


The Role of Dietitian and Catering Manager in Public Catering and Opportunities for Training in Hungary

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ABSTRACT

Prescribed and supported by the state, public catering in Hungary fulfils a common social need; its aim is to meet the nutritional requirements of consumers in terms of both quantity and quality. Public catering is legally regulated and is also important from the perspective of health policy. As the smallest unit of common catering, family meals differ from public catering in several respects. One fundamental difference is that public catering rests on scientific foundations: it is planned, organized, and controlled by a qualified manager. This manager may be a trained dietitian or a catering manager, according to the National Qualifications Register. The training for these two roles is interlinked and goes back more than a century.

KEYWORDS

public catering, dietitian training, catering manager training, consumer demands

THE DEVELOPMENT, PURPOSE, ROLE, AND FORMS OF PUBLIC CATERING

In Hungary, public catering is a state-prescribed and state-supported task that fulfils a common social demand and that is implemented through subsystems of the public budget or in

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other forms of ownership. Its purpose is to meet the nutritional needs of consumers in terms of quantity and quality through the use of catering services, and to set an example with respect to healthy, modern nutrition that prevents chronic non-communicable diseases.

In terms of its origins, public catering dates back several centuries, since those living in the army, monasteries, hospitals, and prisons have always required a supply of food. Throughout history, the focus, importance, and quality of food provision have constantly changed in response to social, economic, and political factors.

In different eras, the focus has fluctuated between quality and quantity. Military catering, which was an important political factor in the protection of the ruling classes, is the oldest form of communal catering, where the main concern, besides the quantity supplied, was to ensure that the soldiers were satisfied. Feeding those who were taken prisoner or sentenced to imprisonment was less of a priority. These people were often kept on bread and water, and being deprived of food and drink was often used as a means of punishment. Initially, food did not play any special role in the care of the sick, although in church-run hospitals various herbs and teas were used to ease patients' suffering, based on the observations of the clergy, who had their own supplies and gathered experience from all over the world. Later, scientific advances led to the study of the effects of various foodstuffs on the human body, and catering gradually underwent qualitative changes.

Before the common era, Hippocrates wrote of the essence of individual nutrition, which can be regarded as the basic principle of modern dietary nutrition. The place and role of dietetics in medicine has changed enormously from Hippocrates (460–377 BC) to the present day. The directions taken by medicine have changed from one age to the next, with the role and application of dietetics sometimes brought to the fore and sometimes relegated to the background. Scholars who have drawn attention to the importance of nutrition have included Asclepiades of Bithynia (29/124 BC – 40 BC), Galen of Pergamon (129–216), and Avicenna (980–1037), and in Hungary Ferenc Pápai Páriz (1649–1726), István Mátyus (1725–1802), Sámuel Rácz, the first Hungarian professor of medicine at the University of Pest (1744–1807), and Ferenc Toldy (1805–1875). With developments in the field of medicine and education, diet as a science became increasingly important in medicine ([TÁTRAI-NÉMETH – DOBÁK – VERESNÉ 2023](#)).

The development of trade was accompanied by the development of inns and taverns that provided both food and accommodation, where guests were looked after by landlords. The principal concern was to ensure that guests would return, thus in addition to the quantity of food, equal emphasis was given to flavors and local specialties.

The development of public catering in its modern-day form can be traced back to the period after World War II, when economic and political structures changed significantly. With the employment of women on a mass scale, there was a growing need for full-day nursery and kindergarten places, where, besides educational activities, the children also had to be fed during the day. Educational establishments provided pupils with at least one meal a day, but also with the possibility of having a mid-morning and mid-afternoon snack. In the various workplaces, production plants, factories, and offices, the provision of catering for the workers also became increasingly popular. In public catering, apart from quantity, the emphasis was initially on the taste of the food, although nutritional quality gradually became a central issue as a result of advances in nutritional science.



The term “public catering” is used today for the communal provision of meals, taking place once or several times a day, in a regular, planned, and organized way, for clients ranging from infants to the elderly and in specialized locations such as hospitals, sanatoriums, holiday resorts, the armed forces, and prisons, both for the inhabitants of the institutions and their staff. The current importance of public catering in terms of health and social policy is demonstrated by the fact that it is governed by various legal regulations.¹ The concept is legally defined in a number of places. These include Decree 62/2011 (June 30) of the Ministry of Rural Development on the food safety conditions for the production and marketing of catering products, which, according to §2(1), defines public catering as “a catering activity in which a specific group of consumers is provided with catering products, usually on the basis of a pre-order, at a specific time of the day and for a specific period of time, particularly in educational, children’s, social, health, residential institutions, camps, and workplaces.”² The term “catering product” is defined in Act XLVI of 2008 on food chains and official supervision. Decree No. 37/2014 (April 30) of the Ministry of Human Resources on nutritional health requirements for public catering contains a more specific definition. It defines public catering as “organized community care providing regular meals in educational establishments, state and municipal summer camps, and inpatient specialized care institutions, for persons of different ages and health conditions within the framework of social care, primary child welfare, and specialized child protection care, usually on the basis of a pre-order, at a specific time of the day and for a specific duration.”³

Our current nutritional culture has evolved over thousands of years, from instinctive hunger relief to conscious eating, while preserving the satisfaction of individual needs. The consumption of food is a life-sustaining act for all living creatures, including human beings. Food is taken in by eating — that is, by taking meals. Eating, or taking meals, are individual actions, whereas catering is a broader concept than the consumption of food, being in the form of the organized, controlled provision of food that takes into account both the objective (i.e., the nutrients required by the body) and the subjective (i.e., the quantity and quality of food according to individual taste) nutritional needs of the individual, with its task being to satisfy these needs. Typically, it includes the wider context of the meal, the choice of ingredients, the food preparation technology used, the kitchen equipment, and the person(s) providing the food.

It may take the form of family eating; commercial catering (hospitality); or community catering (public catering). The smallest unit of communal catering is the family meal. Many people consume their daily meals and secure their nutritional needs within the family,

¹TÁTRAI-NÉMETH – ERDÉLYI-SÍPOS 2018:15–30; Decree 60/2003 (November 20) of the Ministry of Health, Social, and Family Affairs, on the minimum professional conditions for the provision of health services: <https://net.jogtar.hu/jogszabaly?docid=a0300060.esc>, accessed June 2, 2023.

²Decree 62/2011 (June 30) of the Ministry of Rural Development on the food safety conditions for the production and marketing of hospitality industry products: <https://net.jogtar.hu/jogszabaly?docid=a1100062.vm>, accessed June 2, 2023.

³Decree No. 37/2014 (April 30) of the Ministry of Human Resources on the nutritional health requirements for public catering: <https://net.jogtar.hu/jogszabaly?docid=a1400037.emm>, accessed: June 2, 2023.



based on various traditions. This form of eating is the most influential in terms of shaping consumption habits. We are also served meals in various commercial and catering establishments (restaurants, hotels, fast food and street food outlets, etc.), which make a major contribution to the development of our eating habits and culture. Public catering is an organized, controlled, and consciously planned form of meal consumption. Almost half the population participates in some form of public catering, which plays a significant role in shaping and forming modern eating habits. If we look at the number of children and students (below 18 years of age) alone, almost all of whom are obliged to participate in public catering initially, then in decreasing numbers as they grow older, we are talking of around 1.5 million people in 2022.⁴

It is worth comparing family meals and hospitality with public catering in several respects. Family mealtimes have developed spontaneously, in keeping with traditions, to meet the subjective (qualitative, sensory, and quantitative) demands of family members of different ages and with varying levels of physical activity; they are often characterized by a sense of randomness and are managed on different budgets, from one family to another. By contrast, hospitality is the result of a conscious, traditional effort to meet social demands and the mainly subjective and sometimes objective needs (quantitative and qualitative nutritional requirements) of a changing clientele. It is characterized by a constant but wide range of daily meals, profit orientation, and professional management. Public catering has been developed specifically to meet social demands, based on scientific findings, to satisfy the objective needs of a given target group or permanent clientele, taking subjective requirements into consideration, providing medical nutrition where necessary, and, in all cases, promoting education on healthy nutrition. A catering manager or dietitian provides a menu, which, while limited, changes daily; they have a fixed budget, must comply with food safety standards, and have minimal price discretion (Table 1).

Public catering must meet social and economic expectations. As an organized community service, its task is to meet the subjective and objective nutritional needs of recipients, and to control and influence their eating habits in accordance with the principles of healthy eating. Subjective needs mean the expectations of the recipients of the meals, their ideas about the quantity and quality of the food, and their established tastes. Family catering and gastronomy are able to meet these needs, while in public catering, where there are hundreds of individual needs, there can be no more than an aspiration to meet subjective needs by regularly gathering information about the needs of consumers and taking that information into account in the planning and preparation of meals.

The objective needs of consumers are the energy and nutritional needs of population groups that differ according to age, sex, occupation, level of activity, and health status. Energy requirements are specified in Decree 37/2014 (April 30) of the Ministry of Human Resources by age group and number of meals (Table 2). As a productive economic unit, public catering must seek to achieve the best possible result with optimal expenditure.

⁴Population receiving preschool education and school education in full-time and part-time education — school-age population. 1990/1991–2022/2023. Central Statistics Office [KSH]: https://www.ksh.hu/stadat_files/okt/hu/okt0004.html; Daycare for children 2017 – 2022. Central Statistics Office [KSH]: https://www.ksh.hu/stadat_files/szo/hu/szo0009.html, accessed June 2, 2023.



Table 1. Characteristics of family meals, commercial hospitality, and public catering (TÁTRAI-NÉMETH – ERDÉLYI-SIPOS 2018:18)

Comparison criteria/type of catering	Family meals	Commercial catering (gastronomy)	Public catering
Development	spontaneously, for subsistence	conscious, as a result of a social demand, based on tradition	conscious, based on social demand, on scientific principles
Task	mainly to meet the subjective needs of family members, sometimes to protect health	typically to meet subjective demands, although there is also scope to meet objective needs	satisfies objective needs, takes subjective needs into account, medical nutrition, education for a healthy diet
Clientele	family members of various ages and with different levels of physical activity, with different objective and subjective nutritional demands	changing clientele, any member of society; determined by taste and purchasing power	specific target group, permanent clientele, persons eligible to be catered for by the institution, with identical or different objective and subjective demands
Supply structure	spontaneous, changing, based on individual tastes	a constant but wide range of dishes offered daily, specialties, reliable satisfaction of varied needs	limited range of dishes changing daily
Objective	subsistence, pleasure, satisfaction	safe supply, consumer satisfaction	safe supply, consumer satisfaction, healthy eating awareness, prevention, health promotion
Economic objective	economic catering, budget management	profit-oriented service	satisfying demand, servicing the organizational unit, economic operation, cost management
Management	a family member	qualified manager	catering manager/dietitian
Characteristic features	production for own consumption, spontaneity, inventiveness, impulse, traditionalism, permanence	production for sale, awareness, planning, traditionalism, modernity, permanence/specialties	production for eligible persons, awareness, planning, traditionalism, modernity, variety
Sales pricing	none	no price constraint (effective demand), profit is reflected in margins	not typical, no freedom, or only partial freedom, in pricing (à la carte offer)



Table 2. Daily energy requirement per age group (kcal/day/person)⁵

Type of catering/ age groups	1-3 years	4-6 years	7-10 years	11-14 years	15-18 years	19-69 years	70 years and over
All-day catering	1,100-1,300	1,350-1,650	1,700-2,050	2,000-2,400	2,000-2,600	2,000-2,500	2,000-2,400
Inpatient hospital catering	1,000-1,200	1,200-1,500	1,550-1,850	1,800-2,200	1,800-2,200	1,800-2,200	1,800-2,200
Catering for nurseries and mini-nurseries	800-950						
Three meals a day		900-1,100	1,100-1,320	1,300-1,550	1,300-1,700	1,300-1,650	1,300-1,550
One meal a day		450-600	600-750	700-850	700-900	700-900	700-850

⁵Decree No. 37/2014 (April 30) of the Ministry of Human Resources on the nutritional health requirements for public catering: <https://net.jogtar.hu/jogszabaly?docid=a1400037.emm>, accessed June 2, 2023.



The necessary energy can be provided by consuming adequate amounts of carbohydrates, fats, and protein. Nutritional science today emphasizes the proportions of nutrient intake, as opposed to quantities per kilogram of body weight. The recommended energy intake from fat is 30E% maximum, including: 10E% saturated fatty acids (SFA), 12E% monounsaturated fatty acids (MUFA), 8E% polyunsaturated fatty acids (PUFA), 1E% linoleic acid, and 0.2E% alpha-linolenic acid. The maximum carbohydrate intake must not exceed 55–60% of the energy intake, predominantly in the form of complex carbohydrates. Within this limit, the intake of simple (added) sugar should not exceed 10E%. Exceptions to this rule are babies, in which case mono-disaccharides can reach 40E%. The remaining amount should be covered by the intake of dietary fiber (cellulose, hemicellulose, lignin, pectin), amounting to 20–30 g per day. The remaining 10–15% of energy should be provided by protein sources, taking into account the proportion of animal and vegetable proteins (TÁTRAI-NÉMETH – ERDÉLYI SIPOS 2018:20). The public catering regulation also adopted these provisions, thus on average, over 10 days, no more than 30% of the total energy intake (or 35% in the case of nursery and mini-nursery meals) may come from fat, while added sugar may not exceed 10%. In the case of all-day care (three main meals and two small meals in residential institutions, children's homes, boarding schools, hospitals, sanatoriums, and nursing homes), 100% of the energy intake for each age group must be provided; in the case of nursery and mini-nursery meals (two main meals and two small meals), 75%; in the case of three meals a day (one main meal and two small meals in nurseries, and primary and secondary schools) 65%; and in the case of a single daily meal (lunch, typically in upper primary and secondary schools and workplaces) 35%. In the case of breakfast only this covers 20% of the daily energy requirement; in the case of a mid-morning snack and lunch 50%; and in the case of dinner only, 25%. The aim of the public catering service is to provide safe and economic catering in accordance with the above requirements and to ensure the efficient operation of the catering establishment.

The Hungarian public catering system covers all age groups. To be eligible for the catering service, a legal relationship must be established with the institution providing the meals. Eligibility can be obtained by enrolment at or admission to an educational institution, or by admission to a health institution. Workplace meals are primarily provided to employees. If the catering establishment has available capacity, it may also provide for external clients.

The different areas of public catering can be examined from various aspects. Decree 37/2014 (April 30) of the Ministry of Human Resources defines age-group categories, where those belonging to the same category have the same energy, ingredients, food, and meal portion requirements. Accordingly, the categories for child and student nutrition are nursery (1–3 years old), kindergarten (4–6 years old), lower primary school (7–10 years old), upper primary school (11–14 years old), and high school (15–18 years old). The decree further divides adults into two categories: 19–69 years old and the over 70s age group.⁶ However, it does not provide guidelines for catering for infants under one year of age, as the feeding of infants must be carried out on the basis of the 2019 Ministry of Human Resources Health Professional Guidelines.⁷ Mention should also be made of specific areas of public catering, such as patient nutrition, social care, penal enforcement, and the military, where the provision of care is regulated by other legislation (Fig. 1).

⁶Ibid.

⁷Ministry of Human Resources Health Professional Guideline — On the feeding of healthy infants (0–12 months), 2019, <https://jogkodex.hu/doc/6446341>, accessed: June 2, 2023.



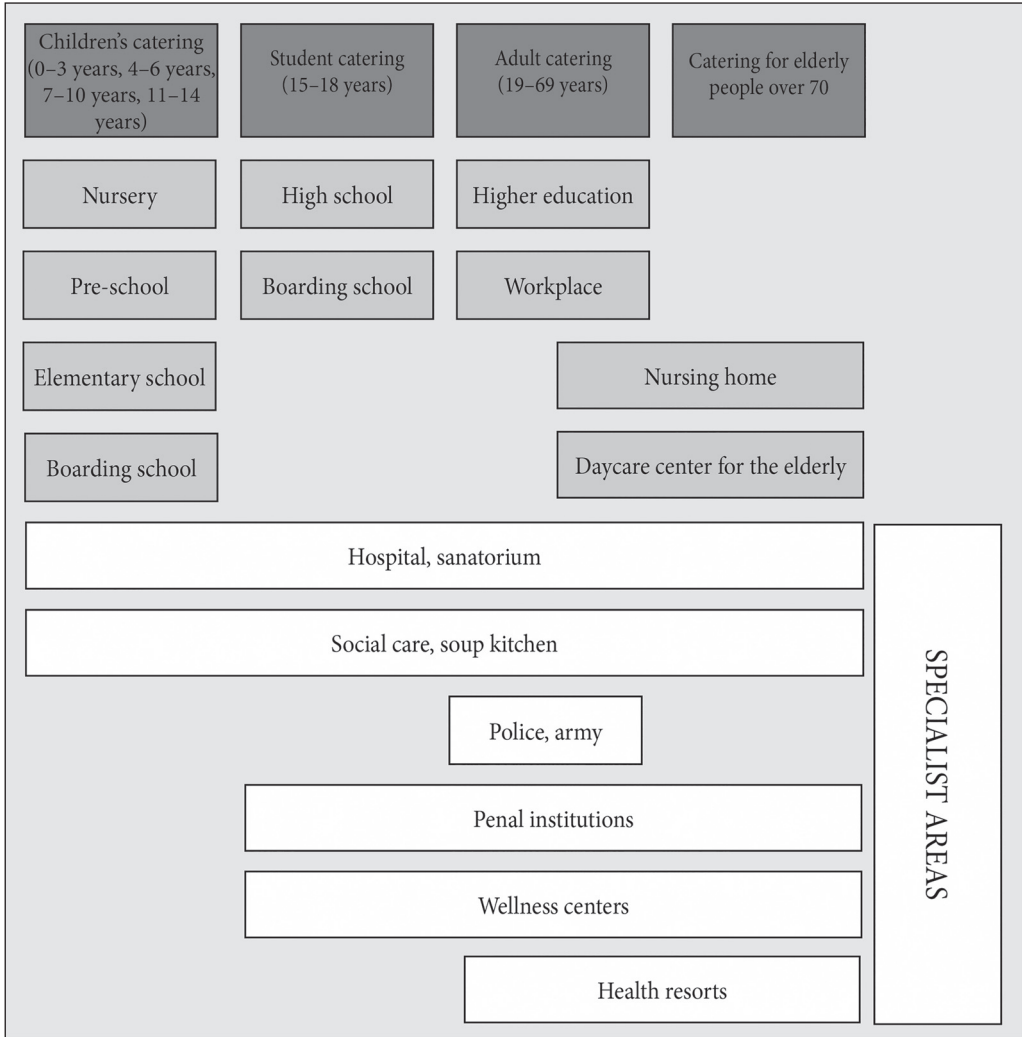


Fig. 1. Areas of public catering (TÁTRAI-NÉMETH - ERDÉLYI SIPOS 2018:21)

THE DEVELOPMENT OF TRAINING FOR DIETITIANS AND CATERING MANAGERS

The history of the training of catering managers and dietitians is interlinked and, like all training, is constantly evolving in response to environmental influences. In Hungary, the education of so-called dietary nurses began a hundred years ago, in 1922, under the leadership of Professor Aladár Soós (1890-1967) at the Faculty of Medicine of Pázmány Péter University. Prior to this, the concept of a dietary nurse who assisted in medical work was known only in the



United States. Aladár Soós began working in the field of dietetics on the advice of his mentor, Sándor Korányi, who not only recognized the importance of dietetic treatment but also took steps to ensure the training of professional practitioners — people who could use their professional knowledge to provide a link between patient, doctor, and kitchen (NÉMETH 2011:6–13; GAÁLNE 2000:9–11).

The work of Professor Aladár Soós led to the establishment and organization of the training of catering managers and dietary nurses in Hungary. The Hungarian training program, which later won international recognition, required four years' high-school education and a certain level of language proficiency, but also took into account aptitude, management sense, and knowledge of cooking technology. The ethos of the school was defined by Professor Soós' recognition of the importance of individualized patient care — that is, the importance of choosing food according to the patient's illness and their specific needs. His starting point was the fact that a hospital patient, who is away from their home environment, is anyway suffering, and this suffering can be alleviated by catering that takes individual preferences into account. Thus, besides the therapeutic effect of diet, psychological factors might also be taken into consideration to contribute to the patients' recovery. The main task of the dietary nurse was to provide patients with the kind of dietary care that ensured their recovery in a personalized way. He also considered it important for the dietary nurses to provide health education at the bedside, in the context of their personal contact with their patients (VÉRTES 1997:44–46; MOLNÁR – CSAJBÓKNÉ – SOLYMOSI 2020:237–240).

To create the appropriate environment for the professionals whom he trained, he restructured the clinical catering system so that dietetic kitchens (where food was finished and served) were attached to the central kitchens on internal medical wards, with serving kitchens on the other wards. His aim was to combine Hungarian cuisine with French cuisine, which he considered more sophisticated. Dietetic kitchens were set up for the implementation of Hungarian and French cooking techniques, directed and managed by the dietary nurses, whose work earned them the recognition of national and international experts in dietetics. These qualified dietary nurses were thus the founders of Hungarian patient nutrition. They also contributed to the practical implementation of the “Budapest” or “Elix” system created by Professor Soós (the name *Budapester System* was coined by the Danish professor, Jürgensen), in which meals were selected according to the “Elix value” of the diet (MOLNÁR – CSAJBÓKNÉ – SOLYMOSI 2020).

Professor Aladár Soós's study of nutrition led him to the conclusion that the Hungarian food industry needed managers with the appropriate knowledge and qualifications to run food supply units, and who could pass on their knowledge to homemakers, so that Hungarian cuisine, renowned throughout Europe, could be made healthier. On the two six-month training courses for catering managers, students were taught nutrition and physiology, food science, kitchen technology, the organization, management, and operations of food supply, Hungarian popular nutrition, and health administration. On completing the training, the students received a nutritional technician diploma, which qualified them to manage food supply units, to give lectures on housekeeping courses, and, after a further year of training, to obtain a diploma as a dietary nurse. In the menu planning exercises, participants were required to put together a diet in both Hungarian and German. The training was divided evenly between theoretical and practical lessons. This training later developed into the Dietary Nurse Training Course, graduates of which were registered in a national register, based on a certificate signed by the chief inspector of public health (DR. RIGÓ 1995:54–59, 1998:10–11, 2007:23).



After 1945, the profession also bore the marks of the war. Training was halted until 1957, when the State Training School for Dietary Nurses was founded. Dietary nurses who graduated from this school were able to find employment in clinical and preventive fields. To work in the catering sector as a catering manager, one had to complete a 10-month catering management course. These courses were local initiatives rather than part of a national, centralized training system.

The training of dietitians at the level of higher education was launched in 1975. From that time on, trained students were qualified to carry out clinical or preventive work, or could become catering managers. The training has since undergone several transformations in terms of curriculum and subject developments. Currently, the typical training is competency based, and the respective conditions are laid down in legislation. In Hungary, the training of dietitians is accredited by the Hungarian Accreditation Commission, and training is offered in three locations (Pécs, Debrecen, and Budapest). The admissions requirement is a high-school leaving certificate and a successful application. The training lasts for eight semesters, at the end of which students take a written, practical, and oral final examination, including the defense of a thesis. The catering management course for the training of catering managers lasts for four semesters, comprising a total of 108 theoretical hours and 84 practical hours. There is a final examination. Students acquire professional knowledge and skills based on the material studied in the previous semesters. Subjects are taught for one or more semesters and include food preparation technology and colloidal science; food product technology; food and catering hygiene; informatics; health law; psychology; ethics; microbiology; and public health and epidemiology.

The development of adult education and the creation of the National Register of Vocational Qualifications made it possible to launch courses for catering managers that offered a secondary-education qualification. Until 2006, the training was listed in the National Register of Vocational Qualifications under number 52660101 and belonged to the Healthcare Vocational Group, providing a secondary-education vocational qualification. It was taught both in the school system and in the context of adult education.

Catering managers are responsible for organizing, directing, and supervising catering operations in nurseries, homes for infants and children, social care homes, hospitals, kindergartens, schools, etc. Typical activities included determining energy and nutrient requirements; compiling and preparing different menus; and carrying out administrative, clerical, organizational, and management tasks. The maximum training time was 1,250 h, 70% of which was theory based. A high-school leaving certificate and medical examination were required to start the training. The training requirements were as follows: the necessary knowledge of nutritional science, food history, food products, menu planning, food service management, food preparation technology, economics, administration, food hygiene, and technical and work safety skills, besides the ability to apply this knowledge in practice, and compliance with hygiene, health, safety at work, and accident prevention regulations. The exam comprised a practical part and a theoretical part. In the practical part, trainees had to carry out a public catering menu planning and nutrient calculation task for a specific age group and make ingredient allocation and cost management calculations. In the theoretical exam, students were required to present their knowledge before a committee.

In 2006, adult education was restructured. Entry remained subject to a high-school leaving certificate, and the qualification continued to be called *Catering Manager*, with Vocational Register number 5281101; the training resulted in a secondary-education diploma, and professional supervision was the responsibility of the Hospitality and Tourism Vocational



Group. The minimum number of training hours was 1,200, comprising equal amounts of theoretical and practical teaching. Passing the final module examinations was a prerequisite for admission to the complex professional examination.

As a result of a further modification in 2013, the Catering Manager training was dropped from the system.⁸ It was reintroduced in 2016, although the training was transferred to the Chamber of Commerce. Entry was still subject to a high-school leaving certificate. The title of the qualification was catering manager, with National Qualifications Register number 5281101; the level of the qualification was an upper secondary-education vocational qualification, while the field of study was accommodation and service, catering, and hospitality, as part of the Catering and Tourism Vocational Group. The qualification came under the aegis of the Ministry of Vocational and Adult Education. When drawing up the job description for catering managers, Decree 37/2014 (April 30) of the Ministry of Human Resources was taken into account. The required number of training hours was between 500 and 700, with a 60–40% ratio of theory to practice. Final module examinations had to be passed before the complex professional examination could be taken. The modules were the following: food planning, catering management, quality assurance in public catering, guided catering practice, work experience I (for courses based on a high-school leaving certificate), work experience II, and nutritional science studies.

Graduates from the course acquired complex practical and theoretical knowledge: they were able to determine the effects of ingredients and meal composition on the body; promote healthy eating based on nutritional recommendations; and determine diets for different age groups taking into consideration nutritional recommendations, nutritional requirements, professional criteria, and the legislation in force. They also learned to calculate the energy, fat, saturated fat, protein, carbohydrate, sugar, and salt content of foodstuffs, as well as allergenic components as defined in the legislation on food labelling, using traditional methods and nutrient calculation software; to decide on the use of foodstuffs on the basis of their components in catering for different age groups; to implement appropriate catering in the light of an individual's health and social situation; to identify and apply modern food preparation technologies; to interpret the characteristics of nutrition-related diseases and ways to prevent them; and to follow and apply the professional instructions of the dietitian. They also learned to recognize and use or avoid allergenic foodstuffs according to their characteristics and the dietary regulations; to manage daily catering tasks; to organize, manage, and control catering activities, taking into account local specialties; to compile an ingredient ratio record sheet in accordance with the legal requirements; and to define the material and personnel requirements for the operation of the catering establishment. They mastered the use of the machinery and equipment necessary for the economical operation of the catering unit and the method of training for their operation; the management and control of the flow of goods and production; and the economical operation of the catering unit. They were also able to carry out economic calculations ("budgeting," cost accounting, material allocation, reimbursement fees, etc.); to keep and check ingredient records; and to carry out traditional and electronic documentation in accordance with regulations.

⁸Élelmezésvezető tanfolyam – szakmai és vizsgakövetelmény [Food Management Course — Professional and Exam Requirement], Innovatív Iparfejlesztő és Képző Kft. <http://szakkepzesi-centrum.hu/elelmezeszvezeto-tanfolyam-szakmai-es-vizsgakovetelmeny.html>, accessed June 2, 2023.



They learned techniques for the maintenance of assets, ingredients, tools, and equipment, as well as financial accounting; to manage an inventory and investigate problems efficiently and quickly; and to comply with and enforce the relevant work, fire protection, and hygiene regulations. Finally, they were able to apply employment-related legislation; to interpret the rules and regulations governing the organizational units and their operations; to cooperate with their colleagues — the dietitian and dietetic chef; to interpret and apply food safety regulations; to prepare for and assist in inspections by the professional authorities; to apply managerial skills; and to apply the knowledge acquired on the mandatory training courses.

The complex professional examination comprised practical and theoretical examination tasks. The two parts of the practical test involved public catering menu planning (with nutrient calculation) and public catering administration. The latter consisted of ingredient allocation and cost calculation and included at least five financial calculations. The oral examination was based on the triad of nutritional science, catering, and quality assurance. These covered nutritional biology and epidemiology, the nutritional requirements of different age groups, general knowledge of basic diets, knowledge of food products, public catering kitchen technology, dietetic food preparation kitchen technology, menu planning for public catering, technical experience, catering management theory, economics skills, catering administration, knowledge of catering and nutrition software, public catering law, food chain safety, and catering quality management.⁹

In 2020, the Adult Education Act was amended once again, which also affected the training of catering managers. The title of the qualification remains catering manager, with identification number 10135003. The sector title is Tourism and Catering, and the KEOR (ISCED-F) code was changed to 1013. A high-school leaving certificate is still required, although vocational qualifications such as hospitality technician, confectionery technician, or chef technician have been added. The minimum number of training hours is 100, and the maximum is 180. The examination comprises a written part and a project task. The written part assesses knowledge of catering managerial duties, while the project task is to prepare a three-course menu and ingredient allocation for three persons. As in previous years, the professional requirements are based on everyday practical expectations.¹⁰

THE CATERING MANAGER IN PRACTICE

The conceptual definitions described above reveal that there are many people with different objective and subjective needs and health conditions who eat within an organized system where a service of a consistently high quality must be provided. This requires someone with a managerial approach, who is aware of all the details of the work processes and has good leadership qualities. In principle, if the patients do not require dietary care, either because of intolerance or

⁹Ágazati és ágazaton belüli specializáció szakmai érettségi vizsgatárgyak (ÁSZÉV) versenye 2023 [Competition of sectoral and intra-sector specialization professional baccalaureate exam subjects 2023], Nemzeti Szakképzési és Felnőttképzési Hivatal. <https://www.nive.hu/>, accessed June 2, 2023.

¹⁰Programkövetelmény [Program of Requirements]. https://api.ikk.hu/storage/uploads/files/10135003_elelmezesvezeto_modositas_220207.pdf-1645112172181.pdf, accessed June 2, 2023.



allergy, or if the field of patient nutrition is not involved, a qualification as a dietitian or catering manager may be appropriate for doing the job of catering manager.¹¹ As defined by the European Federation of the Associations of Dietitians, a catering manager is a person working in catering management, who is responsible for the provision to individuals or groups of food that is nutritionally adequate, safe, palatable, and of sustainable quality.¹² In the Hungarian context, management is defined by the operational form of the catering establishment.

The catering activity itself comprises production, service, and management. Production means that the ingredients are transformed into meals by the catering unit, using different cooking techniques. In the context of service, the ready meals are delivered to the recipients in such a way as to satisfy, as far as possible, both the objective and subjective needs of the consumer. This means the catering itself as well as its wider environment, such as the quality of the consumer's tableware or the place in which the food is served. The quality of the service influences its acceptance by consumers, which has an impact on the activity of the establishment and affects its management. The management of the establishment is aimed at achieving the best possible outcome from optimal input. Given the complexity of the activity, its high-quality performance requires the involvement of the staff of the establishment in all cases, and the involvement of other staff at the institution in specific cases. However, coordination is always the clear responsibility of the catering manager. In the catering service, the catering manager identifies the needs of different age groups in their daily work and promotes healthy eating on the basis of the nutritional recommendations (OKOSTÁNYÉR[®]). Based on the menus they compile, they determine the energy content and nutritional composition of the food (fat, saturated fatty acid, protein, carbohydrate, sugar, calculated salt content) and identify allergenic ingredients as defined by the legislation on food labeling. In the context of patient care, they are members of the menu planning committee, where dietary menu planning is carried out. They independently prepare an ingredient allocation record sheet for the meals prepared.

In the context of catering management, they develop work orders, assign daily work tasks, and carry out continuous supervision. They manage, organize, and supervise catering tasks in accordance with food safety standards. They perform management activities (ingredients, human resources, energy), taking responsibility for the completeness and content of the respective documentation. They constantly monitor and apply legislative changes. They are responsible for the protection of the property, ingredients, tools, and equipment used during the catering activities, and for the respective financial accounts. They manage the inventory and stock clearance and are responsible for its content, with the aim of ensuring the prompt investigation of any problems arising. They apply the legislation on employment within the scope of their authority and responsibility. They arrange for their own further training and that of their subordinates. These tasks fall into four major categories: organization, management, control, and liaison.

¹¹Decree No. 37/2014 (April 30) of the Ministry of Human Resources on the nutritional health requirements for public catering <https://net.jogtar.hu/jogszabaly?docid=a1400037.emm>, accessed June 2, 2023.

¹²Definition of a dietitian. The European Federation of the Associations of Dietitians. <https://www.efad.org/definition-of-a-dietitian/>, accessed June 2, 2023.



Managers may also have tasks outside the catering unit, such as tasting, participating in health events, giving lectures, etc. The manager's organizational tasks relate to the supply of goods and production, which may be carried out in the context of short or long production programs, such as the most challenging menu planning or the preparation of ingredient allocation, and tasks relating to the workforce, such as defining the job descriptions of the catering unit and ensuring the necessary workforce. Management tasks also involve the management of materials, energy, and labor. Managers supervise all managed areas, from procurement through serving to the removal of food waste; they supervise personnel and plant hygiene and, in the case of the workforce, discipline, the performance of tasks, and compliance with health and safety regulations.

Responsibilities in the field of liaison define internal and external relations, since the manager has direct or indirect contact with the management, the financial department, the dietitian or the dietetic service in patient catering, and their own workers, while their external relations include contact with suppliers, customers, and various authorities. The catering manager is responsible for the documentation generated in the catering process, the accuracy of the related records, the various schedules and diet plans, the observance and enforcement of the relevant regulations, and the protection of and financial accountability for the assets, ingredients, tools, and equipment used. The specific responsibilities of the catering manager are determined by the establishment's type of operation and the relationship between the recipient institution and the production unit.

The catering establishment may be run by a subdivision of the general government, it may be part of an ecclesiastical or charitable institution, or it may take the form of a company. In terms of its institutional relationship, the catering establishment may be part of an institution, such as a nursery, kindergarten, etc., in which case there is a mutual dependency, while in the case of the purchase of ready meals, the relationship is contractual. Table 3 represents some of the tasks carried out by catering managers, which depend on the catering unit's type of operation. It is clear that a catering manager who functions as part of a budgetary institution has far more tasks

Table 3. Catering manager's tasks by catering establishment

	Public institution	Public catering company
Professional decision maker	catering manager	operations manager
Profit	non-profit	profit-oriented
Menu planning	✓	x
Management of numbers catered for	✓	x
Ordering of ingredients	✓	x
Normative management	✓	✓
Stock	✓	x
Management of cooks and kitchen staff	✓	✓
HACCP compliance	✓	✓



and needs a broader range of knowledge than in the case of a public catering firm, where there are separate, centralized departments to perform and supervise certain tasks. For example, in the case of in-house catering, menu planning is the responsibility of the catering manager, while in the case of catering firms, meal planning is often centralized, relieving the unit's manager of this responsibility. However, it should be noted that, in the case of companies, there are several catering units, some of which may prepare up to 10,000 portions per day, while the kitchens of budgetary institutions produce far smaller numbers of meals (TÁTRAI-NÉMETH – CSAJBÓKNÉ – CZÉKMÁN 2020:47–51).

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