

Dietitian/Nutritionists PAC Meeting
Wednesday, April 20, 2005
1400 to 1600 HRS, EST
Surgeon General's Conference Room
18th Floor, Parklawn Building, Rockville, Maryland

MINUTES

Call To Order: *CDR Jean Makie, D/N-PAC Chair*

Introductions:

SG Conference Room Participants:

CAPT Shirley Blakely, CPO – PAC member
CDR Jean Makie, PAC Chair – PAC member
CDR Madeline Michael – PAC member
CDR Celia Hayes – guest
LCDR Pam Vodicka – guest

Phone Participants:

CDR Jackie Thomas
CDR Shirley Turpin
LCDR Samantha Maloney
LCDR Kristen Moe
LCDR Carol Treat
LCDR Susan Warren
LT Amy Beutler
LT Chris Dunbar
Leila Beker
CDR Charlene Sanders
CAPT Tammy Brown
LCDR Suzan Dunaway
LCDR Kari Blasius

Selection of 'Physical Fitness Attire' for the APFT Test:

- CDR James M. Simpson could not attend; to be discussed at later date.

COA Meeting Update - *CDR Jean Makie*

- Early bird registration extended
 - ✓ Register on-line (<http://www.coausphsconference.org/registration.cfm>) now available through April 8
 - ✓ Travel for a total number of civil servants and commissioned officers equal to a maximum of 25 percent of the commissioned officer staffing of each respective operating or staff division is approved.

- Change in Category Day luncheon speaker
 - ✓ During the luncheon break, LCDR Cossi will present PHS Dietitians' roles and experiences during recent deployments.
- Volunteers for BMI booth with Therapist Category
 - ✓ CAPT Blakely expects the process to be efficient. 'Booth' is an understatement...with use of a room set up with 4 to 6 tables, Body Gem (<http://www.medcompsys.com/bodygem.html>) vendors, including a dietitian, will be available to help with testing RMRs.
 - ✓ Requesting volunteers for one 2 hour shifts (or two 1 hour shifts); can decrease to one 1 hour shift if response is adequate to cover the 7:30 AM – 2:30 PM commitment.
Email preference of time to CDR Makie's personal email (makiej@cderr.fda.gov) no later than Monday, May 2.
- Raffle to coincide with BMI booth; proceeds will go to the D/N-PAC Scholarship fund managed by the Henry Jackson Foundation. Permission received from the COA planners to pursue raffle.
 - ✓ Balance of \$1000 a result of contribution made last year
 - ✓ Decision made to engage in funding activities so as to support Junior Officers attending annual COA conference.
 - ✓ Soliciting charitable product donations from such companies as New Balance, Leisure & Fitness, Nike, and others; nominal raffle fee of \$1 expected.
- Dinner Cruise: Casual dress/no blue jeans
 - ✓ Need only 25 more paid participants to reserve larger deck
 - ✓ **May 4th deadline** is nearing for registering for the Tuesday, June 7th Dinner Cruise on the Spirit of Philadelphia at the upcoming COA meeting. You can register on-line at www.coausphsconference.org/registration.cfm Scroll down to EVENT Registration and click on DINNER CRUISE. **On-site registration is NOT available.**
- JOAG extends invitation to attend their Professional Development workshop for junior officers.
 - ✓ Workshop planned for Sunday, June 5, 6 – 8 PM (after the Global Health Summit).
 - ✓ PAC Chairs and CPOs have been requested to attend to answer questions.
 - ✓ CAPT Blakely acknowledges that JOAG needs representation from the Dietitian Category. Junior officers are encouraged to submit a self-nomination (<http://www.joag.org/callforvotingmembers.html>).

Subcommittee Reports:

CCRF - LT Chris Dunbar

- Results of CCRF/OFRD March 17, 2005 Subcommittee Meet
 - ✓ Subcommittee contacted non-basic ready officers to offer help/assistance
 - ✓ 12 of the 32 officers became basic ready by April 2005.
 - ✓ About 27 officers still remain not ready
 - 7 who were previously ready are no longer; temporary lapse due to immunizations and/or PFT
 - It is recommended that PFT be completed one month before due date to ensure lapse is avoided.

- No recent concerns reported regarding use of Presidential Challenge; certificate no longer needs to be submitted if officer is correctly logged into The President's Challenge website.
- ✓ All officers must be basic ready by May 1, 2005

- TOP OFF3 exercise and Red Lake Efforts:
 - ✓ 10 Dietitian officers participated in this exercise
 - ✓ Others are deployed to Red Lake
 - ✓ Will update our website with this information when all info is obtained

Professional Development - LCDR Kristen Moe

- Workshop, "Envisioning Your Future," Wednesday May 11, 1 – 2 PM EST. To be held at the FDA's Office of Regulatory Affairs' University, 19119 Rockville Pike.
 - ✓ The presentation, offered by an inspirational speaker/life coach, will accommodate all career grades beginning with an individualized self assessment and goal setting, to also address life skills beyond work, such as simplifying your life.
 - ✓ Video and call-in access will be available to participants outside the DC metro area
 - ✓ RSVP no later than April 22
 - ✓ Taping presentation is being looked into
- Requests additional members for the committee, preferably 2.

Recruitment - CDR Celia Hayes

- 92 active PHS RDs...including 3 recent entries: Alfredda Holloway (IHS, reactivated after period of deactivation), Michelle Noe (FDA), and Merel Schollnberger (NIH)
- Requesting all ARP Action Reports be held by the officer; to be informed when to turn them in when further direction is received by OCCO's Recruitment Specialist, CDR Steve Blackwell.
- ARP applications are to be sent to CDR Blackwell (not CDR Hayes); there is a back log of applications due to OCCO staff shortage.
 - ✓ ARP enrollment form (<http://www.cc.nih.gov/rm/pt/ARPenroll.pdf>) can be emailed to CDR Blackwell (Stephen.blackwell@hhs.gov) or faxed (240-453-6127).
 - ✓ FYI – CDR Blackwell reports a new hire at OCCO will assume the role of the ARP; between CDR Blackwell and the new hire applications should be processed more quickly. New applications are encouraged (not discouraged) despite the limited staff.

Mentoring - LCDR Susan Warren

- Matches made based on Mentee preference, geographic area, etc.
- E-mails sent to both Mentor & Mentee regarding their matches.
- Official letters prepared and mailed to CAPT Blakely for her signature on official letterhead, awaiting return for final distribution. CAPT Blakely acknowledges receiving them.
- Matches are as follows:

MENTOR

Maureen Leser
Shirley Blakely
Juli Haws

MENTEE

Diane Selleck
Michelle Johnson
Barbara Arntson

Jo Holland
Janice Huy
Glen Revere
Celia Hayes
Marilyn Welschenbach

Chris Dunbar
Carma Pauli
Susan Jordan
Kathleen Manning
Blakeley Denkinger

- Future Plans:
 - ✓ Follow-up with Mentees.
 - ✓ Evaluation of process with Mentors and Mentees.
 - ✓ Continue with new officers called to duty in Apr 05 and determine their need for Mentor.
 - ✓ Develop official Mentor/Mentee Roster/Master List
 - ✓ Recruit for sub-committee members to assist with Mentor Evaluation, Program Development and Training.
- Requests additional members for the committee, preferably 5.

Website - CDR Shirley Turpin

- Request all D/N PAC Subcommittees to review content of their portion of the website and offer changes as need; request replies from all, including 'no changes necessary' if applies.
- Requests additional members for the committee, preferably 2 or 3.

CPO Report - CAPT Shirley Blakely

- CPO activities of interest include:
 - ✓ Career Development (LCDR Ron Keats, Ronald.keats@hhs.gov) has developed a helpful career development guide, including checklists for active duty and retiring officers.
 - ✓ Webpage under construction.
 - ✓ Important to monitor electronic (e) OPF for accuracy. If inaccuracies found, contact OCCO (240-453-6045). Supporting documents to correct inaccuracies can be faxed to 301-480-1436 or 301-480-1407.
 - ✓ Updating CVs also discussed. CV format for Dietitian Category can be found on category website (<http://www.cfsan.fda.gov/~phsnutr/cvsample.pdf>). All encouraged to regularly update CV.
- Medical Reserve Corps is running well. This is a good opportunity for retired officers and/or those who want to be deployed.
- There is a change in date of the Commission Corps effectiveness reports; to now follow the fiscal calendar year. Date implement change TBD.
- Notification received that OCCO will have a change in officer leave system. It is recommended that all officers discuss this with personnel responsible for leave, asking them to contact OCCO.
- Dental claims to be processed differently. Summary available in March CC Bulletin (http://dcp.psc.gov/PDF_docs/Mar05ccb.pdf) which will direct you to the Assistant Secretary for Health's formal statement if need. Contact OCCO for a memo if you did not receive one. Recommended that all officers familiarize themselves with the details of this change.

Old Business:

D/N- PAC Roster: Website posting - *CDR Makie*

- Vote taken and all present were in agreement that roster will be posted on the website.
 - ✓ Those who do not wish to be on this list need to inform CDR Makie (makiej@cder.fda.gov)
 - ✓ CPT Blakely asked that civil service RDs be asked to add their name to the roster.
- Awards - *CAPT Blakely*
 - ✓ Congratulations to CAPT Laura McNally and LT Sandra Magera
 - ✓ CAPT Laura McNally has been nominated “Dietitian of the Year” for 2005
 - ✓ LT Sandra Magera has been nominated “Emerging Nutrition Leader” for 2005
 - ✓ A plaque, noting the officer’s accomplishments, will be presented to each officer at the Dietitian Category Luncheon, Tuesday, June 7.

New Business:

- “Fit for Life...Fit for Duty” and new subcommittee on wellness - *CDR Makie*
 - ✓ Article submitted to April Bulletin (<http://dcp.psc.gov/CCBul.asp>)
 - ✓ Wellness Subcommittee established; to be chaired by CAPT Blakely.
 - ✓ All dietitians are encouraged to contribute articles for submission to CC Bulletin. (Note: The Bulletin is being tested for on-line distribution only; if information is sufficient will be posted biweekly.)
- Additional suggestions for CC Bulletin...RDs recently deployed
 - ✓ CAPT Blakely and CDR Makie agree with CDR Hayes' suggestion to submit a concise article to the CC Bulletin. All are commended who have been actively involved in these recent events, as well as other deployments such as the Florida hurricanes throughout the past year. To ensure this article includes all involved in these recent activities, send a brief summary (e.g., deployment event, Agency assignment, dates, deployment role, etc.) to CDR Makie (makiej@cder.fda.gov) by Friday, April 22, so as to submit an article in time for the May 2005 issue of the CC Bulletin.
- ADA Task Force on Education – *CAPT Blakely*
 - ✓ Report is available on the ADA members-only website (www.eatright.org/).
 - ✓ PHS RDs gathered by phone to discuss the Task Force’s recommendations. Outcome of call resulted in a response that was sent to ADA with comments/concerns and recommendations (see attachment).
- Subcommittee Rosters: call for new members - *CDR Makie*
 - ✓ Members needed for most subcommittees: Professional Development (2-3), Mentor (5), Recruitment (2), Website (2-3), Wellness (2-3)
 - ✓ Self nomination to a subcommittee to be submitted to CDR Makie (makiej@cder.fda.gov).
 - ✓ PAC members reminded that participation on a subcommittee is a member requirement.

Agency Reports:

IHS – Involved in conference, ‘Prevention of Cardiovascular Disease and Diabetes in Alaskan Natives/American Indians,’ scheduled May 16 – 19 in Denver, CO. Additional information is

available on their web (www.professionaled.joslin.org or <http://www.ihs.gov/MedicalPrograms/Diabetes/training.asp>).

HRSA – Currently under a hiring freeze.

FDA

- ✓ With her return to FDA/CFSAN, CAPT Blakely has been tasked to compile a lecture series on obesity. This list will be available on website soon (www.cfsan.fda.gov). CAPT Blakely will be speaking May 5, 10:00 – 11:30 AM, Wiley Bldg Rm 1A001, on “Weight Management and Energy Balance – New Tools and their Application.”
- ✓ Job vacancies at FDA include both Nutritionist and Project Management positions (<http://www.fda.gov/jobs/default.htm>).

NIH – Clinical Center still under development.

CDC – No report

USDA – No report

CMS – No report

BOP – No report

Adjourned at 3:20 PM

Next Meeting June 22, 2:00 PM

Reminder: Please forward new email addresses to CAPT Jan Huy (HHS-jmh4@CDC.GOV) to receive current listserv announcements.

Attachment follows:

ATTACHMENT 1: DELEGATE REPORT

By Laura McNally, MPH, RD, FADA

DIETETICS EDUCATION TASK FORCE REPORT AND RECOMMENDATIONS

On February 21, 2005, the Dietetics Education Task Force released their report and recommendations which are designed to create a blueprint for our future. This Task Force was appointed in 2004 by the House of Delegates and charged with using a “clean-slate approach” to create a new plan for educating and credentialing nutrition professionals that will meet future practice needs of the profession.

This report reflects what we anticipate will be needed to position the dietetics professional of the future. The report calls for additional skills in counseling, evidence-based practice and outcomes research and management and proposes an educational system that will produce graduates with these necessary skills.

Change is always difficult, but we can no longer rely on past practices to keep pace with current and future needs. I urge you to keep an open mind as you read the report and focus your thoughts and attention and efforts on what will work for our future dietetics professionals. Read the report, once you get past the knee-jerk response, read it again and slowly digest what it is really saying. Not what it sounds like.

It is important that you take the time to read the entire report, including the appendices and questions and answers. These can be accessed on the ADA member-only Web site at www.eatright.org/Member/85_21735.cfm.

At this time, I ask that you share your thoughts, concerns and comments with me regarding the Report. We will be discussing the Report and Recommendations further during the House of Delegates meeting in Chicago April 29 – May 1st. Following the Spring HOD meeting, delegates will then be asked to accept (not approve) or reject the entire report with recommendations. So what does this mean:

- Voting to **accept** the report and it’s broad recommendations means that we as Association leaders recognize it is time for us to evaluate how we will educate future dietetics professionals.
This allows for the door to be opened for CADE, CDR and other ADA organizational units to consider how to create an educational system for meeting the future needs of practitioners.
- If the report is accepted, all the comments you submit will be utilized by various organizational units to begin developing a detailed plan.
- Voting to **reject** the report leaves the profession with uncertainties for the future. It means that we are satisfied with the current educational system as it exists today and does not want change to occur to meet the future needs.

To ease your reading, I have summarized the seven recommendations below. But do not use these alone to formulate your ideas. Take the time and read the report.

Recommendation #1:

The Task Force recommends for dietetics education and credentialing that:

1. CDR require a graduate degree for eligibility for the CDR registration examination for registered dietitians and professional entry into dietetics practice.
2. CADE require accredited programs preparing students for RD credentialing to have a seamless educational system providing both the academic preparation and supervised practice necessary for credentialing in one graduate-degree-granting program.
3. CADE require accredited programs to provide opportunities for students of diverse educational backgrounds to enter the degree-granting programs and meet academic and supervised practice requirements for RD credentialing eligibility.

Recommendation #2:

The Task Force recommends CADE, with input from the profession, re-evaluate the core competencies for RD entry-level practice to allow more opportunity for CADE-accredited programs to emphasize a particular area of dietetics practice and to meet requirements for granting a graduate degree.

Recommendation #3:

The Task Force recommends CADE include additional knowledge and performance competencies needed in the following content areas:

- Nutrition diagnosis/implementation of nutrition care process
- Counseling and behavior management
- General business management; e.g., managing staff/personnel and interdisciplinary teams, negotiations, generating revenues, communication skills
- Practice management; e.g., ethical issues, cost-benefit/determining value of products and services, marketing, legal issues, reimbursement
- Leadership
- Food, e.g., cultural foods, product development, impact of food processing on nutrient value, environmental/agricultural issues
- Outcomes research and evidence-based practice
- Genetics
- Others as needed to meet current and future needs for entry-level practice.

Recommendation #4:

The Task Force recommends CADE expand the supervised practice hour requirements to allow sufficient time for students to acquire the depth and breadth of learning needed for dietetics practice now and in the future.

Recommendation #5:

The Task Force expresses its support of education for advanced-level dietetics practice and recommends the House of Delegates develop a plan for accreditation of advanced-level education programs that include academic course work, supervised practice and research and credentialing of advanced-level practitioners. The examples for entry-level dietetics education (Appendix K) support opportunities to develop advanced-level education, practice and specialization.

Recommendation #6:

The Task Force recommendation a gradual phase-out of the DTR credential and accreditation of DT education programs, with oversight by CDR, CADE, HOD and the ADA BOD which will develop a plan for implementation.

Recommendation #7:

The Task Force recommends ADA allocate resources to accomplish the Task Force's recommendations.

Please share your comments with me by April 15. You may call me, email or fax comments.

Laura McNally, MPH, RD, FADA

Lmcnally@hrsa.gov

(301) 443-2533

(301) 443-2286 (FAX)

ATTACHMENT 2: US Public Health Service Dietitians/Nutritionists' Response to ADA Task Force

This message is being posted on behalf of a group of US Public Health Service dietitians/nutritionists. Several dietitians representing the Indian Health Service, the Food and Drug Administration, the Health Resources and Services Administration and the National Institutes of Health met to discuss the Report and how it could affect the populations we serve. We support the need to make requisite changes to remain on the cutting edge of our profession as the health care arena continues to change, and we believe that this report and the 7 recommendations should be accepted. Specific comments and concerns are as follows:

- The concept of a “seamless” system is important; however the linkage to a master’s degree needs to be better demonstrated.
- The need to make changes today for the future of our profession is critical and we commend the Task Force for their vision and challenging each of us to think critically about where we would like the profession to be 10-20 years from now.
- What is really needed is to increase the number of supervised hours with specific competencies to better prepare dietitians to enter the workforce. More class room hours and an advanced degree will not necessarily meet this gap. For dietitians working in remote areas with limited resources and support, it is more important to have a well-rounded dietitian who has been adequately prepared to perform all aspects of clinical, food service management, outpatient counseling, etc. At present, many entry level dietitians are not adequately trained to independently manage these varied situations.
- Revamping our current educational process to a 5 or more year program which includes a full year of practical experience is more practical and would be more beneficial. By integrating the internship year into a four-year undergraduate program, students would not be faced with the current situation of a BS degree that does not lead to a final goal - practicing as a Registered Dietitian. The internships have become so competitive and expensive that we are making it difficult for students to enter the profession. The report does not address the internship shortage and how it will be resolved. Today and tomorrow’s needs for qualified nutrition providers, especially in underserved communities, may not be easily met with the proposed recommendations.
- It is not clear how these recommendations were arrived at. The references do not look beyond ADA reports; therefore, it is not clear whether changes in other professions have had positive or negative impacts since they have been implemented. Further information regarding the pros and cons for other professions would be useful. In the areas of pharmacy or other professions facing staffing shortages, has the change to higher levels of training addressed the shortage issues? Additionally, have salary and benefits been improved to be commensurate with training?

- The Task Force report does not seem to address the basic core competencies needed by a Registered Dietitian. What are the basic entry level skills required to function as a new dietitian and what are we willing to “give up” at this level. We have become very broad-based in our training and risk becoming a “master of everything” with no strong skills in a specific area. Perhaps the broader-based training belongs at the graduate level where specialization can occur.
- The dietetics profession does not fit the model for pharmacy, OT, PT, etc. that were used as examples of professions which have moved to graduate degrees for entry-level. We are more closely aligned with nursing with the AA degree in nursing consistent with the DTR role, the BS in nursing and our BS degree, master's level degrees and the NP being consistent with our specialized training. In professions experiencing a shortage, such as nursing, they too found that eliminating the AA level practitioner was not feasible.
- The composition of the Task Force appears skewed toward education and away from practice. Representation by the DTR was extremely limited (or token as some voiced). Practice-based dietitians will have to deal with these changes. For example, the role of the DTR is important for the populations served by both the USPHS, as well as the military. In many rural areas, as well as in military and WIC programs, DTR's provide a vital service. Phasing out individuals who can offer a comparable level of provider service as DTR's may cause a lack of any nutrition services for some areas of the country, especially our more remote, isolated locations such as Indian Reservations. Because the incidence of diabetes, obesity and other chronic disease is much higher in many of these locations, we recommend that the Task Force evaluate offering a “licensed” or “certified” dietetic technician pathway to ensure certain education and practice requirements are met. This training should go beyond the food service and clinical focus areas to include a more “community”, public health-focused training. Additionally we ask the Task Force to further evaluate how a reduction or elimination of similar para-professional support positions in pharmacy or other professions facing staffing shortages impacted the shortage issues and resulting delivery of care standards..
- An increase in required education will not increase the "value" and respect for a dietitian. That comes from other sources. In some areas of the country, an increase in education as the base level could make us simply over-qualified for the positions and what the market will bear. Requiring a master's degree for entry level RD's may result in fewer students becoming nutrition professionals and moving the RD shortages to a crisis level.
- At present there are only a very limited number of board certifications that we can attain for advanced level specialization and these are very clinical. Given that the needs for prevention continue to increase, current certifications in weight management and diabetes education (which are

currently only certificates) might increase value and recognition if they were elevated to a board certification as well.

- There are often significant barriers to recruiting individuals from their own communities to become trained as health care providers. This is especially true for Native Americans. While a 4 year program is sometimes manageable, being away from home for longer periods of time can be overwhelming. For this reason, a stepped approach to training might be met with better success. A master's level program might have an adverse effect on recruitment of dietitians to work in these communities.
- It is not clear what type of Master's degree will be required. Will it be fairly broad or will a specific degree be required?