

Dietetic Support Workforce

Professional Development Framework



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#### Background

The Support Workforce is a crucial part of the dietetic workforce, working in hospitals, clinics, community settings, people's homes, schools and other settings to provide essential service user care. They play a vital role in helping people with their diet and nutrition, supporting the implementation of nutritional care plans, reviewing nutritional goals and helping develop resources. They work in many different specialities, including gastroenterology, diabetes, care of the elderly, home enteral feed and many more. Their roles are flexible, adaptable and can be used in a number of different ways to deliver excellent service user care.

In recent years across the United Kingdom (UK), there has been a growing recognition of the importance of the Support Workforce but also the need to address some of the issues they can face. In England, for example, in May 2021 Health Education England (HEE, now NHS England, Workforce, Education and Training) launched the first ever Allied Health Professions (AHP) support workforce strategy. Health Education and Improvement Wales (HEIW) have produced a career development framework and NHS Education for Scotland (NES) have provided resources to raise the profile and support the development of the AHP Support Workforce. Further signposting to these resources can be found in the *Further Information* section of this guidance.



#### Definition of 'Support Workforce' in the Dietetic Support Workforce Professional Development Framework

The Support Workforce is defined as those individuals that work for a dietetic service but are not regulated by the Health and Care Professions Council (HCPC). They work with registered staff to deliver service user and client care, working under a range of supervisory arrangements within agreed guidelines and protocols. They often work as part of multi-disciplinary teams under supervision but can also work with individual practitioners or autonomously within the scope of their role and under guidance and following training. They are pre-dominately employed in Agenda for Change 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 and the profession-led expert group that developed the *Framework* that band 2 staff should not be undertaking clinical responsibilities. Band 2 roles will be predominately administrative, and as such, they have not been included within the *Framework*.

#### What is the *Dietetic Support Workforce Professional Development Framework*?

The Dietetic Support Workforce Professional Development Framework (referred to as The Framework here on) sets out the knowledge, skills, and behaviours that it is expected a member of the Support Workforce would acquire over time and demonstrate in their role. Knowledge, skills and behaviours are known collectively as competency. Ensuring that staff have the right competences for their job means that they will be able to perform tasks and responsibilities delegated to them effectively, efficiently, and safely.

The *Framework* contains two levels of practice; Support and Advanced Support, and it is expected that members of the Support Workforce working in service user facing roles, with clinical responsibilities will work at one or the other of these. Staff working at the Advanced Support level are expected to have already acquired the relevant competences within the Support level.

Staff may be working in a small number of competences at a higher level than their overall level of practice. It is also possible that posts may not require staff to possess all the competences listed in the *Framework* - although those deemed not necessary should be clearly recorded.

The *Framework* will allow individuals to identify the competences they need to possess should they wish to progress their careers further (moving from one level of practice to the next). It is not, however, an expectation of this *Framework* that staff must progress through both levels. For many reasons staff may, rightly, be happy to remain at one level throughout their career.

The *Framework* is written in a generic way so that it can be applicable to all settings and across the UK.

#### Why is this *Framework* needed?

In 2022, the BDA undertook a survey of its membership, including members of its Support Workforce to try to better understand the experiences of support staff at work and issues that they might face. The survey found that the vast majority of the Dietetic Support Workforce were graded at either *Agenda for Change* band 3 (48%) or band 4 (50%). Whilst there was much positive feedback from respondents, (such as nearly nine out of ten Support Workforce respondents stating that they enjoyed their work and would recommend their job to friends and family, for example), the survey did identify several issues which stood in the way of them being able to fully contribute to services or progress their careers. These issues were:

- Only half had been able to access formal learning once employed
- Less than half were clear how they could progress their careers
- They felt they could perform more tasks if they were supported to do so
- They would like greater clarity in respect of their scope of practice
- There were numerous titles, (at least 22), used to describe roles potentially creating confusion for service users and other healthcare staff. [1]

The survey also found support for the creation of a competency framework that clearly set out the competences required of support staff at each level of practice, like that available to registered staff.

This *Framework* is one of a number of resources that have been produced by the BDA to help our Support Workforce, their managers and colleagues address the issues above and ensure that staff have satisfying careers and are able to safely and effectively utilise their knowledge and skills wherever they work.

#### How was the *Framework* developed?

To develop the *Framework* existing competency frameworks, including a number developed by employers relevant to the Dietetic Support Workforce, were reviewed alongside a sample of Job Descriptions and Person Specifications. An Expert Group, supported by the BDA, was recruited from the profession. The Groups input and insights were gained throughout the project including commenting on early drafts of the *Framework*. Other relevant material was also consulted including appropriate *NHS Job Evaluation Profiles*. A consultation on the draft *Framework* ran over 2 weeks, and the final *Framework* was produced, taking into account feedback from the consultation.



#### Use in Practice

This section describes how the *Framework* can be used in practice to support recruitment of new staff, the development of existing staff and workforce planning more generally.

#### Recruitment

The *Framework* aims to support greater standardisation in job design including in respect of the entry-requirements for newly employed staff. There can be considerable variation, for example, in the education and experience sought from candidates for support roles. The *Framework* presents the opportunity, when a post is advertised, to review its Job Description and Person Specification to ensure that the roles and responsibilities are appropriate and clear. Moreover, once new staff are employed, consideration can be given to the competences they should reasonably be expected to acquire during induction and onboarding (a period usually lasting between 6-12 months from appointment). The *Framework* provides an opportunity to identify development needs and career pathways for individual members of the Support Workforce.

#### Use in Practice

#### Supporting existing staff

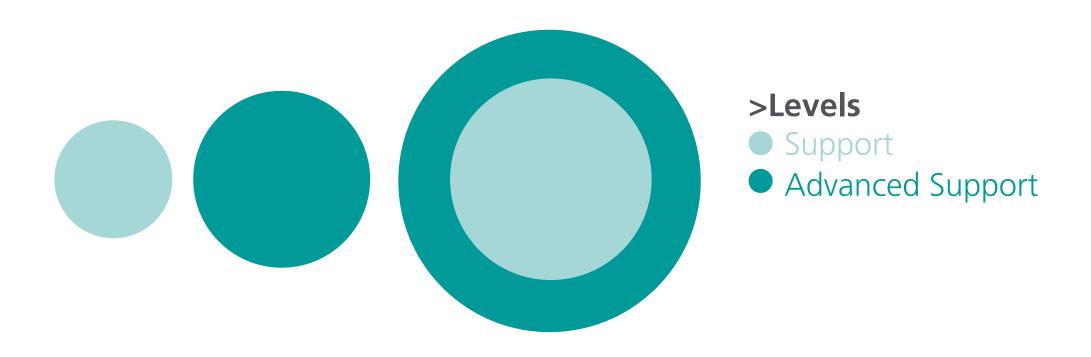
The *Framework* allows existing staff, with their managers and supervisors, to identify areas where they may require further development. Evidence of competence should be gathered and recorded. This will assist staff as they develop their careers either with their existing employer or when moving to another. The exact evidence needed will be agreed between the supervisor and the individual staff member; guided by a formal development programme or by the individual's line manager.

#### Workforce planning

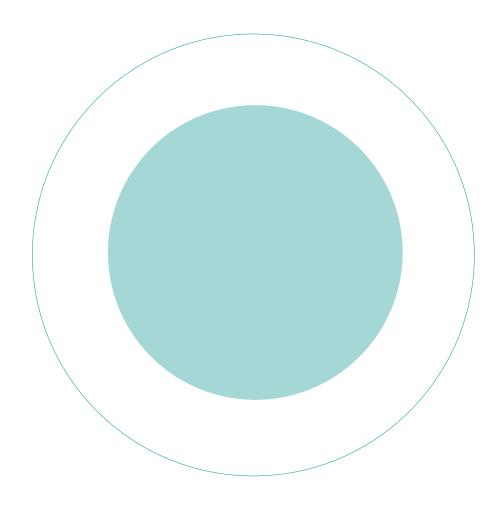
Workforce planning allows organisations and services to ensure that they have the right numbers of staff, with the right skills employed at the right time to deliver safe and effective care. The *Framework* can assist local workforce decision making through a consideration of the competences required to meet local population need, including any gaps. Where several staff identify a development need this can be collectively met, for example through commissioning a training programme.

#### Levels of Practice

There are two levels to the *Framework*: Support and Advanced Support. Each level describes the expected capability at that level. Levels are progressive – each building on the previous, developing a greater level of knowledge and skills to tackle more complex situations.



#### Levels of Practice



Individuals within the Support level will have a basic, factual knowledge and understanding about factors that influence diet and nutrition.

They will work under the supervision of registered staff and may also work alone, within agreed policies and protocols.

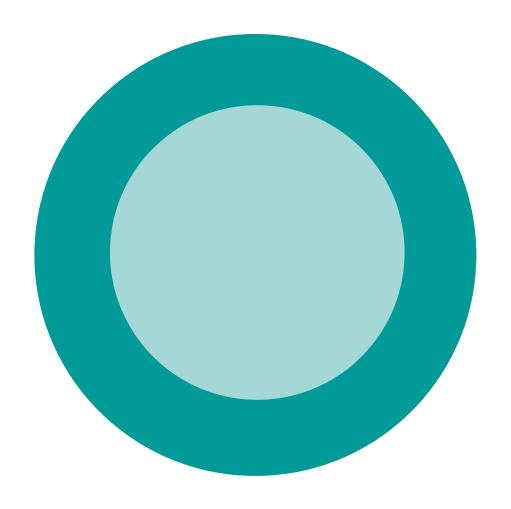
They undertake clinical and technical activities that are relatively straightforward and routine.

At this stage of the *Framework*, they will typically be working at NHS pay scale band 3 or equivalent.

>Support



#### Levels of Practice



Individuals at this level work at a level above that of Support and have more in-depth education, factual and theoretical knowledge and understanding about factors that influence diet and nutrition.

At this level they will possess enhanced skills in their area of work, which may be a specialist clinical area.

They will undertake clinical and technical activities within agreed policies and protocols for service users with non-complex conditions, within broadly predictable environments, working autonomously recognising the need for, and accessing, more experienced assistance when required.

At this level of the *Framework*, they are typically working at NHS pay scale band 4 or equivalent.

>Advanced Support



The *Framework* is based on the four Pillars of Practice, taken from the BDA Post Registration Professional Development Framework <sup>[2]</sup> (originally adapted from the Advanced Clinical Practice Frameworks of our four home countries) <sup>[3,4,5,6]</sup>:

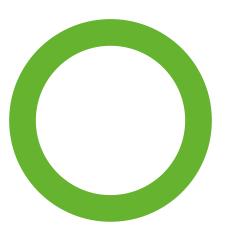
These four pillars are:







The Support Workforce work within a wide range of settings including hospitals, clinics, community settings, people's homes, schools and other settings to provide essential service user care. The scope of practice for any individual is determined by the requirements of their role and their personal capabilities. This will include the application of nutrition and dietetic knowledge, within the requirements of the role.



#### EVIDENCE BASED PRACTICE AND RESEARCH

The Support Workforce provide valuable contributions to supporting the evaluation and application of best practice to optimise outcomes, and extending the evidence base for best practice.



It is a core aspect of practice that staff share their knowledge and skills for the benefit of service users and populations. This could include (but is not limited to) participating in teaching, mentoring or supervision of others appropriate to their role and developing their own skills.



Staff working in dietetic services, at all levels, act as a leader within their scope of practice. They take responsibility for their actions and the quality of the service provided to service users. This pillar encompasses the individual's contribution to the strategy and delivery of services, ensuring quality, promoting services improvement, advocating for the profession, escalating concerns and managing change.

#### Education and Experience

At each level of the *Framework* it is expected that newly appointed staff will have demonstrated appropriate values, such as those of the *NHS Constitution*, as well as having necessary qualifications and experience, or the ability to acquire them on employment. Once employed staff should be able to access further occupationally relevant learning where needed to meet the competency requirements of their role.

Table 1 below sets out the recommended education and experience requirements for services in England, Wales and Northern Ireland. Table 2 sets out recommendations for Scotland. *Appendix 1* contains a summary of the UK education system and includes an explanation of the Regulated Qualifications Framework (RQF) which covered England, Wales and Northern Ireland and Scottish Credit and Qualifications Framework (SCQF) referred to below.

Both tables describe the following:

- the recommended education and experience requirements for newly appointed staff
- the learning that should be acquired following appointment.

Higher Education Institutions vary in their entry requirements for programmes (in terms of both the extent to which work-based and other experiential learning is recognised and acceptable qualifications). It is important that individuals check with their local education providers to determine the required entry requirements for any courses they are considering undertaking. It is also essential that services work with their local education providers to assist staff who wish and are able to progress onto Higher Education courses such as foundation degrees.



#### Education and Experience

Table 1. Education and Experience Requirements for the Support Workforce in England, Northern Ireland and Wales.

	SUPPORT	ADVANCED SUPPORT
EDUCATION	<ul> <li>On recruitment you should possess:</li> <li>RQF level 2 qualifications including Maths and English</li> <li>And</li> <li>Either;</li> <li>A RQF level 3 qualification such as a Technical Level</li> <li>Or</li> <li>Within three months of appointment, you must demonstrate the ability and commitment** to study a RQF level 3 such as via available apprenticeship routes.</li> </ul>	<ul> <li>On recruitment you should possess:</li> <li>RQF level 2 including Maths and English AND RQF level 3 qualifications</li> <li>And</li> <li>Either;</li> <li>A RQF level 4/5 qualification(s) in a related discipline* such as a healthcare apprenticeship</li> <li>Or</li> <li>Within three months of appointment, you must demonstrate the ability and commitment** to step onto a RQF level 4/5 in a related discipline* such as via available apprenticeship routes.</li> </ul>
EXPERIENCE	<ul> <li>On recruitment it is desirable individuals at this level have the following experience:</li> <li>dealing with people, for example in a customer care role or through volunteering</li> <li>work experience in a healthcare setting, such as through work experience or volunteering or through lived experience.</li> <li>And</li> <li>Candidates should also be able to demonstrate digital skills.</li> </ul>	<ul> <li>On recruitment it is essential individuals at this level have the following experience:</li> <li>dealing with people, for example in a customer care role or through volunteering</li> <li>experience in healthcare, such as through work experience or volunteering, or other employment or lived experience.</li> <li>And</li> <li>Candidates should also be able to demonstrate digital skills.</li> </ul>

#### Other Learning

Following appointment members of the Support Workforce are expected to complete the following:

- The Care Certificate and other relevant national programmes, such as the Welsh Formal Induction, if they have not already done so.
- Formal and informal learning relevant to their role through Continuing Professional Development.
- Mandatory Training



<sup>\*</sup>related disciplines could include a health, social care or science related subject.

<sup>\*\*</sup>this could be through identification of learning and training needs within a Personal Development Plan.

#### Education and Experience

Table 2. Scottish Support Workforce Education and Experience Requirements. This is based on NHS Education for Scotland's 2023 Development and Education Framework for Levels 2-4 NMAHP Healthcare Support Workers.

	SUPPORT	ADVANCED SUPPORT
EDUCATION	On recruitment you should normally have or be working towards a <i>SCQF</i> level 7 qualification in a health or social care related subject.	On recruitment you should normally have or be working towards a <i>SCQF</i> Level 8 qualification in a health or social care related subject.
	Numeracy and literacy qualifications are required at this level of practice – normally at or working towards Maths / Numeracy at <i>SCQF</i> Level 5 as well as Literacy / English / Communication qualifications are required at <i>SCQF</i> Level 6.	Numeracy and literacy qualifications are required at this level of practice – normally achieved Maths / Numeracy at <i>SCQF</i> Level 5 as well as Literacy / English / Communication qualifications are required at <i>SCQF</i> Level 6.
EXPERIENCE	On appointment it is <b>desirable</b> individuals at this level have the following experience:	On appointment it is <b>essential</b> individuals at this level have the following experience:
	<ul> <li>dealing with people, for example in a customer care role or through volunteering</li> </ul>	dealing with people, for example in a customer care role or through volunteering
ERIE	<ul> <li>work experience in a healthcare setting, such as through work experience or volunteering or through lived experience</li> </ul>	experience in healthcare, such as through work experience or volunteering, or other employment or lived experience
×	And	And
ш	<ul> <li>Candidates should also be able to demonstrate digital skills (IT and computer literacy).</li> </ul>	Candidates should also be able to demonstrate digital skills (IT and computer literacy).
	Other Learning	
	On appointment staff should complete all necessary learning for their role including the HCSW Code and Induction Standards and Code	

of Conduct, as well as any formal qualifications necessary for their role. NHS Education for Scotland's 2023 Development and Education

Framework for Levels 2-4 NMAHP Healthcare Support Workers contains full details of available qualifications.





#### **Practice**

Practices safely and effectively within their scope of practice

#### **SUPPORT**

P1a Understands and operates within the scope of practice of the role, and understands the protocols and procedures to manage situations outside of scope, including escalation. Works within operational policies, practices, and procedures, under the appropriate supervision of a registered Health Care Professional.

Understands the importance of supervision and undertaking appropriately delegated tasks.

Understands the meaning and importance of valid consent, obtains, and records it prior to any actions or care provision.

Plans, organises and performs straightforward, routine, and specific delegated tasks and activities working within procedures, policies and plans.

Ability to plan and prioritise workload within scope of practice.

Understands the risks and benefits of their practice.

Awareness and understanding

of risk policies and has the ability to identify and implement actions needed to minimise these and can escalate concerns to more senior staff

Completes mandatory training on safeguarding and understands role with respect to safeguarding policies and procedures and can escalate accordingly.

Identifies when wider system issues are a source of risk and escalates these appropriately within own scope of practice.

Ensures safe and effective use of equipment by service users, including demonstration, and teaching of safe and appropriate use.

#### **ADVANCED SUPPORT**

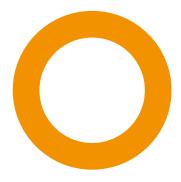
P1b Works independently carrying and prioritising own case load of service users with non-complex needs within scope of practice.

Plans, organises, prioritises, implements and monitors own practice and workload.

Monitors service users progress. Carries out basic risk assessment and able to document in care records.

Identify and select appropriate equipment for the service user and environment.

#### PRACTICE



### Service user focus

Provides services that are respectful of service user preferences

#### SUPPORT

P2a Understands, demonstrates, and provides person centred care.

Develops, manages, and maintains positive and appropriate relationships with service users, families, and carers.

Demonstrates respect, kindness, compassion, and empathy always. Able to identify ways to promote dignity and is aware of individuals' environments and factors that might cause discomfort.

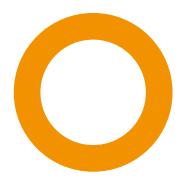
Acts with integrity and honesty, ensuring individuals do not experience harm by reporting situations, behaviours or errors that might lead to adverse outcomes for service users.

Understands, promotes, and advocates for equality and diversity and demonstrates inclusion through all interactions with individuals

#### **ADVANCED SUPPORT**

P2b Supports service users to participate in decisions, relating to their care.

Where appropriate advocates for service users, their families, and carers.



#### **Communication**

Can communicate effectively, taking into account service users' needs, using appropriate media and channels for the audience

#### **SUPPORT**

P3a Communicates what is generally routine information using a variety of methods including the use of written, verbal and non-verbal communications.

Able to work with individuals and groups with different backgrounds, identities, cultures and communication needs ensuring that information is provided in an appropriate and accessible way.

Consistently uses an appropriate medium for communication, taking account of the needs of others.

Actively listens and receives information, addressing any barriers to understanding.

Gives and acts on feedback.

Uses tact and diplomacy.

Treats others fairly and interacts honestly and acts with integrity, respect, and empathy.

Shows consistency and appropriateness in words and actions.

#### **ADVANCED SUPPORT**

P3b Has well developed communication skills, such as supportive, motivational and empathetic skills.

Provides and receives complex and sensitive information including that relating to service users such as communicating dietetic needs, maintaining confidentiality.



#### EVIDENCE BASED PRACTICE AND RESEARCH



## Evidence informed practice

Uses best available research and evidencebased guidance

#### **SUPPORT**

E1a Understands the importance of evidence-based practice and research within the health care setting.

Understands the importance of adhering to codes of practice, clinical procedures, and professional standards

Has an awareness of the policies, procedures and standards health care research must comply with.

Has an awareness of where to find relevant sources of evidence, relevant to their field of practice.

Has an understanding of credible sources of information, and where these can be accessed.

With support, is able to adapt practice in line with changes in the evidence base and practice guidance.

#### **ADVANCED SUPPORT**

E1b Has the ability to find the latest research and complete literature searches at the request of registered healthcare professionals and for own knowledge and projects.

Can undertake basic analyse and evaluation of research papers and present the results.

#### EVIDENCE BASED PRACTICE AND RESEARCH



#### **Outcomes**

Systematically collects, analyses, and communicates data on outcomes

SUPPORT	ADVANCED SUPPORT
E2a Has a knowledge and understanding of the BDA Model and Process for Nutrition and Dietetic Practice [7].	
Has the ability to complete the relevant and appropriate sections of the Model and Process, within scope of practice, as directed by supervising Dietitian.	
Has an understanding of the need for dietetic outcome indicators and their use in practice.	
Has knowledge of a range of dietetic outcome indicators, quality measures and indices related to service user care, quality and improvement relevant to the role's scope of practice and is able to record these, within scope of practice as directed by supervising Dietitian.	



#### EVIDENCE BASED PRACTICE AND RESEARCH



# Service evaluation and quality improvement

Acts to continually improve the quality of service provided

#### **SUPPORT**

E3a Participates in service evaluation, audits and quality improvement activities.

With support, understands and complies with research governance, ethics, and protocols.

May carry out routine research activities under the guidance of more experienced staff.

#### **ADVANCED SUPPORT**

E3b Actively contributes to the identification, planning and delivery of service evaluations, audits and quality improvement activities.

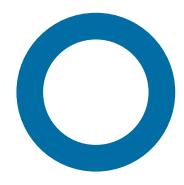
Identifies where practice is ineffective or inefficient and with support seeks to identify the issues and solutions.

Uses data from different relevant sources to evaluate their practice and seeks to improve.

Applies research governance, ethics and protocols and can undertake basic research using data collection and analysis.

With support can disseminate research findings.





### Facilitated Learning

Develop resources and share knowledge to improve knowledge and skills of others

#### **SUPPORT**

F1a With the support of other staff and within their scope of practice is able to deliver a learning session to peers, learners (students), apprentices, and service users, for example demonstrating own activities.

Uses a limited range of teaching and learning techniques.

Can reflect on teaching sessions and identify strengths and weaknesses and use this to improve further sessions.

#### **ADVANCED SUPPORT**

F1b Is able to deliver a non-complex teaching session, within the scope of their role, to peers, learners, apprentices, and service users.

Has the knowledge necessary to answer straightforward questions and the ability to identify and signpost when further information or guidance is required.

Uses a range of teaching and learning techniques.



# Information and resource development

Develop resources to support service delivery

#### **SUPPORT**

F2a Maintains knowledge of information and resources available to support service users.

Able to signpost to relevant information and resources in liaison with supervising healthcare professional.

Contributes to the development of basic information and resources to support service delivery.

Can find and appraise external resources to ensure they are fit for purpose and feedback to or discuss with supervisor and colleagues.

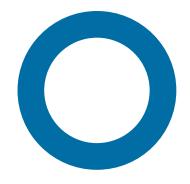
Maintains complete, clear, accurate and timely records.

#### **ADVANCED SUPPORT**

F2b Can identify and signpost service-users to relevant resources and support services.

Is aware of the variable quality of sources of information about food and barriers that may inhibit service users' access.

Is aware of the key components in developing 'good' information including involving service users in creating information.



### Mentoring and supervision

Assure and develop their own and other's skills

#### **SUPPORT**

F3a Actively accesses supervision or mentoring (as available) to develop own practice.

Participates in the induction of new staff.

Participates in the training and mentoring of less experienced support staff, along with pre-registration learners and apprentices in respect of tasks and responsibilities within their scope of practice.

Contributes to colleague's learning and to the development of learning resources for others such as learners (students) and apprentices.

Actively participates in Continued Professional Development (CPD) and records own learning and personal development.

Understands the importance of being a role model, for example to assist the development of others.

Takes appropriate action when the performance and practice of others should be positively recognised or requires improvement.

#### **ADVANCED SUPPORT**

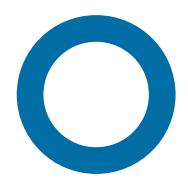
F3b Inducts new members of staff.

May directly supervise, support and mentor other less experienced staff and learners on Practice-based Learning and apprentices (although will not be responsible for signing off learner competence).

Contributes to the learning of other staff, development of learning resources and organisational learning.

Demonstrates role modelling, including advocating for other support staff.

Takes and demonstrates management and leadership for own work within scope of practice.



#### Selfdevelopment

Maintain fitness to practice

#### **SUPPORT**

F4a Understands the importance of personal development and actively participates in learning opportunities to ensure they have the necessary knowledge, skills, and behaviours to safely perform their role.

Able to reflect and learn from experience and practice as part of CPD.

Prepares for and participates in appraisals, agrees a Personal Development Plan (PDP), and seeks to meet their PDP objectives

Records own learning and personal development, actively seeks feedback on performance identifying areas for improvement.

#### **ADVANCED SUPPORT**

F4b Actively participates in learning opportunities and demonstrates self-improvement for example non guided learning.





### **Strategy and vision**

Contributes to organisational strategy

SUPPORT	ADVANCED SUPPORT	
L1a Understands and can explain the main factors, including legislation, polices and strategies that shape service provision and practice within their area.	L1b Is able to review and feedback on policies and strategies within their area of practice.	
Knows how their PDP objectives and actions contribute to achievement of strategy and policies.	Understands the purpose of strategy and how it is developed.	



### Managing change

Work within a changing environment

#### **SUPPORT**

L2a Understands and can explain the range of organisations comprising the health and care system and the main legislation, policies and strategies that shape service provision.

Has an understanding of the function and role of their service and recognises that dietetic staff work within a continually changing environment.

Understands the value of the proposed changes, and has the ability to adapt to these changes.

Identifies issues with service delivery and actively seeks to address them, with support as necessary.

#### **ADVANCED SUPPORT**

L2b Has the ability to advocate for the changes to others.

Has an awareness of finances and resources within their departments.



#### **Advocacy**

Contribute to advocacy efforts related to nutrition and health

#### SUPPORT ADVANCED SUPPORT

L3a Understands the aims and principles of advocacy, behavioural change and interventions.

Has understanding of the wider determinants of health and health inequalities.

Contributes to advocacy efforts to improve nutrition and health in their population.

Uses social media as appropriate and other communication systems to support advocacy efforts.

Seeks opportunities to act as an advocate in promoting dietetics to colleagues.

L3b Lead advocacy efforts to improve nutrition and health.



### **Quality of service**

Assure quality of service

SUPPORT	ADVANCED SUPPORT
L4a Accepts responsibility for the quality of the service they provide and, with support as required, acts to ensure that quality is maintained.	
With support and guidance of clinicians participates in projects to monitor, evaluate, and improve the quality of the service provided.	
Can identify improvements that have resulted from practice in their given area.	



#### **Further Information**

Further information and resources for the AHP Support Workforce can be found on the following webpages:

#### **Scotland**

NHS Education for Scotland has a dedicated resource on its website for Healthcare Support Workers including those working in AHP services. This can be accessed *here*. Details of the development framework for support staff including the *Development and Education Framework for Levels 2-4 NMAHP Healthcare Support Workers* can be found *here*. Information about Modern Apprenticeships can be found *here*.

#### **England**

The NHS in England has developed a comprehensive set of resources and guidance for AHP support workers and the services that employ them. These include case studies, guides on learning, evidence of impact and information about apprenticeships. The resources can be accessed *here*. Detailed information and advice on all healthcare apprenticeships including those relevant to support staff can be found on Skills for Health's Healthcare Apprenticeships site *here*.

#### Wales

Health Education and Improvement Wales website contains information and guidance relevant to support workers including to assist career development. Information about apprenticeships in Wales can be found here.

#### **Northern Ireland**

Information about apprenticeships in Northern Ireland can be found here.

#### **BDA**

More information and resources related to the Dietetic Support Workforce can be accessed via our dedicated Support Workforce Hub.





### A

Term	Definition
Accessible	Easy for anyone to obtain and use.
Active Listening	A communication technique that is used in assessments, training, counselling and conflict resolution. It requires that the listener fully concentrates, understands, responds and then remembers what is being said.
Advocacy	Providing support to another person to help them express their view and wishes, and help them stand up for their rights. [8]
Agenda for Change	The main pay system for staff in the NHS, except doctors, dentists and senior managers. Abbreviated to AfC and also known as NHS Terms and Conditions of Service.
Allied Health Professional (AHP)	Allied Health Professionals: comprise of 14 distinct occupations including: art therapists, dietitians, drama therapists, music therapists, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, physiotherapists, podiatrists, prosthetists and orthotists, diagnostic and therapeutic radiographers, and speech and language therapists. They provide high quality care to patients and clients across a wide range of care pathways and in a variety of settings that include, hospitals, community, the independent and charitable sectors and schools. They work in health promotion to prevent accident or illness; they are active in treatment and rehabilitation and they promote self-help and independence. [9]
Analyse	To study or examine something in detail in order to discover or understand more about it.
Appraise	To examine someone or something in order to judge their qualities, success or needs.
Appraisal	A meeting in which an employee discusses their progress, aims, and needs at work with their manager or employer.
Apprentice	A person who is learning a trade or profession from a skilled employer, having agreed to work for a fixed period at lower wages.
Audit	An official examination of records against a standard and the production of a report summarising the findings.
Autonomous	The state of having freedom to act independently; making decisions free of influence by someone else.

B

Term	Definition
Barriers	Anything used or acting to block someone from going somewhere or from doing something, or to block something from happening.
BDA Model and Process for Nutrition and Dietetic Practice	Developed by the BDA, it describes, through the six steps, the consistent process dietitians follow in any intervention; with individuals, groups or populations, in clinical settings, public health or health promotion. It articulates the specific skills, knowledge and attributes that dietitians deploy, and the environmental factors that influence the practice of dietetics. [7]

C

Term	Definition
Capability	The ability to do things effectively and skilfully, and to achieve results.
Case-load	The number of clients managed by a particular health care professional.
Career	The job or series of jobs that you have during your working life.
Clinical	Medical work or teaching that relates to the examination and treatment of unwell individuals.
Competence	The ability to do something successfully or efficiently.
Competency	An integration of knowledge, understanding, and subject-specific skills and abilities used by an individual to function according to the demands that are put upon them in the specific dietetic context.
Complex	A task which is difficult to understand or find an answer to because of having many different parts.
Consent	To give permission or agreement for something to happen.
Continuing Professional Development	The way in which an individual continues to learn and develop throughout their career. Continuing Professional Development is essential and evolves skills, knowledge, professional identity a professional conduct so that individuals stay up to date and practice safely and effectively. [10] Abbreviated to CPD.
Credible	A source which is able to be believed or trusted.

D

Term	Definition
Data Collection	The activity of collecting information that can be used to find out about a particular subject.
Delegate	To give a particular job, duty, right, etc. to someone else so that they do it for you.
Design	To make or draw plans for something, for example, services, treatment plans etc.
Dietetic outcome	A measured change/resolution of the nutritional 'problem' at the end of treatment. This could include, but is not limited to health, for example, the problem could be knowledge or behaviour focused.
Dietitian	Dietitians are qualified and HCPC regulated health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public-health level. They use the most up-to-date public health and scientific research on food, health and disease which they translate into practical guidance to enable people to make appropriate lifestyle and food choices.
Diplomacy	The skill in dealing with people without offending or upsetting them.
Disseminate	To share or give out something, such as news, information, ideas, etc., to a lot of people.
Diversity	Including and involving people from diverse backgrounds.

E

Term	Definition
Equality	All people should have equal rights and equal opportunities.
Employer	A public, independent, private or third sector organisation that employs people to undertake a specific role with legal and contractually acceptable terms and conditions.
Escalation (Escalate)	Taking something higher or to greater powers within an organisation.

E

Term	Definition
Ethics (Research)	Research ethics are the moral principles that govern how researchers should carry out their work. These principles are used to shape research regulations agreed by groups such as university governing bodies, communities or governments. [11]
Evaluation	The process of judging something's quality, importance or value, or a report that includes this information.
Evidence	The available body of facts or information indicating whether a belief or proposition is true or valid.
<b>Evidence-based Practice</b>	Interpreting individual clinical expertise with the best available external clinical evidence from systematic research.

F

Term	Definition
Facilitated learning	Sharing knowledge and skills across and beyond the profession for the benefit of service users and populations. The scope could include (but is not limited to) developing a range of teaching materials, mentoring or supervision of others and developing of own skills.
Fitness to practice	Fitness to practice is the ability to meet professional standards; it is about character, professional competence and health [12]. According to the HCPC, someone is fit to practise if they have "the skills, knowledge, character and health to practise their profession safely and effectively". [13]
Framework	A basic structure underlying a system, concept, or text.

G

Term		Definition
Govern	nance	The policies, processes and monitoring arrangements that make sure that a programme is well run.

Н

Term	Definition
Health and Care Professions Council	The Health and Care Professions Council (HCPC). A regulatory body that maintains a register of a number of healthcare professions.
Health Inequalities	The unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

Term	Definition
Inclusion	The practice or policy of including and integrating all people and groups in activities, organisations, political processes, etc., especially those who are disadvantaged, have suffered discrimination, or are living with disabilities.
Indicator	A variable used to measure change in the proposed outcome/goal, usually against reference standards or a baseline. Indicators should be validated where possible.
Induction	A period of training during which a new employee learns about the company they are working for and the job they will be doing.
Intervention	A combination of program elements or strategies designed to produce behaviour changes or improve health status among individuals or an entire population.

Term	Definition
Job Description	A list of the responsibilities that you have and the duties that you are expected to perform in your work.

K

Term	Definition
Knowledge	Facts, information, and skills acquired through experience or education.

L

Term	Definition
Leader	A person who takes initiative of an action and supports others to follow.
Leadership	Providing a strategy, vision or direction for a programme or service.
Learner	An individual enrolled onto a dietetic pre-registration education programme whether full time or less than full time.
Legislation	A law or set of laws suggested by a government and made official by a parliament.
Level	An intellectual, social, or moral standard.



Term	Definition
Management	Overseeing the day-to-day delivery of a programme/service, including setting roles and responsibilities and the allocation of resources.
<b>Mandatory Training</b>	Compulsory training that is determined essential by an organisation for the safe and efficient delivery of services.
Mentoring	Act of supporting and advising someone with less experience to help them develop in their work.
Multi-Disciplinary Teams	Different professionals meet together to discuss the diagnosis and treatment of service users. They include doctors from different specialties, nurses and many other allied health professionals such as dietitians.

N

Term	Definition
Non-verbal communication	Communication through sending and receiving wordless cues. e.g., body language, distance, physical appearance.
NHS Job Evaluation	The system by which jobs in the NHS are compared with each other to decide at what band they should be paid. [14]
Nutrition	The process by which living things receive the food necessary for them to grow and be healthy.

0

Term	Definition
Optimise	To make something as good as possible.
Objectives	Something that you plan to do or achieve.

P

Term	Definition
Performance	How well an individual does a piece of work or an activity.
Person centred	Focusing care on the needs of the person rather than the needs of the service.
Personal Development Plan	An action plan based on self-awareness, values, reflection, goal-setting and planning for career development. Abbreviated to PDP.
<b>Person Specification</b>	A document that describes the skills, knowledge, and qualities needed to perform a particular job.
Prioritise	To decide which of a group of things are the most important so that you can deal with them first.

Q

Term	Definition
Quality	The standard of something as measured against other things of a similar kind.
Quality measures	Tools that help measure or qualify healthcare processes, outcomes, service user's perceptions and organisational structures and/or systems that are associated with the ability to provide high quality health and/or that relate to one or more quality goals for health care.
Quality Improvement	The systematic use of methods and tools to try to continuously improve quality of care and outcomes for service users.

R

Term	Definition
Reflection (Reflect)	Critical thought or consideration of a situation or event.
Research	The detailed study of a subject in order to discover new information or reach a new understanding.
Risk	The possibility of something bad happening.
Risk Assessment	A process of evaluating the potential risks that may be involved in a projected activity or undertaking.

S

Term	Definition
Safeguarding	Protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility.
Scope of practice	The areas in which an individual has the knowledge, skills, values, behaviours and experience necessary to practise safely and effectively
Service user	A broad term to refer to anyone who uses, or is affected by the services of dietitians or learners (directly or indirectly).

S

Term	Definition
Service Evaluation	A service evaluation is a way to define or measure current practice within a service. The results of the service evaluation help towards producing internal recommendations for improvements that are not intended to be generalised beyond the service area. Therefore, a service evaluation is designed to answer the question "what standard does this service achieve?".[15]
Skill	The ability to do something well.
Standardisation	The process of making something conform to a standard.
Strategy	A plan of action designed to achieve a long-term or overall aim.
Supervision	A process of professional support and learning, undertaken through a range of activities, which enables individuals to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety of care. May involve the act of watching an individual or activity and making certain that everything is done correctly, safely, etc.
Support Workforce	The Support Workforce is defined as those individuals that work for a dietetic service but are not regulated by the Health Care Professions Council. They work with registered staff to deliver service user and client care, working under a range of supervisory arrangements within agreed guidelines and protocols. They often work as part of multi-disciplinary teams under supervision but can also work with individual practitioners or autonomously within the scope of their role and under guidance and following training. They are pre-dominantly employed in Agenda for Change Band 2, 3 and 4.
Systematically	In a way that is done according to an agreed set of methods or organised plan.

Т

Term	Definition
Tact	The ability to say or do the right thing without making anyone unhappy or angry.

U

Term	Definition
Understand	Perceive the intended meaning of/grasp significance/assign meaning to/to be thoroughly familiar with.

V

Term	Definition
Vision	The ability to think about or plan the future with imagination or wisdom.

W

Term	Definition
Wider Determinants of	The non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.
Workload	The amount of work, both clinical and non-clinical to be completed by an individual.

<sup>\*\*</sup> Note: Above definitions sourced from Standardised English Dictionaries, Professional bodies [e.g. British Dietetic Association] and Health & Care Professions Council.

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# An introduction to the UK education system: education frameworks and functional skills

Every formal qualification in the UK is placed on frameworks. The best way to understand this is to think of the framework as a bookcase and qualifications as books. Books that are a similar reading level are placed on the same shelf, with the books above them being a little more demanding. Rather than shelves, the frameworks have **levels**. All qualifications with the same degree of academic demand are placed at the same level, with qualifications at each subsequent level being progressively more demanding. At the top are doctoral degrees.

Keeping with the book analogy, whilst different books may require the same degree of reading ability, they may not be of the same length. It is the same for qualifications. Although different qualifications may require the same academic rigour, some will be longer in duration than others. Credits measure the time taken to complete a qualification. One credit equals 10 hours of study. A qualification at, say, level 3 that takes a hundred hours to complete will be worth 10 credits and so will a qualification of the same duration at level 4. Another qualification at level 3 that takes two hundred hours to complete will be worth 20 credits and so on.

Credits matter, particularly when applying for university degrees, where courses require a certain amount of learning in relevant subjects. **UCAS tariff points** are not the same as credits. Information is available that allows learners to translate their qualifications and credits to UCAS *points*. Universities can also accept experiential learning – the knowledge, skills and behaviours learnt through the practice of work; however, whether and the extent that this happens is left to the discretion of individual institutions.



### Northern Ireland, England, and Wales

Qualifications in Northern Ireland, England and Wales are placed on the Regulated Qualifications Framework (RQF) which comprises nine levels. The full RQF can be found *here*. As already described each level reflects a discrete degree of understanding and expertise. The levels most relevant to the dietetic support workforce along with examples of typical qualifications associated with each, are:

- Level 2 GCSE (grades 9-4 (previously A\*-C))
- Level 3 A Levels
- Level 4 Higher National Certificate
- Level 5 Foundation Degree, Higher National Diploma
- Level 6 Bachelor's degree

There are, in fact, many individual qualifications within each RQF level between 2 and 6.

RQF qualifications with a similar number of credits are grouped together and described in the same way:

- 1. **Awards** which are between 1-12 credits
- 2. **Certificates** which are between 13-36 credits
- 3. **Diplomas** which are 37 credits or above

So, for example, at level 2 it is possible to study for a National Certificate or Diploma, the difference being the number of credits awarded.



#### Functional skills

Functional skills, which are sometimes also called essential skills, refer to the numeracy and literacy requirements that adults need in their work, if they have not acquired these through secondary education. Functional skills also have levels, but these are different to the RQF ones:

- Entry Level 1, 2 or 3
- Level 1 (equivalent to GCSE 3-1)
- Level 2 (equivalent to GCSE 9-4)

Many Support Workforce posts in the NHS require level 2 functional skills either on appointment or acquired shortly afterward appointment.

Increasingly **digital skills** are also seen as an essential requirement of posts. Health Education England has produced a *Digital Literacy Capability Framework*. In Wales there is an *Essential Skills Wales* qualification, that teaches people numeracy, literacy, and digital skills.



#### Scotland

Qualifications in Scotland are placed on the Scottish Credit and Qualifications Framework (SCQF) which has twelve levels. Full details can be found *here*. Credits are used in Scotland in the same way as the rest of the U.K. The SCQF levels most relevant to support workers are:

- SCQF Level 7 (for example Higher National Certificates and Modern Apprenticeship)
- SCQF Level 8 (for example Higher National Diploma and Higher Apprenticeship)
- SCQF Level 9 (for example Degree)

There is an expectation that healthcare staff will acquire the relevant Literacy and Numeracy qualifications for their level of practice as set out in *Table 2*.



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