Academy of Nutrition and Dietetics: Revised 2021 Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Management of Food and Nutrition Systems

Mary G. Roseman, PhD, RDN, CHE; Sandra N. Miller, MS, RDN, CDE

ABSTRACT

Management of food and nutrition systems (MFNS) encompasses the varied roles of registered dietitian nutritionists (RDNs) with administrative responsibilities for food and nutrition services within an organization. RDNs in MFNS are frequently employed in acute care, but also expand into a multitude of other settings in which management of nutrition and foodservice is required, for example, foodservice departments in assisted living and post-acute and long-term care; colleges and universities, kindergarten through grade 12 and pre-kindergarten schools and childcare; retail foodservice operations; correctional facilities; and companies that produce, distribute, and sell food products. RDNs in MFNS aim to create work environments that support high-quality customer-centered care and services, attract and retain talented staff, and foster an atmosphere of collaboration and innovation. The Management in Food and Nutrition Systems Dietetic Practice Group, with guidance from the Academy of Nutrition and Dietetics Quality Management Committee, has revised the Standards of Professional Performance (SOPP) for RDNs in MFNS for 3 levels of practice: competent, proficient, and expert. The SOPP describes 6 domains that focus on professional performance: Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. Indicators outlined in the SOPP depict how these standards apply to practice. The standards and indicators for RDNs in MFNS are written with the leader in mind—to support an individual in a leadership role or who has leadership aspirations. The SOPP is intended to be used by RDNs for self-evaluation to assure competent professional practice.
J Acad Nutr Diet. 2021;121(6):1157-1174.

Editor's note: Figure 2 that accompanies this article is available online at www.jandonling.org

THE MANAGEMENT IN FOOD and Nutrition Systems Dietetic Practice Group (DPG) of the Academy of Nutrition and Dietetics (Academy), under the guidance of the Academy Quality Management Committee, has revised the Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) in Management of Food and Nutrition Systems (MFNS) previously published in 2014.[1] The revised document, Academy of Nutrition and Dietetics: Revised 2021 Standards of Professional Performance for Regis-

tered Dietitian Nutritionists (Competent, Proficient, and Expert) in Management of Food and Nutrition Systems (MFNS), reflects advances in management of food and nutrition systems practice during the past 7 years and replaces the 2014 Standards. This document builds on the Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice (SOP) in Nutrition Care and SOPP for RDNs.[2] The Academy of Nutrition and Dietetics/Commission on Dietetic Registration's (CDR) Code of Ethics for the Nutrition and Dietetics Profession[3] along with the Academy of Nutrition and Dietetics: Revised 2017 SOP in Nutrition Care and SOPP for RDNs[2] and Revised 2017 Scope of Practice for the RDN,[4] guide the practice and performance of RDNs in all settings.

Scope of practice in nutrition and dietetics is composed of statutory and individual components, includes the

code of ethics (eg, Academy/CDR, other national organizations, and/or employers), and encompasses the range of roles, activities, practice guidelines, and regulations within which RDNs perform. For credentialed practitioners, scope of practice

is typically established within the practice act and interpreted and controlled by the agency or board that regulates the practice of the profession in a given state.[4] An RDN's statutory scope of practice can delineate the services an RDN is authorized to perform in a state where a practice act or certification exists. For more information, see https://www.eatrightpro.org/advocacy/licensure/licensure-map

The RDN's individual scope of practice is determined by education, training, credentialing, experience, and demonstrating and documenting competence to practice. Individual scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual's professional practice. Professional advancement beyond the core education and supervised practice to qualify for the RDN credential provides RDNs practice opportunities, such as expanded roles within an organization based on training and certifications, if required; or additional credentials (eg, focus area CDR specialist certification, if applicable). While training, certifications and advanced degrees are useful for an RDN in MFNS, CDR does not provide a specific certification in MFNS. The Scope of Practice Decision Algorithm (www.eatrightpro.org/scope) guides an RDN through a series of questions to determine whether a particular activity is within their scope of practice. The algorithm is designed to assist an RDN to critically evaluate their personal knowledge, skill, experience, judgment, and demonstrated competence using criteria resources.[5]

ACADEMY QUALITY AND PRACTICE RESOURCES

The Academy's Revised 2017 SOP in Nutrition Care and SOPP for RDNs[2] reflect the minimum competent level of nutrition and dietetics practice and professional performance. The core standards serve as blueprints for the development of focus area SOP and SOPP for RDNs at 3 levels of practice: competent, proficient, and expert (see Figure 1). Although this document addresses the SOPP only, each RDN needs to be aware of the minimum competent level of practice for the core SOP in Nutrition Care and relate its quality indicators within MFNS activities by drawing on one's own practice experience and knowledge. The SOP in Nutrition Care is composed of 4 standards consistent with the Nutrition Care Process and clinical workflow elements as applied to the care of patients/customers/clients/populations in all settings.[6] The SOPP consist of standards representing the following 6 domains of professional performance: Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. The SOP and SOPP for RDNs are designed to promote the provision of safe, effective, efficient, equitable, and quality food and nutrition care and services; facilitate evidence-based practice; and serve as a professional evaluation resource.

These focus area standards for RDNs in MFNS provide a guide for self-evaluation and expanding practice, a means of identifying areas for professional development, and a tool for demonstrating competence in delivering MFNS services. They are used by RDNs to assess their current level of practice and to determine the education and training required to maintain currency in their focus area and advancement to a higher level of practice. In addition, the standards can be used to assist RDNs in transitioning their knowledge and skills to a new focus area of practice. Like the Academy's core SOP in Nutrition Care and SOPP for RDNs,[2] the indicators (ie, measurable action statements that illustrate how each standard can be applied in practice) (see Figure 2, available at www.jandonline.org) for

the SOPP for RDNs in MFNS were revised with input and consensus of content experts representing diverse practice and geographic perspectives. The SOPP for RDNs in MFNS were reviewed and approved by the Executive Committee of the Management in Food and Nutrition Systems DPG and the Academy Quality Management Committee.

WHY WERE THE STANDARDS REVISED?

It is critical that RDNs in MFNS reflect current practice environments with respect to the most recent research, evidence-based practices, and related laws and regulations in health care and other applicable practice segments. Changes in the practice environment for RDNs and nutrition and dietetics technicians, registered (NDTRs) can impact care and services provided by RDNs. Examples of significant changes are:

- The Scope of Practice for the RDN[4] and the Scope of Practice for the NDTR[12] were revised and published in the Academy's *Journal* in January 2018 and February 2018, respectively. The RDN Scope of Practice reflects changes impacting practice such as the Centers for Medicare and Medicaid Services (CMS) updates to regulations; national efforts to address malnutrition; and sections on coaching, global health, and telehealth among other updates. The NDTR Scope of Practice also includes revisions such as updated practice areas and a new individual scope of practice figure.

- The CMS Department of Health and Human Services, Hospital[7] and Critical Access Hospital[8] Conditions of Participation allow a hospital and its medical staff the option of including RDNs or other clinically qualified nutrition professionals within the category of "non-physician practitioners" eligible for ordering privileges for therapeutic diets and nutrition-related services if consistent with state law and health care regulations.[9] For more information, review the Academy's practice tips that outline the
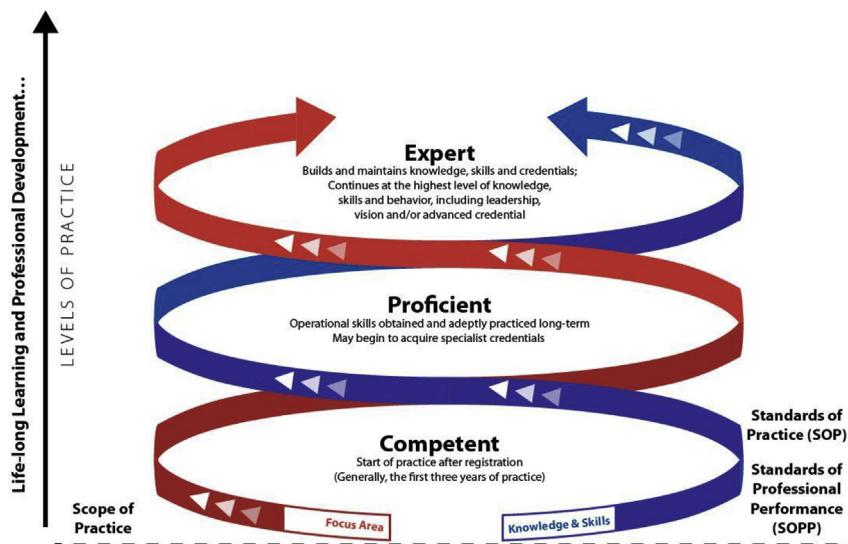
Standards of Professional Performance (SOPP) for RDNs in Management of Food and Nutrition Systems are authoritative statements that describe behavior in the professional role, including activities related to Quality in Practice; Competence and Accountability; Provision of Services; Application of Research; Communication and Application of Knowledge; and Utilization and Management of Resources (6 separate standards included in Figure 2).

The SOPP, along with the Standards of Practice (SOP) in Nutrition Care, applicable to practitioners who provide direct patient/client nutrition care services, are complementary standards and serve as evaluation resources. All indicators may not be applicable to all RDNs' practice or to all practice settings and situations. RDNs operate within the directives of applicable federal and state laws and regulations, as well as policies and procedures established by the organization in which they are employed. To determine whether an activity is within the scope of practice of the RDN, the practitioner compares their knowledge, skill, experience, judgment, and demonstrated competence with the criteria necessary to perform the activity safely, ethically, legally, and appropriately. The Academy's Scope of Practice Decision Algorithm is specifically designed to assist practitioners with this process.

The term **customer** *is used in the SOPP as a universal term. Customer could also mean client/patient, client/patient/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides services. These services are provided to individuals of all ages. The SOPP are not limited to the foodservice management setting; they are applicable in various areas such as business/industry, clinical, consulting, and community settings. In addition, it is recognized that many professionals outside of nutrition and dietetic practice, such as administrators, directors and managers, play critical roles in services to the customer and are important members of the interprofessional team. The term* **appropriate** *is used in the standards to mean: Selecting from a range of best practice or evidence-based possibilities, one or more of which would give an acceptable result in the circumstances.*

Each standard is equal in relevance and importance and includes a definition, a rationale statement, indicators, and examples of desired outcomes. A standard is a collection of specific outcome-focused statements against which a practitioner's performance can be assessed. The rationale statement describes the intent of the standard and defines its purpose and importance in greater detail. Indicators are measurable action statements that illustrate how each specific standard can be applied in practice. Indicators serve to identify the level of performance of competent practitioners and to encourage and recognize professional growth.

Standard definitions, rationale statements, core indicators, and examples of outcomes found in the Academy of Nutrition and Dietetics: Revised 2017 SOP in Nutrition Care and SOPP for RDNs have been adapted to reflect 3 levels of practice (competent, proficient, and expert) for RDNs in Management of Food and Nutrition Systems (see image below). In addition, the core indicators have been expanded to reflect the unique competence expectations for the RDN providing leadership in the management of food and nutrition systems.

Expert
Builds and maintains knowledge, skills and credentials;
Continues at the highest level of knowledge,
skills and behavior, including leadership,
vision and/or advanced credential

Proficient
Operational skills obtained and adeptly practiced long-term
May begin to acquire specialist credentials

Competent
Start of practice after registration
(Generally, the first three years of practice)

Life-long Learning and Professional Development...

LEVELS OF PRACTICE

Scope of Practice

Focus Area

Knowledge & Skills

Standards of Practice (SOP)

Standards of Professional Performance (SOPP)

Adapted from the *Dietetics Career Development Guide*. For more information, please visit www.eatrightPRO.org/futurepractice

Figure 1. Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Management of Food and Nutrition Systems.

regulations and implementation steps at www.eatrightpro.org/dietorders. For assistance, refer questions to the Academy's State Affiliate organization.

- In addition, the *Long-Term Care Final Rule* published October 4, 2016 in the *Federal Register*, now "allows the attending physician to delegate to a qualified dietitian or other clinically qualified nutrition professional the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by state law" and permitted by the facility's policies.[10] The CMS State Operations Manual, Appendix PP-Guidance for Surveyors for Long-Term Care Facilities contains the revised regulatory language.[11] CMS periodically revises the State Operations Manual Conditions of Participation; obtain the current information at https://www.cms.gov/files/document/appendices-table-content.pdf.

- On March 9, 2020, the Office of the National Coordinator for Health IT (ONC) announced the release of the *21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program Final Rule*,[13] which implements provisions from the Cures Act signed into law December 13, 2016. The Cures Act,[14] promotes patient access to their electronic health information, supports provider needs, advances innovation, and addresses industry-wide information blocking practices. RDNs will play a key role in developing nutrition education applications, electronic health care records, and engagement in the progression of interoperability of electronic platforms.

- RDNs in a management role within food and nutrition systems need to stay abreast of emerging trends and regulations in rapidly changing business and health care environments. For example, in March 2020, CMS temporarily expanded Medicare's telehealth benefits under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental

Appropriations Act. A range of health care providers, including RDNs, are able to offer telehealth to Medicare beneficiaries in a variety of health care settings.[15]

- RDNs in foodservice and food-related businesses and industries have initiated discussions, plans, and changes in protocol and business systems to implement operational policies related to COVID-19. Activities have covered basic principles of management and optimization of resource utilization due to new challenges for individuals, organizations, communities, and populations to maintain healthy diets.[16] RDNs have participated in planning, formulation of policies, and execution to increase preparedness for the production, distribution, and access to food during a pandemic.[17]

Other significant changes impacting nutrition and dietetics practice are highlighted in both the Revised 2017 SOP in Nutrition Care and SOPP for RDNs and the Revised 2017 SOP in Nutrition Care and SOPP for NDTRs.[18]

THREE LEVELS OF PRACTICE

The Dreyfus model[19] identifies levels of proficiency (novice, advanced beginner, competent, proficient, and expert) (refer to Figure 1) during the acquisition and development of knowledge and skills. The first 2 levels are components of the required didactic education (novice) and supervised practice experience (advanced beginner) that precede credentialing for nutrition and dietetics practitioners. On successfully attaining the RDN credential, a practitioner enters professional practice at the competent level and manages their professional development to achieve individual professional goals. This model is helpful in understanding the levels of practice described in the SOPP for RDNs in MFNS. In Academy focus areas, the 3 levels of practice are represented as competent, proficient, and expert. See Figure 3 for practice setting Examples for the 3 levels of practice.

With safety and evidence-based practice[20] as guiding factors when working with patients/customers/clients/populations, the RDN identifies the level of evidence, clearly states research limitations, provides safety information from reputable sources, and describes the risk of the intervention(s), when applicable.

The RDN is responsible for searching literature and assessing the level of evidence to select the best available evidence to inform recommendations, decisions, policies, and procedures. RDNs must evaluate and understand the best available evidence in order to converse authoritatively with administrators, key stakeholders and the interprofessional team and adequately involve the patient/resident/client/customer/population in shared decision making.

Competent Practitioner

In nutrition and dietetics, a competent practitioner is an RDN who is either just starting practice after having obtained RDN registration by CDR or an experienced RDN recently transitioning their practice to a new focus area of nutrition and dietetics. A focus area of nutrition and dietetics practice is a defined area of practice that requires focused knowledge, skills, and experience that applies to all levels of practice.[20] A competent practitioner who has achieved credentialing as an RDN and is starting in professional employment consistently provides safe and reliable services by employing appropriate knowledge, skills, behavior, and values in accordance with accepted standards of the profession; acquires additional on-the-job skills; and engages in tailored continuing education to further enhance knowledge, skills, and judgment obtained in formal education.[20] A general practice RDN can include responsibilities across several areas of practice, including, but not limited to community, clinical, consultation and business, research, education, and food and nutrition management. Competent practitioners across all areas of MFNS practice are able to incorporate critical thinking skills and apply diverse areas of expertise from nutrition, operations management, systems management, quality improvement, leadership, knowledge of social and economic health disparities and other skills sets that support the goals of management

Level	Descriptions of RDNs in different practice settings[a]
Commercial (retail and supermarket)	
Competent	Competent-level commercial foodservice RDN managers are responsible for the daily operations of restaurants and other retail establishments that prepare and serve food and beverages to the public. Broadly, they direct staff to guarantee customer satisfaction while managing the business to ensure profitability. RDN managers direct employees' activities to make sure customers are served safely, properly and in a timely manner while abiding by local, state and federal regulations. They are responsible for administrative functions of the business and employees, making corrective adjustments as needed and dealing with or oversee duties related to establishment of suppliers for the delivery of food, beverages, supplies and equipment. A competent-level RDN is responsible for providing customers menu options that promote healthy eating behaviors. The RDN reviews the SOPP for RDNs in Management of Food and Nutrition Systems (MFNS) and applies food safety, budgeting, marketing, and recipe compliance, in the implementation of healthy customer-centered menu programs. The RDN performs a self-evaluation using the SOPP in MFNS to identify strengths and weakness and develops a plan for professional development.
Proficient	Proficient-level commercial foodservice RDNs supervise and/or direct the operations of multiple retail sites of the same or multiple brands expanding the breadth and scope of the business. In addition, proficient-level RDNs direct foodservice-related support positions in retail businesses, such as research and development, menu design, kitchen design, procurement, quality assurance, marketing, and training. The RDN has developed and demonstrated the ability to lead and direct teams. The RDN reviews the SOPP in MFNS as they research the needs of the customer population and evidenced-based nutrition recommendations, establish a purchasing and inventory system, apply food safety principles, and design a sustainable, plant-based culturally sensitive menu and recipes within the approved operational budget.
Expert	Expert-level commercial foodservice RDNs serve as senior officers or vice presidents of multi-unit foodservice operations or lead one or more support areas of a corporation, such as research and development, procurement, quality assurance, marketing, and training using advanced knowledge, skills and practice. An expert-level RDN is responsible for strategic planning in implementing menu options that promote a healthy eating lifestyle to the customer/public. The RDN reviews the SOPP in MFNS for resources and expectations regarding marketing and communication, long-term strategic planning, benchmarks, and establishing and assessing quality goals and metrics. The SOPP in MFNS aids in guiding consultation, leading interprofessional teams, and executive leadership.
Health Care (eg, acute care and/or long-term care in hospitals, continuing care communities, skilled/long-term care, and correction facilities)	
Competent	Competent-level health care RDNs manage a health care food and nutrition department by providing a food and nutrition program that benefits patients/customers/clients and meets all local, state and federal regulations. Additional areas of responsibility may include catering, cafeterias, and retail outlets. They use knowledge of standards related to the preparation and distribution of food, health care regulations and organization practices in food safety, sanitation, budget management, productivity, medical nutrition therapy, ethics, and human resources. RDNs in health care-based food and nutrition services have knowledge and skills in basic computer software, informatics, billing, and electronic communication methodologies used for telehealth. A competent-level RDN in health care may be invited to participate on the hospital's emergency response task force. The RDN reviews the SOPP in MFNS for resources related to emergency planning and quality assurance while creating a response to provide foodservice to the community, patients/residents, employees, and visitors affected by the emergency.
	(continued on next page)

Figure 3. Practice Setting Examples by Practice Level for the Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Management of Food and Nutrition Systems (MFNS).

Level	Descriptions of RDNs in different practice settings[a]
Proficient	Proficient-level health care RDNs demonstrate a deeper understanding of managing food and nutrition systems and are equipped to critically think and apply emerging evidence-based guidelines and best practices. RDNs at this level are skilled in management-related competencies, such as budget preparation, business plan creation, strategic planning, negotiation, marketing, human resources, team/department management and finances. A proficient-level practitioner leads process change to accommodate emergent situations such as disruption in normal health care delivery due to environmental issues. Proficient-level practitioners are involved in or lead menu design, recipe development, and/or kitchen design. The RDN designs sustainable, plant-based culturally sensitive menu options to accommodate patient/customer/client requests keeping in mind the operational budget. The RDN in health care may be asked to participate in the revision of the organization's/facility's emergency response plan. The RDN reviews the SOPP in MFNS for resources related to emergency planning and quality assurance while creating a department plan to provide foodservice to the community affected by the emergency.
Expert	Expert-level health care RDNs lead the strategies and tactics for continuous process improvement methodologies and application. The expert-level RDN develops/oversees operational budgets, drives supply chain decisions, leads multiple foodservice and complimentary operations, defines the operational goals and standard practices, sets benchmarks, and serves in mentoring/leadership positions within the organization, practice, or community. Expert-level RDNs may provide consultant services to organizations or be part of the senior leadership team in an organization. An expert-level RDN in health care may be tasked with leading incident command on a hospital's emergency response task force. The RDN reviews the SOPP in MFNS for resources related to emergency planning and quality assurance, and security and advocacy, while leading a response to provide foodservice to the community effected by the emergency.
Producers, Distributors, and Grocery Store Industries	
Competent	Competent-level producer, distributor, or grocery foodservice RDNs serve as a manager of a department in food production-, distribution-, and grocery-related corporation. Positions such as a manager of research and development, sales and marketing, and quality assurance of food products benefit from the knowledge, skills and competencies of an RDN. These roles vary by the individual company and its organization structure. A competent-level retail foodservice RDN is responsible for managing quality assurance of a sustainable product line that meets the nutritional and cost specifications of the client. The RDN reviews the SOPP in MFNS as they develop, lead, and monitor quality control standards for the raw materials and processes on the food production line and ensure quality specifications and healthy sustainable food practices are met. The RDN performs a self-evaluation using the SOPP in MFNS to identify strengths and weaknesses to develop a plan for their professional development.
Proficient	Proficient-level producer, distributor, or grocery foodservice RDNs direct departments that oversee procurement, research and development, sales and marketing, and quality assurance. The proficient-level RDN demonstrates their expertise when presenting various health care foodservice topics to industry peers, colleagues, and customers. A proficient-level retail foodservice RDN may be tasked with identifying alternate supply chains during times of distribution shortages, disruptions, disasters, and pandemics. The RDN reviews the SOPP in MFNS as they identify sustainable food resources, coordinate purchasing, write purchasing agreements, implement and execute budgets, and manage external relationships based on regulatory and organization policies and practices.

Figure 3. *(continued)* Practice Setting Examples by Practice Level for the Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Management of Food and Nutrition Systems (MFNS).

Level	Descriptions of RDNs in different practice settings[a]
Expert	Expert-level producer, distributor, or grocery foodservice RDNs oversee leadership of multiple areas of the business/organization and/or serve as the operational and financial subject matter expert within the health care foodservice segment, due to their proven track record of proficiency. An expert-level retail foodservice RDN is responsible for establishing a healthy foodservice line that meets the desires of the consumer for sustainable food practices. The RDN reviews the SOPP in MFNS as they develop strategic plans and benchmarks, represent the organization on purchasing groups consortiums, implement process improvements, communicate the company's social imprint and lead interprofessional teams.
Schools — Kindergarten through 12th grade	
Competent	Competent-level school foodservice manager RDNs lead day-to-day operations at individual school(s) or work at the school district level. They ensure standards and regulations for safety/sanitation, nutrition, and meal quality are met, supervise site employees, place food/supply orders, and account for meal service and a la carte sales. The competent-level RDN in school foodservice may be challenged to establish alternate methods of meal delivery for students during summer and prolonged school breaks. The RDN reviews the SOPP in MFNS for resources when developing and implementing foodservices to ensure the program is following local, state, and federal foodservice and sanitation guidelines. The RDN performs a self-evaluation using the SOPP in MFNS to identify strengths and weaknesses to develop a plan for their professional development.
Proficient	Proficient-level school foodservice RDNs support the school district director as part of a central management organization. These individuals may oversee procurement, financial administration, menu planning, recipe development, nutrition education, wellness coordination, catering/vending operations, production facility, warehouse management, and/or training coordination in one or several individual service sites. The proficient RDN in school foodservice may be challenged to establish standard operational procedures for alternate methods of meal delivery in times of pandemics or other crisis. The RDN reviews the SOPP in MFNS for resources when developing and implementing the service to ensure the program is following local, state and federal foodservice and sanitation guidelines, is designed to adapt and manage emergencies/crisis, and is accommodating the diverse social, economic and cultural needs of their student population.
Expert	Expert-level school foodservice/nutrition director RDNs provide oversight of all aspects of management of foodservice operations in schools or feeding sites in the district, administering the school meal program in accordance with local, state, and federal policies. An expert-level RDN may advocate for public policy changes to mitigate barriers to access nutritious meals for their population. The RDN uses the SOPP in MFNS to identify further areas of education in order to enhance advocacy for policy change.
University and College Foodservice	
Competent	Competent-level university foodservice manager RDNs are responsible for a campus foodservice operation or a specific area of a large operation. These RDNs develop cycle menus and recipes; plan and oversee purchasing, hire and schedule personnel, conduct financial and meal record keeping, supervise customer and client relations, oversee food preparation, service, sanitation, and serve as preceptors for nutrition and dietetics students/interns. University or college foodservice can include the student dining program, meal plan, café, retail outlets, coffee shop and catering services. The competent-level RDN in university or college foodservice is asked to assist in quality improvement efforts to mitigate food allergens. The RDN reviews the SOPP in MFNS to become familiar with quality assurance and performance improvement expectations and resources. The RDN performs a self-evaluation using the SOPP in MFNS to identify strengths and weaknesses to develop a plan for professional development.
	(continued on next page)

Figure 3. *(continued)* Practice Setting Examples by Practice Level for the Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Management of Food and Nutrition Systems (MFNS).

Level	Descriptions of RDNs in different practice settings[a]
Proficient	Proficient-level university or college foodservice manager RDNs oversee/lead multiple foodservice operations in the university setting, such as student dining, café, coffee shops, and/or retail outlets. The proficient-level RDN is asked to implement a sustainable menu to respond to student/customer requests. The RDN reviews the SOPP in MFNS and its resources as they design a sustainable, plant-based, culturally sensitive menu that meets the needs of students within operational budget.
Expert	Expert-level university or college foodservice RDNs serve as the foodservice director or assistant director with oversight and leadership of all foodservice operations of the university/college. The expert-level RDN reviews the SOPP in MFNS as they forecast and develop system-level business plans, build purchasing contracts, establish fiscal budgets, establish human resources practices, encourage forward thinking menu design, and lead facility design or enhancements.
Note: This figure includes examples based on practice settings where RDNs in MFNS are employed. It is not meant to include all or limit the opportunities available to the RDN in MFNS.	
[a]For each setting and practice level, the RDN uses the SOPP in MFNS for self-evaluation to assure competent practice, identify areas for knowledge and skill development, and revises their essential practice competencies to strengthen and expand practice in MFNS.	

Figure 3. *(continued)* Practice Setting Examples by Practice Level for the Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Management of Food and Nutrition Systems (MFNS).

of food and nutrition systems. A competent-level MFNS RDN may obtain advanced training in sustainability, business, and/or finance and can facilitate enhancing system operations through expansion of their competency in the latest approaches and technologies.[21] Specifically, a RDN may obtain certificates of training for career and professional development from the Academy of Nutrition and Dietetics Center for Lifelong Learning (eg, culinary nutrition, executive management, advancing role as a leader, and informatics in nutrition) (see Figure 4).

Proficient Practitioner

A proficient practitioner is an RDN who is generally 3 or more years beyond credentialing and entry into the profession, and who consistently provides safe and reliable service; has obtained operational job performance skills; and is successful in the RDN's chosen focus area of practice. The proficient practitioner demonstrates additional knowledge, skills, judgment, and experience in a focus area of nutrition and dietetics practice. An RDN in MFNS may acquire specialist credentials to demonstrate proficiency in a focus area of practice[20] (eg, process improvement, project management, human resource management, and Lean Six Sigma). Proficient-level RDNs may have a

Master of Science in Nutrition and Dietetics or a related field of study, such as Master of Business Administration, Master of Health Administration, or Master of Public Health. RDNs in MFNS may seek certifications to expand their knowledge and skills (eg, Certified Executive Chef [CEC], American Management Association Certified Professional in Management [AMA-CPM], and Society of Human Resource Management Certified Professional [SHRM-CP]).

Expert Practitioner

An expert practitioner is an RDN who is recognized within the profession and has mastered the highest degree of skill in, and knowledge of, nutrition and dietetics. Generally, the practice is more complex and expansive, and the practitioner has a high degree of professional autonomy and responsibility. Expert-level achievement is acquired through ongoing critical evaluation of practice and feedback from others. The individual at this level strives for additional knowledge, experience, and training to apply to practice. An expert has the ability to quickly identify "what" is happening and "how" to approach the situation. Experts easily use nutrition and dietetics skills to become successful through demonstrating quality practice and

leadership, and to consider new opportunities that build on nutrition and dietetics.[20] An expert practitioner in MFNS may have an expanded or specialist role, and may possess advanced degrees such as Master's in Innovation, Information Technology, and/or Industrial and Systems Engineering. They may desire to seek recognition for their expertise, such as Fellow of the Academy of Nutrition and Dietetics (FAND).

These Standards, along with the Academy/CDR Code of Ethics,[3] answer the questions: Why is an RDN uniquely qualified to provide management of food and nutrition systems services? What knowledge, skills, and competencies does an RDN need to demonstrate for the provision of safe, effective, and quality management of food and nutrition systems service at the competent, proficient, and expert levels?

OVERVIEW

The term *management of food and nutrition systems* (MFNS) in this document encompasses varied roles of the RDN with administrative responsibilities for food and nutrition services within an organization. RDNs in MFNS are employed in a multitude of settings, including, but not limited to, acute care (eg, hospitals),[22] post-acute and long-term care facilities;

colleges and universities; kindergarten through grade 12 and pre-kindergarten schools and school districts; child-care[23,24]; retail foodservice operations; correctional and detention facilities[25]; and companies that produce, distribute, and sell food products. The MFNS RDN's role may extend beyond the settings previously described to include additional responsibility in consultation on managing nutrition services in community or public health settings. In addition, RDNs in MFNS serve as leaders or consultants in professional organizations, are preceptors and liaisons to nutrition and dietetics students/interns,[26] and contribute to government and legislative initiatives that shape management of the food supply and food systems. Examples of titles for RDNs in MFNS are coordinator, supervisor, manager, director, and vice president of nutrition and/or foodservice/systems.

The RDN in MFNS is responsible for the provision of various food and nutrition services for specific populations; the leadership of individuals who implement these services; the quality, outcomes, and cost of these services; and adhering to all applicable rules, regulations, accreditation standards, policies, and laws related to the services provided. The MFNS RDN develops policies and procedures, staffing plans,[27] budgets and financial targets, innovative programs and services, effective strategies to attract and retain employees; and maintains and enhances ongoing relationships that foster professional growth, competence, and leadership. RDNs in MFNS are accountable for the smooth, efficient, and collaborative operations associated with food and nutrition service and service outcomes. Ongoing communication and collaboration with other professionals within the organization are necessary to foster interprofessional practice and deliver optimal outcomes for patients/residents/customers/clients. Leadership provided by the MFNS RDN is supported by a strong business and management foundation,[28] in addition to a systematic approach to nutrition and dietetics. Proficient- and expert-level RDNs in MFNS create, operationalize, and/or lead strategies that manage and improve diseases/conditions;

sustain health, wellness, and quality of life; and ensure that effective, efficient, safe, and customer-centered food and nutrition services are provided in a timely and equitable manner. RDNs in MFNS are challenged to create work environments that support high-quality customer-centered care and services, attract and retain staff to create diverse teams, and foster an atmosphere of collaboration, innovation, and advancement of the profession.

An understanding and sensitivity to the social determinates of health of patient/resident/customer/client health[20,42,43] is foundational for RDNs who practice within MFNS. Food and nutrition systems RDNs are challenged to manage human resources, which sometimes rely on labor from marginalized populations.[44] RDNs in MFNS address complex human

---

The RDN in MFNS is responsible for adhering to, training on, and implementing all applicable laws, regulations, and standards related to their specific responsibilities, department, organization, and other programs within their area of responsibility. These include, but are not limited to:

- CMS State Operations Manual Conditions of Participation for hospitals (Appendix A[7]), critical access hospitals (Appendix W[9]), long-term care facilities (Appendix PP[11]), and emergency preparedness for all provider types (Appendix Z[29])
- Organization accreditation standards[30] (eg, The Joint Commission [TJC], Healthcare Facilities Accreditation Program [HFAP], DNV GL Healthcare USA, Public Health Accreditation Board [PHAB]) patient/customer safety guidelines
- US Department of Agriculture Food and Nutrition Service Nutrition Standards for School Meals[31]
- Employee safety regulations[32]
- Human resources regulations and laws, as applicable[33,34]
- Federal, state, city, county, and retail food codes and food safety regulations[35,36]
- State licensure rules and regulations[37]
- Telehealth laws and regulations[38,39]
- Health Information Technology for Economic and Clinical Health (HITECH) Act,[40] and Office of the National Coordinator of Health CURES Act[13,41]

---

resource issues, such as social needs that ensure employee access to quality jobs, equitable pay, educational opportunities, and protection from hazardous work environments. As health care leaders, RDNs in MFNS are challenged to create work environments that are customer-centered, attract and retain diverse talents, create an atmosphere of inclusion, and are sensitive to explicit and implicit bias.[45,46]

The Academy supports a collection of DPGs, such as the Management in Food and Nutrition Systems DPG. The mission of the DPG is: "Members of the Management in Food and Nutrition Systems dietetic practice group are the most valued leaders of food and nutrition management." The DPG's goal, "through systems and services, we are the link between our customers and their health and nutrition,"[47] is incorporated in the SOPP's standards and indicators. The DPG provides volunteer and continuing education opportunities for professional growth through Management in Nutrition and Food Systems DPG-sponsored webinars and member-authored case studies. Members are informed of DPG activities through its newsletter, e-blasts, and electronic mailing list (https://www.rdmanager.org/), along with providing sponsored events at the annual Academy Food & Nutrition Conference & Expo for education and networking.

ACADEMY REVISED 2021 SOPP FOR RDNs (COMPETENT, PROFICIENT, AND EXPERT) IN MANAGEMENT OF FOOD AND NUTRITION SYSTEMS

An RDN can use the Academy Revised 2021 SOPP for RDNs (Competent, Proficient, and Expert) in MFNS (see Figures 2, available at www.jandonline.org, and Figure 1) to:

- identify the competencies needed to provide MFNS services;
- self-evaluate whether they have the appropriate knowledge, skills, and judgment to provide safe, effective, and quality MFNS service for their level of practice;
- identify the areas in which additional knowledge, skills, and experience are needed to

Resource (alphabetical by section)	Website address	Description
Academy of Nutrition and Dietetics (Academy)		
Academy Management in Food and Nutrition Systems Dietetic Practice Group	https://www.rdmanager. org/	Management in Food and Nutrition Systems DPG provides members with access to resources such as an electronic mailing list, newsletters, webinars, case studies, and a resource library with topics including food production, emergency preparedness/disaster planning, patient meal service, and human resources, among others.
Certificate of Training Programs	https://www.eatrightpro. org/practice/ professional- development/distance- learning/online-learning	The Academy's online certificate of training programs consist of modules that build upon each other to provide skill development and 8-10 hours of continuing education. After successful completion of a post-test exam, a Certificate is provided for display and completion of the training may be added to a resume.
Foodservice Resources	https://www.eatrightpro. org/practice/practice- resources/foodservice	This Academy webpage lists multiple foodservice resources such as Position and Practice Papers, online learning modules, and links to applicable organizations such as Centers for Disease Control and Prevention, US Department of Agriculture, and the US Food and Drug Administration.
Leadership Resources	https://www.eatrightpro. org/leadership/ volunteering/leadership- resources	This Academy webpage offers resources to help further leadership skills. Resources include tips and tools on leadership and strategic planning information.
Food and Nutrition Associations		
Association for Healthcare Foodservice (AHF)	https://connect. healthcarefoodservice. org/home	AHF is an organization for self-operated health care food management professionals. AHF Benchmarking helps provide an overview of key performance indicators to help identify how a foodservice operation is performing in comparison to other facilities. It helps determine where weaknesses are, strategies for improvement and where efficiency could be increased, among others.
American Management Association (AMA)	https://www.amanet.org/	The AMA provides a Certified Professional in Management (CPM) program that includes competencies in professional effectiveness, relationship management, business acumen, and analytical intelligence. AMA also offer management-type resources and programs (eg, skill assessments, online management training, communication series, online project management series, diversity and inclusion).
Association of Nutrition & Foodservice Professionals (ANFP)	https://www.anfponline. org/	ANFP is a professional organization providing education, credentialing and networking opportunities for professionals working in foodservice operations. Certifying Board for Dietary Managers' (CBDM) Practice Standards serve as a guide to self-evaluate education and skills needed to advance a dietary manager's level of

(continued on next page)

Figure 4. Resources for Registered Dietitian Nutritionists (RDN) in Management of Food and Nutrition Systems (not all inclusive).

Resource (alphabetical by section)	Website address	Description
		practice and competency in areas such as nutrition, foodservice, personnel and communications, sanitation and safety, and business operations. CBDM offers a certification as a Certified Food Protection Professional.
National Association of College & University Food Services (NACUFS)	https://www.nacufs.org/	The NACUFS supports and promotes excellence in collegiate dining, by focusing on assisting its members to elevate the dining experience and transform the campus community. Benchmarking for collegiate dining and standards and competencies from the Council for the Advancement of Standards in Higher Education are provided.
National Environmental Health Association (NEHA)	https://www.neha.org/	The NEHA's Certified in Comprehensive Food Safety (CCFS) credential provides distinction for food safety professionals who aim to demonstrate expertise in manufacturing and processing areas, whether in a regulatory/oversight role or in a food safety management or compliance position within the private sector. Other certifications and an online education platform that includes trainings, webinars, and e-learning courses are available.
National Restaurant Association (NRA) and National Restaurant Association Educational Foundation (NRAEF)	https://www.restaurant.org/home; https://chooserestaurants.org/	The NRA is the largest foodservice trade association in the world. The NRA represents and advocates on behalf of more than 500,000 restaurant businesses and intermediaries. The NRAEF is the philanthropic arm of the NRA, whose mission of public service is dedicated to enhancing the industry's training and education, career development, and community engagement efforts. Professional development programs that may be beneficial to MFNS RDNs include ManageFirst, Certified Secondary Foodservice Educator Certification, ServSafe, and Summer Institutes.
North American Association of Food Equipment Manufacturers (NAFEM)	https://www.nafem.org/	NAFEM represents foodservice equipment and supplies manufacturers providing resources and support for organized advocacy efforts, education, and marketing tools. Resources include expanding knowledge of the foodservice industry and enhancing general business skills. Their learning management system provides online courses to strengthen professional expertise in business skills, customer service, the foodservice industry, leadership and strategic planning, and sales and negotiation.
Retail Dietitians Business Alliance (RDBA)	https://retaildietitians.com/	The RDBA serves as a professional group to almost 2,000 retail RDNs throughout the United States and Canada that work for, or consult to, supermarket chains helping customers and employees with food, culinary, and nutrition issues. The organization's mission is to foster the continuing business education and career
		(continued on next page)

Figure 4. *(continued)* Resources for Registered Dietitian Nutritionists (RDN) in Management of Food and Nutrition Systems (not all inclusive).

Resource (alphabetical by section)	Website address	Description
		development of current and future retail RDNs. Resources for further education, webinars, industry-related articles, job skill information, and a job application website are provided.
School Nutrition Association (SNA)	https://schoolnutrition.org/	SNA is a national, nonprofit, professional organization representing professionals involved or interested in providing high-quality, low-cost meals to students across the United States. The SNA School Nutrition Specialist (SNS) Credentialing Program enhances the professional image of school nutrition professionals, elevates professional standards, and enhances individual performance.
Society for Hospitality and Foodservice Management (SHFM)	https://www.shfm-online.org/	The SHFM provides networking, education, and leadership opportunities to executives in the corporate foodservice and hospitality industry. Information on industry career opportunities, resources, and relevant articles and research are available.
Other		
Health Information and Management Systems Society (HIMSS)	https://www.himss.org/	HIMSS offers expertise in health innovation, public policy, workforce development, research, and analytics to advise global leaders, stakeholders, and influencers on best practices in health information and technology. The organization offers educational opportunities and certification programs that demonstrate expertise in health information and technology. Useful resources for foodservice RDNs that also manage the clinical nutrition component include electronic health records, food production, and information programs and nutritional software design; and those interested in the field of electronic nutritional health information exchange.
National Association of Healthcare Quality (NAHQ)	https://nahq.org/	The NAHQ provides education and resources for health care safety and performance quality measures. NAHQ offers the only accredited certification in health care quality (the CPHQ). Managers who wish to establish competency in process improvement, project management, and metrics on health care quality and safety will find relevant continuing education and certification programs.
Pioneer Network Resource Library	https://www.pioneernetwork.net/	The Pioneer Network library includes resources such as Dining Practice Standards, Dining Practice Standards Toolkit, Flexible Dining Tip Sheet, Staff Retention tools, and Culture Change Case Studies. RDN's in food and nutrition management positions within the aging

(continued on next page)

Figure 4. *(continued)* Resources for Registered Dietitian Nutritionists (RDN) in Management of Food and Nutrition Systems (not all inclusive).

Resource (alphabetical by section)	Website address	Description
		community will find resources and best practice trends for providing services to older adults.
Leadership and Business Management		
Center for Creative Leadership (CCL)	https://www.ccl.org/	The CCL has been at the forefront of leadership development for nearly 50 years, innovating and pioneering the industry's best practices. Their flagship Leadership Development Program (LDP), is offered globally more than 100 times per year, along with a variety of core leadership training programs (eg, leading within the organization, emerging leaders, effective leadership, and frontline leaders) and specialized leadership (eg, strategy, women, coaching).
Lean Six Sigma	There is no one governing body for Lean Six Sigma. In evaluating, look for programs that provide green or black belt certificates, are recognized by leaders in industry, and require a supervised project for completion.	Lean Six Sigma is a management process that focuses on a collaborative team effort to improve performance by systematically removing waste and reducing variation. Certificates in Lean Six Sigma provide RDNs with advanced practice competencies in project management, production efficiency, safety culture, change management, and leadership.
Women's Foodservice Forum (WFF)	https://wff.org/	The WFF works to accelerate the advancement of women leaders in the food industry. WFF strives to create work environments that provide greater opportunities for women through their partnership with retail foodservice and producers and distributors in the food industry by providing an annual leadership conference, leadership workshop for emerging leaders and executives, and employee development workshops (focusing on influence and diplomacy, insight and awareness, initiative and taking risks, and communications and listening).
Additional resources can be found in other focus area Standards of Practice and/or Standards of Professional Performance articles (eg, Clinical Nutrition Management, Post-Acute and Long-Term Care). Available at: https://jandonline.org/content/credentialed and https://jandonline.org/content/focus. Important federal agencies, such as Centers for Disease Control and Prevention, Environmental Protection Agency, and Occupational Safety and Health Administration, and accreditation organizations, such as The Joint Commission, were not included, however, provide important resources for the RDN.		

Figure 4. *(continued)* Resources for Registered Dietitian Nutritionists (RDN) in Management of Food and Nutrition Systems (not all inclusive).

practice at the competent, proficient, or expert level of MFNS practice;

- provide a foundation for public and professional accountability in MFNS services;
- support efforts for strategic planning, performance improvement, outcomes reporting, and assist management in the planning and communicating of food and nutrition systems services and resources;
- enhance professional identity and skill in communicating the nature of MFNS services;
- develop or guide the development of MFNS-related education and continuing education programs, job descriptions, practice guidelines, protocols, competence evaluation tools, and career pathways; and
- assist educators and preceptors in teaching students and interns the knowledge, skills, and competencies needed to work in MFNS, and the understanding of the full scope of this focus area of practice.

APPLICATION TO PRACTICE

All RDNs, even those with significant experience in other practice areas, must begin at the competent level when practicing in a new setting or new focus area of practice. At the competent level, an RDN in MFNS is learning the principles that underpin this focus area and is developing knowledge, skills, judgment, and gaining experience for safe and effective management of food and nutrition systems practice. This RDN, who may be new to the profession or may be an experienced RDN, has a breadth of knowledge in nutrition and dietetics and may have proficient or expert knowledge/practice in another focus area. However, the RDN new to the focus area of MFNS must accept the challenge of becoming familiar with the body of knowledge, practice guidelines, and available resources to support and ensure quality management of food and nutrition systems-related practice. Competent level MFNS RDNs in health care may contribute to menu designs that emphasize sustainable food practices,[48,49] incorporate pandemic considerations,[50] or meet the demand for plant-based menus.[51] Educators may identify gaps in educational content, such as informatics,[52,53] implicit bias training,[46] or cultural sensitivity,[54-57] and incorporate corrective strategies in the curriculum.

At the proficient level, an RDN has developed a more in-depth understanding of MFNS practice and is more skilled at adapting and applying evidence-based guidelines[58] and best practices than at the competent level. A proficient-level RDN is able to modify practice according to unique situations; for example, developing practice guidelines and policies and procedures to accommodate emergent unplanned situations, such as disruption in normal health care delivery due to public health emergencies or disruptions (eg, hurricanes, earthquakes, wildfires, epidemics, and pandemics). A proficient-level RDN is confident in leading change and collaboration with diverse professionals and leadership levels. The RDN at a proficient level possesses the leadership skills, such as effective communication, compliance with government and regulatory agency guidelines, ability to mentor and coach, effective team leadership, and ability to manage operational budgets, sought out by health care or organization administrators.[59] The RDN at the proficient level may possess a specialist credential. For example, a proficient-level MFNS RDN in:

- health care management may seek out leadership training certificates or quality certifications, such as Lean Six Sigma, to enhance their program management, performance improvement processes, or leadership skillset (see Figure 4);
- the field of informatics and food technology may seek additional training through the Academy's Lifelong Learning Center Certificate of Training in Informatics in Nutrition to apply skills in leading a design team working on the nutrition components of an electronic health care platform[60]; and
- management of school food systems may seek a School Nutrition Specialist credential from the School Nutrition Association or skill competencies through training by the Institute of Child Nutrition to validate their level of proficiency.[61-63]

At the expert level, the RDN thinks critically about MFNS, demonstrates a more intuitive understanding of the practice area, displays a range of highly developed management and technical skills, and formulates judgments acquired through a combination of education, experience, and critical thinking. Essentially, practice at the expert level requires the application of composite nutrition and dietetics knowledge, drawing on their practice experience in MFNS and other areas and on the experiences of other RDNs in MFNS in various roles and practice settings. Expert RDNs, with their extensive experience and ability to see the significance and meaning of MFNS within a contextual whole, are fluid and flexible, and have considerable autonomy in practice. They not only develop and implement MFNS services, but, depending on their role and the organization structure, may also manage, drive. and direct clinical care following the Clinical Nutrition Management SOPP[64]; conduct and collaborate in research and advocacy; accept additional organization leadership roles; engage in scholarly work; guide interprofessional teams; and lead the advancement of MFNS practice. An expert-level RDN in food and nutrition systems management may develop and implement human resources initiatives that ensure equity in the work force, and drive organization level change in hiring and wage practices. An expert-level manager in food and nutrition systems may develop a food procurement system that contains improvements in costs, workflow efficiency, nutritional quality of food, and stewardship of natural resources. RDNs in MFNS develop and oversee foodservice operations in a multifaceted health system or work for a major food distributor, supplier, or supply chain operation in various roles of leadership, such as director or vice president of foodservice operations, research and development, procurement, and product development. They not only develop and implement systems, programs and services, they may also participate and collaborate in research and organization policy.

Indicators for the SOPP for RDNs in MFNS are measurable action statements that illustrate how each standard can be applied in practice (SOPP; Figure 2, available at www.jandonline.org). Within the SOPP for RDNs in MFNS, an "X" in the competent column indicates that an RDN who is providing services for patients/customers/clients is expected to complete this activity and/or seek assistance to learn how to perform at the level of the standard. A competent-level RDN in MFNS could be starting practice after registration or an experienced RDN who has recently assumed responsibility to provide MFNS services for patients/customers/clients (eg, self-operated health care systems, clinical and foodservice operations within a contract foodservice company, or for a variety of companies and organizations).

An "X" in the proficient column indicates that an RDN who performs at this level has a deeper understanding of management of food and nutrition systems and has the ability to modify or guide MFNS services to meet the needs of patients/customers/clients in health care, food production and distribution, and retail organizations. The proficient-level manager may guide strategic plans for current or new services, write policy and procedures, and complete quality management and process improvement projects.

An "X" in the expert column indicates that the RDN who performs at this level possesses a comprehensive understanding of management of food and nutrition systems and a highly developed range of skills and judgments acquired through a combination of experience and education. The expert RDN builds and maintains the highest level of knowledge, skills, and behaviors including leadership, vision, and credentials. Expert-level practitioners in food and nutrition systems management drive strategic decisions, participate in or establish organization's mission, goals, and objectives, and participate in interprofessional projects that set industry standards and policy.

Standards and indicators presented in Figure 2 (available at www.jandonline.org) in boldface type originate from the Academy's Revised 2017 SOP in Nutrition Care and SOPP for RDNs[2] and should apply to RDNs in all 3 levels. Additional indicators not in boldface type developed for this focus area are identified as applicable to the appropriate levels of practice. Where an "X" is placed in all 3 levels of practice, it is understood that all RDNs in MFNS are accountable for practice within each of these indicators. However, the depth and breadth with which an RDN performs each activity will increase as the individual moves beyond the competent level. Several levels of practice are considered in this document; thus, taking a holistic view of the SOPP for RDNs in MFNS is warranted. It is the totality of individual practice that defines a practitioner's level of practice and not any one indicator or standard.

RDNs should review the SOPP in MFNS at determined intervals to evaluate their individual focus area knowledge, skill, and competence. Consistent self-evaluation is important because it helps identify opportunities to improve and enhance practice and professional performance and set goals for professional development. This self-appraisal also enables management of food and nutrition systems RDNs to better utilize these Standards as part of the *Professional Development Portfolio* recertification process,[65] which encourages CDR-credentialed nutrition and dietetics practitioners to incorporate self-reflection and learning needs assessment for development of a learning plan for improvement and commitment to lifelong learning. CDR's 5-year recertification cycle incorporates the use of essential practice competencies for determining professional development needs.[66] In the 3-step process, the credentialed practitioner accesses the Competency Plan Builder[67] (step 1), which is a digital tool that assists practitioners in creating a continuing education Learning Plan. It helps identify focus areas during each 5-year recertification cycle for verified CDR credentialed nutrition and dietetics practitioners. The Activity Log (step 2) is used to log and document continuing professional education over the 5-year period. The Professional Development Evaluation (step 3) guides self-reflection and assessment of learning and how it is applied. The outcome is a completed evaluation of the effectiveness of the practitioner's learning plan and continuing professional education. The self-assessment information can then be used in developing the plan for the practitioner's next 5-year recertification cycle. For more information, see https://www.cdrnet.org/competencies-for-practitioners.

RDNs are encouraged to pursue additional knowledge, skills, and training, regardless of practice setting, to maintain currency and to expand individual scope of practice within the limitations of the legal scope of practice, as defined by state law and regulations. RDNs are expected to practice only at the level at which they are competent, and this will vary depending on education, training, and experience.[68] RDNs should collaborate with other RDNs in MFNS as learning opportunities and to promote consistency in practice and performance and continuous quality improvement. See Figure 3 for practice setting examples of how RDNs in different settings, at different levels of practice, may use the SOPP in MFNS. Figure 4 provides examples of resources for RDNs in MFNS.

In some instances, components of the SOPP for RDNs in MFNS do not specifically differentiate between proficient-level and expert-level practice. In these areas, it remains the consensus of the content experts that the distinctions are subtle, captured in the knowledge, experience, and intuition demonstrated in the context of practice at the expert level, which combines dimensions of understanding, performance, and value as an integrated whole.[69] A wealth of knowledge is embedded in the experience, discernment, and practice of expert-level RDN practitioners. The experienced practitioner observes events, analyzes them to make new connections between events and ideas, and produces a synthesized whole. The knowledge and skills acquired through practice will continually expand and mature. The SOPP indicators are refined with each review of these Standards as expert-level RDNs systematically record and document their experiences, often through use of exemplars. Exemplary actions of individual MFNS RDNs in practice settings and professional activities that enhance patient/resident/customer/client/population care and/or services, can be used to illustrate outstanding practice models.

FUTURE DIRECTIONS

The SOPP for RDNs in MFNS are innovative and dynamic documents. Future revisions will reflect changes and advances in practice, changes to dietetics education standards, regulatory changes, and outcomes of practice audits. Continued clarity and differentiation of the 3 practice levels in support of safe, effective, efficient, equitable and quality practice in MFNS remains an expectation of each revision to serve tomorrow's practitioners and their patients/customers/clients.

Individual practitioners must be visionary in the advancement of leadership and management skills and seek out opportunities to take the lead in expanding future opportunities. An

RDN's training and background provides each individual opportunity for success in a variety of emerging health management roles in complex food systems, sustainability, human resources, population health, quality management, nutrition informatics, telehealth, and other future dimensions. The advancement of the nutrition and dietetics profession requires RDNs to be the public face of food and nutrition expertise and leadership, and demonstrate vision and confidence through additional training and expansion of skills to embrace opportunities. The Academy of Nutrition and Dietetics has a wealth of learning resources within the individual dietetics practice groups[70] and certificate programs in management and leadership.[60]

SUMMARY

RDNs face complex situations every day. Addressing the unique needs of each situation and applying standards appropriately is essential to providing safe, timely, person-centered quality care and service. All RDNs are advised to conduct their practice based on the most recent edition of the Code of Ethics for the Nutrition and Dietetics Profession, the Scope of Practice for RDNs and the SOP in Nutrition Care and SOPP for RDNs, along with applicable federal and state regulations and facility accreditation standards. The SOPP for RDNs in MFNS are complementary documents with key resources for RDNs at all knowledge and performance levels. These standards can and should be used by RDNs in daily practice who provide services in management of food and nutrition systems to consistently improve and appropriately demonstrate competence and value as providers of safe, effective, efficient, equitable, and quality nutrition and dietetics care and services. These standards also serve as a professional resource for self-evaluation and professional development for RDNs specializing in MFNS practice. Just as a professional's self-evaluation and continuing education process is an ongoing cycle, these standards are also a work in progress and will be reviewed and updated every 7 years.

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

Current and future initiatives of the Academy, as well as advances in management of food and nutrition systems services, will provide information to use in future updates and in further clarifying and documenting the specific roles and responsibilities of RDNs at each level of practice. As a quality initiative of the Academy and Management in Food and Nutrition Systems DPG, these standards are an application of continuous quality improvement and represent an important collaborative endeavor.

References

1. Berthelsen R, Barkley W, Oliver PM, McLymont V, Puckett R. Academy of Nutrition and Dietetics: Revised 2014 Standards of Professional Performance for Registered Dietitian Nutritionists in Management of Food and Nutrition Systems. *J Acad Nutr Diet*. 2014;114(7):1104-1112e21.

2. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. *J Acad Nutr Diet*. 2018;118(1):132-140.

3. 2018 Code of Ethics for the Nutrition and Dietetics Profession. Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR). Accessed April 1, 2021, https://www.eatrightpro.org/practice/code-of-ethics/what-is-the-code-of-ethics.

4. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist. *J Acad Nutr Diet*. 2018;118(1):141-165.

5. Scope of Practice Decision Algorithm. Academy of Nutrition and Dietetics. Accessed April 1, 2021, www.eatrightpro.org/scope.

6. Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition Care Process and Model update: Toward realizing people-centered care and outcomes management. *J Acad Nutr Diet*. 2017;117(12):2003-2014.

7. State Operations Manual. Appendix A-Survey protocol, regulations and interpretive guidelines for hospitals (Rev. 200, 02-21-20); §482.12(a)(1) Medical Staff, non-physician practitioners; §482.23(c)(3)(i) Verbal Orders; §482.24(c)(2) Orders. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed April 1, 2021, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf.

8. State Operations Manual. Appendix W-Survey protocol, regulations and interpretive guidelines for critical access hospitals (CAHs) and swing-beds in CAHs (Rev. 200, 02-21-20); § 485.635(a)(3)(vii) Dietary Services; § 458.635 (d)(3) Verbal Orders; §458.635 (d)(9) Swing-Beds. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed April 1, 2021, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf.

9. 42 CFR Parts 413, 416, 440 et al. Medicare and Medicaid Programs; Regulatory provisions to promote program efficiency, transparency, and burden reduction; Part II; Final rule (FR DOC #2014-10687; pp 27106-27157). US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed April 1, 2021, http://www.gpo.gov/fdsys/pkg/FR-2014-05-12/pdf/2014-10687.pdf.

10. Medicare and Medicaid Programs; reform of requirements for long-term care facilities. 42 CFR Parts 405, 431, 447, 482, 483, 485, 488, and 489. Final Rule (FR DOC#2016; pp 68688-68872) — Federal Register October 4, 2016; 81(192):68688-68872; §483.30(f)(2) Physician services (pp 65-66), §483.60 Food and Nutrition Services (pp 89-94), §483.60 Food and Nutrition Services (pp 177-178). US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed April 1, 2021, https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities.

11. State Operations Manual. Appendix PP Guidance to surveyors for long-term care facilities (Rev. 173, 11-22-17); § 483.30 Physician Services, § 483.60 Food and Nutrition Services. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed April 1, 2021, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.

12. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. *J Acad Nutr Diet*. 2018;118(2):327-342.

13. 21st Century Cures Act. US Food and Drug Administration. Accessed September 22,

2020, https://www.fda.gov/regulatory-information/selected-amendments-fdc-act/21st-century-cures-act.

14. 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program. Office of the National Coordinator for Health Information Technology. Published 2020. Accessed April 1, 2021, https://www.healthit.gov/cerus/sites/cerus/files/2020-03/ONC_Cures_Act_Final_Rule_03092020.pdf.

15. Medicare Telemedicine Health Care Provider Fact Sheet. Centers for Medicare and Medicaid Services. Accessed April 1, 2021, https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet.

16. Gamage SD, Kravolic SM, Roselle G. Emerging infectious diseases: Concepts in preparing for and responding to the next microbial threat. In: Koenig KL, Schultz CH, eds. Koenig and Schultz's Disaster Medicine: Comprehensive Principles and Practices. Cambridge University Press; 2009:75-102.

17. Homeland Security Council. National Strategy for Pandemic Influenza: Implementation Plan. Homeland Security Council; 2006.

18. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered. J Acad Nutr Diet. 2018;118(2):317-326.e13.

19. Dreyfus HL, Dreyfus SE. Mind over Machine: The Power of Human Intuition and Expertise in the Era of the Computer. Free Press; 1986.

20. Definition of terms. Academy of Nutrition and Dietetics. Accessed April 1, 2021, https://www.eatrightpro.org/practice/quality-management/definition-of-terms.

21. Vaccaro M. Food Safety Technology There's an App for That! Nutrition & Foodservice EDGE. 2018;Nov-Dec:6-10. Accessed April 1, 2021, https://www.anfponline.org/docs/default-source/legacy-docs/docs/ce-articles/fpc112018.pdf?sfvrsn=a81037f6_2.

22. Dijxhoorn DN, Mortier MJMJ, van den Berg M, Wanten GJA. The currently available literature on inpatient foodservices: Systematic review and critical appraisal. J Acad Nutr Diet. 2019;119(7):1118-1141.e36.

23. Hayes D, Contento I, Weekly C. Position of the Academy of Nutrition and Dietetics, Society for Nutrition Education and Behavior, and School Nutrition Association: Comprehensive Nutrition Programs and Services in Schools. J Acad Nutr Diet. 2018;118(5):913-919.

24. The Untold Story of School Foodservice in America. Academy of Nutrition and Dietetics Store. Accessed April 1, 2021, https://www.eatrightstore.org/cpe-opportunities/fnce-sessions/252-the-untold-story-of-school-foodservice-in-america.

25. Food Service Manual. US Department of Justice Federal Bureau of Prisons. Accessed April 1, 2021, https://www.acfsa.org/documents/stateRegulations/Fed_Food_Manual_PS_4700-006.pdf.

26. Melvin CG, Schryver C, Marker L, Ott S, McMillen JD. A collaborative clinical nutrition mentorship opportunity for didactic programs in dietetics students employed in hospital foodservice. J Acad Nutr Diet. 2020;120(1):18-20.

27. Iufer J. A novel model for flexible staffing in unionized healthcare foodservice departments. J Acad Nutr Diet. 2019;119(9 suppl 1):A55.

28. Sauer K. Ethics in Action: Ethical considerations in management practice. J Acad Nutr Diet. 2016;116(1):148-149.

29. State Operations Manual. Appendix Z-Emergency Preparedness for All Provider Types Interpretive Guidance (Rev. 200, Issued 02-21-200). US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed April 1, 2021, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf.

30. National Quality Accreditation and Regulations. Academy of Nutrition and Dietetics. Accessed April 1, 2021, https://www.eatrightpro.org/practice/quality-management/national-quality-accreditation-and-regulations.

31. Food and Nutrition Service. Nutrition Standards for School Meals. US Department of Agriculture. Accessed April 1, 2021, https://www.fns.usda.gov/cn/nutrition-standards-school-meals.

32. Occupational Safety and Health Administration. US Department of Labor. Accessed April 1, 2021, https://www.osha.gov/.

33. What you should know: The EEOC and protections for LGBT workers. US Equal Employment Opportunity Commission. Accessed April 1, 2021, https://www.eeoc.gov/laws/guidance/what-you-should-know-eeoc-and-protections-lgbt-workers.

34. Landmark US Supreme Court Ruling Prohibits Sexual Orientation and Gender Identity-Based Discrimination in Employment. Employment Law Worldview. Accessed April 1, 2021, https://www.employmentlawworldview.com/landmark-u-s-supreme-court-ruling-prohibits-sexual-orientation-and-gender-identity-based-discrimination-in-employment-us/.

35. FoodSafety.gov. Accessed April 1, 2021, https://www.foodsafety.gov/about.

36. State Retail and Food Service Codes and Regulations by State. US Food and Drug Administration. Accessed April 1, 2021, https://www.fda.gov/food/fda-food-code/state-retail-and-food-service-codes-and-regulations-state.

37. Licensure Statutes and Information by State. Academy of Nutrition and Dietetics. Accessed April 1, 2021, https://www.eatrightpro.org/advocacy/licensure/licensure-map.

38. Peregrin T. Telehealth is transforming health care: What you need to know to practice telenutrition. J Acad Nutr Diet. 2019;119(11):1916-1920.

39. Telehealth. Academy of Nutrition and Dietetics. Accessed April 1, 2021, www.eatrightpro.org/telehealth.

40. HITECH Act Enforcement Interim Final Rule. Health and Human Services. Accessed April 1, 2021. https://www.hhs.gov/hipaa/for-professionals/special-topics/hitech-act-enforcement-interim-final-rule/index.html

41. The 21st Century Cures Act. National Institutes of Health. Accessed April 1, 2021, https://www.nih.gov/research-training/medical-research-initiatives/cures.

42. Mozaffarian D, Angell SY, Lang T, Rivera JA. Role of the government in nutrition—Barriers to opportunities for healthier eating. BMJ. 2018;361:k2426.

43. Wolf MS, Serper M, Opsasnick L, et al. Awareness, attitudes, and actions related to COVID-19 among adults with chronic conditions at the onset of the U.S. outbreak: A cross-sectional survey. Ann Intern Med. 2020;173(2):100-109.

44. Social determinants of health. Healthy People. Accessed April 1, 2021, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.

45. Roberge ME, van Dick R. Recognizing the benefits of diversity; When and how does diversity increase group performance? Hum Res Manage Rev. 2010;20(4):295-309.

46. Combatting unconscious bias and prevention microaggressions: A professional duty. Academy of Nutrition and Dietetics Store. Accessed April 1, 2021, https://www.eatrightstore.org/collections/fnce-2019/329-combatting-unconscious-bias-and-preventing-microaggressions-a-professional-duty.

47. Overview. Management in Food and Nutrition Systems Dietetic Practice Group. Accessed April 1, 2021, https://www.rdmanager.org/page/overview.

48. Carino S, Porter J, Malekpour K. Colllins J Environmental sustainability of hospital foodservices across the food supply chain: A systematic review. J Acad Nutr Diet. 2020;120(5):825-873.

49. Spiker M, Reinhardt S, Bruening M. Academy of Nutrition and Dietetics: Revised 2020 Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Sustainable, Resilient, and Healthy Food and Water Systems. J Acad Nutr Diet. 2020;120(9):1568-1585.e28.

50. COVID-19: Restaurants & Bars. Centers for Disease Control and Prevention. Accessed April 1, 2021, https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/bars-restaurants.html.

51. Wise J, Vennard D. It's all in a name: How to boost the sales of plant-based menu items. World Resources Institute. Accessed April 1, 2021, https://www.wri.org/news/its-all-name-how-boost-sales-plant-based-menu-items.

52. Nutrition Informatics. Academy of Nutrition and Dietetics. Accessed April 1, 2021, https://www.eatrightpro.org/practice/practice-resources/nutrition-informatics.

53. Foodservice Efficiencies Using Informatics Solutions. Academy of Nutrition and Dietetics Store. Accessed April 1, 2021, https://www.eatrightstore.org/dpg-products/ni/foodservice-efficiences-using-informatics-solutions.

54. Practice Tips: Cultural Competence Resources. Academy of Nutrition and Dietetics Store. Accessed April 1, 2021, https://www.eatrightstore.org/product-type/case-studies-and-practice-tips/practice-tips-cultural-competence-resources.

55. Cultural Competency for Nutrition Professionals. Academy of Nutrition and Dietetics Store. Accessed April 1, 2021, https://www.eatrightstore.org/product-type/ebooks/cultural-competency-for-nutrition-professionals-ebook.

56. Cultural Food Practices. Academy of Nutrition and Dietetics Store. Accessed April 1, 2021, https://www.eatrightstore.org/product-type/books/cultural-food-practices.

57. Cultural Competency and Humility in Dietetics. Academy of Nutrition and Dietetics Store. Accessed April 1, 2021, https://www.eatrightstore.org/dpg-products/scan/scan-webinars/cultural-competency-and-humility-in-dietetics.

58. Academy of Nutrition and Dietetics Evidence Analysis Library. Accessed April 1, 2021, https://www.andeal.org/.

59. Gregoire M, Sames K, Dowling R, Lafferty L. Are registered dietitians adequately prepared to be hospital foodservice directors? J Am Diet Assoc. 2005;105(8):1215-1221.

60. Certificate of Training Programs. Academy of Nutrition and Dietetics. Accessed April 1, 2021, https://www.eatrightpro.org/practice/professional-development/distance-learning/online-learning.

61. Institute of Child Nutrition. Accessed April 1, 2021, https://theicn.org/.

62. Center for Food Safety in Child Nutrition Programs. Kansas State University. Accessed April 1, 2021, https://cnsafefood.k-state.edu/.

63. Certificate and Credentialing. School Nutrition Association. Accessed April 1, 2021, https://schoolnutrition.org/certificate-and-credentialing/.

64. Doley J, Clark K, Roper S. Academy of Nutrition and Dietetics: Revised 2019 Standards of Professional Performance for Registered Dietitians (Competent, Proficient, Expert) in Clinical Nutrition Management. J Acad Nutr Diet. 2019;119(9):1545-1560.e32.

65. Weddle DO, Himburg SP, Collins N, Lewis R. The professional development portfolio process: Setting goals for credentialing. J Am Diet Assoc. 2002;102(10):1439-1444.

66. Worsfold L, Grant BL, Barnhill C. The essential practice competencies for the Commission on Dietetic Registration's credentialed nutrition and dietetics practitioners. J Acad Nutr Diet. 2015;115(6):978-984.

67. Competency plan builder instructions. CDR. Accessed April 8, 2021. https://admin.cdrnet.org/vault/2459/web/Competency_Plan_Builder_Instructions.pdf.

68. Gates GR, Amaya L. Ethics opinion: Registered dietitian nutritionists and nutrition and dietetics technicians, registered are ethically obligated to maintain personal competence in practice. J Acad Nutr Diet. 2015;115(5):811-815.

69. Chambers DW, Gilmore CJ, Maillet JO, Mitchell BE. Another look at competency-based education in dietetics. J Am Diet Assoc. 1996;96(6):614-617.

70. Dietetic Practice Groups. Academy of Nutrition and Dietetics. Accessed April 1, 2021, https://www.eatrightpro.org/membership/academy-groups/dietetic-practice-groups.

AUTHOR INFORMATION

M. G. Roseman is director, Hospitality Management Program and a full professor, University of Mississippi, University. S. N. Miller is a clinical nutrition manager, Dignity Health Marian Regional Medical Center, Santa Maria, CA.

Address correspondence to: Mary G. Roseman, PhD, RDN, CHE, University of Mississippi, 108 Lenoir Hall, PO Box 1848, University, MS 38677-1848. E-mail: mroseman@olemiss.edu

AUTHOR CONTRIBUTIONS

M. G. Roseman and S. N. Miller contributed to drafting and editing the components of the article (eg, article text and figures) and reviewed all drafts of the manuscript.

Standards of Professional Performance for Registered Dietitian Nutritionists in Management of Food and Nutrition Systems (MFNS)

Standard 1: Quality in Practice

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

Rationale:

Quality practice in nutrition and dietetics is built on a solid foundation of education and supervised practice, credentialing, evidence-based practice, demonstrated competence, and adherence to established professional standards. Quality practice requires systematic measurement of outcomes, regular performance evaluations, and continuous improvement.

Indicators for Standard 1: Quality in Practice					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			**The "X" signifies the indicators for the level of practice**		
Each RDN:			Competent	Proficient	Expert
1.1	**Complies with applicable laws and regulations as related to their area(s) of practice**		**X**	**X**	**X**
	1.1A	Interprets and complies with federal, state, and local regulations and guidelines that impact areas of service	X	X	X
1.2	**Performs within individual and statutory scope of practice and applicable laws and regulations**		**X**	**X**	**X**
	1.2A	Maintains knowledge of and ensures compliance with all pertinent regulatory requirements related to food and nutrition services in settings relevant to job responsibilities	X	X	X
1.3	**Adheres to sound ethical business practices applicable to the role and setting**		**X**	**X**	**X**
	1.3A	Develops an understanding of the payment, deliverables, and reimbursement environment for systems (eg, Medicare and Medicaid Services, supply chain contracts, union regulations when applicable)	X	X	X
	1.3B	Develops orientation, training, and professional development activities for employees on ethics		X	X
	1.3C	Establishes protocols/algorithms for making judgments on professional/ethical behavior and consequences as related to business practices (eg, billing, conflict of interest)			X
1.4	**Uses national quality measures and safety data (eg, National Academies of Sciences, Engineering, and Medicine: Health and Medicine Division, National Quality Forum, Institute for Healthcare Improvement) to improve the quality of services provided and to enhance customer-centered services**		**X**	**X**	**X**
	1.4A	Evaluates data from various quality assurance processes	X	X	X
	1.4B	Applies data analytics in the development of quality assurance projects (eg, identification and evaluation of allergy and nutrition product/menu labeling)	X	X	X
					(continued on next page)

Figure 2. Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 1: Quality in Practice					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	1.4C	Analyzes data and correlates outcomes and trends to benchmarks		X	X
	1.4D	Leads interprofessional performance improvement initiatives within the organization (eg, health care information technology interoperability enhancing the exchange of electronic information among care providers)			X
1.5	**Uses a systematic performance improvement model that is based on practice knowledge, evidence, research, and science for delivery of the highest-quality services**		**X**	**X**	**X**
	1.5A	Participates in quality management (eg, quality assurance and performance improvement [QAPI]) activities, including identifying performance improvement criteria, training, mentoring, data collection, evaluation of performance, and implementation of corrective actions	X	X	X
		1.5A1 Analyzes effectiveness of systematic performance improvement program for area of responsibility		X	X
		1.5A2 Designs a systematic performance improvement process model for department/programs using industry-proven improvement models (eg, specific, measurable, attainable, realistic, and timely [S.M.A.R.T.] goals, Lean Six Sigma, Plan-Do-Study-Act)			X
1.6	**Participates in or designs an outcomes-based management system to evaluate safety, effectiveness, quality, person-centeredness, equity, timeliness, and efficiency of practice**		**X**	**X**	**X**
	1.6A	**Involves interprofessional team, stakeholders, and others, as applicable, in systematic outcomes management**	**X**	**X**	**X**
		1.6A1 Promotes active participation of stakeholders	X	X	X
		1.6A2 Participates in interprofessional QAPI initiatives	X	X	X
		1.6A3 Assists interprofessional team and other staff with development and implementation of appropriate quality measures for management of food and nutrition services		X	X
		1.6A4 Develops, implements, and evaluates quality improvement outcomes-based management system		X	X
		1.6A5 Analyzes variations in processes using root cause analysis protocols			X
	1.6B	**Defines expected outcomes**	**X**	**X**	**X**
		1.6B1 Uses institutional expectations, professional practice and industry standards to set desired outcomes	X	X	X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 1: Quality in Practice					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	1.6C	**Uses indicators that are S.M.A.R.T.**	X	X	X
		1.6C1	Applies long-term and short-term goals to measure progress	X	X	X
		1.6C2	Develops short- and long-term goals and strategic planning		X	X
		1.6C3	Identifies and sets short- and long-term system-level vision and mission goals			X
	1.6D	**Measures quality of services in terms of structure, process, and outcomes**	X	X	X
		1.6D1	Identifies appropriate measures of quality for structure, process, and outcomes		X	X
		1.6D2	Modifies quality measures, as needed, based on outcomes and/or new needs		X	X
	1.6E	**Incorporates electronic clinical quality measures to evaluate and improve care of patients/clients at risk for malnutrition or with malnutrition (www.eatrightpro.org/emeasures)**	X	X	X
		1.6E1	Promotes use of clinical quality measures applicable to setting when collecting data on patient's/client's risk factors, screening timeframes, risk of malnutrition, and nutrition services (eg, nutrition care process and clinical workflow elements, nutrition-focused physical examination, effectiveness of care)	X	X	X
		1.6E2	Identifies appropriate electronic clinical quality measures		X	X
		1.6E3	Designs electronic quality toolkits and analytics (eg, nutrition informatics)			X
		1.6E4	Ensures interoperability in malnutrition reporting system			X
	1.6F	**Documents outcomes and patient reported outcomes (eg, PROMIS[a])**	X	X	X
		1.6F1	Uses a systematic process for collecting and reporting outcomes data	X	X	X
		1.6F2	Collaborates in or leads foodservice and patient outcomes research or quality improvement outcomes projects		X	X
		1.6F3	Improves public or industry awareness by publishing or presenting outcomes research or quality improvement outcomes			X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 1: Quality in Practice					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	1.6G	**Participates in, coordinates, or leads program participation in local, regional or national registries and data warehouses used for tracking, benchmarking, and reporting service outcomes**	X	X	X
		1.6G1 Uses a systematic process for participating in local, regional, or national registries and data warehouses	X	X	X
		1.6G2 Manages tracking, data collecting, and reporting service outcomes		X	X
		1.6G3 Develops/manages health and quality metrics tracking registries and data warehouses (eg, malnutrition informatics data and integrate with the electronic health record, foodborne illness reports, and food product recalls)			X
1.7		**Identifies and addresses potential and actual errors and hazards in provision of services or brings to attention of supervisors and team members as appropriate**	X	X	X
	1.7A	Complies with Hazard Analysis and Critical Control Points guidelines	X	X	X
	1.7B	Develops and implements training programs on food safety standards and department policies, procedures, and practices		X	X
	1.7C	Completes risk analysis in food and nutrition services		X	X
		1.7C1 Uses results of risk analysis to plan department activities to improve food safety outcomes			X
	1.7D	Leads interprofessional team in root-cause analysis of persistent barriers impacting achieving desired outcomes			X
1.8		**Compares actual performance to performance goals (ie, Gap Analysis, SWOT Analysis [Strengths, Weaknesses, Opportunities, and Threats], PDCA Cycle [Plan-Do-Check-Act], DMAIC [Define, Measure, Analyze, Improve, Control])**	X	X	X
	1.8A	Reports and documents action plan to address identified gaps in care and/or service performance	X	X	X
		1.8A1 Compares actual performance to expected outcomes (internal and national benchmarking)	X	X	X
		1.8A2 Uses appropriate analytical tools to evaluate and enhance services	X	X	X
		1.8A3 Designs interventions to improve processes and services		X	X
		1.8A4 Develops or revises plan of action to achieve organization or systems expected outcomes		X	X
		1.8A5 Sustains improvement process by continuous evaluation of results based on measurable outcomes			X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 1: Quality in Practice					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
1.9		Evaluates interventions and workflow process(es) and identifies service and delivery improvements	X	X	X
	1.9A	Participates in, conducts, or interprets data analysis as part of quality management (eg, QAPI); develops or contributes to report of outcomes related to benchmark goals, and provides recommendations	X	X	X
	1.9B	Performs gap analysis, synthesizes action plans, and communicates to key stakeholders		X	X
	1.9C	Implements change in the process and re-measures change outcomes		X	X
	1.9D	Identifies root cause and uses process improvement management tools to implement corrective action			X
	1.9E	Sustains improved performance with evidence-based adjustments as needed			X
1.10		Improves or enhances patient/client/population care and/or services working with others based on measured outcomes and established goals	X	X	X
	1.10A	Reviews current literature and industry trends to identify and apply evidenced-based best practices	X	X	X
	1.10B	Systematically improves processes in management of foodservice systems by identifying problem areas and recommending new/updated quality, safe practices		X	X
	1.10C	Improves the industry by publishing or presenting outcomes and best practices to enhance industry outcomes			X

Examples of Outcomes for Standard 1: Quality in Practice
- Actions are within scope of practice and applicable laws and regulations
- National quality standards and best practices are evident in customer-centered services
- Performance improvement systems specific to program(s)/service(s) are established and updated as needed; are evaluated for effectiveness in providing desired outcomes data and striving for excellence in collaboration with other team members
- Performance indicators are S.M.A.R.T.
- Aggregate outcomes results meet pre-established criteria
- Quality improvement results direct refinement and advancement of practice

Standard 2: Competence and Accountability
The registered dietitian nutritionist (RDN) demonstrates competence in and accepts accountability and responsibility for ensuring safe, quality practice and services.
Rationale:
Competence and accountability in practice includes continuous acquisition of knowledge, skills, experience, and judgment in the provision of safe, quality customer-centered service.

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
2.1	**Adheres to the code(s) of ethics (eg, Academy/Commission on Dietetic Registration [CDR], other national organizations, and/or employer code of ethics)**		**X**	**X**	**X**
	2.1A	Applies ethics in all areas of practice	X	X	X
	2.1B	Interprets and shares ethics guidelines as applicable to areas of responsibility		X	X
	2.1C	Analyzes self and/or employee ethical misconduct and develops appropriate plan of action			X
2.2	**Integrates the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) into practice, self-evaluation, and professional development**		**X**	**X**	**X**
	2.2A	**Integrates applicable focus area(s) SOP and/or SOPP into practice (www.eatrightpro.org/sop)**	**X**	**X**	**X**
	2.2B	Uses the MFNS SOPP as a guide for management, leadership, self-evaluation, and to target professional skill development to advance practice	X	X	X
	2.2C	Incorporates applicable focus area SOP and/or SOPP to guide development of processes, policies, guidelines, career ladders, and other elements		X	X
2.3	**Demonstrates and documents competence in practice and delivery of customer-centered service(s)**		**X**	**X**	**X**
	2.3A	Models customer service behaviors in delivering patient-/client-/customer-centered service	X	X	X
	2.3B	Incorporates customer service competencies into employee development and performance evaluations		X	X
	2.3C	Creates and defines competencies for patient-/client-/customer-centered service in areas of responsibility			X
2.4	**Assumes accountability and responsibility for actions and behaviors**		**X**	**X**	**X**
	2.4A	**Identifies, acknowledges, and corrects errors**	**X**	**X**	**X**
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	2.4B	Monitors employee accountability and behaviors for areas of responsibility	X	X	X
	2.4C	Develops corrective actions for critical errors and behaviors in area of responsibility consistent with organization policies		X	X
2.5	**Conducts self-evaluation at regular intervals**		**X**	**X**	**X**
	2.5A	**Identifies needs for professional development**	**X**	**X**	**X**
	2.5B	Evaluates level of practice to determine whether additional skill sets, and knowledge are needed for advancing practice	X	X	X
	2.5C	Reviews skills and knowledge to determine whether they meet future organization and market expectations	X	X	X
2.6	**Designs and implements plans for professional development**		**X**	**X**	**X**
	2.6A	**Develops plan and documents professional development activities in career portfolio (eg, organization policies and procedures, credentialing agency[ies])**	**X**	**X**	**X**
		2.6A1 Develops a plan to acquire knowledge and skills to meet future market expectations	X	X	X
	2.6B	Maintains continuing education and lifelong learning in current areas of practice	X	X	X
	2.6C	Assesses employee needs for professional development	X	X	X
	2.6D	Identifies and/or creates opportunities for professional growth and training within parameters (eg, budget) of the organization		X	X
	2.6E	Designs career development programs in conjunction with organization and community needs			X
	2.6F	Designs a succession plan and identifies talent pool for key positions			X
2.7	**Engages in evidence-based practice and uses best practices**		**X**	**X**	**X**
	2.7A	Implements quality practice by following an evidence-based/best-practice approach that includes adhering to credentialing, licensure, and regulatory requirements; competency standards; policies, procedures, and practice guidelines	X	X	X
	2.7B	Evaluates evidence-based practices for application to services provided (eg, healthy eating guidelines, sustainability practices, Academy Evidence Analysis Library, use of social media for consumer outreach)	X	X	X
	2.7C	Applies evidence-based practice models in areas of responsibility (eg, Academy Standards of Excellence Metric tool)	X	X	X
	2.7D	Shares research data and activities to meet patients'/clients'/customers' needs	X	X	X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	2.7E	Designs new practice models for testing and applications		X	X
	2.7F	Promotes best practices to employees and other professionals internally and externally			X
2.8	**Participates in peer review of others as applicable to role and responsibilities**		**X**	**X**	**X**
	2.8A	Establishes peer review network		X	X
	2.8B	Creates and implements action plan based on peer review feedback		X	X
	2.8C	Creates criteria used for peer review			X
2.9	**Mentors and/or precepts others (RDNs, nutrition and dietetics technicians, registered, nutrition and dietetics students, interns, and culinary students/ apprentices)**		**X**	**X**	**X**
	2.9A	Manages mentoring and supervised practice opportunities for entry-level RDNs and students/interns	X	X	X
	2.9B	Serves as a mentor or preceptor for individuals outside of the nutrition and dietetic profession (eg, chefs, food production managers)	X	X	X
2.10	**Pursues opportunities (education, training, credentials, certifications) to advance practice in accordance with laws and regulations, and requirements of practice setting**		**X**	**X**	**X**
	2.10A	Acquires knowledge related to specifics of management practice	X	X	X
		2.10A1 Uses credible management resources to increase knowledge	X	X	X
		2.10A2 Acquires knowledge of trends in systems (eg, food management, customer service, human resources, technology, research, equipment, layout and design, telecommuting, sustainability, population health, health equality and equity) to apply in practice		X	X
	2.10B	Applies knowledge of regulatory issues (eg, health department rules and regulations, Occupational Health and Safety Association [OSHA], Centers for Medicare and Medicaid Services [CMS], Food and Drug Administration [FDA], Centers for Disease Control and Prevention [CDC]), and accreditation program standards (eg, The Joint Commission, Health Facilities Accreditation Program, DNV GL USA Healthcare) to manage care and services	X	X	X
	2.10C	Expands individual scope of practice with increased job responsibilities		X	X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	2.10D	Functions with autonomy within organization or practice		X	X
	2.10E	Provides leadership to multiple departments/units when applicable			X
	2.10F	Maintains expert knowledge base that encompasses and expands professional practice opportunities			X

Examples of Outcomes for Standard 2: Competence and Accountability
- Practice reflects:
  - Code(s) of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics)
  - Scope of Practice, Standards of Practice and Standards of Professional Performance
  - Evidence-based practice and best practices
  - CDR Essential Practice Competencies and Performance Indicators
- Practice incorporates successful strategies for interactions with individuals/groups from diverse cultures and backgrounds
- Competence is demonstrated and documented
- Services provided are safe and customer-centered
- Self-evaluations are conducted regularly to reflect commitment to lifelong learning and professional development and engagement
- Professional development needs are identified and pursued
- Directed learning is demonstrated
- Relevant opportunities (education, training, credentials, certifications) are pursued to advance practice
- CDR recertification requirements are met

Standard 3: Provision of Services
The registered dietitian nutritionist (RDN) provides safe, quality service based on customer expectations, and needs, and the mission, vision, principles, and values of the organization/business.
Rationale:
Quality programs and services are designed, executed, and promoted based on the RDN's knowledge, skills, experience, judgment, and competence in addressing the needs and expectations of the organization/business and its customers.

Indicators for Standard 3: Provision of Services					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
3.1	**Contributes to or leads in development and maintenance of programs/services that address needs of the customer or target population(s)**		X	X	X
	3.1A	**Aligns program/service development with the mission, vision, principles, values, and service expectations and outputs of the organization/business**	X	X	X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
		3.1A1	Directs functional units in areas of responsibility (eg, café and catering services, food production, patient care)	X	X	X
		3.1A2	Executes most applicable practices and theories of management and leadership skills effectively and efficiently to meet the department's and organization's strategic plan		X	X
		3.1A3	Develops long-term strategic plans based on analysis of the industry, and societal, technological, and scientific trends; the effects of the complex connections across the health care environment; and the organization's current and potential capabilities compared with competitors			X
	3.1B	**Uses the needs, expectations, and desired outcomes of the customers/populations (eg, patients/clients, families, community, decision makers, administrators, client organization[s]) in program/ service development**		**X**	**X**	**X**
		3.1B1	Demonstrates creative thinking and decision making to influence and achieve organization goals and objectives	X	X	X
		3.1B2	Applies complex decision making skills at a higher strategic level to the organization (eg, new program development impacting broader organization, complex changes in service delivery models, opening/closing units of operation)		X	X
		3.1B3	Designs department standards to support the organization's efforts for excellence			X
		3.1B4	Designs, promotes, and seeks executive/administrator, medical staff/medical director commitment to new services and goals for food and nutrition services			X
	3.1C	**Makes decisions and recommendations that reflect stewardship of time, talent, finances, and environment**		**X**	**X**	**X**
		3.1C1	Maintains budgetary control	X	X	X
		3.1C2	Plans and manages time prudently	X	X	X
		3.1C3	Compiles and maintains statistical reports, performance reports, and financial data	X	X	X
		3.1C4	Monitors storage procedures (eg, temperature control, sanitation, and safety of food and supplies)	X	X	X
		3.1C5	Compares and manages resources against specifications and invoices	X	X	X
		3.1C6	Leads the process of developing, monitoring, and evaluating the use of guidelines, programs, resources, and change management that addresses quality, productivity, and operational issues to achieve desired performance outcomes		X	X
						(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
		3.1C7	Performs or oversees administration, maintenance, comparison, and reconciliation of financial management records and audits for all financial functions (eg, budgets, profit and loss)		X	X
		3.1C8	Writes specifications for food, supplies, and equipment that meet organization needs while staying within budgetary constraints		X	X
		3.1C9	Implements an inventory system that meets the organization's needs (eg, ingredient control system for production, equipment maintenance and purchase plan)		X	X
		3.1C10	Determines vendors and purchasing groups in accordance with financial plans, budget, and sustainability goals; and determines priorities and funding sources of operational resources		X	X
		3.1C11	Represents the organization on purchasing group consortium			X
	3.1D		**Proposes programs and services that are customer-centered, culturally appropriate, and minimize disparities**	**X**	**X**	**X**
	3.1E		Develops contingency plans for emergencies and disasters, bioterrorism, and pandemics for safe and sanitary production and service of food to personnel, volunteers, and customers, seeking assistance as needed	X	X	X
3.2			**Promotes public access and referral to credentialed nutrition and dietetics practitioners for quality food and nutrition programs and services**	**X**	**X**	**X**
	3.2A		**Contributes to or designs referral systems that promote access to qualified, credentialed nutrition and dietetics practitioners**	**X**	**X**	**X**
		3.2A1	Develops and implements referral processes to connect patients/clients and employees when applicable to community and social support systems		X	X
	3.2B		**Refers customers to appropriate providers when requested services or identified needs exceed the RDN's individual scope of practice**	**X**	**X**	**X**
		3.2B1	Verifies potential referral practitioner's care or services reflect evidence-based information or emerging information/research	X	X	X
		3.2B2	Maintains database of appropriate providers for customers, updating as needed (eg, community and social service resources)		X	X
						(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	3.2C	**Monitors effectiveness of referral systems and modifies as needed to achieve desirable outcomes**	**X**	**X**	**X**
3.3	**Contributes to or designs customer-centered services**		**X**	**X**	**X**
	3.3A	**Assesses needs, beliefs/values, goals, resources of the customer, and social determinants of health**	**X**	**X**	**X**
		3.3A1	Conducts surveys, focus groups, or uses other assessment tools to determine customer needs	X	X	X
		3.3A2	Designs needs assessment tools to survey target audiences for program or service development		X	X
		3.3A3	Develops, maintains and updates needs assessment reports		X	X
		3.3A4	Creates and implements action plans and monitors outcomes		X	X
		3.3A5	Uses analytical tools to interpret needs of target audiences (eg, Process Control Charts, Histograms, statistical tests)			X
	3.3B	**Uses knowledge of the customer's/target population's health conditions, cultural beliefs, and business objectives/services to guide design and delivery of customer-centered services**	**X**	**X**	**X**
		3.3B1	Participates in a marketing plan/program for food and nutrition service operations	X	X	X
		3.3B2	Designs and implements marketing plan/program for food and nutrition service operations		X	X
		3.3B3	Evaluates executed marketing plan/program for successful strategies and tactics and opportunities for future plans/programs			X
	3.3C	**Communicates principles of disease prevention and behavioral change appropriate to the customer or target population**	**X**	**X**	**X**
		3.3C1	Applies knowledge and principles of disease prevention and food science for diverse populations	X	X	X
		3.3C2	Uses current food science principles for recipe development, food production, and service	X	X	X
		3.3C3	Collaborates on or develops programs for target audiences in relation to nutrition interventions addressing disease treatment, prevention, and lifestyle behavioral change		X	X
		3.3C4	Oversees the evaluation of programs' outcomes to targeted audiences/populations in disease prevention, adjusting programs as needed			X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			**The "X" signifies the indicators for the level of practice**		
Each RDN:			Competent	Proficient	Expert
	3.3D	**Collaborates with the customers to set priorities, establish goals, and create customer-centered action plans to achieve desirable outcomes**	**X**	**X**	**X**
		3.3D1	Uses and analyzes different forms of customer feedback (eg, survey, social media, observation, interview)	X	X	X
	3.3E	**Involves customers in decision making**	**X**	**X**	**X**
		3.3E1	Collects feedback (eg, interviews, surveys, social media) from customers/patients/company employees/outpatients to determine needs and wants	X	X	X
		3.3E2	Communicates and implements decisions affecting customers with appropriate tools	X	X	X
3.4	**Executes programs/services in an organized, collaborative, cost effective, and customer-centered manner**		**X**	**X**	**X**
	3.4A	**Collaborates and coordinates with peers, colleagues, stakeholders, and within interprofessional[b] teams**	**X**	**X**	**X**
		3.4A1	Works in interprofessional teams to coordinate areas of responsibility	X	X	X
		3.4A2	Leads interprofessional teams in areas of responsibility		X	X
	3.4B	**Uses and participates in, or leads in the selection, design, execution, and evaluation of customer programs and services (eg, nutrition screening system, medical and retail foodservice, electronic health records, interprofessional programs, community education, grant management)**	**X**	**X**	**X**
		3.4B1	Determines needs for community food and nutrition programs, equipment, or systems to support the organization's mission and core values		X	X
		3.4B2	Conducts comprehensive cost benefit analysis of new programs, equipment, or systems accounting for both financial and community benefit impacts		X	X
		3.4B3	Leads and/or designs customer service improvement projects		X	X
		3.4B4	Designs food and nutrition services programs that meet the needs of the population served by setting(s) including the underserved and disenfranchised using collaborative interprofessional teams			X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice	
Each RDN:				Competent	Proficient	Expert
	3.4C	**Uses and develops or contributes to selection, design and maintenance of policies, procedures (eg, discharge planning/ transitions of care, emergency planning), protocols, standards of care, technology resources (eg, Health Insurance Portability and Accountability Act [HIPAA]-compliant telehealth platforms), and training materials that reflect evidence-based practice in accordance with applicable laws and regulations**		X	X	X
		3.4C1	Ensures compliance with established policies, procedures, protocols, standards of care, technology resources, and training material that reflect evidence-based practice and comply with relevant privacy regulations	X	X	X
		3.4C2	Develops policies, procedures, protocols, standards of care, technology resources, and training (eg, HIPAA) that reflect evidence-based practice		X	X
		3.4C3	Provides leadership addressing emergent situations such as environmental crisis, emergencies and pandemics		X	X
		3.4C4	Creates protocols, plans, training materials, and practices for emergent situations such as environmental crisis, emergencies and pandemics		X	X
		3.4C5	Analyzes post emergency debriefing and develops system wide polices and training to address deficiencies and prepare for future emergencies			X
	3.4D	**Uses and participates in or develops processes for order writing and other nutrition-related privileges, in collaboration with the medical staff[c] or medical director (eg, acute care, post-acute care settings, public health, community), consistent with state practice acts, federal and state regulations, organization policies, and medical staff rules, regulations, and bylaws**		X	X	X
		3.4D1	**Uses and participates in or leads development of processes for privileges or other facility-specific processes related to (but not limited to) implementing physician/nonphysician practitioner[d]-driven delegated orders or protocols, initiating or modifying orders for therapeutic diets, medical foods/ nutrition supplements, dietary supplements, enteral and parenteral nutrition, laboratory tests, medications, and adjustments to fluid therapies or electrolyte replacements**	X	X	X
			3.4D1i	Facilitates RDN participation in clinical committees relevant to nutrition care of patients/ clients or residents (eg, diet manual approval, policy or protocol development/approval, and clinical privileging)		X	X
						(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
		3.4D2	**Uses and participates in or leads development of processes for privileging for provision of nutrition-related services, including (but not limited to) initiating and performing bedside swallow screenings, inserting and monitoring nasoenteric feeding tubes, providing home enteral nutrition or infusion management services (eg, ordering formula and supplies), and indirect calorimetry measurements**	X	X	X
		3.4D2i	Coordinates training opportunities and provides support to clinical RDNs in obtaining advanced level practice skills (eg, clinical privileging, insertion of feeding tubes)		X	X
		3.4D2ii	Designs or leads in the development of advanced practice competency standards and training			X
	3.4E	**Complies with established billing regulations, organization policies, grant funder guidelines, if applicable to role and setting, and adheres to ethical and transparent financial management and billing practices**		X	X	X
		3.4E1	Develops pricing standards for goods and services for customers	X	X	X
		3.4E2	Authorizes pricing for products, services, and menu items		X	X
		3.4E3	Establishes methodologies for cash handling and billing procedures		X	X
		3.4E4	Applies for grants, service contracts, and business alliances that enhance services provided, build collaborations, and comply with regulatory standards and business ethics			X
	3.4F	**Communicates with the interprofessional team and referring party consistent with the HIPAA rules for use and disclosure of customer's personal health information**		X	X	X
		3.4F1	Complies with HIPAA concepts in areas of responsibility and communicates HIPAA compliance monitoring program to staff	X	X	X
		3.4F2	Develops programs and trains employees on HIPAA compliance for areas of responsibility		X	X
3.5	**Uses professional, technical, and support personnel appropriately in the delivery of customer-centered care or services in accordance with laws, regulations, and organization policies and procedures**			X	X	X
						(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice	
Each RDN:				Competent	Proficient	Expert
	3.5A		**Assigns activities, including direct care to patients/clients, consistent with the qualifications, experience, and competence of professional, technical, and support personnel**	X	X	X
		3.5A1	Ensures adequate staffing for areas of responsibility	X	X	X
		3.5A2	Schedules support personnel for meeting needs of patients/clients/customers	X	X	X
		3.5A3	Adjusts staffing of support personnel to meet organization mission and needs		X	X
	3.5B		**Supervises professional, technical, and support personnel**	X	X	X
		3.5B1	Coaches support personnel to meet organization mission	X	X	X
		3.5B2	Provides developmental training for support personnel	X	X	X
		3.5B3	Conducts performance review of professional, technical and support personnel according to organization policy	X	X	X
	3.5C		Uses customer service survey platforms to effectively evaluate performance	X	X	X
3.6			**Designs and implements food delivery systems to meet the needs of customers**	X	X	X
	3.6A		**Collaborates in or leads the design of food delivery systems to address health care needs and outcomes (including nutrition status), ecological sustainability, and to meet the culture and related needs and preferences of target populations (eg, health care patients/clients, employee groups, visitors to retail venues, schools, child and adult day care centers, community feeding sites, farm to institution initiatives, local food banks)**	X	X	X
		3.6A1	Provides highest-quality service based on requirements of the facility, customer expectations and patient/client/customer safety (eg, staff and visitor meals, catering, patient meal service, and clinical/community care)	X	X	X
		3.6A2	Uses manpower, machines, money, and innovative approaches to exceed both internal and external customers'/patients'/clients' needs and expectations	X	X	X
		3.6A3	Applies knowledge and skills to determine the most appropriate action plan for improved food and nutrition service operations to meet patient/client/customer needs	X	X	X
		3.6A4	Implements meal service delivery systems for all customers	X	X	X
		3.6A5	Ensures safety of patients/clients/customers in relation to food delivery and services during emergency events (crisis, natural disasters, pandemics)	X	X	X
						(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
		3.6A6	Designs meal service delivery systems for all customers		X	X
		3.6A7	Leads interprofessional teams in design of innovative meal delivery systems built on forecasted future demands emerging within the foodservice industry			X
	3.6B	**Participates in, consults/collaborates with, or leads the development of menus to address health, nutritional, and cultural needs of target population(s) consistent with federal, state or funding source regulations or guidelines**	X	X	X
		3.6B1	Serves well-prepared, safe, hot, and cold foods to customers to meet their needs and wants	X	X	X
		3.6B2	Develops standardized scalable recipes; modifies for individual and group needs and acceptability; monitors recipe compliance	X	X	X
		3.6B3	Develops menus that are evidence-based for disease treatment and prevention following the standards of the medical staff-approved nutrition care manual, seeking assistance as needed	X	X	X
		3.6B4	Develops or evaluates master menus with modifications to address health and nutrition needs of target population(s), while complying with service industry-specific regulations, budgetary guidelines, and sustainability goals		X	X
		3.6B5	Monitors and evaluates specialty and promotional menus for sales and marketing outcomes; realigns to improve program		X	X
	3.6C	**Participates in, consults/collaborates with, or leads interprofessional process for determining medical foods/nutritional supplements, dietary supplements, enteral and parenteral nutrition formularies, and delivery systems for target population(s)**	X	X	X
		3.6C1	Collaborates with interprofessional team in the development of medical nutrition formularies and supply sources		X	X
3.7	**Maintains records of services provided**		X	X	X
	3.7A	**Documents according to organization policies, procedures, standards, and systems including electronic health records**	X	X	X
		3.7A1	Applies and documents Hazard Analysis and Critical Control Points principles to ensure safe and sanitary food and supplies	X	X	X
				(continued on next page)		

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
		3.7A2	Coaches employees and provides ongoing continuing education and documentation of training on personal hygiene and food safety practices	X	X	X
		3.7A3	Maintains records of food safety and sanitation in accordance with government regulations and accreditation agency standards	X	X	X
		3.7A4	Serves as the content expert in interpreting and implementing safe sanitation practices based on emerging factors and evidence		X	X
	3.7B	**Implements data management systems to support interoperable data collection, maintenance, and utilization**	X	X	X
		3.7B1	Uses information technology to improve operations	X	X	X
		3.7B2	Determines needs for improvement in data-management systems		X	X
		3.7B3	Evaluates cost/benefit of new or replacement data-management systems			X
		3.7B4	Serves as content expert for informational technology design ensuring compliance, data integrity, system interoperability, and regulatory compliance			X
	3.7C	**Uses data to document outcomes of services (ie, employee productivity, cost/benefit, budget compliance, outcomes, quality of services) and provide justification for maintenance or expansion of services**	X	X	X
		3.7C1	Compiles data for benchmarking outcomes of service (eg, employee productivity, employee performance)	X	X	X
		3.7C2	Uses forecasting methods to save resources and project future growth needs	X	X	X
		3.7C3	Analyzes and/or uses data to communicate value of services (eg, food/dining services, nutrition programs, other deliverables) in relation to customer and organization outcomes/goals	X	X	X
		3.7C4	Interprets benchmarking data to explain outcomes of services		X	X
		3.7C5	Designs business models that meet the projected needs of emerging trends, markets, and growth			X
	3.7D	**Uses data to demonstrate program/service achievements and compliance with accreditation standards, laws, and regulations**	X	X	X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	3.7E	Creates benchmark reports to communicate achievement to stakeholders		X	X
3.8	**Advocates for provision of quality food and nutrition services as part of public policy**		**X**	**X**	**X**
	3.8A	**Communicates with policy makers regarding the benefit/cost of quality food and nutrition services**	**X**	**X**	**X**
		3.8A1	Considers organization policies related to participating in advocacy activities	X	X	X
		3.8A2	Participates in food safety, sustainability, and security advocacy activities	X	X	X
		3.8A3	Participates in or leads public policy committees/public office positions supporting efforts to overcome social disparities, environmental sustainability, food insecurity, cultural norms, education and other barriers to optimal nutritional health		X	X
	3.8B	**Advocates in support of food and nutrition programs and services for populations with special needs and chronic conditions**	**X**	**X**	**X**
		3.8B1	Collaborates with the interprofessional team to advocate for regulations and public policy for populations with special needs and for the provision of population health		X	X
		3.8B2	Collaborates with public policy leadership providing the content expertise for cultural sensitivity and social determinants of health when addressing the nutritional and health needs of the community			X
	3.8C	**Advocates for protection of the public through multiple avenues of engagement (eg, legislative action, establishing effective relationships with elected leaders and regulatory officials, participation in various Academy committees, workgroups and task forces, Dietetic Practice Groups, Member Interest Groups, and State Affiliates)**	**X**	**X**	**X**
		3.8C1	Participate on committees that advocate for nutritional health	X	X	X
		3.8C2	Leads committees/programs that advocate for nutritional health that is inclusive of the entire community		X	X

Examples of Outcomes for Standard 3: Provision of Services
- Program/service design and systems reflect organization/business mission, vision, principles, values, and customer needs and expectations

(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

- Customers participate in establishing program/service goals and customer-focused action plans and/or nutrition interventions (eg, in-person or via telehealth)
- Customer-centered needs and preferences are met
- Customers are satisfied with services and products
- Customers have access to food assistance
- Customers have access to food and nutrition services
- Foodservice system incorporates sustainability practices addressing energy and water use and waste management
- Menus provide sustainable, plant-based culturally sensitive options to accommodate patient/client/customer request keeping in mind the operational budget
- Evaluations reflect expected outcomes and established goals
- Effective screening and referral services are established or implemented as designed
- Professional, technical, and support personnel are supervised when providing nutrition care to customers
- Ethical and transparent financial management and billing practices are used per role and setting

---

Standard 4: Application of Research

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

Rationale:

Application, participation, and generation of research promote improved safety and quality of nutrition and dietetics practice and services.

Indicators for Standard 4: Application of Research					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
4.1	**Reviews best available research/evidence and information for application to practice**		X	X	X
	4.1A	**Understands basic research design and methodology**	X	X	X
	4.1B	Reviews and interprets current literature and industry trends to identify best practices	X	X	X
	4.1C	Understands how to apply and interpret results and study outcomes		X	X
	4.1D	Enhances the knowledge of professional practice by the design and publishing of research and professional practice guidelines			X
4.2	**Uses best available research/evidence and information as the foundation for evidence-based practice**		X	X	X
	4.2A	Encourages the use of evidence-based information, tools, and resources as the basis for integration into current practice	X	X	X
	4.2B	Systematically reviews, interprets, and applies the best available research where evidence-based practice guidelines for management of food and nutrition systems are not established		X	X
4.3	**Integrates best available research/evidence and information with best practices, clinical and managerial expertise, and customer values**		X	X	X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 4: Application of Research					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	4.3A	Participates in the implementation of new knowledge and research in nutrition and dietetics	X	X	X
	4.3B	Supports employee awareness and incorporates evidence-based practices into program policies, protocols, and employee development		X	X
	4.3C	Leads the development of program protocols, policies, procedures, and employee development programs and materials			X
4.4		**Contributes to the development of new knowledge and research in nutrition and dietetics**	**X**	**X**	**X**
	4.4A	Maintains awareness of research in nutrition and dietetics through a variety of resources (eg, Evidence Analysis Library, Nutrition Research Network)	X	X	X
	4.4B	Identifies research issues/questions related to areas of responsibility	X	X	X
	4.4C	Participates in and/or conducts research following ethical standards that benefit the practices and quality of food and nutrition services	X	X	X
	4.4D	Shares best practice ideas/interventions that improve foodservice systems		X	X
	4.4E	Participates in studies on management topics for dissemination (eg, research databases, publications, and presentations)		X	X
	4.4F	Initiates research relevant to management practice as the primary investigator or co-investigator with other members of the team			X
	4.4G	Designs and conducts research projects to investigate opportunities to improve foodservice systems and processes			X
	4.4H	Contributes significantly to body of knowledge regarding food and nutrition services management			X
4.5		**Promotes application of research in practice through alliances or collaboration with food and nutrition and other professionals and organizations**	**X**	**X**	**X**
	4.5A	Encourages professional staff to join pertinent professional organizations to promote evidence-based research and practices	X	X	X
	4.5B	Actively participates in professional organizations to promote evidence-based research and practices	X	X	X
	4.5C	Assumes a leadership role in professional organizations on the local, regional and/or national level to promote and/or participate in evidence-based research and practices		X	X

Examples of Outcomes for Standard 4: Application of Research
- Evidence-based research and practice, best practices, clinical and managerial expertise, and customer values are integrated in the delivery of nutrition and dietetics services
- Customers receive appropriate services based on the effective application of best available research/evidence and information
- Most credible research/evidence and information is used as the foundation of evidence-based practice

Standard 5: Communication and Application of Knowledge
The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications.
Rationale:
The RDN works with others to achieve common goals by effectively sharing and applying unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services.

Indicators for Standard 5: Communication and Application of Knowledge					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
5.1	**Communicates and applies current knowledge and information based on evidence**		X	X	X
	5.1A	**Demonstrates critical thinking and problem-solving skills when communicating with others**	X	X	X
	5.1B	Communicates current evidence-based management knowledge to employees and others	X	X	X
	5.1C	Shares performance objectives during orientation and on a routine basis with all employees	X	X	X
	5.1D	Demonstrates the ability to integrate new knowledge into program processes		X	X
	5.1E	Provides professional development opportunities in critical thinking for employees		X	X
	5.1F	Demonstrates the ability to apply new knowledge of management systems in new and varied contexts (eg, applies proven approaches to new or novel conditions such as pandemic)			X
5.2	**Selects appropriate information and the most effective communication method or format that considers customer-centered care and services and the needs of the individual/group/population**		X	X	X
	5.2A	**Uses communication methods (ie, oral, print, one-on-one, group, visual, electronic, and social media) targeted to various audiences**	X	X	X
		5.2A1	Shares information with employees using respectful, supportive, and culturally sensitive methods	X	X	X
		5.2A2	Uses ethical practices in all communication methods (eg, social media with broad public reach)	X	X	X
		5.2A3	Uses appropriate and effective electronic media platforms (eg, Zoom, Twitter, Facebook, Instagram, Blogs) to convey accurate information to employees/patients/clients/customers following professional and organization guidelines	X	X	X
		5.2A4	Communicates evidenced-based nutrition information and advice with patients/clients/customers/employees using a variety of learning styles and culturally sensitive methods		X	X
						(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 5: Communication and Application of Knowledge					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	5.2B	**Uses information technology to communicate, disseminate, manage knowledge, and support decision making**	**X**	**X**	**X**
		5.2B1 Accesses electronic health records within work setting consistent with responsibilities and HIPAA	X	X	X
		5.2B2 Uses electronic telehealth and health information and management platforms (mobile and smartphone health apps) to communicate with the customer and/or client	X	X	X
		5.2B3 Collaborates with informatics in maintaining information logic and interoperability		X	X
		5.2B4 Determines electronic foodservice management systems used in operations (eg, purchasing, inventory management, recipe and menu development and nutritional analysis, patient/resident services [eg, room service systems, diet orders/tracking], retail venues [eg, cash registers, catering billing, event room scheduling])			X
	5.2C	Conforms to HIPAA when using information technology	X	X	X
5.3		**Integrates knowledge of food and nutrition with knowledge of health, culture, social sciences, communication, informatics, sustainability, and management**	**X**	**X**	**X**
	5.3A	Educates self on social determinates of health	X	X	X
	5.3B	Articulates effective interpretation of social determinates of health and its impact on food and nutrition management systems, interprofessional teams, and community		X	X
	5.3C	Adjusts food and nutrition system operations to remove barriers to food and nutrition (social, economic, environmental or other) and remain relevant with the emerging demands of technology and interoperability			X
5.4		**Shares current, evidence-based knowledge, and information with various audiences**	**X**	**X**	**X**
	5.4A	**Guides customers, families, students, and interns in the application of knowledge and skills**	**X**	**X**	**X**
		5.4A1 Works cooperatively with others to develop new ideas, coordinate resources, produce innovative solutions, and implement change		X	X
	5.4B	**Assists individuals and groups to identify and secure appropriate and available educational and other resources and services**	**X**	**X**	**X**
		5.4B1 Identifies and makes available to employees and patients/ clients/customers evidenced-based, reliable sources of information	X	X	X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 5: Communication and Application of Knowledge						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	5.4C	**Uses professional writing and verbal skills in all types of communications**		**X**	**X**	**X**
		5.4C1	Uses appropriate written and oral language in all communication	X	X	X
		5.4C2	Uses written communication tools that succinctly informs employees and colleagues of important information	X	X	X
		5.4C3	Demonstrates professional writing skills in communicating new knowledge and research in nutrition and dietetics		X	X
	5.4D	**Reflects knowledge of population characteristics in communication methods (eg, literacy and numeracy levels, need for translation of written materials and/or a translator, communication skills, and learning, hearing or vision disabilities)**		**X**	**X**	**X**
		5.4D1	Follows employer, federal and state regulatory guidelines in providing accessible oral and written communications and materials, including electronic, for individuals with disabilities	X	X	X
		5.4D2	Adjusts approach to ensure that information and ideas are exchanged clearly, logically, and in the most effective manner; uses methods of communication (eg, written, verbal, electronic media platform) that are inclusive and appropriate to the situation and audience	X	X	X
5.5	**Establishes credibility and contributes as a food and nutrition resource within the interprofessional health care and management team, organization, and community**			**X**	**X**	**X**
	5.5A	Creates a positive, patient-/client-/customer-focused work environment by leading teams with courtesy, focus to detail, and commitment		X	X	X
	5.5B	Uses formal and informal communication methods to maintain employee awareness of personal, department, and organization improvements		X	X	X
		5.5B1	Recognizes personal achievements of employees within the department and facility	X	X	X
	5.5C	Cultivates internal and external networking relationships that foster both individual and organization goals			X	X
	5.5D	Demonstrates the ability to communicate strategies to improve patient/client/customer satisfaction			X	X
5.6	**Communicates performance improvement and research results through publications and presentations**			**X**	**X**	**X**
						(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 5: Communication and Application of Knowledge					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	5.6A	Shares performance improvement and research data and activities to meet employee and patient/client/customer needs	X	X	X
	5.6B	Publishes performance improvement results in organization communications	X	X	X
		5.6B1 Publishes performance improvement results in community publications		X	X
		5.6B2 Publishes process improvement results in professional newsletters or journals or through presentations			X
	5.6C	Presents evidence-based research at the local, state, or national level		X	X
	5.6D	Writes for food management publications		X	X
	5.6E	Creates age-specific, culturally sensitive, relevant electronic media messages that interprets evidenced based research for the intended audience			X
	5.6F	Serves in a leadership role for foodservice management publications (eg, reviewer, editorial board, editor)			X
5.7		**Seeks opportunities to participate in and assume leadership roles with local, state, and national professional and community-based organizations (eg, government-appointed advisory boards, community coalitions, schools, foundations or non-profit organizations serving the food insecure) providing food and nutrition expertise**	**X**	**X**	**X**
	5.7A	Serves in a leadership role in professional nutrition and dietetics, food, foodservice-related associations and organizations	X	X	X
		5.7A1 Serves in a leadership role in local nutrition and dietetics, food, foodservice, or community organizations	X	X	X
		5.7A2 Serves in a leadership role in state affiliate nutrition and dietetics, food, foodservice, or community organizations		X	X
		5.7A3 Serves in a leadership role in professional organizations related to food and nutrition management			X
	5.7B	Contributes food and nutrition systems management expertise to community-based organizations, advisory boards or coalitions, nonprofit organizations addressing food system issues (eg, local food system, community health initiatives, food insecurity, equity, sustainability)			X
	5.7C	Participates in food and nutrition systems management program planning at the state and national level (eg, participates in public policy response, coordinates emergency food distribution and shelter operations)			X

Examples of Outcomes for Standard 5: Communication and Application of Knowledge
- Expertise in food, nutrition, dietetics, and management is demonstrated and shared
- Interoperable information technology is used to support practice
- Effective and efficient communications occur through appropriate and professional use of e-mail, texting, and social media tools
- Effective partnerships are established to achieve goals
- Individuals, groups, and stakeholders:
  - Receive current and appropriate information and customer-centered service
  - Demonstrate understanding of information and behavioral strategies received
  - Know how to obtain additional guidance from the RDN or other RDN-recommended resources
- Leadership is demonstrated through active professional and community involvement

Standard 6: Utilization and Management of Resources
The registered dietitian nutritionist (RDN) uses resources effectively and efficiently.
Rationale:
The RDN demonstrates leadership through strategic management of time, finances, facilities, supplies, technology, natural and human resources.

Indicators for Standard 6: Utilization and Management of Resources					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
6.1	**Uses a systematic approach to manage resources and improve outcomes**		**X**	**X**	**X**
	6.1A	Develops and implements staffing model to meet service and facility needs and accountability for resources	X	X	X
		6.1A1 Develops and implements job analysis and job descriptions that meet service needs and regulatory requirements	X	X	X
		6.1A2 Conducts orientation, in service education, and training to support employee performance	X	X	X
		6.1A3 Provides employee coaching and corrective action as appropriate	X	X	X
		6.1A4 Administers performance evaluations in area of responsibility for effective job development and improved performance	X	X	X
		6.1A5 Terminates employee when job performance does not meet performance standards and/or competencies	X	X	X
		6.1A6 Champions diversity and generational differences in team building to create a climate of inclusion and dynamic creativity	X	X	X
		6.1A7 Applies negotiation and risk-management skills (eg, contract and labor relations, employee relations)		X	X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 6: Utilization and Management of Resources					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
		6.1A8	Develops staffing guidelines based on productivity targets and industry projections		X	X
	6.1B	Develops procedures for evaluation and documentation of resource use and needs		X	X	X
		6.1B1	Determines equipment cleaning/functional ability and preventative maintenance program	X	X	X
		6.1B2	Participates in renovation or new construction of department including layout, design, and equipment selection		X	X
	6.1C	Leads strategic and operational planning		X	X
		6.1C1	Forecasts and develops business plans to address changing resource needs			X
6.2	**Evaluates management of resources with the use of standardized performance measures and benchmarking as applicable**			**X**	**X**	**X**
	6.2A	**Uses the Standards of Excellence Metric Tool to self-assess quality in leadership, organization, practice, and outcomes for an organization (www.eatrightpro.org/excellencetool)**		**X**	**X**	**X**
	6.2B	Controls the use of measurable resources in the provision of services based on a budget		X	X	X
		6.2B1	Implements strategies for expense adjustments in relation to volumes and organization goals	X	X	X
		6.2B2	Investigates opportunities for sustainable practices in local purchasing	X	X	X
		6.2B3	Evaluates employee hours needed to meet the production and service needs	X	X	X
		6.2B4	Coordinates purchasing contracts to optimize food, equipment, and supply cost savings		X	X
		6.2B5	Compares the human resource assets with potential technology available to meet production needs		X	X
		6.2B6	Designs strategies for adjusting expenses in relation to volumes and organization goals		X	X
6.3	**Evaluates safety, effectiveness, efficiency, productivity, sustainability practices, and value while planning and delivering services and products**			**X**	**X**	**X**
	6.3A	Develops processes to promote effective, timely delivery of products and services		X	X	X
	6.3B	Designs a programmatic approach to promote a culture of safety in the area, including education and performance evaluation		X	X	X
					(continued on next page)	

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 6: Utilization and Management of Resources					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	6.3C	Implements a programmatic safety plan, including an area-specific safety task force	X	X	X
	6.3D	Complies with local, state, and federal regulatory agencies (eg, FDA, CDC, CMS, OSHA) and accreditation organizations (eg, The Joint Commission) as related to safety standards	X	X	X
	6.3E	Implements programs for the control of microbial, chemical, and physical hazards following the state or FDA Food Code	X	X	X
	6.3F	Assesses and designs work stations and layouts to maximize productivity, ergonomic improvement, and safety		X	X
	6.3G	Evaluates food production and service workflows against published workflow best practices		X	X
	6.3H	Implements workflow practices that minimize waste and maximize sustainability practices		X	X
	6.3I	Serves as a content expert for safe, sustainable practices			X
6.4		**Participates in quality assurance and performance improvement (QAPI) and documents outcomes and best practices relative to resource management**	**X**	**X**	**X**
	6.4A	Participates in QAPI program for department, including collecting, documenting, and analyzing relevant data to assure continued resource utilization (eg, personnel, services, fiscal, materials, and supplies)	X	X	X
	6.4B	Seeks input from interprofessional team and others where responsibilities are shared	X	X	X
	6.4C	Shares QAPI program with administration and interprofessional team	X	X	X
	6.4D	Measures outcomes	X	X	X
	6.4E	Follows accreditation organization quality standards	X	X	X
	6.4F	Develops QAPI program for area of responsibility		X	X
	6.4G	Authors articles and training programs for food and nutrition industry publications			X
6.5		**Measures and tracks trends regarding internal and external customer outcomes (eg, satisfaction, key performance indicators)**	**X**	**X**	**X**
	6.5A	Administers satisfaction surveys to appropriate audiences	X	X	X
	6.5B	Uses systematic process to collect data	X	X	X
	6.5C	Analyzes data using basic statistical processes (eg, Likert scale)	X	X	X
	6.5D	Uses data to improve services and uses resources as appropriate	X	X	X
	6.5E	Implements a continuous improvement effort program	X	X	X
	6.5F	Implements measures of productivity	X	X	X
					(continued on next page)

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 6: Utilization and Management of Resources					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	6.5G	Refines program as necessary	X	X	X
	6.5H	Designs or joins customer satisfaction benchmarking programs		X	X
		6.5H1 Publishes customer satisfaction survey methodology in appropriate food and nutrition publications		X	X
	6.5I	Designs productivity measures for department		X	X
	6.5J	Documents results of related productivity studies		X	X

Examples of Outcomes for Standard 6: Utilization and Management of Resources
- Resources are effectively and efficiently managed
- Documentation of resource use is consistent with operational and sustainability goals
- Data are used to promote, improve, and validate services, organization practices, and public policy
- Desired outcomes are achieved, documented, and disseminated
- Identifies and tracks key performance indicators in alignment with organization mission, vision, principles, and values

---

[a]**PROMIS**: The Patient-Reported Outcomes Measurement Information System (*PROMIS*) (https://commonfund.nih.gov/promis/index) is a reliable, precise measure of patient-reported health status for physical, mental, and social well-being. *PROMIS* is a web-based resource and is publicly available.

[b]**Interprofessional**: The term *interprofessional* is used in this evaluation resource as a universal term. It includes a diverse group of team members (eg, physicians, nurses, dietitian nutritionists, nutrition and dietetics technicians, physician assistants, pharmacists, psychologists, social workers, occupational, physical therapists and other specialists in finances, procurement, research and development, human resources, marketing, architecture, environment), depending on the needs of the customer. Interprofessional could also mean interdisciplinary or multidisciplinary.

[c]**Medical staff**: A *medical staff* is composed of doctors of state law, including scope of practice laws, include other categories of physicians, and nonphysician practitioners who are determined to be eligible for appointment by the governing body.[7]

[d]**Nonphysician practitioner**: A *nonphysician practitioner* may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist's assistant, qualified dietitian or qualified nutrition professional. Disciplines considered for privileging by a facility's governing body and medical staff must be in accordance with state law.[8,9] The term *privileging* is not referenced in the Centers for Medicare and Medicaid Services Long-Term Care (LTC) Regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and LTC facilities, may now allow a resident's attending physician the option of delegating order writing for therapeutic diets, nutrition supplements or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.[10,11]

Figure 2. *(continued)* Standards of Professional Performance for RDNs in Management of Food and Nutrition Systems (MFNS). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean patient/client/customer, resident, participant, consumer, or any individual, group, or organization to which the RDN provides service.