

# Draft Interprofessional Dysphagia Framework Consultation Response

---

## General comments

The BDA is grateful for the opportunity to respond to the draft Interprofessional Dysphagia Framework. We appreciate the time and expertise that has gone into producing such complex competencies. We very much support the aim of developing the competence of the workforce to enhance the safety of people with dysphagia.

We are disappointed that a wider range of professions was not involved in the development of the Framework. It is clearly aimed at developing competence in individuals from a wide range of backgrounds and it would have been enhanced with input from this multi-disciplinary team. We feel that our lack of involvement in developing these competencies makes it difficult to know exactly where our workforce (from dietetic support workers to advanced and consultant practice dietitians) would fit into the different competencies. Had we been involved in the development stage, we would be able to share our knowledge of the different levels, the issues being addressed and how the framework supports this, and therefore, would have a clearer expectation of our role within the framework during implementation. We were disappointed at the lack of reference to multidisciplinary team working throughout the document given that this is an inter-professional framework.

## Further points

BDA members have provided further points. We hope these will help with clarity for those involved in the implementation:

- The framework is extremely lengthy and repetitive (detailed description of levels at the start and again in the competency section). We would suggest a brief (one sentence) summary of each level at the start with a link to the specific competency section for further information.
- The use of 'levels' as descriptors may be confused with IDDSI levels or the national qualification framework. We would therefore suggest changing these to another descriptor, for example, 'competency 1,2,3...'. Alternatively, the terminology could mirror the language used within the Health Education England Dementia training standards framework of Tier 1, Tier 2, Tier 3.
- Page 31 uses 'puree diet' (other examples throughout). We recommend that all texture modification descriptors are in-line with IDDSI level descriptors.
- We feel that the importance of MDT working should be highlighted within the level definitions and competencies as safe, effective delivery of the competencies at all levels would require support from an MDT.
- We feel it would be helpful to include examples of the benefits to the MDT in implementing the framework. The framework would enable healthcare professionals to upskill - improving efficiency and building capacity within teams, we feel it would be helpful to highlight this. For example, you may upskill a dietitian to complete a swallow assessment, building capacity for the doctor/speech and language therapist and reducing a delay to feeding for the patient.

- Possible typos – page 89 should gastronomy be placed with gastroscopy and should IVI be TPN? Page 52 should IVT be TPN?
- We recommend acronyms are spelt out fully to prevent confusion

We feel that the framework has the potential to improve the basic knowledge, skills, understanding and practice by all involved in dysphagia. This would be a positive step in enhancing care for patients living with dysphagia.

---

©2019 The British Dietetic Association  
5th Floor, Charles House, 148/9 Great Charles Street Queensway, Birmingham B3 3HT  
email: [info@bda.uk.com](mailto:info@bda.uk.com)

Commercial copying, hiring or lending without the written permission of the BDA is prohibited.

[bda.uk.com](http://bda.uk.com)