetics Practice Act for your state, if applicable? ❑ N/A ❑ No ❑ Yes
4. Does carrying out the activity pass the “reasonable and prudent” test for dietetics practice? ❑ No ❑ Yes

Instructions: If you answer “no” to any of the above questions, go to Part D to review Advisory Opinions. If you answer “yes” or “N/A” to all these questions, your institution may want to consider including the activity in its official policies and procedures, competency, credentialing, and privileging literature. You can proceed to Part F, if you answer “yes” or “N/A” to all the questions in this section.

Figure 5. American Dietetic Association Scope of Dietetics Practice Framework Decision Analysis Tool.
### Part D: Advisory Opinions

1. Is there an Advisory Opinion on this activity or service?  
   - [ ] No
   - [ ] Yes

2. Is the activity or service covered in the policy and procedure manual for your employer?  
   - [ ] No
   - [ ] Yes

3. Is the activity or service not explicitly restricted by the licensure laws for your state?  
   - [ ] No
   - [ ] Yes

4. Is your competence for performing this activity or service documented in your personnel file?  
   - [ ] No
   - [ ] Yes

5. Does carrying out the activity or service pass the “reasonable and prudent” test for dietetics practice?  
   - [ ] No
   - [ ] Yes

6. Is the activity or service reflective of the consumer’s desires and appropriately authorized?  
   - [ ] No
   - [ ] Yes

**Instructions:** If you answered “no” to any of the above questions, consider pursuing an Advisory Opinion through your organization or the ADA. To obtain an Advisory Opinion, go to Part E. If you answered “yes” to all of the above questions, go to Part F.

### Part E: Obtaining an Advisory Opinion

1. Obtain and complete an Advisory Opinion Request Form from your organization or the ADA.

2. Complete the research necessary, following the guidelines for your organization<sup>a</sup> or the ADA<sup>b</sup>, based on your selection in Step 1.

3. If your request is to the ADA, submit five copies of your research results to the ADA’s Scope of Practice Framework Advisory Committee. The ADA’s Scope of Practice Framework Advisory Committee will review the request during the first scheduled Scope of Practice Framework Advisory Committee meeting following receipt of the request. After the Scope of Practice Framework Advisory Committee review of your request, you will receive a communication indicating whether an advisory opinion will be recommended and when to expect a complete advisory opinion. (Not all requests will result in an advisory opinion. For requests that result in an advisory opinion, the opinion may also be published in the journal or on the ADA website if appropriate). If your request is to another organization, follow that organization’s guidelines for submitting your request.

**Instructions:** Once you have received the Advisory Opinion, proceed to Part F provided the opinion supports performance of the activity. If the Opinion does not support it, and you have answered “no” to any of the questions in Parts A-D, you are not authorized to perform the activity.

### Part F: Performing the Service or Activity

Provided you have answered “yes” to all of the questions in any of the above sections and followed the instructions at the end of the section directing you to Part F, you may consider performing the act with valid orders when necessary and in accordance with organizational policies and procedures.

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<sup>a</sup>Advisory Opinions are responses to questions that dietetics professionals, health care providers, and consumers have about (a) interpreting standards of practice, or (b) applying the Nutrition Care Process to their particular situation.

<sup>b</sup>In general, the ADA approaches Advisory Opinions by first identifying the level of credential or licensure needed. Second, the context of the clinical situation is considered: Is the question widespread and frequently asked by dietetics professionals and health care providers? Next, the degree of independence in performing the activity is considered: What level of preparation is needed to safely and competently perform the activity? Finally, questions such as the following are considered: Are there quality assessment mechanisms to evaluate the performance of the activity? What are the relevant community or national guidelines? Is there a current body of knowledge cited in the literature?

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**Figure 5.** (continued)

Making individual scope of practice decisions or when trying to effect change at the local or national level to reflect emerging trends and needs.

**Summary**

As a whole, the Framework provides a structure for our profession by describing the full range of resources available to us all, at every stage of development. At the broadest end of the spectrum, the Framework emphasizes the dietetics practitioner’s professional accountability and places decisions about boundaries of practice in the hands of the individual practitioner. It is intended to be used throughout the profession by students and educators, individual RDs and DTRs, people who have just entered the profession, people who have progressed to advanced or specialty practice, retired dietetics professionals who maintain the active RD or DTR credential, hiring managers, certification and licensure boards, national committee members, researchers, and anyone encountering new challenges at work. It serves as a tool for everyone who engages in the profession of dietetics. And, as we individually and collectively change to respond to new developments in the health care environment, so too will our Framework evolve over time to reflect this.

Although Julie OSullivan Mailllet, Janet Skates, and Ellen Pritchett are the authors of this article, the work reflects the entire Practice Definitions Taskforce, including Karmeen Kulkarni, MS, RD; Sandra McNeil, MA, RD, FADA; Lorna West, DTR; Beth Leongberg, MS, RD, FADA; and Sally Cohe nour, MS, RD, as well as the input of the House of Delegates, the Commission on Dietetic Registration, and the Board of Directors.

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**References**


**When to use the Decision Tree:** Use this tool when trying to determine whether a specific activity or service (such as assuming responsibility for instructing patients with diabetes on insulin pump usage or ordering nutrition related labs) falls within your individual scope of practice.

**Instructions for Use:**
Start on the left side of the diagram and match numbered boxes with each "Question to Ask Yourself" on the right of the diagram. Fully consider all decision points.

**Questions to Ask Yourself**

1. Does the license or credential I hold permit me to perform this activity or service?

2. Is the activity or service consistent with the following?
   - Entry level dietetics education and credentialing (CADE and CDR)
   - ADA Standards of Practice, Standards of Professional Performance, Code of Ethics
   - ADA position statements or practice papers; dietetics literature/research
   - Nutrition practice guidelines or protocols
   - National organization standards of practice
   - Institution job description or privileges
   - Accrediting Organization Standards
   - Federal Statutes and Regulations

3. Would the activity or service be within the accepted "standard of practice" that would be provided in similar circumstances by reasonable and prudent dietetics practitioners who have similar training, education, skill, competence, and experience?

4. Have I acquired the depth and breadth of knowledge needed to safely and effectively perform this activity or service through training, such as a preprofessional program, a continuing education program, or self-study?

5. Have I personally demonstrated current knowledge, skills, and competence to safely perform this activity or service?

6. Am I personally prepared to accept the consequences of my actions?

**Figure 6.** American Dietetic Association Scope of Dietetics Practice Framework Decision Tree.