

Advanced Practice

Case Study:

Rebecca Revell

Overview

Rebecca is a trainee Advanced Practitioner (AP), non-medical prescriber (NMP) and First Contact Practitioner (FCP). She is clinical lead for a team of dietitians working in primary care and is the practice officer for the British Dietetic Association (BDA) First Contact Dietitian (FCD) Specialist Group.

Developing from enhanced to advanced

Rebecca qualified as a dietitian in 2013 with an undergraduate degree in Nutrition and Dietetics and spent her first roles in busy hospital trusts, gaining exposure to both inpatient and outpatient settings, covering a wide range of clinical conditions. Her first enhanced level role, at band 6, allowed specialism in gastroenterology and the development of a dietitian-led irritable bowel syndrome (IBS) service. This service improvement allowed Rebecca to develop her skills across the 4 pillars, especially in her professional practice and leadership skills, leading to her securing a band 7 role as clinical lead in gastroenterology. This role required her to undertake post-graduate education and training to become a supplementary prescriber. Rebecca completed the non-medical prescribing module, leading to annotation with HCPC as a supplementary prescriber. By this time, Rebecca had extensive knowledge of complex gastroenterology and surgical conditions meaning her strength was in the professional practice pillar. She recognised that career development required her to develop further across all pillars. Rebecca therefore looked for opportunities to enhance her leadership, research and facilitated learning skills.

This opportunity arose in 2021 with a switch to primary care. Rebecca trained as a First Contact Practitioner (FCP) and was one of the first dietitians to complete this master's level module in 2022. The FCP module enabled development in areas such as history taking and clinical examination and provided the foundations for working



safely in primary care: seeing people earlier in a pathway, identifying red flags and arranging diagnostic tests. In her FCP role, Rebecca sees a variety of clinical conditions and provides dietetic interventions for weight management, diabetes, IBS and frailty. She can confidently manage people with undifferentiated presentations and those without a prior referral from their GP.

After completing the NMP and FCP post registration education, and through her practice supervision and appraisal, Rebecca identified some learning needs which would help to develop her role further and allow her to work across primary and secondary care. Rebecca secured funding from NHS England to undertake further education and training to complete an Advanced Practice masters, which also aligned with her career aspirations. The modules on the programme included diagnostics, anatomy and physiology and a dissertation portfolio. The portfolio is evidence gained from a clinician's role to demonstrate that they can safely manage, treat or refer for a variety of presentations, in at least 5 body systems. The 5 systems that aligned to Rebeccas role were: gastroenterology, endocrinology, frailty, renal and mental health. The portfolio was submitted alongside a written assignment which critically analysed how the advanced practice role embeds all 4 pillars of practice into their clinical role. The 4 pillars of advanced practice (clinical, research, leadership, education and development) have different titles to the BDA 4 pillars of practice (professional practice, evidence & research, facilitated learning, leadership) but the principles are the same.

Rebecca’s clinical mentor throughout the advanced practice programme was a gastroenterologist with whom she undertook weekly clinics alongside. This helped Rebecca to increase her confidence and sign off her clinical competencies to gain evidence for her portfolio.

Now that Rebecca has completed the academic element of her education and training, her focus is on her transition to an advanced practice role within the workplace. As Rebeccas training was undertaken in response to identified learning needs, career aspirations and opportunistic access to funding, there is a need to secure ongoing commitment for the role from her employing organisation. This gives Rebecca a bit of time to further develop her confidence and competence within a trainee role whilst the business case is being progressed.

Role Impact

Rebecca’s role as a trainee AP in secondary care gastroenterology demonstrates how a dietetic background can offer significant benefits in service delivery. For many people, a dietitian with advanced practice skills allows them to see the right clinician at the right time, allowing for a better experience with a reduction in unnecessary appointments or investigations. With Rebecca’s unique training, skills and background, she is perfectly placed to manage complex functional bowel presentations that otherwise would need to see a consultant. This is cost effective as well as income generating for the NHS Trust.

Rebecca continues to work in primary care alongside her secondary care gastroenterology role. Her advanced knowledge and skills across settings, in addition to her work with the FCD Specialist group, enables her to be at the forefront of progressing dietetic roles and influence the future development. Working across primary and secondary care can improve the interface, which can often feel disjointed. This again puts Rebecca in a unique position to manage service-users in the most appropriate setting and improve clinical pathways.

Career Aspirations

In transitioning from trainee into qualified AP, Rebecca will continue to develop her AP led clinic for functional bowel disorders (FBD). In these secondary care clinics, Rebecca sees new referrals for people with ongoing gastrointestinal symptoms that have not been adequately managed in primary care. These are complex presentations that require her to consider serious or alternative underlying pathology. Rebecca is working on pathways that allow her to order investigations such as colonoscopies, MRI and CT scans, prescribe medications, undertake abdominal/rectal examinations alongside providing holistic and dietetic management of symptoms.

She also wants to further develop the primary and secondary care interface by establishing an ‘in between’ service – seeing complex presentations from primary care that don’t need to see a gastroenterology consultant.

How does Rebecca work across the 4 pillars of practice?

As an aspiring AP, Rebecca has demonstrated that she works across the 4 pillars of practice. Whilst all roles require this, for an AP role this is evidenced, through post registration academic and clinical attainment, to be at masters level.

