



Tasmanian Department of Health and Human Service

Agency Health Professional Reference Group

Allied Health Professional Workforce Planning Group

Allied Health Professional Workforce Planning Project

Dietetics Information

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3 Preface

This Dietetics Information should be read in conjunction with the main Allied Health Professional Workforce Planning Project Discussion Paper.

4 Overview

Dietitians (nutritionists) apply the science of human nutrition to influence the eating behaviour of individuals, groups and communities, and select food to attain, maintain and promote health and to prevent and treat illness and disease.

Entry-level qualifications for the profession of dietetics are:

- a four-year undergraduate course in dietetics offered at fifteen universities in Australia. Only about half of the universities run courses that are accredited with the Dietitians Association of Australia (DAA), the professional organisation for dietitians.
- a two-year dietetic masters course following a three-year bachelor of science degree
- or a one to two year postgraduate diploma after studying a three-year bachelor degree in applied science.

Dietetics departments in DHHS currently take students on clinical placement by arrangement with a number of universities.

The DAA recommends that dietitians who have been out of the workforce for five years or more undertake a formal DAA supported professional development program and a process that requires them to work with a mentor to achieve competency goals.

As at March 2002, the DHHS dietetics workforce consisted of 24 dietitians employed in a mix of full time and part time dietetic positions (15.63 FTEs). Dietitians were employed in Population Health in the Community, Population and Rural Health Division and the three major hospitals of the Hospitals and Ambulance Service Division.

It required 1.5 dietitians to fill one FTE position and this was one of the highest rates for DHHS allied health professions. This indicated that there were a large number of part-time positions or staff. The Commonwealth Department Employment and Workplace Relations reported that nationally dietitians also have a low proportion of full-time jobs (47 per cent).

Ninety six per cent of the DHHS dietetics workforce was female and this was similar to the proportion of DAA members who were female. This made dietetics one of the most female-dominated of all the DHHS allied health professions.

The median age of dietitians in DHHS was 32 years. This was younger than the median age of all allied health professionals in DHHS, which was 42 years.

In the years 2000 and 2001, there was an average of five permanent, temporary and casual dietitians who left the DHHS per year and an average

of nine dietitian positions advertised each year. At 21 per cent, the average turnover rate of the DHHS dietetics workforce was one of the highest of the allied health professional groups for those years, although it was acknowledged that the turnover in those years was unusually high due to the number of staff taking maternity/secondment leave.

The DHHS Human Resource Service Information System identified one dietetic position that was vacant for at least six months in 2001. This position was a PF 2 position (0.6 FTE) in the Community Nutrition Unit, in the Community, Population and Rural Health Division.

In 1996, the number of dietitians per population in Tasmania (at 5.2 dietitians per 100,000 of the population) was approximately half the Australian average (at 9.7 dietitians per 100,000). These rates include those employed in the public and private sectors.

The ratio of public sector to private sector employed dietitians in Tasmania was high relative to the other states of Australia.

Based on the health status of the Tasmanian community, indications are that the supply of dietitians to the local public and private sectors may be inadequate.

There has been widespread recognition by the general community as well as Diabetes Australia, nursing homes, a number of DHHS Divisions and services, general practitioners, community groups such the Nursing Mothers Association, of the need for more dietetic services, especially in rural areas.

Information from Commonwealth Department of Employment and Workplace Relations' JobSearch web site states that the work prospects for dietitians are very good and employment growth for dietitians to 2007-08 is expected to be strong.

A number of workforce planning issues specific to the dietetics workforce were highlighted through consultations with the professional organisation and DHHS staff:

- The supply of public sector dietetics services was severely limited and this was most significant in rural areas.
- The lack of DHHS clerical support and dietary assistant positions results in the inefficient use of the time of the small dietetics workforce.
- There are a number of public sector positions that are funded through the Commonwealth Government and the time-limited funding will expire leaving significant gaps in services.
- The high proportion of female dietitians in the DHHS means that there is considerable movement in and out of the workforce. There is a high need for temporary leave from the workforce and for flexible and quick human resource arrangements to fill temporary vacancies.

- The Tasmanian branch of the DAA stated that dietitians entering DHHS employment with a two year masters level qualification in nutrition and dietetics following a three-year bachelor of science degree should come in at an award level higher than the PF1 year two (the level at which other new graduate AHPs with a four year entry-level qualification enter the award).
- There are extremely limited dietetic services in the private sector in Tasmania to assist in servicing the gaps in community-based dietetic services.

5 Description of the dietetics profession

Dietitians (nutritionists) apply the science of human nutrition to influence the eating behaviour of individuals, groups and communities, and select food to attain, maintain and promote health and to prevent and treat illness and disease.

Dietitians are the only specifically recognised health professionals trained in nutrition and dietetics and specialise in the treatment and prevention of diet-related diseases.

Nutrition is a rapidly expanding field and graduates find employment in a wide variety of settings, including hospitals, community nutrition units, community health centres, private practice and consultancy, industry, research agencies, public health units, food service, education and training, sports nutrition, health promotion and nutrition research.

Registration is not mandatory in Tasmania. However to be employed in the public health system, dietitians must be eligible for membership of the Dietitians Association of Australia (DAA), the professional organisation for dietitians.

5.1 Description of related dietetic occupations

5.1.1 Dietary aides

Dietary aides or assistants assist dietitians to maintain good standards of nutritional care for patients. Dietary aides may perform the following tasks: interview patients to discuss food preferences, assist in the planning of menus for patients, ensure food is hygienically and correctly prepared and attractively presented, maintain diet records and use computers for data entry and retrieval.

(Commonwealth Department of Education, Science and Training 2002)

6 Workforce supply

6.1 Current supply of dietitians

6.1.1 Demographics of the DHHS dietetics workforce

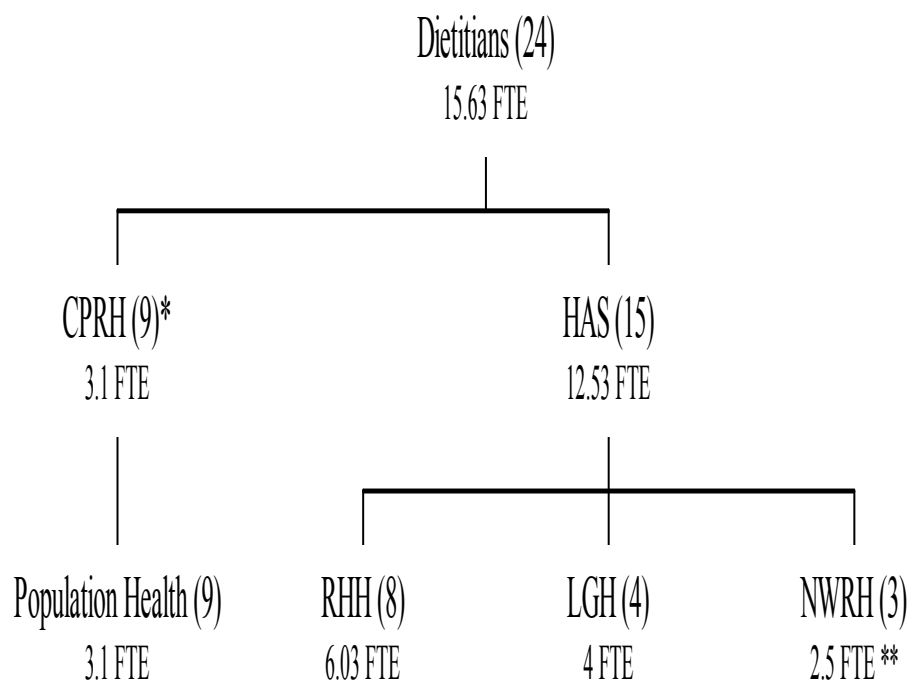
6.1.1.1 Human Resource Services Information System data

Data on the DHHS dietetics workforce from the DHHS Human Resource Services Information System (as at 21 March 2002) has been displayed graphically. The information displayed in these graphs represents all dietetic positions within DHHS regardless of whether these were filled or vacant at the time of this analysis.

There were 24 dietitians employed in a mix of full time and part time dietetic positions (15.63 FTEs) in DHHS. As displayed in Figure 1, dietitians were employed in Population Health in the Community, Population and Rural Health Division and the three major hospitals of the Hospitals and Ambulance Service Division.

It required 1.5 dietitians to fill one FTE position and this was one of the highest rates for DHHS allied health professions. This indicated that there were a large number of part-time positions or staff. The Commonwealth Department of Employment and Workplace Relations (2002) stated that nationally dietitians also have a low proportion of full-time jobs (47 per cent).

Figure 1: Division and service structure of dietitians employed within DHHS (headcount in brackets)



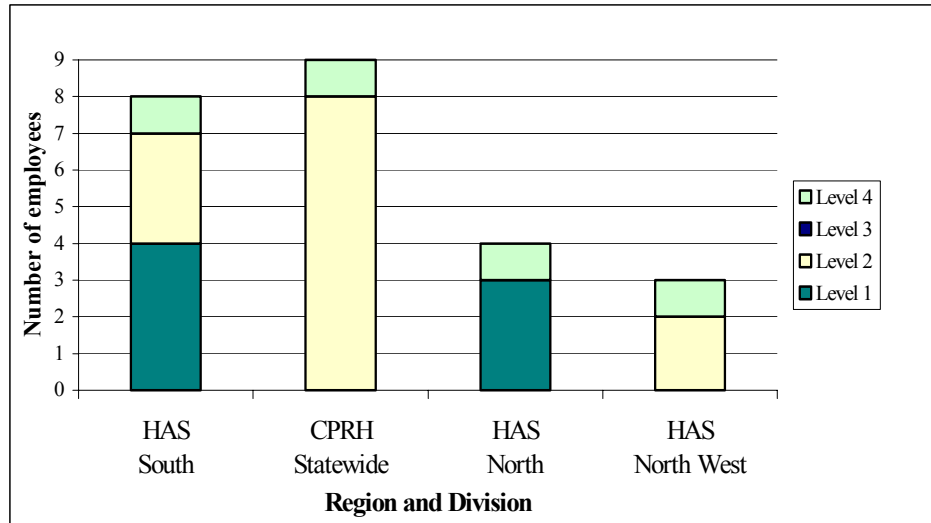
Source: Human Resource Information System 21 March 2002 (filled and vacant positions)

* These figures include positions in the Community Nutrition Unit (including 0.5 FTE for externally funded consultancies until end June 2003). They do not include positions funded through Commonwealth Government programs and which may not be recurrent positions.

** One level 2 (0.5 FTE) position at the North West Regional Hospital was funded by Mayne Health for services to the Mersey Community Hospital, but employed by HAS on a renewable fixed term contract. One level 2 (1.0 FTE) provided services to the Devonport Community Health Centre.

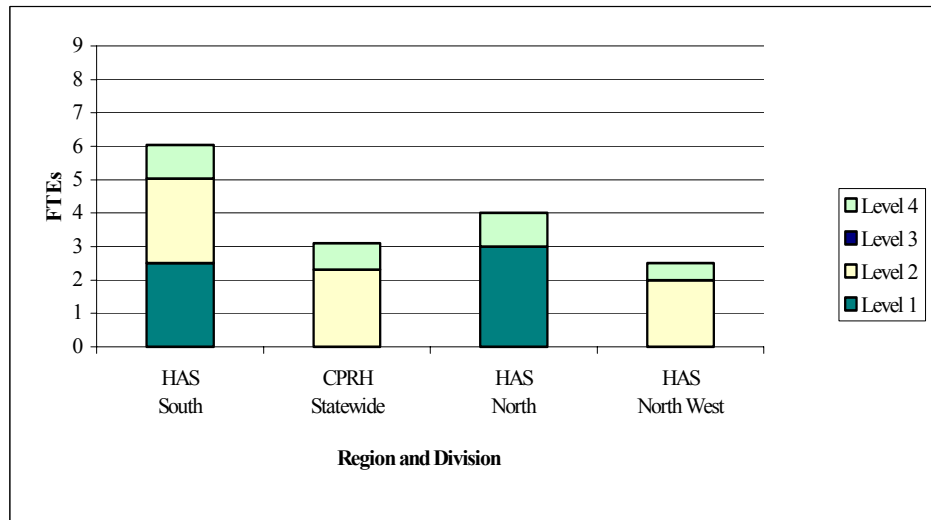
Figure 2 shows the distribution of the 24 dietitians and Figure 3 shows the distribution of the 15.63 FTEs, across the regions and Divisions of DHHS.

Figure 2: Dietitians headcount per award classification across DHHS



Source: Human Resource Information System 21 March 2002

Figure 3: Dietitian FTEs per award classification across DHHS



Source: Human Resource Information System 21 March 2002 (filled and vacant positions)

Table 1 shows the numbers of DHHS dietitians at the various award levels.

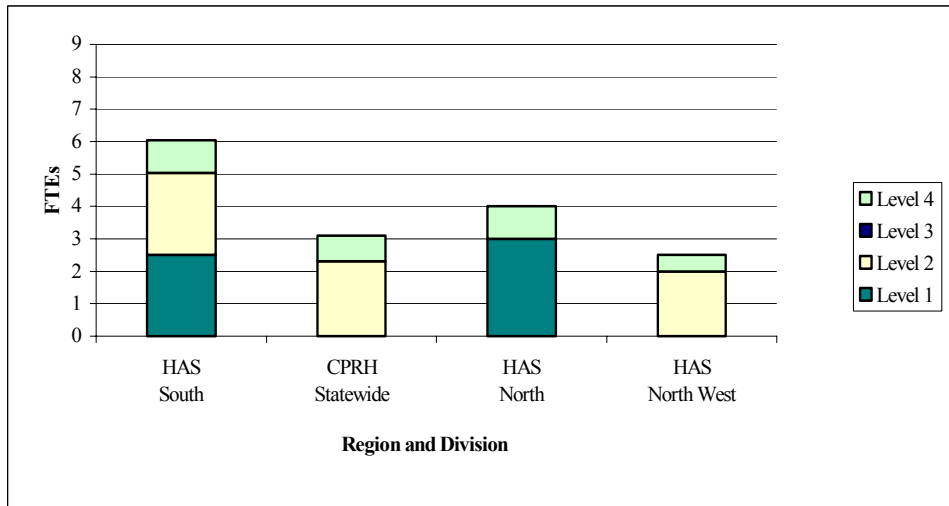
Table 1: Breakdown of the numbers of DHHS dietitian FTE positions at specific award levels

Award levels	PF1	PF2	PF3	PF4	DHHS total
FTE dietitian positions	5.50	6.83	0.00	3.30	15.63
	FTEs	FTEs	FTEs	FTEs	FTEs

Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

Figure 4 displays the supply of dietitians in the Hospitals and Ambulance Service Division along with the population in the three regions of Tasmania. The roles undertaken by dietitians in the CPRH are state-wide as well as local and hence a FTE distribution graph of the dietitians in CPRH with regional populations would be misleading.

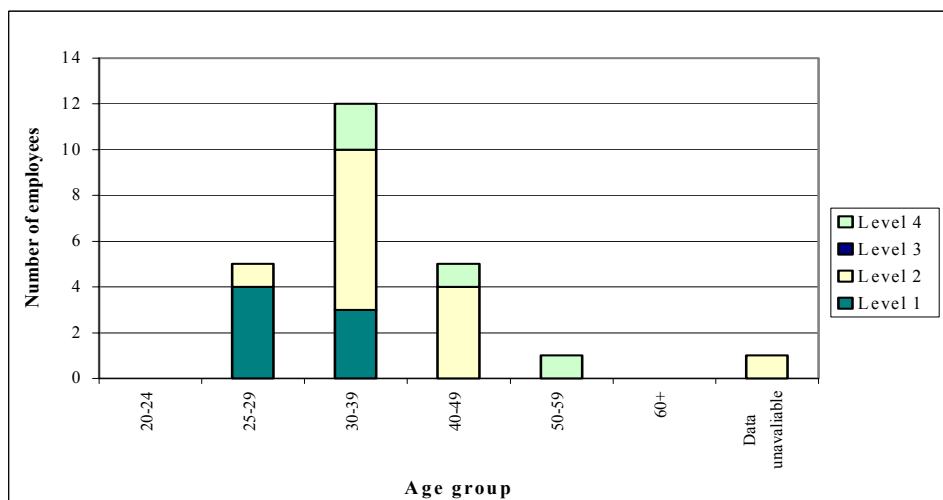
Figure 4: Dietitian FTEs per award classification in the HAS compared to regional populations in 2001



Source: Human Resources Information System 21 March 2002 (filled and vacant positions) and ABS census 2001

Figure 5 displays the age group distributions of dietitians in DHHS; the peak was at the age group 30 to 39 years. The average age of dietitians in DHHS was 35 years. This was younger than the average age of all allied health professionals in DHHS, which was 40.3 years. The median age of dietitians in DHHS was 32 years. This was younger than the median age of all allied health professionals in DHHS, which was 42 years.

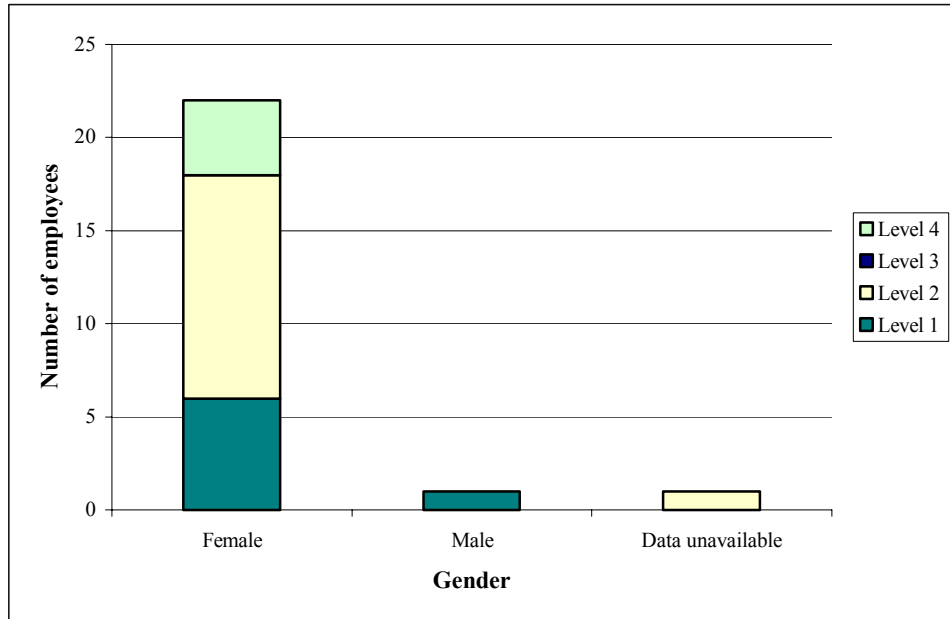
Figure 5: Dietetics workforce per age group and award classification



Source: Human Resources Information System 21 March 2002 (filled and vacant positions) and ABS census data 2001

Figure 6 shows that there was one male dietitian employed in DHHS and that the dietetics workforce was 96 per cent female.

Figure 6: Dietetics workforce per gender and award classification



Source: Human Resources Information System 21 March 2002

6.1.1.2 DHHS staff survey data

Of the 24 dietitians employed by the DHHS (as at 21 March 2002), 17 completed a survey form; resulting in a 71 per cent response rate. Due to the response rate, only responses to some of the questions that were supported by information from other consultations were used to describe the supply of dietitians later in this report.

6.1.1.3 Tasmanians eating well into the future data

The DHHS submission to the Commonwealth Department of Health and Aged Care for Regional Health Services Program funding, *Tasmanians eating well into the future*, provided an overview of nutrition and dietetic services throughout Tasmania in 2000.

There were no dietetic services in the towns of Queenstown, Scottsdale, St Helens, Bicheno, Huonville, Dover, Bothwell, New Norfolk, Oatlands, Swansea or Deloraine; or communities smaller than these towns.

As of April 2002, a 1.0 FTE dietitian position has been funded for services in the north east of Tasmanian around a hub of St Helens for Scottsdale, St Marys, Fingal and Bicheno. Additional dietetic hours, (0.2 FTE) have also been funded for the Oatlands area. The Commonwealth Government, through the Regional Health Services Program has funded both of these services for a period of three years. These positions were not included in the analysis in this document.

6.1.1.4 Tasmanian Dietetics Association of Australia data

Representatives of the professional association stated that there are extremely limited dietetic services in Tasmania outside the three major hospitals. Community services are provided at the Devonport Community Health Centre (1.0 FTE) and the Community Nutrition Unit provides a statewide health promotion service in collaboration with local communities with approximately 2.6 FTE positions.

6.1.2 Changes in dietitian numbers

The DHHS Human Resource Service identified one dietetic position that was vacant for six months in the period from 1 July 2001 and 1 January 2002. This position was a PF 2 position (0.6 FTE) in the Community Nutrition Unit.

6.1.3 Types of work and client groups

Respondents to the DHHS staff survey stated that they were employed in a variety of roles in DHHS: in clinical, managerial, consultancy to food services, health promotion and policy development roles.

Some dietitians indicated that they were also employed in the private sector.

It was not possible to obtain information on the client casemix of dietitians employed in DHHS.

6.1.4 The education of dietitians

6.1.4.1 Entry-level qualifications in the profession of dietetics

The Partners in Health report (2002) describes the education of dietitians that enable them to enter the profession

"Four-year undergraduate courses in dietetics are offered at fifteen universities in Australia. Only about half of the universities run courses that are accredited with the Dietitians Association of Australia and these universities are Curtin University of Technology, Flinders University, Deakin University, the University of Wollongong, the University of Sydney, the University of Newcastle, Griffith University and the University of Queensland.

Monash University and Charles Sturt University are seeking to be accredited. Lack of course accreditation with the Dietitians Association of Australia means that the university graduate is unable to become a member of the Dietitians Association of Australia and this has employment and professional development implications.

It is also currently possible to undertake a two-year dietetic masters course at the Deakin University (probably being discontinued), Flinders University, Griffith University, the University of Sydney and the University of Wollongong; or a one to two year postgraduate diploma

(Curtin University of Technology) after studying a three-year bachelor degree in applied science.

Statistics from the Commonwealth Department of Education, Science and Training show that there are no Tasmanian students currently studying dietetics at an undergraduate level at mainland universities.

However, anecdotal information that there are at least three in 2001 (four in 2002) former University of Tasmania Bachelor of Science students enrolled in undergraduate accredited dietetic programs. These students undertook a three-year University of Tasmania Bachelor of Science degree and entered (the mainland university as a student with advanced standing) into the third-year of a four-year Bachelor of Nutrition and Dietetics.

Dietetics departments in DHHS currently take students on clinical placement by arrangement with a number of universities. These placements are considered to be of value to departments and provide exposure to different teaching methods and curriculum, a pool of potential employees, financial and supervisory support, and build relationships with schools in the mainland universities.

The hospital clinical placements are generally in the last year of the course, i.e. in the fourth year of a four-year undergraduate dietetics course and the fifth year of a combined science degree/masters five-year course. The placements are from five to nine weeks in duration and often departments take two students at the same time.

Students in clinical placements in hospitals are unable to carry out duties without supervision and this supervision role creates a significant burden for Tasmanian dietetics departments and organisations that have small numbers of staff in their establishments.

Some students, in their final year, have a six to eight-weeks placement in a community setting where they are expected to undertake project work with a health promotion focus. These placements require less direct supervision.

Tasmanian dietetics departments and organisations can provide only a limited number of student placements due to small establishment numbers, staff leave and staff experience" (Partners in Health 2002).

6.1.4.2 Tasmanian entry-level qualifications to the profession of dietetics

The issue of the establishment of an undergraduate course for dietitians through the University of Tasmania, possibly in partnership with a mainland university, was discussed in early 2002 by the Dietetics Association of Australia, DHHS and the University of Tasmania through Partners in Health program. It was decided not to undertake further work in establishing a course at the present time, mainly due to the small numbers of dietetic positions within DHHS and their availability for supervising student clinical placements.

6.1.4.3 Postgraduate qualifications for dietitians

Postgraduate qualifications are offered by mainland universities at graduate certificate, graduate diploma, masters and PhD levels in areas such as, sports or community nutrition and public health.

6.1.4.4 Re-entry into the profession

Most positions open to dietitians require that the applicant has eligibility for membership of DAA.

DAA has the requirement that dietitians who have not practiced in the last five years, must undertake professional re-entry activities to gain eligibility for membership of the association. The re-entry activities consist of a specific CPD program and a process that requires them to work with a mentor to achieve competency goals.

6.1.4.5 Postgraduate qualifications of DHHS dietitians

Some of 17 respondents to the DHHS staff survey indicated that they had postgraduate qualifications and included in these were: graduate diploma level qualifications in nutrition and dietetics, postgraduate qualifications in education and masters level qualifications in public health and business administration.

6.1.4.6 DHHS dietitians born outside Australia

Four respondents to the DHHS staff survey indicated that they were born outside Australia. This information could not be used to indicate where these dietitians were educated.

6.2 Projecting workforce supply of dietitians

Workforce supply is a balance between outgoing staff (retirees, those temporarily withdrawing from the workforce, emigrants or those who die or take up employment with other employers) and incoming staff (new graduates, immigrants, staff coming from other employment and staff increasing their hours of employment).

6.2.1 Outgoing DHHS dietitians

In the two years 2000 and 2001, there was an average of 5 permanent, temporary and casual dietitians who left the DHHS per year.

Applying the average number of positions advertised in 2000 and 2001 to the 21 March 2002 headcount, there was a turnover of 21 per cent of the DHHS dietetics workforce in those years.

This was one of the highest rates of allied health professions leaving DHHS employment per year.

In order to ascertain the possible future numbers of outgoing dietitians, staff were asked a number of questions in the DHHS staff survey. Staff were asked:

- if the hours they worked were the hours they wanted to work

- if they anticipated a change in their work hours in the next three years and the reasons for this change
- if they were considering leaving the DHHS in the next six to twelve months, and if so, what were the reasons
- what were their levels of satisfaction for a number of professional practice parameters in the DHHS.

The majority of dietetic respondents indicated that the hours they worked were the hours they wanted to work. There were a few dietitians who reported that they usually worked a number of unpaid hours (up to 12 hours) each week.

A number of respondents stated that they anticipated either an increase (29 per cent) or decrease (24 per cent) to the number of hours they worked in the next three years and this was for a variety of reasons.

Five (29 per cent) of the 17 dietitian respondents to the survey indicated that they were considering leaving in the next six to twelve months and the reasons stated were mixed: 'contract ends', 'study', family reasons' and 'need for a break'. This rate of staff intending to leave in the next six to twelve months is higher than the average rate for all allied health professions intending to leave (at 25 per cent). If the predicted departures translate into actual departures, this would be a considerable turnover for the size of the workforce.

The staff responses on levels of satisfaction with the various professional practice parameters are listed in Table 2.

Table 2: Staff satisfaction with professional practice parameters in DHHS

Criteria measured	Per cent of respondents who were satisfied or very satisfied
Opportunity to use your abilities	77%
Sufficient work to maintain competence	94%
Hours of work	89%
Amount of work	65%
Overall satisfaction with practice	77%

Source: DHHS staff survey December 2001

6.2.2 Incoming staff

In the years 2000 and 2001, there were 18 full time, temporary and casual dietetic positions advertised. This was significantly higher than the number of dietitians who left DHHS employment in those years (i.e 10 dietitians) and probably due to the unusually high number of staff taking maternity/secondment leave. It was not known if these advertisements were successful. The positions were:

- 4 x PF1 level positions (22 per cent)
- 10 x PF2 level positions (56 per cent)
- 4 x PF4 level positions (22 per cent).

7 Workforce demand

7.1 Current demand for dietitians

7.1.1 Perceived dietitian service gaps

7.1.1.1 Current demand by community and service providers

No consultations were undertaken directly with communities or other health service providers in the project. However, this type of information was collected by the DHHS for a submission to the Commonwealth Department of Health and Aged Care for Regional Health Services Program funding in 2000.

There has been widespread recognition by the general community as well as Diabetes Australia, nursing homes, a number of DHHS Divisions and services, general practitioners, community groups such the Nursing Mothers Association, of the need for more dietetic services, especially in rural areas.

The submission for Commonwealth funding recommended a hub and spoke arrangement of services and the employment of an additional 4.6 FTE (minimum) dietitians to service 23 discrete rural communities across Tasmania, which had no access to dietetic services (DHHS 2000).

District Managers in the Aged Rural and Community Health Services in CPRH, in consultations for this project, also expressed concern over the lack of dietetic services in their areas.

7.1.2 Patterns of usage

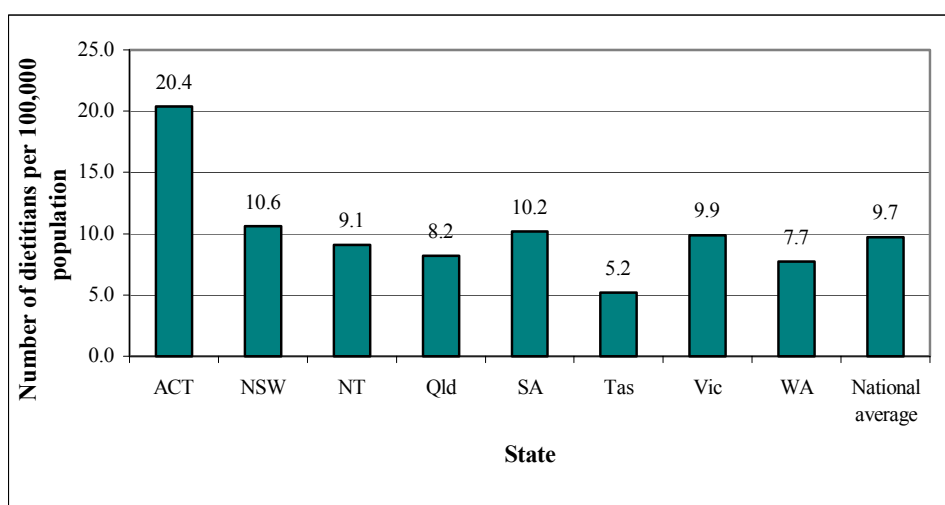
The project collected data on some patterns of usage: profession to population ratios, staff workload assessments and population needs to attempt to define the demands on the present dietetic services.

7.1.2.1 Profession to population ratios

Dietitian to population ratios across Australia were available. Figure 7 displays the rates of dietitians by headcount across Australia and Figure 8 displays the rates of FTE dietitians per 100,000 across Australia. These rates included dietitians employed both in the public and private sectors. These figures show that numbers of dietitians in Tasmania are approximately half those in other states and territories.

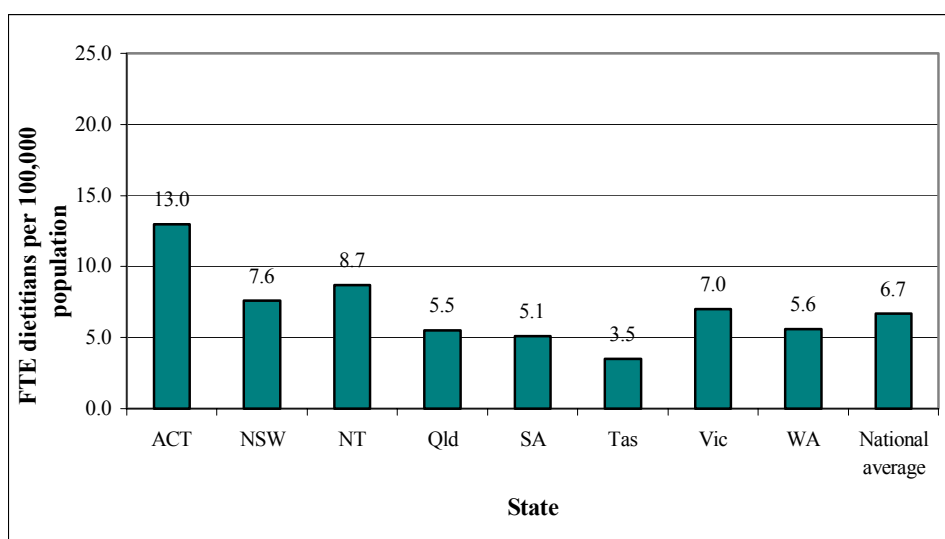
There are a high number of dietitians employed in the Australian Capital Territory in policy development for the whole of Australia.

Figure 7: Rates of dietitians (by headcount) per 100,000 population in Australia by state



Source: AIHW, 2001, *Health and Community Services Labour Force, 1996*

Figure 8: Rates of dietitians (by FTE) per 100,000 population in Australia by state



Source: *Dietitians Association of Australia membership database 2000*

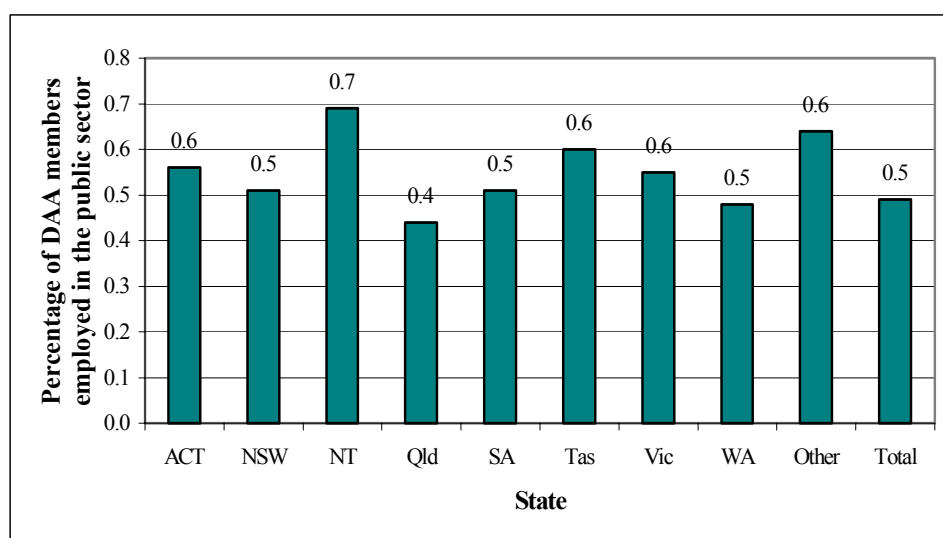
Figure 9 displays the rate at which DAA members are employed in the public sector of the total DAA membership, for each state. Membership of DAA is high in Tasmania (approximately 80 per cent of the total number of dietitians). The ratio of public sector to private sector employed dietitians in Tasmania is also high relative to the other states of Australia.

These facts, combined with the low ratios of dietitians to population in Tasmania, indicated that:

- the numbers of dietitians employed in the public sector are at least 50 per cent, possibly less, than in other states
- there is very little capacity for the private sector to provide dietetic services.

This is despite the high Tasmanian community need for dietitians, as discussed in 6.1.3.

Figure 9: Public sector employed DAA members as a per cent of total DAA membership in Australia by state



Source: Dietitians Association of Australia membership database 2001

7.1.2.2 Staff workload assessments

The DHHS staff survey asked dietitians if they considered their current workload was about right, too much or too little. Of the 17 dietetic respondents:

- 9 (53 per cent) stated that their workload was about right
- 8 (47 per cent) stated that their workload was too much.

There was no pattern as to the location of these respondents with respect to Division or service.

Consultations with the professional association have highlighted the increasing demands for hospital-based dietetic services that the services do not have the capacity to deliver.

7.1.3 Population needs

As stated in the Partners in Health report (2002), "The health status of the Tasmanian community also indicates that there is a need for more dietitians. Mortality from diet related disease (cardiovascular and type 2 diabetes) are worse than in any other state of Australia...and...Tasmania currently has higher age-standardised male mortality from coronary heart disease, peripheral vascular disease and cardiovascular disease generally than any other state, as well as the nation's highest male rates of hypertension, overweight/obesity and Type 2 diabetes. All of these conditions have a substantial dietary component in their aetiology. An increased supply of dietitians offers a greater possibility of reducing the numbers of preventable premature mortality and morbidity in the Tasmanian community".

7.2 Projecting future demands for dietitians

7.2.1 Commonwealth Government information

Information from Department of Employment and Workplace Relations' JobSearch web site (2002) describes the work prospects for dietitians as very good.

"Employment growth for dietitians to 2007-08 is expected to be strong. Employment in this small occupation (3,200 in February 2002) grew consistently very strongly over the past ten years, and over the past five years.

Dietitians have a low proportion of full-time jobs (47 per cent) and earnings are above average - in the eighth decile. Unemployment for dietitians is low.

Dietitians are employed mainly in hospitals and nursing homes, post-school education, and other personal services. The mix of industries employing dietitians is very favourable for employment growth prospects.

Job turnover for Dietitians is moderate. Vacancies arising from job changing (dietitians changing employers) are expected to provide 7 per cent of vacancies, compared with 83 per cent from job openings (dietitians leaving the occupation) and 10 per cent from new jobs (employment growth for dietitians)".

7.2.2 Perceived drivers of dietetic services in DHHS

The national drivers for dietetic services could not be found, however, drivers of DHHS dietetic services as perceived by respondents to the DHHS staff survey are described.

The majority of dietetic respondents to the DHHS staff survey perceived that the factors likely to increase the future size of the dietetic workforce were:

- ageing of the population
- changing patterns of health and illness
- lifestyle changes that improve population health
- patient expectations/knowledge
- multi-disciplinary team provision
- more defensive practice
- the need for improved geographical distribution of the profession
- increasing specialisation
- growth in consumer demand.

8 Workforce planning issues identified through consultations

8.1 Under-supply of dietitians in the public sector

DAA indicated in the workforce supply section of this document that the supply of public sector dietetic services was severely limited and this was most significant in rural areas.

It was also stated that there was little clerical support for dietitians and this impacted on clinical service delivery and levels of staff satisfaction.

There are a small number of dietary assistants/aides/technicians/diet supervisors employed in DHHS to assist dietitians. Their jobs vary; some are involved in meal production, others in menu processing, others have a general quality control role as far as diets are concerned.

8.2 Non-DHHS funded positions

There are a number of public sector positions that are funded through the Commonwealth Government and the time-limited funding will expire leaving significant gaps in services. These are through the:

- National Child Nutrition Initiative and this funding will expire in approximately 18 months
- Regional Health Services Program and funding will expire in three years.

8.3 Gender mix of the dietitian workforce

Ninety six per cent of the DHHS dietetics workforce were female, there was one male. Results of the Meyer, Gilroy and Williams survey of New

South Wales dietitians published in 2002, showed that approx 93.9 per cent of hospital dietitians were female and the proportion of DAA members was 94.0 per cent female. This makes dietetics one of the most female-dominated of all the health professions.

The high proportion of female dietitians in the DHHS means that there is considerable movement in and out of the dietetics workforce. There is a high need for temporary leave from the workforce and for flexible and quick human resource arrangements to fill temporary vacancies.

8.4 Masters-level dietitian qualifications

As previously described, entry-level qualifications to the dietetics profession (i.e. those accredited with the DAA) are either:

- a four year bachelor level qualification in nutrition and dietetics
- a two year masters level qualification in nutrition and dietetics following a three-year bachelor of science degree
- or a one or two year postgraduate diploma in dietetics after a three-year bachelor of science degree (Curtin University of Technology).

It can be seen that the second educational option above entails an additional year of study compared to the other educational options for entry into the dietetics profession. The Tasmanian branch of the DAA has stated that staff with this additional year of study should come into DHHS employment at a award level higher than the PF1 year two (the level at which other new graduates AHPs with a four year entry-level qualification enter the award).

8.5 Dietitians in the private sector

There are extremely limited dietetic services in the private sector in Tasmania to assist in servicing the gap in community-based dietetic services. Some of the dietitians employed in DHHS are also employed in the private sector.

Contracts between the DHHS and the private sector to supply services, especially in rural areas, have been established for some AHP services. This arrangement does not seem a possibility for dietetic services at the present time due to the small numbers of dietitians employed in the private sector.

8.6 Staff satisfaction with DHHS employment

A total of six dietitians, including four from the south and two from the north west attended the focus groups. A summary of the information obtained is in Table 3.

Table 3: Summary of information obtained from dietitians at the focus groups

Positive attributes of employment in DHHS	Aspirations	Negative attributes of employment in DHHS	Constraints
<ul style="list-style-type: none">• Teamwork across professions• Good and easy networking because of the size of state	<ul style="list-style-type: none">• CPD• Realistic workloads	<ul style="list-style-type: none">• Increasing client demand• Lack of support staff – clerical and for projects• Lack of capacity for specialisation	<ul style="list-style-type: none">• Budget
Regional variations			
No significant variations			

Source: DHHS focus group December 2001

8.7 Professional development to retain and strengthen a quality workforce

The Tasmanian Branch of DAA, which has approximately 80 per cent membership of Tasmanian dietitians, provides ongoing CPD activities for members. To use the title 'Accredited Practicing Dietitian', dietitians must provide evidence of 30 hours of CPD per year. The CPD include attendance at conferences, lectures and activities provided by employers, external study programs, mentoring and publications.

Some of the dietitians who responded to the DHHS staff survey indicated that regular CPD through the DHHS was not offered to them. They appeared to be employed in areas outside the major hospitals.

9 Annotated bibliography

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