



**BDA**

The Association  
of UK Dietitians

**Advanced  
Practice**

Specialist Group

**Before and After Advanced Practice training**

**Webinar 28<sup>th</sup> January 2026**

# Maria Barrett

## Advanced Practitioner



# Aims & Objectives

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- BDA AP 2025 Survey results:
  - Who are our members?
  - What regions and specialities do we work in?
  - Our skill mix progression
  - What USP do dietitians bring to AP roles?
  - What barriers are we facing during our AP training?
  - How are we supervised in our AP roles?



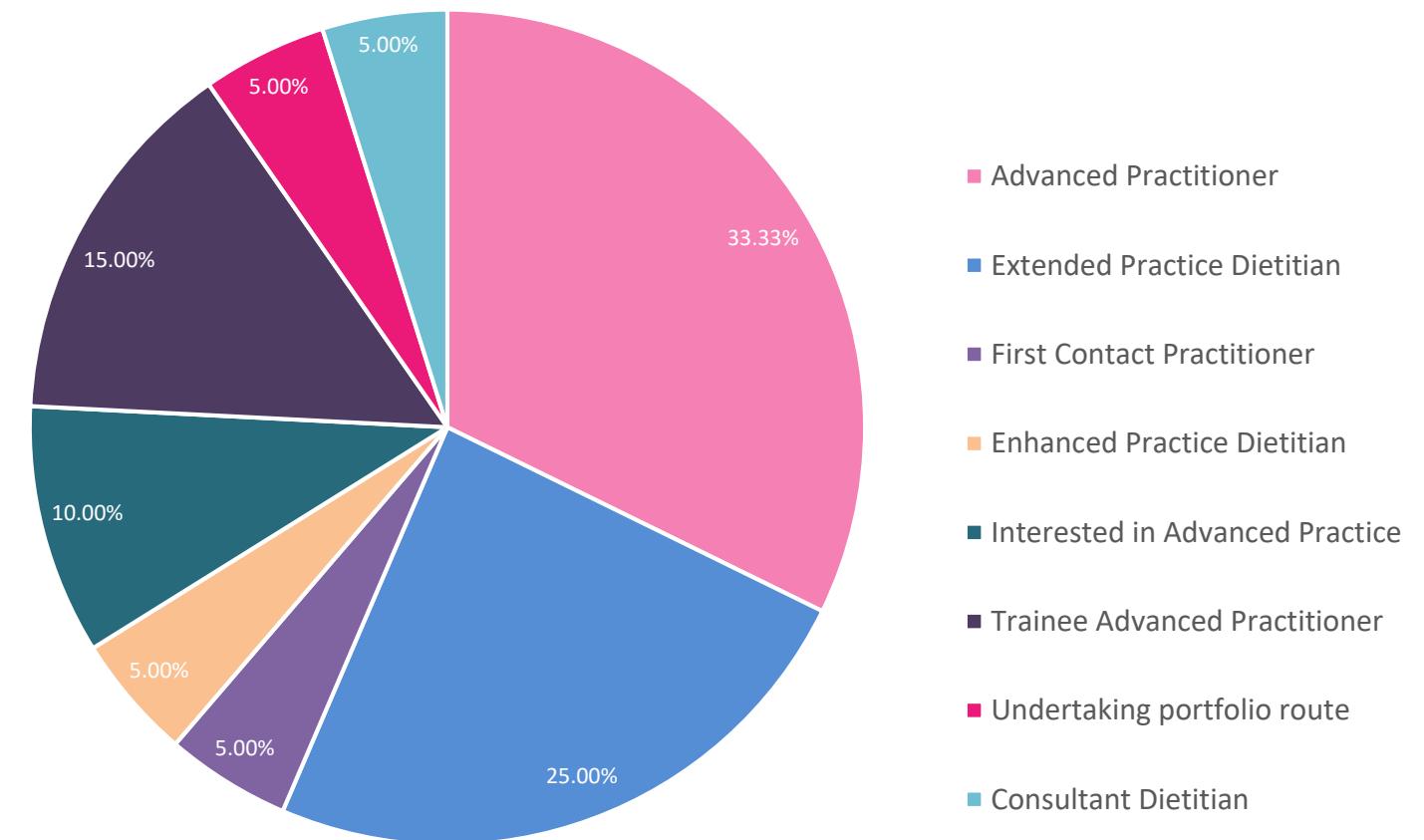
# Our members





# Who are our members?

29 survey responses



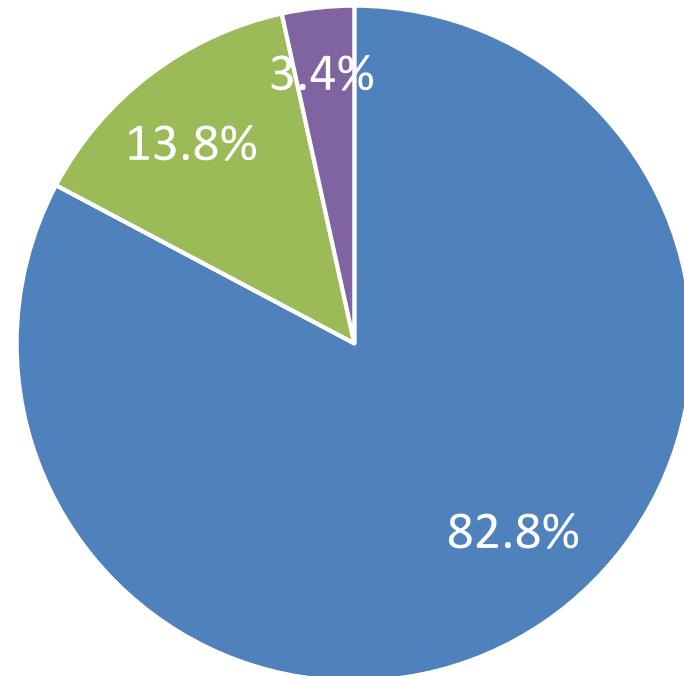


# **The regions & specialities with dietetic AP roles**

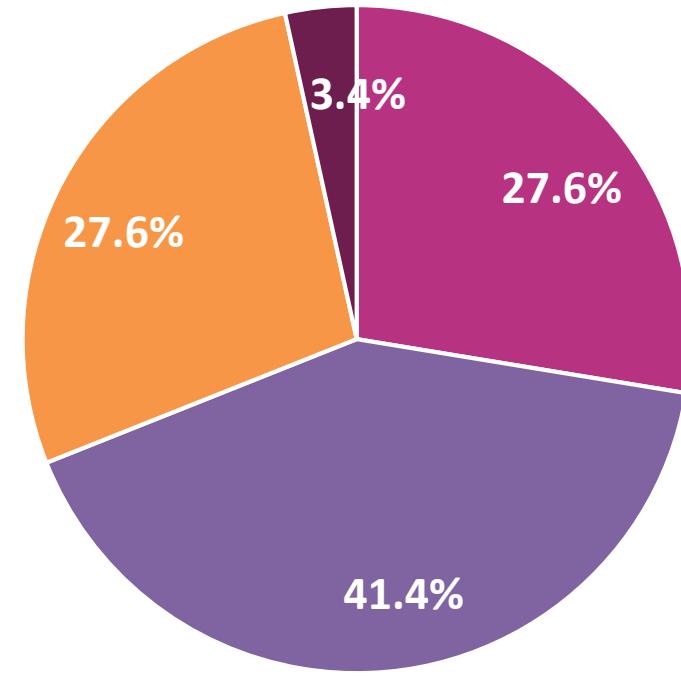
# Where are we all based?



Regions of Responders



Practice setting of Responders

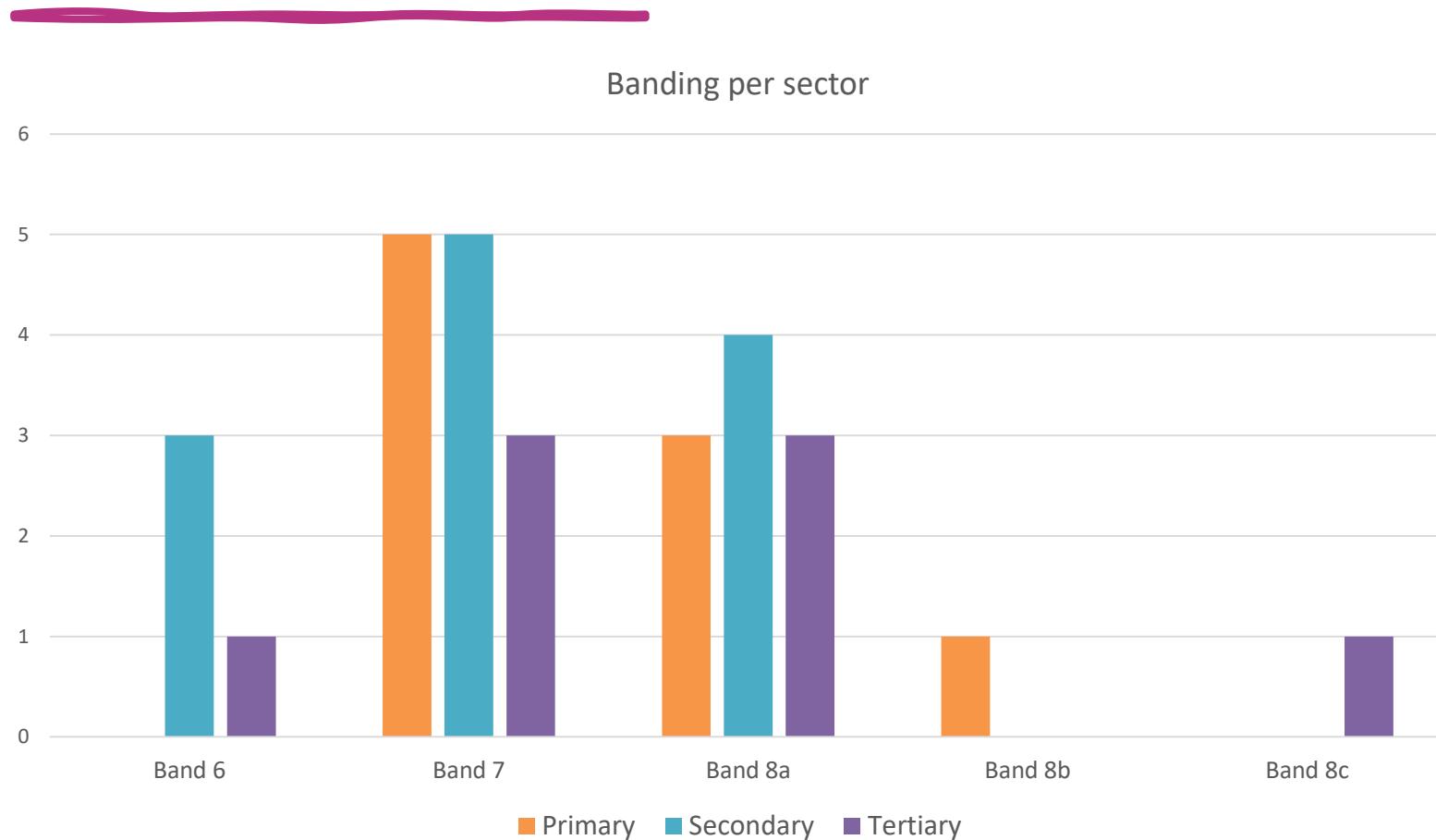


■ England ■ Wales ■ Scotland ■ Northern Ireland

■ Primary care ■ Secondary care ■ Tertiary care ■ Other

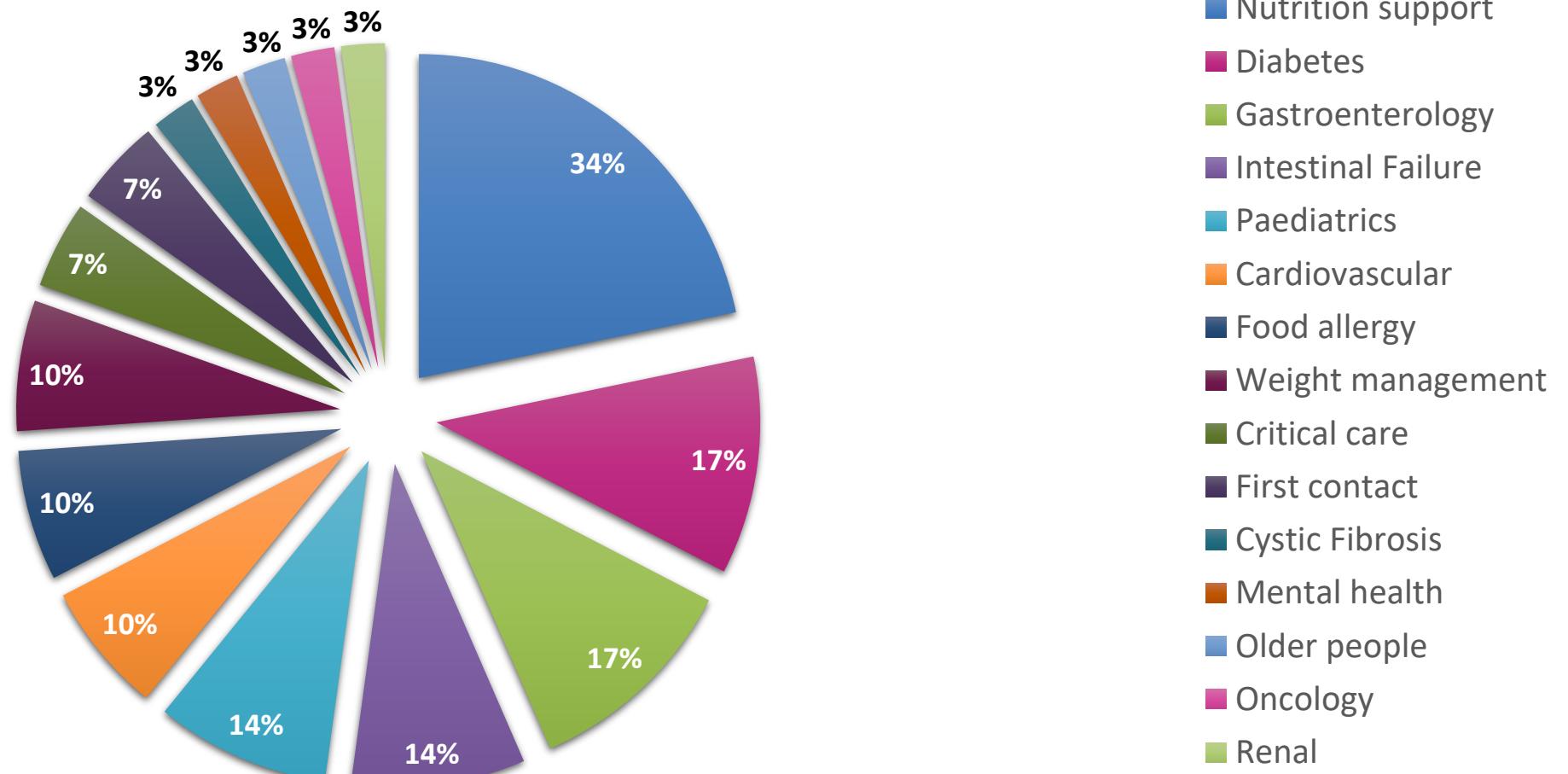


# Our members

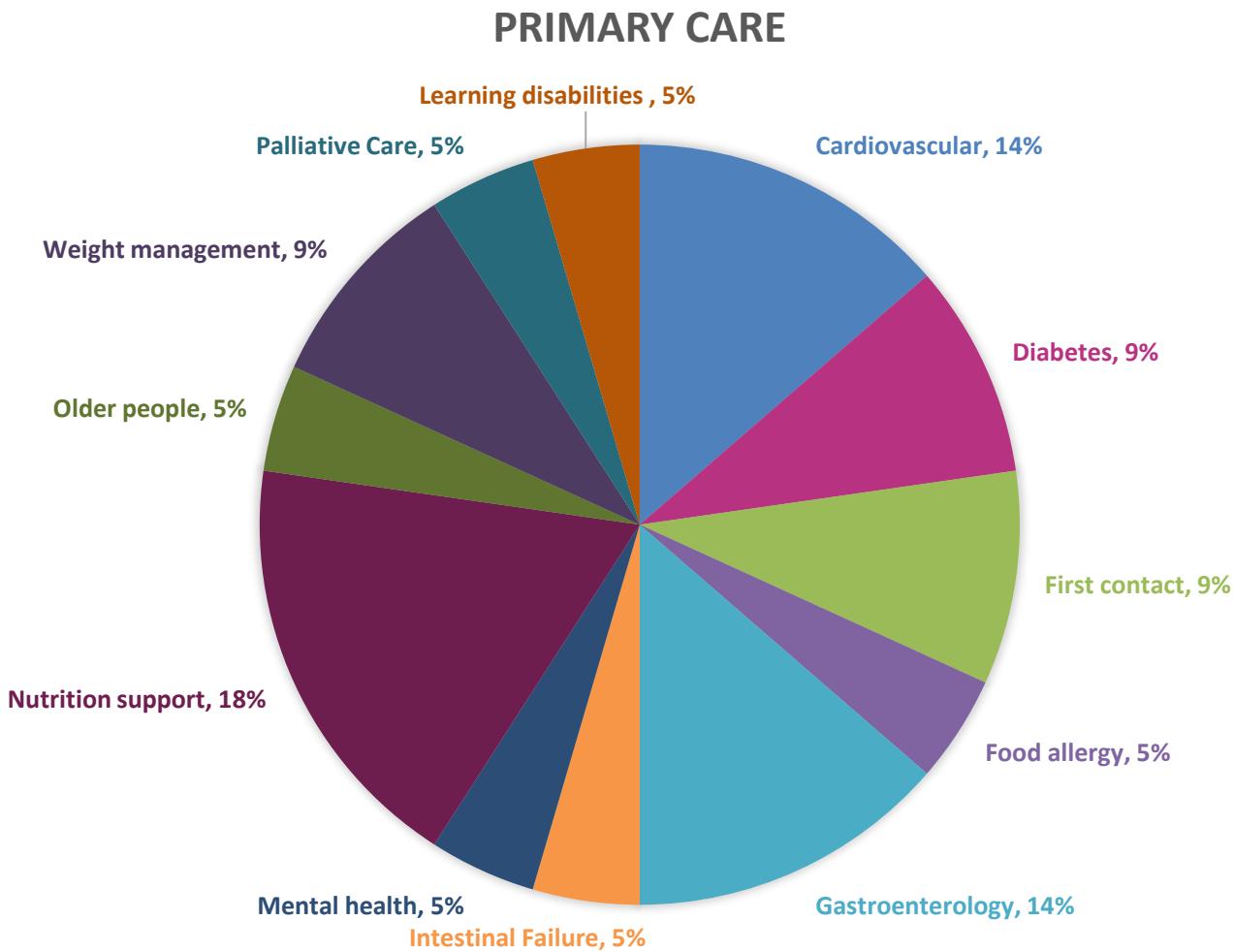


<b>Band 6</b>	<b>13.8%</b>
<b>Band 7</b>	<b>44.8%</b>
<b>Band 8a</b>	<b>34.5%</b>
<b>Band 8b</b>	<b>3.4%</b>
<b>Band 8c</b>	<b>3.4%</b>

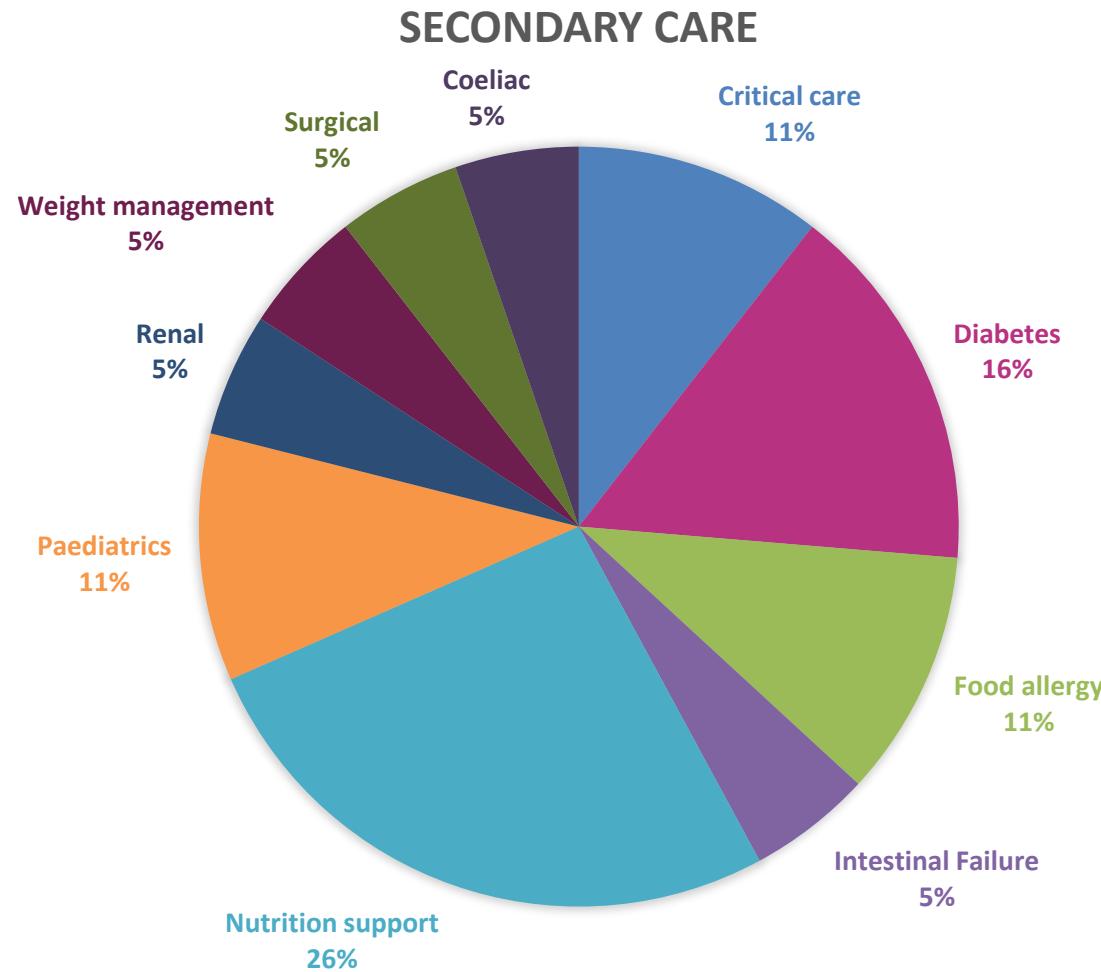
# What specialities do we work in?



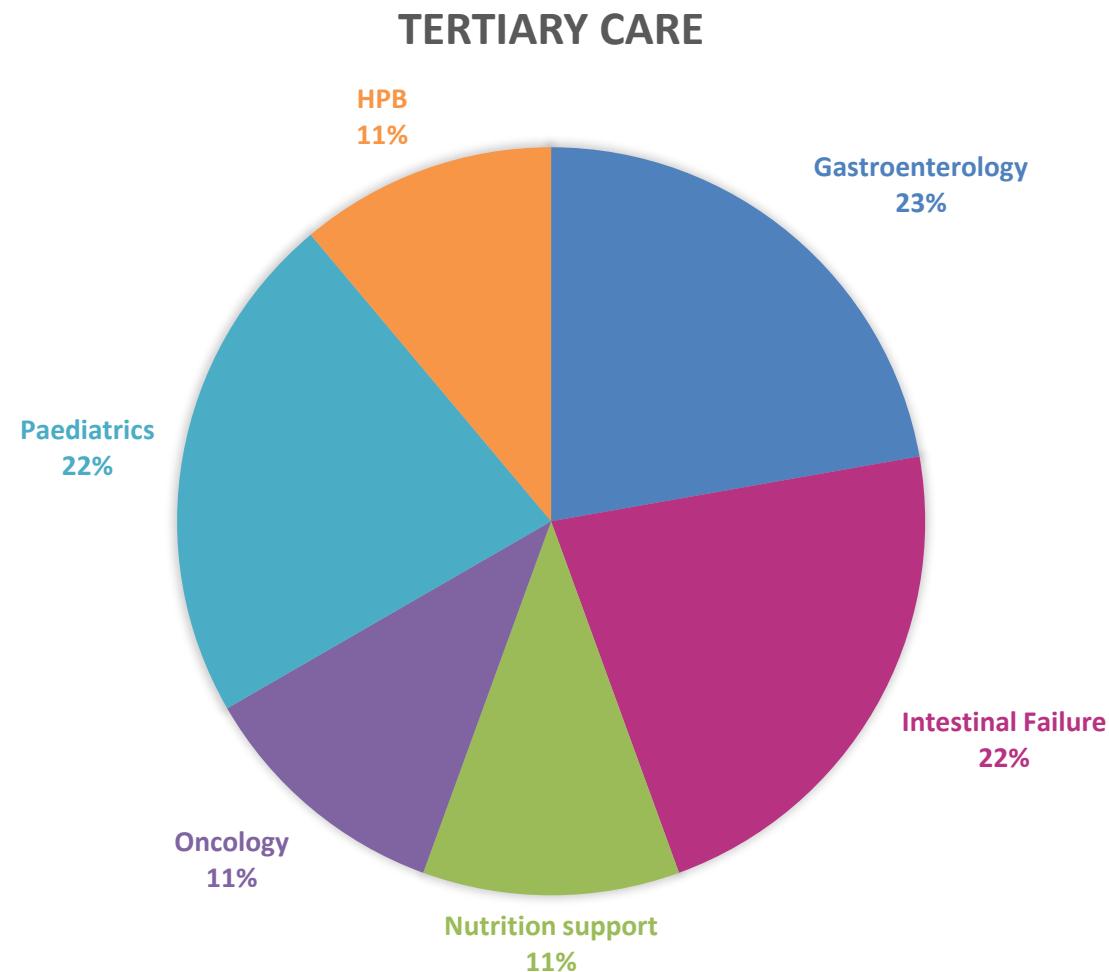
# What specialities do we work in?



# What specialities do we work in?



# What specialities do we work in?

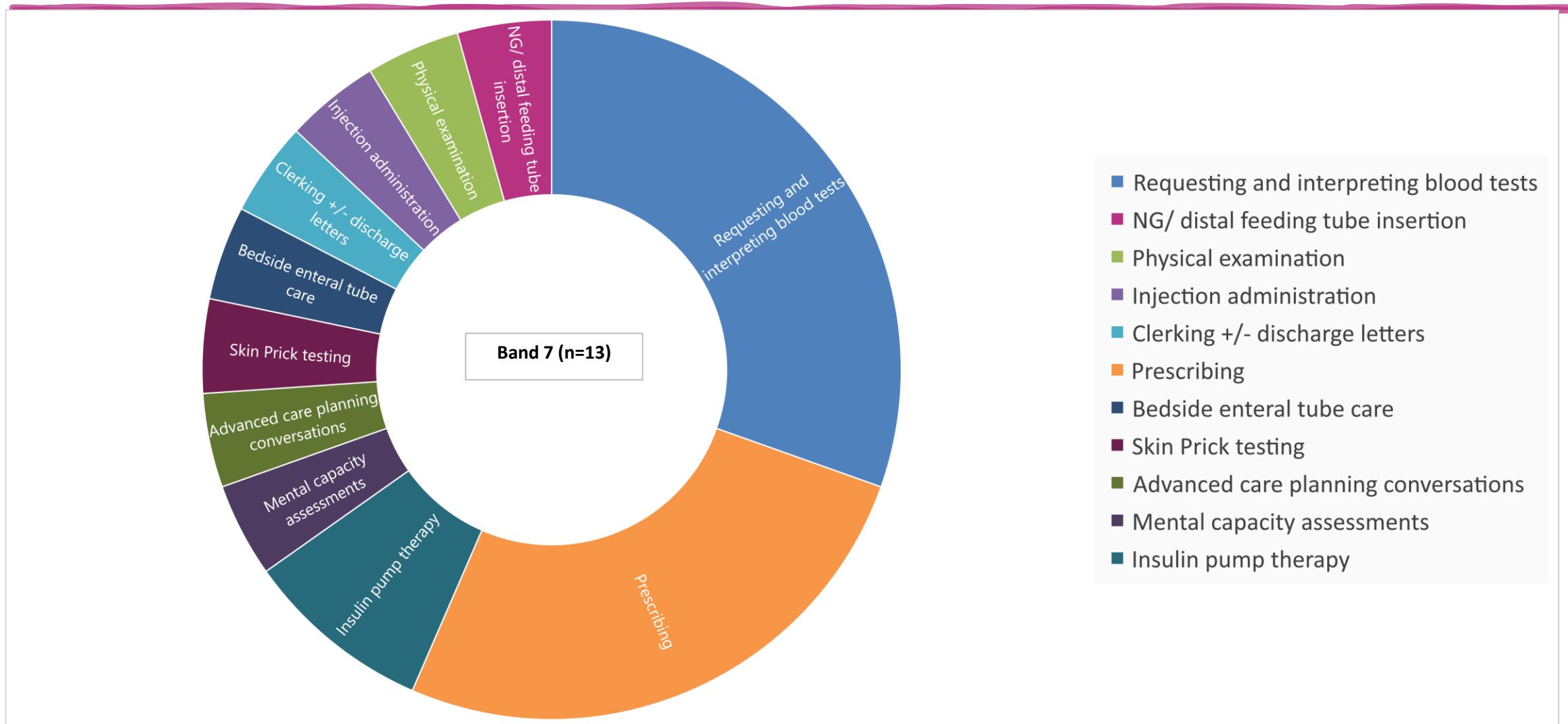


# Our skill mix

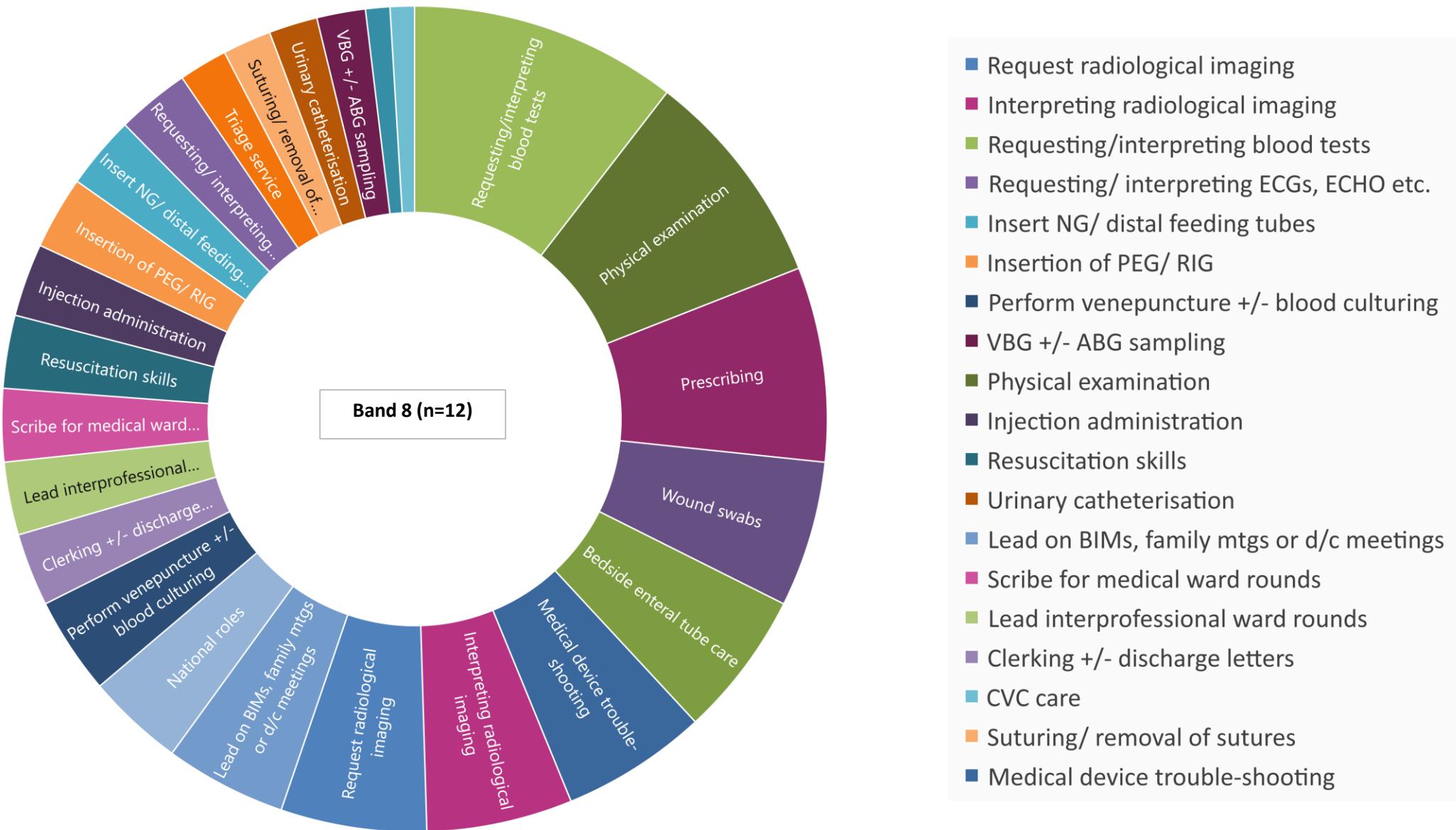
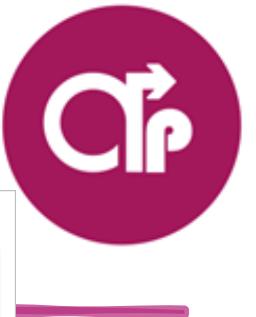


- Request radiological imaging
- Requesting and interpreting blood tests
- Lead on BIMs, family mtgs or d/c meetings
- Prescribing
- Medical device trouble-shooting
- Bedside enteral tube care

# Our skill mix



# Our skill mix





# **The advantages of dietitians in AP roles**

# What USP do dietitians bring to AP roles?

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Excellent teamworking skills

Holistic assessment

Integration of expert clinical & nutritional knowledge with **advanced communication**

Well placed to reduce health inequalities

**Can provide complete pathway of care for nutritional issues**

Taking legal responsibility for our prescribing decisions

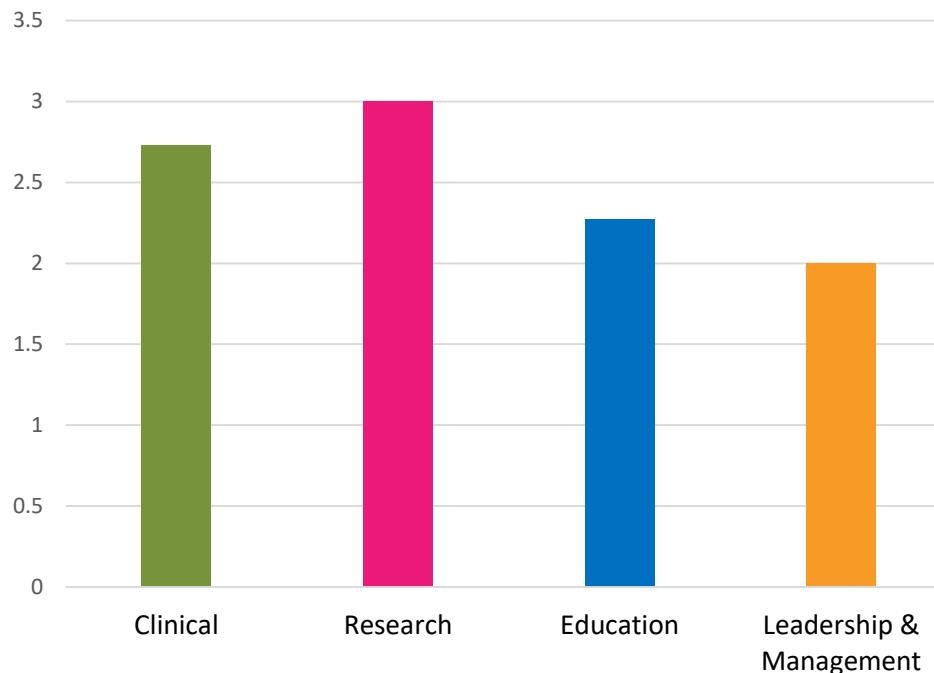


# Our AP training journeys

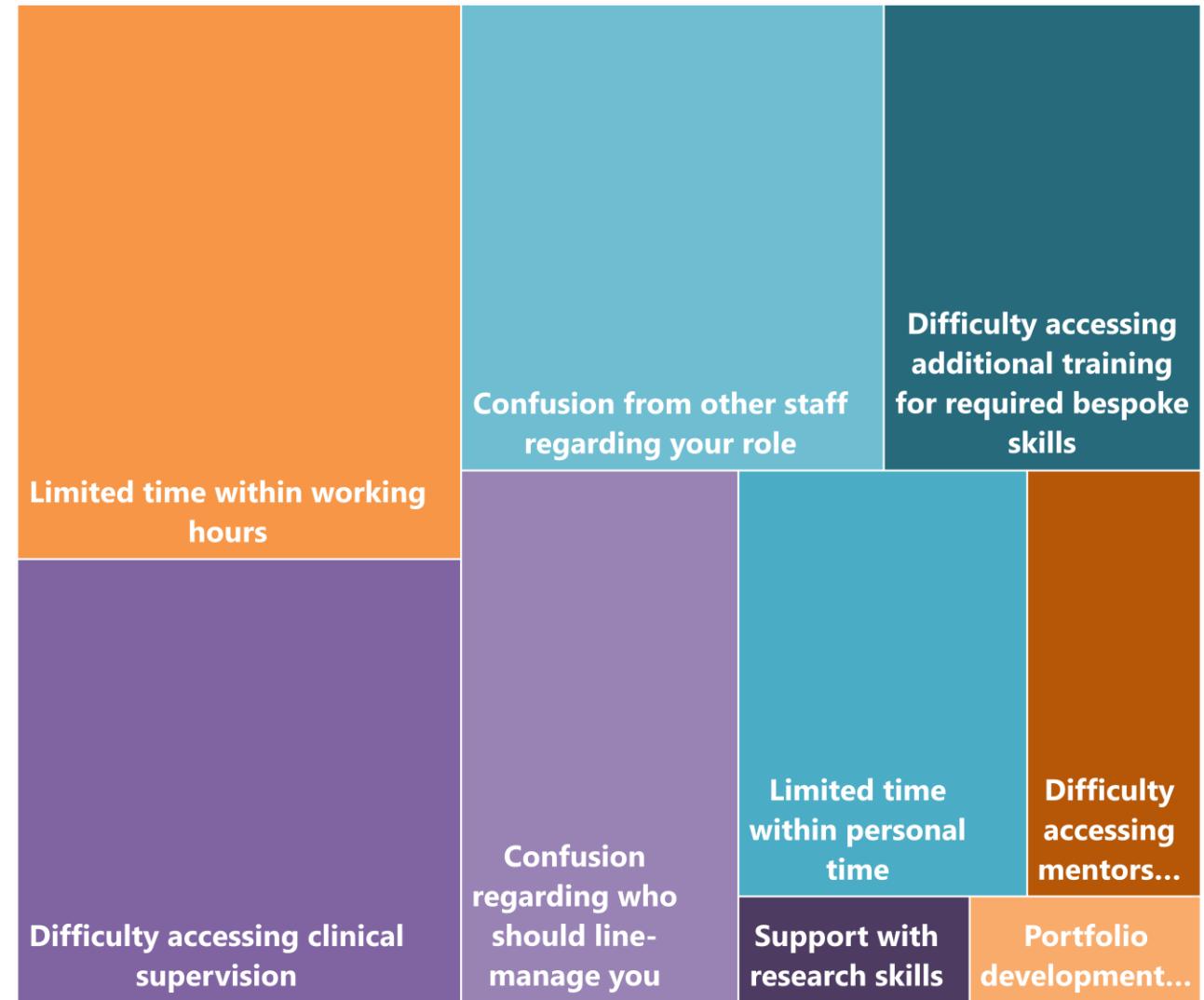


# AP Training

## AP Training - areas of difficulty



## BARRIERS TO TRAINING





# What training support do you want from us?

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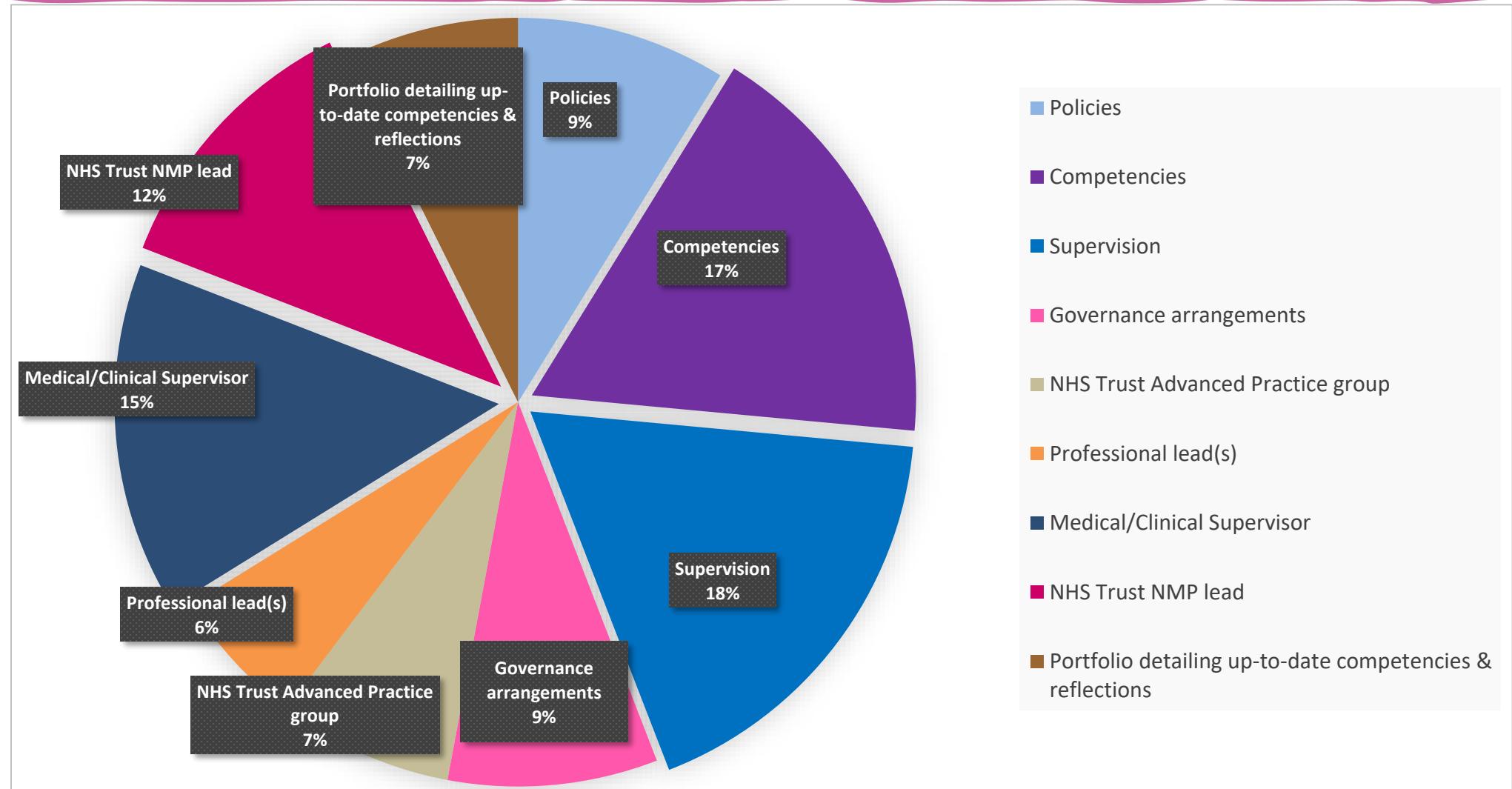
- More guidance on Uni MSc courses available
- Online training/ CPD courses
- Advice on insurance
- BDA-specific guidance for employers





**Supervisory  
support of our  
AP roles**

# Our supervisory arrangements





# Conclusion

- Dietetic AP roles are already established across a range of sectors and specialities
- Dietitians offer a range of unique skills, expert knowledge and experience that make us well suited to AP roles
- More is needed to demonstrate the value of dietitians in these roles and support us in our ongoing journeys



**Thank you**



## Advanced Practice

Specialist Group

### Developing AP Roles and services



[advancedpractice@bda.uk.com](mailto:advancedpractice@bda.uk.com)



[https://x.com/BDA\\_ACP](https://x.com/BDA_ACP)



[Basecamp - BDA - Advanced Practice](#)



# Supporting development

- Support colleagues to develop AP roles and services in partnership with the BDA and other teams/services

“It is hard to be what you cannot see...” – Marian Wright Edelman



# Why Advanced practice?

- Support workforce sustainability by enhancing clinical capacity
- Improve patient flow and reduce system pressures
- Provide expert assessment, diagnosis, and management
- Enable service delivery, improvements and education and research





# Building the case of need

- What are the gaps in service
- Benefits for stakeholders and patients
- Alignment with wider aspirations
- Governance benefits



# Building the case of need

- What are the gaps in service

## Unmet clinical need

- A gap in medical cover (ward rounds, OP clinics, clinical leadership)
- *Not meeting required frequency of medical review, clinical outcomes*
- *Delayed and infrequent assessment leading to delayed treatment and poor outcomes / complaints / preventable deaths*
- *Communication between teams and/or services can be unstructured and untimely, leading to near misses and/or duplication of work*



# Rationale

- *Remodelling the workforce (job satisfaction and retention)*
- *Majority of the service provision (medical, nursing and dietetic care) can be delivered by an AP team, supported by an MDT.*
- *Provide robust service cover, continuity of care and address succession planning to develop a “more flexible workforce” in line with national workforce strategy e.g. NHS long term plan*
- *Delayed and infrequent assessment leading to delayed treatment and poor outcomes / complaints / preventable deaths*
- *Support nursing, AHP and medical development and training*
- *Model Trust values / vision (national leaders)*
- *Communication between teams and/or services can be unstructured and untimely, leading to near misses and/or duplication of work (service coordination)*
- *Meet NICE guidelines (expectations of care)*
- *Not meeting required frequency of medical review, clinical outcomes (benchmarked)*



# Service needs analysis

## Unmet clinical need

- *Absence of succession planning*
- A gap in medical cover (ward rounds, OP clinics, clinical leadership)
- *Not meeting required frequency of medical review, clinical outcomes (benchmarked)*





# The proposal

## Proposal

Develop an Advanced Partitioner role to develop and lead a service to meet the needs of (regional and local) patients referred with complex enteral nutrition (CANH) requirements.



# Example

## Justification

Retirement of 1 (of two) gastroenterologists who deliver the gastrostomy service

Service provision assessment and intervention) will decrease by 50%:

- Clinic waiting lists to increase from 3 to 6 months
- Capacity to insert de novo gastrsotomy will drop from 6 to 3 per week
- Bed occupancy and length of stay will increase (avg admission 2 weeks per patient)
- Costings

Impact on welfare, health and QOL

Trends in service demand (numbers, ED attendances etc)

Inquest's findings / Coroners' rulings (Regulation 28)

Patient satisfaction and complaints

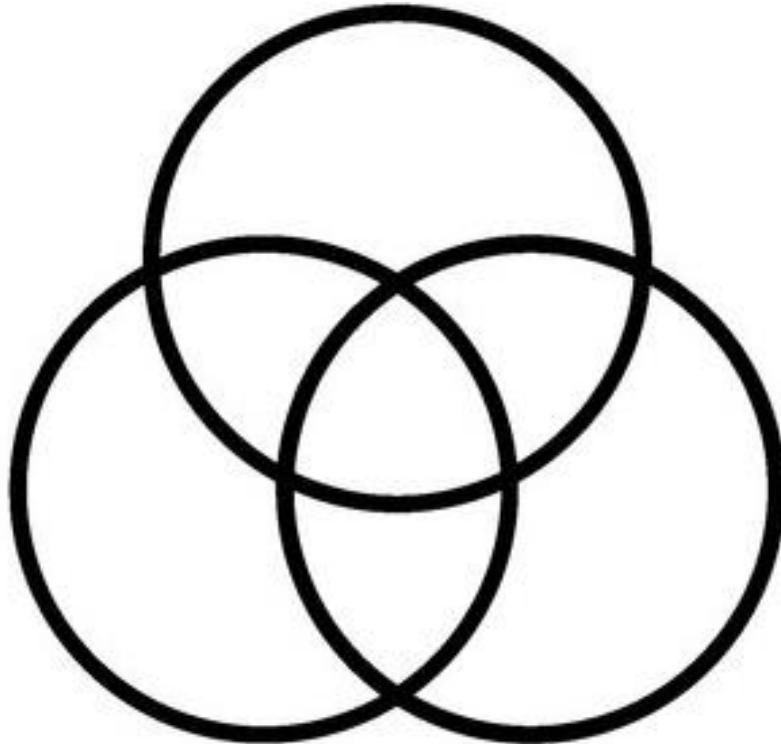
Cost savings (Cons vs AP, bed-nights)



# The Stakeholders

Identify stakeholders:

- Clinical director
- Operational director
- Nurse director
- Clinical Lead(s)
- Line manager
- Local AP faculty (Trust / Regional)
- AP professional lead
- ICB Leads
- CEO
- Medical Director(s)





# Clinical Supervision



Source: [Something very weird is happening inside Earth's core | BBC Science Focus](#)



# Training Plan

## Training Plan

Year 1

Year 2

Year 3

Year 4

Year 5





# Training Plan

## Example

Academic training plan	Clinical training plan
AP MSc	Advanced physical assessment and history taking
Bespoke modules / training	Non-medical prescribing
Sedation course	
JAG Accreditation for upper GI Endoscopy	
Leadership	





# Job plan example

## Year one

Mon	Tues	Wed	Thurs	Fri
Clerking and ABCDE	Ward Rounds	Non-clinical	University	Ward Rounds
PEG List	Clinic	Sedation training list		PEG List





# Quality Assurance

- Risk assessment
- Clear scope of practice
- Responsibility, accountability, vicarious liability
- Professional, clinical line management
- Job description: roles and responsibilities
- Route(s) of escalation
- Competency-based assessment and development
- Clinical supervision
- Training plans
- Non-medical prescribing policy
- Examples of other roles nationally
- Non-medical referrers policy

## Risk assessment

	Description	Consequence 1-5	Likelihood 1-5	Risk Score	Mitigating Actions
1	Not being able to have backfill	4	1	Rare	Access backfill money from nurse education budget
2	Post holder leaves or goes off long term sick	4	1	Rare	Can't mitigate as too specialised a post at access point
3					
4					

	Likelihood				
Consequence	1	2	3	4	5
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5





# Quality Assurance

- Risk assessment
- Clear scope
- Responsible
- Professional
- Job description
- Route(s) of delivery
- Competency
- Clinical supervision
- Training plans
- Non-medical roles
- Examples of other roles
- Non-medical recruitment

## Option Appraisal

Options	Advantages	Disadvantages
Do Nothing	None	Not being able to influence and improve long term outcomes for neonates and reduce nutrition related incidents. Current risk is lack of prescribing ability for Parenteral Nutrition, Specialist Milks and vitamin/mineral supplementation
Advertise for an internal ACP post and access apprenticeship levy to pay for education and training	Will fulfil all objectives	Reduce clinical dietetic support on the unit
Advertise for an internal ACP post and access apprenticeship levy to pay for education and training plus backfill for appropriate cover with a view to longer term recruitment of a band 7 Paediatric dietitian	Will fulfil all objectives and allow for adequate dietetic cover during training and succession planning	None

Likelihood 1-5	Risk Score	Mitigating Actions
1	Rare	Access backfill money from nurse education budget
	Rare	Can't mitigate as too specialised a post at access point

	4	5
Possible	Likely	Almost certain
4	10	15
3 Moderate	8	12
2	12	16
2 Minor	6	9
1	8	10
1 Negligible	2	3
	4	5





# Funding streams



## Stakeholder Analysis

Within the division	Agreed with Neonatal nursing and medical team, divisional manager and clinical director
Other divisions	Liaised and discussed with Apprenticeship team
Other organisations	University Neonatal Network
Commissioning bodies	N/A

## Financial Summary

Enabling investment required				
Expenditure	Recurring / Non-Recurring	2020/21	2021/22	2022/2023
Pay	Band 7 0.4wte for backfill	Band 7 0.4wte for backfill	Band 7 0.4wte for backfill	Band 7 0.4wte for backfill plus enhancement from full-time band 7 to band 8a
Non-Pay	None	None	None	None
Capital	Non-Recurring	None	None	None
Income	Recurring / Non-Recurring	2020/21	2021/22	2022/2023
Commissioning income	N/A	N/A	N/A	N/A
Operating income	Out-patient Tariff	Out-patient Tariff	Out-patient Tariff	Potential consultant- led outpatient tariff
Other income	Lectures and clinical research trials			
Contribution		2020/21	2021/22	2022/2023
Net contribution				





# BDA Resources



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About Dietetics ▾ Food & Health ▾ News & Campaigns ▾ Membership ▾ Practice & Education ▾ Events ▾ Union ▾ SENR ▾

You are here: [Home](#) > [Practice, Education and Research](#) > [Careers and workforce](#) > Advanced practice

## Advanced practice

Sample Business Case  
Neonatal Advanced Clinical Practitioner

[Case for Change](#)



Help us help you: [advancedpractice@bda.uk.com](mailto:advancedpractice@bda.uk.com)



# Close and discussion



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[https://x.com/BDA\\_ACP](https://x.com/BDA_ACP)



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👉 [Please complete the AP survey here](#) 👈



# Advanced Practice: Where next?

Dr Kirsty Martin-McGill PhD RD

Advanced Practice Education and Training Senior Manager  
North West Faculty for Advancing Practice

# Workforce, training and education

Advanced Practice

Search



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## Welcome to The Centre for Advancing Practice

Classification: Official



The Centre for  
Advancing Practice

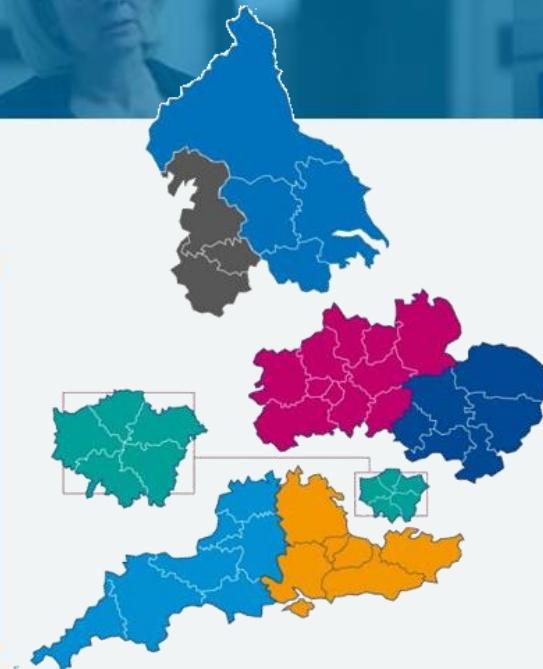
Multi-professional  
framework for advanced  
practice in England

2025



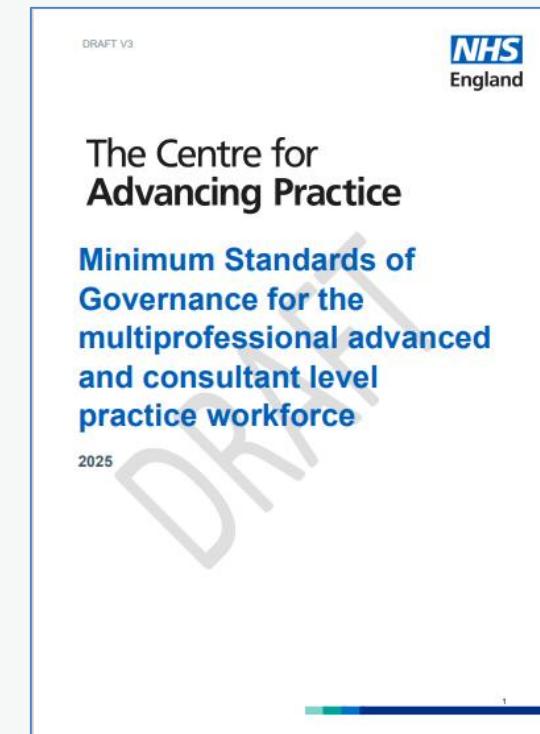
Publication reference: PPN61570

**The Centre for Advancing Practice is working to build a recognised and visible advanced practitioner workforce. This workforce are really important for making sure the NHS can handle whatever challenges come up in the future.**



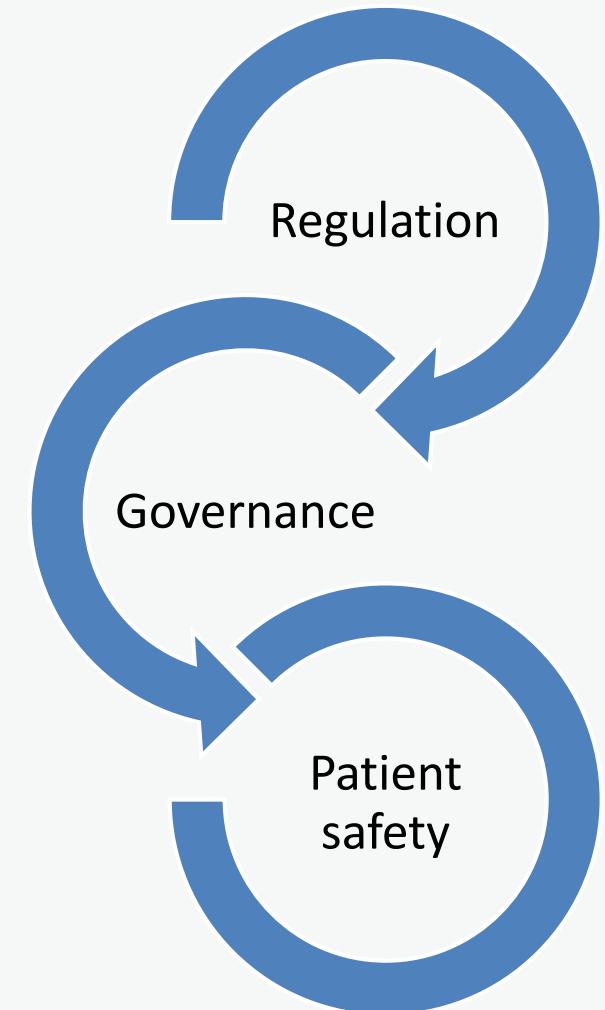
# Governance

- The Governance Maturity Matrix was published in 2023
  - Organisational AP Leads
- Minimum Standards of Governance for Multiprofessional Advanced and Consultant Level Practice Workforce due to be published soon:
  - Threshold requirements for organisations
  - To ensure quality in education and safety in service delivery
  - Includes trainee and qualified APs and consultant practitioners
  - Covers governance, leadership, workforce, training, supervision, clinical practice and CPD.



# Governance

- Advanced and consultant practice is delivered by health and care professionals who are registered with a statutory body
- Each regulator publishes standards for their registrants
- NMC regulation
- HCPC webinar series
- Portfolios



# Supervision

With this refresh, we are empowering employers to invest in their staff's growth, ensuring a safe, capable, and resilient workforce that's ready to tackle the challenges of modern healthcare

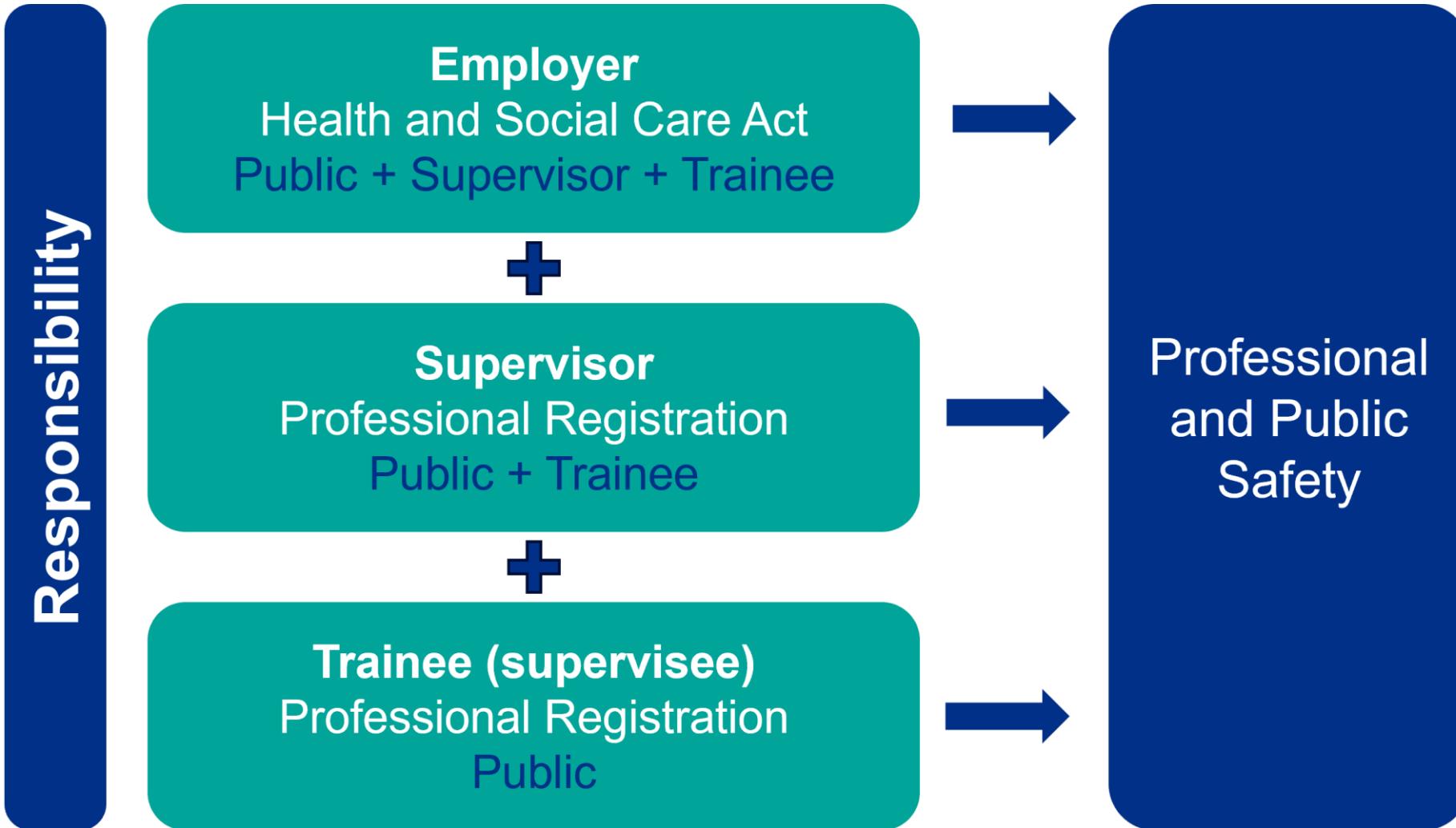
**The Centre for Advancing Practice**

**Workplace Supervision for Advanced Practice**

Refreshed 2025



# Responsibilities



# eLearning for AP supervisors



Introduction



Supervision for developing advanced practitioners



What makes a good supervisor?



Knowledge check



Summary and resources

## What is supervision for advanced practice?

Supervision is the cornerstone of professional and public safety and an integral part of health and care for all levels of practice across the workforce.

It is focused on maintaining and promoting professional and public safety through continuous professional learning.



## The 4 pillars of advanced practice

Developing as an advanced practitioner combines level 7 (master's) academic development with workplace development of advanced level capabilities. Capabilities are developed across 4 pillars of practice.

Select the to find out more about these pillars.



# Consultant level practice

- Learning disability and autism pilot
- Resource development
- Educational delivery and potential funding models
- Masterclass: 10<sup>th</sup> February 2026

The Centre for  
Advancing Practice

Multi-professional  
consultant-level practice  
capability and impact  
framework

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The Centre for  
Advancing Practice

Multi-professional  
consultant-level practice  
capability and impact  
framework

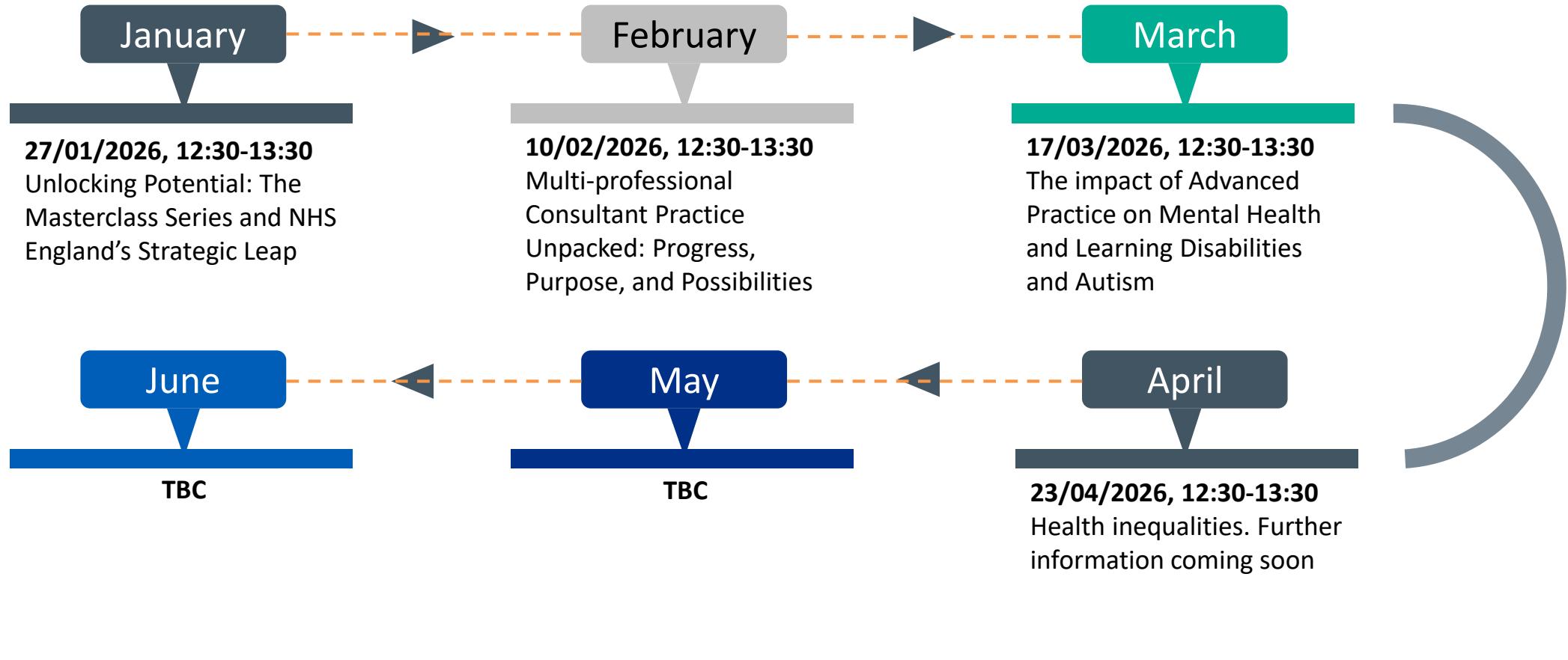
Self-assessment tool

Version 1 June 2023

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# Centre for Advancing Practice: Masterclasses



# Networking



Specialist groups



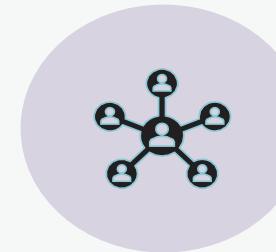
Faculty for  
Advancing Practice  
regional newsletters



Local communities  
of practice



Local, ICS, regional  
and national  
conferences



Digital platforms e.g.  
LinkedIn, NHS  
Futures

The Centre for  
Advancing Practice



# CONFERENCE

10 to 14 November 2025



<https://advanced-practice.hee.nhs.uk/>

Register now on the  
Centre website

#AdvancingPractice2025

#10Years3Shifts1Mission

# International Journal for Advancing Practice



INTERNATIONAL JOURNAL FOR  
INTERNATIONAL JOURNAL FOR  
INTERNATIONAL JOURNAL FOR  
**Advancing  
Practice**

Volume 1, Number 1 January 2023

The only dedicated journal for all areas of multi-professional advanced practice across health and care

**EDITORIAL**  
Equality, diversity and inclusion: a focus on LGBTQ+ people  
Brian Nyatanga 399

**SHORT REPORT**  
Multi-level classroom learning prepares nurses for future collaboration in palliative care: an educational initiative  
Heidi Mason, Deborah M Price, April Bigelow and Karen Harden 401

**RESEARCH**  
Bereaved family members' perceptions of nursing care in an inpatient hospice palliative care unit  
Carolyn Maze, Carolyn Wilkinson, Kelli Stojduhar, Helena Dault, and Shelley Tysick 406

The opioid epidemic and the impact on opioid prescribing in hospice and palliative care: a qualitative study  
Joshua Borders and Susan Letvak 426

The effectiveness of a pain management programme on pain control and quality of life in patients  
Alfred Pissutkul, Arunee Dechaphunkul, Tippanwan Arundom, Malwan Songserm, Anongnart Ruengdom and Chiravadee Sathirungsak 436

**RESEARCH ROUNDUP** 445

**RESEARCH** **EDUCATION** **CLINICAL PRACTICE** **LEADERSHIP AND MANAGEMENT**

[www.internationaljournalforadvancingpractice.com](http://www.internationaljournalforadvancingpractice.com)

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## Thank You



**advanced-practice.hee.nhs.uk**



**kirsty.martin-mcgill@nhs.net**

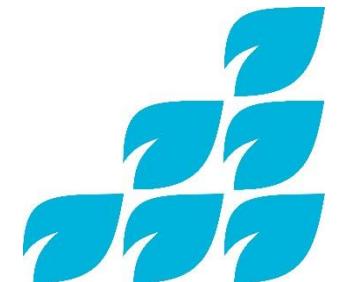




The Association  
of UK Dietitians

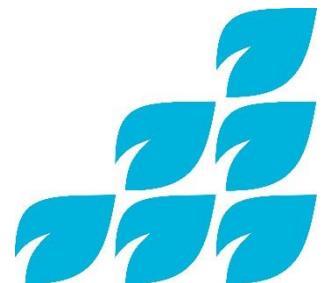
# Advanced Level Practice

Tanya Rumney – Workforce Lead (BDA)



# How does the BDA define Advanced Practice?

- Level of practice rather than a role title
- Four nation approach
- Dietetic Career Framework (2025) – inclusive language to recognise that advanced level practice occurs in and outside of NHS across UK



# How does the BDA support dietitians working at advanced level of practice?

- ☛ Specialist group for members interested in advanced practice:

<https://www.bda.uk.com/specialist-groups-and-branches/advanced-practice-specialist-group.html>

- ☛ Advanced practice webpage:

<https://www.bda.uk.com/practice-and-education/career-and-workforce/advanced-practice.html>

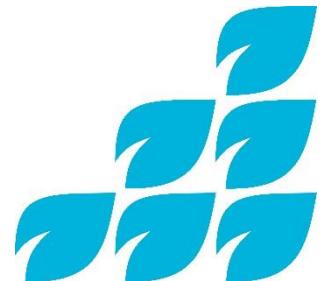
- ☛ Dietetic Career Framework:

<https://www.bda.uk.com/practice-and-education/career-and-workforce/bda-career-framework.html>



# BDA Indemnity Insurance

- Legislation introduced in 2014 as a condition of HCPC
- Usually this will be through your employer
- PII required if they bring action against you
- Cover only for working within the scope of nutrition and dietetic practice
- Detailed in individual job descriptions
- If it is novel or high risk, contact the insurance directly through the webpage (log in required)





# Close and discussion



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