

A review of the status of the revision of the Japanese system for registered dietitians and dietitians

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In Japan, the roles of registered dietitians (comparable to a Registered Dietitian in the USA) and dietitians (comparable to a Dietetic Technician Registered in the USA) have been drastically changing due to various institutional reforms, such as the announcement of the Basic Program for Shokuiku Promotion, the introduction of Specific Health Guidance, the approval of extra medical fees for nutritional management (fees for management by nutrition support teams) due to the revision of medical fees, and the revision of the Long-Term Care Insurance Act (the implementation of nutritional care and management).

Given this background, the future system for dietitians has been discussed among the Japan Dietetic Association's Committee for the Dietitian System, the Japan Association of Dietitian Training Institutes, and other relevant organizations and experts. Although do not reach a conclusion of revision yet, I will report current proposal.

1) Basic flow chart for registered dietitians and dietitians (draft by the Japan Dietetic Association's Committee for the Dietitian System, 24 November 2009)

Basic concepts

i) A registered dietitian curriculum shall be

based on the core curriculum proposed by the Japanese Society of Nutrition and Dietetics.

ii) A dietitian curriculum shall be reconsidered based on the current curriculum.

iii) For a registered dietitian to obtain a dietitian license, the candidate shall complete a supplementary dietitian curriculum, which needs to be developed considering the scope of practice.

iv) Clinical practice shall be conducted considering the global standard (practice for at least 500 hours, bachelor's degree, etc.) and as required by a specialized area. In order to secure its quality, additional practice shall be conducted in the form of an internship or during a postgraduate course. Ultimately, new systems to certify specialized registered dietitians in each area shall be developed.

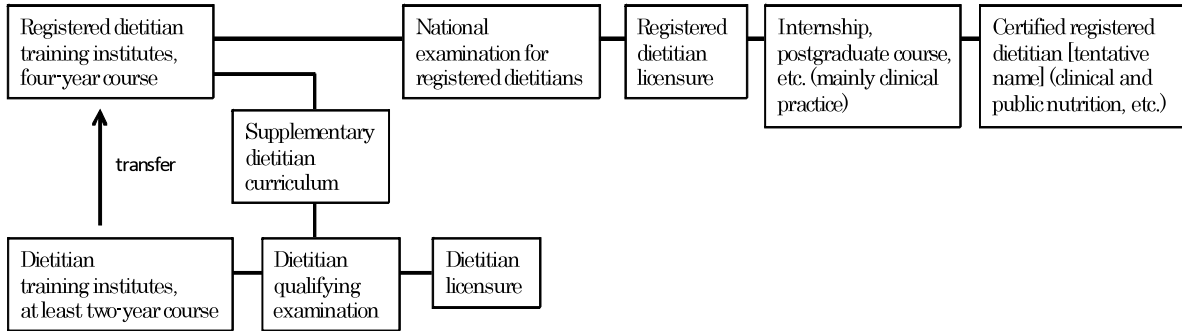
2) The scope of practice of registered dietitians and of dietitians (with a view to a professional monopoly)

Registered dietitians: evaluation of a subject's nutritional status, assessment-based nutritional management and education, food service management, etc.

Dietitians: food service operation (dietary management), dietary education, food management, etc. (development of attractive work for dietitians)

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3) New nutritionists act

The following shall be incorporated into the new nutritionists act:

- purpose
- improvement in public health
- work ethics
- confidentiality
- scope of practice of registered dietitians and of dietitians
- professional monopoly (penal regulations)
- qualifying examination system for dietitians
- bachelor's degree (including an advanced diploma) required for a registered dietitian
- employment notification, etc.

4) My opinion as a faculty member of a registered dietitian training college

In Japan, there is currently no registered dietitian who is not also a dietitian, which shows the close relationship between the two qualifications. However, when their work is compared, it becomes clear that dietitians act as assistants to registered dietitians. Given this, in the future, it will be important to establish a legal and institutional basis for registered dietitians and for dietitians, respectively, to clearly distinguish their scopes of practice, and to develop a system that enables collaboration between the two professions.

Also, registered dietitians are expected to play important roles as medical professionals; for example, in specific health guidance in the health sector, in nutrition support teams in the medical

sector, and in nutritional care and management in the care and welfare sector. In support activities for the areas affected by the 2011 Tohoku earthquake, registered dietitians have also been expected to work with disaster medical assistance teams or a Japan Primary Care Association Primary Care for All Team, which are composed of a variety of medical personnel. Therefore, it is important to train registered dietitians as medical professionals.

With respect to clinical practice, the International Confederation of Dietetic Associations (ICDA) has specified a minimum period of clinical practice of at least 500 hours (12.5 weeks) as the international standard, developed by consensus, for registered dietitian education. Currently, only two countries, Japan and Norway, do not satisfy the international standard. Thus, it is important for Japan to satisfy this requirement. The number of dietitians per 100,000 population is 11 to 15 in the USA and 6 to 10 in the UK, but over 25 in Japan, which is the largest. In addition, the percentage of dietitians who work as clinical dietitians after obtaining a license is 55% in the USA and 60% in the UK, but as low as 27% in Japan. It is important to take such circumstances into consideration when developing a practice system. For example, in the USA and Canada, clinical practice is generally conducted, upon completion of a training program, in the form of an internship, which is selective and usually paid, and, in the USA, about a half of those who

complete a training program go on to an internship. This suggests that in Japan as well, developing a supplementary novice registered dietitians' clinical internship system, which is similar to the doctors' clinical internship system or novice nurses' clinical training project in Japan, is a realistic option and is likely to help improve professional skills.

In summary, it is most important to clarify the areas that should be covered broadly but generally and areas of specialization, and to organize what should be learned during four-year undergraduate education. In order to prevent the material that has to be learned from becoming excessive and impossible to cover in four years, an appropriate curriculum and clinical practice system must be developed.