

Roles and Responsibilities Guidance for the Dietetic Support Workforce



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Section 1: Introduction

Purpose

The 'BDA Roles and Responsibilities Guidance' has been developed as an extension to the 'professional practice' pillar within the [BDA Dietetic Career Framework](#) for the 'supportive' and 'assistive' levels of practice. It aims to provide more detail, guidance and support on the typical day to day activities appropriate for members of the dietetic support workforce (DSW), within nutrition and dietetic practice.

It focuses on the roles and responsibilities for those providing direct service user care in clinical or public health settings such as hospitals, outpatients and community settings for example, service users homes, nursing homes and schools.

Terminology

A list of key terms can be found in the glossary in [Section 8](#), please refer to this for the key terms whilst using the guidance.

Throughout this guidance, the term 'dietetic support workforce' has been used as a collective term for all practitioners within the dietetic support workforce at both the 'supportive' and 'assistive' levels of practice. For the remainder of this document, this term has been abbreviated to DSW.

The work undertaken for and with individuals and groups has been termed 'intervention', which includes providing services such as care and support, information, assessment, recommendations or advice, direction, and education.

The term 'service user' has been used for those to whom nutrition and dietetic intervention are provided. These may be individuals, families and carers, groups or communities.

How to use this guidance

This guidance:

- Provides details of the nutrition and dietetic practice roles and responsibilities of the dietetic support workforce.
- Defines the difference between the 'supportive' and 'assistive' levels of practice.
- Supports safe and consistent deployment of roles and responsibilities.
- Supports identifying roles and responsibilities that the dietetic support workforce may not currently perform, but can undertake following appropriate education and training.
- Allows identification of current and future development needs to support career progression.
- Supports the creation of appropriate job roles and job descriptions at each level of practice.

It can be used by members of the dietetic support workforce, or registered healthcare professionals who supervise, manage or work alongside them.

It is important to read the whole guidance document; the sections are connected and should not be considered in isolation. We suggest reading the sections in the order presented, before progressing to the next section.

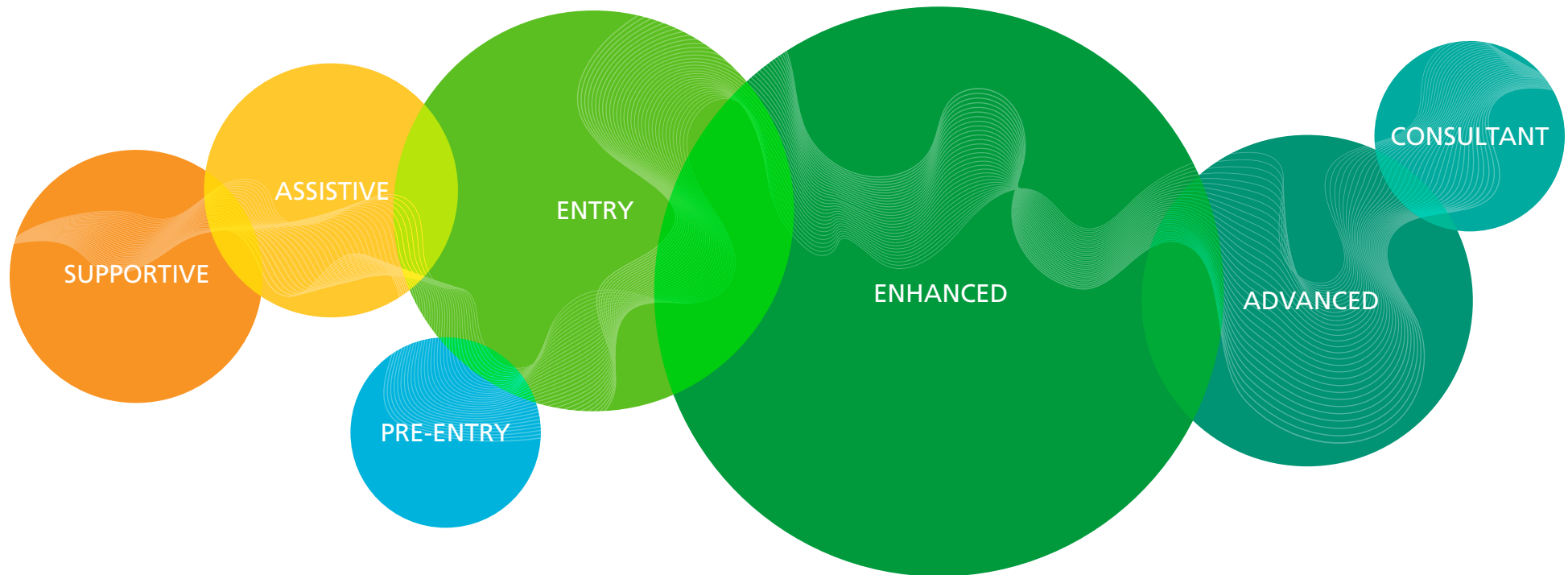
It is not intended as a standalone document, and it should be used in conjunction with the following:

- [BDA Dietetic Career Framework](#)
- [BDA Accountability and Delegation Guidance](#)
- [BDA Practice Supervision Guidance](#)
- [BDA Safe Staffing Guidance](#)
- Individual job description and person specification
- Locally developed core competencies
- [National job profiles](#)

Section 2: Levels, titles and banding

Levels

Levels of practice are now typically referred to throughout BDA guidance as these align with national frameworks. The levels of practice focus on what individuals can do, their scope of practice and capabilities rather than pay band or job title. This enables a clearer understanding of role expectations and progression regardless of the area of work. Members of the DSW are represented within the 'supportive' and 'assistive' levels. There are descriptors for each of these levels within the [BDA Dietetic Career Framework](#).





Section 2: Levels, titles and banding

Titles

Titles help identify a person's role and responsibilities, and can indicate a person's level of experience, skills and seniority. There are significant inconsistencies and variations in the job titles used for members of the support workforce across trusts, regions and the four nations. These variations can be problematic, causing confusion to service users, employers, colleagues and commissioners and can hinder accurate workforce data collection. Whilst standardisation and consistency in this area is sought after, this requires further consultation with members, national bodies and other AHPs. At present, the BDA continues to use the titles 'Dietetic Support Worker', and 'Dietetic Assistant Practitioner'.

Pay bands

Pay bands are used to determine the level of pay for a job role. The NHS staff structure operates on the Agenda for Change (AfC) banding system. Each role within the NHS will be allocated to a band within the structure. Allocation of a band is determined by job evaluation. You can find more information regarding job evaluation in [Section 7](#).

The DSW is typically employed in AfC band 3 and 4. Whilst it is recognised that band 2 roles exist in dietetic services and play an important role assisting other staff and service users, it is the view of the BDA that band 2 staff should not be undertaking service user facing responsibilities. Band 2 roles will be predominately administrative, and as such, are not included within this guidance.

Additionally, we are aware that assistive level roles exist which are graded at band 5 and above. These roles carry additional responsibilities, outside of the professional practice pillar, and therefore, have not been included within this guidance. More information about 'assistive level with additional responsibilities' roles can be found in [Section 7](#).

With several different approaches used to refer to healthcare professionals, it can be confusing. However, each approach has a function, and it is important to have an awareness of this, and how each of these relate to one another.

The table indicates how each of these approaches can relate to one another. This should only be considered a guide. In practice, there could be variations to this, particularly for AfC pay bands due to the complexity of job evaluation, and job titles which are often locally determined.

Band	Level	Job Title
AfC band 3	Supportive	Dietetic Support Worker
AfC band 4	Assistive	Dietetic Assistant Practitioner



Section 3: Key areas for safe practice

The following section provides important information and guidance to consider when defining the roles and responsibilities of a member of the DSW.

Delegation

Any roles or responsibilities undertaken by the DSW will be delegated by a registered healthcare professional, or in some cases, a member of the DSW at a higher level. Delegation can be a complex professional task, and it is important that the delegator and the delegatee both understand the principles of accountability and delegation. The BDA have developed dedicated '[Accountability and Delegation](#)' guidance to support appropriate delegation. This should be referred to prior to undertaking delegation or accepting a delegated task.

Complexity

Determining service user complexity is critical for ensuring safe and appropriate caseload delegation and management. This process helps dietetic teams identify the level of knowledge, skills and competency required to provide nutrition and dietetic interventions, when delegating service users and associated tasks to members of the DSW.

Service user complexity is based on several factors including, but not limited to, the following:

- **Service user specific factors:**
Severity of illness, unpredictable or unstable clinical conditions, co-morbidities, nutritional status, medications, medical treatments and social determinants (e.g., homelessness, socio-economic disadvantage).

- **Dietetic interventions:**

The types of dietetic intervention needed (e.g., parenteral nutrition is usually more complex than oral nutrition support), level of individualised/tailored interventions required, disease specific nutritional requirements, duration of the intervention (acute vs long term), frequency of adjustments and monitoring needed.

- **Multiprofessional and multi-agency working:**

Often interventions that involve input from multiple people e.g. doctor, pharmacist, nurse, or social worker are more complex due to the need for consistent communication and alignment of goals.

Within public health this may involve multi-agency working - understanding community needs, working with third-sector partners to plan, deliver, monitor, and evaluate community interventions that meet identified needs.

While certain specialties and conditions in dietetics are often considered more complex, this should not prevent members of the DSW from supporting in these areas. Complexity should be assessed for service users based on the outlined factors rather than relying on speciality alone.

Dietetic departments are advised to establish agreed process and criteria for assessing the service user complexity to ensure delegation to the DSW is appropriate. Additional guidance is available in the BDA Safe Staffing Guidance.



Section 3: Key areas for safe practice

Supervision

Supervision is essential at all levels within the dietetic workforce to ensure that everyone, regardless of grade, level, or job title, receives the necessary guidance and support. Regular supervision is crucial for members of the DSW to develop the knowledge and skills required to perform delegated tasks competently.

Registered professionals who delegate roles and responsibilities to the DSW, are required by their regulator e.g., Health and Care Professions Council (HCPC) to provide appropriate supervision. This ensures accountability and safeguards the quality of care. Informal supervision should be readily available as needed, sometimes multiple times daily, to address immediate questions, challenges, or concerns that may arise. The BDA believes that best practice includes having regular daily check-ins with DSW colleagues to ensure ongoing guidance and support.

In addition to this day-to-day supervision, structured, formal supervision should be provided in three key areas: practice supervision, restorative supervision and management supervision. More information regarding supervision is available in the [BDA Practice Supervision Guidance](#).

Scope of practice

Scope of practice refers to the knowledge, skills, behaviours and experiences an individual possesses, which have been acquired through education and training. For members of the DSW, the individual scope of practice should directly relate to their job role. To ensure safe, lawful, and effective practice, members of the DSW should receive appropriate and relevant education and training to fulfil

the requirements of their role; the responsibilities outlined in the individual's job description, forming part of their employment contract. There may be instances where an individual's scope of practice, extends beyond their job role. This is common when an individual is overqualified for a role e.g., they hold a nutrition degree. However, regardless of their qualification or individual scope of practice, it is important from a legal, insurance, risk, and pay perspective that they adhere to the job role or job description. The only time this might not apply is during an emergency scenario, in these cases, they may be required to use knowledge and skills that they hold, which are not required for their job role, to support a situation.

Requests outside of scope

If an activity or task is outside an individual's scope of practice, but is within the scope of the job role, then it should not be undertaken until education and training has been provided and they have been deemed competent.

If an activity or task is outside the scope of the job role, it should not be undertaken unless it has been reviewed and agreed by the trust as a necessary addition to the job description, and appropriate education and training has been provided. If an individual is regularly being asked to work beyond the scope of their job role, then this should be raised and discussed with their line manager or supervising dietitian. If an activity is added to a job role, and it is deemed a significant change, then it may be necessary to review the job description and consider re-evaluation. This should be discussed with your manager.



Section 3: Key areas for safe practice

Education and training

To undertake a delegated role or responsibility, appropriate training must be provided, and competency must be demonstrated prior to undertaking the activity. Members of the DSW should not undertake an activity without the necessary relevant training to ensure safe and legal practice, protecting themselves and their service users

When starting a role or taking on a new activity which involves direct service user care, a competency framework should be provided, outlining the required knowledge, skills and behaviours. A supervising dietitian or other registered healthcare professional (where appropriate) is responsible for supporting and signing off these competencies. Examples of competencies can be found in the [BDA Accountability and Delegation Guidance](#).

For activities which do not involve direct service user care, a standard operating procedure (SOP) should be in place. This should detail the step-by-step instructions of how to carry out the activity or task. In these circumstances, it is still important to observe and confirm that an individual understands and can complete the instructions safely and effectively.

Preceptorship

Preceptorship is a period of structured support which is provided to individuals at key moments of career transition. It is designed to facilitate and develop confidence, knowledge and skills so individuals can be successful in their roles. Whilst the official definition outlines this is for 'HCPC registrants', the BDA believes the principles could apply to the whole dietetic workforce, including the DSW. The BDA is striving for anyone at appropriate transition points to be supported by a preceptorship programme including when joining the workforce for the first time, returning to work after a long period away, working in the UK for the first time, taking on a new role, moving to a new organisation, or progressing to a higher level of practice.

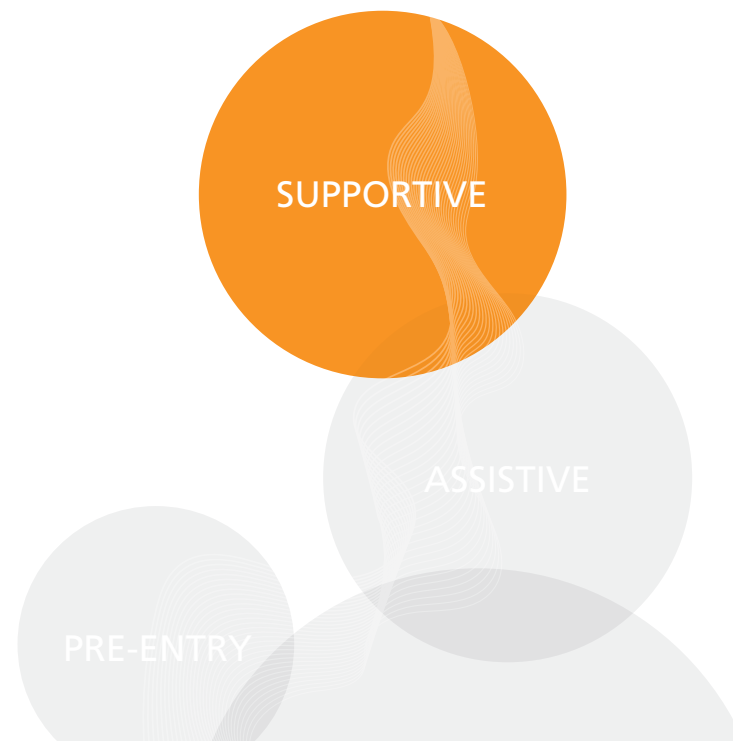
The [BDA Preceptorship Guidance](#) can be referred to, to support the development and implementation of an appropriate preceptorship programme.



Section 4: Scope of role

Dietetic Support Worker

Autonomy	<p>Following appropriate delegation, able to undertake tasks and activities or elements that support the model and process of nutrition and dietetic care in new and review service users.</p> <p>Will report findings and outcomes to a dietetic assistant practitioner or registered dietitian before proceeding with any plans or interventions.</p> <p>Will discuss any suggestions for plans or interventions or changes to those currently in place, with an appropriately trained dietetic assistant practitioner or registered dietitian, to inform a collaborative agreement prior to implementation.</p> <p>Will notify a registered dietitian if the complexity changes, or the task is no longer within scope of practice.</p>
Own caseload	Able to have a caseload of service users, in accordance with the autonomy section, for which they will follow agreed protocols and procedures.
Prioritisation	Able to plan their own workload including prioritising tasks.
Supervision	Able to work with indirect or minimum supervision or may work alone but have easy access to a dietetic assistant practitioner or registered dietitian for advice and guidance.

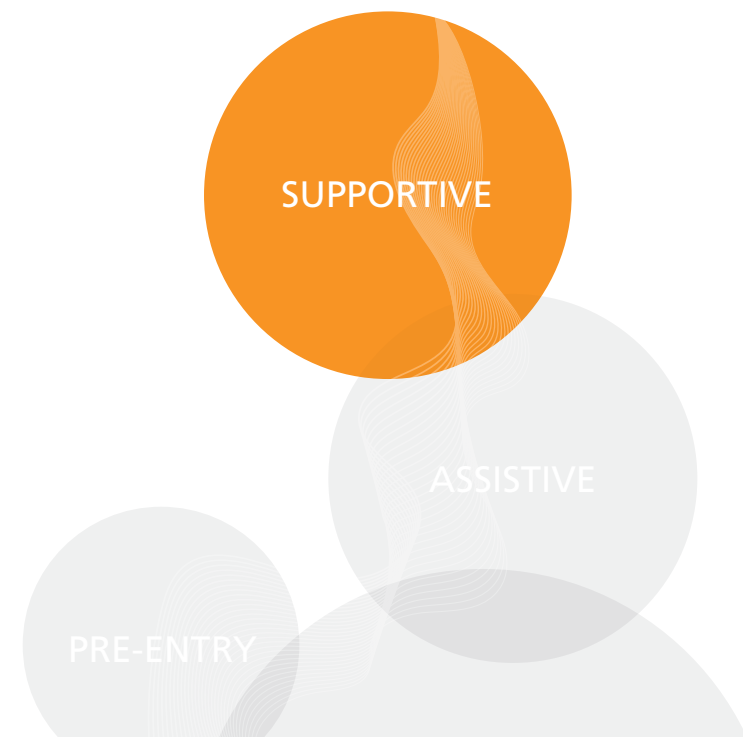




Section 4: Scope of role

Dietetic Support Worker

Complexity	<p>Able to support service users and communities with routine, low complexity nutritional problems that are familiar and are managed within a protocol.</p> <p>May provide elements of more complex interventions with guidance from a dietitian or an appropriately trained dietetic assistant practitioner.</p>
Education sessions or programmes	May deliver service user and staff education sessions or programmes, alongside a dietetic assistant practitioner or registered dietitian.
Health promotion	<p>May create nutrition resources for health improvement events and visual displays with guidance from a dietitian.</p> <p>Able to deliver health improvement events alongside a dietetic assistant practitioner or registered dietitian.</p>
Record keeping	Responsible for recording observations and interventions in the service user's records clearly and accurately, following local policies and procedures.
Administrative tasks	May also undertake administrative tasks to support the efficient running of the dietetic service.



Section 4: Scope of role

Dietetic Assistant Practitioner

Autonomy

Following appropriate delegation, able to undertake consultations in accordance with the model and process of nutrition and dietetic care in new and review service users.

Consultations will be guided by locally agreed protocols which support decision making.

Able to work independently, where appropriate and within the scope of their job role, completing the activity or task without assistance. This may include discharging service users from the dietetic service.

Will always report back the findings and outcomes of dietetic interventions in cases where service user complexity changes, or the task is no longer within scope of practice.

Will notify a registered dietitian if a service user is not making expected progress, seeking advice and guidance on how to alter or amend the treatment plan.

In some cases, individuals may have additional practice responsibilities delegated to them which could include attendance at multiprofessional team (MPT) meetings and contribution to best interest decision meetings.

Own caseload

Able to manage their own caseload of service users, in accordance with the autonomy section, for which they will follow agreed protocols and procedures.

Prioritisation

Plan their own workload including prioritising their tasks.

SUPPORTIVE

ASSISTIVE

PRE-ENTRY

ENTRY

Section 4: Scope of role

Dietetic Assistant Practitioner

Supervision	Mostly work independently but can always contact a registered dietitian for advice and guidance.
Complexity	<p>Able to manage service users and communities with routine, low complexity nutritional problems that are familiar and are managed within a protocol.</p> <p>Able to have a caseload of service users, in accordance with the autonomy section, for which they will follow agreed protocols and procedures.</p> <p>Service users and communities may be within more complex specialties.</p>
Education sessions or programmes	<p>Able to lead service user and staff education sessions or programmes.</p> <p>With guidance from a dietitian, able to contribute to the development and alteration of education sessions and programmes to meet the needs of service users, communities and staff and deliver evidenced-based interventions.</p>
Health promotion	May create nutrition resources for health improvements events and visual displays and deliver health improvements events with guidance from registered dietitians.
Record keeping	Responsible for recording observations and interventions in the service user's records clearly and accurately, following local policies and procedures.
Administrative tasks	May also undertake administrative tasks and may lead on some administration processes in their area.

SUPPORTIVE

ASSISTIVE

PRE-ENTRY

ENTRY



Section 5: Typical roles and responsibilities

The following section provides details of the typical roles and responsibilities members of the DSW may undertake.

These should not be referred to in isolation but considered in the context outlined within the 'scope of role' tables above. This is not an exhaustive list, and supervisors should use professional judgement.

The following outlines key information that is important and relevant to highlight regarding the roles and responsibilities within the following table.

Record keeping and countersigning

Some roles and responsibilities may require the DSW to add relevant information to a service user's record. For example, this could include independently completing a consultation or recording a service user's weight. The person delegating or assigning the task to the DSW is accountable for the decision to delegate. As such, it is important to ensure the DSW has the necessary knowledge, training, and competency to perform the task, including accurate record-keeping when required. The DSW is responsible for completing the assigned task to the best of their ability and, when necessary, recording their actions in the service user's medical record, following local record-keeping policies. If the principles of accountability and delegation are followed, there is no requirement for a registered dietitian to countersign the record when the DSW has recorded their actions appropriately.

Triaging

Triaging referrals can be a complex task that requires appropriate knowledge to apply clinical reasoning and provide justified decision-making. For this reason, the BDA believe that, in most cases, triaging should be undertaken by a registered dietitian. However, it is acknowledged that, in some circumstances in which there are robust protocols and procedures in place, this activity could be delegated to the DSW. These protocols and procedures should be regularly monitored and have received sign off from your local organisation. Delegation of this activity should be in accordance with the principles of delegation and accountability, please refer to the [BDA Accountability and Delegation Guidance](#) for more information.

Education and training

Any task, activity, role or responsibility listed in the table which involves direct service user care should only be delegated and undertaken once appropriate education and training and been provided, and competency has been demonstrated. Please refer to [Section 3: Key areas for safe practice](#), specifically the section on '[Education and training](#)' for additional information.

Section 5: Typical roles and responsibilities

Protocol-led care

The DSW are not registered practitioners, meaning they do not have the autonomy to independently apply clinical reasoning when providing interventions. However, the level of autonomy and decision-making may vary depending on the individual role, training, and the tasks delegated to them. This means that any interventions provided by the DSW should be guided by defined protocols and procedures, which have been appropriately developed, assessed and approved by registered dietitians.

Protocol-led care refers to a structured approach to nutrition and dietetic care in which interventions are guided by standardised protocols, procedures or checklists. These are evidence-based guidelines or pathways designed to manage specific conditions or scenarios. It allows best practices to be undertaken in the absence of direct or continuous supervision by a registered dietitian. For example, a protocol-led approach might guide the initiation and management of oral nutrition support, specifying which snacks are available, when to use nutrition supplements, which ones to use and how often and the criteria for monitoring.





Section 5: Typical roles and responsibilities

Typical roles and responsibilities table

A table has been used to outline the typical roles and responsibilities the DSW may undertake. Where relevant, the tasks have been spilt up according to the steps within the [BDA Model and Process for Nutrition and Dietetic Care](#).

Within the table, **+** denotes any activity that requires guidance specifically from a registered dietitian or other registered healthcare professional. In these situations, it would not be appropriate for a dietetic assistant practitioner to provide guidance.

To support navigating and interpreting the table, please refer to the glossary in [Section 8](#), for the key terms that have been used.

Area	Tasks	Dietetic Support Worker		Dietetic Assistant Practitioner	
		With guidance	Independently	With guidance	Independently
Identification of nutritional need	Triage dietetic referrals against department referral criteria			✓	
	Complete nutritional screening tool		✓		✓
	Assist other staff with completion of nutritional screening tools		✓		✓
	Contribute to training staff and students on the use of nutritional screening tools		✓		✓
Assessment	Perform anthropometry measurements including weight, weight history, height and length, ulna measurements, calf and mid upper arm circumference, handgrip dynamometry		✓		✓



Section 5: Typical roles and responsibilities

Area	Tasks	Dietetic Support Worker		Dietetic Assistant Practitioner	
		With guidance	Independently	With guidance	Independently
Assessment	Calculate percentage weight loss		✓		✓
	Interpret percentage weight loss and recognise service users at risk of malnutrition		✓		✓
	Perform bioimpedance measurements		✓		✓
	Interpret bioimpedance results			✓ +	
	Record blood results and biochemistry, noting abnormal results		✓		✓
	Interpret blood results			✓ +	
	Identify and record relevant medical, social, financial, and environmental information from service users' notes	✓			✓
	Assess service users' readiness to change	✓ +		✓ +	
	Obtain current and past nutritional intake history from service users, their families and carers		✓		✓



Section 5: Typical roles and responsibilities

Area	Tasks	Dietetic Support Worker		Dietetic Assistant Practitioner	
		With guidance	Independently	With guidance	Independently
Assessment	Record service users' food and drink intake and nutritional knowledge, cooking skills and access to appropriate diet		✓		✓
	Estimate energy and protein intake from diet history or food record chart (without software), and quality of overall diet	✓			✓
	Estimate energy, protein and fluid requirements	✓			✓
	Assess the nutritional adequacy of intake against nutrition requirements	✓			✓
Diagnosis	Produce the nutrition and dietetic diagnosis with a PASS statement	✓			✓
Strategy	Interpret findings from assessment and diagnosis to develop an appropriate nutritional intervention	✓			✓
	Develop appropriate dietetic outcomes, goals and proposed actions	✓			✓



Section 5: Typical roles and responsibilities

Area	Tasks	Dietetic Support Worker		Dietetic Assistant Practitioner	
		With guidance	Independently	With guidance	Independently
Strategy	Devise project plan including delivery targets, outcomes, partners, roles and resources	✓			✓
	Identify resources available e.g. budget, staff, venues	✓			✓
Implementation	Implement nutritional intervention	✓			✓
	Attending multiprofessional team (MPT) / multi-agency meetings or case discussions			✓ +	
	Share nutritional plan with relevant professionals	✓			✓
	Liaise with the local services and partners to implement plan actions (e.g. catering, schools)	✓			✓
	Select relevant nutrition leaflets and resources	✓			✓
	Request a new prescription or amendments to an existing prescription for nutritional borderline substances	✓ +		✓ +	
	Use behaviour change techniques to support, encourage, and motivate service users, communities and staff			✓ +	



Section 5: Typical roles and responsibilities

Area	Tasks	Dietetic Support Worker		Dietetic Assistant Practitioner	
		With guidance	Independently	With guidance	Independently
Monitor and review	Determine if goals and outcomes, or project plan have been achieved	✓			✓
	Amend the nutrition and dietetic plan to progress the plan or when outcomes are being achieved.	✓			✓
	Amend the nutrition and dietetic plan when the intended outcomes are not being achieved (unless an agreed protocol is in place).	✓ +		✓ +	
	Determine when the episode of care is complete			✓ +	
	Discharge the service user from one-to-one consultations			✓ +	
Evaluation	Discharge the service user from one-to-one consultations	✓			✓
Record keeping	Record relevant and appropriate information and findings clearly within medical records within the scope of the role, following local policies and procedures.	✓ +			✓



Section 5: Typical roles and responsibilities

Area	Tasks	Dietetic Support Worker		Dietetic Assistant Practitioner	
		With guidance	Independently	With guidance	Independently
Education sessions	Organise and coordinate service user and staff education sessions or programmes		✓		✓
	Develop content for education sessions			✓ +	
	Deliver service user and staff education sessions or programmes	✓			✓
	Evaluate service user and staff education sessions or programmes	✓			✓
Other practice tasks	Create nutrition resources for health improvement events and visual displays	✓ +		✓ +	
	Create resources including service user information sheets	✓ +		✓ +	
	Deliver health improvement events	✓			✓
	Stock control and ordering of nutritional products		✓		✓



Section 6: Difference between dietetic assistant practitioners and registered dietitians

Dietetic assistant practitioners are unregistered members of the dietetic workforce, whereas registered dietitians are registered with the HCPC. As such, there are fundamental differences between practice within these roles. These differences include:

Area	Dietetic Assistant Practitioners	Registered Dietitians
Scope of practice	Delegated or allocated tasks or caseload by a registered healthcare professional.	Full autonomy within scope. Applies clinical reasoning to informed decisions to initiate, continue, modify or cease interventions.
Autonomy	Accountable for own actions within the delegated task or activity. Work independently within scope of practice and role, following defined protocols of care.	Independently accountable and autonomous practitioner.
Service user type	Manage service users and communities with routine, low complexity nutritional problems that are familiar and are managed within a protocol. Their service users and communities may be within more complex specialties.	Manage complex cases (within scope of practice), prioritising according to clinical need, dietetic complexity and urgency.
Multi-professional working	Work in multiprofessional or multi-agency teams, which may include attendance at MPT meetings.	Core part of role. Provide dietetic care and advocate for nutrition interventions, in partnership with multiprofessional colleagues.
Dietetic learners	Support and contribute to dietetic learners' practice-based learning, supervision and mentoring, within the scope of their role and practice, as defined with and in line with the BDA 2020 Curriculum Framework for Pre-registration . Not responsible for signing off dietetic learner competency or capabilities.	Responsible for learners' practice-based learning, supervision and mentoring, within the scope of their role and practice. Responsible for assessing dietetic learners and signing off competency or capabilities.



Section 7: Additional support and resources

Job evaluation

If you have any questions or concerns which relate to the pay banding assigned to your role, we recommend first reading the '[Frequently Asked Questions](#)' on our 'Careers and Workforce' webpage and following this speaking to your line manager or service lead.

BDA Dietetic Career Framework

The BDA Dietetic Career Framework has been designed for individuals, managers and teams to support career progression and continual professional development. It integrates and updates the previous 'Support Workforce Professional Development Framework' and the 'Post Registration Professional Development Framework', into a single, comprehensive framework which spans the whole dietetic workforce.

The framework provides:

- Definitions for each level of practice, including the supportive and assistive levels.
- The expected capabilities at each level, across the four pillars of practice.
- The educational requirements for each level of practice, including requirements to move into the registered workforce.

Find out more and view the [BDA Dietetic Career Framework](#).

Assistive level with additional responsibilities

Within the [BDA Dietetic Career Framework](#), there are two levels of practice relating to the dietetic support workforce; supportive and assistive, however we also make additional reference to assistive level roles which may carry additional responsibilities.

It is important to recognise that the BDA do not see these roles performing at a higher level within the 'professional practice pillar'. The scope in relation to nutrition and dietetic practice or clinical practice will remain within the assistive level, and the appropriate roles and responsibilities within this document would apply.

More information about these roles can be found on our '[Assistive level with additional responsibilities](#)' webpage.



Section 8: Glossary

Autonomy	The ability and accountability to make independent decisions within scope of practice, regarding nutrition and dietetic assessments and interventions.
Complex service users	Complex care refers to service users who require highly individualised assessments and interventions. This can include disease specific calculations, tailored dietary modifications, or specialised nutrition interventions to meet specific and changing needs. These service users will likely have variable, unpredictable and unstable conditions where nutritional needs fluctuate significantly, or metabolic or physiological complications exist, and often need regular monitoring and adjustments, including multi-professional input to adapt to the service users' changing needs.
Consultation	The process of meeting with a service user to diagnose and provide treatment/interventions or other services, to support the service user to manage their nutrition/dietary problem. This includes any practice settings e.g., clinic, home visits, hospitals or nursing homes.
Dietetic support workforce	The term 'dietetic support workforce' has been used as a collective term for all practitioners within the dietetic support workforce at both the 'supportive' and 'assistive' levels of practice. The term is abbreviated to DSW.

Delegated task	An individual task or activity undertaken which provides information to support the dietitian to complete the consultation.
Delegator	The individual responsible for appropriately delegating a task to a member of the support workforce.
Delegatee	The individual who is having a task delegated to them, and if accepted, would be responsible for undertaking the task.
Independently	The activity or task is completed without assistance, except in exceptional circumstances in line with escalation protocols.
Intervention	The work undertaken for and with individuals or groups, which includes providing services such as care and support, information, assessment, recommendations or advice, direction, and education.
In partnership with	The activity or task is completed alongside another member of the DSW.



Section 8: Glossary

Preceptorship	<p>A period of structured support provided to HCPC registrants at key moments of career transition. This includes joining the workforce for the first time, returning to work after a long period away (including being re-admitted to the HCPC register), working in the UK for the first time, taking up a new role, or moving to a new organisation, to give them confidence to act as an autonomous practitioner.</p> <p>Please note that while workforce programmes tend to cover the first foundation year of regulated practice, the BDA believes the principles laid out in this document apply for the whole dietetic workforce and would like to see everyone across the dietetic workforce supported in their roles by a preceptorship programme at appropriate transition points.</p>	Routine service users	Routine nutrition and dietetic care refer to service users who have predictable needs, and relatively stable conditions, and the nutritional needs are generally understood and can be managed by following common guidelines or protocols. Their care will require a basic nutritional assessment and intervention with standard monitoring to ensure patient needs are met.
Protocol-led care	Protocol-led care refers to a structured approach to nutrition and dietetic care in which interventions are guided by standardised protocols. These are evidence-based guidelines or pathways designed to manage specific conditions or scenarios. It allows best practices to be undertaken, in the absence of direct or continuous supervision by a registered dietitian. For example, a protocol-led approach might guide the initiation and management of oral nutrition support, specifying which snacks are available, when to use nutrition supplements, which ones to use and how often, and criteria for monitoring.	Service user	Those to whom nutrition and dietetic intervention are provided. These may be individuals, families and carers, groups or communities.
Report findings to a dietitian	The outcome from a delegated activity is appropriately recorded only and reported back to the dietitian. There is no interpretation of the findings.	With guidance	Supported by a dietitian or a dietetic assistant practitioner, to assist with decision making. This support may take various forms, such as oversight of work and informal supervision. The person providing the guidance should use their professional judgement to determine the most suitable approach, based on the specific activity and the competence and confidence of the DSW. Tasks or activities marked with a '+' symbol indicate that guidance must be provided by a registered dietitian or registered healthcare professional only. In these cases, it is not appropriate for a dietetic assistant practitioner to offer guidance.
		1:1	A consultation between the individual practitioner and an individual service user, which can either be via the telephone, face-to-face or via a virtual communications platform.

Roles and Responsibilities Guidance for the Dietetic Support Workforce

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