A Guide to Innovative Practice Education Placements
Key Collaborators

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1.0 Introduction

1.1 Premise of the Work

Over recent years, the BDA’s higher education partners have reported increasing difficulties in sourcing practice placements to meet demand. The problem is further increased during years where there is a high number of deferred students, or those needing to repeat the practice placement element of their programme. These challenges can only be addressed in a sustainable manner through a profession-wide commitment to supporting the dietitians’ of the future in their studies.

1.2 Breadth of placement

As demonstrated via the BDA’s flagship campaign ‘Trust a Dietitian’, dietetics now transcends the traditional NHS settings, with dietitians working across a multitude of sectors. The profession has representation in almost all nutrition related fields, including social care, industry (medical nutrition, food manufacture), research, community education and sport to name just some of many. Crucially, dietitians have a vital role to play in the public health agenda, leading on providing dietary advice and policy in a cost effective manner, to improve the lives of communities and populations across the UK. It is imperative that the profession retains and indeed increases its presence and expertise within this arena.

Considering the above from a student training perspective, not only is it important for students to be equipped with the necessary skills and sector understanding to enable them to work across both traditional and emerging /developing environments, but extending the breadth of placements also increases capacity and releases pressure on NHS departments which may be struggling to cope with the demands placed upon them.

The traditional model of practice placement delivery has historically been one dietitian to one student at any given time although a number of different team members might be involved in delivery of the overall placement. This structure reflects the nature of the work of the qualified dietitian within the NHS, who will on the whole, manage their own individual caseload. However, whilst valid, this model is neither sustainable nor necessarily cost or resource efficient for all elements of the pre-registration programme.
In consideration of alternative models of delivery, there is a plethora of research to support the benefits of peer assisted learning\(^1\) \(^2\) with students gaining increased understanding of subject matter, enhanced patient liaison skills and improved self-awareness of their own strengths and areas for development as a result.

There are also a number of emerging models of delivery to consider incorporating into the practice placement programme, some of which utilise educational technology and simulated learning resources. Finally, it is crucial for the profession to demonstrate its role as part of the broader healthcare workforce and thus innovative and successful examples of inter-professional learning must be disseminated and embraced.

This guidance has been produced by the Practice Education working group, reporting to BDA Education Board, which was established in January 2015 with the purpose of exploring practical solutions to meeting ongoing pre-registration training requirements, both in terms of capacity and mapping to the direction of the profession. The project has utilised the expertise of two key reference groups: BDA Higher Education Group and the Dietetic Practice Education Network. In addition, the wider profession has contributed to the document with submission of case study examples of innovative practice.

\(^1\) Kershaw, R: Peer Assessment and Feedback: (2010) opportunities for implementation in dietetic practice education: Investigations in University Teaching and Learning

1.3 The BDA’s position

The practice placement is an integral part of the undergraduate and postgraduate dietetic training. The structure of this placement has changed over the years allowing more flexibility in its provision. It should however be of sufficient length to enable continuity of learning and ensure that the student can demonstrate consistency of performance and caseload management within appropriate settings. Practice placement sites should reflect the breadth and diversity of the working environments of entry-level dietitians.

Traditionally these practice placements have been provided within the NHS either in an acute or community setting. However, more recently due to changes within the NHS, increased placement requirements and capacity issues, health providers external to the NHS have been looked upon to provide this clinical experience.

Over the last 30 years there has been an increase in the number of universities delivering a Nutrition and Dietetics degree. All these students are required, as identified within the curriculum, to complete a set number of hours within a practice placement environment. This has put pressure on local NHS establishments to provide the training.

Over ten years ago changes to the commissioning of university places moved away from a national process to a more local provision. Practice placement providers were partnered with a local HEI delivering a Nutrition and Dietetics degree course. In some areas this has resulted in more than one university course, competing for the same placement places. Capacity is further affected by students who fail their placement first time round and are required to repeat it. In some areas individuals are having to wait over 12 months for a placement to become available. The merger of hospital Trusts, reduction in staffing and changes to dietetic management structures has also impacted on practice placement providers, reducing their capacity to take more students.

The time has come to consider alternative ways of delivering this practical experience. The provision of NHS services is moving away from the acute hospital environment and into the local community setting with care closer to home. Dietitians already work in a vast and diverse number of roles outside of the NHS, for example in industry, academia, for charitable organisations, within the private health sector, within public health and in research. These areas could contribute to the practice placement experience of the student dietitian and increase the number of places available. These establishments will need to comply with the Practice Placement guidance within the BDA curriculum framework for pre-registration
education and training for dietitians. They will need approval from the local HEI and quality will need to be actively monitored. The newly qualified dietitians need to be ready for the diversity of placements.

1.4 Guiding Principles

This document seeks to promote increased dietetic interest and engagement with workforce planning processes. The profession must seek to ensure that sufficient financial and staffing resource is invested to guarantee that dietetic practice education can be delivered safely, whilst maintaining high quality clinical service provision.

1.4.1 Key BDA Messages

1. Shaping the education of future generations of dietitians is in the interests of the whole profession. It provides opportunities for staff development, engagement in CPD as well as allowing departments to influence the skills and numbers of the future workforce. As such, all BDA members should be invited to consider how they can take an active role in this agenda, from participation in curriculum development and consultation to practice education development, delivery and support.

2. Meeting dietetic practice education needs will require strong collaboration between the higher education institutions and service providers, both within and out-with the NHS.

3. Dietetic staff resourcing must ensure sustainability of practice education whilst continuing to deliver safe and effective service-user focussed provision. To safeguard quality, there must be a joined up approach to planning from both an educational and delivery perspective. By embracing student training as a key work-stream within their portfolio of services provided, Nutrition and Dietetic services will be in a stronger position to make the case for their own sustainability. They will also have an important role to play in ensuring that there is a pool of ready trained dietitians able to meet the new and emerging markets. It will nevertheless be important for the NHS to support practice educators through the provision of training and resources as their environment becomes more challenging in the current financial climate.

4. It is the responsibility of higher education institutions to develop, share and disseminate innovations in practice delivery to ensure the sustainability of practice education.
Equally, it is the duty of the BDA and service providers to support the HEIs in this endeavour. Such activity is twofold, as follows:

a. Innovations in practice education placements should be encouraged and disseminated, with a breadth of dietetic working environments utilised, within a strong quality assured framework of delivery.

The BDA has a role to play from a UK perspective in raising the profile of dietetics and student dietitians within and beyond NHS environments. Equally, there is a need for dietetic managers / recruiters of dietitians within the NHS to recognise the added value to the service in students having undertaken a broad range of placements. It is important that as a profession, dietitians have faith in the abilities and employability of those graduates who bring a wealth of transferable skills and experiences.

b. Alternative models of practice education delivery should be trialled and findings disseminated across the profession. Examples of such activity might include peer learning models, virtual learning environments and inter-professional learning opportunities.

5. Practice education models should prepare the dietetic student body for the future requirements of the profession, with strong evaluation of impending workforce demands and education tailored to meet career opportunities and delivery needs, including acute and community NHS settings, public health and social care. In addition, private sector opportunities should be explored.
2.0 Current Approaches

2.1 Current Standards and Requirements

Within Section 5 of their Standards of Education and Training (SETS), the regulator, the Health and Care Professions Council (HCPC) outlines its requirements for practice placements on pre-registration programmes. Whilst there are currently 13 key elements to embed, extending from supervision to duration and range, these are extremely general in nature pertaining to all professions and their associated students. Thus the onus for specifying adequate practice education requirements necessarily falls to the professional bodies themselves, to clarify within their curriculum frameworks.

As per the HCPC Standards of Education and Training, the BDA Curriculum Framework document last updated in 2013 insists that practice education be ‘integrated with periods of academic education so that the students are able to adequately reflect upon and learn from each element and that progression through the academic and practical components of the course can be demonstrated.’

Again, HCPC has taken a high level approach with regard to setting supervisory standards within its SETS, stating that ‘Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct’ (5.12). Within the associated guidance, providers are advised to consider how their quality assurance processes ensure that supervisors are adequately trained and prepared, however, it is for the providers themselves, in conjunction with the professional body to agree the approach to be taken.

Within its Curriculum Framework, the BDA adds profession specific clarity to the SETS, explaining that in all practice placements, overall responsibility for the supervision and assessment of students will be undertaken by a named dietetic practice educator, who will be responsible for the final assessment of the student. It is important to note that this requirement only pertains to the overarching supervision of students and provides scope for the involvement of other dietetic and non-dietetic staff to actively participate in student education. The breadth of the statement does not preclude arms-length supervision, which could be the preferred model within the new and emerging practice education sectors.

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Whilst historically Universities have followed a three placement approach to delivery of the practical element of the programme, the BDA recognises that there may be exceptions where by an alternative model is applied. Similarly, whilst the ideal scenario is for the final placement to be not less than 350 hours duration, carried out on a full time, continuous basis in the final year of study, the Curriculum Framework document allows scope for alternative approaches should exceptions arise.

Interestingly, the Curriculum Framework does not specify the nature of the practice placement sites nor the model of delivery (which historically has been one to one between practice educator and student). Rather it explicitly says that ‘practice placement sites should reflect the breadth and diversity of the working environments of entry-level dietitians’ thus lending credence and importance to the exploration of alternative delivery sites and mechanisms.

2.2 International Context

The duration and content of the practice education element of dietetic education programmes across the world varies greatly. European dietetic benchmark statements suggest that a minimum of seventeen weeks of practice education (approximately 612 hours) should be included in programmes and this is the case in most European countries (de Looy et al, 2010)\(^5\) with variable adherence to European dietetic practice placement standards (Markaki et al, 2015).\(^6\)

Looking at a subset of countries whose graduates successfully apply for registration with the HCPC and work in the UK can provide some useful comparisons with UK dietetic education.

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### Table 1

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<th>Country</th>
<th>Hours practice placement (minimum)</th>
<th>Specific requirements</th>
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| United Kingdom     | not less than 1000 hours of practice        | At least one placement should be of sufficient length to enable continuity of learning and demonstrate consistency of performance and case load management in a clinical setting. This placement should **usually** be:  
  - not less than 350 hours long, and  
  - undertaken on a continuous, full time, basis within the final year of the programme |
| Australia          | 720 hours                                   | 10 weeks individual case management, 4-6 weeks foodservice management and 4-6 weeks community/public health nutrition                                      |
| New Zealand        | 468 hours                                   | Example Otago; 9 weeks clinical, 2 weeks public health and 2 weeks foodservice  
  First year of post registration practice supervised.                                                                                   |
| South Africa       | 1728 hours                                  | 24 weeks therapeutic nutrition, 12 weeks food service, 8 weeks community based nutrition training, 2 weeks community health (done with 4th year medical students), and 2 weeks industry.  
  Each week comprised of 1 day of lectures (health science & pharmacology lectures with 4th year medical students, case study & literature review presentations) + 4 days in placement.  
  On a therapeutic placement you could have up to 3 students per dietitian and other placements it could be more, for example the community placement was a group project. |
| Other Countries    |                                             |                                                                                                                                                    |
| Sweden             | 500 hours                                   |                                                                                                                                                     |
| Canada             | 1332 hours                                  |                                                                                                                                                     |
| Republic of Ireland| 1008 hours                                  |                                                                                                                                                     |

*Approximate calculations apply based upon a working week of 36 hours*

There are marked variances in the length of the practice placement component of training programmes as well as differences in the time allocated to specific elements of dietetic
practice and requirements post-registration. There needs to be careful interpretation of the findings of research from other countries for this reason.

A consistent theme across the literature is the shortage of practice placement opportunities and the need for novel approaches to providing practice placement opportunities. There is concern internationally about the number of available placements, the quality of placement learning and also the potential for the training of students on practice placements to impact on the delivery of dietetic services. A small study in Australia (Ash, 2014) measured the changes in productivity associated with dietetic practice placements and found that occasions of service of patient care were not reduced when students were present and that there was a positive effect on project activities in public health and foodservice placements. It has been demonstrated that contact time with patients increases as practice placements progress with a greater proportion of time spent seeing patients independently rather than under supervision (Torres, 2002), but that there is significant variability in the amount of patient exposure students have during practice placements (Hughes and Desbrow, 2010). There is a lack of research to underpin the amount of clinical exposure needed to develop competence in the practice setting and ongoing development of the evidence base in this area is indicated (Hughes and Desbrow, 2010).

Potential strategies for addressing the quantity and quality of practice placements are summarised below.

### 2.3 Collaborative and peer learning

The collaborative model of placement education has been described as assigning two or more students to one supervisor (De Clute & Ladyshewsky, 1993). It also involves peer learning

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where peers support each other to learn (Lynam, 2014). There has been much interest in this model across professions and internationally but there is no consensus about whether this model is superior to any other (Lekkas, 2007).

There is growing evidence on the effectiveness of collaborative models of placement education in dietetics. An innovative model developed in Australia (Roberts, 2009) for the individual case management element of placement education paired two students with one supervisor but changes peer partners and supervisors at intervals throughout the placement. The model also includes peer teaching through group discussions and peer observation and feedback. The model was successfully piloted and demonstrated the potential to increase practice placement capacity (Roberts, 2009b).

A pilot of a collaborative peer learning 2:1 model of practice education in Ireland (Lynam et al., 2014) was successful with participant placement educators willing to facilitate the model again in the future. The pilot highlighted the need for detailed practical information on implementation and the authors describe a framework for supporting practice educators particularly on effective peer feedback and the organisation of learning activities.

2.4 Simulation

“Simulation is a technique – not a technology – to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in an interactive manner” (Gaba 2004).

The process of simulation involves modelling or imitating a potential situation and its use in clinical education can be to act as bridge between theory and practice and to facilitate the

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development of complex skills in a safe environment (Davis, 2015). There are many models of simulation which may or may not involve the use of technology such as standardised patients and virtual reality.

Virtual reality simulation uses 3-dimensional objects and environments to create interactive learning experiences. Students' knowledge and understanding can be explored and simulation in this way using avatars (3-dimensional virtual individuals) has the potential not only to meet the demand for placement education experiences but to provide large diversity and hard to reach experiences (Davis, 2015).

Simulated learning programmes (SLPs) have been used in education and training of healthcare professionals for many years, although limited research exists in the area of dietetics. SLP techniques include paper-based (e.g. case study exercises), electronic (e.g. video-based simulations), and physical (e.g. use of equipment). The benefits of SLPs include allowing students to make errors or mistakes in a safe environment, to experience practice placement scenarios not experienced on placement and immediate feedback for students (e.g. from simulated patients). SLPs have the potential to promote skills development and expand or supplement real-life practical experiences. For more information see: https://www.hwa.gov.au/sites/.../sle_dietitians_final_report_201107.pdf

2.5 Novel placement environments

Dietetic placements in the UK have traditionally taken place in hospitals and primary care settings. The potential for placement education to take place in a wider range of settings has been proposed for many years. Role-emerging placements are placements which can take place in a setting where there is not a supervising dietitian present and use a model of long-arm supervision (Huddleston, 1999). Examples might include prisons and schools where a training fieldwork educator provides day-to-day supervision but all assessments are signed off by a dietitian who also provides weekly supervision. The literature on the use of this model is

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largely confined to Occupational Therapy but it may be reasonable to explore its potential in dietetic education.

An Australian study investigated the appropriateness of non-hospital settings for dietetic students undergoing the individual case management component of their programme (Bacon, 2015)\(^\text{17}\) and found that students could develop and demonstrate competence in both primary healthcare clinics and aged care facilities.

It was also demonstrated in a Canadian study (Lordly & Taper, 2008)\(^\text{18}\) that dietetic competencies could be achieved in both acute and long-term environments (e.g. nursing homes and rehabilitation hospitals) and attention needed to be given to the balance of these settings and its impact on the future employment of graduates.

### 2.6 Summary

The literature suggests that collaborative models of placement education and non-traditional placement settings are key to addressing the issue of insufficient practice placements. Technology may also play an important role in meeting placement demand in the future. Research is needed to evaluate the effectiveness of these strategies in the UK.

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3.0 Conclusions and Next Steps

The basis of this document is to provide contextualised guidance for higher education institutions and practice educators that they may consider sustainable models of delivery for student training. It has focussed on a number of areas of activity, which can more broadly be captured under areas: maximising capacity within the NHS by engaging with innovative teaching methods; and the exploration of non-traditional placement sectors. It is necessarily the combination of both approaches which will allow the profession to progress and develop, whilst continuing to maintain its excellent quality assurance standards.

Table 1 highlights the international variances in required practice education hours, with the UK positioned at a midpoint, requiring a minimum of 1000 placement hours as the norm, which still sits way above the recommended European Dietetic Benchmark of approximately 17 weeks / 600 hours. However, it appears that regardless of differences in local requirements, there is a consistent message being transmitted - that new and innovative approaches to the delivery of practice education are needed to create sustainability of training provision.

3.1 Innovative Teaching Approaches

There are two key teaching approaches being utilised within dietetic training to reduce the demands placed upon practice educators in the provision of practical training. Simulation has an increasingly recognised place in the training of healthcare professionals, not only as an alternative to a proportion of traditional clinical education, but more importantly as a means of upskilling and testing students in a safe but contextual environment. It also provides a valuable opportunity for the engagement of service users in the development and delivery of student training, thus meeting the most recent HCPC Standards of Education and Training.

The second teaching approach considered is Peer Assisted Learning (PAL). PAL is a well-established method which has been incorporated into the teaching of healthcare professionals across the globe for some time. Its benefits are many, providing the students with the opportunity to share learning and ideas and develop strong teamwork and communication skills. In addition, if carefully structured, it reduces the burden of time on the supervising dietetic practice educator and can be used to supplement the more traditional one-to-one model.

Whilst this approach has many benefits, it is a method that requires strong leadership and planning with periods of educator led consolidation built in. This is to ensure that all
participating students meet the required outcomes and achieve a valid and engaging placement education.

The BDA would advise that neither of these two methods be used in isolation. Rather, they can be incorporated as part of a programme of practical training to ensure that the sum of the whole delivers a robust and holistic training package.

3.2 Exploration of New Dietetic Sectors

Feedback from the BDA’s partner Universities demonstrates the vast array of placement activity that students are exposed to. Whilst the traditional NHS acute and community sectors remain the core element of the programme, there is an ever increasing opportunity to explore emerging dietetic environments, including not-for-profit organisations and charities, the social care sector and industry. The benefits of this approach are many. Not only do students benefit from gaining a broader perspective of potential dietetic career opportunities, they also gain new and transferable skills which may not be developed to the same extent within the traditional NHS setting (i.e. negotiation, communication with different client groups etc.). From the perspective of the profession as a whole, this approach to student training provides the BDA and dietitians with the ability to promote and grow the visibility of dietitians in non-traditional work environments, thus creating opportunities to infiltrate traditionally non-dietetic sectors.

3.3 Summary

In summary, the profession is ready and in need of a change of approach to student training. The sole use of the one-to-one model is neither sustainable nor appropriate and similarly students who only experience NHS acute or community placements do not gain a true understanding of the breadth of dietetic practice. However, the largest challenge in embedding these changes is likely to be met from within the profession. There is concern that NHS recruiters (Dietetic Managers) are yet to be convinced of the transferability of skills developed via the non-traditional practice education route and it has been suggested that such graduates may struggle to gain employment as a result. Yet there is simply no substantial evidence to support such a claim, indeed a breadth of experience and the ability to communicate with a
range of stakeholders is a valuable skillset to possess. Indeed, a study by Plint et al (2015)\textsuperscript{19} shows that ten years post registration, dietitians state that competencies that facilitate flexibility in learning and expectations are key to employment opportunities for new graduates. Thus being flexible with placement learning opportunities to support the development of key transferable skills will provide a workforce that is responsive to the future needs of the profession.

It is therefore important that dietetic students are encouraged to embrace new opportunities and that dietitians themselves, under the guidance of their professional body (the BDA) seek ways to grow the profession and its practice education activity within previously unexplored territory. It is hoped that the exciting and inventive practice placements, showcased within Appendix 1 of this document and supported by clear and strong learning outcomes, will go some way to achieve this aim.
