

# Scope of Practice Tool – for stage 2 of the roadmap



# Introduction

All dietitians working towards First Contact Practice (FCP) in primary care, need to evidence capability against the 12 capabilities (12.15) detailed in the roadmap. In addition to the 12 capabilities, each dietitian working at or towards FCP needs to agree the areas of dietetic practice (12.16 'Dietetic-specific FCD Key Areas') which are within their scope of practice and establish their personal development plan with their employer and primary care clinical supervisor (CS). Where a dietitian is employed via a non-primary care organisation (for example on a service level agreement with an acute hospital), the primary care clinical supervisor must be involved in agreeing this scope of practice. Once the Dietitian, employer and CS have agreed on a minimum of one Dieteticspecific FCD Key Area within the dietitians' scope of practice, the tables below can be used to document which key area has been identified. The dietitian, with support from their CS will then need to review their competence for each task within the key area – either agreeing where competence is not required for the role, providing evidence they are competent, or adding to their personal development plan if not competent and this is required <u>(example of personal development plan</u>).

The generic requirements relating to clinical examination and history taking for all FCPs are not captured within this scope of practice tool as these should be evidenced through completion of a taught module in clinical assessment (page 18 of the roadmap) and /or FCP.

There is also a table to identify the dietitians' scope of practice for providing dietetic treatment and management for <u>pre-existing diagnosed conditions</u>.

A personal development plan (12.7 of the roadmap and example below) should be used to outline how the dietitian will work towards demonstrating capability in other dietetic specific key areas as their skills develop. This can be incorporated into annual appraisals or performance reviews.



## Working as a First Contact Dietitian - diabetes

Dietetic-specific FCD Key Area	Tasks in scope of role (These tasks are taken from 'Key clinical investigations / referrals' column of the roadmap – page 141 onwards)	Evidence	Added to PDP	Signed agreed within scope of practice - dietitian	Signed agreed within scope of practice - employer or primary care clinical supervisor
Diabetes	Diabetes/pre diabetes referral to NHS DPP or structured education and online services. Be able to code this correctly on the clinical system				
	Order, interpret and action Blood tests to include FBC, TFT, HbA1c, LFT, U&Es, cholesterol, PSA, ACR				
	Take Blood pressure, document within clinical system and take appropriate action on results				
	Referral for peripheral neurological checks				
	Referral for annual screening including foot and eye				
	Measure Height and record within clinical notes				
	Measure weight, take a weight History and record within clinical notes				
	Action a referral for specialist nutritional manage- ment as appropriate				
	Other:				

## Working as a First Contact Dietitian - frailty

Dietetic-specific FCD Key Area	Tasks in scope of role (These tasks are taken from 'Key clinical investigations / referrals' column of the roadmap – page 141 onwards)	Evidence	Added to PDP	Signed agreed within scope of practice - dietitian	Signed agreed within scope of practice - employer or primary care clinical supervisor
Frailty	Utilise appropriate frailty screening tools (as per Frailty framework)				
	Utilise appropriate malnutrition screening tools				
	Initiate onward referral to support a person to optimise their mobility in relation to specific support regarding strength, balance and falls prevention				
	Measure weight, take a weight History and record within clinical notes				
	Measure Mid upper arm circumference (MUAC) and record within clinical notes				
	Measure height, or alternatives and record within clinical notes				
	Order, interpret and action Blood tests to include FBC, TFT, HbA1c, LFT, U&Es, haematinics, Vitamin D				
	Take Blood pressure, document within clinical system and take appropriate action on results				
	Referral for specialist nutritional management as appropriate				
	Mini mental state examination				
	Other:				

Working as a FCD - Gastroenterology including functional bowel disorders (FBD)\*, irritable bowel syndrome (IBS) and coeliac disease

Dietetic-specific FCD Key Area	Tasks in scope of role (These tasks are taken from 'Key clinical investigations / referrals' column of the roadmap – page 141 onwards)	Evidence	Added to PDP	Signed agreed within scope of practice - dietitian	Signed agreed within scope of practice - employer or primary care clinical supervisor
Gastroenterology including functional bowel disorders (FBD)*, irritable bowel syndrome (IBS) and coeliac disease	Take temperature, Pulse rate, Blood pressure, Respiratory rate. Document within clinical system and take appropriate action on results				
	Order, interpret and action Blood tests to include FBC, LFT, U&Es ESR, CRP, coeliac screen, haematinics, amylase, hepatitis and human immunodeficiency vi- rus (HIV) screening, Imumoglobulins test (may include IgM, IgG, total IgA, IgA tTGA), CA125, nutritional deficiency screening				
	Order, interpret and action tests to include Stool samples, faecal calprotectin, helicobacter-pylori test- ing, faecal elastase, Faecal Immunochemical Testing, Faecal Occult Blood depending on local availability				
	Assessment for lymphadenopathy				
	Digital rectal examination				
	Recognises need for referral for abdominal Ultra- sound, X-Ray				
	Recognises need for direct referral for colonosco- py, gastroscopy and endoscopy				
	Other:				

#### Working as a First Contact Dietitian – Overweight and Obesity

Dietetic-specific FCD Key Area	Tasks in scope of role (These tasks are taken from 'Key clinical investigations / referrals' column of the roadmap – page 141 onwards)	Evidence	Added to PDP	Signed agreed within scope of practice - dietitian	Signed agreed within scope of practice - employer or primary care clinical supervisor
Overweight and Obesity	Consider, assess and document Cardiovascular risk factors				
	Check pregnancy status				
	Consider, assess and action Diabetes/pre diabetes referral to NHS DPP or Structured education or local equivalents. Be able to code this correctly on the clinical system				
	Measure weight, take a weight History and record within clinical notes				
	Measure Height and record within clinical notes				
	Accurately calculate BMI, interpret and explain this to the person. Record within clinical notes. Be able to code correctly with the clinical system				
	Accurately measure waist circumference, interpret and explain this to the person. Record within clinical notes.				
	Order, interpret and action Blood tests to include FBC, TFT, HbA1c, LFT, U&Es, cholesterol, ferritin, vita- min B12, folate, vitamin D				
	Referral for specialist nutritional management, as appropriate				
	Other:				

#### Working as a First Contact Dietitian – Paediatrics

\*Dietitians working with undifferentiated diagnosis in paediatric populations <u>must</u> have relevant masters level training and education (or be able to evidence equivalent experience) in the management of nutrition and dietetic practice in paediatrics\*

Dietetic-specific FCD Key Area	Tasks in scope of role (These tasks are taken from 'Key clinical investigations / referrals' column of the roadmap – page 141 onwards)	Evidence	Added to PDP	Signed agreed within scope of practice - dietitian	Signed agreed within scope of practice - employer or primary care clinical supervisor
Paediatrics	Assess Temperature; Pulse rate, rhythm, volume and character; Blood pressure; Respiratory rate; Oxy- gen saturation; Capillary refill time. Document within clinical system and take appropriate action on results				
	Conduct appropriate systems review depending on presenting problem				
	Understand referral criteria for midwife, health visitor, school health team, paediatrician, community paediatrician, child safeguarding, infant feeding team				
	Order, interpret and action blood tests as appro- priate to presentation				
	Recognise the need for Imaging (for example x-ray), ECG as appropriate to presentation				
	Understand the need to limit investigations in children to avoid unnecessary distress or radiation exposure				
	Demonstrate capability in Shared decision making with paediatric team and other colleagues				
	Referral for specialist nutritional management as appropriate				
	Other:				

#### Scope of Practice as a dietitian (not FCP)

These are pre-existing diagnosed conditions for which the dietitian is providing dietetic treatment and management. The dietitian should always link in with existing dietetic services before managing pre-existing diagnosed conditions to avoid duplication of services.

Dietetic-specific FCD Key Area	Tasks in scope of role (These tasks are taken from 'Key clinical investigations / referrals' column of the roadmap – page 141 onwards)	Evidence	Added to PDP	Signed agreed within scope of practice - dietitian	Signed agreed within scope of practice - employer or primary care clinical supervisor
Oral nutritional supplement management and nutrition support					
Irritable Bowel Syndrome					
Coeliac Disease					
Diabetes					
Overweight and obesity					
Cows milk protein allergy					
Selective eating in children					
Other:					

LEARNING/ DEVELOPMENT NEED	DEVELOPMENT OBJECTIVE	ACHIEVEMENT DATE	STRATEGIES TO USE	OUTCOMES/ EVIDENCE
EXAMPLE Be able to manage gastrointestinal conditions as a FCP*	EXAMPLE Have the capability to order, interpret, and action the relevant blood tests	EXAMPLE Within 6 months	<ul> <li>EXAMPLE</li> <li>agree tutorial on blood interpretation and process with Clinical Supervisor (CS)</li> <li>Link in with *** to get correct access to order on the system</li> <li>shadow CS ordering and actioning bloods</li> <li>undertake 2 x CPEPs with my CS where I am ordering bloods</li> </ul>	<ul> <li>EXAMPLE</li> <li>- date of completed tutorial</li> <li>- ability to order on the system</li> <li>- minimum of 2 x CPEPs assessed as capable and signed by my CS</li> </ul>
	EXAMPLE Identify red flag indi- cators	EXAMPLE Within 6 months	<ul> <li>EXAMPLE</li> <li>- agree tutorial on red flag indicators for gastro- intestinal conditions with CS</li> <li>- self directed learning on consultation models to use in primary care for history taking</li> <li>- shadow CS managing undifferentiated gastro- intestinal presentations</li> <li>- undertake 2 x CBDs with my CS where I am discussing gastrointestinal presentations</li> </ul>	<ul> <li>EXAMPLE</li> <li>Date of completed tutorial</li> <li>evidence of reflection on consultation models</li> <li>date of shadowing CS</li> <li>minimum of 2 x CBDs for gastrointestinal conditions signed by my CS</li> </ul>

\*Please note this is only an example PDP and does not cover all areas that you are likely to need to develop to manage this condition as a FCD.



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