HISTORY
New Zealand Dietetic Association Inc.

D I E T I T I A N S
50 YEARS
of Achievement & Challenges
New Zealand Dietetic Association (Inc)
NZDA AWARD OF EXCELLENCE AND HONORARY LIFE MEMBERS RECIPIENTS

(acknowledged on the occasion of the Association's 60th Anniversary Conference August 2003)

NZDA AWARD OF EXCELLENCE

2003

Kerry Mcllroy
Outstanding Contribution to Clinical Dietetics and Nutrition Care

Contribution to NZDA: member of inaugural Journal Editorial Board and peer reviewer, member of Clinical Handbook editorial team, member of conference organising committees including Pacific Partners in Nutrition held in Auckland since 1983, first Auckland Branch President, continuing education programme organiser and speaker.

2002

Lyn Gillanders
Outstanding Achievement in Dietetics, and Outstanding Contribution to Clinical Dietetics and Nutritional Care

Contribution to NZDA: Area Representative, member of Continuing Education, Rules Revision, Code of Ethics and Salaries Subcommittees, member of Journal Editorial Board and peer reviewer, Programme Convenor for NZDA conferences in Auckland, nominee to Dietitians Board and Chairperson, editor of Clinical Handbook, co-author of Position Paper 'Prevention of Obesity'.

2001

Cheree Mellow
Outstanding Achievement in Dietetics

Contribution to NZDA: President of Auckland Branch, member of Auckland Branch Professional Development Committee.

2001

Janice Bremer
Outstanding Achievement in Dietetics

Contribution to NZDA: co-author of Position Paper 'Diet and Prevention of Cardiovascular Disease', NZDA conference speaker, Media Spokesperson, local and regional dietetic continuing education programmes.

2000

Moira Styles
Outstanding Achievement in Dietetics

Contribution to NZDA: Area Representative, member of Employment Advisory Group and Position Papers Subcommittees, Awards Subcommittee Convenor, Programme Convenor for NZDA conferences in Dunedin, Diabetes Special Interest Group Co-convenor, Community Dietitians Special Interest Group Convenor, member of Southern Districts Branch Committee.

1999

Gillian Tustin
Outstanding Achievement in Dietetics

Contribution to NZDA: Area Representation Submissions Subcommittee and Rules Taskforce Convenor, Community Dietitians Special Interim Group Convenor, Vice-President, President of Publications and Awards Subcommittees, member of Journal Editorial Board, Jubilee Conference 1993 History publication.

1996

Mary Johnston
Outstanding Performance in Food Service Administration

Contribution to NZDA: Area Representative, Vice President, President, member of Salaries Subcommittee, instigated Position Paper Subcommittee.

1994

Hikihiki Pihema
Excellence in Provision of Nutritional Education

Contribution to NZDA: nominee to Nutrition Taskforce, Te Hotu Manawa Māori, Food and Nutrition Advisory Committee, Agencies for Nutrition Action, Vice-President, President.

1993

Janelle Wallace
Outstanding Achievement in Dietetics, and Outstanding Contribution to Clinical Dietetic and Nutritional Care

Contribution to NZDA: member of Salaries Subcommittee, Area Representative, Vice President, President, Awards Subcommittees Convenor, co-editor of Clinical Handbook nominee to Dietitians Board, Deputy Chair and Chairperson, co-ordinator of Continuing Competence project, member of the Panel of Expert Advisors, Health and Disability Commission.

1993

Pamela Williams MNZM
Outstanding Achievement in Dietetics

Contribution to NZDA: Area Representative, Secretary-Treasurer, Vice-President, President, nominee to Royal Society of New Zealand and related scientific organisations, member of Dietitians Boards including first Dietitian Chairperson, inaugurated Corporate Membership.

April 2014
1992 Julian Jensen
Outstanding Achievement in Dietetics

Contribution to NZDA: Younger Members and Area Representative, Vice-President, President, Chairperson of the Working Party on the Report on the Dietetic Profession, nominee to Dietitians Board, Journal Editor, member of Journal Editorial Board and Professional Development Subcommittee, representative on Otago University Working Party for Post-Graduate Diploma in Dietetics, Conference Proceedings Editor, held various offices in Christchurch Branch.

1990 Bernice Kelly
Outstanding Achievement in Dietetics

Contribution to NZDA: Area Representative, Executive Committee: ex officio Advisory Dietitian, Finance Subcommittee, Secretary, Archivist.

HONORARY LIFE MEMBERS

2002 Bernice Kelly
Meritorious Service
(refer to Award of Excellence citation)

2001 Sadie Andrews
Meritorious Service

Contribution to NZDA: Area Representative, Southern Branch Committee member and Secretary, Journal Subcommittee and Advertising Manager, Organising Committee member for conferences in Dunedin, Community Access Radio Organiser and Co-ordinator for Nutrition Programme.

1999 Pamela Williams
Meritorious Service
(refer to Award of Excellence citation)

1994 Donald Beaven
For contributions to the Knowledge of Dietetics and Nutrition, and the Advancement of the Interests of the Profession of Dietetics

Contributions to NZDA: Affiliate member, regular contribution to NZDA conference programmes and Christchurch Branch activities.

1993 Clifford Tasman-Jones
For contributions to the Knowledge of Dietetics and Nutrition, and the Advancement of the Interests of the Profession of Dietetics

Contributions to NZDA: undergraduate bedside and seminar teaching of dietetic students, giving formal lectures to graduate dietitians, incorporating dietitians in ward rounds for sound practical comment and advice, incorporating dietitians in formal lectures and seminars as part of undergraduate medical student teaching, incorporating dietitians in a research team.

1992 Jocelyn Hampton
Meritorious Service

Contributions to NZDA: member since 1956, Treasurer, Area Representative, Vice-President, President, nominee to Dietitians Board, nominee to Dietitians Salaries Grading Committee, Dietetic Training and Curriculum Working Parties, Submissions Subcommittee Convenor.

1988 Patricia Coleman
Lady Sayers CBE
Advancement of the Interests of the Profession of Dietetics

Contribution to NZDA: ex officio member Executive Committee, first Constance Shearer lecturer.

1984 Shirley Thompson
Meritorious Service

Contribution to NZDA: Area Representative, President, Subcommittee on Report of Board of Health Committee on the Dietetic Profession, nominee to Salaries Grading Committee.

1983 Flora Davidson
(deceased September 2003)
Meritorious Service

Contribution to NZDA: Secretary, President, Journal Editor.

1983 Patricia Williamson
Meritorious Service

Contribution to NZDA: member since mid-1940s, Treasurer, Journal Advertising Manager, ex officio member Executive Committee.
A History

New Zealand Dietetic Association (Inc) and Dietetics in New Zealand

by

Dion Crooks

New Zealand Dietetic Association
Wellington 1993
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I would like to acknowledge the following for input into this book:

Bernice Kelly - through her encyclopedic knowledge of the dietetic profession, dietitians, legislation and significant events, and her help and support in providing files and resource material.

Dorothy Moir - through her invaluable reference, Dietetics in New Zealand: A History, which she compiled in 1968.

NZDA Journal editors - Thelma Simons, Dora Campbell, Una Martin, Joyce Martin, Connie Shearer, Winifred Goddard, Flora Davidson, Julian Jensen and Pip Duncan - through the material they have published over 47 years.

Sue Hooker - through the historical interviews she has taped with early dietitians.

The willing co-operation of dietitians to share their knowledge and thoughts.

Dion Crooks
June 1993

Authors Note:
The interviews with certain dietitians in this book are not intended to indicate that any dietitian has been or is of greater or lesser importance in the profession than another. Subjects for interviews were chosen for reasons of geography, age, background, professional experiences - and logistics - in an attempt to illustrate a broad cross-section of roles, activities and themes within New Zealand dietetics.

Throughout the text given names and current married names have been used.

NZDA Acknowledgement

NZDA acknowledges the invaluable assistance Pip Duncan has so willingly given to the production and printing of this book. Grateful thanks too, to Bernice Kelly, Pamela Williams, Margaret Till and Gillian Tustin.
It is very appropriate that in this Centennial year of women's suffrage in New Zealand that New Zealand Dietetic Association is celebrating its 50th Jubilee.

The history of dietetics in New Zealand makes fascinating reading. No one could fail to be impressed by the vision, determination and dedication of so many women to improve the standing of food service and nutrition in hospitals and then in the wider community.

Recorded in this book are the names of many women whose work should not be forgotten. I hope all of us will reflect upon their contributions and continue to honour their achievements. Of course it is impossible to record all the events that have been important to individual members of the Association. I hope this history may prompt dietitians to forward their own memories for future publication.

The affairs of New Zealand Dietetic Association have always been recorded - in minutes, annual reports, News & Views and the Journal of New Zealand Dietetic Association. However the Executive of NZDA agreed that a book describing the social, political and historical context of these events would be valuable.

I am delighted that we now have an historical reference book celebrating the first 50 years of New Zealand Dietetic Association from 1943. It makes nostalgic and enjoyable reading for older dietitians. But more importantly, it gives younger people studying the dietetic profession in New Zealand a glimpse of the struggles and achievement of those who have been in the profession before them.

We are humble and grateful to them all.

Gillian L Tustin
NZDA President.
There is no doubt dietetics in New Zealand had its birth in the hospitals. But exactly when or how is unclear. Details of where dietetics fitted into the food equation in early New Zealand hospitals are very sketchy.

The first known diet sheet in Auckland Hospital - and probably in New Zealand - was circulated in 1866. An offshoot from army rations, it spelt out four daily diets: full diet - 12oz. meat, 1lb bread, 1lb 8oz. potatoes, ½ oz. tea, 2oz. sugar, 4oz. new milk, ½ oz. salt, 8lb mixed vegetables; half diet - 8oz meat, 1lb bread, 1lb potatoes, ½ oz tea, 2oz sugar, 4oz new milk, ½ oz salt, 8 lb mixed vegetables; milk diet - 1lb bread, 4oz rice, 2oz. sugar, 2 pints new milk, 8lb mixed vegetables.

It author, Dr Philson, was physician, surgeon and administrator of the hospital from 1859 to 1883. And, of necessity, he was dietitian. Philson "fed fevers" and kept the mortality rate of his typhoid patients down to 10% by prescribing a low residue diet - presumably by omitting the 8lb of vegetables he mentioned on his diet sheet.

He was also an enthusiast for "cordials" - in 1883, his last year in office, 80 patients received as medicine during June 76 bottles of wine, 46 quarts of gin, 11 bottles of brandy and 219 pints of port.

Patients' diet was included in the terms of reference of a Royal Commission, inquiring into the management of Auckland Hospital, in 1904. The quality of the meals and food did not fare well in a patient survey. Nearly every patient complained about the fish; eggs, cabbage, soup and porridge were frequently criticised; milk never and bread only once. Said one woman: "If I had depended on hospital food, I should have starved. I could not eat the food; my friends and children brought me food." Of the fish, she said: "I could smell it before it came into the ward." Of the eggs: "they were hard-boiled, like cricket balls. Not fit for patients." The cabbage: "You wanted glasses to look at it. It was full of snails." And the soup: "It was coloured with vegetables." A cook, in hospital with throat trouble, complained that the porridge was lumpy, the fish so rotten no one would touch it, there was not enough sugar and although the quality of the eggs was good, the quantity was insufficient. His verdict on the cabbage: "It seemed to be all outside leaves and not well cooked." The meat: "It was of good quality but it was spoilt in the cooking." And the soup: "It was generally of one kind and so greasy I could not touch it."

At that time, the matron was responsible for food in the nurses home but the manager and house steward were entrusted with the patients' food. In reality, it was probably the cook who said what left the kitchen for the wards. The commission noted: "...it appears to us to be much more the province of a woman than a man to superintend the distribution of food to patients."
Whangarei Hospital

Hospital dietetics at Whangarei Hospital was discussed in an article in the New Zealand Nursing Journal Kai Tiaki, in October 1919:

“The problem of hospital dietetics has been coming under review more and more during the past decade. To the average patient of our public hospitals, the disturbing anticipation is mainly one regarding food. His (sic) medical and nursing treatment he takes for granted, but his feeding he regards with misgiving.

“The restrictions of diet are possibly sometimes a necessary part of the treatment but sometimes possibly the result of economical tendencies of those boards who emphasise the 'charitable aid' part of their administration of our hospitals.”

The article says that as this view of hospitals is gradually being replaced by another which sees hospitals as state or community institutions to provide medical and nursing services that cannot be conveniently obtained at home, the public is demanding something more than a “charity” standard - and “the cooking and serving of an improved dietary is an essential improvement required.”

Kai Tiaki says that complaints from patients and doctors that nurses doing private nursing had very little knowledge of “cooking arrangements” led some years ago to the addition of a course in invalid cooking to the nurses' curriculum.

“But patients do not subsist long on purely invalid diet and the whole question of the scientific preparation and economical distribution of food has come so specially under consideration during war conditions that an effort has been made by this hospital (Whangarei) to make a start in facing the problem.

“The first essential is to provide a suitable kitchen. This must be very airy and well-lighted but should not be too large else it will accumulate things that have no business in the kitchen - which is a place to cook food in. Along one side of the room stand the cooking appliances - steam ovens, kettle and stock-pot and a gas range and the near the exit door the steam-jacketed plate warmer. In the centre of the room should be the cooking table, with pan shelves next to the range etc. and on the other side, the bins for flour, oatmeal, sugar etc. and drawers for knives, spoons and small articles. Overhead, a rack with hooks for small culinary articles that hang. Close by open the pantry and larder. This arrangement saves a great deal of walking.

“The ideal wall is tiles, but a plastered wall covered with washable paint is a good and less expensive substitute. A ‘fama’ or similar composition is an easy floor to clean but lacks the resiliency of a good linoleum and is tiring for standing.

“The preparation of potatoes by mechanical means is found to be satisfactory, saving both time and waste of potatoes. Vegetables are still prepared by the hands. The greatest source of waste is bread and meat and no real solution of its reduction has yet been found.

“This is a source of great concern because the abundance of supplies in a hospital and the difficulty of tracing the delinquent has a tendency to make nurses form habits that constitute the main complaint later on of private employers, who say nurses are extravagant and lack regard for the resources of families of moderate means.

“Only the plates are washed in the scullery and after warming, are taken back in the food trolley at meal time. Cups and bowls are washed and stored in the ward kitchens.”

Kai Tiaki says individual diets are prescribed in the wards and summaries made by the sister. The matron then makes up a meal provision for the kitchen, “which is

controlled by a certificated dietitian with the status of a sister, who is responsible for her department to the matron just as a ward sister is responsible for her ward.”

The article outlines nurses training in diet - “the subject is dealt with in the pupil nurse's first year and all lectures and demonstrations are given in the hospital kitchen” where nurses had to spend a month, learning “the ordinary cooking and preparation of hospital meals.”

“The main difficulty in a general adoption by hospitals of such a scheme,” says the article, “is the scarcity of trained dietitians. We were exceptionally fortunate in being able to initiate it through the goodwill of a lady who had had a three years domestic science course at London, England and was exceptionally qualified by training and teaching experience for the position and who secured a former pupil to continue it for us.

“Such a teacher, however, is not commonly to be found and a knowledge of food values and mere theoretical training are not sufficient for the purpose, because the ordinary course of domestic science suitable for the making of a technical school teacher is not altogether such as would make a hospital dietitian.

“Perhaps if sufficient hospitals would take up the idea, the schools of domestic science might make a special course for hospital work and include a practical class under a lady who had had experience of hospital requirements.”

These views of hospitals using a dietitian to improve their efficiency in treating patients were reinforced by Professor Helen Rawson, Dean of the Home Science School at the University of Otago, writing in the NZ Journal of Health and Hospitals in October 1922 and reprinted in the first bulletin of the Association of Otago University Home Science Alumnae in 1922.
“The doctors and nurses form the strong links in the chain ... the food preparation and other household activities have been controlled by officers with no special training... some with native intelligence have been wonderfully successful, but it is no exaggeration to say that in the majority of hospitals where lack of harmony prevails among the patients, the root cause lies in the preparation and service of the food... and in general housekeeping.

“We need a person trained in the principles of management with a sound knowledge of dietetics and with sufficient skill in household arts to be capable of training subordinates in right methods... and trained thus, with university status, the dietitian will take her stand as a professional woman.”

Another hospital commission, which inquired into the organisation of hospitals in the early 1920s, recommended that dietitians should be trained and established in hospitals. Helen Rawson noted that training would soon be available at the Otago University Home Science School. However, she added, if the dietitian were to accept full responsibility, “she should also spend three to six months as a pupil dietitian under an expert.”

Edith Reid pioneered the way to the USA in 1924 when she completed her dietetic training at Johns Hopkins Hospital in Baltimore in 1924. She then went to England in search of further experience in London but seems to have arrived just a few months too early. In a quote from Rose Pybus recorded in the History of the British Dietetic Association 1936-1961, “...at that time (1920), my nursing colleagues and I repudiated the idea of anything so new fangled as a hospital dietitian, though these disturbing women were rapidly appearing in American hospitals”. Rose Pybus herself was entrusted with the first hospital dietetic department in Britain, at the Royal Infirmary, Edinburgh in 1924. Even then, her appointment was not confirmed until after a six-month trial period.

A further report on hospital services in New Zealand in 1924 recommended that a dietitian be appointed to each of the four main hospitals and in the large provincial centres. The report also recommended the appointment of an organising and consultant dietitian to the Department of Health. The report outlined the status and function of dietitians as “the head of the dietary department and responsible to the medical superintendent for food service to patients and staff.”

That was the theory. But the battle for dietetic authority had to be won on the hospital floor. While health authorities were clearly showing interest in introducing dietitians into the hospital service, jobs were still scarce and there was plenty of opposition from hospital staff responsible for food service to patients and staff.

Sir Charles Burns, a physician and health administrator, told the New Zealand Dietetic Association conference in 1968 how when he became a house surgeon at Dunedin Hospital in 1923, “there was talk, always met by black looks from the ward sisters, that the Otago Hospital Board was thinking of employing a trained dietitian.” That came to pass in 1925 when an American dietitian, Eleanor Wells, was appointed. Burns remembers her as “of somewhat forbidding exterior, which indeed she needed, but one for whose fortitude, sense of duty and determination to see that her orders were carried in the wards, however trying the conditions might be.” Which was just as well because, he said, “had this experiment failed, the introduction of a trained dietitian into the then only teaching hospital may well have been delayed for some years.” A graduate of Columbia University, Wells resigned in 1927, returned to the USA and was not replaced. During her time in Dunedin, she ran practical classes for nurses in the foods laboratory.

Edith Reid’s experience provided a further salutary example of the problems. When she returned to New Zealand, she was appointed to Christchurch Hospital in February 1926, working under the control of the matron; but the nurses were reluctant to yield control of food service and her status in the hospital hierarchy was never resolved. When, in 1928, she was appointed to Wellington Hospital, she was given the status of a house surgeon, directly responsible to the medical superintendent. This in turn, fuelled dissatisfaction among nursing authority over the channel of responsibility.

On her appointment to Wellington, Edith Reid had been assured by the medical superintendent she could use home science graduates to help. But with a change in medical superintendent, the Wellington Hospital Board refused to agree to assistants, paid or unpaid. Not surprisingly, when she was offered a senior staff position at Johns Hopkins Hospital in Baltimore, she resigned from Wellington at the end of 1929 and returned to the USA. She came back to New Zealand in the early ’30s to take charge of the university extension service.

The real thrust for dietetic training came when Professor Ann Strong became Dean of the Home Science Faculty in 1923. She began pushing for training in New Zealand and encouraged graduates to go overseas for training. During the late 1920s and 1930s, over 30 home science graduates headed for the USA, Britain and later, Australia to study dietetic or institutional training. Most had to finance themselves as bursaries were scarce and tuition fees and uniforms were usually students’ responsibilities.
These pathfinders were Edith Reid, Winifred Stenhouse and Mary Mandeno to Johns Hopkins Hospital in Baltimore USA; Erena D’Auvergne and Airini Pope to Montreal Hospital in Canada; Nora Copsey, Joyce Godfrey, Ethel Pearce and Anne (Eta) Stubbs to Toronto General Hospital in Canada; Ruby Anderson to University Hospital in San Francisco USA; Isabel Crowe and Barbara Sleddon to Michael Reese Hospital in Chicago USA; Margaret (Peg) Brown to Presbyterian Hospital in New York USA; Adele Seay and Ellie Wright to Fifth Avenue Hospital in New York USA; Dorothy Davies, Anne Hill and Mary Steele to the Royal Infirmary in Edinburgh, England; Elfreda (Freda) Fraser, Helen Jeans, Mollie Marshall, Thelma Simons and Koa Tompkins to University College Hospital in London, England; Eleanor Couston, Monica McKenzie and Imelda Meadows to Royal Northern Hospital in London, England; Dorothy Bell, Georgina Boyd, Jessie Morgan and Ida (Kitty) Tyson to Alfred Hospital in Melbourne Australia; Alison Morrison to Royal Prince Alfred Hospital in Sydney, Australia; Catherine MacGibbon to University of Chicago in Chicago, Evelyn Waddell to University of Washington in Seattle and Patricia Martin and Ellen Naylor to University of Iowa in Iowa City, USA.

These North American connections were to have a strong influence on the later development of New Zealand dietetic training which followed the American rather than the British example - seeking to produce a generalist rather than a specialist, a person responsible for the entire hospital food service and not just treating those needing therapeutic dietary advice.

As the depression of the late '20s and early '30s took hold, hospital and teaching jobs became even scarcer. Hospital food service remained firmly in the grip of diet sisters but some opportunities did develop for the employment of graduates as diet assistants. Others - Annie Hill, Winifred Irving, Honor Pledger, Dora Campbell and Jean Bell were among the first - trained as nurses as a path to dietary work.

Diet assistants worked long hours - 6am to 1pm and 4pm to 6pm, with one day off a week; they were paid £1 a week. Many of them trained overseas during the 1930s or in New Zealand when local training became available in the 1940s.

Meanwhile, Professor Strong had been visiting home economics departments in American universities and began a new course at Otago allowing third-year students interested in dietetics and institutional management to do specialist work. The foods class dealt with catering and quantity cookery and included some experimental work; and because the university had no special equipment or kitchens, the home science faculty worked closely with Studholme House. One experiment with 'culled' fowls, which were to be sent to a country women's group, ended up with a crate of live fowls arriving on the Dunedin doorstep - much to the surprise of the erstwhile experimenters.

The 10-year drought of dietitians in hospitals ended in 1937 when Eleanor Couston was appointed dietitian at Lewisham (later Calvary and now Southern Cross) Hospital in Christchurch. In March that year, Mary Steele was appointed assistant dietitian to the diet sister at Wellington Hospital; she was a home science graduate trained in dietetics at the Royal Infirmary in Edinburgh.
In November 1938, Monica McKenzie was appointed assistant dietitian at Wellington Hospital and when the diet sister retired the following June, she became the senior dietitian. She was later joined by others with overseas qualifications - Mollie Priestley, Evelyn Waddell and Eleanor Coustou.

By 1939, several home science graduates were working in hospital diet departments but their positions were insecure and there was little scope for advancement. When Miss Mary Lambie, the director of the Department of Health's Division of Nursing, visited Wellington Hospital's diet department (where two home science graduates, Nancy Appleton and Barbara Widdop), were working in March 1939, she wrote to Professor Strong anxious that a definite curriculum should be planned for these students with a certificate to be granted on completion and that the whole be "put on a proper basis."

During an overseas visit in 1937, Mary Lambie had been impressed with the work she had seen being done in hospital diet departments and realised more needed to be done in New Zealand to improve these services. A more scientific approach was needed to what was a very important aspect of hospital care, she argued.

She discussed her thoughts with the acting Director-General of Health, Dr R. A. Shore and suggested that if a round table conference could be held with Professor Strong, Dr Elizabeth Gregory, Dr Muriel Bell and Wellington Hospital officers, the Department of Health would undertake to set up similar courses at the hospitals where graduates were working.

That meeting was held on June 29, 1939, with a much wider representation than first suggested. Present were: Dr Shore (chairman); Professor Strong; Dr Gregory, lecturer in nutrition, University of Otago; Miss Grace Widdowson, Lady Superintendent, Christchurch Hospital; Miss A. Ross, diet sister, Auckland Hospital; Dr A.R. Thorne, Medical Superintendent, Wellington Hospital; Miss Monica McKenzie, Dietitian, Wellington Hospital; Miss Lambie, Miss E. T. Briggs and Miss J. Moore, Nursing Division, Department of Health.

There was copious discussion (the verbatim report runs to 23 pages) on training responsibilities of hospitals and universities, the responsibilities of a dietitian, status, salary and so on. The result was that Professor Strong and Dr Gregory were asked to outline a curriculum for the prerequisite training at the School of Home Science. The hospital boards of the proposed training hospitals were to be approached to provide staff (including medical lecturers) and facilities. It was also proposed there should be a course for registered nurses wanting to become dietitians.

The University of Otago's Home Science Faculty was to provide the students, the Department of Health would provide the machinery for the introduction and regulation of training and hospital boards would be asked to provide facilities and staff for theoretical and practical aspects.

For more than two years, letters flowed back and forth, punctuated by occasional meetings to thrash out syllabus content, responsibility for examination procedures, payment of students and agreement by boards for participation of the training schools. Early in 1941, the Auckland Hospital Board said it had no staff available for teaching and could not provide adequate facilities; Dunedin was prepared to accept nurses for dietetic training but was not prepared to pay them. Both these decisions were eventually reversed.

Drafting the syllabus was largely done by Dr Gregory (who succeeded Professor Strong as Dean of the Home Science Faculty in 1941), Dr Bell, Mary Lambie and Monica McKenzie, with considerable assistance from Catherine MacGibbon, from the Home Science School, on large-scale catering and institutional management and Eleanor Coustou on diet therapy. Miss Tomlinson, the matron of Dunedin Hospital, Miss Widdowson and Miss Ross were also involved.

During 1941, Catherine MacGibbon and Maureen Frengley who was to join the Department of Health as a dietitian the following year, surveyed dietary departments of the training hospital to assess their facilities. The syllabus was to remain the core of the training until the major revision of the mid-1980s.

An examination was mooted as a joint undertaking by the Department of Health and the University of Otago, with a certificate in proficiency in hospital dietetics to be granted by the department under the authority of the Minister of Health. However, the department eventually took full responsibility for an examination in two sections - a paper in normal nutrition and diet therapy; and two papers, one in administrative dietetics and one in quantity food service.

Students were to be chosen on the recommendation of the Dean of the Home Science Faculty, who would have gained knowledge of prospective students' character, academic ability, personality and fitness for further training during their home science years.

Training was decided at a meeting of the planning group in August 1941 under the chairmanship of the Director-General of Health. A directive was sent to boards setting out reasons for decisions and the two courses - a one-year (it was revised to 15 months) course for home science graduates or diploma holders, combining theory and practical experience - at Wellington, Auckland and Christchurch hospitals; and a two-year course for registered nurses who had matriculated, consisting of two
academic periods of theoretical instruction at the Home Science School and two five-month periods of practical experience at Dunedin Hospital.

The first qualifying examination was set for June 1942, with students who had been working in a hospital dietary department for at least a year since or before January 1941 and had requisite experience in hospital food service and diet therapy to be eligible. The first intake of students accepted under the new training scheme trained through 1942 and sat the exam in December that year.

Those whose names appeared on the first two examinations were:


December 1942: May Abraham, Ella Bath, May Baker, Alison Bell, Nancy Borrie, Flora Davidson, June Egglestone, Tessa Hill, Joan Hollobon, Betsy Holmes, Joan Jacobs, Josephine King, Dorothy Kidson, Gwen Neale, Una Martin, Mary Moody, Eve Puttick, Helen Scott and Margaret Taylor. Eve Puttick and Tessa Hill were the first nurses to qualify as dietitians in New Zealand.

The first dietitians and student dietitians Christchurch Hospital 1942

Front row seated from left:
Jean Williams (Bell) [Head Dietitian], Dr A D Nelson [Medical Superintendent], Miss Grace Widdowson [Lady Superintendent], Mr Alex Prentice [Secretary North Canterbury Hospital Board], Audrey Rees (Trengrove) [First Assistant Dietitian].

Middle row from left:
Peggy Taylor, Esme Ussher [2nd Assistant], June Egglestone, Mary Gardiner, Joan Jacobs, Dorothy Kidson.

Back row from left:
Gwen Neale, Betsy Holmes, Nancy Borrie, Joan Hollobon, Cynthia Wadmore, Una Martin.
The seeds of the New Zealand Dietetic Association were sown at a meeting of the Home Science Alumnae in 1934 when it was suggested a branch be formed of qualified dietitians. However, as the few who were qualified were scattered around New Zealand and were not working as dietitians, the idea lapsed.

It was reconsidered in 1937 and an effort made to decide what qualification would be necessary of this professional group. The aim would be to establish a membership standard that would be recognised internationally.

Application forms were sent out in 1939 to those who might be considered for eligibility. Mary Lambie was asked to distribute the forms to diet sisters who might wish to be considered for associate membership. Thirty-three applications were received; 11 of them were members of the American Dietetic Association or the British Dietetic Association, were automatically eligible for membership and were accepted immediately. Bess Wilson, from the University of Otago Medical School, acted as president and Eleanor Couston as secretary. Information on qualifications for membership of the association, working with the American Dietetic Association and New Zealand Home Science Alumnae so that membership of the New Zealand Dietetic Association would have international acceptance.

More than 50 delegates - and remember this was mid-war, came to the inaugural conference in Wellington on May 16-18, 1943. The wide-ranging programme included addresses on professional subjects, visits to hospitals and the ratification of the association's rules, objects and constitution. The proposed version was accepted with minor amendments, perhaps because delegates were warned that "owing to the paper shortage prevalent at present, members are requested to note changes as new copies of the constitution cannot be supplied." Dr John Mercer pledged "full support and recognition" from the New Zealand Medical Association and offered the NZDA space in the Medical Journal.

The objects of the association were confirmed as:

* To further the knowledge of nutrition throughout New Zealand;

* To raise the standards of dietary work;

* To provide facilities for those interested to meet for discussion of all matters pertaining to nutrition.

Subscriptions for life members were set at 8 guineas ($17.60), the annual subscription at 10/- ($1) a year for active members and 5/- (50 cents) for associate members. The first executive committee elected was:

- President, Monica McKenzie; vice-president, Audrey Rees; secretary, Eleanor Couston; Auckland member, Mollie Priestley; Wellington member, Helen Luke; Christchurch member, Esme Ussher; Dunedin member, Catherine MacGibbon, Dean, Home Science School (ex officio), Elizabeth Gregory.

The status and salaries of dietitians employed by hospital boards were discussed and sketches of badge designs for student and qualified dietitians were shown. A proposal to open a Post Office Savings Bank account was carried and a recommendation that one annual examination a year be held for dietitians was passed.

The NZDA began with 47 active members. In addition, the association elected five associate members - Diet Sisters A. Dickinson (Auckland Hospital), C. Henderson (Waikato Hospital), I.A. McLean (Wellington Hospital), J. Randall (Christchurch Hospital) and T. Ross (Palmerston North Hospital) - in recognition of their long service to their dietary departments and four honorary life members, C.R. Burns, senior physician at Wellington Hospital; Muriel Bell, nutritionist to the Department of Health; R. A. Shore, the Deputy Director General of Health; Mary Lambie, Director of the Department of Health's Division of Nursing. By the end of 1943, 56 dietitians had become members.
The establishment of New Zealand's dietetic profession, dietetic training and the New Zealand Dietetic Association was largely the work of a group of highly accomplished and effective women. They would have been remarkable people today; given the role widely expected of women 50-odd years ago, they must have appeared something quite extraordinary. Who were these women?

Professor Ann Strong

An American who came to the University of Otago's School of Home Science in 1921, Ann Strong initiated the formation of the Association of Home Science Alumnae of New Zealand. She strongly believed that home science graduates should be able to fill every niche their training fitted them for - including management of hospital dietary departments. Not only did she encourage graduates to go overseas to study dietetics, she began pushing and promoting the idea of training dietitians in New Zealand.

“You must get into those hospitals and show them how indispensable the dietary department is,” Mollie Priestley, who studied under Professor Strong, remembers her saying. Mollie Priestley recalls she was a big, tall woman who was always noticed when she entered a room. When moves were made to cut out bursaries (which paid students’ board), Strong went to town, bought a new hat and headed for Wellington. Exactly what she did or said, no one knows, but she arrived back in Dunedin beaming with delight, the bursaries preserved.

Having come from well-equipped kitchens in the USA, Ann Strong was very conscious of the lack of facilities in Dunedin. She did the rounds of the shops and persuaded various firms to lend her items to try out at Studholme House - a gleaming, white Hobart mixer was treated like gold. Then she extended these loans to testing all sorts of equipment and models; if it won her seal of approval, “as used in the home science department” was the only advertising necessary. And if they got the OK from the Prof., many of these items seemed to remain with her!

Mollie Priestley also tells how Professor Strong got her students involved in some extra-curricular activities. At the time of the South Seas Exhibition (which fell in January and February), the old Studholme was turned into a “first-class hotel” and students recruited to cook, wait table and look after bedrooms. Neige Todhunter, employed by Flemings to organise and advertise their products at the exhibition, made up all sorts of oat biscuits and put them out for sampling. Professor Strong organised what she thought was the perfect kitchen - bench levels right and all equipment in the right order to avoid unnecessary footsteps. As people hung around, fascinated by her patter, she was quick to pick up any remark from her audience. “Nogoodhavingawhite, painted kitchen, shows all the dirt,” called out one man, “Exactly,” came back Professor Strong, “we don’t want any dirt in our kitchens!”

There was also the occasion when the University of Otago hosted the US Navy at a supper function organised by Professor Strong. In her eyes, entertaining the navy top brass was comparable to entertaining royalty. She planned a stand-around supper, American style. But to her students, who were roped in to produce various items, it was all new. Mollie Priestley and another student made about 700 Parkerhouse rolls (“I have not made a yeast bread roll since!”) The entire meal was served on one plate - a curled lettuce leaf filled with some protein mixture (probably chicken), the bread roll, a pastry case filled with creme of oysters, a gelatin pudding turned out of a mould, two after-dinner mints and a cup of coffee. With just a fork for the salad! Mollie Priestley says it was fun watching the locals all looking for a ledge for a bit of leverage. Professor Strong also invited some of her students - those guaranteed to behave properly and make intelligent conversation.

Winifred Goddard (born Stenhouse), who studied under Professor Strong and later taught with her at the school, describes her as “an amazing woman with an enormous amount of energy and a forceful personality. She was able to get people moving through her enthusiasm. She was a widely-experienced person, had a lively mind and was full of ideas. And she was a superb cook; her parties were something.”

Although she retired in 1940, Professor Strong had been involved in discussions and planning for dietetic training in New Zealand. Her vision became reality within a couple of years and she frequently expressed her satisfaction with the outcome and further development of the profession. She was elected an honorary life member of the New Zealand Dietetic Association in 1945.
One of them, Professor Marion Robinson, remembers Professor Strong and Dr Gregory visited her high school in Wellington in 1938 while travelling around the country “selling” home science and seeking funds for student accommodation. Her “lively and direct answering of schoolgirls’ questions” left quite an impression. The Strong-Gregory combination culminated in the opening of Studholme Hall in 1961.

In a tribute written on Elizabeth Gregory’s death in 1984, Professor Patricia Coleman, who succeeded her as home science dean, described her as “a special person regarded with warmth and affection.” She was positive, efficient and concise, traits sometimes suggesting brusqueness. In the habit of making quick but well considered decisions, she expected the same of others. Those of us who were on the staff of the school recall very clearly the times when we were asked for decisions and told: “There is no hurry. Take your time, just have it on my desk by 9am tomorrow.” Beneath this direct manner was a person of warm understanding and unobtrusive kindness who would give clear responses, sympathetic advice, support and encouragement, whichever was needed. She was particularly renowned for her unfailing sense of fairness and for the fact that regardless of the pressures upon her, she would always find time for the problems of others.”

Elizabeth McLaughlin, another whose connections went back to childhood, recalled her use of the signature, “E. Gregory”, sometimes shortened to “E.G.” or simply “E”. When Elizabeth Gregory applied to work in the lab of Dr Jack Drummond while studying for her PhD in London, she did not know Drummond had banished women from his lab. But all her correspondence had been signed “E. Gregory” and she managed to survive once she confronted a surprised Drummond.

Monica McKenzie

Undoubtedly Monica McKenzie had the greatest influence of any person on the formation and development of dietetics in New Zealand. She initiated or influenced almost all the functions of the profession. After graduating with a Bachelor of Home Science in 1926, she taught at Wanganui Girls’ College for several years before going to London to train as a dietitian at the Royal Northern Hospital. Back in New Zealand in 1938, she was appointed assistant dietitian and then senior dietitian at Wellington Hospital. Early in World War II, she was approached to help with adapting British Army rations to New Zealand soldiers and to advise on menus in camps. “She had lots of common sense and was most helpful,” commented the Director-General of Medical Services, Brigadier Fred Bowerbank. She was later called on to discuss suitable diets for the tropics and then again, to discuss ration scales for troop ships and troops in Egypt.

She was part of the group which developed the syllabus for dietetic training in New Zealand, created the machinery for the introduction and regulation of the training, defined responsibility for the qualifying examination, payment of students and other details. When the New Zealand Dietetic Association was formed in 1943, she was its first president - “Monica McKenzie was the
association,” said one of her associates at the time.

As inspecting dietitian with the Department of Health in 1947 until her retirement in 1963, she saw the Dietitians Act, Dietitians Regulations and the salaries advisory and grading committees come into being. During her early years in the department, she defined standards for food service in hospitals - menu patterns, portion sizes, distribution systems, allocation of space for kitchen and dining rooms. Dietitians were generally young and inexperienced and Monica McKenzie became a sort of “mother confessor”, encouraging and supporting them in setting up departments through visits and letters. “No matter how tough or desperate things got, you could always ask Miss McKenzie what to do.”

Jocelyn Hampton (born Watson) and Patricia Donnelly recall her hospital visits. Jocelyn Hampton: “She would ask about something (she already knew the answer), listen intently to your explanation, then look into your eyes with a twinkle and say, ‘But you do that so well’. You’d grow on the spot.” Patricia Donnelly: “She was calm and gracious. We looked forward to her visits because we could pour out all our problems. She was our saviour.”

One word keeps recurring when those who knew and worked with her are asked what she was like. Lady.

They speak of her ability to gain loyalty and affection from associates; her modesty; her dignity, her diplomacy and tact, her honesty an understanding, her ability to gain the respect and co-operation of ancillary staff, her capacity to listen, consider and then give sound advice. In their tribute on her death in 1988, Flora Davidson, Bernice Kelly and Patricia Williamson (born Walton) (all former associates at the Department of Health) wrote: “The debt we owe to Monica McKenzie for her contribution to dietetics in this country is immeasurable; her qualities of dignity, tact and modesty, her patience, understanding and wonderful sense of humour will not be forgotten. She will long be remembered with deep affection.” But beneath these qualities, there was steel, a determination and drive to get where she wanted to go. She was skilled in using her tact and charm to sway various authorities round to her way of thinking. Her close association with the nursing staff in the Department of Health helped oil many wheels of hospital food service.

In the mid-1950s, when a considerable amount of hospital construction was being planned, she obtained a World Health Organisation fellowship to study food service planning and design and observe development in equipment in Britain, Scandinavia and the USA. She was convinced stainless steel was the most appropriate material and even brought home 12in x 20in counter pans in her luggage. She was involved in writing manuals on planning meals for the elderly and maternity patients and planning kitchens and dining rooms, which were published by the department. When meals-on-wheels started in 1956, she recommended that hospital boards be responsible for the cooking and service.

She also recognised the need for continuing education among dietitians. The first refresher course took place in 1958 in the form of a workshop - a new experience for dietitians then - concentrating on administrative dietetics.

**Dr Muriel Bell**

After playing a prominent part in drawing up the syllabus for the foundation training course, Muriel Bell was a member of the Dietitians Committee from 1948 to 1951 and then the Dietitians Board from 1951 until she retired in 1963. As Nutritionist to the Department of Health and Director of Nutrition Research, she had to make sure dietitians had the latest information and knew how to use it.

Her contributions to NZDA conferences - especially her pet themes of fluoride and teeth, animal fats and coronaries and corpulence and calories - were particularly memorable as she leavened her scientific information with her sense of humour and played down her own contribution through her humility. She was also adviser to dietitians and the NZDA on a wide variety of issues.

On a national scale, she promoted the use of rosehip syrup as a source of vitamin C for infants when other sources were short during wartime; she pleaded a case for the introduction of the 78% extraction rate of flour which makes the New Zealand white bread loaf nutritionally sound; she was a protagonist for the milk-in-schools scheme; she devoted herself to fluoridation of water supplies; she supported the original “Daily Diet Pattern” for New Zealanders; she wrote the text, Normal Nutrition Notes for Nurses; she was largely responsible for the initial production of the booklet, Dietitian Tells Diabetic, which was sponsored by the New Zealand Dietetic Association.

When she died in 1974, an obituary in the NZDA Journal termed her contribution to dietetics as “immeasurable” and described her as “the greatest of New Zealand’s women scientists.”
Mary Lambie

As Director of the Department of Health's Nursing Division, Mary Lambie had the job of providing liaison between the department and hospitals. She advised and counselled from 1939 to 1941, formative years for dietetic training and the New Zealand Dietetic Association. Her handling of many problems which arose between the department, the University of Otago and the hospital boards was a major force in reaching the final decision for training to proceed. She was a member of the Dietitians Committee from 1948 to 1950 and then the Dietitians Board until 1953. She was one of the first group of honorary members of the new NZDA in 1943.

Maureen Barker

The first dietitian in the Department of Health in 1942, Maureen Barker (born Frengley) graduated from the University of Otago with a home science degree in 1923 and MHS in 1931 and lectured in nutrition at the University in 1930-31. For most of the 1930s she was senior science mistress at the All India Training College for Home Science Teachers in Delhi and was appointed to the department job on Mary Lambie's suggestion.

Her role was to co-ordinate nutrition teaching in the different sections - nursing, dental and health education. To do this, of course, meant pioneering the development of nutrition publicity in New Zealand and the ability to reach widely different groups - the very young and the elderly, academics and non-academics.

During the organisation of dietetic training in New Zealand, she and Catherine Hunter (born MacGibbon) investigated facilities for training and the proposed training hospitals.

She remained with the department until 1946. An original member of the NZDA through her American Dietetic Association membership and nutrition teaching experience, she was made an honorary life member of the NZDA in 1947.

Eleanor Couston

The first secretary of the New Zealand Dietetic Association, Eleanor Couston obtained a Diploma of Home Science from the University of Otago, then trained as a dietitian at the Royal Northern Hospital and St. Bartholomew Hospital in London. After a period on the staff at Royal Northern, she returned to New Zealand in 1937 to become the first dietitian at Lewisham Hospital (later Calvary and now Southern Cross) in Christchurch.

She was later therapeutic dietitian at Hutt Hospital and a dietitian at Wellington Hospital. After a short spell at the School of Home Science, she joined the Department of Agriculture in 1952 as a rural sociologist, remaining as its senior home science advisor until her retirement in 1968. Most knew her as Twink - a reference to the inevitable twinkle in her eye, her vibrant and vital personality, sense of humour and fun and enthusiasm rather than any adherence to the more modern corrective fluid.
Registration of dietitians - designed to give dietetics a professional standing which would be guarded by legislation - was the critical achievement of the first 10 years.

Working dietitians themselves provided an indicator as early as 1946 that they would like to see some formalization and legislation of the profession and training. Responding to a New Zealand Dietetic Association questionnaire dealing with the continuing shortage of dietitians, 45 were unanimous that “any drastic reduction in the standard of training would be most unwise”, although some suggested time in training schools could be reduced during “the present acute shortage.”

They also agreed that since dietitians were firmly established in hospitals and the term, dietitian, had been accepted as a person qualified to undertake general catering and special diet work, “it would be a retrograde step to employ unqualified persons to do the work of a dietitian - it would be damaging to the status of the qualified dietitians and damaging to the recruitment of persons for training.”

However, they urged that “every effort” be made to enlist and encourage the services of people with catering experience to work, in close cooperation with and under the supervision of a dietitian, as “food supervisors” in kitchens and nurses homes.

Other majority decisions from the questionnaire were:

* Dietitians should not be employed solely for special diets and teaching, as it would lower the standard of general food service; in fact, many preferred to reduce diet therapy work and build up food service.

* Control of the main kitchen should not revert to cooks and caterers, though proven and permanent members of kitchen staff should be trained and encouraged to take more responsibility, or relieving the dietitian of many routine jobs.

* Male dietitians should not be trained, but if they were, the standard of education and training should be the same as for female dietitians. (A distinction was made between male dietitians and male catering officers who did not necessarily require any specialised training.)

* Trained diet cooks could be used to greater advantage and, particularly in small and medium-sized hospitals, could free dietitians for more essential work.

* More use could be made of married dietitians in a part-time capacity, particularly in teaching and therapeutic work.

Suggestions for increasing the number of dietitians included wider advertising of the training course, overseas advertising for dietitians and exchange system with overseas dietitians, the omission of subjects such as clothing from the home science course, appointing staff dietitians to assistant positions immediately after qualification, reducing the length of training or considering a diet therapy qualification, higher salaries, a practical 12-18 month course for caterers at the Home Science School, training as housekeepers those whose education qualifications were not high enough for dietetic training.

Respondents came up with seven ways of using dietitians to better advantage - making greater use of diet cooks; training kitchen staff to take greater responsibility; making more use of food prepared in the main kitchen for special diets; making more use of local schools for teaching and practical cookery to preliminary nurses; getting more help from tutor sisters and their staff in teaching normal nutrition and diet therapy; using every available person with catering experience, male or female, to take over catering jobs under the dietitian’s supervision; using more housekeeping sisters in nurses homes.

Ministerial approval was given to the formation of a Dietitians Committee in July 1948 as a controlling board for dietitians in New Zealand, with its authority vested in the Department of Health. Membership of the committee, which met for the first time in August 1948, was: the Director-General of Health, Chairman (Dr T. H. Ritchie), the Dean of the University of Otago’s Home Science Faculty (Dr Elizabeth Gregory), the Department of Health Nutritionist (Dr Muriel Bell), the Department of Health Inspecting Dietitian (Monica McKenzie), a New Zealand Dietetic Association representative (Winifred Goddard), the Department of Health’s Director of the Nursing Division (Mary Lambie).

The committee’s functions were:

* Determination of training courses for candidates for the Department of Health certificate of proficiency in hospital dietetics.

* Approval of hospitals or other institutions where all or any part of the training could be given.

* Conducting examinations, appointment of examiners and issue of certificates.

* Receipt of applications for registration and authorisation of registration in a register to be kept by the Department of Health.

* Conduct of registered dietitians.

Of 121 people contacted for possible inclusion on a preliminary register, 91 had trained in New Zealand since 1941. The remainder had been trained in England, Scotland, Australia, Canada or the USA.
The Dietitians Committee - described by Monica McKenzie as “a great step forward for the profession of dietetics” - functioned for three years, until it was reconstituted as the Dietitians Board under the Dietitians Act which was passed in 1950. The new board assumed authority for the registration of dietitians from the Department of Health.

“A significant milestone has been reached in the history of the New Zealand Dietetic Association,” are given in schools is another good training ground. If the meals are planned by a trained dietitian, the children become used to eating certain foods and grow to like them... If trained dietitians can be used wherever mass meals are served, we will gradually educate our people to eat the right sort of food.

“I hope that as a result of giving proper recognition to dietitians, many more young girls will take up the work. I hope that men too will enter this sphere because they make just as good dietitians as women. It is work however which has a particular attraction for women. They are natural mothers and housekeepers.”

Miss Howard traversed her support for skim-milk in schools and her childhood hatred of brown bread, then described an experiment with the digestion of fried eggs and her declaration she had not eaten, nor given a visitor a fried egg since. Which prompted Ronald Algie (A cabinet minister and later speaker of Parliament) to comment: “The honourable lady is going to destroy the Empire if she cuts out bacon and eggs.”

And Mr Anderton (MP for Auckland Central): “I do not intend to oppose this bill but, on the other hand, I do not intend to go into raptures in support of it. If it satisfies the whim of the Department of Health to register another section of the community, to regiment people into little groups and put badges on them, then let the department do it.

“...The only thing the bill does is to segregate another little section of the community, making a lot of glorified cooks who will do nothing else but stand over the real cooks and give instructions. If we believe it will be of value to the community to have people telling the cooks how to cook the cabbage and the peas, that is all right; give them a badge, give them a uniform and give them a flag to wave if you like.

“If we want to develop a race of men and women, let us start in the schools. We should start by teaching the girls how to cook a decent meal. All this tiddliwinking stuff in the bill is simply to gratify certain people by making them look a little special and something different from the common-or-garden cook in an institution.”

Describing the bill as “a waste of time, Mr. Anderton said he believed in dietetics and that people should have correct nutrition but that “this sort of thing will do nothing in that direction.” “What we must do is teach the children in the schools the food values – and that is not difficult – and then teach them how to cook... The bill simply glorifies a few people who may be described as expert cooks and does not touch real dietitians at all - the people who prescribe diets for people requiring them.”

Mr Sim: “It does not say anything about fried eggs.”

Anderton: “No. Nevertheless, England was built on roast beef and beer and fried eggs and bacon and a jolly fine lot of people have lived in the British Isles and have done an excellent job. We must not get too fastidious about our food. That will not do much good. We must be plain, sensible, matter of fact and realise we have to see that education is imparted in the right direction - that the girls in the schools, who are to marry and become mothers, should know how to cook food.”
"If we cannot achieve that in our homes, we shall never have it in our institutions. People cannot afford to employ dietitians. They cannot even manage to engage a maid to help scrub the floors or give any sort of help. Obviously, the aim should be to impart knowledge in the right quarter and that is in the schools among the young people."

Rev Clyde Carr, the MP for Timaru, added his bit: "I am inclined to agree that so long as one has a happy and contented mind, it does not matter what one eats - the state of mind is everything." However, he went on to support the role of dietitians and praised their work in hospitals ("Where dietitians have been employed in public hospitals, the dietary has improved and it has been good for the patients.")

This led to discussion on food fads and cranks and the value of diplomas, until Mr Watts managed to sum up: "We can overdo it. We can get fads about our food by reading advertisements and listening to talks. One of the things a dietitian will encounter will be the type of person who gets a bee in his bonnet and imagines he can cure all ills and evils by eating a certain type of food. We have to strike a balance. The purpose of the bill is to train dietitians who can produce suitable diets for sick people. Not only in hospitals but any sick people requiring special types of diet."

And so the Dietitians Act, which took effect from January 1, 1951, was passed.

New Zealand was one of the first countries to give state registration to dietitians, further reinforcing their international professional standing. "The importance of this cannot be over-estimated," said Winifred Goddard, "especially as we realise that so far, similar powers have been granted to one other group of professional dietitians in an English-speaking country... We are singularly fortunate in having reached this stage so early in our history and while rejoicing in the knowledge that such an important milestone has been negotiated successfully, we are not unconscious that it carries with it added responsibility that we as dietitians must accept. As professional women, it behoves us to prove by our seriousness of purpose, by our integrity and by our standard of attainment in service to the community that we are worthy of such recognition."

The act outlined membership of the board. When it met for the first time in August 1951 its members were: Director-General of Health - Registrar and Chairman (Dr John Cairney, represented by Dr H. B. Turbott); Dean of the University of Otago's Home Science Faculty (Dr Elizabeth Gregory); Department of Health's Director of Nursing (Flora Cameron); Department of Health Nutritionist (Dr Muriel Bell); Department of Health Inspecting Dietitian (Monica McKenzie); two dietitians nominated by the New Zealand Dietetic Association (Joyce Martin and Winifred Goddard); Minister of Health appointee (Mary Lambie).

The board's first job was to make recommendations for the regulations which would allow the act to work. Its continuing function is to enforce standards of training through professional examinations and its registration authority and admit to the profession only those who can satisfy its requirements. The professional status of dietitians is protected by the act - anyone not registered under the act is liable to a fine if he or she "describes himself or otherwise holds himself out as a dietitian, or uses the word, 'dietitian', in connection with his occupation."

The Dietitians Regulations, gazetted in 1953, provided the machinery to put the act into practice. The regulations made provision for people intending to apply for registration to take training courses, for the conduct of the syllabus and examinations, for the registration procedure and for appeals against Dietitians Board decisions. The certificate of proficiency in hospitals dietetics was replaced by a certificate of registration.

State registration of dietitians was not achieved in Britain until 1960 and in the USA regulation of the profession which began in 1974, is now in effect in 29 states.

### DEPARTMENT OF HEALTH

The Department of Health was very much the vehicle on which New Zealand's dietetic profession and the New Zealand Dietetic Association rode during their early days. Departmental staff and resources, much officially designated and a fair bit siphoned through unofficially, were critical in the successful establishment of dietetics.

That major role and influence was to continue for almost another 50 years, until the swing to devolution in the 1980s. For much of that time, the department had a structure which stood behind dietitians out in the field.

Maureen Barker was appointed Nutritionist in 1943 to coordinate nutrition teaching and develop nutrition publicity. She also took responsibility for advising the Department on matters relating to the training and employment of dietitians and the fledgling dietetic profession. In 1947, Monica McKenzie was appointed Inspecting (later Advisory) Dietitian. Her task was to improve the standard of hospital food service. Vital to achieving this objective was the training and employment of dietitians which then became her responsibility.

On the resignation of Maureen Barker in 1947, May Dale (born Abraham) was appointed. Flora Davidson took up the position of Nutrition Officer in 1950, a position...
she held until 1985. She brought what other dietitians have described as “a balanced, common sense approach” to the job. “It has been her sensible approach to food and nutrition which has guided the Department of Health in its advice to other departments and organisations and to the public during times of fads and extreme views.”

By 1957 three dietitians, known as advisory dietitian, the nutrition officer and the administrative assistant dietitian, worked from head office in Wellington and a public health dietitian was attached to Dunedin district health office.

The advisory dietitian, also registrar of the Dietitians Board, was probably best known for regular visits to hospitals. Usually, these were welcome, often looked forward to. Her role was primarily as adviser to the Department on the training and employment of dietitians and auxiliary staff in hospitals; on all aspects of food service management; on planning and equipping foodservice facilities. While all this may sound forbidding, many older dietitians will tell you how glad they were to have a backstop to call on.

Four women have shared the role of advisory dietitian: Monica McKenzie from 1947 -1963, Patricia Williamson from 1963 - 1965, Connie Shearer 1965 -1968, and Bernice Kelly from 1970 until its demise in 1990 when the Department's role changed due to restructuring.

The nutrition officer was responsible for all nutrition pamphlets, booklets and publicity material and for teaching to such groups as post-graduate nurses, health education officers, trainee health inspectors, dental nurses, kindergarten and teacher trainees. The aim was to provide sound scientific background knowledge so that all these groups spoke with one public voice. While Flora Davidson was Nutrition Officer she undertook research among Maori and Pacific Island groups, the elderly and children.

Mary Louise Hannah (born Longbottom) succeeded Flora Davidson in 1985 and Elizabeth Aitken filled the position from 1988 - 1990. When the Department of Health restructured, Elizabeth Aitken took a new position, as Senior Advisor (Nutrition).

The administrative assistant dietitian worked in the advisory field with maternity hospitals, old people's and children's homes, school and university hostels, health camps, industrial and commercial cafeterias. She also assisted the advisory dietitian in planning and training food supervisors employed in hospitals, hostels and residential homes.

The position was held by Patricia Williamson, Elizabeth Murray (born Gilmour), Joanne Swan, Mary Louise Hannah and Megan Grant (born Palmer).

The public health dietitian's role initially was to provide on-the-spot assistance by telephone or in the field to the general public, speak to and advise community groups on nutrition, prepare newspaper and magazine articles, help people with diets recommended by doctors, work with public health nurses and with local budgeting counsellors to help individual families. Over the years, the needs of the local communities have dictated the emphasis and specific roles of these dietitians.

Dora Campbell became New Zealand's first district-based public health dietitian when she was appointed to the Dunedin office in 1957, a position she held until 1963. Other appointments were Dorothy Moir, Auckland 1963 - 1970, Patricia Mathews (born Clifford), Christchurch 1969 - 1979 and Gillian Tustin, Auckland 1973 - 1989 when area health boards came into existence.

Dora Campbell, public health dietitian 1957
Dunedin District Office, Department of Health

Dietetic Practice:
Public Health

Since 1948 “Health” magazine has been the voice of the Department of Health on preventive medicine and health promotion. In the 40th anniversary issue, Flora Davidson noted that the emphasis of dietary advice in the 1940s had been on optimum nutrition, promoting foods to increase the consumption of animal protein, calcium and vitamins. She said that as knowledge on nutritional requirements had expanded, these recommendations had been modified. The rather authoritarian advice of 40 years ago, which specified kinds and quantities of food to be eaten daily, had been replaced by a trend towards a more general information service to keep the public in touch with current views on food and nutrition.
Salaries

Salaries have been part of New Zealand Dietetic Association life from the beginning. A proposal to set a minimum salary of £210, plus living (equivalent to a diet sister) for qualified dietitians was raised at the association's first general meeting in 1943. A memorandum was sent to the Department of Health and the executive directed to draw up a suggested scale of salaries depending on the size of the hospital.

However, many discrepancies continued to exist and in 1946, dietitians who felt their salaries should be adjusted were asked to discuss the matter with their hospital boards and refer to the NZDA executive if they got no joy. It was noted that if dietitians did not apply for positions where conditions and salaries were not satisfactory, the position would right itself over time. Dietitians remained their own advocates, although the NZDA wrote to them setting out duties and responsibilities which would be expected of them.

In 1947, the NZDA set up a salaries sub-committee - Winifred Goddard, Joyce Martin, Esme Ussher and Dora Campbell (the four senior dietitians from the training hospitals) - to discuss proposals with the Department of Health and the Minister of Health. This led to the establishment of a salary scale and regulations for dietitians and student dietitians under the Hospital Employment Regulations Amendment No. 4 in 1948.

Three salary issues emerged among NZDA members:

* Dietitians in charge of smaller hospitals were not sufficiently well paid.
* Years of experience should be considered in the computation of salary rates.
* Staff and student dietitians' salaries should be raised to the equivalent of those received by home science teachers with equal years of service.

The Association

The NZDA held conferences every second year until 1949 when, on the proposal of Monica McKenzie, the association became an incorporated society and was obliged to hold an annual meeting. The original eight-member executive was increased to nine from 1945 to accommodate the past-president, then to 10 in 1947 when the Department of Health's inspecting dietitian was included as an ex officio member. In 1949, a decision was made to include North and South Island representatives from outside the main centres and to have a separate secretary and treasurer. This inflated the executive to 13 members.

The first balance sheet in 1945 - a simple statement - showed a bank balance of £86 and total working capital for the period of £130. In 1950, affiliate membership was opened to those holding scientific qualifications in nutrition, holding a prominent position in work related to dietetics, or advancing nutrition work through research.

Subscriptions were increased to 10 guineas for life members, £1 a year for members, 10 shillings a year for associate and affiliate members; a levy was suggested on recently received back pay. This extra revenue put the association's foundations on a sound basis with a bank balance of £350 and assets of £526. Three years later, subscriptions took another hike to £15 for life membership and £2 a year for members, with associate and affiliate membership remaining at 10 shillings a year.
Uniform

Dietitians wore nurses uniform from the beginning. Many dietitians, for the best part of 30 years, still recall pushing their arms into freshly starched sleeves, to a crunch-crunch accompaniment.

The NZDA delivered an edict in 1945, telling dietitians that cardigans similar to those supplied by the North Canterbury Hospital Board were now manufactured for the association: “It is intended that these cardigans be regarded as working uniform and be purchased at the dietitian’s own expense.”

Although selection of uniform actually remained a matter for individual boards, the NZDA was undeterred. It proposed that the revised salary scale would include regulations governing the provision by boards for “a cape or cardigan” as part of the uniform and it told its members: “Since the NZDA resolved that the cape or cardigan should be green, the onus is therefore on the practising dietitians themselves to endeavour to arrange with their own hospital boards that the cape provided should be green.”

Badge

In 1945, the Department of Health issued its first badge to qualified New Zealand-trained dietitians. The oval badge carried the New Zealand coat of arms on a gilt centre with a blue enamel surround and bore the words, “Department of Health, New Zealand Dietitian”. Name and number signifying the position on the register was stencilled on the reverse. With the passing of the Dietitians Act and provision for compulsory registration, the Department of Health badge could no longer be used. The Dietitians Board asked for suggestions for the design of a new badge.

Bulletin

In 1946, the NZDA published its first bulletin—a 45-page foolscap, cyclostyled production put together by Thelma Simons. She had to delay publication and reported “a poor response forthcoming” from her request for contributions: she must have been a persuasive person, however, as the first issue contained 20 articles, 13 of them written by members. Most of the articles dealt with professional nutritional matters and there were some items of news and NZDA activities.

Three further bulletins were produced—by Dunedin members in 1947; by Una Martin and Gay Brett, in Christchurch, in 1949 (its cover featured a freehand drawing of the NZDA badge); and a 1950 issue, edited by Joyce Martin, in Auckland, reduced to quarto size and containing two advertisements. In 1951, there was a major revamp—a change of name to Journal of New Zealand Dietetic Association (on Dr Greg's suggestion because, she argued, scientific publications of any standing were called “journals”), a change of format to a small A5 size and twice-yearly publication (June and December).

Auckland Branch

The New Zealand Dietetic Association’s first unofficial branch was formed on January 20, 1948. The Auckland branch had nine members, with Desley Zehblik (born Collinge) as president and Anne Ting (born Wong), secretary. The program was largely social, with speakers on various topics, not necessarily dietetic. The branch folded in 1956 and was reformed in 1973.
Winifred Goddard received an OBE in 1981 for services to the dietetic profession.

Working as a dietitian was the last thing on Winifred Goddard's mind when she set off to the USA to do her dietetic training in 1933.

She went to Johns Hopkins Hospital in Baltimore, Maryland during 1933-34 on study leave to complete dietetic training because she saw it as a useful adjunct to her teaching career.

Since completing home science in 1926, she had been on the staff of the food department at the University of Otago - assistant in 1927, assistant lecturer in 1929, head of department in 1930.

After her training, she visited Britain and Scandinavia to observe the teaching of cooking and home management and took a course in haute cuisine in London.

After a couple of years back at the Home Science School, she went to Sydney as principal (and domestic science teacher) of the Memorial College of Household Arts and Science, a post-secondary private finishing school.

After a brief time in the commercial field at Beath's Restaurant in Christchurch, she returned to Sydney in 1939 for four years as the bursar-dietitian of a women's college at Sydney University.

In 1943, she applied for and was appointed chief dietitian at Auckland Hospital but was “manpowered” and spent four years with the Commonwealth Department of Health in Canberra, not as a dietitian but as a home science and nutrition adviser on food rationing (this was wartime).

“Education propaganda (nutrition education) on food preparation and diet and a guide to eating during a time of severe rationing” is how she remembers it. She was also involved in planning the details and training field officers for the 1944 Australian dietary survey and edited Food and Nutrition Notes and Reviews issued from the Australian Institute of Anatomy, Commonwealth Department of Health.

This delayed her return to New Zealand by four years and when she did come back, it was as chief dietitian at Wellington Hospital where she remained until she retired and married in 1956.

She became heavily involved in New Zealand Dietetic Association affairs - president from 1949 to 1952, editor of the Journal from 1955 to 1961, a member of the finance sub-committee from 1958 to 1976, honorary life membership in 1971. She was also a member of the first Dietitians Board from 1951 to 1954.

The attraction to dietetics? “I was interested in both administration and teaching and dietetics seemed to combine my need to teach and to be an administrator.

“I also like people and like to work with them - it’s lots of fun. I didn’t want to sit in an office and tell them what to do. I believe that to encourage others, you have to be out amongst them.”

In her new role, she assumed control over both food service and special diets.

With Winifred Goddard as chief dietitian and Connie Shearer as her first assistant, Wellington had a high reputation among New Zealand hospitals.

Even so, Winifred is somewhat reserved about their achievements: “I think, though I’m not certain, that we improved the quality of the menu.

“When I started, it was like the good old British hospital menu - porridge for breakfast, meat and two veg with some sort of pudding midday and a light evening meal.

“We tried to give everyone a cooked breakfast and a more substantial and better type of evening meal. We also tried to take account of individual differences. For instance, the men’s orthopaedic wards were mainly occupied by young, active males who were used to large meals.”

Her wartime experiences in Australia had convinced Winifred of the need for a good breakfast.

“You must have some breakfast but better still a cooked breakfast. Otherwise, you find people flaking out before lunch. They used to have soup at 11am at Wellington but we found that with a better breakfast, we were able to transfer the soup to the evening meal ... soup and savoury.”

She thinks that 11am soup was probably a hangover from the days of sea travel when soup on the deck was the traditional “elevenbes”.

In 1990, when in Wellington Hospital as a patient, she was disappointed to find the cooked breakfasts had disappeared and a hot drink came between 9am and 10am instead of with breakfast and the same system in the evening - hot beverage later after the meal.

Disappointed? “Yes,” Winifred confides, “because I still have something cooked for breakfast.”
Budgets and costs are often claimed to be the phenomena of the 1980s and 1990s. But in 1954, the New Zealand Dietetic Association conference discussed a remit calling for hospital boards to provide daily per capita food costs each week as the only criterion for ensuring food costs are controlled by the dietitian responsible for food service. It was decided to send a copy of the remit to the Hospital Boards' Association “to prove that dietitians were aware of all food costs.”

An editorial in the NZDA Journal of 1954 took up the point: “We must prepare ourselves to handle the problem of food cost control. We must demand the information we need so that we can see where the money is being spent... We, as dietitians, must anticipate the future if we are to maintain efficient food service and begin now on food cost control. We must not be afraid to use our initiative, we must insist that accurate figures be supplied. Weekly costs should be made available to the dietitian so that each dietitian is able to show the daily cost, quality and nutritive value of the food used in the menu plan. From these figures, it will be possible to evaluate results and make any adjustments necessary.”

Standardisation of menus and equipment also aroused plenty of discussion. NZDA president Esme Ussher told the 1954 conference it would be profitable if dietitians noted the reports on standardisation of menus as practised in some places overseas. She referred to the many administrative problems facing dietitians and emphasised the importance of economical practices in trying to eliminate waste. She urged all dietitians to “critically evaluate the standard we maintain. Let us survey our equipment - its design and finish and the maintenance it receives; our food preparation and food handling techniques; the standards of personal hygiene we expect among our staff; the general standards of cleanliness maintained in our kitchens. Let us resolve to examine and improve in every possible way the standards in dietary department in our hospitals.”

Many felt dietitians were not being used to their best advantage in hospitals - too much time spent on routine, practical work rather than teaching and supervising staff and creating time to consider the broader issues. The idea of two or three dietitians working together between two or three smaller hospitals was floated.

The association initiated a move for the Department of Education to establish a training course for cooks. It received support from the Auckland Hospital Board's Superintendent-In-Chief, Selwyn Kenrick, who said food for patients and staff at Auckland hospitals was the second largest budget item - 10.8% of total spending.

Flora Davidson, the president of the day, also picked up on the theme: “There is a very real need in hospitals to survey the duties of dietitians and wherever possible, to delegate to both clerical and household staff as many as possible of those duties which do not require the dietitian's specialist knowledge. The small number of dietitians can themselves then carry out more efficiently their primary duties which they and only they, can do.

“It is, of course, for the hospitals employing dietitians to set the lead by making sure the duties they are asked to do as routine are not the duties of a less highly trained person. The delegation of the dietitian's duties brings us to the very important part which the household staff play in hospital work. It will not be possible to delegate duties unless there are facilities for training staff and giving them their rightful status in the hospital. We must also be able to give the worthy ones promotion within their own ranks.
“As dietitians, we know we cannot function without our household staff, but we must go further than this and encourage our staff to work with us as a team. We must build up the spirit of a team responsible for the very important task of providing an efficient food service to both patients and staff.”

The Department of Education did call a meeting in 1956 to discuss the suggestion but decided there was nothing it could do. There was support however for importing trained or partially trained cooks from overseas.

Dr Gregory expressed her concern about the lack of teaching facilities for practical training in institutional management at the School of Home Science and sought NZDA support in pressuring the University of Otago to take action. This was taken up by the University Grants Committee and improved training facilities were provided in 1957.

**Refresher Courses**

Continuing education, in the form of a refresher course for dietitians, was raised at the 1956 conference and the new executive was given the job of investigating time, place and subject. The matter was discussed thoroughly again the following year, with the outcome that a four to five day refresher course should be held in Wellington in place of the 1958 conference. At the request of the Association, Dr Elizabeth Gregory was instrumental in making arrangements for Professor Evelyn Smith, a former professor of institutional management at the University of Illinois, USA to visit New Zealand in 1958.

While here Professor Smith studied hospital dietary departments and student dietitian training throughout the country. With this background she was the leading participant in the refresher course attended by dietitians from 26 hospital boards, Department of Health, School of Home Science and by several non-practising members from 19 - 22 August 1958. The theme “Planning for the Future” which covered topics such as streamlining dietary departments, organisation as a tool of management, selection and use of physical plant and equipment, training of dietitians and supervision was dealt with through a mix of lecturers, panel and general discussions and reports on specific studies.

**Code of Ethics**

The adoption of a code of ethics had been proposed by Christchurch members at the 1953 annual meeting. They envisaged it should define principles of professional ethics appropriate for New Zealand. The proposal was approved, a draft circulated to members for comments and suggestions (Esme Ussher deplored the apparent lack of interest shown) and the following year, the code was adopted:

“The aims of the dietetic profession are primarily concerned with the improvement and maintenance of national health. Each member is held personally responsible for supporting the association in pursuit of these aims by rendering service of the highest quality in the community, no matter what branch of the profession she follows, regardless of personal gain or monetary reward.

“Each member of the association should act on the principle that on the conduct of the individual depends the reputation of the whole group. She should therefore set before herself the highest standard of personal integrity and professional efficiency, combined with the sound judgement, human understanding and tact essential to the successful accomplishment of her duties as a member of the New Zealand Dietetic Association Incorporated.”

**Recruitment**

Dietitians gave plenty of attention to addressing shortages of dietitians and how to recruit trainees. The NZDA took up a Christchurch Hospital suggestion to approach the Dietitians Board about producing “some propaganda pamphlet” advertising dietetics as a profession or how to become a dietitian for use in schools and vocational guidance centres as a means of sparking more widespread knowledge and interest in the profession. This eventually took form in a leaflet, “What Does A Dietitian Do?”

Analysis of the professional strength of the profession showed that of 166 dietitians trained since 1941, 80 were married, 51 were employed in hospitals, seven in other fields (two as dietitians and five in allied professions), 20 were overseas and eight were not practising. 57 dietitians - six of them overseas-trained, were working in New Zealand hospitals.

By the end of 1963, NZDA membership stood at 138 - 58 life members, 24 full members, 42 associate members, three associate life members, five honorary life members and six affiliate members. But of 226 who had qualified to practise in New Zealand, 147 were married, 18 were overseas, 13 were working in other fields - and just 48 (10 of them married) were practising in hospitals.

Several factors influenced the high rate of dietitian fall-out - hospitals often had a policy not to employ married women; pay rates which did not compare well with the alternative professions of teaching and nursing; the social more of the time that when a woman married, she stopped working in paid employment; and the number of young women who headed overseas in search of adventure soon after qualifying.

Back in 1951 this had prompted a warning from the NZDA's then
Salaries and Grading

The contentious prospect of a grading committee to determine where dietitians should sit on the salary scale came to a head at the 1955 conference. The suggestion that dietitians be graded according to responsibility, experience and seniority was eventually endorsed and a request made to the Department of Health for the system to be set up.

This resulted in NZDA recommending a grading scale starting at student dietitians (£500 a year) and staff dietitians (£675-725 a year), then progressing from grade one (£675-775 a year) to grade five (£1175-1325 a year). What was gazetted in the 1957 Hospital Employment (Dietitians) Regulations was: student dietitians (£515-560); staff dietitians (£640-695); grade one (£695-780); grade two (£780-900); grade three (£950-1150).

The grading committee was to consist of the Department of Health’s Director of Hospitals, as chairman; a Department of Health officer, appointed by the Minister of Health; two hospital board members appointed by the minister; two others (not dietitians) employed in hospitals and appointed by the minister after consultation with the NZDA. This committee was separate from the salaries advisory committee (dietitians) which contained two dietitians nominated by the NZDA.

The grading committee came into being in 1957. Dr Elizabeth Gregory and Winifred Goddard (who had retired as Senior Dietitian at Wellington Hospital) were the two appointees. Dietitians were not happy about the absence of a hospital dietitian on the committee and in 1969, the composition of the committee was changed - an independent chairman, one representative from each of the Department of Health and Hospital Boards’ Association, two from the NZDA, plus the two independent appointees.

The committee attracted plenty of flak from dietitians, often receiving the blame for the outcome of salary negotiations. But it did not have a part in setting salaries; its job was to grade dietitians on a scale of grades and steps according to job responsibility, experience, qualifications, proven ability and hours of duty. Problems often arose where a dietitian in a position of responsibility moved to another centre and ended up taking a less highly graded position because it was the only one available. Dietitians often complained about being “derated” in such circumstances; the grading committee was adamant they had been “regraded.”

There was also the problem of relativity between positions in different hospitals. The committee did eventually attack this in 1979, establishing relativities between positions and setting maximum gradings for them, basing its review on the principle of “broadbanding” - the grading for each position spanned two, sometimes three grades. But despite these changes and the introduction of an annual review of salaries grading, many dietitians remained unconvinced about the system when the grading committee went out of existence in 1984, because of a change in legislation.

During 1957, the NZDA took its first small steps into formalised pay negotiations when it took up an invitation from the Council for Equal Pay & Opportunity to send observers to its meeting. This investment yielded a dividend when the Governmental Service Equal Pay Act of 1960 made provision for the elimination in three annual stages, starting on April 1, 1961, of government employees’ wage or salary scale differentiations based on sex.
Terminology

In 1959, the NZDA came up with recommendations on terminology for use when advertising for dietary department staff:

* Dietitian - a person registered under the Dietitians Act 1950 (New Zealand).

* Dietetic auxiliary - a person who is a member of the British Dietetic Association or of the national dietetic associations of countries within the British Commonwealth but who is ineligible for registration as a dietitian in New Zealand.

* Food supervisor - a person who holds a diploma in institution management following a recognised training course but who does not hold a diploma in dietetics.

* Dietary assistant - all persons who up to the present, have been employed as kitchen supervisors, dining room supervisors and dietitians' assistants.

The Association

In 1958, it was decided to base the treasurer in Wellington to ease the collection of subscriptions and handling of money.

These were early days for sponsorship - the term itself was rarely used. But during 1959, the NZDA accepted an offer from an Australian firm, Fawns & McAllan Pty Ltd, to fund £300 of printing costs for 10,000 diabetic food tables and booklets in return for acknowledgement and an advertisement. But various hiccups and the emergence of new information delayed the booklet so long the offer eventually lapsed.

Badge

A new badge was finalised in 1954 when authority for registration passed to the Dietitians Board. Lozenge-shaped, it has a silver centre embossed with the wheat and barley sheaf and the serpents of Aesculapius entwined. Green enamel surrounds the words, "New Zealand registered dietitian." Only dietitians who qualified and trained in New Zealand were eligible to wear the new badge.

Publications

An advertising manager, Patricia Williamson, was appointed to the Journal in 1958 and by 1962, the publication was self-supporting. However, increasing printing and postage costs and mergers between individual advertisers made that situation hard to maintain. Production of the Journal has been a continuing balancing act between restricting costs, while maintaining a professional "shop window" - both in looks and content - for the dietetic profession.

A new publication was launched in 1962, on the initiative of Frances Berry. News and Views was produced quarterly to report on research, new dietetic practices, new products and equipment, availability of foods and products for use in restricted therapeutic diets, employment information, course, seminar and meeting notices and topical issues. Responsibility for collecting and distributing material moved from hospital to hospital, until an editor was appointed. The original cyclostyled format has changed several times and more NZDA news has been filtered in, but essentially the original concept remains.

NZ Dietetic Association Conference
1960, Palmerston North
Dietetic Practice: Public health

Many New Zealanders received their nutrition advice from a variety of pamphlets produced by the Department of Health, the most familiar being the “Daily dietary pattern”. Over the next 30 years this was revised many times in the light of new nutritional knowledge. It acquired a new name, “Food for health”, in the late 1960s and its 1987 version was a colourful poster with a photograph of the many foods that comprise a mixed diet.

**NEW ZEALAND’S**

**Daily Dietary Pattern**

**A GUIDE TO HEALTHY EATING**

**MILK:** Pre-school children 1½-2 pints; school children and adolescents not less than 1½ pints, (including school milk); adults not less than 1 pint. (Drink it cold—use it in hot drinks, soups, sauces and puddings).

**EGGS:** One a day when possible. At least 3-5 per week (including those used in cooking). Preserve eggs in the flush season for use in the winter.

**CHEESE:** A small cube every day. Use on bread and butter, in sandwiches, in salads, and as savoury dishes.

**MEAT:** A serving once a day. Serve LIVER at least once a week and FISH, when possible, once a week.

**POTATOES:** A generous serving at least once a day. (Adolescents twice this serving).

**VEGETABLES:** Green vegetables, cauliflower, or swede every day, and one other vegetable at any of the three meals of the day. Serve raw in salads often.

**FRUIT:** One RAW fruit in whatever is used, stewed or dried.

**BUTTER and FAT:** The full ration of butter used on the table or in sandwiches; and lard, margarine or dripping in cooking.

**BREAD:** At least half the day’s supply should be wholemeal.

**CEREALS:** Unrefined porridge meals such as oatmeal, rolled oats, or ground whole wheat.

**IODISED SALT:** Should be used for all purposes, in cooking, as well as on the table. **COD-LIVER OIL:** (or substitute) One teaspoon daily for pre-school children and expectant and nursing mothers. (In winter and spring months it is advisable to include this in the dietary of older children.

Eat any other foods to satisfy hungry appetites, but try to get these into the day’s meals.

**You must Balance your Diet!**

Issued by the Department of Health.

An early version of the daily dietary pattern.

Flora Davidson

Flora Davidson - 43 years a dietitian - maintains she wasn’t looking for a vocation when she entered the profession.

And Flora - 33 years in the Department of Health - is equally adamant she had no idea of a career in public health.

“I just wanted to make a living and dietetics was a lesser evil than teaching. I didn’t even know what public health was.”

After qualifying at Wellington Hospital in 1942, she worked there as a dietitian for four years.

“But you’ve got to be the sort of person who likes to wear a uniform to work in a hospital. I liked the patients and the work but not the hospital set-up - I didn’t like uniforms.

She escaped on a fellowship to England where she split her time between “observing” and working in school meals service.

She returned to New Zealand and joined the Health Department in 1950, taking over the Nutrition education position from May Abraham in 1951 when May left for the USA. Flora stayed with the department until she retired in 1985, becoming known particularly for her international activities and involvement in other cultures.

At that time, her part in the department scheme of things was to help develop food service in smaller institutions, such as children’s homes, boarding schools, even prisons, helping with food, menus and sometimes kitchen planning.

In 1955, she attended a World Health Organisation seminar in Manila, Philippines on nutrition and health education.

Dr Harold Turbott (director of the Health Department’s public health division) called her "the best employee on the staff".
Monica McKenzie, it must have
When she returned and found
Barker's letter of recommendation
much longer without them."

It would have taken

Some time but it would have taken

Hard to imagine what would have

Two years during wartime.

Seemed like a gift from the gods.

They set up the training course in

USA and been impressed with what

Happened without them.

Mary Lambie· had been to the

"It was quite remarkable that

There were a lot of young newly-

Although she had a hard time

The change from the labour-

At Wellington, we had a butcher

"Although she had a hard time

Free medical treatment led to an

The Home Science School had

It was quite remarkable that

They were part of the team which

Surveyed the dietary habits of the

She was part of the team which

During her time as president,

While she says she was invariably

She was editor when advertising

She was editor when advertising

During her time as president,

She says she didn't seek avocation

Flora has also seen many

Around ideas for diets, in the
time, there were diets for peptic

Monica McKenzie's appointment

Her involvement in dietetics has

Extended beyond her professional

Work - secretary of the New Zealand

Dietetic Association (1949-52),
president (1955-56), Journal editor
(1962-79), member of the Dietitians
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Society of New Zealand.
Patricia Williamson

Patricia Williamson brought a broad perspective on food service to the Health Department.

She went to Home Science School in 1938 not sure where she was headed: "The hospital interested me but I'd never heard of dietetics as a career; I was interested in home science and maybe teaching - that's what most people who took home science did."

She did institutional management and decided dietetics sounded "very interesting - I'd decided I didn't want to teach."

But she had to wait two years after completing home science before doing her dietetic training because fewer interns were accepted for Wellington where she wanted to train. Instead, Patricia got herself a job with the Standards Institute, working on clothing and food standards needed for war-time austerity conditions.

She eventually trained in Wellington, graduating in 1945, then worked at Hutt Hospital, Cornwall Geriatric Hospital and National Women's and Auckland Hospital before going overseas.

In London, her experience included catering officer for Kodak's cafeterias, school meals and special diets at King's College Hospital. In Canada, she was in charge of meal services at the University of Manitoba in Winnipeg.

Back in New Zealand in 1957, she joined Monica McKenzie and Flora Davidson in the Health Department for six years: "I was the third dietitian in the department and was assistant to both of them. My job involved visiting and advising old people's homes, boarding schools, psychiatric hospitals and producing material to help them."

When Monica McKenzie retired in 1963, Patricia was appointed advisory dietitian until 1965. She returned to the position part-time when Connie Shearer died in 1968, twelve years later, there was a sense of deja vu when she began lecturing in institutional management at the Home Science School.

"I felt it was a big responsibility at first. But I just tackled it day by day and the responsibility didn't seem so great, even if at times, I did get the heebie jeebies and wonder what I'd taught them."

During the intervening years, she had three years running the food service at Dunedin Hospital's nurses' home.

Then, during two years in England, she worked in a number of hospitals, including London Hospital which convinced her food service should be under the control of a dietitian.

Back in New Zealand, she had a job organised in Tauranga when she met Margaret Cameron, dietitian-in-charge at Dunedin Hospital, at the Dunedin railway station. Margaret was going overseas and asked Shirley to apply for her job.

It was the beginning of what she terms "six golden years" from 1959 to 1964. During this time, Shirley was an NZDA executive member, president in 1965-66 and was elected a life member in 1984. She has also been on the executive of the Home Science Alumnae.

But it is her institutional management teaching role, as a lecturer and senior lecturer in food service management from 1964 to her retirement in 1980, for which Shirley is best remembered.

"I was lucky to have ended up teaching students who were going into dietetics, a profession I loved."
Nellien McFarlane

"Asking too many questions" launched Nellien McFarlane into dietetics.

She had completed her nursing training at Waikato Hospital in 1952, but found her "fascination" and interest in food meant she was always around the diet kitchen asking questions.

Initially she had no intention of becoming a dietitian, but working alongside them as a nurse, she became convinced that there was a future for her in dietetics.

Some of her nursing training was cross-credited and she didn't have to do basic clothing and design. But she had to cram three years of science into two and without any background in biochemistry, she found nutrition a fair slog.

Her first job was commissioning Wakari Hospital where getting kitchen staff was the biggest problem. As a hospital for the acutely ill, Wakari had a high proportion, up to 70%, of patients on diets.

Ward sisters and nurses served meals, which meant dietitians lost control of the food once it was in the wards.

Marriage brought a temporary halt to her dietetic career but she returned to work part-time in the nurses' home at Dunedin Hospital in 1971, then became dietitian-in-charge at Dunedin and in 1976, chief dietitian with the Otago Hospital Board.

As chief dietitian, one of her main roles was planning - for selective menus and tray service in Dunedin in the early '80s, then at Cherry Farm. These changes she says were "the best thing that every happened to Cherry Farm" - in terms of "wonderful savings" and in the quality and variety of the meals. Many patients commented on what a pleasure it was to have such nice meals.

While she enjoyed management, Nellien says she never lost her interest in patients. She believes nurses who became dietitians brought a different approach with them through their nursing instincts - "I enjoyed my contact with the patients."

"We could also establish a better rapport with the nursing hierarchy and had a greater understanding of nursing practice. I always wore my nurse's badge at work."

"I'd like to think the old image of mother in the kitchen serving the meals has gone. But I'm not sure it has completely."

Marjorie Bloxam

When Marjorie Bloxam retired from Palmerston North Hospital in 1981, she had been there 28 years, had commissioned three kitchens and been to almost all the international congresses of dietetics.

She came to Palmerston North with a background of dietetic training in Auckland, two years as a matron at the Plunket Society's Karitane Hospital and two years at a children's hospital in Southampton, England, after two years in the Midlands and holiday - relieving in Oxford and London hospitals.

When a group of central Europeans was transferred from a Pahiatua camp to Palmerston North, hospital staff had the responsibility of feeding them.

They had been on meagre diets, many of them were in poor physical condition and a number of them had TB: "They needed a bit of special attention as well as some decent food."

Keeping staff was often a problem. Many dietitians saw Palmerston North as a stepping stone; Marjorie Bloxam recalls two assistant dietitians who "had a most marvellous time until the hospital ball and then got married."

The business of feeding about 500 people a day continued. At its peak, the Palmerston North kitchen employed two full-time and three part-time dietitians and provided meals for the hospital, rehabilitation centre, psychiatric unit, radiology department and staff. As well as the new kitchens, Marjorie commissioned a new staff cafeteria at the hospital.

Apart from Amsterdam and Washington, Marjorie Bloxam went to every international congress of dietetics. She found them valuable for meeting other dietitians and for picking up ideas on food service and staffing.

"They tended to get very big and subdivided and after Canada, I decided enough was enough."
How has a dietitian's day changed over 50 years? These excerpts from dietitians' writings help to give some idea of the day-to-day routine and the issues of their days.

Dietetics in the 1940s

Dietetics in the 1940s was a lot of hard slog, according to Joan Brickell (born Hollobon), who spoke to the first New Zealand Dietetic Association conference about her experiences preserving fruit at Cook Hospital in Gisborne between January 1944 and May 1945.

During that time, the hospital used 21,896 lb (9-10 tonnes) of fruit, either grown in the hospital garden or bought locally. From that, the kitchen staff made 11,722 lb of jam and jelly (including 5000 lb of marmalade), preserved 7332 lb of fruit and made 1462 lb of tomato puree and 1380 lb of relishes and pickles.

There was quite a range - melon and lemon, fig, rhubarb and orange, plum, apricot, peach, plums, apricots, peaches, gooseberries, pears, quinces, nectarines preserved; tomato relish, green tomato pickles, home-made Worcestershire sauce.

When she started at Cook, the open-kettle method of preserving was used; the result - an inferior product and excessive overtime for staff. The cold pack method for stone and berry fruit provided a more pleasing taste and appearance and spread the preparation work more evenly. Processing was done in steam-jacketed boilers fitted with racks; 30 half-gallon jars could be done at a time.

The modus operandi was: the orchardist notified the dietitian when the stone fruit was ready and all possible helpers were called to the kitchen as the fruit would not keep. The hospital menu was simplified during this time to allow kitchen workers to help with the fruit. The house steward lent a porter for heavy lifting, the sub-matron lent domestic staff and the matron provided nurses who worked as volunteers.

Joan Brickell outlined January 18, 1945, when 1000 lb of nectarines were preserved, as a typical day.

"Work started at 8 am and the last worker was off at 6 pm. The working hours were approximately 40-46 hours. Total jars, 386. Work was slowed up at times because the staff had other duties - the preparation of the usual meals for the day for the patients and staff.

"The order of work was:
  * Porter brought up the fruit and immersed it in hot water.
  * Domestic did the blanching and cleaning.
  * Porter did the stoning.
  * Dietitian did the packing.
  * Domestic cleaned jars.
  * Cook made syrup and did the processing."

Losses occurred from breakages and over-processed fruit because other work was going on at the same time. Joan Brickell compared Cook's costs with those of contract prices for commercial products at Christchurch Hospital. Costs for a 4 lb jar were: jam - Cook 6d, Christchurch 10d; marmalade Cook 3.25d, Christchurch 10d, tomato puree - Cook 7d (cost increased by addition of sugar and butter), Christchurch 6d; pie fruit - Cook 8.5d (high cost of preparation with pears and quinces raised costs), Christchurch 8d.

She quoted four major disadvantages - strain on staff who had to do this extra work as well as their normal duties, other things were liable to be left undone because of the urgency of the preserving, a great worry to the dietitian; complaints of monotony in the menu while preserving was being done; very little saving in comparison with wholesale market prices.

Her conclusion - although the result and satisfaction was excellent, the conditions under which staff worked and the amount of labour required in such a large-scale preservation led her to advise against such a scheme, except for pickles and relishes.

A DIETITIAN'S DAY

Dietitians at Dunedin Hospital 1946
From left: Mollie Stephens (born Houlber), Joan Brickell, Alison Perry.
The New Zealand Dietetic Association’s 1950 Bulletin

The New Zealand Dietetic Association’s 1950 Bulletin contains some advice which also tells us something about a dietitian’s life at that time. Headed “If you were asked”, it says:

“And you will be asked about a dietitian’s life by many a high school girl and by many a college girl who is teetering on the decision of a choice of careers. Think about your answer!

‘Would you tell her that during your training, your feet literally ached off (most of ours did) - or would you tell her it was the nicest tired feeling, one of inner satisfaction that in your small way, you were contributing to the welfare of sick people?

‘Would you tell her that you were completely confused about diet therapy - or would you tell her training is the true application of science graduates as hospital dietitians.

‘Would you tell her that your first job was hard to learn - or would you tell her that a new job holds a great thrill and anticipation that very seldom ends in anything but pleasant surprises?

‘Would you tell her that the days got long and boresome - or would you tell her that each new day on duty was different and usually exciting?

‘Would you tell her that listening to patient’s complaints got exasperating - or would you tell that from almost every complaint, there is something new to be learned or a new suggestion of improvement to be made and after all, that is your job?

‘Remember that your answer to her questions is your own personal vocational guidance programme! Does your conscience not prick a little and do you not wonder if you have not sometimes been careless in your “shop talk?” To be a “good” dietitian is to be a “good” advertiser.

The other recollections were published in the New Zealand Dietetic Association Journal (April 1986), an issue which focused on celebrating the 60th anniversary of the appointment of Edith Whitcombe (born Reid) to a dietetic position at Christchurch Hospital.

Dietetics in 1946

Gay Brett, who trained in 1946-47 and was later dietitian-in-charge at New Plymouth Hospital until she resigned from hospital work in 1961:

“The diary entry of January 22, 1946, reads, “Reported at 9am. Started duty as hospital kitchen supervisor student; good meals, Divided duty on this job: 6:50 - 1.30; 4.20 - 6.20.

“By the end of June 1947, the postgraduate training period was over and the examination had been passed. I was very happy to have fulfilled a long-term ambition, the result of a session at the School of Home Science on a snowy Friday evening in 1938 when a group of Dunedin schoolgirls had been entertained and told, among other things, of the prospects of home

A dietitian’s day: Christchurch Hospital 1950
From left: Cynthia Wadmore, Gay Brett, Marie Thomas.
requiring therapeutic dietary treatment. In the training, the three aspects - administration, diet therapy and teaching - were all covered, not only theoretically, but also as a completely practical exercise, surprising outsiders but very useful in an emergency.

"Many advances in technology are now taken for granted, such as sliced bread, not then a commercial proposition in New Zealand. In the breadroom, an aguillotine-type machine was used and the loaves of bread were cut and buttered (table margarine was illegal) for distribution to wards and departments. There were refrigerated coolrooms but no 'deep freezers.' Ice cream was a novelty requiring special handling and delivery from the supplier was arranged for a specified time in insulated bags. Vegetables were those in season, or dried or canned.

"The food, cooked by atmospheric steam, coal gas or electricity, was conveyed to the wards in heated food trolleys which were, in fact, portable bains-marie into which boiling water was put before serving time. In the wards, the meals were served by the ward sister with a team of nurses. Each plate of food was personalised; the sister knew her patients and gave each what she felt was suitable. For loading the trolley, a dietitian had carved (on a Hobart-Berkelslicer), the main meat and another dietitian had divided two steamed boiling fowls into suitable portions, garnishing the steamed chicken orders with white sauce and roast poultry with gravy. The trolleys had been 'checked' by a dietitian (after various cooks and kitchenmaids had made their contributions) using the ward sisters' requisitions as a basis.

"The variety of foods prepared daily, particularly for dinner, was considerable; soup, fish, chicken, meat, potatoes, a green and a root vegetable, gravy and white sauce. For dessert there was a steamed or baked pudding, a milk pudding, stewed fruit, baked custard and jelly. The diet kitchen supplied in bulk puree of vegetables and fruit, as well as cream soup. However, many meals were individually plated and sent out from the diet kitchen, such as the weighed diets for diabetic and obese patients and other special diets.

"It is the field of diet therapy now that changes are most evident. One of my first impressions of the diet kitchen was the large number of small dishes of foods with handwritten labels for the typhoid fever patients who were to take at least 4000kcal/day in low residue, two-hourly feeds. It was a few years before specific antibiotics made the job of preparing that diet redundant. The diabetic diets were meticulously weighed. Then there was nephritis (Bright’s disease) in three stages. In children (stage one), nephritis often followed ‘school sores’ infection before antibiotics were freely available.

"Rheumatic fever, also associated with infection, led to cardiac disease in later life. In the 1940s, cholesterol was of interest only academically in relation to gall-bladder disease. Its significance in heart disease was yet to be suggested. In fact, at least one egg a day was included in most cardiac diets. I recall also that there seemed to be almost an epidemic of peptic ulcers and that diet was an important feature of the treatment (in three stages, of course). There was a period when I felt sensitive about being labelled a ‘white sauce queen’ and the phrase, ‘ulcer pudding’, was not intended to denote haute cuisine.

"One of the scourges was tuberculosis. I spent some time as assistant to the dietitian at the local sanitorium where the patients were handsome young people, many of whom as boys without immunity or the benefit of BCG, had been packed like sardines in naval vessels during the war (1939-1945). The treatment for pulmonary TB was rest, fresh air and food. Terminally ill patients were allowed to request foods, usually bottled pears and the dietitian’s cream of tomato soup.

"Dietitians were great preservers, particularly of unsweetened fruit for diabetics and they also made jam. The most delicious aroma imaginable is a cauldron of fresh raspberries boiling up for jam and it seemed to happen on Boxing Day. I have a good marmalade recipe based on a bushel of citrus fruit and a 70lb bag of sugar.

"Teaching eventually was my speciality in my training school. Dietitians then taught nurses at three levels - cooking school for preliminary nurses (beef tea, egg nogs, invalid cookery), basic nutrition during training and dietetics for finalists. There was a nutrition and diet therapy paper to be passed in State examination finals. Lectures were compulsory for nurses and were attended in uniform in off-duty times. I gave duplicate lectures morning and afternoon. The girls were often tired but the discipline was fine - the tutor sister sat at the back of the room. In the lectures, whooping cough and infantile paralysis (poliomyelitis) were included, both requiring special attention to food. Pernicious anaemia was taught as a deficiency disease.

"Being in complete control of food, dietitians were responsible for the Nurses Home Kitchen (all the nurses and most of the sisters lived in) and for the executive-type dining rooms and tea trolleys for VIPs who had their food free. At Christmas time, each ward and department received an iced fruit cake made and decorated by the dietary department. Graduation functions and conferences of various professionals were all catered for and dietitians usually played hostess (strictly in uniform). The diary entry of my last full day on duty in my training school reads: February 15, 1951: 8-3, 10-12 midnight (served supper to BMA conference).

"It may be that all this sounds a bit physical, i.e. hard work. We did have
a five-and-half-day week and our
lectures and study were in off-duty
time, but the derogatory phrase, 'work
ethic,' was yet to be formulated.
Professionalism was a precious
concept; the thought of house
surgeons or school teachers going
out on strike would have been quite
ludicrous. The dietitians I worked
with have been my friends for life.
Given another chance, I'd go back
again; moving on was one of the
hardest things I ever did.

**Dietetics 1950s**

Dorothy Ritchie, a 1949
graduate, worked at Auckland
Hospital and St. Bartholomew's in
London, before becoming charge
dietitian at Northland Hospital in
Whangarei in 1952, then dietitian-
in-charge of Cook Hospital in 1955,
where she remained until she retired
in 1982. She was the NZDA's
president from 1969-71:

"Recollections of this time that
stand out are firstly of people. I
remember particularly Miss Joyce
Martin and Miss Monica McKenzie.
Joyce Martin was in charge at
Auckland where I trained in what was
at the time an exceptionally large
class of eight. Miss McKenzie, advisory
dietitian, had the rare gift of being
able to enthuse and inspire everyone
to bigger and brighter things.

"At this time, the training period
for most of us was two years - we
started in January, sat our exams the
following May and then were bonded
to our hospitals until we had given
two years service. By the 1940s,
maintenance or travel loomed large for
most of us. With long hours and lack
of part-time work, most married
dietitians left the profession; the
number of dietitians was small and
travel was frowned upon although an
option still taken up by many.

"Our therapeutic diets seem quite
restrictive now - ulcer diets 1,2 and 3;
very precisely weighed diabetic diets
with great decision-making on such
burning issues whether 4oz or 6oz of
carrot was a 10g portion. I can well
remember sieving (with a wooden
spoon through a metal strainer)
chicken, meat and fish for babies with
coeliac disease in the pre-gluten-free
diet days. What an advance it was to
use Complan rather than mix eggs,
cream, orange juice etc. to make a
tube feed."

**Dietetics 1957-66**

Elizabeth Murray was in the class
of 1957 and a former NZDA
president:

"Dietetics 1957-66: The Optimistic
Years. Few of the group who entered
dietetic training in 1957 did so the
expectation of embarking on a lifetime
career. In the short term, dietetics
appeared to be interesting,
stimulating and, at that time, well
paid. However, a high proportion of
that class and others of the mid-1950
era have spent their lives working as
dietitians.

"A 15-month training period was
undertaken. Student dietitians no
longer had to work as diet cooks but
much time was spent in the diet
cookery writing tickets from the diet
boards and on the ritual of service of
'special diets'. Large numbers of ulcer
diets were served with various grades
of consistency. Diabetic diets were
calculated to provide percentages
of carbohydrate, protein and fat,
40,20,40, respectively. Meals for
diabetics were carefully weighed. This
may or may not have benefited the
recipients but left dietitians of that
time with food portioning skill of
unerring accuracy. Complan was the
only commercial tube feed available.

"At the time, the main nutritional
concern was the diet/heart
controversy. The public asked that if
the experts could not agree whether
fat was harmful, why should they
change their diet? Fad diets for
slimming were prolific.

"A change in the length of dietetic
training came in 1960; in May, the last
student examination for the 15-month
training was held and, later in the
year, students sat the examination
after a 12-month training period.

"The 1960s were optimistic years
in which to practise dietetics. The
hospital service was comparatively
well funded and dietary departments
up and down the country were being
renovated and rebuilt.

"Senior dietitians travelled
extensively overseas seeking
information on food service systems,
equipment and management
techniques which could be used in
New Zealand. The stainless steel
industry boomed, producing benches
to replace inferior surfaces. Dietitians
provided them with designs and
specifications for the food trolleys,
routine trolleys and standard
modular containers we now take for
granted.

"Unemployment was virtually
non-existent. This made it easy for
dietitians to move about and to travel
overseas. However, it made it very
difficult to retain award staff. The pay
was relatively low and new staff would
work for a few days or weeks until they
could find a better-paid job in a factory.
Few hospitals had a personnel
department so interviewing staff was
a consuming duty. Most hospitals had
a stable core of experienced cooks.
Establishing a new cook was not easy
as, in the absence of training schemes,
one had to teach them oneself.

"Few departments had their own
clerical staff so that even to get a
menu typed was a matter for
negotiation with hospital
administrators.

"Despite the difficulties and the
low staff levels, the optimism and the
situation improved markedly over that
decade, through the energy and
activity of several far-sighted dietitians
who pushed for change. Over the
decade, more dietitians were trained
and appointed. Food supervisors were
appointed and efforts made to train
them and to establish the training of
cooks."
A 1971 Student

Dr Heather Spence, a 1971 student, lecturer at the School of Health Science and now managing director of a food service management consultancy:

"Many of the problems that exist today were seen in the 1973 Board of Health Report on the Dietetic Profession. For example, insufficient training of dietitians, 'insufficient status and recognition which training and responsibilities should command', 'medical profession states that it is not always getting the service it needs and problems of the time. This report was one of the major events of the 1970s and its recommendations provided the impetus for effective areas, but change in some unfortunately not all.

"In 1973, the National Heart Foundation's Coronary Heart Disease, a New Zealand Report had a great impact on the medical and dietetic professions but it took Dietary Goals for New Zealanders to have any impact on hospital menus. The National Heart Foundation began its contribution to dietetics and nutrition education through support of projects such as Dial-a-Dietitian, printed nutrition education materials and the national diet survey. Dietary fibre was the other big news of the early 1970s, with dietitians being converted in the time it took to read Painter's The Importance of Dietary Fibre. The growing interest in nutrition for sportspeople enable dietitians to extend their nutrition education activities into exercise and fitness clubs and sports medicine.

"A feature of the 1970s was the drive for post-graduate qualifications and continuing education that is so evident today. If others felt the same as me, we didn't think we knew it all but we didn't feel pressured to know more. (It took the International Congress of Dietetics in Sydney in 1977 to put the bomb under me, moving me from my comfortable niche of five and a half years.)"

Dietetics in the 80s

Kaye Dennison, formerly first assistant dietitian at Christchurch Hospital and now working in Oman:

"Some of the challenges constantly facing this profession are new technologies, including the use of computers, advanced management and accounting techniques and recent developments in clinical dietetics. Some of the new skills required to cope with this growth exert additional pressures on practising dietitians to continually update their knowledge base. Unfortunately, these positive challenges can be counterbalanced by the stress caused by disruptive industrial relations activities and by the interest being shown by commercial catering firms in hospital food service. This latter challenge forces dietitians to justify their professional actions, often to people with little real understanding of our professional philosophies.

"Stress is now an 'in-vogue' term but 10 years ago, it was given a low profile during dietetic training. Then, food service was seen as an essential hospital service and incidents of industrial action were infrequent. The knowledge it wouldn't happen to us' gave security to hospital dietitians. The industrial relations scene has since become such it is necessary for dietitians to be skilled in communications with staff and dealing with work-related problems and this adds pressure which does not help to improve the quality of working life.

"Many dietitians, along with other allied health professionals, have learned to live with the effects of population-based funding on hospital budgets. In some cases, this has meant compromises and an adjustment of standards which would not have been acceptable in previous years. Such adjustments have been necessary to maintain basic services.

"The 'new breed' of dietitian may not be prepared to accept the stress of some situations they face without adequate compensation in remuneration and status. Some of these pressures on newly qualified and inexperienced dietitians may be contributing to the turnover which is preventing the necessary consolidation of experience essential to building the profession for the future. Too often, we see the enthusiastic dietitians who, through seeing limited progress, are frustrated in achieving their goals. Monetary rewards and improved conditions of employment will do little to improve the present staff retention problem, if dietitians who are struggling to maintain these basic services are not given the administrative and clerical support so essential to any major business undertaking.

"This decade has seen a return to an emphasis on 'professionalism'... The dietitians who worked so enthusiastically 50 years ago to establish dietetics as a career did so by working together, solving mutual problems and communicating at all levels of the service. This cohesive approach helped them establish the high standards we are so proud of. To face up to the continual challenges, it is imperative dietitians recognise the importance of collaboration within the profession.

"Dietitians must present a unified front to all in the New Zealand Health Service - we must pull together and not become a fragmented group, all going in different directions. Any continuation of insular and isolated actions by dietitians will only prove detrimental to the future growth of the dietetic profession."
Una Martin

Una Martin was one of the first group of student dietitians in 1941. In the wartime, things were pretty grim - the hours were long and dietitians - a new breed of professionals - at that time were not fully accepted, either by nurses or medical staff. “We had come in and taken over from what they had done for years and we had to be very tactful and tread very delicately when we were in the wards.”

Una stayed at Christchurch Hospital as assistant dietitian (therapeutics) and tutor dietitian and was closely involved with the training of dietitians and nurses - and took a significant role in the training of these professional groups.

She succeeded Audrey Rees as chief dietitian of the North Canterbury Hospital Board and held the position from 1970-1977. This was an era of change in Christchurch and throughout the country.

Nationwide was the amalgamation of mental health organisations - psychiatric and psychopaedic hospitals - with the public hospitals. One of the major issues was that the psychiatric hospital cooks had a different grading system and pay scale from the public hospitals and this caused some bitterness. And that there had never been dietitians in the psychiatric service and it took more persuasion to convince management and the food service supervisors that there was a role for dietitians in this environment.

In Christchurch, planning for the new kitchen and cafeteria was in full swing during Una’s time as chief dietitian. Although she retired before commissioning, she was responsible for the major decisions about installing central tray service - the first purpose built application of this technology in New Zealand and centralising dining and dishwashing facilities. She and the architect were sent to Australia to visit a number of kitchens and cafeteria facilities - the beginning of a fairly cooperative liaison between architect and dietitian.

Other initiatives in Canterbury at this time were the appointment of a tutor dietitian for the dietetic training programme and taking over Meals-on-Wheels production from Red Cross. Red Cross retained responsibility for the delivery of Meals-on-Wheels in Christchurch, but the move of production enabled greater control of quality and food safety.

When Una retired from the North Canterbury Hospital Board, it was the end of an era. She had started work during the war and had seen the profession gain in standing and respect. Dietetic training was well established and a tutor dietitian was in place. Dietitians were responsible to the medical superintendent-in-chief and were an established part of the patient care team. Christchurch was poised to absorb the new technology of the day.
Audrey Rees

Audrey Rees wasn’t really ‘trained’ as a dietitian, but she was in the first group examined in dietetics by the Department of Health, in 1942, along with Mary Moodie, Esme Ussher, Cynthia Wadmore and Jean Bell, all from Christchurch.

Audrey had graduated in home science in 1934 and then worked in her father’s hotel, where she got to grips with the basics of personnel management - one of her strengths. She looked after the hotel household staff, hiring, training and disciplining.

She and her sister travelled overseas in 1938 and on her return, Professor Strong asked her to relief teach for a term at Napier Girls’ High School. She hated it.

The war had just started and Audrey wrote to various hospitals seeking employment. She was appointed as second assistant dietitian at Christchurch Hospital, responsible for the staff meal service. She was interviewed for this position by the second assistant matron who was in charge of hospital food services. In the early days, dietitians were responsible, to the Matron.

Audrey was “almost manpowered” into the position of chief dietitian from 1943-1946.

She emphasises the huge struggle early dietitians had to gain recognition. “I don’t think those who followed us really understand how very difficult it was - we had to play our cards persuasively and very tactfully. Dietitians were treated with great suspicion by everyone, particularly the nurses, who didn’t like seeing their control in the area diminishing.”

The first major battle was in 1940-41 when the details of dietetic training were being sorted out. Had dietetics not escaped nursing control and become responsible as a self-directed professional group to the medical superintendent in chief, training school status is unlikely to have been granted.

There was still the problem of recognition. Kitchen work was very unglamorous and maligned and that new dietitians were aligned with this was a powerful weapon for those who felt threatened by this new profession. The young dietitian really had to display competence and professionalism in all activities. Gradually the suspicions were whittled away, as the new graduates took on positions in hospitals in wartime. In Christchurch, Burwood had the burns unit and the TB patients were housed at the Sanatorium on the Hills. Audrey says these positions were very stressful for young graduates and she is proud of their achievements. They had to manage the food service and provide the clinical or therapeutic dietetic service.

Catering during the war years was difficult because of rationing. Patients brought their ration books to hospitals and the coupons were collected and tallied on a daily basis. Diabetic patients were allocated extra rations for butter and cream to allow for the high fat, low carbohydrate diets of the day. Audrey and her staff were told what rations they had to manage. Sick patients and invalided soldiers were given special birthday trays - Audrey still has a letter of thanks from one of these, written in 1943.

Staffing in wartime came through man powering and included the cream of Christchurch society. Many of these were excellent workers, often catering for over 600 patients in conditions far from ideal. The problems arose if a manpowered staff member needed firing; you couldn’t discharge or sack a person without permission.

Audrey had a short break and then went to Burwood Hospital as dietitian from 1947-1955. During this time, she had another working holiday to England where the highlight was an assignment in charge of the dietary department of the Country Branch of Great Ormond Street Hospital at Tadworth in Surrey. “It was a very exciting time as we were doing some of the early experimentation on diets for coeliac disease, phenylketonuria and fibrocystic disease,” she says.

In 1955, she was appointed chief dietitian, North Canterbury Hospital Board, a position she held until her retirement in 1970. Since she did her own exams in 1942, she saw 120 student dietitians through the course in Canterbury. A number of these are still working. “Each person is different - an approach that works well for one will not necessarily work for another. We must recognise and respect people’s individuality.”
The appearance in 1964 of New Zealand Dietetic Association representatives before the Lythgoe committee, a special committee of Cabinet, to discuss training of dietitians, their responsibilities and conditions of work heralded a new phase in salary negotiations. It was to be the start of a salary saga - "We seemed to spend our lives negotiating," recalls Pat Donnelly, part of the NZDA salaries sub-committee for what she says seemed 15 long years.

Dietitians continued to align themselves with home science teachers, who had similar qualifications and training through the Home Science School. The dietitians stressed the importance of a salary scale attractive enough to attract a "fair share" of students to training schools and to satisfy dietitians who spent their working life in the hospital service. The dietitians reported they felt rather "pressurised" by the time factor - at the first meeting on June 11 1964, the committee indicated it wanted the NZDA's representative view on overtime, penal rates and a commuted annual allowance by July 20. Executive members and practising dietitians were circularised with 55 of 57 replying.

They were unanimous that the salary scale should be sufficient to compensate for the demands and conditions of professional standards." They felt overtime and penal rates were "inconsistent with professional standards" and would create "obvious and complicated" problems. Most dietitians preferred to have their salaries aligned to professions outside the hospital service but with a similar academic background. The NZDA held discussions with other hospital employee groups to explore attitudes to salary fixing machinery.

In its submissions to the Cabinet committee on July 31, the NZDA proposed an extended salary range - staff dietitians (£990-1070) and graded dietitians (£1020-2030). This, it argued, removed the worst feature of the previous scale and was intended to cover all conditions or work.

The outcome was increases in salary scales and an extra two days in annual leave. It was the first salary increment for dietitians since 1957.

None of the dietitians involved in salary submissions and negotiations would ever claim to have enjoyed it. Pat Donnelly describes salary negotiations as "the worst days of my life."

"We were babes in arms and we had no skills in negotiation. The whole thing was scandalous and totally cynical. The government negotiators had a low opinion of dietetics; they were not impressed with anything to do with it. They thought that anyone could cook and had little regard for the science of nutrition."

Jocelyn Hampton, who was involved in negotiations during the 1970s, concurs; "It was very unpleasant. We were working against professional negotiators who specialised in professional and individual character assassination. They would pick on one thing dietitians were not doing, not on what dietitians were doing. The whole system was unfair because the chairman was not impartial but an advocate from the other side."

Dietitians discovered that much of the public face of negotiation was a charade: "Union negotiators had an audience and were expected to perform. The most important negotiations were in the backroom," says Jocelyn Hampton.

During 1965 and 1966, the NZDA aligned itself with seven other hospital employee organisations to form a Combined Hospital Employee Organisations (CHEO) committee to investigate the machinery for conciliation and negotiation with the Minister of Health. This led to the government approving the establishment of a Hospital Services Tribunal. As a member of CHEO, the New Zealand Dietetic Association became a member of the Combined State Services Organisation (CSSO) in 1970. CHEO itself developed into SHEO (Society of Hospital Employee Organisations), meeting for the first time on March 14, 1972.

However, dietitians' place in the growing number of industrial organisations was far from simple. All health professions, except medical, were represented on SHEO. Membership was on an association not an individual basis and the NZDA remained the professional association for dietitians, although it did receive help from SHEO with preparing salary claims. SHEO did not belong to the Combined State Service Organisation (CSSO), the negotiating body for state service unions. Dietitians employed by a hospital board for 12 months and who were financial members of the NZDA were also eligible to join the Public Service Investment Society (PSIS), founded by Public Service Association members as a co-operative venture which had various advantages for members.

Little progress was made on improving the salaries of food
providing for salary-fixing

Employment Bill was proposed to prepare in 1968, seeking a revised in grades one and two. But it was unsuccessful.

salary scale, with more graduations and most agreed there should be degree and diploma holders at "sufficient difference" between

most felt adjustments should be confined to grades one and two and dissatisfied with the salary scale, as per the Domestic Workers Award. The NZDA considered this "a disappointing result after six years of strenuous efforts to have them incorporated in the dietitians' salary scales." In 1971, the NZDA looked to forming a special interest group for food supervisors and approached hospital boards for names. Eventually, in May 1973, the Minister of Health ruled the basic qualifications and job content of dietitians and food supervisors were "too widely" differentiated" to have such a close professional association.

During 1966, Pat Donnelly noted that the NZDA's salaries sub-committee - Kay Gammie, Joyce Martin, Gay Brett and Connie Shearer were the other members - had not received any indications of dissatisfaction from dietitians about their salaries. Did this mean no dissatisfaction exists - or were dietitians diffident about writing?

A questionnaire circulated in February 1967 offered a different answer. More than half of the 50% of NZDA members who replied were dissatisfied with the salary scale, most felt adjustments should be confined to grades one and two and increases should be £25-50 a year and most agreed there should be "sufficient difference" between degree and diploma holders at student and staff dietitian level. A major submission on salaries was prepared in 1968, seeking a revised salary scale, with more graduations in grades one and two. But it was unsuccessful.

The Hospital Conditions of Employment Bill was proposed to provide for a salary-fixing mechanism for all hospital employees. A Royal Commission of Enquiry into Salary and Wage-fixing Procedures recommended the State Services Co-ordinating Committee be extended to include representatives of education, the services and health and that a conciliation committee be formed of two representatives from the Health Department and from each of the Hospital Boards' Association and the State Services Commission.

The government pretty well accepted the recommendations as a job lot. The idea of a Hospital Service Tribunal was shelved but grading committees would continue to function. Negotiation and wage determination would be done through a Hospital Services Committee, comprising the Director-General of Health, a Department of Health representative, a hospital board representative and a State Services Commission representative. Appeals against the committee's decisions could be made to a State Service Tribunal. An independent pay research unit would review particular occupations.

A questionnaire among dietitians revealed strong support for dropping the "staff dietitian" title for qualified dietitians. There was also plenty of support for dropping "student dietitian", although no clear alternative was suggested.

Five members of the NZDA's salaries sub-committee - Monica McKenzie, Pat Donnelly, Joanne Swan, Kay Gammie and Fleur Punnet (born Haley) - met the Department of Health's chief executive officer, Mr. E. A. Kennedy on May 6, 1969 to seek advice on framing salary submissions. They reported:

* Kennedy's view was that dietitians must compare their jobs with those of other hospital staff, especially nurses. He felt it was a mistake to make comparison with teachers because the government had chosen to upset relativity by increasing teaching salaries in the early 1960s.

* The number of vacancies for hospital dietitians would need to be quoted as proof of the profession's inability to recruit. The extended range at the top of the scale, as proposed in the NZDA's 1969 submissions, was not acceptable. Dietitians should adhere to a pyramid structure which was in favour at the time. The order of grades should be reversed to coincide with government departments.

* Kennedy did not seem adequately informed on the job content and responsibilities of dietitians' work. Because of his opinion and that of the interim consultative committee, it was apparent dietitians must create a more professional image.

"While our two and a half hour discussion was helpful and provocative, it was very disturbing in revealing his views on dietitians' status and responsibilities in hospitals - his query as to whether patients would continue to be fed if 'all dietitians transferred to teaching tomorrow', or whether a person trained in management could do our work and his observation of a senior dietitian pouring tea at a function he attended", dismayed the salaries sub-committee which felt "the immediate need is to improve our image before we can hope to improve our salary scale" and suggested an examination of the role of the dietitian in hospitals.

"It would appear insufficient of
her time is spent in the wards as she is not seen as having close contact with the patient. We should ask ourselves such questions as:

“* Are we training and delegating wherever possible so that full use is made of our special skills?”

“* What service does the general public, including the patient, expect from dietitians?”

“* The routine management of dining rooms, cafeterias and extra catering needs to be delegated in all hospitals to food supervisors. The demands made on the dietary department in different hospitals would of course require to be considered individually and it is felt this should be general policy to release the dietitian for more specialised duties.

“* The dietitian should at all times project the impression to patients, staff and the public that her specialised training is directed, firstly, towards patient care in the wards and, secondly, to the executive management of her department.

“* The dietitian’s role in ward food service could be visualised in future as a ward or ‘block’ dietitian, to increased patient care, concentrating on the total food service in wards and becoming more involved with the hospital ‘team’ as a whole.

“It is imperative that she has time to equip herself with the latest therapeutic trends, with special feeding problems in the wards, with new developments in methods of food service, such as use of selective menus and convenience foods, with the extension of out-patient services and with more intimate control of expenditure.”

The committee also had a word on recruiting: “It has become apparent in training hospitals that many students do not have a clear idea of the work of the dietitian and are disturbed that practical work overshadows theory. Could it be that the increase in the scientific content of the work at Home Science School makes the practical responsibilities of the hospital more difficult to accept? It is essential that students should be well informed as to the value and content of the hospital year. Students nowadays are very salary conscious and, for this reason, the dietitian’s role and image, future salary submissions and recruiting of students are very closely related.”

During late 1970 and early 1971, another salary submission was prepared. Penal rates remained a sticking point - most dietitians did not want them but there was growing acceptance they were inevitable as dietitians could not remain the only hospital profession (outside doctors) without them.

Dietitians were in fact the last hospital group to accept penal rates. Many of the older dietitians considered themselves “professional”, and felt it was unacceptable to accept trade union practices.

The claim was filed in 1972 and as with most documents, a lower scale than proposed was eventually accepted. The government had since imposed its economic stabilisation regulations, which prevented further wage increases until 1974 and it was felt the NZDA should be ready to present new claims when these were lifted.

Pat Donnelly was disturbed that SHEO’s overall membership was “far short” of what it needed to make it a strong organisation. Whereas the NZDA had recruited almost all practising dietitians to join, the response from nursing staff had been very poor. Nevertheless, she felt SHEO had potential and could look after hospital groups’ conditions of employment and salaries much better than the Public Service Association (PSA) where hospital-employee groups were just one group among many.

A meeting with SHEO’s executive officer, Jack Turnbull, told dietitians it was difficult to establish relativity with another group and often difficult to compare jobs, especially the teaching profession, which had been set apart politically. He felt the association needed to take a “tougher” approach from the start.

A letter from Margaret Till, one of those who met Turnbull, to the NZDA secretary, Pamela Williams (born Woodhams), tells more of dietitians’ frustrations with the wage negotiation process. “I felt it a complete waste of time,” she wrote, “the reason being Mr. Turnbull had not done his homework. He knew nothing about dietitians’ salaries, job responsibilities etc, etc. And being in this position - completely in the dark - he, at the start of the meeting, said we must go back and renegotiate. I felt this to be highly irresponsible and can only think that he wants to keep the pot boiling to justify his position.”

The NZDA decided to reconvene its salaries sub-committee and prepare a new claim aimed at increasing the range at the top of the salaries scale, investigating relativity with salaries paid to male hospital-employed groups and keeping “a watchful brief” on dietitians’ salaries and conditions of employment.
Publications

After its seemingly interminable incubation period, Dietitian Tells Diabetic was eventually published in 1968. A handbook on dietary management for diabetics, it was edited by Dr Muriel Bell. Foods which were readily available in New Zealand were divided into exchange lists and there was a section given to recipes and suggestions for varying the diabetic diet. By May 1968, 3459 copies of the booklet and 692 copies of diet sheets had been sold. A second edition was produced in September 1971 and a third edition renamed "Food and Diabetes" in 1980.

There was some concern among dietitians about "forced" sales to hospital boards and patients - diabetics who had little option but to buy it. So the profits, which in the end were small, were invested as a special projects and communication fund for use in projects which would directly benefit patients. The fund financed two revisions of the book; each time, it seemingly became harder and harder for dietitians to agree on the figures to be used to calculate the diabetic diets.

Later renamed the nutrition education and public relations fund, the money was used to assist communications within the association, mainly for visits by the president to branches and groups of dietitians. It was put to public relations during the 1980s.

Association

In 1965, on the initiative of Connie Shearer, the association decided to combine the roles of the secretary and treasurer and pay that officer an honorarium. The first secretary treasurer was Enid Cooper who held this position for 18 months. She was followed by Pamela Williams, who as secretary treasurer from 1967 until 1980, achieved the continuity. It was also decided this officer should be in Wellington and a permanent address was established there. A milestone as far as executive members were concerned occurred in 1972 when it was agreed that half of their travelling expenses to meetings should be covered by the Association.

By August 1965, the NZDA had 214 members - 68 active life, 12 associate life, 68 honorary life, seven affiliate, 52 active and 49 associate. The annual conference that year was a residential affair - living in at Studholme Hall in Dunedin, with the first morning in the Home Science School.

The executive looked at the association's membership structure during 1968 and decided the active life and associate life memberships should be deleted. More than half of the NZDA's 230 members fell into these categories and were becoming an increasing burden on the association which was also having to cope with rising costs.
NZDA president Joyce Martin foreshadowed the later concentration on management with her comments at the 1966 conference. She described management as “the art of co-ordinating staff, materials and money to achievement of a certain purpose.” “Those who master this art must be prepared to recognise and accept responsibilities for: organisation and co-ordination; systems and methods; planning of work; induction; training; morale; discipline; delegation; public relations.” She emphasised that management was the means to an end, not the end in itself and she stressed the need for continued learning about job skills and management.

“The dietitian must be able to inspire workers with the desire to carry out the tasks she assigns them so as to bring about the achievement of the goal she has set for herself and her department. She must continually be learning about such things as purchasing, equipment handling, scheduling of production, distribution of food and good planning for the kitchen and its related services, a combination of skills that becomes daily more and more complicated.

“Those of us who take the trouble to learn management can look forward to rich rewards. A better food service to patients, prestige for the department and importance in status to the person who can not only produce the knowledge of how to feed but can also learn how to feed economically with a minimum of effort and a minimum of cost.”

At the time Joyce Martin made these comments, the Auckland Hospital Acute Block was under construction. This included a new kitchen and cafeteria to serve all patients and staff on site. Here her management philosophy and management skills came to the fore.

The food service system for patients was based on a selective menu with the food delivered in specially designed trolleys to ward floor kitchens serving about 100 meals; patients selected their meals which were served by food service staff ready for distribution by nursing staff. This semi-centralised system, commissioned in 1969, was the forerunner of the centralised tray service systems adopted in other hospitals from the mid-1970s.

Towards the end of the 1960s, the Department of Health undertook three studies which influenced its policy and the design of food service facilities in hospitals. In 1967, the efficiency and quality of centralised tray service compared with two other meal service systems was studied in three wards at Hutt Hospital. A comparative study of the use of convenience foods was done at Rotorua Hospital in 1969 and 1970. A working party set up in 1970, looked at food processing and food service with particular reference to the use of convenience foods and the implications for planning and equipping food service facilities. The challenge thrown to the Department’s dietitians was, “Can we reduce the kitchen areas by a third from the existing planning guidelines?”

The result was the Kitchen Area Allowances Graphs and Equipment Schedules which became very familiar to many dietitians involved in the surge of hospital building in the 1970-80s. Kitchen areas were reduced.

Selective menus reflected wider choices of menu items suitable for modified diet meals, saving on designated diet kitchen space; fewer “from-scratch” fluid meals were prepared with the introduction of commercially-prepared formula foods; preprepared vegetables and other forms of convenience foods reduced the need for extensive storage areas.

The other change was the recommendation a centralised tray service system be adopted where practicable. This implied that the dietitian would be responsible for the food production and service system from the kitchen to the patient’s bedside.

Dietitian-in-Charge, Kay Gammie standing at left.
Waikato Hospital, with Jocelyn Hampton as director of dietetic services, led the way in 1974 when its kitchen was remodelled to accommodate a centralised tray service and central dishwashing area. Responsibility for the entire system from the point at which the patient marked the selective menu form to the delivery of the meal tray to the bedside was transferred to dietetic staff. This meant dietitians were able to monitor more closely patient treatment and progress thus reinforcing the treatment aspect of food service.

The 1974 NZDA conference held in Hamilton was devoted to a detailed study of Waikato's centralised tray service system after a year in operation. A seminar with architects, engineers and equipment suppliers was held in conjunction with the conference.

Dietetic Practice: Public Health

1962 ushered in a very busy period for the Department of Health nutrition officer, Flora Davidson and the Epidemiology Unit, Wellington Hospital under Dr Ian Prior's direction. The team carried out surveys of Maori health in the rural community of Ruatahuna in 1962 and of the eating habits of adult New Zealanders in Carterton in 1965. The first of the Tokelau migration studies began in 1968.

In between the latter two studies, a dietary survey of meals-on-wheels recipients was done in Wellington. Preschool children's health status came under scrutiny in a longitudinal study of Maori and European children living in three different communities from 1969 - 1972.

Connie Shearer, who died in 1968, had been one of those instrumental in guiding dietetics through the 1950s and 1960s. Her contact with dietetics spread over 22 of the first 28 years after training began in New Zealand. A former teacher (three years at Wellington Girls' College) who trained at Wellington Hospital qualifying in 1948, she worked as a dietitian in the Wellington Hospital nurses home, then as first assistant dietitian at the hospital.

She spent nine months during 1951 studying at the University of Alabama, gaining a BSc in home economics and studied food service management in British and Australian hospitals. She was appointed senior dietitian to the Wellington Hospital Board in 1956, a position she held until becoming advisory dietitian to the Department of Health in 1965. She began her paper to the International Congress in London in 1961 by saying: “the professional path of the dietitian in New Zealand has not been easy and the status now enjoyed has come through the ideals and courage of a few persons.”

Her involvement with the New Zealand Dietetic Association included roles as treasurer (1949-51), journal editor (1951-54), vice-president (1959-60), president (1960-61), secretary (1963-64) and delegate to the International Dietetic Congress in London (1961).

Belinda McLean, twice a pupil of Connie Shearer (as a schoolgirl at Wellington Girls' College and as a student dietitian at Wellington Hospital), described her in this way when giving a Constance Shearer lecture on communicating dietitians' skills:

"Constance Shearer was held in awe by her staff and students, not because she was a tough boss but because she was a powerhouse of vitality, with that dual quality, the ability to attend to all the small..."
human details essential to the success of a service industry, at the same time infusing everything she did with the visionary quality of her ideas.

"In this, Constance Shearer, stood out from the hospital bureaucracy ... where formality ruled, she was informal. Where control was paramount, to her, people were paramount... She was one of the few, the pathfinders, whose qualities inspired our profession and whose values remain our values today. Constance Shearer was a woman of deeds as well as words, but above all a communicator."

Connie Shearer also achieved mention in despatches in a book by Carmen, a well known transvestite on the Wellington social scene during the '70s and '80s. Carmen refers to having worked in the dietetic department at Wellington Hospital as "a giddy girl/boy" in the '60s. When Carmen was jailed for keeping a brothel, Connie helped a lawyer lodge an appeal. As it turned out, Carmen's three-month imprisonment was doubled. Carmen - "When I was let out of jail, I went to Auckland, I chose not to take up Matron Shearer's kindly offer of returning to work at my old job... But the knowledge my job had remained open for me was a great comfort."

Connie Shearer left £500 to the NZDA with no specific instructions on its use. Several members suggested the association establish some form of memorial which would perpetuate Connie Shearer's name. The New Zealand Dietetic Association Education Trust was formed within broad parameters but focusing on continuing education activities of dietitians. Income is used to fund the Constance Shearer lecture on a subject related to and of interest to the dietetic profession. Further money could be used for awards, prizes, grants for post-graduate study, gifts to libraries and the like.

The first Constance Shearer lecture was given by Professor Coleman, Dean of the Home Science Faculty at the University of Otago, at the NZDA conference in 1969. She discussed her vision of the changing role of dietitians, the likely impact of technological advances and the direction of dietetic training. She too had some comment on the role and image of dietitians:

"When one reflects upon the present duties of a hospital dietitian, the demands are staggering and, I believe, far too little recognised. Her principal concern in the hospital organisation, like that of a doctor, nurse and other medical staff, is for the patient. She too has responsibilities which extend around the clock, the week and the year without respite. For this part of her job, she needs a thorough knowledge of nutrition, which for her purposes must be soundly based upon the sciences of chemistry, physiology and biochemistry."

"Then she is a manager of a vast kitchen. This means she must be an organiser and administrator. She is responsible for the expenditure of a very substantial food budget and plans menus and food orders for patient and staff. She needs to know about equipment, plans, layouts and general work organisation for quantity food service. She needs a knowledge of food preparation and service, as the standard she sets will be that followed by the dietary department under her direction. She must of course be responsible for the most meticulous standards of hygiene, so needs some knowledge of microbiology and its application to practical health problems. She hires and fires staff and deals with many staffing problems which human nature brings to such a situation. She is very much a teacher - to domestic staff, nurses, patients, sometimes dietitians in training and tactfully to medical staff. Along with this, she endeavours to maintain a harmonious relationship both within her department and with other departments in the hospital."

Professor Coleman raised several issues about the future of dietetic training - one preliminary course instead of two (degree and diploma in home science); the exploration of a national postgraduate training school; a degree course leading directly to dietetics; the return to the post-graduate training school by dietitians in service for concentrated updating courses.

She urged the NZDA to form a special committee to review training of dietitians, including under-graduate and post-graduate stages. "In doing so, we may also bring some clarification to the role of the dietitian to the hospital and health services of the country." In fact, the Department of Health picked up this initiative and requested the Board of Health to set up a committee to review the Dietetic Profession. This resulted in the Report of the Committee of the Dietetic Profession 1974.
Branches

Dietitians in the Waikato area applied for permission to set up an official branch of the organisation. The executive advised them to meet informally - as Waikato members of the NZDA - while it navigated its way through the cumbersome rule 12 concerning branches. The feeling was that if branches were to be established it should be with a minimum of secretarial responsibility on their part. Formal approval for the formation of the branch was given on October 29, 1970. During 1972, the branch produced a low calorie recipe book.

Most of the members of the Christchurch branch, formed in 1973, were non-practising dietitians. Over the next 10 years, a growing number of practising dietitians restored the balance as the branch concentrated on an educational as well as a social role and on taking dietetics to the community and the media.

The Auckland branch, which had originally formed in 1948 but folded in 1956, was reformed on September 26, 1973, with 34 members (80 NZDA members worked in the Auckland area) paying a $1 subscription. The foundation officers were: president, Gillian Tustin; vice-president, Kerry Maher (born Cook); secretary-treasurer, Penny King. The branch's first meeting took the form of an evening to discuss counselling, with three speakers and outpatient clinic dietitians taking part. A counselling course of lectures with the Workers' Education Association would start in March 1974. A group of 10 dietitians was formed to speak to weight-watcher groups on subjects related to dietetics. Auckland had already been holding monthly meetings as a means of continuing education, with hospitals taking turns to arrange programmes. Speakers had included medical staff and dietitians.

Refresher Course

After a gap of 10 years it was apparent changes in nutrition knowledge, dietetic practice and in employment meant dietitians needed to be brought up-to-date. In response to a request from the Association, a three-day refresher course was organised by the Department of Health in place of the usual two-day annual conference. This was held in Wellington in August 1972. In broad outline, the programme was:

First day: Food service management including trends in health services, work of the design & evaluation unit, financial planning and control, delegation and supervision.

Second day: Nutrition update including nutritional requirements, the epidemics of the affluent society - diabetes, heart disease and obesity

Third day: Education, including nutrition for the public and nurses, training of food service personnel.

More than 90 dietitians, about 25 of whom were non-practising, attended.

This format set the pattern for future refresher courses held at five yearly intervals.

Jocelyn Hampton

Jocelyn Hampton believes she is one of the privileged dietitians who were trained by both Winifred Goddard and Constance Shearer. "Their professionalism, their people skills and their adherence to logically determined standards held us in awe of them and has influenced us throughout our working lives." In 1954 the excitement and enthusiasm of the "pioneers" was infectious.

In 1957, when it was accepted that women would leave work as soon as they married, this was unusual and she was asked by the medical superintendent why she was not at home having babies.

Twelve years on, now in Hamilton and her family all at school, she found Waikato Hospital did not employ part-time dietitians, but they relented and invited her to work "school hours" as first assistant dietitian. A year later, in 1970, when the senior dietitian retired, Jocelyn was appointed director of dietetic services with board-wide responsibility as an advisor for all food services in 24 hospitals. Included was the primary role as senior dietitian at Waikato Hospital.

At that time she was the first dietitian with a husband and family to be appointed to such a senior position in a New Zealand hospital. She considered this a breakthrough, because she was not seen as primarily a career person. Married women were expected to work part time and fill gaps. She hopes her example encouraged others to raise their goals.

With Waikato Hospital building a new ward block in 1972, Jocelyn investigated food distribution in hospitals during a scholarship-funded trip to Australia and returned with a recommendation for a central tray system.
service system. The board acted immediately and after two years of planning, negotiation and "dreaming up all the questions, so we could find out the answers", the first such system to be introduced to a major NZ public hospital was implemented at Waikato Hospital in 1974. She says the success of this project was a tribute to the loyalty and dedication of the total food service staff at the hospital. The system attracted immense interest from all over the country. Jocelyn estimates that she or her staff conducted "tour parties" of health service staff around the system at least three times a week, for the next five years. Most hospitals in New Zealand now have similar systems.

The advisory management component of her work for the board-wide hospital food services developed to such an extent that in 1986 the position of charge dietitian at Waikato Hospital was established separately and Jocelyn moved into the policy and planning group for the board. In addition to her duties as director of dietetic services, she was co-opted as executive officer for the board committee which planned the changes to area health board status in 1989.

With the development of the Health Goals in 1990, her establishment of five new positions for community dietitians was a major achievement. On her initiative and under her direction, the planning and design of the new dietetic services building at Waikato Hospital was completed early in 1992. Before her retirement she also ensured the formal adoption of a comprehensive board policy for food and nutrition services.

Jocelyn's contribution to the NZ Dietetic Association has been significant. After representing North Island country areas on executive, she was president in 1976-77. She served as Association nominee on the Dietitians Board and was the first hospital employed dietitian to be appointed to the Dietitians Salaries Grading Committee. From 1973, she was a member of the NZDA working party on dietetic training and later a member of the DACUM committee which was responsible for the planning and implementation of the new curriculum for training dietitians. She was convenor of the submissions sub-committee and of the planning committee for the Jubilee Conference.

Her interest in education and training has not been restricted to dietetics. She was involved in establishing catering courses at Waikato Polytechnic in 1973 and was a member and then chairperson of the Catering Advisory Committee until her retirement, ensuring that courses appropriate to quantity catering became part of the polytechnic. And at an age when many people believe they are fully trained, Jocelyn resumed studies to complete a Diploma in Health Administration.

With a real concern for fair treatment of her staff, Jocelyn became an acknowledged expert on the interpretation of the NZ Hospital Domestic Workers Award. She was Technical Advisor to the Employers Assessors at conciliation negotiations and consulted by both employers and the workers union on frequent occasions.

Jocelyn has seen and initiated, many changes in practice over the years. Her reaction to those challenges has been a blend of competence, sound judgement and a clear, incisive grasp of issues. Her readiness to share her accumulated knowledge and experience with dietitians throughout New Zealand is acknowledged and appreciated by many. Her strong faith in dietetics and those who practise it has encouraged those who work with her to perform at levels beyond their own expectations.

Jocelyn was honoured by honorary life membership of the Association in 1992.

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Margaret Madill

The three "Ps" were what appealed to a teenage Margaret Madill in the mid-1930s.

Potential in a profession field. People thing. Practical application.

Hersneaking desire to be a dietitian had been whetted by a charming competent home science trained teacher at her school and by Mary Mandeno, an American-trained dietitian who had stayed with the Madill family in Blenheim.

Completing home science training in 1940 with a teaching specialisation Margaret chose teaching as her essential wartime occupation with appointments in home economics and general science at Newmarket, Helensville and Dargaville District High Schools, Normal Intermediate in Auckland. Teaching became repetitive so she fulfilled her longheld ambition to complete dietetic training in Auckland 1949.

Two years on the staff at Auckland Hospital included lecturing to nurses ... vast classes of 50 plus nurses in an old lecture room ... some slept after being on night duty or on their day off, some had no interest ... it took 15 minutes just to call the roll.

While overseas in 1953-54, Margaret worked as a dietitian for 6 months in the metabolic unit at the Royal Infirmary Edinburgh under the highly regarded Miss Buchan and as a locum dietitian in London. Back at Auckland, she became first assistant to Joyce Martin.

Joyce successfully pioneered and spearheaded establishment of dietary services and the training of dietitians in Auckland. She had five years of army experience, tremendous drive and skill and got things done though this sometimes meant everyone was not her friend. Valuable support came from senior medical staff and notably senior administrative staff during
planning stages for the new acute block at Auckland Hospital.

Joyce Martin insisted on total patient care as it involved her department, aware that many employees lacked experience of patient treatment. She was assiduous in establishing consultation with medical staff and liaison with nursing personnel and handled sales representatives with consummate skill.

Margaret recalls the occasion when Monica McKenzie viewed the “Dickensian situation” in the old nurses home at Auckland Hospital. Not then under dietitians’ control, there were three kitchen cooks...

One in her 50s - greasy hair, vastly overweight. As meat cook, she carved the meat by hand starting with the joint on the table, finishing with it on her bosom...

A second, tall, dark, immutable. She was sweets cook and made sponges, scones etc. every day for the Matron’s flat.

The third, the soup and vegetable cook, very likeable but chain-smoked while peering into her soup cauldron.

On leaving Monica gravely commented “This must be changed. I will do all I can at administrative level to help transfer responsibility to the dietitian.”

The transfer followed, the first two left,... Joyce kept the third and worked on the cigarettes.

Joyce Martin helped design newly established household staff training courses and was instrumental in hospital board approval for preparation of Meals-on-Wheels from Auckland Hospitals in 1957. By 1977, 5000-6000 people in the area between Warkworth and Waiuku were delivered meals five days a week on issue of a doctor’s prescription.

As deputy for Joyce in the main kitchen, Margaret’s duties still involved some supervision of the diet kitchen and nurses home meals, weekly nurses lectures and some lecturing of student dietitians until 1965 when Joyce moved to the Hospital Board office and Margaret gained promotion to dietitian in charge.

Her Edinburgh experience, with substantial input from Margaret Hankin, was tapped into design and operation of the new Metabolic Unit (with kitchen) under the direction of Professor Derek North.

Twice Margaret went overseas on study trips as an ‘approved hospital visitor’ with the aim of up-dating professional knowledge, to U.S.A. and Canada in 1971 and in 1976 to Britain where children’s hospitals were targeted.

“Always one needed tolerance and a sense of humour - how else to cope with a male pot-washer wearing a hat and singing “I’m H.A.P.P.Y.” when he was; the D.K. kitchenmaid who “helped” the failing student make her diet ice cream with a ‘never-fail’ recipe of whole cream and lots of sugar!; the male sweets cook discovered behind the frig with a powerful brew of fruit juice and raisins; the student dietitian late for a demonstration in the x-ray department dark-room, finding herself facing the door when the light came on?”

Margaret says she always sought to achieve good patient care, good meals in hospital and cafeteria - and by extension in the community, good teamwork in the department “It always seemed available ... positive inter-reaction with other personnel in the health service, especially nurses, and continuity of performance from the staff, at the same time seeking to instil these goals in the minds of students... who really make it all worthwhile for me.”

Pamela Williams

Pamela Williams (born Woodhams) has no doubt about the basic requirement of a dietitian.

“A dietitian has to appreciate food preparation and appreciate food presentation. In other words, a dietitian has to be a damn good cook.”

And Pamela should have a fair idea after 36 years in dietetics - during which she has seen the profession and the New Zealand Dietetic Association from most perspectives.

Her viewpoint has been moulded this way:

* 1957-58: Trained at Wellington Hospital, under Connie Shearer and Winifred Goddard:

“Winifred had eyes in the back of her head but she taught one the importance of standards of work. And it was Connie who encouraged me to go to the USA for post-graduate study.

“The hospital had its own bakery and butchery. The menus would use the whole carcase. We would come in at six in the morning to slice the bread; we must have sliced and buttered a hundred loaves each day. And there was special food for the staff - the matron who lived in, always got two fillet steaks in the weekend.”

* 1958-59: Worked at Waikato Hospital for six months: “Even in 1959, the student nurses and dietitians had to courtsey to the matron if she was in the dining room when they came in and again if they left while she was there.”

* 1960-61: Studied for an MS in food service management at Kansas State University: “ Elizabeth Gregory (Dean of the Home Science School) encouraged New Zealand dietitians to go overseas for post-graduate study. She encouraged
I worked as a planning officer not a

New Zealand Dietetic Association: "I enjoyed the nuts and bolts, getting things under way and doing things, meeting people. I got to know the Health Department people well and representing the NZDA in Wellington helped me form wide networks. It made me realise the importance of networking. It was extremely satisfying getting to know a new president every two years; they each had different strengths and I made valuable, lifetime professional friendships."

* Consumer representative, Metric Advisory Board and member, Food Standards Committee: "New Zealand is one of the few countries with dietitians on their food standards authority. I was a member for nine years and Winsome Parnell and Rosemary Hewson have also been on the council."

* 1979-90: Chief dietitian, North Canterbury Hospital Board and dietitian-in-charge, Christchurch Hospital, responsible for all of the board's food services.

"One of the problems New Zealand dietitians have had is the difference between what they did and how it was perceived. I still don't think the majority of senior health managers appreciate the skills of food service management." Pamela is an associate member of both the New Zealand Institute of Management and the New Zealand Institute of Health Management.

In 1979, she had the role of consolidating the new Christchurch Hospital food service department and introducing a computer programme to help with food service management.

* 1981-90: Chairman, Dietitians Board: "Previously, it had not been possible for a dietitian to chair the board. The director-general of health who initiated the change to dietitian control always admired dietitians for their professionalism.

The development and trialling of the new training curriculum was extremely exacting. "We were ahead of ourselves as a profession - we looked at where we were at and took action."

* 1984: First New Zealand dietitian to give an invited paper at an International Congress of Dietetics: "This followed the visit by a Canadian dietitian, Dr Elizabeth Upton who was very impressed with the computer system at Christchurch Hospital. I was invited to give a paper on the introduction of a computer programme to assist food service management."

* 1989-91: President, New Zealand Dietetic Association: "The two years made me realise the profession had a new face. We had become far more strategic in the way we worked; we had learnt to be more subtle and cunning. In the 1970s, we were isolationist as a profession and expected people to come to us. We were now asking others to join us and working from within the system with good results.

"I followed Wendy Webb who had initiated the strategic planning process during her two years. It had a significant impact on the association, not only in planning but in involving a lot more dietitians than we had done before in future developments."

* 1990+: Chief executive, Canterbury/West Coast division, Cancer Society, responsible for administering the society's research, education and patient support services: "I had been managing a health service at the hospital and I'm still managing a health service. It's not too different. I've been able to use my previous knowledge and networks to good effort for the Society."

Pamela believes the strength of dietetics and the New Zealand Dietetic Association is that women have been able to flourish in a positive environment, with good feedback, tremendous support and positive relationships with significant people.

And because it is a small profession, dietitians have had to assume leadership roles and professional responsibility while young. The rule which allows the association to co-opt a recently graduated dietitian to the executive has paid dividends.

"There has always been a blend of youthful skills and enthusiasm, with the wisdom and experience of older dietitians."
Patricia Donnelly

Patricia Donnelly had no doubts about why she wanted to be a diettian.

“When I was at Home Science School in 1939-1941, dietetics was a new career. It sounded glamorous and exciting.”

“As soon as I got into my hospital training, I knew it was the right environment for me. I was doing useful work; dietetics gave me a feeling of service. And it was challenging and interesting.

“Right through my career, I felt I had spent my day usefully and to someone’s benefit. If I was discouraged or problems seemed enormous, I always felt better when I got to the kitchen where we were making nice, appetising meals for the patients.”

Meals were important to supply good nutrition essential for their part in patient recovery. In addition to the physiological role of food, there were the psychological aspects too. It was said long ago the two things patients looked forward to in the long hospital day in an alien and frightening environment were visitors and meals. The dietitian was privileged to provided one of these comforters as part of her role in patient care.

When Professor Ann Strong came to New Plymouth in the late 1930s recruiting for the Home Science School, one of Pat’s sisters went to the lecture, returned home and announced: “That’s what Patty is going to do.”

Her first job was at Cornwall Hospital, in Auckland, from 1945 to 1947, where the three kitchens in the Greendale/National Women’s/ Cornwall complex fed about 800 patients, 180 of them geriatrics in Cornwall.

Pat spent from 1947 to 1950 in the UK with the school meals service in London - “we wore hats, gloves and high heels to work”... we felt like human beings.”

She returned to Cornwall Hospital in 1950. In 1954 Pat went to Australia where she worked as regional dietitian in the food service section of the Federal Department of Labour and the New South Wales National Service.

Her work in Australia involved advising on food service management to government cafeterias, including naval bases and dockyards. In both New South Wales and Victoria, her responsibilities were state-wide. She was seconded to work in food service at the Olympic village in Melbourne in 1956.

“Emphasis was on quality rather than the little emphasis put on financial aspects during our training in my day, but there everything was calculated on cost per serving.”

It was something of a shock but prepared her well for the financial “accountability” which was to beset New Zealand hospital management 20 to 30 years later.

“Because we were so cost-conscious, I revised the existing cookery book on the basis of quantity cookery”.

Pat returned to England in 1961 for another three years, including a year as a dietitian/caterer for the Lambeth Hospital Group. Some months spent in a villa in the south of France were her “mid-career break.”

She returned to New Zealand at the same time Connie Shearer needed a first assistant at Wellington. When Connie took the Department of Health job in 1965, Pat took over as chief dietitian.

Once in the job (which she held until she retired in 1984) she found she enjoyed lecturing and writing and the challenge.

Pat’s rapport with her staff and colleagues was always special. She was especially respected for her professionalism.
Margaret Till

Margaret Till has always been keen to keep up with what's going on overseas.

Her international connections go back to 1957-58, just a couple of years after she had qualified as a dietitian, when she headed to Ohio State University in the USA on a Fulbright Scholarship to complete a Master of Science in medical dietetics.

She continued to go back and forth to the States, working at New York Hospital (“those were the golden days of the Metropolitan Opera and Carnegie Hall”) and teaching dietetic interns at Ohio State University.

At the Harvard School of Public Health, Boston 1964, she worked on a very early study on the effect of diet on serum cholesterol and has observed the diet/heart hypothesis evolve over the years.

She was a New Zealand Dietetic Association official delegate to International Congresses of Dietetics in Stockholm, Sweden in 1965, Washington, USA in 1969; and Hanover, Germany in 1973.

At Hanover, she negotiated with Joan Woodhill from Australia, over the 1977 congress in Sydney, agreeing that New Zealand should host a pre-congress seminar in Auckland.

She says she tried to implement what she had seen in the USA back in New Zealand, but there were always “financial restraints”. There was also a lack of dietitians (“no one was applying for jobs”) and there were no penal rates (“we were Florence Nightingales who just kept on working - dietitians were the last health group to negotiate penal rates”).

The shortage was partly because dietitians were expected to stop work once they married and partly because New Zealanders were so keen to get their famous “OE” (overseas experience) and jobs were easy to get both overseas and in New Zealand.

“In the 1960s, food service was much more sophisticated in the USA than in New Zealand. They were into cook freeze in a big way, central tray service and selective menus were the norm and food service was being computerised.

In between her excursions abroad, Margaret was New Zealand Dietetic Association president in 1962 - 63, a member of the NZDA’s salaries subcommittee for 20 years which involved her in many wage negotiations and was appointed to the Dietitians Board as a head of training school in 1989.

While Margaret is cagey (“we were dedicated to the cause and just got in and did it”) about her reputation for working to manipulate opposing wage negotiations, her colleagues are less restrained. The most famous example was during the NZDA’s big salary win in 1985 when she discovered that the chairman presiding over the Wage Tribunal had had recent heart surgery. She subtly (not too subtly, according to some) reminded him he would be requiring dietitians’ services in the future. The chairman awarded the highest wage increase he had given in his time in the Tribunal Court.

Auckland dietitians also remember her ability to manage hospital board bureaucrats, negotiate food contracts, keep them up to date with salary negotiations.

She commissioned two kitchens (one for patients, one in the nurses home) at the new Princess Margaret Hospital in Christchurch in 1959. New Zealand’s first pressure steamer from the USA was installed - “It had to pass inspection by the Marine Department; they put a massive metal strip around it because they didn’t think it was strong enough even though it complied with standards in the USA.”

It was traditional food service of the time - patients fed in bulk from heated wagons.

Everyone got cooked breakfast - baked beans, liver, bacon, kidneys. The traditional cooked breakfast eventually disappeared from hospitals in the ’70s as dietitians adapted to people’s changing eating habits.

Dinners were meat, potato and one vegetable. Frozen food was only just on the horizon in the 1950s; peas were a special Christmas Day treat - bought by the sack and distributed in paper bags to the patients who podded them. Most hospitals maintained vegetable gardens and Margaret remembers being confronted with “mountains of runner beans.”

Margaret was appointed dietitian-in-charge at Greenlane in 1966. In 1982, she was appointed the Auckland Hospital Board’s chief dietitian and head of the training school.

When she retired in 1992, she had completed centralisation of food service at Green Lane Hospital providing all meals at National Women’s and Carrington Hospitals, the Sutherland Unit and Mangere Hospital.
Winsome Parnell

Winsome Parnell (born Harding) has never been what you’d call a traditional dietitian.

Now a senior lecturer in human nutrition at the University of Otago, she has spent her career in research and teaching.

“I never intended to be a hospital dietitian and I didn’t intend to work in the health system. I wouldn’t get an internship today!

“I was interested in nutrition so I decided to do home science and see what happened. There were plenty of jobs about then.”

But, she says, she is still a dietitian. She says she had combined the basic theory of nutrition with studying the food people actually eat.

“I enjoy food and I enjoy working with people across a very wide range. I wanted to do my internship to learn what happens in a hospital setting.”

On completing her training at Wellington, Winsome worked for seven years with Dr Ian Prior, an epidemiologist, on nutrition research at Wellington Hospital.

Twice, she visited the Tokelau Islands to study food and eating habits - in 1976, with Flora Davidson, from the Health Department and in 1981 with Catherine Russell.

The visit was part of the epidemiology unit’s study and she worked with the medical team among 500 people, 50-60 eating groups, on the Fakaofu atoll. The team had to work around local events, such as cricket and feast days.

“We measured the food intake of all families and the range of foods they ate - coconut was the staple which supplied about half of their energy, fish of all varieties and breadfruit. There was very little imported food - flour, rice and a little bit of taro (there was no soil to grow it on the atoll).

“Nothing was hidden away in cupboards. There was no electricity or running water.”

“Flora Davidson was marvellous to go with,” says Winsome. “I had no experience of the Pacific but Flora showed me how to shower in half a bucket of water, how to gut fresh fish and explained the cultural nuances - such as not showing your knees, wearing a hat to church; women sitting on one side at church and men on the other. And she entertained me with experiences from previous visits.”

Winsome recalls Flora bringing her a cup of tea each morning, explaining why feet had to be checked for cuts especially those from coral.

“She was a great observer of everything around and read a lot. She always said you had to take notice of what was going on.”

She also worked with Flora on the last two years of a five-year study comparing dietary nutrition of Maori children from Porirua East, Maori children from Ruatoria and Tiki Tiki on the East Coast and pakeha children in Wellington.

“It was an education for me. Some families were hunting for food, cooking on open fires and living on dirt floors. We stayed in the hotel, had roast dinner every night, met local people and the people knew why we had come”.

They found that although the Maori children had more anaemia than pakehas, they ate just as well as their pakeha counterparts, but had less variety in their diet.

After completing a masters degree at Guelph University, Winsome returned to Massey University to teach nutrition to food technology and other students on campus and extra-murally for seven years before moving to Otago in 1989. Her special teaching area is infant nutrition.
INTERNATIONAL CONNEXIONS

International Congress of Dietetics

The NZDA established its first formal international contacts when Esme Ussher (who was in England at the time) was the Association’s official delegate to the International Congress of Dietetics organised by the Dutch Dietetic Association in Amsterdam, Holland in 1952. Dr Muriel Bell and Desley Zbehlik, a former executive member, were also there as observers. Esme Ussher, who received £15 from the NZDA towards her expenses, spoke on the training of dietitians in New Zealand and the dietitian’s role in public health in New Zealand. Thirty countries were represented by 600 delegates.

Enid Cooper represented the NZDA at the second International Congress of Dietetics in Rome, in September 1956. She was among more than 650 dietitians, including delegates from the USSR, Egypt, Japan, Brazil, New Guinea, Israel and Puerto Rico. The association put up £25 towards her expenses. When the third International Congress of Dietetics came around in 1961, the NZDA decided it “must” be represented. Connie Shearer, then president of the NZDA, was nominated as the association’s official delegate and presented a paper on “The Development of Dietetics in New Zealand and the Administration of the Hospital Dietary Department”, a topic requested by the congress organisers in London. A raffle was run to help meet her travel expenses, raising £200. The organisers later agreed the NZDA could send a second delegate and immediate past-president, Margaret Cameron, who was then living in London, was nominated.

Connie Shearer reported that congress put dietetics and nutrition into a wider perspective: “The scope for international action is clearly immense... the extent of under-nutrition and over-nutrition must be assessed... those countries which have inadequate food supplies must be given assistance... and the optimum utilisation of all available food supplies must be secured. Governments have been encouraged to establish programmes for nutrition education.

“The purpose of collaboration in the solution of the problem concerned with human diet has been one of slow growth, accelerated from time to time by new and outstanding discoveries in nutritional science, by dramatic changes in national and international economics and by the intervention of individuals whose imagination and zeal have stimulated their fellow men to constructive action.

“We must encourage young students into the field, assist to make educational programmes effective to meet the needs of the world today. This is the responsibility of us all, to ensure that the progress so far achieved is maintained and increased.”

Having made its commitment to an international presence in 1961, the NZDA believed it was time to move away from the financially convenient practice of choosing delegates from members who were overseas at the time or were planning a trip that coincided with a congress. During 1962, the NZDA set up a fund to help finance delegates to future international congresses. All members were asked to donate 5/- to the fund. The following year, that was increased to 10/- a member.

The NZDA’s international involvement moved to a further stage with an invitation to appoint a representative to attend an International Committee of Dietetic Association’s programme committee meeting in London the following year. Margaret Cameron, who was working in London, was appointed as the NZDA representative to the committee which was planning for the next international congress in Stockholm, Sweden in 1965.

In 1965, response to the overseas conference fund exceeded expectations and £175 was provided for Margaret Till and £75 for Margaret Cameron to attend the international congress in Stockholm. The conference theme - “New Horizons in Dietetics” - had been suggested by the NZDA and New Zealand was represented on the interim committee planning for the next congress in Washington in 1969. That created some difficulties in finding a representative to attend meetings in London, because the Association could not provide fares for a delegate to travel from New Zealand. This problem was overcome by asking Margaret Cameron to be the delegate for a second term.

As a result of a request from the Stockholm Congress to the International Labour Office in Geneva, the profession of dietetics was included in the International Standard Classification of Occupations. At the same time the International Labour Office adopted the spelling “dietitian”.

Joanne Swan and Margaret Till were appointed delegates to the International Congress in Washington in 1969, with $800 to be split equally between them for travel.

Margaret Till presented a paper co-authored with Professor Cliff Tasmann-Jones, “An assessment of medium-chain triglyceride therapy in patients with pancreatic and small bowel disorders”. A feature of this Washington congress - still talked about today by American dietitians - was the New Zealand barbecue hosted by Frank Corner, the New Zealand Ambassador. The international delegates feasted on barbecued lamb and pavlova garnished with the then rare kiwifruit - all this in the parklike grounds of the Embassy.

Margaret Till and Marjorie Bloxam were New Zealand’s delegates to the 1973 conference in Hanover, Germany and $400 each was contributed for their travel from the Congress Travel...
fund. At this congress NZDA's poster on "Work and Training of Dietitians in NZ" produced by Belinda McLean's husband, John Gillespie, was favourably received.

The Hanover conference, based around the theme of dietetics and the environment, drew 1710 delegates from 47 countries - compared with 7300 from 41 countries at Washington three years before. There were eight registrants from New Zealand.

At the Hanover congress, New Zealand agreed to become a member of the ICD planning committee for the 1977 Sydney Congress which NZDA had agreed to co-host with Australia. Pamela Williams, who was the NZDA delegate, was joined by Margaret Till at the interim planning meeting in 1975 held in Sydney.

At the 1976 refresher course held at Victoria University, NZDA learned that as co-host the association was committing NZDA members to a financial liability five years on, (Australian and New Zealand dietitians were to be responsible for any loss incurred from the congress). Members at the AGM decided Pamela Williams should go to the Australian Planning Committee meeting in Sydney within the next two days. As a result of this flying visit NZDA withdrew as a co-host but offered to support the Australian dietitians by providing a precongress programme in Auckland and hosting a formal reception for the official delegates in Sydney. Encouraged by Professor Coleman, members at the Wellington AGM passed around the 'hat' to assist with Pamela's expenses.

The first half of 1977 was the busiest in the history of NZDA as far as international activities were concerned. The precongress programme included a seminar and trade display arranged in Auckland on 29 April. Much to the amazement of the organising committee, there were about 400 registrations including 240 Americans. Marilyn Waring, the then MP for Waipa, opened the seminar.

The seminar programme was "A Community Health Service - Patients stay at home" - Dr John Lopdell, Joyce Martin, Joyce Attar, Kerry Maher; "Tracing Trace Elements in New Zealand" - Dr Marion Robinson; "Popo, Puha and Pavlova" - Flora Davison. A dinner - featuring New Zealand tarakahi, roast lamb, kumara and kiwifruit and New Zealand wines - was attended by 400.

The Association wanted to encourage as many dietitians as possible to travel to Sydney. The decision was made to seek contributions to the congress travel fund from commercial firms - 22 replies were received from the 80 firms approached; eight declined and the other 14 contributed $725, with another $150 promised by 1976. These contributions were also used to fund the organisation of the Auckland seminar (dietitians still saw sponsorships "unprofessional") and all New Zealand dietitians who went to the Sydney congress received $35 in assistance (half their registration fee).

The three dietitians, Heather Spence, Kerry Maher and Jocelyn Hampton, who presented papers in Sydney had their full registration fees paid by the NZDA Education Trust. Julian Jensen (born Morris), Christine Brown (born Lyon) and Marie Thomas (born Sare) prepared poster presentations. More than 30 New Zealand dietitians were among the 1262 delegates, representing 33 countries at the Sydney congress. Jocelyn Hampton and Julian Jensen with Bernice Kelly as proxy were NZDA's official delegates at the ICD meeting.

A highlight at the Sydney Congress for New Zealand and the official delegates was the formal reception hosted by Joe Turnbull, the New Zealand Trade Consul. As at the Washington Congress the all-New Zealand menu was received enthusiastically. No one attending that reception will forget Joe Turnbull greeting each international guest in their own language.

There are many memories of Sydney - the chicken sandwiches and the purple carpet at the champagne opening in the Opera House foyer, the ballet performance also at the Opera House and the air traffic controllers, strike which saw all delegates unable to leave Australia. Indesparation Clara Zempel, executive director of the American Dietetic Association telephoned the US President in the hopes he would alleviate the plight of the stranded Americans.

Following the Sydney congress where Pamela Williams' presentation to the delegates meeting had emphasised the value of affiliation with a universally recognised scientific society (ie NZDA's membership with the Royal Society of New Zealand), an application was prepared by Dr Joan Woodhill of Australia and Miss Dorothy Hollingsworth of the United Kingdom on behalf of the International Committee of Dietetic Associations for affiliation with the International Union of Nutritional Sciences with observer status.

Dr Woodhill represented the International Committee at the General Assembly of IUNS held on 29 August 1977 and reported that this application was passed unanimously. Observer status permits attendance at General Assemblies and participation in discussions but not voting rights.

New Zealand can be proud of its contribution to this significant step in international scientific recognition.

At Sydney, it was decided that congresses should be held every four years instead of three after the 1980 Congress in Brazil. Belinda McLean and Diane Gane (born West) were the New Zealand delegates in Sao Paulo, Brazil.

In 1984, the Canadians hosted the 9th congress in Toronto. Penny King and Vivienne Mason, as the official delegates, led a party of 16 New Zealand dietitians.

Following a visit to New Zealand
in 1983, Elizabeth Upton of Guelph University was impressed by the development of a food service computer system at Christchurch Hospital. Subsequently Pamela Williams, then chief dietitian Canterbury Hospital Board, was invited to present a paper "The Introduction of a Computer Program to assist the Management of a New ZealandFoodService". Bernice Kelly, as Registrar of the Dietitians Board, also presented a paper, "Using DACUM for Dietetic Curriculum Planning". Both of these papers demonstrated the considerable development of the dietetic profession internationally.

Sue Pollard (born Frankham) and Christine McDonald (born Dutton) were nominated as the NZDA's official delegates to the 10th International Congress of Dietitians in Paris in July 1988.

Gillian Tustin, Sue Pollard and Pip Duncan, three of the 10 New Zealanders in Paris, presented papers.

Four years on, in Jerusalem, Israel, Patricia McPadden and Jo Stewart were the New Zealand delegates. A notable development from this Congress was the establishment of a permanent secretariat within the offices of the Canadian Dietetic Association.

Graduate study and experience

The development of the dietetic profession in New Zealand has been enhanced by the contributions of dietitians who have obtained post graduate qualifications overseas. Until the mid-80s, opportunities for such study in New Zealand were limited, particularly in fields of interest to dietitians. However, now there is a variety of post graduate programmes offered in New Zealand and more dietitians have undertaken post-graduate study, for instance, Diploma in Science (Community Nutrition); Diploma of Health Administration, or Master of Business Administration.

Prominent in the early recognition of the value of post graduate qualifications was Emeritus Professor Lucile Rust, Kansas State University, who visited New Zealand in 1952 as a Fulbright Scholar. She made a study of home science education with particular emphasis on the curricula for teachers and dietitians. Following this visit, she paved the way for New Zealand home science graduates and diploma holders to undertake graduate study at Kansas State University on the same footing as American students. This association with Kansas State University over the past 40 years has been particularly significant in the growth of the profession.

Until 1971 any financial assistance for New Zealanders studying overseas had to be found by the dietician herself. With the establishment of the Home Science Alumnae Education Trust, an exchange scheme, first at Kansas State University and since 1984 at Iowa State University, six dietitians have received assistance to study for a masters degree.

Dietitians have also studied in Canada at the University of Guelph, in England at the University of London and at other international universities. While some of these people have continued distinguished careers out of New Zealand, most have returned to practise here and the profession is indeed richer for their wider knowledge and experience.

South Pacific Connection

During the 1960s and '70s a number of students from Australia, Malaysia, Fiji and Western Samoa trained as dietitians in New Zealand. Some were sponsored by their own governments.

Another connection was the six month post graduate training programme for Fiji qualified dietitians set up by the Department of Health and the Dietitians Board at the request of the South Pacific Health Board. Between 1968 and 1975, at least six dietitians gained experience under Dorothy Ritchie's guidance at Cook Hospital, Gisborne.

Overseas qualified Dietitians contribution to the New Zealand profession

Shortly after World War II overseas dietitians began seeking work experience in New Zealand. The need to establish the quality of these people's qualifications was a factor in determining the functions of the Dietitians Board. Since the 1950s dietitians from Britain, Canada, the USA, The Netherlands, South Africa and Australia have joined the profession in New Zealand and shared their knowledge and expertise with New Zealanders. Many settled here permanently.

Dr Neige Todhunter

The NZDA lost one of its oldest friends with the death of Dr Neige Todhunter in 1991. She was one of the home science graduates who headed overseas in the 1920s. However, she never returned permanently to New Zealand, instead staying in the USA where she became one the foremost dietitians.

Born on her parents' dairy farm near Christchurch during a snow storm in 1902 (hence her unusual Christian name), she completed a master's degree in home science at Otago then taught at a secondary school for nine years. She left New Zealand in 1928 to study for a doctorate at Columbia University in New York.

Her career included teaching and research assignments at Washington State College until 1941, then an appointment at the University of Alabama where she set up a research laboratory in human nutrition and became head of the foods and nutrition department. She was Dean of the School of Home Economics from 1953 until she retired in 1966.
The following year, she became visiting professor of nutrition at Vanderbilt University in Nashville, Tennessee. Much of Vanderbilt's History of Nutrition collection is the result of her work and in 1987, she donated her life-long collection of more than 1400 cookbooks to Vanderbilt.

President of the American Dietetic Association in 1957-58, the year after she had been made honorary life member of the New Zealand Dietetic Association, she co-authored a textbook, Food and People and Essays on History of Nutrition and Dietetics. In 1978, she was awarded a plaque from the Society of Nutrition Education in recognition and appreciation of her contribution to nutrition as a educator scientist and historian. She was named a fellow of the American Institute of Nutrition in 1983. On her death, she left the NZDA a major bequest of $150,000.

Margaret Till recalls meeting Neige Todhunter for the first time at the American Dietetic Association convention in Miami in 1957.

"It was at this meeting she took office as president, but she found time to meet and look after this young dietitian from Christchurch. Over many years, it was my privilege to have known Dr Todhunter and to have listened to her philosophy. Always direct in her approach, she was never afraid to speak out on issues that were important to her. She challenged as no other person I know but her standards of scholarship, integrity in service to profession and community served as models to all she came in contact with.

"At many international congresses of dietetics and American Dietetic Association meetings, she was always in the middle of a group of young followers, listening and so easily discussing the topic of the day. Her tall stature, striking auburn hair and exceptional command of words and phrases gave her the charisma and respect she so deserved.

In 1969, Margaret succeeded another New Zealander, Bee Nilson, as principal lecturer at the Polytechnic of North London (PNL) and became responsible for the 18 month post graduate dietetic diploma. During her time there this course was replaced by a new four year degree course, giving eligibility for state registration as a dietitian.

After the PNL, Margaret continued teaching at the TCHU and designed a course specially for PHC workers in developing countries. It concentrated on the role of nutrition, not isolation but along with all other factors associated with health and the prevention of malnutrition, infections and infestations.

Early on in the course, nurses who had been involved in feeding programmes in refugee camps came to join the primary health care workers. "We wanted everyone to know how to make the best possible meal for an infant or young child, using the best mixture of low cost, locally available foods.

"Teaching these mature students, so keen to learn and with so much experience to share, gave much satisfaction".

Margaret Cameron

After graduating from Home Science School in 1943, Margaret Cameron was manpowered to the Wallacively Agricultural Research Station near Upper Hutt to work on a mastitis programme during the war.

On the urging of some friends, she eventually did her dietetic training at Wellington Hospital under Monica McKenzie, Twink Couston and Evelyn Waddell.

She made her first trip to England from 1949-1953 doing locums at the Royal Edinburgh Infirmary, Leeds Infirmary, several London hospitals including the London Hospital in the heart of the East End, a wonderful mix of nationalities and cultures.

Back in New Zealand, she had seven years as Dietitian in Charge of the Dunedin hospitals and dietetic training school before leaving again for a 'year' in 1960. The year turned into 28.

On this trip Margaret met Professor B.S. Platt, head of the MRC's Human Nutrition Research Unit and professor of the London School of Hygiene and Tropical Medicine's (LSHTM) department of Human Nutrition.

Among other projects, Margaret became involved with teaching on a multi-disciplinary nutrition and food science course, run jointly by the LSHTM and the University of Ibadan, Nigeria for mature students from a wide variety of developing countries. UNICEF, WHO and FAO supported the course, with students having the backing of their governments or grants from agencies such as Save The Children Fund.

For five years, the course was run for four months in London followed by four months practical application in Nigeria. Students planned and conducted a comprehensive nutrition survey, analysed the data and produced a report which they presented and discussed.

International contacts made at this time led to consultancy work in many different countries and also to teaching nutrition in relation to maternal and child nutrition to paediatricians and primary health care workers (PHC) taking courses at the Tropical Child Health Unit (THCU) in the Institute of Child Health, London.

Professor Patricia Coleman, dean of the Home Science School and a member of the Board of Health from 1966 to 1983, floated the idea during her Constance Shearer lecture in 1969. She initiated the report and chaired the committee. She says dietitians were “not entirely happy with their lot”; many felt they faced ‘enormous demands’ with their responsibility and management of staff, finance, therapeutic work, patients and staff training.

“There were too few dietitians and a shortage of trained support staff (food supervisors). Morale was rather low; dietitians felt they did not receive adequate recognition, especially from medical staff. Many doctors said dietitians were not well enough prepared and lacked confidence.

“There were also salary problems - teachers were better paid than dietitians who had similar qualifications and had to work shifts and weekends. The conditions were not always attractive.

“It seemed a good time for a look at the whole issue of dietetics, to assess the profession, where it was and where it was going.” She got Health Department support to set up a committee and set out on “a labour of love”.

The Committee

Her colleagues on the committee were: Don Beaven, professor of medicine at the Christchurch Clinical School of the University of Otago; Joan Benedict, senior lecturer in the University of Otago’s food department; Elsie Boyd, assistant director of Department of Health’s division of nursing; Patricia Donnelly, senior dietitian with Wellington Hospital Board; Bernice Kelly, advisory dietitian to the Department of Health; Bill Murphy, director of the Department of Health’s division of public health; Gordon Nicholson, gastroenterologist with the Auckland Hospital Board; Phillip Rossell, professor of management at the University of Otago, Patricia Williamson, former advisory dietitian with the Department of Health.

The report was wide-ranging, discussing the need for dietitians, the background of dietitians in New Zealand, the practice of dietetics, the role of the dietitian, the future role of the dietetic profession, training of dietitians, salaries and conditions of employment, career prospects, recruitment and public relations.

“We set out to be very comprehensive, to reassess the situation, discover what and where the problems were and what might be done about them,” says Professor Coleman. “We clarified a lot of problems and analysed them. Submissions were requested from a wide range of health-related organisations; the response was quite good and we got a mixture of positive and negative.

“We didn’t shake the earth, but we gave things a good shake-up”. There was an immediate response from the Health Department. Dietitians were able to look at themselves and see what others’ reactions were to them. It was an overall picture, a base from which to look outwards; it was an influence on dietitians to see it was not much good waiting for someone else to do something. They needed to analyse, see where they wanted to go and how they were going to get there.

“Its objectivity helped sow seeds; it was a trigger.”

The report identified seven major problems in the profession:

* The training and special knowledge of dietitians is not being

fully used in the most effective way.

* Not enough dietitians are available to meet national needs.

* Not enough recruits of the high calibre required are being attracted to meet increasingly demanding future needs.

* Dietitians are not often given the status and recognition their level of training and responsibilities should command.

* The medical profession says it does not always get the service it needs and expects, especially in clinical dietetics and research.

* Recently qualified dietitians are expressing dissatisfaction with the nature of some aspects of their work and their status, salaries and career prospects.

* Qualified dietitians and students are expressing dissatisfaction with some aspects of training.

The committee came up with a number of recommendations:

The Recommendations

Food service functions

* Dietitians should remain in overall control of food service in New Zealand hospitals.

* Immediate attention should be given to training of food supervisors and food service staff for hospitals and institutions throughout New Zealand.

* The training programme for food service staff should lead to a nationally recognised qualification. Technical institutes are seen as appropriate places for this training and dietitians should be involved in planning and teaching courses. An employment structure to give those who gain qualifications appropriate status and remuneration is essential.
* Dietitians must be prepared to delegate responsibility and authority for some food service management tasks, while remaining in overall control and safeguarding standards.

* It is essential for dietitians to be supported by clerical assistance and by personnel or executive officers, particularly for staff recruitment and departmental co-ordination.

* Where sufficient trained people are available, it is desirable for dietary staff to be responsible for food all the way from kitchen to patient.

* Use of a centralised food service system should be adopted in hospital planning.

Specialisation
* Three major areas of dietetics should be developed - general dietetic practitioner: administer of dietary services; clinical (or community) dietitian.

* Post-graduate training should be introduced to allow specialisation in administrative or clinical aspects of dietetics.

* Comparable recognition for promotion and salary should be established within the career progression for both administrative and clinical specialisation.

* Clinical dietitians should be able to gain qualifications in a special aspect of clinical dietetics by further training and experience, making them well prepared for work in special units such as those associated with paediatric, renal and metabolic medicine.

* Able dietitians in all three specialisations should be encouraged to take post-graduate qualifications in teaching and to assume the role of tutor dietitians in training hospitals.

Public health dietitians
* The number of established positions for public health dietitians should be steadily increased to make dietetic educational, advisory and counselling services available in all regions of the country.

* Every effort should be made to recruit, train or re-train dietitians with suitable qualifications and experience for these posts.

Advisory service
* Services of dietitians should be widely used in a part-time or consultant capacity in an effort to improve standards of food services in institutions.

Training
* For initial qualification and entry into the profession, there should be two alternative forms of training - a four-year degree in dietetics, co-ordinating clinical studies with the academic pre-clinical component of the undergraduate course; a prerequisite qualification in home science, followed by one year of professional training based on a single training school.

* A curriculum planning team should be established to consider details of the proposed degree course, particularly the co-ordination of its academic and clinical aspects.

* The degree in dietetics should be run by the University of Otago and include appropriate subjects from the home science degree and other subjects relevant to dietetic practice; clinical practice should be gained by spending part of the third and fourth years in training hospitals.

* Some modifications in the present prerequisite home science courses should be requested to meet some deficiencies in the preparation of dietitians.

* The Auckland Hospital Board should be asked to provide staffing and facilities to establish a single training school for dietitians, to become the “principal training school”.

* Present training schools in other centres should be asked to be “associated training schools”.

* As part of the reorganisation of the one-year dietetic training, negotiations should be made with medical clinical schools to increase the clinical experience in the training period and the routine food service tasks should be given less emphasis.

* Negotiations should begin immediately for the appointment of staff to organise and initiate both training schemes and provide an appropriate staff-to-student (one to six was recommended) ratio for the clinical aspects of teaching.

* Seminar and workshop-type courses should be planned immediately to help tutor dietitians overcome their lack of preparation for the teaching role.

* To meet the need for increased depth in the basic and pre-clinical sciences, the home science diploma course should be gradually phased out as prerequisite qualification for dietetics - 1980 was proposed as a cut-off date but should be reviewable depending on numbers available from the degree courses.

Post-graduate and post-registration training
* Immediate steps should be taken to develop training for post-registration study in specialised areas of dietetics to enable dietitians already in the profession to increase their qualifications.

* A central body should control the numbers and conditions for acceptance of applications for post-registration courses, with consideration of the needs of hospitals and health services. A “dietetic education committee”
should be formed with representation from the Department of Health, university and teaching in hospitals and the New Zealand Dietetic Association.

* Post-registration training should be organised by the principal dietetic training school, with requested co-operation of the clinical departments of the Auckland School of Medicine.

* To meet longer term needs, post-graduate facilities should be developed alongside the basic training with provision for university post-graduate diplomas and advanced degrees.

* To assist in financing specialist and post-graduate training, the equivalent of two staff dietitian salaries should be available each year to pay dietitians while taking courses.

* As soon as possible, post-graduate or specialist qualifications in preparation for teaching should become an expected prerequisite for appointment of tutor dietitian positions.

* Two annual study awards, including salary and travel assistance, should be made available, tenable in New Zealand or overseas, to gain approved qualifications or experience.

Continuing education

* Concentrated courses in specific areas of dietetic practice should be organised by the principal training school in collaboration with universities and clinical school (appropriate financial provision would be needed).

* Dietitians should be given encouragement and opportunity to attend these courses, with salary and travel assistance provided by their employers.

Retraining of dietitians

* Provisions should be made for retraining, based on training programmes within existing facilities, either in the university or teaching hospitals, depending on the skills required.

Library resources

* Hospital boards should be requested to review their library policy for dietetic departments to ensure an up-to-date collection of journals and references is available to staff.

Relationship between nutritionists and dietitians

* Graduate nutritionists wanting to undertake clinical responsibilities should be required to obtain registration as a dietitian by following a training based on that required for a home science graduate or the final year of a degree course (with modifications in each case to allow for the differing backgrounds of the courses).

Regular assessment of training

* Regular five-yearly assessment of all training schemes should be made by the Dietitians Board in consultation with the University and the Department of Health.

Salary

* Salaries must be sufficient to attract talented people into the dietetic profession and keep them there by rewarding them for challenging work and responsibility.

* Relativity is essential between dietitians' salaries and those of other graduate hospital employees with similar educational background, training and responsibilities. Unless this is achieved, the Hospital Services Committee will not do justice to the dietetic profession.

* It is of vital importance to reward people for qualification and exceptional performance. Increments should be based to a large extent on performance appraisal.

* A thorough study of job classification and job evaluation should be made to determine the correct salary levels for the profession in relation to other comparable professions and, within the profession, for each grade of job. Evaluation should deal with the lack of margin between grades and determine the total salary range. This could be done jointly by the profession and the Department of Health.

Career path

* Hospital dietetic departments should be reorganised to give a flattened organisational structure to replace the pyramidal structure.

* An induction programme, including planned rotational training and experience for a year, should be required after entry to the profession.

* Career planning and development should be based on an assessment of performance and aptitudes.

* Entry into both generalist and specialist fields of dietetics should be accompanied by appropriate in-service training.

* A system of training for increasing promotion should be planned and implemented.

* A manpower plan should be prepared, incorporating the needs of hospitals, community and public health services.

Recruitment

* The New Zealand Dietetic Association should prepare material to help its members in an active recruitment programme, with the cost to be shared by the Department of Health.

* A start should be made to combat the assumption dietetics is solely a woman's occupation - more direct dietetic training and a better salary scale should make the profession of more interest to men.

Public relations

* The New Zealand Dietetic Association executive should elect a public relations convener with the objective of setting up a public relations working party to bring in proposals for an initial and ongoing programme for the association.
Training Issues in the 1970s

Later in 1974, the government released a White Paper on a Health Service for New Zealand, proposing one-employee organisation "to attend to the welfare of all health service personnel". However, the NZDA believed the opinion of non-hospital employed members could affect NZDA decisions on salaries and conditions of employment for dietitians.

As a result, the NZDA reaffirmed its independence as a professional organisation; agreed it should retain its independence as a negotiating body for hospital dietitians and, if possible, food supervisors; and sought legal advice on establishing an economic welfare group within its existing framework as a negotiating body.

There was also concern about a proposal for consensus management incorporating a regional administrative officer, regional community physician and regional nursing officer. While dietitians welcomed the opportunity to be part of community health programmes and saw value in preventative work, they also needed to be represented at top management. Dietetic services to the community should be co-ordinated and delivered with a high degree of professionalism and efficiency in co-operation with other health services.

In its submission to the personnel consultative group, the NZDA said:

"The preservation of professional attitudes and standards is the responsibility of each professional association. The continued existence and development of these associations must be safeguarded. Only professional organisations can evaluate scientific and technological developments and assess the need for their application to the hospital field. To this end, a professional association must retain control over the training of new graduates and the continuing education of qualified staff."

However, a change of government in 1975 put an end to the White Paper capers.

Salaries

A general wage order of 9% was to be the last for an indefinite period; cost-of-living orders replaced half-yearly general wage orders. The NZDA had the right to negotiate up to a 2.25% increase with the Hospital Services Committee; anything above that had to go to State Services Tribunal by proving serious anomalies. The salaries sub-committee began investigating the relation between the private and state sectors. A wage freeze imposed by the government until May 14, 1977 stymied further attempts to seek salary increases.

SHEO advised NZDA to mount a case for improved dietitians' salaries as soon as possible. SHEO was disbanded in 1983, the NZDA turned to the Combined State Unions (CSU), a voluntary federation of state unions covering a quarter of New Zealand's organized workforce, as its primary source of industrial support.

A NZDA salary claim was settled on June 19, 1979 - giving a movement of about 5% in salaries. While disappointed with the final offer (dietitians at the top scale got an increase of $700 a year instead of the $2000 a year which was sought), the salaries sub-committee felt it was "perhaps not too unreasonable" in times of economic stringency. With only a week to decide whether or not to accept the offer, even the four-strong committee was divided.

During the 1980s Margaret Till, then chairing the salaries sub-committee, wrote an article which described salary negotiations in this way: "The role of the salaries sub-committee is to investigate and prepare salary claims on behalf of hospital-employed dietitians. Over the years, we have agonised preparing a case, burnt the midnight oil doing the homework required and girded our loins to face the Hospital Service Committee.

"This committee is composed of skilled negotiators whose sole job is to debate and demolish salary claims with such groups as dietitians, laboratory technicians, physiotherapists and others. Salary negotiations are a good test of one's adrenaline capacity and blood pressure control. At the end of the day, you hope something has been achieved but it is never totally satisfactory to all members of the profession."

Continuing Education

Ninety dietitians attended a refresher course at Victoria University in August 1976. Topics included: management and budgeting; selective menus; training; nutrition education; diet sheets; presentation of information to the public; paediatric nutrition; dietary treatment of renal disease; dietary fibre; positive reinforcement for patients.

Dietitians around the country met regularly and were involved in a number of community and continuing education activities with other professional groups.

The Waikato group got involved in something just a little different as this Waikato Times report, under the heading, "Ruakura's big day for the whole family", explains:

"Go to a farmers' field day to get a few tips on slimming, dieting and meal planning - they just had to be joking!"

"But they weren't. Dietitians on the Health Department demonstration point at the Ruakura field day dealt with a steady stream of enquiries - mostly from women but also a fair sprinkling of men who looked as though they might have diet problems but insisted they wanted pamphlets "for the wife".

"The health demonstration was one of the features that typified the way the field day's character has gradually developed and changed..."
since it was introduced just over a quarter of a century ago. These days, the organisers don’t concern themselves exclusively with what might be described as the basics of farming. They cover a wide range of topics - and their message goes across the better for it.

“Every once in a while among the displays you’d expect at a farmers’ field day, something with a slightly off-beat character to it has been inserted. There was the slimming, dieting and meal planning - officially, it was “Better food for a healthier world” - of course.

The New Zealand Dietetic Association combined with the Institute of Food Science and Technology, the Nutrition Society of New Zealand and the Society for the Study of Diabetes to stage Nutritech ’78 at Lincoln College in 1978. And it worked with the Institute of Food Science and Technology and the Nutrition Society in organising the food science and nutrition section of the ANZAAS (Australia-New Zealand for the Advancement of Science) congress in Auckland in 1979 around the theme of “directions for the future”. Dr Magnus Pyke was brought from England as the keynote food and nutrition speaker; he also gave a public lecture and attracted plenty of media attention.

The Health Department was asked to run a refresher course for dietitians in Wellington in 1981.

A workshop for tutors and heads of dietetic training schools was held in December 1980 at which the recommendation was made to review the dietetic curriculum.

**Royal Society of New Zealand**

During 1975, the NZDA “launched” itself into the New Zealand scientific community by joining the Royal Society of New Zealand. It was, in the words of the association’s secretary-treasurer, Pamela Williams, “the best public relations activity New Zealand dietitians have ever undertaken”. Other groups were delighted and somewhat surprised to learn of the contributions and indeed, the high standard of papers presented by dietitians,” she told the national delegates’ meeting at the International Dietetic Congress in Sydney in 1977. She said from their experience, New Zealand dietitians would “thoroughly recommend that dietitians do not remain an isolated group, relying only on those brave outsiders who are sufficiently interested in dietitians’ work to attend dietitians’ meetings, but to get out and actively show what dietitians can contribute to the scientific community as a whole”.

Before membership was granted, the NZDA rules, New Zealand dietitians’ scientific and practical training and professional responsibilities were scrutinised.

The only query was for a fuller explanation of the NZDA’s “trade union” activities - its role in the negotiation of salaries for dietitians.

Other benefits included possible financial support from the government for local projects and national and international meetings (the government recognises the Royal Society as the spokes-organisation for scientists) and opportunity for joining activities and conferences with fellow member organisations.

The Royal Society connection was further strengthened in 1977 when a fire forced the NZDA to vacate its national office in Wellington ( a permanent office had been set up in April 1974); it accepted a Royal Society offer of an office at its premises.

**Food Service Personnel Training**

The value of proper training for food service staff, particularly cooks and food service supervisors, had been recognised by dietitians for many years. Other than on-the-job training, there were no formal courses nor education institutions to teach them. In the case of training for hospital cooks, the profession expressed its views through a submission by the Dietitians Board to a Department of Education committee in 1961.

After on-again off-again discussions throughout the 1960s and following the establishment of the regional technical institutes, block courses were begun at the Otago Polytechnic in 1969. In 1972, Wellington Polytechnic offered a 24-week day-release course in quantity cookery. This was followed by similar courses at Christchurch Polytechnic and Auckland and Waikato Technical Institutes. Dietitian representatives from the NZDA and the Department of Health who served on the advisory committee for these early courses included Patricia Donnelly, Jocelyn Hampton, Bernice Kelly, Margaret Madill and Patricia Matthews.


The recognised starting point for formal training for food service supervisors was a report from the University of Otago Department of University Extension in 1971, “An Investigation into the Training of Food Service Supervisors Employed in Institutional Meal Service” (J.T. Phillips and E.E. Carpenter). Under the leadership of Emily Carpenter, a working party including NZDA members employed in several organisations was set up by the Vocational Training Council (VTC). In turn, the working party became the Institutional Training Advisory Committee (ITAC) under the VTC umbrella in 1974 and in 1976, was granted associate member status on the Hotel & Catering Industry Training Board (HCITB).

The long term ideal of the NZDA - recognised national training for food service supervisors came to fruition in 1977 when the first post-entry courses began at Waikato and Otago Polytechnics. Department of Health
dietitians Patricia Matthews, Joanne Swan and Gillian Tustin were key contributors to the teaching programme.

NZDA was represented on the ITAC by Kay Gammie, Vera Greiner (born Marr) Ngaire Fox (born Morrison) and Helen Bell (born Reid) until its demise in 1990. Patricia Donnelly represented the Hospital Boards' Association of New Zealand and Joanne Swan the Department of Health during the 1970s and 1980s.

Dial-a-Dietitian

In 1975 Auckland dietitians floated the idea of establishing a dial-a-dietitian service and the service began in 1977. People were able to phone in to seek information or talk about a problem with a dietitian. Callers could leave messages when the phone was unattended. The following year, a similar scheme was trialled in Christchurch for six months and the branch then set it up on a permanent basis, answering around 400 calls a year. In both cities, the service was originally funded by the New Zealand Heart Foundation and the local branch.

Publications

An initiative which originated in the Waikato was the Calorie Counted Cookbook. Waikato dietitians collected and tested recipes but were unable to complete the project. The NZDA executive later approached Winifred Goddard to edit this book. Winifred Goddard retested the recipes and 5000 Calorie Counted Cookbooks were published in 1976. This was sold out in nine months and a second run of 6000 was printed. Winifred Goddard gifted the royalties to NZDA.

Christchurch dietitians spent much of 1983 testing recipes in preparation for the branch's fund-raising venture, the Triple Tested Cookbook, which was published the following year and eventually ran into a second printing.

Dietitians Board

Dr Ron Barker, the deputy Director General of Health who chaired the Dietitians Board in the late 1970s, was of the opinion that the profession had come of age and should be in charge of their own affairs.

Subsequently, an amendment (taking effect from 1 January 1980) to the Dietitians Act increased membership of the Dietitians Board from eight to 11, five of whom would be dietitians nominated by the New Zealand Dietetic Association. Other members would be a head of dietetic training school, a medical practitioner, the dean of the Home Science Faculty, a Department of Health representative, the registrar (to be a registered dietitian employed in the Department of Health) and one other person nominated by the Board. The major impact of the act was to reduce Health Department influence on the board and transfer control to dietitians. Under the previous legislation, four of the board's eight members came from the Health Department.

Restructuring

The restructuring fashion hit the New Zealand Dietetic Association during 1977, after discussion at the annual meeting indicated five major areas of concern. Much comment and discussion followed and the executive came up with its "contemplated" action:

Structure and representation.

The executive should remain at its present size and should meet at least twice, preferably three times, a year; the system of area representation should be maintained but area representatives must take more responsibility for communication with members, not just the executive; it was too binding to write a two or three-year term for executive members into the rules; the executive is elected to make decisions. Although members are consulted on important issues; the NZDA should remain the negotiating body for hospital dietitians.

Membership

Membership must remain voluntary, although it was hoped practising dietitians would consider membership and support of NZDA activities as a professional responsibility; the NZDA has a responsibility to members to demonstrate all its activities in the interests of dietetics and its members; associate membership should be encouraged for non-working dietitians who should pay about half the active subscription but not have a vote; investigations should continue into life membership.

Communications

The Journal should continue; there was great enthusiasm for News and Views and it was planned to publish three issues a year; the NZDA should continue to organise an annual conference/seminar with the annual meeting, a national refresher course every four or five years and take part in joint meetings with related professions; the NZDA should support international meetings within its financial resources; the NZDA should co-ordinate the profession's affairs and speak on dietitians' behalf and promote dietitians in the community at a national level; the NZDA has a responsibility to encourage recruitment; branches and regions should run their own regular one-day and weekend seminars; individual dietitians must accept responsibility for keeping up to date; executive minutes are available to any member requesting them; a fund is proposed to help finance communications between the executive and members.

Education

NZDA responsibilities to be revised - for continuing education and its role in registration, clarification of standing of practising certificates were some areas specified.
Administration
Central administration should remain and the workload shared more widely - assistant secretary, delegation of routine jobs, help with preparation of accounts for audit.

Life membership
Life membership was becoming an increasing financial burden on the association and the executive spent many hours discussing ways and means of achieving a fairer system. In mid-1978, the NZDA had 130 active life and 19 associate life members among its 340 members.

Several schemes were tried to ease the problem - all life members were asked to pay the active subscription to help with administration costs; donations from members were sought on a voluntary basis; retired life members were given the option of receiving only one posting a year; professionally employed dietitians who were life members were asked to pay an active subscription while they are employed; active life members were asked to pay for their Journal.

This led to a decision that existing life members retain their life membership but no further active life memberships should be granted. A retired membership category was introduced for members reaching the age of 60, who have been members of the association for 20 years and have retired from professional employment. This left five membership classifications - active, retired, associate, affiliate, honorary life. The new regime took effect from August 1981.

A number of dietitians sought advice on working in private or group practice. A questionnaire to determine interest in private practice drew 17 replies, 16 of them interested in working in group practice and one in private employment. Ten of them were currently employed, while family commitments were preventing the other five from working. Lack of opportunity and unwillingness of practitioners to employ dietitians were the main reasons for most working in a private capacity. Most felt well equipped to deal with all dietary advice and were keen in keeping their knowledge current.

Code of Ethics
The emergence of this group led NZDA to revise its rules and code of ethics to fit the late 1970s and early 1980s. The new version of the Code of Ethics and guidelines for practice adopted in 1981 contained two encompassing clauses:

* To further and advance the knowledge of nutrition and dietetics throughout New Zealand.

* To raise the standard of nutrition and dietetics in New Zealand and to support and protect the character, status and interest of those persons practising the profession of dietetics in New Zealand.

Guidelines for practice were:

* The dietitian must continually strive to improve her professional knowledge and reassess present dietetic practices in the light of current research.

* A dietitian may prescribe dietary treatments to patients in consultation with a medical practitioner and also as a member of the patient care team. She may use her professional knowledge and status to initiate treatment where appropriate and in consultation with other team members.

* Dietitians must act impartially and give a uniformly high standard of treatment to all people regardless of sex, race, religion, politics, or socio-economic status.

* The dietitian must take full responsibility for the hospital food service. She has a responsibility to all patients to provide nutritionally adequate meals which are an essential part of the total treatment of each patient whether directly or indirectly in her care.

* The dietitian must operate within the constraints of professional secrecy. She must not divulge confidential information about patients except to others involved in this treatment.

* The dietitian has a responsibility to related professions to appreciate their aims and ideals to cooperate in working towards common goals. In order to maintain harmonious relations, the dietitian must assume proper responsibilities yet know how to collaborate with other professions.

* The dietitian has a responsibility to interest herself in the welfare of people in the community and to participate in activities where her specialist knowledge is valuable.

* Dietitians may not advertise any product for personal gain or any other reason.

* Dietitians employed by the commercial sector must bear in mind their professional aims and safeguard their independence.

* Dietitians may not accept commission from commercial firms. Discretion is to be used in the acceptance of small gifts. e.g. at Christmas.

* Dietitians should act against fraud and deceptive practices in their field.

* Dietitians may use the media to promote nutritional health and education in the community though not to advertise either products or their own services.

* A dietitian may inform other professions personally that her services are available, or she may put a professional notice or card in the press.

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After questionnaires and discussion, the association developed management guidelines for dietitians in private group practice, suggested conditions of employment, clarification of availability of their services, continuing education and questions to ask before the clinic started.

**Prophecy**

In her address to the 1979 conference, outgoing president Elizabeth Murray made some prophetic comments:

“I predict the ‘80s will bring more budget cuts, staff limitations and plenty of nifty suggestions from hospital boards of measures for curtailing the expenditure of dietary departments. I am sure hospital dietitians will quickly come to regard the ‘70s as the ‘good old days’ in terms of finance. If population growth and economic growth stay slow, the expenditure on health will remain static.

“All of us are aware that as soon as hospital budget cuts are proposed, one of the first areas to come under close scrutiny is the food service. Everybody is an expert on food waste and quick to notice obvious waste in the hospital - laden pig tins or other members of the staff having free rations. Dietitians must accept that monetary constraints are here to stay and that the most efficient use of the hospital dollar is in everyone’s interest and for her own job security. Dollar-wise dietitians will certainly check the pig tins for waste and take action to deprive the pigs if they are faring too well. At a more elevated level, she will form long-term and short-term objectives and review them constantly.

“The dietitian will need to evaluate any proposed change in terms of hard cash. If the hospital board can see that the dietary department is running efficiently, it will be less likely to consider proposals from contract catering firms who are currently beating at the doors of hospital boards. Economists use two terms of jargon that should become part of the dietitian’s vocabulary in the ‘80s. These terms are cost-effectiveness and cost-benefit. Cost-effectiveness can be defined as the best way of using resources to achieve a given objective and cost benefit as the choice of objectives.”

**Nutrition Guidelines**

During 1981, the Nutrition Advisory Committee of the Board of Health released its national nutritional goals for New Zealanders. There were 12 goals:

* Education of the public in the importance of consuming a wide variety of foods in the daily diet.
* Limit total energy intake to balance energy expenditure - increased exercise and reduced food intake.
* Reduce intake of simple sugars, principally cane sugar and increase intake of complex sugars, principally starch.
* Reduce fat intake, especially saturated fats.
* Reduce intake of animal protein and consume relatively more protein from vegetable sources.
* Reduce the amount of salt added to the diet.
* Increase the intake of dietary fibre by greater emphasis on cereals, fruits and vegetables.
* Reduce considerably the intake of all alcoholic drinks.
* Pay attention to the dietary habits of pregnant women and nursing mothers.
* Promote breast feeding and better infant feeding practices and provide sound nutritional advice to mothers who cannot breast feed.
* Actively discourage young people from starting smoking and urge those already smoking to stop.

* Maintain and extend the fluoridation of water supplies.

This could be summarised in simpler terms as:

* Eat a variety of foods each day.
* Don’t eat more than you need.
* Eat less sugary food (simple carbohydrates) and more starchy foods (complex carbohydrates).
* Eat less fat, especially saturated fat.
* Eat less animal protein.
* Use less salt.
* Increase the amount of dietary fibre in your diet by eating more cereals, fruits and vegetables.
* Drink less alcohol.
* Support the fluoridation of water supplies.

Pamela Williams, then chief dietitian for the North Canterbury Hospital Board, described the guidelines as “part of a sensible approach to advocate a moderate yet enjoyable lifestyle”, while noting they were not the last word in nutrition. She was concerned that the public could be confused by the plethora of nutritional information emanating from apparently authoritative sources, especially when dietitians and nutritionists changed their minds frequently.

**Branches**

A branch was formed in Wellington in 1981, with Carole Gibb (born Miranda) as president. Its programme has been a mix of social and educational activities.
**Professional Profile**

How did others see dietitians? Even as far back as 1976, NZDA president Jocelyn Hampton put it this way at the annual general meeting.

"Physicians see us at our best as part of the medical team, able to advise, to discuss cases and to provide them with the expertise so they can prescribe treatment with confidence. They say our knowledge of disease physiology is not deep enough.

"Management sees us as responsible for a substantial slice of the financial cake, assisting their duties with expert control of performance and financial budgeting. They think our knowledge of business management is only superficial.

"Planning departments see us as advisers on kitchen architectural development including the detailed analysis of working drawings. They consider our knowledge of architecture is limited.

"Other hospital executive staff see us as being responsible for a large department with many staff who, not being dedicated health professionals, need firm discipline for control. Our knowledge of personnel administration is barely adequate.

"Dietitians see themselves as all these things and more. The training of dietitians for registration covers a wide range of topics and in a practicable course, can only cover them in outline, providing a foundation of knowledge on which to build."

She reinforced the need for practising dietitians to be "continuously adding to that educational base line"... to seize opportunities with enthusiasm.

The whole question of image and public relations - fuelled by feedback on how others viewed dietitians, especially when it came to salary negotiations and the comments and recommendations of the Committee on the Dietetic Profession (the committee identified "a lack of understanding of the role of the dietitian by the public and even by people in other branches of the health services" and recommended the NZDA set up an ongoing public relations programme) - led the NZDA to the decision in March 1976 to appoint a public relations officer.

The association believed it should make "a determined endeavour to create a better informed public opinion concerning the role and potential of its members."

Acknowledging its modest resources, the association determined to concentrate on national activities, with follow-up at regional level - "every situation in which a dietitian is able to participate in the activities of other national organisations and local bodies will also assist by providing a direct line of contact with dietitians and their work."

Belinda McLean, a dietitian and food writer, agreed to a 12-month trial period as publicity officer from November that year. Her brief was to publicise NZDA activities and promulgate the value of good nutrition to the community. Much of her work centred around answering enquiries from people interested in work or courses; answering queries from prospective dietitians; answering letters to the editor in newspapers; dealing with the news media on behalf of the NZDA; initiating and encouraging the preparation of articles for newspapers and journals; establishing contact with media and food companies; and a liaison role in health education.

A year into the role, she reported she believed NZDA public relations could be more effective if handled locally by area representatives who could respond to local issues so much faster. She recommended she be replaced by a publicity officer to act and coordinate national activities when necessary and provide back-up advice and expertise for the locals.

"The ultimate success of public relations depends on the individual dietitian," she said. "While a publicity officer at national level can be effective in some areas, I believe public relations can only be effective at a local level; personal contact is an essential element. To be effective, a public relations person should enjoy communicating with others and feel able to make personal contacts with the various media, people in local institutions and food industries etc. To be well established in the area is a definite advantage so that ongoing relationships can be built up.

"I believe all dietitians are capable of expressing reasonable views on matters within their fields of expertise and that to do so should be a natural result of our training. Dietitians should try to shed their hesitation to express their views on matters of importance, provided they have good reasons to back them up."

She also felt NZDA statements should be a consensus between the president, secretary and publicity officer. The result was that executive members were nominated as local publicity officers and Belinda McLean reappointed as publicity officer (she was also the editor of News and Views). When she resigned in 1979, the year in which she also won an award for health journalism, the NZDA decided the outgoing president should be the publicity officer. However, after Elizabeth Murray had done one year, McLean agreed to resume the role. She saw two roles for the publicity officer - publicising the profession and educating the public about healthy eating. The outgoing president's idea was resumed in 1982 with Jocelyn Hampton's appointment as publicity officer.

Jocelyn Hampton pinpointed some of the difficulties when she relinquished the job two years later: "There has never been an attempt to define the position and the post obviously means different things to different people." Did it involve publicising the activities of the association through press releases and interviews? Did it involve providing information to the media?
about the activities of dietitians so that the general public and potential employers were more aware of what dietitians do and could do? Did it involve responding to media articles and statements about nutrition, food practices, dietetics and so on? Did it involve getting involved in controversy or seeking to counter information with which the NZDA did not agree? She urged the NZDA to set clear guidelines, with a job description explaining the responsibilities and giving the appointee direction on relationship with the president and the executive.

**Continuing Education**

There had been discussions about formalising continuing education for dietitians for many years. There was talk of appointing an education officer "to collect areas of knowledge requiring attention and to develop post-graduate courses" (it got as far as a remit in 1982) and of compulsory continuing education as a prerequisite for registration. But continuing education, in the form of seminars, workshops and short courses, was largely left to branches and local areas, without any overall national coordination. The Auckland and Christchurch branches have developed structured programmes, both organising programmes on specific topics rather than just arranging a speaker at the meeting.

In proposing the appointment of an education officer in 1982, Janene Eagleton (born Douglas) from the Auckland branch, said it was "essential to the leadership and standing of the dietetic profession that dietitians stand up and be counted as respected members will be working towards this quality of service."

The 1982 annual meeting did however endorse a remit calling for a committee [Lyn Gillanders (born Goudie), Rhonda Akroyd (born Divers), Vivienne Mason and Sue Pollard were appointed] to investigate the future of continuing education for New Zealand dietitians and explore means of establishing and promoting post-graduate education. A questionnaire survey of dietitians to ascertain their needs for continuing education revealed a preference for short courses, workshops, study days and meetings and a journal review service.

Just over half the respondents favoured a voluntary system with a points system as a guide to desirable levels. There was also strong support for a small base levy ($50-$100 a member) as a basis for education activities. Lack of awareness by some dietitians of the availability of continuing education was seen as an important barrier, especially for those geographically or professionally isolated.

Dietitians were also asked to indicate their major areas of interest for continuing education in various categories - clinical dietetics, management, behavioural, social and communicative sciences. Topics of major interest were: nutritional status assessment; current vitamin and mineral research; new foods and food products; insulin-dependent diabetes; oncology and nutrition; current research on obesity; obesity therapies; gastrointestinal disease therapies; interviewing and counselling; computer language and use.

**Dietetic Practice Psychiatric Hospital Service**

Legislative changes proposed in 1970-71 foreshadowed transferring the responsibility of managing psychiatric and psychopaedic hospitals, then under the direct control of the Department of Health, to hospital boards. This move prompted Nelson Hospital Board to give Nelson Hospital's dietitian-in-charge, Mollie Stephens (born Houlker), the responsibility for the production of the meals for residents and staff at Braemar Hospital from 1971. She and Raewyn Penrose (born Rhodes), working with Braemar Hospital management and nursing staff, paved the way for dietitians to work in psychiatric hospital food service.

The first full time appointment of a dietitian after the amalgamation of the psychiatric hospitals into hospital boards was made by Wellington Hospital Board in 1973. Dianne Boaden (born Barkley) was appointed as dietitian at Porirua Hospital where she worked with the food service supervisors who were responsible to the hospital secretary and with nursing staff to set up a simple cycle menu for meats, revise orders, organise modified diets and justify costs. She also gave lectures to student psychiatric nurses and talks to patient groups.

In 1974 Nelson Hospital Board appointed Margaret Morales (born Kuhn) to Ngawhatu Hospital and the Waikato Hospital Board established a position at Tokanui Hospital which was filled by Elizabeth Pitchett (born Watson).

By the end of the decade dietitians had been appointed to most of the psychiatric hospitals operated by the eight boards providing that service. The responsibility for food service, including clinical dietetics, had shifted from the hospital secretary to the dietitian-in-charge. Menus had become more varied with the scrapping of the fixed ration scales which had depended on the imagination and skills of the villa cooks to create palatable meals from the ingredients provided. Central kitchens were built into existing structures in several hospitals and new ones built in others. It was a challenging time for dietitians who chose to work in psychiatric services.
Many hospital boards embarked on refurbishing or replacement of old kitchens and dining rooms in the 1970-80s. The food service jargon acquired a new vocabulary; conveyor belt, lowerator, trayline, portion pack, along with the tradenames ‘Ganymede’, ‘Finessa’, ‘TempRite’.

When the North Canterbury Hospital Board came to commissioning its new food service building at Christchurch Hospital in 1977-78, it agreed to the appointment of a dietitian to oversee the commissioning process. Kate Flood (born Penny), as commissioning dietitian, developed the timetable, the operational plan and organised the staff training which ensured the smooth transition from the bulk trolley system to the centralised one. Other hospital boards followed this idea to assist with the commissioning of their new buildings.

The winds of change were beginning to blow in the dietetic world.

Some saw the dilution of the hospital and government-dominated employment structure as a threat to their security. The arrival of contract food service companies in the market was a case in point.

Contract food service management was discussed in June 1978, when the secretary, Pamela Williams, outlined recent interest in New Zealand, with advertisements in local papers and hospital journals offering to provide management services in small institutions. Approaches were made to the NZDA about what role New Zealand dietitians might have in these organisations and these companies were showing interest in having dietitians in advisory positions. The NZDA saw possibilities for new avenues of employment as “no doubt, one or all of these companies will eventually operate in New Zealand institutions and probably in hospitals.” It was felt dietitians should work with rather than against these schemes. The NZDA asked the Hospital Boards Association to adopt guidelines for employing food service contract companies and to ensure any dietitian working for such a company was registered in New Zealand.

The manager of a contract company was invited to speak to the board.

During the 1950s and ’60s home science graduates were employed mainly as either teachers or dietitians. From the 1960s onwards, opportunities were much wider in industry - food science, product development and promotion, textiles and clothing, design and in a variety of government departments.

Dietitians’ salaries were frequently below those of the other occupations and they were required to work long hours and weekend shifts. The tenacity of the dietitians emphasised their commitment to their chosen profession.

Patricia Coleman backed her high regard for dietitians by 25-year periods of service as an ex officio member of the New Zealand Dietetic Association executive and on the Dietitians Board. As a member of the Board of Health from 1966 to 1983, she initiated the Report into the Practice of the Dietetic Profession which was released in 1974.

The report became the basis of self-examination by the NZDA of its training, practice and overall professionalism. From the past decade onwards they have made giant steps forward and are to be warmly congratulated on their achievements.

Her contribution to dietetics was recognised by her election as a honorary life member of the NZDA in 1988.
Belinda McLean

Belinda McLean says she sometimes feels like a traitor.

A trained dietitian and one of New Zealand's pioneer writers on nutrition, she does not always call herself a dietitian - largely because she is now fulltime in public relations work.

"Nevertheless, I'm proud to have been writing as a dietitian. I felt no one understood dietitians and what they do.

"Being a dietitian has been a huge advantage to me and I'm very grateful for my training. Home science graduates were so competent and have followed interesting careers, whereas people with other degrees often floundered.

"Our management training meant we knew how to organise. Home science and dietetics, combined with other qualifications, are a huge benefit."

Belinda has added an arts degree from Victoria University, an editing course, some public relations papers from Massey University and has started a master in business administration.

She got her start in nutrition writing following her three-year stint (1968-70) as a dietitian in Wellington Hospital when Pat Donnelly (the chief dietitian) referred her to Tui Flower, food editor of the Auckland Star newspaper who was seeking a nutrition column.

She had the right pedigree. Her mother was one of the first through the University of Canterbury journalism course and an uncle, T.P. (Terry) McLean, is one of New Zealand's best known sports writers.

That was around 1970 and it led to regular columns on health, nutrition and the environment in the Auckland Star, the Woman's Weekly and the National Business Review over the next 10 years.

This period was interspersed with the birth of two daughters, another two years (1975-76) as a dietitian in Wellington Hospital, a year (1977) researching and writing nutrition publications for the Department of Education and appointment to the Nutrition Advisory Committee and chairperson of the nutrition education sub-committee.

In 1979, she went fulltime with the National Business Review, winning an award for health journalism. She switched to public relations in 1980 with Network Communications Ltd which was in the process of trying to build a client base in the food and nutrition area.

Three years later, she returned to NBR as health, management and marketing journalist, while studying for her MBA at Victoria. In 1985, she helped set up a communications consultancy, Clarity; she has since returned to Network.

Between 1977 and 1981, she was publicity officer with the New Zealand Dietetic Association and sought to heighten the profile of the association and dietitians. She also edited News and Views during that time and was a delegate to the 1980 International Congress of Dietetics in Sao Paulo in Brazil.

While the association knew what it wanted it achieve, it didn't have the resources to sustain the intensive, three-year campaign needed to change public awareness and attitudes, she says.

Some NZDA members felt it was "waste of money" but Belinda says the younger members were generally more switched on to the media and the community.

Nevertheless, she points to several achievements - some excellent display and promotional materials, moves to sponsorship and corporate membership, NZDA leaders becoming more astute in using the media and dietitians became more aware of the value of proactivity taking their message to the public.

Mary Johnston

Mary Johnston (born McKenzie) was a married student dietitian in the late '50s.

Pregnancy cut short her training eighth month in the 15-month term. Mary promised herself: "One day, I'm going to finish my training."

Meantime, she picked up part-time food supervisor work at Studholme Hall, Dunedin Hospital's staff cafeteria and theYWCAboarding hostel in Dunedin.

Eventually, that "one day" arrived. She applied to train at Christchurch Hospital in 1977 and was accepted - a 40-year-old with three teenage children.

Her schedule was horrendous as she commuted between Dunedin and Christchurch for weekends off. Five hours on a bus to Dunedin, time out to switch from training to mother and wife; then five hours back to Christchurch, time out to switch from mother and wife to training.

"But I loved that year as a student. It was stimulating. I had to learn how to learn and catch up in some areas." Her practical work experience made food service "a breeze" but getting up to date in nutrition was "hard work".

From training, it was straight into a job as staff dietitian at Dunedin Hospital, then six months to Wakari Hospital as charge dietitian. She remained there until 1984.

When Heather Spence left Otago University's foods department Mary was granted leave of absence for a year to cover the food service lecturing vacancy: "It was a whole new world. I was paid to learn. I loved it; it was a real update for me."

She was then asked to apply for the permanent position on the condition she complete a masterate and spent a year specialising in food service from the University of Guelph in Canada.
In amongst all this, Mary was president of the New Zealand Dietetic Association 1984-85.

Group dynamics is what a big part of practical food service training is all about for University of Otago consumer and applied sciences (CAPS) students.

Mary Johnston is assessing her students on many levels - base knowledge, flexibility, adaptability, professionalism, teamwork (as a leader and as a team member), constructive effort and self-evaluation (ability to learn from mistakes).

She puts it another way by breaking it down into three areas - personal qualities such as assurance, responsibility, discretion and confidentiality, stress management; group qualities such as leadership, communication and rapport, constructive support and tolerance; work procedures such as planning, time management and technical competence and performance.

At the end of the year, the practical counts for 60%, the examination 40%.

“We’re assessing their behaviour, attitudes and coping skills in a live situation involving the nuts and bolts of food management (the Studholme Hall Kitchen).”

In their second year, the students have to apply what they have learnt about planning and production by producing a meal for the hall’s 120 residents. And in their third year, they are responsible for a week of meals - planning menus, ordering food, supervising staff, starting to budget.

Julian Jensen

Julian Jensen has a string of New Zealand dietetic firsts to her name.

* She introduced the first selective menu to a Canterbury hospital - at Burwood in 1968.
* She was the first exchange student between the Home Science Alumnae and Kansas State University - in 1971.
* She was the New Zealand Dietetic Association’s youngest president - at 28 in 1973.
* She was the youngest chief dietitian of a large hospital board - at 32 for the North Canterbury Hospital Board in 1977.
* She was involved in planning for the new kitchen at Christchurch - the first in New Zealand designed specifically to host central tray service.
* She was the first New Zealand dietitian to go into private practice as a food service management consultant - in Christchurch in 1985.
* She is one of the five area co-ordinators appointed for the first year of the new dietetic training programme - at Christchurch in 1993.

* She was the New Zealand Dietetic Association’s youngest president - at 28 in 1973.

Julian - the day she started in private practice in Christchurch in 1985, had to encourage people to publish.”

While the position kept her in touch with the Association and the profession, there was also a fair amount of work involved: “There was never a backlog of articles and I had to encourage people to publish.”

April 2, 1985, was a big day for Julian - the day she started in private practice.
practice. There were the doubters but she says she has “never not had something to do.”

“I put a card in the paper and wrote to architects, rest homes, schools and local doctors.”

Her work has reflected that market - consultancy for rest homes, private hospitals, schools, area health boards, architects and designers, community talks and lectures and some clinical work.

She has also done some tutoring at Christchurch Polytechnic and it was this which led her to combine with Pip Duncan in writing ‘Professional Food Service.’

“We were both tutoring quantity cookery at polytechnics and knew there was no New Zealand textbook. We wrote what we considered was a good practical tool to fill a need and it has become the quantity cookery text in polytechnics.”

She has served the Association at a national level continuously throughout her professional life, starting in 1967 as younger members’ representative on executive to 1993 as Convenor of the Accreditation Taskforce and a member of Editorial Board.

Her standing in New Zealand dietetics was recognised in 1992 when her peers acknowledged her contribution to the profession and the Association through the NZDA’s most prestigious award, the Award of Excellence.

Vera Greiner

Vera Greiner (born Marr) has what is probably the most unusual curriculum vitae of any New Zealand dietitian.

It reads:
1954-55: Student dietitian, Auckland Hospital.
1955: Staff dietitian, Auckland Hospital.

The 20-year gap was a combination of circumstances - marriage and a shift from Auckland to Levin where there was no work opportunities for dietitians.

Her return was prompted by the opening of a geriatric unit at Paraparaumu. She enquired about job possibilities but was asked instead if she wanted to go to Porirua for 12 months. She ended up there for five years.

“I was diffident about coming back after such a gap. But I had what Pat Donnelly called ‘life experience’ and she and the other dietitians were very supportive, which helped give me confidence.

“I went to conferences and took as many continuing education opportunities as I could. And I found that having my own children, I could talk with confidence and authority to mothers about their problems.”

Vera also recalls Flora Davidson telling her she was sure she would have some input into the community, that “you were never lost with dietetic training.”

And what happened during her 20-year absence?

* Great advances in technology, especially the arrival of computers.
* Therapeutic diets, especially for diabetes, weight reduction and ulcers.

“When I left dietetics in 1955 everything used to be weighed for diabetic diets, down to a few ounces - cut an inch off the end of a banana - and food separated with greaseproof paper in aluminium containers.”

* The arrival of nutritional supplements.

“There had been nothing when I trained. If kids had an allergy to milk, we had to make a meat-milk mixture, blending the meat with oil and vitamins. It was like mud, very thick and the kids had to work hard to get it through the teat.”

* Changes in uniform.

“As a student, I wore the same uniform as the nurses... hats, capes and starched uniforms. In 1975, hats were disposable, there were no capes and uniforms were made of polycotton. At Porirua, the patients didn’t like uniforms, although we did wear uniforms for clinics because they gave us authority.”

Vera moved on to Kenepuru where she ran the food service for another five years before she took a relieving job at Wellington, in therapeutics.

In 1986, she moved into community dietetic work and completed a three-year diploma of community nutrition from Otago University.

Now, as the fulltime community health dietitian for the Wellington Area Health Board, she is involved in community health, directed at keeping people in their homes rather than in hospital or institutional care; promotion of nutrition and healthy eating and administration.

“We liaise a lot more with everyone in the community. It’s a multi-disciplinary approach.”

Vera believes the work of community dietitians has helped change the public perception of a dietitian.

“People used to think a dietitian was someone who made them lose weight. Now, they are realising a dietitian is someone who helps them with feeding their family.”
Gillian Tustin

Gillian Tustin is an example of a rare species - the last survivor in the line of regional public health dietitians employed by Department of Health.

She has seen the Wellington and Christchurch positions disappear and the advisory dietitians structure at head office dismantled.

But she has also seen the gathering momentum of public health nutrition promotion and the establishment of community dietitians under area health board umbrellas. Gillian's role with Auckland Area Health Board covers public health nutrition as well as planning and service delivery for community dietetics in Auckland.

Much of her work is to update and influence others whose work in the community has a nutrition component - public health nurses, dental nurses, teachers, home economics teachers for instance. These community workers can reach a far wider cross section of the community and can be very influential in getting messages to the public.

Since 1989, her formerly vast area of responsibility (from Taupo to Kaitaia) has been consolidated into central Auckland. She has instigated the appointment of four half-time community dietitians and a part-time nutrition goal co-ordinator.

One of the factors which facilitated these appointments was the release of the health charter by a former Minister of Health, Helen Clark. By nominating the promotion of nutrition guidelines as one of New Zealand's health goals, the charter helped further focus public attention on food and eating habits.

Essentially Gillian’s role is to promote the principles of healthy eating and a healthy lifestyle to the many different groups that make up communities in Auckland.

"Unemployment, poor housing and poverty stretch dietitians' ability to help. Unless people have adequate housing and money, we're just a band-aid."

She has also had to find ways to communicate with a wide range of ethnic and religious groups, a changing and evolving population, to understand different philosophies and lifestyles and to adapt and emphasise nutritional advice so that it is appropriate and relevant.

Gillian Tustin trained in Auckland in 1967, then spent three months at Cornwall Hospital during 1968 before moving to Middlemore Hospital as first assistant dietitian.

After time overseas, which included a three-month locum at King's College Hospital, London, she returned to New Zealand in 1971 and became first assistant dietitian at Wellington Hospital.

Gillian still recalls her interview for her Department of Health position, recounting a somewhat unusual method of impressing a prospective employer: “After a long interview I was asked why I wanted the position and I flippantly replied: 'So that I can work Monday to Friday and play golf on Saturday'.”

To which Auckland's Medical Officer of Health replied: "That's great - I've just taken up the game! What's your handicap?"

Sue Pollard

Dietitians are pivotal in the “selling” of the modern hospital, says Sue Pollard, manager of food and nutrition services at North Shore Hospital in Auckland.

And, the emphasis on management, quality and cost containment has given dietitians the edge amongst health professionals in the hospital environment, she says.

“Dietitians have always been trained in management and organisation of food service and this has increased under the new training. This has allowed them to easily adapt from the role of food service manager to general manager.

“They have shown they are good at planning change and adapting to new ways.”

Now, as hospitals seek to offer quality at the best price, they are recognising that people tend to judge hospital service by things they know about, such as food.

Sue, one of the dietitians involved in the DACUM process which provided the foundation for the new training curriculum, quotes that as further evidence of dietitians' willingness to change - “It was quite revolutionary in those days.”

After training at Auckland in 1964, she had three years at Middlemore Hospital, staying with clinical work then transferring to food service management. While raising her family during the late 1960s and 1970s, she was tutor dietitian at Auckland Hospital for one year and then worked in various other part time positions.

That was followed by six and a half years splitting her working week between the North Shore Extra-Mural Hospital (meals on wheels, dietary counselling, home visits and some health promotion) and the Diabetes Education and Advisory Service (a joint project between the Auckland Diabetes Society and the Auckland Area Health Board).

She returned to Middlemore for 18 months as senior clinical dietitian before moving to her present job at North Shore in 1987.

And what of the modern food service manager?

“It's less of a hand-on role and
less time in the kitchen. A lot of time is now spent setting budgets and planning. The food service is run as a business unit within the hospital; in the old days, if you wanted more money, you asked for it and it just came.

"It's a different approach to work - quality and price, quality at a cheaper price."

Janelle Wallace

After training at Auckland Hospital in 1964, Janelle Wallace (born Lomax) was staff dietitian at Cornwall Hospital, then senior therapeutic dietitian at Auckland Hospital. Joyce Martin, dietitian-in-charge at Auckland, was a major influence through her professionalism, assertiveness and willingness to teach.

In 1967, Janelle became dietitian-in-charge at Burwood Hospital in Christchurch, moving to Hamilton in 1968. While working part-time in the Dietetic Outpatient Clinic at Waikato Hospital, she broadened her experience by working as dietitian at Tokanui Psychiatric Hospital two days a week and working with children and their families at the Child Development Centre at Waikato Hospital. In 1978 Janelle became the senior clinical dietitian at Waikato Hospital and has continued to specialise in clinical dietetics. She is now Clinical Nutrition Manager at the hospital.

Janelle has developed policies and procedures for the clinical dietetic management of patients. She was instrumental in establishing the NZDA Clinical Handbook and co-edited its first publication. She was a leader in the development of quality assurance for dietetic practice in 1983. Janelle is a strong advocate for clinical dietetics and has shared her experience and knowledge with colleagues and other health professionals consistently. She supports and encourages young dietitians working in clinical practice and enjoys teaching.

Much of her work has been with patients making the transition from hospital to home. This has led her beyond the hospital into the community and given her a wide knowledge of health care services and agencies.

Janelle’s contributions to the New Zealand Dietetic Association began in 1969 when she, Jocelyn Hampton and Sue Campbell established the Waikato Branch of NZDA - the first branch in New Zealand. In 1977 she was appointed to executive and the Salaries Advisory Sub-committee, becoming Vice-President in 1979.

Her time as President, in 1981-1983, was marked by strong emphasis on the need for Executive members to communicate with their members, so that dietitians would become fully involved with their professional Association.

In 1983 she and Jocelyn Hampton established the first NZDA Award - the Ecolab Award - and Janelle has convened the Awards Sub-committee since. During this time, the number and value of the Awards has increased.

Janelle was appointed to the Dietitians Board in 1983, becoming deputy chairperson in 1986. In 1989 she was elected chairperson of the Dietitians Board and has used this position to represent dietitians’ views throughout a period of major change within the health sector. Under her leadership, the Board has sought alternative proposals for the training of dietitians and worked to ensure the smooth transition of dietetic training from the traditional hospital based training programme to the Otago University based training programme, begun in 1993.

Janelle has also overseen the administrative changes in the Dietitians Board from a Board fully funded by the Department of Health, to one where dietitians have had to pay for the cost associated with the Board’s functions.

Janelle, with support from the Board and the profession, has taken the initiative on issues such as possible deregulation of the profession, an improved system for registration of overseas applicants and developing continuing competency requirements for practising certificates.

It is important to her that the Board and the Dietetic Association work closely so that neither organisation is seen to be isolated from the profession at large.
THE FIFTH DECADE - from 1983

Professional Profile

Dietitians have spent a lot of time and effort in the past 10 years looking at themselves and how others see them - and trying to influence these perceptions.

With the emergence of a group of close to 20 who set up private practice (work on producing guide-lines for consultant and private practice dietitians had begun in 1973) or joined other health professionals in group practices, dietitians had begun to escape from the hospital confines during the 1970s. But into the late ‘70s and ‘80s, the scope of dietetic activity and the vision of many dietitians widened by many dimensions - sports nutrition, nutrition consultancy, contract food service, community nutrition and dietetics, health education, product development and promotion, university and polytechnic teaching.

This was a long way from a decision at an executive meeting in August 1946 when the NZDA chose to consult the British and American dietetic associations about the use of the term, “dietitian”, by people not employed in hospitals. Information was sought from these sister organisations on requirements for non-hospital trained dietitians to become members. Registration of New Zealand dietitians and the formation of the Dietitians Board did, of course, solve the problem.

Heather Fear (born Macpherson) who has variously been a private practitioner, a community dietitian with Diabetes Education Centre in Christchurch and then with the National Heart Foundation, put it this way: The 1980s have brought an added dimension to the dietetic profession with the appointment of community/extramural dietitians working in areas of domiciliary care or community health. Several dietitians have also set up in private practices in clinical dietetics and one specialises in dietetic and food service management.

“Dietitians have traditionally been found behind the walls of hospitals. The public exposure of the dietitian and her/his skills through private practice and community-based appointments is an important marketing strategy for our profession. Along with this shift outside the hospital setting comes the emphasis on 'prevention' rather than 'cure'. Dietitians are gaining recognition as health professionals who have an important contribution to make in the area of preventive health care”.

And as dietitians' horizons widened beyond the hospital walls, so did their need for professional recognition and image.

Vocational Guidance Service careers information prepared in 1973 said dietitians' training prepared them for positions of responsibility in hospitals, public health services and community nutrition education in New Zealand and the Pacific.

A New Zealand Dietetic Association pamphlet of the late 1970s also stressed the hospital. It puts the question, what does a dietitian do? It answers: “Most often, the dietitian works in a hospital”... as a manager, planning, coordinating and administering the total food service, as a teacher instructing nurses and hospital personnel in nutrition and diet therapy, as a therapist working in wards, outpatient clinics or patients homes. The only non-hospital option mentioned was public health work, helping the general public understand the function of food and its contribution to health.

By the 1990s, a NZDA pamphlet was describing a dietitian as “an expert in the scientific study of food and nutrition” who worked in three main areas - hospitals or crown health enterprises, private practice, or in industry.

The pamphlet added further information on dietitians' roles:

* Clinical dietitians translate the treatment needs of the patient into nutritionally suitable food and materials, consulting with other members of the treatment team and advising the patient and his/her family or caregivers.

* Management dietitians are responsible for managing the hospital food service, including personnel management, financial management, strategic planning, kitchen design and planning and menu planning.

* Community dietitians use their nutrition knowledge and food service management skills in the wider community, promoting healthy eating by working with local community groups, residential homes and media.

* Dietitians are well qualified to undertake research; they participate in trials and surveys in clinical nutrition research and food nutrition consumer research.

* Private practice includes areas such as weight loss, sports nutrition, food allergy, children, diabetes, referrals from doctors, writing for magazines and newspapers, kitchen planning and design and food service management.

* Food industry is an expanding area, with increasing numbers of dietitians employed by manufacturers in product development, consumer education, public relations and nutrition policy development.

By the fifth decade, many of these perceptions were changing.

An upsurge in public interest in food, nutrition, diet and health, partly flamed by alternative health medicine, spawned a proliferation of “nutrition experts” purporting miracle diets, vitamin therapy and items “absolutely
essential" for people's well-being. Often, this focused attention on dietitians who were asked to comment on or discuss issues raised.

By 1985 the NZDA had produced a job description for a publicity officer, whose aim was "to promote the dietetic profession and to promote the registered dietitians as the provider of nutrition services in the community". Target groups were identified as the general public, national and local health policy formulators, related professions, employer and employee groups and the profession itself. The publicity officer's primary responsibility was "to issue press releases on topical nutritional matters, more especially responding to dubious claims by nutrition 'experts' and supporting sound nutrition information when and where appropriate."

Belinda McLean, meanwhile was thinking along the lines of a marketing plan for dietetics - a much broader compass than simply improving the association's image and educating the public. This would mean the profession reappraising itself (collectively and individually), analysing itself, its market, its immediate and long term objectives and the steps to achieve them.

Early in 1985, the NZDA approached a public relations firm for a one-year proposal to put dietitians on the "professional map", to give the profession a higher profile, to communicate the association's views on nutritional and health issues and to help dietitians communicate their special knowledge and advice. The NZDA executive went along with the proposal but delayed a start because the $6,500-plus required to fund it was not readily on hand.

A year later, the association sought another proposal, this time from Clarity, a public relations firm in which Belinda McLean was involved. Its proposal concentrated on strengthening the self-image and public professional image of the dietitian and the association and raising the profile of the dietitian and the association as sources of authoritative and useful food and nutrition advice.

Specific ideas included press releases (about once a month), a new format for News and Views, editing position papers, communications seminars for NZDA members, opening one day of refresher courses to the public, developing a list of speakers, publicity leaflets, letterheads and business cards, "foremothers" cards with information on famous or founding members of the profession, working with NZDA representatives on issues management. The cost was expected to be around $400 a month.

**Position Papers**

Following the lead of the American Dietetic Association and after many years discussion, a Christchurch-based committee, headed by Gendy Brown (born Seay) established the protocol for writing position papers. These are authoritative professional statements on food, nutrition and dietetic practice.

The first position paper, written by Marie Thomas (born Sare) and Barbara Harris (born Gibson), dealt with the nutritional management of diabetes in New Zealand and was published in April 1989; the second, on the nutritional management of food intolerance, followed in October that year. Its author was Carol Wham with co-authors Penny King and Rhonda Akroyd.

The position paper sub-committee was moved to Auckland in 1989 and led by Barbara Cormack. Further position papers have been published on nutrition for physically active adults and athletes in New Zealand by Jen Hellemans (born van der Tuin) and obesity: treatment or prevention? by Lyn Gillanders and Gillian Tustin.

**Sponsorship**

The NZDA also jumped aboard the sponsorship roundabout, raising around $6000 for the Journal, News and Views and position papers during 1986. The 1986-87 public relations budget of $12,400 was based around $7,500 from sponsorship and $4,900 in a public relations levy on members. The following year, that was up to $21,240-$15,000 in sponsorship and $6,240 from the levy.

The NZDA involved the food industry in its affairs through a first trade display at the 1974 conference. Commercial interest in the NZDA continued to grow - advertising in the Journal, which had started in the 1940s, sponsorship of seminars or functions at conferences, trade displays at conferences and seminars, sponsorship of awards, sponsorship of publications.

**Awards**

Industry-based awards continue to support dietitians in gaining professional advancement by funding work or study projects or attendance at conferences in New Zealand or overseas.

In 1981, Jocelyn Hampton and Janelle Wallace approached Ecolab Ltd (then Economics Laboratories) to sponsor an NZDA award to encourage professional development of dietitians. After consultation with members of the Association, conditions and application forms were prepared and applications sought in 1982. The first awards were given in March 1983 and certificates presented to successful applicants later that year at the 40th Jubilee Conference dinner in Hamilton.

In 1989, Janelle Wallace negotiated with Douglas Pharmaceuticals and Abbot Laboratories to sponsor awards and successful applicants received the first awards in 1989 and 1990 respectively. The Abbot Award is for the same purpose as the Ecolab Award and the Douglas Award provides...
support for attendance by a paediatric dietitian at the annual Australian Inborn Errors of Metabolism Conference.

In 1985, Susan Pollard, then president of NZDA, instigated discussion on a possible Education Trust Award. This had its beginnings in 1968 after the death of Connie Shearer, who left a legacy of $500 which started the Education Trust fund. This was added to in the form of memorial donations after the deaths of other dietitians – notably Kay Gammie, Patricia Mathews and Joanne Swan. Individual donations, plus those from branches and the Association general funds increased the capital so that by 1988 the first award could be made for a continuing education project.

NZDA under the guidance of president, Pamela Williams has added its own Award of Excellence - the highest honour the Association can bestow on a member. The award recognises outstanding contributions to the advancement of the profession and can be made in any of four categories - dietetics; clinical dietetics and nutritional care; food service administration; nutrition education. Two awards have been made - to Bernice Kelly in 1990 and Julian Jensen in 1992.

The NZDA/Nestlé Foodservice Young Achievers Award was instigated by Gillian Tustin in 1992. This Award recognised dietitians who, within five years of registration, excel in an aspect of dietetic practice in New Zealand. The first award will be made during the 50th Jubilee Conference.

Honorary life membership has been awarded to people who have made a significant contribution to NZDA. Selection and nomination criteria include involvement with the Association, professional activities, specific contributions to NZDA or dietetics and, in the case of non-members, promotion and support of dietitians or dietetics.

**Bernice Kelly**

When the New Zealand Dietetic Association decided to make its first Award of Excellence, it did not have to look far for its first recipient.

Bernice Kelly, advisory dietitian with the Department of Health since 1970, received the NZDA's premier award in 1990.

The award which recognises outstanding contributions by dietitians to the advancement of the dietetic profession, is the highest honour the association can bestow on a member.

Bernice received the award for pioneer work and leadership in the profession.

Her citation said she had shown leadership by consistent professionalism, integrity and discretion; thoroughness and sound judgement in professional matters; contributing information and resources to help dietetic and other professional groups function effectively.

Her proposers said she was recognised as an authority in dietetics because of:

* Her wide in-depth knowledge of dietetics, its philosophy and practice;
* Her unique knowledge of the structure of the profession;
* Her thorough and unequalled understanding of legislation and regulations governing dietetic practice and her ability to objectively discuss and critically analyse it;
* Her wide knowledge of dietetic training;
* Her expertise in food service planning and design;
* Her ability to predict changes in professional practice and prepare dietitians to cope with them;
* Her knowledge of the location of resources and dietetics;
* Her reputation for meticulous preparation and attention to detail;
* Her report writing skills.

"In her position as advisory dietitian, this knowledge and ability has been applied in monitoring trends in dietetic workforce development and making recommendations for dietetic workforce needs; advising on food service and policy to programme managers, boards and architects with the Department of Health; and carrying out the many functions of registrar of the Dietitians Board...

"...As registrar of the Dietitians Board, she has been responsible for organising dietetic training, examinations and registration. She was a prime moving force behind the curriculum revision project, from the initial evaluation, through implementation and ongoing evaluation...

"She contributes beyond formal education and training by always showing an active interest in all dietitians (working, retired or temporarily out of the workforce), offering kindly encouragement or objective advice wherever necessary, assisting dietitians by going straight to the critical factors of a problem and offering simple, practical solutions."

She has contributed to NZDA affairs in one way or another for 37 years - finance committee for 16 years (1970-86), elected member of executive for four years and ex officio member for 21 years (1970-91) and secretary since 1991. She has also been a regular attendant at conferences and refresher courses and worked with Dorothy Moir on the association's 25-year history.

On the wider front, she was a member of the Board of Health Committee on the Dietetic Profession (1972-74), chairman and member of the Institution of Training Advisory Committee (1981-91), secretary of the New Zealand Federation of University Women's Wellington branch (1974-75, 1982-83) and National Executive as secretary-treasurer of the Fellowship Trust Board (1988-91).
Her contribution has been and is always made from outside the limelight. She is always there working in the background, giving people information then stepping back to let them take the credit. Every dietitian in New Zealand has benefited from Bernice Kelly’s 34 years of dedication to the profession,” concluded the citation.

Bernice herself says she has always sought to do “a job well done for the dietetic profession.”

It’s not surprising she should combine education and service. Education in its broadest sense was always a priority for her father and public and community service for her mother.

When she arrived at Home Science School in 1952, Lucile Rust, emeritus professor of home economics education at Kansas State University was in residence as a Fulbright scholar.

Bernice says a combination of influence from Lucile Rust, Elizabeth Gregory, Monica McKenzie and Patricia Williamson “ensured I was launched on my dietetic career.”

**Corporate Membership**

During 1990, a new corporate membership category was introduced to the Association at $500 a year. By 1993, the NZDA had 23 corporate members who, in return for their support, get access to specialist dietetic and nutrition information, joint ventures with the NZDA, discounted rates for Journal advertising and conference trade displays and contact with Association members.

**Training**

Ever since the Committee on the Dietetic Profession released its findings and recommendations in 1974, there had been interest in the future shape and direction of dietitians’ training. Indeed, training especially the Committee’s suggestion of single training school based in Auckland - occupied much of the time of a working party set up by the New Zealand Dietetic Association to investigate some aspects of the Committee’s report. This working party included Jocelyn Hampton and Pamela Williams. But despite the time and effort of many dietitians, despite proposal and counter-proposal, there was nothing concrete to show for all the talk.

It was evident that prerequisite training for dietetics would remain university based and dietetic training would remain with hospital boards. Polytechnics were not interested in picking up the dietetic training which many dietitians thought was an inappropriate training centre.

In October 1982, the Dietitians Board authorised the formation of a committee to review the training curriculum early in 1983, which had not been changed since its inception 30 years previously.

The role of the dietitian was changing as the national importance of nutritionally-related disease became recognised, as budgetary controls became commonplace, as increasingly sophisticated management skills became part of a dietitian’s life.

The Board pointed to a need for detailed guidelines for training schools to help them achieve consistent national standards. Three particular criticisms of the curriculum attracted special mention - the inadequacy of a dietitian’s knowledge and confidence to lead in their field; lack of basic and applied physiological knowledge among new
entrants to the profession; the importance of dietitians retaining management of hospital food services.

All this meant entry levels for dietitians, training programmes and assessment procedures needed to be looked at again, said the Board. Two aspects were of prime concern - the high expectations of new staff dietitians and the entry-level skills of dietitians.

Eight dietitians representing all areas of practice and years of experience, four dietitians specialising in education, and a co-ordinator (Graham Wagner, from the New Zealand Council for Educational Research) who made up the committee, used an approach known in the education world as DACUM - developing a curriculum. Or translating from the jargon - locking themselves up in a room until they came up with the answer!

In this case, it took a week in February 1983.

The dietitians thrashed out what they reckoned their job entailed and what skills an entry-level dietitian needed. At this stage, DACUM went graphic, transcribing these skills on to a single sheet of paper.

The occupation was divided into general areas of competence or activity and each then analysed to identify the skills it contained. Simple definitions of these skills were arranged in small blocks on the chart, providing a rating scale for evaluating the learning of defined skills. Each skill was then further analysed into a skill development profile (there were 125 of these) which could be sequenced or broken down into teaching modules to suit timetables and needs of particular training schools.

The nine areas of competence/activity were: teaching skills to impart information; communicate with individuals and groups; apply principles of financial personnel and resource management to dietetic services; demonstrate professionalism in practice and ethics; apply principles of nutrition in health and disease; plan and administer food production and service; apply safety and food hygiene standards; perform office and hospital administration; plan and design food service facilities.

Basic to the exercise was the philosophy that food service should remain the responsibility of people with expertise in that area and trained to apply current nutritional principles in health and disease - and that registered dietitians were the people best trained for this role.

A coordinator (dietitian) of student training was suggested and it was proposed that tutor dietitians should receive teacher training at local level.

A 12-month training year (March to March) was proposed, with a home science degree or diploma as a prerequisite. At the end of their training year, students were to sit two papers - Nutrition in Health and Disease and Food Service Management for the State Examination for Dietitians.

The new curriculum was piloted in Christchurch Hospital during 1986, evaluated and reviewed by a Dietitians Board Committee during 1987 and introduced in the Auckland and Wellington training schools in 1988. All students sat the same papers in 1989 and a further full review of the curriculum was presented to the Dietitians Board in 1991.

Although the 1989-90 review involved course providers and employers in curriculum development, dietitians remain adamant the curriculum should remain under Dietitians Board control and should not be hijacked by any other organisation.

Meanwhile, however, it was back to the idea of a single training school in Auckland and a new debate over its location.

A remit from the Auckland branch in 1989 asked the NZDA to “give consideration to the future of dietetic training in New Zealand and give priority to a central training school”. With the demise of area health boards imminent, training was under financial threat and there was still a strong Auckland lobby to bring the Committee on the Dietetic Profession recommendation to fulfilment.

Professor Sir John Scott, from the Auckland Medical School, put up a proposal for a one-year post-graduate diploma of dietetics course training centred on the medical school; practical work would be done in Auckland hospitals and examinations would remain under Dietitians Board control. The suggested syllabus included four papers - clinical nutrition, community nutrition, food service management, a special topic of the student's choice.

During 1987, the School of Home Science was also subject to reorganisation. The diploma of home science was discontinued because it was felt it did not have a strong enough scientific base. In its place came CAPS - consumer and applied science, a three year degree course. It was a move designed to make the course more attractive to a wider range of students. The new undergraduate course was more appealing for men. However the number of male dietitians who have trained in New Zealand is still very low. Of the three men who have trained in New Zealand, two are currently practising, as well as one American trained male dietitian.

The University of Otago, which had remodelled the old home science degree and diploma into a bachelor of consumer and applied sciences, responded by setting about developing its own proposition for the training of dietitians. The upshot was a decision by the Dietitians Board on November 13, 1990 to call for submissions from tertiary education providers for undergraduate and graduate training programmes for dietitians.
The Board noted that under the existing post-graduate internship scheme, only 18 dietitians could be trained by the Auckland, Canterbury and Wellington area health boards and said it wanted to explore other training options. The government's intention to switch funding from the health vote to the education vote also forced dietitians towards moving from a hospital-based intern programme to a university-led, post-graduate training in hospitals and community, serviced by distance learning.

The Board identified public and private sector roles for dietitians as: food service management in hospitals, including an advisory and consultative role in the community; clinical dietetics in hospitals and the community; community nutrition programmes complementary to nutrition education in hospitals; the food industry. It pointed out that future training may need to adapt to accommodate the widening of the traditional role of dietitians and the recruitment of Maoris, Polynesians and men needed to be encouraged.

The Board also indicated there could be a need for "second level support personnel" - dietetic technicians with a nationally recognised qualification supplemented by on-the-job training. This could cover food service management, clinical dietetics and nutrition education in the hospital and the community.

Faced with having to decide between the Auckland and Otago options, the NZDA sent copies of both proposals and a questionnaire to its members, seeking response and submissions. The result was responses from 25 groups and 200 individuals. 20 groups to five and 145 individuals to 55 favouring Otago. The proposals were compared on delivery of training, recruitment, outcome of training, practical competency, involvement of dietitians and general comments.

The preferred Otago proposal involved a post-graduate diploma in dietetics on a full or part-time basis. The aim, said the Otago proposal, was "to provide an accessible, standardised, comprehensive training". Student dietitians are based in five centres with a tutor in each training centre are linked by the University of Otago's distance teaching network. This allows access to expert tutors from throughout the country. Tutor dietitians are based in each training centre - Auckland, Christchurch, Dunedin, Hamilton and Wellington.

Dietetic training follows a three-year Bachelor of Consumer Applied Science course, is made up of 42 weeks of professional education and training and 12 weeks of practical work in hospitals after the examination. Students are based in hospitals, receiving two half-days (eight hours) a week of distance teaching sessions and spending the remaining 32 hours doing practical work in the community, clinical or management placements.

Students sit six papers
* human nutrition - nutrition in relation to health lifestyles and the treatment of nutrition-related diseases; nutritional needs of groups and individuals within communities; nutrition-related illness;

* community dietetics - nutrition and the social environment community demographics and needs; preventive nutrition and community health promotion; nutrition policy; food legislation food standards and quality;

* food service management - operations management; menu planning; food hygiene and food safety; equipment and product evaluation; new technologies; industrial and hospitality applications; cost management and control; process analysis and process planning organisation and methods; facilities layout and design; production planning and control; quality assurance; purchasing and supply management;

* business management - principles and application of management functions in finance, personnel resources, industrial relations, marketing, business policy;

* applied dietetics - practical application of service management and normal and prescriptive nutrition in community, preventive and institutional setting; introduction to research and research methodology; communication, counselling and teaching skills; identification and development of resources;

* dietetic practicum - work experience to integrate theory with" on-the-job" practice.

By initiating their own curriculum review and moving towards university-based training, dietitians pre-empted what would have been forced on them anyway by the transfer of funding for dietetic training from the health to the education vote.

**Strategic Plan**

The restructuring itch struck NZDA in 1987, 10 years on from the review of its structure in 1977. Wendy Webb (born Smith), as NZDA president, was largely responsible for this initiative. She was concerned about four issues.

* Where was the NZDA heading?
* What issues should take priority?
* How was the NZDA performing?
* What progress had been made?

Proponents for restructuring focused on four signs - the difficulty the Association was having keeping within budget; executive meetings which went over time and did not deal with all business; the effect of the changing industrial relations scene on salary negotiations and the need for the NZDA to decide where its future lay; the increasing complexity of the organisation which now dealt with publicity, annual wage rounds, new industrial legislation, continual requests for submissions from the government and other organisations.
After discussion with area representatives and consultation with members, the Association decided to: investigate the cost of four executive committee and two full council meetings a year; investigate the cost implication of a dietitian assuming 20 hours of secretarial work; investigate what financial and secretarial duties the Royal Society could offer; set up a quality assurance and submission committee; set up an award of excellence; set and work towards a long-term strategic plan; carry out a membership drive; review the role of the Dean of the Home Science School and the Department of Health advisory dietitian on the executive.

The strategic plan was formulated through a planning workshop facilitated by a management consultant, Gordon Davidson, who had earlier consulted with many Association members around New Zealand. The process involved defining a mission statement for the Association, setting broad strategies and projects (five-year goals) to help achieve the mission statement and setting objectives (how and when the goals will be met). A review process ("inspect what you expect") and accountability also had to be built into the plan.

Out of this came the 1989-90 strategic plan with the mission statement:

The New Zealand Dietetic Association is a progressive and dynamic organisation which promotes a supportive environment responsive to the needs of members and committed to promoting high standards of nutrition and food management.

Objectives

There is now a process of an annual strategic meeting to determine the year's priorities.

In March 1990, the NZDA decided to seek the services of an executive officer, half-time on a 12-month contract. Said NZDA President Pamela Williams, herself a long-serving secretary: "We have been ably served by many dietitians in the past in many capacities but the demands today on a profession, such as ours, make it imperative that we take a high profile in the political and professional scene."

As part of the organisation review, an executive officer Norma Goodman, was appointed.

Standards of Practice

Standards of Practice was another project initiated by Wendy Webb in March 1990.

The Association applied to the Health Workforce Development Fund for a $36,700 grant to finance a 12-month project for a working group of dietitians and consumer representatives to develop measurable standards for dietetic practitioners and dietetic services. It received $25,000. The standard of practice document was released in February 1992. Mary Louise Hannah led the project.

The group's aims were to formulate standards of practice for New Zealand registered dietitians and standard for dietetic service for New Zealand health care providers. It set out to: establish performance criteria; help individual dietitians evaluate their professional performance; provide a measure for professional competence; develop a means of evaluating overall dietetic services in health care; advise dietitians on how standards of practice will be implemented; advise area health boards and healthcare providers of the standards of practice.

Summit Meeting

The first dietetic summit meeting was held in Rotorua over a weekend in March 1991. This was initiated by Pamela Williams as an opportunity to discuss professional issues especially the threat of occupation deregulation. It also brought dietitians together to reinforce networks and support each other during a time of rapid change. Gillian Tustin, the current president, called the second summit meeting in Picton, February 1992.

Changing Health Sector Environment

"I think the year 1990 will go down in the history of the dietetic profession as the year in which everything that could happen did happen!" said NZDA President Pamela Williams. Not only was she referring to changes within the Association but to the rampant restructuring in the health industry.

"There have been new organisation structures established in area health boards; new managers with little or no health experience having, what seems, awesome authority; overnight in the secrecy of the Budget and without consultation, the Dietitians Board was required to become self-funding; an Association delegation was summoned to meet the working party on occupational regulation and, despite efforts to ensure the record of the meeting reported the dietitians' stance accurately, we understand the draft report has been written and presented without our comment; new labour relations legislation has seen the Association required to become a division of a union to maintain an industrial voice for the majority of members; and there is a vastly changed Department of Health which, in the process, shed one of the profession's sheet anchors - the position of advisory dietitian. The Nutrition Section is no more and no matter how progressive one's thinking is, the apparent disregard for nutrition in the health charter must be of considerable concern to all dietitians..."
we were saddened as we watched something called 'progress' bring in the new order. The challenge will be to ensure that in this new order, the ideals, enthusiasm and courage of the past are not forgotten."

Devolution, a much-loved word of governments in the late 1980s and early 1990s, enveloped the Dietitians Board in 1990 when the government determined that occupational registration boards should fund their activities entirely from fees. The Department of Health had been a major contributor to supporting and servicing the Board, along with other similar Boards. The Dietitians Board's registrar Bernice Kelly, for example, was employed by the Department but spent a third of her time on Board work. The Board's secretary was employed by the department which also funded two board meetings a year.

In the end, the government decided to phase in full cost recovery over two years, although the Health Department continued some support through the Registration Boards Secretariat which the Dietitians Board shares with nine other similar boards.

The effect of full cost recovery was seen in the near four-fold rise in the cost of individual dietitians' annual practising certificates to $224 for the 1993-94 year.

In a letter to dietitians, the secretariat said the fee had been set to cover the costs of registering applicants, approving training programmes for registration, general operating expenses and disciplinary procedures. The letter said "attention has been paid to keeping cost as low as possible but the requirement to comply with legislation tends to add to the cost of the Board work."

**Nutrition Taskforce**

A change of government in the 1980s and a change of health minister brought in a new health charter. It was wider than just nutrition but did involve dietitians through one goal "to reduce the incidence of dietary-related health disorders by improving nutrition."

In 1988, the Department of Health established the Nutrition Taskforce under the chairmanship of Professor Cliff Tasman-Jones. Among its objectives, the Taskforce was to develop nutrition policy goals and objectives for New Zealand, review the "Nutrition guidelines for New Zealanders", and explore the potential for a comprehensive food and nutrition policy.

Megan Grant, Elizabeth Aitken, Isobel MacNeill and Jenny Reid acted as technical advisors to the Taskforce at different times during its deliberations. The report of the Nutrition Taskforce, "Food for Health", was published in 1991 and gave a comprehensive summary of nutrition in New Zealand. It recommended new food and nutrition guidelines which were published by Department of Health in 1991. Work on implementing other recommendations is continuing.

### Branches

Two branches were formed in 1990s. Central Districts branch began meeting in October 1991 and was formally established in 1992, and Southern Districts branch was established on May 2 1992 with 19 at the foundation meeting.

### Salaries

Salary negotiations were at a standstill until 1985 because of the government wage and price freeze. However, early in 1985, the NZDA requested the Hospital Service Personnel Committee to review dietitians' gradings and a new salaries sub-committee was assembled to prepare for the September wage-round. With the restraints lifted, dietitians received two increases, the first in dietitians' salaries since November 1981 - 8-10% in January 1985 and a whopping 36-45% in July 1986.

The July 1986 increases were the most successful pay increases ever achieved by dietitians. The negotiations went to a Tribunal Hearing with Judge Williamson presiding. Dietitians from all around the country came to Wellington to support their colleagues who were giving evidence. Even the Judge commented it was the highest percentage increase he had given in any Tribunal case. Staff dietitians' salaries went ahead of first year teachers.

NZDA became part of the Combined State Unions (CSU) in 1986 and considered affiliation to the Council of Trade Unions (CTU) in 1987. When dietitians received a 7% wage adjustment in 1987, Heather Spence (the NZDA's representative to the CSU) described the result as "a good deal for dietitians and probably more than we would have got had we continued with the usual salary claim procedures". In fact, dietitians would probably have got 2.5% otherwise.

New government legislation, through the Labour Relations Act in 1987, forced many small health-related professions to look towards some form of amalgamation to meet the new 1000-strong minimum membership needed for registration as a union able to negotiate salaries on behalf of members. The New Zealand Dietetic Association, the second-smallest union in the state sector, was one of the most severely affected.

Members voted to give the NZDA executive the go-ahead to start negotiations about joining the Public Service Association, a 69,000-strong amalgam of state employees which had proven expertise in salary negotiation. But while dietitians were keen to hook into these negotiating skills, they were reluctant to get into a situation where commitments to a wider group, such as the PSA, could threaten food services in hospital through strike action. They therefore endorsed patient meal service as an essential service in health care
institutions and written guidelines for professional conduct when dealing with industrial action. And while negotiations with the PSA were in train, they decided to continue looking for alternatives.

One of these was Apex - a holding union of allied professional health groups. NZDA hospital-employed members gave a clear cut 115 to 48 vote in favour of APEX over PSA, with an informal poll of those ineligible to vote reinforcing the decision by a further 25 to 10. APEX, in turn had links with PAIR (Professional Association of Industrial Resources).

The Employment Contracts Act, of course, turned much of this upside down in 1991. By March 1993, a lot of dietitians were still employed under the Dietitians Award, some were on individual contracts and one collective contract had been ratified with another under negotiation.

### Submissions

The New Zealand Dietetic Association, anxious to take every opportunity to promote itself professionally and to the public at large, has been a conscientious respondent to calls for submissions on government proposals and legislation, which became almost everyday event during the 1980s.

The first Submissions Subcommittee was set up in 1987, based in Auckland with Gillian Tustin as convener. Three years later it moved to Waikato with first Jocelyn Hampton and later Sue Henderson as convener.

Among submissions presented on a variety of topics, were:

- * Task Force to Review Hospitals and Related Services (which led to the Gibbs report) 1987.
- * Food standards.
Journal of New Zealand Dietetic Association

The official publication of the New Zealand Dietetic Association had its beginnings in 1946 as a cyclostyled Bulletin. Four volumes of the Bulletin were produced by 1950.

On the suggestion of Dr Gregory, the Bulletin changed its name and format and the first Journal of New Zealand Dietetic Association was published as Volume 5, Number 1 in 1951. The Journal was announced in the editorial notes of that issue as 'the official publication of the Association and will be published twice yearly'.

The new A5 format and style of 1951 was largely followed in subsequent years, under the editorship of Connie Shearer and later, Winifred Goddard. Advertising revenue was an important consideration in meeting costs of producing the Journal. In 1961 the Journal recorded that the net cost of publication of Volume 2 had been £1/10/7 compared with £42/0/0 in 1959.

Flora Davidson edited the Journal for 17 years from 1962-1979. She had a keen eye and ear for appropriate topical and interesting papers. Flora Davidson and her research colleagues often contributed to the Journal, reporting the research results of dietary surveys in New Zealand and the South Pacific. She began the tradition of the table of contents on the front cover.

In 1980, Journal editorship was taken over by Julian Jensen in Christchurch, working with a Journal sub-committee. A diversity of papers continued to appear, ranging from original research, presented papers, innovations in dietetic practice, book reviews and professional activities. Julian Jensen introduced an editorial column to encourage dietitians and other notable contributors to present a point of view.

While the domestic column had long gone from the Journal, personal achievements of many dietitians were recorded as profiles of a new president, retirements of esteemed and long serving dietitians, special awards and obituaries.

The Journal cover was redesigned in 1983 to carry a logo—a replica of the dietitian's badge in green and black on a white cover. In 1991, the format was changed to an A4 size with a new cover design commissioned to fit with the new NZDA corporate image and colour scheme.

Advertising revenue had increased to about 30% of publication costs by the end of 1991, thanks to successive Journal business managers.

In 1992 Pip Duncan took over as editor, based in Auckland. She has established an Editorial Board with membership drawn from around the country and from a diversity of dietetic practice. The Editorial Board sets editorial policy and is working to establish the Journal as a fully referred scientific Journal—a logical progression in its growth.

Pip Duncan negotiated with the New Zealand Sugar Company and a Premier Paper Award has been established. The inaugural award is to be presented at the 50th Jubilee Conference in 1993.

Each Journal editor has responded to the changing professional interests of members. This has always ensured a very readable and informative Journal. It has certainly succeeded in being the flagship publication of the Association.

News and Views

In 1962, a remit put forward by Frances Berry proposed “that all research work and new practices being instituted by dietitians should be reported in the Journal to prevent repetitions by other dietitians.” After much discussion and general support from members, Connie Shearer at Wellington Hospital offered to undertake a trial period of distributing cyclostyled material every three months. It was understood that all dietitians would contribute items of topical interest.

Initially, responsibility for collecting and distributing material moved from hospital to hospital. The contributions dealt with new products, as well as the availability of foods and products suitable for restricted therapeutic diets.

While the format has changed over the years, the objectives of News and Views have remained the same. It is the in-house newsletter for dietitians to share experiences and ideas and to keep up-to-date with new products, services and resources.

Pamela Williams, Belinda McLean and later Judy Wood (born Newton) were editors of News and Views. Pip Duncan took over as editor in 1991.

The Clinical Handbook

Evelyn Boorer and Liz Cutler

The Community Nutrition Centre, based at the Aoraki Polytechnic campus in Timaru, was the brainchild of Liz Cutler (born Snograss) and Evelyn Boorer (born Scott).

When the two dietitians, who trained together at Christchurch in 1973, found themselves together at Aoraki, they started bouncing ideas, gained from post-graduate studies, off one another.

Their key aim was to project the importance of sound eating habits into the community.

They also hoped to increase the profile of nutrition among polytechnic staff and students, increase the number of tutor hours for student on nutrition-related topics and offer a nutrition counselling service.

“We were feeling acutely aware that orthodox nutritionists must seek strategies and develop modern public relations techniques to ensure dietitians are perceived as readily available and accessible to the public,” says Evelyn.

They approached the polytechnic administration with a proposal to promote the concept of healthy eating for healthy living in a professional setting.

“We wanted to focus on offering opportunities to carry out practical activities relevant to day-to-day implementation of nutrition goals. We also wanted to be available to talk to groups out in the community or at the centre.

“Our concern was that it is cost-effective to keep people healthy and well. We should be less concerned with the cost of preventative health and more concerned about the cost of doing nothing.”

As a result of their efforts, they now provide nutrition input for many of the polytechnics mainstream courses, including weekly lifestyle modules for Access and TOPS courses.

They inform, educate and help a variety of community groups (schools, clubs and numerous organisations); have run nutrition update days for Plunket, Karitane and Public Health nurses and pharmacists; been involved in health promotion days and continuing education classes through the polytechnic; run education sessions for polytechnic staff and students.

They are involved with other health professionals and liaise closely with national health bodies, such as the National Heart Foundation and the Cancer Society.

Liz has developed a sports nutrition module for the Hillary Commission diploma in sport and recreation and Evelyn is responsible for an 18 hour optional nutrition module for Aoraki's full time certificate in Tourism and Hospitality Operations course.

Both modules are being taught this year and Evelyn and Liz have found that chef tutors and student chefs at the polytechnic have an increased awareness of the importance of nutrition.

There are some drawbacks however: “We’re well known in a small city. If you go to the fish and chips shop, you can be sure someone will say ‘We know where you work!’

Evelyn Boorer trained at Christchurch in 1973, was a staff dietitian there, then went to PMH for six weeks’ trial in 1974 and stayed for three years.

She helped with Dial-a-Dietitian, tutored food supervisors courses and quantity cookery courses at Christchurch Polytechnic, taught a Women’s Educational Association course in budgeting and job-shared at Christchurch Hospital.

When she went to South Canterbury Community College (parent of Aoraki Polytechnic) in 1985, she tutored part-time in the hospitality course which was just starting.

Liz Cutler has a less traditional background. After training as a dietitian, she worked for Nurse Maude Association in Christchurch looking after the kitchen, implementing food service at Averill House and visiting discharged people. She then travelled overseas. Liz had a year at Teachers College and then taught science at Pleasant Point before starting as a part-time tutor at Aoraki Polytechnic. She is interested in the application of nutrition to sport and outdoor recreation.

Both Evelyn and Liz graduated May 1993 with Diploma for Graduates and Post-graduate Diploma in Community Nutrition.

Barbara Crooks

The wheel has turned full circle for Barbara Crooks (born Heddell).

When she became the first New Zealand dietitian to work for a contract food service company in 1980, she was met with hostility and was ostracised by many dietitians, especially at conferences.

In 1993, she and Joanne Arthur, another of the five dietitians Advanced Food Systems now employs, have been asked to lecture student dietitians.

“Going to conferences was not a pleasurable thing to be doing,” says Barbara, even if there were a number of dietitians prepared to accept her new role. “You never knew who would give you a good dig in the ribs or stab you in the back.

“But the NZDA always took the side of the hospital dietitians. When proposals by contractors for hospital food service were raised at executive meetings, the discussion
was always about how the NZDA
should react.”

She felt she and others from
outside hospitals, were not getting
support from the NZDA, although
they were members.

Contractors, she says, were seen
as a threat to dietitians’ jobs.

Yet the company has always
employed two or three dietitians
(“there would probably have been
more in management positions in
hospitals had they applied”) and only
in the last two or three years has it
been asked to quote on the large
hospitals. In its early days, the
company only got into hospitals
which could not attract dietitians.

“In the last couple of years, there
has been a real turnaround and I am
now seen as someone quite
respectable, someone to be listened
to, something of a guru. I’ve stuck
with it and weathered the storm.”

Barbara puts the change down to
developments in the health system
which have forced dietitians, among
others, to sharpen their costing and
budgeting skills to extract the best
value from the dollar.

“These were things few dietitians
had ever worried about, but they are
skills now sought in hospitals.”

Barbara had come from a
traditional background of hospital
dietetics - trained at Christchurch
(1967), staff dietitian at Palmerston
North (1968), dietitian at
Christchurch (1969), overseas (1970-
71) including nine months at the
Royal Infirmary in Edinburgh and a
locum at London Hospital, second
assistant, Christchurch (1972-73),
dietitian-in-charge, the Princess
Margaret Hospital (1973-74), part-
time at Waikato (1975), some private
practice (1976-79).

The Advanced Food Systems
position appealed because it was “a
good little part-time job” that suited
her family situation at the time - she
could do a lot of the work at home.
Her task was to set and maintain
nutritional and dietetic standards
within the company and its contracts.

The “part” continued to grow until
in 1988, she went fulltime and later
that year, was appointed New Zealand
manager of the company - a role that
has taken her beyond the nutritional
and dietetic function into
management and marketing.

She says it was not easy going
into a contract company where the
dollars were always important: “I
was always balancing quality against
cost.”

She has also pioneered a path for
women in the company and is one of
the only two women in senior
management positions. A New
Zealand Institute of Management
diploma of management in 1987
strengthened her claims for
promotion.

“Dietitians are ahead of a lot of
others in realising their
qualifications won’t last a lifetime.”

But despite those conference
“blues”, she has no regrets: “I’ve had
a far more interesting, rewarding
and challenging job than I would
have had within the hospital system.
I’ve been exposed to far more.”

Pip Duncan

Pip Duncan comes from a
traditional dietetic background. After
training at Wellington Hospital in
1973, she worked there for two years
before going overseas where she spent
two years as senior clinical dietitian at
St. Mary’s Hospital in London.

Back in New Zealand she was the
first assistant dietitian at Greenlane
Hospital in Auckland from 1979 to
1986.

From 1986 to 1988, she was
charge dietitian at Kingseat Hospital
in Auckland, also responsible for
Raventhorpe Hospital until its
closure in 1988. She then worked
part time for six months at North
Shore Hospital while setting up her
own business.

Pip has published widely; papers
in the New Zealand Dietetic
Association Journal since 1975; co-
authoring Professional Food
Service, with Julian Jensen (1991),
Safe Food, with Liz Fitchett (1992)
and Nutrition for New Zealanders,
with Anne Perera (1993);
coordinating ‘In the Kitchen
Cupboard’ (1991), ‘Kitchen Sense’
(1992), ‘Cooking for One or Two’
(1993) and ‘Cooking for Large
Families’ (1993) for the Auckland
Area Health Board. She also
contributes regularly to food service
and quantity cooking columns in
trade journals and popular
magazines.

Her work with producer boards
and large multi-national companies
ranges from product and recipe
development, research and
development and food photography,
frequently carried out in “The
Nutrition Kitchen”.

Pip tutored the “Quantity Cookery
Course” at the Auckland Technical
Institute of Technology for five years.

She has been editor of the
Association’s News and Views since
She is the convenor of the Publications
Sub-committee which was set up with
the primary objective of assisting the
Journal to become a fully referred
scientific journal.
Penny Field

At the beginning of 1993, Penny Field became the University of Otago's first director of dietetic training - the outcome of a move by the Dietitians Board of New Zealand to delegate the responsibility for the provision of dietetic training to Otago University. The Post Graduate Diploma in Dietetics was offered for the first time in 1993.

She, her team of tutors and 21 student dietitians are at the eye of the profession's focus as they pioneer a new-style training system.

Penny was the first dietitian in New Zealand to gain a masters degree in business administration from Otago and she established a reputation for innovation during six years as chief dietitian for the Wanganui Area Health Board.

There she planned and commissioned a $3.5m kitchen, introduced central tray service, opened a staff cafeteria, reorganised staffing levels, re-organised the food service at nearby Lake Alice Hospital and appointed the country's first full time community dietitian.

Penny sees her new role as that of a co-ordinator who teaches: "I am the link between the profession and the university dietetic training programme."

Distance teaching has been chosen as the method of communicating with the 21 students and their tutors in the Auckland, Waikato, Wellington, Christchurch and Dunedin training centres.

Penny co-ordinates the national programme. The tutors in each of these centres co-ordinate the weekly 20 hours of practical experience programme, assess, support and encourage the students.

She says distance learning allows the contribution of nationally recognised professional expertise to the training programme. More than 100 different people will contribute their expertise to the 1993 course.

Students do five papers - human nutrition; community dietetics; food service management; business management for dietitians; applied dietetics. The course is completed with a sixth paper, the 12 week dietetic practicum which integrates recent learning with dietetic practice.

What the dietetic student of the '90s needs, she says, is a mix of academic ability, inter-personal skills, career motivation and willingness to explore the many options now available.

It's these inter-personal skills, ability to question and the levels of self-confidence which have impressed her most about the first batch of students.

"They know the job market is reasonably tough and they've got to prove themselves."

Sue Henderson (born Buckingham), senior community dietitian for the Waikato Area Health Board, sums up what community dietetics is all about:

"We've gone right back to basics, talking about what people eat, when they eat it... about the food pyramid, four food groups and how much people should eat of each in a day."

She says community dietitians are dealing with many different groups of people - from toddlers to the elderly, the well and the sick and have a strong belief that prevention is better than cure.

"We are seen as part of the community, which adds value to what we do. We go out and meet people on their terms, as equals. That changes the relationship from when they come into a hospital."

Sue says the community dietitians work with a group of people with little knowledge about food and nutrition.

"Children are taught a lot more about nutrition than previous generations and the elderly are quite clued up because they had to learn to survive in the Depression days.

"But there's a middle group who lack even the most basic skills. Many of them can't cook, can't even peel potatoes.

"We've got to start teaching them these things. It's no good encouraging them to buy more fruit and vegetables if they don't know what to do with them."

The community dietetics positions in the Waikato were set up as part of the Health Charter and the health goals. The services they provide include:

* Health promotion
* Food service and clinical services.

Outpatient clinics in rural areas.
* Counselling for rest homes and private organisations.

Dietitians promote nutrition by mounting displays in public places and write regular newspaper articles to reinforce their message. Education for other health care staff is also provided.

Education can range from teaching people on an individual basis to running large scale seminars and promotions.

"We are inundated with requests for talks to community groups and enquiries about nutrition. We also link with other health promotions (run by the Heart Foundation, Cancer Society, Nutrition Foundation) and do some of our own, such as having a stand at the National Fieldays to promote healthy food."

"We see ourselves as resource people and advisers, educating the
public health nurses and other health professionals to help spread our message. It is essential we all give consistent messages and respond quickly to nutritional issues. This can be done by having a multi-disciplinary team approach to nutrition promotion. One of the ideas of the community dietitian is in schools, where they encourage healthy food in the cafeteria and ensure food policies are written and implemented.”

There has also been the formation of a diabetes group at Ngāruawahia where a dietitian has run six-session education courses. Local general practitioners have supported the scheme by providing free assessments and people have been phoning to join. They have developed into support groups which now meet on a regular basis.

Sue, who trained at Cardiff from 1980 to 1984, comes from the British system which has no food service element. Britain, she says, is very much into community work and Cardiff places more emphasis on it than most other training institutions.

In New Zealand, she worked at Wellington Hospital for three months, then had two years as a clinical dietitian at Tokanui Psychiatric Hospital. She moved to her present job in 1991, resuming her connection with community dietetics, “my first love.”

**Penny King**

Penny King is very much your modern dietitian.

Terms such as business and budgets, clients and customer service, quality and value for money trip naturally off her tongue.

“You’ve got to know exactly what you’ve spent. You’ve got to be able to juggle the dollars and work within budget,” says the Auckland Area Health Board’s manager of Nutrition Services.

She concedes there’s a certain dichotomy between business and health, but says it’s important to see things from the client’s point of view: “They’ve gotta perceive they’re getting quality service and food... value for money.”

Auckland’s nutrition services department, which provides food service to patients and staff, is part of the hospital’s business services. And the hospital cafeterias are now one of the department’s major sources of revenue.

She says much of her role is about people management - she has a total staff of around 180.

She has a diploma in personnel management and industrial relations from Auckland University and has completed the Hospital Boards’ Association management programmes.

After training at Wellington Hospital in 1968, she spent the next two and half years in paediatric work in Britain - at the Hospital for Sick Children in London and in Glasgow.

Back in New Zealand in 1971, she continued in paediatrics at the Princess Mary Children’s Hospital in Auckland, until becoming charge dietitian at Auckland Hospital when Margaret Madill retired in 1982.

She has been closely involved with the development of the new syllabus and training format for dietitians.

She was a member of the Dietitians Board which “saw the need for a revision” to make training more relevant to dietitians’ roles in the 1980s.

“While the old curriculum provided a sound grounding in basic dietetics and food service management, it concentrated on many things dietitians didn’t do much of any more instead of business management, operations management, financial management and personnel management.”

She was one of the dietitians who went through DACUM, deciding what an entry-level dietitian should be capable of doing, defining dietitians’ skills and putting a priority on them.

Penny believes one of the greatest benefits of the new training is that “theory and practice go together”. She is also encouraged by the competition and assessment under the new regime, remembering how she was accepted for training in Wellington without even having to face an interview.

“Now it’s very competitive - there are two or three times more candidates than there are places. And we were never really assessed during our training - now, there is more regular assessment and more feedback from students and tutors.”
The Association in 1993

From those few dietitians who formed the original membership in 1943, NZDA has grown substantially every decade so that by March 1993 membership stood at 368 active, associate, intern and retired members and 23 corporate members.

Two area representatives from Auckland and one from each of the other NZDA areas provide the link between Executive and members. They are also often the link between the executive and the executive sub-committees where much of the work of NZDA is achieved. In 1993 these Sub-committees are:

- Awards
- Clinical handbook
- Continuing education
- Employment advisory
- Position papers
- Publications
- Public relations
- Submissions

Where specific projects have been required, taskforces have been set up. Accreditation, Standards of Practice and Rules are examples of these projects.

With six branches formed by 1992, Gillian Tustin, as national president was conscious of the need to keep branch presidents well-informed of national activities and of the need for branches to interact with each other. She has instituted regular telephone meetings with branch presidents, which have been successful in improving the internal communication of the Association.

Special interest groups are becoming increasingly important as they provide the opportunity for dietitians throughout the country to network and liaise. Based on a core of seven in Christchurch, about 15 private practice dietitians set up the first special interest group within the NZDA in 1988. Further special interest groups have followed - dietitians in industry in 1990, community dietitians in 1991, diabetes in 1991, dietitians in management 1992 and paediatric group in 1993.

Today, a Dial-a-Dietitian service continues in Auckland organised by NZDA Auckland Branch co-ordinator Pip Duncan, with support from NZ Pork Industry Board and the Auckland Area Health Board. In Christchurch the service is operated by community health service dietitians working for Canterbury Area Health Board.

The Journal and News & Views both continue to be important means of communication between members.

Awards are important for providing recognition and financial benefits for Association members. Corporate sponsors are generous in providing financial awards to NZDA members. NZDA Education Trust supports dietitians in the pursuit of continuing education and NZDA Award of Excellence recognises outstanding achievements in dietetics. Honorary life membership honours those who have given outstanding service to NZDA and the profession of dietetics.

Most recently, a bequest of over $150,000 from the estate of Dr Neige Todhunter has given the Association a wonderful opportunity to provide scholarship funds to assist with postgraduate education for dietitians.

Gillian Tustin, NZDA president commented, “The progress made by NZDA since 1943 would make all those early pioneers very proud that their efforts have been so well rewarded. Most of all, it is the strength, energy and vitality of our professional Association that is impressive. It is by the collaborative efforts of many dietitians that this has been achieved.

“The Association is now in a very sound position to pro-actively support the development of the profession.”
Honorary Life Members

1943  **Dr Muriel Bell C.B.E., MD, Hon.DSc., F.R.A.C.P., F.R.S.N.Z., F.N.Z.I.C.*  
Dr Bell was Nutritionist to the Department of Health. From the late 1930’s until her retirement almost every event in human nutrition in New Zealand was initiated by Dr Bell. Her contribution to dietetics is immeasurable. She was a strong supporter of dietetic training and the formation of the NZ Dietetic Association. This was recognised with her election to honorary life membership at the inaugural meeting of NZ Dietetic Association.

1943  **Sir Charles Burns K.B.E., M.D., F.R.C.P.*  
Sir Charles Burns, a physician, had a lifelong interest in diet and nutrition which is recorded in his many presentations at scientific meetings and his writings in medical, nutrition and dietetic journals. He was always a strong supporter of the dietetic profession from its very beginnings and this was recognised at the inaugural meeting of NZDA when he was elected an honorary life member.

1943  **Mary Lambie C.B.E.*  
While Director of the Division of Nursing, Miss Lambie played a key role in the introduction of the dietitian to the New Zealand hospital. She assisted in the establishment of dietetic training by liaising between the Department of Health, University of Otago and the Hospital Boards. This was recognised with her election to honorary life membership at the inaugural meeting of NZDA.

1943  **Dr R A Shore*  
Director General of Health at the time of introduction of training in New Zealand and the formation of the Association. He was elected honorary life member at the inaugural meeting of NZDA.

1945  **Professor Ann Strong O.B.E.*  
A strong supporter of the role of the dietitian in hospitals and a member of the original Planning Committee for the organisation of dietetic training in New Zealand.

1947  **Maureen Barker M.H.Sc*  
First dietitian to the Department of Health from 1942 - 1945. Developed much of the first public health nutrition material including “Good eating all”, a series of nutrition talks for use by district nurses and school dental nurses.

1951  **Rose Simmonds O.B.E.*  
First trained British dietitian to work in the United Kingdom. She was well known to many New Zealand dietitians who were privileged to know and work with her in London.

1956  **Dr Neige Todhunter M.H.Sc., Ph.D.*  
Dr Todhunter was elected honorary life member in recognition of her outstanding contribution to the study of nutrition. Most of her working life was spent in United States of America where she was a member of American Dietetic Association.

1958  **Professor Evelyn Smith*  
In 1957, following a distinguished career as a dietitian, educator and food service management consultant in the United States, Professor Smith was granted a Fulbright Research Scholarship to work in New Zealand at the University of Otago, Victoria University and with the New Zealand Dietetic Association for a year to strengthen dietetic training instruction. Her contribution to the profession in New Zealand was recognised with her election to honorary life membership.
1971  **Dr Elizabeth Gregory O.B.E., M.H.Sc., Ph.D., Hon LLD**

Dean of Home Science Faculty 1940 - 1961. Dr Gregory strongly supported the establishment of dietetic training in New Zealand and contributed very significantly to the recognition of dietetics as a profession.

1971  **Monica McKenzie B.H.Sc.*

Founder President of New Zealand Dietetic Association; Inspecting Dietitian, Department of Health 1947-1963. Miss McKenzie was the key person in the establishment, recognition and support of the dietetic profession in New Zealand. Her contribution to dietetics and New Zealand Dietetic Association has been immense.

1971  **Winifred Goddard O.B.E., Dip H.Sc.*

President of New Zealand Dietetic Association 1949-1952; Senior Dietitian, Wellington Hospital 1947-1956. Mrs Goddard has had wide involvement in Association affairs and has been a great influence in building and maintaining the professional standards which the Association set out to establish. Received an OBE in 1981 for services to the dietetic profession.

1971  **Eleanor Couston Dip H.Sc.*

Foundation member of the New Zealand Dietetic Association and its first Secretary. Senior Home Science Advisor, Department of Agriculture 1952-1968.

1983  **Flora Davidson B.H.Sc**

Nutrition Officer, Department of Health. Flora Davidson made a major contribution to the improvement of the health of the people of New Zealand and the South Pacific. She contributed significantly to the development of New Zealand Dietetic Association and held offices including Secretary and President and was Editor of the Journal NZ Diet Assn from 1962-1979.

1983  **Dorothy Moir Dip H.Sc**

Public Health Dietitian, Auckland District office of the Department of Health from 1963-1971. Miss Moir has been a constant supporter of NZDA and was President 1961-1962. She was instrumental in the compilation of the “History of the Dietetic Profession” which recorded the first twenty five years of the Association.

1983  **Patricia Williamson B.H.Sc.*


1984  **Shirley Thompson B.H.Sc.**

As Senior Lecturer in food service administration, University of Otago 1964-1983, Mrs Thompson had a major influence on students who would later be accepted into the dietetic training programme. She had been a willing contributor to New Zealand Dietetic Association including being President 1964-1965 and a member of the Salaries Grading Committee for 6 years.

1987  **Dorothy Ritchie Dip H.Sc.*

As Charge Dietitian, Cook Hospital Board 1955-1982, Miss Ritchie was an innovative dietitian, introducing a six day a week meals on wheels service to Gisborne, a selective menu to Cook Hospital and provided practical experience for Fijian trained dietitians as well as New Zealand students. She was a loyal supporter of NZDA, being President 1969-1971. She was a member of the Dietitians Board for nine years and a state examiner for dietitians.
1988  Professor Patricia Coleman C.B.E., Dip.H.Sc., M.S.

Dean of Faculty of Home Science 1962-1987; member of Dietitians Board for 25 years. Chaired the Board of Health Committee on the dietetic profession which culminated in the skill based curriculum for the training of dietitians.

1990  Emeritus Professor Marion Robinson C.B.E., M.H.Sc., Ph.D.*

Personal chair in Nutrition, University of Otago 1980-1989. World leader in the field of nutrition, particularly in the research of selenium. Dr Robinson has had a major involvement in the training of students, including those accepted into the dietetic training programme.


Director of Dietetics, Waikato Area Health Board 1969-1992. Mrs Hampton has had a long and active involvement in New Zealand Dietetic Association at local, national, and international level. She was President 1975-1977, a member of working party on dietetic training, member of DACUM Committee, member of Salaries Grading Committee, Convenor Submissions Sub-committee 1990-1992 and Convenor, Planning of Jubilee Conference 1993.

* deceased

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NZDA HISTORY  Erratum

p 84 Honorary Life Member: Insert

1985  Patricia Donnelly Dip H.Sc*

Senior Dietitian, Wellington Hospital Board 1966-1985. Longstanding service to NZDA as President 1966-1967, and member for 12 years of the Salaries Advisory Committee responsible for submissions and negotiations. Strong advocate for high standards of professional practice and for training of dietitians and food service staff.
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**Key**

1 refresher course  
2 residential conference  
3 combined meeting with other professional group(s)
## NZDA Secretaries & Treasurers

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