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# Development of advanced practice competency standards for dietetics in Australia

Claire Palermo

*Monash University*

Sandra Capra

*University of Queensland*

Eleanor J. Beck

*University of Wollongong, eleanor@uow.edu.au*

Janeane Dart

*Monash University*

J Conway

*University of New England*

*See next page for additional authors*

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## **Abstract**

**Aim:** This study aimed to explore the work roles, major tasks and core activities of advanced practice dietitians in Australia to define the Competency Standards for advanced practice. **Methods:** A qualitative approach was used to review advanced dietetic practice in Australia involving experienced professionals, mostly dietitians. Four focus groups were conducted with a total of 17 participants and an average of 20 years experience: 15 dietitian practitioners plus 2 employers (1 dietitian and 1 non-dietitian). The focus groups explored the key purpose, roles and outcomes of these practitioners. Data from the focus groups were confirmed with in-depth interviews about their core activities with a purposive sample of 10 individuals recently recognised as Advanced Accredited Practising Dietitians. Data from both focus groups and interviews were analysed adductively to identify key themes. **Results:** The key theme that emerged to define advanced dietetics practice was leadership, with four subthemes that described in more detail the major work roles and outcomes of advanced practice. These subthemes identified that advanced practitioners were (i) outcome-focused, having impact; (ii) influence others and advocate; (iii) innovate and embrace change; and (iv) inspire others and are recognised for their practice. These outcomes were conceptualised within a broad generalist framework to generate revised Competency Standards. **Conclusions:** This study confirmed that leadership rather than specialist practice skills is the key determinant of advanced practice.

## **Keywords**

dietetics, standards, australia, competency, development, practice, advanced

## **Disciplines**

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## **Authors**

Claire Palermo, Sandra Capra, Eleanor J. Beck, Janeane Dart, J Conway, and Susan Ash

## ORIGINAL RESEARCH

## Development of advanced practice competency standards for dietetics in Australia

Claire PALERMO,<sup>1</sup> Sandra CAPRA,<sup>2</sup> Eleanor J BECK,<sup>3</sup> Janeane DART,<sup>1</sup> Jane CONWAY<sup>4</sup> and Susan ASH<sup>5</sup>

<sup>1</sup>Department of Nutrition and Dietetics, Monash University, Melbourne, Victoria, <sup>2</sup>School of Human Movement and Nutrition Sciences, The University of Queensland and <sup>5</sup>School of Exercise and Nutrition Sciences, Queensland University of Technology, Brisbane, Queensland and <sup>3</sup>School of Medicine, University of Wollongong, Wollongong and <sup>4</sup>School of Rural Medicine, University of New England, Armidale, New South Wales, Australia

**Abstract**

**Aim:** This study aimed to explore the work roles, major tasks and core activities of advanced practice dietitians in Australia to define the Competency Standards for advanced practice.

**Methods:** A qualitative approach was used to review advanced dietetic practice in Australia involving experienced professionals, mostly dietitians. Four focus groups were conducted with a total of 17 participants and an average of 20 years experience: 15 dietitian practitioners plus 2 employers (1 dietitian and 1 non-dietitian). The focus groups explored the key purpose, roles and outcomes of these practitioners. Data from the focus groups were confirmed with in-depth interviews about their core activities with a purposive sample of 10 individuals recently recognised as Advanced Accredited Practising Dietitians. Data from both focus groups and interviews were analysed adductively to identify key themes.

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**Conclusions:** This study confirmed that leadership rather than specialist practice skills is the key determinant of advanced practice.

**Key words:** advanced practice, dietitian, focus group, leadership, qualitative research.

**Introduction**

Internationally, the profession of dietetics has recognised the need to define advanced practice.<sup>1–4</sup> This aligns with the Dreyfus model of skills acquisition that defines the continuum of novice to expert. This approach provides an appropriate theoretical framework from which to describe the development of health professionals, from trainees to skill mastery of practice.<sup>5</sup> Advanced dietetics practice has been defined as requiring a high level of skill, knowledge and practice, integrated with practice leadership skills, applied research and evidence-based

practice and the ability to facilitate effective teaching and learning of others.<sup>1–4</sup> Applying this definition to dietetics practice provides a framework in which to recognise and credential those practicing at higher levels, which in turn serves as a mechanism to advance the profession through retaining practitioners, supporting growth and development within the profession, improving health outcomes and providing a mechanism for consumers to recognise advanced practitioners.

Advanced dietetics practice is relevant to both generalist and focused specialty practice areas, profession-specific areas and situations relating to specific client groups or geographic settings.<sup>6</sup> The recognition and credentialing of advanced practice has been subjected to different approaches in different countries and in differing health professions, with some focusing on advanced practice in speciality domain skills<sup>1,7</sup> and others using more generic mastery frameworks.<sup>2</sup> Different titles and terms have been adopted and are used interchangeably to describe advanced practice across the professions. *Specialist* has been defined as 'a narrowing of the range of work to be done and an increase in depth of knowledge and skills'<sup>8</sup> or a subgroup of the profession with a special set of characteristics.<sup>9</sup>

C. Palermo, PhD, APD, Senior Lecturer

S. Capra, PhD, FDAA, Professor

E. Beck, PhD, AdvAPD, Nutrition and Dietetics Programs Coordinator

J. Dart, Grad Dip Nutr Diet, AdvAPD, Senior Lecturer

J. Conway, PhD, Medical Educational Coordinator

S. Ash, PhD, FDAA, Adjunct Professor

**Correspondence:** C. Palermo, Department of Nutrition and Dietetics, Monash University, Level 1, 264 Ferntree Gully Road, Notting Hill, VIC 3168, Australia. Tel: +61 3 9902 4263; Fax: +61 9902 4278, Email: claire.palermo@monash.edu

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*Advanced practice* has been described as 'not only specialisation, it also involves expansion and advancement'.<sup>8</sup> Therefore, being a specialist in an area does not necessarily translate to advanced practice. Scope of practice is an additional concept that refers to regulations or boundaries within which a fully qualified health professionals with relevant experience and appropriate training may practice in a distinct field.<sup>6</sup> Thus, extended scope of practice refers to practice that requires additional training and skills and applied practice over and above existing qualifications. How the terms advanced and specialist practices are positioned within the scope of practice dialogue is not well defined. This discourse is not helpful for patients or the community in being able to effectively recognise practitioners who may be able to provide extended, specialist or advanced expertise.

In the development of definitions and standards for advanced practice, survey-type approaches have predominated with or without consensus development elements, or seeking perspectives, and the views of the profession itself have predominated.<sup>1,2</sup> While these methods appear to have successfully defined *specialist* or *advanced* practice, these approaches can focus on the perspectives of the profession rather than that of employers or clients/consumers in their expectation of advanced professionals. In addition, these approaches aim to objectively define and defend definitions of advanced practice. Taking this type of approach may narrow the description of advanced practice and fail to recognise the complexity and intricacies of dietetics practice. There is a need to explore definitions of advanced practice through constructive approaches that facilitate and identify the multiple interpretations of practice.

In Australia, the advanced dietitian Competency Standards were initially developed in 2004 through a process that involved a literature review, consultation with senior Dietitians Association of Australia (DAA) members, interviews with practitioners and workshops that included the wider dietetics community.<sup>4</sup> Advanced practice Competency Standards were used to support the development of the credentials Advanced Accredited Practising Dietitian (AdvAPD) and Fellow. The aim of the credentialing program was to support the continual competency development of dietitians and recognise a level of practice beyond the entry level. The standards encompassed a broad generalist approach to advanced dietetics practice rather than a narrow speciality or specific area of practice.<sup>4</sup> Given the changes in health-care and population nutrition needs, updating definitions and Competency Standards for advanced practice is required.

This research aimed to explore the work roles, major tasks and core activities of advanced practice dietitians in Australia to assist in informing a review of these Competency Standards. More specifically, it explored advanced dietetic practice from multiple perspectives and verified these core practice activities with dietitians in Australia who had been awarded an advanced practitioner status by the DAA.

## Methods

*Approach:* This research used a qualitative approach to define the multiple perspectives and determinants of advanced practice in the profession of dietetics in Australia. Funding and support was provided by the Dietetics Credentialing Council of the DAA who provided governance as a reference group for the work. Ethics approval was obtained from the relevant university's human research ethics committee (approval number CF15/3080—2015001300).

The experienced practitioner/academic authors positioned the work as explorative, seeking to understand multiple meanings, perspectives and interpretations of advanced practice for the dietetics profession. As experienced practitioners, the authors were insiders and as such were well positioned to interpret the data. Insider research is built on the premise that knowledge is 'socially constructed' and that data obtained from within the research process are used to question, confront and ultimately change practice. This insider perspective facilitated in-depth analysis of the data through the identification of potential sources of subjectivity and recognition of the context and aims of the study, increasing the credibility of the findings.<sup>10</sup> Two methods of data collection, focus groups and interviews, were undertaken. A qualitative descriptive approach was taken as it enabled a rich description of the concept of advanced practice.<sup>11</sup> Triangulation of the methods via definition of practice, interpretation and verification allowed researchers to compare and contrast interpretations from different perspectives to reveal the multiple meanings.

*Defining advanced practice with focus groups:* Focus groups were conducted using the functional analysis technique,<sup>12</sup> which is an approach that explores the function of the profession (i.e. the practice of dietetics) through considering the key purpose and roles as well as the intended outcomes of the profession. Focus groups were used to facilitate a dialogue of different perspectives and capture the discourse between different opinions.<sup>13</sup> A mix of purposive and convenience sampling was used to recruit participants to the focus groups. An invitation was sent out via the DAA weekly email to recruit dietitians, current Advanced APDs and Fellows from the total membership (approximately 6000). All who expressed interest were invited to participate in the focus groups. In addition, a direct email was sent to seven directors of allied health from each Australian state and territory to recruit employers. Recruitment continued until all those who had consented to participate had been scheduled to participate in a focus group. The focus groups were conducted via teleconference using a structured format developed based on the functional analysis technique (Table 1). The first author, an experienced qualitative researcher, acted as the facilitator for all focus groups. A total of 17 participants were recruited to a total of four focus groups. The discussions lasted for between 55 and 76 minutes, were audio-recorded and transcribed verbatim.

**Table 1** Focus group questions, based on functional analysis technique, used to define advanced practice.

Question	Logic of Inquiry
How would you describe Advanced level practice for the profession of dietetics in Australia?	Work role
What is the key purpose of an Advanced level dietitian?	Purpose
What needs to happen for this key purpose to be achieved?	
What is changing or likely to change in the profession that might affect advanced practice?	Function
What major things would an Advanced level practitioner have to do to perform that role?	
Prompts: What is the difference in the skill base of an advanced practitioner compared to an entry-level practitioner? How do you know the difference between a practitioners who is doing a good job, versus someone who is working at an advanced level?	

All focus group data were analysed thematically by the first author (CP). Data were openly coded, whereby labels were applied to sections of text, and then, these codes were grouped into similar categories. Independent thematic analysis of a subset of two focus groups was conducted by all the other authors to enhance rigor and credibility such that each focus group transcript was analysed by at least two other authors. The researchers came together with their individually developed categories to discuss their findings. Having reviewed the data sets independently, all researchers reached the same conclusions about the key themes, and thus, consensus was readily achieved.

*Affirming current advanced practice through in-depth interviews:* To further explore the multiple interpretations of advanced practice that emerged and to test the credibility of the focus group data, in-depth interviews were conducted. The researchers aimed to explore advanced practice from the perspective of those already credentialed as advanced practitioners, and thus, a purposive sample of recently credentialed (<18 months) advanced practice dietitians were selected. The in-depth interviews used questions to explore practitioners' core activities. Core activity interviews aimed to identify why and how practitioners perform certain duties and consequences of not doing them, doing them well or doing them incompetently and have been used in the development of Competency Standards in dietetics.<sup>14</sup> Questions asked at the interview included 'What practice would you describe as core activities? Why is this activity normal or core? What happens if you do not do this activity? How would you describe doing this activity well? What are the consequences of doing this activity well? and How would you like to see your practice develop in the future?' Participants were recruited through a direct email to all recently awarded AdvAPDs within the last 18 months (since July 2014) (n = 28) by the DAA. Those willing to participate in an interview were scheduled at the time of expressing interest. Interviews were conducted over the phone for convenience and lasted between 32 and 64 minutes, were audio-recorded and transcribed verbatim. Recently awarded advanced practitioners were chosen as they were believed to be indicative of current advanced performance. However, the authors recognise that this is not a complete sample of dietitians practising at an advanced level, only those who have applied for the credential.

Interview data were analysed using a thematic analysis approach by the first author (CP), whereby data were openly coded and then grouped into categories. Consistent with an adductive thematic analysis approach, the researcher moved back and forth between interview data and pre-existing categories identified through the focus groups, comparing and interpreting the data while searching for patterns and explanations.<sup>15</sup> After being presented with the analysis of interview data, all authors independently reviewed the analysis of the focus groups together with the interview data and came to a consensus on key themes describing advanced practice, with no divergence. The key themes of advanced practice were presented to the Dietetics Credentialing Council to compare against current standards.

## Results

Participants in focus groups and interviews averaged 20 years of practice experience and were predominantly female. Despite attempts to include employers in the focus group, the majority of all participants (n = 16, 94%) were initially trained as dietitians (Table 2). Of the 28 advanced practitioners who were invited to participate in an interview, 10 agreed to be part of the study. These participants were representative of a diversity of practice contexts—academia (n = 2), hospital-based clinical practice (n = 3), rural practice (n = 1), industry/consultancy (n = 1), policy (n = 1), public health (n = 1) and private practice (n = 1).

The key theme that emerged to define advanced practice was leadership. Participants defined this as leadership within their practice and leading others. Within this theme were four subthemes (Figure 1). The descriptors of the subthemes were used to develop performance indicators for the Competency Standards (reference DAA website when AdvAPD standards are uploaded). Participants explained that as leaders, they are effective managers of priorities, resources and projects. Leaders were described as practitioners who can influence, inspire and innovate to solve practice problems to change practice and show evidence of their impact.

*'it's more than being an expert in your area of practice'* (Focus group 1)

*'leadership at all levels...not just being a manager'* (Focus group 4)

**Table 2** Demographics of participants in focus groups and interviews

	Focus groups	Interviews
Total number of participants	17	10
Years of DAA membership (mean ± SD) (year)	20 ± 12	23 ± 10
Number APDs	10	0
Number AdvAPDs	5	10
Number Fellows	1	0
Number non-dietitians/employers	1	0
Males/females	0/17	2/8

AdvAPD, Advanced Accredited Practising Dietitian; APD, Accredited Practising Dietitian; DAA, Dietitians Association of Australia.

Understanding the application of the concept (theme) of leadership in advanced dietetic practice is enhanced through the exploration/discussion of each of the sub-themes described below.

*Outcome-focused, having impact:* Participants explained that advanced practice involved having a higher level of skills and experience in an area of dietetic practice and continually striving for excellence within this practice context. This may involve pushing boundaries of practice or extending the typical scope of practice in a specific area or may include a traditional area of dietetics practice but with extra knowledge and skills, over and above entry level or standard practice. The term specialist was used to describe this element of advanced practice. The participants discussed that this additional knowledge and skills can come from experience through years in practice and may also include additional training, qualifications or higher degrees. Both breadth and depth of knowledge was reported as being important for this aspect of advanced practice, allowing



**Figure 1** Themes and descriptors emerging from focus groups and interviews of Advanced Dietetic Practice in Australia.

practitioners at this level to consistently manage complex health and nutrition issues and show leadership. These specialist practice skills were reported to be linked to improved patient/community/health outcomes, over and above that which an entry-level practitioner would be able to achieve. One of the key roles of being a practice area expert, as reported by focus group participants, was to be seen as raising the standards of practice to improve dietetic services, strive for better health and nutrition outcomes and provide leadership on the health impact dietitians can make.

*'All the jobs that I'm currently doing require that higher level of leadership as opposed to just being very good at something'. (Interview participant 9)*

*'doing something that is way beyond anything you have ever learned to be as a base grade dietitian...'*

*'...really looking at more than just expertise. Definitely looking at other aspects they bring' (Focus group 1)*

When describing their practice, participants described a requirement to demonstrate outcomes. These outcomes related to patient/client/family, service improvement or population health outcomes. They explained that they have a role in measuring the impact of their work to improve their own practice and also for accountability, service improvement, research and informing change to practice. They reported that while the foundation for all dietetics practice was evidence-based, advanced practitioners would be regularly engaged in not only using the evidence but creating it through evaluating practice outcomes, quality improvement activities or engaging in research. They also explained that advanced practice involved being committed to effectively disseminating outcomes to relevant audiences as part of building their profile in their area of expertise. This could be either internally within their own organisation/practice context or externally through leadership. Advanced evidence-based approaches were reported to include higher-level critical thinking skills and being able to integrate experience from practice into solving new challenges.

*'...demonstrating impact... I think we should be striving for that because I don't think we do enough outcome kind of measurement of what we actually do and achieve in our profession' (Interview participant 10)*

The AdvAPDs described their practice as complex, continually being presented with problems and needing to use critical thinking to find effective and efficient risk-managed solutions within resource constraints. As part of their advanced practice, the participants described being able to transfer these problem-solving skills to multiple contexts and presenting problems. Being intricately client-, community- or service-centred in their approach was described as key to advanced practice.

*'It's about improving things and it's about never being happy with the status-quo' (Interview participant 2)*

*Influence others and advocate:* Participants explained that advanced practitioners are recognised as experts in their field and are approachable and willing to teach and support others with little want of a reward. They are outward, rather than inward, looking. They give to others through mentoring, supervision and unplanned support, embracing the development of the profession. In this way, they are seen as leaders by the profession. They inspire the profession through their work and their approach, and support the profession to develop and change practice. Advanced practitioners recognise the role of others in improving nutrition outcomes, working effectively in teams, building the capacity of others, leading others and engaging in networks to advance their practice as well as others. Participants explained that as part of their role, they are very effective communicators with high-level interpersonal skills to be able to create and sustain effective work partnerships with a range of different stakeholders.

*'you need to have an ability to inspire and motivate but not take over'. (Interview participant 2)*

*'I guess it's the desire to get the best out of people. Because I mean if you get the best out of people your job's easy..... [It's] really nice to know that you've sort of watched them grow from, you know, from quite raw to something that's very confident...'* (Interview participant 3)

*'They're a resource, ... they are willing to share that information and teach others...'* (Focus group 1)

Advanced practice was described by participants as influencing nutrition through being strategic in approaches and advocating for nutrition. This influence was achieved through the development and maintenance of key collaborations and partnerships that involved transferring the capacity to prioritise and improve nutrition to others through leadership. Working in teams across multiple disciplines and practice contexts was described as fundamental to advanced practice roles. Effective teamwork was described as having the ability to really listen to others and negotiate shared goals. Advanced practice was reported to involve promoting the profession of dietetics to consumers and other relevant stakeholders. They are trusted and respected by their patients/or communities, peers and other key stakeholders.

*'I'm more skilled in choosing my battles perhaps'* (Interview participant 10)

*'[in communication] I try and be diplomatic but not apologetic, trying to be as clear as possible... and not being afraid either to put across something that others might not be keen to hear'* (Interview participant 5)

*Innovate and embrace change:* The participants described their practice as 'above and beyond', not being satisfied with just 'normal' job roles and expectations. Being entrepreneurial in their approaches and seeking alternative or new ways of doing things was reported by some interview participants. They described advanced practice as being

'brave', continually striving to challenge current practice and embrace change. They talked about their roles as champions in their practice area, being early adopters of new evidence, leading others to change practice and renewing the way things are done. They described being strategic in placing themselves in positions where they can lead change. They reported looking for opportunities to extend themselves and equip themselves to be able to create solutions to problems.

*'I don't see it (the activity) as normal ... it's strategic'* (Interview participant 2)

*'... [D]doing something different. I guess maybe a bit of a trailblazer... It doesn't necessarily need to be trailblazing, either. But thinking about problems in a new way and changing the profession for the better'. (Focus group 4)*

*Recognition and inspiration:* The participants discussed that their practice involved having experience and specialist skills in their practice area. This was evidenced by having a positive reputation as an expert in the field and being asked for advice by others inside and outside the profession. Being approachable and willing to assist others in their area of expertise was described as part of advanced practice. The participants explained that this could take the form of mentoring, student supervision or simply just making yourself available on the phone to others seeking your guidance. Advanced practice was described as building the capacity of others to do well and achieve nutrition outcomes through guiding others' approach to practice. Sharing expertise, rather than holding on to knowledge and experience for themselves only, was also a characteristic of leadership. This philosophical approach of generosity and collaboration was described by the majority of participants in focus groups and interviews.

*'to be leaders in their fields, and also to be representative of the profession, too. They'll be the ones that people look to'. (Focus group 4)*

The interview participants reported that their practice required high-level personal and professional skills, such as higher-level interpersonal and negotiation and conflict resolution skills. In particular, they described a commitment to seeking external feedback and continually reflecting on practice to continually improve performance. The complexity of the work they undertake was described as having personally demanding consequences and requiring them to be more resilient than when they first entered the profession. They also recognised that personal development was essential for good- and advanced level practice. Their ability to develop relationships through high-level interpersonal skills was seen as instrumental to leadership.

## Discussion

This study aimed to explore the work roles, major tasks and core activities of advanced practice dietitians, describe

the concept of advanced practice in Australia and thus provide a framework for the development of advanced practice Competency Standards. Through qualitative exploration and analysis, it was found that advanced practice was defined primarily by leadership. As leaders, advanced practitioners influence, inspire and innovate to solve practice problems, to change practice and show evidence of their impact on health. It supports findings from international work describing advanced practice but is unique in that it provides further description around what the key elements of advanced practice entail. The findings provide a contemporary description of advanced practice that is supportive of other Competency Standards work, including having higher expectations of entry-level practice.<sup>14,16</sup>

The results provide a strong case for interpreting advanced practice through a generalist perspective rather than a specialist lens. While there is a clear description of the role of advanced practice skills in the specialist areas of expertise, this study, and others, has described advanced practice as being more than just specialist area expertise or years of experience in practice.<sup>1,2</sup> These definitions are consistent across other health professions where specialisation is seen as a narrow, yet deep, level of knowledge and skills, and advanced practice is viewed as specialisation together with advancement.<sup>8</sup> These key findings may suggest that in order to advance the profession, there is a need for leaders who inspire and influence others as well as create and innovate solutions to problems and show evidence of their impact. Our findings support continued breadth and depth to credentialing systems, delineating advanced practice. The findings have also offered clarity to the profession to think more broadly about advanced practice as it relates to dietetics in Australia and may facilitate extended scope under leadership, which may or may not require extra credentials but certainly supports a commitment to excellence or mastery and evidence-based practice. The approach taken in this research allows more flexibility in the application of advanced skills to different work contexts.

This Australian work, where leadership is the dominant theme, differs from the approach taken in the United States, where advanced practice has been defined in a patient care domain.<sup>17-19</sup> Themes of advanced practice in this work were defined as professional knowledge abilities and skills; practice context; perspectives, values and norms; and practice behaviours.<sup>1</sup> Credentialing requires further formal qualifications or specific hours of practice and an examination process<sup>17</sup> rather than the portfolio approach to meet Competency Standards, which is the current method for credentialing in Australia. The Canadian framework for advanced practice in dietetics identified similar themes to our work, but neither identified leadership as a central theme nor had a process for formal professional credentialing.<sup>2</sup> The qualitative approach used in this study facilitated an understanding of advanced practice for dietetics in Australia, over and above the practice of all other dietitians, and thus provides a clear description of the additional capabilities of advanced practitioners, which as described above is more than being a specialist in a practice area.

The strength of this study lies in the rigour applied to the qualitative approaches, including a research team with an in-depth appreciation of the concept of advanced practice, combined with the attempt to gain perspectives from outside the profession. The methodology drew on existing approaches used to develop Competency Standards.<sup>14,20</sup> The qualitative sample was small; however, consistency of results between key work roles of advanced practice identified in this study and other work defining advanced practice for other professions<sup>8,21</sup> provides credibility to the findings. One of the limitations of the work is not obtaining the perspectives of those known to be advanced in their practice but who are either not credentialed as such or not members of DAA. Sampling those who have been credentialed against the existing standards may have limited the scope of the study to their perspectives rather than seeking to explore how advanced practice is constructed outside the credential and Competency Standards framework. It is also known that the current advanced practitioners in Australia ( $n = 108$ ) represent less than 2% of the total membership and thus may be at a higher level of advancement than the credential aimed to describe. Initial numbers by the association predicted 10% of the membership would be eligible and would apply for advanced APD (Tania Passingham, Professional Services Manager, DAA, personal communication 26 October 2016). While attempts were made to draw perspectives of advanced practice from outside the profession, recruitment was difficult, and the perspectives of only three managers/employers were obtained. Future work may consider exploring the perspectives of patients, other key stakeholders (e.g. other health professionals, researchers) and the community about their expectations of an advanced practitioner.

Through social construction and qualitative description, the work roles, major tasks and core activities of advanced practice dietitians have been explored and described. Advanced practitioners have been described as leaders who can influence, inspire and innovate to solve practice problems, to change practice and show evidence of their impact on health. The qualitative approach facilitated further description on the key elements of advanced practice and supports a generalist, rather than specialist, approach to advanced practice for the profession moving forward. This does not mean specialist credentialing is not a useful concept or mutually exclusive with advanced practice. There is a need for continued review of advanced practice as the health-care system and profession respond to meeting emerging nutrition needs of the population.

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## Conflict of interest

The authors have no conflicts of interest to declare.



## Authorship

All authors conceptualised and planned the study. CP collected and analysed the data. All authors assisted data analysis. CP prepared the manuscript, and all authors provided critical review and revisions to the manuscript. All authors have made substantial contributions to this manuscript and approved of the submission of its contents.

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