



Heidi Bjorg Hilmisdottir - Iceland

Ég er Næringarrekstrarfræðingur - I am a dietitian

Iceland has a small population of 300 000 people, more than 1/3 of the population is located around Reykjavik, where the University hospital is and two of four Universities. Dietetics is not a very established profession in Iceland. Initially dietitians were managing catering services in hospitals where they have used their knowledge in nutrition to ensure all patients, with a broad range of medical conditions, safe and nutritious meals. We had a education program for dietitians from early 1960s until 1990s. In 1980s it became clear that a university BS education was a minimum to be a registered dietitian and regulations changed and clinical and administrative dietitians are educated abroad. We have no education for dietitians in Iceland but we have a established nutritionist program in the university and the nutrition professors have plans of starting dietetic education program. Dietitians are mostly employed in hospitals, the clinical dietitians design a plan of care to meet the nutritional requirements of individual patients and educate staff in nutritional screening or nutrition support. The administrative dietitians make nutritional guidelines for different medical conditions and plan menus, decide what food quality and are responsible for food safety. Many members of the associations pursue research full time or within their area of work. Additional areas of employment of members include education, sports nutrition, health promotion, private practice, policy development and food development. Year 2000 the administrative dietitians had one association with 15 members and the clinical dietitians had another with the food scientists and nutritionists with total 90 members (clinical dietitians about 20). I joined both associations and was elected president for the food and nutrition association for 2 years and did accomplish that we had a one day conference about administrative dietetics, where we had two professional administrative dietitians from Sweden and Denmark as guest speakers. The administrative dietitians joined the association, but it is still small and too be honest, rather powerless and unknown.

I graduated 1998 as a BS administrative dietitian from the Gothenburg University in Sweden where I also graduated year 2000 with a MS degree in food quality management in food production. I have an MBA from the University of Reykjavik. I have worked as a head of food and nutrition services in Landspítali University hospital for 11 years. Soon after I started working in the hospital, all hospitals in Reykjavik were merged into one. I got the assignment to unite all food service and standardise the nutritional service. We changed the menus and nutritional guidelines and decided to use ISO 22000 standard to secure all our work. In the kitchen dietitians make menus for the different medical conditions and we are in every day contact with the clinical dietitians to get individual menus. The last year the dietitians have increased our cooperation and work more with the nurses and I hope that will lead to a better nourished patients at the hospital. The challenge that we who choose to work as administrative dietitians is to not be affected by that a part of clinical dietitians do believe that it is less important and /ore of less quality than the clinical one and are not willing to acknowledge the different roles in the dietetic profession. After all the years working as a head of food and nutrition services in the University hospital I have learned that both dietetic professions are essential to ensure good nutrition service in hospitals. In my work besides being a head of department I am a teacher at the university, lecturer, write non scientific articles about food and nutrition and make healthy recipes of food that taste and look good. I have now just written my second cook book. My department works with many universities in Europe from we get students. The next big step I hope I can see is a university education for administrative dietitians in Iceland and that clinical and administrative dietitians start working together as equals because then we are much more powerful.