



The Association
of UK Dietitians



Advanced Practice

Specialist Group

Before and After Advanced Practice training

Webinar 28th January 2026



Maria Barrett

Advanced Practitioner

Aims & Objectives



- 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?

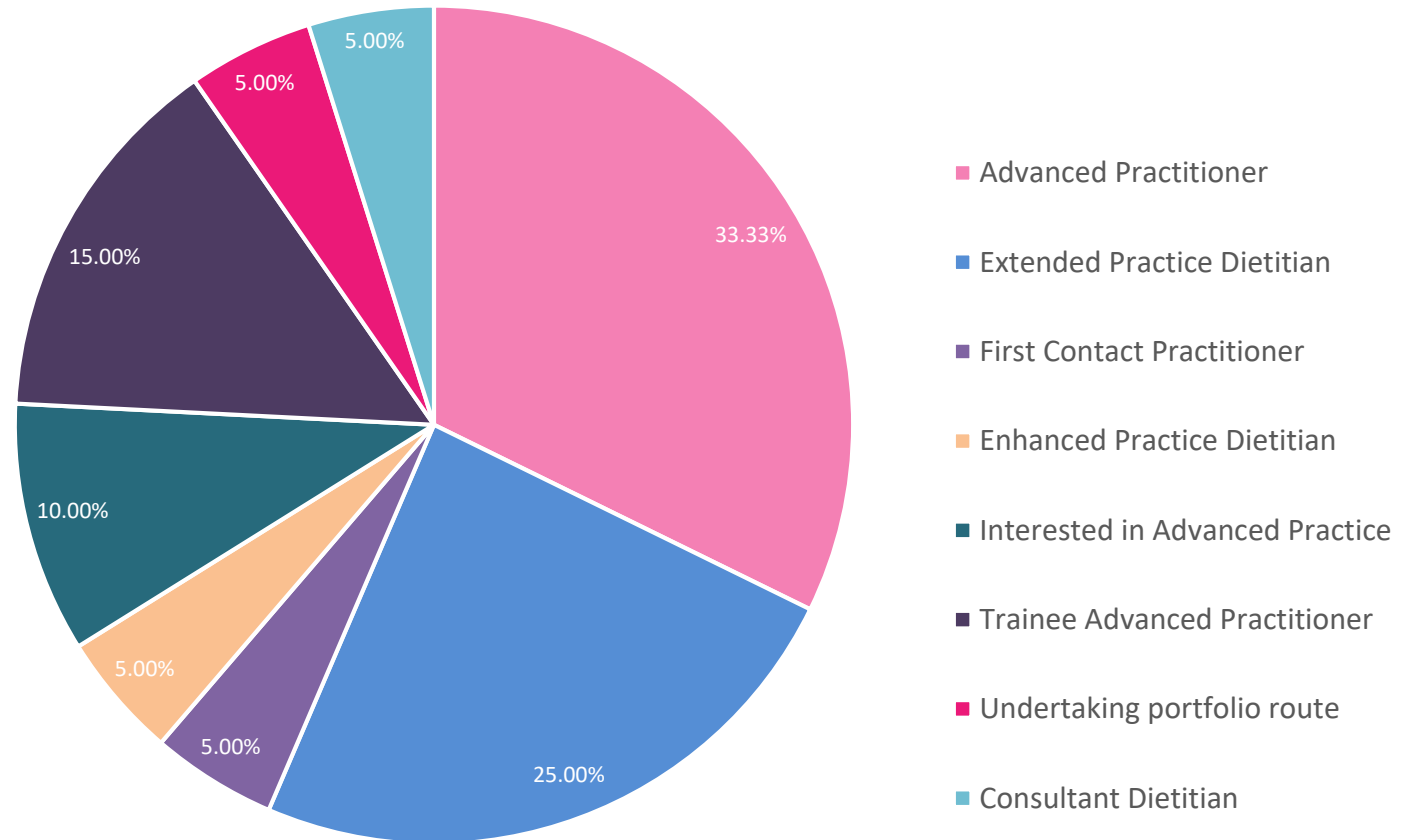


Our members



Who are our members?

29 survey responses



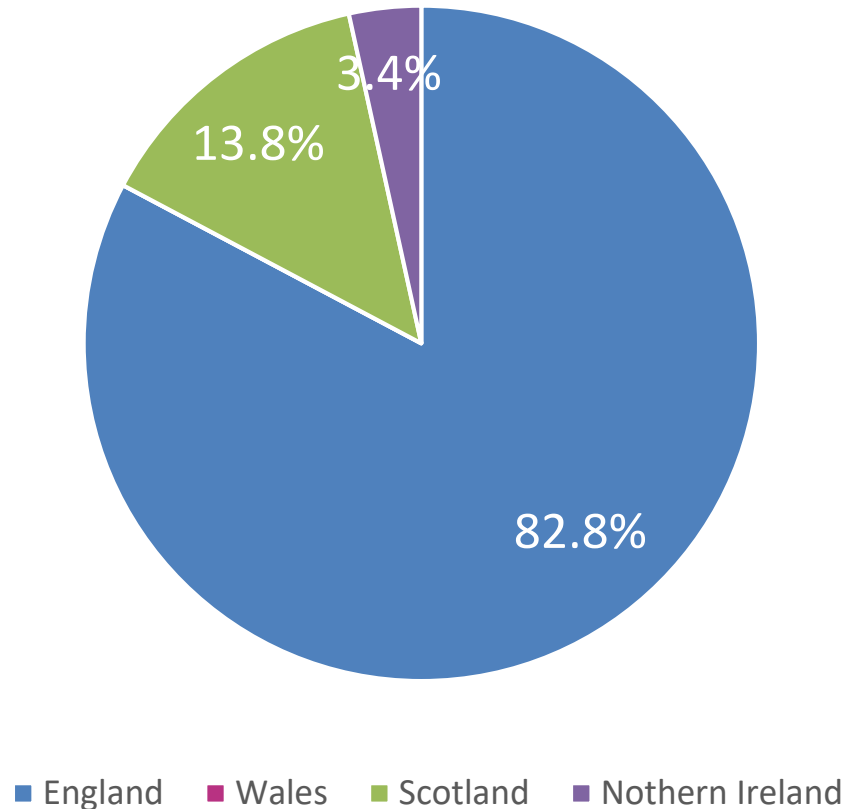


The regions & specialities with dietetic AP roles

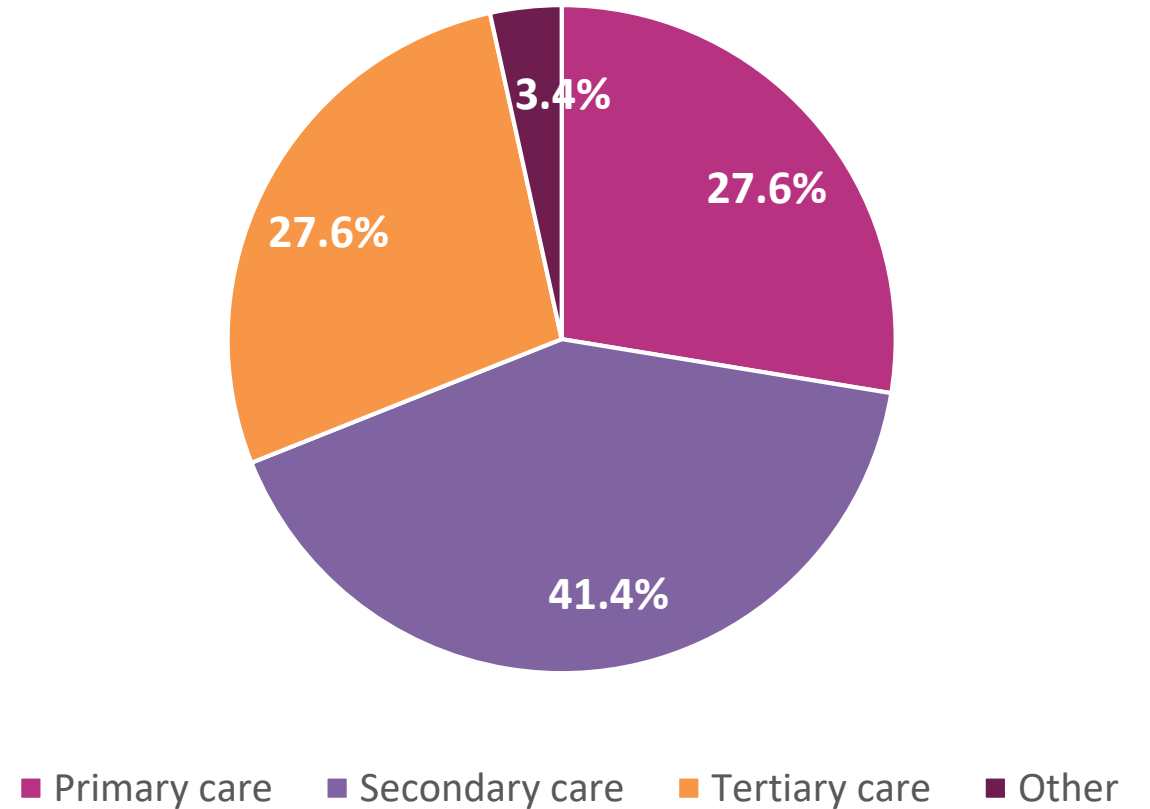
Where are we all based?



Regions of Responders

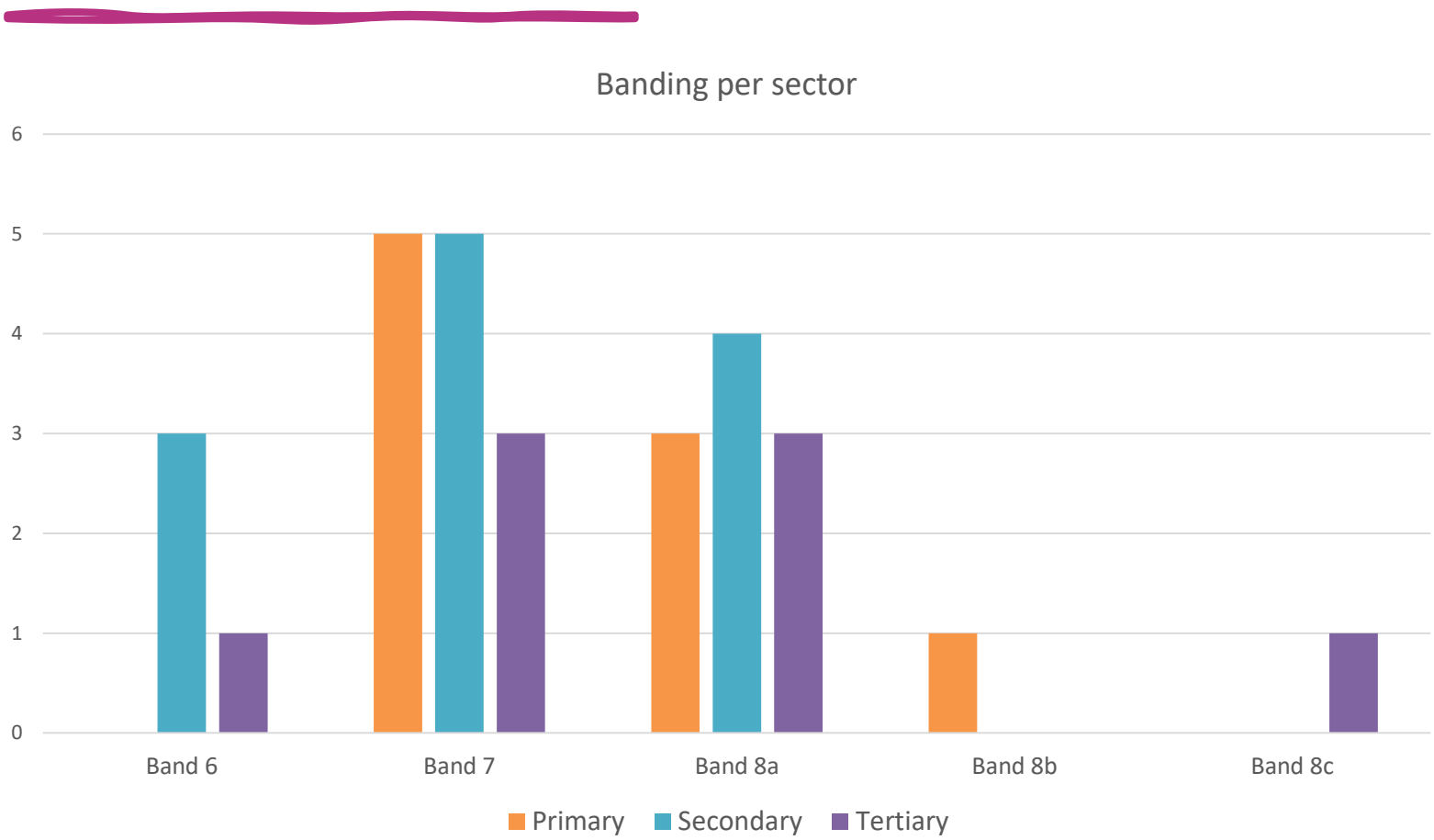


Practice setting of Responders



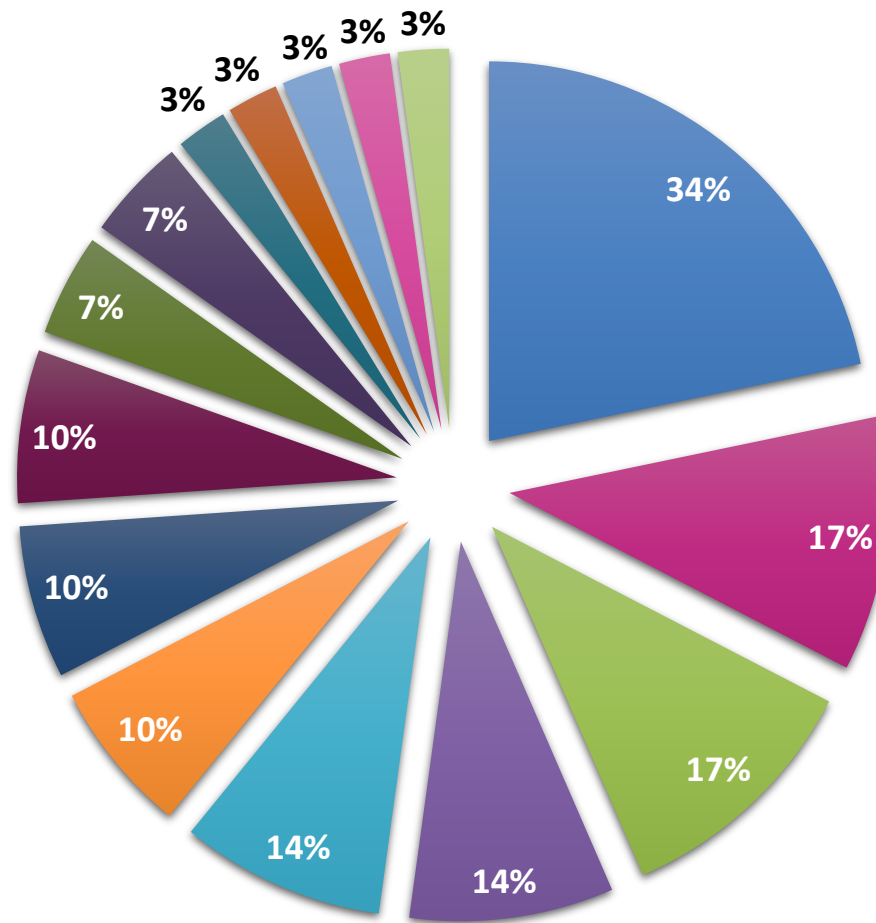


Our members



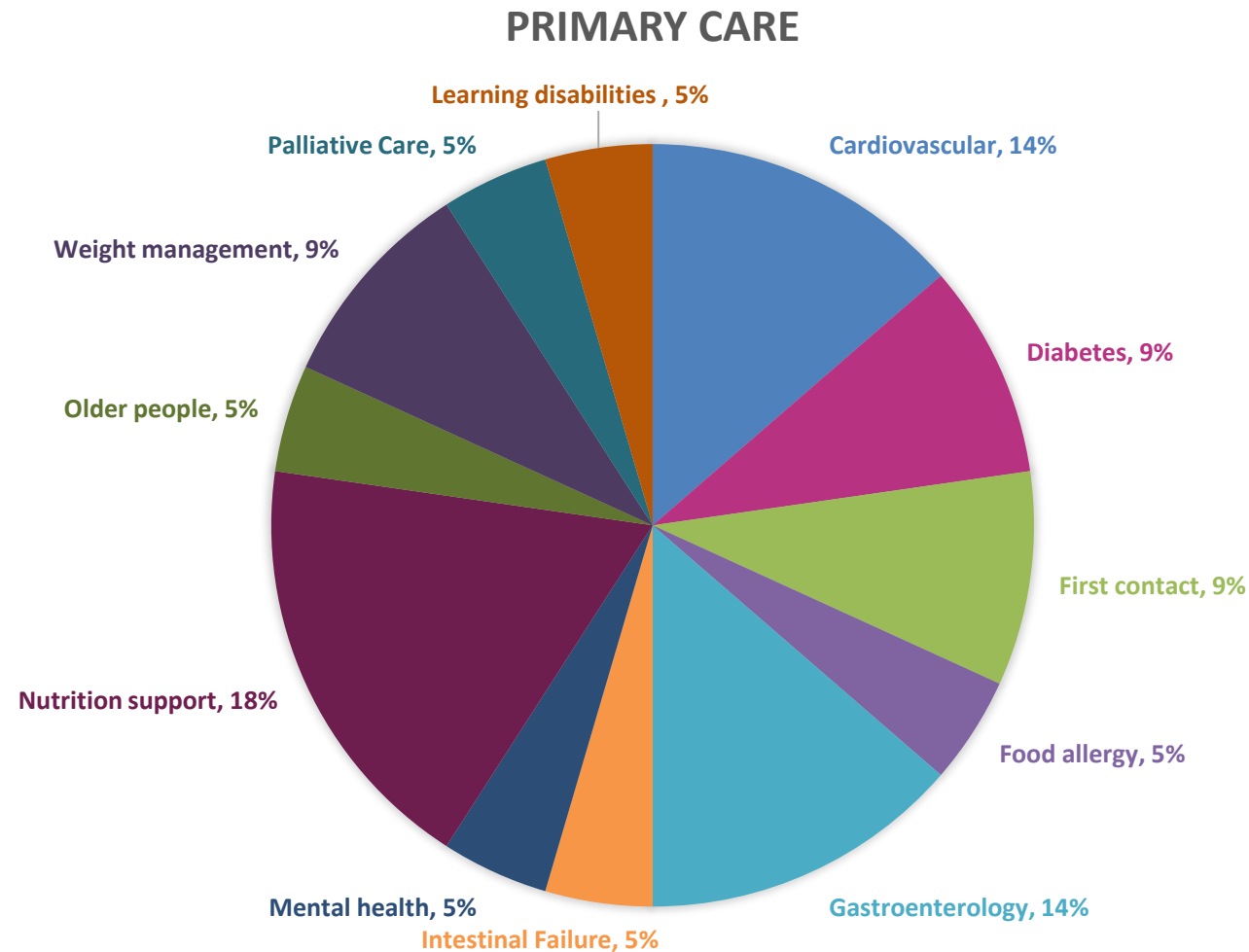
Band 6	13.8%
Band 7	44.8%
Band 8a	34.5%
Band 8b	3.4%
Band 8c	3.4%

What specialities do we work in?

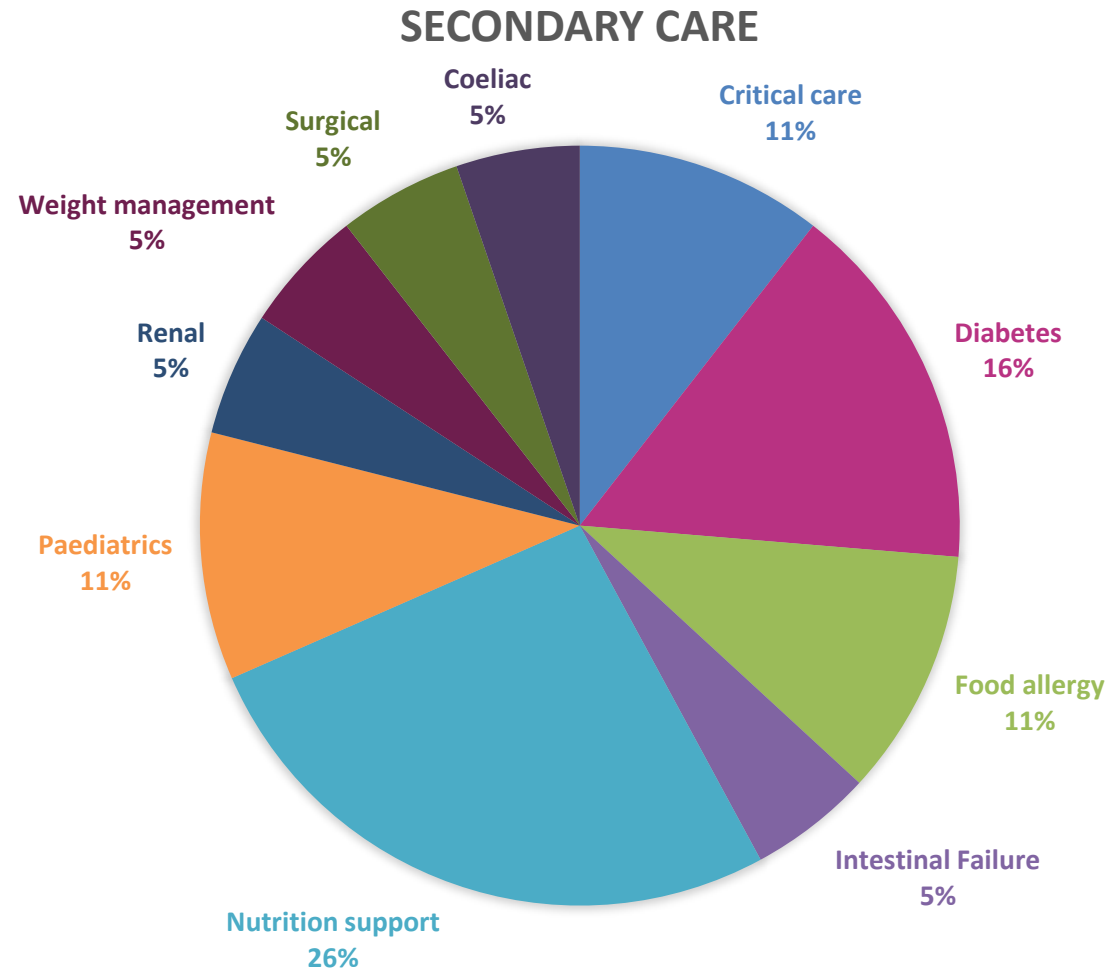


- Nutrition support
- Diabetes
- Gastroenterology
- Intestinal Failure
- Paediatrics
- Cardiovascular
- Food allergy
- Weight management
- Critical care
- First contact
- Cystic Fibrosis
- Mental health
- Older people
- Oncology
- Renal

What specialities do we work in?



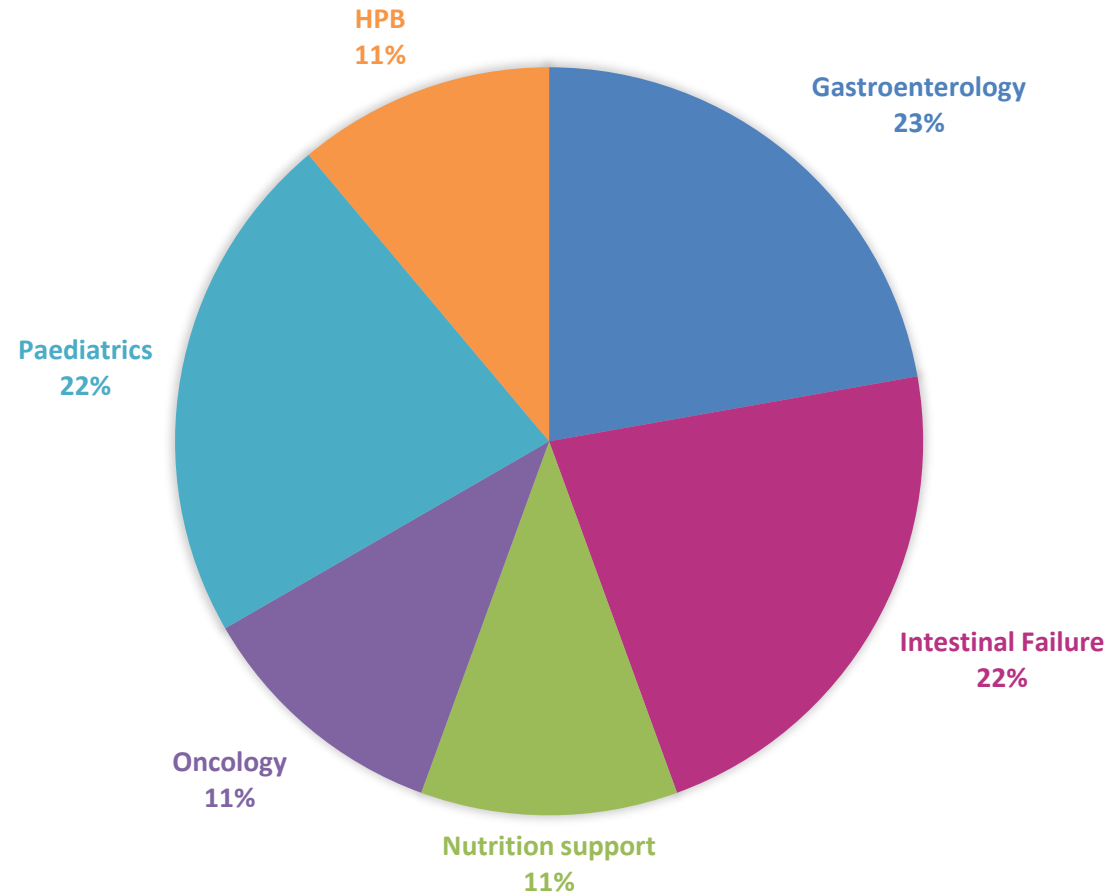
What specialities do we work in?



What specialities do we work in?



TERTIARY CARE

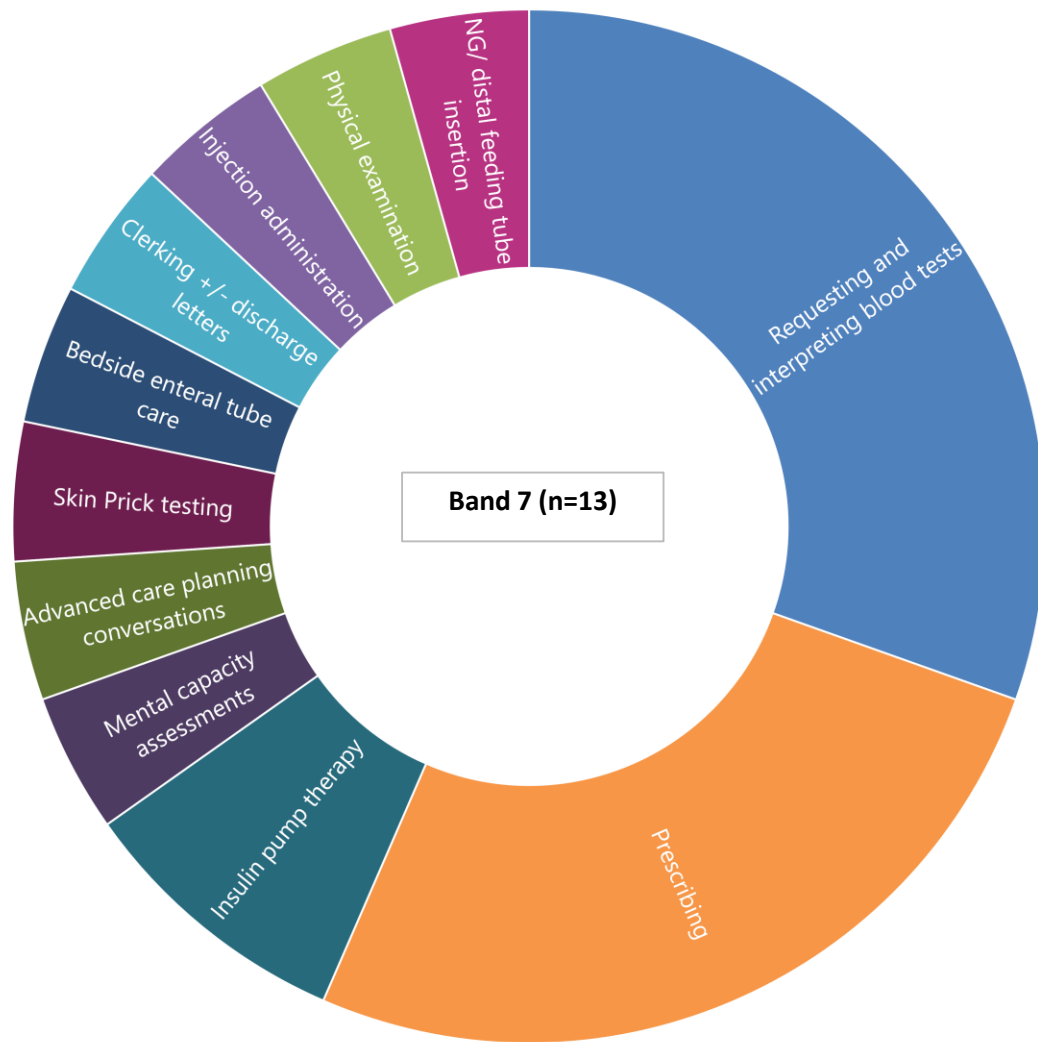


Our skill mix



- 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



- Requesting and interpreting blood tests
- NG/ distal feeding tube insertion
- Physical examination
- Injection administration
- Clerking +/- discharge letters
- Prescribing
- Bedside enteral tube care
- Skin Prick testing
- Advanced care planning conversations
- Mental capacity assessments
- Insulin pump therapy

Our skill mix



- Request radiological imaging
- Interpreting radiological imaging
- Requesting/interpreting blood tests
- Requesting/ interpreting ECGs, ECHO etc.
- Insert NG/ distal feeding tubes
- Insertion of PEG/ RIG
- Perform venepuncture +/- blood culturing
- VBG +/- ABG sampling
- Physical examination
- Injection administration
- Resuscitation skills
- Urinary catheterisation
- Lead on BIMs, family mtgs or d/c meetings
- Scribe for medical ward rounds
- Lead interprofessional ward rounds
- Clerking +/- discharge letters
- CVC care
- Suturing/ removal of sutures
- Medical device trouble-shooting



The advantages of dietitians in AP roles



What USP do dietitians bring to AP roles?

Excellent teamworking skills

Well placed to reduce health inequalities

Holistic assessment

Can provide complete pathway of care for nutritional issues

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

Taking legal responsibility for our prescribing decisions

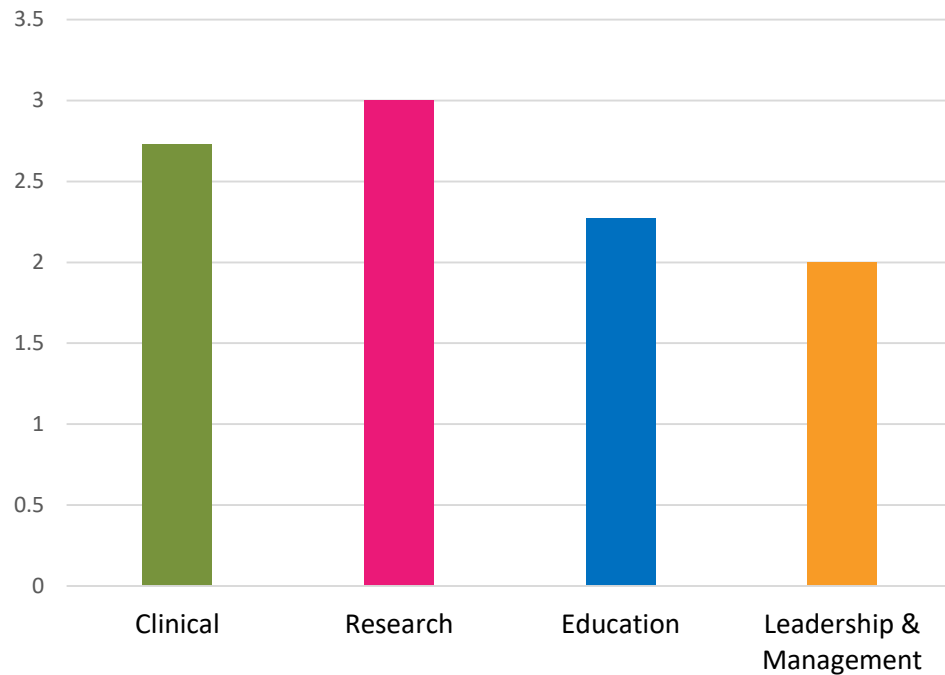


Our AP training journeys

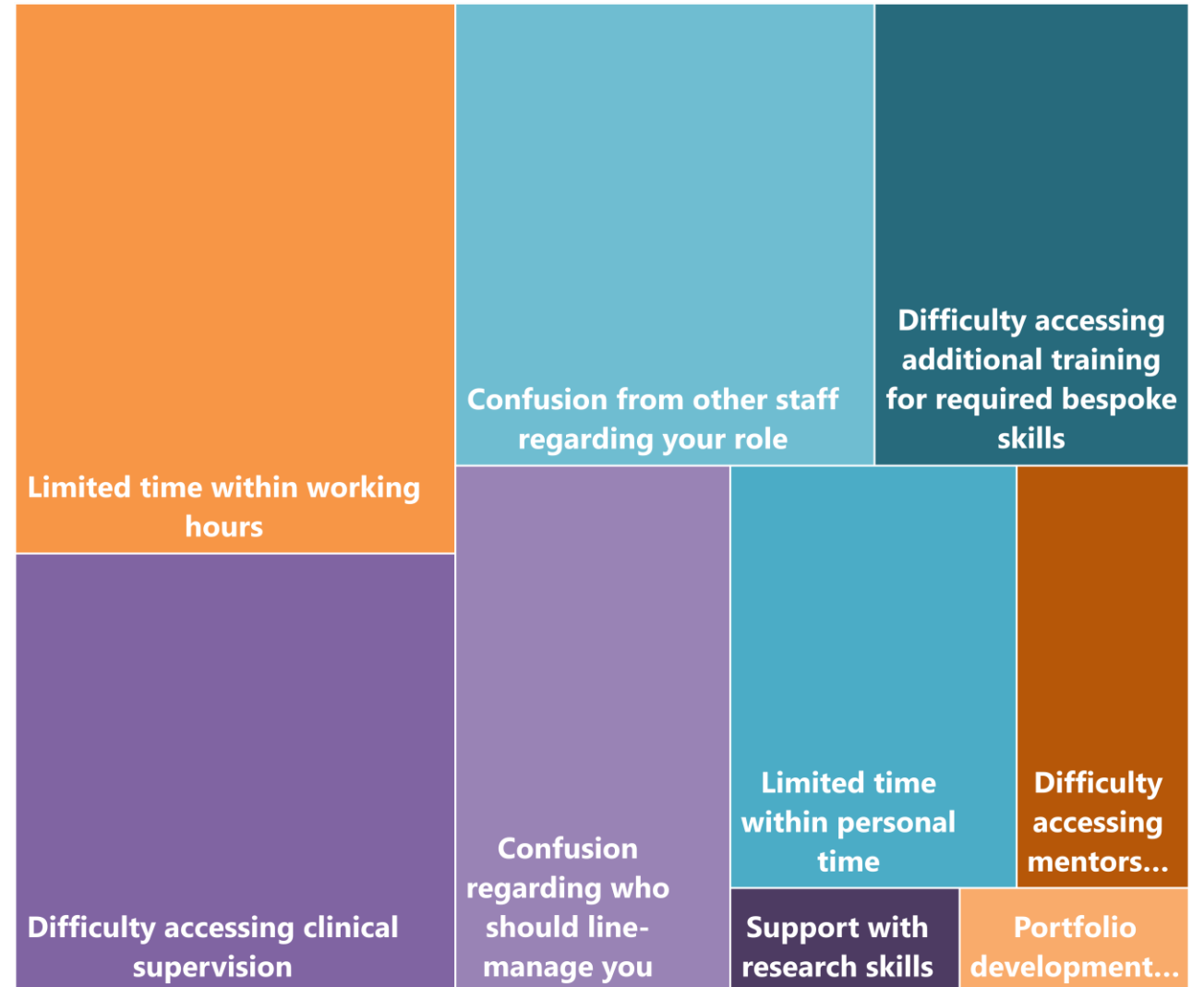


AP Training

AP Training - areas of difficulty



BARRIERS TO TRAINING



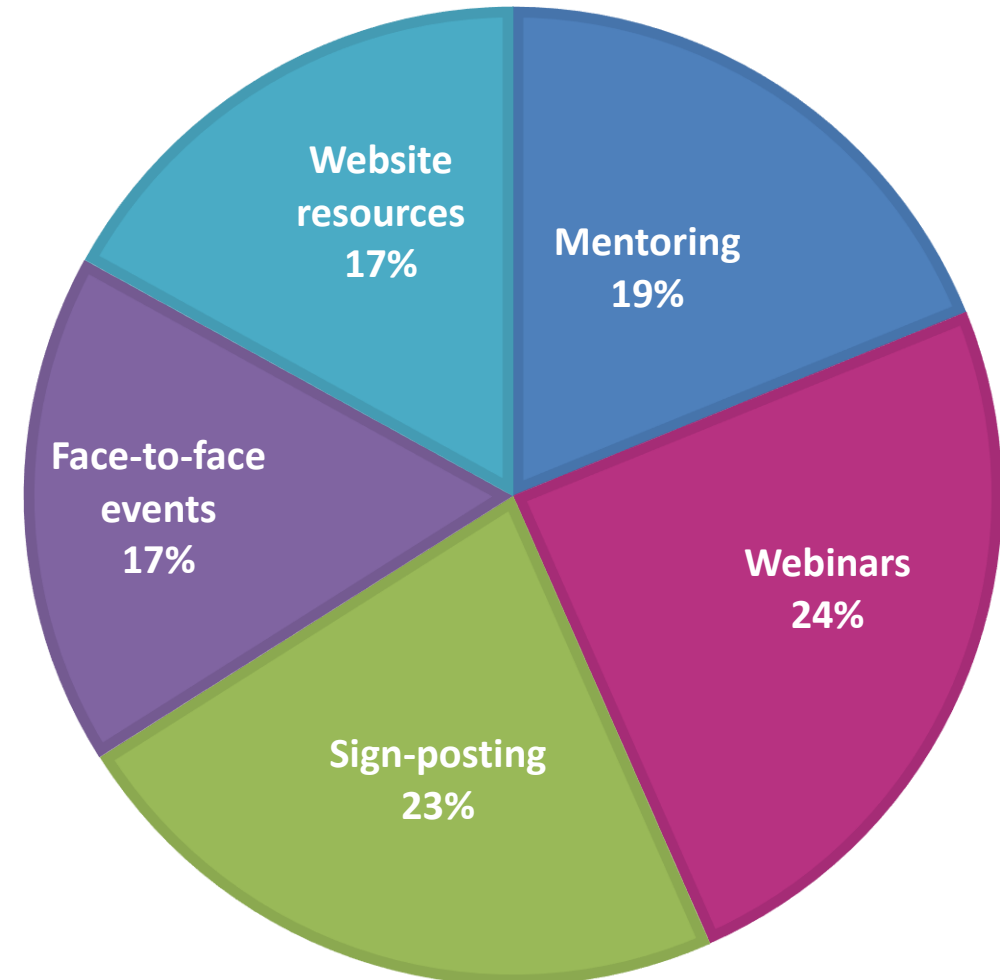


What training support do you want from us?

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

TRAINING SUPPORT YOU WOULD LIKE

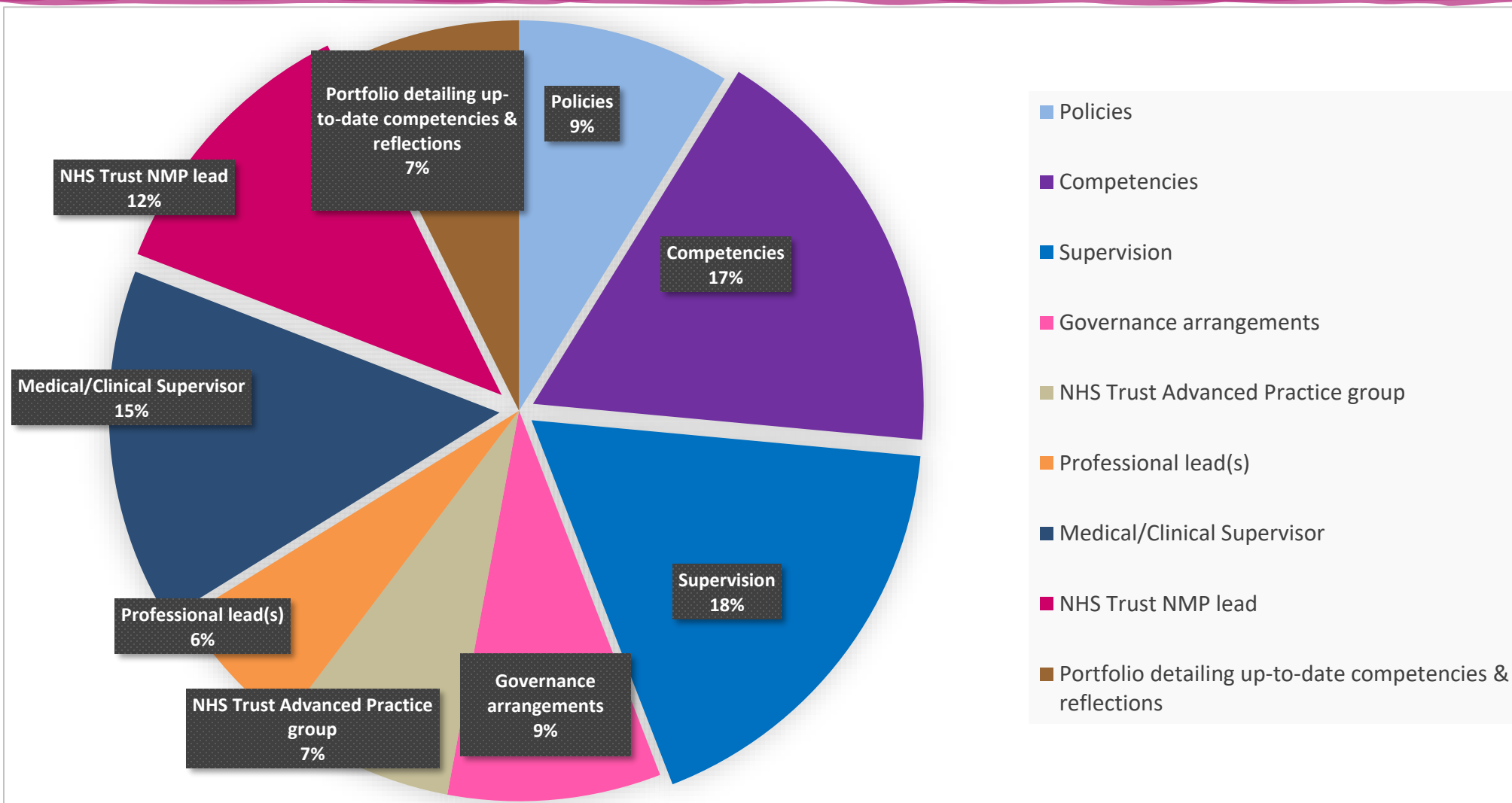
■ Mentoring ■ Webinars ■ Sign-posting ■ Face-to-face events ■ Website resources





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



The Association
of UK Dietitians



**Advanced
Practice**

Specialist Group

Developing AP Roles and services



advancedpractice@bda.uk.com



https://x.com/BDA_ACP



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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.
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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)

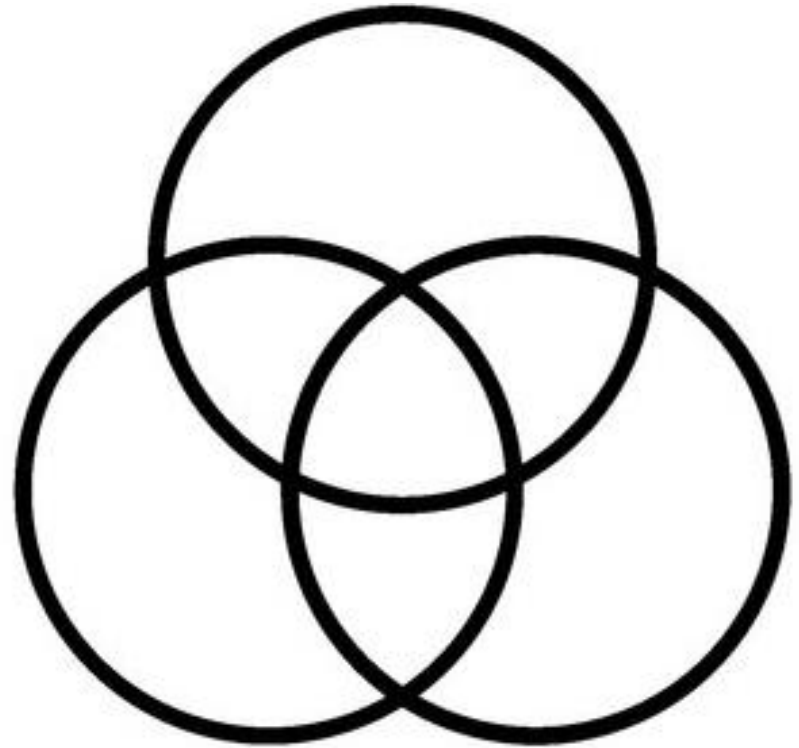




The Stakeholders

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
	Rare	Unlikely	Possible	Likely	Almost certain
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 success criteria
- Responsibility
- Professional
- Job description
- Route(s) of
- Competency
- Clinical supervision
- Training plan
- Non-medical
- Examples of other
- Non-medical re

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

Good 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
	Likely	Almost certain
3 Moderate	15	20
2 Minor	12	16
1 Negligible	9	12
	6	8
	3	4





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	Lectures and clinical research trials	Lectures and clinical research trials	Lectures and clinical research trials
Contribution		2020/21	2021/22	2022/2023
Net contribution				





BDA Resources



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Advanced practice

Sample Business Case Neonatal Advanced Clinical Practitioner

Case for Change



Help us help you: advancedpractice@bda.uk.com



Close and discussion



advancedpractice@bda.uk.com



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

[Home](#)[About us](#)[Levels of advancing practice](#)[Our work](#)[Regional Faculties](#)[Resources](#)[News and Events](#)[Advancing practice conference](#)

Welcome to The Centre for Advancing Practice

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.

Classification: Official



The Centre for Advancing Practice

Multi-professional
framework for advanced
practice in England

2025

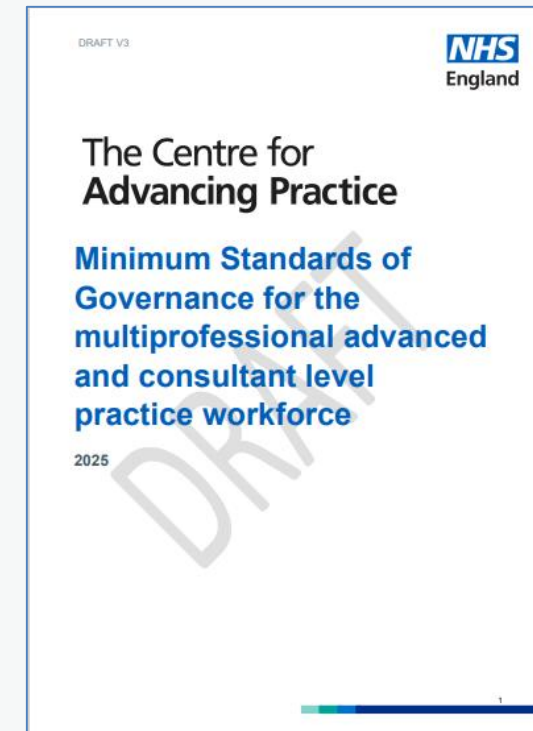


Publication reference: PPN01571



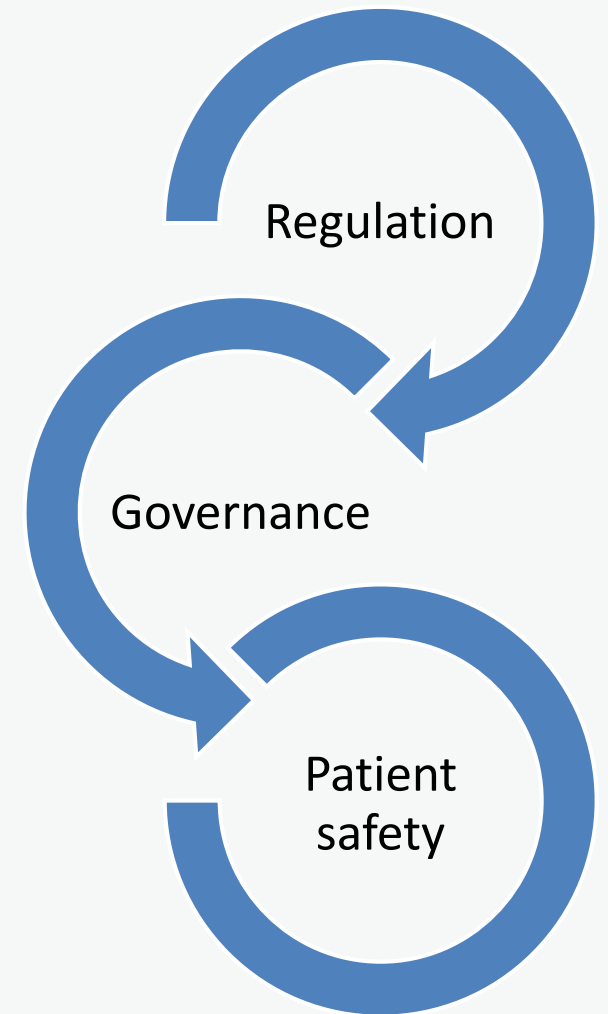
Governance

- 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

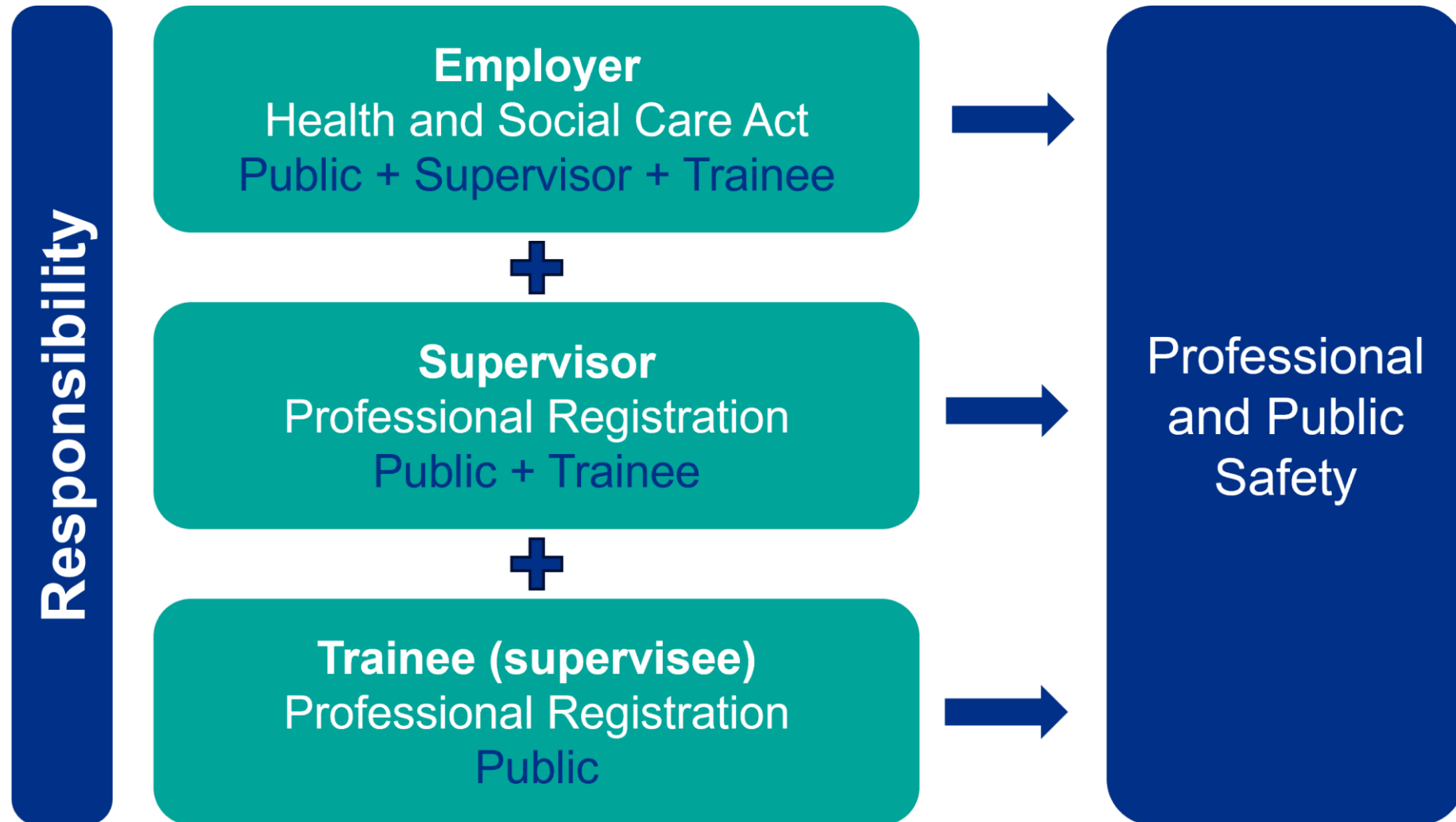
The Centre for Advancing Practice

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.

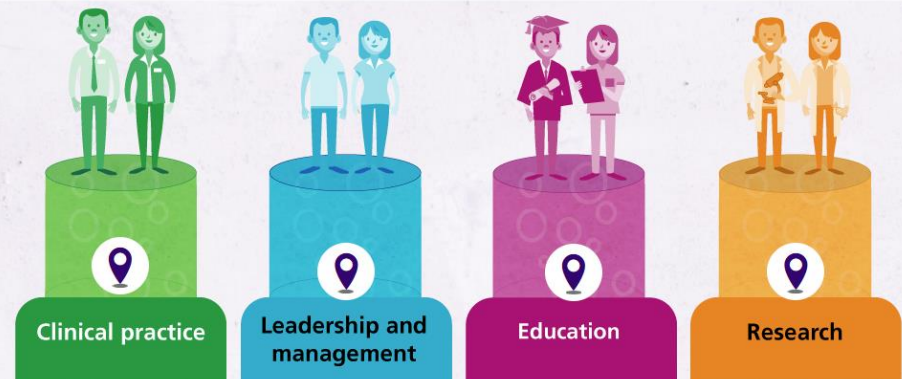
It is focused on maintaining and promoting professional and public safety through continuous professional learning.



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: 10th 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

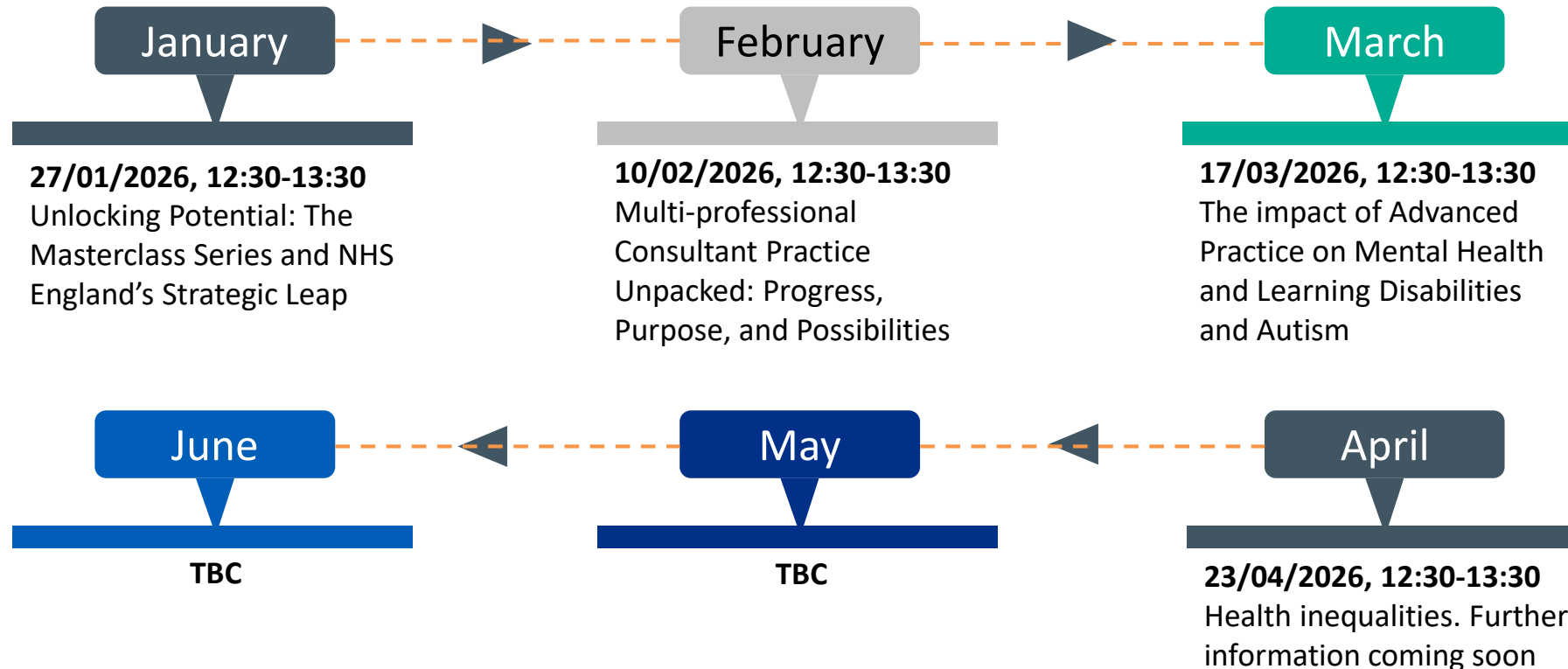
Version 1 June 2023

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

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



Thank You



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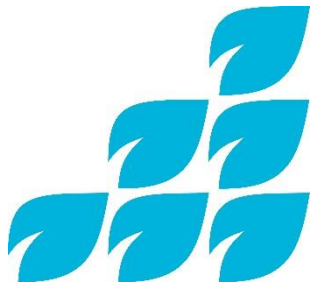


kirsty.martin-mcgill@nhs.net



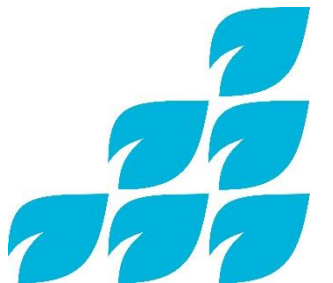
Advanced Level Practice

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:

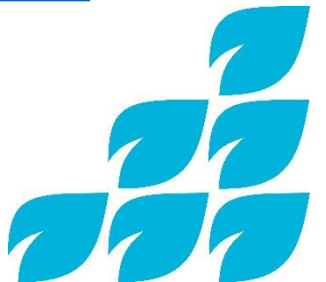
<https://www.bda.uk.com/specialist-groups-and-branches/advanced-practice-specialist-group.html>

🍃 Advanced practice webpage:

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

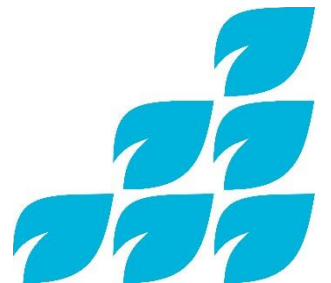
🍃 Dietetic Career Framework:

<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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