

A History Of
**The British Dietetic
Association**

founded 1936

The second twenty-five years
1961 - 1986

by CAROL BATEMAN

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FOREWORD

"Change is not made without inconvenience, even from worse to better." *Richard Hooker, 1554-1600.*

In the following pages, the account of the fortunes of the British Dietetic Association during the last quarter-century shows that the Association's leaders have never been put off by possible 'inconveniences' in seeking to bring about change in the interests of members and of the profession as a whole. Many bold decisions were taken during that period, to promote and support a variety of initiatives that have wrought very considerable changes. These changes have affected not only the profession itself, but also have affected the relationship of dietitians to society as a whole. I need quote no more than three examples in illustration: state registration, all-graduate entry and the move towards a more independent consultant status.

We can be certain that during the next twenty-five years in the history of the Association new challenges will arise that will require a re-assessment of the functions of dietitians, the role of the Association and the place of dietitians in the world. If I had to identify one such issue it would be this: should dietetics become a closed profession in order more effectively to protect the public from the stream of special pleading, misinformation and outright quackery to which they are daily subjected in matters of diet and nutrition?

However, be that as it may, I am sure that the Association will over the coming years continue to promote change 'from worse to better' to the advantage of the profession and of the public at large and that when in 2011 my lineal successor as Honorary President is asked to write a corresponding piece, he or she, too, will have a story of solid achievement to draw on.

R.J.L. Alien, OBE
Honorary President The
British Dietetic
Association

AUTHOR'S PREFACE

The first history of The British Dietetic Association, published in 1961, was written by Enid Hutchinson whose particular interest was in writing about the achievements of professional women. In her History, she highlights the energy and pioneering spirit of the first dietitians, who started a new profession in a branch of science which was only just developing.

This second volume of the history of the Association is written to celebrate its Golden Jubilee, and covers the years 1961 to 1986. I have been a practising dietitian and a member of The British Dietetic Association for all of those years, so this history holds many personal memories for me. I hope that readers of this book, particularly young dietitians with their careers ahead of them, will feel the pride in the achievements of The British Dietetic Association that I have felt in writing about those achievements.

I would like to thank all the dietitians who helped me with details of the text and who supplied their personal memories of events in the Association's history. In particular, I would like to thank Creina Murland, Pat Torrens and Greta Walton for their very valuable criticism and suggestions. My thanks also to Alison Black who did her best to correct my punctuation and syntax.

CAROL BATEMAN,
S.R.D.

CHAPTER 1

FIFTY YEARS OF HISTORY

The British Dietetic Association was formed in 1936, with the object of advancing the science and practice of dietetics and the education of persons engaged in that science. The events leading to the formation of the professional association for British trained dietitians, and the subsequent progress of that association are recounted in the history published to mark the BDA's twenty-fifth anniversary (Hutchinson, 1961).

The first dietitians were nursing sisters, who had the advantage of already having position and standing in the hospital world, but who were nonetheless women of great character and pioneering spirit. In 1928, the first graduate dietitians were recruited into the service, but most of the assistants were still nurses. The first dietetic department in Britain was established in Edinburgh in 1924, followed by that in The London Hospital in 1925 and St. Thomas's Hospital, also in London, soon after.

The need for suitable training was quickly recognised, as was the need for a professional association which could control and monitor that training. The first initiative towards a professional association was taken by four head dietitians in London meeting together in 1932, but it was not until January, 1936, when a constitution had finally been agreed, that the inaugural meeting of the Executive Committee of the British Dietetic Association could be held.

The considerable difficulties put in the way of the pioneers in their efforts to form an Association may surprise the young dietitian of fifty years on, who has come to take such a body completely for granted, but may also fill her with admiration for a group of determined women who took it upon themselves to create a new profession.

The Association has grown, developed and matured in the quarter century since the twenty-five year history was published. Over the years British dietitians have travelled far afield, to work in other countries, take part in conferences or congresses, to research dietetic subjects of personal interest, to take part in nutrition research or feeding programmes. British trained dietitians have assisted in the development of the profession of dietetics in other countries, and of national nutritional programmes. Their work has been published in many national and international journals.

The practice of therapeutic dietetics has changed almost out of recognition since 1961, public health or community dietetics has grown apace and the training, needs and expectations of dietitians have changed accordingly. The affluent society of the 1970s and the change to a period of depression in the 1980s have presented today's dietitians with a very different range of nutritional problems from those faced by the early dietitians. The British Dietetic Association has grown and changed with the members and has developed into a modern professional association, able to take on the challenges of the media-orientated world of the last decades of the twentieth century.

In 1985, dietetics in Britain has an all-graduate training. The number of dietitians, although still small, is more than twice what it was twenty-five years ago and the post-graduate training of dietitians has been extended, both formally and informally, to meet the varied needs of the practice of dietetics in our modern society and in modern medicine.

Links have been forged with dietitians of the European Economic Community and links renewed with overseas dietitians through International Congresses. At home, the Association has been involved with many other organisations in promoting the cause of good nutrition in health and disease.

At the end of 1983, Her Majesty the Queen honoured the Association by graciously

accepting an invitation to grant her Patronage to The British Dietetic Association.

The office of Honorary President was created twenty years previously, in 1964, and has added strength to the Association.

Notable milestones along the path of the last quarter century include statutory registration of dietitians in the National Health Service, the removal of the national office from London, the Reorganisation of the Health Service leading to the concept of District Dietitians, the certification of part of the Association as an Independent Trade Union and the appointment of the first BDA administrator.

Dietitians in Britain today work in a wide variety of fields, including research, industry, teaching, government departments, public health departments and the National Health Service. Many do freelance work, for which there is an increasing demand. The changes in outlook, attitude and education amongst professionals and the general public over the last twenty-five years have had a profound effect on dietetic practice.

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CHAPTER 2

EVOLUTION AND REVOLUTION

The period since publication of the BDA's twenty-five year history has seen sweeping changes in Britain's post-war society, which have necessarily affected nutrition. The affluent 1960's and 70's meant people had much more money to spend on varied food than previously. Cheap foreign travel introduced the conservative British public to a wide variety of hitherto unknown foods and created a demand for these items in the home market. The immigration of many people of widely varied racial backgrounds and Britain's entry into the Common market have also been major influences in changing the pattern of foodstuffs readily available to the British householder. More recently, the rapid rise in fast food outlets has further altered eating patterns and food intakes, particularly amongst the young adult population (Bull, 1985).

In the National Health Service, the major reorganisation of 1974 had a profound effect on the practice of dietetics. It created challenges and opportunities for dietitians to teach nutrition in the prevention of disease, particularly the diet-related diseases of an affluent society.

In 1961, when this history begins, dietetic practice was largely confined to diabetic and weight-reducing diets and a variety of gastric and low fat diets. Renal patients might be given a restricted protein diet, or an unpleasant very low sodium diet. The range of specialised foods for gluten-free diets was limited and the dietary treatment of inborn errors of metabolism had not long begun. Since then, there has been a profound change in medical practice, which has brought the expertise of the dietitian very much to the fore.

Changes in practice

The first dietitians in Britain worked in hospitals, attempting to apply the principles of nutrition, as understood at the time, to the treatment of disease. The use of diet in the treatment of disease was developing in medical practice, but hospital catering was often limited in scope and those in charge of it quite unable to cater for the new science of dietetics. For this reason, a special diet kitchen under the control of the dietitian became a feature of most large hospitals and the staffing, running and supervising of that kitchen a major part of the dietitians job.

Over the last twenty-five years, the special diet kitchen has almost entirely disappeared except in a few hospitals with particular needs. The early dietitians had to run these kitchens if therapeutic diets were to be prepared and their determination and skill in setting up dietetic departments and diet kitchens must be admired. However, there can be no doubt that the freeing of the dietitian from the diet kitchen has been one very important factor in enabling the profession to develop and apply the full range of its skills.

King Edward's Hospital Fund for London must take the credit for initiating training courses for hospital catering managers and for craftspeople. The Catering Bursars courses run by the Fund's School of Hospital Catering did a great deal to improve the knowledge and capabilities of hospital catering staff, even though in 1967 a survey of knowledge of nutrition amongst hospital caterers studying at the college showed that the students had little knowledge of nutrition (Stanton. 1967). Dietitians made a major contribution to this training, as they were very frequently invited to speak and demonstrate on the various courses.

The DHSS took over responsibility for the trainee catering manager courses in 1972. These courses for caterers and the trainee cooks scheme have done much to improve

both the craft and management side of hospital catering. Hospital catering began to be viewed as a career prospect for young caterers, resulting in an increasing number of qualified caterers entering the service. In 1984, the NHS Training Authority assumed responsibility for the courses.

The higher qualifications of catering managers and the changing attitudes of dietitians have been an essential factor in this revolution. Although dietitians and catering managers may still have their differences, there must be general agreement that, with the education and skills of modern catering managers, food service in hospitals has improved enormously in the last two decades.

The current system of incorporating a diet bay as an integral part of the catering department has led to increased collaboration in a wide range of activities between catering manager and dietitian. Included in these activities may be the introduction of District Food Policies and the assessment of nutritional implications of changes in food purchasing policy or in catering practice. Catering manager and dietitian are jointly responsible for the provision of nutritionally sound selective menus. The catering manager is responsible for all aspects of food production and catering staff management, while the dietitian is involved in the nutrition and dietetic part of staff training.

The shortage of dietitians in the 1960's was an additional reason for closing diet kitchens. Where it was impossible to fill posts and one dietitian had to struggle singlehanded, or even to advise for a whole group of hospitals, the concept of a specialist diet kitchen run by the dietitian was quite impractical. At the same time, therapeutic dietetics was changing rapidly, with the demise of the gastric diet, the development of techniques such as haemodialysis and major developments in the understanding and treatment of the inborn errors of metabolism. The demand on the dietitian was for her scientific knowledge of nutrition, rather than her catering and kitchen management skills.

Changes in therapeutics

Therapeutic dietetics has changed radically in the last twenty-five years, and the training and education of dietitians has had to change accordingly. The 'gastric' diet, for so long a major part of the treatment of gastric and duodenal ulcers, was prescribed less as the 1960's progressed and it became ever more apparent that the long-established Sippy, Witts and Meulengracht diets, to name but a few, were of little benefit to the patient. Indeed, some of these bland, gastric diets were harmful to people who continued them without medical supervision for many years, eventually presenting with deficiencies of vitamin C and iron.

In some conditions, the prescribed dietary treatment has been reversed. For many years the low residue diet was the accepted treatment for some bowel conditions. Today, the high residue diet is the treatment of choice for many of those same conditions and the importance of cereal fibre as a dietary component is widely recognised. (Painter & Burkitt, 1971).

Changes in medical treatment have had a profound effect on dietetics. The last twenty-five years has brought the treatment of acute or chronic renal failure by haemodialysis, peritoneal dialysis or transplant; recognition and treatment of hyperlipidaemias, of liver diseases, of a number of inborn errors of metabolism. In recent years major changes in the dietary treatment of diabetes have been promulgated, and the role of food allergies or idiosyncrasies in the cause of disease more widely recognised.

In the 1970's also, a number of surgeons at last realised that they were conducting controlled starvation on many patients in their hospital wards (Lee, 1974). All too often, patients were kept on saline and low energy dextrose for long periods, while medical

and nursing staff watched them fade away before their eyes. Although it had been technically possible to provide effective total parenteral nutrition for the seriously ill for some years, many surgeons were unsure how to use it and afraid of adverse consequences for their patients. With the publication of a number of papers in the medical press on this topic, medical enthusiasm at last embraced nutrition and good, safe, intravenous nutrition became much more widely used.

In the wake of the revolution in intravenous nutrition, there was much more interest in enteral nutrition. Using parenteral or enteral feeding methods, many patients who might previously have succumbed from inanition were returned to health. A result of this interest in nutrition has been the development of the concept of the nutrition team. This may comprise doctor, dietitian, nurse, pharmacist, biochemist and other professionals. **The** team advises on the feeding of any hospital patient considered to be at risk of inadequate nutrition. The upsurge in interest in nutrition in surgery and oncology in particular, have opened up new areas of research and study for a number of dietitians.

Developing the District Service

The enormous increase in community dietetic work has been the most striking change in dietetics in Britain in the last ten years. In 1974, the National Health Service underwent a major reorganisation, as a result of which Health Districts were created in England and Wales, and Health Boards in Scotland and Northern Ireland. The object was to integrate health care in hospital and the community, so that both care and prevention could be a continuous process. Health Districts were grouped into Areas, and the Areas into Regions. It was agreed that the management level for dietetics should be the District, with one District Dietitian within an Area acting as convenor at Area level. These District posts were intended to be additional to the number of dietitians already employed in a District.

The District Dietitian was, and is, responsible for providing a nutrition and dietetic service to her entire Health District. The way was therefore open for dietitians to plan a nutrition and dietetic service for sections of the Health Service which had never before had any dietetic advice, such as psychiatric hospitals, geriatric hospitals and hospitals for the mentally handicapped. The appointment of District Dietitians took some time to accomplish and there are still some health districts which have not made such an appointment, but in many cases the Dietetic service has improved immeasurably because of the 1974 Reorganisation.

One major facet of this reorganisation was that the District Dietitian was also responsible for providing a nutrition and dietetic service to the community surrounding her hospitals. In all cases the District Dietitian had clinical responsibilities as well as her managerial role. Some District Dietitians took on the community work as their contribution to the service while others worked towards the appointment of a Community Dietitian who could develop this work as a full-time or part-time commitment.

A few dietitians had worked in the Public Health field for many years, making a major contribution to the nutritional education of other professional people, such as doctors, health visitors, social workers and midwives. Public health dietitians conducted dietary studies to correlate feeding habits with nutritional status, advised the School Health Service, gave talks, demonstrations and displays and advised on nutrition in GP health clinics. (Chapman, 1959). However, the number of Public Health dietitians was quite small, and the advent of District Dietitians with their responsibility towards community nutrition made many changes possible.

Over the last decade more attention has been focussed on nutrition in the prevention of disease in Western society in the late twentieth century. In 1978 the DHSS published a booklet on 'Eating for Health' (HMSO 1978) and the Health Education Council launched

a "Look after yourself" campaign which aimed to encourage good eating habits and increase exercise. Greater public concern about health and nutrition in the 1980's has been roused by media interest in the controversy surrounding publication of the discussion document produced by the National Advisory Committee on Nutrition Education (NACNE, 1983). The report of the Royal College of Physicians on Obesity (1983) and the DHSS report on diet and cardiovascular disease (COMA, 1984), both widely noticed in the national Press, have also increased public interest in diet and health. Following publication of the COMA report the Government set up a Joint Advisory Committee on Nutrition Education (JACNE)' to advise the Council of the British Nutrition Foundation and the Health Education Council on matters relating to nutrition education.

Issues such as food labelling, the use of additives and the fat, sugar and salt content of manufactured foods are widely debated and the quality of food in Britain has become a subject of greater interest than at any time since the last world war.

Many health districts have agreed District Food and Health Policies and are implementing these to educate patients, staff and public, and to ensure that food consistent with the local policy is available within the district hospitals. Dietitians, with catering managers, health education officers and medical officers and nurses, are closely involved in planning and implementation of these policies.

Government Departments

From the early days of the profession, dietitians have been employed in several Government departments to advise on nutritional matters. During the war years good nutrition was an essential feature of the rationing scheme which kept the nation better fed than ever before. A dietitian continued to be employed by the War Office, later the Ministry of Defence, for some years after the war.

Today, dietitians are still employed in the Ministry of Agriculture, Fisheries and Food (MAFF) and in the Department of Health and Social Services (DHSS). Indeed the first catering advisers of the DHSS were all dietitians, who were gradually replaced by professional caterers as National Health Service catering training developed. In 1972, a full-time Dietetics Adviser was appointed to the DHSS (Catering and Dietetics Branch). Dietetics was the first of the Professions Supplementary to Medicine to have an Adviser at the Department.

Research

The advances in medical knowledge over the last quarter century and the much increased interest in nutrition has led to more dietitians being employed in research. Although currently (in 1985), only a handful of dietitians are employed by the Medical Research Council, a number of others are employed in research posts in a variety of hospital departments. Many others are involved in research work as part of their regular duties. There are still only a few dietitians able to set up their own research projects, but interest in this area is growing. Involvement in research work has led several dietitians to taking higher degrees, and the number of PhD's, MSc's and M.Phil's within the membership of the Association is growing.

The increased interest in all aspects of research within the Association led the BDA, in 1984, to set up a Research Committee.

Teaching

Dietitians are employed in all the Universities, Polytechnics and Institutes training students for degrees leading to State Registration in Dietetics, as required by the Dietitians' Board of the Council for Professions Supplementary to Medicine and a number of dietitians are also involved in teaching in other disciplines.

In addition to their work in lecturing, counselling and leading student projects, college lecturers generally engage in research work on their own account.

Freelance work

The amount of freelance work done by dietitians has increased very noticeably over the years. Public interest in nutrition has stimulated the production of many books and leaflets, giving employment on a full or part-time basis to many dietitians who have had to develop the skills needed for this kind of work (Bond, 1981). The amount of private practice carried out has increased, with some dietitians running their own consulting rooms or building up a practice of home visits.

Industry

The upsurge of interest in parenteral and enteral nutrition within hospitals and in nutrition generally has led to more employment of dietitians in industry. Dietitians today are employed in advising firms on the nutritional content of products and in selling these products.

The media

Media interest in nutrition and dietetics has been growing over a number of years, although interest has increased sharply recently.

Many dietitians now broadcast frequently on local or national radio and appear on local and national television programmes. Local newspapers have proved a useful way of carrying out some health education work and dietitians write for these and for magazines and general interest journals.

Within the Association, each Branch now has a press officer, who can be contacted by any of the media and who can respond more rapidly to enquiries from the press than can the national office. Dietitians are learning to use the power of the press and to make their voices heard, although sadly they have often found it true that sensation makes a better story than the calm voice of reason and moderation.

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CHAPTER 3

EDUCATION

Training for State Registration

Of the numerous changes which have taken place over the last twenty-five years, the changes in the training and education of dietitians must be among the most far-reaching for the future of the profession. The professional association was formed with the monitoring of the training of dietitians as one of its chief objects. Checking the content of dietetics courses and examinations and keeping a constant watch on standards was an essential function of the Education Committee. The Honorary Education officer was responsible for arranging the inspection of training hospitals and training schools.

In 1960, the Professions Supplementary to Medicine Act received the Royal Assent. This Act provided for the setting up of a Council to register all persons engaged in the Professions Supplementary to Medicine (CPSM). In the future the CPSM would be responsible for monitoring the content of all courses of training for these professions. Only persons successfully obtaining an approved qualification would be able to register as dietitians and only such qualified persons would be allowed to use the title "stateregistered dietitian". Further, the National Health Service would make it a proviso that only such registered persons could be employed in these capacities. Prior to State Registration, membership of The British Dietetic Association was taken as a guarantee of adequate training. Not surprisingly, some fears were expressed that the Association might lose members because of the otherwise welcome advent of State Registration.

In April 1961, the first Registration Council and Boards were formed. The Association sent forward the names of Miss D. F. Hollingsworth and Miss B. J. Jamieson for representative and alternative members of the Council. The first Chairman of the Council, Sir Sydney Littlewood, was appointed in September 1961, and the first Registrar, Mr J. S. Tapsfield, in December 1961. Although the first meeting of the Council for Professions Supplementary to Medicine was held in July 1961, at this time the CPSM had no staff, no offices and no money. The only potential source of income was the registration fees, but no fees could be collected until October 1962. However, by the end of January 1962, after consultation with more than thirty organisations, the ninetyseven members and fifty-two alternate members of the Boards had all been appointed.

Subject to the provisions of the Professions Supplementary to Medicine Act. the Dietitians' Board was constituted with fifteen members. Of these, eight were members representing the profession, two were medical practitioners, of whom one was nominated by the English Colleges jointly and one by the Scottish Corporations jointly, and one had to be an expert in professional education. There were also four other members, the Act stating that of these, one should be a member of the teaching staff of a university department concerned with the teaching of nutrition, one should be a member of the teaching staff of an institution where dietitians are trained, one should be an expert on the subject of nutrition and working in the field of human nutrition, and one should be a biochemist.

The duties of the Dietitians' Board were, and are, to prepare and maintain a Register, which includes the approval of applications for Registration; the approval of courses, qualifications and institutions; the supervision of approved institutions and of examinations for approved qualifications; and the setting up of investigating and disciplinary Committees.

Registration for dietitians began in December, 1962 and was required to be completed by 31 st May, 1963, when the Board was expected to publish its first Register. By the end of 1963, three hundred and eighty-five dietitians had registered.

The Association's chairman of the time commented in her annual report for *1963/64* that it was gratifying to find that a number of dietitians not employed in the National Health Service had registered, although for them this was not compulsory.

The Dietitians' Board gradually took over many of the tasks which had previously been carried out by the Association's Education Committee, such as the organisation of visits of inspection and re-inspection of hospitals offering practical training for student dietitians, and of colleges where the students took their theoretical training.

The first report of the Dietitians Board commented that, although the number of dietitians registered was small, their training was remarkably varied and complex. Amongst the concerns of that first report were the introduction of a four-year syllabus of training provisionally approved by the Ministry of Health and already in force at Technical Colleges in Ealing and Llandaff. Some members of the Board felt that four years was too long and the British Dietetic Association was asked to consider the possibility of a reduced period of training. The Board also discussed a proposal to start a new course of training at the City of Belfast Domestic College, and the possibility of introducing a national examination. Unlike some other professions, there was no national examination for dietitians, internal examinations being conducted at training institutions. Over the next few years, the idea of a national examination was considered from time to time, but the value of the varied courses at different institutions has prevailed, and in 1985 each institution training dietitians still conducts its own internal examinations,

In the first few years after the formation of the CPSM and its Boards, dietetics as a career increased in popularity as knowledge of the work and activities of dietitians became a little more widespread. There was also a grave shortage of qualified dietitians, with the result that employment on completion of training could be guaranteed. For these reasons, more places for training in dietetics were required and proposals for a new course at Robert Gordons Technical College, Aberdeen, were approved by the Board in the *1964/65* report.

At this time also, Battersea College of Advanced Technology, shortly to become the University of Surrey, put forward a proposal to develop its four-year diploma course in Catering and Dietetics as a four-year degree course. The proposal was investigated by the Dietitians Board and the resulting decisions sent to the Privy Council for approval. In the Dietitians Board report for *1965/66*, Battersea's proposal was approved, with the result that dietetics became the first of the Professions Supplementary to Medicine to establish an undergraduate degree course qualifying for State Registration. The Board also agreed in principle to the introduction of degree courses at other suitable colleges.

In 1971, ten years after its formation, the Dietitians' Board under the Chairmanship of Dr Russell Alien, set up a working party to look at the future of dietetics as a profession. There was a feeling that dietetics, as practised in the United Kingdom, stood at a crossroads, and that the working party should look at the role and function of dietitians and at how their training needs might best be met if the dietitian was to establish her or himself in the eyes of medical and scientific colleagues and of the public.

The members of the Working Party were Professor Ian Macdonald, Miss Augusta Conry and Dr Donald Tucker. Their report "Dietitians of the future" (Macdonald, 1975) was published in 1975 and drew attention to a number of points of great interest and concern for dietitians. The working party discussed the training and status of dietitians at the time of publication and what the future might hold for the profession.

The report concluded that there would be a continuing and expanding need for dietitians, although they might choose to adopt a different title for themselves. It

recommended that dietitians should be competent and willing to act as consultants, exercising their own judgement. and making their own decisions. They should not regard themselves as technicians waiting for instructions. The working party suggested that dietitians must adopt and promote a more positive attitude about their own functions and potential, both in their dealings with their patients and with professions from allied disciplines. In order to achieve this, they would need improved training in educational methods and in communication generally, and would need some training in group work, and in management.

The British Dietetic Association owes the members of this Dietitians' Board working party a debt of gratitude for the extensive work that went into preparing this report. which has had considerable effect on the future of the profession. Dr Alien, Professor Macdonald and Dr Tucker gave invaluable constructive support to improving the image and prospects of the profession of dietetics. Mr J. S. Tapsfield, Registrar of the CPSM from 1961 to 1975, was a tower of strength during the Working Party's deliberations, and his energy and enthusiasm was of prime importance in finally getting the report completed.

In its recommendations on Education and Training, the Working Party concluded that there would need to be a more selective policy of recruitment of students who should have, as well as appropriate academic entry qualifications, the personality or potential to play a full part in a developing, outward-looking, profession. The hope was expressed that in time there would be an all-graduate training. The Zuckerman Report on Hospital Scientific and Technical Services (Zuckerman, HMSO, 1968) had already commented on the lack of graduate nutritionists in the National Health Service and in expressing the opinion that dietitians should be part of the hospital scientific staff had indicated that a reorganisation of the dietetics service at more than one level might be needed.

In its discussions of the recommendations made in "Dietitians of the Future", the Dietitians Board noted that the Diploma course in dietetics was already almost at Degree level, but because it did not have the status of a Degree, would be unlikely to attract the more ambitious and dynamic type of school-leaver that the profession seemed likely to need in the future. Further, a degree course, in particular for an Honours degree, would be more likely to develop initiative in thought, improve selfconfidence and lead to acceptability by professional colleagues. Degrees in dietetics should widen the scope of postgraduate activity, including research and survey work, and allow graduates to take higher degrees. Possession of a degree would also help British trained dietitians to gain adequate international recognition at a time when far more countries had degree programmes than other types of courses for dietitians, and should also widen the scope of employment.

At this time, 1975, the following courses were available for those seeking training in dietetics in Britain:

- 1, University Degree Course
Degree in Nutrition (Honours) (with State Registration in Dietetics)
University of Surrey, Guildford, Surrey
- 2, C.N.A.A. Degree Courses
 - a) B.Sc. Nutrition and Dietetics
Robert Gordon's Institute of Technology, Aberdeen
 - b) B.sc. Dietetics
Leeds Polytechnic
3. Diploma Courses
Three or four year's full-time courses at:-
 - a) Robert Gordon's Institute of Technology, Aberdeen

- c) College of Food Technology and Commerce, Cardiff
 - d) College of Technology, Dublin
 - e) Queen Margaret College, Edinburgh
 - f) Leeds Polytechnic
 - g) The Polytechnic of North London
4. 18-Months' Courses
- 18-month Diploma Course, for students already holding approved qualifications at: a) The Queen's College, Glasgow (formerly Glasgow and West of Scotland College of Domestic Science)
- b) Leeds Polytechnic
 - c) The Polytechnic of North London
5. Post Graduate Course
- Queen Elizabeth College, London
- A course for the University of London Diploma in Dietetics, open only to university graduates.

After considering the implications of "Dietitians of the future", the Dietitians' Board decided to achieve an all-graduate training as a matter of some urgency. Privy Council approval was obtained to terminate the three and four-year Diploma courses when all students currently accepted for, or actively taking any of these courses, had qualified.

The Board also recommended the termination of the 18-month courses, and discussed their possible replacement by a longer, post-graduate, course.

Faced with this major shift in training, many dietitians were concerned in case a two-tier system should develop, with diplomates being considered to be of less value than graduates. Others expressed the view that the variety of means of entry into the profession had been of great value in providing a rich combination of experience and background knowledge in the average Dietetic Department. which might be lost if a more uniform, all-graduate training was imposed.

In spite of these fears, the majority of the profession agreed with the Board, that for dietetics to move forward and take its rightful place as a profession of considerable scientific expertise, all future training should be in degree courses only. Accordingly, dietetics became the first, and to date is the only one, of the Professions Supplementary to Medicine to achieve an all-graduate training.

The last examinations for the eighteen months diploma courses were held in 1982. By this time the Privy Council had approved a replacement two-year diploma course, to which entry would be limited to those completing degree courses with sufficient emphasis on human biochemistry and physiology to obviate further fundamental teaching. Students of these courses would also be expected to have the necessary command of English and a knowledge of basic cookery. Two colleges, in Leeds and Glasgow, hoped to mount two-year diplomas, although there were some fears as to whether possible candidates would succeed in getting grants for this longer course.

In 1985, entry to the various degree courses for dietitians requires a minimum of two A-level passes, or equivalent Scottish Certificate of Education grades, including Chemistry and another Science subject. The following courses are available in 1985:

BSc Dietetics (CNA). The Queen's College, Glasgow.

BSc Dietetics (CNA). Queen Margaret College, Edinburgh.

BSc Nutrition and Dietetics (CNA). Robert Gordon's Institute of Technology, Aberdeen. BSc in Nutrition (Honours). with State Registration in Dietetics, University of Surrey, Guildford.

BSc/BSc (Honours) Dietetics, Leeds Polytechnic.

BSc (Honours) Dietetics, University of Wales, Cardiff.

BSc (Honours) Nutrition and Postgraduate Diploma in Dietetics, Kings College, London.

BSc/BSc (Honours) Nutrition and Biology, Polytechnic of North London.

BSc Human Nutrition (with Honours classification). University of Dublin.

Post-Graduate Diploma Courses:

The Queen's College, Glasgow. Two year full-time course. Leeds

Polytechnic, Leeds. Two year full-time course.

The more than twenty years which have elapsed since the Dietitians' Board was set up has seen much discussion and argument between the Board and the profession and from time to time there have been differences of opinion between the two bodies.

A Liaison Committee was set up in 1980, to discuss matters of mutual interest and has proved a useful and stimulating forum.

In the 1960's approximately forty-five students qualified as dietitians each year, while in the 1980's the annual number qualifying is around two hundred. In January, 1965, a total of two hundred and thirty-three students were in training, compared with a total of eight hundred and four in 1984.

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CHAPTER 4

EDUCATION

Post-registration training opportunities

A fundamental reason for having a professional association is to provide a continuing education programme for the members. The BDA has done this for many years through study meetings and through its publications, but not by means of courses carrying official qualifications directly relating to the practice of dietetics.

Formal post-registration training courses

In 1979 and 1980 the CPSM published two important reports. The first of these was "PSM Education and Training - The Next Decade", the report of the Higher and Further Education Working Party (CPSM, 1979). This report considered a number of possible ways in which pre- and post-graduate training for the paramedical professions might develop. The second report, "PSM Registration and Self-Regulation - Future Requirements and Opportunities", the report of the Working Party on the Future (CPSM, 1980) asked the professions to consider the future. Should statutory registration be 'once for always', or should professionals be required to demonstrate that they had kept themselves sufficiently up-to-date to merit retention on the register?

These reports had considerable implications for the future training and post-graduate education of dietitians and were discussed carefully within the profession. (Brereton, 1980).

The BDA Council agreed in principle that some form of post-registration training should be introduced. Accordingly a working-party composed jointly of members of the Education Committee and the Progress and Development Committee was set up to look at requirements for post-registration training.

It was generally felt that the accreditation system used in dietetics in some countries was not satisfactory and could be open to abuse. Instead it was agreed that a system of specialist post-registration courses should be introduced. These courses would carry a certificate of attendance, and in time it should become mandatory for any dietitian employed in a specialist post to attend a suitable course within a given period of her starting in that employment.

It was agreed that post-registration training courses should include "refresher" courses for mature returners and for any other dietitians who wished to take part, courses in clinical supervisory skills and courses for those wishing to specialise in paediatrics, renal disease or community health.

Over the years, differences of opinion had arisen between college tutors and dietitians in charge of practical training, and in 1980 the DHSS funded a two-day meeting for the two groups, at the NHS national training centre in Harrogate. A one-day meeting between practical trainers and dietitians taking students for complementary experience followed. These meetings proved very fruitful and as a result, the Educational Development Group, as the working party on post-registration training was now called, agreed that one of their first priorities should be to consider training in clinical supervisory skills.

The first clinical skills course to be held, in October 1981, was planned for the four Thames Regions, Wessex and East Anglia and was run by the Principal Training Officer at the North East Thames Regional Health Authority training centre. The course was residential, over five days, and was for up to twelve dietitians of at least five years experience. A handbook on using the Dietitian's Board training guidelines was published by the NETRHA training officer as a result of this very successful first clinical skills course.

(Newbrook, 1982). Other regional training centres have since also mounted Clinical Skills courses, so that there has generally been at least one course annually since the first one in 1981.

The first official post-registration course in Community Dietetics was mounted as a pump-priming exercise by the DHSS. It took the form of a two-module course, so that one module could be taken by dietitians new to community work, and a second one by those more experienced in the field. The first module took place at the National Health Service Training Centre in Harrogate in August, 1983, with the second module following it in October.

Courses in paediatric dietetics have been run regularly for many years by the Dietetic Department at The Hospital for Sick Children in London and the Institute of Child Health. Other courses have been held at Leeds Polytechnic and elsewhere. Although of great value, these courses were unofficial and not eligible for a BDA certificate of attendance. However, they have provided the basis for official post-registration paediatric courses, for which the Paediatric Group of the BDA has provided advice on content and format.

Courses on dietary treatment in renal disease are now also run as part of the BDA post-registration training scheme. These were set up with the advice of the Renal Dialysis Group.

Courses for mature returners have been held at intervals over the years, but difficulties tend to arise regarding venue and length of course, because dietitians wishing to return to work are scattered around the country. Successful courses run by dietetics departments or groups of departments have been held in Glasgow and in London. Official courses for mature returners have not yet been introduced into the BDA scheme of regular post-registration training.

With changes and developments in dietetics, the specialist courses will have to alter to fit the needs of the time and other courses will be developed as necessary. Attendance at an official BDA course is not yet compulsory for particular employment, but is being encouraged.

Study Conferences and other courses

In addition to formal post-registration courses, the Association has continued to develop a programme of study meetings, to help fulfil the post-graduate training needs of members. To begin with, these 'Refresher Courses', as they were called, took place at Queen Elizabeth College in London and lasted for three days. Q.E.C. Refresher courses were run in April, in 1964, 1967 and 1970, and were extremely successful. In the intervening years, the Programmes Committee organised Study Weekends, to coincide with the Annual General Meeting. Study weekends were held in April 1966 in Liandaff, Cardiff, in April 1968 in Cramond, Edinburgh and in April 1971 at Warwick University.

All these courses were well-attended and very successful, indicating that members needed and appreciated the chance to update their knowledge in the company of their colleagues in a fairly intensive residential situation.

For this reason, the 1972 Refresher Course at the University of York was run as a four and a half day residential course. This highly successful week set the pattern for the future, with a similar course held at the University of Nottingham in July, 1974. A change of name was introduced for the course held at the University of Lancaster in 1977. Some younger dietitians had found that hospital administrators were not willing to fund attendance at a 'refresher course', on the grounds that newly-qualified staff should not need refreshing. Newly-qualified dietitians may not need 'refreshing' but do need postgraduate training and updating, so after some thought these courses were re-named 'Study Conferences'.

After Lancaster, Study Conferences have been held biennially, in 1979 at the University of Surrey, 1981 at the University of Exeter, 1983 the University of Stirling and 1985 at Keele University. Habitués of these Conferences are thus acquiring a good working knowledge of the geography of the British Isles, and of the comparative charms of the campuses of the large modern universities.

The concept of the study week-ends combined with the Annual General Meeting, has also been re-introduced. Successful week-end courses were run at Gorebridge, Midlothian in 1980, Abergavenny in 1982 and Brighton in 1984.

Other training courses

In addition to BDA post registration training, members have been able to benefit from training from other sources.

In 1974 reorganisation of the Health Service had created the new post of District Dietitians, and in 1976 the DHSS funded two residential role development courses for District Dietitians. These were held in Harrogate in September and November 1976, with a report back day in May, 1977. A further role development course was held in 1978 for more recently appointed District Dietitians.

Each Health Service Region has its own Regional Education and Training Officer, and dietitians have been able to benefit from courses provided for them from this source. Some of these courses have been specifically for dietitians, while others have been multi-disciplinary. In many regions, the Training Officer will ask dietitians for suggestions for courses they would find beneficial, and may involve one or more dietitians in helping him with arranging the programme for the course.

Individual Health Districts also have training programmes and dietitians can take courses in middle management, counselling, industrial relations and other topics through this source.

Links have been formed with other professions to run combined training programmes in computing, initiating research and other topics of mutual interest.

Today's dietitians are more confident, more articulate and more generally sure of themselves and their expertise than many dietitians in the past. Academically gifted school leavers want the status and academic challenge of a degree course and the profession is fortunate in being able to attract young men and women of high calibre.

The post-registration opportunities, in varied courses up and down the country, are wide and the enthusiastic dietitian can find many resources to help keep her up-to-date, not the least of these being her own Association's courses and publications.

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CHAPTER 5 MEMBERSHIP AND ORGANISATION

Dietetics in Britain has changed greatly in the last twenty-five years and the professional Association for dietitians too has grown and matured. The British Dietetic Association of today is still a comparatively small organisation, but in terms of office accommodation, office staff and the organisation of its affairs, it has come a very long way from the early days.

The first office of The British Dietetic Association was in Abbey House, Westminster. The office was open "for several hours daily", and boasted a part-time secretary. From June, 1947, the Association's home was at 251 Brompton Road, at first only one room, but later a second room was leased as more space became necessary. There the Association remained, in very cramped conditions, until 1974, when the lease terminated. A single full-time secretary, Miss K. Fitzpatrick, was appointed in 1947, to be succeeded in 1952 by Miss B. J. Jamieson. On Miss Jamieson's appointment a second (part-time) secretary, first Miss Fitzpatrick and then Mrs G. E. N. Pusey-Thompson, was also appointed.

Barbara Jamieson remained as full-time secretary to the BDA for twenty-one years, until her retirement in 1973. She then worked part-time to assist the new Secretary, until the Association moved premises. Miss Jamieson, who had herself trained as a dietitian and was thus eligible for State Registration in 1962, was the backbone of the Association for a whole generation of dietitians. She ran the cramped and awkward office in Brompton Road and represented the Association on many boards and committees. In recognition of her services to the British Dietetic Association, she was awarded the MBE in 1973. All who knew her were saddened by her death in November, 1985, and regret that she did not live to join in the celebration of the fiftieth anniversary of the Association for which she had done so much.

The lease of the rooms in 251 Brompton Road ended in 1974, but before that date the officers of the Association had been considering the position of the national office. In 1963-64, the BDA had expressed interest in a block of offices to be built as an International Centre in London, for non-governmental organisations. Accordingly, the lease of the Brompton Road office was renewed in 1969 for a further five years in the hope of being allotted space in this new building in due course. However, by 1972, negotiations with the London International Centre had broken down.

Rents in London were extremely high, and it seemed advisable to look outside London, where it would be possible to rent more space for the available money. In order to make the best possible decision, help was enlisted from the son of the then Vice-Chairman. All the relevant available data on rents, rates, transport networks; travel costs etc. were fed into his office computer. The result was that Birmingham (with Leamington Spa as a close alternative) was selected as the most suitable venue, to which the maximum number of members could travel with the minimum difficulty.

The office moved in June, 1974, a procedure which will be forever burned into the memories of those officers embroiled in the decisions as to which papers should be transferred to Birmingham and which should be consigned to the rubbish bin. The transfer to Daimler House, Paradise Street, Birmingham, did give the Association rather more spacious rooms in a slightly more modern building and in general the move was deemed to have been the right decision.

In addition to the comparatively lower rental of office accommodation outside London, the move to Birmingham put the national office of the Association into a more central

position in relation to the dispersal of dietitians in the country. Scottish, Welsh, and Northern Irish dietitians and those working in the English provinces had sometimes expressed the view that the Association was run in London for London dietitians and was therefore irrelevant to their problems. While the move to Birmingham did not solve these problems, it did help to put them into a different perspective.

The Organising Secretary appointed at the time of Miss Jamieson's retirement was Miss Muriel B. Coleman, who was appointed in August 1973 and transferred to Birmingham when the national office moved. In the event, Miss Coleman decided she preferred not to live in Birmingham and left the service of the Association in September, 1975. Mrs Ann Kerr was the next Organising Secretary, from October 1975 until May, 1978. Miss Valerie Jones was appointed in August, 1978 and is still in post as Organising Secretary of the BDA at the time of publication.

Administrator

When the Association became a listed trade union in 1983, it immediately took on the responsibilities connected with such listing. This extra work and the splitting of the affairs of the Association in two clear directions made Council consider the advisability of creating a post for an Administrator. The role of the Administrator would be to act in an advisory capacity in industrial relations and to facilitate the affairs of the Association in general. The first BDA Administrator, Mr John Grigg, was appointed on 1 st February, 1985.

Thus, in 1985, The British Dietetic Association employs an administrator, an organising secretary, three additional full-time office staff, one part-time accountant and a parttime clerk. Office accommodation comprises five rooms. Meetings of Council, now too large to fit into the little space left from office activities, are held in a room hired for the occasion.

Now, in 1986 a computer system has been installed and will soon be fully operational, to help serve a professional organisation looking forward with confidence to the needs of its members in the twenty-first century.

Council

In 1947, The British Dietetic Association was incorporated as a limited company under the terms of the Companies Act of 1929. The Articles of Association drawn up at the time of incorporation are the Constitution of the BDA, setting out in legal terms precisely how the affairs of the Association must be conducted. These Articles created the Council as the governing body of the Association and laid down requirements for membership and conduct of that Council.

In succeeding years changes have been made to the Articles as the Association grew and the needs of the members changed. The membership of Council has been changed to include a representative from each Branch and the number of ordinary members reduced from five to four, to allow two ordinary members to change each year. The original articles named the Honorary Chairman as Chairman of Council and of all Committees thereof. As the number of Committees increased, this became an ever more onerous task, particularly if the Chairman had to travel some distance to meetings. In the early days of the Association, the Chairman worked and was domiciled in London, where the largest group of dietitians was employed and where the national office was situated. Miss G. H. Powell (Hon. Chairman 1964-66) notes in her first annual report that she was the first BDA Chairman to be elected from the provinces and that difficulties in travelling had meant more delegation of tasks to the Vice-Chairman. Subsequent Chairmen and Vice-Chairmen have been domiciled in very different areas of the country. Amongst a number of changes made to the Articles in 1977 was one allowing any member of Council to chair a committee of the BDA. This change both eased the burden

of the Association Chairman, and gave other members of Council valuable experience in chairing Committees.

The membership of Council has also been increased by the addition of a second Vice-Chairman, made necessary by the increasing amount of work involved in running the Association. Once the Association had become a certificated trade union, in 1983, the Industrial Relations Officer became a member of Council, as Council remained the governing body of both the trade union, The British Dietetic Association, and the registered charity, The British Dietetic Association General and Education Trust.

The experiment of having student representatives was tried for a brief period in 1971. Students have no voting rights, but are future members of the Association. Two representatives were invited to attend Council and prepare a report, which they could then present to their peers. However, although the students did well in understanding the business of Council and in preparing their report, difficulties were encountered in reporting back to their fellow-students and the experiment was dropped.

Branches

When the British Dietetic Association celebrated its twenty-fifth anniversary in 1961, it had 918 full members and fifty-five student associates. In 1985, membership, including students, was over 2200. Although the number of members has more than doubled in the last twenty-five years, the Association remains small compared with many professional bodies and the limited number of members remains one of the problems of running and managing the BDA. Dietitians frequently work singly, or in very small groups, and therefore particularly need the support of a professional organisation if they are not to feel isolated.

Seven Branches of the BDA were formed in 1952, to provide local forums where dietitians could meet to discuss BDA matters and topics of mutual interest. Branch meetings were a good opportunity to exchange information with colleagues and to listen to an invited speaker. As the Association grew in size, the membership began to express dissatisfaction with the organisation of the Branches. Several covered very large territories, making journey time to meetings a sometimes insuperable obstacle for many who would have liked to attend. In response to this, Council set up a Working Party to study Branch boundaries, and as a consequence, from May, 1975 the number of BDA branches was increased from seven to eleven. The Working Party had tried to take into account geographical boundaries, public transport facilities, and also the boundaries of the new NHS regions. The eleven branches were agreed as:

- Edinburgh and East Scotland (no change)
- Glasgow and West Scotland (no change)
- Ulster (no change)
- North East
- North West & North Wales
- Midland
- West of England
- Wessex
- London
- East Anglia
- South West & South Wales

According to the Articles of Association, Council is composed of a representative from each Branch, plus the Officers and four ordinary members. The changes in Branch boundaries therefore increased the size of Council considerably, giving a fairer representation of the members.

Committees

In 1961, the BDA had only seven committees. These were the Executive, Finance, Education, Programmes, Salaries Advisory and Editorial Committees and the Rose Simmonds Award Committee.

In 1985, all the above Committees remain, with minor changes. The Rose Simmonds Award Committee has become the Award Committee, to administer other awards that have become available. The Salaries Advisory Committee has changed over the years, to become the Progress and Development Committee, later retitled the Professional Development Committee. This was then split into two, the Professional Development and the Industrial Relations Committees. The Industrial Relations Committee is elected through the regional system of representation on BDA industrial relations matters, whereas all the others are appointed by the Executive Committee.

In addition to the above Committees, there is now a Publications and Public Relations Committee, which grew out of the Diet Sheets Committee established in 1968, and a recently established Research Committee. Temporary Committees or working parties may be set up as required, such as the Golden Jubilee Committee established in 1984, which will cease to exist after 1986.

The current Terms of Reference for the Standing Committees of Council of The British Dietetic Association, are as follows:

Executive Committee

To execute the policies of Council

Finance Committee

To prepare advance budgets, monitor costs and make recommendations on all relevant matters concerning the finances of the Association to Council.

To be responsible for office accommodation, insurance and maintenance contracts and report to Council.

Programmes Committee

To plan and arrange Meetings, Study Days and Conferences within the policy of the Association. To submit recommendations and reports to Council.

Professional Development Committee

To provide evidence for commissions, working parties, consultative documents etc.. as appropriate, and comment on relevant consultative documents and similar papers concerned with professional activities.

To consider the long-term development of the profession and along with the Education Committee and other bodies, to monitor the effects of changes in training, assess the needs for post registration training and be involved in the provision of courses to meet these latter needs.

To initiate production of policy statements for Members and other professionals and short information sheets for Members on professional topics.

To report to Council on activities.

Publications and Public Relations Committee

To initiate publication of information and teaching aids in relevant areas of Nutrition and Dietetics.

To act as a link with other organisations and manufacturers concerned with Nutrition and Dietetics.

To act as a link and support service for Public Relations Officers at Branch level.

To review relevant articles and publications referred to the Association and report back to Council.

To provide copies of statements made to the Press for publication in the Newsletter.

To co-ordinate and promote the publicity for organised activities of the BOA, in liaison with Programmes Committee.

To promote publicity for Policy Statements from the Professional Development Committee.

Education Committee

To advise the Council on all matters concerning the education and training of Dietitians (both basic and post-graduate).

To review training methods as necessary and advise the Dietitians Board with particular reference to clinical experience.

To arrange courses as necessary and meetings with all concerned in education and training.

To make the necessary arrangements for the operation of the central clearing system for clinical experience.

To consider the educational attainments of Dietitians trained in other countries who apply for membership of the Association and make recommendations to Council.

Award Committee

To make recommendation to the Trustees for the use of money made available from the Rose Simmonds Memorial Trust or any other funds for which the Trustees are directly responsible.

To organise the competition, judging and publicity for Rose Simmonds and other awards, from any source, either BOA or external.

To report all activities to Council and to the Trustees when appropriate.

Research Committee

To encourage dietitians to undertake research into professional practice as it affects dietetics.

To collect and publish information on research projects in which dietitians have been or are involved.

To investigate and provide information on sources of funding for research into the practice of dietetics.

To identify questions that need investigating and initiate research projects to find the answers.

To provide help, advice and support, on request to dietitians involved in or wishing to undertake research projects.

To liaise with other bodies as appropriate.

To promote training of dietitians in research methods. To draw up guidelines on ethical considerations.

Representatives

The British Dietetic Association through the years has sought representations on a number of outside bodies or organisations, in order to use the expert knowledge of its members to the greatest advantage. In 1985, the Association had representatives on the following organisations:

The Association for the Study of Obesity.

The British Diabetic Association: Nutrition Sub-Group.

The Boards of Governors of Queen Margaret College, Edinburgh and The Queen's College, Glasgow.

CNAA Health and Medical Services Board. European

Federation of Dietetic Associations.

Federation of Professional Organisations (PTA' Whitley Council). PTA' Whitley Council.

The Forum of Health Care Professions. International Committee of Dietetic Associations.

National Association for Maternal & Child Welfare. Parliamentary and Scientific Committee.

UK Home Economics Federation.

Representatives attend meetings of these organisations and report back to Council as appropriate.

Special Interest Groups

The emergence of a number of specialist groups within the Association has been one of the outstanding features of the latest fifteen years of BDA life.

To date there are seven specialist, or special interest groups, all recognised by Council. These are the Renal Dialysis Group, The Paediatric Group, the Community Nutrition Group, the Metabolic Group, the Parenteral and Enteral Nutrition Group, the Nutrition Advisory Group for the Elderly and the Mental Health Group.

The oldest of the Groups is the Renal Dialysis Group, which was formed in 1972 because of the growing need for dietitians involved in renal dietetics to meet together for mutual support and education. The rapid change in treatment of renal disease from the early 1960's when routine dialysis first became a possibility has been a major factor in dietetics in the second half of the century. Many dietitians are now involved in some way in the dietary treatment of chronic renal disease, and membership of the Renal Dialysis Group has increased considerably.

With the recognition by Council of the Renal Dialysis Group and the realisation that such groups could be a very useful source of information and education. Metabolic and Community Nutrition Groups were formed in 1974 and a Paediatric Group in 1975.

The Community Nutrition Group began from a series of informal meetings of dietitians employed in the public health field, but with the growth in numbers of dietitians involved in community nutrition in the late 1970's, the Group increased in size, until today it has over one hundred members and is very vigorous and active. A major research project on achieving dietary goals conducted by the Group has led to the publication of a book on this subject. (Leverkus et al, 1985). The Community Nutrition Group has been closely involved with the post-registration training of prospective community dietitians.

The Paediatric Group has increased considerably in size since 1975, and has been very active in organising and running courses in paediatric dietetics and in the production of educational materials. For some time the Group was responsible for the production of lists of proprietary foods suitable for various conditions, an onerous task, but with a result much valued by other dietitians.

The Metabolic Group, perhaps not surprisingly, has remained one of the smaller groups, but is nevertheless active. In 1985, the Group produced a handbook for the guidance of other dietitians engaged in metabolic work. (BDA, 1985). In 1986 it is looking to expand its membership to other dietitians employed in research posts.

Since the formation of these first four groups, three other special interest groups have been formed. These are the Parenteral and Enteral Special Interest Group, the Mental Health Special Interest Group and the Advisory Group on Nutrition for the Elderly. Like the other groups, these groups meet twice yearly.

All groups are required to formulate a constitution and to be self-supporting. They report to Council and are expected to produce fact sheets for their members or for other dietitians requesting them.

Honorary Presidents

Dietitians have always cultivated links with other professions and have invited luminaries in other, linked, fields to become Honorary Associates of the Association. In 1964, Council agreed that the Association would benefit from having an Honorary President, and accordingly invited Sir Norman Wright to take up this office.

Sir Norman C. Wright had been Chief Scientific Adviser at the Ministry of Food (later MAFF), from 1947 to 1959. He was Director General of FAO, U.N., from 1959 to 1963. Sir Norman was an eminent scientist interested in all aspects of food science, but especially in Food and Agriculture.

After Sir Norman Wright's five year term ended, Sir Ronald Tunbridge accepted the Association's invitation to be Honorary President, from 1969 to 1974. Sir Ronald Tunbridge was Emeritus Professor of Medicine at Leeds University and a good friend to dietitians. His particular medical interest was diabetes, which led him to value the dietitians particular knowledge. He did much to advance the cause of dietitians in general and to develop the Dietetic Department at Leeds General Infirmary in particular.

Sir John Croom, previously known as Or J. Halliday Croom, was knighted during his term as Honorary President, from 1974 to 1979. Sir John was Consultant Physician at the Royal Infirmary of Edinburgh, specialising in diabetes. He was President of the Royal College of Physicians of Edinburgh and a member of the Dietitians Board. After his term of office as Honorary President ended, Sir John agreed to continue as a Trustee of the Association, because of his interest in its affairs. He retired as Trustee early in 1985.

Or Russell Alien accepted the invitation to become Honorary President of the BOA in 1979 and delighted the Association by agreeing, in 1984, to accept a second term of office. Or Alien is an eminent biochemist with particular interest in nutrition and nutrition education. He was Visiting Professor of Applied Nutrition at Guy's Hospital Medical and Dental Schools, in addition to his post as a Director of Beecham Group plc. Or Alien has been connected with the Association over many years, as Chairman of the Dietitians Board and as a constant source of encouragement, advice and help to dietitians individually and collectively.

Trustees

The British Dietetic Association General & Education Trust was set up in 1976 with money left to the Association by Betty Washington OBE to which was added money donated to the Association in memory of Miss Washington. The Trustees already appointed to administer the Rose Simmonds Memorial Fund were asked, and agreed, to also take on the Trusteeship of the new Trust Fund.

In 1982, The British Dietetic Association became a listed Trade Union and in order to separate the professional side of the Association's affairs from the industrial relations activities, it was agreed that professional activities would come under the General and Education Trust, which could remain as a registered charity.

Today, the trustees control investments and use of capital by the charity side of the Association. Council continues as the governing body of the Association, but is advised by the Trustees on matters such as long-term investments. The Trustees are required by law to see that the charitable side of the Association's affairs are conducted correctly.

The Association has been fortunate in its Trustees, who in 1982 had already proved themselves of the greatest value in their management of the Rose Simmonds Fund. The new role of the General & Education Trust has given the Trustees a much greater task than they envisaged originally and the Council and members of the BOA must be grateful to them for their ready agreement in taking it on. There can be no doubt that the affairs of the Association have benefited from the financial acumen and wisdom of the Trustees.

Fellows

Over the years the BDA has wished to honour those of its members who have given outstanding service to the Association. One way of doing this was to make such members Honorary Associates, but Honorary Associates have no voting rights and this was felt to be not the best way to pay the desired compliment. Accordingly, the Articles of Association were changed in 1977 to create the new category of Fellow of The British Dietetic Association. Fellows have all the rights of full members of the Association, including the right to pay the subscription. Council immediately elected all past Chairmen as Fellows. The election to Fellowship of future Chairmen or members of the Association is at the discretion of Council.

A new, silver-gilt, brooch was designed and is given to each new Fellow, with an engraved card. The Fellows brooch has the Association's crest of an ibex and cornucopia in gold on blue, but has a border and scroll of black, with the word 'Fellow' in gold on the scroll.

Affiliates

The Association for some years had a category of Affiliate Member, which was closed in the 1960's when the numbers of Affiliate Members had diminished.

Over a period in the 1970's discussion took place on whether the category of Affiliate Member should be re-introduced, to open some of the benefits of membership to others working in the field of nutrition. After some argument an Extraordinary General Meeting in 1977 agreed to change the Articles of Association to allow for Affiliate Members. From that date Affiliate membership of the BDA has been open to any person who holds a recognised scientific qualification in nutrition or who in the opinion of Council occupies a prominent position in any branch of dietetics. The category is also open to other people or corporate bodies engaged in research or education connected with human nutrition or dietetics, at the discretion of the Council.

Honorary Associates

The BDA has had a number of Honorary Associates for many years, and has continued to invite people outstanding in medicine, nutrition or other connected fields to become Honorary Associates. Honorary Associates have been helpful to the Association in many ways and continue to be an asset.

Thus, at the time of its fiftieth anniversary, much of the structure and organisation of the BDA has changed to meet the needs of the times, but the core aims and objectives remain unchanged.

Chairman's Jewel

A silver-gilt and enamel jewel, featuring the Association's crest, was designed in 1979 and has been worn at home and abroad by each Chairman since that date. A silver-gilt chain was added in 1985, to set the Jewel off to better advantage, (see illustration on page 27).

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CHAPTER 6 PUBLICATIONS, HONOURS AND AWARDS

The professional journal

Plans were made to publish a Journal from the earliest days of the Association's history, but the outbreak of war in 1939 and the consequent introduction of paper rationing delayed these plans for several years. During the war a newsletter was published which had to be limited, by regulation, to three foolscap sheets, but which was considered essential to keep members informed and in communication with their Association. "Food was now recognised as a weapon of war and nutrition information and reports were ammunition needed by members in their part of the war effort." (Hutchinson, 1961).

The official journal of The British Dietetic Association was first published in Spring 1947 by Newman Books Ltd. under the title 'Nutrition, Dietetics and Catering' as a quarterly periodical. In 1951, the title of the journal was changed to 'Nutrition', with a subtitle 'Journal of Dietetics; Food Catering; Child Nutrition'.

In 1951 an editorial sub-committee was formed, comprising members of the BDA and members of Newman Books. The Honorary Editor from 1954 until April 1975 was Miss Jean Robertson. The Association owes Miss Robertson a great deal for the enormous amount of work she put into the journal over these years. Her knowledge and skill and the meticulous care she put into the task of editing, did much to make the journal into the widely-read scientific publication which it is today.

In 1972, the Journal changed to a bi-monthly publication, still under the title 'Nutrition', but with the subtitle changed to "A bi-monthly review for dietitians and nutritionists". At this time too, the Editorial Sub-Committee was replaced with an Editorial Advisory Board, of whom rather more than half the members were dietitians. Others on the Editorial Advisory Board included people eminent in the field of nutrition and physicians in relevant specialities.

The intention in enlarging the Editorial Committee to an Editorial Advisory Board was to broaden the range of scientific advice and ideas available to the Editor. At this time circulation outside the BDA members was small (about 300 subscriptions) and a conscious effort was made to widen the circulation among other workers in nutrition. A policy of symposium issues devoted to a single topic became a fairly regular feature. Members of the Editorial Advisory Board played a major role in putting together these symposium issues and also in suggesting authors and topics for invited contributions to the journal.

During 1975 Mr John Libbey of Newman Books put forward a number of suggestions on how the journal might change to appeal to a wider circulation in medical and scientific circles. After much discussion with the Editorial Advisory Board, the title was changed to the Journal of Human Nutrition, and a new green cover designed to point up the new image.

Three years later, in 1979, John Libbey, who had been associated with the journal for many years, formed his own publishing company, with the result that the BDA Journal has since then been published by John Libbey and Company, Ltd.

A further change came in 1980, when the publisher started a companion journal, to be published in alternate months to the British Dietetic Association Journal. The BDA issues are titled "Human Nutrition: Applied Nutrition", with a green and black cover, and the other journal has the title "Human Nutrition: Clinical Nutrition" on a blue and black cover. The six issues of Applied Nutrition continue to be sent to all members as part of their annual subscription, and members have the option of subscribing to Clinical Nutrition at a preferential rate.

As a result of all these changes, the journal has become much more widely known. Subscriptions from non-BOA members have risen from around 500 in 1976 to around 1000 in 1985 and from being a journal dependent mainly on invited contributions it has become one that can pick and choose from the unsolicited papers received. These have risen from twenty received in 1976 to one hundred and twenty in 1985.

Honorary Editors of the Journal following Miss Robertson have been Miss A. E. Black, from 1975 to 1984, and Or P. A. Judd, from 1984 to date.

Over the years of its existence and through its changes in title and appearance, the journal has gained in reputation throughout the world. In addition to the BOA membership, the journal of Human Nutrition; Applied Nutrition, published in association with The British Dietetic Association, now goes to over 1000 subscribers spread through almost every continent. It has taken its place alongside the British Journal of Nutrition, the American Journal of Clinical Nutrition and others as a journal to be seriously considered for the publication of research results.

The Newsletter

In 1970, a proposal came from the London Branch that the Association should have another publication besides the journal (at that time entitled 'Nutrition'). The new publication would be a newsletter, to be produced monthly, and would be a vehicle for letters and the exchange of information in a more rapid and informal manner than was possible in the journal. At the Annual General Meeting in 1970 it was agreed that the newsletter should go out free to all members to start with, but that the question of finance would be looked at carefully later. The onus of editing the paper should rotate round the branches, but would start in London. Carol Bateman was the first Editor, from 1970 to 1975. Volunteers from the London Branch, often student dietitians, were recruited to go to the office in Brompton Road each month to help collate and staple the Newsletter and prepare it for posting. Due to the shortage of office staff, this practice of London dietitians or students helping with collating continued until the office moved to Birmingham.

After a slow start, the Newsletter rapidly became a lively forum for the exchange of views and for the sharing of information. The rotation of Editorship through the Branches in any formal way was never really attempted, but in the event Editors of the Newsletter have been based in different parts of the country over the years.

Mrs Carole Barrie, also based in London, took over the Editorship from 1976 to 1979, but the next Editor, Mrs Sheila Hardy, was based in Nottingham. Mrs Hardy continued as Editor until 1983, when the duty passed to Mrs Jane Eaton, based in Oxford.

Now, fifteen years after its inception the Newsletter is an essential part of the Association's service to members. The original character has changed to some extent, but the intended purpose of providing an informal forum for discussion still survives. Today the Newsletter is the main vehicle for conveying information to members and is probably the Association's most popular publication. Since February 1985, the Newsletter has been printed instead of duplicated, which has at once improved the look of the publication and eased the burden of duplicating and collating at the national office.

ADVISER

A new publication was added to the service provided for BOA members with the introduction of 'Adviser'. The publication was suggested by Mr Neil Donnelly, District Dietitian in Blackpool and has been edited by him since its first appearance in July 1981.

to date. 'Adviser' is a quarterly magazine which provides a regular information service on products of interest to dietitians. The object of the magazine is to provide both a service and a source of income to the Association.

'Adviser' has appeared regularly since its first issue and carries short articles in addition to advertising information. It is a lively publication and has proved popular with the membership. 'Adviser' owes its continuing existence entirely to the energy and enthusiasm of Mr Donnelly.

Other Publications

Over the years, the Association has been involved in the production of a number of leaflets and pamphlets, either alone or in collaboration with other bodies. Today, the BDA produces a selection of publications for the use of members. A list of current publications is given in the Appendix.

HONOURS AND AWARDS

In the second twenty-five years of the Association's history the award of OBE has been conferred on Miss E. Washington and the MBE on Miss B. J. Jamieson and Miss J. Marr. Miss D. Hollingsworth had already been awarded an OBE at the opening of this part of the BDA's story.

With the growth of membership of the BDA and the increased opportunities for members, it is impossible to recount all the honours and awards earned by members. Dietitians have won prizes presented by commercial bodies and have been awarded travelling scholarships and fellowships.

Rose Simmonds Awards

The Rose Simmonds Memorial Trust Fund was established in 1952 in appreciation of the great service of Rose Simmonds, who died in 1951, to the study and furtherance of the art and science of dietetics. This fund was built up from contributions from many sources to give a capital sum for investment. The fund is administered by trustees, who agree annually on the amount of investment monies which should be awarded.

In the thirty years of the existence of the Rose Simmonds Award prizes have been given in many categories. The award may be made open to student dietitians or to a particular category of dietitian and may be for an essay, for educational material, or for projected research.

A list of Rose Simmonds prize-winners appears in the Appendix.

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CHAPTER 7

LINKS AT HOME AND ABROAD

International Congresses

The first International Congress of Dietetics was held in Amsterdam, The Netherlands, from 7th - 11th July, 1952. Invitations were sent to forty-nine countries on the initiative of Miss Diane J. Ten Haaf, who acted as chairman of the Executive Committee.

The preliminary program stated that one of the principal aims of the Congress was to make up a constitution for a world-wide organisation which would include all the national dietetic associations, the nutritionists and those of the medical profession who were connected with the study of nutrition and dietetics and with nutritional and dietetic institutes all over the world. The Congress would offer an opportunity for the representatives of various countries to make each other's acquaintance and to get a better understanding of each other's special preference for a certain branch of dietetic activities.

Twelve national dietetic associations were represented officially by one or more delegates. This group of official representatives acted as a committee in developing policies for future international meetings, and elected five members representing five countries to act as an ad hoc interim committee for the purpose of maintaining contact between the organised national dietetic associations.

The Second International Congress was held in Rome in September, 1956 and the Third in London in 1961, marking the twenty-fifth anniversary of the British Dietetic Association.

Since 1961, International Congresses of Dietetics have been held in Stockholm (1965), Washington D.e. (1969), Hanover (1973), Sydney (1977), Sao Paulo, Brazil (1980) and Toronto (1984).

The first two International Congresses were sponsored by an Interim Committee, but at the London meeting it was agreed that the Committee's title should be changed to the International Committee and that the number of members be enlarged from five to seven to give wider representation. The International Committee recommended that a member of the Dietetic Association of the previous host country should be on the Committee to provide a "carry over" of information regarding policies and procedures from the previous Congress to the next. The Chairman of the International Committee would belong to the next host country. The remaining five members of the committee would be voted for from those countries which had paid their commitments in full.

The British Dietetic Association is one of the older and best-established Dietetic Associations in the world and has thus had much to offer as part of the International Committee. The Association has always paid its international dues, but in 1973 decided with some reluctance to withdraw at least temporarily from membership of the International Committee. The Committee meets once between Congresses, to plan the next event, and after the Hanover Congress, Australia and Brazil were planned as the next host countries. Membership of the Committee would therefore have involved a number of expensive journeys, which the Association felt it could not fund at that time.

However, it was found possible to fund the Honorary Chairman's travel to Sydney in 1977, where she gave a paper in her capacity as Chairman of the British Dietetic Association. At both the Sydney and Brazil Congresses the BDA was represented at the meeting of the International Committee, and at the Brazil meeting the BDA's name went forward for the International Committee which would be involved in planning the Canadian Congress.

Links with Europe

In August, 1971, the International Committee of Dietetic Associations met in preparation for the International Congress of Dietetics to be held in Hanover in May 1973. At this meeting Frau W. Aign, President of the International Committee and President of the German Dietetic Association, suggested that a meeting of the Dietetic Associations within the European Economic Community should take place before the Congress.

One of the aims of the Treaties of Rome (signed by six countries in March 1957). is to ensure the freedom of movement of all workers within the community. It was proposed that the combined Dietetic Associations should consider what directives might be agreed which could give this freedom of movement of dietitians within the community. Such directives mean that professions have to agree on mutually acceptable standards of qualification. These standards also have to be agreed by the European Commission. Medical directives came into force on 19th December, 1976 and directives for nurses in June, 1979 (Marr, 1978).

L'Association des Dietitiennes de Langue Francaise, represented by Mile Y. Serville agreed to undertake the organisation of this proposed colloquium. Miss Jean Marr, the United Kingdom representative on the International Committee, asked that the British Dietetic Association should be included in the colloquium in view of Britain's very likely entry into the Common Market.

The first meeting of the Committee of Associations of Dietitians in the European Community (CADEC) took place in Paris on the 22nd and 23rd June, 1972. In preparation for this meeting each Association had been asked to provide details of the training of dietitians in their country, which could form the basis of a report on the training of dietitians throughout the European Community. The discussion at the meeting made members aware of the difficulties in a cross-national comparison. A report was prepared, but very quickly became out of date. The member countries of CADEC were France, The Federal Republic of Germany, Netherlands, Belgium, Denmark, the United Kingdom and the Republic of Ireland. The first President of CADEC was Mile Y. Serville until 1978. Miss Jean Marr of the United Kingdom was President from 1978 until 1982.

From that time meetings at which changes in training were noted and matters of mutual interest discussed have been held at yearly intervals. A series of reports have been prepared on the following subjects:

- 1) Training of dietitians in EEC countries.
- 2) Role and place of the dietitian in EEC countries.
- 3) Thoughts on the ethics of the dietetic profession.
- 4) The role of the dietitian in community health.
- 5) Work of dietitians in hospitals.

Compilation of these reports enabled member countries to have understanding of the similarities and differences that exist in the training and work of dietitians.

At the eighth meeting of CADEC (Strasbourg, 1980) it was agreed that CADEC should not look for ways in which the speeding up of directives for the profession could be agreed. In professions where the majority of members are self-employed the procedure is for directives to be agreed first for those members and later for those on a salary. In the case of CADEC, there are anyway relatively few self-employed members, the majority being salaried staff. For these staff, the procedure must be through the Consultative Council for Professional Training. Some countries, including Britain, were concerned that to push for directives at an early stage could result in these being set at too low a level. At the meeting in Dusseldorf in April, 1982, it was agreed that CADEC should be disbanded for the present. until such time as the seeking of directives might be imminent. In the meantime, it was agreed that the European Federation of the Associations of Dietitians, which included all members of CADEC, could keep a watching brief.

European Federation of the Associations of Dietitians (EFAD)

The European Federation of the Associations of Dietitians was started in 1978 and in 1980 obtained the status of a non-governmental organisation recognised by the Council of Europe. EFAD includes all members of CADEC, plus members from three other countries.

EFAD has made links with the Council for Europe and with other non-governmental organisations linked to the Council. Amongst other activities, the Federation has produced reports on nutrition in Europe. The first of these reports was on "Experiences of nutrition education for children in nursery and primary schools" and the second on "Nutrition and the elderly".

Links with other organisations

There are many organisations in Britain which are involved in different aspects of nutrition and diet and The BDA has made a practice of developing links with other professionals wherever possible. The Association is represented on many committees and in addition has made a practice of joining together with others in a variety of activities.

Joint meetings have been held with The British Diabetic Association, The Nutrition Society, The Health Visitors Association, The British Paedodontic Society, The Association for the Study of Obesity and others. All these meetings have served to widen perspectives and enabled professionals to learn from each other.

The BDA has had a stand at a number of exhibitions held by other organisations, and has now developed a permanent display stand which can be used for this purpose.

Thus links have been made and continued at home and overseas and the chain continues as more British dietitians travel abroad to work or for research. The Common Market allows for free exchange of personnel in the EEC countries, but language is a barrier for many dietitians who would relish the experience of working in Europe. The question of reciprocity with other countries who do not accept the British qualification of State-Registration is under discussion with the Council for Professions Supplementary to Medicine.

Officers of the BDA have attended meetings of other Dietetic Associations, and have been pleased to welcome dietitians from other countries to British meetings and conferences.

References

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CHAPTER 8

INDUSTRIAL RELATIONS

Throughout its existence the British Dietetic Association has been involved in a continual struggle to achieve for its members salaries and conditions of service which would attract candidates of suitable calibre into the profession. Historically, dietetics has been an almost entirely female profession, and it is only with the higher salaries of recent years, and perhaps fewer opportunities elsewhere, that more men have been attracted to dietetics.

Thanks to the foresight of early members, the Association has had a seat on the P & T 'A' Whitley Council since its formation in 1949. To date, the Association has had only four Whitley representatives, that is Miss Betty Stanton, Miss Gwen Powell, Miss Creina Murland, and Miss Norma Lauder, who have been ably supported over the years by the Committee D representatives. It is thanks to these skilled and energetic women that The British Dietetic Association, in spite of being one of the smaller organisations on the P & T 'A' Whitley Council has earned the respect of both the TUC-affiliated trade union members and the paramedical members of that Council.

In the 1960's Mr Stanley Mayne, a chairman of the Staff Side of the P & T 'A' Whitley Council and a skilled negotiator, acted as adviser to the BDA and at that time made a great contribution to the affairs of the Association. However, in many difficult negotiations, the BDA Whitley representatives have had to make decisions on their own about complex matters that would affect the future careers of dietitians employed in the National Health Service.

Modern industrial relations is a very complicated field and the Association is fortunate indeed in having had representatives who could argue so effectively on behalf of their members. For Miss Gwen Powell to be elected Chairman of Staff Side of Whitley P & T 'A' in the 1960's was a signal honour for a small Association. Currently, Miss Norma Lauder has been accorded that same honour.

In the 1960's there was a grave shortage of dietitians, which was clearly in part due to the unattractive pay and conditions. Following an unacceptable offer of a salary increase in June, 1962, the Staff Side of Whitley P & T 'A' agreed to submit a claim to an arbitration tribunal of the Industrial Court. In the event, after much work had been undertaken by the BDA Whitley Representative and the Salaries Advisory Committee, the Management Side at the last moment put forward an improved offer which was eventually accepted. As in all such negotiations, psychology was important. Miss Gwen Powell, the Whitley representative of the time, commented later that on one occasion when she was to lead a staff side team of salary negotiators, she bought a new hat. (This at a time when hats were worn for such meetings). Another member of the negotiating team told her that the purchase was a mistake because, "One should never give the Management Side the impression that one can Afford to Dress" (Powell, 1976).

The Hospital Scientific and Technical Services Committee was set up under Sir Solly Zuckerman in 1968 to study gradings and services provided in the NHS scientific professions. The British Dietetic Association was asked to provide evidence for this Committee. This it did, pointing out not only the level of training qualifying a dietitian for statutory registration, but also the degree of supervisory responsibility carried when practising in the hospital service. In its evidence the Association also pointed out that an increasing number of dietitians entered the service as graduates (Zuckerman, 1968).

In the past, the Management side had always taken the view that salaries of the Professions Supplementary to Medicine should be aligned with those of the nurses. The work of the Zuckerman Committee, allied to that of the Tunbridge Committee on the

remedial professions, meant that dietetics might have the opportunity to move away from the link with nursing. The evidence provided by the BDA clearly showed that the academic requirements for training in dietetics were much greater than those for nursing. In the event dietetics was not included in the professions whose gradings were changed by the Zuckerman report, but the collection of evidence and the evident view of many members of the Zuckerman Committee that dietetics should be included with the scientific side of the NHS, rather than the paramedical, did provide much food for thought in the profession.

In the light of the Industrial Relations Act of 1972, the BDA applied for entry on the Special Register (for bodies other than Trade Unions) under the Act. One reason for taking this step was the major management changes impending in the National Health Service. With the proposed reorganisation of the Health Service in mind, in 1973 the BDA was required to set up a regional representative structure. Two representatives were appointed in each NHS region, who could represent dietitians on the various staff committees meeting to discuss the new management arrangements. It was agreed, very wisely as it turned out, that the operational level for dietitians in the new NHS would be at District level, but with Area convenors. In fact, the PD Committee was originally divided in its views about whether Area or District should be the top management level for dietitians. It was only after lengthy discussions that agreement was reached on the District level, thus avoiding the major problems experienced by some of the other paramedical professions when the Area level of management was removed a few years later.

Throughout the 1960's, dietitians salaries increased by small amounts from time to time, but by the early 1970's had slipped far behind those of similar professions outside the NHS. There was considerable unrest throughout all the professions covered by the P & T Whitley Council, because of the extremely poor levels of pay which were having a deleterious effect on recruitment, morale and staffing. This unrest was in part due to a feeling of frustration at being a small voice in comparison with the large unions which were causing considerable political upheaval at the time. The more militant groups amongst the paramedical professions did hold occasional short strikes and there was considerable anxiety and bitterness.

A national statutory prices and incomes policy between 1972 and 1974 involved successively, a total freeze on salaries, a maximum pay rise of four per cent, and a seven per cent pay rise with one per cent flexibility margin, plus allowance for threshold payments, therefore no "free collective bargaining". The ability of some large unions to circumvent this policy, and thus to increase inflation very rapidly, added to the financial plight of the paramedical professions and added fuel to the fire of discontent.

A Committee of Enquiry, chaired by Lord Halsbury, was appointed in May 1974 to examine the pay structure and levels of remuneration and related conditions of service of nurses and midwives. As a result of the simmering unrest amongst the paramedical professions, this Committee was subsequently invited to examine the same factors for chiropodists, dietitians, occupational therapists, orthoptists, physiotherapists, radiographers, remedial gymnasts and helpers covered by the Professional and Technical Whitley Council 'A'.

This enquiry, the first of its kind for these professions, took place against a background of considerable change and uncertainty, as the National Health Service was about to implement a very major reorganisation. A major factor in this reorganisation was to be the merging of the hospital with its surrounding community to form health districts. Dietitians were therefore concerned about their role within these districts and the gradings which would obtain.

The Halsbury Committee recommended a number of changes in dietitians gradings, introducing second Senior grade, to make the Senior I and Senior II levels the main career grades. The Chief Dietitian grades were also split into several levels according to size of district or supervisory responsibility. Following the report of the Committee of Enquiry much work had to go into clarifying the recommendations and agreeing which were, or were not, binding directives. The Whitley representatives of the time remembers taking part in forty-six formal meetings in the course of one year in relation to the Halsbury Report. In addition there were many other informal meetings, often going on until midnight. While not all the statements in the Halsbury Committee Report were entirely palatable to dietitians, its implementation meant a considerable improvement in pay and conditions of service for NHS dietitians for a short period, until inflation overtook them yet again.

In the 1978 negotiations it was possible to get rid of some of the anomalies created in Halsbury's recommendations and improve the career structure for the management grades, to the levels operating in 1985.

The usual struggles to keep salaries of the P & T 'A' Whitley Council professions more or less in touch with inflation continued over the next few years. In 1979, the professions agreed that a comparability study should be conducted, with the terms of reference that it should:

- (i) Assess the appropriate form of comparison with terms and conditions in other sections of the economy and identify relevant comparators.
- (ii) Make suggestions as to how such comparisons should be carried out and on the resources required for carrying out the necessary work.
- (iii) Make-suggestions as to how the comparisons should be made available to the P & T 'A' Whitley Council ..
- (iv) Consult the parties to the agreement on how the results of the comparisons of terms and conditions can be embodied in the relevant collective agreements.
- (v) Following from the above, make recommendations which the government and both sides of the Whitley Council have undertaken to accept.

The comparability study was carried out under the auspices of the Clegg Committee which published its report in 1980 (Clegg, 1980). The report was not well received by the professions, although at first dietitians appeared to do better from it than the other paramedical professions because more pay was allowed for the longer hours worked by dietitians in comparison with their colleagues. In the event. this difference disappeared with some reduction in the dietitian's working week. The Clegg report condensed all pay scales, making them much shorter, and compressed the differentials between the grades, so that the pay scales for different grades actually overlapped. This retrograde step reduced the career prospects in dietetics.

Over the years Whitley Representatives have become used to the exceedingly slow processes involved in initiating any change. One example of this is that in 1977 a Working Party was set up of Management and Staff Side to examine the criteria for grading of District Posts. After thorough examination and visits to numerous Districts, both sides agreed, in 1982, that no mutually agreeable criteria other than population could be found. Accordingly a small amount of money from the 1982 settlement was found to bring salaries more in line with those paid to District Therapists. Members of the Association, less familiar with this slow, grinding process, find it incredible that no satisfactory criteria have been found.

Following publication of the Clegg Report and the many arguments surrounding it. there were further problems with pay negotiations, which by 1983 had reached stalemate. An Independent Pay Review Body was therefore set up to take evidence from the professions allied to medicine (PAM's) and to recommend pay awards on the basis of this evidence.

The Whitley P & T 'A' Staff Side submitted joint evidence, but the BOA submitted complementary evidence on its own behalf in this and subsequent years, as indeed it had done for both the Halsbury and Clegg reviews. The collection of evidence was a huge task, which in the first year fell primarily on the Whitley Representative and the Chairman of the Industrial Relations Committee.

A few years earlier, a Committee under Lord McCarthy was set up to discuss the future of trade unionism in the NHS, (McCarthy, 1976). The Professions Supplementary to Medicine, most of whom had their own seats on the Whitley Council P & T 'A' were concerned about their future following the Committee's eventual report. Traditionally within the P & T 'A' Council there have always been strong and supportive links between the professions. At the suggestion of the BOA, the professions had met to discuss their mutual problems and whenever they could support each other in professional matters. The group eventually formed itself into the Committee of Professional Organisations (CPO) and devoted itself almost exclusively to industrial relations matters. Very soon after its formation, all the members of CPO, except the BOA, had become, or were in the process of becoming, listed Trade Unions. For this reason, in 1981 CPO applied for listing as a Federation of Trade Unions and on this being granted, changed its title to the Federation of Professional Organisations (FPO). The Federation has approximately 50,000 members, mainly working in the National Health Service. Organisations within the Federation hold fourteen out of twenty-two Staff Side seats on the P & T 'A' Whitley Council.

In 1978, a number of options were put to the BOA membership. These were that (a) the BOA should seek to become an independent trade union, (b) that the Association should seek membership of NALGO's Joint Consultative Committee for the Health Service or (c) that the BOA should give up its seat on Whitley to a TUC-affiliated trade union. The membership agreed by a large majority to adopt the second option, which would be dependent on eighty per cent of those members eligible (that is those working in the NHS) joining NALGO. At this time, a number of members were very against the BOA becoming a trade union, fearing that an atmosphere of militancy foreign to dietitians' ethic of service would result from such a decision.

In February, 1979, it was apparent that only thirty per cent of those eligible had actually joined NALGO and that it would therefore not be possible for the BOA to join NALGO's JCC. There were, too, some doubts expressed as to how valuable membership of this NALGO committee would actually be.

At this time, it was clear that the National Health Service was becoming more and more political. In some health districts, dietitians were being disadvantaged because of the BOA's non-trade-union status, and it was difficult for the Association's district representatives to sit on some local joint consultative committees. There was also growing concern about whether only trade unions would be permitted to sit on the staff side of Whitley Committees and that therefore the BOA might be in danger of losing its Whitley seat, held since the Whitley Committees were originally formed in 1949. Union pressure also caused fears about the introduction of closed shops to the health service.

The Whitley representatives, Council and the Executive were concerned that the Association might be failing to protect its members adequately in this political climate and therefore set up a series of discussions with the membership on the BOA's future in industrial relations. This culminated in a discussion document setting out all the pros and cons of trade union status, which was issued in January, 1981. At the Annual General Meeting in May, 1981, the membership voted by a large majority to seek certification as an Independent Trade Union.

The decision to become an ITU had considerable repercussions. The first step had to be changes in the Articles of Association, which until that time carried a clause specifically

stating that the Association could not act as a trade union. On legal advice, it was agreed that the British Dietetic Association should be the trade union, which would deal with all industrial relations matters. The Association's prime objectives of supporting and monitoring the education and training of those involved in the science and practice of dietetics, would be continued by the British Dietetic Association General & Education Trust. This Trust had been set up some few years before to administer monies left to the Association, with the same Trustees as those appointed to administer the Rose Simmonds Memorial Fund Trust. Happily for the BDA, the Trustees agreed to take on this much more onerous responsibility and indeed rapidly proved their great value to the Association for their help and advice on finance and investments.

The BDA became a listed trade union in July, 1982, and immediately applied for certification by the government's official agency, the Certification Officer for Trade Unions and Employees Associations. The Certification Officer visited the Association headquarters in Birmingham at the end of August, 1982 and spent a day looking into the affairs of the Association. For Certification to be granted, further changes in the Articles of Association were necessary, which were duly put before the membership in November, 1982.

As an independent trade union, the Association had to make some changes in its organisation and working practices. One of the chief of these was in a more formal arrangement of district and regional representation. A Whitley support group had been formed in September 1980 to assist with the growing amount of industrial relations work, to train possible future Whitley representatives and to create a team of informed members who could substitute for Whitley representatives in time of absence or illness. It was also agreed that it would be advantageous to relieve the PD Committee of the more detailed Whitley matters, so that that Committee could devote more time to professional development issues.

The Whitley Support Group was renamed the Whitley Committee in 1982, following on Listing as a trade union, but the following year was again renamed, as the Industrial Relations Committee. The Committee had as its objectives the training of representatives, conduct of future pay negotiations, provision of a 'rule book', future services to be provided by the BDA to membership in its role as a trade union and the employment of an industrial relations officer.

The growing complexity of industrial relations in the health service had also increased the need for the BDA to have an industrial relations adviser. The appointment of a fulltime adviser did not seem possible, but the services of an experienced personnel officer were secured on a consultancy basis, with great benefit to the Association.

A proposed BDA Insurance scheme for members had been mooted in the 1970's, but it was not until 1981, in the more aggressive climate within and surrounding the NHS, that a **Professional Insurance** scheme was introduced on a voluntary basis. This first, voluntary, scheme arose out of a feeling of strong concern amongst a number of members that dietitians could be vulnerable to litigation and should start to protect themselves. At the end of the first year the insuring company were not willing to continue with a voluntary scheme, but did agree a favourable premium if all members joined in the scheme. Following agreement at an extraordinary general meeting held in November, 1982, professional insurance was included in the annual subscription for subsequent years.

In order to comply with the Trade Union Act a General Secretary was elected for the first time in 1984. The General Secretary has a seat on Council and is an ex officio member of the Executive Committee. It was agreed that the membership of the Industrial Relations Committee should comprise:

The General Secretary
The Whitley representative
The FPO Representative
4 Regional Representatives

Formal election of the Industrial Relations Committee was held for the first time in 1985. One of the first activities of the I.R. Committee was the development of the necessary trade union "rule book" into a Code of Practice. This was agreed at the Extraordinary General Meeting of December, 1984 and issued to members in the Spring of 1985.

Very soon after the formation of the Independent Trade Union and the development of the Industrial Relations Committee, the representative network through the country was well established. Each Health District elects a District Representative, and the District Representatives elect from amongst themselves a Regional Representative. The Regional Representatives elect four of their body to serve on the I R Committee. Through this network much industrial relations work is now done at local level. Local grading issues, problems over student training allowances and other similar difficulties, which once were dealt with as far as a possible by one overstrained Whitley representative, are dealt with by local representatives.

Two formal training weekends for Regional Representatives were held at the DHSS National Training Centre in Harrogate in July and November 1985. Yearly training of representatives at a more local level will be a continuing activity of the Industrial Relations committee.

There can be no doubt that the representative network is now functioning well, and that the local involvement in industrial relations issues has made members much more aware of their rights and entitlements and more confident in establishing or demanding these. Representatives have had to learn new skills and how to argue their cases in a factual and rational manner. The collection of evidence for the Pay Review Body is made easier by the efficient network of local representatives, which has the advantage of easing the load on the Whitley Representative and General Secretary and of involving more members in influencing their own future.

In the past. The British Dietetic Association has always found representatives who could, at a national level, argue the case for pay and conditions for dietitians to the admiration of many TUC-affiliated staff side members. The Association owes these very hard-working representatives a debt of gratitude. The establishment of the BDA as a Trade Union, and the consequent training of many dietitians in industrial relations skills, should help the status and conditions of dietitians in the future.

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CHAPTER 9

FUTURE GOALS AND OPPORTUNITIES

The fiftieth anniversary of The British Dietetic Association in 1986 will be marked by a number of events at national and branch level. Some of these events are designed to remind members of their Association's history; others to look forward to the future. The major national event will be a two-day academic meeting at the Barbican centre in London in July. It is hoped dietitians from other countries will join British dietitians at this meeting in taking a prospective look at nutrition and dietetics from the stance of the last decades of the twentieth century. The fiftieth anniversary of the first Executive Committee meeting was celebrated on January 24th, 1986 with a lecture and reception at the Royal College of Physicians of London. The lecture (Hollingsworth, 1986), in memory of Miss Rose Simmonds, was given by Miss D. F. Hollingsworth, one of the original signatories of the articles of association. A number of early members of the Association came to the Fellows Luncheon before the memorial lecture and fascinated younger dietitians with their accounts of the struggles they had had to establish themselves when dietetics was a very new profession.

In the last fifty years the profession of dietetics in Britain has come a long way. At the beginning, the first nurse-dietitians had a struggle to start their small departments and training was 'on-the-job'. No formal courses in dietetics were available. Today, dietitians have an all-graduate training and in some Health Districts there may be as many as twenty or more dietitians, managed by a District Dietitian.

Scientific understanding of nutrition has developed in many ways, and dietitians have been involved in the research that aided that understanding. The British Dietetic Association has grown from its very small and under-financed beginnings to a modern professional association offering its members a wide variety of services.

What does the future hold for dietetics in the U. K.? The question is impossible to answer, but it may well be that BOA members hold their future largely in their own hands.

The National Health Service is in a process of change and rationalisation. Dietitians employed in the service will need to guard the advances they have worked for. It is essential that practices are not kept simply for the sake of keeping them, but that dietitians should evaluate what they do and show that they have an important service to offer. Rationalisation, good management and avoidance of waste will be important features of NHS dietetics in the future.

Changes in medical treatment will continue and dietetics seems likely to have an important role in this field, particularly now that good nutrition is much more a part of medical thought. In recent years, dietitians have become an accepted part of the medical team and indeed may sometimes be considered to be one of the most important members of that team. Whatever the future may hold regarding budgeting methods in the NHS, it is to be hoped that dietetics will be considered an important feature of modern medicine and the dietitian to be a consultant in her own field.

The academic qualification and training of modern dietitians should enable them to make wise decisions for the future of their profession within the National Health Service and in other areas. There are probably more openings for dietitians today than at any other time in the history of The British Dietetic Association in spite of the difficult financial climate of the 1980's.

In the 1960's there was great concern about the shortage of dietitians and the difficulty of filling posts in the National Health Service. Today, there is still a shortfall of dietitians employed in the NHS, but the shortage is frequently of financed posts and not of dietitians qualified to fill them.

There is, however, still a shortage of experienced dietitians, due to the very large numbers who leave the profession either permanently or temporarily to bring up their families.

Today's dietitians are qualified to work in the wider aspects of nutrition which the modern media have opened up. More dietitians are involved in local or national radio programmes and local and national television programmes than ever before. Local and national journalism is another field in which dietitians can be active. The public interest in nutrition has given dietitians openings in speaking, writing and demonstrating that were not available before in such numbers.

Over the years there have been times when members of the Association have argued the case for a different name for dietitians. The word 'diet' means 'way of life' and dietetics today is very much about good nutrition for healthy living. Hopefully today's dietitians have gained enough confidence in themselves and their profession to convince the public more fully that dietetics does indeed mean learning to eat for health. In the future, dietitians may need to consider again the question of closure of the profession. The argument about whether there should be closure of title, closure of function or neither, will continue and clear decisions may have to be made.

The history written to mark the occasion of the British Dietetic Association's twentyfifth anniversary ends with the words:

"Present and future hold new difficulties and challenge for British dietitians. The achievements of the Association in its first quarter century justify the belief that these will be met with courage and confidence" (Hutchinson, 1961).

In its second quarter century the history of The British Dietetic Association shows that both courage and confidence have been brought to bear in upholding the aims of the Association. There is little reason to suppose that the next twenty-five years will be easier for dietitians, but their professional Association is stronger and more supportive to them than ever before in its history. Dietitians setting out on their careers in 1986 have a firm foundation in academic achievement and have the benefit of an Association which has developed a sureness in the management of its affairs which should enable it to face the future with strength and confidence.

References

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Hutchinson "A history of The British Dietetic Association": Newman Books Ltd. 1961.

APPENDIX 1

Honorary Presidents of The British Dietetic Association

1964 - 1969	Sir Norman C. Wright CBE, MA, DSc, PhD Cantab, Hon. LLD, FRSE, FRIC, FIBIal
1969 - 1974	Sir Ronald Tunbridge, OBE, MB, ChB, MD, FRCP
1974 - 1979	Sir John Croom, TO, BA, MBChB Ed, FRCP Land, FRCP Ed, Hon. FACP, Hon. FRACP.
1979 - date	Dr Russell Alien, OBE, MSc, PhD.

Rose Simmonds Memorial Fund Trustees, 1961 - 1986

1961 - 1976	Mr W R, S, Ritchie, CA Professor Dorothy Russell, MD Dr H, G. Wimbush, MRCS, LRCP Hon. Chairman and Hon. Treasurer of The BQA
1976 - 1977	Sir John Croom Miss C. Murland Hon. Chairman and Hon. Treasurer of The BDA
1977 - 1979	Sir John Croom Miss C. Murland Mr W T Seddon Hon. Chairman and Hon. Treasurer of The BDA
1979 - 1981	Sir John Croom Miss C. Murland Professor R, J. L, Alien Mr W T Seddon Hon. Chairman and Hon. Treasurer of The BDA
1981 - 1985	<i>Sir John Croom Dr R, J, L, Alien Miss C. Murland Mr W T Seddon Hon. Chairman and Hon. Treasurer of The BDA</i>
1985 - 1986	Dr R, J. L, Alien Miss C. Murland Mr W T Seddon Mr P Brindley Hon. Chairman and Hon. Treasurer of The BDA

APPENDIX 2

Honorary Chairmen of The British Dietetic Association, 1961 - 1986

1961-6	Mrs E. Scott	1974-75	Miss P. Brereton
1962-6	Miss A. M. Brown	1975-76	Miss P. Brereton
1963-6	Miss A. M. Brown	1976-77	Mrs C A. Lee
1964-6	Miss G. H. Powell	1977-78	Mrs C A. Lee
1965-6	Miss G. H. Powell	1978-79	Miss N. M. Lauder
1966-6	Miss J. W. Marr	1979-80	Miss P. L.
1967-6	Miss J. W. Marr	1980-81	Miss P. L.
1968-6	Miss P. E. Torrens	1981-82	Miss E. C. Batema
1969-7	Miss P. E. Torrens	1982-83	Miss E. C. Batema
1970-7	Mrs N. Thomson	1983-84	Mrs G. E. Walton
1971-7	Mrs N. Thomson	1984-85	Mrs G. E. Walton
1972-7	Miss C. Murland	1985-86	Miss E. T. Elliot
1973-7	Miss C. Murland		

APPENDIX 3

Honorary Secretaries of The British Dietetic Association, 1961 - 1986

1961-62 Miss A. M. Brown	1974-75 Miss C. A. Lee
1962-63 Miss P. E. Torrens	1975-76 Miss P. L. Humpherson
1963-64 Miss P. E. Torrens	1976-77 Miss P. L. Humpherson
1964-65 Miss P. E. Torrens	1977-78 Miss P. L. Humpherson
1965-66 Miss P. E. Torrens	1978-79 Miss E. C. Bateman
1966-67 Miss P. E. Torrens	1979-80 Miss E. C. Bateman
1967-68 Miss B. E. Macartney	1980-81 Mrs A. M. Dobson
1968-69 Miss B. E. Macartney	1981-82 Mrs A. M. Dobson
1969-70 Miss B. E. Macartney	1982-83 Mrs A. M. Dobson
1970-71 Miss B. E. Macartney	1983-84 Miss I. C. I. Mackay
1971-72 Miss B. E. Macartney	1984-85 Miss I. C. I. Mackay
1972-73 Miss P. J. Brereton	1985-86 Miss I. C. I. Mackay
1973-74 Miss C. A. Lee	

Honorary Treasurers of The British Dietetic Association, 1961 - 1986

1961-62 Miss G. M. Godber	1974-75 Miss E. R. Reed
1962-63 Miss F. M. Cowell	1975-76 Mrs E. R. Watson
1963-64 Miss P. J. Brereton	1976-77 Miss E. T. Elliot
1964-65 Miss P. J. Brereton	1977-78 Miss E. T. Elliot
1965-66 Miss P. J. Brereton	1978-79 Miss E. T. Elliot
1966-67 Miss M. McLaughlin	1979-80 Miss E. T. Elliot
1967-68 Miss P. T. Carden	1980-81 Miss E. T. Elliot
1968-69 Miss P. T. Carden	1981-82 Mrs M. I. M. Kitson
1969-70 Miss P. T. Carden	1982-83 Mrs M. I. M. Kitson
1970-71 Miss P. T. Carden	1983-84 Mrs M. I. M. Kitson
1971-72 Miss G. M. Cave	1984-85 Miss C. A. Middleton
1972-73 Miss G. M. Cave	1985-86 Miss C. A. Middleton
1973-74 Miss G. M. Cave	

Honorary Education Officers of The British Dietetic Association, 1961 - 1986

1961-62 Miss G. M. Cave	1974-75 Miss M. A. Conry
1962-63 Miss G. M. Cave	1975-76 Miss M. A. Conry
1963-64 Mrs N. Thomson	1976-77 Miss M. A. Conry
1964-65 Mrs N. Thomson	1977-78 Miss M. E. Lonergan
1965-66 Mrs N. Thomson	1978-79 Miss M. E. Lonergan
1966-67 Miss A. M. Brown	1979-80 Miss K. G. Wragg
1967-68 Miss A. M. Brown	1980-81 Mrs G. N. Statham
1968-69 Miss A. M. Brown	1981-82 Mrs G. N. Statham
1969-70 Miss A. M. Brown	1982-83 Mrs S. E. Butson
1970-71 Miss M. A. Conry	1983-84 Mrs S. E. Butson
1971-72 Miss M. A. Conry	1984-85 Mrs S. E. Butson
1972-73 Miss M. A. Conry	1985-86 Dr J. A. Tredger
1973-74 Miss M. A. Conry	

BOA Representatives on the International Committee of Dietetic Associations

1961	1970	Miss D. F. Hollingsworth
1970	1974	Miss J. W. Marr
1982		Mrs A. M. Dobson

BDA Representatives on the Committee of Dietetic Associations of the European Community (CADEC) and European Federation of Dietetic Associations (EFAD)

1974	1978	Miss J. W. Marr	Miss P. M. Newland
1978	1979	Miss P. M. Newland	Miss P. J. Brereton
1979 -	1982	Miss P. J. Brereton	Mrs C. A. Lee
1982 -		Mrs C. A. Lee	Mrs A. M. Dobson

APPENDIX 4

Organising Secretaries of The British Dietetic Association, 1961 - 1986

Miss B. J. Jamieson, SRD	1952 - 31 :8:73
Miss Muriel B. Coleman	1 :8:73 - 30:9:75
Mrs Ann Kerr	1 :10:75 - 17:5:78
Miss Valerie Jones	30:8:78 -

Professional Adviser (part-time) to The British Dietetic Association, 1961 - 1986

Miss B. J. Jamieson	September, 1973 to June, 1974
Miss G. H. Poweli	January, 1976 to January, 1977

Administrator for The British Dietetic Association

Mr John Grigg	appointed 1 st
February, 1985	

APPENDIX 5

Fellows of The British Dietetic Association
December 1985

Year of election

1979	Miss F. K. Acheson Mrs E. M. Averill Mrs M. E. Bowley Miss M. A. Boyle Miss P. J. Brereton Miss A. M. Brown Miss M. A. Conry Miss D. F. Hollingsworth Miss N. M. Lauder	Mrs C. A. Lee Miss J. W. Marr Miss C. Murland Miss G. H. Powell Mrs E. Scott Miss V. Scott-Carmichael Mrs B. R. Stanton-Jones Mrs N. Thomson Miss P. E. Torrens
1980	Miss E. T. Elliot	Miss P. M. Newland
1981	Miss P. L. Humpherson	
1982	Miss E. M. Booth	Mrs M. A. K. Westland
1983	Miss E. C. Bateman Miss A. E. Black Miss M. E. Cameron	Miss P. E. Crooks Mrs S. M. Hardy Miss D. E. M. Francis
1984	Miss G. Cave Miss E. M. Wilson	Miss A. R. Taggart
1985	Miss C. M. Clothier Mrs G. E. Walton	Miss M. P. C. Rose

APPENDIX 6

Honorary Associates of The British Dietetic Association
December 1985

(year) - indicates year of election

Professor R. A. McCance. CBE. FRS (1937)
Sir Francis Avery Jones. CBE. MD. FRCP (1947)
Dr Magnus Pyke. OBE. C.Chem. FRIC. FIBiol. FIFST. FRSE (1947) Professor John Yudkin. MA. MD. PhD. BSc. FRCP. FRIC. FIBiol. (1947) Mrs H. Farrell. MB. MSc. (1952)
Dr R. Passmore. MA. DM. FRCP (1952)
Professor H. M. Sinclair. MA. DM. BSc. FRCP. LMSSA (1952) Dr Alice Copping. MSc. (1955)
Mr W. H. Newman. OBE. B.Com. (1956)
Dr A. M. Cooke. MA. DM. FRCP (1961) Dr R. J. L. Alien. OBE. MSc. PhD (1962) Miss I. S. Gibson. OBE (1963)
Mrs J. A. Gibbons (1966)
Dr Cicely D. Williams. CMG. BA. DM. FRCP. DTM & H (1966) Professor Sir John Butterfield. OBE. DM. FRCP (1969) Miss J. M. Calder (1969)
Sir John Croom. TD. BA. MBChB Ed. FRCP Lond. FRCP Ed. Hon. FACP. Hon. FRACP (1969) Dr J. V. G. A. Dumin (1969)
Professor A. N. Exton-Smith. MA. MD. FRCP (1969)
Dr T. D. Kellock. MRCS. LRCP. MB. BChir. MD. FRCP (1969)
Professor I. McDonald. DSc. PhD. MD. FIBiol. DObst. RCOG (1969) Dr G. L. S. Pawan (1969)
Dr I. A. Anderson. MBE. BSc. MD (1970)
Miss F. Doherty (1970)
Dr P. C. Elwood. MD. MRCP. FFCM. DPH. DCH (1970)
Professor A. C. Kennedy. FRCP(E). FRCP(Glas) (1970) Dr D. A. D. Montgomery. MBE. MD. FRCP. FRCP(I) (1970) Dr Mary G. McGeown. MD. PhD. FRCP(E) (1970)
Mr J. N. Swallow. MDS (1970)
Dr S. C. Truelove. MD. FRCP (1970)
Dr R. H. Wilkinson. MA. MD. FRC(Path) (1970)
Professor Charlotte M. Anderson. MD. MSc. FRCP. FRACP (1971) Dr B. J. Smith. MB. BS. FRCP (1971)
Dr J. M. Stowers. MA. MD. FRCP (1972)
Sir David Cuthbertson. CBE. MD. DSc. FRSE. FRCPE (1973) Dr L. J. P. Duncan. MB. ChB. FRCP (1973)
Mr S. Mayne (1973)
Professor A. E. Read. MD. FRCP (1973)
Professor S. W. Stanbury. MD. FRCP (1973)
Dr D. Tucker. BSc. PhD. MRSH. MIBiol. (1975)
Professor Barbara Clayton. MD. PhD. FRCP. FRCPath (1977) Professor A. M. Thomson. BSc. MB. ChB. FRCOG. DPH (1977) Dr Anne Ferguson. PhD. BSc. MB. ChB. FRCP. MRCPath (1980) Mr John Libbey (1980)
Miss Jean A. S. Ritchie (1980)
Dr Joyce Baird. MA. MB. ChB. FRCP (1981)
Sir Henry Yellowlees. KCB. FRCP. FFCM (1981) Dr D. N. Challacombe. MD. FRCP (1982)
Dr K. W. Heaton. MD. FRCP (1982)
Dr J. S. Garrow. MD. FRCPEd (1983)
Mrs M. Dalloway. OBE (1984)
Dr J. I. Mann. DM. PhD (1984)
Dr R. G. Whitehead. MA. PhD. FIBiol. (1984)
Mr William T. Seddon (1985)

APPENDIX 7

Honorary Editor of Journal

Miss J. Robertson	1954-1975
Miss A. E. Black	1975 -1984
Dr P. A. Judd	1984-

Editor of Newsletter

Miss E. C. Bateman	1970 -1975
Mrs C. Barrie	1976 - 1979
Mrs S. Hardy	1979 -1983
Mrs J. Eaton	1983 -

Editor of Adviser

Mr N. Donnelly	1981 -
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APPENDIX 8

Publications available from The British Dietetic Association
December, 1985

Leaflets

How to qualify as a dietitian What
dietitians are doing today
Dietitians in the Community
Reference Material for Schoolchildren and Students
Wise Eating

Books

The British Dietetic Association 1936-1961
(A History of the Association)

How Dietitians Spend their Time
(A survey of work published by Dietitians in the NHS, 1975)

The Professional Approach
(A book on Freelance Work, Private Practice, Business Procedure etc.)

Handbook of Metabolic Dietetics
(A comprehensive handbook on Metabolic Dietetics)

Manufactured Food Lists

Lists of proprietary food products which are:

Minimal Sucrose Additive
Free Milk/Wheat/Egg Free
Milk/Wheat Free
Milk/Soya Free
Colour/Preservative Free
Egg Free

Colour Free
Wheat Free
Milk Free
Preservative Free
Soya Free
Milk/Egg Free

APPENDIX 9

Rose Simmonds Award Winners

Prizes awarded to qualified dietitians

1964	Mrs J. Hulme Travel prize, to study childrens feeding in USA.
1966	Miss J. Bazzard Travel prize, to study renal research units in USA.
1966	Miss B. Macartney Travel prize, to study dietary management of renal disease in USA.
1969	Miss P. J. Brereton Miss C. Murland Travel prizes awarded for dietitians who wished to further their knowledge or to carry out a special investigation in the field of nutrition and dietetics.
1971	Mrs C. Cunningham Project on coeliac disease.
1973	Miss B. J. Jamieson To attend International Congress in Hanover, May 1973.
1974/75	Miss M. B. Hamilton Miss S. Bennett Project on "Modern trends in infant feeding". Miss H. M. Marshall To pay for computer analysis of details of a project sponsored by her employing authority. Miss J. Heald On behalf of five dietitians running a workshop to evaluate the work of dietitians.
1976/77	Miss A. Jones Prize for student and first-year dietitians "Overcoming feeding problems of the mentally and physically handicapped".
1978	Miss D. Fraser Mrs A. D. Robinson Mr J. Rowlands Mrs C. M. Simpson Mrs R. Roy To produce educational material.
1981	Miss I. Cole-Hamilton Mr F. Pender Mrs S. Robert-Sargent To attend the International Union of Nutritional Sciences Congress in San Diego. Prizes to applicants indicating reasons for particular interest.
1982	Northampton Health District Dietetic Department prize to help project on "The role of the dietitian in diabetic education".
1983	Mrs H. Barker Mrs M. Blades Mr R. Howarth Miss M. Mackenzie Essay prize: "How current dietetic treatment of a clinical condition has evolved".
1984	Mrs S. Bond Travel prize to attend Canadian Congress, for booklet "Healthy eating for vegetarians".
1984	Mrs D. Goodison Travel prize to attend Canadian Congress, for booklet "Who needs food".
1986	Winner to be announced Prize for devising a game of nutritional interest.

Students Prizes

- 1962 Miss D. B. S. Johnson
Award to enable her to complete the course for a dietetic diploma in Glasgow.
- 1969 Miss J. Tattersall
"The History of Vitamin C"
- 1971 Miss R. Stocking
"The Role of Water in Nutrition".
- 1973 Miss A. Tunaley
Miss L. M. Forde
"Constipation - the secret national problem".
- 1985 Miss S. Gatenby
Award to attend XIII International Congress of Nutrition in Brighton for student demonstrating outstanding commitment to profession of dietetics.