International Confederation of Dietetic Associations

Dietitians around the World

Their education and their work

2012

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Dietitians around the World - Their education and their work (2012)

The following report on a survey of the education and work of dietitians conducted in 2012 was presented at the XVIth International Congress of Dietetics (ICD) by Carole Middleton on behalf of the ICDA Board of Directors.

The survey was conducted by Carole Middleton and Sheela Krishnaswamy, Directors of ICDA.

Background

In 2000, when the International Confederation of Dietetic Associations (ICDA) became a confederation, the representatives of the National Dietetic Associations (NDA) agreed the mission statement for ICDA as:

ICDA supports dietetic associations and their members, beyond national and regional boundaries, by achieving

- **an integrated communications system**
- **an enhanced image for the profession**
- **increased awareness of standards of education, training and practice in dietetics**

To enable us to raise awareness of the standards of education and training and the range of practice of dietitians it is important to continually update our knowledge of the situation around the world.

In 2010 the ICDA website was revised and a profile created for each National Dietetic Association member containing information on the professional status of the NDA and dietitians in that country, the education of dietitians and most common areas of work.
This profile was used as the basis for the 2012 survey. The website profile was sent electronically to each ICDA member in March 2012 with a request for the information to be updated if necessary. Some additional questions were included to present a more complete picture and also to provide information on the Continuing Professional Development (CPD) of dietitians around the world. Reminders were sent and telephone interviews conducted to collect as much data as possible. The final data was collated in July 2012.
The survey was sent to forty-three (43) ICDA members. The NDA in thirty-seven (37) countries completed the full questionnaire (86% response rate). Some information was provided by an additional three (3) NDAs and for one (1) country the 2010 information was used. Two (2) countries have provided no information. With some information from 95% of the membership the survey provided the most comprehensive set of data available to date.
Though membership of ICDA changes between surveys, it has been possible to make some comparisons and highlight some trends in this report.

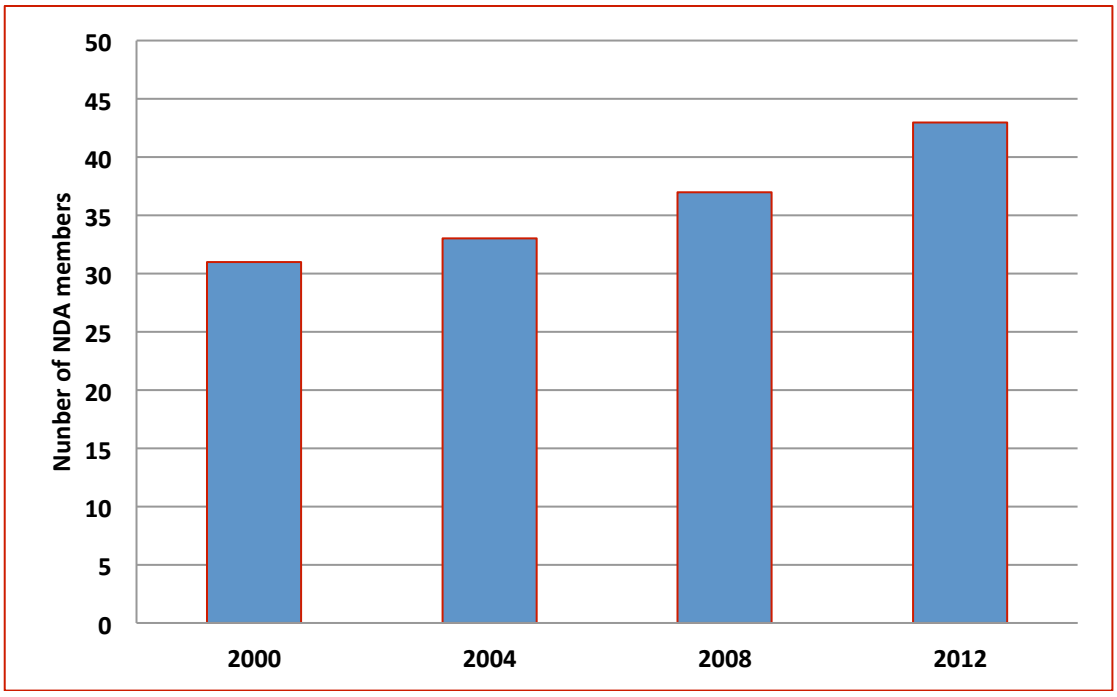
Countries included in the 2012 report

Argentina	Germany	Japan	Singapore
Australia	Greece	Korea	Slovenia
Austria	Hong Kong	Malaysia	South Africa
Brazil	Hungary	Mexico	Spain
Canada	Iceland	Netherlands	Sweden
Caribbean	India	New Zealand	Switzerland
Cyprus	Indonesia	Nigeria	Taiwan
Denmark	Ireland	Norway	Turkey
Finland	Israel	Pakistan	UK
France	Italy	Philippines	USA
		Portugal	

Professional Status

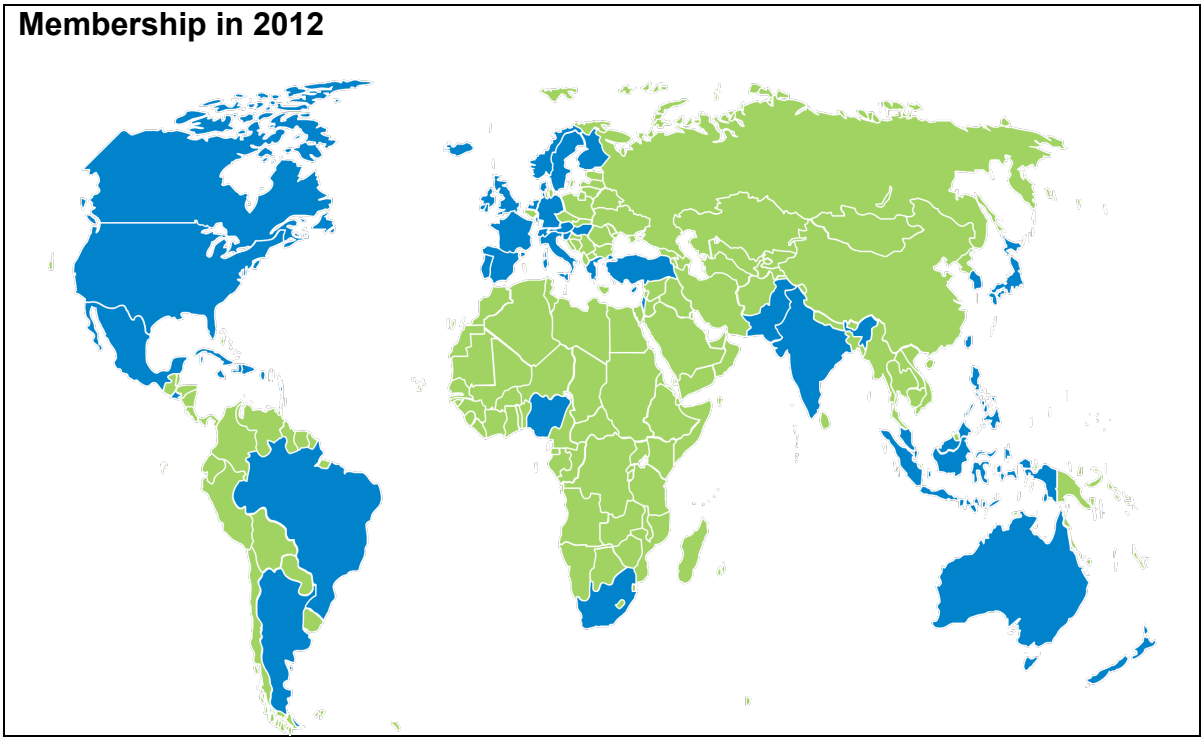
Membership of ICDA

ICDA is a confederation of national dietetic associations with, at the time of the survey, membership open to one NDA in a country. It is acknowledged that in some countries there is more than one NDA and therefore the figures presented in this report only represent the ICDA membership.



Between 2000 and 2012 the membership grew from thirty-one (31) to forty-three (43) NDAs (38% growth).

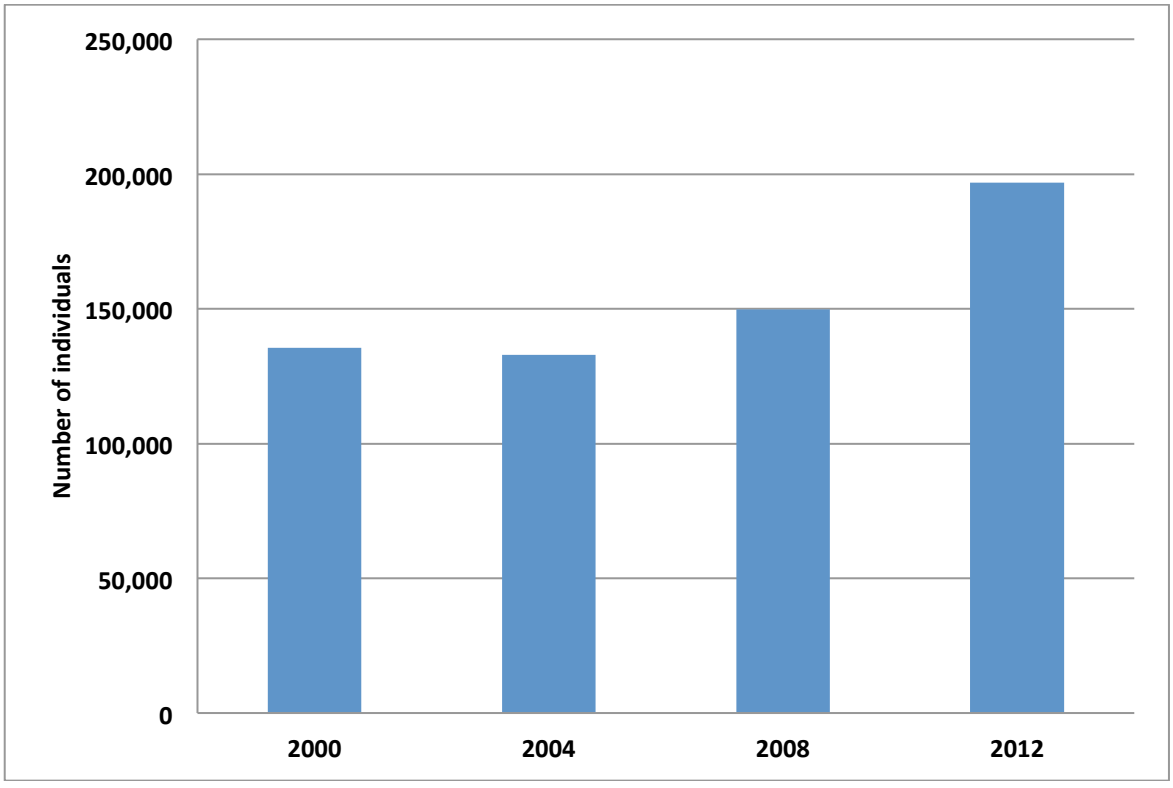
Membership in 2012



Shown on a map the areas in green had either no dietitians or there were no NDAs eligible or wishing to belong to ICDA.

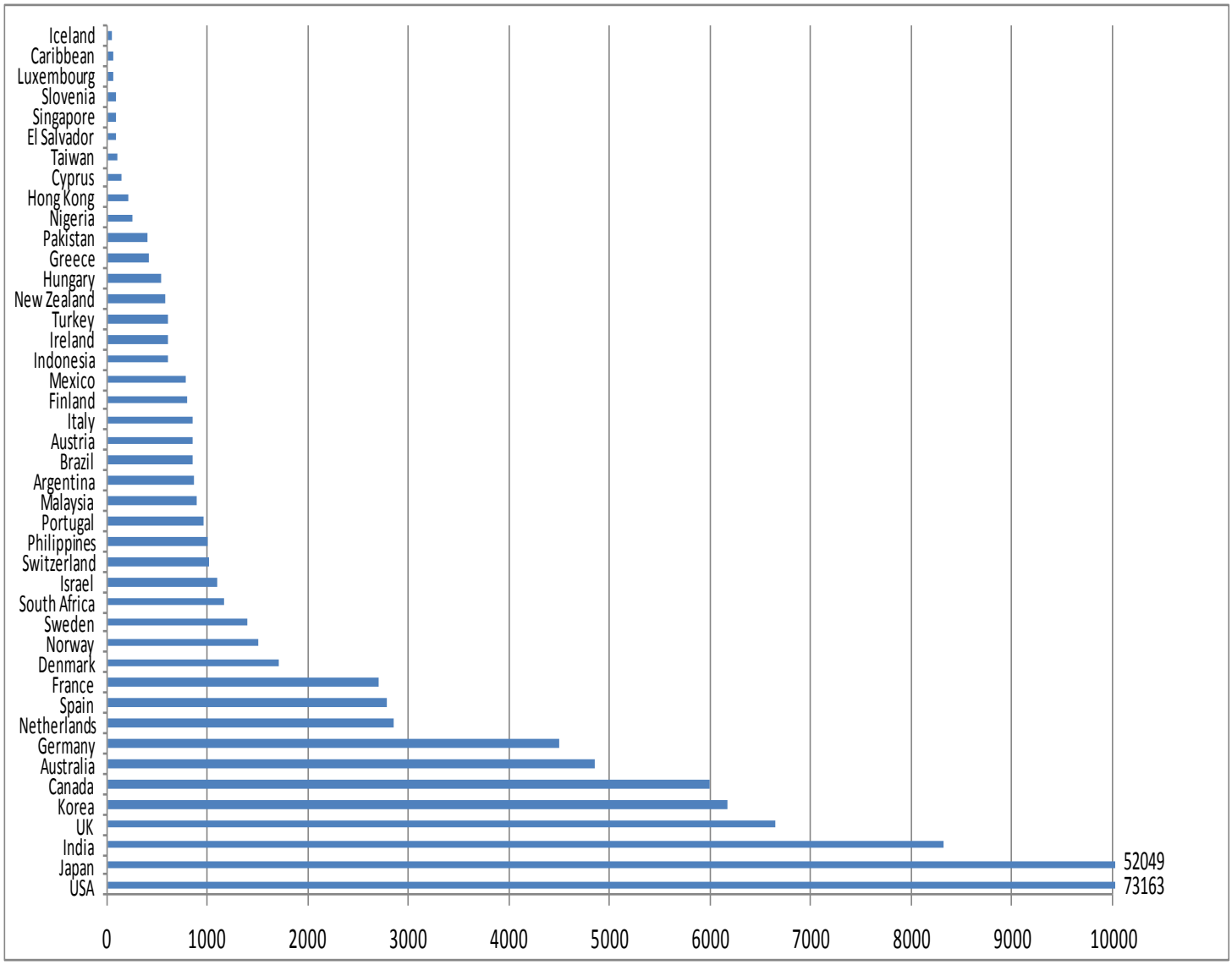
Number of individual dietitians represented

Over the same time period the number of individual dietitians represented by ICDA had grown from 135,000 to 197,000 (46% growth).



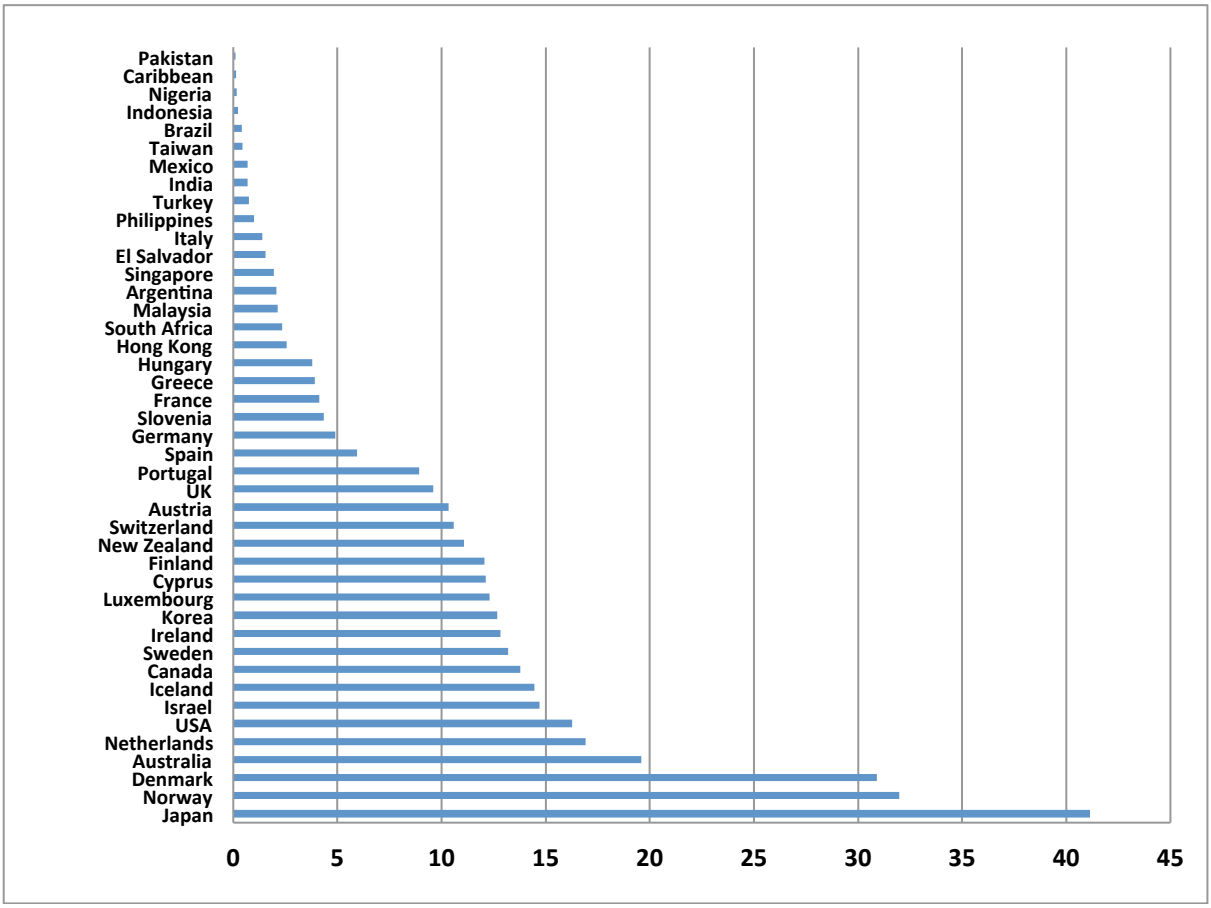
Membership of National Dietetic Associations

The size of the ICDA member NDAs varied from forty-five (45) people in Iceland to over seventy-three thousand (73,000) in USA. The number of members affects what resources the NDA has to influence and support development of the profession in that country but also the number of professionals available to influence the nutritional health in that country.



A more representative way of presenting the dietetic workforce is the number of dietitians in a country relative to the population of that country. The reported figures were for ICDA members and were therefore not necessarily all of the dietitians working in that country. The numbers ranged from 0.1/100,000 in Pakistan to more than 30/100,000 in Japan, Norway and Denmark. In ten (10) countries less than 1/100,000 were reported.

Number of ICDA dietitians/100,000 population



Where information was available from previous surveys the trend suggests an increase in the number of dietitians in most countries, which was supported by the general feeling from this survey that the number of dietitians worldwide has increased. Twenty-four (24) NDAs reported an increase in that country, six (6) reported that the numbers had remained the same and only one (1) (CANDi) reported a reduction.

ICDA definition of dietitian

In 2004 ICDA adopted the following definition

> **A dietitian is a person with a qualification in nutrition and 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**

To find out in how many countries this definition applied, NDAs were asked if they had a recognised professional title, recognised credential and which bodies awarded these.

Professional title

Thirty-seven (37) countries (90%) had a recognised title that was used for a dietitian, the most common being Registered Dietitian.
In twenty-eight (28) countries (70%) the professional title was registered, meaning that it can only be used by people that have been given permission to use it. This compared with eighteen (18) countries (69% of the twenty-six (26) countries responding) in 2008. The title was awarded by the NDA in three (3) countries, by a governmental body in twenty-three (23) countries, by the education institution in nine (9) countries and by other organisations or a combination of organisations in two (2) countries. In Denmark and Sweden the title was registered for Clinical Dietitians but not for Administrative or Public Health Dietitians.
A recognised credential, for example RD, APD, RN was reported by twenty-seven (27) countries (73%). The bodies awarding the credential had a similar breakdown to those awarding the professional title.

Code of Ethics / Practice / Conduct

In 2008 ICDA adopted an International Code of Ethics and International Standards of Good Practice.
In the 2012 survey information from thirty-nine (39) countries revealed that 95% had a professional code, three (3) of which were a Code of Ethics and thirty-four (34) a Code of Practice and/or Conduct. Only two (2) countries had no professional code. This compared favourably with 2004 when only 35% of countries had a professional code.

Basic Education

ICDA aspirational standard for dietetic education

In 2004 the following standard for the education of a dietitian was agreed as something ICDA representatives aspired to.

> **The minimum level of education of a dietitian is a bachelor degree and a period of supervised professional practice of at least 500 hours**

The following results from the 2012 survey show how near the members responding to the survey were to meeting that standard. Two (2) ICDA members, Iceland and Singapore did not have a basic dietetic education programme in their country. Dietitians working in those countries received their education somewhere else in the world but a minimum level of education was expected. For the first time a masters degree was reported as the entry level standard in Finland, Iceland and New Zealand and for Clinical Dietitians in Norway.

Minimum level of basic education

Masters (Norway – for Clinical Dietitians only)	**4 countries**
Bachelor degree	**35 countries**
Non Bachelor qualification	**1 country**
Both Bachelor and non Bachelor	**1 country**
No basic education	**2 countries**

One (1) country (Japan) indicated that they educated dietitians to both degree and non degree level, this had not changed since 2008.
In the 2012 survey only one (1) country (2.5%) reported that the entry level qualification for dietetics was less than a bachelor degree compared with five (5) countries (19%) in the 2008 survey. This, and masters level entry in some countries, represents a significant shift in the basic education of dietitians.

Range in length of education

Though a bachelor degree level education programme was offered in thirty-five (35) countries, the actual time taken to receive the degree varied from two and a half (2.5) years to five (5) years. The 2012 survey did not ask the number of weeks/hours but in previous surveys it was found that some courses ran over more years but students studied for less weeks or hours than those running over a shorter period of time.

Masters	**5 years**	
Bachelor	**2.5 - 5 years**	
	2.5 years	**1 country**
	3 years	**10 countries**
	3.5 years	**1 country**
	4 years	**21 countries**
	5 years	**2 countries**
Non - Bachelor	**2 - 3 years**	

Compulsory practicum programme

The aspirational standard for dietetic education included a supervised period of professional practice, outside of the education institution, of at least 500 hours. This has been interpreted as equivalent to approximately fourteen (14) weeks. Thirty-five (35) countries (92%) reported that a period of professional practice was compulsory

within the education programme. The length of practice was very varied, though most were providing more than the aspirational minimum.

No Practicum	**3 countries**
Compulsory Practicum	**35 countries (92%)**
< 5 weeks	**5 countries**
5 – 10 weeks	**1 country**
11 – 20 weeks	**10 countries**
21 – 30 weeks	**10 countries**
31 - 50 weeks	**5 countries**
> 50 weeks	**2 countries**
500 hours	**1 country**
< 500 hours	**2 countries**
Varies between universities	**2 countries**

Compared to 2008, a significant shift was also seen in the practicum offered. In 2012 92% had a compulsory programme compared with 88% in 2008. Of those programmes including a practicum, in 2012 14% were less than 500 hours compared with 30% in 2008.

National standards for basic education

Thirty (30) countries (81%) had national standards for the basic education program related to the course content, examinations, student assessment and/or supervised practicum.
Brazil reported that there were standards only for the study of oncology, paediatric nutrition and nutrition disorders.

The standards were set by a range of bodies including:

Government body	**15 countries**
NDA	**6 countries**
NDA + Government body	**5 countries**
Place of study	**1 country**
Place of study + Government body	**3 countries**

Competency standards

Competency standards are statements that describe the knowledge, skills and attitudes needed for a profession. These knowledge, skills and attitudes must be performed to the level stated in the competency standard for a person to be considered competent. Competency standards may be used as part of the assessment to pass a basic dietetic education program.

Twenty-seven (27) countries (75% of respondents to this question) reported that they had a set of competencies that students must meet to complete their dietetic education programme. The competencies were set by a similar range of bodies to those setting the education standards but more education institutions were involved in the setting of competencies.

Government body	**9 countries**
Place of study	**7 countries**
NDA	**6 countries**
NDA + Place of study	**2 countries**
Place of study + Government body	**2 countries**
NDA + Government body	**2 countries**

Further education

Maintenance training / Continuing Professional Development (CPD)

Some countries require dietitians to complete maintenance training once the basic education program has finished, in order to remain qualified. This may cover specific subjects, with an exam at the end of the training.
In other countries the NDA/Registration Body requires its members to take part in CPD, which may include, for example: attending conferences or seminars, research or teaching, in order to maintain and/or increase knowledge and skills. CPD must occur over the entire time the dietitian continues to practice or wants to remain registered as a full member with the association.
In the survey there was some overlap in the answers to this question, suggesting a need to define more clearly the terms being used to allow comparison and monitoring of trends.
Maintenance training was required in fourteen (14) countries (37% of respondents) and CPD in twenty-one (21) countries (57% of respondents). Thirteen (13) countries reported that both were required and fifteen (15) countries required neither. There was a significant increase in both of these areas since the 2008 survey when 15% of respondents reported a requirement for maintenance training and 38% reported a requirement for CPD. In Germany clients were not able to reclaim their expenses for nutrition counselling unless the practitioner could prove their CPD. In at least two (2) countries CPD was reported to be only compulsory in some areas of work.
Where the amount of CPD was specified it varied from 3.2 hours / year in Brazil to 60 hours / year in South Africa or was reported in a range of credits/points from 6 to 30 / year. Seventeen (17) countries required dietitians to make a self assessment of their continued competency by providing evidence, which could be against different standards, depending on the area of work. The frequency of self assessment ranged from annually in 56% of countries to five (5) yearly in four (4) countries (25%).

		2012	2008
Maintenance training	**14 countries**	**37%**	**15%**
CPD	**21 countries**	**57%**	**38%**
Self assessment	**17 countries**	**44%**	**27%**

Work of Dietitians

Dietitians work in a wide variety of roles in, for example, a clinical, public health, administrative, research or teaching capacity. Some of these roles have evolved, and continue to evolve, as dietitians seize opportunities as they arise to use their skills in other fields or areas of need.

In previous surveys NDAs were asked to list the most common roles and locations in which dietitians were working in their country. From the information provided it was not possible to analyse the data in any meaningful way. A different approach was taken for the 2012 survey and NDAs were provided with a list of the most common locations in which dietitians worked and asked to indicate if dietitians were working in these locations in their country, either as employees or consultants in private practice. No attempt was made to find out the type of work being undertaken as it was decided to aim for more reliable data on location and extend to other areas in future surveys. In addition to those listed, NDAs reported that dietitians were working in fitness centres, food banks, for Non-Governmental Organisations or in their own private practice.

Information was gathered from forty-one (41) countries and is presented as the number of countries reporting dietitians working in that arena and as a percentage of the respondents.

Where dietitians are most commonly employed	**Number of countries**	**% of respondents**
Health		
Hospitals (all types including military)	41	100
Doctor's office or medical clinic	30	73
Community health centres	29	70
Nursing homes or long term care	27	66
Public health agencies	27	66
Government dept (health/social services)	26	63
Food and Agriculture		
Food service / hospitality	37	90
Food producer, food manufacturing company or association	34	83
Government dept (food/agriculture)	24	59
Military food service	20	49
Academic or research organisation	31	76
Pharmaceutical company	28	68
Recreation or sports facility	26	63
School or school system	26	63
Advocacy association in health field (eg. Diabetes Association, Coeliac Association)	25	61
Media	24	59

Scope of practice

The scope of practice defines what a Dietitian is and is not permitted to do. The scope is made up of the education and training the person has received to undertake the task; what the governing body that oversees dietetics (the state, district, province or federal government) allows and what the institution in which the dietitian works allows them to do.
To gain a greater understanding of the core functions of a dietitian and the diversity of the role of a dietitian, previous surveys have attempted to collect information on the range of tasks that may be undertaken by dietitians in each country. The data collected was not sufficiently robust to allow any conclusions to be drawn and was not repeated in the 2012 survey. ICDA has acknowledged that more work needs to be done on this area in the future.

Conclusions

As concluded in previous reports, the education and work of dietitians around the world is a very complex and multifaceted subject.

The 2012 survey, with a response rate of 86% completing the full questionnaire and 95% supplying some information, has provided ICDA with the most comprehensive set of information to date.

ICDA has a greater knowledge of the professional status and education of dietitians. More countries have a registered title for dietitians and more National Dietetic Associations have professional codes of ethics, practice or conduct. The education of dietitians worldwide has continued to improve, with more countries meeting the aspirational standard of a bachelor degree with a compulsory practicum of 500 hours.

Knowledge of the work of dietitians around the world, particularly the core functions, scope of practice and autonomy remains limited. To gain a greater understanding of the roles dietitians play, a common terminology / standardised language is required. The ICDA Strategic Plan for the next four years includes project work in this area.

To be able to continue to build a more detailed picture of the development and changes within the profession, surveys of this type need to be repeated at regular intervals. The challenge will be in improving the clarity of the questions being asked to avoid misinterpretation.

It is important that we continue to develop our knowledge and understanding of both the education and the work of dietitians in order to promote the profession. A greater understanding will help support dietitians who would like to work in countries other than where they were educated. A shortage of qualified dietitians is reported around the world. Greater understanding should help use these precious skills and resources to their full potential.