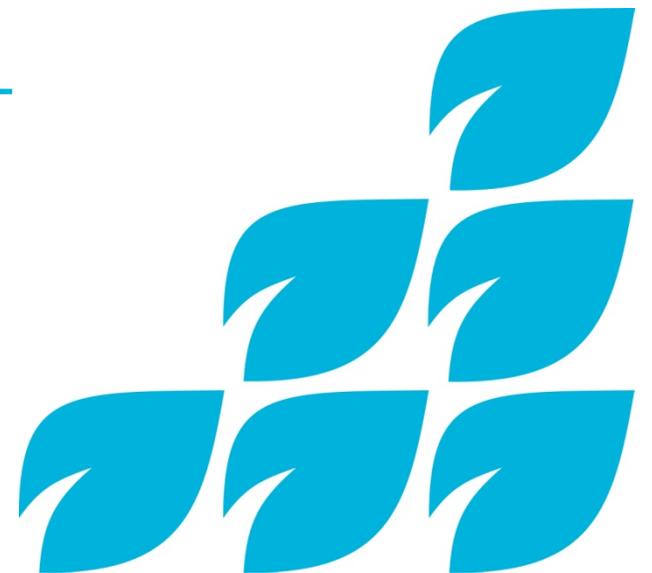


A Curriculum Framework for the pre-registration education and training of dietitians

2013





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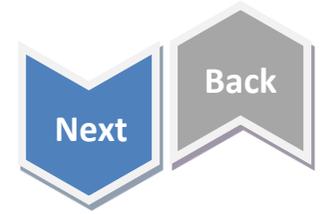


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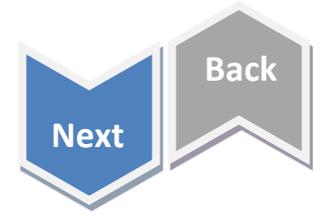
Appendix 1: Roles and Responsibilities

References



Abbreviations and Acronyms

BDA	British Dietetic Association
CPD	Continuous Professional Development
EBP	Evidence-based practice
HEI	Higher Education Institution
KSF	Knowledge and Skills Framework
HPC	Health Professions Council (pre-2012)
HCPC	Health and Care Professions Council
NHS	National Health Service
PH	Public Health
PSRB	Professional and Statutory Regulatory Bodies
SET	HCPC Standards of Education and Training
SOP	HCPC Standards of Proficiency
QAA	Quality Assurance Agency for Higher Education



Explanation of Terms

In order to ensure clarity, the BDA has below provided an explanation of terms frequently used within this document:

'Normally' / 'Usually'

This pertains to the BDA's best practice or preferred position. It is appreciated that there may be factors, beyond the Higher Education Institution's (HEI) control preventing the following of the standard. If this is the case, the BDA would seek explanation regarding the alternative strategies implemented by the HEI in order to meet the accreditation requirements.

Practice Placement

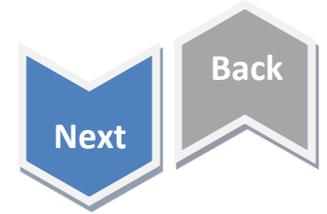
The period(s) of study undertaken by students as a formal element of their dietetic pre-registration training, based within the working environment (outside of the academic institution).

Practice Learning

The activity undertaken by students whilst in the practice placement (workplace) environment.

Practice Educator

A registered dietitian with overall responsibility for facilitating the education of the student dietitian whilst they are on practice placement.

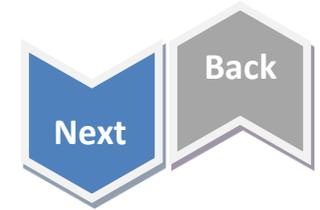


Foreword

In 2005 the Health Professions Council, now the Health and Care Professions Council (HCPC) delegated responsibility for the curriculum underpinning the education of graduate dietitians to the British Dietetic Association (BDA).

This 2013 'Curriculum Framework for the pre-registration Education and Training of Dietitians' builds on existing documents and has been developed to describe the key knowledge, skills and attributes required by entry-level dietitians at the point of eligibility for registration. This will ensure that new graduates are able to satisfy the Health and Care Professions Council (HCPC) Standards of Proficiency for Dietitians and are thus eligible to apply for registration as a Dietitian, use the protected title Dietitian and work in the UK as a dietitian.

The framework includes the introduction of reflection and continuous professional development which are both essential for the renewal of HCPC registration, and for the safe practice and development of the profession. It is not intended to be prescriptive, but to be flexible and provide guidance to Higher Education Institutions (HEIs) and their collaborating partners. It thus supports the development of programmes which are responsive to the demands of dietetic employment both within the NHS and beyond, now and over the next five years.



Section 1: Context and Background

1.1 Aims and purpose of the Framework

This curriculum framework aims to:

Explain the British Dietetic Association's expectations for the content and conduct of programmes leading to eligibility to apply for registration as a dietitian with the HCPC by:

- Describing the BDA's expectations for the delivery and quality assurance of programmes leading to eligibility for application for registration with the HCPC as a dietitian.
- Providing specific guidelines for the required content of programmes in dietetics, whilst allowing adequate flexibility for higher education institutions to develop the structure of their individual programmes.
- Taking into account changes in dietetic practice, both within and outside the NHS to allow for future developments in health care.
- Describing what is expected of a newly-qualified dietitian, providing a basis for the development of specialist skills and capacity for long-term career development.

The document should be used in conjunction with the HCPC Standards of Proficiency for Dietitians (2013)¹, the HCPC Standards of Conduct, Performance and Ethics² (2012), the HCPC Standards of Education and Training (2012)³, The QAA Benchmarking Statements for Dietetics (2001)⁴ and the relevant guidance on quality assurance of courses produced by the QAA including the Code of practice for the assurance of academic quality and standards in higher education section 9: Work-based and practice learning.⁵

¹ HCPC 'SOP' (2013)

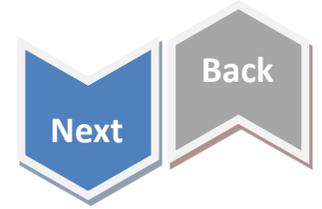
² HCPC 'Standards of Conduct Performance and Ethics.' (2012)

³ HCPC 'Standards of Education and Training.' (2012)

⁴ QAA. 'Benchmark statement: Health care programmes – Dietetics.' (2001)

⁵ QAA. 'Code of practice for the assurance of academic quality and standards in higher education – Section 9: Work-based and placement learning' (2007)

[Section 2](#) [Section 3](#)

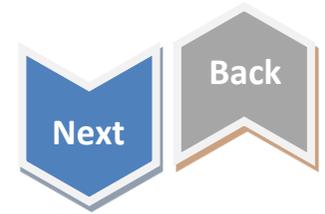


Purpose

The primary purpose of this document is to provide existing and aspiring providers of dietetic education with guidance on the curriculum content and delivery of dietetic programmes, for use in programme planning and (re)validation.

In addition it is expected that this document will be used as a reference document by:

- Representatives of the Health and Care Professions Council, the British Dietetic Association and other Professional Statutory Regulatory Bodies (PSRBs) involved in the validation, revalidation, quality assurance and review of programmes;
- Dietetic programme providers, both teachers in academic institutions and practice educators in practice placements, to assist them in facilitating, supporting and assessing students;
- Dietetic students, to give an overview of the expectations of the breadth and depth of their learning and preparation for future practice;
- Employers of entry level dietitians, in providing an understanding of the breadth and depth of competence of new employees.



1.2 The Role and Scope of Practice of the Dietitian.

The international definition of dietetics was agreed by the International Confederation of Dietetic Associations in 2004 and states that:

'A dietitian is a person with qualifications in nutrition and dietetic recognised by national authority (s). The dietitian applies the science of nutrition to the feeding and education of groups of people and individuals in health and disease. The scope of dietetic practice is such that dietitians may work in a variety of settings and have a variety of work functions'.⁶

(Accepted by 34 dietetic association members at ICDA on May 24th, 2004, Chicago)

The BDA description of a dietitian expands upon the international definition, illustrating the many aspects of dietetic practice which must be underpinned by the curriculum for education and training.⁷

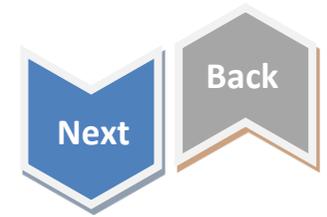
'Registered dietitians are qualified health professionals that assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. Uniquely, dietitians use the most up to date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices'.

Dietitians are statutorily regulated, with a protected title and governed by an ethical code, to ensure that they always work to the highest standard. The spectrum of environments in which dietitians practise is broad and includes in the NHS, private practice, industry, education, research, sport, media, public relations, publishing, nongovernment organisations and national and local government. Their advice influences food and health policy across the spectrum from government to local communities and individuals.'

(BDA Council 2013)

⁶ International Confederation of Dietetic Associations 'International Definition of a Dietitian.' (2004)

⁷ British Dietetic Association. 'The Role of Dietitians.' (2007)



This description recognises the expertise of dietitians in the management of health and disease. In the UK all dietitians are proficient in nutritional science as they must have studied this part of their pre-registration training. UK dietitians have the capability to apply scientific knowledge in order to provide nutritional diagnoses in public health and clinical practice. In addition, they have the expertise to translate diagnoses into practical, achievable goals, working with service users to support them in achieving their health related aspirations.

The BDA recognises that the role and scope of practice for these individuals is continually changing and developing. Dietitians work in diverse areas of practice and there is also a growing body of independent practitioners. In all of these areas leadership skills and the use of evidence informed practice is emphasised. The education and training of practitioners should prepare individuals for diversity of practice and ensure they are adaptable to change in order to develop new and extended roles.



1.3 An Educational Philosophy

The BDA educational philosophy is grounded in the belief that sound pre-registration education and training is central to the delivery of high quality care⁸ and a high quality service. The BDA believes that sound pre-registration education and training is essential in order to underpin subsequent lifelong learning and thus help to ensure the development and continuation of high quality care.

Whilst HEIs have a well-developed role in the teaching of relevant scientific theory and key practical skills, it is the BDA's belief that a strong professional body also takes pride in ownership of student training. Every dietetic workplace should regard itself as a learning environment to support the initial education and training of dietitians and so demonstrate commitment towards development of the Dietetic profession and the continuing professional development of dietitians.

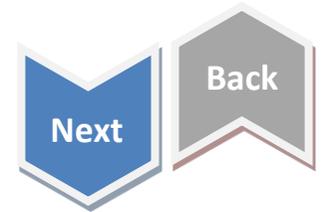
It is the BDA's expectation that the pre-registration curriculum will continue to be developed jointly by HEIs and dietetic practice educators to ensure that the knowledge, skills and attitudes that underpin entry-level practice also foster a commitment to lifelong learning, opening the way for innovation and change in line with service needs.

The curriculum for pre-registration dietetic education should therefore support learning such that graduates will:

- be competent to practise at entry level to the profession;
- be able to practise autonomously from a sound evidence base, using clinical reasoning, problem solving skills and reflective practice;
- be able to practise independently and autonomously within the legal and ethical frameworks of the profession;
- be prepared to realise their full potential through lifelong learning.

The integration of theory with practice will provide the foundation for dietitians to develop a flexible approach to cope with change and uncertainty in today's unstable economic environment. Pre-registration education and training also gives recognition to the benefits of inter-professional learning and working, fostering commitment to the concept of continuous quality improvement and thus extending and advancing practice through continuous professional development.

⁸ BDA Model and Process for Nutrition and Dietetic Practice 2012



1.4 BDA Expectations for Education and Training Programmes

Overall responsibility for Education and Training rests with the HCPC through their quality management systems operated jointly with the QAA. Therefore, this document reiterates and expands upon the expectations of the HCPC Standards of Education and Training (2012)⁹.

Graduates with the following UK qualifications are usually eligible to apply for entry to the Dietetic Register.

- Bachelors degree with Honours in Dietetics or Nutrition and Dietetics.
- Masters degree in Dietetics or Nutrition and Dietetics.
- Postgraduate Diploma in Dietetics or Nutrition and Dietetics.

Usually, applicants for postgraduate courses will have successfully completed an honours degree course which contains an acceptable level of human physiology and biochemistry (determined at local HEI level).

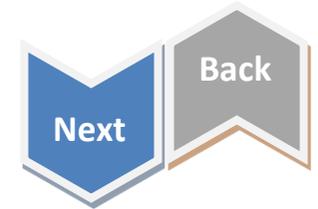
1.4.1 Entry Requirements for pre-registration programmes leading to registration.

Applicants must satisfy the following entry requirements for approved courses:

- a. Applicants will usually have qualifications in biology and chemistry at advanced level where students take A-levels or the national equivalent.
- b. Approved institutions may accept candidates with other qualifications of equivalent standard to those above e.g. International Baccalaureate, Access to Science, BTEC Diploma, and Foundation courses in Science.
- c. Candidates are usually expected to have GCSE at Grade C or above in English, mathematics and a science or equivalent qualifications.

NB. It is acknowledged that there are national variations in the minimum entry qualifications required of applicants wishing to study to become a dietitian, therefore, local requirements should apply.

⁹ HCPC Set 2013



1.4.2 English language requirements.

The HCPC Standards of Proficiency for Dietitians (2013)) for entry to the profession state that dietitians must

'Be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5'

They reference the International English Language Testing System (IELTS) which tests competence in the English Language, indicating that:

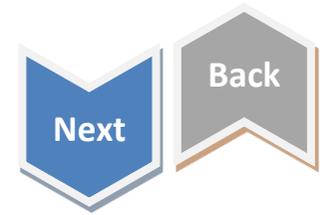
'Applicants who have qualified outside the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard.'¹⁰

It is important that applicants to courses leading to eligibility to apply for registration with the HCPC are not only able to achieve this level of English at exit from the course but that students have sufficient command of the English Language to ensure that they are able to participate fully in the education and training process. The BDA therefore expects that entrants to courses leading to qualification in dietetics be able to comply with this standard.

1.4.3 Accreditation of Prior Learning.

The HCPC requires that all programmes make provision for the recognition of prior learning.

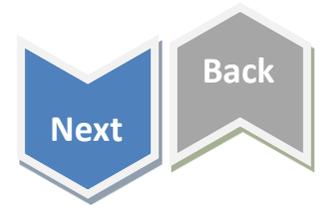
¹⁰ HCPC SOP (2013,) Section 8.2, pg 9



1.4.4 Other admission requirements.

The HCPC Standards of Education and Training state that admissions for courses leading to eligibility to apply for registration must 'apply selection and entry criteria, including criminal convictions checks'.

HEIs should assess each application on an individual basis in this regard.



1.5 Length and structure of dietetic programmes

All programmes leading to eligibility to apply for registration as a dietitian should be of an adequate overall length to enable the acquisition and assimilation of underpinning knowledge and the integration and demonstration of skills required in practice.

In order to ensure currency of knowledge and skills at the point of graduation, the maximum time taken from entry onto a pre-registration dietetic programme until qualification as a dietitian should usually be double the length of the programme (minus one year).

NB. Exceptions to this must be considered at local level, each case being based upon individual merit.

Students must obtain at least 40% in each module. In addition, students must usually obtain at least 35% in each component of assessment within a module. A mark of between 35% and 39% may be compensated by other components if academic regulations allow.

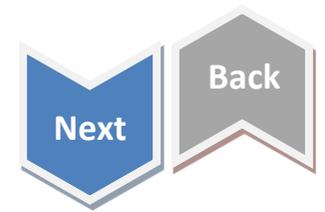
NB. It is noted that the pass mark for postgraduate courses may be higher than for undergraduate programmes

Students should not usually proceed without satisfying all the requirements of the previous level of academic or practical education. This will include core modules which are considered mandatory to achieve the HCPC Standards of Proficiency.

Within undergraduate programmes, students should be expected to carry out a project which requires the demonstration of original and critical thought and appropriate research skills. This expectation does not necessarily apply to postgraduate students who it is expected will have completed this exercise within their undergraduate programme.

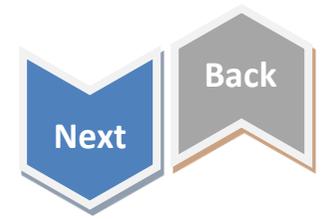
It is expected that periods of practice learning will be integrated with periods of academic education so that the students are able to adequately reflect upon and learn from each element and that progression through the academic and practical components of the course can be demonstrated.

The historical pattern of three practical practice placements remains valid but it is recognised that HEIs may wish to operate different placement configurations in order to manage local situations, whilst ensuring compliance with the UK HCPC Standards of Proficiency.



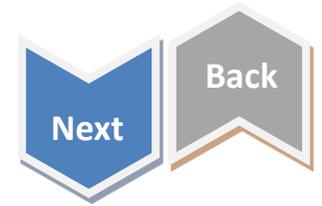
In order to allow flexibility in placement provision the guidelines below should be followed:

- Students will usually be expected to undertake not less than 1000 hours of practice learning. It is expected that the majority of this will be outside the HEI in practice placements;
- Placement activity undertaken within the HEI environment may include pre-practice preparation and simulated training;
- Practice placements should be integrated with academic learning and should include a placement in the workplace early in the academic course;
- 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
- Programmes which include an extended academic period after the final practice placement should demonstrate how competence to practise is maintained until the point of graduation;
- Practice placement sites should reflect the breadth and diversity of the working environments of entry-level dietitians.



1.5.1 Repeat practice placements

- Students should usually be allowed to extend or repeat not more than 500 hours (or 50% of the total standard hours) of practice placement.
- Any designated period of practice placement may usually only be repeated once.
- Students absent from placement through sickness will usually be expected to make up an agreed number of hours subject to discussion between the HEI and named practical trainer. This will take account of current performance and potential effects on future progression. Guidelines for managing student absence should be made available from placement sites.

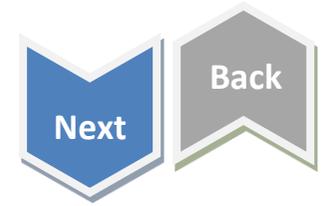


1.6 Curriculum Delivery

1.6.1 The Higher Education Institution

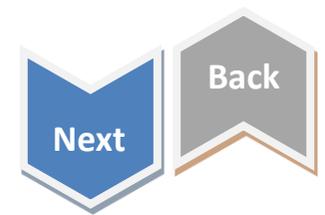
- There should be a named programme leader with overall responsibility for the programme who is on the HCPC register for dietitians.
- In order to apply for BDA accreditation, pre-registration programme leads must demonstrate active engagement with the profession. This is most easily achieved through membership of the professional body.¹¹
- Subject areas should be taught by staff with relevant subject and specialist knowledge and expertise, for example, it would be expected that nutrition would be taught by a nutritionist with an academically recognised qualification in human nutrition.
- Where a subject is taught in an inter-professional setting, the profession specific skills and knowledge must be acknowledged.
- Whilst it is not possible to set a requirement for staff student ratios, it would be expected that a minimum of one full-time equivalent registered dietitian be employed for every 12 students recruited to the first year of the dietetic programme(s). It is recognised that HEIs now make flexible arrangements for teaching and learning including involving specialist practitioners in the teaching of dietetics. However, it would be expected that at least one of the registered dietitians be a full-time academic appointment and make a significant contribution to the dietetic programme i.e. in teaching, project supervision, personal tutoring and course management roles.
- It is expected that some teaching will be carried out by dietitians and other healthcare professionals who are active in practice relevant to the area being taught.
- It is expected that at least one of the external examiners for programmes leading to registration in dietetics will be an experienced registered dietitian.
- HEIs are encouraged to include (as appropriate) a variety of service users (eg. patient representatives, carers, health professionals and practising dietitians) in the development of dietetic programmes.

¹¹ *Membership of BDA provides opportunity for networking and sharing innovative practice between HEIs .*



1.6.2 Practice Placement Provision

- All practice placements will be approved and the quality actively monitored by the HEI.
- In all practice placements, overall responsibility for the supervision and assessment of students will be undertaken by a named dietetic practice educator. This dietitian will be responsible for the final assessment of the student.
- It is expected that all members of the dietetic profession at all levels of the career framework may contribute to practice learning in ways commensurate with their qualifications and experience and after undertaking appropriate training as required.
- Appropriately qualified health and social care professionals can participate in student practice placements and may assess and provide evidence of achievement of particular placement outcomes.
- Dietetic support workers may participate in assessment and provide evidence of achievement of particular placement outcomes.
- Usually the HEI will ensure consistency of documentation and assessment tools for the group of practice learning providers with whom their students are placed.
- It is expected that HEIs and practice learning providers will work together to provide on-going training in supervision and assessment for those involved in student training.
- HEIs must ensure that they have a process in place which enables practice educators to communicate significant issues of concern to them in a timely manner.
- HEIs should demonstrate partnership working with their practice educators including adequate and timely communication about individual students, student feedback and changes in curriculum.
- Both the HEI and the practice educator are legally obliged to ensure that appropriate reasonable adjustments are made in line with the Equality Act 2010 and/or other relevant legislation.



1.7 The Curriculum Framework – An Explanation

This Curriculum Framework describes the content of the curriculum for dietetic education and training. It details the expectations of the learning to be acquired by the end of the education and training programme. It provides a broad outline of the areas of basic science and social science considered essential to underpin dietetic practice, together with the knowledge base of nutrition and dietetics and skills essential to apply these in practice.

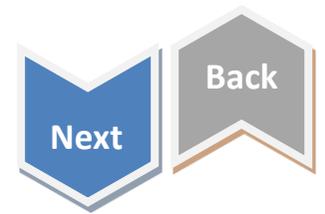
In many sections the framework makes reference to the HCPC Standards of Proficiency thus ensuring that graduates are prepared for current practice. However, this document has an additional purpose, facilitating the development of a dietetic workforce which is prepared for future practice and the ongoing advancement of the profession.

It is expected that the HEIs and their practice learning partners will use this framework to develop their own specific learning outcomes for each level of the education programme and for the practice placements. It is not expected that the elements of learning should always be addressed within the HEI curricula precisely as described below. Rather they should be subsumed within the overall design of dietetic education and training programmes in such a way as to ensure that all aspects are covered. Educational institutions, together with their practice educators, should be able to use the statements contained within this document to describe the learning outcomes for the academic and practical components of dietetic programmes in ways which show progression through the various stages leading to qualification.

The curriculum framework is divided into two main sections, the first describing the knowledge and skills required by entry level dietitians. The second section puts the knowledge and skills into the context of practice as a dietitian, in order to meet the Standards of Proficiency required by the HCPC.

The HCPC Standards of Proficiency (Dietitians) (2013) outlines the threshold (minimum) standards for entry level dietitians. It is accepted that HEIs may produce graduates whose knowledge, skills and practical application go beyond these threshold levels in some aspects.

The curriculum content has been described in such a way that those involved in the education and training of dietitians can develop distinctive programmes where the institution's own educational philosophy complements that of the BDA and HCPC. Some institutions, for example, may choose to place more emphasis on the development of research expertise, or on the public health or catering aspects of dietetics than the threshold level described here.



Section 2:

Knowledge Underpinning Informed, Safe and Effective Practice.

The practice of dietetics requires a broad range of knowledge. Dietetics is firmly based on an understanding of biological sciences and it is expected that adequate learning opportunities in the basic and applied sciences underpinning nutrition and dietetics will be a major component of pre-registration dietetic programmes. This will be complemented by adequate knowledge of social and behavioural sciences and theories of communication in order to support the development of the skills required for dietetic practice. Knowledge of research methodology and ways in which practice can be evidence-based is also vital, along with the information technology which supports this.

Graduate dietitians are therefore expected to:

- Demonstrate a systematic understanding of the key aspects of the range of disciplines underpinning dietetics.
- Demonstrate the ability to critically evaluate and synthesise these key aspects into dietetic care.

The elements of the knowledge base are described below, together with indicative content in each case. Three level descriptors have been used in order to recognise the variance between the expected knowledge requirements for each discipline, as follows:

1. Extensive, critical, integrated and applied
2. Critical, integrated and applied.
3. Broad

As outlined by the QAA, level descriptors are used to 'determine the relative demand, complexity, depth of learning and learner autonomy associated with a particular level of learning and achievement'¹²

¹² QAA *The framework for higher education qualifications in England, Wales and Northern Ireland (August 2008)*



Extensive critical, integrated and applied knowledge of dietetics for the prevention and treatment of disease

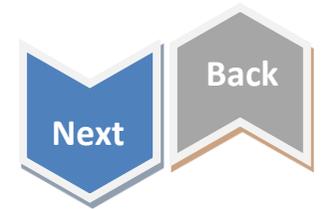
- a) Process for Nutrition and Dietetic Practice.¹³
- b) The rationale for modification of energy and nutrient intake
- c) Overall aims of dietary management and the underpinning evidence base.
- d) The application of dietary assessment techniques to specific situations.
- e) Anthropometric methodology, reference standards and their applications and limitations with individuals and populations.
- f) Estimation of nutritional requirements and the translation of this into practical advice and care planning.
- g) Analysing and critically evaluating information gathered in order to identify nutritional needs and achieve a diagnosis.
- h) Specific dietary modification in the treatment of named diseases
- i) Use of current nutrient exchange systems
- j) Methods of fortifying/modifying foods and diets
- k) Artificial nutrition including enteral and parenteral feeding
- l) Types and use of nutritional products including those which are available at public expense.
- m) The impact of dietary modifications
- n) Methods of monitoring and evaluation of dietary treatment
- o) Ethical issues associated with dietetic practice.
- p) Translation of nutrition guidelines appropriate to enable the empowerment of individuals to make informed choices.



Extensive, critical, integrated and applied knowledge and understanding of applied nutrition and food

- a) Sources of nutrients, functional foods and bio-active substances
- b) Understanding of the strengths and limitations of the assessment of dietary intake, and nutritional status in individuals and populations.
- c) The diet of the UK population.
- d) Methods of optimising nutritional status in individuals and communities.
- e) Nutrient standards, dietary guidelines and nutrient requirements in individuals and populations.
- f) The manner in which food choice and eating behaviours are influenced by factors such as physiology, ethnicity, sociology, psychology, economics and culture.
- g) Range and relative cost of commonly consumed foods available to the general public including nutrient modified foods.
- h) Portion sizes of common foods.
- i) Derivation and limitations of food composition data.

¹³ British Dietetic Association. 'Model and Process for Nutrition and Dietetic Practice.' (2012)



- j) Use of food tables and computerised dietary analysis packages for individual assessments, recipe analysis and menu planning to meet the needs of the population served, taking into account constraints.
- k) The range, suitability and costs of foods for dietetic treatment.
- l) Use of standard recipes and recipes modified with products specifically for use in therapeutic diets.
- m) Food legislation and food labelling regulations including health claims for food.



Broad knowledge and understanding of food science, food skills and food systems management.

Food Science

- a) Applied knowledge of food safety legislation and practice to manage and evaluate the service of safe food.
- b) Effects of food production, preparation and processing on the nutrient content of food.
- c) Methods of analysis of the nutritional content of foods.

Food Skills

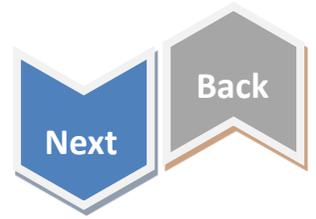
- d) Food preparation methods and their application to dietetic practice.

Food Systems Management

- a) Principles of catering management and use of nutritional standards within the public sector.
- b) Menu planning to meet the needs of the population served taking into account any constraints such clinical, social, economic and food system.
- c) The organisation of mealtimes within care settings.
- d) Food provision, including production, procurement and delivery and food security and sustainability.



Broad knowledge and understanding of Health Inequalities, Structure and Function of the NHS, Social and Health Policy, Public Health, and Public Health Nutrition



Health Inequalities¹⁴

- a) Diet, lifestyle and other environmental factors and disease processes.
- b) Factors influencing health and illness decisions.
- c) Impact of social organisation including inclusion, exclusion, health inequalities and different cultural belief systems.
- d) Understanding the wider determinants of health, health inequalities, social injustice and social inequity.

Structure and Function of the NHS

- e) NHS structure and function.
- f) Management responsibilities within organisations and the wider NHS.

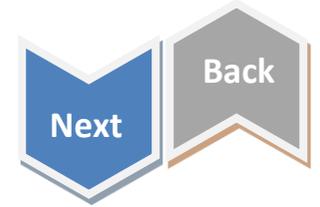
Social and Health Policy

- g) The organisation of local government, health and social care within the UK.
- h) Government policies and the impact on health outcomes.
- i) The evaluation of individual practice and service delivery.

Public Health and Public Health Nutrition.

- j) Promoting and protecting public health and wellbeing, focusing on the social determinants of health, working with local authorities, health services and the voluntary sector.
- k) The application of nutrition in the promotion of good health and the primary prevention of diet related illness in communities and populations.
- l) Health improvement/promotion/education strategies in relation to nutrition health improvement/promotion/education strategies.
- m) Definitions, theories of, and relationships between health improvement, health promotion, public health, health education, health advocacy and community development.
- n) Needs assessments of communities and populations.
- o) Use of demographic, epidemiological, anthropometric and nutrition survey data in developing and evaluating public health strategies.

¹⁴ With reference to 'Working for Health Equity: The Role of Health Professionals, UCL Institute of Health Equity (2013)



- p) Public health outcomes.
- q) Ethical and political issues in public health.
- r) Health and illness behaviour and models for health promotion.
- s) The settings approach to health promotion; consideration of key settings: school; hospital; workplace; informal contexts.
- t) Models of programme planning; elements of programme planning: assessing needs; determining priorities; setting aims and objectives; selection of methods and resources; evaluation.
- u) The public health policy element of health promotion: key players and processes in policy development.¹⁵



Critical, integrated and applied knowledge and understanding of professional practice and leadership

Professional practice

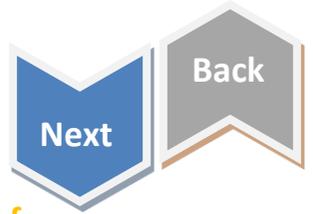
- a) The responsibilities of a registered dietitian.
- b) The importance of acting with integrity and to demonstrate integrity in all aspects of behaviour and practice.
- c) The legal and ethical boundaries of practice and all relevant professional and regulatory standards particularly those issued by BDA and HCPC.
- d) Contribution of the dietitian to the work of multi-disciplinary teams, developing networks and building and maintaining relationships.
- e) Person centred care including:
 - Advocacy, the role of service users in service development, improvement and in decision making.
 - Compassion, values and behaviours to enhance the quality of the patient experience¹⁶.
- f) The requirements for reflective practice, self-evaluation and continuing professional development.
- g) The importance of confidentiality and appropriate disclosure.

Leadership

- a) Self-awareness through:
 - Understanding the impact of oneself on others.
 - Knowledge of how to manage oneself and to demonstrate the ability to do so.
 - Demonstrating the ability to develop knowledge skills and professional practice (conduct and capability) as a result of feedback.
- b) Recognise own accountability to act where performance of self and others should be improved. Engage in all required change management.
- c) Work independently as well as in teams to co-ordinate, delegate and supervise care for a designated group of individuals.
- d) Business and innovation as applied to healthcare and the public sector.

¹⁵ Marmot M. 'Fair Society. Healthy Lives. The Marmot Review.' Institute of Health Inequality. (2010)

¹⁶ Department of Health, 28th May 2013 'Recruitment to all NHS-funded training to be based on values and behaviours as well as technical and academic skills by March 2015'



6.0

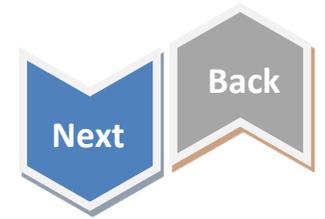
Extensive critical, integrated and applied knowledge of nutritional sciences; critical and applied knowledge of physiology and biochemistry and a broad knowledge & understanding of genetics

- a) Structure of the human body.
- b) Factors affecting biochemical measurements and reference standards.
- c) Evaluation of biochemical and clinical data.
- d) Impact of nutrients on cellular mechanisms, including gene expression.
- e) Principles of genetics and the effect of food, nutrients and the environment on gene expression.
- f) Understanding the genetic basis of disease.
- g) Role, function and regulation of major body systems in health and disease including a detailed knowledge of GI system.
- h) Major metabolic pathways in the fed and fasted state.
- i) Physiology of activity.
- j) Evaluation and interpretation of relevant biochemical and medical data for complex conditions.
- k) Metabolic effects of common clinical conditions.
- l) Role and function of energy and nutrients in human metabolism including the effects of deficiency and toxicity and requirements through the lifecycle.
- m) Role and function of non-nutritive dietary components in human metabolism.

7.0

Broad knowledge & understanding of immunology and microbiology

- a) Main cells and processes involved in innate and adaptive immunity.
- b) The principles of immunology in health and disease including the specific immunological treatments of infection and disease.
- c) Structure and function of common microbes which cause infection and disease.
- d) The immunological aspects of conditions which require dietetic treatment.
- e) Micro-organisms associated with infection.
- f) Preventing and treating infection and infectious diseases.



Critical integrated and applied knowledge & understanding of clinical medicine, disease processes and pharmacology with respect to dietetic and nutrition interventions

- a) Epidemiology, pathophysiology, causes, clinical manifestations, diagnosis and treatment of disease.
- b) Current therapies, interventions, and person management strategies in disease.
- c) The interaction between physical and mental health.
- d) The modes of action of the main types of drugs.
- e) The functions, side effects and contraindications of drugs used in the treatment of diseases.
- f) Drug nutrient interactions.
- g) The different classifications of medicines and the role of the dietitian within medicines management.
- h) The use of and the evidence underpinning complementary and alternative medicine.



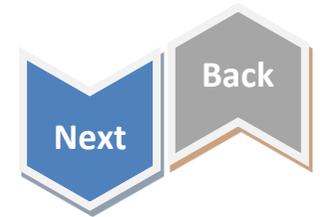
Broad knowledge and understanding of psychology as applied to health

- a) Theories of human behaviour.
- b) The psychological background to health behaviour.
- c) Theories of behaviour change and modification as applied to health.
- d) The psychological dimension of the relationship which develops between health care professionals and clients.
- e) The psychological dimensions of hunger, satiety and food choice.
- f) The psychological aspects of normal and disordered eating.
- g) The psychological implications of long term health conditions.



Critical, integrated and applied knowledge of communication and educational methods

- a) Different methods and styles of communication required for interacting in a variety of situations and settings.
- b) Principles of communication using a variety of media necessary for all aspects of practice including report writing, communicating with service users and colleagues.
- c) The principles of record keeping.
- d) Effective communication to build and maintain relationships.
- e) The importance of the dynamics of the interpersonal relationship between the practitioner and service user.
- f) Barriers to communication and ways in which they may be overcome.



- g) Theories of behaviour change and behaviour modification as applied to dietetic practice for individuals, groups and populations.
- h) Facilitating learning including the promotion of self-care with groups, individuals and populations.

11.0

Critical, integrated and applied understanding of the theories, concepts and principles of research and evidence informed practice

Research

- Principles of research design, data management, statistical analysis and interpretation.
- Compliance with research ethics and research governance processes and policies.
- Qualitative and quantitative research methodology.
- Application of research to change practice within health care.

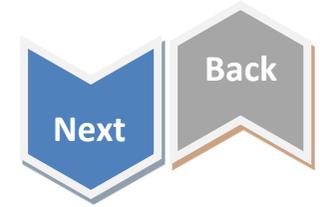
Evidence informed practice

- a) Principles of scientific enquiry, evidence informed practice, critical appraisal of the literature, audit and evaluation of practice.
- b) Sources and grading of evidence, guidelines and systematic review and meta-analysis.
- c) Principles of epidemiology and the methods of applying descriptive and analytical epidemiology to dietetic practice.

12.0

Broad knowledge & understanding of the use of technology in relation to dietetic practice

-a) Confidentiality and information governance.
-b) The regulations surrounding person identifiable information including: legislation, regulatory guidance, protocols and individual responsibility governingthe security, confidentiality and sharing of information.
-c) Use of clinical records to inform service management and improvement, evaluation of interventions, research and public health and by services users.
-d) Data quality, terminologies, classifications and their use in health and social care.
-e) E-Health (Telehealth, telecare and assistive technologies) including use of communications technology.
-f) Electronic health records including structure, coded and free text, access and confidentiality.



Section 3: Graduate Capabilities

The following section outlines the level of capability expected of graduate dietitians upon completion of their pre-registration programme (at the point of registration with the HCPC). It brings together the specific knowledge and skills underpinning practice and expresses these in terms of what is required of a newly qualified dietitian. The framework for this section builds upon the four pillars of practice^{17,18,19} which are:

- Dietetic practice
- Evidence based practice
- Dietitians as a nutrition and dietetic resource (Facilitation of Learning)
- Leadership and management

At the end of the programme and point of registration a graduate in dietetics understands and has the ability to work within the wide-ranging sphere of influence of dietetics. They will be able to work autonomously, with practice based on sound evidence, in therapeutic roles with individuals and more broadly, in health promotion and public health with both individuals and groups. The dietitian will demonstrate professional problem solving skills where there is considerable variation in the presentation and health needs of service users and the setting for care.

The graduate capabilities within this section have been mapped directly to the BDA Career Framework (2010) entry level criteria (Level 5). The capabilities themselves have been developed through consultation with dietetic professionals (BDA Members) with reference to a variety of documentation and exceed the level of practice stated within the HCPC (2013) Standards of Proficiency. In some cases, there is direct reference made to the Standards of Proficiency. Thus the BDA curriculum not only meets the HCPC Standards of Proficiency (2013) but also aims to lay the foundations for a lifetime career as well as advancing the dietetic profession.

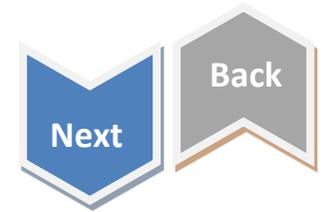
All competency statements should be prefaced with the phrase: 'at the point of registration with the HCPC, the entry level dietitian will be able to.....'

¹⁷ NHS Education for Scotland. 'AHP Advanced Practice Education and Development Framework (Musculoskeletal)'. (2012)

¹⁸ British Dietetic Association 'Dietetic Career Framework.' (2010)

¹⁹ NHS Leadership Academy 'Leadership Framework.' (2011)

[Section 1](#) [Section 2](#)



1. Dietetic Practice

This core area includes the professional practice of the dietitian. It focuses on the application of nutritional knowledge and the skills needed in this application. It includes care of patients, individuals or groups, public health practice or as a practitioner in private practice. It excludes education of other health professionals, leadership, management and strategy, as these are covered in other domains.

Overarching Statement

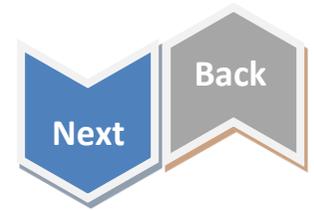
Graduate Capabilities

1.1: Caseload

Manages routine caseload as appropriate to the setting. Manages more complex cases with supervision.

Applies and develops their communication skills (initially developed in pre-registration education).

- a) Recognise the need for effective self-management of workload and resources and practise accordingly ;
- b) Ensure safe case-load management;
- c) Select and use the appropriate assessment techniques (SOP 14.4) / undertake the most appropriate method of dietary and nutritional assessment;
- d) Assess the nutritional status of individuals and groups through interpretation of anthropometric measurements, biochemical, haematological and clinical chemistry test results;
- e) Gather appropriate information regarding medical, social, psychological, personal, cultural and economic factors;
- f) Develop a reasoned dietetic diagnosis;
- g) Develop and formulate appropriate and practical dietary advice for individuals and populations;
- h) Support the service user to meet the aims of the intervention plan, by agreeing a range of activities including the possibility of referral to other agencies;
- i) Understand and utilise the methods of optimising nutritional status in all disease states, working with the individual to set appropriate goals;



Overarching Statement

Graduate Capabilities

1.1: Caseload

**Manages routine caseload as appropriate to the setting.
Manages more complex cases with supervision.**

Applies and develops their communication skills (initially developed in pre-registration education).

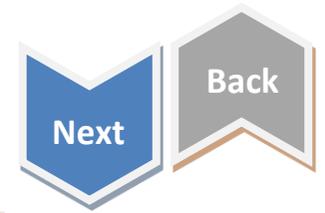
- j) Maintain records appropriately (SOP 10)ref; record concisely and in line with applicable legislation, protocols and guidelines and the professional code of conduct ref all the necessary information to support the professional dietetic judgement;
- k) Report accurately and appropriately to relevant people, including documentation in healthcare records;
- l) Review, monitor and evaluate the progress of nutrition and dietetic interventions;
- m) Critically reflect on dietetic interventions to inform future practice;

Nutritional Planning

- n) Work with catering service to ensure the nutritional needs of the population served are met;
- o) Prepare meal plans for individuals and groups which meet nutritional, cultural and socio-economic need;
- p) Plan, assess and adapt menus;
- q) Apply existing standards, including nutritional standards, to the evaluation of food service systems;

Communication

- r) Maintain relationships with other professionals and service users that are culturally sensitive and respect the rights of individuals and their specific needs;
- s) Contribute to all activities that enable each individual and group to make appropriate and safe food choices;



Overarching Statement

1.1: Caseload

**Manages routine caseload as appropriate to the setting.
Manages more complex cases with supervision.**

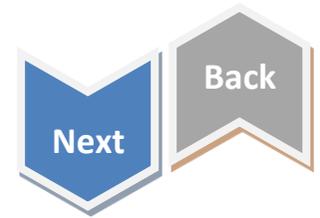
Applies and develops their communication skills (initially developed in pre-registration education).

Graduate Capabilities

- t) Use a range of different methods and styles of communication when interacting with various individuals and groups including active listening, facilitation, establishing a rapport and interpreting non-verbal cues;
- u) Apply basic behaviour change and behaviour modification techniques as appropriate, identifying barriers to communication in practice and develop strategies to overcome these;
- v) Communicate in written form with service users, healthcare professionals and other stakeholders as appropriate;

Use of Technology

- w) Use available IT for the organisation and evaluation of all relevant data;
- x) Understand and, where appropriate, engage with e-health, tele-health, tele-care and assistive technologies
- y) Appropriately use information and communication technology (ICT) to communicate with colleagues and service users (maintaining ethical practice);
- z) Search, evaluate and use information from a range of sources;
- aa) Appropriate use of recognised nutritional analysis programmes and interpretation of the information gained;



Overarching Statement

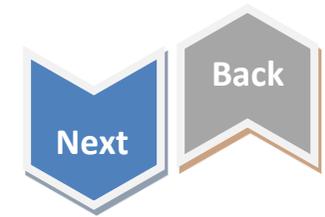
Graduate Capabilities

1.2: Autonomy/ Autonomous practice

Has responsibility for specific areas of practice, managing own caseload.

Identifies issues and starts to generate solutions with support.

- a) Practise as an autonomous professional, exercising their own professional judgement;
- b) Take personal responsibility for professional decision making, implementing safe practice within their individual scope of practice;
- c) Justify the reasoning behind decisions made taking into account the integration of evidence based knowledge, skills and experience, alongside service user values;
- d) Recognise and work within the limits of their practice, knowing when to seek advice or refer to another professional; (SOP 1.1)ref
- e) Demonstrate awareness of own limitations knowing when and from whom to seek help, recognising when to use skills available to them and when not;
- f) Understand the importance of maintaining their own health; (SOP 3.2)ref
- g) Assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem, initiating a solution;
- h) Use reasoning and problem solving skills to make judgements in prioritising actions;
- i) Assign priorities to the information collected to set appropriate dietetic goals;
- j) Review the ongoing effectiveness of the intervention and re-assess priorities as a result of the review;



Overarching Statement

Graduate Capabilities

1.3: Knowledge and Development

Continually seeks to develop their practice with guidance.

Demonstrates a comprehensive knowledge of the scope and breadth of nutrition and dietetics and applies it as relevant. Demonstrates an appreciation of knowledge limitations.

Demonstrates clinical reasoning with application of knowledge in familiar and unfamiliar circumstances

Demonstrate engagement with reflection in practice, practice supervision and mentoring.

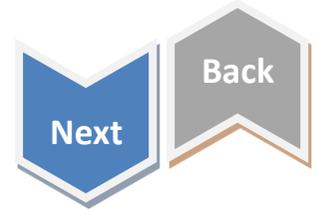
Critical Thinking

- a) Use critical reasoning to assess the information gathered quantitatively and qualitatively to identify the nutritional and dietetic diagnosis of individuals and populations;
- b) Adopt systematic approaches to analysing and evaluating the information collected;
- c) Critically evaluate and translate nutritional, medical and social theory into practical dietetic advice on food, eating and drinking for individuals and populations.;

Improving Own Practice

- d) Keep skills and knowledge up to date and demonstrate career-long learning; (SOP 3.3) ref
- e) Take responsibility for own continuing professional development, reflecting on own practice;
- f) Draw up a plan for own professional development including methods for continually updating dietetic knowledge and practice (in line with HCPC standards of Continuing Professional Development²⁰);
- g) Maintain a professional portfolio;
- h) Be a reflective practitioner, modifying behaviour where necessary;
- i) Reflect on practice and learning from clinical incidents;
- j) Actively seek and respond to feedback, changing behaviour in light of feedback and reflection, as appropriate;
- k) Acknowledge mistakes and treat them as learning opportunities;
- l) Demonstrate evaluation of own performance as an individual and as part of a team;

²⁰ Health and Care Professions Council 'Continuing professional development and your registration.' (2012)



Overarching Statement

1.4: Multi/inter-disciplinary working/sphere of influence

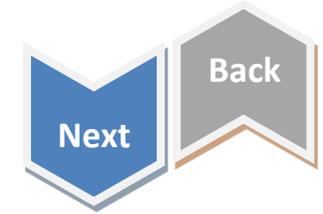
Demonstrates an ability to work within both multi-disciplinary (MDT) and inter-disciplinary teams.

Contributes to the function of the MDT

Demonstrates an appreciation for professional roles within the MDT

Graduate Capabilities

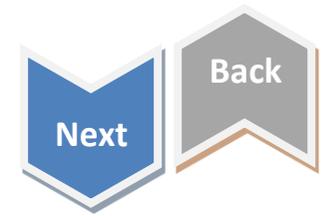
- a) Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team (SOP 9.2);
- b) Contribute to multi-disciplinary care plan / initiatives;
- c) Work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers;
- d) Contribute dietetic advice to a multi-disciplinary team to enhance its effectiveness;
- e) Show awareness of the role of the dietitian in primary, secondary and tertiary healthcare settings, and other statutory agencies;
- f) Recognise the place and contribution of own assessment within the total healthcare profile/package, through effective communication with other members of the health and social care team;
- g) Support the development of other professions;
- h) Recognise and value the central role of the service user in the MDT;



2. Evidence Based Practice / Evidence, Research and Development

This core area encompasses all aspects of the development and use of the evidence base for professional practice. The development of professional skills and knowledge through continuing professional development also sits within this domain.

Overarching Statement	Graduate Capabilities
<p data-bbox="197 632 577 719">2.1: Policies, procedures and guidance</p> <p data-bbox="197 807 607 919">Works within local policies and procedures and local governance structure.</p> <p data-bbox="197 959 613 1070">Working within national policies, position statements and guidance documents.</p>	<ul style="list-style-type: none"> <li data-bbox="703 608 1547 635">a) Apply the legal and ethical responsibilities of professional practice; <li data-bbox="703 679 1944 743">b) Maintain the standards and requirements for registration and undertake the professional role of the dietitian within their own scope of practice; <li data-bbox="703 788 1809 815">c) Demonstrate awareness of the roles of the statutory and professional bodies in dietetics; <li data-bbox="703 860 2042 924">d) Show understanding of and practise within the HCPC Standards of Conduct, Performance and Ethics and the Standards of Proficiency (Dietitians); <li data-bbox="703 968 1682 995">e) Understand the importance of and be able to maintain confidentiality (SOP 7); <li data-bbox="703 1040 1715 1067">f) Understand the importance of and be able to obtain informed consent (SOP 2.7); <li data-bbox="703 1112 2024 1176">g) Reference specific legislation when dealing with children and vulnerable people/adults, and maintain up to date knowledge in this area; <li data-bbox="703 1220 2013 1284">h) Know when disclosure of information is permitted under the law and be aware of when a duty to disclose overrides duty to maintain confidentiality; <li data-bbox="703 1329 1704 1356">i) Understand medico-legal risk and assess and manage risk in the practice setting;



Overarching Statement

Graduate Capabilities

2.2: Use of evidence base

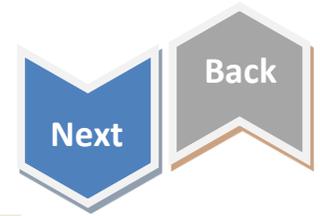
Applies the principles and practice of evidence based healthcare for professional practice.

Applies the evidence base for nutrition and dietetic practice.

Critically appraises the evidence base to answer questions and inform practice.

Evidence Based Decision Making

- a. Conduct appropriate activities in accordance with best/evidence-based practice;
- b. Use a detailed knowledge of current theories of human nutrition and clinical dietetics to develop strategies that support safe and effective practice;
- c. Apply knowledge and appropriate skills for the promotion of nutritional health and management of disease;
- d. Apply knowledge of sociology and psychology to support and motivate individuals to change their dietary intake and food habits;
- e. Use educational and communication skills, together with knowledge of all factors which affect food choice, to give nutritional and dietary advice to individuals, groups and communities;
- f. Integrate health education programmes into patient treatment regimens as part of overall health care;
- g. Undertake educational activities that enable others to influence the dietary behaviour of individuals and groups;
- h. Plan, monitor and evaluate dietary protocols for diagnosis and in research;
- i. Understand, manipulate and interpret numerical data through the use of basic statistical packages;



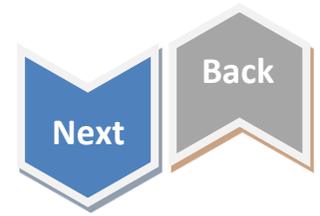
Overarching Statement

Graduate Capabilities

2.3: Research

Demonstrate the knowledge and skills required to understand, interpret and apply research to their practice.

- a) Use research, reasoning and problem solving skills to determine appropriate actions (SOP 14.12);
- b) Use research from the relevant disciplines as an evaluation tool in day to day work for the advancement of professional knowledge and practice;
- c) Use nutrition and dietetic research findings to support evidence-based practice in dietetics;
- d) Respect the contribution that service users make to the research process and recognise that this is integral to the success of the research;
- e) Carry out research projects which demonstrate understanding of the ethical aspects of research and the critical and analytic skills required to draw reasoned conclusions;



Overarching Statement

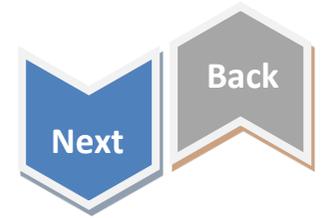
Graduate Capabilities

2.4: Risk Management

Demonstrates awareness of the risks and benefits of dietetic interventions and seeks to limit the risks; shares this with service users.

Is aware of health and safety and undertakes mandatory local training.

- a) Exercise a professional duty of care to service users; (SOP 2.8) ref
- b) Maintain fitness to practise ; (SOP 3)
- c) Be aware of and take into account the clinical risk associated with any dietetic care plan;
- d) Make necessary risk assessments and take appropriate action in order to protect self, clients, colleagues and the public;
- e) Seek support as required;
- f) Continually identify and mitigate against potential risks to self, clients, colleagues and the public;
- g) Information Governance
- h) Apply the principles of information governance and maintain safe and effective use of health and social care information (SOP 7.2);
- i) Recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public (SOP 7.3);

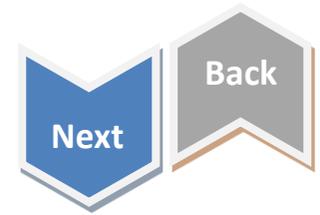
**Overarching Statement****Graduate Capabilities****2.5: Audit and Service Improvement**

Contributes to service improvement and participates in local audits.

Aware of national and local audits and how these can affect practice.

Aware of national and local quality standards and frameworks relevant to practice.

- a) Gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care;
- b) Recognise and implement the principles of clinical governance and the applicability of this to their practice as a framework for quality improvement;
- c) Engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures;
- d) Evaluate epidemiology and demographic statistics;



Overarching Statement

Graduate Capabilities

2.6: Ethical Practice

Ensures compliance with legal, ethical and regulatory requirements.

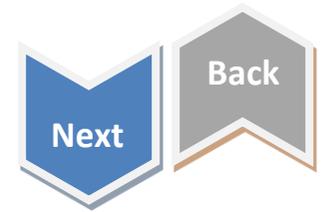
Recognises ethical dilemmas and manages these with support and guidance

Person Centred Care

- a) Exercise a professional duty of care to service users;
- b) Practise in a non-discriminatory, non-oppressive manner;
- c) Work within legislative requirements in relation to protected characteristics;
- d) Demonstrate compassion, empathy and understanding respecting the dignity of service users;
- e) Recognise the importance of rehabilitation and re-enablement and focus activity on this;
- f) Engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals;
- g) Plan, devise and review nutritional programmes to achieve agreed goals, taking into consideration the contribution of the family, other health professionals and other agencies;
- h) Motivate individuals or groups in order to improve awareness, learning and behaviour that contributes to healthy living;

Values Based Care – Acting with integrity, self-management and self-awareness

- a) Take an objective approach to meeting service user needs at all times, irrespective of personal beliefs and values;
- b) Demonstrate sensitivity to social, economic and cultural factors that may affect the interaction between the dietitian and service user;

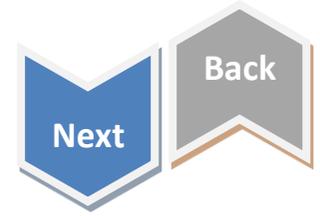


3. Dietitians as educators and a nutrition and dietetic resource (Facilitation of Learning)

In this core area the dietitian acts as a resource and shares nutrition and dietetic knowledge and skills across and beyond the profession.

It is a core aspect of dietetic practice that dietitians share their nutrition and dietetic knowledge/skills with the wider workforce benefiting service users.

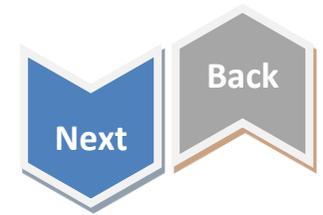
Overarching Statement	Graduate Capabilities
<p>3.1: Sharing nutrition and dietetic knowledge</p> <p>Contributes to the development of the nutrition and dietetic knowledge and practice of others.</p> <p>Identifies training needs and participates in delivery of training programmes.</p>	<ul style="list-style-type: none"> a) Educate service users within the remit of own knowledge and scope of practice; b) Tailor educational sessions to ensure meaning to audience; c) Identify external resources, as appropriate, in order to support the client's dietetic needs and care plan; d) Contribute to dietetic research projects and audits;

**Overarching Statement****Graduate Capabilities****3.2: Development and using personal networks**

Is aware of specialist groups and networks.

Uses other dietitians to help develop solutions to problems.

- a) Understand the benefits of liaising with colleagues through formal and informal networks. Examples include: joining professional bodies, attending branch meetings, participating in discussion forums, responding to consultations, joining specialist groups as appropriate to own practice;
- b) Foster strong working relationships with members of the MDT, including colleagues and external organisations;



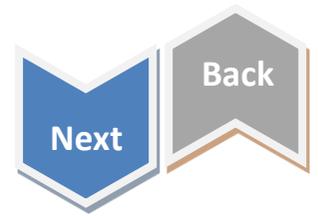
Overarching Statement

Graduate Capabilities

3.3: Practice Supervision

Develop their own practice through practice supervision.

- a) Participate in practice supervision in a positive manner. Accept support and feedback offered and reflect upon this, implementing changes to own practice as appropriate;
- b) Disseminate key messages / ideas fostered through practice supervision in order to benefit the MDT, clients, patients and the public;
- c) Engage with the principles and techniques of practice supervision, in order to support others as career progresses;



Overarching Statement

Graduate Capabilities

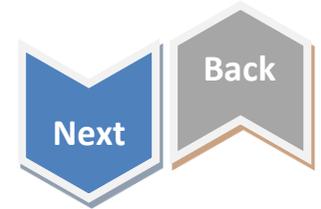
3.4: Education

Participates in designated aspects of student training in practice placements

Acts as a nutrition and dietetic resource providing answers to queries within scope of practice.

Contributes to development and evaluation of nutrition and dietetic resources.

- a) Demonstrate a willingness to contribute to teaching students and practitioners from all health and social care professions as appropriate;
- b) Support students to identify the roles, responsibilities and values of their profession and help provide them with the tools to interact as part of a multidisciplinary team;
- c) Provide feedback to students on their practice and actively seek feedback on own teaching skills;
- d) Maintain high standards of professional behaviour, acting as a role model;
- e) Use educational and communication skills, together with knowledge of all factors which affect food choice, to give nutritional and dietary advice to individuals, groups and communities;
- f) Contribute to, and encourage colleagues to initiate and participate in enquiry into all areas of dietetic practice;
- g) Share the findings of evaluation and research with dietitians and other professionals;



4. Dietitians as Leaders and Managers

This core area recognises that the dietitian at all levels acts as a clinical leader within their scope of practice, taking responsibility for their actions and the quality of the service provided to patients. At all levels there will be some managerial responsibility for themselves and resources. This encompasses the management and leadership aspects of all dietetic roles.

Entry Level Criteria (BDA Career Framework 2010)

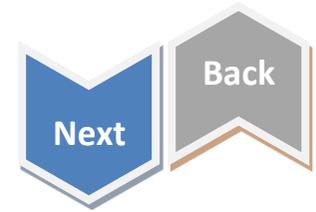
Graduate Capabilities

4.1: Quality of Service

Accepts responsibility for the quality of the service they provide and acts to ensure the quality is maintained.

Participates in projects to monitor, evaluate and improve the quality of the service provided

- a) Contribute to the development of the profession through audit, use of evidence informed practice, service evaluation and role modelling;
- b) Follow appropriate policy and process to raise concerns about the quality of practice and poor practice/unprofessional behaviour in others;
- c) Hold themselves and others accountable for service outcomes, as appropriate;
- d) Actively contribute to plans to achieve service goals;
- e) Support plans for services that are part of the strategy for the wider healthcare system, as appropriate;



Entry Level Criteria (BDA Career Framework 2010)

Graduate Capabilities

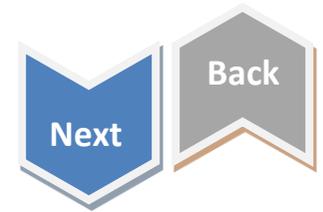
4.2: Working in a changing environment

Recognises that dietitians work within a continually changing environment.

Recognises the value of the proposed changes and is able to work within a changing environment.

Contribute effectively to change within area of practice.

- a) Monitor the effects and outcomes of change;
- b) Recognise and respond appropriately to situations where it is necessary;
- c) Actively contribute to change processes that lead to improving healthcare;
- d) Questions the status quo, as appropriate, and its impact on people and services.



Entry Level Criteria (BDA Career Framework 2010)

Graduate Capabilities

4.3: Advocate for the Profession

Promotes the profession by acting in a professional manner and as an advocate for their client group within their scope of practice.

Professionalism

- a) Demonstrate professional behaviour as stipulated by the HCPC;
- b) Discuss openly what constitutes professional behaviour, actively contributing to on going debate, sharing ideas whilst respecting the views of others;
- c) Behave as an ambassador for the profession, reflecting the status as an autonomous professional (as outlined in the HCPC Standards of Conduct, Performance and Ethics)²¹;
- d) Raise the profile of the profession through exploiting networking opportunities (for example conferences / professional meetings);

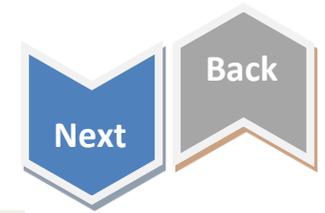
4.4: Management of resources

Appropriately delegates tasks to other members of the team.

Effectively manages self by prioritisation and time management.

- a) Delegate activities to other members of the nutrition and dietetic team appropriately and if required to the wider healthcare team;
- b) Effectively and safely use resources;

²¹ HCPC, *Standard of Conduct, Performance and Ethics* (2012)



Entry Level Criteria (BDA Career Framework 2010)

Graduate Capabilities

4.5: Being a leader

Will recognise the importance of leadership in services and the difference between leadership and management.

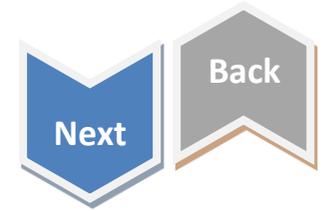
- a) Demonstrate appropriate leadership skills,;
- b) Actively promote autonomy by encouraging service users to be active participants in their own care;
- c) Seek evaluation of own professional performance,;
- d) Provide feedback to others in a constructive, objective and timely manner;
- e) Act in accordance with the national health and social care leadership policy guidance;

4.6: Understanding the policy and strategic environment

Demonstrates knowledge of relevant policies and strategies within practice area.

Has knowledge and understanding of local policies and strategies and knows how these influence their service delivery.

- a) Demonstrate an understanding of the dietitian's roles within a variety of settings;
- b) Practise in accordance with current legislation applicable to dietitians and advise others of this;
- c) Practise in accordance with governance arrangements including health and safety legislation;
- d) Act in a manner consistent with the values and priorities of the organisation and profession;



Appendix 1: Roles and Responsibilities

Many health-related professional and regulatory bodies produce responsibility statements, in order to clearly focus on the activities which comprise the training of students in the profession. This is particularly important as there is a joint responsibility to ensure the safety and well-being of patients and clients, the public and all those who come into direct contact with the student body. The documents Tomorrow's Doctors 2009 (GMC)²² and Helping Students Get the Best from their Practice Placements (RCN)²³, alongside literature from the HCPC, BDA, QAA and other stakeholder organisations have been referenced in the development of the following statements relating to the training of dietitians.

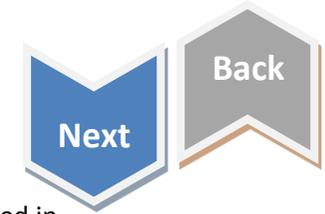
It is crucial that all stakeholders involved in student training have a clear understanding of their specific roles and responsibilities. For dietetics, these parties include:

- Professional Statutory and Regulatory Bodies (PSRB). Relevant documents developed by these PSRBs have been considered during the review of dietetic education and training and the development of the curriculum framework;
- Higher Education Institutions (course providers);
- Practice Educators (at practice placement sites); and
- The students themselves.

This section of the framework outlines the key educational responsibilities assigned to the major stakeholder groups involved in pre-registration education.

²² General Medical Council. 'Tomorrow's Doctors.' (2009)

²³ Royal College of Nursing. 'Helping Students Get the Best from their Practice Placements.' (2006)



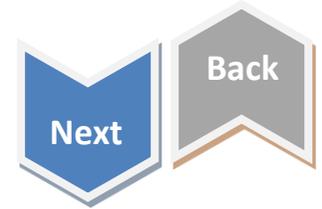
1. The British Dietetic Association (BDA)

The BDA is responsible for the advancement of the science and practice of dietetics and helping to facilitate the education of those engaged in dietetic practice. It is concerned with overall *fitness for the profession*. Within this responsibility, and alongside its members, it has a duty to protect the wider population and must inform relevant bodies if issues of public safety become apparent.

The BDA designs and accredits the curriculum for the profession, taking into account the philosophy, values, skills and knowledge essential for the practice of the profession. The BDA works with key stakeholders to ensure that it's accredited dietetic programmes, leading to eligibility to apply for registration with the HCPC, maintain and support the further development of high standards of dietetic practice and conduct. Therefore the BDA is keen to support the future development of the profession, going beyond that which is required by the benchmark standards (HCPC)

In 2010 the BDA assumed responsibility for the accreditation of dietetic courses. *In summary, the BDA is responsible for:*

- Promoting training and education in the science and practice of dietetics and associated subjects;
- Safeguarding the role and identity of the dietitian;
- Articulating curriculum standards for the education and training of dietitians (Pre-registration Curriculum Framework) and reviewing curriculum standards, in consultation with the profession, on a five-yearly basis;
- Providing support to course development teams by identifying a suitably experienced dietitian to act as a critical friend to provide advice on curriculum and course development;
- Carrying out a programme of accreditation to ensure that pre-registration programmes meet the curriculum standards;
- Reviewing any major changes made to a pre-registration programme, ensuring that accreditation standards (pre-registration curriculum) continue to be met;
- Undertaking a programme of annual monitoring to determine whether a programme continues to meet the accreditation standards and can thus be re-validated;
- Producing the necessary guidance and documentation to support HEIs in their preparation for BDA led quality assurance / monitoring activity;



- Facilitating the liaison between HEIs and those interested in undertaking dietetic external examiner duties;
- Maintaining an up-to-date record of programmes that satisfactorily demonstrate that they meet the accreditation standards of the BDA;
- Maintaining an overview of issues of quality which may affect educational provision, raising concerns with the relevant HEI if required;
- Providing or signposting students, stakeholders and the public to information about careers in dietetics, relevant policy and educational standards, pre-registration education providers and HCPC registration criteria; and
- Maintaining continuous consultation with dietitians, medical and healthcare professionals, programme providers, students, policy makers, members of the public and all other stakeholders to ensure that standards, policy documentation and guidance remains current and relevant to the profession;

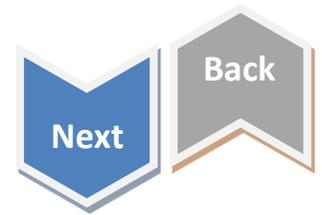
2. Health and Care Professions Council (HCPC)

The HCPC is the statutory body under which Dietitians in the UK are registered and given licence of practice. The function of the HCPC is as a regulatory body which protects the public. In order to do this the HCPC keeps a register of health professionals who meet their standards for education and training, professional skills, behaviour and health. It also audits continuing professional development on a biennial basis. The HCPC is concerned with *fitness for practice*.

The HCPC produces policy documentation to ensure the professional standards are maintained.

The Standards of Proficiency (Dietitians) (SOP) articulate the knowledge, skills and attributes that a graduate from a programme must be able to demonstrate to be eligible for the register. The Standards of Education and Training (SET) are generic standards which describe what the HCPC requires to see within an education programme before they will approve or re-approve it. There is an expectation that these generic standards will be supported by the detailed, profession-specific curriculum. For dietetics, the curriculum is now held by the BDA. Profession specific SETs are due to be launched in 2013.

Institutions providing education and training which qualifies graduates for registration with the HCPC must provide the academic knowledge and practical experience which enables the graduates to satisfy the HCPC Standards of Proficiency (SOP) for entry level to the dietetic profession (<http://www.hcpc-uk.org>). The SOP describe the threshold (minimum) standards expected of a graduate dietitian.



The HCPC accepts graduates from specific educational establishments as potentially eligible for registration on the basis of the education and training programmes provided – although each candidate is considered individually. It is also involved in the approval and quality assurance of such programmes. Higher Education Institutions must comply with the HCPC Standards of Education and Training (SET), and must demonstrate how they achieve this during approval and re-approval of dietetic programmes.

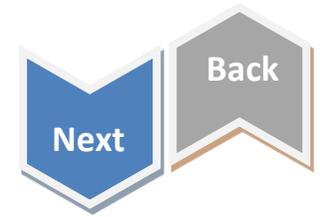
In summary, the HCPC is responsible for:

- Regulating the profession in order to protect, promote and maintain the health and safety of the public;
- Setting standards for registrants' education and training, professional skills, conduct, performance, ethics and health;
- Keeping a register of professionals who meet those standards;
- Taking action when professionals on the register do not meet the standards; and
- Ensuring that students are provided with a robust education and training programme which allows them to demonstrate that they meet the HCPC standards for graduate level knowledge, skills and expertise.

Approval and Monitoring

In order to regulate the profession, the HCPC:

- Conducts a programme of approval visits to pre-registration education providers to ensure that programmes meet the required standards;
- Reviews any major changes made to a pre-registration programme, ensuring that standards of education and training continue to be met;
- Undertakes a programme of annual monitoring to determine whether a programme continues to meet the standards of education and training;
- Produces necessary guidance and documentation to support HEIs in their preparation for quality assurance / monitoring activity; and
- Maintains an up to date record of programmes that satisfactorily demonstrate compliance with the HCPC standards;



3. Education commissioners (except Scotland)

Education commissioners identify the requirements for the profession in the public sector and are thus concerned with *fitness for purpose*. They play a significant role in workforce development by determining the size, shape and scope of the dietetic workforce and commissioning dietetic training placements (students) in order to meet anticipated future demand.

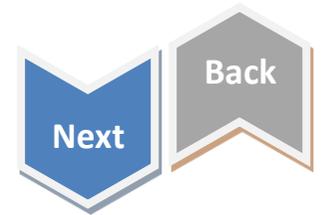
4. Quality Assurance Agency for Higher Education (QAA)

The QAA is responsible for safeguarding the public interest through sound standards of higher education qualifications, and encouraging continuous improvement in the management of the quality of higher education. This is achieved by setting and reviewing standards for education delivered in UK HEIs. The standards are described as 'Benchmarking Statements'. In addition, 2012 saw the implementation of the Quality Code ref which gives all higher education providers a 'shared starting point for setting, describing and assuring the [academic standards](#) of their higher education awards and programmes and the quality of the [learning opportunities](#) they provide. Providers use it to design their respective policies for maintaining academic standards and quality'.

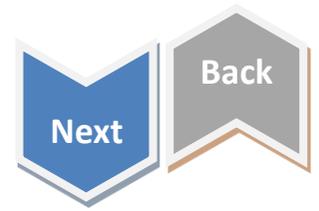
5. Higher Education Institutions (programme providers)

HEIs are responsible for:

- Prioritising the protection of patients, clients and members of the public by minimising risk of harm to anyone as a result of pre-registration training of their dietetic students;
- Developing, managing and quality assuring academic, practice learning and all assessment processes to ensure that all are integrated into a holistic programme of learning and that graduating students meet standards determined by the regulator, accrediting body and other relevant policy making organisations;
- Delivering dietetic education in accordance with principles of equality, ensuring that reasonable adjustments are made upon disclosure by the student;



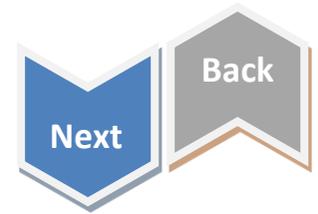
- Selecting students for admission in an equitable and robust manner. Making every effort to ensure that only students who demonstrate the capacity to become registered professionals succeed under the HEI recruitment processes;
- Providing robust academic, welfare and general support to students;
- Providing feedback to students about their academic performance and dietetic skills and expertise;
- Providing support and training to practice educators;
- Adequately preparing students in advance of practice placements including required professional behaviours and attitudes expected in a work environment;
- Giving students the opportunity to provide feedback on their dietetic education. Ensuring that feedback is disseminated as a learning opportunity to those directly involved in teaching and training;
- Ensuring that appropriate fitness to practise and misconduct investigatory processes are maintained;
- Ensuring that appropriate education facilities are provided in the University and by other education providers; and
- Ensuring that there are mechanisms in place to enable students to raise concerns regarding patient safety or the conduct/professionalism/fitness to practise of staff (both University and placement based) and fellow students;



6. Practice Educators

Practice Educators are responsible for:

- Providing students with adequate facilities, supervision, access to clients/patients in order that HCPC standards and BDA curriculum requirements are met;
- Releasing healthcare professionals and other staff to complete any training necessary in order to supervise student dietitians to a standard commensurate with the relevant HCPC / BDA standards;
- Carrying out internal quality assurance of student work-based placement provision;
- Providing quality-control information to the HEIs about their education provision;
- Supporting HEIs in complying with HCPC and BDA standards;
- Ensuring that there are mechanisms in place to enable students to raise concerns regarding patient safety or the conduct/professionalism/fitness to practise of practice educators or fellow students;
- To maintain lines of communication with the relevant HEI, thus being integral to the continuing development of the dietetic programme of study;
- Delivering dietetic education in accordance with principles of equality, ensuring that reasonable adjustments are made upon disclosure by the student;
- Ensuring that the role of practice educator is valued within the organisation;

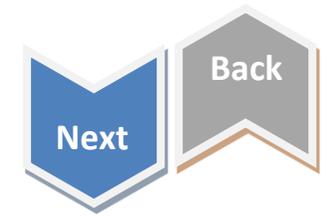


7. Dietetic Students

Within this framework, there are different levels of responsibility assigned to key stakeholders. Within this context, the BDA believes that students have a personal responsibility as recipients of public funding and as prospective members of a regulated profession. Therefore:

Students are responsible for:

- Independent learning. Understanding and achieving knowledge, skill requirements and capabilities set out in the HCPC Standards of Proficiency (Dietitians) and BDA Pre-registration Curriculum Framework;
- Making patient/client/public safety the premise of all activity, recognising and working within the limits of their own competence, training and experience as a student dietitian;
- Ensuring own fitness to practise, informing the HEI of any health concerns and informing both the university and work-based placement provider of requirements for reasonable adjustments;
- Highlighting concerns about patient or student safety or the conduct, professionalism or fitness to practise of staff or fellow students;
- Providing objective evaluations of their education for quality management purposes; and
- Keeping to the Guidance on Conduct and Ethics for Students ref developed by the HCPC.



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Published: 2013
Review Date: 2016

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