

Dietitians and Nutritionists

AI is drafting meal plans, logging intake from photos and automating clinic notes, pushing dietitians towards complex cases and behaviour change.

EXPOSURE	WINDOW	ADOPTION TODAY	READING
53 Elevated exposure	2–6 yrs until change lands	Medium-High	The role is being reshaped. Exposure is the share of today's work AI can plausibly take on within the window.

§ 01WHAT IS HAPPENING

What is happening to dietitians and nutritionists

Impact	Nutrition software now generates first-draft meal plans and recipe swaps from a patient's targets, allergies and preferences, and photo-based food logging in consumer apps has replaced much of the manual diet-diary work. In hospitals and clinics, ambient documentation tools draft consultation notes and discharge summaries, while chat assistants answer the routine 'can I eat this' questions that used to fill a dietitian's inbox. The day shifts away from calculating and typing towards interpreting results, managing clinically complex patients and coaching people through change.
Risk	Routine planning and documentation automate; value moves to clinical judgement, counselling and medical nutrition therapy. The score places the role in the elevated band: occupation-level measures put it in the highest official exposure tier, but observed use of generative AI by dietitians is still modest. Meal-plan generation, nutrient analysis, diet-history collection and note-writing are the tasks most clearly being automated. Assessing a patient with renal disease, enteral feeding or an eating disorder, reconciling conflicting medical priorities and getting a reluctant patient to actually change what they eat remain human work. Over the 2-6 year window, expect fewer hours spent on calculation and documentation and more spent on complex caseloads, with employers measuring dietitians on outcomes rather than throughput of plans.

Sector readiness

Steady Uptake Through Nutrition and Clinical Software

Deployment is arriving through the tools dietitians already use: nutrition analysis platforms have added AI plan generation, hospital electronic health records are rolling out ambient note-taking, and consumer apps have normalised AI food logging. Private practices and digital health providers have moved fastest; NHS and public hospital dietetic departments are adopting more cautiously, usually as part of wider trust-level programmes rather than dietetics-specific projects.

§ 02 POSITION

Where you stand

- i Position yourself as a clinical specialist in a complex area such as renal, oncology, paediatrics or eating disorders rather than a general meal-plan provider.
- ii Become the practitioner who validates and supervises AI-generated nutrition advice for your service, including its safety for patients with medical conditions.
- iii Build demonstrable skill in behaviour-change counselling, which is the part of the work that patients will keep paying a human for.

§ 03 ACTIONS

6 POINTS

What this means for you

Concrete changes to how the work gets done, in the order you are likely to meet them.

- 01 **Supervise the plan, do not write it.** Let the software produce the first draft and spend your time checking it against the patient's medication, labs and life. Your signature on a corrected plan is worth more than an hour of typing.
- 02 **Specialise early.** Generalist outpatient nutrition is the most exposed part of the field. Depth in a clinical area with real medical risk is the strongest protection.
- 03 **Own the data your patients generate.** Photo logs, glucose monitors and wearables produce more information than any diet diary did. Learning to interpret it is a skill few colleagues have.
- 04 **Be the safety check.** AI tools give confident dietary advice that is sometimes wrong for people with kidney disease, diabetes or allergies. Being the person who catches that makes you indispensable to a service.
- 05 **Document the counselling, not just the diet.** If your notes read like a recipe, they look automatable. If they show assessment, reasoning and a plan for behaviour change, they show your value.

06

Keep your evidence current. Patients arrive with AI-generated claims about diets and supplements. Being able to explain calmly what the evidence actually says is part of the job now.

§ 04CAUSES

6DRIVERS

What is pushing this change

- 01
- Generative meal planning.** Nutrition platforms produce personalised plans, swaps and shopping lists from clinical targets in seconds, removing the most time-consuming routine task.
- 02
- Photo and sensor-based intake logging.** Consumer apps estimate portions and nutrients from photos, and glucose monitors feed data directly to the clinician, replacing recall-based diet histories.
- 03
- Ambient clinical documentation.** Tools that listen to a consultation and draft the note are spreading across hospital systems, cutting the administrative tail of each appointment.
- 04
- Patient self-service advice.** People ask chat assistants dietary questions before they ask a professional, reducing demand for simple advice and raising demand for correction of bad advice.
- 05
- Highest official exposure tier.** Occupation-level measures place dietitians in the top tier of exposure because so much of the written task list is analysis, planning and documentation.
- 06
- Modest observed usage so far.** Actual recorded use of generative AI by dietitians is still limited, which is why the score sits in the elevated rather than high band and the window is 2-6 years.

§ 05VARIATION

4SECTORS

Impact by sector

The headline figure is an average. Where you work changes the picture.

Hospital and acute care	Exposure is lower here because caseloads are medically complex and documentation runs through the hospital record; AI mostly speeds notes and nutrient calculations.
Private practice and digital health	The most exposed setting, as AI plan generation and app-based coaching directly compete with the standard consultation-plus-plan offer.
Public health and community nutrition	AI helps draft programme materials and analyse population data, but community engagement and policy work remain largely human.
Food service and sports nutrition	Menu analysis and athlete fuelling plans automate readily, while on-site presence, team relationships and real-time adjustments keep the human role.

Skills to build

The skills that keep the human part of this work valuable as the routine part is automated.

- 01

Medical nutrition therapy depth. Complex clinical cases are the least automatable work; pursue advanced practice credentials in a specific clinical area.
- 02

Behaviour-change counselling. Motivational interviewing and coaching skills turn a correct plan into a followed one, which is where outcomes are decided.
- 03

Critical appraisal of AI output. Learn how plan generators and chat assistants fail, and build a habit of checking their advice against medications, labs and guidelines.
- 04

Data interpretation. Reading continuous glucose, wearable and app data is becoming a core clinical skill; practise with real patient exports.
- 05

Clinical software fluency. Know your nutrition platform and health record well enough to configure templates and shape how AI features are used in your service.
- 06

Communication of evidence. Patients bring AI-generated claims to appointments; being able to explain the evidence clearly and without condescension is now part of practice.

Tools in use

KINDS OF TOOL WORTH KNOWING

- 01

Photo-based food logging apps. Consumer apps that estimate portions and nutrients from a photograph are changing how diet histories are collected.
- 02

General chat assistants. ChatGPT, Claude and Gemini are where patients get their first nutrition advice, so knowing their typical errors matters.

NAMED TOOLS ALREADY IN USE

Nutritics	VISIT
Nutrition analysis and meal-planning platform used in clinical and food-service settings, with AI-assisted planning features.	
Nutrium	VISIT
Practice-management and meal-planning software for dietitians that generates plans and tracks patient logging.	
Practice Better	VISIT
Client management platform for nutrition practitioners with AI note-taking and programme delivery.	

Epic

VISIT

Hospital electronic health record used by many dietetic departments, now adding AI drafting of notes and patient messages.

§ 08 EXAMPLES

3 EXAMPLES

In practice

Ways people in this role are already using AI, and what they get from it.

Outpatient plan drafting

EXAMPLE 1

HOW

A clinic dietitian enters targets and restrictions, lets the platform generate a plan and swaps, then reviews it against the patient's medication list before the appointment.

GAIN

Appointment time shifts from building the plan to discussing whether the patient can live with it.

Ambient note-taking in hospital

EXAMPLE 2

HOW

An inpatient dietitian uses the hospital's ambient documentation tool to draft assessment notes during ward rounds, editing for accuracy before signing.

GAIN

More patients are seen per shift with notes completed the same day.

Continuous glucose data review

EXAMPLE 3

HOW

A diabetes dietitian reviews AI-summarised glucose and intake data before a review appointment to identify patterns the patient has not noticed.

GAIN

Conversations start from evidence rather than recall, improving the quality of advice.

§ 09 CONTEXT

How this role compares

Three neighbouring roles chosen to show the direction of travel.

Medical Coders and Health Records Specialists

MORE EXPOSED

AI IMPACT

Coding and records work is text-based and rule-driven, so AI is automating it far more directly than clinical nutrition.

WORK MOVES TO

Audit, compliance and exception handling rather than routine coding.

Nurse Practitioners

DIFFERENT SKILLS, GROWING

AI IMPACT

AI drafts documentation and supports decisions, but the diagnostic and prescribing role keeps growing with demand for primary care.

WORK MOVES TO

Advanced clinical assessment and independent patient management.

Fitness Trainers and Instructors	AI IMPACT	Programme design is partly automated, but in-person coaching and supervision keep exposure low.
COMPLEMENTARY, LESS EXPOSED	WORK MOVES TO	Hands-on instruction, motivation and movement correction.

§ 10 VERDICT

Closing judgement

If you are a dietitian, the part of your job that looked like arithmetic and typing is going away, and that is most of what a generalist plan-writing service consisted of. What is left is harder and more valuable: the complex patient, the family who will not follow advice, the clinical decision where the guideline does not fit. Learn the tools well enough to supervise them, make sure your name is attached to outcomes rather than to documents, and move your caseload towards the cases a chatbot cannot safely handle.

§ 11 BASIS

REVISED 5 OCTOBER 2026

Evidence and revisions

What the exposure figure rests on, what changed when it was last revised, and the published work cited for this role.

SCORE	The 5 October 2026 review held the score.
53	
WINDOW	Exposure Index v2. Inputs: task applicability 44/100 (Microsoft AI applicability score 0.22 for Dietitians and nutritionists); observed usage 18/100 (Anthropic observed exposure 0.13); official exposure tier 100/100 (BLS: very high); labour-market trajectory not yet mapped for this occupation, so its weight was spread across the other inputs; published adoption rating 55/100 (medium-high adoption). Weighted base 52.5. Final score 53. New report: the window of 2-6 years is set from the score band.
2-6 years (unchanged)	

HOW THE FIGURE IS BUILT (EXPOSURE INDEX V2)

Task applicability — Microsoft Research, AI applicability score	44 × 39%	17.2
Observed usage — Anthropic Economic Index, observed exposure	18 × 22%	3.9
Official exposure tier — US BLS AI-exposure category	100 × 22%	22.2
Labour-market trajectory — US BLS projected employment change 2025–35	not measured	–
Published adoption rating — This report’s adoption level	55 × 17%	9.2
Weighted base		52.5
Exposure score		53

MEASURES BEHIND THE SCORE

US Bureau of Labor Statistics · *Employment Projections 2025–35 and AI Exposure Categories* (27 August 2026)

AI-exposure tier: Very high. Projected employment change not yet mapped for this occupation. Matched to Dietitians and nutritionists.

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Microsoft Research · *Working with AI: Measuring the Applicability of Generative AI to Occupations* (10 July 2025)

AI applicability score 0.22 for SOC 29-1031; scaled to 44/100 as the task-applicability input.

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Anthropic · *Anthropic Economic Index report: Cadences* (26 June 2026)

Observed exposure 0.13 for SOC 29-1031; scaled to 18/100 as the observed-usage input.

PUBLISHER PDF

UK Department for Science, Innovation and Technology · *Assessment of AI capabilities and the impact on the UK labour market* (28 January 2026)

UK context: around 70% of UK workers are in occupations with tasks AI could perform or enhance, above the US average; a one-standard-deviation rise in exposure was associated with a 3.9% fall in UK job postings.

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<https://www.careerguard.ai/sources>

Method and sources

Each report was written from a large body of published research. The exposure score itself is computed, not written: it is the CareerGuard Exposure Index, a weighted average of occupation-level measures from the US Bureau of Labor Statistics (AI-exposure classification and 2025–35 projections), Microsoft Research (AI applicability scores) and Anthropic (observed exposure), together with the adoption rating published on the report. The organisations and publications below are the standing literature behind the narrative sections. Every source, with dates, licences and archived copies where we are permitted to hold them, is catalogued in the research library.

Exposure Index v2 (October 2026). Each input is scaled to 0–100 and weighted: task applicability 35% (Microsoft AI applicability score ÷ 0.5), observed usage 20% (Anthropic observed exposure ÷ 0.75), official exposure tier 20% (BLS very high = 100, high = 70, moderate = 40, low = 10), labour-market trajectory 10% ($50 - 2.5 \times$ projected % employment change), published adoption rating 15% (very high = 85, high = 70, medium-high = 55, medium = 40, low-medium = 25, low = 10). Inputs not measured for an occupation are dropped and the remaining weights renormalised. An editorial adjustment of at most ± 12 points is allowed only for automation channels the measures cannot see (robotics, self-service, machine vision, medical imaging, RPA/OCR, generative video) and is always logged with its reason. Scores are whole numbers, not rounded to five. The change window shifts one notch (a year at each end) per ten points of movement.

I GLOBAL AND MACROECONOMIC IMPACT OF AI ON WORK

World Economic Forum

The Future of Jobs Report series — Employer survey of expected job growth and decline, skill shifts and technology adoption (2020, 2023 and 2025 editions); *Artificial Intelligence and the Future of Entry-Level Work* (2026).

AI governance and transformation reports — Frameworks on ethical AI, talent strategy and industry transformation.

McKinsey Global Institute

AI, Automation and the Future of Work series — Research quantifying automation potential by task, sector and demographic, from "Jobs Lost, Jobs Gained" to "Agents, robots, and us" (2025).

Industry-specific reports — Financial services, healthcare, manufacturing and others.

PwC

Global AI Jobs Barometer — Annual analysis of job postings and productivity by AI exposure (2024–2026 editions).

Upskilling Hopes and Fears survey — Employee perceptions and readiness.

Microsoft Research and Anthropic

Working with AI (2025); *Anthropic Economic Index* (2025–2026) — Occupation-level usage data from Copilot and Claude conversations, the two observed-usage measures behind the 2026 revision.

Stanford Digital Economy Lab and Stanford HAI

Canaries in the Coal Mine? (2025–2026); *AI Index Report (annual)* — Payroll evidence on early-career employment in exposed occupations; annual measurement of AI capability, investment and adoption.

Deloitte

Human Capital Trends series — Workforce, talent and HR technology trends.

Tech Trends series — Emerging technologies and their business implications.

Accenture

Technology Vision series — Forward-looking analysis of emerging technology, with emphasis on AI.

Fjord Trends — Design, innovation and human experience in a digital world.

Boston Consulting Group

AI/ML insights and industry solutions — "The AI Revolution in the Workplace" and related research.

EY

AI and workforce reports — Adoption, talent strategy and ethics.

IBM Institute for Business Value

AI and automation studies — Business models, workforce evolution and leadership.

OECD

AI Policy Observatory — International data and policy on AI, labour markets and skills.

Employment Outlook — Labour-market trends including technological impact (2023–2026 editions).

International Labour Organization

Generative AI and Jobs: A Refined Global Index of Occupational Exposure (2025) — Task-level exposure gradients for every ISCO occupation; successor to the 2023 global index.

International Monetary Fund

Staff Discussion Notes on AI and work (2024, 2026) — Complementarity framing: where AI augments and where it substitutes.

UK Department for Science, Innovation and Technology

Assessment of AI capabilities and the impact on the UK labour market (2026) — UK occupational exposure and job-posting evidence.

Brookings Institution

AI and automation research — Economic and social implications, displacement and skills.

Yale Budget Lab and Goldman Sachs Research

Tracking the Impact of AI on the Labor Market; AI and the US labour market (2026) — Aggregate labour-market monitoring; macro displacement estimates.

Oxford University (Oxford Martin School)

The Future of Employment — Frey & Osborne and subsequent research on susceptibility to automation.

MIT Technology Review

AI & Work — Reporting on AI research and its implications for industries and jobs.

Gartner

Hype Cycle for Artificial Intelligence — Maturity and adoption of AI technologies.

Future of Work reports — Workplace models and talent strategy.

U.S. Bureau of Labor Statistics

Employment Projections 2025–35; AI Exposure Categories; Occupational Outlook Handbook — Ten-year employment projections and, from the 2025 cycle, an AI-exposure tier for every detailed occupation.

Indeed Hiring Lab

AI at Work Report (2025) and posting-market updates — Skill-level transformation estimates and job-posting trends by occupation.

II CORE AI AND MACHINE-LEARNING RESEARCH

OpenAI

Research papers, blog and API documentation — Large language models, generative AI, safety and societal impact.

Google DeepMind

Research papers and blog — Reinforcement learning, AI for science, AGI and ethics.

Meta AI

Research papers and blog — Large language models, computer vision, AI for social good.

Hugging Face

Transformers library and model hub — Open-source state-of-the-art NLP models.

TensorFlow and PyTorch

Documentation and community forums — Core frameworks illustrating practical capability.

arXiv

cs.AI, cs.LG, cs.CV, cs.CL — Pre-print research.

NeurIPS and ICML

Conference proceedings — Top-tier academic research.

ACM and IEEE

Journals and proceedings — ACM Computing Surveys; IEEE Transactions on AI.

Kaggle

Datasets and competition solutions — Applied machine learning on real-world problems.

The Alan Turing Institute

Research and reports — Responsible and applied AI.

III ETHICAL AND RESPONSIBLE AI DEPLOYMENT

NIST

AI Risk Management Framework — Voluntary framework for managing AI risk.

European Commission

AI Act — Risk-tiered legal framework for AI.

Ethics Guidelines for Trustworthy AI — Principles for responsible development.

Partnership on AI

Research and best practice — Responsible AI development.

AI Now Institute

Annual reports — Social implications: power, inequality, rights.

ACM FAccT

Proceedings — Fairness, accountability and transparency.

Data & Society

Publications — Social implications of data-centric technology.

WIPO

Conversation on IP and AI — Intellectual-property implications of AI.

IEEE Global Initiative on Ethics of A/IS

Ethically Aligned Design — Recommendations for ethical AI design.

Center for AI and Digital Policy

Policy briefs — Accountable AI policy.
