



HISTORY - VOLUME 3

1986 - 2011



Her Majesty The Queen: Patron of the Association

A HISTORY OF
THE BRITISH DIETETIC
ASSOCIATION
Founded 1936

The third twenty-five years
1986-2011

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Foreword

When I was invited to become President of the British Dietetic Association in 2010 I considered it a huge honour and was delighted to be able to represent the BDA in my own professional circles and beyond.

Since becoming President I have come to fully appreciate how great the BDA's provenance has been down the decades, how much influence dietitians have had on food policy and how crucial the role of dietitians has been in shaping the health agenda.

Looking back over the past 75 years I can see how far we have come, both as an organisation and as a profession. From the first sister-dietitians who appeared in the 1920s to the consultant dietitians of today, I am amazed by the development and growth of dietetics and how it continues to adapt and change to the circumstances around it.

The organisation has survived the Second World War, rationing, various NHS cutbacks and many other challenges in its 75-year history but it still stands strong – a testament to the hard work and determination of members and staff over many years.

There is so much good work taking place today and still much more yet to be accomplished but I know that, with that same hard work and determination, we will succeed and continue to make a difference to the health and wellbeing of our growing populations.

I congratulate the BDA on its 75th anniversary, and look forward to getting involved in the next exciting period of the organisation's history.

Mary Turner, MBE
BDA President

Author's Preface

It has become a tradition to record the history of the British Dietetic Association (BDA) every 25 years and this is the third volume of the series. The first volume, written by Enid Hutchinson, described the way in which a new profession was created in 1936 by the coming together of a pioneering group of women, at a time when it was still unusual for women to enter professional life. Volume 1 demonstrated the development of the Association over the first 25 years and the way in which this laid the groundwork for the future. The second volume, written by Carol Bateman, brought the history up to the Golden Jubilee in 1986 and describes a Professional Association coming of age through some challenging times.

In 1986 the BDA was still a relatively small organisation and this current volume describes its growth and expansion, through 25 years of political and social change, into a mature Association supporting the membership in diverse areas of practice. I have enjoyed researching and writing about the many achievements of the last 25 years and hope that those who read this third volume will be equally impressed at how far the BDA has come.

Acknowledgements

I would like to take this opportunity to thank all those people who have helped me to gather information or who have provided and checked details as well as shared their personal memories of the Association. I am grateful to the Officers of the Association and Chairmen of Committees who directed me to the most important developments during their terms of office. The staff in the office have been equally helpful, especially Sue Kellie and members of her team, answering my innumerable questions with good grace and Billie-Jane Burch who organised the manuscript for publication. I am indebted to those who read drafts and made helpful comments including Margaret Gradwell, Lisa Edwards, Diane Spalding, Jane Thomas and Irene Mackay. Thanks also go to Peter Brindley for proofreading the final draft so efficiently.

Finally, this book could not have been written without two other remarkable women who have worked with me throughout the project, from the initial planning to the final execution. Edith Elliot is the BDA archivist and her organisational skills enabled me to find everything I required. Norma Lauder, in addition to writing the introductory chapter, has read every chapter at least once and, drawing on her encyclopaedic knowledge of the BDA, made many helpful comments.

Patricia A Judd

Introduction

HISTORY OF THE BRITISH DIETETIC ASSOCIATION - THE FIRST 50 YEARS

This is the third volume of the History of the Association which will cover the period from 1986 to 2011, a period of rapid change and growth for the profession. However, it would be wrong not to take the opportunity to reflect on the valuable contribution the first 50 years made to the developments of the last 25 years.^{1,2}

The dietetic profession was initially founded by nurses who, following the observations of Florence Nightingale, recognised the importance of diet during illness and convalescence. There was a period of 12 years between the appointment of the first sister dietitian and the formation of the British Dietetic Association (BDA). The early sister dietitians all trained in the United States, but as early as 1927 it was possible to take a Dietetic Course at the Glasgow and West of Scotland College of Domestic Science (now Glasgow Caledonian University). Even at that time it was clear that the combination of scientific training and the practical application of that knowledge to the feeding of people was a fundamental principle of the course. The first volume of the BDA's history records the protracted discussions and disagreements which led to the setting up of a course at King's College of Household and Social Science, which were reminiscent of the discussions held nearly 70 years later on the need to formalise postgraduate education and continuing professional development (CPD) with the BDA Centre for Education and Development.

By 1935 it was clear that a formal Association of the pioneers of dietetics would help in formulating standards of education and practice, supporting employees and the employers - aims which reverberate in many of the Association's committees, groups and sections today. The custom of visiting and inspecting dietetic departments engaged in clinical training stems from this time and has metamorphosed into the quality assurance processes currently undertaken by the universities.

Inevitably the fledgling Association spent much time and effort, not always successfully, in building the framework for running the organisation. Enid Hutchinson records in Volume 1 a warning to all framers of Constitutions that bylaws can hold unsuspected trouble.¹

When war broke out in 1939 the Association had nearly 150 members. Enid Hutchinson provides us with a graphic description of the profession in wartime and just after, when food shortages were at their worst. The support from dietitians in the USA, Canada and Australia was highly valued by the Association and again foreshadows the emergence of the international co-operation we now take for granted. It is clear that by now dietitians were already involved in the feeding of groups as well as individuals and were not confining themselves to the narrow 'therapeutic' path so often ascribed to them in later years. The work done by these early dietitians during and just after the war was highly regarded; they were to be found in Government Departments, including the War Office and the School Meals Service. In war-torn Europe, dietitians carried out nutrition surveys and helped to plan food rations for starving populations in the Netherlands, Poland, Greece and elsewhere. It is not generally remembered that food shortages were actually worse after the end of the war than during the war years when 'Lend Lease' was in operation. Dietitians played a major role in advising Government Departments and at least 22 members were known to be actively involved in advising the Departments of Education in both England and Scotland, as well as assisting in direct delivery of school meal services.

In the immediate post-war years dietitians could be found in many spheres outside hospitals advising individuals and groups, as well as contributing to research and industry. Dietitians also maintained and enhanced their international links, with the BDA hosting the third International Conference in London during 1961, later becoming a founder member of the Committee of Associations of Dietitians in the European Community (CADEC) in 1972 and eventually of the European Federation of the Associations of Dietitians (EFAD) in 1978.

For the Association, a major concern in the post-war years was the consolidation, creation and quality assuring of dietetic courses. The Association worked with other bodies to validate entry routes into the Dietetic Diploma Courses offered by institutions. It also worked to ensure that courses were available nationwide and validated 13 hospitals across the country where the required practical training associated with the courses could be undertaken, again foreshadowing the work done by the Education Committee in the early years of the 21st century as the responsibility for practical placements devolved to the universities and the Health Professions Council (HPC) handed the responsibility for curriculum back to the BDA.

The post-war years also saw the creation of the National Health Service (NHS) and the Association was far-sighted enough to ensure that it and therefore dietitians had a voice in the newly set-up negotiating machinery (Whitley Council). Until that time there were no national rates of pay and individual dietitians had to negotiate their salaries. The Association had tried to create a salary scale in 1942 but before the Health Service started, there was a multitude of employers with an uneven spread of resources and the Association had no means of insisting that the scale be implemented. The Association's representation of dietitians in salary negotiation continues to this day and we owe much to the far-sightedness of the early pioneers, who ensured that dietitians had a voice alongside much larger professions.

Another major development in the post-war years was the general acceptance that some form of registration of 'Medical Auxiliaries' was essential to protect the public and safeguard the interests of qualified practitioners. Protracted negotiations, over many years, led to the formation of the Council for Professions Supplementary to Medicine with its Dietitians Board in 1961. (The Act received Royal Assent in October 1960.) The protected title of 'State Registered' was established but regrettably it was to be another 40 years before the title 'dietitian' became protected.

Throughout the 1950s and 1960s there was an acute shortage of dietitians. The widening remit of the post-war years contributed to a massive shortage exacerbated, it was suggested, by changing demographics in the population. There was a shortage of single women as well as many other better paid career opportunities available to those with scientific training. A member in Northern Ireland was heard to complain that 'dietitians married too well!'. The stringent educational requirements in the sciences were seen as a barrier and the low salaries were also seen as an issue. A colleague, now retired, tells of writing to a London teaching hospital when she was about to qualify asking if they had a vacancy only to be offered a post without interview!

The Association produced recruitment material and encouraged members to give talks to school leavers, as well as contributing to books and magazines. By 1960 the Association was giving active consideration as to how married dietitians could be brought back into the workplace but it was to be many years before formal 'Mature Returners' courses started in the 1990s.

Despite the difficulties, the Association worked to ensure that the education of qualified dietitians continued. Refresher courses were held from 1937 onwards and General Meetings of the Association had distinguished speakers on a wide variety of nutrition and diet related topics. By 1952 the Association had its own charity 'The Rose Simmonds Memorial Fund', set-up in memory of Miss Rose Simmonds to further advance the knowledge and practice of dietetics. Initially the Trustees made payments to students to support their training but, as the years passed, prizes have been awarded for essays and latterly for published research. In 1976 the Association set-up the General and Education Trust using money left by Miss Betty Washington OBE to which further money donated in her memory was also added. The Trustees of the Rose Simmonds Memorial Fund took on the additional responsibilities. The Trustees became responsible for all the charitable money of the Association and are subject to the rules of the Charity Commission.

The BDA Journal has been an important medium for the dissemination of new knowledge. There were early plans for a journal but the onset of war and paper control restrictions meant that only a newsletter could be produced from 1943 onwards. It was not until 1947 that the forerunner of our Journal appeared to a warm welcome. Over the years it has changed in size and format and remains an important tool in the dissemination of dietetic knowledge and expertise. As the years progressed the need for a less formal, more rapid vehicle for the exchange of information was seen. To meet this perceived need the BDA Newsletter was first published in 1970. It became a lively forum for the exchange of views and news and over the years its format has been updated. In 1981 the first edition of Adviser appeared, an entertaining magazine which provided information about products and carried less academic articles than the Journal. The magazine also brought income to the Association through advertising and it continued to be published until 2003.

The 1970s were a time of massive change for the Association and the profession. Chronic staff shortages, poor salaries and the first major reorganisation of the Health Service led to a paradigm shift in the dietetic profession. Massive inflation and failure to increase subscriptions regularly saw the Association face a financial abyss in the mid 1970s. However, good housekeeping and a financial plan saw the catastrophe averted.

Dietitians moved away from the running of Diet Kitchens and the creation of district dietitians enabled the profession to have a wider remit, applying skills developed in the 1940s but gradually lost in the years of chronic staff shortages. New courses came on stream and the uplift in pay following the Halsbury enquiry, in the early 1970s, saw a profession which was growing rapidly and displaying a confidence in itself and the future. Perhaps the most impressive aspect of this period was the growth in the profession. In the 1960s approximately 45 dietitians qualified each year, but by the middle of the 1980s that number had reached 200.

The Dietitians Board published 'Dietitians of the Future' in 1975 and decided to terminate the three and four year Diploma Courses and replace them with 'degrees'. The former 18 month courses were replaced by a longer (two year) postgraduate course. This made Dietetics the first Allied Health Profession to achieve all-graduate entry. The Department of Health ran Role Development Courses for newly appointed district dietitians which had two important effects. Firstly, the courses enabled many long established chief dietitians to broaden their outlook and move forward in their new role. Secondly, and more importantly, many on the courses were given the opportunity to exercise their talents for overcoming barriers, surprising teaching staff on their potential for ingenuity.

Meanwhile the Association agreed in 1979 to set-up a working party to look at continuing professional development as, at the same time, the Council for Professions Supplementary to Medicine produced a report which asked the professions to consider whether regulation should be 'once and for all' or subject to renewal. The Association started to support the creation of specific courses to meet particular needs. There was recognition that those involved in the practical training of student dietitians should be trained to do so, in addition the BDA Specialist Groups were encouraged and supported to set-up training courses. The work for these was usually undertaken by members of the groups and it placed a heavy burden on individual members. In addition, the Association continued to run Study Conferences and provided excellent speakers at General Meetings. However, there was a growing realisation that more needed to be done and far-sighted individuals began to develop plans which were to come to fruition in future years.

Originally the BDA was based in London where rents were high. The lease of 251 Brompton Road was due to end in 1974 and this gave the Association the opportunity to assess the potential for efficiency and financial savings. A study undertaken on behalf of the Association indicated that Birmingham would be the most suitable location for their new offices. As a result, the Association moved to Birmingham in June 1974 and, at that time, their new offices were more spacious than those left behind in London. After an initial rocky start with staff recruited in Birmingham the BDA was fortunate to secure the services of a small team of dedicated and loyal staff, who coped with increasingly cramped conditions and rather antiquated equipment as the rapid growth in the profession created a much larger workload. By 1984 it had become clear that the Association needed a full-time administrator and was lucky to secure the services of John Grigg, who not only oversaw the running of the Association but contributed to the wider political agenda affecting dietetics and dietitians.

Over the years changes were made to the Articles of Association to take account of the increasing size and complexity of its affairs. After 1977 the Chairman no longer had to chair all committees nor, for that matter, to attend all committee meetings. Responsibility for work in each area was being gradually devolved to the relevant committees. However, Council retained overall oversight and responsibility with each committee chaired by a member of Council.

By the middle of the 1970s it was clear that the industrial relations scene in the Health Service (and in the country as a whole) was changing radically and that the BDA had to change to meet the demands put on it. In 1972 it applied to join the Special Register for Bodies other than Trade Unions, who represented their members on industrial relation matters. By 1980 other Special Register Bodies were becoming Trade Unions and many felt that this was the best option for the BDA. The proposal was discussed and the decision taken at the May 1981 Association's General Meeting (AGM) to become an Independent Trade Union. Changes to the Articles of Association were necessary, effectively splitting the functions of the Association, with Council remaining the governing body for both parts of the organisation. The first General Secretary was elected in 1984 with a seat on Council and ex officio membership of the Executive Committee. A representative network was established and training provided for locally elected representatives. Many found this training and the experience gained by acting as a representative very beneficial, enabling them to develop skills useful in their wider professional role.

The new more aggressive atmosphere also brought into being a suggestion, first made in the early 1970s, that the BDA should provide professional indemnity insurance for its members. In the early years of the Health Service it had always been accepted that employers would accept vicarious liability for an employee's actions. By the early 1980s confidence in this had diminished to such an extent that a Professional Insurance Scheme was proposed, initially on a voluntary basis but later as part of the annual subscription, where it remains to this day and is seen as a powerful incentive to membership.

Inevitably this chapter only hints at the vast amount of work undertaken by members to develop and enhance the role and sphere of influence of dietitians during the first 50 years. These early years laid the foundation for the exponential growth and developments which have occurred over the past 25 years. We owe a huge debt of gratitude to our predecessors for their vision and hard work, which was undertaken on a purely voluntary basis as a commitment to a profession they regarded as central to the health and wellbeing of the population.

Norma Lauder 2011

CHAPTER 1

CHANGE, CHANGE AND MORE CHANGE - OUTSIDE INFLUENCES ON DIETETICS AND THE BDA

The last 25 years have seen major changes in the way that people live in the UK which have impacted on the way that dietitians work and thus the support needed from the professional organisation. Alongside this there have been changes in government and consequent changes in the way the NHS, the major employer of dietitians in the UK, is organised which have presented both challenges and opportunities.

Changes in the NHS

In volume 2, Carol Bateman described the reorganisation of the NHS that took place in 1974, which created Health Districts in England and Wales and Health Boards in Scotland and Northern Ireland (Bateman 1986).¹ One of the main objects of this reorganisation was to integrate health care in hospital and community and make care and prevention a continuous process. In England, Health Districts were grouped into Areas and Areas into Regions. New posts were created for district dietitians, one of whom would act as a convener at area level. (Area dietitians were a short-lived group as in 1982 further reorganisation resulted in abolition of the Area Health Authorities and restructuring of the District Health Authorities.) District dietitians (DD) were intended to be additional to the dietitians already employed and would be responsible for providing a nutrition and dietetic service to the entire Health District, including the community surrounding the hospital in which they were based. The way was also opened for more dietitians to plan and provide services in areas in which they had previously not been involved, such as psychiatric hospitals, hospitals for the mentally handicapped and geriatric hospitals. All DD had clinical responsibilities as well as their management role, with some electing to undertake their service responsibility in developing community/public health services rather than the acute sector. In other districts the DD worked towards the appointment of a community dietitian to develop this area of work. A decade later it was recorded with respect to district dietitians that, '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' (Bateman, 1986. p5).

The changes in the late 1970s and early 1980s began the move towards increased recognition of the role of prevention of disease and a focus on public health as well as on acute care in illness, which has expanded the role of the dietitian over the last 25 years. In 1988 The King's Fund produced a document entitled 'The Nation's Health - a strategy for the 1990s'.² This was followed by an announcement from the government of the intention to devise health targets for the population and measure performance against these. The government consultation paper 'The Health of the Nation' was published in June 1991 and the White Paper of the same name in 1992.³ 'The Health of the Nation' set targets for the year 2000 in five key areas, in which it was expected that intervention could potentially significantly reduce mortality and morbidity: Coronary Heart Disease (CHD) and Stroke; Cancers; Mental Illness; HIV/AIDS and sexual health; Accidents.⁴ Opportunities for dietitians to be involved in achieving these targets were obvious in prevention and treatment for CHD and Stroke, Cancers and, as the HIV epidemic took hold, in a new dietetic speciality dietitians in HIV and AIDS (DHIVA), 1994. The review of the NHS which had been announced by the new Conservative Government in 1988⁵ resulted not only in the shift towards prevention but a whole series of organisational initiatives. In 1989 the

White Paper 'Working for Patients'⁶ was published - outlining the plans for the development of an internal market within the NHS in England (followed by variations on the theme in Scotland, Wales and Northern Ireland) and delegation of decisions regarding care to a more local level. In 1990 this was made law in the NHS and Community Care Act and from 1991 the reconfiguration of District Health Authorities as Health Authorities resulted in the potential for reduction in the number of district dietitian posts.

Services within the NHS were to be reorganised with the development of independent NHS Trusts with their own boards of executive and non-executive directors, which would administer services locally as part of a purchaser/provider system - the NHS internal market. Also, GP fundholding was introduced. The reorganisation was intended 'to make the NHS more responsive to patients needs at local level' and it was stated that 'New NHS Trusts will aim to encourage creativity and innovation and challenge the domination of the hospitals within a health service that is increasingly focused on services in the community.' (www.nhs.uk/history)

The first 57 NHS Trusts were created in 1991 and over the next five years waves of trusts were created, bringing the total to 270. They included Acute (hospital) Trusts and Community Trusts which provided services to the purchasers of healthcare, ie District Health Authorities and GP fund holders (these were abolished in 1997). These changes presented challenges to the management of dietetic services as well as opportunities. In many parts of the country established district dietitian posts disappeared and the management of services became more localised, leading to concern that services would become fragmented in both Acute Hospital Trusts and the new Community Trusts as there would not necessarily be any overall line management of services by experienced dietitians. The creation of the NHS Trusts resulted in DD competing for the reduced numbers of positions in some parts of the country and the loss of some very experienced dietitians to the NHS, when they were unsuccessful in local competition.

In 1996 further reorganisation of Regional Health Authorities reduced the number of regions in England from 14 to 8 and abolished Family Health Service Authorities (FHSA), which were incorporated into the Health Authority.

The changes to the NHS in the late 1980s and early 1990s were far-reaching for dietetics. During these years the numbers of dietetic posts increased markedly, with increased specialisation in work done by dietitians. BDA membership almost doubled from 2352 to 4190 in the decade from 1986 to 1996 and the association began to expand and reorganise its working practices under the management of John Grigg, the administrator/organising secretary appointed in 1986. Having an understanding of the political scene and of the way the NHS worked was crucially important to the BDA at this time and he was able to help the Executive and Council of the Association react to, and on several occasions pre-empt, the changes which would be needed (as detailed in Chapter 6).

In 1997 the new Labour Government came into power and announced the changes they would make to the NHS, 'building on what worked, but discarding what had failed'. In 1993, the economist Professor Alan Maynard had coined the phrase 'progressive reorganisation' for the upheaval occurring in the NHS and this continued to be an apposite description for the changes during the subsequent years, which have continued to effect the way dietitians work.⁷

'The New NHS - Modern, Dependable' (1997)⁸ was a White Paper which described the proposed replacement of the 'internal market' by a system called 'integrated care', based on partnership and driven by performance. It was followed by a further document in the following year called 'A first class service: Quality in the new NHS' (1998).⁹

This was to form the basis for a ten-year programme to renew and improve the NHS through evolutionary change rather than organisational upheaval. The needs of patients were to be central to the new system.

The new Labour Government also published its answer to 'The Health of the Nation' as 'Our Healthier Nation' in 1998.¹⁰ This continued the move towards prevention and primary care and to this end created Primary Care Groups in 1999, from a range of pre-existing primary/community National Health Service commissioning groups. Primary Care Groups (PCG) had three key functions: to contribute to improving the health of their local community (via local Health Improvement Programmes), focusing particularly on sections of the population with the greatest need; to develop primary care and community services based on identified health needs; and to advise the health authority on, or commission directly, secondary care services for the population they serve. PCGs were also responsible for ensuring that the health services available for their populations were delivered to a consistently high standard and dietitians were able to contribute to the work of many PCG Boards.

In July 2000 the government published their ten-year strategy for the NHS, which outlined the vision of a health service designed around the patient and a new delivery system for the NHS, as well as changes in roles of health and social services, NHS doctors, nurses, midwives, therapists, other NHS staff, as well as for patients and in the relationship between the NHS and the private sector.¹¹ This led the way for 'Meeting the challenge: a strategy for allied health professions' the workforce strategy which ultimately led to changes in professional regulation with the establishment of the Health Professions Council.¹² As part of the organisational changes an Allied Health Professions (AHP) team was created at the Department of Health and the role of Dietetic Officer reintroduced as a one-to-two day a week secondment from the NHS.

The ten-year strategy for the NHS specified the need for the development of National Service Frameworks for specific disease conditions, and dietitians working in these specialities were actively involved in groups developing these new policy documents.

Also in 2000, the first wave of 300 Primary Care Trusts (PCT) came into being. These were a new type of NHS Trust which would provide primary and community services or commission them from other providers, and also be involved in commissioning secondary care. Some dietitians took the opportunity to be actively involved in the running of PCTs, by becoming the Allied Health Professional Lead on Professional Executive Committees. To support this and other key roles for AHPs, a national AHP Leadership Programme was developed under the direction of the NHS Leadership Centre.

In 2005, the Government announced that the number of Strategic Health Authorities (SHA) and Primary Care Trusts would be reduced, the latter by about 50% so that in 2006 there were 152 PCTs. Towards the end of the decade many SHAs reduced the number of PCTs by forming 'clusters' of PCTs to commission care over wider geographical areas with resulting reduction in managerial posts. However, in 2010 it was stated that, collectively, the PCTs were responsible for spending around 80% of the total NHS budget.

In the midst of this decade of upheaval came changes to the way that NHS employees would be paid. Agenda for Change, first announced in 1999 and formalised in 2000, was described as the most radical shake-up of the NHS pay system since the NHS began in 1948. The implementation of the new pay system from 2003 onwards provided a great deal of work for the BDA Employment Relations team.¹³ All NHS employees (except doctors and senior management) were to be assigned a level on a single grading and pay spine

once job evaluation had been carried out. The process of job evaluation and developing the Knowledge Skills Framework against which job levels would be evaluated was not a comfortable one for many dietitians.

The changes in the NHS over the last few years have changed the way that the BDA functions as an organisation. The BDA has always relied heavily on the expertise of its members through voluntary contributions to committees and working groups. As the NHS strives for efficiency and cost-saving it has become increasingly difficult for members to be released to do this work. This has been reflected in the changes to the structure and working methods within the BDA (described in Chapters 2 and 3). In 2010 the CEO, Andy Burman, wrote an open letter to managers asking for their support in releasing employees to engage with the BDA (<http://members.bda.com>). However, it remains to be seen whether this will be possible as dietitians in the NHS will now be exposed to even more change.

On 12th July 2010, a new Health White Paper was unveiled describing significant structural changes to the NHS under the Conservative/Liberal Coalition Government.¹⁴ Among the changes announced, PCTs are to be wholly abolished by 2013 with GP Consortia assuming the commissioning responsibilities they had held under the previous Conservative Government. The public health aspects of PCT business will be taken on by local councils. Strategic Health Authorities will also be abolished under these plans. In addition, the effects of the economic recession were already being felt in 2010, as the NHS began to make cuts in spending and require dietetic managers to make budget savings which would impact on dietetic service provision.

Evidence Based Medicine and quality of care

As part of successive government agendas for the NHS, the need to demonstrate that treatments work and are cost-effective has come to the forefront and has had a profound effect on the work of dietitians and the BDA in the last 25 years. In the late 1980s and early 1990s target setting and the need to measure outcomes of treatment, in order to achieve the proposed targets, led to questions regarding how effectiveness could be measured in all areas of medical and AHP practice.

Professor Archie Cochrane's monograph 'Effectiveness and Efficiency: Random Reflections of Health Services' had apparently been very influential in the evolution of ideas regarding measuring effectiveness.¹⁵ His advocacy of randomised controlled trials eventually led to the development of the Cochrane Library database of systematic reviews, the establishment of the UK Cochrane Centre in Oxford (opened in 1992) and the international Cochrane Collaboration.¹⁶

These concepts underpinned the ideas of Evidence Based Practice in all areas of medicine, including dietetics, and the BDA was quick to see the potential for dietetic practice (as described in detail in Chapters 6 and 7). In 1998 the consultation document 'A first Class Service - Quality in the New NHS' set out and invited comments on the Labour Government's strategy for reorganisation of the NHS, which aimed to create a modern service that delivers high quality services for all.⁹ It stated that quality would be maintained by the setting of standards through National Service Frameworks (NSF) and a National Clinical Institute of Excellence (NICE). An NHS Information Strategy was also proposed to ensure that information is used to help patients receive the best possible care.¹⁷ The strategy was intended to enable NHS professionals to access the information needed, both to provide that care and to play their part in improving the public's health. The strategy also aimed to ensure that patients, carers and the public had the information necessary to

make decisions about their own treatment and care, and to influence the shape of health services generally. The BDA was involved in developing various aspects of the information strategy (as described in Chapter 6).

The National Institute for Health and Clinical Excellence (NICE) was set-up in 1999 to provide evidence-based, cost-effective guidance, set quality standards and manage a national database to improve people's health and prevent and treat ill health. As described in Chapter 5, the BDA had already developed its Professional Standards and was ready to take-up the opportunities for dietitians to be involved in developing NSF and for the involvement in developing NICE Guidelines in several areas of practice. Also created in 1999, the Commission for Health Improvement would provide advice regarding monitoring, review and improvement of the management and delivery of health services.

Changes in the regulation of the health professions

The Health Professions Act reforming of the NHS made way for the replacement of the Council for Professions Supplementary to Medicine (CPSM) and the Dietitian's Board, which had been responsible for the registration and regulation of dietetics since 1962, by the Health Professions Council (HPC) on the 1st April 2002.¹⁸ The HPC is now the regulatory body for dietitians and 14 other professions. The HPC continued many of the functions of the Dietitian's Board (DB) of the CPSM but there was a change of emphasis with 'protection of the public' as its foremost aim. The HPC has a leaner organisational structure than CPSM, with greater representation from the public and fewer professional representatives. As did the CPSM, the HPC maintains and publishes a public register of properly qualified members of the Professions Allied to Medicine.¹⁹

Dietitians may not work in the NHS unless they are registered with the HPC and the title dietitian/dietician may only be used by those who are registered with the HPC, whether working in or outside the NHS. The role of the HPC in pre-registration dietetic education differs somewhat from that of the DB of the CPSM (as described in Chapters 3 and 4), with the responsibility for the Dietetic Curriculum now firmly with the BDA and the requirement for dietitians to be able to demonstrate continuing competence to practice now part of the re-registration process. As did the CPSM, the HPC investigates complaints against its registrants but has a broader range of sanctions than the CPSM. For example, it is now possible for registrants to be suspended on health grounds or to be offered further training rather than being summarily removed from the register.

Social change and eating habits

Throughout the 1980s social changes began to impact markedly on the way people ate in ways which would affect the way that dietitians had to work with people. Crucial to the shift in eating habits was the growth in the number of women who worked outside the home, and particularly the increase of the number of women with young children who went out to work. Men and women were marrying later and having fewer children, and more adults of working age were living alone. People were also living longer and the decade saw a growing divide between rich and poor. The invention of microwave ovens accelerated the growth in the consumption of convenience foods, reducing cooking times and ending the need for some frozen foods to be defrosted before cooking.

The introduction of microwave ovens also led to an ever-increasing range of ready-cooked, frozen meals becoming available, easing the pressure on hard-working families. Later, the new 'cook-chill' technology began to spread and allowed 'fresh' dishes to be bought ready-made and heated up at home. The food companies also began to develop extensive ranges of chilled desserts.

These trends continued throughout the 1990s with supermarkets and other stores, as well as takeaways and fast food restaurants, becoming the main suppliers of food for the majority of consumers in the UK. The Food Standards Agency's brief review of the history of food in the UK suggests that the average meal took about an hour to prepare in 1980 but only 20 minutes by 1999.²⁰

The variety of fresh produce available in the supermarkets, including wide ranges of exotic fruits and vegetables, expanded throughout the 1990s. By the early 2000s modified atmosphere packaging had ushered in the age of the pre-washed, ready-prepared salad, with previously exotic salad leaves becoming a regular part of some diets. However, the increase in fresh imported produce was matched with an increase in the range of processed food and snacks available.

The Institute of Grocery Distribution found that sales of raw ingredients for cooking fell between 1988 and 1998. In the two years to 1998, sales of most home-baking ingredients fell, but sales of baking mixes, and frozen and chilled dough increased. Despite the huge number of television programmes now devoted to food and cooking there is a generation of people who have never learnt basic cooking skills.

Fundamentally, the general eating habits of the population have changed in the last 20 years, with far more food eaten as snacks, on the move and away from home in addition to the change in the way people prepare food and eat at home. The huge changes in society, in particular eating habits, have meant that dietitians have had to adapt their ways of teaching dietary change - away from modifying cooking methods towards helping people select from the vast variety of products available on the supermarket shelves. The BDA has been involved in several initiatives over the years to facilitate change towards healthier eating (as described in Chapters 6 and 8).

The variety of new foods has not only affected the 'normal diet' of the population but also the provision of products for therapeutic diets. The range of products available for use in enteral and parenteral nutrition has expanded and now includes increasingly specialised products for the dietitian to prescribe. The number of products for specific therapeutic diets (for instance, gluten free, low protein or low phenylalanine) presented the potential to make following such diets easier for patients as the decades passed. In addition, with increasing numbers of the general population believing themselves to be intolerant or allergic to particular ingredients in foods, towards the end of the first decade of the 21st century, there are now extensive 'free-from' ranges of foods available for purchase in supermarkets catering for people who need, amongst others, gluten-free, wheat-free or dairy-free foods.

As the number and variety of processed foods has increased over the years the problem of knowing what the diet actually provides, in terms of energy and nutrients, has become more of an issue for dietitians and consumers, so in 1996 the Food Labelling Regulations included requirements for nutrition labelling for the first time.²¹ Public understanding of the information provided remains an issue, but throughout the last decade there have been discussions and consultations regarding the best way of presenting energy and nutritional information on food packaging, in order to help consumers make healthy choices when shopping. The BDA and individual BDA members have contributed extensively to these discussions.

Food Regulation in Britain and Europe

Prior to April 2000, the Ministry of Agriculture, Fisheries and Food (MAFF) and the Department of Health jointly controlled aspects of food safety and nutrition in Britain. From the mid 1980s to the mid 1990s, MAFF found itself mired in a series of food controversies. Eventually, partly overwhelmed by its inability to reassure consumers or the food industry on the safety of food in Britain, the Ministry was replaced by the Food Standards Agency (FSA). Once the FSA became established, a Scientific Advisory Committee on Nutrition (SACN) was convened, which took over the responsibilities previously held by the Committee on Medical Aspects of Food (COMA) and in advising the Department of Health, as well as the FSA on matters relating to nutrition and health.²² COMA reports throughout the 1970s, 80s and 90s have influenced the way dietitians worked but the creation of the FSA and SACN was intended to make the work being done around food and nutrition more transparent to both health professionals and the general public. The BDA was then able to respond to and influence the work of SACN in particular, both through members' appointments to the Committee and through responding to consultations. BDA members are also involved in research projects funded by the FSA.

In July 2010, the new government's health secretary announced that the FSA would be abolished with the responsibility for food safety going to the Department for Environmental, Farming and Rural Affairs (DEFRA), while nutrition, diet and health would be subsumed into the Department of Health.

The work of dietitians and the BDA is also influenced by the European Union, particularly through the European Food Safety Authority (EFSA) that was formed in 2002. EFSA initially dealt with generic food safety issues, but is now involved to a much greater extent in nutrition affairs. The EU, through EFSA, controls food and nutrition labelling as well as the assessment of nutrition and health claims made for foods, which have become very important to food manufacturers over the last decade. This not only impacts on the way that dietitians work, but the increase in research and development of functional foods has resulted in many more opportunities for dietitians to work in, or act as advisors to, the food industry.

These changes in the social, political and legislative landscape over the last 25 years have been the backdrop to the development of the BDA as the organisation it is today, and will be referred to frequently in the remaining chapters of this volume.

CHAPTER 2

GROWTH AND MATURITY

The BDA in 2011 is a very different organisation from that described in 1986. In 1983, on formation of the BDA Trade Union, the affairs of the Association had been separated into the Professional Association, managed as the BDA General and Education Trust (GET), and the BDA Trade Union. In 1992, the Professional Association and the GET were separated to allow the latter to retain charitable status. The membership has grown from around 2500 in 1986 to over 6700 in January 2011. The premises and numbers of staff employed to support the increased numbers of members and the expanding roles of dietitians have grown to match.

The Association's office is currently in Birmingham on the fifth floor of Charles House, Great Charles Street, having moved to larger accommodation twice during the last 25 years. In 1986, the first Birmingham office in Daimler House, Paradise Street had been occupied for 12 years and the upheaval of the move from London in the mid 1970s largely forgotten. As the Association expanded, it moved to larger premises in Elizabeth House, in 1990, and finally to Charles House, in 2001. This most recent move not only offered more office space but also provided space for a conference facility, the Ibex Room.

The BDA, like many professional associations, has always relied on the voluntary input of the membership with the governing Council, Executive and various committees made up of interested members with the necessary expertise to progress work in support of the profession. As the organisation has grown, in response to the reduced ability for practising dietitians to be released by their employers to devote time to the BDA, the work done by BDA employed staff has become more extensive, moving from largely support functions in the late 1980s to more executive roles in the 21st century.

In 1986 the team of staff was relatively small, consisting of the recently appointed administrator, Mr John Grigg, the organising secretary, Ms Val Jones, three full-time office staff, a part-time accountant and a part-time clerk.

In 2011 the BDA employs 26 staff including the Chief Executive Officer (CEO), Andy Burman. The administrative organisation is divided into three main functional groups overseen by the CEO, supported by his personal assistant and the receptionist/secretary. There are four members of staff in the Trade Union section, headed by the head of Employment Relations, Debbie O'Rourke. This works alongside the professional side of the organisation but is independent of it. Education and Professional Development, with ten members of staff headed by Mrs Sue Kellie, is the largest functional group, but the Communications Team, with nine staff headed by Mrs Pippa Rimmer, is almost as large (see organisational chart in the Appendix). The finance aspects of the organisation have been contracted out since late 2005.

The first period of rapid growth in the staff side of the organisation began after the appointment of John Grigg as the BDA administrator, in 1985. This appointment had been stimulated by the incorporation of the Association as a listed Trade Union, in 1983. The incumbent Council recognised the need to split the affairs of the organisation into the Professional Association and the General and Education Trust, and they realised the extra work involved required a further senior management appointment in addition to the organising secretary. The role of the administrator was to act in an advisory capacity on industrial relations and to facilitate the affairs of the Association generally. At the time of

John Grigg's appointment the day-to-day running of the Association was undertaken by the organising secretary, Ms Val Jones, who continued to work in this capacity until 1996, when she retired after 18 years' service. During 1986, six new office appointments were made to support the increased activity in the Association.

In the late 1980s, as part of the 'Looking Forward' agenda, the decision to employ 'executive' officers to support particular aspects of the Association's business resulted in the two important appointments, which helped set the shape of the organisation for the following decades. Firstly, the expansion of the education role in the BDA and the need to work with other stakeholders in education outside the BDA was recognised and resulted in the appointment of a full-time education and training officer (ETO), Mr Chris Bond, in 1989. There continued to be an ETO in post until 2006. Secondly, to support the Industrial Relations functions of the BDA and the Trade Union, David Wood was appointed as the first industrial relations officer in 1991, together with a secretarial assistant.

A further period of rapid growth occurred with the functional reorganisation of the BDA in 2000 and the creation of the new Professional Affairs Department, including the appointment of a professional affairs officer, Mrs Jane Eaton. This was the first time a dietitian had been based full-time at the BDA Office as a professional adviser since the 1970s. New posts for publications officer and national public relations officer were also created, together with clerical and secretarial support. At this point, the office staff were divided more or less into four teams: Executive and Finance; Industrial Relations; Professional Development; and Education. In 2005, when Jane Eaton left, the Professional Affairs team was split into the Communications team - to be responsible for Dietetics Today, the BDA website and all publications (such as, fact sheets and strategic documents) - the Professional Development (PD) team. PD and Education were then brought together as one section, led by Sue Kellie. Expansion in all three functional areas of the BDA has resulted in further appointments as deemed necessary, to allow the BDA staff to carry through the strategic plans developed by Council in conjunction with the Senior Management team (ie the CEO and heads of the three sections).

In 2004, with the expansion in staff, a Human Resources (HR) sub-committee was created to facilitate staffing and HR policies within the Association. This led to the appointment of HR Consultants and the development of specific HR policies. In 2006, the BDA was first awarded the 'Investors in People' kitemark which recognises the ways that HR policies, staff training and staff are valued and contribute to the success of a business. The award was renewed in 2009.

In 2003 John Grigg retired, his post having been reassigned as CEO in 2002. Mr Andy Burman succeeded Mr Grigg as Chief Executive Officer, commencing in August 2003.



Andy Burman (BDA Chief Executive) accepts the Investors in People Award on behalf of the Association, 2006

The Professional Association as a business

As the Association grew throughout the 1990s and the early part of the 21st century it became essential that it was run as an efficient business to provide the best service to the membership. Together with successive Chairmen, Treasurers, Council and Executive, John Grigg began the process of making the Association more responsive to the wider world and rendering it more businesslike. The last decade has seen an acceleration of this, overseen by Andy Burman, CEO since 2003. Together with the changes in the governance procedures described below, this has resulted in a business with an overall turnover approaching £2.5 million compared to around £0.35 million in 1986.

The BDA 'business' in its current form has been in operation as 'The BDA Professional Association' since March 1992, when the finances of this and the BDA General and Education Trust (GET) were separated to allow the GET to retain charitable status. From this point income to the Professional Association and Trade Union was to come from membership subscriptions and profitable activities, with investment income held by the Trust. The income generating activities of the BDA Professional Association (aside from membership fees) included the sale of leaflets and booklets; income from conferences and courses; surplus from advertising in Adviser; and for many years, the income from advertising vacant appointments in the NHS each month. As the Association developed throughout the 1990s registration for courses and other continuing professional development activities (such as the Diploma in Advanced Dietetic Practice and Return to Practice courses) became an important source of income for the Association.

The development of strategic planning within the BDA from the late 1980s onwards enabled it to begin to produce forward looking strategic plans^{1,2} together with defined implementation strategies. Committees were required to put forward costed bids for particular projects within their own strategic plans, which were considered by Council and budgets assigned accordingly. These structured budgets have been refined in the last decade in order to ensure efficient, cost-effective management of the financial side of the business.

One of the main stimuli for the major reorganisation of the financial affairs of the organisation in the last ten years was the announcement that all vacancies in the NHS would be expected to be advertised on a new NHS website. In 2001, income from the vacant appointments list represented about 40% of total income and the loss would therefore be a major setback. The development of new financial strategies, in order to offset the loss of income, became a major focus with the first Business Plan, designed to support the BDA's Strategic Plan (launched in June 2004). The plan had four main strands: recruiting and retaining new members; income generation; efficiency and procurement; and communications. After an extensive financial review, the finance affairs were outsourced on a trial basis to Crossley and Co, Chartered Accountants, when the finance officer, Ms Traynor, left in 2005. This presented the opportunity to take advantage of their management accounting expertise to develop business planning further. At the end of a successful trial period it was agreed to continue with the arrangement on a five year contract. When the loss of income from the vacant appointments list materialised in 2008 there were plans in place to limit the effect of this and financial disaster was averted. Renegotiation of contracts with suppliers produced savings. New sources of income were developed, including increased collaboration with industry through sponsorship and endorsement. Together with the preparation of detailed five-year budgets, this placed the Association in a position to manage finances efficiently for the membership. Continual vigilance will be necessary to maintain efficiency through the difficult financial environment which exists in 2011.

Computing and information technology

In common with all businesses today, it is difficult to see how the BDA would function without information technology, but in 1986 the BDA had just purchased its first computer system. This was initially used to maintain the membership database and for accounting purposes. However, in 2011, as in all modern organisations, computers are an integral part of the running of the organisation. The system was upgraded in 1995 as part of the refurbishment of Elizabeth House and by 1997 the first BDA website was up and running. The Association now employs a web-communications officer who develops, maintains and uploads material to the website keeping it as up-to-date as possible. The website was upgraded and divided to create a private members site alongside the public site in 2004. In 2011 the majority of BDA business can be electronically accessed by members, saving much time and expense compared to the previous paper-based systems. There are specific areas within the members' site for branches and groups as well as sections within the BDA, such as the Trade Union, Education and Professional Development. All strategic documents are placed on the website, as are committee minutes and publications, as well as providing up-to-date information about employment, education issues, consultations, events and BDA news.

Information technology has also been used to streamline many of the functions of the BDA with email becoming the main communications route and telephone conferencing now used to replace face-to-face meetings, where possible. At the time of writing, an update of the database and computing systems is underway, to allow members to interact with the Association more effectively (for example, by paying membership fees and booking and paying for courses online).

The BDA General and Education Trust (GET)

A Charitable Trust (the Rose Simmonds Memorial Fund) has existed within the BDA since 1952. The BDA General and Education Trust (GET) per se came into being in 1977, when the Rose Simmonds Trustees agreed to take on the administration of money left to the Association by and in memory of Miss Betty Washington OBE. When the BDA became a listed Trade Union in 1983, in order to separate the industrial relations from the professional activities of the Association, it was agreed that the finances of the latter would come under the auspices of the General and Education Trust, which could remain a registered charity.

In March 1992 the finances of the GET were separated from the BDA 'Company', with the investments and assets relating to the Association's charitable activities remaining with the Trust. The General and Education Trust remains a Charitable Trust and is listed on the Central Register of Charities.

The BDA General and Education Trust Fund exists 'to advance education and other charitable purposes related to the science of dietetics'. Income comes from investment of funds held, together with bequests and, from time-to-time, donations from the BDA Professional Association when in surplus. The Professional Association may apply to the GET for funding for specific strategic projects and the Trust also awards grants, typically totalling up to £50,000 annually, for research relating to the advancement of dietetics.

The Trustees of the BDA GET consist of the Honorary Chairman and Treasurer of the BDA together with appointed trustees, one of whom is a dietitian. The BDA has been fortunate in its Trustees who have worked assiduously to manage the funds and distribute

them to benefit the Association and the profession. Two of the Trustees have served the Association throughout the whole period covered by this chapter of the history - Mr W T Seddon (since 1977) and Mr P Brindley (since 1985) and they have managed the affairs of the Trust through some difficult periods. Miss Edith Elliot replaced Miss Creina Murland in 2000 and, together with successive BDA Chairmen and Treasurers, has expertly represented the professional view on the Trust Board.

The BDA as a Trade Union

The BDA Trade Union became a listed Trade Union in 1982 and received certification in 1983. From this point onwards all the 'industrial relations' functions of the Association came under the TU umbrella. The brief description of the Trade Union as the part of the Association which exists 'to promote and protect the interests of all members in relation to their employment' scarcely does justice to the complexity and importance of this section of the organisation today.

Carol Bateman described at length (Chapter 8, Bateman, 1986)³ the way in which the Association strove to achieve conditions of service and salaries which would make the profession an attractive one to work in. BDA representation on the staff side of the Whitley Council had been continuous since the latter was formed in 1949.

The discussions in the late 1970s which led to the decision to become an independent Trade Union rather than join a larger NHS TU were long drawn out. Many members expressed disquiet at the idea that the BDA should become a Trade Union at all due to concern that this might result in 'an atmosphere of militancy foreign to dietitians' ethics of service'. Among the choices available at the time, joining a larger union, specifically NALGO's Joint Consultative Committee for the Health Service, was seen as the preferred option as long as 80% of eligible employees (ie those working in the NHS) joined NALGO. In the event less than 40% of members joined NALGO and the decision to become an independent TU was taken, as it was apparent that dietitians were being disadvantaged because of the BDA's non-union status. It was also seen as a necessary move to ensure that the BDA influence in salary negotiations (ie the possibility of a seat on the Whitley Council was retained).

The development of the BDA Whitley Committee in the early 1980s and its metamorphosis into the Industrial Relations Committee in 1984 (once the TU had been formed), has been described previously (Bateman, 1986).⁴ The IR Committee consisted of the General Secretary of the TU (elected for the first time in 1984), the Whitley Council Representative, the representative to the Federation of Professional Organisations (FPO) and four regional IR representatives. Describing the IR structure of the BDA in 1986⁴, Carol Bateman stated.

'Very soon after the formation of the Independent Trade Union and the development of the Industrial Relations Committee, the representative network throughout 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 IR 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 were once dealt with as far as possible by one overstrained Whitley representative, are dealt with by local representatives.'

Once the TU had been formed all the 'industrial relations' aspects of the BDA came under this umbrella, though for many years the annual reports for the AGM barely acknowledged this - with separate reports from the Whitley Council Representatives and the Industrial Relations Committee until 2002, when an overall Trade Union report was included. The Trade Union is funded by members' subscriptions which are divided between this and the Professional Association in a 30:70 split. In the 1990s, as the reorganisation of the NHS into Trusts began to take place, it was apparent that the BDA needed to review its IR structure. It was recognised that the amount of work required on IR issues was increasing rapidly and the decision was made to employ a full-time industrial relations officer. David Wood took up the post in 1991, together with a secretarial assistant. The staff in the IR section of the BDA was increased shortly afterwards by the appointment of the first assistant IR officer.

By 1994 there were over 400 NHS Trusts with dietitians employed in 350 of these. In 1993, as the number of NHS Trusts was increasing, a review of the IR functions of the BDA was carried out with a view to developing the information, communications and training strategies which would be needed to cope with the large numbers of local representatives who would now be required. In 1995 the BDA IR Committee was reorganised in the light of NHS management structures. There was an accredited BDA Industrial Relations representative in each Trust and these were, co-ordinated on a regional basis by a regional officer elected by the larger group of Trust representatives. The regional officer (renamed regional steward in 1997) had a seat on the BDA IR Committee and through this was able to represent more members. Reorganisation of the IR Committee resulted in combining the roles of the Whitley Council and Federation of Professional Associations (FPO) representatives and increasing the number of regional representatives on the committee from four to six.

Around this time the BDA Trade Union was very much involved, together with other Professionals Allied to Medicine (PAM) representatives, in the discussions relating to the formation of a joint PAM Trade Union. This idea was abandoned after a couple of years but resulted in an agreement to maintain and support the Federation of Professional Associations (FPO), which facilitated co-operation on common employment issues. In 1997 the BDA TU was a founder member of the Alliance for Health Professionals, an organisation intended to co-ordinate co-operative working between the representatives of the 60,000 PAM employees in the NHS, with each union remaining independent. Also in 1997 the BDA TU reached agreement with the Association of University Teachers (AUT), which recognised the Association for collective bargaining on behalf of members working in universities, thus allowing the BDA to provide a more effective IR service for them. Alongside this, the IR office contracted to provide IR services to The British Orthoptic Society from late 1998, a collaboration which continued until 2006.

In 1997 the BDA Trade Union became affiliated to the Trade Union Congress (TUC) and Evelyn Raby (TU General Secretary) and Donna Duncan (Whitley Council Representative) ensured that the BDA TU took an active part in the TUC Conference in Blackpool for the first time. Regional stewards also played a part in the Scottish and Welsh Trade Union conferences. In subsequent years the BDA has put forward motions at various TUC conferences on issues relating to food and nutrition (such as, obesity and malnutrition) as well as wider concerns, including equal opportunities and bullying and harassment in the workplace. Equally important in some respects was the introduction of a specific session for the Trade Union at the BDA AGM, bringing the Employment Relations (ER)⁵ role of the association to the attention of more of the membership.

In 2009, in accordance with the functional review of the BDA and the changes in the governance arrangements, the ER structure changed with the creation of a Trade Union Board.⁶ The TU Committees from the four home countries have representation on the TU Board. Behind this is the reorganised TU Representatives Network which aims to have a representative in each NHS Trust, supported by an area representative who is responsible for communication between the local representative and the relevant Home Country Board of the BDA. The area covered by each area representative reflects that of a Strategic Health Authority or Health Board/Trust. The employment relations section operates a comprehensive training system for the representatives.

At the time of writing, the core functions of the TU Board were described as to:

- Organise the whole of the membership in all aspects of the TU roles, responsibilities, duties and activities;
- Improve the conditions and protect the interests of the Association's members by collective bargaining, agreement, representation or by other means;
- Promote, safeguard, maintain or improve the interests and status of members of the profession;
- Give the legislative, government departments and others facilities for conferring with and ascertaining the views of persons engaged in or related to the profession, and to confer or co-operate with governmental departments and employers with regard to each;
- Consider Bills presented to, and questions raised in Parliament in relation to the TU activities or affecting the interests of members;
- Disseminate information about employment relations matters affecting the profession;
- Provide representatives with information and training to carry out their duties for the benefit of all members.

Throughout the 1980s and 1990s a major role of the Industrial Relations Committee (renamed the Employment Relations Committee in 2006) was negotiation of pay and conditions of service for dietitians. For most of the period covered by this volume the IR Committee was engaged in gathering evidence for the Whitley Council representatives to present at the many meetings relating to pay and conditions. Salaries and grading of posts were recurring themes as were working hours and in the later years, provision for flexible working and continuous professional development. Career progression was an important consideration for dietitians as there were limited opportunities, in the latter part of the 20th century, for those who wished to remain in clinically orientated roles to obtain recognition for experience and length of service. This resulted in experienced dietitians moving from professionally-orientated roles into general management, with the consequent loss of clinical expertise at the higher level. In 1993, reporting to Council the results of a recent membership survey, John Grigg reported that the Association 'had very few members over the age of 40'. Negotiations with Whitley Council continued until they were abolished in 2003, when the Agenda for Change arrangements for grading and salaries in the NHS were accepted by all the NHS Unions.

The BDA retains a seat on the National Staff Council which replaced Whitley, ensuring that there is still input into deliberations about terms and conditions for members working in the NHS. In 2011 the plans for Agenda for Change were first proposed in 1999 and heralded several years of intense activity for the ER section of the Association. The familiar grades (Dietitian, Senior 1, Senior 2, Chief Dietitian etc) were to disappear and a single grading and pay spine introduced with points from 1-9 (entry level for dietitians is 5). In order to set the grading structure, job evaluations for all grades of dietitians were required and benchmarking of posts was undertaken against criteria for Knowledge, Skills and

Attitudes.⁷ The IR section was very much involved in the initial benchmarking and later advised individuals when their gradings were being assigned and in appeals against gradings. In recognition of the increased workload in the employment relations area, an extra post was created in the ER section in 2003 bringing the total number of staff to four.

The BDA continues to influence pay and conditions for dietitians, dietetic support workers and students within the NHS through its place on the National Staff Council. This position was filled by the national employment relations officer, who was a dietitian, until 2006, since then the position has been filled by the head of Employment Relations. Due to the fact that the main employer of dietitians is the NHS, much of the Trade Union's work relates to NHS dietitians, but the TU also supports dietetic assistants and students and dietitians working in industry, education and private practice.

One of the main functions of the TU is to advise members on employment law and represent them at disciplinary hearings. The BDA also represents dietitians who are being investigated by, or in a disciplinary hearing with, the Health Professions Council. The full-time employed staff and the network of Trust representatives are available to help members. In 2008 (the 25th Anniversary of the certification of the TU) it was noted in the BDA Annual Report that in any week the TU team gives routine advice to an average of 25 members and is dealing with between 12 and 15 live cases, as well as the cases which have been referred to the Association's solicitors. The team may be dealing with upwards of 100 live cases at any one time, closing around four each week. During 2008-2009 there were 72 completed and closed cases throughout the year. Support from the TU has been much appreciated by members who have been in difficulty.

The BDA is now a mature organisation with specific sections having defined roles within the Association and are able to respond to the needs of the membership in all areas of dietetic practice. The next chapter describes the way that the governance processes have developed to support this.

CHAPTER 3

MEMBERSHIP AND GOVERNANCE

Council, Executive and Committees

In 1947 the BDA became a limited company and the Articles of Association drawn up at the time represented the Constitution of the BDA, describing in legal terms how the Association must be governed. Changes have been made to the Articles, as the Association has grown and the membership's needs changed. Until the most recent reorganisation in 2009 the main functional body was the BDA Council, supported by a number of standing committees. In 1986 the BDA Council consisted of the Chairman and Secretary of the Association; the Chairman of each of the standing committees (Finance, Programmes, Education, Publications and Public Relations, Industrial Relations, Awards, and the newly constituted Research Committee); a representative from each of the BDA Branches; representation from the Specialist Groups; the editors of the three BDA publications (the monthly Newsletter, Adviser and Human Nutrition: Applied Nutrition, now the Journal of Human Nutrition and Dietetics), as well as four ordinary members. As there were 11 branches, it can be seen that this was a fairly unwieldy governing body with upwards of 30 members; it was also expensive to maintain. Council meetings regularly spanned two days necessitating overnight accommodation as well as travel expenses for some Council members, but it was not until the first full-functional reorganisation in 2000 that these issues were addressed.



Fellows of the BDA at ICD July 2000

The BDA Chairman, Secretary and the Chairmen of Finance, Education, Programmes, and Industrial Relations constituted the Honorary Officers of the Association and were members of the Executive Committee, which existed to ensure that Council decisions were progressed. The Honorary Officers were elected by the membership for two-year periods of office, commencing after the Annual General Meeting (AGM) of the Association each year. Until 1994 the AGM was held in June each year, but with the institution of the annual BDA Conference the AGM became part

of this. Until 1995 the Association also held a further general meeting in November each year, one of the main purposes of which was to set subscription rates for the following year, but in 1994 it was agreed that the subscriptions would be index linked, removing the need for the second general meeting.

During the 1990s the governance structures of the BDA remained essentially the same with the main standing committees reporting to Council through their Chairs. Membership of Council was also temporarily extended to Chairman of other committees, as required.

For example, in 1993 a committee was constituted to organise and run the International Congress in Dietetics in 2000 and the Chairman of this committee reported to Council until after the Congress.

In the mid 1990s it was recognised that a large amount of time was given by the Chairman to the BDA and the decision was made that the Association should remunerate the Chairman's employer for a proportion of their time. This 'backfilling' for time spent was later extended to the Chairmen of standing committees and in 2001 it was agreed that the employers of all Council members be reimbursed for time away from work.

The BDA's Strategic Plan for the years 1997 to 2007 was published in October 1997, with one of the short-term goals being a review of the Association's structure.¹ The proposals within this functional review were put out to the membership for consultation in 1998/99 and at the AGM. In 2000 reform of the governance structure was agreed. The functions of the Executive and the Council were combined, such that the latter would be clearly seen as the governing body of the Association. The streamlined Council now consisted of only 17 members and the new structure took into account the devolution of political powers to UK home countries² (Scotland, Wales and Northern Ireland), where there were different timetables and priorities for the NHS within the devolved assemblies. Therefore, the new Council consisted of representatives from the standing committees plus constituency representation from the home countries. There was only one representative each from the Branches and Groups. Dietetic assistants and student members now also had representation on Council (see the organisational chart in Appendix 3).

The devolution of BDA business was formalised in the following years with the creation of BDA constituency Boards in Northern Ireland (2006), Wales and Scotland (2007). The creation of the English Board took longer (there possibly being a sense that the BDA was based in England and therefore did England's business by default), coming into existence in 2010 after the 2008 governance review.



The governance structure was challenged again in 2008 when the review during the development of the BDA Strategic Plan for 2009-2012¹ suggested further changes to the Council structure. The reasoning behind the proposed changes was explained on the consultation documents at the time:³

'There is, and has been, considerable change within the environments BDA members work in. Therefore the BDA as the professional body needs to be able to respond to members' needs in a timely and professional manner. The current system is unsustainable and is not

delivering quickly enough for our members in some instances. There is an over-reliance on BDA Committees and Committee members in order to get things done and members have to lead, direct, manage and deliver - this leads to managing many spinning plates. We need to ensure the relevant people, with the right expertise, lead on the right issues. Otherwise there is frustration from members that it takes too long to achieve something. This potentially damages our reputation and image as the leading body on nutrition and dietetics'

'We envisage a smaller strategically focused Council with fewer Boards. All the current Committee functions will become part of the new Boards and the functions for each Board will be reviewed and made fit for purpose under the new structure. This will include changes to ways of working through the development of Task and Finish Groups to help deliver projects and actions from each Board.'

The proposals were that Boards, with fewer permanent members than the current committees would take over the committee functions. The Boards would have a more strategic function and would commission 'Task and Finish' groups for particular pieces of work in order to expedite more rapid and efficient solutions, with the emphasis less on voluntary input from members and more on input from employed staff. Branch representatives would no longer sit on Council but would be represented through the Board for their home country. Chairmen of Boards would no longer be volunteers but would be elected through an annual nomination/voting system.

By 2010 the new structure was up and running - with Council consisting of 12 voting members, as follows:

- Honorary Chairman
- Honorary Secretary
- Honorary Treasurer
- Chairman of TU Board
- Chairmen of each of the four Home Country Boards
- Chairman of Communications and Marketing Board
- Chairman of Professional Practice Board
- Chairman of Education Board
- Member without portfolio
-

A dietetic assistant and a student member are also present as non-voting observers.

Detailed constitutions for the Boards can be seen on the members section of the BDA website.⁴

BDA Branches

BDA branches were formed in 1952 to help overcome the isolation felt by members of a small profession, where people often worked singly or in small groups. Seven branches were formed across the country to provide local forums where dietitians could meet to discuss BDA matters and topics of mutual interest. The meetings provided an opportunity to exchange information with colleagues and often included an invited speaker. In 1975 the number of branches increased to 11, taking account of geographical boundaries, NHS regions and public transport links. As each branch sent a representative to Council, the increase was thought to give fairer representation to the members. The branches have continued to operate throughout the last 25 years, although in the last few years there have

been periods when some have been suspended, usually due to the difficulties of finding people to act as branch officers. The London Branch, for example, was suspended for two years but was reconstituted in 2008 and is now running successfully again. In 2006 there was a review of the relationship between the central BDA office and the branches and specialist groups, which culminated in a strategy intended to reduce their burden of financial management, administration and paperwork, as well as provide better access to central support from the Education and Professional Development sections of the Association. This has also encouraged the branches and groups to develop strategic planning and budgets.

In 2010 the BDA website described the branches as follows:

‘Branches are a formal part of the BDA. This means they are able to represent the Association and its wider membership and they are also accountable to it. They are protected by the organisation’s liability insurance and must submit accounts and VAT returns. The purpose of branches is:

- To provide opportunities for networking with a variety of members from different disciplines and organisations;
- To provide educational updates or discussion forums on non specialist clinical/professional issues of general interest;
- To facilitate cross-departmental collaboration on local/regional projects;
- To provide two-way communication between the BDA and members within that region;
- To provide an opportunity for CPD;
- To provide a link with regional Specialist sub-groups.’

Today, representation from the Branches to the BDA is largely through the Country Boards rather than having direct membership on Council, but there is also an annual meeting between the BDA and Chairmen of both branches and specialist groups.

At the end of 2010 the functioning Branches were:

- Central England
- East of Scotland
- Glasgow and West of Scotland
- London
- North West and North Wales
- Northern Ireland
- South Wales
- West of England
- West Midlands
- Yorkshire

Currently, the following are suspended:

- East Anglia
- North East
- South West
- Wessex

Specialist Groups

During the 1970s, as dietetic practice was increasingly becoming more complex and specialised, informal groups for those working in particular areas of practice emerged. These groups were recognised by the BDA Council and termed BDA Special Interest Groups. The groups were required to formulate a constitution, be self-supporting and report to Council. The first of these groups to form, in 1972, was the Renal Dialysis Group and by 1985 there were seven Special Interest Groups. As different areas of dietetic practice began to emerge over the next 25 years the number of groups increased and there are currently 18 Special Interest Groups and two sub-groups.

Current Specialist Groups:

- Community Nutrition Group
- Diabetes Management and Education Group
- Dietitians in HIV/ AIDS Group
- Dietitians in Obesity Management
- Food Allergy and Intolerance Group
- Food Counts
- Freelance Dietitians Group
- Gastroenterology Specialist Group
- Mental Health Group
- Multicultural Nutrition Group
- National Dietetic Management Group
- Nutrition Advisory Group for Elderly People
- Oncology Group
- Paediatric Group
- Parenteral and Enteral Nutrition Group
- Renal Nutrition Group
- Sport Dietitians UK
- UK Heart Health and Thoracic Dietitians

Sub-groups:

- Dietitians in Autism
- Paediatric Renal Nutrition Interest Group

The BDA specialist groups have made an enormous contribution to taking forward dietetic practice in their specific fields by having regular meetings, running study days for specialist and non-specialist dietitians, providing validated courses and latterly MSc modules for the membership in specific areas of practice (see Chapter 4). Several have also developed training resources for pre-registration education and training. Most have succeeded in becoming self-supporting and some, such as the Parenteral and Enteral Nutrition Group and Renal Nutrition Group, are so successful that they are able to offer their own awards and grants. The groups are also called on to advise decision-making in their areas of expertise, for example, by contributing to guidelines produced by the National Institute for Clinical Excellence (NICE) and developing National Service Frameworks, as well as contributing to decisions around manpower planning for dietetics services in various specialist areas.

One of the earliest and most influential groups, the Community Nutrition Group (CNG), unfortunately had to suspend activities in 2010 as they were unable to recruit a new Chairman, reflecting the difficulties of the working environment at the time. The BDA has been working with CNG to determine the best way forward for the group, as described below.

‘CNG suspended activity in early 2010. A Task and Finish group has been working to review the CNG. In the initial stages of the review, the team established that it needed to identify the changing nature of dietetic practice in relation to public health. Over the past 20 years a wide range of roles within the profession have emerged, as part of the evolution of wider public health systems and practice that have developed in response to today’s population health challenges.’

As an example of the way in which the BDA Groups have moved forward practice, some of them have provided summaries of their achievements over the last 25 years (these are provided in Appendix 3).

Honorary Presidents

As noted by Carol Bateman in 1986, ‘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.’

Since 1964 the BDA has benefited from its association with several eminent Presidents: Sir Norman Wright (1964-1969); Sir Ronald Tunbridge (1969-1974); Sir John Halliday Croom (1974-1979); and Dr Russell Allen (1979-1989).

The BDA’s first woman president, Dame Barbara Clayton, accepted the role in 1989 and was to remain in office until 2008. Latterly Honorary Research Professor in Metabolism at Southampton University School of Medicine, Dame Barbara was at the forefront of pioneering the roles of women within medicine and an international voice on the importance of diet and nutrition. Amongst a catalogue of national and international awards, appointments and honours she was Honorary President of the British Nutrition Foundation, Vice-President of the Caroline Walker Trust, President of the Royal College of Pathologists and appointed by the Secretary of State for Health to the Standing Committee on Postgraduate Education for Doctors. She held the British Medical Association’s gold medal for distinguished merit, and was an Honorary Fellow of both the Institute of Biology and Honorary Fellow of the Royal College of Paediatrics and Child Health.

Dame Barbara was an active supporter of dietetics and the BDA throughout her presidency and a familiar, approachable, figure at meetings. She was also an invaluable Trustee of the BDA General and Education Trust. When the GET began to award research grants her experience became particularly pertinent and she was instrumental in instigating a process for objective review of grant applications, to ensure that the proposals were achievable, ethical and of benefit to the BDA and the profession.

The current Honorary President of the BDA, Mary Turner MBE, was appointed in 2010 and represents a move away from the tradition of having a medical or scientifically orientated President. BDA members were first introduced to their new President prior to her appointment when she spoke at the Annual Conference in June 2010.

'Mary Turner MBE, has had an illustrious career with the trade unions for almost 30 years. Gaining her first union experience with the Clothing and Garment Workers' Union, Mary soon climbed the union ranks holding numerous positions and is now President of the GMB. She is also a member of the Labour Party National Executive Committee and although never elected to a political post, Mary remains one of the UK's most powerful and influential women.'

On her appointment, Andy Burman, CEO of the BDA stated:

'Mary Turner will be a magnificent addition to the BDA. One only has to read a fraction of her accomplishments to know that Mary is not only a person to be reckoned with, but is a powerful friend to have and someone who can make things happen with the people that matter. In many ways, Mary is a perfect choice to take on this role. Not only are her trade union credentials second to none, but her commitment to health and nutrition is also something that she is recognised throughout the country for championing. I very much look forward to working with Mary in the future.'

Fellows of the BDA

Since 1977 the BDA has awarded Fellowship of the organisation to honour members who have given outstanding service to the Association. Fellowship is awarded by Council, to members who have been nominated by at least six other members of the Association (or by Council) who make a case for the award. The certificate and Fellows badge are now presented at an Awards Dinner at the Annual Conference. Fellows have the rights of full-members of the Association, including the right to pay the subscription. Fellows of the BDA can use 'FBDA' to show their fellowship of the Association. Retired Fellows have life membership of the BDA without payment. Fellows of the BDA can use 'FBDA' to show their fellowship of the Association.

To January 2011, 79 Fellowships have been awarded, 40 of these since 1986. (A full list is provided in Appendix 3.)



Honorary Associates

Since its inception the BDA has invited people outstanding in medicine, nutrition or other connected fields to become Honorary Associates and continues to do so today. The Honorary Associates help give the BDA insight into complementary areas of health and medicine and continue to be an asset (see the list provided in Appendix 3).

Membership of the BDA

There are currently four general membership categories, which are as follows:

1. Full membership - 6025 (This represents 88% of the dietitians registered by the HPC)
2. Associate membership - dietetic support workers 86
3. Student membership - 339
4. Affiliate membership - 50

(*Numbers as of 2010)

Affiliate membership of the BDA was reinstated in the late 1970s in order to open some of the benefits of BDA members to those working in the field of nutrition. It is open, on application, 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 but is not eligible for HPC registration. This includes dietitians in prominent positions overseas.

CHAPTER 4

EDUCATION AND TRAINING - THE CHANGING ROLE OF THE BDA

The introduction to the corresponding chapter in the previous volume of the BDA's History¹ could be repeated here without the need to change a single word: 'Of the numerous changes which have taken place over the last 25 years, the changes in the training and education of dietitians must be among the most far-reaching for the future of the profession.'

In the last 25 years the growth of the profession and the corresponding expansion of the BDA education and training functions; multiple, diverse changes in the NHS; a shift towards an emphasis on primary care and public health; changes in the way that dietetics education was funded and the quality of education assured through the higher education institutions, are but a few of the intervening factors that have required the BDA to adapt and change its approach to pre-registration education and training. This has resulted in the BDA currently having a role in pre-registration education and training which in some ways would have been unrecognisable 50 years ago, but in others would appear to have come full circle. In addition, in the last decade, the education section has taken on the responsibility for education of Dietetic Support Workers.

As well as the changes to pre-registration education and training, the last two decades have seen a much greater recognition of the need for continuing professional development (CPD), which the BDA Education Committee was already considering at the beginning of the 25 year period addressed here. This gathered momentum during the 1990s and resulted in the exciting and challenging development of the BDA Centre for Education and Development, which opened officially in 2004.

The structure and composition of the Education Committee changed several times during the 25 year period, in tandem with the changes in the structure of the BDA as a whole and to encompass the volume of work being done in both pre-registration and post-registration education and training. In addition, since 1999, together with the professional development section of the BDA, the Committee took responsibility for the assimilation and training of dietetic support workers. In 2009 when the Association moved to the Board Structure the functions previously undertaken by the Education Committees moved to the Education Board. In 1988, as part of the 'Looking Forward' agenda, the expansion of the education role in the BDA and the need to work with other stakeholders in Education outside the BDA was recognised and it was recommended that the BDA employ a full-time Education and Training Officer (ETO), who would support and work with the Education Committee(s). In 1989 this decision was ratified by Council and the decision made to employ an ETO on a two-year trial basis. Christopher Bond was appointed as the first Education and Training Officer in 1990. Subsequently, Maggie Robinson held the post from April 1992 until January 1994 and Rosemary Simpson from 1994 until 2006. At this point a decision was made to combine the posts of Education Officer and Professional Development Officer and Sue Kellie became Head of Education and Professional Development, now overseeing ten members of staff involved in both pre-registration education and CPD.

Pre-registration education and training

Prior to 1962, when the newly created Council for Professions Supplementary to Medicine (CPSM) came into existence, the BDA Education Committee was much engaged in the training of dietitians and in the monitoring of the quality of the education and training. The Honorary Education Officer was responsible for arranging the inspection of Training Hospitals and the Education Committee checked the content of dietetics examinations and kept a constant watch on standards. With the advent of the CPSM and the Dietitians Board (DB) much of this role, including the inspection of both the colleges where students undertook their academic education and the hospitals offering practical training, was taken over by the DB. The DB Education Committee, a sub-committee of the board, also became responsible for overseeing the curriculum to be followed by the colleges, although the latter delivered this in varying ways.

Interestingly, and relevant to the changes which would occur over 30 years later, this was not the case for all the professions supplementary to medicine, (such as occupational therapists and physiotherapists) where the curriculum and responsibility for the quality of education was retained to a greater extent by the appropriate professional bodies. However, dietetics also differed from these professions in that education and training had always been based in the higher education system with practical training of students devolved to the NHS, in contrast to the majority of the other Professions Supplementary to Medicine (PSM) where training schools within the NHS had been the norm.

As described in detail in volume 2 of the BDA's history, in 1971 the Dietitians Board set-up a working party to look at the future of dietetics as a profession. The working group, under the chairmanship of Professor Ian MacDonald published the report 'Dietitians of the Future' in 1975.² One of the main recommendations of this report was that education and training in dietetics, having previously been extended to people from a variety of educational backgrounds who qualified through courses which were mainly at Diploma level, should become an 'all-degree' profession.

By 1982 the old undergraduate diploma courses had all been phased out and subsequently school-leavers entering the profession became eligible for State Registration as a dietitian by completing four year undergraduate degree courses. It was reported that this was achieved without too much upheaval as the Dietitians Board working group had noted that the diploma courses were already almost at degree level. The existing postgraduate (PG), pre-registration courses, which required an appropriate undergraduate (UG) degree for entry, were also upgraded from 18 months to two years (with the exception of that at Queen Elizabeth College, London, which continued to offer a 15 month PG diploma for students holding a BSc or MSc in Nutrition until 2003, when it was extended to 17 months). Dietitians were the first of the Professions Allied to Medicine (PAM) to achieve 'all-degree' status at the point of qualification, although by 2005 the majority of other professions had followed.

Thus at the start of the 25 year period of the BDA's history recorded in this third volume, the Council for Professions Supplementary to Medicine granted eligibility for State Registration as a dietitian to graduates from nine universities or polytechnics. Four of these were in England, three in Scotland, one in Ireland and one in Wales. In addition, two of the colleges, Queen's College Glasgow and Leeds Polytechnic, offered two year postgraduate diplomas in Dietetics. Over the next 25 years the number of courses was to change, but all the colleges offering education and training in dietetics in 1986 were still doing so in January 2011. The CPSM and the Dietitian Board no longer exists, having been replaced by the Health Profession's Council in 2001.

Appendix 4 details the universities providing pre-registration programmes in 2011. At present, a total of 14 undergraduate and eight postgraduate courses are provided by 14 Higher Education Institutions, geographically spread throughout the UK. The University of Ulster in Northern Ireland has run dietetics programmes since 1995, but the programme in Southern Ireland is now considered to be an EU course and is independent of the BDA and the Health Professions Council. The first new courses in England since 1986 were at Coventry University (where a BSc in Dietetics was introduced in 1999) and the University of Nottingham (which started a four year MSci programme in 1999 and a PG Diploma/MSc in 2008). The University of Chester began a PG Diploma/MSc programme in 2002 and an UG programme in 2003.

Somewhat contentious at the time, because of the structure of the programmes, were the courses introduced at the University of Plymouth in 2004 and the University of Hertfordshire in 2006. These undergraduate courses were designed to deliver their education and training in three extended years, breaking away from the standard four year undergraduate programmes. At the time when these courses were introduced there were concerns amongst the profession and other dietetic educators, regarding whether the graduates from these courses would be fit to practice after such a short, intense period of education and training. It seemed that potential employers were also confused by this and rather wary of employing the first graduates from Plymouth in 2007, as the University wrote to clarify this in the October 2007 issue of *Dietetics Today*. Several of the clinical trainers who had provided practical placements for the Plymouth-trained dietitians wrote in support of the graduates, praising the innovative methods of teaching.

Throughout the late 1980s the numbers of graduates and the total number of students registered in the higher education institutions (ie undertaking academic or practical components of the education and training) remained fairly steady at between 220-240 and 850-870 respectively each year. With the expansion in the number of courses the numbers of students in training began to increase, such that throughout the early 1990s the numbers gradually increased until the 1000 mark was passed in the autumn of 1994. In the next few years there was a rapid increase in numbers in training as the new courses came on board and in the autumn of 1997 there were over 1200 students registered with the HEIs. Interestingly, the increase in numbers graduating was less steep, with the highest number in 1999 being just over 250.

With the advent of new courses the numbers have increased and during 2010 over 500 dietitians graduated and around 1700 were in training.

BDA support for practical training

Until 2000 all students on courses leading to eligibility for State Registration in Dietetics (SRD) were required to undertake two periods of practical placement prior to qualifying. The first of these, a six week catering placement, was organised by the higher education institution: the second placement required 28 weeks of attendance in NHS establishments (over a period of 31 weeks to allow for holidays) and was facilitated by the BDA. Part of the 28 weeks was spent in a complementary placement where the patient groups seen and the type of work undertaken differed from the main placement, which was usually in acute clinical care and often in a large teaching hospital. The BDA had been involved in facilitating the assignment of students to their 28 week practical placements for many years. The Association, through the Education Committee, organised and carried out the paper exercise which matched the students requiring training with the hospitals offering Dietitian's Board approved training places and hosted an annual 'placement meeting' in the autumn each year. At this meeting students who had not been assigned a training place through the

paper system were assigned to training departments which still had vacancies. Dietitians who undertook to supervise the practical training of student dietitians were entitled, under Whitley Council terms and conditions, to a student training allowance in addition to their normal salary. However, this was contentious as the criteria for who should receive the allowance was interpreted differently from hospital-to-hospital and some hospitals did not pay it at all. Some departments, sometimes well staffed and with the expertise to train students, therefore felt unable to contribute to training. Staffing issues (such as maternity leave in a profession where over 97% were female) and the primary requirement for dietetic managers to provide a patient service also meant that placements might be withdrawn at any time, leaving students without a placement, often at short notice. The BDA, whilst able to encourage and support potential trainers, had no way of enforcing placement supply. This is a situation which still exists today, despite changes in the NHS during the late 1990s and early 2000s, which meant that the NHS began to influence this through the commissioning process. Although this has improved the situation in many regions it still does not guarantee placements in some parts of the UK. As the numbers of students on courses leading to eligibility for State Registration increased throughout the late 1980s and early 1990s provision of practical training for dietetic students became a constant concern. During 1987-1988 the situation was particularly critical with 25 students unplaced. At this point the decision to introduce a computerised placement system was taken and this was run, from 1988 onwards, with BDA support at Leeds Metropolitan University. Although this system helped, each year brought uncertainty and distress for those students who were not assigned to places until late in the academic year.

Throughout the 1990s the BDA continued to facilitate and support the placement process. The 'placement meeting' was no longer required to actually assign practical placements but continued as the BDA Education Forum with one day and two day meetings in alternate years. These meetings provided a focus for the tutors from the Higher Education Institutions (HEI) and the clinical educators at which they could discuss particular issues in education and training, and on the second day they could address some aspect of student training in detail.

In 1997 the BDA Council made a decision to withdraw from the placement brokerage system, but discussions with the University Tutors Group (UTG)³ led to the decision being modified to the extent that the universities agreed to jointly finance a 0.2 full-time equivalent position of placement officer, based at the BDA office. Gill Pearson took up the post and was later succeeded by Katie Peck.⁴ The UTG supported placement allocation continued at the BDA for some years, but in 2001 the Council announced that the Association would withdraw completely from the placement brokerage as of September 2005. Frustration within the BDA because they were held responsible for the lack of placements, whilst having no way of enforcing placement provision led to the following comment in the Annual Report for 2002-2003: 'it was felt that our involvement allowed others to abrogate their responsibilities'. In fact, by the time the BDA withdrew completely from the placement exercise this was no longer the case, as the agreements between the Workforce Development Consortia (WDC) and local NHS Trusts meant that there were service level agreements which required Trusts to become involved in clinical training for Allied Health Professionals (AHP). Once the BDA announced its decision a working group was set-up under the auspices of the Workforce Development Consortia (WDC), led by the Eastern Region as lead WDC, to develop a placement allocation model for students from 2005 onwards. The WDCs were pushing for a rapid switch to a 'local/local/local' model where numbers of students were commissioned by the WDC from a local HEI, to meet local workforce needs and to undertake placements in local hospitals. This was a radical change from a system where students would go away to university and undertake practical training at hospitals, often at considerable distance from both their home and university. The system then in place had facilitated the maximum use of training places throughout the country,

as needed at different times by different dietetic programmes. However, while it had the benefit of 'cross fertilisation' of ideas and experience, the ongoing national educational agenda for widening participation meant that it also presented difficulties for the increasing number of mature students with domestic commitments.

The University Dietetic Educators Group (UDEG) was concerned that a rapid shift to a local system without proper safeguards would destabilise a system where capacity was already a critical issue and leave even more students unplaced where HEIs were located in parts of the country which had traditionally offered relatively few training places (Ulster, Wales etc). In addition there was a real risk of wasted capacity as the universities individually chased placement opportunities around the UK. Concerned that the project initiated by the working party was moving too slowly, in 2004 UDEG proposed a model which would offer a safety net as HEIs moved towards a locally delivered system (through the HEIs and their cluster of placements) and which would allow some flexibility in 'sharing' placements between HEI clusters during the transition. The proposals were agreed by the WDC steering group in 2004 and a Transition Team assigned to implement the model, Transition Team Implementation Plan (TTIP), in shadow form alongside the existing system from October 2005. In some ways the change over to the new allocation system could not have come at a worse time, as it coincided with the introduction of the new structure of education and training and the shift to the three placement system, as described below. Running different placement systems (31 week and the new 4, 12, 12 week system) in tandem and changing the training allocation methods at the same time represented huge challenges. However, the transition team gradually handed over responsibility for placements to the HEI and by September 2008 the responsibility for dietetic placements had come almost full circle to the early years of dietetics, when course leaders were responsible for finding training places for students.

Changes to dietetic education and training

In 1991 the BDA Education Committee, under the chairmanship of Celia Firmin, began to develop the Education and Training Strategy⁵ which would accompany the BDA's overall strategy 'Towards the 21st Century'.⁶ The Education and Training Officers, Christopher Bond and Maggie Robinson, provided invaluable input into the process of developing the strategy and after consultation with the membership it was approved at the AGM in 1992. Implementation of the strategy subsequently resulted in a period of intense activity in the BDA Education Committees - both pre- and post-registration.

Around this time there was a general shift in emphasis in the education of both medical practitioners and professions allied to medicine towards the idea of 'competency' in practice. Since early 1990 the BDA had been working closely with (and providing joint financial support to) the Education Committee of the Dietitians Board (Competence Working Group) to develop Competency Statements, which were intended to define the key roles of a dietitian. In April 1991, the BDA facilitated a conference for dietetic educators (in HEIs and practice) 'Education and the Competent Practitioner - the pre-registration experience'⁷ to explore these ideas further. The Competency Statements were later renamed as the Key Characteristics (KC) when the steering group reported to the Dietitian Board in 1993.⁸ This heralded the beginning of the process of moving the profession towards more 'competency-based', 'outcome-led' education and training which was becoming common in medical and nursing education.

One of the major considerations in shifting to an 'outcome-led' education and, particularly, practical training was how the achievement of competency could be measured. A sub-group of the BDA Education Committee, therefore, worked to set-up systems of

assessing the Key Characteristics in practice, which were piloted with universities in the autumn of 1994 and with cohorts of students from specific universities in 1995. The evaluation of the pilot scheme in 1996 demonstrated that the pilot was not an overwhelming success. Trainers and students found the processes involved in the assessment of the KC outcomes and the development of portfolios, to demonstrate competence in practice, time consuming and difficult. However, the project served to illustrate the concepts of the 'outcome-led' education and training and paved the way for the major changes that would be in place by the end of the decade.⁹

In 1992 the BDA had instituted a short-life working group to address the particular issue of lack of practical placements. It became apparent to this group that the year-by-year crises in the system were no longer acceptable and that a long-term solution to this problem was needed. It was agreed that an examination of both the structure and content of pre-registration education and training was overdue, given the changed role of the dietitian and the changes in the NHS and in education. A BDA working party was initially constituted, with funding from the BDA General and Education Trust, to undertake this work in November 1993. Recognising that the Dietitian Board (DB) of the CPSM were officially responsible for Dietetic education, the members of the group were chosen to represent both the BDA and DB. It became apparent that during 1993 the need for a dietetics subject-review had coincidentally also been proposed to the DB by Dr A de-Looy. In March 1994 the BDA group presented their working plan to the DB and it was agreed that their work continue as a joint BDA/DB project, with joint funding from the General and Education Trust and the CPSM.

The work of the Education and Training Review Group was undertaken over a two-year period and included extensive consultations with the profession. In 1996 a report of the review was presented to the DB. This suggested major changes to the structure of the Education and Training programmes, moving from two practical placements, (one being a six week catering placement and the other a 28 week 'dietetic' placement) to a system with three shorter placements (4, 12 and 12 weeks) integrated with the academic programme.^{10,11}

The DB accepted the recommendations and an implementation group (Pre-Registration Education and Training Group - PRET) led by Ms Gill Pearson, Chair of the DB Education Committee, was set-up to develop the materials required to move to the new outcome-led, integrated system. In 2000 the DB and BDA published the Guidelines for Pre-registration Education and Training¹² and the first students began to follow this. The 'yellow book', as the guidelines came to be known, was a radical departure from the previous course guidelines. It laid down what should be covered in the universities prior to each of the three placements and the areas to be covered in each, together with details of the criterion-based assessment and presented challenges for students and trainers alike. However, by the summer of 2007 all graduates from UK dietetics programmes had been through the 'new' programme. During this period the BDA supported HEIs and clinical educators in developing the new programmes and assessment procedures, through the annual joint education meeting - renamed the Education Forum from 2006. A comparison of the 'old' and 'new' training structures was undertaken on behalf of the BDA and concluded that the graduates from the new system were similar to those from the old and tended to be more reflective in practice.¹³ However, the new system undoubtedly required more time and input from the universities, many of which employed 'placement facilitators' to assist with organisation of placements and assessments.

In 2001 the Health Professions Act heralded the end of the CPSM and its constituent boards. Then in April 2002 the Health Professions Council (HPC) came into being.¹⁴ The role taken by the Dietitians Board as the arbiter of the dietetics curriculum was not part of

the HPC remit and in 2005 the responsibility for the curriculum was passed to the BDA. The Education Committee, under the chairmanship of Norma Lauder, set-up a Steering Group chaired by Pat Judd, to review the changes which had been put into place in Dietetic Education and Training since 2000 and develop a Curriculum Framework which would take the profession forward into the next decade. A process of consultation and development over the following two years resulted in the launch of the BDA Curriculum Framework for the Pre-Registration Education and Training of Dietitians in April 2008.¹⁵ As part of this process, the BDA also considered what the role of the Association would be in the accreditation of HEI courses. This role had been taken over by the Dietitians Board of the CPSM in 1961 and although the HPC is now ultimately responsible, with the Higher Education Quality Assurance Agency, for ensuring that education programmes render dietitians who are fit to practise the profession, the BDA is the ultimate arbiter of the curriculum. A system for BDA Accreditation of courses was introduced in 2010.¹⁶ In this sense the role of the BDA in Pre-registration Education for dietitians has once again come full circle.

Education and training for Dietetic Support Workers and Assistant Practitioners

At the Annual General Meeting in 1998 a resolution was passed to develop the concept of a 'dietetic helper', and a working group was set-up to, amongst other things, identify existing dietetic helper training programmes and explore the development of National Vocational Qualifications (NVQs) for dietetic helpers. Dietetic helpers soon changed their title to dietetic assistants (DA) and in 2000 a further resolution was passed to develop a category of membership for dietetic assistants. In order for dietetic assistants to be considered for membership they would have to meet the following criteria:

- Be supervised by a state registered dietitian;
- Be working to the agreed Code of Conduct;
- Have completed a training programme, or working through a programme of training approved by the BDA (in the absence of NVQs).

In the absence of any existing NVQs, a sub-group of the Pre-registration Education Committee took on the role of checking the content of training programmes. A steering group was established by Skills for Health to revise the National Occupational Standards and Care Awards and the BDA worked with this group, which developed NVQs for dietetic assistants as part of the revision of standards by 2002. With the establishment of the Centre for Education and Development, the BDA began to provide core and optional modules for dietetic assistants designed to help with the underpinning knowledge required for NVQ and Scottish NVQ (SNVQ), as well as meeting the Knowledge and Skills Framework (KSF) requirements at the appropriate level.

Dietetic assistants were later renamed dietetic support workers and by the end of the decade there was also the potential for another group, assistant practitioners, to become part of the workforce (see Chapter 5). In 2010 the Association produced the Competency Framework for dietetic support workers and assistant practitioners¹⁶ and work is currently progressing through the Education Board to develop the curriculum for dietetic assistant practitioners.

CHAPTER 5

POST-REGISTRATION EDUCATION AND TRAINING

The importance of maintaining and developing knowledge and skills in dietetic practice has long been recognised by the BDA. In the previous volume of the BDA's history (Bateman.1986)¹ there is a description of how this was initially achieved, through study meetings, either centrally organised or attached to BDA Branch meetings, and through the BDA publications. The expansion of post-registration education, which began in the early 1980s, was stimulated by two reports published in 1979 and 1980 by the CPSM. The first considered ways in which the pre-/post-registration education and training for paramedical professions might develop.² The second, 'PSM Registration and Self-Regulation Future Requirements and Opportunities'³ asked the professions to consider the future. In Ms Bateman's words - they asked - 'should statutory registration be 'once and for always' or should professionals be required to demonstrate that they kept themselves sufficiently up-to-date to merit retention on the register?'

The discussion of these reports and their implication for future training and postgraduate education of dietitians were taken seriously within the BDA and the BDA Council agreed that some form of postgraduate training should be established.⁴ The Education Committee and the Progress and Development Committee (later to become the Professional Development Committee) agreed that a system of post-registration courses should be introduced.² It was agreed that a variety of different types of course would be necessary including 'refresher courses' for mature returners (also open to other dietitians), clinical supervisory skills training for dietitians involved in teaching students on placement and specialist courses - initially focusing on paediatrics, renal disease or community dietetics. During the early 1980s these programmes developed and matured through liaison between the BDA Education Committee and the specialist groups, and dietitians took advantage of these and other courses to consolidate and extend their practice.⁵⁻⁸

During the period from 1986-2011, covered by this chapter of the BDA's history, continuing education was to become a major focus for the BDA, although no requirement to demonstrate continued competence to practice in order to remain on the register was ever required by the CPSM. For many years there was tacit understanding that the Dietitian's Board was ultimately responsible for pre-registration education and training and the BDA for encouraging members to keep up-to-date and develop their practice. This did not change until some years after the Health Professions Council came into being in 2002.

The HPC indicated from its instigation that there would ultimately be a requirement for registrants to self-declare that they were competent to practise their profession and this was introduced in 2006. In 2007, after extensive consultation with the professions, a system of audit was instigated where, each year, a random sample of registrants would be asked to provide evidence demonstrating how they were keeping up-to-date in their individual sphere of work. The first HPC audits were undertaken in 2008 and in 2010 the first audit of dietitians was carried out. By this point the continuing professional development (CPD) role of the BDA had developed to the extent that dietitians who had availed themselves of the opportunities facilitated by the BDA in the preceding decade were unlikely to find the HPC processes too arduous, and in addition the BDA had developed systems to help those chosen by the HPC, to complete the audit process (cpd@bda.uk.com).

Changes in the NHS throughout this period also provided further emphasis on the need for CPD and professional development generally. In 1986 Carol Bateman stated, with reference to the specialist dietetics courses being developed, 'Attendance at a BDA course is not yet compulsory for particular employment, but is being encouraged.'⁹ Attendance at BDA courses is still not compulsory, but the changes to the way that NHS employees are paid (through Agenda for Change and the single grading and pay spine described in Chapter 2) resulted in the development of the NHS Knowledge and Skills Framework against which all posts were profiled. Particular grades required demonstration of particular knowledge and skills and movement up the grades required demonstration of higher level skills. By the end of the first decade of the 20th century dietitians, therefore, needed to demonstrate CPD to remain on the HPC register as well as to work in the NHS and the BDA was heavily committed to facilitating this.

Validation of post-registration professional development courses

Questions about the quality and monitoring of the post-registration courses, associated with the BDA through the specialist groups, had been debated since the early 1980s and in 1984 a sub-committee had been set-up to monitor these courses and they reported their findings in 1986.

In 1987 the Education Committee set-up a Continuing Education working party to investigate the possibility of the Association formally accrediting courses for dietitians, as part of the recognition of the need to encourage participation in CPD.

The aims of the validation process were stated as:

- To assure the continuing quality of BDA post-registration courses;
- To provide an identifiable and objective assessment of the learning involved;
- To provide participants with a recognised education certificate.

Proposals for achieving this were put forward to Council in January 1989 and it was agreed that a Validation Committee be set-up as a standing committee. In 1990 the committee published the first definitive Validation Document, which laid down the requirements and processes for validation. Post-registration courses, run by the specialist groups or external educators, would be approved and assigned learning hours, provided that the course included assessments. On satisfactory completion of the courses, including passing the assessments, participants were to be awarded a BDA certificate for the requisite number of learning hours. A certificate of attendance would be offered if there were no assessments or if a participant did not complete these. Those BDA groups already running post-registration courses were offered the opportunity to have their courses validated without cost to the group during a two-year pilot. The first courses to undergo BDA Validation were those produced by the Community Nutrition Group, Sports Nutrition Group and Renal Group, as well as a series of Clinical Supervisory Skills courses.

The quality of the education and training provided was of primary importance to the BDA and the Association strove constantly to ensure academic rigour. The Validation Committee included an independent external academic expert (Dr Jenny Somerville) from the outset and those presenting courses for validation were sometimes surprised by the rigour of the assessment process. Although the validation process was considered costly in time and resources for both the BDA and those running the courses, the opportunity to undertake validated courses was welcomed by the membership and course tutors reported that they found the structured process of validation helpful.

Validation of BDA approved courses followed guidelines set by the Council for National Academic Awards (CNAA), which was responsible for overseeing courses and programmes in the polytechnic sector of higher education prior to 1992, and were considered to be a robust guarantee of quality. Throughout the development of the courses, however, there had been questions about whether the BDA validated courses actually held any transferable 'currency' in terms of higher education generally. At this time the UK universities were setting up Credit Accumulation and Transfer Systems (CATS) whereby courses from one establishment could be counted towards degrees at another. There was much interest in whether the BDA validated courses could be part of CATS and successive BDA Education Officers and Education and Training Officers (ETO) explored ways in which this might be achieved. It transpired that this would require endorsement of the BDA validated course by Higher Education Institutions (HEI) with degree awarding status, so Maggie Robinson (ETO) and Pat Judd (Honorary Education Officer) opened discussions with the Open University and other interested HEIs, with a view to achieving this. Unfortunately, the requirements set by the other universities, had considerable cost implications which would have added significantly to the course costs to participants and were considered unachievable at the time. The idea was dropped until the development of the MSc in Dietetic Practice, in the early 2000s. At this point Rosemary Simpson, the ETO in post, approached the Open University (OU) and the universities undertaking pre-registration training to ascertain whether they would be prepared to work with specialist groups and others to validate the courses at Masters level so that they could be included, through CATS, in the BDA endorsed MSc programmes. Funding was made available from the BDA General and Education Trust to help those course teams who wished to do this and several courses originally run by BDA groups have now been approved as university M-level modules.

Throughout the early 1990s the BDA Validation Committee continued to validate and revalidate courses run by the specialist groups and others (for example, local groups running clinical supervisory skills courses). However, the role and scope of the Committee became much wider than this with the development of the BDA Diploma in Advanced Dietetic Practice.

The Diploma in Advanced Dietetic Practice (DADP)

By the end of 1992 the BDA Validation process had become firmly established. In early 1993 there were eight BDA Validated courses and three undergoing validation. As a result of the pilot process the documentation had been reviewed, various issues clarified and a definitive document published. At this time a working group, led by Celia Firmin, was considering whether the BDA might set-up a BDA 'qualification', whereby dietitians' practice development could be recognised. After consultation with the profession at various meetings throughout 1993 and 1994, the Diploma was launched in spring 1995. The Diploma in Advanced Dietetic Practice (DADP) would be awarded after the equivalent of five years post-registration practice. It required those participating to demonstrate advanced practice through achievement of a range of criteria which could be recorded using the BDA Professional Portfolio, including demonstration of practice development, specific educational experience and completion of a specific number of hours of learning each year. Once awarded it would have a lifespan of five years.

The DADP was taken up by a creditable number of dietitians - by December 1995, 331 initial registrations had been received and by June 1996 the number had risen to 735. By 2010, 710 dietitians had received the initial Diploma and 72 had received a second DADP, reflecting ten years of CPD. The work relating to the Diploma required reorganisation of

the education section of the BDA, in order to deal with the administration of both the participants annual records and approval of the large number of courses which made up the 'learning hours' criteria. It also required the recruitment and training of a team of assessors, who were involved in reviewing both the validity of the courses which requested learning hours and the final portfolios submitted for the award.

In 2006/7 the Diploma was comprehensively revamped in light of the HPC requirements for CPD and also because the title meant that there was potential for confusion with the Diploma level of the MSc in Advanced Dietetic Practice. It was relaunched as the BDA Professional Development Award (PDA) and the requirement to record specific learning hours removed.¹⁰ In 2010, 99 members were registered for the PDA. Dietitians selected for the first HPC CPD audit have commented on the value of having undertaken either the DADP or the PDA in preparing evidence for their submission to the HPC.

The BDA MSc in Advanced Dietetic Practice

From the early 1990s onwards there had been discussions between the BDA Education Committee and the specialist groups with respect to how the advanced practice courses run by the groups, and later the BDA validated courses, might be brought into and recognised by mainstream education. Successive education officers and ETOs had attempted to negotiate with the Open University and other Higher Education Institutions to no avail. A survey of the profession suggested that a significant number of members wished to obtain academically recognised higher degrees which would also acknowledge their practice development. In 2002, under the chairmanship of Norma Lauder, the Education Committee decided to take the bull by the horns and develop a BDA - endorsed work-based MSc in Advanced Dietetic Practice.

It was recognised that the BDA per se had no degree awarding rights so universities with pre-registration dietetics programmes and other HEIs, which had expressed interest in hosting such an MSc, were invited to join the development group. The MSc was developed around a core of two modules of work-based learning to be defined by a learning contract agreed between the awarding university, the dietetic learner and a work-based supervisor. Each university would then provide a range of other core modules, including research methods and a dissertation module, as well as a range of optional modules. The intention was that the programme should be flexible, part-time over a maximum of five years and open to all dietitians including managers and non-NHS practitioners. To this end participants would be able to develop individualised programmes which enabled them to demonstrate advanced practice in their own area of expertise. Credit Accumulation and Transfer (CAT) schemes within the universities would also allow specific specialist modules from other non-participating universities to be incorporated into programmes. The BDA also financed a scheme to assist groups running validated courses in specialist fields of dietetics to have their courses validated at Masters level by local universities.

Initially, three universities, University of Wales Institute Cardiff, Coventry University and the University of Central Lancashire developed flexible, BDA-endorsed, validated programmes, incorporating the two work-based learning modules developed by the BDA working group. The first three courses started in 2004, and the University of Nottingham has offered a programme since 2008. The first person to graduate did so in 2007. By the end of 2010 two people had graduated with a BDA endorsed MSc in Advanced Dietetic Practice and several were engaged in the process. The requirement for specialised dietitians to demonstrate knowledge and skills at Masters level in order to be employed at Band 7 in the NHS Knowledge and Skills Framework also encouraged many practitioners to undertake individual Masters-level modules endorsed by the BDA, as part of their continuing professional development, even when they're unable to undertake the complete degree course.

Re-entrants to the profession

The need to provide support for people who were re-entering the profession was formalised as part of the 'Towards the 21st century - education and training strategy'.¹¹ At this time there were recruitment problems in dietetics as in other Professions Allied to Medicine and it was recognised that the BDA had an important role in providing 'refresher' programmes and also developing ways in which people could 'keep in touch' whilst not actually working in dietetics. The first courses for those wishing to return to practice had been set-up by enterprising dietetic managers in order to alleviate some of the recruitment problems, with Diane Spalding and Norma Lauder organising a course in the Trent Region in 1992, and Jane Eaton providing a course in Oxford followed by one in the South West Region. The BDA undertook a survey in 1993 which resulted in 116 dietitians expressing interest in undertaking a mature returners course and a working group of the Education Committee therefore set about planning courses for 'mature returners/re-entrants'. In November 1993 the group put forward a modular course which included sessions that brought the participants up-to-date in aspects of working in the NHS and in ethics and regulation of practice, as well as dietetic practice in core areas. Six core modules would be undertaken in a six month period and optional modules in specific areas of specialist practice offered as part of the requirement for the Return to Practice Course. These specialist modules would also be available to practising dietitians who wished to update their practice in specific areas. In 1994 the pilot BDA Return to Practice Course was run in Wessex region and in the following year a course run jointly by King's College London and Surrey University was instituted.

The programmes were run on the basis of a day spent at an academic centre, followed by a day of related practical experience in a local department. Although the 'attended' courses, which were run at the above universities by Dietetic managers in the North Thames Region and in Edinburgh at Queen Margaret College (QMC) were well received it became apparent that some potential returners were unable to take-up the opportunity offered because of distance/time constraints. Therefore, in 1996 the BDA proposed the development of a distance-learning return to practice scheme where participants would attend an introductory day and subsequently receive distance learning packs. The requirement for time to be spent in a dietetic department would continue. Dr Fred Pender was commissioned to write the distance learning packages, funded partly by the BDA and partly by the proceeds from the courses run at King's College London, Surrey University and Edinburgh Universities. The materials were edited by members of the working group and the BDA Specialist Groups. In 1998 the first distance learning Return to Practice (RTP) programmes were launched at King's College London and Queen Margaret College (QMC) and subsequently continued at The University of Central Lancashire and QMC. The BDA continued to act as the registration point for participants on the course and took a registration fee, whilst the universities involved undertook day-to-day administration, including all the financial aspects. Several successful courses were run by the universities and when in 2004 the BDA Education Committee decided that the programmes would be withdrawn from the universities there was considerable disappointment expressed by those who had put a good deal of effort into developing, setting-up local administration systems and running the courses. It was intended that the programme would become an integral part of the new Centre for Education and Development (CED).

Since the instigation of the RTP programmes the materials have been regularly reviewed in order to maintain currency of content. RTP programmes currently continue, as part of the CED portfolio of courses, to support dietitians who wish to return to practice after a career break.

The BDA Centre for Education and Development (CED)

The official formal opening of the CED, by Dame Barbara Clayton in March 2004, was the culmination of over a decade of work during which time the aims and purpose of such a centre were debated within the profession.

In 1997 the education section of the BDA strategic plan¹² included as one of its aims that in ten years the BDA should be undertaking the role of a 'College of Dietetics' which would be:

- Offering formal postgraduate qualifications;
- Sharing responsibility for admitting dietitians to the profession.

There was much discussion of how these aims could be achieved, or indeed whether the profession wanted the BDA to move in this direction, and in 2001, in order to clarify this, a feasibility study was commissioned to determine the way forward. After a competitive tendering process the review was undertaken by the Health Services Management Centre at the University of Birmingham, which involved a broad spectrum of the profession in discussions using both written questionnaires and face-to-face interviews.

In 2002 the Birmingham study report led to the decision to set-up the BDA Centre for Education and Development.¹³ The final role of the CED had moved some way from the original discussions about whether the BDA should become a 'College of Dietetics' in a similar style to other AHPs. The emphasis of the proposed centre moved away from the specific aims expressed in the 1997 Strategic Plan, relating to responsibility for entrants to the profession, and broadened the remit towards continuing education for all members of the Association. There was also recognition of the potential for providing high quality education programmes to non-members with the purpose of the centre as finally constituted being described as:

'The British Dietetic Association Centre for Education and Development (CED) provides dietitians, dietetic assistants and others with quality-assured education programmes of relevance to dietetics and nutrition.'



Dame Barbara Clayton, former President of the BDA (1989-2008), opening the Centre for Education and Development at the BDA offices in Birmingham on Wednesday 31st March 2004

Shortly after this, expansion in the BDA office resulted in space being made available on the sixth floor of Charles House to set-up a bespoke education facility - named the Sanderson Suite.¹⁴ The BDA General and Education Trust agreed to underwrite the cost of the CED for three years, on the basis that it would then become self-funding.

In the following few years changes in personnel at the BDA resulted in slower development of courses than expected and, as had been initially feared, changes in the NHS made visiting Birmingham a less popular option than had initially been predicted. The steering group, therefore, decided to expand the provision of courses 'off site' to improve access and off site courses were successfully facilitated around the UK through the CED. This is done via a network of approved 'franchise' host dietetic departments, who run courses locally, supported by the BDA. Local registered dietitians with suitable experience run the courses and all courses are robustly evaluated to make sure the teaching and organisation meets the required standards.

In 2009, the BDA Financial Review resulted in the decision to relinquish the lease on the sixth floor of Charles House and the CED relocated to a smaller area in the main body of the BDA offices. The CED continues to provide a range of courses in Birmingham and in other localities in England, Scotland and Wales, as well as the distance learning programmes, such as the Return to Practice course. A programme of education for dietetic assistants is now included, as well as those for qualified dietitians.

Recording continuous professional development

As the need to undertake CPD became more important to the profession, the BDA was very much involved in developing systems for recording CPD activities. Those who intended to undertake the Diploma in Advanced Dietetic Practice may have been particularly grateful for the help in systematically recording and reflecting on CPD activity which is required for the annual submission of data to the BDA. As the years passed the exhortation from the BDA to maintain records of CPD and the advice on how to manage this would also hopefully have helped the first dietitians required in the summer of 2010 to submit evidence to the HPC to maintain registration.

The BDA Education Committee initially proposed the development of a guide to recording all aspects of a dietitian's career as part of the 'Towards the 21st Century Education Strategy' and a working group was set-up to develop this in late 1992. The project was initially funded by GET under the proposal to produce a 'Record of Achievement', but was soon retitled as a Professional Portfolio. It was intended to cover recent graduates and the whole of the dietitian's career, and was seen to be timely as students in training were becoming familiar with using portfolios through their school careers. The first portfolio was produced in paper form in 1994, after piloting with a number of dietitians at all grades. Maggie Robinson was the ETO at the time and made a major contribution to this, during a period when the ideas around different styles of learning, learning from experience and reflective practice were relatively new to most qualified dietitians. It was reported at the June 1994 Education Committee meeting that 817 copies had been sold in the first month. The portfolio was available to purchase from the BDA until the early 2000s and was an integral part of the documentation for the early Return to Practice programmes. However, as the use of computers became universal it was apparent that new ways of recording CPD were needed. The BDA worked with a specialist IT company to produce the BDA Professional Development File (PDF) which allowed electronic recording of learning, CPD and career development and facilitated preparation of CVs, as well as documents for appraisal and recording progress for the DADP. Both the paper- and disk-based version have now been replaced by a variety of information and tools available on the BDA website, which were developed to help prepare dietitians for the HPC audit of CPD carried out in 2010.¹⁵

CHAPTER 6

SUPPORT FOR PROFESSIONAL PRACTICE

Chapter 2 of this volume outlined how the BDA has grown and developed over the last 25 years, in ways which could not have been foreseen in 1936 or perhaps even in 1986. Nonetheless, providing support for professional practice has continued to be the key function of the Association throughout.

The majority of dietitians in the UK still work in clinical dietetics in the NHS and many of the developments described below may seem to be orientated towards those members. However, most of the support for the membership put in place by the BDA applies equally to those working outside the NHS, for example in industry, education, media or working freelance. Some aspects relate particularly to specific areas of practice (such as, community dietetics, food and health policy and public health) and will be discussed later in this chapter.

The professional development role of the BDA evolved from the original Salaries Advisory Committee, through a Progress and Development Committee. The latter was split subsequently into two committees, the Professional Development (PD) and Industrial Relations (later Employment Relations) Committees, reflecting the division of the BDA functions into Registered Charity and Trade Union in 1983. Both committees continued to function as part of larger sections of the BDA until 2009, when the administrative review resulted in abolition of the committee structure in favour of a system of Executive Boards.

Several previous administrative reorganisations have affected the way the support for professional development has changed over the last 15 years. Work at the BDA has always been carried out by members, devoting time to the profession without payment and initially with the support of a relatively small number of paid officers. During the 1990s the Association was expanding rapidly with the appointment of new full-time paid officers and their support staff, to facilitate the work of the various (voluntary) projects and committees. The most recent change to the Board Structure has consolidated this move.

The 2009 restructuring of the BDA resulted in the PD role becoming the responsibility of the Professional Practice Board, but professional development continues to be supported by the Education and Professional Development Section of the BDA. The functions of the IR Committee (latterly renamed as the Employment Relations Committee) now come under the auspices of the Trade Union Board. Throughout this period the BDA has supported the development of the professional aspects of dietetic practice and over the last 25 years the Professional Development Section has anticipated and reacted to the ways in which practice has changed through several NHS reorganisations, taking into account the increasingly diverse ways in which dietitians now work. Outside the NHS, dietetic practice has developed in many different directions including in industry, private practice freelance work and in public health and food policy. The PD section has evolved to support all these areas of practice.

In 2009 the purpose of the BDA PD Committee was described as follows:

‘The Professional Development Committee (PDC) will drive forward the Professional Development agenda on behalf of the BDA, working collaboratively with council members, committees, specialist groups and external agencies, in supporting the delivery of a quality service whatever the setting.

The committee provides evidence for the commissioning process, working parties and consultative documents and will comment on such documents and similar papers concerned with professional activities. The committee will consider the long-term development of the profession and initiate the production of policy statements and short information sheets on professional topics for members and other professionals. The PDC reports to council on activities and provides an annual review.

The strategic aims are:

1. Engagement with the membership, through effective communication and collaborative working.
2. Engagement with both the public and political agenda.
3. The production of guidance and policy documents and competencies by utilising the expertise of dietitians across the profession.¹

Since the inception of the Professional Practice Board, in late 2009, the PD Committee no longer exists. These functions, together with the linked areas of effective practice and clinical governance and research and public health policy, are covered by the Board.¹

The terms of reference described above were developed from the activities and functions that PD has been involved in over the years. In 1986 the terms of reference were slightly different in that PD was more involved in some of the roles later assigned specifically to the Education Committee (for example, monitoring the effects of changes in training, assessing the needs for post-graduate training and being involved in the provision of continuing education courses to meet the profession's needs). Over the last 25 years the emphasis within PD has shifted more to ensuring quality in professional practice and facilitating professional development by working closely with the Education Committees as part of the Education and Professional Development Section of the Association. The following sections describe some of the ways in which the PD section has supported the development of the profession throughout.

Standards of Dietetic Practice

One of the reasons the BDA came into existence was stated to be: 'to prevent an undesirable lowering of standards and the risk of indiscriminate opprobrium falling on those dietitians who were trying to lay down the foundations of a professional code.'²

The Association has continued to do this throughout the last 75 years. In the period covered by this volume the standard at which the profession practises has become even more important as has the need to demonstrate this to a wider audience, particularly for those working in the NHS, where review and audit of practice is part of daily life.

In the mid 1980s reports from the review of the NHS information services, chaired by Edith Körner, resulted in a flurry of activity in order to respond to the demands to measure 'who does what' in the NHS and how it might be evaluated. Initially focussing on activity - ie numbers of patients seen and procedures carried out. Later developments attempted to measure clinical outcomes in order to monitor quality and achieve cost-effectiveness. Therefore, throughout the latter part of the 1980s the BDA was involved in working with the profession to help with the development of specific standards for practice and performance indicators.

In 1986/1987, after consultation with the membership, the PD Committee (chaired by Anne de Looy) agreed that it should try to develop ways of describing professional skills and evaluation of practice, so in 1987 it was proposed that the BDA develop a database recording methods of evaluating dietetic practice. This was closely linked with the work of the Norms and Standards working party which had been attempting to define the numbers of dietitians required to provide each particular dietetic service. The issue of quality of service provision was obviously key to this and has been a major focus for PD ever since. The BDA emphasis on quality provision in services had been a concern since the creation of the Association and at this time its work on standards pre-empted many of the reforms which would be put in place in the NHS over the next 20 years.

During 1987 and 1988 the BDA began to focus on strategic planning, leading to the production of the document 'Looking Forward - The Development of a Formal Planning Cycle for the BDA'³ which set in train the processes, that still exist today, for periodic review and setting of short- and long-term policy (PD has been an important part of this). 'Looking Forward' led to the development of the Association's first major strategic plan 'Towards the 21st Century' (accepted by Council in November 1991), which included the goal of producing national professional standards for all dietitians that could be implemented at local level.

National Professional Standards

Work on these standards was already under way before the Strategic Plan⁴ was published, under the auspices of PD's Working Group on Standards, and in 1991 the first draft of the BDA professional standards was put out to the membership for consultation. The first definitive document 'National Professional Standards for Dietitians in Healthcare'⁵ (NPSDH) was published in 1992 and the working group then turned to examining ways in which the profession could be assisted in implementing these at local level. Some specialist groups also developed and disseminated specific standards for their areas of expertise. The BDA also co-operated with the Dietitians Board of the CPSM to produce the first joint Standards of Records and Record Keeping.⁶ This was revised under the supervision of the Clinical Governance Committee and re-presented as the BDA Guidance for Records and Record Keeping in 2001.⁷ The professional standards were reviewed in 1997 and an updated, renamed, version of the standards was produced.⁸ The existence of professional standards was an example of the BDA being proactive as these were published and in use in the early 1990s, pre-empting the quality reforms in the NHS that resulted in the introduction of the concepts of Clinical Governance in 1998.

The final set of standards, Professional Standards for Dietitians (PSD) published in 2004, was modified as a result of an audit of the use of the 1997 NPSDH, which was undertaken in 2000. In response to the audit a working group of the Clinical Governance Committee (see below) was convened to review the standards which concluded that they should:

- 'Be applicable to all members of the profession, not just those working in health care;
- Provide a framework for optimum practice, encouraging reflection and an evidence-based approach to day-to-day practice, throughout the course of a dietitian's career;
- Reflect and link into the national quality agendas in the four home countries;
- Reflect and link into BDA strategies and guidance;

- Act as a common source and proof of evidence for other purposes, for example, the Health Professions Council (HPC) Standards of Proficiency, Commission for Health Improvement (CHI) requirements, Clinical Standards Board for Scotland review visits and other accreditations.'

The 2004 document was presented in a format which led dietitians through a set of standard statements, with the rationale for each standard and criteria to be met to achieve it. Also, included was a self-assessment process enabling dietitians to demonstrate to themselves and others that they were achieving the standards. The PSD were also intended to be useful as a framework to enable structured learning and recording of CPD, which would soon become an essential activity in order to remain on the HPC Register of Dietitians.

The PSD were not compulsory but linked in with the BDA Code of Professional Conduct that was also published in 2004⁹ (revised 2008), as well as the HPC Standards of Proficiency and Standards of Conduct, Performance and Ethics (which had replaced the CPSM Dietitians Board Statement of Conduct in 2002). The publication of the revised BDA code of Professional Conduct, in 2008, led to a review of the PSD in 2009 by the Clinical Governance Committee, which concluded that while the document had served a useful purpose it had been superseded by the BDA and HPC Codes of conduct and would be withdrawn.

Clinical Effectiveness and Clinical Governance

The need to address the NHS Clinical Effectiveness and Clinical Governance Agenda was recognised by the BDA in the 1990s, so as part of the revision of NPSDH in 1997 the BDA included the Clinical Effectiveness Cycle. The government document, 'A First Class Service: Quality in the NHS' (1998)¹⁰ and the accompanying document 'Meeting the Challenge'¹¹ reinforced the need to measure and improve clinical effectiveness and in response to this the Association set-up the Clinical Effectiveness Implementation Group in 1998. This became a standing committee of the BDA in 2000, under the chairmanship of Diane Talbot, when it was renamed the Clinical Effectiveness and Quality Committee. In 2002, the name and remit changed again when the committee became the Clinical Governance Committee (CGC) to reflect the whole area of Clinical Governance rather than only clinical effectiveness. The workload of the CGC, in attempting to support the profession through the government agenda of making clinical effectiveness a driving force in health and social care, was steadily increasing and in 2001/2002 a grant from the GET facilitated the creation of the post of Clinical Effectiveness and Quality Officer. Ingrid Darnley took up this post in 2002 and led the Association's development of a Clinical Effectiveness Strategy.

Since 1998, as part of the service to the membership PD had been publishing, a Clinical Effectiveness Bulletin (CEB) as a pull-out section in Dietetics Today. The papers covered a wide range of areas relevant to the Clinical Effectiveness Agenda. Such topics as developing clinical guidelines, CPD, the NHS information strategy, the role of National Institute of Clinical Excellence (amongst many others), helped the profession keep abreast of the clinical governance agenda. As well as giving links to useful websites, the bulletins used examples of good practice to illustrate how dietitians were influencing both the development and implementation of National Service Frameworks and clinical guidelines. In 2001 the CEB was renamed the Effective Practice Bulletin and continued to be published as hard copy until 2005 (a complete list was available on the BDA website at <http://members.bda.com/ebps/html> in January 2011).

A range of guidance documents including 'BDA Guidance for Records and Record Keeping' (2008), 'Good Practice in Consent: A Guide for Dietitians' (2002, 2008),¹² 'Code of Professional Conduct' (2004, revised 2008),⁹ all of which are available to members via the website (<http://members.bda.com>), have helped to bring the BDA's governance agenda to the profession. Latterly, the Clinical Governance Committee have overseen the development and ratification of numerous clinical guidance documents by selected sub-groups (again available on the members website) which help to keep dietitian's practice up-to-date and consistent.

Integral to the plans for the NHS was the development of the 'information agenda'. From the late 1980s when dietitians, along with all other NHS professions, were required to collect the 'Körner statistics' through to the present time, the collection of information and the analysis of this has been a priority for the NHS. In the 1990s, the emphasis on this intensified and the BDA, represented by Mrs Beryl Reed, was involved in the PAMS 'Terms' project attempting to define the necessary data sets for all areas of dietetic practice. In 1995 the Dietetic Information Management Group was convened to develop a national 'language' describing dietetic work and led to the Information Management Strategy published in 1998. The Association has continued to be involved in information management strategies, most recently in the development of 'Choose and Book'. The BDA is also a member of the Connecting for Health National Advisory Group.

Agenda for Change and the Knowledge and Skills Framework

The shake-up of NHS pay and conditions described as Agenda for Change, which began to be implemented in 2003, did not simply change the way that dietitians were paid but required that their jobs be mapped against a framework of knowledge and skills.¹³

The Knowledge and Skills Framework (KSF) defines and describes the knowledge and skills that staff need to apply in their work in order to deliver quality services. It provides a single consistent, comprehensive and explicit framework for staff reviews and development which allows the operation of the NHS Agenda for Change pay system.

The introduction of KSF resulted in a great deal of activity in both the professional development and education sections of the BDA. With respect to education it was necessary that graduates entering the profession satisfy the KSF requirements for Band 5 entry and be prepared for progression through the AFC bands. This was taken into account when the BDA took responsibility for the pre-registration curriculum in 2005.

The KSF had implications for dietitians at all levels and PD took up the task of reviewing post-registration practice and mapping the functions of dietitians from entry level to consultant against the KSF and supporting the profession in developing roles within the pay spine. In 2009 a definitive document 'The Dietetic Career Framework'¹⁴ was produced which described the extent and scope of the dietitian's role. In 2010, this was expanded to include dietetic support workers and assistant practitioners and describes what is expected of employees across the dietetic workforce (as shown in Appendix 6).

A major achievement has been the acknowledgement that dietitians can practice at high level without the need to switch to management roles in order to progress in their careers. This resulted in the recognition of advanced practitioners and consultant dietitians. At the other end of the KSF spine there is now a recognisable role for dietetic support workers and the potential for the employment of assistant practitioners.

Advanced practitioners and consultants - the extended role of the dietitian

'Meeting the Challenge is the section relating to dietitians and other allied health professions. In particular, The NHS Plan stressed the importance of developing care protocols, identifying how common conditions should be handled, and which staff can best handle them. This approach aims to liberate staff and enhance patient care. For dietitians, it means taking on extended roles, including monitoring blood, adjusting insulin and using psychological techniques to support people with diabetes.'¹⁴

Once again the BDA, through the PD committee, had already pre-empted the NHS edict as the potential for extended practice in dietetics, which had been under consideration since the middle of the 1990s. It had become apparent that specialist dietitians were being asked and felt able to undertake tasks which were not strictly within a dietitian's remit, such as altering insulin regimens or advising on exercise regimes. In 1998 PD produced its first briefing paper on the extended role of the dietitian and work has continued to define and refine the BDA view on this over the intervening years. In 2009 the 'Guidance Document on Extended Scope Practice'¹⁵ was produced which outlines the benefits and possible concerns related to this. However, there is no doubt that many dietitians whether working within the NHS as clinical dietitians or in industry, public health or freelance outside the NHS have extended their roles as outlined by the following section from the 2009 guidance document.

'The specialist/advanced dietetic practitioner will focus on the application of core skills within a specialist area such as oncology, diabetes, community nutrition. They will have in-depth knowledge, training and practical experience in that field which has been acquired over time.

Examples of specialist/advanced roles:

1. A dietitian advising the nutrition team on appropriate TPN feeds;
2. A diabetes specialist dietitian advising patients with both diabetes and renal failure;
3. A dietitian running a home enteral tube feeding service;
4. A dietitian using behaviour change therapy in obese patients.

The extended role dietetic practitioner undertakes new practices outside the core and specialist roles. They are usually (but not exclusively) roles traditionally carried out by other health professionals as a core duty or role extension. They will require additional skills and knowledge acquired through formal training. The extended role practitioner must advance dietetic practice and contribute to improving outcomes.

Examples of extended role:

1. A dietitian replacing gastrostomy tubes in the community;
2. A dietitian inserting peripheral midlines for IV feeding;
3. A dietitian advising on appropriate exercise regimens.

The dietetic consultant is an expert in a specialist field. They will have exceptional clinical and leadership skills as well as being able to demonstrate highly advanced levels of clinical reasoning and decision making. They will work at a strategic level to achieve significant health outcomes and extend the boundaries of dietetic practice.

It is important to note that for all roles, including extended roles, there is no specifically assigned level. For example, an extended role is not automatically a Level 7. Ultimately it will be the outcome of the job evaluation process that determines remuneration under the Agenda for Change system.'

Dietetic support workers and assistant practitioners

At various points in the last two decades the possibility of employing dietetic assistants to undertake some of the basic work in dietetic departments and in the community was considered by the profession and the BDA. In the early 1990s it was considered inappropriate, particularly as at this time there were concerns about the imposition of generic helpers on the profession. However, by the end of the century it was apparent that dietetic assistants were being employed, both in the community and in hospital departments, to undertake a variety of roles. In 1998 the BDA first approved the development of the role of dietetic assistant (now referred to as dietetic support workers, DSW) and began to consider developing competency statements and educational programmes for them. In 1999 the BDA Code of Conduct for Dietetic Assistants was published and in 2008 this was incorporated into the general BDA Code of Conduct.

The PD document 'Dietetic Support Worker and Assistant Practitioner Roles'¹⁶ details the roles, expectations and responsibilities of DSW and assistant practitioners and describes the DSW as follows:

'A dietetic support worker (DSW) delivers dietetic care, and performs tasks delegated by a dietitian. The DSW works within an agreed scope of practice under the close direction or supervision of a dietitian, within relevant legal and ethical frameworks and in accordance with organisational protocols and policies. They would have the underpinning knowledge, skills and assessed level of competence to undertake such a role, and be educated to S/ NVQ Level 3 or equivalent and employed at a minimum of Agenda for Change Band 3.'

By 2010, 93 DSW were members of the BDA with full membership rights including indemnity insurance.

The role of assistant practitioner (AP) was described as follows:

'A dietetic assistant practitioner delivers dietetic care with a level of knowledge and skills beyond that of the traditional healthcare assistant or dietetic support worker. They would be able to deliver elements of delegated dietetic care and undertake clinical work in domains that have previously only been within the remit of dietitians. The AP works within an agreed scope of practice under the direction or supervision of a dietitian within relevant legal and ethical frameworks and in accordance with organisational protocols and policies. They would have the underpinning knowledge and assessed level of competence to undertake such a role, and be educated to Foundation Degree level or equivalent and employed at a minimum of Agenda for Change Band 4.'

Therefore, the BDA Professional Practice Board now supports the development of practice for the whole dietetic workforce, from dietetic support worker to consultant dietitian.

Support for community dietetics, public health and food policy

Ever since the BDA began there have always been some dietitians who have worked in the community (ie outside the NHS clinical role). Throughout the period covered by this volume there has been increasing emphasis on prevention of disease and health promotion. The King's Fund paper 'The Nation's Health - A strategy for the 1990s'¹⁷ began the process which continued with further moves towards improving public health with the government consultation paper 'The Health of the Nation' in June 1991 and the White Paper of the same name in 1992.¹⁸ As described in Chapter 1, this opened the

way for expansion of community dietetics and created new roles for dietitians in public health during the 80s and 90s as successive governments put more emphasis on health promotion and disease prevention.

In 1974 the Community Nutrition Group (CNG) of the BDA had been formed to provide a forum for those dietitians working in community dietetics and for many years the CNG was the main focus for all aspects of community dietetics and food and public health policy within the BDA. In 1986 there were 240 members of CNG and the membership grew steadily, reflecting the increased opportunities for dietitians due to the emphasis on health promotion, reaching over 500 in 1996, when it was the largest specialist group of the BDA. Community Dietetics was originally concerned with health promotion and health education, with the aims of maintaining health in various sectors of the community from pregnancy to old age and in helping to prevent disease. Community dietitians often work with groups of people, rather than dealing with individuals with specific conditions requiring therapeutic diets. Teaching other professionals to work with these groups is also an important part of their role. Initially, many community dietitians worked within the NHS - often under the management of hospital dietitians, but later as the public health remit shifted towards Primary Health Care Teams many became independent of acute NHS Trusts. The early 1990s saw the introduction of Community Health Trusts and GP commissioning. Many dietitians were employed by GP practices and in 1992 a sub-group of CNG was formed specifically for dietitians working in GP Practices. There were also regional groups of CNG where members could discuss specific local issues as well as sub-groups related to particular national campaigns and concerns.¹⁹ In 1993 the BDA published the CNG strategy document 'Dietetics in the Community: Opportunities for the Future'²⁰ In this document it was recognised that there was a considerable amount of clinical, one-to-one, dietetics now being undertaken in community settings and questions began to be asked about whether supporting this was the role of CNG. In 1998 a review of 'Opportunities for the Future' was undertaken by CNG and a consultation document 'Forging our Future' circulated to the CNG membership. The resultant consensus seemed to be that CNG should concentrate on supporting members whose role was in community nutrition (supporting health promotion, preventative medicine) and public health as shown in the terms of reference published in 2009.²¹

This meant that members who were practising 'clinical' dietetics in the community would be encouraged to join other BDA groups relevant to their speciality. For example, Nutrition Advisory Group for the Elderly (NAGE), the Diabetes Management and Education Group (DMEG), Dietitians in Obesity Management (DOM UK), the Parenteral and Enteral Nutrition Group (PENG) and the Paediatric Group. Strong links between the groups and GNG are still in existence and some groups (such as NAGE and the Paediatric Group) have sections particularly focused on community dietetics. This may have contributed to the fall in membership numbers for the group, from over 500 in 1996 to just 380 in 1999.

Throughout the 80s and 90s the BDA was asked to comment on many aspects of public health and food policy and most of this was channelled through CNG. CNG members were extremely proactive in public health nutrition, having regular meetings with the organisations moving forward the public health agenda, including the Health Education Authority (later the Health Development Agency), the Department of Health and later the Food Standards Agency, and were instrumental in instigating many influential food and nutrition initiatives some of which became large mainstream campaigns.²²

As the 21st Century began there were many changes in government policy which would affect community and public health dietetics (as related in Chapter 1). From 2000 onward the Primary Care Trusts (PCTs) were responsible for providing and commissioning primary and community services locally and were able to choose whether to employ

dietitians or public health nutritionists for health promotion roles (see Chapter 8). It was reported that some dietitians registered as Public Health Nutritionists in addition to their Dietetic Registration.²³ CNG recognised the need for a more strategic focus and made links with the Food Standards Agency when this was formed in 2000 as well as the UK Public Health Authority (UKPHA). The number of consultations around public health and food policy continued to increase and in the early part of the decade the requirement to comment on all the new initiatives became a heavy burden for CNG, particularly the Chairman of the Group.

At this time the BDA was concerned to ensure that the Association as a whole was involved in Public Health Policy and the External Nutrition Affairs Representative, Luci Daniels, was developing links with the Food Standards Agency on the Association's behalf. The publication of the Wanless Report in 2002²⁴ confirmed the need for the BDA to be more proactive at a high level in Public Health and Food Policy. After devolution in 2000 and the formation of the BDA's Home Country Boards much of this work was done through the Boards and by specific dietitians undertaking particular projects on behalf of the Association, but in 2006 the first food policy officer, Alison Nelson, was appointed. The BDA Annual Report for 2009-2010 carried a specific section on public health for the first time, illustrating that it has now become a core area for the BDA. The BDA has links with government agencies and the UKPHF through the central office and through the UK Boards. Particular concerns at the time of writing are malnutrition (both in the community and in hospital practice) and obesity, as well as food labelling and school food. Alison Nelson is representing the Association on several National Committees regarding these issues²⁵ and other members have been representing the BDA in particular areas (see Chapter 9).

The other group which is involved in aspects of Food Policy within the BDA is the Food Counts specialist group, formed in 2001 to bring together those dietitians specifically involved in food service both in hospitals and in the community, rather than clinical dietetics.²⁶ The government's 'Better Hospital Food' (BHF)²⁷ programme inspired some members to update the Department of Health 'Nutritional Guidelines for Hospital Catering' and led by Rick Wilson the group produced a BDA professional consensus statement 'The Dietetic Interface with Food Service'.²⁸ A review of this after the BHF project ended resulted in the production of 'Delivering Nutritional Care through Food and Beverage Services; a toolkit for dietitians', published electronically by the BDA in 2006.²⁹

The Food Counts Group is part of the BDA's virtual group for the Food and Health Forum and also represented the BDA in European discussions leading to the Council of Europe Resolution on Food and Nutritional Care in Hospitals.³⁰

Documentation to support the membership

During the period under review, one of the enduring functions of the Professional Development section is to inform the membership. Historically, this has been through a series of briefing papers to disseminate information on particular areas of practice, which in the main have been related to policy or changes in work practice. A series of papers in the 1990s, for example, related to working within the 'new' NHS market and included advice on the contracting process in the NHS, business planning and marketing, as well as addressing the 'quality' issues which were becoming more important as the decade progressed. Later papers addressed such topics as the extended role of the dietitian, dietetic assistants, mentoring and safe case-load management.

In addition Position Papers which examined a particular area of dietetic practice (for example, food allergy and intolerance; heart disease; breastfeeding; and fat in the diet) were produced under the auspices of PD. These initially presented the views of a section of the profession and were prepared and written by specialists in each field, often from the Specialist Groups, initially using their knowledge and experience, and then the PD reviewed them prior to publication. As the requirement for evidence-based practice became more central to the everyday work of dietitians, the Position Papers began to reflect this, reviewing the available literature more thoroughly and basing advice on this. Position Papers have now been superseded by the Clinical Guidance documents produced under the auspices of the Clinical Governance Group. Most recently, in 2010 the BDA went into partnership with Dietitians of Canada to make evidence-based, practical, practice guidelines available to UK dietitians in the form of Practice-based Evidence in Nutrition (PEN).³¹

CHAPTER 7

THE SCIENCE AND PRACTICE OF DIETETICS: EVIDENCE-BASED PRACTICE, RESEARCH AND AUDIT

In Chapter 6 the Association's role in supporting professional development for the membership has been described. An important part of this has been the increasing requirement to support the underlying science and practice of dietetics with the Evidence-Based Practice Agenda now firmly part of all health professionals work. Integral to this, over the last 25 years has been the need to demonstrate this through research and audit.

In 1986, in stating her view of the future goals for dietitians and the BDA, Carol Bateman wrote: 'Scientific understanding of nutrition has developed in many ways and dietitians have been involved in the research that aided that understanding.'

She also added: 'The NHS 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.'¹

During the period covered by this volume of the BDA's history, there have been major changes in the way that dietitians practise in all areas of influence. At the time of writing, the need to be able to justify dietetic advice and therapies is, based on sound evidence of effectiveness, one of the most important principles underpinning practice. The development of the research and audit support role of the BDA, over the last decade in particular, has played an important part in helping dietitians to develop the skills needed for evidence-based practice through several linked aspects. In addition, the BDA has made an active contribution to the wider context of research in the Professions Allied to Medicine and the NHS, through the Research Forum for Allied Health Professionals.²

In the late 1980s, although dietitians were undertaking research this was mainly led by other professionals. Very few dietitians had undertaken research training or were actively leading research. Now 25 years later the number of dietitians with research qualifications, such as PhDs and MPhils, has increased and dietitians are instigating and leading research both within the NHS and in education and research organisations. The advent and development of Clinical Doctorates has also been welcomed by the BDA and it is likely that more dietitians will take-up the funding opportunities offered by the NHS to extend their knowledge and experience.³

In 1986 there were no UK dietitians holding the title of Professor of Dietetics but since the appointment of Dr Anne de Looy as Professor of Nutrition and Dietetics at Queen Margaret College Edinburgh in 1991 there have been a number of other professorial appointments in universities or research institutions. In 2010 there had been at least seven members of the BDA holding the title of Professor.⁴ Although mainly employed outside the NHS, they have acted as research leaders and have contributed to the expansion of dietetics research in practice by supervising dietitians undertaking full-time doctoral research and often also supervising practising dietitians undertaking doctoral studies alongside their clinical commitments. The growth of the systems for supporting research, audit and evidence-based practice is detailed in the following sections but two key developments emphasised this. Firstly, in the BDA's 1999 Annual Report it was stated that during the year: 'The position of research as an integral function of the BDA clinical effectiveness agenda was

marked by the Chair of Research Committee now becoming an Honorary Officer'. Also, in 2008 the importance of research was further emphasised by the appointment of the Association's first paid Research Officer, Dr Joan Gandy.

Early research development - the BDA Metabolic and Research Group

For many years dietetic research was seen as the remit of the Metabolic Group, a BDA Specialist Group instituted by dietitians working in metabolic units within the NHS during the 1970s and 80s. At the 25th meeting of the group, in October 1986, it was renamed the BDA Metabolic and Research Group (MRG), moving away from the concentration on 'metabolic' dietetics as this was a speciality fast disappearing as new techniques replaced the painstaking work done by dietitians in metabolic studies. The minutes of this meeting stated that 'it was anticipated that a number of dietitians actively engaged in research would join the group'. A recruitment drive, targeting dietitians working in research outside the NHS, seems to have been successful as the chairman of the group (Dr Sheila Bingham) reported an increase in membership from 30 to 50 in the Annual Report for 1988-1989. By 1991 the emphasis of the group was moving even further away from its 'metabolic' origins and with the increasing recognition that all dietitians should be involved in research and evaluation of practice, aimed to support dietitians involved in all aspects of dietetic research. The increase in group members to 74 in 1993 might be seen as a reflection of the increased role of dietitians in research, although a survey by the BDA Research Committee (RC) in 1990 had indicated that only 12% of BDA members reported being involved in research of any kind.⁴

The MRG continued to exist independently of the BDA Research Committee (constituted in 1984) and in the early 1990s there was some discussion about the confusion between the roles of the two groups. In their Annual Report for 1992 the Research Committee noted that there were discussions between the MRG and the Research Committee regarding how they could collaborate more closely and eliminate duplication of effort. The MRG regarded their role as supporting those who were active in research, although the group had previously also undertaken some of the roles now taken over by the RC. In 1993 the future of the MRG was considered and in 1995 the Chairman (Jasmine Challis) took the formal proposal to the BDA that the MRG be disbanded as a BDA Specialist Group and reconstituted as the Research Interest Group (RIG). Stronger links were made between the Research Committee and the Research Interest Group by ensuring that the former contained at least one member of the RIG. The views of the 'dietetic research community' could then be fed into the Research Committee as the latter broadened its remit to include audit and to facilitate the aim that all dietitians should be able to understand the research base for practice and be able to audit and evaluate their own practice.

During the latter part of the 1990s the BDA Research Interest group continued to function but poor attendances resulted in a decision to no longer hold meetings. This may have reflected the increased confidence and activity of dietitians in the wider research community, but there was still seen to be a need for a forum supported by the BDA where dietitians working in research could discuss their research and exchange information. Therefore, in 2004 the RIG was reconfigured as a BDA interest group and retitled the Research Support Network (RSN). The RSN took over the telephone-based Basic Research Assessment Service which the Research Committee had been providing for some years and which offered email-based support to dietitians, helping them with writing papers. The RSN continues as an informal email network to support all dietitians in research. The demise of the Metabolic and Research Group in some ways serves to demonstrate the recognition of research support as a core function of the Association.

The BDA Research Committee

By 1984 the need for the BDA to support dietitians in research had been formally recognised with the convening of a Research Committee (RC). The remit of the committee was described in Bateman (1986)⁵ and has been regularly reviewed in the intervening years. Since its original inception the RC has developed a much wider role, encompassing support for research underpinning dietetic practice and developing ongoing research and audit strategies for the BDA. Increasingly, over the last decade, the Research Committee has worked to facilitate and support the acceptance of research and audit as an integral part of the work of all dietitians. In 2010 two thirds of the members of this committee had PhDs and the remainder were active in clinical research.

In the early years the RC concentrated on helping the profession to develop research skills in Dietetics. In November 1986, the first edition of 'Getting Started in Research'⁶ was published by the BDA and this was reviewed and re-issued at several points, most recently as 'Getting Started in Research and Audit' (1998).⁷ Members of the Committee were also active in promoting research during the late 80s and early 90s by visiting groups around the UK. In 1987 the BDA published the 'Research Register', which recorded details of dietitians working in research and the work being undertaken, and acted as a resource for those new to research. In the mid 1980s, though hard to believe in 2011, the use of computers in dietetic practice and in research was in its infancy, so the Research Committee published a guide to the uses of computers in dietetics in 1988.⁸

During the early 1990s, as the BDA Education and Training Strategy was being developed, stronger links were forged between the Research and Education Committees as it was recognised that all dietitians needed to be acquiring the knowledge and skills used in research and audit, as part of their education and training. By 1993 a member of the Research Committee was in attendance at Education Committee meetings and the Education and Training Officer (Maggie Robinson) attended Research Committee in order to facilitate the links between education and research.

During 1992 the RC reviewed its terms of reference to reflect the increasing profile of dietitians in research and developed several new initiatives to help support them. The publication of the Culyer Report in 1994,⁹ which made proposals for streamlining the funding of research and development in the NHS, also provided further stimulus to the development of the research role within the BDA. Initiatives at this time included updating 'Getting Started in Research', a Research Register listing dietitians active in research and their projects, along with a directory of computer software useful in research and audit. A new BDA award for research protocols was instituted together with a peer review service where published dietetic authors would review the proposed publications of less experienced dietitians and help develop their papers for publication (later taken on by the Research Support Network). The Research Column in Dietetics Today (DT) was also instituted at this time and continues today. The minutes of Research Committee meetings from the 1990s show much discussion around the topics to be included and who would write them. Gillie Bonner and Amelia Lake were responsible for commissioning articles in the early 2000s and later Dr Mary Hickson produced a series of articles that were eventually made available to other health professionals in her book Research Handbook for Health Care Professionals.¹⁰ Subsequently, the BDA Research Officer, Dr Joan Gandy, provided articles for Dietetics Today.

Throughout the middle years of the 1990s the recognition of research as an integral part of the Evidence-Based Practice Agenda and the need for evaluation of practice was a major driver for the BDA Research Committee. In common with other sections of the BDA,

who were developing planning documents, the RC was working on its first formalised research strategy laying out the goals for research for 1998-2001. This was accepted by the BDA Council in October 1998 and widely disseminated in 1999.

Work by Ms Pat Flanagan, the BDA Audit Officer and a project undertaken by Dr Moira Taylor on behalf of the Research Committee had identified areas of lack of confidence and barriers to undertaking research within the profession.¹¹ The 1998 strategy implementation included the appointment of a research awareness co-ordinator (initially on a six month contract funded by the General and Education Trust) to help alleviate these problems.

Dr Alison Brady was appointed in September 1998 with the remit to:

- Co-ordinate the work on the research and audit database;¹²
- Establish a directory of funding sources for research;
- Investigate training needs within the profession with regard to research.

In order to get the message across regarding the need for all dietitians to be involved in research at some level a BDA guidance document, 'Dietitians and Research - A Career Long Challenge', was issued in 2000.¹³

Review and updating of the research strategy resulted in two further strategy documents 'BDA Research Strategy 2002-2007' and 'BDA Research Strategy 2008-2013',^{14,15} To underpin the current strategy a guidance document called 'Dietitians and Research - A Knowledge and Skills Framework' was published in 2007.¹⁶ The introduction states:

'This document provides guidance to all registered dietitians regarding the research knowledge and skills required at different stages of their career pathway. It provides a framework against which to structure continuing professional development and will assist in the interpretation of the Professional Standards for Dietitians (BDA, 2004) and the BDA Research Strategy 2008-2013.' (BDA 2008)

The Research Committee continues to develop support for research and audit, while working closely with the professional development section of the BDA. Indeed, the reorganisation of the structure of the BDA in 2005, which caused the creation of the Education and Professional Development Section, resulted in the research officer becoming a part of this, alongside the policy officers for professional development and clinical quality. The first part-time Research Officer, Dr Joan Gandy, who was also the editor of the Journal of Human Nutrition and Dietetics at the time of her appointment, was in post in January 2008 and wrote the following introduction in Dietetics Today:

'My appointment saw a new initiative by the BDA. This post hallmarks the recognition of the importance of research within the Dietetic profession and the BDA. My responsibilities are quite wide ranging and as Research Officer I have a strategic role in research within the BDA. Working with the Research Committee I will be providing the leadership and time necessary to help deliver the Research Strategy, part of the Association's Strategic Plan. Working with organisations outside the BDA such as other professional organisations and government bodies I will be aiming to ensure that dietitians are recognised and valued as major contributors in developing the evidence base for health care. As part of this I will be proactively seeking opportunities for more research within the profession by lobbying appropriate bodies both nationally and regionally.

Effective dissemination of research is vital to ensure the profession moves forward and it is part of my role to make sure this is achieved. I will be working within the profession to ensure that the annual BDA Conference (BDAC) has an appropriate component of peer reviewed high quality research. BDAC is a great opportunity to tell other members and the

wider community about your research. Currently there is an annual symposium for Dietitians New to Research. To facilitate access to this symposium and build on its success, I will soon be organising symposia twice a year at different locations around the UK.'

In 2009, an updated version of the Research Committee remit appeared on the BDA website. (BDA website, May 2009)

'The key activities of the committee include developing and implementing the BDA research strategy, representing the profession at the Allied Health Professions Research Forum, building research capacity within the profession which includes activities such as organising research symposia, providing support and guidance for dietitians new to research and influencing the research agenda at a national level. Other activities include promoting research through articles in *Dietetics Today*, producing a research knowledge and skills framework for dietitians and abstract reviewing for the BDA's annual conference. We are currently working towards embedding research into clinical practice for all dietitians.'

The terms of reference of the Committee were described as follows:

- To encourage and support dietitians to generate and interpret research to enhance and develop dietetic practice.
- To empower every dietitian to ensure that research participation is an integral part of their day-to-day work.
- To ensure current or planned research leads to findings that are relevant to the profession and/or the wider health care world.
- To ensure that the results from dietetic research are routinely disseminated and, where appropriate, transferred into practice.
- To support the development of adequate research skills at all stages of the dietitian's career so high standards of methodology are achieved.
- To improve the future prospects of dietetic research working towards better funding across the profession.
- To provide help and advice on request to dietitians involved in or wishing to undertake research.
- To facilitate peer review of draft papers for dietitians wishing to publish their research findings.
- To liaise with the Quality and Clinical Governance Committee, BDA Specialist Groups, interest groups and all other committees on research matters.
- To liaise with outside bodies and other agencies at national level on research matters as appropriate including the Allied Health Professions Research Forum.

As part of the governance changes in 2009 the Research Committee merged with the Clinical Effectiveness Committee and the Professional Development Committee, to become the Professional Practice Board. This is a logical progression as the research and evidence-based practice agendas are closely linked with clinical governance and clinical effectiveness.

Research Funding

The issue of obtaining funding for research has always been a difficult one, particularly for dietitians in practice, but the BDA (through the Research Committee) has been actively involved in trying to help dietitians find funding for research projects.

In 1986, the RC was involved in setting up the research award funded by a donation from Professor John Garrow (an Honorary Associate of the BDA), who was keen to see dietitians involved in their own research. This award has changed format over the years but is still competed for annually.

As early as 1987 the RC, under the chairmanship of Alison Black, put forward a proposal for a more substantial BDA Research Fund which would offer support for dietitians undertaking research. Over the years this item has been revisited and 22 years later the establishment of a BDA Research Bursary, commencing in 2010, was announced. The aim of this bursary was described as: 'to provide financial and mentoring support to a practising dietitian who is interested in research and who may not be working in an academic department'. As the bursary was supported by an educational grant from the Sugar Bureau the research was to be 'focussed on carbohydrates'. However, the BDA General and Education Trust had been supporting research activity in the profession through a system of grants for many years. BDA members may apply to the GET for research funding of up to £50,000 over a two to three year period which have relevance to moving forward dietetic practice. Various projects have been supported over the last 20 years.

Dissemination of research

There is little point in undertaking research unless the results are available to the wider community and, in the last 25 years, the extent to which this has been achieved by the BDA membership has expanded a great deal, although there is still some way to go. For many years the University Tutors Group attempted to institute an annual meeting where graduates from the UK courses could present the work done for their degree projects. The New Graduates Symposium was finally launched in 1999 and renamed Research Symposium for Newly Qualified Dietitians in 2004, to emphasise the research aspects. The symposium came under the remit of the Research Committee from 2000 onwards and the decision was later made to open the symposium to all dietitians new to research, rather than just new graduates. The first Symposium for Dietitians New to Research was held in 2005 and in 2008, with the encouragement of the BDA Research Officer, the number of symposia was increased to two each year. As with the original new graduates symposia these are held in conjunction with universities around the UK which run dietetics pre-registration programmes.

Another major route for dissemination of research to the membership has been the British Dietetic Association Conference, which has been an annual event since 1994. Poster presentations of dietitians' work were introduced when the conference was revamped in 2001 and original contributions are now an integral part of the conference. Great efforts have been made over the years to encourage people to present their work and successive editors and members of the Research Committee have worked with dietitians to improve the quality of the original communications. Currently, the Dietitians' Research Network review the abstracts for the symposium and the former Research Committee members, together with some other experienced reviewers, assess the conference abstracts. The Research Committee has also introduced guidance on abstract writing and poster presentation for BDA events which are available on the members' website.¹⁷

Abstracts of successful submissions for original communications at BDAC are published in the Journal of Human Nutrition and Dietetics, which is another important vehicle for dissemination of dietitians' research generally (see Chapter 8). Before the committees were disbanded there was a formal link between the Research Committee and the Journal through the RC's nomination of an Editorial Board member.

CHAPTER 8

PUBLICATIONS, HONOURS AND AWARDS

From the earliest days of the BDA the Association has been involved in publishing material to inform the membership. The range of publications is now very wide and includes strategy documents from Council and committees, as well as the regular major publications. In the last decade particularly, the march of technology has meant that, as well as being available in 'hard copy', there is also electronic access to much of the published output.

In 1986 there were three main publications associated with the BDA: the monthly Newsletter; an academic journal called Human Nutrition: Applied Nutrition; and Adviser, a quarterly magazine which provided product information for dietitians. Today, two of these publications still exist, albeit much changed, but Adviser ceased publication at the end of 2003.

Dietetics Today

Publication of the BDA monthly information magazine Dietetics Today is a far cry from the days when students and young dietitians gave up their evenings to staple the pages of the photocopied newsletter, stuff envelopes and stick on stamps. Production of a newsletter was initially proposed by the London Branch in 1970. Carol Bateman was the first editor, from 1970-1975, and for those who worked in her department there was no escape from an evening in the Brompton Road office and sore, sticky fingers once a month.

The initial intention of the BDA newsletter was that it should provide information and act as an informal forum for discussion and it continued to function in this way for many years. Originally it had been intended that the responsibility for production would be shared by rotating the editorship round the branches but this never happened, although the editors subsequent to 1979 were all based outside London. In 1986 Jane Eaton was editor and continued in this role until the end of 1995 when the first paid editor, Jeanette Crosland, took over. Jeanette was initially paid for 12 hours work per month (later increased to one day a week) and she continued working on a part-time basis until 2001, when Stephanie Judson was appointed to act as editor and to take responsibility for the BDA website. In 2003 Billie-Jane Burch joined the team as publications assistant, then in 2006 John Liddle succeeded Stephanie as editor and he was responsible for the magazine until the end of 2010.

For many years the 'Vacant Appointments List', later to become 'Career Choices' and made available on the website as well as in hard copy, was distributed with the newsletter each month. The BDA acted as the main route through which vacancies in dietetics were advertised to the profession. The list was sent out with the newsletter each month. The 'jobs list' as it was colloquially known, was an important source of revenue for the BDA for many years until the NHS decided that their vacancies would all be advertised on a central NHS website. The threat of loss of income hung-over the Association for some years before it materialised and steps were taken to help alleviate this by charging non-BDA members for advertising courses and training days in Dietetics Today. The 'NHS Jobs'

website finally became live in 2006 and the vacant appointments insert with Dietetics Today was discontinued. The current incarnation of Dietetics Today carries a few advertisements for dietitian posts but this is no longer a major source of income for the BDA.

The newsletter has been through several changes in format over the years. In 2000 it was relaunched for the millennium as Dietetics Today, a full-colour A4 magazine with a range of new features and informative columns. It was revamped again in 2006, after the 2005 publications review, with design and advertising services outsourced (under strict guidance from the BDA office) to Warners Group Publications, a professional magazine production company. At this point the term 'newsletter' finally disappeared from the front of the magazine, the strapline now reading 'The official magazine for all BDA members.' The BDA had received no revenue from advertising following the demise of Adviser in 2003. Since 2006, Dietetics Today now takes general advertising and often contains 'advertorials' as well as charging non-members for promoting courses and meetings. In 2010 the magazine was deemed to be a success, both editorially and commercially, regularly beating the targets set for income generation.

Dietetics Today is now regarded as the Association's most important way of communicating with members. It provides a wide variety of information from within the BDA and the outside world on topics relating to all areas of dietetic practice. Since 2006 this magazine has also been made available in electronic format in the student area of the BDA website.

Adviser

In July 1981 the BDA began publication of a quarterly magazine which provided an information service to the membership about products of interest to dietitians. The magazine took advertising from manufacturers of specialist dietetic products and other products of interest, therefore also providing a source of income for the Association. In the late 20th century Adviser also included short practical update articles (not suitable for the academic journal) from dietitians about particular areas of work and updates about such issues as food labelling regulations. Columns on sports nutrition and dietetics in the USA were also regular features. Adviser was the original brainwave of Mr Neil Donnelly and he continued to edit it until it ceased publication at the end of 2003.

For at least two decades Adviser had made a profit for the BDA but from the late 1990s onward the advertising income began to fall and by the early part of this century it became apparent that the magazine was no longer bringing in sufficient income to cover its costs. There was competition from other freely-distributed magazines which had a wider circulation (including the nutrition and nursing communities as well as dietitians) and were attracting advertising away from Adviser. Usually these magazines also carried a range of commissioned articles on various subjects relating to nutrition and dietetics.

The decision to cease publication of Adviser in its 'old' form was made in 2002, but Neil Donnelly made the case for the production of a new, more extensive and up-to-date information magazine which could compete with others in the field and he began work on this with a select Editorial Board in 2003. The new magazine, financed by the BDA, was launched in 2004 and two issues were distributed before the decision was made by the BDA Council to discontinue production for financial reasons. The editor and Editorial Board were very disappointed at this as there had been an initial understanding that the first issues would not break even financially in the first year due to start-up costs. It was also recognised that it might take a while to bring advertisers back on board after the demise of the original magazine. However, with the threat of loss of the vacant appointments income

hanging over the Association it was felt that ongoing losses could not be supported. Mr Donnelly went on to edit a successful independent dietetics magazine. In 2005 the review of BDA publications resulted in the decision to incorporate some of the aspects of Adviser, including advertising and topical articles, into the new version of Dietetics Today.

Journal of Human Nutrition and Dietetics

Journal of Human Nutrition and Dietetics (JHND) is the current title of the BDA's official professional journal. The BDA appoints the editors and some members of the Editorial Board of the Journal and also has an agreement with the publisher through which it is provided as a hard copy and online to all members as part of their subscription.

In the previous volume of the BDA's History, Carol Bateman described the development and progress of the 'official BDA journal' which was first published in 1947 as a quarterly periodical under the title Nutrition, Dietetics and Catering.¹ Originally published by Newman books, the title changed in 1951 to Nutrition (sub-titled 'Journal of Dietetics; Food Catering; Child Nutrition') a title which was retained (sub-titled 'A bi-monthly review for dietitians and nutritionists') when in 1972 publication increased from quarterly to bi-monthly. The editorial sub-committee, which had been created in 1951 under the first editor (Miss Jean Robertson), was replaced with an Editorial Advisory Board. The Advisory Board was intended to broaden the range of scientific expertise available to the editor and, while still having over half of its membership as dietitians, it was expanded to include eminent nutritionists and medical specialists. At this time a conscious effort was being made to expand the subscriptions beyond BDA membership to the wider nutrition community and in 1975 Mr John Libbey of Newman Books proposed changes to help achieve this. The result was a revamp of the journal with a change of format and new title Journal of Human Nutrition. In 1979 the journal publication transferred to Mr Libbey's own publishing company (John Libbey and Company Ltd) and remained with the company until it later transferred to Blackwell. In 1980 the title changed to Human Nutrition: Applied Nutrition and a 'sister' journal Human Nutrition: Clinical Nutrition was introduced in the alternate months. There was some concern from BDA members at this time regarding the inference that the BDA journal would not include 'clinical' papers, especially as a new medical speciality, 'clinical nutrition', seemed to be emerging with considerable overlap between this and the role of experienced specialist dietitians. However, the changes went ahead and BDA members were able to subscribe to the 'sister' journal at a preferential rate. At this point the Editorial Advisory Board was expanded to include international representatives, as well as those from the UK.

In the mid 1980s the BDA reviewed its publications and the decision was made to transfer publication of the academic journal to Blackwell Scientific Publications. This entailed a complete revamp of the journal. Human Nutrition: Applied Nutrition ceased publication and Journal of Human Nutrition and Dietetics (JHND) came into being in January 1988 with the expectation that, as part of the Blackwell Catalogue, there would be growth in both the content and readership. Through the hard work and dedication of the editors and editorial boards over the years this has indeed been the case. Alison Black (1975-1984) and subsequent editors all worked hard to increase the scientific standing of the journal. In the late 1980s this meant moving the journal from one which had largely invited papers and reviews to a journal which could select from unsolicited submissions for each issue and reject unsuitable papers. In the mid and late 1980s Pat Judd (editor 1984-1992) continued this policy but also attempted to encourage dietitians to submit contributions as authors in their own right, having noted that although they were often involved in the research being reported they were rarely acknowledged as an author (often merely being thanked at the end for the data collection and analysis). Papers with authors who are dietitians now make-up a large proportion of each publication, recognising the

increased importance of research in the profession and the confidence of dietitians in their own research. During Jane Thomas' period as editor (1993-2001) the important milestone of being included in one of the major online abstracting services, 'Medline', was achieved, enabling the journal to stand alongside other important journals in the nutrition and dietetic world. Subsequent editors, Annie Anderson (2002-2006) and Joan Gandy (2006-2010) continued to improve the journal, which is now indexed or abstracted by at least 25 organisations. Ailsa Brotherton took over as editor at the beginning of 2011.

In 2007 the journal switched to an electronic submission system and manuscripts are now managed online. The journal was described by Wiley-Blackwell (Blackwell Publishing merging with John Wiley and Sons Inc in 2007 to become Wiley-Blackwell) in early 2011 as follows:

'Journal of Human Nutrition and Dietetics is an international peer-reviewed journal publishing papers in applied nutrition and dietetics. Under the editorial guidance of a team of experts, the journal aims to meet the changing needs of those concerned with human nutrition and dietetics.

Areas covered include; clinical nutrition; the practice of therapeutic dietetics; public health nutrition; health promotion; food choice; nutritional status; the psychology of eating behaviour and the sociology of food.

In addition to original papers, short reports and letters to the editor, the Journal contains:

- A book review section (edited by Dr Angela Madden)
- Occasional review papers on topical issues (edited by Dr Kevin Whelan).'

Journal of Human Nutrition and Dietetics (JHND) has gradually moved up the league table of nutrition and dietetic journals, standing at 35/66 with an 'impact factor' that has risen from negligible at the point of entry into the system (in 2000) to 1.92 (in 2009).

The journal has undergone regular reviews in the last 20 years to bring its presentation up-to-date, the most recent being in 2009. In 1985 Human Nutrition: Applied Nutrition was received by the BDA membership and around 1000 non-BDA subscribers. Currently, nearly 200 institutions have individual subscriptions to the journal with over 4000 libraries accessing JHND through licensing programmes. In addition, over 5000 libraries in developing countries receive JHND either free or at a very low cost through philanthropic deals by Wiley-Blackwell. The journal is now available in both hard copy and online, and in 2009 full-text articles were accessed online over 200,000 times. Electronic table of contents alerts are received by nearly 2300 subscribers.

The BDA journal is now firmly placed as a reputable scientific publication in the fields of dietetics and nutrition.

Dietetic textbooks

For many years, although there were standard nutrition textbooks in the UK, there was no standard textbook for dietitians based on the practice of dietetics in the UK. The BDA had periodically discussed the possibility of being involved in the production of such a book and in the early 1980s, under the chairmanship of Greta Walton, discussions with Blackwell Scientific Publications resulted in the development of the first Manual of Dietetic Practice, published in 1988. The BDA appointed Dr Briony Thomas as editor and chapters were commissioned from expert dietitians in specific fields of practice. The book was intended as a resource for practising dietitians particularly, as well as for other health

professionals and as the standard textbook for UK dietetic students. The first manual was followed by revised editions in 1994, 2001 and 2007 (with Dr Briony Thomas as editor throughout, joined by Dr Jacki Bishop as co-editor for the fourth edition). A fifth edition is planned for 2012 with Dr Joan Gandy as editor.

The 'Manual' covers all the basic aspects of nutrition and dietetic practice, but as the profession has grown the need for more specialised texts has been recognised. One such book is the book associated with the BDA Paediatric Group for many years. Three editions of Clinical Paediatric Dietetics edited by Dr Margaret Lawson and Vanessa Shaw, with contributions from expert paediatric dietitians, have been published by Blackwell Scientific Publications (now Wiley-Blackwell) since 1994. Building on the success of this, recent discussions with Wiley-Blackwell have resulted in the agreement to publish a series of specialist books edited by BDA-appointed dietitians in particular fields of practice. The BDA has appointed a series editor, Dr Kevin Whelan, and the first three books (with the provisional topics Obesity, Diabetes and Gastroenterology) are expected in 2012, with three more planned for the following year.

Other publications

Throughout this book, mention is made of the reports, press releases and position papers produced by different sections of the BDA which are also important BDA publications. Over the years there have also been many strategy documents, guidelines for practice and so on, which are also alluded to in the appropriate chapters. The way that the BDA systems for publishing these executive documents has developed over the years (described in Chapter 6).

BDA Honours and Awards

The Association operates a range of internal awards and prizes, some of which require nomination from the membership and others are competed for on an annual basis.

The most prestigious honorary award is that of Fellow of the BDA (discussed in Chapter 2) and this is awarded through nomination for services to the Association. A second honorary award, the Ibex Award for professional achievement, was created in 1997 as a means of acknowledging individuals who have made significant contributions to the profession (as distinct from the BDA per se) either locally or in a specific speciality and at the end of 2010 this had been awarded to 27 members.

In 2000 the death of Dr Elsie Widdowson, one of the pioneers of Nutrition and Dietetics in the 20th century and a founder member of the BDA, prompted the BDA to set-up an annual lecture in her honour. This is now one of the highlights of the BDA annual conference and being asked to give this lecture is regarded as an honour in itself. Lecturers are presented with an engraved silver alms dish.

Since 2006, the Association has also published a formal annual Roll of Honour to recognise and reward members who have contributed to a defined piece of work or activity on behalf of the BDA in the previous year.

Awards and Prizes

The annual Rose Simmonds Award (initially the BDA's only prize) has continued throughout the last 25 years. In the past the prize has been given in a variety of categories, but for the last decade or so has been awarded for member's published work. In recent years, as dietitians have become more prolific authors of both scientific papers and books, the judge's task has become increasingly more difficult.

The Elizabeth Washington Award has been offered throughout the last 25 years and was for many years open to competition as a student travel award. At the time of writing, the competition for the Elizabeth Washington Award is open to all BDA members and is given for 'published educational work which is broadly within the discipline of nutrition and dietetics'.

The BDA Research Award, set-up in 1986, was funded by a donation from Professor John Garrow (an Honorary Associate of the BDA), who was keen to see dietitians involved in their own research. This award has changed format over the years but is still competed for annually and is currently given to allow a dietitian to spend concentrated time focusing on a specific research project.

In 2010 the Trustees of the BDA General and Education Trust announced the creation of a new award and it is to be offered for the first time in 2011 in honour of the BDA's longest serving President, Dame Barbara Clayton. The award is open to all individuals, teams or departments with staff who are BDA members. It will be awarded for demonstration of innovation and new ways of working within dietetic services.

In addition to the above, several of the specialist groups of the BDA now offer prizes and awards for specific purposes.

Lists of the holders of BDA honours and the winners of the major awards are to be found in the Appendix.

External Honours and Awards

In the 25 years since the last published volume of the BDA's History several BDA members have been recognised in the Queen's Honours lists. They are:

- Carole Middleton MBE
- Diane Talbot MBE
- Kathleen Ross MBE
- Vanessa Shaw MBE
- Wendy Martinson OBE

Beyond this it is impossible now to record the numerous awards and honours, such as travelling scholarships and awards from commercial and NHS bodies, attained by BDA members.

CHAPTER 9

COMMUNICATIONS AND PUBLIC RELATIONS - INTERACTION WITH THE MEMBERSHIP AND WIDER WORLD

‘Communication is at the heart of the efficient running of any organisation, whether informing members of clinical updates, responding to media queries or producing resources and working with other teams to shout about the great work the BDA and its members do.’ (BDA Annual Report 2010-2011)

In 2011 the Communications section of the BDA is the second largest functional group within the Association and deals with many aspects of its interaction with the outside world. Overseen by the Head of Communications and Marketing Ms Pippa Rimmer, are the editor of *Dietetics Today*, the web communications officer, the design communications officer, the public affairs and PR officer and the partnerships and sponsorship officer, together with supporting staff. The membership co-ordinator, Pauline Cotterill, (the BDA’s longest serving employee) also works within this section.

The Communications team has developed from the Publications and Public Relations Committee whose aims were described in 1986 by Carol Bateman.¹ In the late 1980s and 1990s this committee was mainly concerned with publicity and the press, as well as various in-house publications. However, gradually the promotion of the BDA as the organisation for up-to-date, accurate, scientific information about nutrition and dietetics began to be seen as more important. In 1989 as part of the Looking Forward Agenda the first BDA publicity video² was produced. A few years later, the first public relations officer was employed for 12 hours a week to focus on the development of public relations for the Association and to promote state-registered dietitians. The hours for the post were increased over the years until, with the creation of the Professional Affairs Department in 2000, a full-time national public relations officer post was created, together with a new post for publications officer and clerical support for these posts. The publications officer took over the role of editor for *Dietetics Today* and in 2003 was joined by a publications assistant to help with the magazine. In 2005, the Professional Affairs Team was split to form the Professional Development Team and the Communications Team, which continues to be responsible for all BDA communications. This includes *Dietetics Today*, the website and production of other BDA publications (including fact sheets and press releases, as well as internal material such as strategy and guideline documents).

In view of the increasing work of the Association with respect to sponsorship and endorsement of products, a full-time sponsorship officer post was created in 2006 to oversee the commercial, income generating aspects of the Association’s business. In 2007 the web communications officer post also became full-time. Then in 2008, the post of design communications officer was formalised in order to rationalise the production of BDA publications and develop a corporate style. Since restructuring in 2010 all the Association’s communications activities now take place under the auspices of the Communications Board which reports to Council.

Communication with the membership

The monthly newsletter was the most important route for communication with the membership in the early years (covered by this instalment of the Association's history) and since 2000 when it was revamped as *Dietetics Today*, is still regarded as such. However, in the last decade or so, electronic communication has become much more important and the BDA website now provides an important route for informing the membership. The website (www.bda.uk.com) has both public and member's sections and the latter provides information on all aspects of the day-to-day functioning of the Association, including Committee (now Board) minutes. Each of the four sections of the BDA has its own area on the website and there is a specific site for students. Members can access all important documents produced by the Association and there are links to other relevant websites. There is a discussion forum where members can exchange views and information. The email newsletter, *Circulate*, which is produced by the Communications team on behalf of the Professional Practice and Education team, initially intended to inform dietetic managers, mirrors important information on the member's website. *Circulate* is available to any member who wishes to receive it and informs the membership of current developments within and outside the Association, as well as alerting the membership to consultations to which the Association has been asked to respond.

The BDA also communicates with the membership through the Annual General Meeting, when developments are explained and the membership votes on proposals put forward by the Council (see Chapter 2). Since 1994 the AGM has been part of the Annual Conference held in early summer each year.

British Dietetic Association Conference (BDAC)

The BDA Conference has become an important part of the continuing professional development agenda of the Association, as well as a way of communicating new developments in the profession to attending delegates. The Conference has developed from the early refresher courses provided from the beginning of the BDA, where experts, usually from specialist medical fields, spoke about advances which would have an impact on dietetic practice. The refresher courses developed into study conferences which were organised to coincide with the AGM or General Meeting of the Association. The study conferences were usually two-day events and often held at university sites around the country where there was an abundance of relatively inexpensive accommodation. The breadth and depth of the material presented also increased, with speakers from the profession as well as 'outside' speakers. This continued until 1994 when the BDA held its first National Conference in the Metropole Hotel in Blackpool. Conference organisers, Sovereign Conference, have been involved in the conference organisation since then, initially dealing with delegate registration for the 1994 Conference but subsequently taking over all of the organisation.

The National Conference was a natural progression from the study conferences, again expanding the range of lectures and speakers to allow for CPD and calling on expertise from within the profession as well as outside. The BDA appointed conference organisers to administer the Conference and a Scientific Committee was appointed each year to plan the programme, which was to include social events to encourage networking amongst the attendees. The Conference was considered a success and has been held annually at different venues around the UK, with the exception of 2000 when the Association hosted the International Congress of Dietetics in Edinburgh. In 2001 the Conference was revamped and renamed as the BDA Conference, usually referred to as BDAC. The structure of the Conference evolved with the Scientific Committee developing an overall topical theme

appropriate to dietetic concerns each year, together with parallel sessions often involving specialist groups. In recent years 'satellite' meetings run by companies producing products useful to dietetic practice have also been a feature. Original contributions, through which dietitians can present the results of research or practice developments, were solicited from the membership and the poster exhibition became an integral part of the Conference.



Azmina Govindji presenting the Elsie Widdowson Lecture at the BDA Conference in London 2011

Over the last five years the poster exhibition has gone from strength-to-strength and demonstrates the range and scope of member's research and practice evaluation. A prize is awarded for the best poster in the exhibition. The annual Elsie Widdowson Lecture, in honour of one of the earliest and most influential dietitians, has also been an integral part of the BDAC since 2001.

The inclusion of a manufacturers exhibition, where companies display and explain products which are useful to dietetic practice, enables the delegates to find out more about new developments and helps support the Conference financially. Interaction with the manufacturers also helps direct product development for the future. The BDA Awards Dinner, at which those members who have been awarded a Fellowship or other awards and prizes are presented with them, is now a feature of the social programme which facilitates networking amongst delegates.

Public Influence in the UK - the BDA and the media

The role of dietitians in the media was already beginning to gain impetus by the 50th Anniversary of the Association. The number of dietitians being asked to comment on food issues by local and national radio and television stations was increasing and articles in newspapers and magazines becoming an important way of getting across balanced health messages. The Public Relations Committee (PRC) had been in place for some years and each BDA branch had a public/press relations officer who could deal with questions from local media, supported by the Central Committee.³ The BDA had begun to provide training for PR officers and this would be extended over the coming years, as the role of television in particular became more important in getting messages across to the public.

The Public Relations Committee had several roles within the Association in co-ordinating and promoting publicity for organised activities of the BDA in association with the Programmes Committee, whose main function related to the two general meetings and the refresher courses (later to become the BDA Conference). The PRC was also responsible for initiating the development of teaching aids in relevant areas of nutrition and dietetics for use by members. The Association has always aimed to make their interactions

with the public as clear and useful as possible and in 2009 became a founder member and now certified holder of the Information Standard.⁴ This is a Department of Health certification scheme for health and social care information. Successful organisations can use the quality mark on materials to confirm that the information is from a reliable and trustworthy source.

Publicity for Policy Statements from the Professional Development Committee was another important function of the Committee. As far as the 'wider world' was concerned public relations activities included the production and distribution of press statements as well as forming links with other organisations and manufacturers concerned with nutrition and dietetics.

The importance of keeping dietetics and dietitians in the public eye has grown over the years and increasing time and effort has been devoted to this. Implicit was the need for the BDA to be represented by people who were able to confidently put across the dietetic viewpoint on food and nutrition issues. By the end of the 1980s the Association had obtained external advice on developing public relations, which led to the introduction of specific training for members who would act as media spokespeople and extension of the training of PR spokesmen on a regional basis.

In 1993 the BDA's first paid PR adviser, Mrs Lyndel Costain, was appointed for 12 hours a week, 'to focus and develop the PR arm of the Association' and in 1995 her hours were increased to reflect the amount of work being done in this area. Dr Wendy Doyle succeeded Mrs Costain as national PR officer in 2001. The Annual Reports from the PR Committee from the late 90s onwards document the increase in numbers of press cuttings relating to dietitians consulted on nutrition and dietetic issues and requests for comments on topical issues received by the BDA.

In the strategy document, 'Towards the 21st Century',⁵ the 'Goals for Marketing and PR' are the first to be listed, reflecting the importance placed on making the Association and its members the recognised authority on food and nutrition in the UK. The PR Committee strategy and resulting policies did facilitate movement towards this. However, in 2011 members are increasingly expected to compete against the more sensationalist comments of self-styled 'experts' whose expertise often turns out to be rather shallow.

In 1998 the BDA launched the first 'Food Awareness Week' - a campaign which continued annually until 2007 in various forms. The initial campaigns focussed on getting the 'Five a Day' fruit and vegetable message across to the public and were entitled 'Give me 5'. Subsequently, the focus moved to obesity with the 'Weight Wise' campaigns from 2001 onwards. Initially these campaigns took the form of press releases, backed up by local publicity and written material, but by 2003 a dedicated website (www.bdaweightwise.com) was also in place, reflecting the need to have a presence on the internet, particularly in getting messages across to younger people.⁶

Television is now a major influence in informing the general public, but with respect to nutrition and health issues programme makers have tended to use unqualified experts with sometimes quirky, unproven ideas rather than rely on the sensible, evidence-based information provided by the BDA and its members. However, by the mid 2000s TV programmes such as the BBC's 'Diet Trials' were using registered dietitians as presenters. In 2006 the BDA took the somewhat controversial decision to take a stand in the Health Zone at a fashion exhibition, Clothes Show Live, and volunteer members gave nutritional advice to visitors. This was considered a successful way of promoting healthy eating and presenting dietitians and the BDA as a credible source of information, and it continues to date.

Collaboration with the Food Industry - Sponsorship and Endorsement

The BDA document, 'Guidelines for Sponsorship and Collaborative Partnerships'⁷ begins with the following statement:

'Sponsorships and collaborative partnerships with industry are important to the British Dietetic Association (BDA). They are of potential benefit to the Association in the following ways:

- Addressing alternative income and resourcing for the BDA;
- Raising the profile of the BDA, either through better funded promotions or by association with other prominent partner organisations.

The Association seeks support from industry, government departments and other funding bodies for its activities in order to enhance opportunities for its members. In accepting support, the BDA enters into a mutually beneficial collaboration with these organisations. The BDA recognises that through the sponsorship of events, publications and other collaborative projects, companies are provided with an opportunity for exposure to key customers and opinion formers within their market place. Through collaboration with the BDA, organisations also gain greater credibility. When seeking commercial support for an Association event, the underlying principle is that the integrity of the BDA and the independence and professional standing of its members are maintained.'

The production of this document by the Association is the culmination of many years of work. In 1986 sponsorship of the BDA's business was largely through companies manufacturing specialist products, including such essentials as enteral feeds or gluten-free and low protein products. Sponsorship from the specialist companies over the years included support for meetings, including local group meetings as well as the Annual Conference. Some companies provided prizes for competitions organised by specialist groups, as well as occasional sponsorship for individuals to attend meetings or undertake courses. More recently the number of organisations sponsoring the Association has increased and the types of bodies involved in sponsorship or collaboration has broadened.

One of the first major collaborations in the last 25 years was the agreement between the BDA and the Food and Drink Federation to print the popular 'Free-from' booklets. These booklets were ultimately produced using a database set-up at the Leatherhead Food Research Association and provided up-to-date information about manufactured foods from the main supermarket chains which were free from particular constituents (such as lactose, wheat, gluten, chocolate and eggs). The booklets were only available to dietitians and a unique feature was that 'combination' lists could be printed (for example, milk/egg free or wheat/milk free). Complex combinations for specific patients could also be requested. In 1988/99 it was reported that 16,250 booklets had been sold in the first year of production, so this was eventually a useful collaboration even though it had taken longer than expected to set-up. This collaboration continued to provide useful information to the membership and welcomed income to the BDA until 1995, by which time the supermarkets were providing their own product information.

The early moves to set-up collaboration and endorsement agreements did not always go smoothly. The development of the current guideline document came through trial and error with some problems along the way - such as misunderstandings between the Association and an industrial partner regarding endorsement of particular products. This resulted in inappropriate use of the BDA logo and complaints from the membership. Guidelines for sponsorship and collaboration have been in place since 1999 and tightened

up in light of experience. The current guidelines, published in 2009, now make it very clear exactly what processes must be undertaken and detail the checks and balances in place to ensure compliance with the BDA ethos.

Since the revamping of Dietetics Today and the acceptance of advertising, the Association has also entered into agreements with companies which result in articles in Dietetics Today associated with the advertising (often called 'advertorials' in the popular press). Advertorials have been used across trade and national magazines for many years but have become more relevant in the BDA context since European Union regulations on health claims in food advertising have been tightened up. Companies are not allowed to advertise foods to the general public using health claims unless they have been approved by the European Food Safety Authority. However, they are allowed to explain their research and the basis of the claims to health professionals and during 2010 were taking full advantage of this in the magazine.

Perhaps one of the most innovative collaborations with industry has been the recent formation of the BDA Corporate Club. Initiated in 2008, the BDA's Corporate Club was designed to form mutually beneficial relationships with selected partners and is managed by partnerships and sponsorship officer, Ms Jo Lewis. Abbott Nutrition, Danone Dairy and Danone Waters were the first members, joined by Nutricia in 2010. The Corporate Club is designed to enable the BDA and the club member benefit from the skills and knowledge within both organisations.

The association's CEO, Andy Burman, stated in the 2010-2011 Annual Report that:

'A Corporate Membership with the BDA represents the member's public commitment to excellence, quality and integrity and will provide them with many opportunities to interact and partner with the BDA on events, publications and activities that support this. Collaborative highlights with Corporate Club Members in 2010 included Abbott Nutrition's partnership on the BDA CED 'Leading and Managing Dietetic Services in Today's NHS' course, and a project with Danone Dairy to recruit four dietitians to deliver a BDA-endorsed pilot scheme aiming to meet GPs' demands for updates on key nutritional areas, starting with probiotics. The BDA also partnered with Danone Waters to conduct a fluid intake study with IPSOS Mori, a leading market research company.'

The Association is currently in negotiation with other potential industrial partners.

Links with other organisations

The BDA has made a practice of forming links with other organisations involved with aspects of nutrition and dietetics in the UK, as well as organisations influencing the work of dietitians both within and outside the NHS. The Annual Reports of the Association over the years has shown that the numbers of organisations with representation from the BDA increased from, around 12 in 1986 to over 40 in 2006/2007. The list for that year is given in the table as an example of the range of organisations at which the BDA has been represented.

Association for the Study of Obesity (ASO)	Counterweight Project and National Counterweight Project Board
British Obesity Surgery Society	Allied Health Professions Federation (AHPF) and AHPF Research Forum
European Federation of Associations of Dietitians (EFAD)	Allied Health Professions Federation, Scotland
International Confederation of Dietetic Associations (ICDA)	All Island Community Dietitians Partnership (NI Board)
Unicef Baby Friendly Initiative	Anaphylaxis campaign
Alert4allergy	British Society for Allergy and Clinical Immunology
British Association for Parenteral and Enteral Nutrition	Carolyn Walker Trust
Council of Europe UK Alliance	Diabetes Workforce Executive Group Renal Workforce Executive Group
Food Standards Association	Infant and Toddler Forum (Nutricia)
Royal College of Physicians Intercollegiate Stroke Working Group	Intercollegiate Group on Nutrition
Food and Drink Federation	National Heart Forum
Department for Environment and Rural Affairs (DEFRA)	Westminster Diet and Health Forum Parliamentary Food and Health Forum
AHP Advisory Group. For Mental Health and Sub-group - New Ways of Working for AHPs	National Steering Group. National Institute for Mental Health in England
NICE. Mental Health and Wellbeing for Primary Schools	Nutrition Professions Confederation
Nutrition Society Course Accreditation Committee	Nutrition Society Professional Affairs Committee
Royal College of Nursing Food and Nutrition Campaign	UK Public Health Association
UK Voluntary Register for Public Health Specialists	Safefood Liaison
Sustain	School Meals
Scottish Breastfeeding Group	Sport and Exercise Nutrition Register

As can be seen from the list, the Association has cultivated links with other professional and government organisations and members' views are represented at multiple levels, sometimes just for short-term projects but in other cases long-term links are in place. Members of the BDA were elected to represent the Association on the various bodies and report back to Council. Some of those, such as the link with the Food and Drink Federation and the Association for the Study of Obesity, have existed for the whole of the period covered by this BDA history. Others have been forged more recently, with many of the organisations relating to agencies involved in aspects of Public Health. Other long-term links include liaison with the Ministry of Agriculture, Fisheries and Food (MAFF) and the Department of Health. In 2000 the Food Standards Agency (FSA) took over the aspects of food policy and food safety formerly covered by MAFF and the BDA continued to work with the FSA until the government abolished it in 2010. The functions of the FSA and, in particular, the Scientific Advisory Committee on Nutrition, have moved to the Department of Health and the BDA continues to be involved through this route.

However, as part of the organisational review in 2008 the system of 'Representatives on Outside Bodies' (ROOBs) was reconsidered and it was agreed that only those links where the BDA's representative reports directly to Council should be supported financially by the Association. Numerous other short- and long-term links are still made but, in general, the representatives feed back indirectly to Council through the four devolved Country Boards.

Currently, those ROOBs which report directly to Council are: Nutrition Professions Confederation; European Federation of Associations of Dietitians (EFAD); International Confederation of Dietetic Associations (ICDA); SNDRI; Nutrition Society Course Accreditation Committee; Intercollegiate Group on Nutrition; Allied Health Professions Federation; and the Sport and Exercise Nutrition Register.

Since devolution of some political powers to Scotland, Wales and Northern Ireland in 2000 and the formation of the BDA's Home Country Boards during the last decade, influence is exerted through closer links between the four BDA Boards and the Departments of Health in each country. The BDA Chairman and Chief Executive also have direct links with government agencies dealing with both clinical and public health aspects of nutrition and dietetics and the Association is also now regularly involved in consultations on these aspects. The membership is notified about the consultations via the website or through the email newsletter *Circulate* produced by the Communications team for the Education and Professional Practice team.

There are some non-government organisations with which the BDA has worked particularly closely, such as those engaged in working with other professionals in the NHS and public health and social care. The Nutrition Society and the Allied Health Professions Federation are two examples of such organisations.

The Nutrition Society

For many years the BDA has met with representatives of the Nutrition Society to discuss mutual concerns. The Nutrition Society was formed in 1941 with the aim 'to advance the scientific study of nutrition and its application to the maintenance of human and animal health'. It was always seen as a 'learned society' but the last 30 years or so has broadened its horizons to consider nutrition as a profession and how those interested in human nutrition, in particular, might be recognised as professionals.

The roles of dietitians and 'human' nutritionists have some overlap, particularly in the areas of public health, and some BDA members are also members of the Nutrition Society. There have been many discussions over the years regarding the boundaries between the roles of nutritionists and dietitians and how the two professions might work together to ensure that the public are given nutritional advice by suitably qualified people. One way of doing this is to have 'recognised' qualifications and codes of conduct, together with sanctions for those who do not comply with these, as dietitians do through HPC registration. Protection of title for registered practitioners has long been sought and (as described in Chapter 2) this is now the case for dietitians. The title 'dietitian' is now legally protected and can only be used by those registered with the HPC. There is no such protection for the title of 'nutritionist' and for many years the Nutrition Society has been exploring how this might be achieved. The Society has operated its own Register of Nutritionists since 1997 and members were able to become Registered Nutritionists or Registered Public Health Nutritionists, but neither of these was a title protected in law. Buttriss (2005)⁸ provides a useful description of how the registration process for nutritionists developed. In 2010 the Association for Nutrition was formed and holds the UK Voluntary Register of Nutritionists (UKVRN).⁹ Registrants are expected to have approved qualifications and experience and to work to a code of conduct in order to protect the public in a similar way to HPC registrants, but there is no legal ground to the UKVRN and there is still no protection of title.

However, the Nutrition Society and the BDA have spent time over the last two decades in examining ways in which their members can be seen in the public eye as the purveyors of evidence-based nutritional information in an environment where there are large numbers of 'complementary practitioners' giving advice which is not scientifically-based. The BDA leaflet 'Dietitian? Nutritionist? Nutrition Therapist? Diet Expert?'¹⁰ explains the education and roles of the registered experts and compares these with those of nutritionists in the 'complementary medicine' sector.

The role of nutritionists in the NHS was of particular concern in the late 90s and early 21st century when due to a perceived shortage in registered dietitians, the NHS began employing nutritionists to do work, usually in health promotion, which had previously been seen as the remit of dietitians. This caused some concern to BDA members and resulted in the publishing of the document 'The Employment of Nutritionists in NHS Nutrition and Dietetic Departments - A Professional Development Guidance Document'.¹¹ The NHS careers website at the time (2002) explained the situation:

'In November 2002 the British Dietetic Association and the Nutrition Society published jointly 'The Employment of Nutritionists in NHS Nutrition and Dietetic Departments - A Professional Development Guidance Document' in order to encourage the employment of more nutritionists to meet a demand that outstripped the supply of registered dietitians. This guidance sets out kinds of roles for nutritionists to work safely within their Statement of Professional Conduct.

The reason for this expansion is the development of programmes, such as Sure Start, with new funding streams, and the impact of the National Service Frameworks (NSFs). Several NSFs require nutrition expertise either from registered dietitians (who must be registered with the Health Professions Council in order to work in the NHS) or registered nutritionists (registered with the Association for Nutrition) or public health nutritionists.

Nutritionists can be employed in a range of roles within the NHS, including within Primary Care Trusts (PCTs) and NHS trusts (eg in Public Health Directorates).'

However, the view of the dietetic profession may not have completely concurred with some of the sentiments expressed. In fact many dietitians felt aggrieved at the implication that they should be involved only in the 'clinical' aspects of nutrition and dietetics and that the 'community' dietetics and public health initiatives they had been involved in for decades should now be the province of public health nutritionists only. At the time of writing, many public health nutritionists are employed in the NHS and the community and also in hospitals where they are usually managed as part of the dietetic service.

The Allied Health Professions Federation

The BDA was a founder member of the Allied Health Professionals Federation (AHPF),¹² which developed from a loose coalition of representatives of professional associations that previously made up the AHP Forum. The AHPF website (www.ahpf.org.uk) describes the functions of the Federation as follows:

'The Allied Health Professions Federation (AHPF) provides collective leadership and representation on common issues that impact on its member professions. The AHPF is well placed to ensure that health, social care and education decision makers understand the unique contribution of the allied health professions.'

The overall purpose of the AHPF is to promote inter-professional working enabling Allied Health Professionals (AHPs) to provide high quality care for patients and their carers across the whole of the health and social care sectors.'

Inter-professional working had become more important from the 1990s onwards as the NHS attempted to be a 'patient-centred' service and remove traditional boundaries in treatment. More recently, the AHPF has a more political role and enables the BDA to have an extra route of influence through AHPF interaction with the Departments of Health in the four home countries.

Links with Europe - European Federation of Dietetic Associations

The BDA has long worked with its counterparts in Europe, first through the Committee of Associations of Dietitians in the European Community (CADEC) and later through the European Federation of Associations of Dietitians (EFAD).¹³ The BDA was a founder member with nine other dietetic associations when EFAD was established in 1978, with representation for 10,380 dietitians. Membership is open to National Associations of Dietitians from all member states of the Council of Europe and currently has 31 member associations, representing over 30,000 dietitians in 25 member states. The history and development of EFAD can be found on the website (www.efad.org).¹⁴

The current aims of EFAD are stated as to:

- Promote the development of the dietetic profession;
- Develop dietetics on a scientific and professional level in the common interest of the member associations;
- Facilitate communication between national dietetic associations and other organisations - professional, educational, and governmental;
- Encourage a better nutrition situation for the population of the member countries of Europe.

The BDA sends two representatives to EFAD who each undertake a four-year term on behalf of the Association and several of these have been members of the Executive Committee over the years. Christine Lee (1984-1992) and Edith Elliot (1992-2000) each served two four-year terms as Treasurer. Irene Mackay was President from 2000-2006. At the time of writing, Carole Middleton is a member of the Executive Committee and Professor Anne de Looy is President, having been elected in 2010. Until 2002 there was a general meeting of EFAD every two years but since then this has been an annual event. During discussions at these meetings it was recognised that, while the Federation was a useful way of representing the views of European dietitians, it was also necessary to have a platform for European dietitians to meet and exchange information about their experiences. The First European Forum for Dietitians was convened in 1995 and met biennially at different European venues until 2005. The Forum was open to all members of the member associations of EFAD and offered presentations and workshops under the headings: Prevention, Education, Dietary Practice and Catering. An important objective of the Forum was to lay the foundation for a Pan-European standard for the profession. The BDA contributed to each of the meetings held.

EFAD has gone from strength-to-strength, particularly in the last decade and representation from the BDA has allowed the BDA to contribute to the development of dietetics in Europe. As with the BDA itself, EFAD appears to have become a more political organisation contributing not only to the education and standards of practice for dietitians but also more recently to the wider aspects of nutrition in Europe, as outlined on the EFAD website (www.efad.org).

Of particular concern over the years, has been the harmonisation of education and training for dietitians, which differs from country-to-country. EFAD has published many documents (1986, 1988, 1991, 1996, 1999 and 2003) related to the education and training of dietitians.¹⁵⁻²⁰ In 2003 at the EFAD meeting in Denmark the Federation made the 'Roskilde Declaration'.²¹ This led to the development of the European Dietetic Benchmark Statement, which was adopted unanimously in Geneva as the European Dietetic Academic and Practitioner Standards in 2005.²² When the BDA was reviewing the dietetic curriculum in 2006/7 this was one of the documents considered. Full membership of the Federation

is now open only to National Associations of Dietitians who admit members meeting the EFAD definition of dietitian and whose level of education meets the European Academic and Practitioner Standards for Dietetics.

In 2006 EFAD submitted a bid, led by Anne de Looy as project co-ordinator, and secured funding from the European Commission Socrates Programme, Erasmus 3-Thematic Networks to implement a project Dietitians Improving Education Training Standards (DIETS) which continued the work required by the Roskilde Declaration and focussed on 'harmonisation of the curriculum, practice competence and tools to ensure quality and effectiveness of practice education'.²³ In 2009, funding for a further three-year project Dietitians ensuring education, teaching and professional quality (DIETS2) was obtained. The BDA has been and is an active partner in these projects. Details of DIETS and DIETS2, including publications, can be found at www.thematicnetworkdietetics.eu.²⁴

International Links

Even before the first International Congress of Dietetics, in 1952, the BDA was involved in discussions with the limited number of Dietetic Associations across the world to consider the development of an International Dietetic Association. This vision has never materialised but an International Committee of Dietetic Associations has met since after the Second World War to organise the congress which has been held every four years since 1952. The role of the International Committee was described at the conference in Manila in 1996 as follows:²⁵

'The International Committee of Dietetic Associations made up of representatives of 7 elected countries oversees planning of an International Congress every 4 years. National dietetic associations pay 10 cents per active member per year to support planning the next International Congress. Currently, there are 24 countries paying dues to ICDA, and the potential for many more member associations. There are only a few policies governing membership, dues, Congress planning, and meetings of official representatives of national dietetic associations that take place during each Congress.'

But the Committee ended its statement with the plea that consideration be given to the formation of an international organisation.

'Preparing for the 21st Century. Never before has the global dietetics profession been so well positioned to achieve a larger mission - through its members, who provide science-based nutrition leadership for improving the health and well-being of the people of the world. The visionary women who founded the International Committee of Dietetic Associations imagined an organization with potential to contribute to the advancement of the profession on a global scale. The time has arrived to create what was envisioned nearly half a century ago.'

Over the years the suggestion that an international association be formed had been raised from time-to-time, but it was the call from the Committee in 1996 that was the stimulus to reconsidering this. Representatives from the BDA and the Canadian Dietetic Association (now Dietitians of Canada) took the lead on this after the 1996 meeting. In fact, this call did not lead to an international association but ultimately to the formation of the International Confederation of Dietetic Associations (ICDA), at the International Congress in Edinburgh in July 2000. The BDA representative to the International Committee at

the time was Irene Mackay and she became the first Chairman of the new International Confederation of Dietetic Associations. At this point the ICDA agreed a new mission statement which reads as follows:



'The International Confederation of Dietetic Associations supports national dietetic associations and their members, beyond national and regional boundaries, by providing:

- An integrated communication system;
- An enhanced image for the profession;
- Increased awareness of standards of education, training and practice in dietetics.'

In 2006 ICDA became incorporated as a non-profit making organisation in Canada. As with EFAD, information technology and electronic communications have made the work of ICDA more streamlined over the years. Detailed information about ICDA, its history and current projects can be found on the website (www.internationaldietetics.org).²⁶

The organisation of the International Congress of Dietetics remains one of the most important roles of ICDA and the BDA has served on the organising committee of the majority of the conferences to date. There have been six conferences since the last volume of the BDA's history, but the most important as far as the Association was concerned was the one held in Edinburgh in 2000. The BDA successfully bid to host the congress in Edinburgh, at the 1992 congress in Jerusalem, thus beginning the eight year process of organising such a complex meeting. A separate company, The XIIIth International Congress of Dietetics, was set-up in 1997 with Alison Dobson to hold the role of Chairman until after the Conference, as it was considered important to separate the finances of the Conference from the BDA. In 1999 Irene Mackay was appointed as Congress Director. The BDA assisted financially as the process developed by investing money in the company which was repaid, after the congress, along with the money donated by the BDA to finance the original bidding process. The Congress was deemed successful with over 1300 delegates from 52 countries attending, together with accompanying friends and spouses.

The Congress was also notable for the reorganisation of ICDA into the Confederation of Dietetic Associations (as described above) and also for discussions between the BDA, the Dietitians Board and the American Dietetic Association which laid the groundwork for 'reciprocal' working agreements for members between the two countries.²⁷

As with EFAD, since the formation of the ICDA several reports have been published, particularly with respect to standards of practice and education.²⁸⁻³²

CHAPTER 10

THE NEXT 25 YEARS - OPPORTUNITIES AND CHALLENGES

On the 24th January 2011 the BDA Council met in the Grand Committee Room at St Thomas' Hospital, in London: the same room where a small group of pioneer dietitians met to propose the setting up of the Association 75 years earlier. Afterwards a reception was held for those who have been involved with the Association over the years. Several of the Fellows of the Association present at the reception would have been able to reflect on the huge changes they have seen in the last 40 or even 50 years of the BDA and perhaps speculate on where it might be in 2036.



Members of the BDA Council and Executive at the BDA 75th Anniversary event in January 2011, St Thomas' Hospital, London

The BDA has grown from around 40 members at that first meeting in 1936 to over 6700 members at the beginning of 2011. The employed staff of the Association has grown to match the membership and they now work in a mature organisation which functions in several ways. Primarily, the BDA today is a Professional Association supporting the development of dietetics in all areas from clinical nutrition, through industry, education and the media, to Food and Nutrition Policy. Part of this support is through the BDA Trade Union (TU), which recently celebrated its 25th Anniversary. Whilst helping individual members with employment matters the TU also makes the BDA presence felt at the Trade Union Conference. The Association now also functions efficiently as a business - essential in order to make the most of member's fees and bring in extra income to support activities. Finally, the BDA General and Education Trust manages the charity side of the organisation, awarding grants and prizes in order to move the profession forward.



Morag MacKellar (FBDA), Debbie O'Rourke (BDA Head of Employment Relations) and Norma Lauder (FBDA) at the 25th Anniversary Celebrations of the BDA Trade Union, November 2008 in Birmingham

As described in Chapter 1, the underlying theme of the last 25 years has been 'change' and there is no reason to expect that the next 25 years will be different. Since 1986 the NHS has been reorganised several times and is about to undergo another reorganisation. Dietetics has changed and grown with its dietitians and the BDA will doubtlessly be required to respond to the challenges this will bring. There are now some very large nutrition and dietetic departments in the country. One department has over 80 dietetic staff working over several hospitals and in the community and there are others almost as large. The dietetic workforce now includes dietetic support workers (DSW) and a new grade of assistant dietitian, who will be trained to a higher level than a DSW but not to the same level as a dietitian. At the other end of the scale, advanced practitioners and consultant dietitians are becoming more numerous - reflecting the development of extended practice in specialist areas.

However, at the time of writing, the UK is undergoing its worst recession since the Second World War: a recession which is predicted to be long and is already proving painful. All four countries are undergoing organisational change, though as yet this is most noticeable in England. Here, although the government suggested that the NHS would be protected from financial cuts this is unlikely to be the case and dietitians are already experiencing problems due to financial constraints. Primary Care Trusts are being abolished and it is also not clear how dietetic services, whether clinical or in the community, will be commissioned in the future. Nevertheless, the BDA has weathered recessions in the past and now has a strong Trade Union which will probably be very active in the next few years in order to help protect members' jobs and speak out for the profession.

The scientific, medical and sociological basis of dietetic practice is continually evolving and dietitians must evolve with this. Technological advances, new drug treatments, new surgical techniques and the advent of nutritional genomics mean that people who might not have survived previously now live longer and may later present new or long term problems. The BDA and its members will need to be ready for these developments. The Association is already proactive in many areas and will continue to be so by disseminating

advances in practice through such initiatives as Clinical Guidance documents and the 'Practice-based Evidence in Nutrition' (PEN) initiative. In addition, over the last 25 years dietitians have shown that they are able to contribute personally to the evolution of both the science and practice of the profession. Large numbers of dietitians now have research qualifications and the new Clinical Doctorates will contribute further to this, helping to develop therapeutic dietetics. It is to be hoped that more consultant dietitians will be appointed and demonstrate that dietitians are at the forefront of patient care. However, dietitians will have to accept that this will mean handing over some of their role to assistant practitioners and support workers as well as teaching other health professionals (such as nurses) to do some of the basic work. These developments will be essential in order to tackle the challenges presented by an aging population and more people with long-term conditions, in an environment where obesity is widespread and increasing.

In the last decade the BDA has become more involved in the public health aspects of dietetics. The appointment of a Food Policy Officer in 2006 recognised the need for the Association to be involved at a high level in Food and Health Policy. The Community Nutrition Group was suspended in 2010, while its members considered the best way forward, and is likely to reconvene later in 2011 as the Public Health Nutrition Network. The new network will recognise the diversity of dietitians' roles in relation to public health and reflect their changing position within the field. The members plan to cover Public Health Nutrition at a strategic level (in such areas as needs assessments, commissioning, developing, influencing and leading policy and strategic partnerships) as well as Community Dietetics at an individual practice level and will act as a support for the Food Policy Officer. This should enable the BDA to have a more prominent role in Food and Health Policy in the future.



Alison Nelson (BDA Food and Health Policy Officer) presents the BDA Trade Union Movement on Obesity at the Trade Union Congress in Brighton, 2006

In his foreword to Volume 2 of A History of the British Dietetic Association the Honorary President, Professor Allen (OBE) stated:¹

‘We can be certain that during the next 25 years in the history of the Association new challenges will arise that will require a reassessment 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.’ (Bateman, 1986)

With the advent of the Health Professions Council (HPC) in 2002, Dietetics did, in effect, become a closed profession, with the title dietitian (dietician) legally available only to those who are registered with the HPC, having undertaken an approved programme of Education and Training and are committed to continuous professional development. Interestingly, when members were asked, prior to the 75th Anniversary celebration, to comment on what they saw as future challenges and opportunities for the profession and the BDA, it was noted that presenting a positive public image of dietitians was still seen as a major challenge. This suggests that protection of title has not yet had the desired effect. This is understandable, given that dietitians are not only competing with unqualified, but to the public plausible, nutrition ‘experts’ in the press, on television and radio, but now also have to contend with the mass of misinformation available on the internet. One of the major challenges for the future will be for dietitians to become more ‘visible’ to the public as the credible source of information on diet and nutrition, and the BDA will have a major role to play in this. Alongside this challenge, the BDA will need to become increasingly involved at government level to influence food and nutrition policy. If the Association can achieve this in the next 25 years it will truly have come of age.

Looking back to the first meeting in 1936 it is tempting to speculate on how the founding members of the BDA would view the Association today. The stated Aims for the Association were simple. The BDA would:

- ‘Further the knowledge of dietetics’
- ‘Provide facilities for those interested to discuss and advise on all matters connected with dietetics or bearing on the work of dietetics.’

The founder members could not have envisaged the multiple ways in which these aims are being achieved today but would probably agree that, 75 years on, they have been more than fulfilled. In 2011, the British Dietetic Association is in a strong position to continue to achieve and extend their aims into the next 25 years.

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2. Smith, A and Jacobson, B. (1988) 'The Nation's Health - A strategy for the 1990s'. London: King's Fund.
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4. This was criticised at the time because the data showed that, for several of the objectives the data showed moves in the right direction already. Underlying factors such as obesity continued to be a problem, however, as the prevalence continued to rise in adults and began to be seen as a serious problem in children.
5. The new NHS consultation put the emphasis Clinical Governance, quality of care, risk reduction and evidence-based practice. Continuous professional development was to ensure quality provision.
6. Department of Health (1989) 'Working for patients'. Cm. 555. London: HMSO.
7. Also in 1997 in the United Kingdom, devolved government was created following simple majority referendums in Wales and Scotland in September 1997. In 1998, the Scottish Parliament, National Assembly for Wales and Northern Ireland Assembly were established by law. This meant that each country had its own health authority which created challenges for the BDA but also new opportunities.
8. Department of Health (1997) 'The new NHS - Modern, Dependable'. Cm 3807. London: HMSO.
9. Department of Health (1998) 'A first class service: Quality in the new NHS'. London: HMSO.
10. Department of Health (1998) 'Our healthier nation - A contract for health'. London: Department of Health.
11. Department of Health (2000) 'The NHS Plan: a plan for investment, a plan for reform'. London: HMSO.
12. Department of Health (2000) 'Meeting the challenge: a strategy for allied health professions'. London: NHS.
13. UK Health Departments (2000) 'Agenda for change - modernising the NHS pay system'. London: NHS Confederation. Available from: www.dh.gov.uk
14. Department of Health (2010) 'Equity and Excellence - Liberating the NHS'. White Paper Cm 7881. London: HMSO.
15. Cochrane, A L. (1971) 'Effectiveness and Efficiency: Random Reflections of Health Services' (2nd ed.), London: Nuffield Provincial Hospitals Trust (published 1989).
16. The Cochrane Collaboration is a major force in the evidence-based medicine movement. It was created as a response to a call by Archie Cochrane, a British epidemiologist, to develop up-to-date systematic reviews of randomised controlled trials from all areas of health care so that the best available evidence could be made available as a basis for making healthcare decisions.

17. Department of Health (1998) 'Information for health: an information strategy for the modern NHS 1998-2005 - executive summary'. London: NHS Executive.
18. NHS Reform and Health Care Professions Act 2002:
The Act reformed the distribution of functions between Strategic Health Authorities and Primary Care Trusts, extended the role of the Commission for Health Improvement, reformed the structures for patient and public involvement in the NHS, provided for joint working between NHS bodies and the prison service; and reformed the regulation of the health care professions, including the establishment and functions of the Council for the Regulation of Health Care Professionals.
19. The term Allied Health Professionals was created with the publication of 'Meeting the Challenge, the workforce strategy for allied health professionals' which was developed in 2000. AHP replaced the former description of dietitians and other registered health professionals as Professions Supplementary to Medicine.
20. Food Standards Agency. Fifty years of food. Available from: www.food.gov.uk (Accessed November 2010).
21. The Food Labelling Regulations. (1996) Available from: <http://www.legislation.gov.uk>
22. The Scientific Advisory Committee on Nutrition (SACN) is a UK wide advisory committee set up to replace the Committee on Medical Aspects of Food and Nutrition Policy (COMA). It advises the UK Health Departments as well as the Food Standards Agency and is supported by a joint DH/FSA secretariat. Its advice covers scientific aspects of nutrition and health with specific reference to:
 - Nutrient content of individual foods and advice on diet as a whole including the definition of a balanced diet, and the nutritional status of people;
 - Monitoring and surveillance of the above;
 - Nutritional issues which affect wider public health policy issues including conditions where nutritional status is one of a number of risk factors (e.g. cardiovascular disease, cancer, osteoporosis and/or obesity);
 - Nutrition of vulnerable groups (e.g. infants and the elderly) and health inequality issues;
 - Research requirements for the above.
 In 2010 the Food Standards Agency was disbanded and SACN moved to the Department of Health.

Chapter 2

1. BDA. (1991) 'Towards the 21st Century'. Birmingham: BDA.
2. BDA. (1997) 'Strategic Plan 1997-2007'. Birmingham: BDA.
BDA. (2009) 'Strategic Plan 2009-2012'. Birmingham: BDA.
3. Bateman, C. (1986) 'The British Dietetic Association 1936-1986'. Birmingham: BDA, Ch. 8.
4. Bateman, C. (1986) 'The British Dietetic Association 1936-1986'. Birmingham: BDA, pp.42.
5. Prior to 2006 the BDA had referred to the side of its business relating to terms and conditions of work etc as 'Industrial Relations' but since then the term 'Employment Relations' has been used.
6. The BDA Trade Union. Terms of reference and rule book both available from: http://www.bda.uk.com/Downloads/TUterms_of_reference.
7. The Knowledge and Skills Framework.
As described in www.nhsemployers.org (Accessed Sept 2010).

The NHS Knowledge and Skills Framework (KSF) is the career and pay progression strand of Agenda for Change (AfC), the NHS pay system. It is mandatory for all Agenda for Change staff and should be fully implemented by all NHS organisations.

The KSF:

Defines and describes the knowledge and skills that staff need to apply in their work, to deliver quality services;

- Provides a single consistent, comprehensive and explicit framework for staff reviews and development;
- Allows the operation of the AfC pay progression system, without which the contractual commitment to an equitable pay system cannot be met;
- Is a generic competency framework developed from existing best practice.

The KSF is applied by identifying the knowledge and skill requirements for each NHS post (the KSF outline) and ensuring that each post holder has an annual review against their KSF outline, to identify any development needs.

A personal development plan is then agreed and carried out. At two points on each of the AfC pay bands, incremental progression is dependent on fulfilling the appropriate KSF outline for the post.

The KSF is part of the national Agenda for Change agreement and was developed in partnership by the Department of Health and management and staff side representatives. This partnership approach should be maintained through implementation of the KSF.

Chapter 3

1. BDA. (1997) 'Strategic Plan 1997-2007'. Birmingham: BDA.
BDA. (2009) 'Strategic Plan 2009-2012'. Birmingham: BDA.
2. Devolution and The BDA. (2000) Annual Report 2000. Birmingham: BDA.
3. BDA. (2008) Consultation document. Available from: http://members.bda.uk.com/association/governance_review/html (Accessed October 2010).
4. BDA. (2010) Constitutions for the Boards. Available from: <http://members.bda.uk.com/ukboards> (Accessed October 2010).

Chapter 4

1. Bateman, C. (1986) 'The British Dietetic Association 1936-1986'. Birmingham: BDA, pp. 9.
2. Macdonald, I. (1975) 'Dietitians of the Future. A report by a working group of the Dietitian's Board'. CPSM.
3. The University Tutors Group (UTG) had been in existence for many years prior to 1986 and comprised of the course leaders from each of the pre-registration dietetics programmes in the universities and colleges. The UTG met twice yearly to discuss education matters, with one of these meetings associated with the 'placement meeting'. The Group was independent of the BDA but reported informally to the Association at the November 'placement meeting' and the chair of the group was a member of the Education Committee. When the 'placement meeting' became the Education Forum the UTG were renamed the University Dietetic Educators Group (UDEG) continuing to meet twice-yearly and report to the Education Committee. With the change in The BDA Governance structure in 2009 UDEG became the a formal BDA-HEI sub-group reporting to the Education Board.

4. In late 1997 the decision was made at government level that funding for Dietetic Education and Training would move from the Education Sector to the NHS. Places at universities would be commissioned by local NHS Consortia according to local needs. Although it was not clear at the time exactly how this would work in terms of placement provision, over the next decade the local consortia would come to take more responsibility for placements within their regions as well as for commissioning from the HEIs.
5. BDA. (1991) 'Towards the 21st Century'. Birmingham: BDA.
6. BDA. (1991) 'Towards the 21st Century'. Birmingham: BDA.
7. BDA conference (1991) 'Education and the Competent Practitioner - the pre-registration experience'. Glasgow Caledonian University: BDA.
8. Steering Group. (1993) 'Report from the steering group on Key Characteristics to the Education Committee of the Dietitians Board'. Birmingham: CPSM Dietitian's Board.
9. At this point, although the wide reaching reorganisation of the NHS described in the White paper 'Working for Patients' (HMSO, 1989) was beginning to take place, dietetics was not included as a 'Working Paper 10' profession and the education programmes (and student funding) continued to be supported by the Department of Education throughout the home countries of England, Wales, NI and Scotland. This situation changed in 1997 when the decision was made that dietetic education and training would be transferred to the NHS. HEIs would be commissioned by NHS consortia to undertake the academic and practical training of dietitians according to local manpower planning requirements. Student fees would be paid by the NHS and bursaries available for maintenance costs.
10. Judd, PA. Butson, S. Hunt, P. et al. (1997) 'Pre-registration education and training for dietitians'. *Journal of Human Nutrition and Dietetics*, Vol. 10, pp. 157-162.
11. BDA. (1996) 'Report and recommendations from the British Dietetic association/ CPSM Dietitians Board Joint working party'. Birmingham: BDA.
12. Dietitian Board and BDA. (2000) 'Guidelines for Pre-registration Education and Training'. Birmingham: BDA/CPSM.
13. Judd, P.A. and Thomas, J. E. (2007) 'An evaluation of the changes to dietetics pre-registration education and training; process and outcomes. Summary Report to the BDA General and Education Trust'. BDA.
14. Department for Health (2002) NHS Reform and Health Professions Act. 2002.
15. BDA. (2008) 'Curriculum Framework for the Pre-Registration Education and Training of Dietitians'. BDA.
16. BDA. (2010) Dietetic Support Worker and Assistant Practitioner Roles. Available from: <http://members.bda.uk.com/ProfPractice/dsw/index.html>

Chapter 5

1. Bateman, C. (1986) 'The British Dietetic Association 1936-1986'. Birmingham: BDA, Ch. 4.
2. CPSM. (1979) 'PSM Education and Training - The Next Decade'. Report of the Higher Education Working party.
3. CPSM. (1980) 'PSM Registration and Self-registration - Future Requirements and Opportunities'. Report of the Working party on the Future.
4. Brereton, P.J. (1980) 'PSM education - the next decade'. *Journal Human Nutrition and Dietetics*. 34, pp. 225-228.
5. Working party to Investigate & Develop Post Registration Training in Community Dietetics. 1982-83

6. Working party to Investigate & Develop Post Registration Training in Paediatric Dietetics. 1983-85
7. Working party to Investigate & Develop Post Registration Training in Renal Dietetics. 1983-85
8. Sub Committee to Monitor Post Registration Training. 1984-86
9. Bateman, C. (1986) 'The British Dietetic Association 1936-1986'. Birmingham: BDA, pp. 16.
10. <http://www.bda.uk.com/ced/profdevaward.html>
11. BDA. (1991) 'Towards the 21st Century'. Birmingham: BDA.
12. BDA. (1997) 'Strategic Plan 1997-2007'. Birmingham: BDA.
13. Knight, T., Lawrence, T., Taylor, M., Yao, L. and De Lay, S. (2002) 'Feasibility Study for a College of Dietetics'. University of Birmingham: School of Public Health.
14. After Maggie Sanderson - a dietitian who had been heavily involved in education with the BDA and recently deceased.
15. CPD Guidance and Tools. Available from: <http://members.bda.uk.com/cpd/index.html>

Chapter 6

1. <http://members.bda.uk.com/associationbusiness/profdev/index.html> (Accessed April 2010).
2. Hutchinson, E. (1961) 'The British Dietetic Association 1936-1961'. London: Newman Books, pp. 11.
3. BDA (1986/7) 'Looking Forward - The Development of a Formal Planning Cycle for the BDA'. Birmingham: BDA
4. BDA. (1991) 'Towards the 21st Century'. Birmingham: BDA.
5. BDA. (1992, revised 1997) 'National Professional Standards for Dietitians in Healthcare'. Birmingham: BDA.
6. Standards of Records and Record keeping joint BDA/ Dietitians Board. (September 1996).
7. BDA. (2001, revised 2008) 'BDA Guidance for Records and Record Keeping'. Birmingham: BDA.
8. BDA. (2004) 'Professional Standards for Dietitians'. Birmingham: BDA.
9. BDA. (2004, revised 2008) 'BDA Code of Professional Conduct'. Birmingham: BDA.
10. Department of Health. (1998) 'A first Class Service: Quality in the NHS'. London: HMSO.
11. Department of Health (2000) 'Meeting the Challenge, the workforce strategy for allied health professionals'. London: HMSO.
12. BDA. (2002, revised 2008) 'Good Practice in Consent: A Guide for Dietitians'. Birmingham: BDA.
13. www.nhsemployers.org, (Accessed September 2010). See reference 6 Chapter 2
14. BDA. (2009) 'The dietetic career framework'. Birmingham: BDA.
15. BDA. (2009) 'Guidance Document on Extended Scope Practice'. Birmingham: BDA.
16. BDA. (2010) 'Dietetic Support Worker and Assistant Practitioner Roles'. Available from: <http://members.bda.uk.com/ProfPractice/dsw/index.html>
17. Smith, A. and Jacobson, B. (1988) 'The Nation's Health - A strategy for the 1990s'. London: King's Fund.
18. Department of Health (1992) 'Health of the Nation: a strategy for health in England'. Cm. 1986. London: HMSO.

19. These included Surestart dietitians (later to become the Early Years Nutrition Network), the Schools Nutrition network and the Community Nutrition Assistants network.
20. BDA. (1993) 'Dietetics in the Community: opportunities for the future'. Birmingham: BDA.
21. CNG. (2009) 'Aims and objectives of Community Nutrition Group of the British Dietetic Association'.
 Aim
 - To act as the specialist interest group of the British Dietetic Association to support members working in the field of community nutrition and public health.
 Objectives
 - To provide expert advice to the British Dietetic Association (BDA) on issues related to community nutrition and Public Health.
 - To raise awareness of the role of dietitians working within the community and in the field of Public Health.
 - To ensure that members are updated in relation to CNG activities and other information through the website.
 - To provide a resource to CNG members to support networking within the profession.
 - Provide a mechanism for the exchange of information through the listserv.
 - Provide a forum for members to publicise their work and share examples of best practice through the annual conference.
 - Support the membership in developing new skills through sign posting towards education and training opportunities.
 - To develop links with other specialist interest groups within the BDA to share best practice and to share information in relation to common areas of practice.
 - To act as a resource for the BDA in contributing to documents which affect policy in the area of community nutrition and public health. <http://www.cnguk.org> (Accessed Dec 2010).
22. Examples of CNG campaigns and initiatives:
 - Community food projects eg food co-ops, growing, mobile shops etc
 - Chuck Sweets off the checkout
 - School Nutrition Action Groups - influenced the formation of the School Food Trust
 - 'Give me 5' which became the topic for the BDA's first 'Food Awareness Week' campaign and was the basis for the Department of health '5 a Day' campaign.
 - The Balance of Good Health
 - Bottle to Cup
 - Water in schools
 - Folic acid campaign
 - Development of first dietetic assistants - Community Nutrition Assistants in Bolton.
 - Cook and Eat
 - Heartbeat awards and other catering and workplace initiatives.
23. There was feeling that the title 'dietitian' was not always helpful in community roles as it was seen to relate more to therapeutic roles rather than the public health aspects of dietetics.
24. Department of Health. (2002) 'Securing our future health: taking a long-term view - the Wanless Report'. London: HMSO.
25. BDA Annual Reports 2008-2009 and 2009-2010.

26. Donelan, A. (2011) 'Food Counts After 10 Years'. NHD magazine. 11, p31. Available from: www.NHDmag.com
27. NHS estates (1995, Reviewed 2001) 'Better Hospital Food'.
28. BDA. (2002) 'The Dietetic Interface with Food Service'. Birmingham: BDA.
29. BDA. (2006) 'Delivering Nutritional Care through Food and Beverage Services; a toolkit for dietitians'. Available from: www.bda.uk.com/publications/
30. Council of Europe Resolution on Food and Nutritional Care in Hospitals. (2003) www.dhsspsni.gov.uk/index-good-nutrition
31. Guidelines for UK dietitians for practice-based evidence in nutrition (PEN). Available from: <http://members.bda.uk.com/pen> (Accessed January 2011).

Chapter 7

1. Bateman, C. (1986) 'The British Dietetic Association 1936-1986'. Birmingham: BDA, CH. 9.
2. Research Forum for Allied Health Professionals (previously the AHP Research Forum). The Research Forum for Allied Health Professions (RFAHP) was established in November 2000. The Forum comprises members and officers from 11 Allied Health Professions regulated by the Health Professions' Council. Its strategic aims are:
 - To be the primary point of contact for matters relating to allied health professions research information and communication
 - To enhance the research capacity and productivity of the allied health professions
 - To contribute to national, regional and local R&D initiatives so as to reflect the full spectrum of health and social care
 - To influence the funding of allied health professions' research through lobbying funders and policy-setting bodies
 - To promote priority identification exercises for research
 - To promote opportunities for multi-disciplinary collaboration
 - To facilitate evidence-based practice through the promotion of research sensitivity. http://www.ahpf.org.uk/files/4__rfahp_newsletter_mar_2011_1_.pdf
3. In 2009/10 The National Institute for Health Research (NIHR) and the Chief Nursing Officer (CNO) for England, in collaboration with the Economics and Social Research Council (ESRC) and Higher Education Funding Council for England (HEFCE) established a major new initiative to boost clinical academic careers for nurses, midwives and allied health professionals. In 2010 the first competition for financial support awards for Clinical Doctorates was held.
4. Dietitians who are known by the author to be or have been Professors of Dietetics/Nutrition and Dietetics: Annie Anderson, Sheila Bingham (deceased 2009), Anne de Looy, Gary Frost, Pat Judd, Rosemary Richardson, Caroline Summerbell.
5. Bateman, C. (1986) 'The British Dietetic Association 1936-1986'. Birmingham: BDA, pp. 23.
6. BDA. (1986) 'Getting Started in Research'. Birmingham: BDA.
7. BDA. (1998) 'Getting Started in Research and Audit'. Birmingham: BDA.
8. BDA. (1988) 'Computers in Dietetics'. Birmingham: BDA.
9. NHS. (1994) 'Research and Development Task Force. Supporting research and development in the Culyer Report'. London: HMSO.
10. Hickson, M. (2008) Research Handbook for Health Care Professionals. Oxford: Wiley-Blackwell.

11. Taylor, M. (1998) 'Evidence-based practice - are dietitians ready, willing and able'. *Journal of Human Nutrition and Dietetics*. 11, pp. 461-472.
12. During 1998 the BDA were invited to input Research and Audit Activity into the NHS National Centre for Research and Audit which would be incorporated into the National Institute for Clinical Excellence (NICE).
13. BDA. (2000) 'Dietitians and Research - A Career Long Challenge'. Birmingham: BDA.
14. BDA. (2002) 'BDA Research Strategy 2002-2007'. Birmingham: BDA.
15. BDA. (2008) 'BDA Research Strategy 2008-2013'. Birmingham: BDA.
16. BDA. (2007, updated 2009) 'Dietitians and Research - a Knowledge and Skills Framework'. Birmingham: BDA. Available at: <http://members.bda.uk.com/associationbusiness/research/research.pdf>
17. Guidelines for preparing abstracts and posters: <http://www.bda.uk.com/conference/research/AbstractPreparation.pdf>
<http://www.bda.uk.com/conference/research/Posters4BDAevents.pdf>

Chapter 8

1. Bateman, C. (1986) 'The British Dietetic Association 1936-1986'. Birmingham: BDA, pp. 29.

Chapter 9

1. Bateman, C. (1986) 'The British Dietetic Association 1936-1986'. Birmingham: BDA, pp. 22.
2. 'The Essential Ingredient'. (1989) Video. Birmingham: BDA.
3. Bateman, C. (1986) 'The British Dietetic Association 1936-1986'. Birmingham: BDA, pp. 7.
4. The Information Standard. Information available from: www.theinformationstandard.org. (Accessed December 2010).
5. BDA. (1991) 'Towards the 21st Century'. Birmingham: BDA.
6. Information on 'Weight Wise' is available from: www.bdaweightwise.com. The site also leads the viewer to a specialised site for young people: www.teenweightwise.com.
7. BDA. (2009) 'Guidelines for Sponsorship and Collaborative Partnerships'. Birmingham: BDA.
8. Buttriss, J. (2005) 'Is your nutritionist registered? British Nutrition Foundation'. *Nutrition Bulletin* 30, pp. 215-216.
9. Details of the UK Voluntary Register of Nutritionists are available from: www.associationfornutrition.org (Accessed January 2011).
10. BDA. (2010) 'Dietitian? Nutritionist? Nutrition Therapist? Diet Expert?' Birmingham: BDA.
11. BDA. (2002) 'The Employment of Nutritionists in NHS Nutrition and Dietetic Departments - A Professional Development Guidance Document'. Available from: <http://www.nhscareers.nhs.uk/details/Default.aspx?id=840> (Accessed December 2010).
12. Allied Health Professionals Federation (AHPF). Information available from: www.ahpf.org.uk. (Accessed January 2011).
13. Bateman, C. (1986) 'The British Dietetic Association 1936-1986'. Birmingham: BDA, pp. 34.
14. The History of EFAD. Available from: www.efad.org (Accessed January 2011).

15. EFAD. (1986) 'European Federation of the Associations of Dietitians; The Job Field of Dietitians, Now and in Future 1986'.
16. EFAD. (1988) 'European Federation of the Associations of Dietitians; The Role and Training of Dietitians in Europe 1988'.
17. EFAD. (1991) 'European Federation of the Associations of Dietitians; Training Programmes for Dietitians in the Member States of EFAD 1991'.
18. EFAD. (1996) 'European Federation of the Associations of Dietitians; the Work of Dietitians in Europe 1996'.
19. EFAD. (1999) 'European Federation of the Associations of Dietitians; Education Programmes and Work of Dietitians in the Member States of EFAD 1999'.
20. EFAD. (2003) 'European Federation of the Associations of Dietitians; Education Programme and Work of Dietitians in the Member Countries of EFAD 2003'.
21. The Roskilde Declaration EFAD 2003.

EFAD aims to promote the development of the profession and to develop dietetics on a scientific and professional level in the common interests of the member associations. It was decided that the time had come for the dietetic associations to work together with the higher education institutes towards achieving a common standard for dietetics across Europe.

At the General Meeting of EFAD, held in Roskilde, Denmark in September 2003, delegates adopted the Roskilde resolution.

The Roskilde Resolution, adopted by EFAD members in 2003, called on Dietitians and Educators to:

- Agree a description of the role of a dietitian working in Europe
- Introduce a minimum qualification of a 3 year degree, benchmarked at a defined level, with an Education Credit Transfer System (ECTS)
- Agree a European Dietetic Benchmark Statement, including a practical placement benchmark, for the education of dietitians in Europe
- Set a benchmark for teachers of dietetics
- Agree a common "language" by defining all technical terms used
- Establish national registration of dietitians to protect the title "dietitian"
- Consider the possibility of introducing registration as a European dietitian.

22. EFAD. (2005) 'European Dietetic Academic and Practitioner Standards'.
23. Anne de Looy (eds.) (2009) 'Report 5: Quality Assurance, Dietetic Competence and Practice Placement Standards 2006-2009'. DIETS/EFAD
24. Details of DIETS and DIETS2 are available from: www.thematicnetworkdietetics.eu (Accessed January 2011).

25. A 20/20 VISION FOR ICDA FOR THE 21ST CENTURY
XII International Congress of Dietetics, Philippines 1996
'The following provisional statement of purpose will guide the Planning Committee as it addresses issues of ICDA structure and programming for consideration by delegates in 2000.

ICDA will support dietetic associations and their members, beyond national and regional boundaries, by achieving:

- An integrated communications system
- An enhanced image for the profession
- Increased awareness of standards of education, training and practice in dietetics.

This clearer view of what ICDA could achieve will be the basis for continuing dialogue among the member countries of ICDA towards, clarifying, the purpose and mission of ICDA before the turn of the Century. Between now and the end of

- 1999 strategies and specific plans for achieving these results will be developed. ICD delegates will meet in 2000 in Edinburgh at the XIII International Congress of Dietetics to act on proposals that will finalise the mission and plans.'
26. Information about ICDA's history and current projects. Available from: www.internationaldietetics.org (Accessed January 2011).
 27. This was not true 'reciprocity;' but gave UK dietitians the right to sit the American Dietetic Association Examination.
 28. International conferences were held as follows: 1988 Paris, 1992 Jerusalem, 1996 Manila, 2000 Edinburgh, 2004 Chicago, 2008 Japan.
 29. ICDA. (2004) 'The Education and Work of Dietitians'.
 30. ICDA. (2007) 'Ethics and Standards: The underpinnings of quality professional practice. A discussion paper for action'.
 31. ICDA. (2008) 'Dietitians Around the World: Their Education and Their Work'.
 32. ICDA. (2010) 'Final Report of the International Confederation of Dietetic Association (ICDA) Evidence-based Practice Working Group'
 33. ICDA. (1996) 'Proceedings of Two Mini-Symposia: Trends in the Work of Dietitians Around the World and Trends in the Education and Training of Dietitians Around the World'.

Chapter 10

1. Bateman, C. (1986) 'The British Dietetic Association 1936-1986'. Birmingham: BDA, pp. iv.

APPENDICES

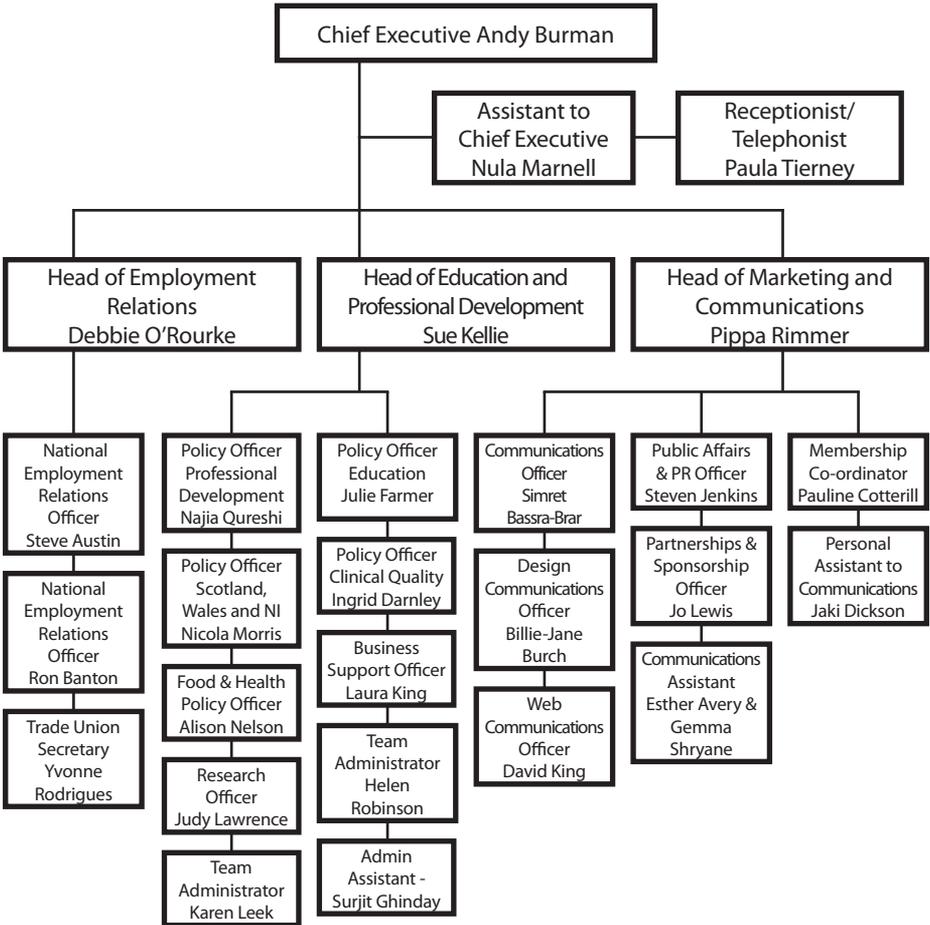
The appendices relate to the relevant chapter in the book.

APPENDIX 1

Administrator of the BDA Mr John Grigg	1986 - 1996
Secretary of the BDA Mr John Grigg	1996 - 2001
Chief Executive Officers of the BDA Mr John Grigg Mr Andrew Burman	2002 - 2003 2003 - To date
Honorary Presidents of the BDA Professor Russell J. L. Allen. OBE MSc PhD Professor Dame Barbara Clayton. CBE, DBE, FRCP Edinburgh Mrs Mary Turner. MBE	1979 - 1989 1989 - 2008 2010 - To date
Trustees of the BDA General and Education Trust Miss Creina Murland Mr William T. Seddon Professor R. J. L. Allen Mr Peter Brindley Professor Dame Barbara Clayton Miss Edith T. Elliot Honorary Chairman and Treasurer	1976 - 2000 1977 - To date 1979 - 1989 1985 - To date 1989 - 2008 2000 - To date In post each year.

APPENDIX 2

Organisational Chart - BDA staff 2011



General Secretary of the BDA Trade Union

1986 - 1987	Miss Morag D MacKellar
1987 - 1988	Miss Siburnie Ramharry
1988 - 1989	Miss Siburnie Ramharry
1989 - 1990	Miss Siburnie Ramharry
1990 - 1991	Miss Siburnie Ramharry
1991 - 1992	Miss Siburnie Ramharry
1992 - 1993	Miss Lynn Elliott
1993 - 1994	Miss Lynn Elliott
1994 - 1995	Miss Lynn Elliott
1995 - 1996	Miss Evelyn A Ogilvie
1996 - 1997	Miss Evelyn A Ogilvie
1997 - 1998	Miss Evelyn A Ogilvie
1998 - 1999	Mrs Fiona E Moor
1999 - 2000	Mrs Fiona E Moor
2000 - 2001	Mrs Fiona E Moor
2001 - 2002	Mrs H Fiona Scott
2002 - 2003	Mrs H Fiona Scott
2003 - 2004	Mrs H Fiona Scott
2004 - 2005	Mrs H Fiona Scott
2005 - 2006	Mr Mark E Parry
2006 - 2007	Mr Mark E Parry
2007 - 2008	Mr Mark E Parry
2008 - 2009	Mrs Suzanne G Wong

APPENDIX 3

Honorary Chairmen

1985 - 1987	Miss Edith T. Elliot
1987 - 1989	Dr Alison E. Black
1989 - 1991	Miss Morag D. Mackellar
1991 - 1993	Miss Carole A. Middleton MBE
1993 - 1995	Mrs Susan M. Roberts
1995 - 1997	Ms Jane Eaton
1997 - 1999	Mrs Alison M. Dobson
1999 - 2001	Mrs Loretta A-M. Cox
2001 - 2003	Mrs Luci L. Daniels
2003 - 2005	Mrs Susan E. Jones
2005 - 2007	Mrs Judith J. Catherwood
2007 - 2009	Mrs Pauline L. Douglas
2009 - 2011	Ms Helen Davidson

Honorary Secretaries

1986 - 1987	Mrs Christine A. Russell
1987 - 1988	Mrs Christine A. Russell
1988 - 1989	Mrs Janet M. Smart
1989 - 1990	Mrs Janet M. Smart
1990 - 1991	Mrs Janet M. Smart
1991 - 1992	Mrs Susan M. Roberts
1992 - 1993	Mrs Susan M. Roberts
1993 - 1994	Mrs Jill E. Ward
1994 - 1995	Mrs Susan E. Jones
1995 - 1996	Mrs Susan E. Jones
1996 - 1997	Mrs Susan E. Jones
1997 - 1998	Mrs Susan E. Jones
1998 - 1999	Miss Alison Scott
1999 - 2000	Mrs Anne L. Robinson
2000 - 2001	Mrs Anne L. Robinson
2001 - 2002	Mrs Loretta A-M. Cox
2002 - 2003	Mrs Loretta A-M. Cox
2003 - 2004	Mrs Loretta A-M. Cox
2004 - 2005	Mrs Shirena H. Counter
2005 - 2006	Mrs Ruth E. Redman
2006 - 2007	Mrs Ruth E. Redman
2007 - 2008	Mrs Ruth E. Redman
2008 - 2009	Mrs Fiona M. Page
2009 - 2010	Mrs Lesley H. Russell
2010 - 2011	Miss Fiona S. W. McCullough
2011 - 2012	Miss Fiona S. W. McCullough

Honorary Treasurers	
Miss Carole A Middleton MBE	1986 – 1989
Miss Valerie A Beattie	1989 – 1992
Mrs Mary C Cooper	1992 – 1996
Mrs Christine A Rudd	1996 – 2001
Mrs Anne R Donelan	2001 – 2002
Mrs Carol Leverkus	2002 - 2004
Mrs Pauline L Douglas	2004 – 2008
Miss Michele A Mackintosh	2008 – 2012

Fellows of the BDA

NAME	AWARD YEAR
Miss Morag D. MacKellar	1987
Mrs Margaret M. McCloskey	1989
Miss Irene C. I. Mackay	1989
Miss Margaret H. Dale	1990
Ms Jane Eaton	1991
Mrs Janet M. Smart	1991
Miss Sally Day	1993
Miss Carole A. Middleton	1993
Mrs Gwyneth N. Statham	1993
Mrs Pamela M. Williams	1993
Mrs Christine M. Morley	1994
Dr Briony J. Thomas	1994
Mr Neil Donnelly	1994
Dr Patricia A. Judd	1998
Mrs Brenda J. Clark	1999
Mrs Alison M. Dobson (deceased)	2000
Mrs Susan M. Roberts	2001
Dr Margaret S. Lawson	2001
Mrs Loretta A-M. Cox	2002
Mrs Diane L. Spalding	2002
Mrs Luci L. Daniels	2004
Mrs Sylvia E. Butson	2004
Mrs Margaret M. Gradwell	2005
Dr Jacki A. Bishop	2006
Professor Anne E. de Looy	2006
Dr Angela M. Madden	2006
Mrs Susan E. Jones	2006
Ms Gillian C. Pearson	2006
Mrs Diane M. Talbot MBE	2007
Mrs Susan J. Shandley	2007
Ms Jane E. Thomas	2007
Ms Vanessa N. Shaw	2007
Mrs Susan R. Acreman	2008
Mrs Judyth H. Jenkins	2008
Mrs Judith J. Catherwood	2008
Miss Alexa L. Scott (deceased)	2008

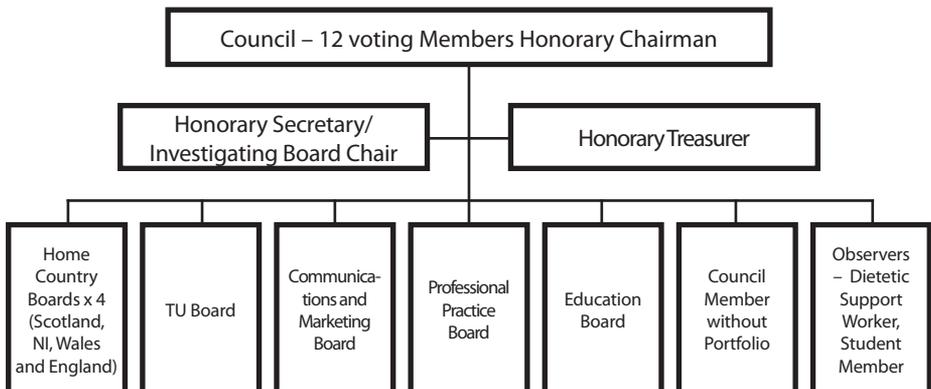
Mrs Catherine M. Collins	2009
Dr Isabel J. Skypala	2009
Mrs Pauline A. Mulholland	2009
Mrs Pauline L. Douglas	2010
Miss Michele A. Mackintosh	2010
Mr Rick C. Wilson	2011
Dr Joan D. Gandy	2011

Honorary Associates

Professor W. P. T. James	1986
Professor John Dodge	1987
Dr Brian A. Wharton	1988
Dr Alan Shenkin	1989
Professor Andrew J. Rugg-Gunn	1991
Professor Andrew Prentice	1992
Dr. John F. Munro	1992
Mr Peter Brindley	1992
Dr Derek Hockaday	1995
Dr Matthew G. Dunnigan	1998
Dr Colin Henderson	1998
Prof.essor John C. Mathers	2003
Lord Rea	2003
Professor Peter Kopelman	2003
Professor Robert Pickard	2003
Mr John Grigg	2003
Dr Andrew Salter	2006
Dr William Dickey	2008
Prof.essor Clyde Williams	2008
Dr Louis Levy	2009
Dr Martin Wiseman	2009
Dr Alastair McKinlay	2010

The British Dietetic Association

Governance review organisation chart Proposed structure



Examples of the work of some BDA Specialist Groups

BDA Renal Nutrition Group

The Renal Group, the first specialist Group of the BDA, was formally established in 1972. A preliminary meeting had been held on 4 December 1970 at the St Peter, Paul and St Philips Hospitals organised by Ms Philippa Champion SRD, Renal Dietitian from Dulwich in London and was attended by 36 dietitians from those hospitals that had by then established dialysis centres across the UK, from Edinburgh to Portsmouth and Northern Ireland. This meeting was attended by Mrs Thomson, Chairman and Miss Jamieson, Secretary of the BDA.

The BDA Council agreed that the Group should be named "Renal Dialysis Group" (RDG) in 1970 and was renamed the "Renal Nutrition Group" (RNG) in 1997 to reflect the fact that renal dietitians were seeing a wider range of renal patients, other than those on dialysis. The Group has met twice a year since the early 1980s and this continued to the present day. There have also been several joint meetings with other BDA specialist interest groups.

Membership was initially restricted to renal dietitians, but from 1996 non renal dietitians could become members with BDA membership a prerequisite. The membership currently stands at over 200.

Changes in dietetic practice

As treatment of the patient with Chronic Kidney Disease (CKD) has changed over the years, so dietetic practice has also changed. In the 1980s, strict low protein diets were used for the patients approaching the need for dialysis. By 1991, only half of renal dietitians were using low protein diets to try and delay progression of renal failure. This was quite different to the earlier years of the RDG when, prior to Renal Replacement Therapy becoming available, drug and dietary therapies were all that could be prescribed. The 1986 MRC multi-centre trial, involving renal dietitians and nephrologists, to examine the role of diet in progression of CKD following the Modification of Diet in Renal Disease (MDRD) study in USA, was abandoned as by then Angiotensin Converting Enzyme Inhibitors (ACEI) drug therapy and frequent follow up of patients started to slow down the rate of progression of CKD. In 1987 the DHSS stopped the special dietary allowance dialysis patients were able to claim for the cost of their diets.

In 2001 when the use of low protein diets was debated by RNG members, the majority agreed that the potential risk of malnutrition was greater than the potential benefit of a low protein diet and most would choose a protein intake of 0.8-1.0g/kg IBW and energy 30 kcal/kg with frequent and careful monitoring of nutritional status.

From the mid 90s onwards, there was more emphasis on nutritional status and controlling phosphate levels with both affecting morbidity and mortality.

Limiting potassium and sodium intakes, though important for some groups of patients, could result in a monotonous, restrictive diet being consumed and compromising nutritional status. This is important, in an aging dialysis population. The skill of the renal dietitian today is to ensure that the patient has a nutritionally adequate diet, individualising the sodium, potassium and phosphate content as required and ensuring an appropriate protein and energy intake.

Throughout the decades, several RDG/RNG meetings have discussed these controversial topics and helped to ensure that members kept up-to-date with the current best practice.

Workforce Planning and the role of the renal dietitian

In 1992 discussions took place about the professional status of renal dietitians especially as Hospital Trusts developed. The Renal Dietitian (Career) Leaflet of the BDA was updated and redesigned during 1994/5 and the RDG was also invited to contribute to the BDA educational programme for mature returners. In 1996 the BDA IR committee requested the RDG to help with the emerging need for expert witnesses.

There were large differences in the duties carried out by renal dietitians in the early 1990s; for example some looked after the ITU acute patients; others did not. There was also a wide variation in the cover given to dialysis clinics. It was felt that there should be some standards set for renal dietitians, partly because there were no specific normal staffing levels or gradings available from the BDA at that time. In 1991 the Renal Association published the document: Provision of Services for Adult Patients with Renal Disease in the United Kingdom, with contributions from dietitians and gave the first recommendations of staffing levels for pre dialysis and HD patients, PD, transplant and inpatients.

This document was the start of estimating the renal workforce to treat the ever increasing CKD population and several questionnaires have been sent out to RNG members since. The most recent guidelines were published in 2002 by the British Renal Society (BRS) and was entitled 'The Renal Team: A Multi-Professional Renal Workforce Plan For Adults and Children with Renal Disease; Recommendations of the National Renal Workforce Planning Group 2002'.

Standards

Best Practice Standards were first introduced during 1991-1992 by the London Renal Dietitians Group.

The National Guidelines for setting Standards of Dietetic Care for Adult Renal Patients project was started by the RDG in 1993. This was finished in 1998 and published as Setting Standards and Achieving Optimal Nutritional Status: Standards for Adult Renal Patients over 18 years old. In 1999 the RNG received the Elizabeth Washington Bursary award for this publication.

The RNG was also involved with the new Renal Association Standards. The first edition was published in 1995, entitled 'Treatment of Adult Patients with Renal Failure: Recommended Standards and Audit Measures'. The RNG have also been involved with the second and third editions.

Renal dietitians were also involved in the development of the NSF for renal services (parts 1 and 2), which were published in 2004 and 2005.

Nutritional product developments

Renal Dietitians continued to be closely involved with product development that would enhance nutritional status and quality of their patients' diets. These included, Ensure (Abbott), Nephrovite (1986), MaxiPro (1987) and CalciChew (1989) followed by Duobar, Maxi Sorb, SnoPro, Juvella LP products from Sweden and a variety of nutritional supplements manufactured by companies such as SHS, Nutricia, Fresenius, Ross/Abbott, Kimal, Sandoz and Kabi-Pharma.

Surveys

- The grading of Renal Dietitians (1992 and 1996 with renewed hope for appropriate grading of specialist dietitians)
- Low Protein Diets and Exchanges for Protein (1992, repeated in 1995)
- Dietetic Practice regarding Nutritional Support (1993)
- Role of Dietitians and Identifying Malnutrition (1995)
- The use of Intra Dialytic Parenteral Nutrition (1995)
- Staffing levels/patient ratios (1996/7 and 1998)

Publications

- The Renal Cookbook 'Enjoying Food on a Renal Diet' second edition (first published in 1982) was published with financial support from ULTRAPHARM in 1991. The company also managed the sales and distribution of this book.
- In 1992 The Exeter Renal Unit published the first set of Videos for staff and patients, including dietary management.
- In 1994/5 diet sheets and audio tapes were developed for the Asian and Chinese Renal Patients by the Renal Dietitians from the Sheffield General Hospital.
- 'Setting Standards and Achieving Optimal Nutritional Status: Standards for Adult Renal Patients over 18 years old' (1998)
- National Standards for Hospital Meals for Renal inpatients (2001)
- Renal Chapters in the Manual of Dietetic Practice
- Chapter in the Parenteral and Enteral Group Clinical Handbook

Education and Training

The first pre registration guidelines for students were produced in 1987 and a new pack produced in 1997. This was again updated and a new version completed in 2002 which was available for both dietitians and universities to use for students.

The RDG started post Registration Training in 1990, the first specialist group to do so. The BDA validated the twice yearly held courses for accredited learning hours from 1991 onwards. Modules were changed according to changes in CKD treatment. In 1994 the Transplantation module was added. The original Renal Course was one week long, but was changed to two two-day modules.

The RNG's current post registration education plan for the future includes the development of BDA endorsed courses in both the early stages of CKD and treatment of Acute Kidney Injury, a three day renal course for new renal dietitians (covering CKD Stages 4 and 5) and an MSc module for those with greater experience.

Audit, research and the extending role of the dietitian

Renal dietitians have often been actively involved with both local and multi centre audit and research projects and this has helped to establish renal dietitians as an invaluable part of most renal multi disciplinary teams.

One part of this has been greater involvement with all aspects of phosphate control including phosphate binder medication. As the profession looks to extend its role into medicine management, renal dietitians have been at the forefront in developing protocols and patient group directions that allow them to adjust phosphate binders and vitamin D therapies, and thereby to improve patient care.

The RNG regularly give opportunities for renal dietitians to present the results of their own audits and research, hopefully encouraging and inspiring others to take part themselves. Scientific Hospital Supplies (SHS) established an annual award for an individual or a group of dietitians who submitted the best projects such as a publication, research or an educational tool. The RNG committee members select the type of project and also recommend the award for presentation at one of the annual meetings.

Professional Interest Groups for Renal Dietitians

Members of the RNG have from the beginning expressed a keen interest in the developments of Special Interest Groups within organisations that emerged in the UK and abroad from the early 1980s.

- The British Renal Symposium (BRS) was formed in 1989; now known as the British Renal Society .It is the premier national multi disciplinary renal meeting providing members with a forum to present original work and share experiences.
- The Kidney Alliance - dietetics was offered a seat. This enabled the RNG to be able to contribute to the renal NSF.
- The European Dialysis and Transplant Association (EDTNA) - Renal Care Association (ERCA) For the first time in 2000 a Renal Dietitian was appointed to the position of President of the Association, Gemma Bircher. The Association has a nutrition interest group presently chaired by a UK dietitian.
- The National Kidney Foundations -Council on Renal Nutrition (NKF/CRN) invited renal dietitians from UK to become member of their organisation.
- The International Society on Renal Nutrition and Metabolism was formed in 1977 and the first renal dietitians from UK started to contribute at the congresses from 1982 onwards. In 1996 the ISRNM voted to include dietitians as associate members. From then onwards the Society with the presence of renal dietitians has made a huge impact on nutrition and metabolic research and best practice for all renal professionals. The Journal of Renal Nutrition is the official Journal of the Society.

Anniversaries

The RDG celebrated the BDA Golden Anniversary with a two day special meeting at the Holiday Inn in Portsmouth on 15 and 16 May 1986. In 1997 the RNG celebrated their Silver Anniversary with a special two-day meeting in Harrogate. Invited speakers presented an overview of the past, present and immediate future of dialysis and transplantation and a kidney patient talked about his personal experience as a HD patient of 25 years on haemodialysis. An exhibition included literature and samples of diet sheets, publications of recipe books and nutritional products developed from the late 1960s onwards. Many dietitians from the past attended and shared their experiences with the newly qualified renal dietitians.

From Marianne Vennegoor, Alison Anderton and Elizabeth Sloan, George Hartley, Louise Wells and Sue Perry : present and former chairs of the RDG/RNG.

The History of The Sports Dietitians Group

Perhaps the first time a group of dietitians interested in sport actually came together was in October 1985 when the Central Council of Physical Recreation organised a one day meeting in London. The need for a professional group was in question, as little science existed in those days as surmised by a quote recorded in minutes of the meeting by Anne De Looy - who was recorded as saying that 'the major problem facing a dietetic service was the lack of evidence that you do actually perform better by eating as recommended by a dietitian!'

Evidence was however gathering and sports science was beginning to embrace the discipline of nutrition in relation to the requirements of sport and exercise.

In 1986 The Sports Nutrition Foundation (SNF) was formed under the umbrella of the National Sports Medicine Institute based in St Bartholomew's Hospital in London with membership being largely dietitians. On the 11 and 12 July 1987 the first ever sports nutrition course for dietitians was held and in the summer of 1988 the first SNF Newsletter was produced. The first SNF conference was held in January 1989, at which a slide based education pack was launched. This was only available to those suitably qualified! (Mainly aimed at Dietitians)

Gill Horgan (SRD) became SNF Sports Dietitian/Administrator in 1991 and the SNF had been firmly established as the base for sports dietetics, with a hardworking committee who gave their time to produce literature, teaching aids and a 'register' of those who had undertaken sports dietetic training. In 1992 Lisa Pearce became editor of the newsletter and the SNF formally became a division of NSMI. In 1993 the first formal Sports Dietetics course was completed. The majority of this was carried out over two long weekends, the first based at Loughborough University, an acknowledged centre of excellence for sports science, under the tutelage of Professor Clyde Williams. So popular did the course prove to be that a second course began in the same year, finishing in 1994, the year Jeanette Crosland took over as editor of what became a substantial newsletter distributed to a membership in excess of 100 people. The course continued in a similar manner with the first weekend being held at Loughborough and the second weekend moving to various venues around the country. This enabled the students to benefit from the superb sports science facilities and staff at Loughborough whilst the more practical aspects were taught in the second weekend led by practicing sports dietitians.

National Symposiums were held regularly by the SNF and in 1996 the SNF Annual Conference became part of the Annual Conference of the British Association of Sport and Exercise Sciences (BASES). In the same year the SNF published a cookery book and the third Sports Dietetics Course was completed. During 1998 the first full session at BDA National Conference devoted to Sport Dietetics and an assistant to Gill was appointed at the SNF. The fourth Sports Dietetics Course was completed and there were 13 regional interest groups of sports dietitians regularly meeting at this time.

Two more Sports Dietetics Courses followed and by this time the group had established an 'accreditation system' based on the courses and requiring registrants to re accredit every 5 years, a process which involved a considerable amount of written work and peer review.

November 1999 saw the group change its name and become 'Dietitians in Sport and Exercise' (DISEN), with Jane Griffin as Chair and the now famous 'pee charts' being produced by the group in the same year. The group developed more teaching aids and became a central point of contact for sports nutrition in the UK. Leaflets on general sports nutrition and a series of booklets targeting children in sport were popular as was

a set of slides (yes - no powerpoint then!) for use by sports dietitians in their work with athletes. A website was developed and a committee met regularly.

In 2002 the group became an interest group of the BDA and at its peak it had a membership of 150 dietitians, many of who were active in the field. The group ran a parallel session on sports nutrition at the 2002 BDA Conference, held in the East Midlands Conference Centre. At this time Sports Dietitians worked with the British Olympic Association (BOA), and the British Paralympic Association (BPA), and many of the squads famous for their performances in the Olympic and Paralympic Games employed their own sports dietitians. A considerable number of sports dietitians were also working in the world of professional sports such as football, rugby, golf, tennis and horse racing.

In 2009 the name of the group was changed to Sports Dietitians UK (SDUK). Over recent years sports dietetics courses like many Special Interest groups, have become modules for master degrees at a number of universities, hence the courses run by the interest group have ceased to exist.

However, from around 2008 the involvement of dietitians in sport has decreased markedly. The dawn of the English Institute of Sport introducing full time posts meant that many dietitians who quite rightly wanted also to maintain a clinical knowledge, base drifted away from sport. Added to which there was a parallel increase in the number of sports nutritionists working in the field. Whilst sports dietitians continue to work with individual squads and major organisations such as the BPA, the numbers are now much smaller than in the past.

From Jeanette Crosland and Jane Griffin

Paediatric Group Achievements 1986-2010

1986

Continue to provide postgraduate education for paediatric dietitians through Tier 1 and 2 courses.

1991

New style Introduction to Paediatric Dietetics course validated by BDA for credited learning hours. Hosted by major children's hospitals around the UK. Advanced Paediatric Dietetics course run at the Institute of Child health, London.

1994

First edition of Clinical Paediatric Dietetics published. Authors are leading UK paediatric dietitians. Becomes the standard reference text for paediatric dietitians world-wide.

1999

50th study day celebrating 25 years of the Paediatric Group. Original research presented by 16 paediatric dietitians: eight oral presentations and eight poster presentations. Followed by a reception at Birmingham Children's Hospital.

2001

Second edition Clinical Paediatric Dietetics published.

2003

Paediatric Dietetics course presented in modular style, four modules offered from nutrition in community and primary care through secondary and tertiary paediatrics. Lecturers and workshop leaders are leading UK paediatric dietitians.

2006

Dietetic Assessment and Monitoring of Children with Special Needs with Faltering Growth, professional consensus statement written by Paediatric Group members.

2007

Third edition Clinical Paediatric Dietetics published.

'Guidelines for Making Up Special Feeds for Infants and Children in Hospital' written by Paediatric Group members and endorsed by Food Standards Agency

2008

Paediatric Dietetics modules accredited by the University of Plymouth for CPD, 20 Masters credits per module.

2009

MSc in Paediatric Dietetics pathway created, the first named MSc for paediatric dietitians world-wide. Six paediatric modules accredited to date. So far 150 M modules have been completed.

2010

'Student Training Pack' published, for undergraduate student training placements.
'Self-directed Learning Pack' published, for dietitians new to paediatrics.

Paediatric Group Leaflets

Ongoing since 1990, we have produced nine leaflets for use by community healthcare workers to help with educating parents about a range of public health nutrition topics: After milk, what's next?; Food for the growing years; Food for the school years; Help my child won't gain weight; Help - my child won't eat!; My child still won't eat!; Feeding the vegetarian child, Following a vegetarian diet; RU ready 2 change? - making changes for a healthy lifestyle.

Position statements

Ongoing since 1990, to give members evidence-based advice on possibly controversial topics such as age of weaning, use of soya formulas in infancy, use of rice milk in children, fruit and vegetable portion sizes for children.

Other groups

There are a number of groups of dietitians practising in sub-speciality areas that have close links with the main Paediatric Group, which serve to further keep the membership up-to-date in these sub-specialty areas, including Autism Specialist Interest Group, British Inherited Metabolic Disease Group, Ketogenic Diet Professional Advisory Group, Paediatric Oncology Interest Group, Neonatal Nutrition Interest Group, Paediatric Renal Interest Nutrition Group, UK Dietitians Cystic Fibrosis Interest Group.

By Vanessa Shaw

APPENDIX 4

Pre-registration Dietetics Programmes 2011

Coventry University	BSc (Hons) Dietetics
Glasgow Caledonian University	MSc Dietetics
Glasgow Caledonian University	PgDip Dietetics (Pre-Registration)
Glasgow Caledonian University	BSc (Hons) Human Nutrition and Dietetics
King's College London	MSc Dietetics
King's College London	BSc (Hons) Nutrition & Dietetics
King's College London	Pg Dip Dietetics
Leeds Metropolitan University	BSc (Hons) Dietetics
Leeds Metropolitan University	Pg Dip Dietetics
London Metropolitan University	BSc (Hons) Human Nutrition & Dietetics
London Metropolitan University	MSc Human Nutrition & Dietetics
London Metropolitan University	PgDip Human Nutrition & Dietetics
Nottingham University	MSci Nutrition and Dietetics
Queen Margaret University (Formerly Queen Margaret University College)	PgDip Dietetics
Queen Margaret University (Formerly Queen Margaret University College)	BSc (Hons) Dietetics
Queen Margaret University (Formerly Queen Margaret University College)	MSc Dietetics
The Robert Gordon University	BSc (Hons) Nutrition and Dietetics
University of Chester	BSc (Hons) Nutrition and Dietetics

Honorary Education Officers of the BDA

	Pre-registration	Post-registration
1986 - 1987	Dr Jackie Tredger	Dr Jackie Tredger
1987 - 1988	Dr Jackie Tredger	Dr Jackie Tredger
1988 - 1989	Mrs Margaret M. Gradwell	Mrs Margaret M. Gradwell
1989 - 1990	Mrs Celia B. Firmin	Mrs Celia B. Firmin
1990 - 1991	Mrs Celia B. Firmin	Mrs Celia B. Firmin
1991 - 1992	Mrs Celia B. Firmin	Mrs Celia B. Firmin
1992 - 1993	Dr. Patricia A. Judd	Dr. Patricia A. Judd
1993 - 1994	Dr. Patricia A. Judd	Dr. Patricia A. Judd
1994 - 1995	Dr. Patricia A. Judd	Dr. Patricia A. Judd
1995 - 1996	Dr. Margaret S. Lawson	Dr. Margaret S. Lawson
1996 - 1997	Dr. Margaret S. Lawson	Dr. Margaret S. Lawson
1997 - 1998	Dr. Isabel J. Skypala	Dr. Isabel J. Skypala

1998 - 1999	Dr Margaret S. Lawson	Dr. Isabel J. Skypala
1999 - 2000	Miss Elizabeth A. Belton	Dr. Margaret S Lawson
2000 - 2001	Miss Elizabeth A. Belton	Miss Norma M Lauder
2001 - 2002	Miss Elizabeth A. Belton	Miss Norma M Lauder
2002 - 2003	Miss Norma M. Lauder	Mr David Barham
2003 - 2004	Miss Norma M. Lauder	Miss Norma M. Lauder
2004 - 2005	Miss Norma M. Lauder	Miss Norma M. Lauder
2005 - 2006	Miss Norma M. Lauder	Miss Norma M. Lauder
2006 - 2007	Ms Jane E. Thomas	Mrs Judyth H. Jenkins
2007 - 2008	Ms Jane E. Thomas	Mrs Judyth H. Jenkins
2008 - 2009	Ms Jane E. Thomas	Mrs Lisa Edwards

In 1998 the Education Committee split into two committees and the role of Honorary Education Officer was put in abeyance. The chairs of the two Committees attended Council. In 2003 the roles were combined again.

APPENDIX 6

Levels of Dietetic Practice in 2011

Entry-level practice	At the point of registration, a graduate in dietetics understands and has the ability to work within the wide-ranging sphere of influence of dietetics. They will be able to work autonomously, with practice based on sound evidence, in therapeutic roles with individuals and, more broadly, in health promotion and public health with both individuals and groups. The dietitian will demonstrate professional problem-solving skills where there is considerable variation in the presentation and health needs of service users and the setting for care.
Specialist practice	<p>The expert dietitian demonstrates specialist knowledge of dietetic practice within their field of practice or knowledge across the breadth of dietetic practice. They actively seek to develop their own practice for the benefit of their service users, through integrating new knowledge obtained through reflection and evaluation or from external sources.</p> <p>The expert dietitian will demonstrate sound problem-solving skills where there is considerable variation in the presentation and health needs of service users and the setting for care. They will demonstrate flexibility in delivering care in complex and unpredictable contexts.</p>
Advanced practice	Advanced practice is at, or informed by, the forefront of nutrition and dietetics research and practice. An advanced dietitian demonstrates highly developed expert knowledge and skills within their field of practice, including outside traditional role boundaries, and will demonstrate originality and creativity in the application of these. The advanced dietitian will manage complex issues in situations where there is incomplete data, conflicting priorities (clinical, environmental, organisational, strategic, political or policy) and often no existing guidance. The advanced dietitian seeks to shape and influence the environment at different levels including local, regional, professional and national, in order to influence outcomes for their service users.
Consultant practice	The consultant dietitian demonstrates highly developed expert knowledge and skills within their field of practice. They deliver improved outcomes for service users through innovative service delivery and the development of practice and research. The consultant dietitian demonstrates professional leadership through being an inspirational role model, the development and effective use of national and international networks and the active development of a learning environment in the team.

From 'The dietetic career framework' BDA 2009

Chairmen of Professional Development Committee

1985 - 1987	Professor Anne de Looy
1987 - 1988	Miss Morag D. Mackellar
1988 - 1990	Dr Sandra Warrington
1990 - 1991	Miss Carole A. Middleton
1991 - 1992	Mrs Geraldine M Bleakney
1992 - 1993	Ms Fiona G. Steven
1993 - 1994	Miss Carole A. Middleton
1994 - 2000	Mrs Alison M. Dobson
2000 - 2003	Mrs Susan E. Jones
2003 - 2004	Mrs Lorna J. Hill
2004 - 2006	Miss Jasmine D. Challis
2006 - 2009	Miss Sarah J. Illingworth

APPENDIX 7

Chairmen of Research Committee

1986 - 1989	Dr Alison E. Black
1989 - 1991	Mrs Alison M. Nicholls
1991 - 1992	Dr Peter King
1992 - 1996	Miss Mary P. M. O'Kane
1996 - 1999	Mrs Diane M. Talbot MBE
1999 - 2004	Dr Angela M. Madden
2004 - 2007	Dr Judy M. Lawrence
2007 - 2009	Dr Ailsa A. Welch

The Chairman of the Research Committee became an Honorary Officer from 1999 and in 2008 the BDA appointed a salaried Research Officer, Dr Joan Gandy. The functions of the Research Committee were subsumed into the Professional Practice Board in 2009.

Winners of the Research Award

1996	Dr Rebecca J. Stratton Miss Joanna Watts Mrs Nicole M. Beauregard Dr Helen Basketter Mr Simon Fevre
1997	Mrs Janice A. Barratt Dr Sharon Madigan Ms Isabel A. Fraser Miss Caroline Noble
2000	Mrs Kirstine Morrison Miss Frances A. Ashworth
2001	Miss Heather A. Sayce Ms Christine Baldwin
2002	Mrs Hilary K. Wickett Miss Lynne Henderson
2003	Miss Chui-Hoong Goo Mrs Hilary K. Wickett
2004	Ms Janeane Dart
2005	Mrs Anita A. Emm
2006	Mrs Laura E. Brown
2007	Mrs Julie C. Abayomi
2008	Mrs Mary S. C. Laidlaw
2009	Mrs Kirilee Matters
2010	Ms Elizabeth Roberts

Appendix 8

Honorary Editors of the BDA Journal

Dr Patricia A. Judd	1984 - 1992
Ms Jane E. Thomas	1993 - 2001
Professor Annie S. Anderson	2002 - 2006
Dr Joan D. Gandy	2006 - 2010
Dr Ailsa Brotherton	2011 -

Editors of Dietetics Today

Ms Jane Eaton	1983 - 1995
Mrs Jeanette Crosland	1995 - 2001
Ms Stephanie Judson	2001 - 2006
Mr John Liddle	2006 - 2010
Ms Simret Bassra-Brar	2011 - present

Editor of Adviser

Mr Neil Donnelly	1981 - 2003
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Winners of the Rose Simmonds Award

1997	Ms Ann Daly
1998	Dr Timothy P. Gill
1999	Dr Margaret S. Lawson
2000	Mr Stephen J. Taylor
2001	Miss Jane E. Thomas
2001	Dr Patricia A. Judd
2002	Mrs Janice A. Barratt
2003	Ms Sheila B. Fettes
2004	Dr Anita MacDonald
2005	Ms Michelle Harvey
2006	Ms Donna G. Duncan
2007	Ms Sue M. Baic
2008	Dr Mary Hickson
2009	Dr Clare M. Grace
2010	Ms Christine E. Weekes
2011	Mr Paul M. Sacher

Winners of the Elizabeth Washington Award

1997	Ms Rhian E. Marriott
1998	Ms Amelia L. A. Lake
1998	Mr Alistair D. Duncan
1999	Mrs Barbara Engel
2000	Mrs Kirsty Leech
2000	Mrs Janet MacDonell
2001	Mrs Heidi B. Ball
2002	Miss Clare M. Grace
2003	Mrs Rachel L. Masters
2004	Mrs Alyson J. Hill
2005	Ms Christine Baldwin
2006	Mrs M Laura Stewart
2007	Mr Chris Cheyette
2008	Mrs Claire McEvoy
2008	Ms Lyn Donnelly
2009	Miss C Louise Henry
2009	Mrs Gayle Black
2010	Ms Caroline L. King
2011	Dr Carrie Ruxton

Elsie Widdowson Lecturers

2001	Dr Susan A. Jebb
2002	Dr Margaret S. Lawson
2003	Professor Annie S. Anderson
2004	Professor Sheila Bingham
2005	Professor Anne E. de Looy
2006	Professor Patricia A. Judd
2007	Dr Gary S. Frost
2008	Dr Clare E. Shaw
2009	Mrs Diane M. Talbot MBE
2010	Professor Rosemary A. Richardson

Recipients of the Ibex Award

Mrs Ruth M. Watling	1997
Mrs Jennifer Jones	1997
Mrs Joan E. Rushworth	1998
Ms Karen J. Sorensen	1998
Miss Ruth E. Wood-Martin	1999
Mrs Ann Micklewright	1999
Mrs J. Pat Howard	1999
Ms Julie Ann Fenton (deceased)	1999
Ms Vanessa N. Shaw	2001
Mrs Jane F. Griffin	2002
Miss Jane A. Brown	2002
Dr Sheridan Waldron	2003
Mrs Brenda C. Purnell	2003
Ms Tracy J. Nairn	2003
Mrs Susan L. Hyde	2003
Mrs Christine A. Russell	2003
Miss Gemma M. Bircher	2004
Mrs Meta A. M. Greenfield	2004
Ms C. Lee Hooper	2005
Mr Rick C. Wilson	2005
Mrs Jennifer Holmes	2006
Ms Helen Davidson	2007
Miss Morag S. Wilson (posthumously)	2007
Mrs Elizabeth H. McKnight	2008
Mrs E Susan McQuire	2008
Miss Alison M. Shakeshaft	2009
Mrs Janet K. Curwell	2009
Mrs Susan L. Stocker	2010
Mrs Nia R. Williams	2010
Ms Muriel J. Gall	2010

APPENDIX 9

Chairmen of the Public Relations Committee

1985 - 1986	Dr Alison E. Black
1986 - 1987	Mrs Shirley J. Bond
1987 - 1988	Ms Penelope A. Cowley
1988 - 1990	Ms Fran A. Hanes
1990 - 1993	Mrs Luci L. Daniels
1993 - 1995	Ms Jane Eaton
1995 - 1997	Mrs Susan M. Roberts
1997 - 1999	Mrs Loretta A-M. Cox
1999 - 2001	Mrs Luci L. Daniels
2001 - 2004	Mrs Azmina H. A. Govindji
2004 - 2005	Ms Lyndel J. Costain
2005 - 2007	Miss Jacqueline Lowdon
2007 - 2008	Mrs Judy A. More
2008 - 2009	Ms Helen Davidson

Chairmen of Scientific Programmes Committee

1985 - 1986	Miss Irene C. I.Mackay
1986 - 1988	Miss Susan M. Alton
1988 - 1991	Miss Janet M. Knox
1991 - 1993	Miss Susan M. Alton
1993 - 1994	Mrs Jill E. Ward
1994 - 1998	Mrs Susan E. Jones
1998 - 1999	Miss Alison Scott
1999 - 2002	Mrs Anne L. Robinson
2002 - 2005	Ms Helen Davidson
2005 - 2007	Miss Michele A. Mackintosh
2007 - 2009	Ms Michelle A. Redgard
2009 - 2009	Ailsa Brotherton

EFAD Representatives

YEAR	NAME	NAME
1986	Mrs Alison M Dobson	Mrs Christine A Lee
1987	Mrs Alison M Dobson	Mrs Christine A Lee
1988	Mrs Alison M Dobson	Mrs Christine A Lee
1989	Miss Edith T Elliot	Mrs Alison M Dobson
1990	Miss Edith T Elliot	Mrs Alison M Dobson
1991	Miss Edith T Elliot	Miss Irene C I Mackay
1992	Miss Edith T Elliot	Miss Irene C I Mackay
1993	Miss Edith T Elliot	Miss Irene C I Mackay
1994	Miss Edith T Elliot	Miss Irene C I Mackay
1995	Miss Edith T Elliot	Miss Irene C I Mackay
1996	Miss Edith T. Elliot	Miss Irene C. I. Mackay
1997	Miss Edith T. Elliot	Miss Irene C. I. Mackay
1998	Miss Edith T. Elliot	Miss Irene C. I. Mackay
1999	Miss Edith T. Elliot	Miss Irene C. I. Mackay
2000	Miss Edith T. Elliot	Miss Irene C. I. Mackay
2000	Miss Irene C I Mackay became President	
2001	Miss Carole A. Middleton	Dr Margaret S. Lawson
2002	Miss Carole A. Middleton	Dr Margaret S. Lawson
2003	Miss Carole A. Middleton	Dr Margaret S. Lawson
2004	Miss Carole A. Middleton	Dr Margaret S. Lawson
2005	Miss Carole A. Middleton	Dr Margaret S. Lawson
2006	Miss Carole A. Middleton	Mrs Susan E. Jones
2007	Miss Carole A. Middleton	Mrs Susan E. Jones
2008	Miss Carole A. Middleton	Mrs Susan E. Jones
2009	Miss Carole A. Middleton	Mrs Pauline L. Douglas
2010	Miss Carole A. Middleton	Mrs Pauline L. Douglas
2011	Miss Carole A. Middleton	Mrs Pauline L. Douglas

ICDA Representatives

YEAR	NAME	YEAR	NAME
		1999	Miss Irene C. I. Mackay
1986	Mrs Alison M. Dobson	2000	Miss Irene C. I. Mackay
1987	Mrs Alison M. Dobson	2001	Miss Irene C. I. Mackay
1988	Mrs Alison M. Dobson	2002	Miss Irene C. I. Mackay
1989	Mrs Alison M. Dobson	2003	Miss Irene C. I. Mackay
1990	Mrs Alison M. Dobson	2004	Miss Irene C. I. Mackay
1991	Mrs Alison M. Dobson	2005	Miss Carole A. Middleton
1992	Mrs Alison M. Dobson	2006	Miss Carole A. Middleton
1993	Miss Irene C. I. Mackay	2007	Miss Carole A. Middleton
1994	Miss Irene C. I. Mackay	2008	Miss Carole A. Middleton
1995	Miss Irene C. I. Mackay	2009	Miss Carole A. Middleton
1996	Miss Irene C. I. Mackay	2010	Miss Carole A. Middleton
1997	Miss Irene C. I. Mackay	2011	Miss Carole A. Middleton
1998	Miss Irene C. I. Mackay		



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