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Hidden Jedi: A critical qualitative exploration of the Fellow credential and advanced expertise

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Hidden Jedi: A critical qualitative exploration of the Fellow credential and advanced expertise

Abstract

Aim: The present study aimed to describe the characteristics of a Fellow and critically review factors relevant to recognition and promotion of excellence within the profession of dietetics in Australia.

Methods: Through the development of revised Competency Standards for the Fellow credential, a critical qualitative approach drawing on action research was used whereby members of the profession were given a voice in the research process. Six focus groups with a total of 30 participants explored descriptions of expertise and perceptions of Fellow by the profession and determinants of uptake. Focus groups were conducted during February and March 2018. Data were examined using a thematic analysis approach, with additional meaning explored through cultural historical activity theory. Participants/setting - A purposive sample of Australian dietitians. **Results:** Fellows embodied leadership, impact, influence, innovation and inspiration, internal and external to the profession and this was reflected in the revised Competency Standards. Potential Fellows perceived they were not capable of achieving the standard required. A lack of recognition of the credential both from within the community of dietetics, and externally, was identified. The role of the social system in which these credentials operate including the role of the professional association in awarding the credential are relevant. **Conclusions:** Changes to the standards, and the system, may improve perceptions and uptake of the credential. This example provides highly relevant insights for the profession internationally.

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Authors

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2

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4 factors relevant to recognition and promotion of excellence within the profession of
5 dietetics in Australia.

6 **Methods.** Through the development of revised Competency Standards for the Fellow
7 credential, a critical qualitative approach drawing on action research was used whereby
8 experienced members of the profession were given a voice in the research process. Six
9 focus groups with a total of 30 participants explored descriptions of expertise and
10 perceptions of Fellow by the profession and determinants of uptake. Focus groups were
11 conducted during February and March 2018. Data were examined using a thematic
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13 theory.

14 **Participants/setting** - A purposive sample of Australian dietitians.

15 **Results.** Fellows embodied leadership, impact, influence, innovation and inspiration,
16 internal and external to the profession and this was reflected in the revised Competency
17 Standards. Potential Fellows perceived they were not capable of achieving the standard
18 required. A lack of recognition of the credential both from within the community of
19 dietetics, and externally, was identified. The role of the social system in which these
20 credentials operate, including the role of the professional association in awarding the
21 credential are relevant.

22 **Conclusions.** Changes to the standards, and the system, may improve perceptions and
23 uptake of the credential. This example provides highly relevant insights for the
24 profession internationally.

1 **Introduction**

2 Credentials define the qualifications and scope of practice of health professionals.¹ They
3 provide a minimum standard for quality performance internally, and to other
4 professionals and the general public externally. Often articulated in Competency
5 Standards, these higher order credentials, such as Fellow, generally recognise advanced
6 expertise. The Fellow title across many professions implies a certain exclusivity and
7 honour in the professional sense. Fellow has come to mean a member of a learned
8 group, either in an academic sense or as a member of an exclusive society.²
9 Internationally there is variation around what defines a 'Fellow'. The meaning and
10 status of Fellow credentials differs within and across professions, as well as across
11 countries.

12
13 Internationally in dietetics, achievement of the Fellow credential typically involves
14 demonstration of achievement of a range of selection criteria using a portfolio form of
15 assessment.³⁻⁵ (See also Supplementary Table 1). Despite these differences, expertise is
16 generally considered to involve leadership, together with specialisation in an area of
17 practice.^{6,7} The Fellow title may have different connotations to advanced or expert
18 practitioner credentials, the latter assuming advancement of skill and expertise, while a
19 Fellow may include honorary recognition related to volunteerism among other
20 attributes. There is potential conflict between obtaining a credential or honour through
21 only peer recognition (for example the Academy of Nutrition and Dietetics Medallion
22 Awards or the British Dietitians Association Fellowship), compared to a process where
23 individuals may apply [or sit for a credentialing examination](#). In Australia, to date, only
24 22 dietitians, less than 1% of membership typical of other dietetics associations, have

1 been awarded the Fellow credential.⁸ This may reflect confusion in the term, the
2 credential [and its marketing by the profession](#), or how it is achieved and awarded. To
3 the authors knowledge, there has been no exploration of the meaning of the term Fellow
4 within the dietetics profession including reasons why (or why not) members might seek
5 such credentials.

6
7 The Dietitians Association of Australia (DAA) first awarded the credential of Fellow
8 (FDAA) in 2004 and the related Competency Standards, demonstrating leadership
9 across varied practice contexts had not been reviewed since that time. This study aimed
10 to describe the characteristics of a Fellow and critically review factors relevant to
11 recognition and promotion of excellence within the profession of dietetics. This process
12 informed the development of new Competency Standards for the credential of FDAA,
13 with the intention of facilitating change to the recognition of Fellows within the
14 profession. More specifically the research aimed to address the following research
15 questions:

- 16 • How is professional expertise understood in the context of the Fellow
17 credential?
- 18 • How are the Fellow credential and related processes perceived?
- 19 • What factors potentially contribute to the poor uptake of the credential?
- 20 • What changes might be made to improve engagement with the credential?

21

22 **Methods**

23 A review of the FDAA Competency Standards was commissioned by the DAA
24 providing an opportunity to explore the meaning of the credential and reasons for

1 limited uptake. This review was preceded by a review of the National Competency
2 Standards⁹ and Advanced Accredited Practicing Dietitians (Advanced APD)
3 Competency Standards.⁷ These three sets of competency standards aim to describe the
4 career progression of dietitians upon entry to the workforce from beginner (competent)
5 progressing through to expert.

6
7 A qualitative critical approach was used^{10, 11}. Taking a critical approach allows
8 researchers to work with those for whom the phenomenon exists, to examine issues of
9 politics and power in shaping behaviour, analyse context and structure, and facilitate
10 change.¹⁰ As such, this approach facilitated the ability to describe the work of a Fellow
11 as well as identify the underlying factors (including geographical, historical, social,
12 cultural, environmental and physical) influencing the perceptions of the existing
13 credential and its low uptake by the profession. In addition, this research explored the
14 extent to which the recognition of professional *expertise* was thought to extend beyond
15 experiences and included structures and powers that influenced uptake of the credential.
16 Ethics approval was obtained from [removed for review].

17
18 The methodology drew on action research¹² to examine the underlying factors or social
19 structures of the situation and the experience of participants.¹³ The research was
20 supervised by a current Fellow and undertaken by three advanced practitioners and
21 another Fellow with the support of a dietitian doctoral research candidate. As insiders,
22 the researchers could use their lived experiences of the issue under investigation and
23 **focused** on developing new knowledge to change current approaches to the attainment
24 of the credential.¹⁴ The researchers applied reflexivity whereby researchers

1 acknowledged their role and perspectives, sought alternative understanding of the
2 problem and challenged each other's interpretation of the data.¹⁵
3
4 Purposive sampling¹⁶ was used to recruit experienced practitioners believed to represent
5 rich cases from the community best able to consider critical analysis of the Fellow
6 credential. This sample included those recognised as advanced in their practice,
7 including practitioners who had previously applied for the credential, and those who had
8 not applied but were known experts in the profession. The sampling approach aimed to
9 provide an insight into challenges experienced practitioners faced during the application
10 process, and provide a voice to those who had not applied despite the potential for
11 success. Neither of these groups had previously been asked of their opinion of the
12 credential. An invitation was sent out via the DAA weekly email to recruit practitioners
13 with the Advanced APD credential (total n=124, Melissa Knox, DAA, personal
14 communication 18 October 2018) in addition to existing Fellows (n=12 at the time of
15 the research) and selected senior dietitians who were either not Fellows or not
16 AdvAPDs (n=4) (total sample 140).
17
18 Focus groups were chosen as the primary method for data collection due to their ability
19 to generate discussion and debate among participants.¹⁷ In addition, through joint
20 discussions, the focus groups aimed to support shared development of ideas for
21 potential changes required to the credential and process for application. As such focus
22 group questions explored perceptions of the key attributes of the most distinguished
23 member of the profession, how Fellow differs from advanced practitioner, perceptions
24 of the Fellow credential and why the uptake is low, and process of attainment (Table 1).

1 Questions were drafted by the first author (■) and discussed with all authors for their
2 suitability to explore the research questions prior to use.

3

4 All those volunteering to participate were scheduled to participate in a focus group and
5 informed consent obtained. The last author (■), a Fellow and experienced researcher,
6 acted as the facilitator for all focus groups, while the first author (■) was present, took
7 notes and supported exploratory conversation through prompting. Both facilitators were
8 experienced qualitative researchers and focus group moderators. As researchers with the
9 experience of applying for either AdvAPD or Fellow credential they had a unique
10 insider perspective of the politics and power that have influenced the process and were
11 in a position to facilitate change. The focus groups were conducted via Zoom (*Zoom*
12 *Video Communications, Inc* ©2018) videoconference technology whereby individuals
13 joined the discussion on their personal video enabled device and as such could ‘see’
14 other participants. Each focus group was scheduled for one hour, audio recorded and
15 transcribed verbatim by a transcription service. Focus groups were conducted during
16 February and March 2018.

17

18 As focus groups were conducted and transcripts became available, the first and last
19 author read and conducted initial interpretation of the discussions to continually reflect
20 on whether research questions were being answered and if the questions needed
21 redefining, typical of a critical approach.¹¹ While there was saturation of concepts
22 among experienced practitioners, in line with our critical action research approach,
23 these participants identified that the perspectives of less experienced, but dietitians
24 potentially eligible for the APD credential, were not captured. This resulted in the

1 scheduling of an additional focus group which was planned to capture the perspectives
2 of less experienced dietitians approximately 10 years post-graduation to explore their
3 perspective on the credential, what it meant to them and any power structures within the
4 profession they perceived as influencing this perspective. This level of experience was
5 suitable as the minimum time frame for dietitians to seek the credential of FDAA is 10
6 years post-graduation. Dietitians Association of Australia administrative staff sent an
7 email to all dietitians who graduated in 2008 (approximately 300) inviting them to
8 participate in the study with three dietitians volunteering to participate. [Three](#)
9 [individuals volunteered to participate in this focus group.](#)

10

11 The same set of qualitative data was used for both the revision of the FDAA
12 competency standards and to answer the research questions of this study. The process of
13 constructing the Competency Standards was applied to the data in line with the process
14 for developing standards for entry level and advanced level practice.^{7,9} Once all
15 transcripts were received data were analysed using thematic analysis.¹⁸ Initially
16 inductive open coding of the data was undertaken independently by the first and last
17 author. As the codes appeared to represent categories previously identified in defining
18 the advanced practice of the profession⁷, the same coding framework was applied to this
19 new set of data (Table 2). In addition to this deductive approach, any codes not reflected
20 within the existing framework were also extracted from the data. All focus group data
21 were analysed using this coding framework in *NVivo12* (QSR International, 2018) by
22 the second author (■■■■). A subset of one focus group each was analysed by two other
23 authors (■■■■) to enhance rigor and credibility. It was during this time that the need
24 to conduct an additional focus group for less experienced yet eligible dietitians was

1 identified as described above. This initial analysis was sent back to all participants to
2 provide feedback and gather further depth. Quotes were selected from each focus group,
3 rather than each participant to protect anonymity and provide further illustration of the
4 findings. In addition, to provide extra dimension to the analysis and support addressing
5 all of the research questions, the researchers considered the use of theory to explain the
6 concepts identified. Cultural history activity theory (CHAT)¹⁹ was chosen to explain the
7 concepts identified in particular the power structures influencing application processes.

8

9 Cultural historical activity theory has been used to explain the complexity of the
10 healthcare workplace.^{20, 21} The theory describes the interactions between individuals in
11 their social system and “considers how identities are constructed through work-based
12 practices and how the management of identity relates to historically determined roles
13 and rules”.^{20 page300} This theory suggests that individuals negotiate their role with a
14 social system to achieve specific goals.²² As such, the theory facilitates an analysis of
15 professional practices and systems of activity as a whole.¹⁹ It was therefore deemed
16 appropriate for the study of individuals’ engagement with the Fellow credential.

17

18 Activity systems describe collective activity undertaken by individuals within the
19 system, with different roles, functions and perspectives. They have six components: (1)
20 The subject (or actor), (2) an object (things that lead to the sought after outcome), (3)
21 the tool(s) (either material or conceptual) employed by the subject to pursue the sought-
22 after outcome, (4) the community - the people who share with the subject an interest in
23 the object, (5) the rules that control the subject’s activities toward an object, and (6) the
24 division of labour - what is being done by whom toward the object. The relationship

1 between the subject and the community are mediated by the rules and division of
2 labour. The division of labour includes division of tasks, power, positions, access to
3 resources, and rewards.¹⁹ This theory was used to interpret results whereby both the
4 perspectives of the system and subjects were analysed. As analysts the researchers
5 attempted to view the activity system from above while also selecting a subject through
6 whose eyes the interpretation of the activity was constructed.²³ In the context of this
7 research, the promotion of and recognition of excellence within the profession of
8 dietetics is the activity system considered by this research, and a potential fellow, the
9 subject. The other elements of the system are described in Figure 1.

10

11 **Results**

12 Six focus groups were conducted with 30 participants (28 female, two males, mean
13 years of DAA membership 28 years, including six Fellows, 50% response rate, 19
14 AdvAPDs, 15% response rate and five APDs), with representation from all states across
15 Australia. There were between four and six participants in each focus group and the
16 discussion lasted for between 45 and 61 minutes. Thirteen out of the 30 participants
17 (43%) provided written feedback on the preliminary analysis. The data suggested that a
18 Fellow operated at a level of advanced practice beyond their organisation and usually
19 beyond the profession. They engaged in activities for the benefit of the profession
20 irrespective of personal benefit. New competency standards for the level of credential
21 were developed (see [https://daa.asn.au/apd-program/apd-program-handbook/fellow-of-](https://daa.asn.au/apd-program/apd-program-handbook/fellow-of-apd/)
22 [apd/](https://daa.asn.au/apd-program/apd-program-handbook/fellow-of-apd/)). In addition, four key themes identified factors relevant to recognition and
23 promotion of excellence within the profession. Namely, (i) Fellows exhibit high level

1 leadership; (ii) the credential is out of reach (iii) they will never be good enough; and
2 (iv) a lack of recognition deters applicants.

3

4 **Theme 1.** Participants described Fellow practice as inclusive of visionary **high level**
5 **leadership.** Fellows were described as leaders who continue to grow personally and
6 professionally while encouraging and mentoring emerging leaders at all levels, as well
7 as empowering others to grow and emerge as leaders in their own right. They advocate
8 for the profession of nutrition and dietetics across a breadth of environments and can
9 influence, inspire and innovate to solve practice problems and change practice with
10 demonstrated evidence of their impact. They were described as leaders who speak with
11 a reasoned and relatively united voice about the profession of nutrition and dietetics –
12 leaders who bring people together rather than creating conflict, acting in the best
13 interests of the profession.

14

15 “...recognition of that really, really exceptional area of practice. Advanced is
16 very high but that really exceptional practitioner with those real national and
17 international leadership qualities”. (Focus group B, AdvAPD)

18

19 Fellows were described by participants as pioneers, using opportunities to take risks to
20 promote new ideas and to change public (health) policy. They showed strategic thinking
21 and high-level negotiation skills across a broad range of activities, and not just in their
22 area of specialisation. Fellows develop expertise in others, nurturing, coaching and
23 training, and acting as a role model. They build capacity in career structures and
24 scaffold excellence and growth with an outward looking focus, rather than on their own

1 career development. Their expertise was contributed over and above their paid work
2 with a clear focus on volunteering.

3

4 The expertise of Fellows was described as evident through their contribution to a large
5 body of evidence and demonstrated impact. Their ability to lead practice areas and
6 teams and have a senior governance role was also evident. Fellows were able to manage
7 difficult decisions in resource management and lead and evaluate large programs, with a
8 reach across the organisation beyond their own area of specialisation. Fellows
9 demonstrated both internal and external advocacy demonstrating tangible outcomes as a
10 direct result of advocacy. They excelled in partnership-building and represented
11 dietetics outwardly by influencing other organisations. The participants reported that the
12 current competency standards for Fellow somewhat reflected this expertise but were
13 overly complex.

14

15 **Theme 2.** Participants described the current processes and standards make the credential
16 **out of reach.** The processes involved in applying for the credential were perceived as
17 onerous. This was perceived from participants who had not yet applied and real for
18 those who had embarked on the process.

19

20 “... it shouldn’t be an easy process, but I think we’ve made it fairly
21 cumbersome”. (Focus group A, Fellow)

22

1 They perceived that DAA had established a difficult process to ensure the bar was set
2 high enough and felt the process had multiple road blocks that prevented them to
3 attaining the credential.

4
5 “...we tend to.. make ...so many hurdles around just to set up rules and ways of
6 doing things. We inadvertently trip people up or make life difficult for them”.

7 (Focus group B, [AdvAPD](#))

8
9 This correlated with a description of the volume of evidence that was required for the
10 application and the magnitude of the task to compile for consideration. The number of
11 competencies and areas that required evidence were reported to relate to the need for
12 large volumes of data to support the application case.

13
14 “...I just got exhausted and gave up and that was 18 months ago and I really
15 now wonder if I will ever finish it because I just thought I’m just too busy, I’m
16 too tired and trying to come up with creative ways to meet this is just too hard”.

17 (Focus group B, [AdvAPD](#))

18
19 Many participants mentioned that the presence of research and evaluation as a key
20 domain of competency implied that only academics were “worthy” of the credential and
21 that meeting the standards for research and evaluation was impossible for those not
22 working in an academic setting. On the contrary, they agreed that those in the
23 profession working at an advanced level should be engaging in research activities,
24 informing nutrition and dietetic practice and beyond. It was stated that this was easier to

1 demonstrate when working in a university environment however all participants felt that
2 undertaking research in its broadest sense was essential at Fellow level. This may be
3 difficult to demonstrate if working as a practitioner, especially in regional settings or in
4 positions where driving policy was the main work role, and was cited as a barrier to
5 applying.

6
7 Participants were aware of infrastructure within the DAA to support applications to
8 advanced practice, but participants explained that nothing was in place to support
9 application to Fellow, leaving participants to describe the process as “guesswork”. A
10 lack of clarity around what is required and no clear outline of how applications were
11 assessed was also described with some participants, inferring there may be a hidden
12 agenda.

13
14 **Theme 3.** Some participants expressed feelings of self-doubt that they might not
15 succeed. This self-doubt was evident with the participants discussing fear, lack of
16 resilience and *never being ‘good’ enough.* to ever achieve the credential. A focus on
17 perfectionism and lack of resilience was suggested as a reason for not applying. Upon
18 exploration, this was reported to stem from the fact that those who were already Fellows
19 were highly esteemed in the profession and members of a “special” group. Others
20 perceived a significant gap in their abilities compared to the existing Fellows.

21
22 “there is a much higher bar than there perhaps is, and some of that perhaps
23 stems from the first group of Fellows were such high achievers, that the bar was
24 set at that level...” (Focus group A, Fellow)

1

2 There was also the perception that within a female dominated profession there was a
3 lack of self-efficacy and belief in abilities, leading to a perception that the participants
4 would never be able to achieve the standard required.

5

6 The Fellows themselves reported that anyone applying would benefit from mentoring
7 especially if one area of competency was weaker than others. Many participants
8 indicated that they had not considered applying for the advanced credential until a
9 mentor had tapped them on the shoulder and encouraged them to apply. The participants
10 described that the process should be a continuous one, rather than clear pass/fail, with
11 applicants close to meeting the competency standards given a chance to reapply or
12 address the deficiencies rather than be rejected outright. Feedback on unsuccessful
13 applications was considered blunt and non-specific.

14

15 “I think people also don’t apply because they’re afraid of putting themselves
16 out to a committee, that they’re afraid that they won’t get up. Perhaps they’re
17 not very resilient as well.” (Focus group A, Fellow)

18

19 **Theme 4:** The participants perceived a **lack of recognition**. While individuals were
20 recognized, their status as Fellows was invisible to the profession, especially at
21 professional events, and to the broader community. Younger participants in the focus
22 groups stated that having the Fellow credential is not talked about so therefore not
23 aspired to within the profession and that, without a profile with the public, there was
24 little incentive to apply. There remained confusion among participants as to whether the

1 Fellow was a credential or an honour. They explained that the credential was seen as
2 being awarded rather than as an achievement requiring the demonstration of advanced
3 competencies. The credential was viewed as recognition from peers rather than as a
4 marketing tool to the general public or a credential within your workplace that provided
5 return on the investment made to apply. In particular, it did not necessarily lead to a
6 promotion or a higher salary.

7

8 “so for me there’s no return on investmentI’m not going to get a pay rise,
9 it’s not going to do anything for me”. (Focus group D, [APD](#))

10

11 Some participants wondered what role the Fellows actually played and others suggested
12 that rather than being feted by the profession, they were asked to do rather onerous
13 tasks.

14

15 “I don’t think we use our Fellows near enough in that capacity around being an
16 expert voice if you like..... they’re work horses rather than esteemed members
17 that we can draw on that collective wisdom. So it’s that wisdom that we need to
18 draw on and to have them as a network of wise practitioners.” (Focus group C,
19 [AdvAPD](#))

20

21 Many felt that applying for Fellow was a DAA activity with little meaning beyond the
22 association. The focus group of Fellows themselves lamented the fact that there was no
23 opportunity for Fellows to meet to celebrate new awardees or even to celebrate their
24 own successes and felt unsure how DAA saw their role. Rather it was up to the

1 individual to apply the credential how they saw fit. Retired Fellow participants were
2 concerned their skills were seen as no longer relevant, even though they were willing to
3 continue to contribute. There was certainly a theme that the profession needs to
4 celebrate the Fellows more and use them much more strategically in mentoring
5 members of the profession such that it can continue to grow and maintain a suitable
6 succession plan.

7

8 “..we ...need to think about what ..we do about the Fellows.... visibility, so that
9 the wisdom and that experience is still accessible to everybody”. (Focus group
10 A, Fellow)

11

12 In the context of CHAT, the recognition of and promotion of excellence within the
13 profession of dietetics was the activity system considered by this research. These data
14 supports that the advanced expertise needed to become a Fellow, embodies leadership,
15 impact, influence, innovation and inspiration internal and external to the organisation.
16 Within the activity system there are tensions and disconnections between several of the
17 elements in the system that may help to explain why the uptake of the Fellow credential
18 is so low (Figure 1).

19

20 The application process (rules) which involves collation of evidence to demonstrate the
21 competency standards (objects) is perceived as onerous as the guidelines or protocols
22 for how to complete the application are perceived to be out of reach (tools). This leaves
23 the subjects disempowered, either not attempting or not completing applications for
24 Fellow DAA. The Fellow credential itself (outcome) is not marketed and as a result

1 there is a perception that it may hold little value within the dietetic community, but also
2 the broader community (community). The activity system wholly exists to recognize
3 excellence, and yet the data suggest that our community (the profession of dietetics and
4 the wider community in which they serve) perceives the credential to carry little weight
5 or were not even aware of the credential. External promotion of the credential may
6 change the perception of the outcome to these dietitians and thus drive uptake. There is
7 a perception that in order to be awarded the credential the subjects not only need to
8 provide evidence of achieving the competency standards but also need to have
9 contributed large amounts of unpaid work to DAA. This creates a tension between the
10 dietetic community and the rules, whereby the unwritten expectation of volunteer time
11 to the association is perceived as a rule. Potential applicants' reported low self-efficacy
12 may be explained by a disconnection between the subjects and the objects, by a poor
13 understanding of what is actually required or that the objects themselves (the current
14 Competency Standards) do not actually reflect the practice of a Fellow. The power
15 perceived in those who have the credential and are allowed to assess incoming
16 applications describes a division of labour that may influence the outcome. In other
17 contexts, there is very little 'power' as those with the credential are often only delegated
18 relatively menial tasks (division of labour) that do not utilise their expertise. So, for
19 example, after the initial awarding of the credential, there is no recognition of what role
20 these experts might play in the organisation. They are not awarded positions of
21 organisational power or recognised as significant stakeholders providing long term
22 perspective. Thus, there is confusion around whether the credential is a passive
23 recognition at the end of an individual's career, or something which should be more
24 dynamic to promote the profession externally.

1

2 **Discussion**

3 This study aimed to describe the characteristics of a Fellow and review factors relevant
4 to recognition and promotion of excellence within the profession of dietetics, and in
5 doing so facilitate change to the recognition of Fellows within the profession. This
6 exploration may have implications for other professions considering higher-level
7 credentials. A number of juxtapositions were found between perceptions and reality
8 around the credential. For example, holding the credential of Fellow meant a
9 recognition of leadership and expertise for the recipient. However, enabling those
10 qualities of leadership and expertise to promote the profession widely as well as
11 enabling potential applicants to apply was recognised as lacking. The Fellow credential
12 is positioned within a range of cultural and historical factors in the professions, which
13 may have prevented engagement of individuals with the process and the title. Namely,
14 potential applicants to the credential reported feeling disempowered by the system, that
15 they will never be good enough to achieve the standard required, together with a lack of
16 recognition of the credential from within the community of dietitians and externally.
17 This may be a reflection of the profession's culture where those acting at a very high
18 level may remain hidden. Whether these findings are transferable to dietetics
19 professional cultures in other countries remains unknown.

20

21 Translating the findings of this study into improvements to the application process have
22 been adopted.⁸ Our findings suggest that the utilisation of the existing Fellows to
23 support those working at an advanced level to prepare their application and achieve the
24 standards through mentoring, will improve uptake, as will the addition of tools to help

1 guide the process in Australia. Involving all members of the profession, regardless of
2 credential in the application process may support a shared understanding of the process
3 and credential. Cultural change within the profession, in the way it promotes and uses
4 Fellows, as well as an increase in the number of Fellows, will be further evidence that
5 change has been accomplished.

6
7 The key finding that some members of the profession perceived they would never be
8 ‘good enough’ to be awarded the Fellow credential, may be explained by the female
9 dominance in the profession. The most recent estimates indicate approximately 94% of
10 the profession are female.²⁴ While being female in itself is not linked to low self-
11 efficacy, there is evidence to suggest that females are more likely to experience
12 ‘imposter phenomenon’. The phenomenon has been described as a set of attributes and
13 behaviours of high-achieving women who grapple with accepting their capability and
14 success.²⁵ The self-esteem gap between men and women is recognised across cultures²⁶,
15 with men far more likely to seek “promotion” than women. If this phenomenon exists
16 within the discipline then it may not matter what the Competency Standards state or
17 what the activity system portrays as influential against uptake. Rather, more explicit
18 work managing the deep perceptions that precede this perspective in our profession’s
19 high achieving female cohort would be needed. Changing the process (rules/tools) to
20 explicitly address this issue could be beneficial for those who are able to overcome self-
21 doubt. A formal process for mentoring potential candidates by Fellows may also assist.
22 The literature suggests that women are also more likely to follow rules, explaining our
23 findings of how the rules are a potential barrier.²⁷ This female predominance in the
24 profession internationally may mean that imposter phenomenon needs to be considered

1 in the implementation of advanced practice credentials. Rules around self-assessed
2 processes with peer nomination may also need to be considered.

3
4 The key findings that expertise is about leadership and recognition is synonymous with
5 other literature in dietetics suggesting that advanced practice is distinguished by
6 leadership rather than just specialisation (particularly years of experience alone) in an
7 area of practice.^{6, 7} For a profession to truly advance and create change, leadership is
8 required and this should be supported by the professional association. In the existing
9 Fellow credentialing system for dietitians in Australia there is currently no appeal or
10 complaints process, nor training of assessors. The DAA has power over which Fellows
11 are called upon for certain responsibilities but there are limited plans in terms of how to
12 use the Fellows for the profession's strategic gain. There is no strategic use of the
13 Fellows by the Board of DAA and development of a specific strategy for such
14 promotion and skill utilisation may be of value. More work is required to translate the
15 findings from this critical analysis into a system that supports leadership in practice.

16
17 The strengths of this study include the steps used to ensure trustworthiness of the data
18 with multiple researchers involved in data collection and analysis and the overlay of the
19 data analysis with CHAT allowing for multiple interpretations to be considered. The
20 data is limited to only those in the profession who chose to respond to participation
21 requests and while adequate depth and breadth of data were obtained to adequately
22 address the research questions, the perspectives of those who did not participate,
23 particularly those seeking the credential that were not already credentialed as Advanced
24 or Fellow, is not known and may provide alternative explanations.

1
2 This study found that expertise within the Australian dietetics profession is positioned
3 within a range of cultural and historical factors that may have prevented engagement of
4 individuals with the process of application and ultimately the Fellow credential.
5 Potential Fellows report feeling disempowered by the system and perceive they will
6 never achieve the standard required. A lack of recognition of the credential from within
7 the community of dietitians and externally was also identified as a factor. The
8 implications of these results for dietitians and other professions alike include
9 acknowledging the role of the social system in which credentials operate and the
10 competing forces within the system that may explain unpredicted outcomes. Change to
11 the system will likely improve uptake. Professions awarding expertise through a Fellow
12 credential need to consider the factors within the activity system that may predict or
13 influence the professions' behaviour around the credential.

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Table 1: Focus group questions to explore perspectives of the DAA Fellow credential, what influenced uptake, and what needs to change.

Questions	Logic underpinning	Critical inquiry
Can you briefly introduce yourselves, your name, where you currently work/your work role?	To develop rapport among participants so they feel free to share ideas	Inspire a sense of ease to support freedom to talk freely and make change
Can you tell me your perceptions of the Fellow credential of DAA?	Opinion of credential to assist in interpreting responses for different participants in difference contexts	Areas that need to change, perceptions of power.
In your opinion why is the uptake of the program low?	Explore real and perceived factors (geographical, historical, social, cultural, environmental and physical) influencing the opinions of the credential	Explore historical, context behind the credential and factors potentially influencing change
In your opinion, what are the key work roles of the most distinguished members (the most qualified) of our profession?	Identify work role, activities and practice of Fellow and how these are perceived by the profession	Give a voice to current Fellows and those who may consider applying for the credential into the future

What does/would having this credential as a fellow mean to you? Identify what factors affecting application or identification with the role. Identify issues of power or inequity and areas in need of change

If you have applied or considered applying for Fellow credential what was the process like? To identify barriers to application that may be cultural or practical and identify ideas for consideration in new application process. Identify issues of power or inequity and areas in need of change

Is there anything else you would like to say or recommend that we consider? Opportunity for participants to reflect on why they attended, what they had hoped to say and offer any thought that had not been prompted by key questions. Recommendations for change

Table 2. Coding framework for analysis of focus group data.

Innovate	Develops innovative methods and approaches to solving nutrition issues or services
	<ul style="list-style-type: none"> - Being entrepreneurial in their approaches and seeking alternative or new ways of doing things - Continually striving to challenge current practice and embrace change - Being early adopters of new evidence, leading others to change practice and renewing the way things are done - Being strategic in placing themselves in positions where they can lead change. Looking for opportunities to extend themselves and equip themselves to be able to create solutions to problems
Inspire	Inspires and motivates others. Acts as a mentor, teacher, leader, supporter coach to others such that they achieve great things. Senior manager role.
	<ul style="list-style-type: none"> - Being asked for advice by others inside and outside the profession - Being approachable and willing to assist others in their area of expertise - Mentoring, student supervision or making yourself available to others seeking guidance - Building the capacity of others to do well and achieve nutrition outcomes through guiding other's approach to practice - Sharing expertise rather than holding on to knowledge and experience for themselves only.
Impact	Demonstrates impact on health and nutrition outcomes and/or services. Engaged in professional and personal development such that service/practice improves and has an impact on nutrition of individuals, groups or populations.
	<ul style="list-style-type: none"> - Involved in service improvement, research and informing change to practice

	<ul style="list-style-type: none"> - Pushing boundaries of practice or extending the typical scope of practice in a specific area or may include a traditional area of practice (through experience but also through additional training, qualifications or higher degrees) - Linked to patient/client/family, service improvement or population health outcomes - 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
Influence	<p>Exerts significant influence. Advocating for the profession of nutrition and dietetics within and external to the profession. Engages in change management.</p> <ul style="list-style-type: none"> - Supports the profession to develop and change through mentoring, supervision and unplanned support - Works effectively in teams (across multiple disciplines & practice contexts) as recognise the role of others in improving nutrition outcomes - Build the capacity of others, lead others and engage in networks to advance their practice as well as others - Development and maintenance of key collaborations and partnerships that involve transferring the capacity to prioritise and improve nutrition to others through leadership - Promoting the profession of dietetics to consumers and other relevant stakeholders

For all: Experts in the field, approachable, needs to have higher level interpersonal skills and negotiation and conflict resolution skills, commitment to seeking external feedback and continually reflecting on practice to continually improve performance, resilience, personal development essential for good and advanced level practice.

Figure 1. Conceptualisation of themes from results in the context of CHAT (Cultural Historical Activity Theory). Adapted from Foot (2019)²⁸