

PROFESSIONAL BOARD FOR DIETETICS

SCOPE OF PRACTICE

AND

COMPETENCIES FOR THE PROFESSIONAL

TRAINING AND REGISTRATION

OF

NUTRITIONISTS

IMPLEMENTATION OF REGISTER FOR NUTRITIONISTS

Preamble

This report has been updated on 27 April 2005 after inputs from the December Board meeting, e-mail inputs from members of the Executive Board and other co-opted members of the Board, and inputs emanating from the meeting of the 22 April 2005 with the Department of Health, Directorate Nutritional services. The report is also based on the submission of the task team report of April 2004. The establishment of register for nutritionist has been on the agenda of the Professional Board for too long (according to records, since 1995) and needs to be finalized or brought to conclusion.

The following documents are included in the report:

- A. A summary of the process,**
- B. Scope of practice for Nutritionists,**
- C. Competencies for Nutritionists,**
- D. Requirements for learning programmes,**
- E. The proposed process for registration**
- F. Documents used to compile the report.**

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A. SUMMARY OF PROCESS IN THE ESTABLISHMENT OF COMPETENCIES FOR ENTRY LEVEL NUTRITIONISTS

BACKGROUND

After a long interrupted process, registration of nutritionists is becoming a reality. Nutritionists will be able to register on a separate register under the present Professional Board for Dietetics (the name will change in future) of the Health Profession Council of South Africa. During a meeting of the National Nutrition Working Groups of Registration in Pretoria on 18 April 2001, the necessity for registration of all persons active in the scope of nutrition practice under the Health Professions Act, Section 33, was emphasized. It was recommended that only one general category of nutritionists should be registered at this stage with a separate register for nutrition support personnel. The main reason being the limited number of possible registrations. The decisions do not, however, exclude the formation of specialized sub-categories at a later stage. Therefore, the proposed practice areas and competencies will be defined broadly to make provision for registration of different “types” of nutritionist operative in South Africa at the moment (and in future).

The processes involved in the development of the competencies for entry-level nutritionists, since 2000, included:

- A.1 A working group representative of all stakeholders developed a document: “Scope and practice (specific outcomes) for registration of nutritionists in South Africa”. This document was the outcome of the August 2001 meeting.
- A.2 Comments from individuals on the August 2001 document were received and incorporated into a draft document dated 20 November 2002. This draft offered two different formats for consideration and was circulated to all members of the Nutrition Society Council, the chairperson of the working group, members of the education committee of the Professional Board for Dietetics, and to individuals who commented on the first document.
- A.3 All comments received on the draft dated 20 November 2002 were incorporated into a draft dated 17 February 2000 meeting as well as a

comparison between the specific outcomes and core knowledge for dietitians and nutritionists.

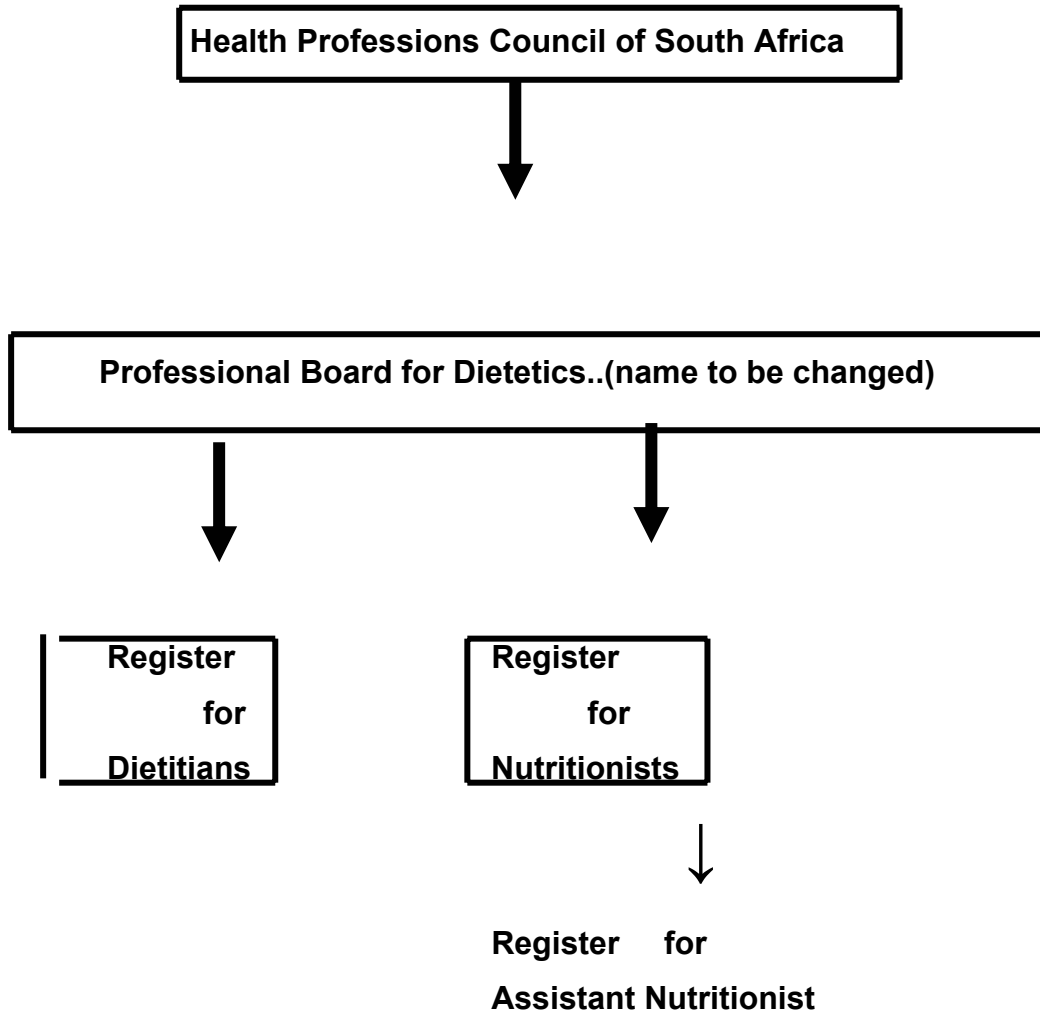
- A.4 The draft 17 February 2003 was accepted by the Council of the Nutrition Society at a telephone conference dated 19 February 2003 as the final document to be submitted to the HPCSA, after effecting a minor change specifically emphasizing the focus of the nutritionist to be on group and community level.
- A.5 Following a workshop of the Education committee of the Professional Board for Dietetics and two council members of the Nutrition Society and comments submitted by members of the Professional Board, the competency requirements were reworked and submitted in July 2003 to the professional board for Dietetics. The main areas of concern pertained to the statement on “nutritionists will not be involved in therapeutic interventions in individuals/clients/patients/communities” that should be maintained and to replace the phrase “reference to specific diseases in context of the nutritionists refers to diseases/deficiencies of public health concern”. Definitions of competence used in section E were also changed to be the same as those used for the dietitian.
- A.6 A small working group consisting of three Council members of the Nutrition Society further developed the document on competencies dated July 2003 to be included in a conceptual framework and an illustration of the core nutrition competencies to be included in any training programmes to be developed to meet the requirements of registration as a nutritionist.
- A.7 The document was finally submitted to the Board for consideration in July 2004. The Executive Board was tasked with the finalization of the registration process. The chair was tasked to finalise and consult Department of Health before final submission to Education Committee in March 2005.
- A.8 The chairperson consulted the Department of Health for the Human resource profile. The inputs were summarized and then circulated to the Executive

committee and the co-opted members for comment. The comments and suggestions were incorporated to the final proposed document for the competencies of nutritionists.

- A.9 The document was then submitted to the department of health for final inputs. A new discussion document on the Human resource development framework for Nutrition workers in South Africa (Department of Health) was then submitted March 2005.
- A.10 The consultative meeting between the Department of Health and the Executive Committee took place on the 22 April 2005. This meeting agreed on the competencies for Nutritionists and that the name should be “Nutritionist” and not “Community Nutritionists” as suggested in the discussion document. It was also recognized that most of the nutrition workers already in the employment who need to be catered for are better placed as “Assistant Nutritionist” and also to protect those who already practice in that area. The issue of lay nutritionist had been raised as a concern in the correspondence dated 20 August 2003 from The Director-General: Health. It was suggested that the register for Nutritionist should be done at the same time with that of mid-level workers “ ...to avoid a potential conflict which may arise as a result of the required qualifications for registration and to perform acts related to the profession” (letter dated 20/08/2003 from Director general: health addressed to a Mrs Janne Van Zyl). It was recommended that to be consistent with other registers of mid-level workers the title “Assistant Nutritionist “ is adopted.

That meeting resolved that both registers should be created at the same time. The chairperson was tasked to compile the competencies for Assistant Nutritionists as they already appear in various document and report at the Board meeting.

A.11 REGISTRATION “STRUCTURE”



B. DEFINITIONS AND TERMINOLOGY

B1. Nutritionist (Human Nutritionist)

A Nutritionist is a person responsible for the promotion of nutritional health and well-being and prevention of nutrition-related disorders/ill-health of groups, communities or populations via sustainable and equitable improvements in the food and nutrition system. Nutritionists will not be involved in illness management i.e. therapeutic interventions in individual clients/patients/communities.

Key concepts used in the delineation of the functions of the nutritionist were wellness, primary prevention and the specific decision that in the South African context the use of the term nutritionist would imply a community nutritionist and/or public health nutritionists (Table 1)

Table 1: Delineation between service modalities in Nutrition

Feature	Clinical Dietetics	Community Dietetics	Community Nutrition	Public Health Nutrition
Setting	Hospital	Community		
Reach Level of social organisation	Individuals/ Households	Individuals Households/ Small groups	Population Su-groups	Populations
Primary	Secondary, tertiary, quaternary		Primary	
Paradigm	Illness		Wellness	
Key personnel	Dietitians and health workers		Dietitians, nutritionists, health promotions practitioners, epidemiologists, health planners, policy makers, agricultural scientists, environmental health officers, teachers, medical practitioners. Multi-disciplinary and intersectoral.	
Determinant of activity	Health worker referral		Community development, needs assessment and policy directives.	
Outcome timeframe	Short-medium term		Medium-long term	

Adapted from Hughes & Somerset 1996 & Food & Nutrition Bulletin 1999

B2. Assistant Nutritionist: is a mid-level worker with an adequate understanding of community nutrition to implement community and or public nutrition activities under the supervision of the nutritionist or dietitian.

B3. Competency and outcome

“**Competency** comprises knowledge, skills and ability, and relates to the application of knowledge and skill within an occupation or industry level to the standard of performance required in employment”

“The concept competency is focused on what is expected of an employee in the workplace, rather than on the learning process itself. It embodies the ability to transfer knowledge and skills to new situations and environments.”

From: Workshop on generating unit standards presented by Competency International (SA) (1998).

“**Outcome** refers to a statement for the required competencies that must be demonstrated. Outcomes are specified by stated performance, assessment and range criteria.”

From: Norms and Standards for Educators. Technical Committee on the Revision of Norms and Standards for Educators. Pretoria Department of Education (1998).

Specific outcomes draw on specific knowledge and skills, displayed in a particular context.

From: Olivier C. (1998): How to educate and train outcomes based. Van Schaik Pretoria p17.

A **qualification** is the recognition of competencies; build up from unit standards and specific outcomes, underpinned by critical outcomes.

Critical outcomes are those critical generic, cross-field outcomes determined by the South African Qualifications Authority (SAQA), that inform all learning and teaching programmes (Interim Joint Committee on Registration of new Qualifications p.6).

B4. Recommended level of outcome

It is recognized that not all the specific outcomes can be attained at the same level of competence at entry level. The following three levels of competence are proposed:

Basic level of competence is defined as a level at which the student acquired the necessary core and knowledge and has experienced some form of practice exposure, e.g. theoretical case studies, site visits and observation. The student is not expected to have worked in an actual practice setting.

Moderate level of competence is defined as a level at which the student acquired a basic level of core and applied knowledge and received training in actual practice settings although it might be limited.

Advanced level of competence refers to a moderate level of competence with more extensive training in actual settings to ensure a higher level of competence (specific outcomes).

C.1 SCOPE OF THE PROFESSION OF NUTRITIONISTS (Act 56 of 1974)

The Minister of National Health has, in terms of section 33(1) of the Medical, Dental and Supplementary Health Services Professions Act, 1974 (Act 56 of 1974), on the recommendation of the Health Professions Council of South Africa, made the regulations set out in the Schedule hereto.

SCHEDULE

- a. In these regulations, unless the context otherwise indicates “the Act” shall mean the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act no 56 of 1974) and any expression to which a meaning has been assigned in the Act shall bear such meaning.
- b. The following acts are acts which shall for the purposes of the application of the Act be deemed to be acts pertaining to the profession of nutritionists:
 - (i) The application of knowledge and skills by:
 - Generation of new knowledge regarding the relationship between nutrition and health of humans through research;
 - Establishing and applying of guidelines of the maintenance of health nutritional practices for individuals and groups.

(ii) The promotion of nutrition by:

- The accurate interpretation of the science of nutrition.
- The professional communication of scientifically based nutrition knowledge, according to need, to individuals and groups within the community in order to motivate them to maintain or change nutritional behaviour in order to improve quality nutrition related diseases.
- Application, and communication of scientific knowledge on nutrition interventions and nutrition programmes in order to manage such interventions and programmes, based on needs assessment and analysis;
- Evaluation and monitoring of the impact of nutrition interventions and programmes;
- Formulation of nutrition policy and the monitoring of the implementation of nutrition policies;
- Development of nutrition and education material;
- Nutrition communication and promotion.

D. RECOMMENDED COMPETENCIES FOR NUTRITIONISTS

The broad competency areas required of entry level nutritionists should be associated with their function of promotion of good health through nutrition. It would include the following outcomes relevant to human nutrition:

D.1 Critical cross-field outcomes

- Identifying and solving problems in which responses displays that responsible decisions, using critical and creative thinking have been made.
- Working effectively with others as a member of a team (composed of the social, behavioural and medical sciences/professions), group, organization and community.
- Organising and managing oneself and one's activities demonstrating accountability and responsibility.
- Collecting, analysing, organizing and critically evaluating information.
- Communicating effectively using visual, mathematical and/or language skills in the modes of oral and/or written persuasion.

- Using science and technology effectively and critically, showing responsibility towards the environment and health of others.
- Demonstrating an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation.
- Contributing to the full personal development of each learner and the social and economic development of the society at large.

D2 Practice area: Nutritional Science

- A comprehensive understanding of the principles and concepts of nutrition and nutritional science as they may apply to human nutrition.
- A comprehensive understanding of the nutrient requirements of healthy individuals in different stages of the life cycle and those of different groups within a community / population including safety and toxicity of each nutrient and other food components.
- A comprehensive understanding of the role and concepts in food biotechnology.
- Identify ethical issues in food supply.
- A comprehensive understanding of eating habits of different groups in South Africa and factors affecting it.
- Food safety.
- Understand relevant legislation and public policies related to food supply.

D.3 Practice area: Assessment of Nutritional Situation in Groups, Communities and Populations

- Understand factors contributing to nutritional well-being and the multi-causality of nutritional problems (causative processes and risk factors).
- Be able to conduct a comprehensive situation analysis A comprehensive understanding of nutritional status assessment (methods, interpretations, classifications, etc)
- Assess nutritional status by dietary, anthropometric, and socio-economic methods.

- Identify nutritional problems in different socio-economic, occupational, age, cultural and religious groups in communities and populations. Characterise and prioritise these problems.
- Identify and monitor vulnerable and at risk groups.
- Suggest strategies on how to address these problems using community-based, participatory and development principles.
- Understand nutrition indicators relevant to health, development and management systems and participate in operation of information systems.

D.4 Practice area: Nutrition Programming

- A comprehensive understanding of relevant and appropriate interventions to address nutrition problems and improve wellness.
- A comprehensive understanding of factors for success of nutrition programmes.
- A comprehensive understanding of principles and concepts in monitoring and evaluation of nutrition programmes.
- Prioritise nutritional problems and target populations.
- Formulate nutritional goals, process and outcome objectives.
- Select or suggest appropriate intervention strategies.
- Development of an implementation or action plan, including monitoring and evaluation framework.
- Identification of actions, activities, role players, time frame, and resources leading to development of a budget.
- Identify and allocate resources.
- Develop and implement a comprehensive monitoring and evaluation framework for nutrition interventions.
- Understand management and accounting of programmes and funds and document progress and lessons learned.
- Incorporate nutrition objectives into developmental projects.
- Liaise with relevant authorities at various levels and sectors in the implementation of nutrition programmes.

D.6 Practice area: Contribution to Nutrition Policy

Comprehensive understanding of policies and legislation relevant to nutrition (local, national and international)

- Contribute to formulation and implementation of nutrition policy at various levels (local, regional, national), by communicating nutritional needs and scientific methods to address these needs.
- Advise relevant authorities on inclusion and integration of nutritional considerations in general health development.
- Evaluate the nutritional effects of policies in other sectors.
- Lead an interdisciplinary group in planning food and nutrition policy for specific areas.
- Provide feedback to policy makers, and other decision makers, of the extent to which identified objectives have been met.

D.7 Practice area: Research and Application of Science

- Understand and apply the principles of human nutritional sciences – including factors influencing food patterns, nutritional status and epidemiology.
- Understand how scientific information is used to develop policies and programmes, public health strategies, dietary recommendations and guidelines, and government and international reports.
- Identify research areas based on scientific literature and public health needs, develop hypotheses, design protocols to test hypotheses, execute research with appropriate methods, analyse and interpret results, and communicate results to fellow scientists, practitioners, and the target population through appropriate channels.
- Conduct and participate in operational and applied research related to food, health, nutrition and nutrition programmes.
- Critically evaluate, interpret and summarise key findings of original research papers.
- Use scientific information to develop policies and programmes, public health strategies, dietary guidelines, protocols, and government and international reports.
- Keep up to date with latest relevant research findings.

D.8 Practice area: Nutrition communication and promotion (Advocacy, Mediation, Negotiation, Extension)

- Mediate in nutrition matters between authorities at various levels of health, education, social service systems, and others systems such as finance.
- Act as a catalyst by facilitating the prioritization of nutrition considerations at the community level.
- Liaise with other role players in relevant settings such as education or social services, regarding for example food quality, safety, socio-economic circumstances, etc.
- Collaborate with members of food industry to ensure their compliance with dietary guidelines, food regulations and other legislative frameworks, and objectives of local food and nutrition policy.
- Network with other relevant role players through the provision of knowledge and information on food, nutrition and health.
- Develop a variety on nutrition and health promotion activities and materials for different groups such as newsletters, pamphlets, publications, public relations and audio-visual material, to support various activities in health care relevant to nutrition.
- Stimulate and contribute to mass-media initiatives on matters of nutrition and health.
- Be able to translate nutritional knowledge and guidelines into food-based advice within socio-economic-cultural contexts.
- Have generic skills in communication and have a good understanding of the principles of health promotion.
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D.9 Practice area: Education and Training

- Assess training needs.
- Provide (plan, organise, implement and evaluate) nutrition information to relevant groups (professionals, organisations, public) and in different settings.
- Communicate to the nutrition community and higher learning institutes on practical experience, lessons learned and competence needed in community nutrition work.

D.10 Practice area: Management and Personal Development

- Perform self-evaluation and maintain and expand professional competence.
- Develop a value system for nutrition work (tolerance and sensitivity for different attitude and values).
- Operate within a human rights framework (embracing processes that lead to community capacity development) and ensure ethical and professional standards of conduct.
- Supervise work of other members of staff and student placements as required (play the role of mentor).
- Evaluate own and other health staff's needs for further training and development.
- Liaise with colleagues on technical and job-related issues.
- Work effectively within organisational structure.
- Manage time and all other resources effectively.

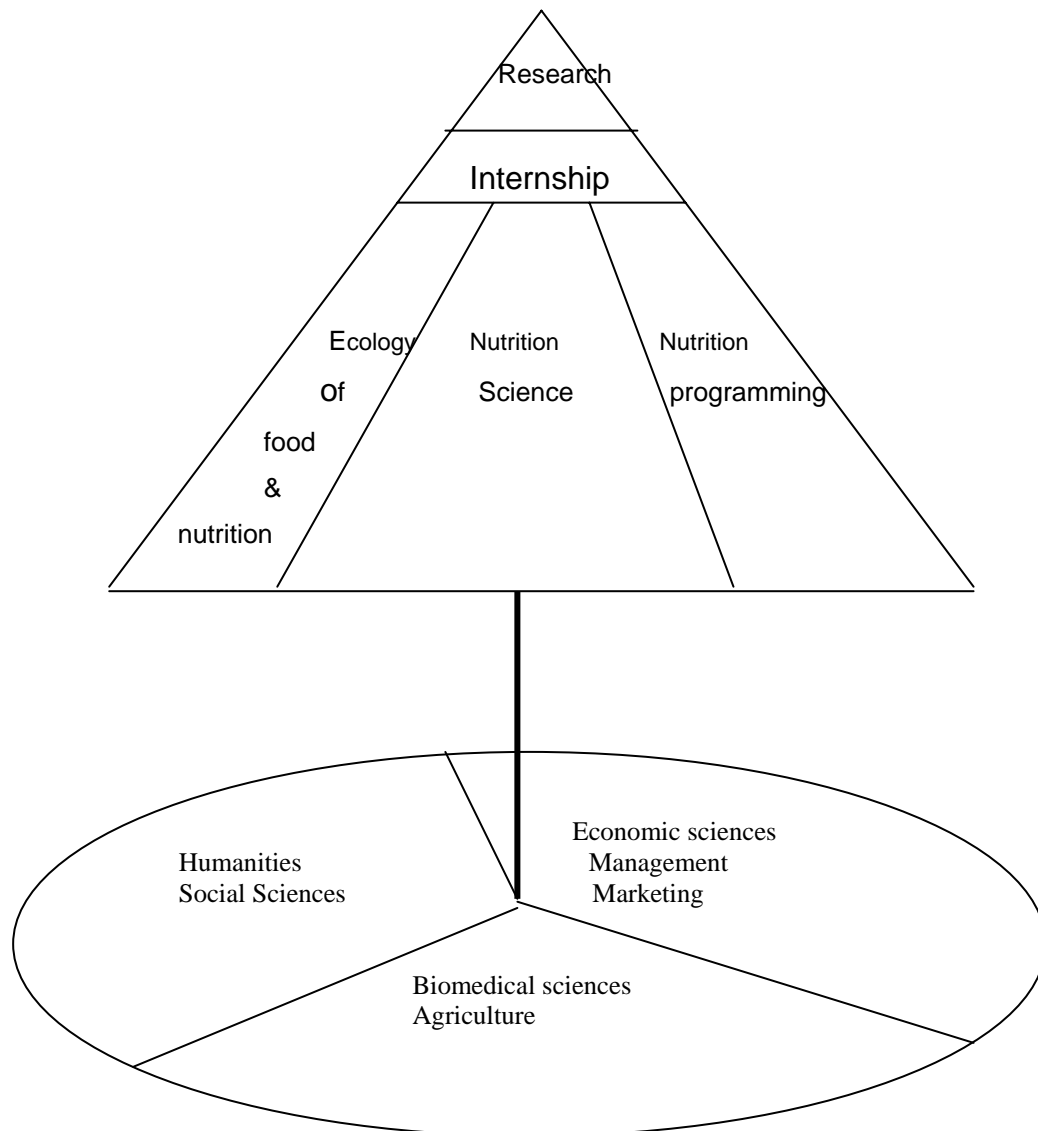
E.1 REQUIREMENTS OF LEARNING PROGRAMMES FOR NUTRITIONISTS

Any learning programme designed to train professional who will be eligible for registration as a nutritionist with the Professional Board for Dietetics will have to dedicate at least 50% of total credits (MINIMUM 480 CREDITS) towards the core competencies D1 to D10 of the nutritionist as spelled out in D. above. The Nutritionist trainee must be competent in all 10 practice areas. The remaining 50% or less of the learning programme can be made up by electives from the supporting sciences such as bio-medical sciences, humanities and social sciences, agriculture and/or economic and management sciences. This would provide for diversity in skills of nutritionists and better equip them to deal with the particular challenges they face in the field of community and public nutrition (Figure 3).

An undergraduate learning programme should be 4-years and should include a minimum of 500 hours practice training (internship) in community and or public health nutrition. Alternative learning programme configurations are also possible in

cases of recognized prior learning through prior relevant undergraduate qualifications.

Figure 3: Contribution of related study areas to nutritionist core competencies.



All graduates will have to complete a module in research methodology (which could be based in the biomedical sciences or ethical sciences) and complete a nutrition relevant research project.

F. PROPOSED ROUTES OF REGISTRATION

1. All institutions offering the programmes will have to apply for accreditation using the guidelines of Document A. The following were identified-

Qualification towards Nutritionist:

University of Kwazulu-Natal: 3 year Bsc Human Nutrition plus 1 year postgraduate diploma in Community Nutrition

University of Venda: 4 year Bsc Nutrition

Qualifications towards assistant Nutritionist:

University of Venda: 2 year diploma in community nutrition

TUT, DTI, CUT, Cape Tech: 3 year National Diploma in Food and Nutrition

PROGRAMME SUMMARIES ARE ATTACHED AS ANNEXURES.

2. Individuals who already are qualified or are working in the field of nutrition for their livelihood will have to apply and be assessed using the competency guidelines of Document A. A supplementary category for both registers will have to be used to accommodate all cases, particularly those with years of working in the field of Nutrition.
3. Examinations will have to be written to assess the competency level for both categories. It is further recommended that health professionals with 4 year tertiary qualifications, who may qualify under the supplementary register, if they wish to be registered fully, could be advised to follow the one postgraduate diploma in community nutrition (UKZN) or honors in community nutrition (UNIVEN) or a course work masters in nutrition, before taking the examination to improve the knowledge base.
4. Foreign obtained qualifications will have to follow the current procedures used for Dietetics, but be assessed against the competencies in Document A.
5. The above process should No 2, should only be accommodated during the window period of 2005 and 2008. Thereafter, only those qualifying in

accredited institutions or foreign qualifications will be registered. From 2005, all institutions should apply for accreditation.

6. The Education Committee should be responsible for the process. It is recommended that Nutritionists are co-opted to the Board as provided in the Regulations.

G. LIST OF DOCUMENTS USED IN COMPILING THE REPORT (all attached as annexures)

- **Annexure 1: Task team report on Competencies and scope of practice of Nutritionist, Swart et al, April 2004.**
- **Annexure 2: Letter from Director General Health dated 20 August 2003.**
- **Annexure 3: INP Human resource plan task team, Department of Health, submitted by Tshitaudzi G in August 2004.**
- **Annexure 4: Submissions from Executive Committee, Dr N Steyn, Ms J Matji.**
- **Annexure 5: Submissions from Institutions: UKZN by Prof E Maunder, UZ by Prof JM Kiamba, UNIVEN by Prof XG Mbhenyane and Registrars of Universities of Technology.**
- **Annexure 6: Human resource development framework for Nutrition workers in South Africa, Department of Health, Moeng L, March 2005.**
- **Annexure 7: Resolutions of the meeting between Executive committee and Department of Health on the 22 April 2005.**