Over time, the dietetic workforce has evolved to include both registered dietitians (graduate level and above) and non-registered dietetic support workers and administrative staff. The Dietetic Career Framework (BDA, 2014) sets out the expectations of practice at all levels. In the NHS, dietetic workforces are structured according to Agenda for Change pay bands (which can be aligned to the career levels set out in the BDA’s framework); pay bands are generally 2-4 for unqualified staff and 5-8 for qualified staff:

**Bands 2-4:** Unqualified staff e.g. Dietetic Support Workers (Band 2 & 3) and Dietetic Assistant Practitioners (Band 4)

**Band 5:** Newly qualified or ‘graduate’ registered dietitians start at this band.

**Band 6:** More specialist roles start at this level

**Band 7:** Clinical lead, advanced practitioner and team lead roles start at this level

**Band 8:** Service management roles are at these pay bands.

As pay band increases, the amount of non-clinical work also tends to increase as supervisory activities, and service development duties are added into roles. Many band 8 roles have only a limited amount of patient contact.

**Workforce numbers**

The electronic staff record allows information on dietetic employee numbers to be obtained centrally and the following websites provide up-to-date workforce numbers for each country.

- [http://www.isdscotland.org/Health-Topics/Workforce/](http://www.isdscotland.org/Health-Topics/Workforce/)

### Dietetic workforce numbers in the NHS across all 4 countries of the UK

<table>
<thead>
<tr>
<th></th>
<th>England</th>
<th>Scotland</th>
<th>Wales</th>
<th>Northern Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto band 4</td>
<td>484</td>
<td>80.6</td>
<td>56.4</td>
<td>17.6</td>
</tr>
<tr>
<td>Band 5+</td>
<td>3761</td>
<td>659</td>
<td>250.8</td>
<td>231.3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4245</strong></td>
<td><strong>739.6</strong></td>
<td><strong>327.1</strong></td>
<td><strong>248.9</strong></td>
</tr>
</tbody>
</table>
Workforce Safety
In the wake of the Francis enquiry, Don Berwick and the National Advisory Group on the Safety of Patients in England advised on solutions to patient safety problems in the NHS. Of staffing levels, the overarching recommendation made was:

Government, Health Education England and NHS England should assure that sufficient staff are available to meet the NHS’s needs now and in the future. Healthcare organisations should ensure that staff are present in appropriate numbers to provide safe care at all times and are well-supported.

A key recommendation within this was:

‘…to ensure clinical areas are adequately staffed… in accordance with scientific evidence about adequate staffing’.

Workload safety is subjective as there is no validated tool to determine what is safe or unsafe and published scientific evidence on safe dietetic staffing is scarce.

As part of the drive to deliver safe and effective care, NICE and NHS England published guidance to support decision making in levels of nursing staff. This guidance highlighted the need to look beyond the number of staff in a clinical setting and consider the balance of activities that are important in ensuring the patient has the best possible care.

In 2015 Lord Carter of Coles reported to the Department of Health on how to improve efficiencies in hospitals. Subsequently in 2016 NHS Improvement came into being. NHS Improvement is undertaking work to identify what good staffing looks like for NHS staff, including specifically Dietetics, Physiotherapy, Speech and Language Therapy and Occupational Therapy. A virtual model hospital with new metrics for these 4 AHP groups are due to be published in the springtime 2017.