International Confederation of Dietetic Associations

# Dietitian-Nutritionists Around the World

## THEIR EDUCATION AND THEIR WORK

(2024)

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## Table of Contents

Table of Contents 1
Background 3
Number of Dietitian-Nutritionists 4
Professional Status 8
CODE OF ETHICS / PRACTICE / CONDUCT 10
Education 10
BASIC EDUCATION 10
NATIONAL EDUCATION STANDARDS 12
NATIONAL COMPETENCY STANDARDS 12
CONTINUING EDUCATION 13
Work of Dietitian-Nutritionists 15
CHANGES IN THE WORK OF DIETITIAN-NUTRITIONISTS SINCE 2021 17
National Dietetic Association Governance 19
View of the Profession 19
Conclusions 20
Appendix: Full List of Dietitian-Nutritionist Titles Used Around the World 22

## List of Figures

**Figure 1:** ICDA Membership 2024 2
**Figure 2:** Number of ICDA Members 2000 - 2024 3
**Figure 3:** National Dietetic Association Establishment Year 3
**Figure 4:** Number of Dietitian-Nutritionists Represented by ICDA 2000 - 2024 5
**Figure 5:** Market Penetration Rate Across Member Countries 6
**Figure 6:** Number of ICDA Dietitian-Nutritionists per 100,000 Population 7
**Figure 7:** Credentialing Organizations for NDAs 8
**Figure 8:** Minimum Education Level for Dietitian-Nutritionists 11
**Figure 9:** Minimum Years of Education for Dietitian-Nutritionists 11
**Figure 10:** Practicum Length (Weeks) 12
**Figure 11:** Group(s) Responsible for Setting Educational Program Standards 12
**Figure 12:** Group(s) Responsible for Setting Entry-level Competencies 13
**Figure 13:** Continuing Education Requirements 14
**Figure 14:** Required Hours of Continued Professional Development, Annually 14
**Figure 15:** Change in Number of Work Settings for Dietitian-Nutritionists, 2016 - 2024 17

## List of Tables

**Table 1:** Dietitian-Nutritionist Titles Around the World 9
**Table 2:** Countries Reporting Changes in Regulatory Legislation since 2021 9
**Table 3:** Countries Reporting Changes in Education since 2021 15
**Table 4:** Percentage of Countries that have Dietitian-Nutritionists Working in each Practice Setting, 2016 - 2024 16
**Table 5:** Countries Reporting Changes in Work since 2021 17

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## About the International Confederation of Dietetic Associations

The International Confederation of Dietetic Associations (ICDA) is an organization of national associations of dietitians and nutritionists that works collaboratively to build relationships, foster communication and develop international standards that strengthen the global nutrition and dietetic workforce. Its vision is a strong, agile, trusted global nutrition and dietetic workforce for improved population and planetary health.

The ICDA is a confederation of professional bodies where:

- More than 65% of members of that body meet the ICDA definition of a dietitian-nutritionist (noting that different titles are used around the world) that is, "a professional who applies the science of food and nutrition to promote health, prevent and treat disease to optimise the health of individuals, groups, communities and populations" and who meets the international education standard adopted by the ICDA Board of Directors.
- Members agree to adhere to the international code of ethics and the code of good practice.

Up to two national dietetic associations in a country may become members.

In 2024, there were 53 members of ICDA. Since the 2020 survey, three new members have joined: the Institute of Dietetics of Nigeria, the Thai Dietetics Association, and the Dietetic Association of Zimbabwe.

In the map below, countries highlighted in green had at least one national dietetic association that was an ICDA member in 2024.

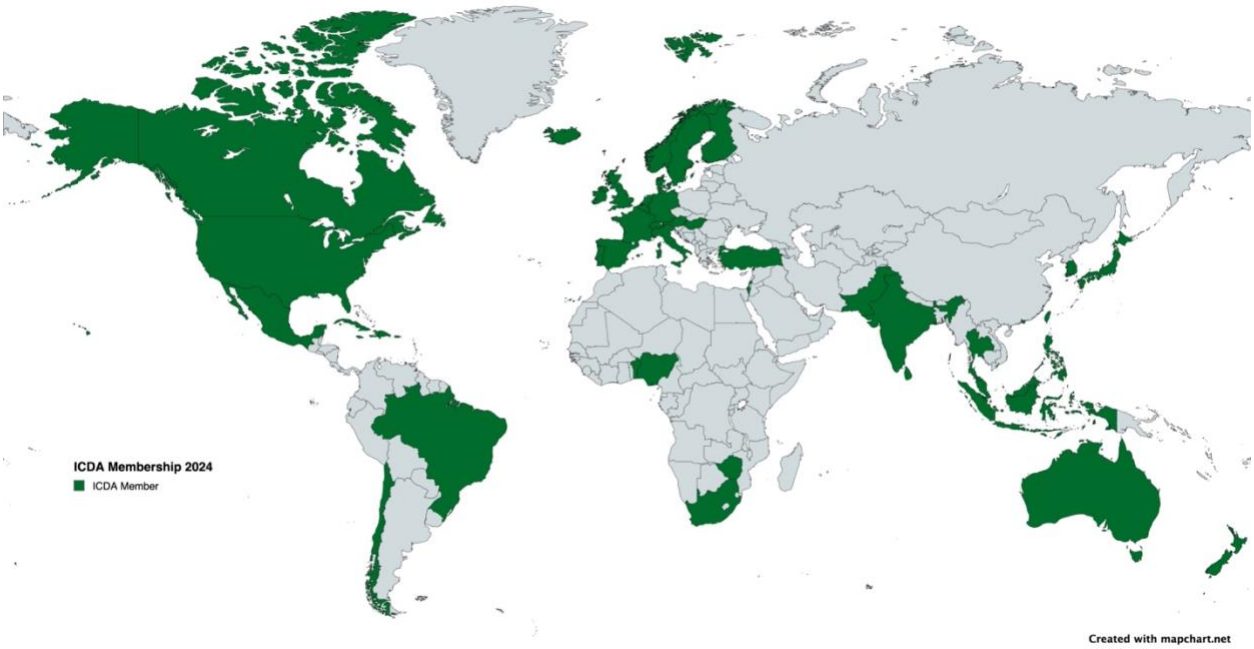


**Figure 1:** ICDA Membership 2024

Between 2000 and 2024 the membership grew from 31 to 53 members (71% growth).

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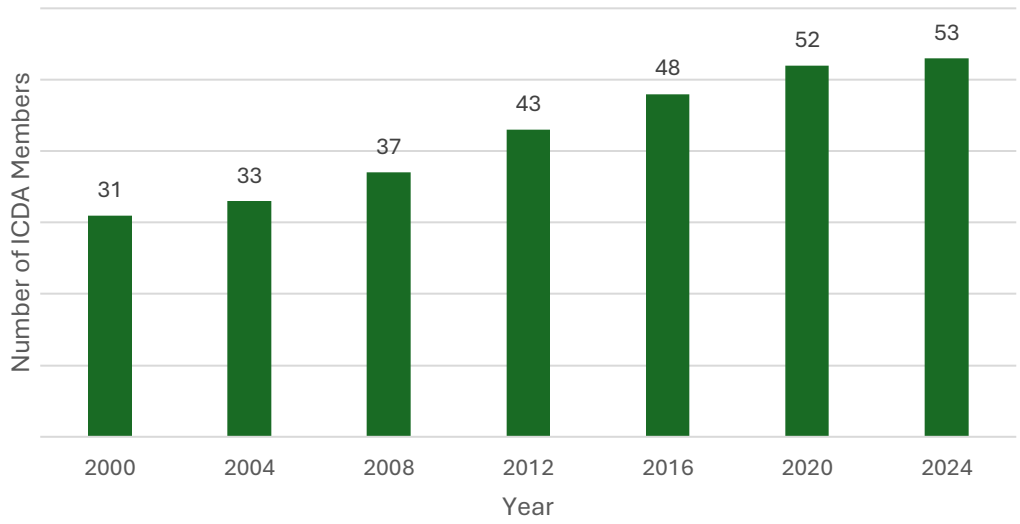


**Figure 2:** Number of ICDA Members 2000 - 2024

There is great diversity amongst the member NDAs of the ICDA in terms of their size and organization. The American Academy of Nutrition and Dietetics is oldest and largest member of ICDA, whereas others have been created in the last decade.

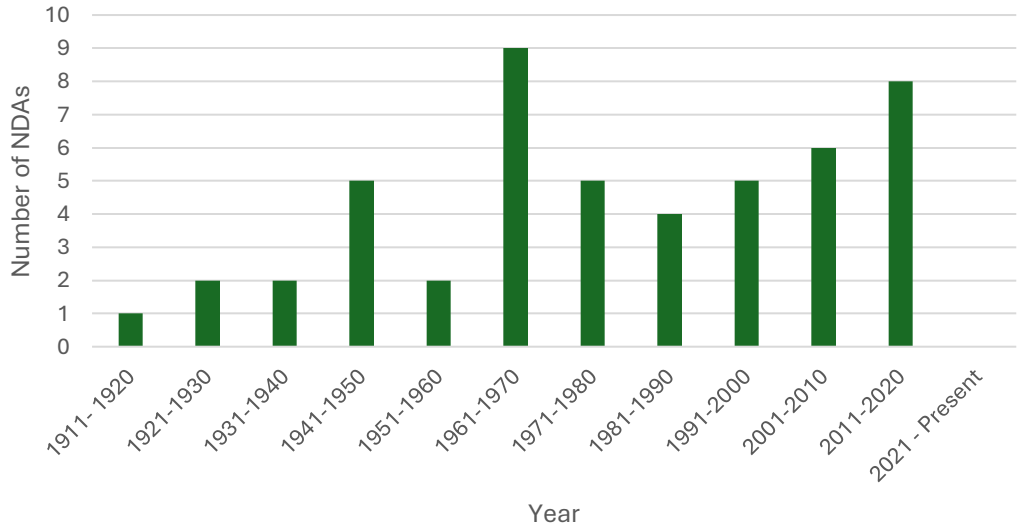


**Figure 3:** National Dietetic Association Establishment Year

In 2024, the members with the smallest membership numbers were Zimbabwe (12 members), Haiti (45 members, based on 2020 data) and Benin (64 members, based on 2020 data) whereas the largest associations were USA (58,419 members), Japan (49,691 members) and the United Kingdom (11,050 members).

## Background

To support its vision and mission, the ICDA conducts a member survey every four years, coinciding with the International Congress of Nutrition and Dietetics. This data is used to help understand the status of

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the profession and national dietetic associations around the world. Modifications to the survey instrument are made periodically and the 2024 collection period is the 7th iteration of the survey.

Individual survey packages that included member responses to the 2020 survey were distributed via email in October 2023 and the response deadline was January 31, 2024. Data was collated and analyzed between February and May 2024.

The survey was sent out to 53 ICDA members in 46 countries. 40 ICDA members completed the questionnaire (75% response rate) from 36 countries (78% response rate).

COUNTRIES INCLUDED IN THE 2024 REPORT

| | | | |
|---|---|---|---|
| Australia | Greece* | Luxembourg | Spain* |
| Austria | Hong Kong | Malaysia | Sri Lanka |
| Belgium* | Hungary | Mexico | Sweden |
| Canada | India | Netherlands | Switzerland |
| Caribbean | Indonesia | Nigeria | Thailand |
| Denmark | Ireland | Norway* | Türkiye |
| Finland | Israel | Pakistan | UK |
| France | Italy | Portugal | USA |
| Germany | Japan | South Africa | Zimbabwe |

*Country includes data from two ICDA members

The current report presents data from ICDA members collected only in 2024 whereas previous reports used historic data for ICDA members who did not respond to the most recent survey. For example, the ICDA 2020 report included data collected in 2016 in the analyses for 11 countries. Therefore caution is advised when interpreting trend data as the process for analysis across survey years is no longer comparable.

## Number of Dietitian-Nutritionists

In 2024, the total number of dietitian-nutritionists represented by the ICDA was 174,833 (n=39). This represents a 15% decrease compared to data from 2020 but the drop is at least partially attributable to the decision to not include historic data for members who did not respond to the 2024 survey and one member who was not able to provide membership data in 2024.

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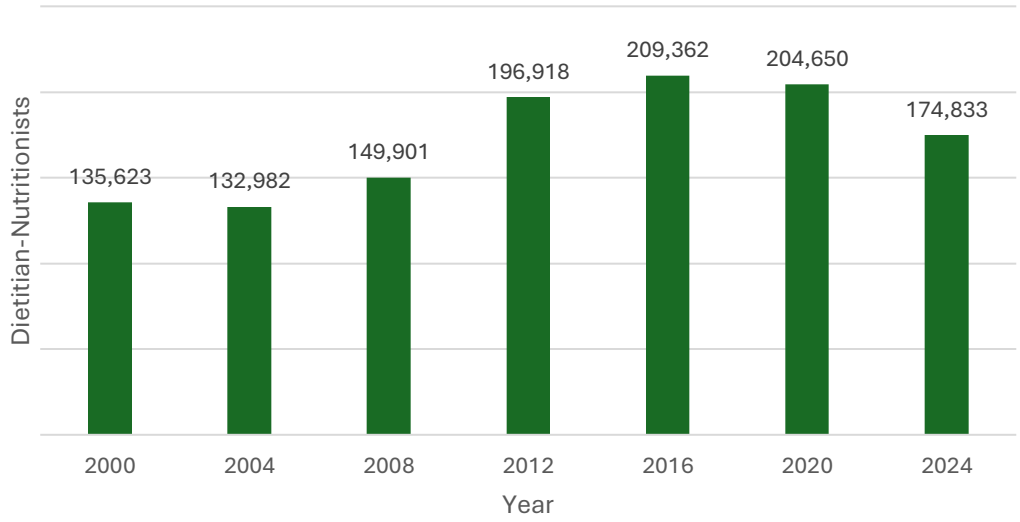


**Figure 4:** Number of Dietitian-Nutritionists Represented by ICDA 2000 - 2024

In fact, 26 ICDA members reported an increase in their national dietetic association membership compared to 2020 data, whereas nine members reported a decrease, and five members reported no change or did not provide sufficient data to assess the change.

ICDA members who reported a reduction in membership suggested the following reasons:

- Increased retirements
- Decreased enrollment in dietetics programs
- Competition with other professional bodies and training groups
- In countries where the regulation fees and the professional association fees are separate, dietitian-nutritionists do not want to pay for both.
- Decreased interest in professional associations in younger generations
- Unfavourable changes to the healthcare system and the impact of COVID
- Inability to achieve required continuing dietetic education to maintain membership
- Emigration

The total estimated number of dietitian-nutritionists working in countries with ICDA members was estimated by respondents to be 456,621, a 24% increase over comparable data collected in 2020. This means that the ICDA represents 38% of the possible dietitian-nutritionists in these countries.

When market penetration (i.e. the number of NDA members / the total number of dietitian-nutritionists in that country * 100) is assessed on a per country basis, there is great variation with 14 ICDA member countries where the NDAs represented a least 76% of dietitian-nutritionists in their country and five ICDA member countries where the representation was less than or equal to 25%.

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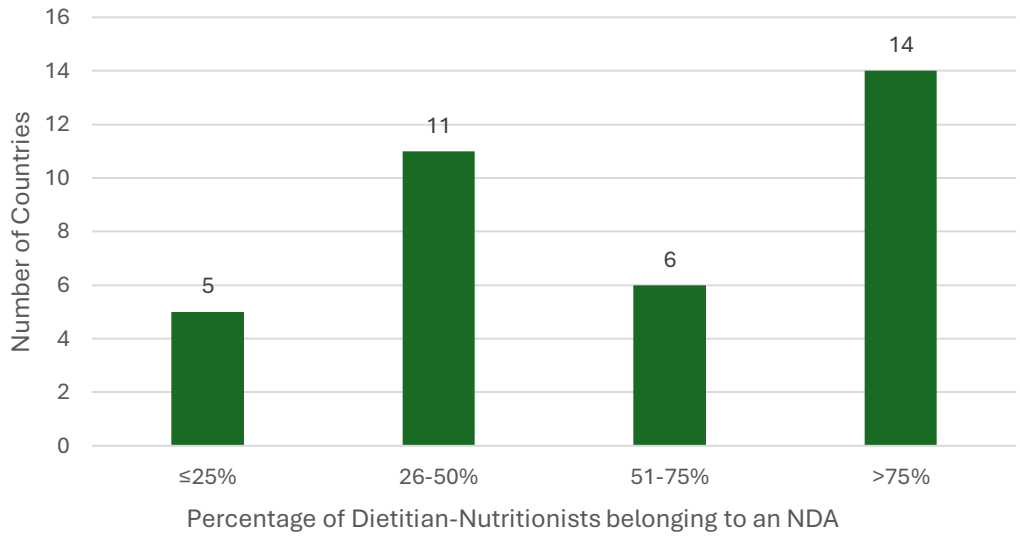


**Figure 5:** Market Penetration Rate Across Member Countries

Though absolute numbers of dietitian-nutritionists around the world are interesting, a more meaningful way of presenting the dietetic workforce is the number of dietitian-nutritionists in a country relative to the population of that country. The reported figures are for ICDA members and not all dietitian-nutritionists working in that country. The numbers again show considerable variation, ranging from 0.1/100,000 population in Nigeria to 57.5/100,000 in Portugal (n=35 countries). Six countries have ≤1 dietitian-nutritionist/100,000 population.

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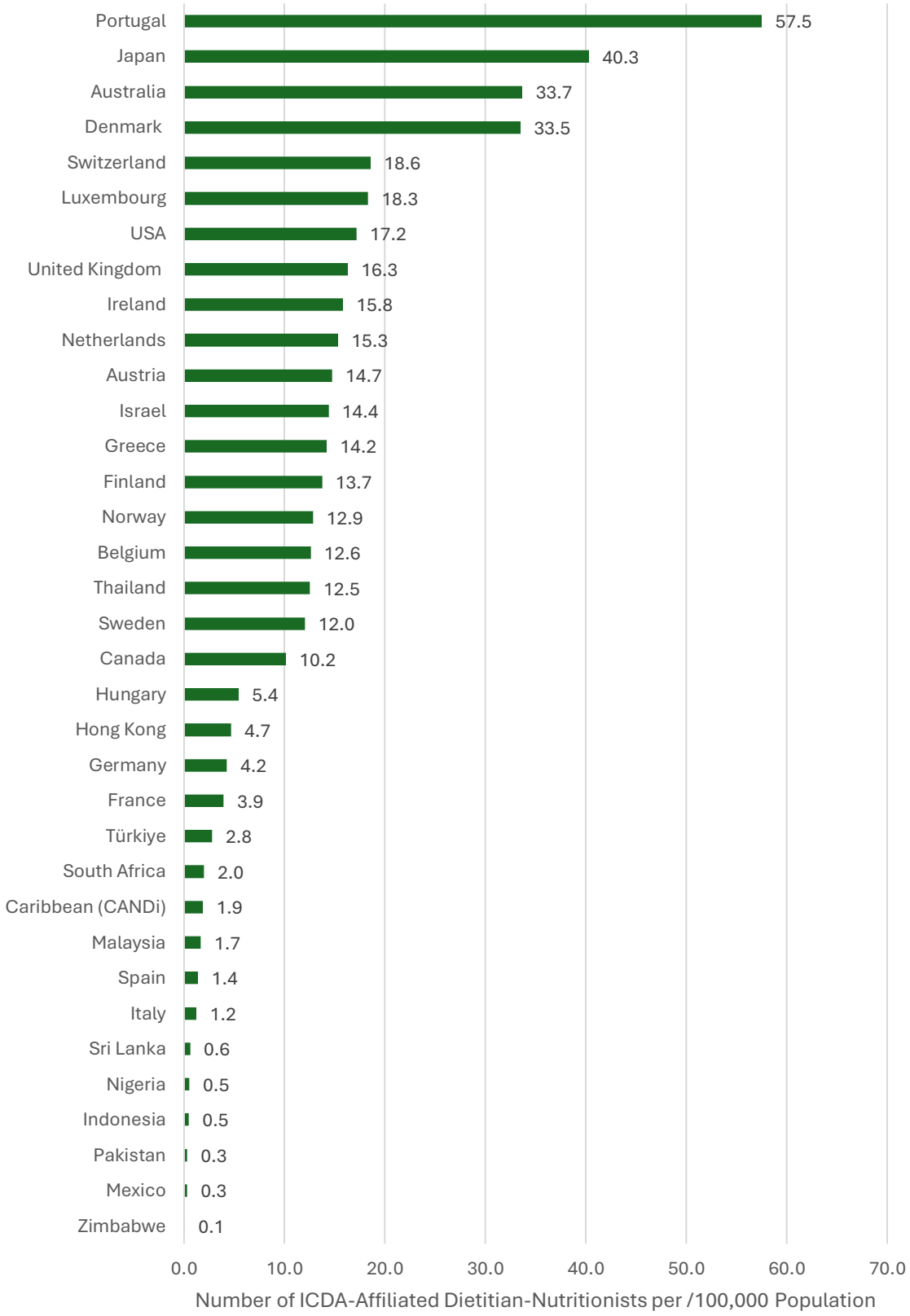


**Figure 6:** Number of ICDA Dietitian-Nutritionists per 100,000 Population

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An estimated 45,767 students qualify as dietitian-nutritionists annually (n=38). This figure is 20% lower than the data from 2020, in part because of the decision to not include historic data for members who did not respond to the 2024 survey. Fifteen ICDA members reported an increase in the number of students qualifying annually compared to 2020, eight ICDA members reported no difference, eight reported a reduction, and the comparison could not be made for the remaining nine ICDA members due to missing data in either 2024 or 2020.

## Professional Status

### TITLE & REGULATION

The regulation of the profession is important for the protection of the public as it involves the setting and monitoring of educational standards and working practices that promote consistent, high-quality care. Registration serves as a signal to clients that the dietitian-nutritionist they are working with is appropriately qualified and competent to practice. Registration and title protection has been an important goal for the profession.

The title of dietitian-nutritionist was registered / protected by law in 32 of the 36 countries that responded to the 2024 survey (89%), including Malaysia, where the title was newly protected in 2022. One additional country, Denmark, reported partial protection of the title for Clinical Dietitian-Nutritionists, but not for Public Health or Administrative Dietitians. The dietitian-nutritionist title is not registered in Australia, Pakistan, or Türkiye.

The title is awarded by:

- a government body in 23 countries (e.g. the Ministry of Health, Ministry of Education or a Dietetic Regulatory body),
- an educational institution with responsibility delegated by a governmental body in 4 countries,
- an educational institution in 4 countries,
- the NDA in 5 countries.

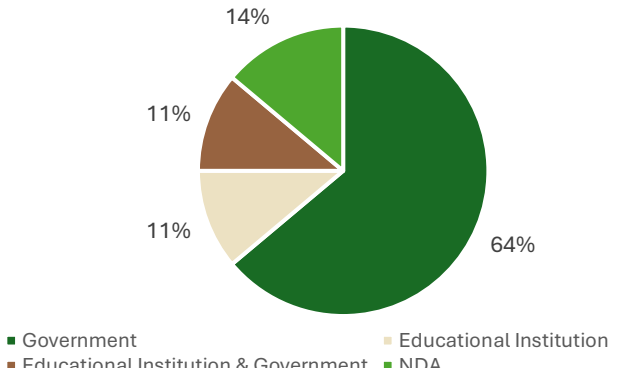


**Figure 7:** Credentialing Organizations for NDAs

When asked about the professional title (in English), 34 ICDA members used a title based on the term 'dietitian', 9 ICDA members used a title based on the term 'nutritionist', 7 ICDA members used a title based on the term 'dietitian-nutritionist', and 3 ICDA members used titles based on educational degrees or something else. Note that the terms add to more than 40 because some countries recognize more than one title.

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**Table 1:** Dietitian-Nutritionist Titles Around the World

| Dietitian (n=35) | | Nutritionist (n=9) | | Dietitian-Nutritionist (n=7) | |
|---|---|---|---|---|---|
| Dietitian | 17 | Nutritionist | 4 | Dietitian-Nutritionist | 3 |
| Dietician | 2 | Registered Nutritionist | 2 | Registered Dietitian-Nutritionist | 3 |
| Registered Dietitian | 11 | Clinical Nutritionist | 1 | Clinical Dietitian/Nutritionist | 1 |
| Clinical Dietitian | 2 | Health Nutritionist | 1 | | |
| Professional Dietitian | 1 | Public Health Nutritionist | 1 | **Other** | |
| Accredited Practicing Dietitian | 1 | | | Title based on educational degree | 2 |
| Accredited Dietitian | 1 | | | Nutrition Cook | 1 |

**Table 2:** Countries Reporting Changes in Regulatory Legislation since 2020

| Country | Reported Change(s) |
|---|---|
| Belgium | Introduced reimbursement for consultations with dietitians for: people with early-stage type 2 diabetes by those who are also diabetes educators; children and adolescents who are overweight; long-covid patients; patients under 23 years with eating disorders. |
| Canada | In BC, the College of Dietitians will amalgamate with other health care professions in June 2024. Health regulators are required to divest of association type activities. The Introduction or amendment of Fair Registration Legislation helps ensure access and timeliness for Canadian and international graduates. Ontario introduced Emergency Class of Registration to ensure continuity of registration in the event of emergency. |
| Germany | OPS-Code for Nutrition Counselling and some specialisation in hospitals requiring dietitians. |
| India | 2021: Indian Allied and Health Council Bill was resolved, which includes Nutritionist in Clinical, Sports and Public Health Setting. The norms are being formalized centrally and state wise for its implementation across the country. |
| Israel | Bachelor of Nutrition Science degree is now four years with integrated practical training throughout instead of three years of study followed by practical training. |
| Japan | Due to the amendment of the Medical Care Law, Registered Dietitians were specified as healthcare professionals. The revision of the medical fee stipulated the assignment of registered dietitians to admission wards. The revision of nursing care fees stipulated the assignment of multiple Registered Dietitians. |
| Luxembourg | Reimbursement of dietetic treatments for some pathologies (15). |
| Malaysia | We are in the early stage of registration and excited to look into further development of the profession in Malaysia. |
| Mexico | Through an agreement with a national government body that specializes in the evaluation of professional practices, CNM obtained recognition to be a qualified Board to certify Dietitians. This Board (CENEVAL) applies the national exam for the first certification.<br>2023: A national commission of nutrition professionals reviewed the new professional fields. |
| Portugal | A new regulatory framework for the Statutes of Professional Public Associations (which includes the Council) is underway, causing a total review of the current regulatory framework. |
| South Africa | Integration of RD and RNT still underway, expecting the first student intake on the new curriculum to be in 2027 or 2028. |
| Spain | 2020: CGCODN joins the Advisory Council of the Ministry of Health; the Government Working Group created by the crisis of the Covid-19 pandemic assumes the dietary and nutritional recommendations proposed by the CGCODN and The Academy<br>2021: CGCODN joins One Health lobby<br>2022: CGCODN joins the Advisory Committee of the Spanish Agency for Food Safety and Nutrition; CGCODN and The Academy begin training in Nutritional Care Process of Dietitian-Nutritionists |
| Sweden | The NDA has become independent from the work union and taken over the responsibility for our own member administration. |

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| | |
|---|---|
| Türkiye | 2023: An innovative core education program was prepared and presented to the presidency of the higher education board. |
| UK | Huge government investment in workforce expansion, including international recruitment. Have developed more routes into the profession with the addition of post grad masters and apprenticeship routes. Plans to develop a greater scope for Advanced practice and consultant level roles. |
| USA | 2024: The minimum degree requirement to become eligible for the registration examination for dietitians was elevated from a bachelor's degree to a graduate degree. |

### CODE OF ETHICS / PRACTICE / CONDUCT

As a professional, a dietitian-nutritionist is expected to behave ethically and practice to a high set of standards.

When first surveyed in 2004, only 35% of countries reported having a Code of Ethics or Good Practice for dietitian-nutritionists, which prompted the ICDA to develop an International Code of Ethics and Code of Good Practice in 2008 and to expand them in 2010. These standards were not meant to replace national standards but were available for adoption in countries that did not have their own.

In 2024, 98% of respondents reported the adoption of ethical standards. Of those, 22 ICDA members reported having their own code (56%), one reported adopting the ICDA code (3%), and 16 reported having both their own code and adopting the ICDA code (41%).

## Education

### BASIC EDUCATION

In 2016, ICDA updated the minimum international standard for dietetic education to:

- a bachelor's degree in nutrition and dietetics, and
- a period of supervised professional practice of at least 500 hours.

In 2024, the minimum level of education for entry to the profession was less than a bachelor's degree in three countries: France, Germany and Luxembourg. One country, Japan, had both bachelor and non-bachelor routes. Three countries reported a master's degree as the entry level standard: Finland (clinical dietitians only), Norway and the United States (new in 2024).

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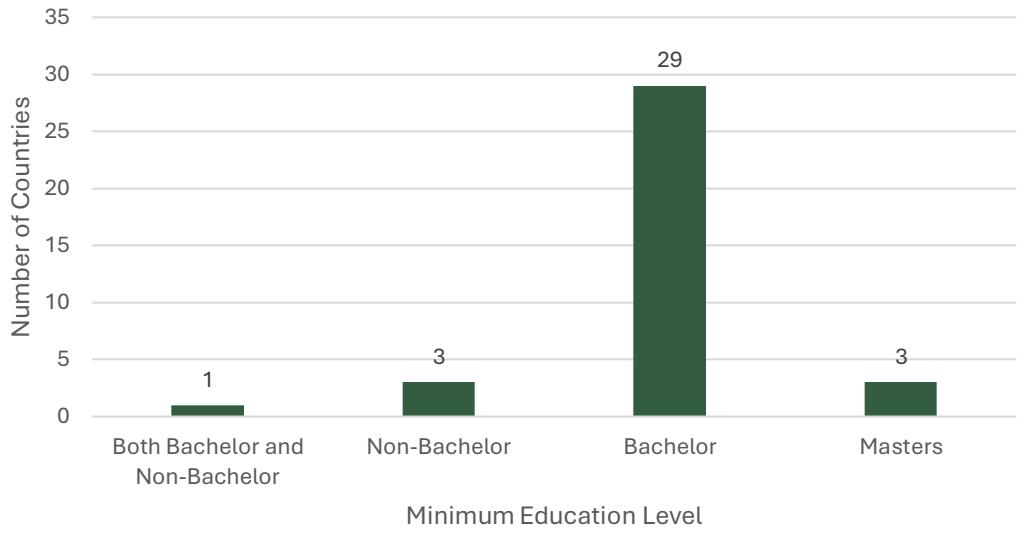


**Figure 8:** Minimum Education Level for Dietitian-Nutritionists

The program length to achieve the minimum level of education typically corresponded with the degree requirement with Bachelor programs lasting 3 – 4 years, Masters programs lasting 5 years, and non-degree programs lasting ≤3 years.

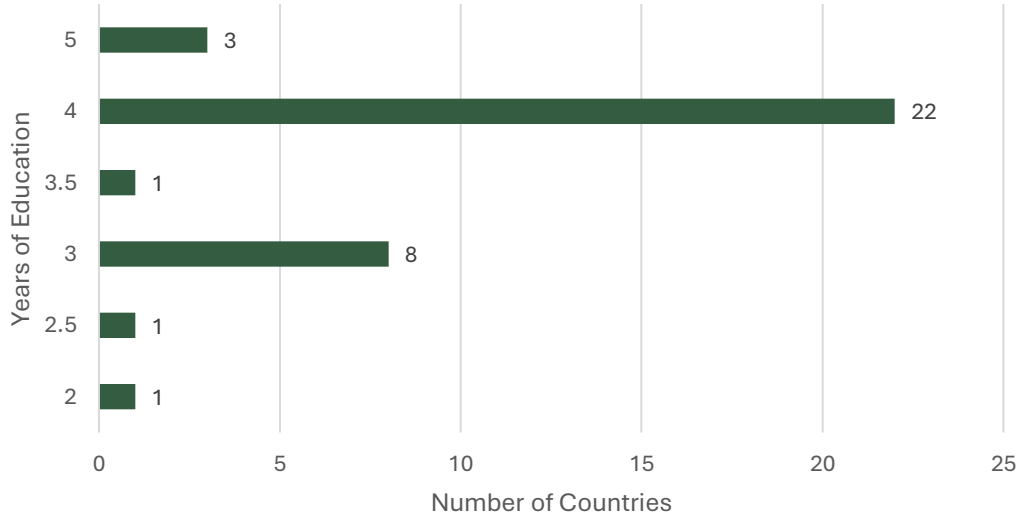


**Figure 9:** Minimum Years of Education for Dietitian-Nutritionists
Note: Japan is counted twice for two separate routes to practice

In 2024, 34 of the 36 countries who responded to the survey reported a compulsory practicum program as part of dietetic education (94%). This represents an increase over 2020 data (87%).

Of the countries that reported compulsory practical training, 83% met the minimum standard of 500 hours. Based on 40 hours/week, practicum training ranged from 4 to 52 weeks in length.

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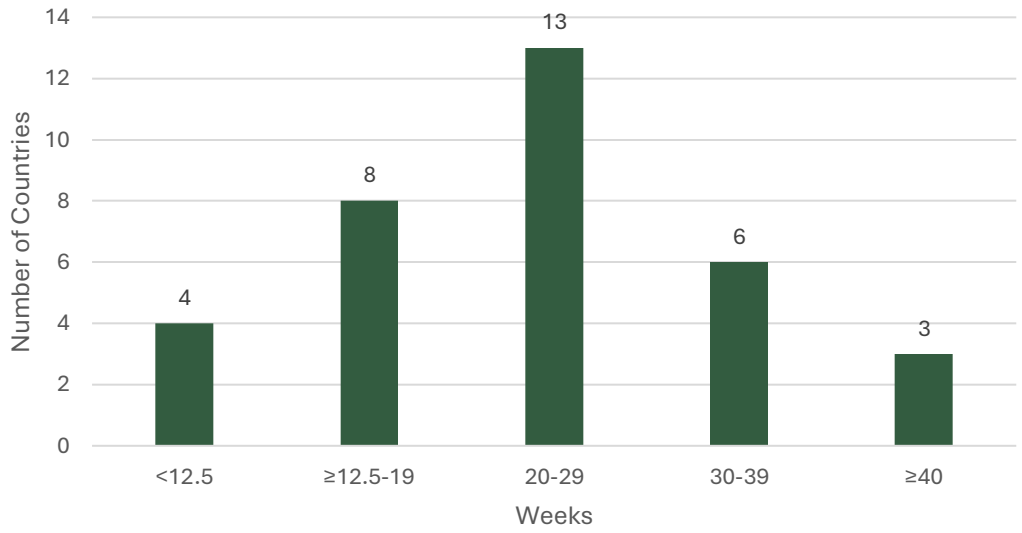


**Figure 10:** Practicum Length (Weeks)

## NATIONAL EDUCATION STANDARDS

Thirty of the 36 countries that responded reported national standards for their basic education program (83%), three countries reported no national standards (8%) and three countries reported standards for some but not all institutions or that the question did not apply (8%). The standards are typically set by the government, educational institutions, the national dietetic association, or some combination thereof.

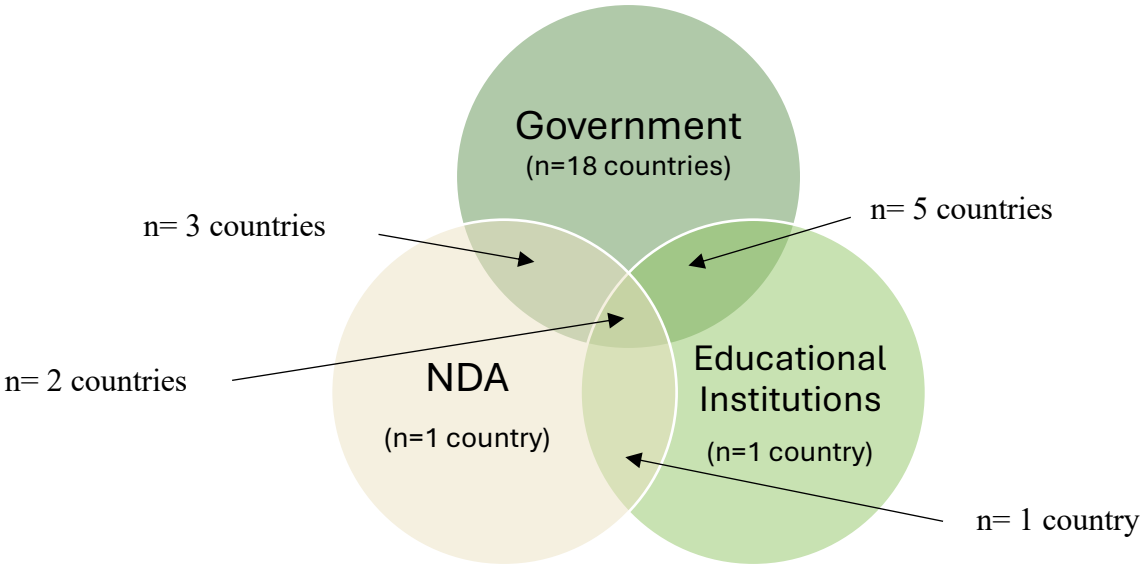


**Figure 11:** Group(s) Responsible for Setting Educational Program Standards

The responses from six countries did not neatly fit into the above categories. Their descriptions for who set the standards were: a different country; a combination of the NDA and other professional associations; the council comprised of educational, hospital, community, and student representatives; some set by NDA, others by the educational institution; n/a (2 countries).

## NATIONAL COMPETENCY STANDARDS

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Competency standards are statements that describe the knowledge, skills and attitudes needed for a profession. These knowledge, skills and attitudes must be performed to the level stated in the competency standard for a person to be considered competent.

Twenty-eight countries (78% of respondents) reported that they have a set of national competencies that students must meet to complete their dietetic education and an additional four countries have competencies developed by the NDA that are not yet recognized by the government, are working towards developing them, or use international standards or those set by another country.

Similar to the national standards, the competency standards are typically set by the government, educational institutions, the national dietetic association, or some combination thereof. With the competency standards, however, there seems to be a shift towards educational institutions and NDAs being more involved in their development.

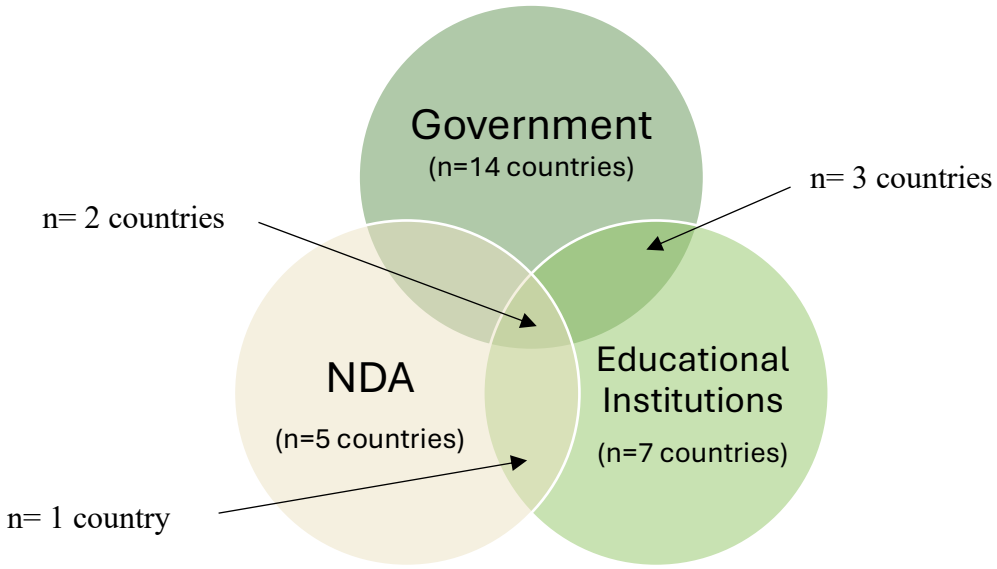


**Figure 12:** Group(s) Responsible for Setting Entry-level Competencies

Three countries did not respond to the question, one country reported that the development of competencies was in progress, and one country reported that the competencies were set by a combination of the NDA and other professional associations.

## CONTINUING EDUCATION

Having demonstrated competence at the point of qualification many countries now expect dietitian-nutritionists to demonstrate their continued competence to practice. Most Codes of Practice or Codes of Conduct, including the ICDA International Code of Good Practice, include a statement about maintaining competence to practice by being responsible for lifelong learning and engaging in self-development.

On-going study post qualification was reported as a requirement for all dietitian-nutritionists in 21 countries (n=36, 58%). Of the countries where it is not mandatory, three countries reported it was recommended (8%), two countries reported that it is required in some practice settings (6%) and one country is working on developing mandatory standards (3%).

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When asked about the type of continuing education required for dietitian-nutritionists, the most common response was 'Continuing Professional Development' (19 countries, 53%). Maintenance training and self-assessment were listed by five countries, each (14%). Few countries required exams or practice assessments post-qualification. Some respondents listed more than one type of continuing education in their response.

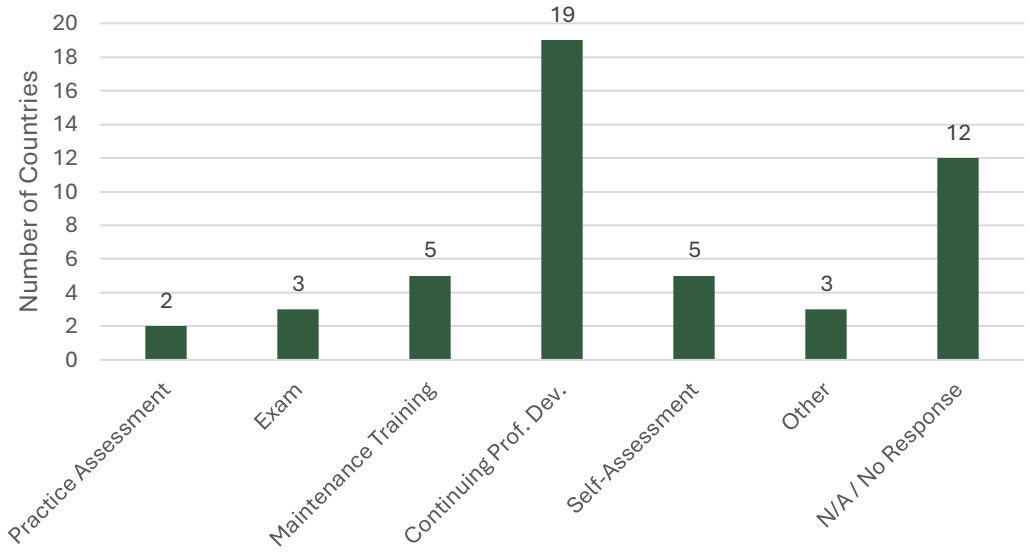


**Figure 13:** Continuing Education Requirements

Assessment of continuing competence ranged from twice a year to every 5 years. Every five years was the most common response (8 countries out of the 22 that answered this questions, 36%), followed closely by annual assessment (7 countries, 32%). When the amount of continuing professional development required to maintain registration was analyzed on an annual basis (n=15 countries), the number of hours ranged from 7 hours/year to >30 hours/year.

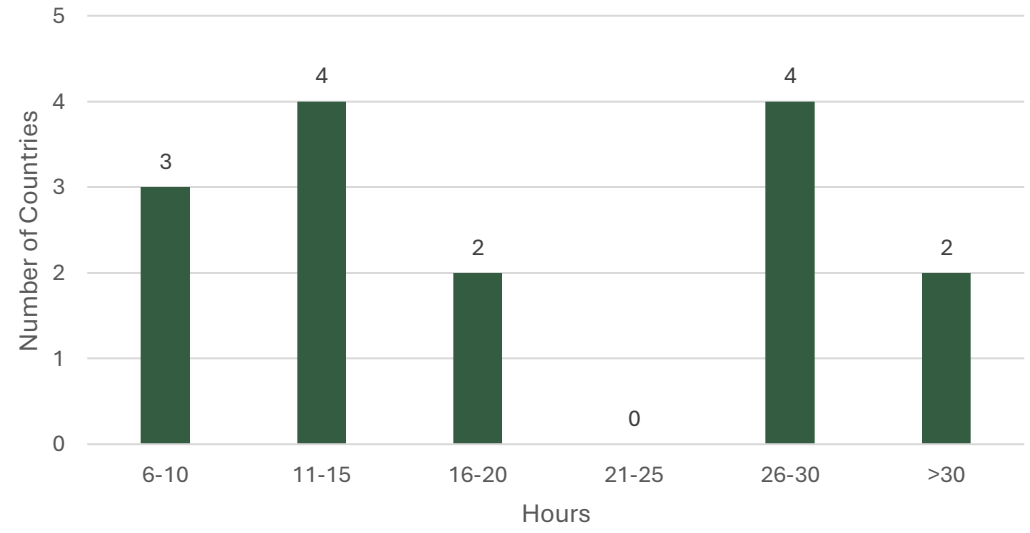


**Figure 14:** Required Hours of Continued Professional Development, Annually

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**Table 3:** Countries Reporting Changes in Education since 2020

| Country | Reported Change(s) |
|---|---|
| Australia | Development of new competency and accreditation standards with increased focus on interprofessional practice and culturally safe and responsive practice. |
| Canada | Updated entry to practice competencies were approved in 2020, required to be fully implemented into education programs by Aug. 31, 2023 and into the national registration exam in Spring 2024. Over the course of the pandemic, there was an increased emphasis on virtual and remote practicum placements. |
| Germany | Revised guidelines: Oncology, Diabetes, Osteoporosis = optimizing therapy<br>New regulations by law: Hygiene, allergy declaration, food + nutrient declaration,<br>Code of Social Law – Under reconstruction<br>Sustainability and digital learning; |
| Israel | Bachelor of Nutrition Science degree is now four years with integrated practical training throughout instead of three years of study followed by practical training. |
| Mexico | There are changes in the content and methods of the basic education of Dietitians – Nutritionist since 2020. After Covid pandemic the virtual rooms and the incorporation of different electronic platforms was the common issue. |
| Netherlands | New criteria set started June 2020 which varies in detail but moreover is basically the same. |
| Norway | Mandatory practical placement was increased to 14 weeks with students starting 2021/2022 |
| Switzerland | 2020: New regulations on the duty of continued professional development |
| Türkiye | Basic education of dietitian-nutritionists was modified by the approval of National Core Standards for Nutrition and Dietetics Education Programme. No difference in continued professional development. |
| UK | Further apprenticeship courses developed. First Apprentice route students just qualified!<br>New dietetics courses coming online 2-3/yr<br>However, bottleneck for clinical practice placements – looking into other ways to deliver placements inc – simulation and tech, industry, public health, private/freelance |
| USA | Individuals applying for exam eligibility must complete a minimum of a graduate degree. The decision to change the entry-level degree requirement from a bachelor's degree to a graduate degree was based on the fact that almost all other health care professions had already increased entry-level education standards beyond bachelor's degrees and that moving the entry-level RD education to a graduate level is consistent with the knowledge, skills, and research base required in the field of nutrition and dietetics. The graduate degree will address the diversity of the profession's practice areas and help develop leaders in advancing the profession. |

*Some answers have been edited for length or clarity.

## Work of Dietitian-Nutritionists

The scope of practice and work settings for dietitian-nutritionists varies considerably from country to country and continues to evolve as new food and health challenges emerge and dietitian-nutritionists apply their skills and expertise in new areas.

Since 2012 the ICDA has been collecting information related to practice settings by asking NDAs to indicate locations in which dietitian-nutritionists work from a list of possible settings that expands with each iteration based on respondent feedback. New in practice settings added to the 2024 survey were mental health, community food and agriculture projects and private practice.

In 2024, 35 countries answered the questions related to workplace settings and the results are shown in Table 4. Data from 2020 and 2016 has also been included for comparison but the figures should only be

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used as a guide as not all NDAs collect comprehensive workforce data and the survey responses may be based on subjective and/or incomplete assessments.

There were three practices settings where 100% of countries reported dietitian-nutritionists worked: hospitals, the food industry, and academia or research. Furthermore, more than 90% of countries reported dietitian-nutritionists worked in community health centres, public health, government agencies related to health or social services, food service, the pharmaceutical industry, or in recreational centres.

Compared to 2020 data, the proportion of countries that reported dietitian-nutritionists working stayed the same or increased in every practice area except food service/hospitality, which decreased from 93% in 2020 to 91% in 2024. The biggest increases were observed in the areas of health advocacy associations (13% over 2020 data), recreation or sports facility (13%), public health (12%), and schools (11%).

**Table 4:** Percentage of Countries that have Dietitian-Nutritionists Working in each Practice Setting, 2016 - 2024

| | 2024 (n=35) | 2020 (n=45) | 2016 (n=42) |
|---|---|---|---|
| **Health Systems** | | | |
| Community Health Centres | 91% | 91% | 88% |
| Doctor's Office or Medical Clinic | 89% | 82% | 81% |
| Hospitals | 100% | 98% | 100% |
| Mental Health Care Setting | 46% | N/A | N/A |
| Nursing Home or Long-term Care | 89% | 78% | 79% |
| Public Health Agency | 94% | 82% | 86% |
| Government (Health/Social Services) | 97% | 87% | 79% |
| **Food and Agriculture** | | | |
| Food Service/Hospitality | 91% | 93% | 93% |
| Food Industry | 100% | 91% | 90% |
| Military Food Service | 69% | 69% | 64% |
| Community Food/Agriculture Projects | 63% | N/A | N/A |
| Government (Food/Agriculture) | 77% | 76% | 76% |
| **Other** | | | |
| Health Advocacy Association | 89% | 76% | 79% |
| Academic or Research Organization | 100% | 96% | 93% |
| Media | 69% | 64% | 64% |
| Pharmaceutical Company | 91% | 82% | 81% |
| Recreation or Sports Facility or Association | 91% | 78% | 74% |
| Private Practice | 80% | N/A | N/A |
| School or School System | 80% | 69% | 74% |

Three new practice areas were added to the survey in 2024, bringing the total number of practice settings to 19. Six countries listed dietitian-nutritionists as working in all available practice settings: Australia, Finland, Israel, Nigeria (IDN), United Kingdom and United States of America.

The total number practice settings per country have been increasing over the last three iterations of the survey, however two of the three countries with the lowest number of practice settings in 2020 (Korea, 3 and Iceland, 5) did not participate in 2024. The countries with the fewest practice settings for dietitian-nutritionists in 2024 were Greece (11), Malaysia (10) and Sweden (DRF, 9).

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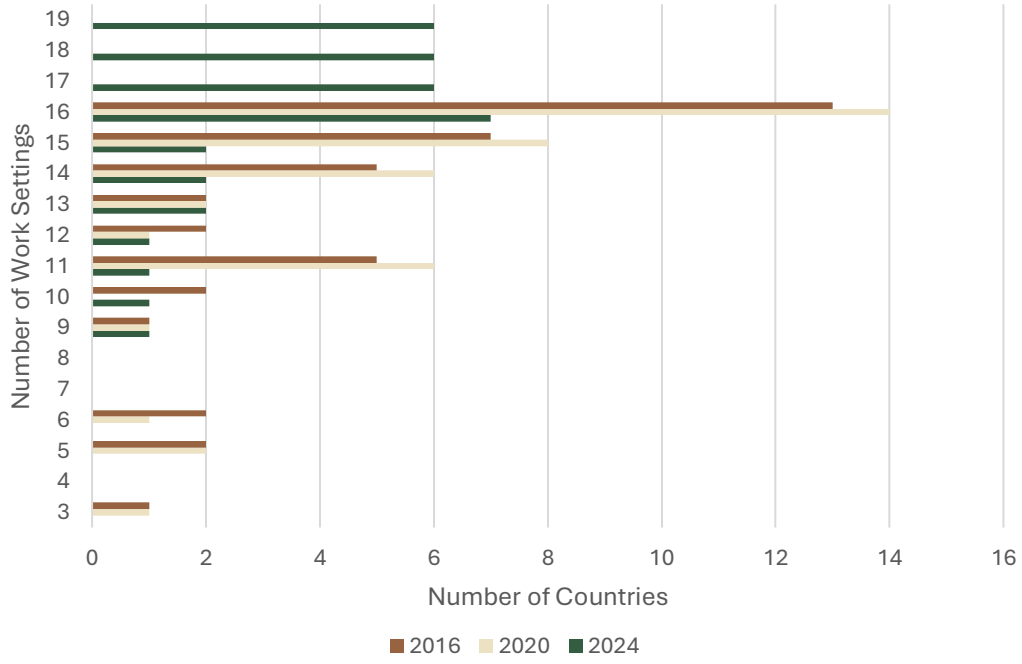


**Figure 15:** Change in Number of Work Settings for Dietitian-Nutritionists, 2016 - 2024

## CHANGES IN THE WORK OF DIETITIAN-NUTRITIONISTS SINCE 2021

There was an open-ended question that allowed members to identify new and emerging areas of practice in their regions. Responses included:

- Disability services
- Medical nutrition companies
- Private industry (working as the dietitian-nutritionist on staff for a large company)
- Complementary medicine
- Collective gastronomy
- Non-governmental organizations

Other recorded changes to dietitian-nutrition work since 2021 are described in Table 5, below. Overall trends suggest an increase in telehealth, but also an increase in the use of technology to support dietetic practice with mobile apps and software. Several members noted the impacts of COVID-19 on the profession, such as the redeployment of dietitians to new roles or an expanded scope of practice and an increase in telehealth and the provision of virtual care. The role for dietitians in private practice and as part of interprofessional teams appears to be expanding.

**Table 5:** Countries Reporting Changes in Work since 2020

| Country | Reported Change(s)* |
|---|---|
| Australia | Since COVID, Accredited Practicing Dietitians (APD) have enhanced access to telehealth allowing practitioners to continue professional relationships. Significant growth in private practice dietetics. The Australian Government's draft Aged Care Quality Standards have stipulated that residential aged care homes must have at least an annual assessment of the menu by an APD – this is being built into future legislation currently in progress. |

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| | |
|---|---|
| Belgium | More dietitians are working in public health or developing projects linked to sustainability, ecology, the environment, etc. More dietitians are developing mental health skills, particularly in the management of eating disorders. |
| Canada | During the pandemic there was widespread redeployment of dietitians to COVID testing, public health and/or immunization centers. Some dietitians were redeployed internally to other units within their workplaces (i.e. ICUs). |
| Denmark | We are witnessing a reduction in task modifications, concurrent with clinical dietitians at specific hospitals undertaking responsibilities such as the insertion of nutritional tubes or establishing a more enduring affiliation with a specific department within the hospital. Both initiatives are integral components of an overarching strategy aimed at enhancing professional interventions and alleviating the workload of nursing personnel. |
| Germany | Digital apps and video therapy |
| Hong Kong | More dietitians are working in the community setting with more government funding in the public health system. With the pandemic, there is a further increased use of technology in patient care e.g. virtual consultations and use of telephone apps to monitor patient data. |
| Hungary | Private practice, telemedicine |
| India | Increase in online presence. Working with start-up companies. Increased collaboration with inter-disciplinary teams. Increased number of dietitians in stand-alone clinics and lifestyle centres. |
| Indonesia | Dietitians are now working in private practice. |
| Ireland | More Technology |
| Malaysia | New area - telehealth |
| Mexico | More dietitians working as entrepreneurs in the food industry. Teaching and Research, Information, and communication; Culinary and pharmaceutical industry related to food and nutrition, Innovation and entrepreneurship in food and nutrition. The use of technology is increasing exponentially. |
| Netherlands | More primary practice instead of hospital care (shortening hospital care) and more social care/municipal domain instead of primary care. More dietitians are working in interprofessional teams but there is also a shift to one central care provider who leads (i.e. national care model for obesity in children which is more community driven). There is also increased awareness of lifestyle medicine by doctors; a great opportunity for dietitians, but now more doctors claim to be specialists and provide nutritional care themselves. Since 2019 dietitians have been eligible providers for obesity 'combined lifestyle interventions', which are reimbursable by basic health insurance. Lifestyle coaches (with not health background) are also eligible or a combination of professionals. It is expected that this model will be expanded other diseases. Slight increase in technology use with more attention and more research in this area. |
| Nigeria | Working in inter-professional teams |
| Norway (KEFF) | More employment as a dietitian-nutritionist in the community health services. |
| Norway (NDNA) | The "competition" from influencers and other alternative voices on social media makes it difficult for dietitian-nutritionists to promote scientific-based knowledge. |
| South Africa | Greater diversity in employment (or self-employment) settings due to job scarcity. |
| Spain | Around 250 dietitian-nutritionists have been hired by NHS to work in Primary Health care units in 2 Spanish Regions (Catalonia and Galicia). While still insufficient, there are more dietitian-nutritionists in primary care, public hospitals and teaching in universities. More dietitian-nutritionists are working in interdisciplinary teams and research. Dietitian-nutritionists have been hired by most catering companies and many insurance companies and sports teams. It is common now to see Dietitian-Nutritionists in the media and on public television. |
| Sri Lanka | Consultations are now performed both face-to-face and using telehealth. |

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| | |
|---|---|
| Sweden | Telenutrition has become more common. |
| Türkiye | Since 2023 dietitians have been hired by the Ministry of National Education to support school meals. |
| UK | Profession is still mainly NHS clinical in nature but now has an increasing cohort of portfolio careers with dietitians working part time for the NHS and industry/private practice/media/sports etc. |
| USA | Anecdotally we understand that RDNs are gravitating away from inpatient clinical settings, opting for positions that permit telecommuting. |
| Zimbabwe | Have had cadres who have started working in technology provision for health apps as support teams. |

*Some answers have been edited for length or clarity.

## National Dietetic Association Governance

For the first time in 2024 the survey included questions related to ICDA member governance. Out of the 40 ICDA members that responded to the survey, seven member associations (17.5%) acknowledged that that they have no paid staff and are volunteer run. Another seven members noted that they have no paid dietitian-nutritionists on staff, but it is unclear whether they have other paid staff. Of the remaining members, 17 had between one and nine paid dietitian-nutritionists on staff, three had 10 or more, and six members did not answer the question. The most common title of the most senior staff person was Chief Executive Officer (n=8), followed by President (n=7) and Executive Director (n=4). The most senior staff at the association was a dietitian-nutritionist for 45% of members (n=18) and was not for 23% of members (n=9). The remaining members did not answer the question or the response was unclear.

Seventy-five percent of member associations were governed by a Board of Directors or Executive Committee (n=30). Board size ranged from three to 35 members with the most frequent responses being seven people (n=9 members), nine people (n=4 members) and eight people (n=3 members). Further investigation is needed, but at a high level the most common processes for appointing board members is by election (n=18), board decision (n=4) and board selection followed by member approval (n=3). Most boards were composed entirely of dietitian-nutritionists (n=22) and had no limits on the maximum number of terms for a board member (n=16). Terms ranged from two to six years with three-year terms being the most common (n=13)

## View of the Profession

The final part of the survey was designed to get an idea of how dietetics was perceived in member countries. Sixty percent of respondents felt that the profession was viewed positively or very positively whereas 18% of respondents felt the profession was viewed fairly or moderately positively. The question was open-ended and there is acknowledged subjectivity in the interpretation of the responses. Nine respondents (23%) left the question blank or provided an answer that was too vague to assign (e.g. “image is improving”).

Analyzing the themes from the responses, dietitians continue to be recognized as trusted, respected health professionals who provide credible, evidence-based nutrition advice. Their expertise and commitment to scientific integrity have positioned them as reliable voices amid growing public confusion about food and health. This credibility has led to increased opportunities for collaboration; dietitians are increasingly sought out by media for commentary and by government bodies for policy and program input. Several members mentioned referenced evidence of an expanding scope of practice (or the need to expand) through specialization or advanced practice competencies.

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As the profession evolves, there was also an acknowledged need to continue promoting its value to the public and within health systems, ensuring that dietitian-nutritionist roles are visible and well understood. This is especially important as there is increasing competition in the food and nutrition space from unqualified individuals who contribute to nutrition misinformation. This underscores the importance of continued advocacy and professional branding to maintain our position as the foremost authority in food and nutrition.

## Conclusions

The 7th iteration of the ICDA Dietitian-Nutritionist Education and Work survey continues to showcase the global diversity of the profession in terms of how dietitian-nutritionists are educated and regulated as well as variations in practice settings and scopes of practice. Since 2020, there have been positive increases in professional growth, professional acknowledgement, consistency of professional standards and practice setting diversity. The future of dietetics is promising.

The professional title varies globally. 'Dietitian' is most common, but 'nutritionist' and 'dietitian-nutritionist' are also used and many countries recognize and protect multiple titles (see the Appendix for a full list of terms used in each country in both the local language and in English). Legal protection of these titles is strengthening and in 2024 89% of countries reported protected professional titles, up from 68% in 2008 when the data was first tracked. The profession itself is also expanding with an estimated total of 456,621 dietitian-nutritionists worldwide, an increase of 24% over 2020 data.

Significant progress has also been made in establishing minimum professional standards to ensure public protection and reinforce the profession's credibility. In 2024, 98% of member countries had adopted a code of ethics (up from just 35% in 2004), and more than three quarters of countries met standards related to education, practical training, and professional competencies. At the same time, practice settings continue to broaden: all countries now report dietitian-nutritionists working in hospitals, the food industry, and academia, with growth across nearly all other areas. Notably, 47% of countries now report practice in mental health settings and 81% in private practice, while emerging areas such as telehealth and in-house roles within private companies are becoming increasingly common.

In 2024, the ICDA survey introduced questions related to the governance or questions national dietetic associations. Among the 40 national dietetic associations that responded, most employed between one and nine dietitian-nutritionists and the most senior position was typically the Chief Executive Officer. Seventy-five percent of associations were governed by Boards of varying sizes, typically elected and often composed entirely of dietitian-nutritionists. There is room to improve the clarity of these questions in future surveys to better understand governance structures and best practices for association management.

Despite global evidence that profession has made great progress and that dietitian-nutritionists are generally regarded as trusted, evidence-based experts sought after for their knowledge in food and nutrition, there is also a need for continued advocacy and promotion of the profession, particularly in response to growing competition from unqualified individuals contributing to nutrition misinformation.

Understanding the professional status, education and work of dietitian-nutritionists around the world is complex but critical to the mission of strengthening the global nutrition and dietetic workforce and promoting the profession. It is important to continue collecting this data on a regular basis to track how the profession is evolving, explore challenges, and identify areas for advancement.

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## Appendix: Full List of Dietitian-Nutritionist Titles Used Around the World

| Country | Local Language | English |
|---|---|---|
| Australia | Accredited Practising Dietitian | |
| Austria | Diaetolog (male)<br>Diaetologin (female) | Dietitian |
| Belgium | Diététicien(ne) (French)<br>Diëtist (Flemish) | Dietitian |
| Canada | Registered Dietitian<br>Dietitian/diététiste<br>Nutritionist/nutritionniste<br>Professional Dietitian/diététiste professionel(le)<br>Registered Dietitian-Nutritionist/diététiste-nutritionniste<br>Dietician/diététicien(ne)<br>Registered Nutritionist | |
| Caribbean | Registered Dietitian<br>Registered Nutritionist/ Public Health Nutritionist | |
| Denmark | Klinisk diætist<br>Køkkenchef<br>Sundhedsfremmekonsulent<br>Ernæringskonsulent<br>Kostvejleder<br>Produktionsleder<br>Mad- og måltidskonsulent<br>Kost konsulent, udviklingskonsulent<br>Ernæringskoordinator<br>Kvalitetskonsulent<br>Projektleder<br>Forebyggelseskonsulent<br>Foodservicekonsulent m.v. | Clinical dietitian<br>Kitchen manager<br>Health promotion consultant<br>Nutrition consultant<br>Diet advisor<br>Production manager<br>Food and meal consultant<br>Dietary and development consultant<br>Nutrition coordinator<br>Quality consultant<br>Project manager<br>Prevention consultant<br>Food service consultant, etc. |
| Finland | laillistettu ravitsemusterapeutti | Legalized clinical nutritionist (dietitian) |
| France | Diététicien | Dietitian |
| Germany | Diätassistentin (female) / Diätassistent (male) | Dietitian |
| Greece | Διαιτολόγος - Διατροφολόγος | Dietitian-Nutritionist |
| Hong Kong | 註冊營養師/認可營養師 | Registered Dietitian<br>Accredited Dietitian |
| Hungary | Dietetikus | Dietitian |
| India | Dietitian / Nutritionist | |

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| | | |
|---|---|---|
| Indonesia | Register Dietisien | Registered Dietitian |
| Ireland | Dietitian | |
| Israel | | Dietitian-Nutritionist |
| Italy | Dietista | Dietitian |
| Japan | *Kanrieiyoushi　管理栄養士 / Eiyoushi　栄養士* | Registered Dietitian<br>Dietitian |
| Luxembourg | Diététicen | Dietitian |
| Malaysia | Bahasa:<br>Ahli dietitian<br>Pegawai Dietetik | Dietitian |
| Mexico | Licenciado en Nutrición es el general , pero adopta diferentes énfasis como : Nutriólogo, Licenciado en Nutriología, Licenciado en Nutrición y Dietética, Licenciado en Nutrición y Ciencia de los Alimentos. Licenciade en Nutrición Humana | Bachelor of Science in Nutrition (is the General level) and the title add different emphasis, such as Bachelor of Science in Food and Nutrition; Bachelor in Dietetics and nutrition; Bachelor in Human nutrition; Bachelor Sciences in Nutrition and Life style. |
| Netherlands | Diëtist | Dietitian |
| Nigeria | Registered Dietitian- Nutritionist, RDN | |
| Norway | Klinisk ernaaæringsfysiolog<br>Kostøkonom<br>Ernæringskokk | Clinical dietitian/nutritionist, MSc<br>Nutrition Cooks<br>Dietitian-Nutritionist |
| Pakistan | Dietitian/Nutritionist<br>Clinical dietitians Health Nutritionists | |
| Portugal | Nutricionista | Nutritionist |
| South Africa | Registered dietitian | |
| Spain | Graduado/a en Nutrición Humana y Dietética | Graduate in Human Nutrition and Dietetics |
| Sri Lanka | ලියාපදිංචි ආහාර හා පෝෂණවේදීන්” | Registered Dietitian |
| Sweden | Dietist | Dietitian |
| Switzerland | Ernährungsberater/in (German)<br>Diététicien-ne (French)<br>Dietista (Italian) | Dietitian |
| Thailand | | Registered Dietitian of Thailand |
| Türkiye | Diyetisyen | Dietitian |
| United Kingdom | Dietitian<br>Dietician | |
| United States of America | Registered Dietitian<br>Registered Dietitian Nutritionist | |

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| | | |
|---|---|---|
| Zimbabwe | Registered Dietitian | |

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