The aim of this study was to determine whether dietitians in South Africa are competent to meet the requirements of working in a health care setting during a compulsory one-year community service (CS) program immediately after receiving their degree. A national survey was conducted using questionnaires to illicit information from dietitians on their training and competencies. In 2009, data were collected from both community service dietitians (CSDs) participating in community service programs in primary, secondary and tertiary health care centers in all provinces of South Africa, as well as from their provincial managers (nutrition coordinators). Sixteen (100% response) nutrition coordinators and 134 (80% response) dietitians participated in the quantitative survey. The majority of the CSDs reported that, overall, their academic training had prepared them for most aspects of nutrition service delivery. However, some recommended that academic programs include more training on community-based nutrition programs and in delivering optimal services to under-resourced communities as they believed that their competencies in these two areas were weakest. Furthermore, many CSDs were required to establish dietetics departments where none had previously existed; consequently, their capacity in management and administration needed improvement. In conclusion, academic training institutions should align their programs to the transformation of the health sector in South Africa by ensuring that dietitians are empowered to provide optimal public health nutrition services in under-resourced communities.

Key Words: Dietitians, Academic Training, Community Service, Competencies

INTRODUCTION

Nutrition-related disorders, which range from low-energy intake and micronutrient deficiencies to over-nutrition associated with an energy-dense diet and the development of non-communicable diseases, contribute substantially to the burden of diseases experienced in South Africa (SA). Many of these disorders can, to a large degree, be treated or even prevented. However, both treatment and prevention require access to health professionals who are adequately trained in public health (community) nutrition, especially in remote rural communities.

Prior to 1994, the public health sector in SA largely focused on hospitals and not necessarily on delivering primary health care (PHC). After SA’s first democratic elections in 1994, the health sector was reformed and a district-based health system was implemented. Since 1994, more than 700 clinics have been built, 2,298 clinics upgraded and given new equipment, and 125 new mobile clinics introduced. There are now more than 3,500 clinics in the public sector. Free health care for children under six, pregnant and breastfeeding mothers is available at these clinics.

However, SA is still one of many developing countries that does not plan, produce or manage its workforce development adequately. Despite the fact that the health care needs in SA are concentrated at a community / PHC level and that attempts have been made to focus curricula on PHC, the emphasis of the curriculum and the teaching methods for some cadres of health professionals continues to focus on the medical model and mirrors the training in developed countries. This includes an overemphasis on training specialists rather than the auxiliaries, eg, community health nurses and health workers that are required at both district and PHC levels. As a result, the country continues to experience a scarcity of human resources. The situation is made worse by the fact that the high standard of training and the cutting-edge medical experience received by SA health professionals, including dietitians, results in these professionals leaving the country for developed countries like Britain and Canada that offer better career opportunities.

The National Human Resources for Health Plan was developed by the Department of Health (DOH) in 2006 in order to address issues related to human resources. One of its strategies was the introduction of compulsory community service for health professionals, which is aimed at ensuring that there is an equitable distribution of newly qualified health professionals in under-served communities, particularly those in remote rural areas. Numerous other developing countries, particularly in South America, have also followed this strategy in attempting to bring health professionals to under-served areas. This policy became compulsory for dietitians in 2002. Since 2003, an average of 190 dietitians were employed in compulsory community service each year.

Dietitians in SA complete a four-year integrated Bachelor degree similar