



EUROPEAN
FEDERATION OF
THE ASSOCIATIONS
OF DIETITIANS

European Academic and Practitioner Standards

For

Dietetics

**Assembled by the European Federation of
Associations of Dietitians (EFAD)**

June 2005

Definition of the concept "benchmark"

A "benchmark" originates from setting a mark on a "working bench" for measuring. A benchmark could also be cut in a rock or a rock wall and was used by surveyors as a common starting point for measurements. i.e. a fixed point or point of reference for comparisons. The word "benchmarking" is now used for the comparison process.



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Preface

Dietitians working across Europe have at the forefront of their minds the nutritional health of the people of Europe. They work with health professionals and others to realise this goal. Dietitians work to make good nutrition and food a reality to the people of Europe and it has been my pleasure to be part of this team and network. One of the aims of the European Federation of the Associations of Dietitians (EFAD) is to foster high standards of service and importantly fitness for purpose and fitness to practice. Working with our 24 member National Dietetic Associations we have recognised that in the spirit of convergence and sharing of best practice EFAD has a role to play in furthering not only the standards of education but also the maintenance of standards.

The Bologna Declaration of June 1999 called for a coherent, compatible and competitive European Higher Education Area by 2010. Further at the Convention in Salamanca in March 2001 the European universities declared that: "European Higher Education Institutions recognise that their students need and demand qualifications which they can use effectively for the purpose of their studies and careers all over Europe.....and confirm their willingness to organise themselves accordingly within the framework of autonomy."

EFAD Member Associations also made a commitment at Roskilde in 2003 to define priorities for the convergence of the education and practice of dietitians across Europe. As part of this commitment it was agreed to establish a European Benchmark Statement for Dietetics. Two years later I am pleased to say that the Benchmark has been formulated and accepted by all members of EFAD. As dietitians we will now begin to work towards the implementation of this Benchmark across our members states to further health through good nutrition in Europe.

Irene C. I. Mackay FBDA

Honorary President
European Federation of the Associations of Dietitians



1.0 Introduction to the European Dietetic Benchmark Statement

1.1 Background

The Bologna Declaration (1999) from the European Ministers of Education agreed a common goal to create a European Area for Higher Education and pledged to reform their higher education structures in a convergent way.

The objectives within the Bologna Declaration (1999) include:

- The adoption of a system of easily readable and comparable degrees, facilitating academic and professional recognition of course units, to allow the use of qualifications, competencies and skills throughout the European Higher Education Area.
- Convergence of higher education to a system of two cycles, (at Bachelor and Masters Level) with a framework described in terms of learning outcomes, competencies and profile (also see Joint Quality Initiative, 2004).
- Establishing a system of credits to allow transferability and access (also see European Credit Transfer System; ECTS).
- Promotion of mobility of students, academic and administrative staff.
- Quality assurance to ensure high quality standards and comparability of qualifications across Europe.
- The development of modules, courses and curricula with a European dimension.

Dietetics is an established profession with a common core in the application of the science of nutrition to the feeding and education of groups of people and individuals in health and disease. The practice of dietetics across Europe is, however, diverse and has evolved to meet the needs of the users and demand within each country. The European Benchmark has been developed to reflect those needs within a European context.

The first professional qualification, obtained in any country, represents the completion of a curriculum that permits the use of the title 'Dietitian' and allows the holder to practise as an independent professional. The qualification is nationally regulated in most countries but is not comparable across Europe and the title is only protected in a minority of countries.

The European Federation of the Associations of Dietitians (EFAD), established by the dietetic associations of countries within the Council of Europe, aims to promote the development of the dietetic profession and to develop dietetics on a scientific and professional level in the common interests of the Member Associations. EFAD has produced a number of reports related to the education and/or work of dietitians in the members states of EFAD (1986, 1987, 1990, 1991, 1996, 1999, and 2003) that highlight the variation in courses that lead to a qualification in dietetics and the diversity of work undertaken by dietitians.

The application of the objectives of the Bologna Declaration to dietetic education is consistent with the aims of EFAD and reinforces the need to develop a common standard across Europe. Comparable qualifications would then support the European labour market, enabling dietitians to study and work more easily throughout the European Union. However, it is acknowledged that additional education in specializations may be required in order to gain employment in members states for the dietitian who has trained in a specialization different from the one in which they are now seeking employment.

1.2 How the European Dietetic Benchmark Statement was developed

A dietetic benchmark statement was developed in the UK by a group of appropriate specialists drawn from higher education institutions, service providers and the professional and statutory regulatory bodies. The statements represent the first attempt to make explicit in published form the general academic characteristics and standards of dietetic awards in the UK. The work was undertaken under the guidance of the Quality Assurance Agency (QAA) and published in July 2001.

At the General Meeting in September 2003, in Denmark, the EFAD delegates participated in a workshop to consider the desirability and feasibility of establishing a European Dietetic Benchmark Statement. The delegates from the 18 Member Associations present agreed that the priorities for the convergence of the education and practice of dietitians across Europe should be as follows:



1. To agree a description of the role of a dietitian working in Europe
2. To define the minimum qualification of a first cycle bachelor degree, with a benchmark level, within the European Credit Transfer System (ECTS)
3. To agree a European Dietetic Benchmark Statement, including a practical placement benchmark, for the education of dietitians in Europe
4. To set a benchmark for teachers of dietetics
5. To agree a common “language” by defining any technical terms used
6. To set up a National Registration of dietitians to protect the title “dietitian”.
7. Consideration should be given to registration as a European Dietitian.

A working group, established to take the work forward, met in February 2004 in Düsseldorf and agreed that the benchmark statement for dietetics should encourage programmes to focus on outcomes rather than a curriculum of finite subjects. This is in keeping with the current thinking of the EU on convergence and free migration. The document was based upon the QAA (2001) document, adapted to reflect the work of the dietitian across Europe. The European physiotherapy benchmark statement (2003) was also used for reference. A draft document was circulated to all of the Member Associations and Higher Education Institutes involved in dietetic education in July 2004 for consultation.

The working group reconvened in September 2004 to consider the response, prior to the EFAD General Meeting in Bordeaux. The deadline was short and the number of responses was too small to be considered as representative. There was, however, sufficient agreement with the priorities established in Denmark to recommend to the EFAD delegates that the order of work should be as stated but that priorities 2 and 3 be combined, with the European Dietetic Benchmark Statement as the defined level of a first cycle bachelor degree.

A second workshop was held in Bordeaux to refine and develop the statement. The delegates agreed that for EFAD to have a clear mandate to proceed, responses should be received from all of the Associations and 50% of the Higher Education Institutes. It was felt that a high level of agreement was required, particularly for the standard at which the benchmark was set, as some countries would not initially meet that standard. The deadline for the consultation on the first draft of the European Dietetic Benchmark Statement was extended to give all of the Associations and Higher Education Institutes time to respond. Associations undertook to translate the Benchmark into their own language.

The second draft of the European Dietetic Benchmark Statement was circulated to all of the Member Associations for further discussion with their respective Higher Education Institutes. The final ratification and acceptance of the Benchmark statement took place at the General meeting in Geneva, June 2005.

1.3 What is the purpose of the European Dietetic Benchmark Statement?

The benchmark statements are used for a variety of purposes.

- They provide a means of describing the nature and characteristics of programmes of study and training in dietetics.
- They represent general expectations about standards for the award of qualifications at a given level and articulate attributes and capabilities that those possessing such qualifications should be able to demonstrate.
- They are an important external source of reference for designing and developing new programmes of dietetic education.
- They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum.
- They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.
- The European Dietetic Benchmark Statement also provides support in the pursuit of internal quality assurance.
- The European Dietetic Benchmark Statement is one of a number of external sources of information that can be drawn upon for the purposes of academic review and for making judgements about minimum standards being met.
- Benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework.



The benchmark statement should be used by reviewers in conjunction with, and taking into account, documentation of relevant professional and statutory regulatory bodies as well as the institutions own evaluation document. This will provide a broad range of evidence to enable rounded judgements from reviewers rather than a crude checklist.

The statement has been written to establish the minimum standard required for qualification as a dietitian in any of the member countries of EFAD. Additional statements are included that supplement the minimum, core statements and are the threshold level for the areas of specialization within dietetics.

Dietitians working across Europe practice in many different languages and within different food cultures. It is recognised that when the benchmark is used the resulting minimum standard achieved is within the context where it was studied. Dietitians moving between countries where language and food cultures are different may need to make appropriate changes to their practice delivery.

1.4 Who should use the European Dietetic Benchmark Statement?

The benchmark statement can be used in curriculum planning and development and for internal and external assurance of quality and standards by national organisations, governments, health and education authorities, dietetic educators and others, who have an interest in providing education.

The benchmark statement can also be used to inform dietitians, managers, service providers and others delivering healthcare of the level of attributes and skills of dietitians on entry to the profession. Users of the service (see Glossary) will find the statement a useful indication of the attributes and skills they can expect from dietitians delivering the service.

1.5 What is the status of the European Dietetic Benchmark Statement?

The statement does not set a European or national curriculum for programmes leading to awards in dietetics but it does set the minimum framework within which the curriculum needs to be set. It acknowledges that the requirements of the professional and statutory regulatory authorities need to be incorporated into the design of programmes. It seeks to encourage higher education institutions and service providers to work collaboratively in the design and delivery of their curricula. The essential feature is the specification of minimum standards that combine academic and practitioner elements. This provides a minimum standard against which higher education institutions should set their standards for the award. It is important to emphasise that in due course, the benchmark statement will be revised to reflect developments in dietetics and the experiences of institutions, academic review, service providers and others working with it in Europe.

The European Dietetic Benchmark Statement is currently advisory but has been adopted by EFAD (endorsed by all of the Member Associations) as the standard that must be achieved by dietitians on qualification and maintained through continuing professional development (CPD). To promote dietetic standards and quality of service EFAD will work towards convergence of dietetic education across Europe so that dietitians will be able to work and move freely between regulatory bodies in Europe.

Acknowledgment

EFAD is grateful to the Quality Assurance Agency, Gloucester, UK for permission to use the Benchmark Statement for Dietetics as a basis for this document.



2.0 Extent and Nature of Dietetics within a European Context

Dietitians work throughout Europe and internationally where they oversee the use of food to ensure the promotion of good health in all age groups. Dietitians advise on dietary manipulation to treat disease and optimise health. Dietitians can work at population level in health promotion, advising on nutritional policy and in public health nutrition.

Dietetics is based on nutritional science. It incorporates the understanding of the composition of food, the nature of nutrients and their metabolism in the body, the nutritional requirements of people through the lifecycle, the dietary effects of foods on health and the ways that food can be used to promote health in individuals and groups thereby minimizing the risk of illness. It is a broad-based subject ranging from the natural and clinical sciences through to the social sciences.

Dietitians have a singular role, knowledge and skills in the therapeutic application of nutritional science although they are increasingly being required to develop more specialist knowledge and skills which enable them to work in allied areas.

Within Europe EFAD has adopted, in principle, the International Congress of Dietetic Associations (ICDA) definition of the role of the dietitian;

- A dietitian is a person with a qualification in Nutrition & Dietetics recognized by national authority(s). The dietitian applies the science of nutrition to the feeding and education of groups of people and individuals in health and disease.
- The scope of dietetic practice is such that dietitians may work in a variety of settings and have a variety of work functions.

Within Europe dietitians find themselves practising in three main areas. These may be quite distinctive, such as the administrative dietitian in Sweden or more generic such as in the United Kingdom. This Benchmark Statement indicates the three areas of specialization, recognized by EFAD, which can occur and are within the practice of dietetics in Europe. These are:

Administrative Dietitian:¹ a dietitian who focuses and works primarily within food service management with responsibility for providing nutritionally adequate, quality food to individuals or groups in health and disease in an institution or a community setting.

Clinical Dietitian:² a dietitian who has responsibility for planning, education, supervision and evaluation of a clinically devised eating plan to restore the client/patient to functional nutritional health. Clinical dietitians can work in primary care as well as in institutions.

Public Health or Community Dietitian:³ a dietitian directly involved in health promotion and policy formulation that leads to the promotion food choice amongst individuals and groups to improve or maintain their nutritional health and minimizes risk from nutritionally derived illness.

All dietitians, regardless of their specialism, interpret and communicate nutritional knowledge to groups and individuals. Practitioners of dietetics elicit information from individual clients and groups about dietary intake, interpret, translate and critically evaluate information on nutritional requirements and research from the various disciplines in order to produce practical advice on food intake and associated advisory resources. Dietitians are required to work professionally within the complex frameworks of accountability and ethical and legal boundaries within the workplace, be that in the Health Service, private practice, industry, local government, education or research. To become a registered dietitian, students must follow a prescribed first cycle course (Bachelor degree) normally delivered at a higher education institution, which carries a minimum of 210 ECTS or their equivalent (also see Section 4.0, pg 18) eg a first cycle/bachelor/undergraduate degree or a second cycle/postgraduate programme of study. The degree must contain an academic and practical element and this Benchmark Statement provides guidance on both.

¹ Specific attributes for the administrative dietitian will be indicated by blue text

² Specific attribute for the clinical dietitian will be indicated by red text

³ Specific attributes for the public health or community dietitian will be indicated by green text



Therefore, the study of dietetics includes these principles:

- The application of the science of nutrition to individuals and groups by translating theoretical concepts and principles into relevant and applied diet therapy and dietary modification
- Acquisition of the educational skills and qualities that enable the practitioner to empower individuals to take control of their food choice in relation to their health
- Integration of theoretical concepts from biological, clinical, economic and social sciences with practical application to food service and nutritional habits
- Ability to assess, advise and enable individuals and groups to make appropriate and safe food provision;
- Development of strong interpersonal and language skills to enable effective communication through varying media and to a wide diversity of individuals and groups
- Ability to act as an advocate on behalf of individuals, groups and the profession
- Development of teamworking skills / working collaboratively with others
- Maintenance and enhancement of health both through the treatment of disease by diet and the promotion of good nutrition and lifestyle (as appropriate)
- Critical reflection, self-evaluation and commitment to the use of research in the evaluation and improvement of the practice of dietetics



3.0 The Subject and Discipline of Dietetics

Dietetics is an interdisciplinary and applied subject that is concerned with the application of nutritional science for treatment of disease and the promotion of health for individuals and groups. It is concerned primarily with ensuring that individuals have the appropriate nutrients from the foods they eat. Dietetics requires the integration of a broad range of natural and social sciences so that practitioners can educate and empower individuals and groups to improve food intake to the benefit of health.

Manipulating the food selected by individuals can modify their nutrient provision and this is used either to correct a metabolic imbalance or to maintain and promote health. Dietetics is concerned with the nutrition of the individual both in health and disease at a primary level and extends through to tertiary care in acute specialised medical provision. Practitioners of dietetics use their interpersonal skills, knowledge and expertise in other arenas such as industry (especially food and pharmaceutical), primary research and development, education, local government, the media and private practice.

Dietetics has nutritional science at its core. Nutritional science investigates how the body nourishes itself and the effects of nutrient supply on the body's functions in health and disease, the effect of diet on metabolism and the interaction of the genes with nutrients. Public health nutrition focuses on the promotion of good health through nutrition and the primary prevention of diet-related illness in the population, whereas dietetics requires an understanding of individuals and how change can be brought about to effect a therapeutic outcome. Therefore, dietetics is essentially the manipulation of diet to improve health. This requires reflective practice, systematic clinical reasoning and a problem-solving approach as well as an understanding of individual circumstances, including age, gender, socio-economic status, disease state, food habits and lifestyle, to assess nutritional status and formulate appropriate dietary advice.

The practice of dietetics is restricted to dietitians who have undergone a recognised education and training. The requirements for 'fitness to practise' and eligibility for recognition to practise is normally overseen by a Regulatory Body (RB). The RB assumes responsibility for the safe practice of dietetics through a published 'Statement of Conduct' and also sets the criteria for the dietetic curriculum. The RB and the higher education institution (HEI) where the education is delivered have a shared responsibility to ensure that all graduates who enter the professional register are appropriately fit to do so

Dietetics draws mainly on nutritional science and clinical subjects (including diet therapy) underpinned by life sciences including biochemistry, physiology, immunology, microbiology, genetics, pharmacology, and food science. The pre-registration student has supporting studies in psychology, sociology, communication, education, and health promotion. The study of these subjects enables dietitians to take an integrated view of dietetics and communicate this effectively with an inter-disciplinary perspective. Epidemiology, management, food studies, catering, information technology and statistics complete the major areas of study. The development of a reflective practitioner with the potential to continue professional development is encouraged through the study of research methods, subject-specific literature, ethics and clinical education placements.

There are two pre-registration routes for dietetics that take place in higher education. The first cycle qualification is the most popular route to gain a qualification and registration in dietetics. However, it is possible for individuals with a Bachelor's degree in an appropriate subject (normally in human sciences) to undertake a second cycle programme, suitably constructed and delivered to achieve a dietetics qualification and registration. Both routes include a mandatory period of practice in their structure.



A The Dietitian as a registered health care practitioner; expectations held by the profession, employers and public

A1 Professional autonomy and accountability of the dietitian

The dietitian should be able to:

- maintain the standards and requirements for the professional role of the dietitian
- demonstrate awareness of the roles of the Regulatory or Statutory and Professional Bodies in dietetics (country specific)
- demonstrate understanding of his/her commitment to the ethics and code of conduct of the profession of dietetics in own country and in Europe
- show an understanding of the need for continuing professional development in order to maintain a credible and professional dietetic role

A2 Professional relationships

The dietitian should be able to:

- show awareness of the role of the dietitian in healthcare services
- report accurately to relevant people, including writing in medical notes and producing technical reports
- contribute to, and encourage colleagues to initiate and participate in, enquiry into all areas of dietetic practice
- share the findings of evaluation and research with dietitians and other professionals
- initiate and maintain effective interactions with relevant external agencies including other healthcare professionals
- take account of the normative and moral positions of others to understand how human needs are felt and met with respect to food choice and its provision
- use interpersonal skills to demonstrate respect for others
- deploy and manage support staff effectively and efficiently

A3 Personal and professional skills of the dietitian

The dietitian should be able to:

- demonstrate confidence in delivering a quality of dietetic service at an explicit and evidence-based level
- practise in a non-discriminatory manner, with dignity, recognising the rights and autonomy of each individual
- show awareness of the limitations of his/her knowledge and experience and know how to obtain advice and guidance
- demonstrate understanding of the need to influence and contribute to all activities that enable each individual and group to make appropriate and safe food choices
- identify strategies that can be used to influence nutritional choices for the individual and within the community
- show understanding of the methods used to evaluate self-performance as an individual and as part of a team
- draw up a plan for her/his own professional development including methods for continually updating dietetic knowledge and practice
- act as a resource in nutrition and dietetics to develop appropriate educational material and training packages
- show awareness of his/her role and sphere of influence within the organisation, enabling effective dietetic service delivery
- manage change, uncertainty and stress
- work as a member of a team and demonstrate leadership
- manage own time, resources and people to complete tasks effectively and meet deadlines
- work with others to develop partnerships and demonstrate negotiation and conciliation skills

A4 Profession and employer context for the practice of dietetics

The dietitian should be able to:

- show understanding of the role of the dietetic service within the organisation and function of the professional manager, and the levels of responsibility of other dietetic colleagues in achieving the quality of service
- show familiarity with government policies for the provision of health care as they impinge on dietetic service
- demonstrate awareness of financial business planning, tendering and contracting, quality, standards, audit and governance
- be aware of contemporary health and safety legislation and integrate into dietetic practice
- show understanding of policy issues concerned with public health nutrition
- play an active role in health education and health promotion programmes
- demonstrate familiarity with the current systems for the provision of health care, education and social sciences



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- demonstrate familiarity with community and catering services available and the relevant government legislation with respect to dietetic provision
- show understanding of the role of the dietitian as an advisor who can influence positively the wider social, commercial and political environment for the modification of factors that influence eating behaviour, and national and local nutritional standards
- recognise the wide and reaching value of research and scholarly activity within the health care and professional context



B Principles and concepts held by the profession of dietetics which are applied to secure maintenance to, or improvement in, health/wellbeing

B1 Patient/client and user assessment

The dietitian should be able to:

- collect medical, nutritional (anthropometric, biochemical) social, cultural, economic, personal and food intake details, organise and then evaluate all relevant information before initiating the most appropriate dietetic response
- show awareness of the social and cultural factors that shape the individual's lifestyle and that may affect the interaction between client(s) and dietitian
- use the dietetic knowledge base to assess the information gathered quantitatively and qualitatively, eg the perceived needs of the individual or group depending on their circumstances and attitudes
- assign priorities to the information collected to set appropriate dietetic goals
- record concisely all the necessary information to support the professional dietetic judgement in line with established standards and the professional code(s) of conduct

B2 Application of practice of dietetics

The dietitian should be able to:

- formulate practical dietetic advice and resources by interpreting, translating and critically evaluating information emanating from the various disciplines that contribute to the knowledge base of dietetics
- translate nutritional, medical and social theory into practical dietetic advice on food, eating and drinking for individuals and groups
- plan menus for healthy individuals and to modify these for both sick and healthy people of all age groups and different cultural groups being aware of personal circumstances and financial constraints involved
- integrate health education as part of overall health care
- use a detailed knowledge of current theories of human nutrition and dietetics to develop strategies that support safe practice
- apply knowledge and appropriate skills for the promotion of nutritional health and management of disease
- plan, devise and review nutritional programmes for individuals and groups
- prepare a plan for achieving an agreed goal, taking into consideration the contribution of the family, health professionals and other agencies, eg school and social services
- set a timescale to review the achievements for individuals and groups and re-assess priorities as a result of the review
- apply knowledge of sociology and psychology to support and motivate individuals to change their food behaviour
- undertake educational activities that enable others to influence the dietary behaviour of individuals and groups
- use educational and communication skills, together with knowledge of all factors that affect food choice, in order to give nutritional and dietary advice to individuals and groups
- use information technology to identify and access information, to record and manage client data and to process and analyse research findings
- handle information with due regard for legal and ethical requirements
- plan and work collaboratively with individuals and groups

B3 Evaluation of dietetic practice

The dietitian should be able to:

- monitor and evaluate the effects of dietetic treatment and nutritional interventions
- undertake a simple audit, interpret the outcome and relate it to the practice of dietetics
- use research from the relevant disciplines as an evaluation tool in day-to-day work for the advancement of professional knowledge and practice
- evaluate dietetic practice continually
- evaluate the dietetic interventions within the total service provision:
- reflect on dietetic experiences and demonstrate reflection in action
- apply dietetic knowledge in a way so as not to endanger the health or safety of an individual or group
- use nutrition and dietetic research findings to support evidence-based practice in dietetics.
- recognise the boundaries of their own dietetic practice



C Subject knowledge, understanding and associated skills that are essential to underpin informed safe and effective practice of dietetics

C1 The dietitian should be able to demonstrate a systematic understanding of the key aspects of the range of disciplines underpinning dietetics (those written in black)

To qualify as:

- a **Clinical Dietitian** they should also be able to demonstrate a detailed knowledge of those aspects in red,
- an **Administrative Dietitian** they should also be able to demonstrate a detailed knowledge of those aspects in blue, and
- a **Public Health Dietitian** they should also be able to demonstrate a detailed knowledge of those aspects in green

The disciplines should include:

Biochemistry

- The chemistry of living processes including an integrated understanding of cellular and molecular sciences
- Major metabolic pathways and the involvement of nutrients and other food constituents in body chemistry
- The cellular and molecular basis of disease and metabolic complications that occur in common clinical conditions eg diabetes, hyperlipidaemia and obesity

Clinical Medicine

- Sound medical background, understanding of medical terminology and disease classification
- Know the difference between aetiology and risk factors
- Know the ways in which patients are investigated to achieve a diagnosis, common types of therapy and patient management
- **Have an in-depth understanding of the ways in which patients are investigated to achieve a diagnosis, common types of therapy and patient management (red)**

Dietetics

- Know the rationale behind the modification of the food and nutrient intake and how these modifications can be applied to the prevention of disease or its treatment
- Knowledge of techniques used to assess dietary intake, calculate the relevant nutrients, how to interpret the results and the limitations of the data to estimate nutrient requirements
- Understand how to modify the diet for individuals with differing food habits, cultural backgrounds and socio-economic circumstances, recognising that the nutritional bioavailability will affect the achievement of nutritional requirements
- Demonstrate knowledge of the dangers of dietary manipulation and how to manage the consequences for the individual
- Know the range and use of foods including those that can be classified as drugs and prescription products used in artificial feeding
- Understand the ways in which dietary modifications can be used for diagnosis and research

Catering and Food Service

- Knowledge of different production, distribution and service systems
- Understand how menu planning is influenced by catering resources ie equipment, the human resources, the budget and the availability of products, and the effect this will have on quality and sustainability of provision of food for meeting nutritional standards
- An understanding of quality control
- **In-depth understanding of production, distribution and service systems (blue)**



Food skills

- Knowledge of cooking, other methods of food preparation and presentation of food to ensure nutritional requirements are met

Food Hygiene

- Knowledge of procedures for safe handling and preparation of food
- A basic knowledge of legislation and procedures pertaining to food hygiene and handling, eg Hazard Analysis Critical Control Point (HACCP)
- Detailed knowledge of current legislation and procedures pertaining to food hygiene and handling, eg HACCP (blue)

Education and communication

- Knowledge of formal and informal methods of communication
- Knowledge and understanding of verbal and non-verbal education skills and recognise the need to use interpersonal skills to encourage active participation of all users
- Appreciate how these can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status and how to modify to address potential barriers such as in learning or physical disability
- Knowledge of some elements of educational and learning theories including health promotion strategies

Enquiry

- Understand the principles of scientific enquiry, statistics, evidence-based practice and epidemiology and the need for dietitians to be involved in audit, research and the evaluation of practice
- Understand current technologies and how they can be applied in everyday practice

Public Health/Health Promotion

- Know how to promote healthy food choices amongst individuals, groups and communities and increasing awareness of the link between nutrition and health, eg local authority, schools, youth services
- Understand how descriptive and analytical epidemiological studies can be used to examine the relationship between nutrition and health and show familiarity with the demographic, social and economic aspects of life in both a local and European context and how these may affect health
- Basic understanding of public health policy at national and European level
- Insight into the role of the dietitian in the promotion, assessment of need, planning, directing, coordinating and evaluating the nutrition component of public health policies (green)
- Knowledge of the economic, political, social and psychological aspects of nutrition and health promotion initiatives (green)

Pharmacology

- An understanding of clinical pharmacology to provide knowledge of the basis of drug/nutrient interaction, the use of nutrients as pharmacological agents and the use of drug therapy in relevant diseases
- Know the names, functions and contraindications of drugs used in the treatment of diseases where the dietitian is a key member of the clinical team (red)

Immunology

- An understanding of the principles of immunology and its role in the aetiology of ill health
- Know the effect of nutrients on immunological response and the role of the dietitian in advising on the appropriate use of these agents (red)

Genetic

- An understanding of the principles of genetics and their role in the aetiology of ill health
- Know how to use the genetic profile of an individual to target dietary advice more effectively (red)



Sociology and Social Policy

- Know the role of food and eating in a social context and the sociology of health and illness
- Understand the concepts of status, roles, social networks and social mobility relating particularly to health and healthcare, the concept of socialisation and its application to the various stages of the life cycle
- Be aware of the classification systems, use of social class, social problems, social policy and the availability of community services in relation to patterns of health, health inequalities and health behaviours (green)

Professionalism of dietetics

- Knowledge of the legal and ethical boundaries together with the professional and personal scope of their practice
- Understand the obligation to maintain fitness to practice and the need for career-long and self-directed learning

Administration

- A basic understanding of how to budget and purchase, and the systems that need to be in place to meet legal requirements, local agreements and quality standards
- Knowledge of how to budget and purchase within legal and local agreements, to meet nutritional and quality standards (blue)
- Knowledge of how to document the use of all resources (blue)
- Knowledge of how to plan large-scale catering and how to use associated resources (blue)

Food Science

- Knowledge of food chemistry and the nutritional content of foods and meals
- Know how the nutrient content of food is altered by food production, food processing, distribution and serving methods
- An appreciation of food labelling, regulation and legislation, the types and uses of food additives and methods of food preservation

Management and leadership

- Knowledge of what factors must be considered to lead, manage and work successfully with various individuals and groups
- Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- Apply knowledge of leadership to create a good working environment
- A detailed knowledge of the principles of management and leadership (blue)

Marketing

- Knowledge of how to market the importance of nutrition for good health
- Knowledge of how to market and promote the need for a qualified dietitian
- Knowledge of marketing strategies to promote the need for a qualified dietitian to advise and provide a food and nutrition service (green)

Nutrition

- Knowledge of the principles of human nutrition, nutritional requirements and the mechanisms through which nutrition contributes to maintenance of good health
- Methods available to monitor nutritional health, intake and their limitations
- Have an understanding of the impact of nutrients on cellular mechanisms and gene expression/nutrigenomics
- Understand the factors determining food choice within Europe and the relationship between physical exertion, environmental factors and the development of disease (green)



Microbiology

- Knowledge of the key elements of microbiology applied to human health, disease, food science and food preparation
- Understanding of clinical microbiology appropriate to dietetic practice, the microorganisms most commonly associated with infection of all groups of the population and how to minimise the spread of infection

Physiology

- Knowledge of the functions of the human body in health, including those aspects of particular relevance to the dietitian, such as visceral organs, endocrine and cardiovascular system
- Know the physiology of the systems of the human body and their structure to cellular level that lead to the specialist knowledge of the disease process required by the dietitian

Psychology

- Knowledge of human behaviour, including the effects of personality, group dynamics, theories of motivation and behaviour change together with aspects of counselling
- Be aware of the models of health beliefs to understand health behaviour and the factors that determine health
- Understand the psychological dimensions of hunger, satiety and food choice and be familiar with the psychological aspects of normal and abnormal eating behaviour, which can lead to clinically defined conditions

C2 Skills

A capacity for self-reflection on the extent and limitations of:

- The professional role of the dietitian, the maintenance of standards and the requirements for registration
- Monitoring and evaluating the effects of dietetic service. He/she must know the theory and rationale for reflective practice as a mechanism for maintaining and improving his/her professional practice
- Reflection on action and reflection in action. The dietitian must be able to demonstrate his/her understanding of how these two processes can advance his/her professional practice

An ability to gather and evaluate evidence and information from a wide range of sources and draw reasoned conclusions or reach sustainable judgements with particular regard to:

- European and world nutrition problems
- The principles and integration of knowledge acquired in physiology and nutrition with biochemistry
- The ways in which dietary modifications can be used in diagnosis and research
- The techniques used to assess the nutritional status of individuals and groups such as anthropometry, biochemical tests, and dietary surveys
- Basic statistical techniques used in nutrition and dietetics

An ability to identify, investigate, analyse and formulate solutions to problems, including a capacity to draw on established analytical techniques where appropriate and particularly to:

- Assimilate and assess critically new concepts to initiate and to promote changes in practice
- Undertake a practical project of some substance, demonstrating a critical approach to research involving some original thought



An expertise in an appropriate range of skills and procedures essential for the practice of dietetics including:

- The rationale behind the modification of nutrient intake and how these modifications can be applied in the prevention and/or treatment of disease
- Knowing how and why the intake of specific nutrients must be modified in the treatment of named diseases and the giving of practical advice to clients from differing social and economic backgrounds to achieve the required modification
- The ways of fortifying/modifying diets
- Knowledge of the types of nutritional products that are available (prescribable), and when and how to use them
- Familiarity with objective setting in the delivery of a dietetic service
- Knowing how to evaluate and interpret relevant biochemical and medical data
- Awareness of, and the ability to prepare, both standard recipes and recipes modified with those products specifically for use in therapeutic diets, eg gluten-free flour
- A thorough understanding of the methods of achieving optimal nutritional status in all disease states
- Knowledge of what intervention a patient requires to follow a healthy eating regime taking into consideration financial and other constraints
- Understanding of the origins, changes and current eating patterns of different sectors of the population

An ability to collect and interpret data to provide qualitative information, particularly:

- Understanding the theoretical and practical basis for the use of biochemical tests in the detection and management of disease states of patients
- Being aware of ways in which dietary modifications can be used in diagnosis and research

The range of communication skills and other interpersonal skills necessary for effective performance including:

- Awareness of the different methods and styles of communication that are used when interacting with other health care personnel, catering staff and clients, and appropriate one-to-one communication with colleagues and the general public
- Use of communication skills to establish working relationships and develop strategies for coping with pressure
- The ability to identify the barriers to communication and ways in which these may be overcome
- Ability to choose the most appropriate methods of communication for a given situation
- Know, understand and use appropriately a variety of education techniques

Confidence in engaging with technology in the pursuit of effective dietetic practice including:

- A working knowledge of the methods commonly used in nutrition research and the ability to evaluate research papers critically
- Ability to use basic packages for word processing and statistical analysis, and understand how to set up databases and spreadsheets
- Demonstration of appropriate information technology skills to communicate with colleagues (eg email), search for information and as a medium for teaching
- Competence in using a nutritional analysis programme to analyse food intake records/recipes



4.0 Education Programmes, Teaching, Learning and Assessment

4.1 General comments

Decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should complement the learning outcomes associated with health profession programmes. It is not for benchmark statements to promulgate any one approach (or combination of approaches) over others. However, this European Benchmark Statement promotes an integrative approach to the application of theory and practice. It underlines the significance attached to the design of learning opportunities that facilitate the acquisition of professional capabilities and to assessment regimes that ensure these are being both delivered and rewarded to an appropriate standard. Fundamental to the basis upon which students are prepared for their professional career, is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.

4.2 European Credit Transfer System (ECTS)

ECTS is the European system for transferring credits in further and higher education. ECTS has been developed within the EU to improve academic recognition and to transfer credits from studies or parts of studies obtained in other countries. The system is also usable for transferring credits within a country.

The ECTS point system can also be used to estimate the work load measured in time. Proposals concerning workload have been made by the Tuning Project (2003), which was supported by the European Commission in the Framework of the Socrates programme, ie in Europe the average total student workload per year is about 1500 hours delivered over 25 weeks. This equates to about 25 hours of student work for one credit. 60 ECTS points corresponds to a full-time first cycle degree study over one year (25 weeks) or 75 ECTS points where the study is over 45 weeks. The Tuning Project makes note that the workload of one hour of lecture is different from one hour practical work. At the time of writing the levels of study within the first cycle degree have not yet been characterised.

EFAD recommends that first cycle education of European dietitians (of all specialisations) has a minimum of 210 ECTS points corresponding to 3 ½ years of study, derived as follows:

The theoretical part has a minimum of 180 ECTS-points, corresponding to 2 ½ - 3 years of academic theory.
The practical part has a minimum of 30 ECTS-points corresponding to ½ - ¾ year of dietetic practice.

EFAD recommends that second cycle education of European dietitians (of all specialisations) has a minimum of 90 ECTS-points, which includes 30 derived from practice.



5.0 Benchmark Standards for the Practical Component

5.1 General comments

The practical element of the first or second cycle degree is an essential part of any qualification leading to registration as a dietitian. The practical component allows demonstration of the application of theory in the practical setting. The applied nature of dietetics means that students must demonstrate capability in both the academic (campus-based) component and the workplace or practical component at the minimum/threshold level.

Dietitians work in a variety of situations with a diversity of individuals and groups and it essential that they demonstrate their dietetic capabilities under these circumstances. The practical component will enable demonstration of knowledge, skills and attitudes of the subject and discipline of dietetics as stated in 3.0 (A, B and C) to meet the standards as stated in 6.0 (see below).

5.2 Specification for application of dietetics

To meet the practitioner standards the practical component will meet the following specification. The practical component will take place in a minimum of two different settings:

- a) where the individuals or groups are healthy and well, eg schools, workplace
- b) where the individuals or groups are unwell, eg clinics, hospitals

The individuals or groups will represent a range of ages, pathological conditions, special needs and cultures. When a particular specialisation is included in the first or second cycle degrees it may be necessary and desirable to broaden the range of practical experiences.



6.0 Academic and Practitioner Standards Minimum and Threshold

The minimum standard expected of the graduate is outlined below. Additionally if an area of specialization is incorporated (as indicated in colour) into the first or second cycle degree this is referred to as a threshold level for that specialization. Achievement of this standard will meet the regulatory requirements handed down by the Professional and/or Regulatory Body within a member State

| | |
|------------|--|
| 6.1 | Working as a professional in dietetics The dietitian should be able to: <ul style="list-style-type: none">• recognise the potential and limitations of dietetics as a practice-based discipline within the legal and ethical boundaries laid out by the country in which dietetics is practiced• integrate his/her understanding of ethical issues and Professional Code of Conduct (country specific) with his/her own dietetic interventions in specific situations• demonstrate his/her capacity to update continuously his/her knowledge and practice in response to changing circumstances and nutritional knowledge• exercise substantial autonomy in most of the professional activities associated with dietetics, these will cover processes such as assessment, planning, execution and evaluation of safe dietary intervention• guide and direct the work of others and be responsible for the proper use of resources• work effectively as a reflective practitioner in exercising judgements based on awareness of key issues in dietetics• as a reflective practitioner accept responsibility, in a peer relationship and with some guidance, for determining and achieving personal and group outcomes• demonstrate appropriate knowledge of the workplace within the dietetic practice context• demonstrate an understanding of the organisation of health promotion and health education, with a critical understanding of the role and the theoretical foundation of dietary interventions in public health• recognise the importance of undertaking research and scholarly activity and be able to make a contribution to the evolving knowledge base of the profession of dietetics |
| 6.2 | Application of principles and concepts The dietitian should be able to: <ul style="list-style-type: none">• select and use appropriate dietetic, nutritional analysis and assessment techniques within his/her practice• evaluate social, cultural, financial and personal factors together with medical and nutritional information to reach a justified and reasoned response to a dietetic problem• devise a dietetic intervention for a range of therapeutic cases, and in accord with established dietetic standards, some of which will be at the forefront of the discipline area• demonstrate a capability to advise individuals or their carers about food choice which will be clinically effective with a high level of autonomy and communication skills• effect a change in food choice or nutritional intake that can be recorded and monitored in a manner appropriate to safe dietetic practice• critically evaluate new concepts, arguments and evidence from a range of current theories and research from relevant disciplines and use these to analyse novel problems in dietetic practice• show creativity when solving problems, often undertaken with senior colleagues or in peer groups, where evaluations are based on limited information and data• communicate effectively with peers, staff and senior colleagues, including those who have particular expertise in the area• show awareness of personal limitations and a capacity to draw on advice to improve personal performance and interactions with others |



| | |
|------------|--|
| 6.3 | Subject knowledge and understanding The dietitian should be able to: <ul style="list-style-type: none">• show systematic and integrated understanding of the key areas of study as specified in C• draw evidence from a range of sources specified in C to solve problems and plan strategies for dietetic intervention• draw on his/her knowledge of investigative methods, introduced in C, to critically evaluate published materials in nutrition and dietetics and related fields• communicate information, ideas, problems and solutions on diet and health in a variety of formats appropriate to specialist and non-specialist groups and individuals• exercise judgement based on awareness of key issues in dietetics and show responsibility for achieving personal and group outcomes• show confidence in using technology to analyse nutrient content of diets, undertake investigative work and deliver nutrition and dietetic health education• describe the limitations of nutritional assessment tools and recommended dietary allowances |
|------------|--|



References

Bologna Declaration explained; can be found at

<http://europa.eu.int/comm/education/policies/educ/bologna/bologna.pdf>

European Credit Transfer System; ECTS Point system can be found at

http://europa.eu.int/comm/education/programmes/socrates/ects_en.html

European Federation of the Associations of Dietitians; Articles; approved September 2003

European Federation of the Association of Dietitians; Education Programme and Work of Dietitians in the Member Countries of EFAD 2003

European Federation of the Associations of Dietitians; Education Programmes and Work of Dietitians in the Member States of EFAD 1999

European Federation of the Associations of Dietitians; the Work of Dietitians in Europe 1996

European Federation of the Associations of Dietitians; Training Programmes for Dietitians in the Member States of EFAD 1991

European Federation of the Associations of Dietitians; The Role and Training of Dietitians in Europe 1988

European Federation of the Associations of Dietitians; The Job Field of Dietitians, Now and in Future 1986

European Region of the World Confederation for Physical Therapy; European Physiotherapy Benchmark Statement 2003

Joint Quality Initiative; Shared 'Dublin' descriptors: October 2004 to be found at

http://www.jointquality.org/content/ierland/Complete_set_Dublin_Descriptors_2004_1.31.doc

Towards the European Higher Education Area; European Ministers of Higher Education 1999

Tuning: Tuning Educational Structures in Europe (supported by the European Commission in the Framework of the Socrates Programme) papers can be found at www.relint.deusto.es/TuningProject/index.htm or www.let.rug.nl/TuningProject/index.htm

Quality Assurance Agency for Higher Education, UK; Benchmark Statements for Dietetics 2001



Glossary of Terms

Assessment

The collection of information relating to a patient's condition, taking account of the full range of relevant contextual factors, that is needed to make a clinical diagnosis and plan of management.

Benchmark statement

An initiative undertaken under the aegis of the Quality Assurance Agency (QAA) to describe the nature and characteristics of higher education programmes in a specific subject, while representing general expectations about the standards for an award of qualifications at a particular level and articulating the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Campus based

The academic component

Clinical reasoning

The critical and analytical thinking associated with the process of making clinical decisions

Codes of practice

These may be established by the dietetic profession or incorporated into national rules and laws. They include ethical rules and principles that form an obligatory part of professional practice.

Continuing Professional Development (CPD)

The process by which professionals update, maintain and enhance their knowledge, skills and expertise in order to ensure their continuing competence to practise. The process is systematic and ongoing.

Critical reflection

Involves exploring reasons and approaches and the underlying concepts/assumptions. The exploration is based upon an evaluation of the context and takes account of social, personal and historical influences upon the professional setting.

Dublin Descriptors

These are reproduced in full at the end of the glossary

European Credit Transfer System (ECTS)

ECTS is the European system for transferring credits in further and higher education. ECTS has been developed within the EU to improve academic recognition and to transfer credits from studies or parts of studies obtained in other countries. The system is also usable for transferring credits within a country. The ECTS point system can be used to estimate the workload measured in time.

Evaluation

Review and assessment of the quality of care in order to identify areas for improvement.

Evidence-based practice

A commitment to using the best available evidence to inform decision-making that involves integrating practitioners' individual professional judgement with evidence gained through systematic research.

Fitness to practise

A level of practice which demonstrates an appropriate level of knowledge and understanding, skills and competency, attitude and adherence to a code of conduct for the role currently being undertaken and a commitment to maintain that level.

Higher Education Institute (HEI)

An institution providing education at first cycle (bachelor) degree level.

Independent practitioner

A person acting in their own right



Glossary of Terms

Inter-professional

Two or more professionals from different disciplines working together in an integrated way resulting in new ways of working.

Learning theories

Established ideas of how learning can be promoted.

Lifelong learning

The process of constant learning and development incorporating continuous professional development in which all individuals need to engage in a time of rapid change.

Multidisciplinary

One or more disciplines working collaboratively

Nutrigenomics

The study of how different foods can interact with particular genes to increase the risk of disease.

Non-discriminatory practice

Professional practice within which individuals, teams and organisations actively seek to ensure that no-one (including patients, carers, colleagues or students) is either directly or indirectly treated less favourably than others are, or would be, treated in the same or similar circumstances, on the grounds of age, colour, creed, criminal convictions, culture, disability, ethnic or national origin, gender, marital status, medical condition, mental health, nationality, physical appearance, political beliefs, race, religion, responsibility for dependants, sexual identity, sexual orientation or social class.

Practical placement /Clinical education placements

A period of education carried out in the workplace, providing the opportunity to translate theory into practice.

Problem solving

Exercises and processes that enable students to examine their existing knowledge and develop their learning to formulate a solution to a presented question or issue and that should deepen students' learning, as well as developing their conceptual and methodological skills, thereby enhancing their overall approach to professional practice.

Professional autonomy

The power to make decisions regarding the management of the patient/client based on the professional's own professional knowledge and expertise.

Reflective practice / reflection on action

Reflecting after the event. Often involves thinking through a situation and discussing it with a colleague. It involves being self-aware and should be action orientated and lead to change.

Reflection in action

Being aware of what you are doing. Knowing and doing at the same time

Resource

The potential or assets in a person or an organisation, eg time, money, equipment, staff, the specialist knowledge held by a person, which could be used to help or support others when needed.

Self-directed learning

Independent learning that is initiated by the student

Tool

The instrument or method

User

Anyone receiving a dietetic service – patients, clients, the public, catering services, food industry, customers



Glossary of Terms

The 'Dublin' Descriptors (2004)

Qualifications that signify completion of the first cycle are awarded to students who:

- have demonstrated knowledge and understanding in a field of study that builds upon their general secondary education, and is typically at a level that, whilst supported by advanced textbooks, includes some aspects that will be informed by knowledge of the forefront of their field of study;
- can apply their knowledge and understanding in a manner that indicates a professional approach to their work or vocation, and have competences typically demonstrated through devising and sustaining arguments and solving problems within their field of study;
- have the ability to gather and interpret relevant data (usually within their field of study) to inform judgements that include reflection on relevant social, scientific or ethical issues;
- can communicate information, ideas, problems and solutions to both specialist and non-specialist audiences;
- have developed those learning skills that are necessary for them to continue to undertake further study with a high degree of autonomy.

Qualifications that signify completion of the second cycle are awarded to students who:

- have demonstrated knowledge and understanding that is founded upon and extends and/or enhances that typically associated with Bachelor's level, and that provides a basis or opportunity for originality in developing and/or applying ideas, often within a research context;
- can apply their knowledge and understanding, and problem solving abilities in new or unfamiliar environments within broader (or multidisciplinary) contexts related to their field of study;
- have the ability to integrate knowledge and handle complexity, and formulate judgements with incomplete or limited information, but that include reflecting on social and ethical responsibilities linked to the application of their knowledge and judgements;
- can communicate their conclusions, and the knowledge and rationale underpinning these, to specialist and non-specialist audiences clearly and unambiguously;
- have the learning skills to allow them to continue to study in a manner that may be largely self-directed or autonomous.

Qualifications that signify completion of the third cycle are awarded to students who:

- have demonstrated a systematic understanding of a field of study and mastery of the skills and methods of research associated with that field;
- have demonstrated the ability to conceive, design, implement and adapt a substantial process of research with scholarly integrity;
- have made a contribution through original research that extends the frontier of knowledge by developing a substantial body of work, some of which merits national or international refereed publication;
- are capable of critical analysis, evaluation and synthesis of new and complex ideas;
- can communicate with their peers, the larger scholarly community and with society in general about their areas of expertise;
- can be expected to be able to promote, within academic and professional contexts, technological, social or cultural advancement in a knowledge based society;



Articles of EFAD

ARTICLES

I NAME

A Federation is set up by the Associations of Dietitians, having as its title:
The European Federation of the Associations of Dietitians (EFAD)

II AIMS

The aims of EFAD are to:

- promote the development of the dietetic profession
- develop dietetics on a scientific and professional level in the common interest of the member associations
- facilitate communication between national dietetic associations and other organisations – professional, educational, and governmental
- encourage a better nutrition situation for the population of the member countries of the Council of Europe.

These aims shall be pursued in co-operation within the member associations and with international organisations.

EFAD does not pursue any political, religious or financial ends

III REGISTERED OFFICE

The registered office of EFAD is the appointed secretariat.

IV MEMBERSHIP

Full membership of the Federation is open to National Associations of Dietitians from any country which is a member of the Council of Europe and who admit members meeting the EFAD definition of dietitian

Observer status is open to National Associations of Dietitians from any country having Observer Status in the Council of Europe and who admit members meeting the EFAD definition of dietitian

Affiliated membership is open to all other relevant associations of dietitians and/or nutritionists.

Honorary members are persons who have distinguished themselves in the service of the Federation.



Articles of EFAD

ARTICLES - continued

V ORDINARY GENERAL MEETING

The Ordinary General Meeting is made up of representatives of each of the member associations. It is held at least every second year.

The invitation with a draft agenda is sent out by the Honorary Secretary at least six months before the General Meeting.

Each member Association has a right to only one vote.
A member association is entitled to vote by proxy.

Decisions on alterations to the Articles will only be taken on a 2/3 majority of votes cast in favour.

Votes on all other matters will be by a simple majority of votes cast in favour.
In the event of an equal number of votes cast, the Honorary President will have a casting vote.

VI EXTRAORDINARY GENERAL MEETING

An Extraordinary General Meeting can be called by the Honorary President or on the written request of a quarter of the member associations of the EFAD.

The reason for calling the Extraordinary General Meeting must be submitted in writing to each member association at least two months before the date of the Extraordinary General Meeting.

Each member association has a right to one vote only.
A member association is entitled to vote by proxy.

Decisions on alterations to the Articles will only be taken on a 2/3 majority of votes cast in favour.
Votes on all other matters will be by a simple majority of votes cast in favour.
In the event of an equal number of votes cast, the Honorary President will have a casting vote.



Articles of EFAD

ARTICLES - continued

VII EXECUTIVE COMMITTEE

EFAD is directed and represented by an Executive Committee made up of an Honorary President and four member associations, one of them acting as Honorary Secretary, and one as Honorary Treasurer.

A member association can only have one representative on the Executive Committee.

The member associations of the Executive Committee and the Honorary President are elected by the General Meeting for four years from among the full members of EFAD.

All members of the Executive Committee are eligible for re-election.

The Executive Committee can suspend and dismiss a member association or the Honorary President at any time, with reasons given to the following General Meeting. Vacancies will be filled as soon as possible or by election at the following General Meeting.

The Executive Committee meets at least once a year.

Each member of the Executive Committee has a right to only one vote.

Decisions are taken on a simple majority of votes cast in favour. In the event of an equal number of votes, the Honorary President will have a casting vote.

Besides the Executive Committee, two members of the Executive Committee acting together (one of whom should be the Honorary President) are authorised to represent EFAD.

Contrary to the above mentioned, the Honorary Treasurer is authorised to legally receive and pay in the name of the Federation but to a maximum amount, to be determined by the General Meeting for a maximum period of two years



Articles of EFAD

ARTICLES - continued

VIII RESOURCES

The resources of EFAD consist of:
subscription of member Associations fixed by the Ordinary General Meeting on a proposal of the Executive Committee;
grants and other resources authorised by law.

IX DISSOLUTION OF EFAD

Decisions on dissolution of EFAD can only be taken at an Extraordinary General Meeting.

Decisions on dissolution of EFAD will only be taken on a 2/3 majority of votes cast in favour.

In the event of dissolution of EFAD the Extraordinary General Meeting decides by simple majority upon the use of the residual funds.

X INTERIM REGULATIONS

An interim regulation may be established by the Executive Committee, but this must be approved, amended or discontinued by the next general meeting.

This Article is intended to allow for the continued administration of EFAD

XI LANGUAGE

The official languages of EFAD are English and French with English being designated as the first language

These articles are approved by EFAD's General Meeting, Roskilde, Denmark, September 2003

Irene C I Mackay
Honorary President

Heidrun Blochwitz
Honorary Treasurer

Official Terms to Identify the Profession in each Member State

| Country | Title in national language |
|----------------|---|
| Austria | Diplomierte(r) Diätassistentin und Ernährungsmedizinische Beraterin |
| Belgium | Gegradueende in voedings-en Dietkunde; Gradue en dietetique |
| Denmark | Klinisk Diætist Catering Manager (administrative) |
| Finland | Laillistettu Ravitsemusterapeutti |
| France | Dieteticien |
| Germany | staatlich. anerkannter Diätassistent |
| Greece | Dietitian Nutritionist |
| Hungary | Dietetikus |
| Iceland | Naeringarraogjafi |
| Ireland | Nutritionist/Dietitian; Community Dietitian; Community Nutritionist |
| Italy | Dietista |
| Luxembourg | Dieteticien |
| Netherlands | Dietist |
| Norway | Klinisk Ernæringsfysiolog (Clinical) Kostøkonom (Administrative) |
| Spain | Diplomado en Nutricion Humana y Dietetica (Clinical) Tecnico superior en dietetica (Technical) |
| Sweden | Dietist (Clinical) Kostøkonom (Administrative) |
| Switzerland | Ernährungsberaterin |
| Turkey | Diyetisyen;Dietitian |
| United Kingdom | Registered Dietitian |



Member Associations

The Austrian Association of Dietitians

Verband der Diplom Diätassistentinnen und
ernährungsmedizinischen Beraterinnen Österreichs
Grüngasse 9 /Top 20
A-1050 Vienna
Austria

Telephone: +43 1 602 7960
Fax: +43 1 600 3824
Email: dda-verband@cheese.at
Internet: www.ernaehrung.or.at

Number of members: 569

The Flemish Association of Nutritionists & Dietitians

Vlaamse Vereniging van Voedingskundigen en
Diëtisten v.z.w.

Vergote Square 43
B-1030 Brussel
Belgium

Telephone: +32 478 48 20 48
Fax: 02/3808360
Email: dietisten@skynet.be
Internet: www.vvvd.be

Number of members: 600

The Cyprus Dietetic Association (CyDA)

Σύνδεσμος Διαιτολόγων Κύπρου

P.O.Box: 28823
2083 Nicosia
Cyprus

Telephone: +357 22673473 or +357 22669575
Fax: +357 22665762
Email: aeleni@spidernet.com.cy
Internet: www.cydadiet.org

Number of members: 111

The Danish Diet and Nutrition Association

Kost & Ernæringsforbundet

Nørre Voldgade 90
DK-1358 Copenhagen K
Denmark

Telephone: +45 33 41 46 60
Fax: +45 33 41 46 70
Email: post@kost.dk
Internet: www.kost.dk

Number of members: 1552

The Association of Danish Clinical Dietitians

The Association of Danish Clinical Dietitians

Emdrupvej 28 A.
DK-2100 København Ø
Denmark

Telephone: +45 3332 0039
Fax: +45 3321 2810
Email: post@diaetist.dk
Internet: www.diaetist.dk

Number of members: 435

The Association of Clinical and Public Health Nutritionists in Finland

Ravitsemusterapeuttien Yhdistys ry

Pohjoinen Makasiinikatu 6 A 8
FIN-00130 Helsinki
Finland

Telephone: +358 9 25 11 16 30
Fax: +358 9 65 71 68
Email: info@rty.fi
Internet: www.rty.fi

Number of members: 588



Member Associations

Association of French Speaking Dietitians Association de Diététiciens de Laujue Francaise

35, Alee de Vivaldi
F-75012 Paris
France

Telephone: +33 1 40 02 03 40
Fax: +33 1 40 02 03 40
Email: adlf@adlf.org
Internet: www.adlf.org

Number of members: 2238

The National Association of Hungarian Dietitians Magyar Dietetikusok Országos Szövetsége

Arany Janos 31
H-1051 Budapest
Hungary

Telephone: 06 36 374 13 47
Fax: 06 36 374 13 47
Email: mdosz@mail.exnet.hu
Internet: www.diet.hu

Number of members: 1300

The German Dietetic Association Verband der Diätassistenten – Deutscher Bundesverband e.V

P.O.Box 10 51 12
D-40042 Duesseldorf
Germany

Telephone: +49 211 162175
Fax: +49 211 357389
Email: vdd-duesseldorf@t-online.de
Internet: www.vdd.de

Number of members: 3000

The Icelandic Dietetic Association Næringarrádgjafafélag

Næringarrádgjafafélag
National Hospital Reykjavik
Næringastofa Landspítalinn
IS-101 Reykjavik
Iceland

Telephone:
Fax:
Email:
Internet:

Number of members: 40

The Hellenic Dietetic Association The Hellenic Dietetic Association

Erythrou Stavrou 8-10
Gr-11526 Athens
Greece

Telephone: +30 210 698 4400
Fax: +30 210 698 4400
Email: had@otenet.gr
Internet: www.had.gr

Number of members: 400

The Irish Nutrition & Dietetic Institute Irish Nutrition and Dietetic Institute

Ashgrove House
Kill Avenue
Dun Loaghaire
Co. Dublin
Ireland

Telephone: +35 32 80 48 39
Fax: +35 32 80 42 99
Email: info@indi.ie
Internet: www.indi.ie

Number of members: 405



Member Associations

The Italian Association of Dietitians

Associazione Nazionale Dietisti

c/o Cogest M&C
Vicolo S. Silvestro 6
I-37122 Verona
Italy

Telephone: +39 045 800 8035
Fax: +39 045 800 8035
Email: dietistiandid@virgilio.it
Internet: www.dietistiandid.it

Number of members: 700

Norwegian Dietetic Association

Norsk Forening for Ernæring og Dietetikk

NFED
PB 9202 Grønland
N-0134 Oslo
Norway

Telephone: +47 21 01 36 60
Fax: +47 21 01 36 60
Email: nfed@kfo.no
Internet: www.matomsorg.no

Number of members: 454

Luxembourg Dietetic Association

Association Nationale des Diététiciens du
Luxembourg

BP 62
L-7201 Walferdange
Luxembourg

Telephone: +352 26 55 27 28
Fax: +352 26 55 27 28
Email: andl@andl.lu
Internet: www.andl.lu

Number of members: 53

Polish Society of Dietetics

Polskie Towarzystwo Dietetyki

c/o A. Rudnicka
ul. Komorowskie 8/5
PL 30-106 Kraków
Poland

Telephone: +48 0 1033 12 42 12 419
Fax: +48 0 1033 12 64 49 997
Email: ptd@vp.pl
Internet: www.ptd.republika.pl

Number of members: 617

The Dutch Association of Dietitians

Nederlandse Vereniging van Diëtisten

Boterstraat 1a
Postbus 341
NL-5340 AH Oss
The Netherlands

Telephone: +31 412 624 543
Fax: +31 412 637 736
Email: bureau@nvdietist.nl
Internet: www.nvdietist.nl

Number of members: 21812

Nutritionists & Dietitians Association of Slovenia

Zbornica Nutricionistov - Dietetikov Slovenije

Zaloska 2
P.O.Box 2061
Si-1001 Ljubljana
Slovenia

Telephone: +386 1 589 22 12
Fax: +386 1 589 22 33
Email: Stojan.kostanjevec@guest.arnes.si
Internet:

Number of members: 81



Member Associations

The Spanish Dietetic Association

Asociacion Espanola de Dietistas/Nutricion

Consell de Cent 314, ppi B
E-08007 Barcelona
Spain

Telephone: +34 93 487 00 80
Fax: +34 93 487 53 12
Email: aedn.es@retemail.es
Internet: www.aedn.es

Number of members: 553

The Swedish Association of Dietitians

Svensk Dietistförening

SDF
Box 12069
S-102 22 Stockholm
Sweden

Telephone: +46 8 598 99 024
Fax: +46 8 598 99 055
Email: info@kostochnaring.se
Internet: www.kostochnaring.se

Number of members: 1112

The Swedish Association of Clinical Dietitians

Dietisternas Riksförbund

Elisabet Rothenberg
Agrifack
Lilla Nygatan 14
Box 2062
S-10312 Stockholm
Sweden

Telephone: +46 7 06 41 45 81
Fax:
Email: anna.ottosson@drf.nu
Internet: www.drf.nu

Number of members: 777

The Swiss Dietetic Association

Schweizerischer Verband diplomierter
ErnährungsberaterInnen SVDE

Geschäftsstelle SVDE
Stadthof
Bahnhofstrasse 7b
CH-6210 Sursee
Switzerland

Telephone: +41 41 926 07 97
Fax: +41 41 926 07 99
Email: service@svde.asdd.ch
Internet: www.svde.ch

Number of members: 733

Turkish Dietetic Association

Türkiye Diyetisyenler Derneği

Talatpasa Bulvari Gevher Nesibe
Ishani 113/44 Hamamonu
Ankara
Turkey

Telephone: +90 (312) 311 96 49
Fax: +90 (312) 309 13 10
Email: eakal@hacettepe.edu.tr
Internet: www.tdd.org.tr

Number of members: 900

The British Dietetic Association

The British Dietetic Association

5th Floor, Charles House
148/9 Great Charles St
Queensway,
Birmingham B3 3HT
United Kingdom

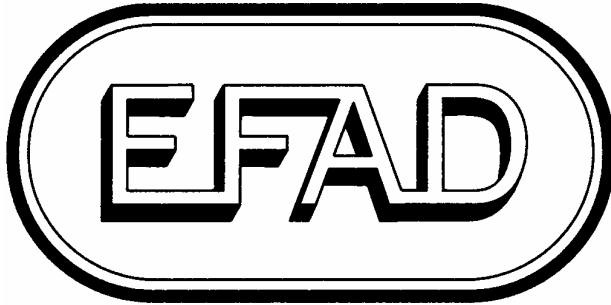
Telephone: +49 121 200 8080
Fax: +49 121 200 8081
Email: info@bda.uk.com
Internet: www.bda.uk.com

Number of members: 5367



EUROPEAN
FEDERATION OF
THE ASSOCIATIONS
OF DIETITIANS

EFAD Education Report



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EDUCATION PROGRAMMES AND WORK OF DIETITIANS IN THE MEMBER COUNTRIES OF EFAD

Commissioned by EFAD 2001
Data collected 2002

Report prepared by Carole Middleton and Margaret Lawson, the British Dietetic Association, Mary-Ann Soerensen, the Danish Dietetic Association, and Karin Hadell, the Swedish Dietetic Association, 2003

EFAD Education Report

EDUCATION AND WORK OF DIETITIANS

Background: At the General Meeting of EFAD in 2001 in Assisi it was decided that the reports from 1999 on education programmes for dietitians and on the work of dietitians in the members states of EFAD should be updated. The British, Danish and Swedish Associations of Dietitians offered to prepare the report in co-operation. The EFAD definition of dietitian is the basis for this report.

“A dietitian is a person with a legally recognised qualification (in nutrition and dietetics) who applies the science of nutrition to the feeding and education of groups of people and individuals in health and disease.”

Aims: The aim of the report was to gather facts on education programmes and working fields of dietitians in the members states of EFAD to make it possible to compare the situation in different countries. A second aim was to see if there was any correlation between the level and length of the education programme and the type of work and the level of responsibility and independence at work.

Method: A questionnaire with 13 questions on basic education programmes, five questions on further education programmes and 19 questions on the working environment was sent out to the 21 EFAD member associations in 2002. Since the 1999 report Lithuania is no longer a member of EFAD. The member countries covered by this report are:

Austria, Belgium, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Luxembourg, the Netherlands, Norway, Poland, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

Results: 19 National Dietetic Association returned a completed questionnaire. Questionnaires were not received from *Poland* or *Slovenia*. As *Iceland* and *Luxembourg* have no national education programmes for dietitians they do not feature in the section on education.

EDUCATION PROGRAMMES FOR DIETITIANS – BASIC EDUCATION

The responses have been divided into two groups: members states with education programmes leading to a BSc or equivalent and those members states with other types of education programmes.

| Table 1 | | |
|---------------------------|-----------------------|-------------------------------|
| Programmes leading to BSc | | Programmes not leading to BSc |
| <i>Austria</i> | <i>Belgium</i> | <i>France</i> |
| <i>Denmark</i> | <i>Finland</i> | <i>Germany</i> |
| <i>Greece</i> | <i>Hungary</i> | <i>Norway</i> |
| <i>Ireland Italy</i> | <i>Italy</i> | <i>Spain</i> |
| <i>Netherlands</i> | <i>Norway</i> | <i>Switzerland</i> |
| <i>Spain</i> | <i>Sweden</i> | |
| <i>Turkey</i> | <i>United Kingdom</i> | |

Norway and *Spain* have education programmes at two different levels, non BSc and BSc. Since the 1999 report there has been a change from a non BSc to a BSc programme in *Denmark*.

The education programmes give qualifications as administrative, clinical or general dietitian (definitions see below) in the following countries:

| Table 2 | | |
|--------------------------|--------------------|-------------------|
| BSc | | |
| Administrative dietitian | Clinical dietitian | General dietitian |
| <i>Denmark</i> | <i>Denmark</i> | <i>Austria</i> |
| <i>Hungary</i> | <i>Finland</i> | <i>Belgium</i> |
| <i>Sweden</i> | <i>Greece</i> | <i>Greece</i> |
| | <i>Hungary</i> | <i>Hungary</i> |

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| | | |
|----------------|-----------------------|--------------------|
| | <i>Ireland</i> | <i>Italy</i> |
| | <i>Norway</i> | <i>Netherlands</i> |
| | <i>Sweden</i> | <i>Spain</i> |
| | <i>United Kingdom</i> | <i>Turkey</i> |
| Non-BSc | | |
| <i>Norway</i> | <i>Switzerland</i> | <i>Germany</i> |
| | | <i>France</i> |
| | | <i>Spain</i> |

Administrative Dietitian: An Administrative Dietitian is a dietitian with an education focused on food service management with responsibility for feeding of groups of people in health and disease in an institution or a community.

Clinical Dietitian: A Clinical Dietitian is a dietitian with an education focused on clinical nutrition and dietetics with responsibility for dietary prevention and treatment of individuals in an institution or a community.

General Dietitian: A General Dietitian is a dietitian with an education in clinical nutrition and dietetics and food service management with overall responsibilities for both aspects in an institution or a community.

In *Denmark* and *Sweden* the education programmes are divided in two different branches, administrative and clinical.

In *Norway* there are two different education programmes, a 2 year non BSc programme for administrative dietitians and a five year university programme for clinical dietitians.

In *Greece* both clinical and general dietitians are educated. There is no information whether the programme is the same for both or if it is divided in two branches.

National requirements

The following member countries have national requirements for their education programmes for dietitians:

| Table 3 |
|--|
| BSc: <i>Austria, Belgium, Denmark, Finland, Greece, Hungary, Italy, Netherlands, Norway, Spain, Sweden and United Kingdom..</i> |
| Non-BSc: <i>France, Germany and Switzerland</i> |

The following members states do not have national requirements for their education programmes for dietitians:

| Table 4 |
|---------------------------------------|
| BSc: <i>Ireland and Turkey</i> |
| Non-BSc: <i>Norway</i> |

Responsible for the national requirements are:

| Table 5 | |
|---|---|
| A legal authority e.g. Ministry of Health or Education: | BSc: <i>Austria, Belgium, Denmark, Finland, Greece, Hungary, Italy, Netherlands, Spain, Sweden and United Kingdom</i> Non-BSc: <i>France, Germany, Spain and Switzerland</i> |
| The national association or other type of organisation or institution: | BSc: <i>Belgium, Norway and Turkey</i> |

The national dietetic associations have influence on the national requirements in

BSc: *Austria, Belgium, Denmark, Greece, Italy, Netherlands, Norway and UK.*

Non-BSc: *Germany*

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The national dietetic associations have no influence on the national requirements in:

BSc: *Finland, Hungary, Ireland, Spain and Sweden*

Non-BSc: *France, Spain and Switzerland*

Compared to 1999 fewer associations seem to have an influence on the national requirements.

Length of education

Total length of education from primary school to qualifying as a dietitian varies between the countries from 13 years to 18 years which is an increase compared to 1999 range 11-17.5

| | BSc | Non-BSc |
|-----------------|---|---|
| 13 years | | <i>Germany</i> |
| 14 years | | <i>France</i> |
| 15 years | <i>Austria, Belgium, Denmark (15.5), Sweden (15-16), Turkey</i> | <i>Norway, Spain, Switzerland (15-16)</i> |
| 16 years | <i>Greece, Hungary, Italy, Spain</i> | |
| 17 years | <i>Finland, Ireland (17.5), United Kingdom</i> | |
| 18 years | <i>Netherlands, Norway</i> | |

Total length of the dietetic course

The total length of the dietetic course varies between three and five years for the BSc programmes and between two and three years for the non-BSc programmes. Some countries have a minimum length to qualify but also an option for one more year (*Sweden and Switzerland*).

When the weeks or hours are calculated, a three year course in some countries can consist of as many weeks or hours as a four year course in other countries.

The students are expected to study (including lectures, seminars, practicals and private studies) between 20-50 hours a week (average 40h).

| Country | Total length - years | Total length - weeks | Total length - hours |
|-----------------------|----------------------|----------------------|----------------------|
| BSc | | | |
| <i>Austria</i> | 3 | 132 | >6500 |
| <i>Belgium</i> | 3 | 83 | 4500-5500 |
| <i>Denmark</i> | 3.5 | 140 | 5500-6500 |
| <i>Finland</i> | 5 | 184 | >6500 |
| <i>Greece</i> | 4 | 146 | <3500 |
| <i>Hungary</i> | 4 | 130 | 3500-4500 |
| <i>Ireland</i> | 4.5 | 154 | 5500-6500 |
| <i>Italy</i> | 3 | 125 | No answer |
| <i>Netherlands</i> | 4 | 160 | 5500-6500 |
| <i>Norway</i> | 5 | 200 | 5500-6500 |
| <i>Spain</i> | 3 | 90 | 3500-4500 |
| <i>Sweden</i> | 3-4 | 120-160 | 5500-6500 |
| <i>Turkey</i> | 4 | 118 | <3500 |
| <i>United Kingdom</i> | 4 | 172 | >6500 |
| Non-BSc | | | |
| <i>France</i> | 2 | 70 | 3500-4500 |
| <i>Germany</i> | 3 | 146 | 5500-6500 |
| <i>Norway</i> | 2 | 80 | <3500 |
| <i>Spain</i> | 2 | 70 | <3500 |
| <i>Switzerland</i> | 3 | 138 | 5500-6500 |

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Requirements for admission to training

All countries except *Belgium* and *Italy* have special requirements for admission to training. The level of the subjects required is not described.

| | BSc | Non-BSc |
|-----------------------------|---|---|
| Natural sciences: | <i>Austria, Denmark, Finland, Greece, Hungary, Ireland, Norway, Spain, Sweden, Turkey, United Kingdom</i> | <i>France, Germany, Norway, Spain, Switzerland</i> |
| Mathematics | <i>Austria, Denmark, Greece, Ireland, Norway, Spain, Sweden, Turkey, United Kingdom</i> | <i>France, Germany, Norway, Switzerland</i> |
| National language | <i>Austria, Denmark, Greece, Hungary, Ireland, Netherlands, Norway, Spain, Sweden, Turkey, United Kingdom</i> | <i>Germany, Norway, Spain, Switzerland</i> |
| English language: | <i>Austria, Denmark, Hungary, Norway, Sweden</i> | <i>Germany, Norway</i> |
| Practical experience | There are no requirements for practical experience in any of the countries with BSc programmes | <i>Norway</i> (Trade certificate in cookery including practical experience in a hospital kitchen or other institutional kitchen) <i>Switzerland</i> (6 months work in a diet kitchen and hospital ward) |

Theoretical programme

The theoretical programme is divided into five groups:

| | |
|---|--|
| Basic Sciences: | physics, chemistry, biochemistry and genetics, biology, physiology and histology, anatomy, mathematics, statistics, research methods, computer skills |
| Food and Nutrition Sciences: | nutrition, dietetics, medicine, food science, technology and analysis microbiology, techniques of food preparation, sensory evaluation, nutritional assessment, food safety and food hygiene |
| Food Service Administration: | management, health care organisation, food planning and production, legislation, economics, equipment, purchasing, marketing |
| Nutrition Education and Community Nutrition: | health promotion, philosophy and ethics, sociology, psychology, teaching methods, communication, food culture, epidemiology, community services. |
| Miscellaneous: | |

The answers should be given in percentage of the total study time however some countries have not included the practical part of the education programme in their calculations while other countries have. In some countries the programme differs between universities. In the Netherlands 40% of the theoretical programme is designed as problem based learning where all the five groups are integrated.

There is also some uncertainty in definitions seen in what is described as "other".

BSc and non-BSc

The most important subject in all countries seems to be food and nutrition science except in *Belgium* where basic sciences are most important and *Norway* and *Sweden* (administrative branch) with food service administration as number one.

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Next come basic sciences for most countries. *Belgium* has food and nutrition science as number two. Finland has nutrition education and community nutrition as number two. In the Netherlands nutrition education and community nutrition and basic sciences are given the same amount of hours.

In some countries subjects not directly related to the dietetic profession are included in the course (language, religion, first aid). In some countries subjects like physics or mathematics are included in the course while these subjects in other countries are required for admission to the course. In Ireland language (not specified which) is included, in Spain and Turkey foreign language is included and in France the French language is included in the programme– not a requirement for admission

Practical programme

All countries have practical programmes included in the training. The practical programme can include:

- a) clinical dietetics, health promotion, primary health care
- b) practical catering (cooking)
- c) catering management

Practical training as a percentage of total education varies between 1.5% and 51%.

| Table 10 | | | |
|-----------------------------|----------|--------------------|----------|
| BSc | % | Non-BSc | % |
| <i>Austria</i> | 51 | <i>Switzerland</i> | 50 |
| <i>Italy</i> | 40 | <i>France</i> | 29 |
| <i>Turkey</i> | 29 | <i>Germany</i> | 27 |
| <i>Greece</i> | 26 | <i>Spain</i> | 14 |
| <i>Belgium, Ireland</i> | 22 | <i>Norway</i> | 0 |
| <i>Hungary, Netherlands</i> | 19 | | |
| <i>United Kingdom</i> | 16 | | |
| <i>Finland, Spain</i> | 13 | | |
| <i>Denmark</i> | 12 | | |
| <i>Sweden</i> | 8 | | |
| <i>Norway</i> | 1.5 | | |

Norway (non BSc) has no practical programme as the required trade certificate in cookery for admission to training mostly consists of practical training.

BSc

All countries spend most time on clinical dietetics, even those countries that educate general dietitians. Only in *Sweden* do the administrative students spend most practical training on catering management.

Non-BSc

Also in non BSc programmes most of the time in the practical programme is spent on clinical dietetics. In *Spain* the practical programme is equally divided into clinical dietetics, practical catering and food companies.

Passing the practical programme is obligatory in order to qualify as a dietitian in all countries.

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Project/study report

In all BSc countries is a project/study report (2.3–40 weeks) using research methods is obligatory for passing the examination. In most non-BSc countries a shorter report (1.5-15 weeks) is obligatory. In *Germany* there is no demand for a report to pass the examination.

| Table 11 | |
|--|--|
| BSc | |
| <10 weeks | <i>Austria, Turkey</i> |
| 10-15 weeks | <i>Ireland, Sweden, United Kingdom</i> |
| 15-20 weeks | <i>Denmark, Finland, Greece, Hungary, the Netherlands, Spain</i> |
| 40 weeks | <i>Norway</i> |
| No information on the number of weeks of project work required | <i>Belgium and Italy</i> |
| Non-BSc | |
| 1-3 week | <i>Spain</i> |
| 4-6 weeks | <i>Norway</i> |
| 15 weeks | <i>France</i> |
| No information on the number of weeks of project work required | <i>Switzerland</i> |

Registration/authorisation, protected title

Graduation is often connected with some type of registration or authorisation.

| Table 12 | | | |
|--|--|--------------------------------------|--|
| Registration/Authorisation by a legal authority e.g. Ministry of Health | Registration/Authorisation by other authority recognised by the state | No registration/authorisation | Title protected by the government |
| BSc | | | |
| <i>Denmark (clinical)</i> | | <i>Belgium</i> | <i>Austria</i> |
| <i>Finland</i> | | <i>Denmark (admin.)</i> | <i>Denmark (clinical)</i> |
| <i>Hungary</i> | | <i>Greece</i> | <i>Finland</i> |
| <i>Iceland</i> | | <i>Ireland</i> | <i>Hungary</i> |
| <i>Italy</i> | | <i>Spain</i> | <i>Iceland</i> |
| <i>Luxembourg</i> | | <i>Sweden</i> | <i>Italy</i> |
| <i>Netherlands</i> | | | <i>Luxembourg</i> |
| <i>Norway</i> | | | <i>Netherlands</i> |
| <i>Turkey</i> | | | <i>Norway</i> |
| <i>United Kingdom</i> | | | <i>Sweden (clinical)</i> |
| | | | <i>United Kingdom</i> |
| Non-BSc | | | |
| <i>France</i> | <i>Switzerland</i> | <i>Norway</i> | <i>France</i> |
| <i>Germany</i> | | <i>Spain</i> | <i>Germany</i> |
| | | | <i>Norway</i> |
| | | | <i>Switzerland</i> |

Some countries have obligations to keep the authorisation e.g. continuing education (*Hungary, Italy, Luxembourg, and Netherlands*).

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Number of dietitians passing the final qualification every year

To make it possible to compare the number of dietitians is related to the population in the country. The range of newly qualified dietitians/year/ 100,000 population is 0.11-3.81.

| Table 13 | | | | | |
|-----------------------|--------------------------|--------------------------|---------------------------------------|--|---|
| Country | Examined dietitians/year | Population (in millions) | Dietitians/100,000 population (Admin) | Dietitians/100,000 population (Clinical) | Dietitians/100,000 population (General) |
| BSc | | | | | |
| <i>Austria</i> | 50 | 8.0 | | | 0.63 |
| <i>Belgium</i> | 400 | 10.5 | | | 3.81 |
| <i>Denmark</i> | 60 adm./60 clin. | 5.2 | 1.15 | 1.15 | |
| <i>Finland</i> | 20 | 5.2 | | 0.38 | |
| <i>Greece</i> | 90 | 11.0 | | 0.36 | 0.45 |
| <i>Hungary</i> | 70-90 | 10.0 | | | 0.70-0.90 |
| <i>Iceland*</i> | | 0.29 | | | |
| <i>Ireland</i> | 24 | 3.8 | | 0.63 | |
| <i>Italy</i> | 200 | 57.0 | | | 0.35 |
| <i>Luxembourg*</i> | | 0.35 | | | |
| <i>Netherlands</i> | 120-150 | >15.0 | | | 0.80-1.00 |
| <i>Spain</i> | no information | 40.0 | | | |
| <i>Sweden</i> | 100 | 8.9 | 0.56 | 0.56 | |
| <i>Turkey</i> | 70 | 65.0 | | | 0.11 |
| <i>United Kingdom</i> | 250 | 59.7 | | 0.42 | |
| Non-BSc | | | | | |
| <i>France</i> | 585 | 63.0 | | | 0.93 |
| <i>Germany</i> | 700 | 81.0 | | | 0.86 |
| <i>Norway</i> | 25 | 4.5 | 0.55 | | |
| <i>Spain</i> | no information | 40.0 | | | |
| <i>Switzerland</i> | 50 | 7.0 | | 0.71 | |

- no education programme

Number of practicing dietitians per 100 000 population

| Table 14 | | | |
|----------|----------------|--|-------------------------------------|
| | Administrative | Clinical | General |
| 1-5 | <i>Iceland</i> | <i>Finland, Greece, Iceland, Ireland, Norway</i> | <i>Greece, Italy, Turkey</i> |
| 6-10 | | <i>Denmark, Sweden, UK</i> | <i>France,</i> |
| 11-15 | <i>Norway</i> | <i>Switzerland</i> | <i>Austria, Hungary, Luxembourg</i> |
| 16-20 | | | <i>Netherlands</i> |
| 21-25 | <i>Sweden</i> | | |
| >25 | <i>Denmark</i> | | |

Information from Belgium, Germany and Spain is missing.



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FURTHER EDUCATION

BSc

Formal further education with academic courses leading to a Major Diploma, MSc or PhD, are available in *Belgium, Denmark, Finland, Greece, Hungary, Ireland, Italy, Netherlands, Norway Spain, Sweden, Turkey and United Kingdom*.

In *Austria* such courses are not available.

Other types of further education courses (courses more than one month full-time or equivalent part-time studies) are available in *Austria, Denmark, Italy, Netherlands Sweden, Turkey and United Kingdom*. The length varies between five weeks and four years. It is not possible to determine which courses are part-time and which full-time. Subjects studied could be different aspects of clinical dietetics, health promotion, public health, health service management, food science & technology, economy.

Compared to 1999 the number of countries offering formal further education as well as other types of further education has increased

Non-BSc

Spain offers further education leading to a BSc. *Germany, Norway and Switzerland* offer no further education leading to a BSc.

Other types of further education courses are available in *Germany and Switzerland*, but not in *Norway and Spain*. The subjects studied could be natural sciences, nutrition, different aspects of clinical dietetics, teaching methods, therapy & health care, food service management and environment.

For the non BSc countries there seem to be fewer possibilities for further education than in 1999.

Further education courses are obligatory to practice in certain areas in 3 countries, BSc *Austria*, Non-BSC *France* and *Germany*. In 10 countries a higher degree (MSc or PhD) creates new job opportunities mainly in research, academia or management.

Return to practice courses after a career break are available in 4 countries but are optional in all of them.



EFAD Education Report

THE WORK OF DIETITIANS

Areas of work

The questionnaire asked which areas of work each category of dietitian may work in and as a %, which were the 3 most common areas.

The question was completed in very different ways, some just ticking with no %, others have amalgamated different areas, e.g. hospitals, family doctors and health centres. As the question has been answered differently, it is not possible to make comparisons but some significant trends can be seen:

- More than 50% of all dietitians work in hospitals (administrative dietitians 35.5%, range 25-40%;, clinical dietitians 50%, range 21-71%;, general dietitians 65%, range 0-100%.) Of all the dietitians only the *Greek* general dietitians do not work in hospital at all.
- Nursing homes are common places of employment for administrative dietitians, particularly *Denmark* 55% and *Norway* 40%
- Health education is significant in some countries – 19% in *Ireland*, 10% *Luxembourg*, 5% *Germany*, but not undertaken at all in *Greece*, *Finland* and *Norway* and only by clinical dietitians in *Hungary*, *Denmark* and *Sweden* and by general dietitians in *Spain*.
- Employment for clinical dietitians is common in the food industry in *the Netherlands*, *Finland*, *Switzerland* and *Greece* and in Pharmaceutical companies in *Ireland*, *Norway*, *Greece* and *Sweden*.
- A small but significant number of administrative dietitians are employed in staff and military restaurants, the catering industry, as community advisors and in quality control.
- A small but significant number of dietitians work in research, and in education and the media.
- Acting as a consultant is very common in some countries, with up to 40% of dietitians employed in this way in *Greece* (General), *France*, *Belgium*, *Switzerland*, *Luxembourg* and *Denmark* (Admin).
- Other places of employment include beauty centres in *Greece* with a large number of dietitians working in this area

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The following chart identifies the 3 most common areas of work.

| Table 15.1 | | | |
|-----------------------|--|---|---|
| Countries | Administrative Dietitian | Clinical Dietitian | General Dietitian |
| BSc | | | |
| <i>Austria</i> | | | 60% hospitals 22% with family doctors 9 % in health education |
| <i>Belgium</i> | | | No figures given |
| <i>Denmark</i> | 40 % in hospitals 55 % in nursing homes 5 % consultant/freelance | 60% in hospitals 10-15% with family doctors or in health centres | |
| <i>Finland</i> | | 21% hospitals, family doctors, and health centres 19% in research 14% with food manufact. and pharmaceutical co. in all divisions | |
| <i>Greece</i> | | 43% in hospitals 35% beauty centres 11% consultant/freelance | 59% beauty centres 40% consultant/freelance 1% family doctors |
| <i>Hungary</i> | No figures given | No figures given | No figures given |
| <i>Iceland</i> | No figures given, but only 4 areas marked | No figures given, but only hospitals are marked | |
| <i>Ireland</i> | | 61% hospitals 19% health education incl. family doctors 10% pharmaceutical co | |
| <i>Italy</i> | | | 80% hospitals |
| <i>Luxembourg</i> | | | 50% hospitals 40% consultant/freelance 10% health education |
| <i>Netherlands</i> | | | 50% hospitals 25% family doctors and health centres 15% food manufacturers, all divisions |
| <i>Norway</i> | | 71% in hospitals 8% in research 7% with pharmaceutical companies, nutrition and marketing divisions | |
| <i>Spain</i> | No figures given | No figures given, but only hospitals marked | No figures given |
| <i>Sweden</i> | 25% hospitals 15% community adviser 10% catering industry | 50% hospitals 14% health centres and fam.doctors 2% pharmaceutical co. | |
| <i>Turkey</i> | | | 76% hospitals 6.1% education institutes 4,7% quality controller |
| <i>United Kingdom</i> | | 40% in hospitals 20% With family doctors 10% health education | |

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| Table 15.2 | | | |
|--------------------|---|--|--|
| Countries | Administrative Dietitian | Clinical Dietitian | General Dietitian |
| Non-BSc | | | |
| <i>France</i> | | | 65% hospitals, family doctors, health centres, nursing homes, health education, community adviser 20% consultant/ freelance 15% in all other areas |
| <i>Germany</i> | | | 90% hospitals 5% health education 5% consultant/freelance |
| <i>Norway</i> | 40% in hospitals 40% in nursing homes 5% in staff restaurants 5% in military restaurants | | |
| <i>Spain</i> | No figures given | No figures given, but only hospitals marked | No figures given |
| <i>Switzerland</i> | | 50% hospitals 25% freelance 10% food manufacturers in the nutrition division | |

Positions available

This information was sought to establish if there is some variety and opportunity for career progression.

Most countries only have the grades of dietitian and chief dietitian; although positions as senior dietitian and consultant dietitians are also quite common.

In *Ireland* there are positions as clinical specialist dietitian, in *Austria* as director and teaching assistant, and in *France* the highest grade is upper chief dietitian. In *Luxembourg* there is no hierarchy.

The opportunity for career progression through a number of grades only exists in *the Netherlands, UK, Ireland and Greece* (Clinical).

In *Spain* (technical) only the grade of dietitian exists

Departments employing dietitians

All administrative dietitians and some general dietitians are organised in food service departments. Clinical and general dietitians are either in dietetic or medical departments. Some dietitians also work in civil departments (the Netherlands), nursing (Hungary) and nutrition units (Spain).

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Work details of dietitians

31 possible work tasks of dietitians were listed, and it was asked for each of the three categories of dietitian if they do this at all, and if yes whether it is done alone or supervised.

Table 16.1

| The following country codes have been used: <i>Austria (AT), Belgium (BE), Denmark (DK), Finland (FI), France (FR), Germany (DE), Greece (GR), Hungary (HU), Iceland (IS), Ireland (IE), Italy (IT), Luxembourg (LU), the Netherlands (NL), Norway (NO), Spain (ES), Sweden (SE), Switzerland (CH), Turkey (TR), United Kingdom (UK)</i> | | | |
|---|--|--|---|
| | Administrative <i>DK, FR, HU, IS, NO, ES, SE, TR</i> | Clinical <i>DK, FI, FR, GR, HU, IS, IE, NL, NO, ES, SE, CH, TR, UK</i> | General <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Nutritional assessment / screening of healthy individuals and groups | <i>FR, TR</i> | <i>DK, FI, FR, GR, HU, IS, NL, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, HU, IT, LU, ES, TR</i> |
| Translate nutrition into food/menus for groups* | <i>DK, FR, HU, NO, ES, SE, TR</i> | <i>DK, FI, FR, GR, HU, IS, NL, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, HU, IT, LU, TR</i> |
| Plan production and distribution of food to meet recommendations | <i>DK, FR, HU, IS, NO, SE, TR</i> | <i>FI, FR, GR, HU, NL, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Purchase of food | <i>DK, FR, HU, IS, NO, ES, SE, TR</i> | <i>FR, NL, TR</i> | <i>AT, BE, FR, DE, LU, TR</i> |
| Develop and measure outcomes for food and nutrition services and practice | <i>DK, FR, HU, NO, SE, TR</i> | <i>FR, GR, HU, IS, IE, NL, ES, CH, TR, UK</i> | <i>AT, BE, FR, DE, HU, IT, LU, ES, TR</i> |
| Sensory evaluation of food and nutrition products | <i>DK, FR, HU, NO, ES, SE, TR</i> | <i>FI, FR, GR, HU, NL, SE, CH, TR, UK</i> | <i>AT, FR, DE, GR, HU, LU, TR</i> |
| Nutritional assessment of high risk individuals and people with medical conditions | <i>TR</i> | <i>DK, FI, FR, GR, HU, IS, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, HU, IT, LU, ES, TR</i> |
| Decide on a nutritional careplan/diet for people with a medical condition | <i>TR</i> | <i>DK, FI, FR, GR, HU, IS, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, HU, IT, LU, ES, TR</i> |
| Follow a diet prescription made by a doctor | <i>DK, TR</i> | <i>FI, FR, GR, HU, IS, IE, NL, NO, ES, CH, TR,</i> | <i>AT, BE, FR, DE, HU, IT, LU, ES, TR</i> |
| Implement a nutritional careplan for people with a medical condition | <i>DK, SE, TR</i> | <i>DK, FI, FR, GR, HU, IS, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, HU, IT, LU, ES, TR</i> |
| Counsel/educate the individual and carers | <i>DK, FR, SE, TR</i> | <i>DK, FI, FR, GR, HU, IS, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Monitor/evaluate clinical outcomes | <i>TR</i> | <i>DK, FI, FR, GR, HU, IS, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, HU, IT, LU, ES, TR</i> |
| Take part in interdisciplinary team conferences about patient/client treatment | <i>FR, HU, TR</i> | <i>DK, FI, FR, GR, HU, IS, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Refer patients to other health care professions | <i>TR</i> | <i>DK, FI, FR, GR, HU, IS, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |

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| Table 16.2 | | | |
|--|---------------------------------------|---|---|
| | Administrative | Clinical | General |
| Perform relevant non dietetic activities* | | <i>FI, GR, NL, SE, UK</i> | <i>DE, LU, TR</i> |
| Plan health promotion activities within the community | <i>FR, SE, TR</i> | <i>DK, FI, FR, GR, HU, IE, NL, ES, SE, CH, TR, UK</i> | <i>DE, LU, TR</i> |
| Participate in health promotion activities within the community | <i>DK, FR, SE, TR</i> | <i>DK, FI, FR, GR, HU, IE, NL, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Evaluate health promotion activities within the community | <i>FR, TR</i> | <i>DK, FI, FR, GR, HU, IE, NL, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Plan education of target groups | <i>DK, FR, NO, SE, TR</i> | <i>DK, FI, FR, GR, HU, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Educate target groups | <i>DK, FR, NO, SE, TR</i> | <i>DK, FI, FR, GR, HU, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Evaluate education of target groups | <i>DK, FR, NO, SE, TR</i> | <i>DK, FI, FR, GR, HU, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Develop and review education material for target groups | <i>DK, FR, NO, SE, TR</i> | <i>DK, FI, FR, GR, HU, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Participate in quality improvement incl. systems and customer satisfaction | <i>DK, FR, HU, NO, ES, SE, TR</i> | <i>FI, FR, GR, HU, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Manage change within the organisation | <i>DK, FR, HU, NO, ES, SE, TR</i> | <i>DK, FR, GR, HU, IE, NL, NO, ES, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Develop business and operational plans | <i>DK, FR, HU, NO, ES, SE</i> | <i>DK, FR, HU, IE, NL, ES, SE, CH, UK</i> | <i>AT, BE, FR, GR, HU, IT, LU, ES</i> |
| Collection and processing of financial data | <i>DK, FR, HU, NO, ES, SE, TR</i> | <i>DK, FR, HU, IE, NL, ES, SE, CH, UK</i> | <i>AT, BE, FR, DE, GR, HU, LU, ES, TR</i> |
| Collection and processing of other management data | <i>DK, FR, HU, NO, ES, SE, TR</i> | <i>DK, FR, HU, IE, NL, ES, SE, CH, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES,</i> |
| Perform marketing functions | <i>FR, IS, NO, ES, SE, TR</i> | <i>DK, FR, NL, SE, CH, UK</i> | <i>AT, BE, FR, DE, GR, HU, LU</i> |
| Participate in personnel management functions | <i>DK, FR, HU, NO, ES, SE, TR</i> | <i>DK, FR, GR, HU, IE, NL, NO, SE, CH, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |
| Manage facilities incl. equipment purchase and design of work units | <i>DK, FR, HU, IS, NO, ES, SE, TR</i> | <i>DK, FR, GR, HU, NL, NO, CH, UK</i> | <i>AT, BE, DE, HU, IT, LU, ES</i> |
| Manage safety and sanitation issues related to food and nutrition | <i>DK, FR, HU, IS, NO, ES, SE, TR</i> | <i>DK, FI, FR, GR, HU, NL, TR, UK</i> | <i>AT, BE, FR, DE, GR, HU, IT, LU, ES, TR</i> |

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In most countries many of the tasks identified were carried out by one or all categories of dietitians.

The most common tasks for each of the categories are:

Administrative dietitian (8 countries):

- Translate nutrition into food/menus for groups
- Plan production and distribution of food to meet recommendations
- Purchase of food
- Develop and measure outcomes for food and nutrition services and practice
- Quality improvement and customer satisfaction
- Management tasks
- Health promotion activities
- Education of target groups

30 of the 31 tasks are undertaken by administrative dietitians in one country or more. The one task not undertaken was performance of relevant non dietetic activities defined as e.g. monitoring of blood pressure, blood glucose, cholesterol, passing naso gastric tubes, changing drug prescriptions etc.

Clinical dietitians (14 countries):

- Nutritional assessment/screening of both healthy and high risk individuals
- Decision and implementation of nutritional careplans
- Counselling/education of individuals and carers
- Monitoring/evaluation of clinical outcomes
- Participation in interdisciplinary conferences about patient/client treatment
- Education of target groups
- Quality improvement
- Management of change within the organisation

All 31 tasks are undertaken by clinical dietitians in 3 countries or more.

Some clinical dietitians do undertake management tasks, but time spent is not as significant as administrative and general dietitians.

General dietitians (10 countries):

All 31 tasks are undertaken by general dietitians in 3 countries or more. They cover the tasks described before under both administrative and clinical dietitian.

The tasks undertaken by the 3 categories of dietitians correspond well with the EFAD definitions.

It was asked whether dietitians are supervised in any of the activities they undertake, and if there is a difference between newly qualified and dietitians with 5 or more years experience.

Iceland is the only country where newly qualified dietitians are fully supervised.

In many countries the more clinical activities are carried out alone but the newly qualified dietitians are supervised in the management aspects such as business planning, managing change, processing of financial and management data, purchasing of equipment. After 5 years most of the activities, if they are undertaken, are carried out alone.

Responsibilities of chief dietitians:

The level of responsibility of chief dietitians varies.

In most countries the Chief Dietitian has full responsibility for some or all of the staff, development, training and quality.

Economic responsibility is more likely to be only partial, but most administrative dietitians have full responsibility for this aspect of service.

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| | | Administrative | Clinical | General |
|---|---------|---------------------------------------|--|---|
| Those with full responsibility for staff, economics, development and training | BSc | <i>Denmark Iceland Sweden</i> | <i>Finland Iceland Ireland the Netherlands Sweden United Kingdom</i> | <i>Austria Belgium Luxembourg</i> |
| | Non-BSc | <i>Norway</i> | | |

Dietitians in leading positions as a percentage of all dietitians

Not all countries answered the question about what percentage of dietitians perform as chief dietitians.

Where the question was answered the ranges given were:

| | |
|----------------|------------|
| Administrative | 20 – 80% |
| Clinical | 0.4 – 100% |
| General | 3 – 30% |

Training of staff and/or students in nutrition and dietetics

In all countries except Turkey dietitians are involved in the training of other health professionals. It is less common for them to train qualified dietitians or doctors but most are involved in training student dietitians. Clinical dietitians more frequently train qualified and student nurses and healthcare assistants and administrative dietitians more frequently train food service managers and staff.

Dietitians involvement in research

It is common for dietitians to get involved in research in approximately half of the countries, mainly by clinical dietitians but also by general dietitians in *Greece* and *Turkey* and administrative dietitians in *Sweden*. *Switzerland* is the only country where non BSc dietitians undertake research.

Where dietitians are involved in research it is at a local level for all of them, at a national level for all except *Norway*, and at an international level in *UK, Greece, Finland, Ireland, Switzerland* and *Sweden*.

Research is initiated by dietitians in *UK, Greece, Finland, Turkey, Sweden* (both administrative and clinical) and *Norway* (clinical), all of which have BSc.

Other research is initiated by medical staff in all of the countries where dietitians undertake research and less commonly by government departments, university departments or industry.

Where research is undertaken it is published in all countries in nutrition and dietetic and medical journals. In some countries it may also be published in food science journals and conference proceedings.

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National regulations/obligations in relation to quality assurance/improvement programmes

National requirements in relation to quality assurance and improvement programmes exist in 14 countries. There are none in *Austria, Finland Ireland, Germany, or Spain*:

| | |
|----------------------------------|--|
| Dietetic Training | 5 countries (<i>Greece, Hungary, Luxembourg, the Netherlands, UK</i>) |
| Food service | 12 countries (<i>Belgium, Denmark, France, Greece, Hungary, Iceland, Luxembourg, the Netherlands, Norway, Sweden, Turkey, UK</i>) |
| Code of ethics | 3 countries(<i>Luxembourg, the Netherlands, Turkey</i>) |
| Health service directives | 13 countries (<i>Belgium, Denmark, France, Greece, Hungary, Iceland, Italy, Luxembourg, the Netherlands, Norway, Sweden, Turkey, UK</i>) |
| Clinical standards | 7 countries (<i>Greece, Italy, Luxembourg, the Netherlands, Switzerland, Turkey, UK</i>) |
| Operational standards | 7 countries (<i>Greece, Italy, Luxembourg, the Netherlands, Switzerland, Turkey, UK</i>) |
| Statement of conduct | 2 countries (<i>Switzerland, UK</i>) |

Unemployment of dietitians

The range of unemployed dietitians is 0% - 20%

Administrative dietitians 0 – 4.65%

Clinical dietitians 0 – 5.68%

General dietitians 0 – 20%

4 countries did not answer.

Unemployment of dietitians compared to unemployment for the nation:

In 11 countries the unemployment of dietitians is lower than the national unemployment rate.

In 3 countries the unemployment of dietitians is higher than the national unemployment rate.

5 countries did not complete the question:

| | Administrative | Clinical | General | Nation |
|-----------------------|-----------------------|-----------------|----------------|---------------|
| <i>Austria</i> | | | 1 % | 3.6 % |
| <i>Belgium</i> | | | | No answer |
| <i>Denmark</i> | 4.65 % | 5.68 % | | 5.4 % |
| <i>Finland</i> | | No answer | | 9.5 % |
| <i>France</i> | | | 20 % | 10 % |
| <i>Germany</i> | | | 5 % | 13 % |
| <i>Greece</i> | | 1 % | | No answer |
| <i>Hungary</i> | 0 % | 0 % | 0 % | 6 % |
| <i>Iceland</i> | 0 % | 0 % | | 2.4 % |
| <i>Ireland</i> | | 0 % | | 4.3 % |
| <i>Italy</i> | | | No answer | No answer |
| <i>Luxembourg</i> | | | 0 % | 3.3 % |
| <i>Netherlands</i> | | 1 % | | 3 % |
| <i>Norway</i> | 0 % | 2 % | | 2-3 % |
| <i>Spain</i> | | No answer | No answer | 12 % |
| <i>Sweden</i> | 4 % | 4 % | | 3.8 % |
| <i>Switzerland</i> | | < 1 % | | 2 % |
| <i>Turkey</i> | | 20 % | | 13 % |
| <i>United Kingdom</i> | | 0 % | | 5.1 % |

Shortages of dietitians are reported in 9 countries: *UK, Greece, Finland, Hungary, Turkey, Ireland, Luxembourg and Norway* (Clinical)

Administrative dietitians: shortage of newly qualified dietitians in 1 country and experienced dietitians in 2 countries

Clinical dietitians: Shortage of newly qualified dietitians in 7 countries and experienced dietitians in 6 countries

General dietitians: Shortage of newly qualified dietitians in 4 countries and experienced dietitians in 4 countries.

Some countries have a shortage of all dietitians and feature in all of the above categories.

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Generally where there is 0% unemployment of dietitians there is reported to be a shortage in most but not all those countries.

It was also reported in one country that there is 20% unemployment of Dietitians but a shortage, so it could be assumed that posts exist but the Dietitians have chosen not to work.

Salaries of dietitians compared with national average wage

| | Admin. | | Clinical | | General | |
|--------------------|---------------|----------------------|---------------|----------------------|---------------|----------------------|
| Country | Actual salary | % of national salary | Actual salary | % of national salary | Actual salary | % of national salary |
| <i>Austria</i> | | | | | 21000-42000 | 82 - 165 |
| <i>Belgium</i> | | | | | NA | NA |
| <i>Denmark</i> | 28749-43735 | NA | 32160-35561 | NA | | |
| <i>Finland</i> | | | 26844 | 145 | | |
| <i>France</i> | | | | | 15600-24000 | 120 - 185 |
| <i>Germany</i> | | | | | 14100 | 65 |
| <i>Greece</i> | | | 9100-14300 | 78 - 122 | 6890-13390 | 59 - 114 |
| <i>Hungary</i> | 5760-6240 | 103 - 111 | 3288-5400 | 59 - 96 | 4560-6120 | 81 - 109 |
| <i>Iceland</i> | 27600 | NA | 27600 | NA | | |
| <i>Ireland</i> | | | 27490-48730 | 108 - 191 | | |
| <i>Italy</i> | | | | | 13200-19200 | 76 - 110 |
| <i>Luxembourg</i> | | | | | 42336-60312 | 95 - 135 |
| <i>Netherlands</i> | | | 18500-24000 | 81 - 106 | | |
| <i>Norway</i> | 32250-35000 | 92 - 100 | 43000-50000 | 123 - 143 | | |
| <i>Spain</i> | | | | | 20000 | 111 |
| <i>Sweden</i> | 23430-45553 | 116 - 226 | 21475-42950 | 106 - 213 | | |
| <i>Switzerland</i> | | | 32760-51960 | 77 - 122 | | |
| <i>Turkey</i> | 6000-9600 | 100 - 160 | 3120-7200 | 52 - 120 | 3120-7200 | 52 - 120 |
| <i>UK</i> | | | 28686-59055 | 100 -207 | | |

Though the salaries have been given in Euros, a comparison between the countries is not realistic, as price and tax levels in each country differ.

Where countries have given the national average salary, the lowest salary for dietitians is under national average in 10 countries and higher in 6 countries. The total range is 52-207% of national salary. In one country the highest salary for clinical dietitians is below average (96%).

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Holidays, working hours, and retirement age

| Table 21 | | | | | |
|---|-------------------------|--------------------------------|-------------------------------|----------------------|-----------|
| Country | Paid annual leave, days | Bank holidays/ Saint's days | Full time working week, hours | State retirement age | |
| | | | | Women | Men |
| <i>Austria</i> | 25 | 13 | 40 | 60 | 65 |
| <i>Belgium</i> | 20 | 10 | 38 | 63* | 65 |
| <i>Denmark</i> | 30 | 9 | 37 | 65 | 65 |
| <i>Finland</i> | 30 | 3 | 37,5 | 63 | 63 |
| <i>France</i> | 25 | 7-11 | 35-39 | 60 | 60 |
| <i>Germany</i> | 24 | 5 | 40 | 65 | 65 |
| <i>Greece</i> | 20-25 | 7 | 37,5 | 60 | No answer |
| <i>Hungary</i> | 30 | 8 | 40 | 62 | 62 |
| <i>Iceland</i> | 20-30 | 13 | 40 | 67 | 67 |
| <i>Ireland</i> | 23-30 | 11-12 | 35 | 65 | 65 |
| <i>Italy</i> | 36 | 4 | 36 | 65 | 57 |
| <i>Luxembourg</i> | 23 | 10 | 40 | 60 | 60 |
| <i>The Netherlands</i> | 24 | 9 | 36 | 65 | 65 |
| <i>Norway</i> | 25 | 10 | 37,5 | 67 | 67 |
| <i>Spain</i> | 24 | 14 | 40 | 65 | 65 |
| <i>Sweden</i> | 25-33 | 10 | 40 | 65 | 65 |
| <i>Switzerland</i> | min. 20 | 8-14 | 42 | 65 | 65 |
| <i>Turkey</i> | 20-30 | 15-20 | 40 | 60 | 58 |
| <i>United Kingdom</i> | 25 | 10 | 36,5 | 65 | 65 |
| *Increasing until 2009 to the same level as for men | | | | | |

The possible range of total holidays, bank holidays and saint days is 28-50days per year.

The range of working hours per week is 35-42 hours.

The range of retirement age is 57-67 years. 4 countries have different retirement age for women and men with a range of 2-8 years lower retirement age for women.

Maternity and paternity rights

As there are great variations in the maternity and paternity rights in Europe it has not been possible to make a table.

In some countries the mother can have up to 3 years paid leave, and in one country she only has 10 days. Most countries have some kind of paternity rights with a minimum of 3. Some have an option of sharing leave with the mother. Some countries also give leave to the parents at the same time. There is a large variation in possibilities of paid and unpaid leave, shared or not shared.

Trends for employment in the dietetic profession

Overall there seems to have been an increase in the number of dietitians across Europe but it is not possible to give an actual figure as this information was not collected previously. In the questionnaire it was only asked for the trends. There are currently > 24.750 dietitians practising across the countries included in the survey.



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Conclusion

The education and work of dietitians in the member countries of EFAD is a very complex and multifaceted subject. This makes comparison extremely difficult. The majority of countries have programmes leading to a BSc but the content and length of study is very variable, which means that dietitians with the same level of qualification cannot necessarily work in another country.

Most dietitians work in hospitals or nursing homes whatever their basic education. There is, however, a large variety of other areas where dietitians find employment.

Most dietitians work in hospitals or nursing homes whatever their basic education. There is, however, a large variety of other areas where dietitians find employment.

The range of duties undertaken by each category of dietitian corresponds well with the definitions, though dietitians in some countries have a much more limited role than in others.

The career structure is also more developed in some countries, with dietitians having the opportunity for promotion through a number of grades. This compares with other countries where there is only one grade with no hierarchy and many dietitians work as consultants or freelance.

The different cultures in each country create different expectations from professionals, politicians, and the public. This in turn can affect the education that is provided, the qualification gained, and the work undertaken.



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Dietetics benchmarking group membership

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