

The British Dietetic Association response to the Welsh Apprenticeship Consultation – Online Survey

Please record details of your profession/ services and any staff groups with whom you have discussed this consultation

British Dietetic Association

This consultation was sent to the following for opportunity to comment-

- BDA Education and Professional Development Board
- BDA Higher Education Institute Committee
- BDA Quality Standards Committee
- Welsh Dietitians Leadership Advisory Group

Identify the specialist services in which you have staff working in Band 4 Assistant Practitioner roles: *

- Hospital services for people with physical disability
- Services for people with mental health/ learning disabilities
- Services for children and young people
- Services in community/ primary care
- Public health services
- Other

All of the above

Are you confident that the qualification is sufficiently flexible to meet the needs of assistant practitioners in your profession and/or practice area? Please comment

Yes - subject to the content revisions identified in the unit commentary sections being implemented.

Please comment on the balance between compulsory and optional units and suitability for Assistant Practitioners in your profession +/-or service area

It is important to note that we have only been able to comment in relation to the level of information that has been provided at this point of time, recognising that more detail will be provided in due course. We welcome the opportunity to further respond once the detailed information is available.

As indicated in the response to follow on questions, there are specific module(s) that should be mandatory for dietetic assistant practitioners rather than optional [e.g. Optional Unit B4]

Do you have any suggestions to improve the structure or overall content of the qualification?

The consultation document details that “the consultation relates to a qualification equivalent to 120 credits at level 4 in line with the HCSW Development and Education Framework”. Our understanding is that 120 credits is the minimum number and it would be helpful to confirm this in the paperwork.

It is worth considering whether there should be more structure/guidance around the choice of options for respective allied health professional groups, and mandating the options which are essential for the role [e.g. optional Unit B4 for dietetics].

With the level of information available at present, it would appear that the content of the modules looks appropriate, recognising the potential for some overlap and dual assessment across some options.

However, there is concern that the ambition to enable the participant to be able to apply for a pre-reg programme at Higher Education through this route [science foundation and access courses] may not be possible due to the current selection of options and insufficient associated number of credits available in relation to science.

For example, there is the standard 15 credits as highlighted being appropriate for access to HE [Unit B1] but then Higher Education Institutes would need another 45 credits of science – there is possibly 20 credits worth currently [Unit B4] which would leave 25 credits of 'science' missing.

We would ask for this to be reviewed and addressed in order to ensure that the individuals are not disadvantaged.

Unit A1: The Therapy Assistant Practitioner Role: Do you agree with the content of this unit and its suitability for your profession/ practice area?

Yes

Unit A2: Therapy Assistant Practitioner Demonstrating Practice. Do you agree with the content of this unit and its suitability for your profession/ practice area?

Yes – subject to ensuring that the appropriate levels of supervision are in place. [The BDA AP curriculum stresses that “The dietetic assistant practitioner is not an autonomous professional, nor must they register with the Health and Care Professions Council (HCPC). Therefore, whilst they are responsible for carrying out the role assigned to them, strategic decisions about service-user care must be taken under the supervision of a registered professional”

We ask for reassurance on the governance around the concept of supervision ensuring the practice educator is a registered dietitian.

P8 – what level of data collection and analysis is expected?

Unit A3: Clinical Decision Making. Do you agree with the content of this unit and its suitability for your profession/ practice area?

Yes - subject to ensuring that the appropriate protocols are in place. For example:

Under supervision has responsibility for limited areas of

- i. recognise and work within the limits of their practice and when to seek advice or refer to another professional;
- ii. demonstrate awareness of own limitations knowing when and from whom to seek help, recognising when to use skills available to them and when not to;
- iii. Under supervision has responsibility for limited areas of practice, has autonomy for decision making within agreed protocol

Unit B1: Research and evaluation Skills - Do you agree with the suitability of this unit for your profession/ practice area? (this unit is already accredited)

Yes and it is great to see a research and evaluation skills module. However, the first learning outcome “Be able to carry out academic research within set parameters” is inappropriate. Dietitians do a research project that takes months and can be audit or service evaluation (so not really research) as part of their degree and a PhD is supposed to be a minimum training in academic research. It would be nice if someone at level 4;

- understood and was able to take someone through the consent procedure to participate in a study
- was aware of the importance of accuracy in data collection
- had an understanding of anonymity with regard to patient data

but an “extended research project which includes an experiential case study from recent practice” seems a bit of a tall order. Perhaps a well written case study that encouraged some critical thinking and reflective practice would be enough.

Unit B2: Promoting health and wellbeing unit: do you agree with the content of this unit and its suitability for your profession/ practice area

Yes.

1.3 Determinants of health should also include social inequity.

Unit B3: Evidence informed practice: do you agree with the content of this unit and its suitability for your profession/ practice area?

Yes

Unit B4: Science in therapeutic practice: do you agree with the content of this unit and its suitability for your profession practice area

This unit should be mandatory for dietetic assistant practitioners.

It is difficult to comment fully on this unit without the context and seeing the level of detail. HEIs delivering dietetic courses should contribute to this section.

The BDA Assistant Practitioner Curriculum provides information on this area.

Underpinning Sciences

2.1 Awareness of nutrition, physiology, biochemistry appropriate to the role a) Structure and function of the human body b) Factors affecting biochemical measurements and reference standards c) Role, function and regulation of major body systems in health and disease d) Role and function of energy and nutrients in human metabolism including the effects of deficiency and toxicity and requirements through the lifecycle. e) Role of exercise in managing health and disease

2.2 Basic understanding of infection control a) Structure & function of common microbes which cause infection & disease b) Micro-organisms associated with infection and how to prevent the spread of infection c) Food safety legislation and practice to manage and evaluate the service of safe food

2.3 Basic understanding of clinical medicine, pharmacology and disease processes with respect to dietetic and nutrition interventions. a) Aetiology of common lifestyle issues e.g. obesity, diabetes and malnutrition b) Current therapies, interventions, public health and person management strategies in common diseases c) Drug nutrient interactions appropriate to the role d) The use of nutrients and functional foods as pharmacological agents e) The role of the dietitian within Medicines Management f) Awareness of the role of complementary and alternative medicine in diet related diseases.

In the descriptor of the model, it might be better to say 'relevant to scientific and physiological knowledge'. In addition, the way that the statement reads implies that as that you don't need anatomy and physiology for dietetics which isn't the case. It may be more appropriate to give a list of examples of scientific (and psychological) knowledge needed instead of listing certain ones for certain professions, there is too much cross-over to do this.

Unit B5: Developing therapeutic relationships: do you agree with the content of this unit and its suitability for your profession practice area?

Yes

We would recommend that Person-centred approaches as well as MDT working should be mandatory and not optional.

Unit B6: Self-directed learning to support practice: do you agree with the content of this unit and its suitability for your profession practice area?

Yes – would like to see the concept of 'continual professional development' included.

Unit B7: Quality and service improvement: do you agree with the content of this unit and its suitability for your profession practice area?

Yes

Would like to see a statement around “implementing the principles of clinical governance and the applicability of this to their practice as a framework for quality improvement;

Unit B8: Application of enhanced technical knowledge and skills: do you agree with the content of this unit and its suitability for your profession practice area

Yes – strongly support the inclusion of understanding and utilising technology in practice.

Unit B9: Delivering education and training: do you agree that the unit is suitable for your profession practice area? (This unit is already accredited so content cannot be changed)

Yes