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DIETETICS & NUTRITION NEWS

Newsletter of Professional Board for Dietetics and Nutrition

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CHAIRPERSON'S MESSAGE

Dear Practitioners

As 2024 draws to a close, we are all reminded of how rapidly time marches on and we all ask "where did the time go"?

To better understand the status of CPD on the Dietetics and Nutrition Board (DNB) registered practitioners, the Board conducted a CPD survey amongst our practitioners in 2023. The results were presented at the recent Nutrition Congress in Durban and are also published in this newsletter for information for all our registered practitioners. Thank you very much to all those who responded. The results of the survey will assist the Board to better target future CPD related activities of the DNB. As usual, this newsletter has two Ethics CPD articles which will allow you to earn 4 (of the 5 required annually,) ethics CPD points, if successfully completed and returned before the due date. If necessary, please use this opportunity to improve your CPD status.

At the time of reading this newsletter you should have received the DN Board notice 11/24 related to the implementation of Section 19A (1)(d) of the Health Professions Act, 1974 (Act No. 56 of 1974). If not, please do check your contact details online via the HPCSA website. As at September 2024, **CPD compliance for the DNB was 58%**. This would mean that as at the end of September 2024, a staggering 2 649 registered practitioners of the DNB were not CPD compliant. Council of HPCSA and all its 12 Professional Boards including the DNB have now taken definite action to implement this CPD compliance requirement in terms of the Regulations by the 31st March 2025. This means that from the **01 April 2025**, the HPCSA will start the process of removing non-compliant practitioners from the Register. All practitioners are again encouraged to maintain their CPD compliance. You can access your current CPD status on ***https://hpcsaonline.custhelp.com/***

The term of office of the current DNB ends at end of October 2025, with the swearing in of the new Board members for the 2025-2030 term. Invitations for the nominations of new Bord members will be gazetted/published early in the new year by the National Department of Health. Please be reminded to give this some thought to ensure that you make your nominations to the new Board so that you are well represented both at the Board and within the Council of HPCSA.

As we spend time with our family members and loved ones over this festive period, be reminded to stay safe and take time out for some rest and relaxation so that we continue to maintain our work-life balance.

Enjoy the holidays.

With best wishes,
Lenore Spies

Chairperson of the Professional Board for Dietetics and Nutrition

REPORT ON CPD NEEDS ASSESSMENT SURVEY

1. INTRODUCTION

Due to the relatively low CPD compliance it was decided by the Board to do a survey about CPD needs and compliance amongst practitioners. This survey was completed during 2023 in the form of an online questionnaire in Google Forms.

A total of 335 practitioners (Dietitians and Nutritionists) completed the survey. That is a response rate of approximately 8% and therefore poor. However, the results could be used to improve the service to the practitioners in order to increase compliance and maybe even increase response rates and participation in HPCSA activities by practitioners.

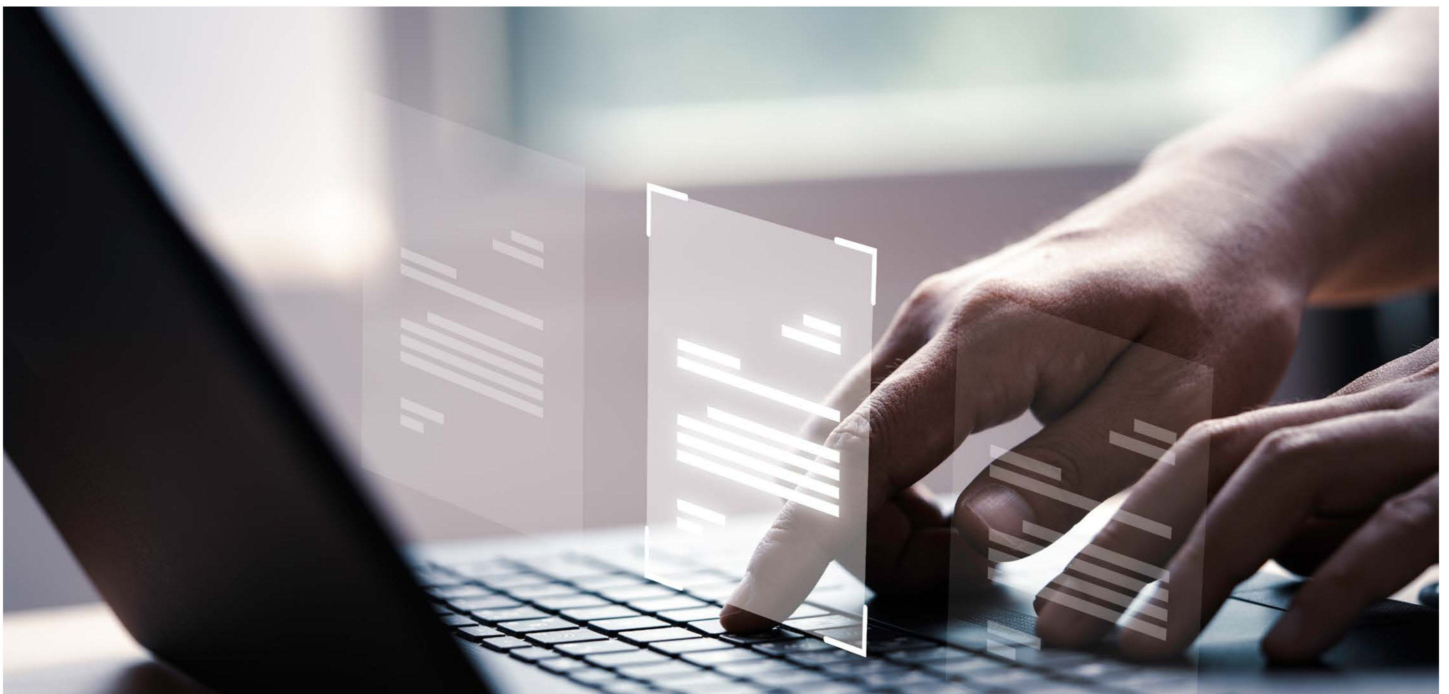
2. CPD COMPLIANCE

Of the 335 practitioners, 71.3% indicated that they are CPD compliant. It is therefore clear that those who are compliant were more inclined to participate in the survey as at present, only 58% of the practitioners are CPD compliant. A total of 68.7% of the respondents indicated that they visited the HPCSA platform in the month before the survey. It was not asked for what reason.

It is therefore clear that it is necessary to encourage participation of more practitioners in the HPCSA activities.

3. MAINTENANCE OF CPD COMPLIANCY

When asked whether it was difficult to comply with CPD, 29.9% of the participants stayed neutral, and 31.1% indicated that it was difficult. Therefore, only about a third finds it easy to stay compliant.



4. BARRIERS TO MAINTAIN CPD COMPLIANCY

Respondents had to mark three options with 1 the most important to 3 the least important among the following categories to indicate what they see as barriers in CPD compliancy and maintenance:

- ❑ I don't have enough time
- ❑ There are not always topics available that interest me
- ❑ It is expensive
- ❑ I cannot always attend webinars/seminars in real time
- ❑ There are not enough CPD activities available to me
- ❑ The website of the HPCSA where activities should be loaded is difficult to find/ navigate
- ❑ Other

Answers are given in Figure 1 with the blue as first choice, red second choice and orange third choice (in that order in the bar diagram).

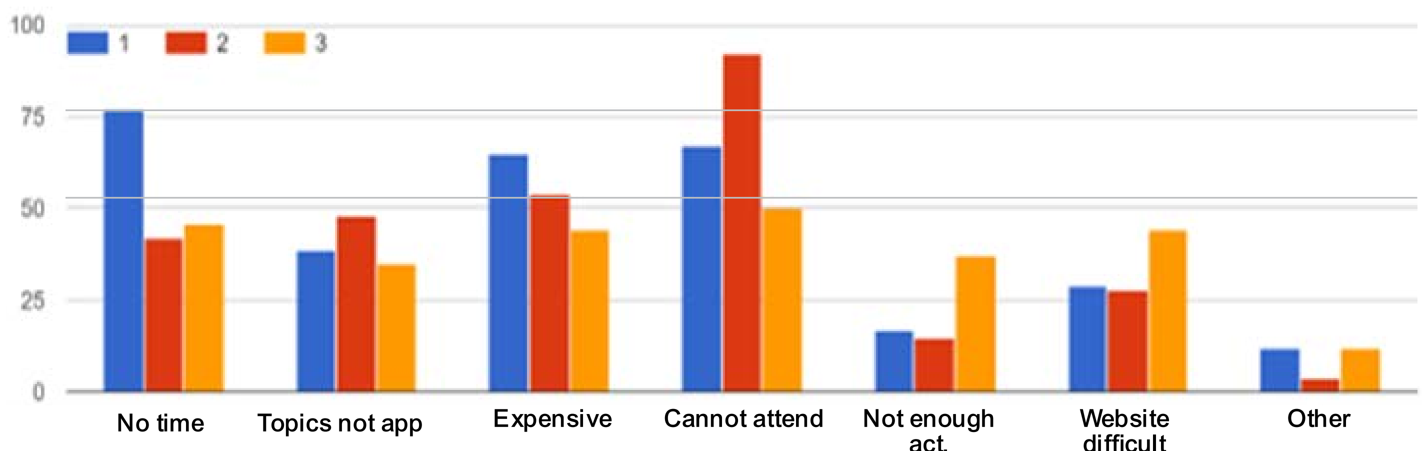


Figure 1: *What are your biggest barriers to CPD compliancy?*

Results indicated that dietitians and nutritionists find it difficult to make time to ensure compliancy with 159 (47%) giving that as a reason, of which 77 respondents (23%) giving that as their first problem and 13% mentioning it as their second problem. The times and places where CPD activities are offered may also be a problem as indicated by 209 (62%), with 92 (27%) indicating that as their second problem and 67 (20%) indicating it as their first problem. Respondents also indicated that CPD activities are expensive with 153 (46%) mentioning it as a reason.

Other reasons given why compliance is difficult were:

- ❑ Loadshedding
- ❑ The difficulty of navigating the HPCSA website and ensuring that CPD points are loaded and there are delays in loading the points
- ❑ The system took away control over one's points and it is difficult to keep track of points loaded
- ❑ There are not enough ethics CPD opportunities
- ❑ Not enough variety, too many of the opportunities are therapeutic nutrition based, more practical application activities should be included
- ❑ International activities are not recognised
- ❑ Practitioners do not know of all the activities. suggestion was for the HPCSA to create one platform where all CPD opportunities are loaded so that it is easy for practitioners to access activities.

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5. HOW CAN PRACTITIONERS BE SUPPORTED TO MAINTAIN COMPLIANCY?

Practitioners were asked to choose up to three of the following opportunities with 1 (blue) as the most important and 3 (orange) as the least important (in that order in the bar graphs in Figure 2), in order to support them:

- ❑ Having access to affordable CPD activities
- ❑ Having CPD activities available on-demand (to complete when it is convenient for you
- ❑ Having access to CPD activities which are interesting to me
- ❑ Having access to more CPD activities where I can earn ethics points
- ❑ Having a more user-friendly HPCSA CPD portal to upload CPD records
- ❑ Having more online activities available
- ❑ Other

Answers are depicted in Figure 2

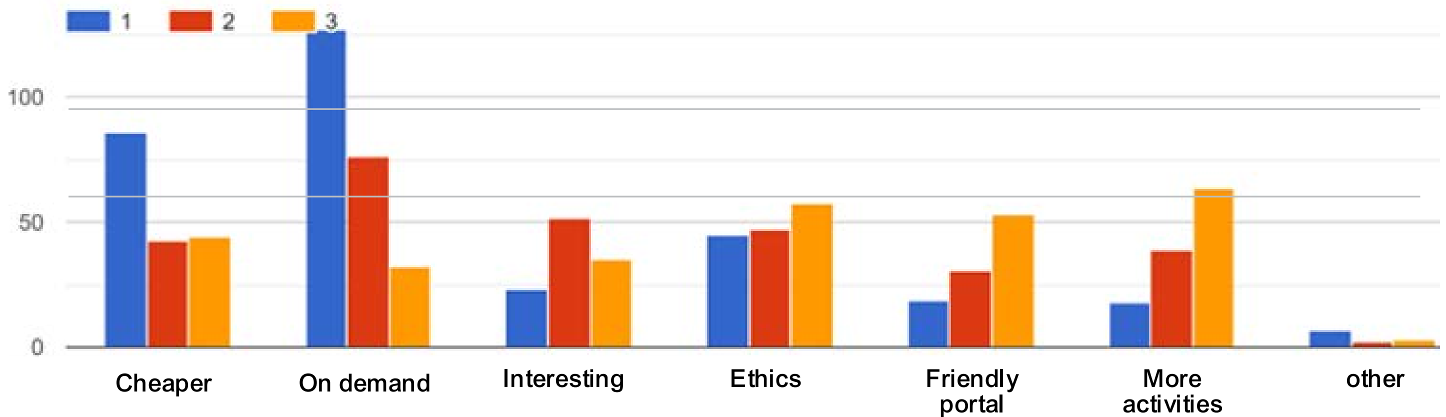


***Figure 2:** How can practitioners be supported?*

The most important was for practitioners to be able to complete activities in their own time with a total of 235 (70%) of participants giving that as an option and 127 (38%) indicating that as their first choice. Secondly 173 (52%) practitioners indicated that activities should be more affordable with 86 (26%) mentioning that as their first choice. Ethics activities were also important as 150 (45%) of participants mentioned this aspect, and 121 (36%) requested more activities.

Other suggestions for support included more activities to assist practitioners to specialise in certain areas, to recognise international activities and restructure the point system.

6. MOST SUITABLE DAY AND TIME TO ATTEND

Practitioners still prefer weekdays for physical attendance of activities with 47.2% giving that as their first choice, while 34% preferred Saturdays and 18.8% indicated any day of the week. The time of day during weekdays are presented in Figure 3. Unfortunately, after hours were not given as an option, but other suggestions were asked and no-one gave any other suggestions, such as after hours.

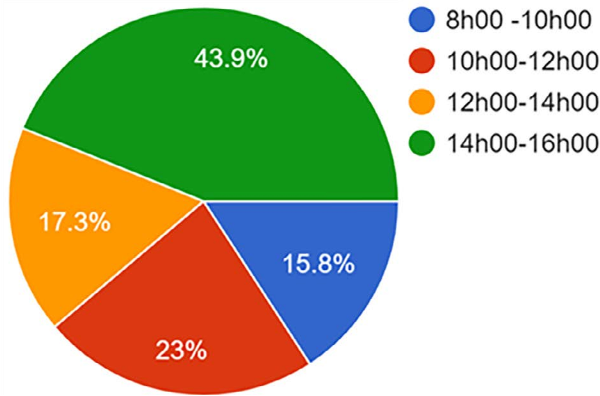


Figure 3: *Times that participants prefer to attend CPD activities*

On Saturdays, practitioners prefer to attend in the morning. See Figure 4.

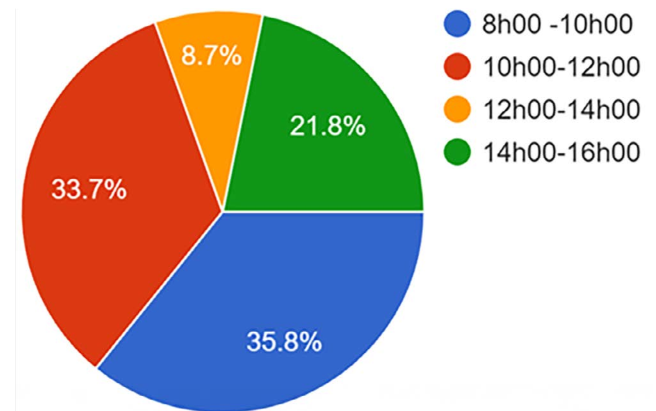


Figure 4: *Attendance preference on Saturdays*

7. TYPES OF ACTIVITIES THAT PARTICIPANTS PREFER

Participants were asked to indicate what method of learning they find most conducive and could give a first (blue) and second (red) choice (in that order on the bar graphs) from the following:

- Read an article, answer questions and submit to the relevant party
- Attend a webinar or seminar or conference or meeting
- Completing an online course with an online questionnaire
- Workshops (face-to-face) where participants are actively involved
- Journal club
- Research (completing a Master's or Doctorate or writing an article)
- Review of manuscripts
- Other

Answers are depicted in Figure 5

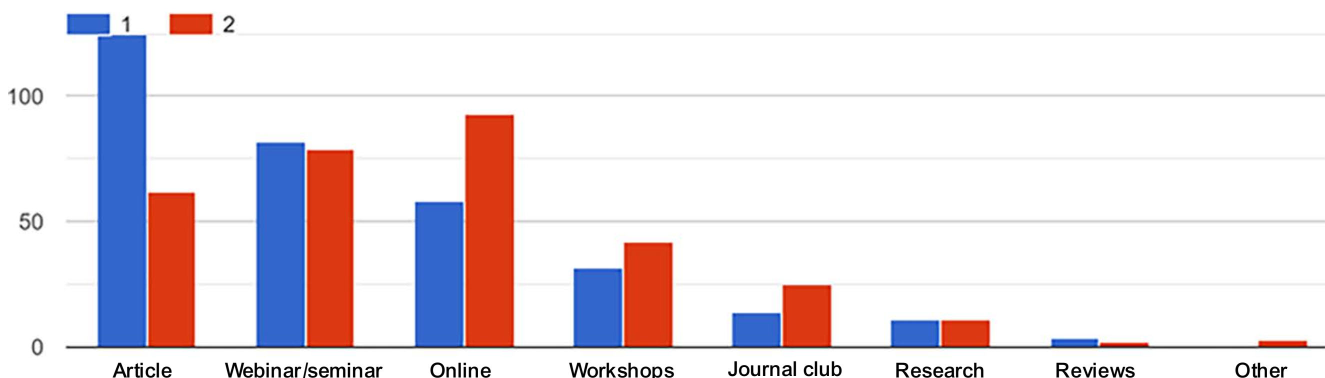


Figure 5: *Methods of learning most conducive*

Reading articles are still seen as the most preferred method with 187 (56%) giving that as their first or second choice, followed by online courses, etc. as second preference (161 participants or 48%) and webinars or seminars as the third preference (151 participants or 45%). Other suggestions were conferences and after-hours webinars.

8. TOPICS PRACTITIONERS ARE INTERESTED IN.

The results for topics that practitioners are interested in, is given in Table 1.

Practitioners could mark five options with 1 as the most preferred.

	Choice with 1 most preferred						
Options	**1**	**2**	**3**	**4**	**5**	**TOTAL**	**%**
Auto-immune conditions	16	6	8	10	18	58	17
Chronic diseases of the lifestyle	56	23	13	14	13	119	36
Community nutrition and public health	38	30	12	10	4	94	28
Critical care nutrition	36	26	16	18	11	107	32
Eating disorders	13	11	16	17	10	67	20
Weight management	13	33	30	21	16	113	34
Ethics in nutrition	28	34	35	25	21	143	43
Food Service Management	8	6	10	7	5	36	11
Gut health	21	27	29	28	16	121	36
Intuitive eating	2	14	11	13	16	56	17
Mental health and wellness	4	10	20	13	17	64	19
Oncology nutrition	8	7	14	12	8	49	15
Paediatric nutrition	31	16	21	17	11	96	29
Renal nutrition	5	5	8	17	11	46	14
Sports Nutrition	11	12	11	15	20	69	21
Women's health and fertility	8	17	13	14	15	67	20
Specific therapeutic conditions – updates	9	8	15	14	15	61	18
Epidemiology	4	4	3	4	2	17	5
Health economics and policy development	4	4	11	6	11	36	11
Maternal and child health	6	13	12	14	14	59	18
Other	3	1	1	0	4	9	3

Table 1: *Topics for CPD activities*

The topic most preferred was ethics (43%), followed in second place by gut health (36%) and third chronic diseases of lifestyle (36%), fourth weight management (34%) and critical care nutrition (32%). The highest first choice selections were chronic diseases of lifestyle, followed by community nutrition and public health, and critical care nutrition. It was interesting that the newer topics that will be included in the new Registered Dietitian-Nutritionist syllabus, namely epidemiology (5%) and health economics and policy development (11%) were not priorities, possibly because these are already included in the old syllabus by some universities.

Participants were also asked whether they feel that there are enough opportunities to obtain ethics points and 171 (51%) indicated no and 44 (13.1%) indicated that they do not know.

Other suggestions included the above in different terminology, as well as the ketogenic diet, epilepsy, inborn errors of metabolism, roles of various health professionals in the multidisciplinary treatment of patients (especially for diabetes), sustainable community projects on the community level, behaviour change, surgical, nutrigenomics, liver and intestinal failure, abdominal hypertension, and compartment syndrome.

9. ETHICS KNOWLEDGE FROM THE HPCSA BOOKLETS THAT PARTICIPANTS WANT TO KNOW MORE ABOUT

Practitioners could indicate which booklets on ethics of the HPCSA they would like to know more about as CPD activity.

The first choices for Booklet 2, Ethical and professional rules of the Health Professions Council of South Africa as promulgated in government gazette R717/2006, was the highest (82 participants or 25%), followed by Booklet 16, Ethical Guidelines on Social Media, (44 participants or 13%) and Booklet 7, Guidelines withholding and withdrawing treatment (32 participants or 10%).

However, when all 10 options of the participants were taken into consideration the following were the most important guidelines that they would like to know more about:

- ❑ Booklet 5, Confidentiality: Protecting and providing information; 227 participants (68%)
- ❑ Booklet 16, Ethical guidelines on Social Media; 224 participants (67%)
- ❑ Booklet 7, Guidelines withholding and withdrawing treatment; 210 participants (63%)
- ❑ Booklet 2, Ethical and professional rules of the Health Professions Council of South Africa as promulgated in government gazette R717/2006; 208 participants (62%)
- ❑ Booklet 4, Seeking patients' informed consent: The ethical considerations; 203 participants (61%) and
- ❑ Booklet 9, Guidelines on Patient Records; 202 participants (60%).

Booklet 1 was not included as this booklet was dealt with several times before.

10. CONCLUSION

It is clear that practitioners do not find the HPCSA website user friendly and that it is a problem for them in obtaining and maintaining their CPD points. Practitioners should also be encouraged to visit the website more. Maybe some form of a competition can assist here? We can also assume that it is the more active practitioners that use the website more that participated (see point 1), therefore this may be a point to take serious note of.

Time, inconvenient times and places and costs were mentioned as the main hindrances in attending available CPD opportunities. Participants mostly indicated that they would like to have activities that they can complete in their own time and that may be why articles with questionnaires to complete are still seen as a popular way to obtain CPD points. Ethics was repeatedly mentioned as a topic that they would like to have more activities on. Booklets 5, 16, 7 and 2 are the most chosen HPCSA ethics booklets that participants would like to know more on and therefore as Board we could include these in our newsletters with questionnaires to complete in order to assist practitioners to obtain ethics points.

The most preferred time for activities stays during weekdays in the afternoons.

The suggestion to have one website, with maybe links to other and posted activities, where practitioners can get information, can also be investigated. This could be a Master's topic for a student as it will not be possible for HPCSA staff or Board members to develop such an instrument, due to the time that it will take.

CPD COMPLIANCE TO BECOME A PRE-REQUISITE FOR ANNUAL REGISTRATION WITH THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Qualifying in any profession is an important personal responsibility, and, as a practitioner, there are several legal obligations. Registration with the Health Professions Council of South Africa (HPCSA) is a pre-requisite for professional practice, and it is also a legal requirement to keep all personal details up to date at all times. As practitioners, we are used to paying our annual fee for the continuation of our registration status, and we are fully aware that failure to pay this fee could result in suspension from the register. Similarly, non-compliance with Continuous Professional Development (CPD) requirements can lead to suspension or revocation of your registration, which could significantly impact your professional practice and reputation as you will be prohibited to practice your profession.

The HPCSA CPD programme is implemented under the legislative authority of Section 26 of the Health Professions Act, 1974 (Act 56 of 1974). CPD is essentially the process of documenting and tracking the skills, knowledge and experience gained both formally and informally as health practitioners work beyond any initial training. Since October 2021, the HPCSA has amended the submission process of evidence of CPD activities completed by practitioners. The amendment's purpose was to ensure effective management of the CPD database and improve the optimal efficiency of the CPD process. With the introduction of the HPCSA's online self-service platform on its website, all registered health practitioners can submit enquiries and/or upload the required evidence of CPD compliance. This online platform provides a convenient and efficient way for practitioners to submit their CPD evidence, reducing paperwork and processing time. This has effectively made it a reality that HPCSA can monitor CPD compliance and implement CPD compliance as a pre-requisite for annual registration.

Practitioners are aware of their legal obligation to be compliant with the HPSCA's (CPD) programme. Unfortunately, the analysis of the rate of CPD compliance of the practitioners from all twelve boards is below 100%. The CPD compliance rate of the Professional Board for Dietetics and Nutrition (DNB) was 56 % in June 2024. On a positive note, this rate has been on the increase since the HPCSA and the DNB embarked on regular communication with practitioners via Roadshows, e-Bulletins and the DNB Newsletter to raise awareness amongst practitioners regarding the risk and implications of being non-CPD-compliant.

Dietitians and Nutritionists registered with the HPCSA must accumulate a minimum of 30 Continuing Education Units (CEUs) per year inclusive of 5 CEUs on ethics, human rights and health law, as per CPD guidelines. Each CEU is valid for 24 months from the date on which the activity took place. This means that practitioners should aim to accumulate a balance of 60 CEUs by the end of their second year of practice and thereafter top-up on an ongoing basis to remain CPD-compliant.

Practitioners are advised to regularly check their CPD status on the HPCSA's practitioner portal. Your commitment to CPD compliance ensures that you stay updated with the latest developments in your field and enhances your professional skills and the quality of care you provide, benefiting your patients and your career. Likewise, it is a responsibility we all share and a commitment we must uphold to ensure the highest standards of professional practice in line with the mission and vision of the HPCSA.

IMPLICATIONS OF NOT RESPONDING TO PRELIMINARY INQUIRIES COMMITTEE REQUESTS

The DNB has been experiencing challenges in clearing the cases brought to the preliminary investigations committee timeously. The practitioner related factors that contribute to the slow case-clearance rate include the following:

i) Practitioners who do not provide the HPCSA investigators explanations or responses to complaints raised against them.

ii) Practitioners who fail to appear before the DNB's preliminary committee of inquiry when requested to do so.

iii) Practitioners who cannot be tracked by investigators at the premises that they have registered as their practice addresses or residential addresses.

The DNB would like to remind practitioners that

i) Failure to respond to complaints is regarded as contempt of council and carries a penalty of a fine between R2500 – R10 000 based on the current fines which may be imposed by a preliminary committee of inquiry. ***https://www.gov.za/sites/default/files/gcis_document/201409/33385632.pdf***

iv) In addition to the contempt of council fine, the preliminary committee of inquiry may refer any professional who fails to respond and appear to the preliminary committee for a professional conduct inquiry

v) When a penalty has been imposed by the preliminary committee of inquiry, the practitioner must accept or reject the penalty within 14 days of receipt of the communication.

vi) Rejecting the penalty or not responding to the penalty imposed by the preliminary committee within the 14-day period will lead to a formal inquiry into the professional conduct of the practitioner.

vii) Personal details including contact numbers and physical addresses should be updated whenever necessary. This can be done via the HPCSA portal.

viii) Registration status should be kept up to date as any complaint against a practitioner who is not registered will also lead to other investigations and penalties associated with practicing while not registered.

By providing explanations and responding to complaints, you are saving the board legal fees associated with a full inquiry. This therefore, allows the board to minimise the increases in professional registration fees.

Herewith is a summary of the REGULATIONS RELATING TO THE CONDUCT OF INQUIRIES INTO ALLEGED UNPROFESSIONAL CONDUCT UNDER THE HEALTH PROFESSIONS ACT. 1974

According to the regulations, after the complaint has been forwarded to the responded (practitioner) the practitioners is

i) Requested to give a written response within 40 working days from the date of receipt of the notification by the respondent, or within such further period as the registrar may reasonably allow,

ii) Failing which the complaint, together with any further information or affidavit referred to in paragraph (a), must be submitted to the preliminary committee of inquiry without the respondent's written response;

(iii) The responded is then advised that failure to respond to the notification (i) constitutes contempt of Council;

iv) A response may consist of a written communication by the respondent that he or she invokes his or her right to remain silent;

v) When a penalty imposed by the preliminary committee is accepted by the respondent, proof of compliance with such penalty must accompany the notice of acceptance to the registrar, and that penalty must be regarded as a penalty imposed by the Preliminary Committee of inquiry, whereupon the matter will be regarded as finalised;

vi) When a penalty imposed by the Preliminary Committee is rejected by the respondent or no response is received by the due date, the Registrar must arrange for an inquiry into the professional conduct of the respondent, and the charges so formulated and the penalty so rejected or not responded to may no longer be applied to the matter.

NUTRITION
CONGRESS 2024

DNB AT THE NUTRITION CONGRESS 2024

DIETETICS AND NUTRITION BOARD'S PRESENCE AT THE 2024 NUTRITION CONGRESS

The Dietetics and Nutrition Board (DNB), represented by Dr HV Mbhatsani (Board Vice-Chairperson), Prof. A Gresse (USAF Rep), Mrs Mkontwana (Chairperson, Prelim and Inquiry Committee) and Mrs P Maniza (Chairperson, Professional Practice Committee) attended the NUTRITION CONGRESS 2024 held in Durban on 2- 4 October 2024. This was the 29th Congress of the Nutrition Society of South Africa (NSSA) and the 17th Congress of the Association for Dietetics in South Africa (ADSA). The theme of the conference was "Spearheading Nutrition for All". The congress sub-themes were Food and Nutrition in a Changing Society; Nutrition in the Prevention, Management and Treatment of Disease; Nutrition Research Methodologies and Professional Practice Towards Excellence in Nutrition.

WHY IS NUTRITION CONGRESS ATTENDANCE IMPORTANT FOR DNB?

The Congress is one of the stakeholder engagements that aligns with the 2021-2025 DNB strategic plan GOAL 3: Manage stakeholder relationships. The Board manages stakeholder engagement by ensuring that it participates and enables the existence of platforms to engage professionals registered under its ambit on a one-on-one, physically, virtually, print media, etc.

The Congress is known for bringing Food and Nutrition professionals from across the globe together, and many dietitians and nutritionists attend. One of the key aspects of the Congress is the attainment of Continuous Professional Development Points, which enables practitioners to be CPD compliant with the HPCSA as regulated by the Council. In addition, new information is shared to keep practitioners abreast with their professional development and network with colleagues with similar interests.

THE DNB ROLE AT THE CONGRESS

The Board members played various roles at the congress, such as facilitating presentations, adjudication and chairing sessions. The board made two presentations; Prof. Gresse's presentation covered results of the DNB survey regarding Non-Compliance, and all four board members participated in the presentation which aimed to familiarise the healthcare professionals in attendance with the functions of the board and its committees. Board members also participated at the HPCSA-DNB stand, where HPCSA staff members (Ms Maifadi, Mr Mazinyo, Mr T Seloana, Mr S Prinsloo, and Mr B Dumasi) were handing over materials, ethical booklets and some goodies to practitioners in attendance.

HIGHLIGHTS FROM THE CONGRESS THAT IMPACT DNB ACTIVITIES

The board appreciated that some desktop review work on the Registered Dietitian Nutritionists was presented at the Congress, stressing the importance of this transition and its implication to up-skilling for the existing professionals. During this presentation, reference was made to visiting the HPCSA website and paying attention to the newsletters and ebulletin disseminated by the DNB.

According to results from studies conducted amongst Dietitians and Nutritionists in South Africa which was presented at the congress, it was disappointing to learn that the response rates were similar to those of the two previous DNB surveys with a range of 200-350 participants. This implies that the uptake of Dietitians and Nutritionists to participate in the surveys is very low.

The main issue identified by practitioners who visited the HPCSA-DNB stand was deregistration notification due to non-payment of fees. The board and HPCSA staff provided guidance on a case-to-case basis since some had paid in bulk and others did not use the HPCSA portal. One of the practitioners appreciated having the HPCSA as one of the exhibitors at the congress, and she said in her own words," I see this as a way of the Board giving back to practitioners and increasing visibility."

Questions asked by practitioners following the Board-specific presentations, highlighted the need to share Booklet 19 - Guidelines on matters relating to ethical billing practices. A webinar was also identified as a means to reach a greater number of practitioners.

Following Prof R Blaauw's presentation on the use of the nutrition care process, it became clear to the Board that there is a gap in implementing the nutrition care process in clinical care. There is thus a need to reinforce this for the workforce, as it seems that practitioners in the working environment do not implement it as needed.

Lastly, a presentation based on The National Food and Nutrition Security Survey report was presented, which sparked uncertainties regarding the malnutrition report. This National Food and Nutrition Security Survey report was launched on the 9th of October, 2024, however, due to the short notice the Board could not be represented.

DNB AT 19th INTERNATIONAL CONGRESS OF NUTRITION AND DIETETICS 2024 CANADA

The 19th Annual International Congress of Nutrition and Dietetics 2024 was hosted by the Dietitians of Canada at the Westin Harbour Conference Centre in Toronto, Canada from June 12 to 14, 2024. This congress gathered brought together leading experts, professionals, researchers, and students from the field of nutrition and dietetics from around the globe. With over 1,100 attendees from 62 countries, ICND2024 was an exceptional gathering that offered unparalleled opportunities for learning, networking, and professional growth.

The theme for ICND 2024 was “Rise to the Challenge” and focussed on the key challenges, opportunities and learning needs faced by dietitians and nutritionists in all areas of practice.

HIGHLIGHTS FROM THE CONGRESS THAT IMPACT DNB ACTIVITIES

UNDERGRADUATE TRAINING

The session emphasised that the world is currently facing significant nutrition challenges, making it more crucial than ever to ground the profession and its educational programs in social accountability. It is vital to continuously explore, discuss, and implement strategies that enhance social accountability, quality, relevance, equity, and cost-effectiveness in education and the profession, as these are essential for future dietitians to meet the challenges ahead. Opportunities are available to reimagine learning and teaching professionalism through an interpretive pedagogical approach. Developing person-centred behavioural counselling and interprofessional practice skills is essential for allied health students. Additionally, dietetics may encounter increased risks due to financial constraints following the Global COVID-19 Pandemic. Integrating Nutrition Care Process Terminology (NCPT) outcomes into standard practice represents a significant strength for the profession, and the growing use of electronic health records offers unique opportunities that dietetics should leverage.

LEADERSHIP AND MANAGEMENT SKILLS

Dietitians are the visionary leaders we need in today’s world. With rising levels of employee burnout, mental health issues, and varying generational perspectives among staff, having dietitians in leadership roles is essential. Why is this important? Dietitians excel in communication, demonstrate empathy, and possess key skills that are vital for modern leaders. For instance, motivational interviewing shares many similarities with leadership coaching. Additionally, dietitians are adept at managing a diverse array of patients, which mirrors the challenge of leading a varied team of employees. There are numerous transferable skills between dietetics and effective leadership.

EMERGING PROFESSIONALS

It was highlighted that the constructs of inclusion, diversity, equity, and access (IDEA) have not been historically considered or included throughout the research process in nutrition epidemiology. Consequently, nutrition assessment benchmarks and knowledge translation tools may not accurately or adequately reflect diversity in any country's population, or produce meaningful dietary guidance, respectively. These factors may influence the impact and relevance of the dietetic practice within an evolving and diverse population. It may also be possible that the lack of attention to IDEA throughout the nutrition epidemiology continuum may be attenuating the impact of current nutrition knowledge translation tools, as most are not reflective of a diverse population and may not be delivered equitably. It was recommended to incorporate the constructs of IDEA along the continuum of future nutrition research and dietetic practice such as: 1) Institutional and Organisational Leadership and Support, 2) Recognition and Support for Mixed-Methods Research Designs, 3) Standardised Protocol in Research, 4) Implementation of Integrated Knowledge Translation, 5) Interdisciplinary Research and Practice Environments, and 6) Training. The application of IDEA within the Nutrition Epidemiology Continuum Framework will provide dietitians with a tool to conceptualise this emerging point of perspective within their own professional settings.

Interactive Workshop was held and emphasised that dietitians are uniquely positioned to promote sustainable food systems within their organisations and communities.

As sustainability is a collective responsibility, collaboration among various sectors and disciplines is crucial for driving change. While there are numerous evidence-based and credible resources available to enhance theoretical knowledge, there is a noticeable shortage of tools for developing practical implementation skills.

The discussions highlighted the methods employed by Registered Dietitian and sustainability expert, Roxane Wagner, in her consulting practice. She integrates change management and business strategies to assist organisations in overcoming obstacles. Additionally, she showcased her use of problem-based learning as an educational technique to equip nutrition and public health practicum students with the skills necessary to effect meaningful sustainable change.

The session provided attendees with practical insight on ways to achieve their goals, save money and time while driving sustainable changes. The outcomes allowed attendees to:

- Identify opportunities to incorporate sustainability into their current practice.
- Empower nutrition professionals in a variety of roles to act and accelerate change.
- Identify tools to support their clients in the implementation of impactful sustainable systems.

PLENARY SESSION

Rise to the Challenge of AI in Education and Practice. The session brought to fore that Artificial Intelligence (AI) has rapidly transformed education, business, and healthcare over the past year, significantly disrupting traditional practices. In the field of education, students are leveraging AI to swiftly and easily complete assignments, while educators utilise AI to generate assignment prompts, grading criteria, and enhance student engagement. In the business sector, AI is employed for analysing large volumes of data. Due to current employee shortages, the integration of AI may be necessary to enable nutrition professionals to operate more effectively with reduced teams. However, the fast-paced evolution of this technology raises numerous ethical concerns.

There are several ethical concerns associated with the use of AI, including algorithmic bias and the truthfulness of interactions between faculty and students regarding this technology. The ICDN professional Code of Ethics should serve as a valuable guide to help navigate the challenges and opportunities presented by AI in our professional lives.

KEY MESSAGES FOR SOUTH AFRICA, THE HPCSA AND DN PROFESSIONAL BOARD

1. There is a need to grow our capabilities in Sustainable Food Systems (SFS). This would include the development of tool kits which includes learning modules, position papers etc. Competencies around SFS need to be developed and adequately built into the training curricula of dietitians. With the significant reduction from animal to plant-based diets and the planetary health diet (PHD), integrating sustainability into dietetic courses is essential.

2. Undergraduate training should include cultural competency. Undergraduate students should be taught how to discuss issues with people that have alternate world views. There should be greater emphasis placed on teaching respect and dealing with health disparities.

3. The Education and Accreditation committees of the HPCSA should maintain the quality, consistency and credibility of their training and registration. The ICDN is currently embarking on a process of internation accreditation for dietitians which will obviate the need for dietitians to write entry/ registration examinations should they wish to practice in foreign countries. This would allow dietitians to move seamlessly between countries while continuing to practice their profession. The HPCSA should be part of the development of this international standard of assessment.

4. Membership of the Internation Union of Nutritional Sciences (IUNS) is usually represented by the Dietetic and nutrition associations of countries. In South Africa, The HPCSA should move towards registration with the ICDN as a member to ensure participation in the development of the international accreditation process, since they are responsible for the accreditation of dietetic and nutrition programmes and subsequent registration of practitioners

5. Quality Assurance, Professional competence, public trust and safety and Professional standards should remain central to the continuous evolution and development of the profession.

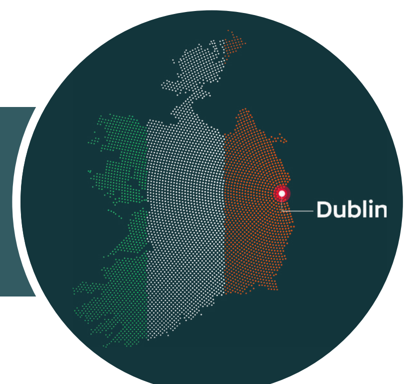
6. The emergence of the use of Artificial Intelligence (AI) within the profession is a rising challenge. AI is currently used in recipe creation, meal planning, lesson planning, plagiarism detection software, citation management, automated nutrient analysis, report proposal writing, diagnostic assistance /alerts, speech recognition for patient communication, clinical decision support, to name a few. There is some discussion that the use of AI may help workforce shortages, but we need to provide very clear and strong guidance of the use of AI in practice (Reference: Boak et al, (2022) Dietitians in the Future – a qualitative exploration of the future of dietetics and nutrition in Australia and New Zealand: implications for the workforce. Journal of Dietitians Australia 2022;79: 427-237). The ethics and values associated with AI requires transparency, integrity, and equity. The HPCSA should move rapidly to provide guidance to it practitioners on the use of AI in professional practice, with emphasis placed on ethics associated with its use.

7. There was consensus that currently, the academic training of dietitians inadequately prepared them for innovation, since undergraduate training concentrated on concepts, terminology, etc. There is a correlation between creativity and innovation with Innovation requires guts, spirit, and experience etc. As we move into the future is it a realistic expectation to expect greater innovation from the dietitians?

CONCLUSION

With an increasingly urbanised and aging population and the increasing challenges of rising healthcare costs, it remains crucial to ensure our citizens stay active and healthy.

The next ICND Congress is scheduled to take place on 15-19 August 2028 in Dublin, Ireland.



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A qualitative exploration of the future of nutrition and dietetics in Australia and New Zealand: Implications for the workforce

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Abstract

Aim

We aimed to explore the future roles of nutrition and dietetics professionals, and what capabilities the workforce would need to fulfil these roles.

Method

A qualitative interpretive approach was employed. We conducted individual interviews with nutrition and non-nutrition thought leaders external to the profession. In addition, we conducted focus groups with experts within the nutrition and dietetics profession, academic dietetics educators and students/recent nutrition and dietetics graduates (total sample $n = 68$). Key nutrition-related issues and challenges, drivers for change and potential future roles of the profession were explored. Data were analysed using a team-based thematic analysis approach.

Results

Future roles of nutrition and dietetics professionals were described as food aficionados, diet optimisers, knowledge translators, equity champions, systems navigators and food systems activists, change makers, activists and disruptors. In addition, science was identified as a uniting framework underpinning the professions. An additional 16 critical capabilities were considered to underpin practice.

Conclusion

The results demonstrated that the current and future needs for workforce education and development need to address the impact of climate change, growing inequities, the democratisation of knowledge and the disruption of health and food systems. Education providers, regulators, professional associations and citizens need to work together to realise roles that will deliver on better health for all.

Keywords: education, environment, forecasting, qualitative research, workforce

1. INTRODUCTION

Food and nutrition are central to optimising health and wellbeing, and crucial to the prevention and management of many diseases.[1] An ageing population, virtual worlds creating increased connectivity, the democratisation of knowledge and expertise, and demand for experience and social relationships have been highlighted as impacting on nutrition.[2] In addition, climate change, industrialised agriculture, and a globalised food supply all impact on the ability of nations, communities, households and individuals to maintain healthy dietary patterns.[2, 3] Improving future health outcomes and the sustainability of the healthcare system requires shifting focus from treatment of illness to prevention or promoting health and wellbeing.[4] Complex and multi-strategy responses are needed to address these emerging priorities. The nutrition and dietetics profession, that spans food and health systems, is ideally positioned to address these priorities.[1] Yet, data suggests this workforce is limited in number and may not be adequately prepared to address these priorities.[5]

While comprehensive nutrition and dietetics workforce data is lacking, the data available suggest that the Australian and New Zealand dietetics workforce is small with approximately 6870 practitioners.[6, 7, 8] Traditionally, the public hospital sector was the dominant place of employment for dietitians. Emerging data suggests that employment in private practice is increasing, and separately, a large number of qualified dietitians work in unrelated occupations.[9, 10] Less is known of the nutrition science workforce without dietetics qualifications other than the voluntary register of the Nutrition Societies highlighting approximately 150 registered nutritionists in Australia[11] and 208 registered nutritionists in New Zealand.[12] In the United Kingdom and United States, research has explored important future issues and directions for nutrition and dietetics workforces.[13, 14] This suggests a growing demand for nutrition and dietetics professionals in areas such as community-based chronic condition prevention and management, aged care, personalised nutrition, food and agriculture, and technology/digital health.[13, 14] In addition, this data suggests that the profession will be challenged to increase in size and build its professional identity, its diversity, and consider specialisation and employability.[13, 14] It is clear that the provision of nutrition and dietetics services has great potential to generate economic savings and improved population health outcomes based on prevention, even over nursing and medicine.[15] However, there is limited data describing the future requirements for, and the needs of, nutrition and dietetics professionals in Australia and New Zealand.

Therefore, the aims of the study were to explore the roles of nutrition and dietetics professionals in the future, and describe the capabilities the workforce would need to fulfil these roles. The findings will inform future nutrition and dietetics education and practice in Australia and New Zealand and

consider nutrition and dietetics professionals globally as the leaders in the nexus between food and health.

2. METHODS

We employed an exploratory qualitative study grounded in interpretivism. Interpretivism does not seek a single objective reality but rather privileges multiple perspectives through social interactions drawing on the experiences of researchers and participants.[16] We took a team-based approach to data collection and analysis to support our interpretive approach in ensuring multiple views as we undertook the study. The team of senior dietitian-nutritionist-researchers from across Australia and New Zealand have experience in dietetics education, and practice in a range of settings. Reflexivity was applied during data collection, analysis and reporting, where robust iterative discussions were held between all authors, examining how each author's background and world view was influencing interpretation, and in line with our interpretivist approach to seek multiple meanings and interpretations to the data.[17] Human Research Ethics Committee (HREC) approval was provided by Queensland University of Technology (EC00171), The University of the Sunshine Coast Human Research Ethics (A201389), Monash University Human Research Ethics Committee (24447), Human Ethics the University of Auckland, Latrobe University Human Research Ethics (2000000231) and the University of Wollongong Human Research Ethics Committee (2020/199).

A maximum variation sampling[18] using the principles of information power[19] was used to gather the opinions of three different key groups: thought leaders within and external to the profession of nutrition and dietetics, students and recent graduates of the profession of nutrition and dietetics, academic dietetics educators and expert members of the profession. The potential sample of thought leaders was identified by the research team through brainstorming known leaders in the profession ensuring diversity of experiences. Those external to the profession were identified through web-based searches related to future focused issues relevant to nutrition and dietetics. Many of the thought leaders were known to the researchers supporting the collection of rich data. An initial sample of 45 potential names was identified including participants from Australia, New Zealand, Pacific Islands, Canada, Europe and the United States. Current students and recent graduates from dietetics and nutrition science education programs were contacted through an email invitation or online learning platform by course coordinators from all accredited dietetics programs across Australia and New Zealand (n = 19 courses) at the time of the study. Nutrition science graduates were also invited to participate in the study via social media (private Facebook and LinkedIn). Practitioners, researchers, and interest group leaders were invited via the Australian and the New Zealand dietitian professional associations' weekly emails.

Data were collected through in-depth interviews with thought leaders, and focus groups held with students, graduates and members of the profession. The interview and focus group questions were developed through a preliminary search of the literature on the future of nutrition and dietetics practice from other developed countries and related research in Australia[5, 13, 14] (Table 1; full question list available from the authors upon request). Questions were adapted for the different participant groups. Informed consent was obtained.

TABLE 1

Overview of interview and focus group discussion guides and question logic

Focus of discussion	Logic
Key food and nutrition related issues facing Australia and New Zealand	To explore if issues identified by other countries, nutrition and dietetics professions and key government and nongovernment organisations in Australia and New Zealand reflect the experience of participants
Key influences or drivers of change on nutrition and dietetics practice;	Current and emerging trends in the Australasian environment and political landscape that may influence nutrition and dietetics practice
How current health and social challenges will impact nutrition and dietetics practice	Demographic, health care and other environmental and political influences will potentially change practice and therefore what the profession may need to consider
Future roles of nutrition and dietetics professionals & opportunities and challenges for the discipline	Gather perspective on opportunities for nutrition and dietetics professions into the future and compare how these relate to opportunities that have been identified in other developed countries
Skills required of the profession into the future	Explore if current competencies and education in nutrition and dietetics need to change and considerations for the future

Interviews were conducted by all authors between June and December 2020. Focus groups were conducted by the first author between October and December 2020. Initial focus groups and interviews were conducted with another member of the research team present to facilitate consistency of approach and to provide feedback. Interviews and focus groups lasted between 60 and 90 min and were all undertaken through the online video communication platform Zoom (2021 Zoom Video Communications, Inc.). Data were audio-recorded and transcribed verbatim using an automated transcription program (Otter.ai, 2016). All transcripts were reviewed against the audio-recording to ensure the accuracy of the transcription. Each participant and focus group were given a code. All six interviewers completed contact summary sheets[20] for each interview and focus group. The contact summary sheet prompted interviewers to consider the main issues raised in the interview. It aimed to record salient, interesting, important, or illuminating points and take-home messages. The sheet was completed after immersion in the interview transcript and were used to support data analysis.

The analysis approach was informed by thematic framework analysis. Framework analysis is a useful approach for team based analysis to ensure consistency in coding.[21] Initially a subset of four different interviews each were selected for analysis by one of each of three authors whereby each researcher analysed different sets of interviews. Line-by-line inductive coding of text was undertaken independently by these authors, who then came together to compare codes and their description. Codes were then compared and defined in short sentences to provide transparency to the coding

framework such that it could be applied to the remainder of the data. All other transcripts were then coded by one of these three authors against this coding framework using Microsoft Excel (Microsoft Office, 2018). Where additional codes were identified as coding progressed, the coding framework was adapted to reflect the new code with regular meetings being conducted until data analysis was complete with the three authors to compare and contrast coding and any new codes and definitions. At the completion of coding, the three authors came together to examine the data in the context of the research questions and examine frequencies and patterns across the data. These patterns were then used to identify future roles and capabilities. One author also produced a mind map which documented key concepts from the data and where ideas overlapped or connected and compared identified roles with contact summary sheets.[22, 23] The identified future roles of the profession and capabilities were then presented to all authors for consideration and review. These role descriptors and capabilities were then revised based on feedback and through a process of constant comparison with the mind-map and until agreement was reached with all authors.

3. RESULTS

A total of 33 individual interviews and nine focus groups were conducted involving 68 participants (Table 2). A further 10 people were invited to interview but either did not respond ($n = 7$) or declined ($n = 3$) due to lack of availability. Of these, six were within the profession and four were external. Eighty-five per cent of the interviewees ($n = 29$) were from Australia and New Zealand with the remaining participants from Canada ($n = 2$, United States ($n = 1$) and Europe ($n = 1$). Attempts to recruit professionals who were permanently based in the Pacific Islands was unsuccessful. A majority (85%) identified as either working in nutrition or dietetics with 40% working in academia (Table 2). Six roles that described the future nutrition and dietetics professionals were identified and potential new areas to utilise this expertise also illuminated from the data (Table 3) and are described below.

TABLE 2

Characteristics of interview and focus group participants

Area	Total participants
Thought leader—nutrition and dietetics professional [a]	25
Students/recent graduates [b]	12
Dietitians Australia members Special Interest Groups [c]	10
Thought leader—external to nutrition and dietetics [d]	8
Dietetics educators/academics	6
Fellows Dietitians Australia	4
Public Health Association of Australia, Food & Nutrition Interest Group	3

[a] Healthcare, Indigenous peoples' health and nutrition, Institutional foodservices, government bureaucrats, elite sports nutrition, academia, professional standards, curriculum and assessment in nutrition and dietetics, private practice, nutrition informatics, food industry.

[b] Final year students currently enrolled in undergraduate or postgraduate nutrition and dietetics programs or nutrition science or human nutrition programs or recent graduates of these programs.

[c] Food and environment, rehabilitation and aged care, food allergy and intolerance, eating disorders, public health and community nutrition, corporate, diabetes.

[d] Systems scientists, International/global health, Indigenous peoples' health and nutrition, sociologies of education, health, food, government bureaucrats, food security, horticulture systems in developing countries, neuromusculosketal health and wellness.

TABLE 3

Future new practice areas for the future nutrition and dietetics profession identified from the data

Roles	Description of role
Food aficionados	Harnessing cooking as a social practice through endeavours that reduce food work and accompanying mental load. Working with food industry in the development of novel and functional foods with a nuanced understanding of the conflicts of interest and ethical considerations this entails. Building systems where food is a central pillar of circular economies within local communities. Food decision support workers integrating risk management, other available data including that generated by artificial intelligence. School food and nutrition co-ordinators. Driving public policy that optimises healthy food choice. Fusionists, bringing together creative endeavours with food to create social opportunities, solving complex food and food systems problems to improve or optimise health through the fusion of multiple skills and perspectives to advance what is possible.
Diet optimisers in increasingly complex contexts	Mental health and addiction specialists who can design bespoke diets to optimise memory and mental functioning, and ameliorate the impact of a

Sixteen capabilities that were essential to perform these roles were also identified including adaptability, advocacy, courage, creativity, critical thinking, cultural safety, curiosity, empathy, leadership, and the ability to translate science, build partnerships, be entrepreneurial, disruptive and solution focused, embrace diversity and use and create technology (Table 4).

TABLE 4

Critical capabilities identified from 68 participants listed in alphabetical order

Critical capability	Illustrative quote
1. Adaptable, Resilient	"Comfortable with chaos, comfortable with discomfort"
2. Advocacy, Lobbying, Activism	"Independent, robust, critical voice to hold people accountable"
3. Courageous, Confident	"We are risk averse and navel-gazing…. we need to be bold and non-judgemental"
4. Creative	"Innovation is going to be important"
5. Critical technology users& creators	"Harness the technology and keep evolving with it"
6. Critical thinking	"Is about weighing and interpreting the evidence"
7. Cultural safety	"Looking into, 'who am I?', which is one of the most political questions you can ask yourself, because then it orients you to yourself in relation to others and in the world"
8. Curiosity	"A growth mindset is important"
9. Disrupting expertise	"Collaborating with those with lived expertise will strengthen what we do"
10. Embrace and harness diversity	"Respect difference as a powerful resource"
11. Empathy	"Need to be able to put ourselves in other's shoes"
12. Entrepreneurial & business skills literacy	"Building and sustaining a business without relying on public funds"
13. Lateral leaders	"..our leadership needs to come in a much more expansive way in order to be heard.." "…bold, uncompromising, courageous leadership"

The first role was as food aficionados. Participants explained that the nutrition and dietetics workforce should be recognised as the experts on the contemporary human relationship with food and its application to health for people, communities, businesses and populations. They explained that the profession currently lacks the communication skills required. They recognised that the study of nutrients is important but will not be central to how nutrition and dietetics professionals activate optimal health and wellbeing through food in rapidly changing food, health and social environments. They explained that the nutrition and dietetics profession is unique in that it works with the materiality of food as it is converted to biological physicality, social identity and geographical place-making. Having advocacy skills and being entrepreneurial with business literacy in their practice, was suggested as critical in transferring the enthusiasm for food and nutrition to others.

"*I think they [big organisations that are the face of nutrition] know …how complex it is to eat a good diet, and have a good relationship with food, but I don't know that we have the skills to communicate that and, you know, show people that we do really understand these things on a very*

deep level" [INT019].

The second role was as diet optimisers in increasingly complex contexts. Participants described that nutrition and dietetics professionals will need to work simultaneously to optimise health and wellbeing as well as manage conditions with overlapping environmental, social, biological, transgenerational and comorbid drivers. It was acknowledged that this will require leading food and nutrition initiatives in settings that transcend the life course and are both inside and outside of the health system. They suggested that the future nutrition and dietetics professional will continue to focus on person-centred care using person-generated data and in consideration of individual social eco-systems for the management of complex medical conditions. They recognised that future workforce will increasingly lead management of diet-related disease through a combination of nutrition support, pharmaceutical prescribing and behaviour change counselling. As diet is critical to health, participants suggested that the nutrition and dietetics professional will be instrumental in building systems, in food and healthcare, and in developing the tools and education for other health professionals to ensure nutritional health is a priority.

"*[in the future] the majority of people are not in aged care facilities. They're at home, and ... particularly if you live alone, the motivation to cook well, is less. So I think there's ... a huge opportunity for helping, ... having community eating opportunities, engaging people, socially, so they're not isolated, assisting with all of that food preparation, so that they're able to eat well*" [INT021].

"*we've got to make sure that when we are caring for people, we're not just caring for them, ... we're not just coming in to do what's necessary for the bit of therapy. We're also... saying, Okay, what is the environment this person is living in,...does that in any way, influence their health, is that in any way, impeding ... the therapy goals we're trying to achieve here*" [INT008].

The third role was as knowledge translators. Participants suggested that nutrition and dietetics professionals of the future will have the responsibility for generating evidence. In addition, they explained they will need to be able to interpret complex and rapidly evolving nutrition, health and social science knowledge between different groups of knowledge creators, holders and users, translated for practical use. They explained that this role requires defending scientific knowledge from distortion. It was suggested that nutrition and dietetics professionals will critically evaluate and interpret nutrition as a constantly evolving dynamic science and in a crowded information ecosystem. They suggested the workforce will have the responsibility for translating and communicating the scientific evidence in ways that are accessible, pragmatic and practical. They will have a pivotal role in developing and harnessing technologies that increase access to and application of this evidence. The future nutrition and dietetics professional will have the credibility to effectively communicate with broad audiences, to generate meaningful dialogue and to mitigate growing channels of misinformation. They will be an independent, robust and critical voice that will hold others accountable to the defensible science, specifically countering nonscience-based food and nutrition misinformation which threatens to undermine or destabilise human health. They will practice the art of communication, balancing what people want to hear with what the science is saying. Strong science capability will support knowledge translation and communication.

"*We need to see that science was taken seriously.…we need to be out there often and make sure we've got good, strong messages that don't fight with each other. And telling people 'what does that mean'? … it's not just the underlying knowledge that has to be good, but the messages about what to do about it.? And I think … part of it is we're just not out there enough*" [FG8].

The fourth role was as equity champions. The participants explained that the future nutrition and dietetics professionals will have to broker partnerships and collaborations that harness and combine their learned expertise in food, nutrition and dietetics with the lived expertise of the communities they serve. They suggested that they will need to be adept at placing the context of people's lives as central to achieving health and health equity through food. They will be able to build capacity and learn from the strengths of Indigenous cultures and other communities to optimise health through food and eating. Access to nutritious food was recognised by participants as a determinant of health and as such nutrition and dietetics professionals need to have a deep, working understanding of the implications of these determinants and how they impact on equitable access to a nutritious food supply. They will need to apply an equity, trauma-informed lens to all of the work that they do. The inequities associated with poverty and geographical isolation are urgent issues that will likely continue into the future. The future nutrition and dietetics professional will have the learned expertise to draw on a deep understanding of the science and systems. They will be curious about, and continually seek to integrate the lived life experiences of individuals, communities, businesses and populations in optimising health.

The participants reported that learned expertise of future nutrition and dietetics professionals will only be validated in partnerships with those with lived experience. This includes having the ability to identify and understand how dominant paradigms and ideologies, for example heteronormativity, ableism, colonialism and capitalism, all impact the socio-cultural aspects of food consumption and health outcomes. Future workforces will need to be transdisciplinary, cross-system leaders making sense of the complex context underpinning equitable access to health for all through food. Being curious and culturally safe will be necessary to champion equity. Embracing diversity within and outside the profession and disrupting the power of their learned expertise where it is warranted is crucial.

"*That's the beautiful thing … is that we can influence positive change at so many different levels across so many different areas. And I think, you know, being more aware of the strength based cultural determinants, not just the more deficit focused social determinants … …. those are a bit more deficit lens as opposed to the cultural determinants*" [INT017].

The fifth role was as systems navigators and food systems activists. Participants suggested that nutrition and dietetics professionals into the future will have to navigate the complexity of and interaction between food and health systems with social, education, political and economic systems. They will have a leading role in systems change and with defending and building ecologically sustainable, just and healthy food supplies. As the world and contexts become increasingly complex and uncertain, they will not only need to be systems thinkers they will need to connect and reimagine these systems. The participants recognised that diet was a modifiable risk factor, but the role of structures and systems which create and perpetuate dietary health problems was a barrier. They will be instrumen-

tal in providing leadership to enable other actors within health and food systems to work in ways that go beyond a biomedical model. They will facilitate dietary change and healthy eating through understanding social, cultural, economic and historical drivers of food choices and dietary patterns.

The participants described that future nutrition and dietetics professionals will be the food system activists leading action on generating a sustainable, equitable and healthy food supply for healthy dietary patterns at individual, community and population levels. They will create and use the scientific evidence on climate, environment, diet and health to inform interventions and guidelines developed with scientific consensus to inform recommendations for nutrition sensitive production and consumption. They will be the leaders at the intersection of recommended food consumption patterns for human health and recommended food systems models which are ecologically sustainable and just, for restoring a safe climate for planetary health. Increasingly their work will also involve leading the preparation and response for food emergencies related to natural, climatic, biological and political disasters. They will work to mitigate threats to the vital relationship that people have with food, from within rapidly changing and fraught food systems. To do this they will need capabilities in lobbying, activism and courage.

"*you cannot call yourself a health professional … unless you advocate fiercely and frequently for the health of the planet, there are no healthy people on a ruined uninhabitable planet, … I think that that becomes a mission and the mantra and a message that that every dietitian can embrace*" [INT026].

The sixth and final role was as change makers, activists and disruptors. Participants explained that nutrition and dietetics professionals will need to drive change to protect the health of the community through food and nutrition. They will perform this work though a sophisticated understanding of the ethical, legal and political frameworks needed to ensure that appropriate positions, services and research are prioritised, financed and delivered. In the future the participants explained that the workforce will be negotiating the complex interactions between protecting human health, creating financially viable, profit-generating solutions and ensuring equitable access. They will be involved in generating and using scientific evidence in financially constrained, politically motivated environments. The future nutrition and dietetics professional will have a deep, nuanced understanding of the ethics of engagement, and the conflicts of interest that need to be managed. They will proactively disrupt systems to ensure equitable access to a healthy food supply and nutrition support. They will be the change-makers, by challenging the status quo and working in partnerships to develop solutions. To do this the participants explained that the future workforce need to be risk takers, capacity builders and will need to embrace technology and finding solutions through entrepreneurial endeavours and critical thinking. They will also need to be adaptable and resilient.

"*…we need to learn how to change society. And we need to learn how to be social justice activists or advocates to do so.…Can we be open to…[being] legislators, lobbyists, bureaucrats, activists?…[we]…won't be afraid to stake political opinions, won't be afraid…*" [INT007].

4. DISCUSSION

This study explored the future roles of nutrition and dietetics professionals and the capabilities needed to fulfil these roles. Potential future roles of Australian and New Zealand nutrition and dietetics professionals have been imagined, with data revealing that future professionals will be food aficionados, diet optimisers, knowledge translators, equity champions, systems navigators and food systems activists, change makers, activists and disruptors. Sixteen critical capabilities were reported. These findings provide key information to shape education and training, work practice and context into the future such that they are effectively positioned to improve nutritional health outcomes.

This study's findings concur with international research on the future of nutrition and dietetics, affirming the need for a clear professional identity, amplifying visibility and influence, embracing advances in science and technology, diversity, career advancement, knowledge translation, evidence generation and systems navigation and building its employability.[13, 14] In addition, it affirms the growing demand for nutrition and dietetics professionals in areas such as community-based chronic condition prevention and management, aged health, personalised nutrition, food and agriculture, and technology/digital health.[13, 14] The work has also highlighted the importance of nutrition and dietetics professionals generating evidence as well as translating it into practice. The importance of the professions' role in generating and translating research is stronger in this study than has been found in other work.[13, 14] In addition, a number of novel findings unique to this study were identified, these include, needing nutrition and dietetics professionals that are capable of defending and building sustainable, just and healthy food systems, opportunities to build capacity and learn from the strengths of Indigenous cultures, the key importance of the human relational connection with food, and being change agents and activists to disrupt the status quo. These novel findings reflect the suggested urgency for nutrition and dietetics to reinvent itself in a world of increasing complexity and uncertainty[24, 25] and highlight the emerging roles which must be embraced if they are to have impact and truly make a difference. Advances from the previous work in the United States[13] and United Kingdom[14] may reflect increasing urgency on climate action, and also the global pandemic, further highlighting the dynamic nature of health and health practice, and the quintessential requirements for nutrition and dietetics professionals to manage change.

As described above the emerging roles and future of nutrition and dietetics described by the participants in this study may be explained by shifts in the population's understanding of climate change and growth in technology. There has also been an enormous growth in social media and knowledge democratisation[26] seen over the several years since these studies were undertaken, which has likely contributed to the study participants' perspectives. The undertones of the participants' perspectives across the data suggests that it is time for a significant cultural shift in the nutrition and dietetics profession which has been previously raised by others.[24] Cultural change requires a culture of learning and being comfortable with uncertainty, whereby innovations and entrepreneurial ideas are embraced and where failing is viewed as learning.[27] In addition, no one single approach will change professional or organisational cultur,e and complex interventions are needed to affect cultural change.[28] Key nutrition and dietetics professional organisations and individuals must work alongside those tasked with educating the future professionals to consider adaptation and embracing new ways of doing, and being to be able to rise up and remain salient and relevant into the future.

The critical capabilities identified in this study are largely reflected in the recently updated 2021 National Competency Standards for Dietitians in Australia,[29] and the 2017 New Zealand standards.[30] However many of the capabilities identified in this study do not reflect current nutritionist compe-

tencies,[31] except for those identified for public health nutritionists.[32] While the professions of dietitian, nutrition scientist, nutritionist and public health nutritionist have been delineated in previous work,[33] this study highlights blurred boundaries between these professions as well as incorporating potential for professions that may currently sit outside the traditional nutrition and dietetics space. There is a need for those that currently identify with these distinct professions to work together to potentially create a collective professional identity such that they can overcome these boundaries. This includes education providers, regulators and professional associations. While this study identified future roles, the descriptors and critical capabilities did not define professional boundaries. Flexibility of roles across health care is highlighted as a key part of addressing health shortages, and work practice and context gaps.[34] These boundaries exist across other areas of health care and can be successfully navigated.[34] This data shows there is an urgent need for action in different areas of practice and context, further highlighting the current size and capability of the workforce as inadequate.[5] It is time to define a unified nutrition and dietetics profession, which works together to develop as food aficionados, diet optimisers, knowledge translators, equity champions, systems navigators and food systems activists, change makers, activists and disruptors. Education providers may benefit from considering concept-based approaches[35] as they consider transformation of curricula to meet these needs.

The strengths of this study include the diverse and large qualitative data sample that drew on perspectives inside and outside nutrition and dietetics, and the team-based approach to data analysis. While this sample aimed to recruit Indigenous nutrition and non-nutrition thought leaders across Australia and New Zealand we acknowledge that this sample was small with only three participants identifying as Indigenous across the two countries. Therefore the perspectives of Indigenous peoples on the future of nutrition and dietetics are unlikely to be fully captured.

Overall this current study offers an updated and extended vision of the potential emerging future roles in nutrition and dietetics into the future. It provides specific insights for the nutrition and dietetics professionals in Australia and New Zealand and is also globally relevant. The results point to the need for future nutrition and dietetics workforce education and professional development to address the impact of climate change, growing inequities, the democratisation of knowledge, and the disruption of health and food systems. Education providers, regulators, professional associations and citizens need to work together to realise roles that will deliver on better health for all.

CONFLICT OF INTEREST

This study was supported by the Council of Deans Nutrition and Dietetics Australia and New Zealand who are funded by an annual membership fee paid by 18 participating universities in support of this research. Claire Palermo is Chair of the Australian Dietetics Council and Dietitians and Nutritionist Regulatory Council. Danielle Gallegos is supported by the Queensland Children's Hospital Foundation through a philanthropic grant from Woolworths, she is a Board member of the International Confederation of Dietetic Associations (ICDA). Fiona Pelly is an academic member of the Australian Dietetics Council. Claire Palermo is Associate Editor of Nutrition & Dietetics. They were excluded from the peer review process and all decision-making regarding this article. This manuscript has been managed throughout the review process by the Journal's Editor-in-Chief. The

Journal operates a blinded peer review process and the peer reviewers for this manuscript were unaware of the authors of the manuscript. This process prevents authors who also hold an editorial role to influence the editorial decisions made.

AUTHOR CONTRIBUTIONS

DG and RB conceptualised the study with input from all authors. All authors collected interview data, RB collected focus group data. DG, RB and CP analysed data with verification from all authors. DG, RB and CP drafted the manuscript. All authors contributed to revising and editing manuscript.

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Notes

Boak R, Palermo C, Beck EJ, et al. A qualitative exploration of the future of nutrition and dietetics in Australia and New Zealand: Implications for the workforce. *Nutrition & Dietetics*. 2022;79(4):427-437. doi: 10.1111/1747-0080.12734 [PMC free article] [PubMed] [CrossRef] [Google Scholar]

Rachel Boak and Claire Palermo are considered as joint first authors.

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DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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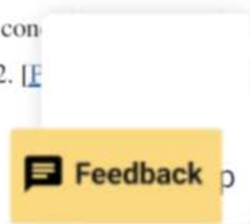

ACTIVITY 1 - QUESTIONS

1. In order to improve future health outcomes will require that the focus should shift from ………. to………..
   a. prevention or promoting health and wellbeing; treatment of illness.
   b. treatment of illness; prevention or promoting health and wellbeing.
   c. treating all non-communicable diseases; treating obesity.
   d. highly specialised treatment; treatment with natural remedies and approaches.

2. The Australian and New Zealand dietetics workforce is small with approximately………practitioners.
   a. 5 269
   b. 3 521
   c. 6 870
   d. 7 125

3. What were the aim/s of the study that is discussed in this article?
   a. To explore the roles of nutrition and dietetics professionals in the future.
   b. To describe the capabilities the workforce would need to fulfil nutrition and dietetics roles.
   c. To explore the perception of participants regarding the capabilities that they lack to fulfil their roles in nutrition and dietetics.
   d. A and B

4. What research design was used in the article?
   a. Quantitative longitudinal
   b. Quantitative cross-sectional
   c. Qualitative exploratory
   d. Qualitative longitudinal

5. The opinions of three different key groups were used in the study. They include: thought leaders within and external to the profession of nutrition and dietetics,……………..of the profession of nutrition and dietetics, academic dietetics educators and ………………. members of the profession.
   a. Locums; expert
   b. Students and recent graduates; private
   c. Locums; supervisors of
   d. Students and recent graduates; expert

6. How was data collected?
   a. Interviews
   b. Focus group
   c. Questionnaires
   d. A and B

7. Which three of the following capabilities/ abilities are most essential for the future nutrition and dietetics profession from those mentioned below?

   i. Creativity
   ii. Empathy
   iii. Single-minded determination
   iv. Curiosity
   v. Coordination
   vi. Motivation

   a. i; ii; iv
   b. ii; iv; vi
   c. i; iii; v
   d. i; v; vi

8. The participants explained that the nutrition and dietetics profession is unique in that it works with the materiality of food as it is converted to biological physicality, …….. identity and ……… place□making.
   a. individual; geographical
   b. individual; national
   c. social; geographical
   d. social; international

9. As diet is critical to health, participants suggested that the nutrition and dietetics professional will be instrumental in building systems, in……………and in developing the…………..for other health professionals to ensure that nutritional health is a priority.
   a. schools and tertiary education; tools and systems
   b. food and healthcare; tools and education
   c. health and wellness; care and oversight
   d. schools and healthcare facilities; software and education

10. Participants suggested that nutrition and dietetics professionals of the future will need to be able to interpret complex and rapidly evolving
   a. nutrition, health and social science knowledge.
   b. nutrition, wellness and physical science knowledge.
   c. health, wellness and social science knowledge.
   d. health, wellness and physical science knowledge.

11. Nutrition and dietetics professionals of the future will be curious about, and continually seek to integrate the…………….of individuals, communities, businesses and populations in optimising health.
   a. future life experiences
   b. current life experiences
   c. lived life experiences
   d. good life experiences

12. Future nutrition and dietetics professionals will create and use the scientific evidence on climate, …………, diet and health to inform interventions and guidelines developed with scientific consensus to inform recommendations for………….. production and consumption
   a. scientific developments; healthy
   b. political developments; healthy
   c. social changes, nutrition sensitive
   d. environment; nutrition sensitive

13. The participants explained that the future workforce need to be …………, capacity builders and will need to …………… and finding solutions through entrepreneurial endeavours and critical thinking
   a. risk takers; embrace technology
   b. open minded; business minded
   c. safe decision makers; be innovative
   d. skilled in the use of technology; be motivated

14. This study's findings concur with international research affirming the growing demand for nutrition and dietetics professionals in areas such as

   i. community-based chronic condition prevention and management
   ii. food production, processing and management
   iii. food and agriculture
   iv. aged health
   v. production companies
   vi. food insecurity

   a. i, iii, v
   b. i, ii, vi
   c. ii, iv, vi
   d. i, iii, iv

15. What is highlighted as a key part of addressing health shortages and work practice and context gaps?
   a. Managing roles across health care
   b. Flexibility of roles across health care
   c. Critical thinking across health care
   d. A, B and C

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3. Indicate the answers to the questions by marking an "x" in the appropriate block at the end.
4. **You will earn 2 CEUs if you answer 70% or more of the questions correctly. A score of less than 70% will unfortunately not earn you any CEUs.**
5. Make a photocopy for your own records in case your answers do not reach us.
6. Scan and email or post your answers to: **Annelie.Gresse@mandela.ac.za**

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PLEASE ANSWER ALL THE QUESTIONS AND MARK THE APPROPRIATE BLOCK WITH AN "X "

1. A ☐ B ☐ C ☐ D ☐
2. A ☐ B ☐ C ☐ D ☐
3. A ☐ B ☐ C ☐ D ☐
4. A ☐ B ☐ C ☐ D ☐
5. A ☐ B ☐ C ☐ D ☐
6. A ☐ B ☐ C ☐ D ☐
7. A ☐ B ☐ C ☐ D ☐
8. A ☐ B ☐ C ☐ D ☐
9. A ☐ B ☐ C ☐ D ☐
10. A ☐ B ☐ C ☐ D ☐
11. A ☐ B ☐ C ☐ D ☐
12. A ☐ B ☐ C ☐ D ☐
13. A ☐ B ☐ C ☐ D ☐
14. A ☐ B ☐ C ☐ D ☐
15. A ☐ B ☐ C ☐ D ☐

CEU Activity 2

You can obtain 2 CEUs ethics credits for reading the article Please submit your answer sheet to **Annelie.Gresse@mandela.ac.za**. by due date as indicated.

CPD Accreditation No: DT/A01/2024/00264

Reference:

Health Professions Council of South Africa, Developed by the human rights, ethics and professional practice committee Pretoria, 2016. Ethical and Professional rules of the Health Professions Council of South Africa HPCSA booklet 2.

ACTIVITY 2 - QUESTIONS

1. A practitioner shall not use, in the name of his or her private practice, the name of a …… that may cause the perception that the practice is part of such ……..
   a. hospital.
   b. clinic.
   c. institute.
   d. A, B and C.

2. A practitioner shall use his or her own name or the name of a registered practitioner or practitioners with whom he or she is in partnership or with whom he or she practises as a ……….. person, as a name for his or her private practice.
   a. juristic
   b. professional
   c. qualified
   d. registered

3. A practitioner may conduct a regularly recurring itinerant practice at a place where another practitioner is established if, in such itinerant practice, such practitioner renders……….., at…………. as the service which he or she would render in the area in which he or she is conducting a resident practice
   a. a different service to patients but in the same profession; the relevant fee
   b. the same level of service to patients; the same fee
   c. the same service but in another profession to patients; a similar fee
   d. a service as full partner; an individually determined fee

4. Regarding advertising and canvassing or touting, a practitioner may advertise their services, provided that the advertisement is not
   i. unprofessional.
   ii. untruthful.
   iii. deceptive or misleading.

   a. i and ii
   b. i and iii
   c. ii and iii
   d. i, ii and iii

5. Choose the statement that is true:
   a. A practitioner shall not share fees with another practitioner who has not taken a commensurate part in the services for which such fees are charged.
   b. A practitioner can share fees with any person or with another practitioner who has not taken a commensurate part in the services for which such fees are charged.
   c. A practitioner shall not share fees with any person except with another practitioner who has not taken a commensurate part in the services for which such fees are charged.
   d. A practitioner shall not share fees with any person or with another practitioner who has not taken a commensurate part in the services for which such fees are charged.

6. A practitioner shall employ as professional assistant or locum tenens, or in any other contractual capacity and, in the case of locum tenens for a period not exceeding six months, only a person
   a. who is registered under the Act to practise in independent practice.
   b. whose name currently appears on the register kept by the registrar in terms of section 18 of the Act.
   c. who is not suspended from practising his or her profession.
   d. A, B and C

7. Any information other than the information referred to in subrule (1) shall be divulged by a practitioner only
   a. with the express consent of the patient or their partner.
   b. with the express consent of the patient and their next of kin.
   c. with the express consent of the patient.
   d. None of the above.

8. A student, intern or practitioner shall report impairment in another student, intern or practitioner to the board if he or she ………….. that such student, intern or practitioner is impaired.
   a. is convinced
   b. suspects
   c. has evidence
   d. has received complaints

9. Which one of the following is NOT true? A practitioner shall at all times
   a. act in the best interests of his or her patients.
   b. respect patient confidentiality, privacy, choices and dignity.
   c. make sure that colleagues have the best personal conduct and integrity.
   d. keep his or her professional knowledge and skills up to date.
   e. maintain proper and effective communication with his or her patients and other professionals.

10. A dietitian/nutritionist,
    a. shall not communicate and cooperate with other registered practitioners in the treatment of a patient.
    b. shall not fail to communicate and cooperate with other registered practitioners in the treatment of a patient.
    c. shall only communicate and co-operate with other registered practitioners in their own practice regarding the treatment of a patient.
    d. None of the above

11. With relation to behaviour as a health care professional, canvassing means
    a. consultation by a practitioner at one stage or another in the treatment of a patient with another practitioner and the furnishing by the latter practitioner, at the end of such treatment, of a report on the treatment to the practitioner whom he or she consulted.
    b. conduct which draws attention, either verbally or by means of printed or electronic media, to one's offers, guarantees or material benefits that do not fall in the categories of professional services or items, but are linked to the rendering of a professional service or designed to entice the public to the professional practice.
    c. conduct which draws attention, either verbally or by means of printed or electronic media, to one's personal qualities, superior knowledge, quality of service, professional guarantees or best practice.
    d. a group of practitioners practising as a juristic person together which is exempted from registration in terms of section 54A of the Act or a group of practitioners practising in partnership.

12. A practitioner shall not pay commission or offer any material consideration, (monetary or otherwise) to any person for recommending patients.
    a. True
    b. False

13. An example of supersession is
    a. when a practitioner employs as a professional assistant a registered practitioner of another profession than him/herself.
    b. when a practitioner employs as a professional assistant a registered practitioner of the same profession than him/herself.
    c. when a practitioner takes over a patient from another practitioner if he or she is aware that such patient is in active treatment of another practitioner.
    d. when a practitioner divulges verbally or in writing information regarding a patient to another registered health care profession.

14. When student, intern or practitioner who, in the execution of his or her professional duties, signs official documents relating to patient care, he/she shall do so by signing such document next to
    a. the supervising professionals' signature and name printed in block letters.
    b. his or her initials and surname printed in block letters.
    c. name of the institution where the patient is treated printed in block letters.
    d. all of the above.

15. A health practitioner who holds registration with more than one statutory council or professional board or in one or more categories within the same professional board shall at all times ensure that patients are not consulted in more than one capacity.
    a. True
    b. False

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2. Read the booklet: **Health Professions Council of South Africa, Developed by the human rights, ethics and professional practice committee Pretoria, 2016. Ethical and Professional rules of the Health Professions Council of South Africa HPCSA booklet 2;** and answer the questions.
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PLEASE ANSWER ALL THE QUESTIONS AND MARK THE APPROPRIATE BLOCK WITH AN "X "

1. A ☐ B ☐ C ☐ D ☐
2. A ☐ B ☐ C ☐ D ☐
3. A ☐ B ☐ C ☐ D ☐
4. A ☐ B ☐ C ☐ D ☐
5. A ☐ B ☐ C ☐ D ☐
6. A ☐ B ☐ C ☐ D ☐
7. A ☐ B ☐ C ☐ D ☐
8. A ☐ B ☐ C ☐ D ☐
9. A ☐ B ☐ C ☐ D ☐ E ☐
10. A ☐ B ☐ C ☐ D ☐
11. A ☐ B ☐ C ☐ D ☐
12. A ☐ B ☐
13. A ☐ B ☐ C ☐ D ☐
14. A ☐ B ☐ C ☐ D ☐
15. A ☐ B ☐

ASSOCIATION FOR DIETETICS IN SOUTH AFRICA

ADSA CPD Accreditation Office

13 October 2024

Continuing Professional Development Accreditation Office

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This is to certify that the **ASSOCIATION FOR DIETETICS IN SOUTH AFRICA (ADSA)** has evaluated the following articles with questions and has agreed to allocate the following CEUs:

Accreditation no	Activity	CEUs	Level
DT/A01/2024/00263	Boak R, Palermo C, Beck E J, Patch C, Pelly F, Wall C, Gallegos D. A qualitative exploration of the future of nutrition and dietetics in Australia and New Zealand: Implications for the workforce. Nutr Diet. 2022 Sep;79(4):427-437. doi: 10.1111/1747-0080.12734.	3	1
DT/A01/2024/00264	Health Professions Council of South Africa, Developed by the human rights, ethics and professional practice committee Pretoria, 2016. Ethical and Professional rules of the Health Professions Council of South Africa HPCSA booklet 2.	3Ethics)	1

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This activity has been accredited for health care professionals with nutrition in their scope of practice. Please ensure that you keep the list of participants for 3 years and ensure that all participants are populated onto an Excel spreadsheet for your onward transmission to the HPCSA, on completion of the activity or within one month of completion of the activity. **Kindly include the Accreditation letter when submitting the Excel spreadsheet to the HPCSA.** The spreadsheet must include the following information:

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