There is a lack of detailed dietetic workforce data, especially for rural and remote areas. Rural and remote areas are under-serviced and the workforce is unevenly distributed. Previous research has reported on the dietetics workforce across sites in rural New South Wales and as a small subset of allied health surveys. Census data has provided some form of benchmark for comparison across rural and metropolitan areas. Dietetic workforce data is complicated by a lack of consistent reporting of data, due to variable professional terminology and voluntary membership to an accredited practising dietitian program. This study aimed to determine the dietetic workforce changes across six rural sites in New South Wales between 1991 and 2012.

A multiple-case design study focused on six rural sites in the Hunter New England region of New South Wales. An analysis of human resource records from 1991 to 2006 was conducted. Positions in the health service, Divisions of General Practice (and more recently Medicare Locals) and private practice settings were included. Publicly available staffing data was reviewed in 2012 and findings compared with 2006 data. Dietetic staffing data was compared per 10 000 head of population. A review of census data from 2006 provided a comparison of case study data with national trends. Student placement numbers in each site are reported and compared with staffing increases.

In 2012 staffing numbers ranged from a minimum of 0.5 full-time equivalents (FTE) for a population of 8674, to a maximum of 12.2 FTE with population of 48 000 in 2012, equivalent to an average of 17.9 dietitians (range 10.8 to 25.4) per 100 000 population across the six sites. A growth of 8.5 FTE occurred across the six sites from 2006 to 2012. Australian census data on the number of dietitians or nutritionists in 2006, reported an average of 12.5 dietitians (range 7.3 to 23.3) per 100 000 population across states and territories. All three locations that had high dietetic student placement throughput between 2006 and 2012 experienced increases in staffing, mainly through non-traditional options such as the development of private practice and short-term project positions within the public health sector.

The uneven distribution and growth of dietetic staffing levels across rural sites remains. Growth in dietetic staffing is likely to remain ad hoc unless there is a strong commitment to the development of opportunities to meet the workforce shortage in rural areas and provide a bright future for the rural workforce.