



EUROPEAN
FEDERATION OF
THE ASSOCIATIONS
OF DIETITIANS

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

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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

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 member states of EFAD should be up-dated. 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 member 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: member states with education programmes leading to a BSc or equivalent and those member 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> |
| | <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 member 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*

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

| Table 6 | | |
|-----------------|---|---|
| | 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 |

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.

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.

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*).

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.

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.

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

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 | |

| 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*).

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:

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)

| | 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 care plan/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 care plan 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> |
| Council/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> |
| | | | |

| 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> |

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.

| Table 17 | | | | |
|---|---------|---------------------------------------|--|---|
| Those with full responsibility for staff, economics, development and training | | Administrative | Clinical | General |
| | 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.

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.

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

| Table 20 | | | | | | |
|--------------------|---------------|----------------------|---------------|----------------------|---------------|----------------------|
| | 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%).

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 28-50 days 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.

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.