This complementary guidance has been provided to support Primary Care Networks (PCN) in the recruitment or engagement of dietitians. It is based on the role outline included in section B of the Network Contract DES, which can be found [here](https://www.england.nhs.uk/wp-content/uploads/2020/03/network-contract-des-specification-pcn-requirements-entitlements-2020-21.pdf), and also incorporates wider responsibilities that dietitians may undertake which PCNs may wish to include in the JD as appropriate.

PCNs are able to design the job descriptions for the relevant roles over a broad range of responsibilities. However, PCNs must ensure that, in order to be acceptable for reimbursement through the Network Contract DES Additional Roles Reimbursement Scheme, they contain as a minimum the role requirements outlined in section B, which can be found [here](https://www.england.nhs.uk/wp-content/uploads/2020/03/network-contract-des-specification-pcn-requirements-entitlements-2020-21.pdf).

**Job Title:** Dietitian

**Responsible to:** To be determined by the PCN

**Accountable to:**  To be determined by the PCN

**Hours of work:** To be determined by the PCN

**Salary:** To be determine by the PCN [*note*: *the role outline and reimbursement is based on indicative AfC Band 7*]

**Supervision**

To ensure the role is supported within primary care, PCNs must ensure that the postholder has access to appropriate clinical supervision, training and an appropriate named individual in the PCN to provide general advice and support on a regular basis.

**Job scope**

The dietitian will be a highly skilled, senior practitioner able to operate at an advanced level of clinical practice, with expert knowledge in the management of patients’ dietary issues and conditions. They will work as an integral part of the multi-disciplinary team (MDT) within the PCN.

The dietitian will provide person centred interventions for the patient from initial clinical assessment, diagnosis, treatment and evaluation of their care within set patient groups. They will demonstrate safe, clinical decision-making and expert care for patients within the general practice. They will work collaboratively with the general practice MDT to meet the needs of patients, support the delivery of policy and procedures, and provide dietetic leadership as required.

**Scope of the Role**

1. Be the first point of contact for expert person centred clinical assessment and diagnosis of patients presenting with designated nutrition and dietetic conditions/range of symptoms in PCNs. This will include patients who present with a range of multiple needs and underlying pathologies, as well as other primary conditions.
2. Use of advanced person centred assessment and behaviour change skills and application of highly specialised dietary management.
3. Be the link between primary, community and acute services, when the patient is managed via primary care ensuring an integrated care pathway for individual patients that is person centred. This will include provision of triage to other services and/or directly providing management and advice.
4. Lead on and develop effective communication between primary care services, PCNs and other relevant care providers. Educate on the role of the FCP including its impact on referral patterns and patient care pathways.
5. Build and maintain strong relationships with relevant consultant teams, for example, gastroenterology, diabetes and paediatrics as appropriate, MDT and Nutrition and Dietetic services in community and acute settings.
6. Where appropriate, develop relationships with wider health and social care agencies, for example, mental health teams, local authorities, third sector providers, for example, care homes, education and childcare settings, and patient support groups.
7. Provide leadership to primary care MDTs on dietary management of conditions. This will include the provision of highly specialist advice on issues ranging from the provision of expert opinion on individual patient treatment options, to being a contributor to dietetic and related pathway development.
8. Work independently to assess, diagnose, triage, and manage patients, taking responsibility for prioritising and managing a caseload of the PCN’s registered patients. There should be appropriate timely escalation where management of patients’ is outside the scope of practice.
9. Receive patients who self-refer (where systems permit) or from a clinical professional within the PCN, and where required refer to other health professionals within the PCN.
10. Work as part of a MDT in a patient facing role, using expert knowledge of nutritional and dietetic issues to create stronger links for wider services through clinical leadership, teaching and evaluation.
11. Develop person-centred care plans in partnership with patients, providing a range of first line treatment options including self-management, referral to highly specialised dietetic services and social prescribing.
12. Where appropriate, use full scope of practice, developing skills relating to supplementary prescribing and investigation to make professional judgments and decisions in unpredictable situations, including when provided with incomplete or contradictory information, and take responsibility for making and justifying these decisions.
13. Manage complex interactions, including working with patients with psychosocial and mental health needs, referring onwards as required and including social prescribing when appropriate.

#### Implement all aspects of effective clinical governance for own practice, including undertaking regular audit and evaluation, supervision and training. This will include the training of student dietitians, and other healthcare professional students to a lesser extent.

**Clinical**

1. Assess and make diagnosis, where appropriate, of relevant clinical conditions using advanced techniques including interpretation of clinical, biochemical, pharmacological, physiology, pathophysiology, microbiology, immunology as appropriate, taking into account social and psychosocial circumstances
2. Use advanced behaviour change techniques including active listening, motivational and negotiating skills in assessment and treatment to support clients /patients with dietary plans and agreed goals as well as helping them to recognise and overcome any barriers to these changes
3. Sound knowledge of food science, food preparation skills and other factors affecting patient’s food choice.
4. Assess patient comprehension of treatment plans and offer support material to aid understanding, for example, written resources and suitable apps.
5. Educate family members/carers, where appropriate, to support patient compliance.
6. Appropriate follow up, signposting and or onward referral offered to the patient to support them to meet their agreed goals and optimise their health.
7. Independently manage a caseload of highly complex patients with a broad range of conditions, using evidence-based interventions to assess, plan, implement and evaluate interventions. Where the Dietitian has supplementary prescribing rights, appropriately prescribe and deprescribe nutritional borderline substances and prescription only medicines within scope of practice.
8. Work in collaboration with primary, secondary and acute care colleagues as well as voluntary sector services and teams to ensure holistic care and the smooth transition of patients between services to optimise their nutritional status.

**Service/Professional Leadership/Consultancy**

1. Provide leadership and support on dietetic service development across the PCN, alongside learning opportunities for the whole MDT within primary care.
2. Plan and organise the FCP service efficiently, ensuring delivery in line with service expectations.
3. Integrate the FCP role into the wider primary care team, proactively working with the primary care team to build robust relationships and integrate working practices.
4. Attend primary care strategic and practice level meetings to represent FCP/dietetics when appropriate.
5. Contribute to the development of referral guidelines for dietetic related conditions from primary care to other NHS services that will direct referrals to other primary care services, community, secondary and tertiary [specialist] services.
6. Work collaboratively with the primary care team, including working across the PCN and also in partnership with business managers, professional managers and lead clinicians of secondary, community and other care providers to improve service delivery and meet the identified needs of the local patient population.
7. Influence and contribute to the PCN to promote the contribution of FCPs to dietetic services in primary care and to the wider related services in the health economy.
8. Work with the PCN team to support preventative strategies for local populations, patient groups and individuals.
9. Participate in peer networking and support underpinned by active engagement in peer review and embracing evidence-based practice.
10. Contribute to organisational and service policies that support the maintenance of good clinical governance, manage risk and ensure patient safety is paramount.
11. Be responsible for identifying and reporting any risk/clinical governance issues in the FCP service.
12. Contribute to monitoring and review of service standards for dietetic primary care services. Including established clinical, professional and service standards.

**Education/Workforce Development**

1. Participate in developing education and training of pre and post registration dietitians up-to post-graduate level to support the development of advanced clinical practice skills and knowledge within the wider dietetic workforce.
2. Provide training and supervision, some of which maybe to postgraduate level, for specialist primary care professionals, including GPs in order for them to ensure appropriate referral and management skills.
3. Provide and receive clinical supervision and be an active provider of mentoring and coaching of specialist clinicians from a range of disciplines.
4. Maintain a professional portfolio of advanced clinical practice knowledge and skills through participation in internal and external development opportunities .

**Research and Evaluation (band 7)**

1. Promote and lead the integration of evidence-based practice and national guidelines into own and local FCP dietetic service practice.
2. Use expert knowledge of evidence-based guidelines and national frameworks to influence the development of FCP services within the primary care team.
3. Participate in research and MDT research projects as appropriate. This may include participation in cross organisational research and audit programmes.
4. Present and disseminate research and clinical audit findings to the primary care team as required.
5. Provide analysis of local and national data sets to illustrate service improvements and to promote service change.
6. Maintain and up-date audit and data derived from a range of data sets in order to provide statistical reports on outcome measures and achievement of KPIs for a range of audiences.
7. To a limited extent, use audit and research to develop and improve service guidelines, care protocols, delivery of triage services and referral pathways.

**Research and Evaluation (in addition to the above) (band 8)**

The Band 8a would be expected to spend a greater proportion of their time on this aspect of work**.**

1. Lead or participate in research and MDT research projects as appropriate. This may include participation in cross organisational research and audit programmes.
2. Use audit and research to develop and improve service guidelines, care protocols, delivery of triage services and referral pathways.

**Communication/Building Networks**

1. Lead on communicating and influencing across the PCN, the benefits of the FCP role in primary care.
2. Promote and explain the FCP role and what it can deliver to a range of audiences including patient groups, individual patients, and the primary care MDT.
3. Communicate effectively and appropriately with patients and their carers. This will include explaining the diagnosis, prognosis and treatment choices available to manage multi-pathology and complex conditions. It will also involve communicating limitations on treatment outcomes and managing expectations of patients with chronic or life limiting conditions.

**Person Specification**

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| --- | --- | --- |
| **Element** | **Essential** | **Desirable** |
| **Qualifications** | * Undergraduate or postgraduate HCPC approved dietetic programme
* Health & Care Professions Council (HCPC) registration
* Can demonstrate working at Level 7 (masters level) [[within the ACP framework](https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework)] including either a master level course, or experience in practice at masters level in a subject relevant to at least one of the core conditions (diabetes, obesity, frailty or functional bowel disorder)
 | * Completed or working towards Supplementary Prescribing rights by completing a HCPC approved non-medical prescribing qualification
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| **Knowledge** | * experience of working at level 7 in relevant dietetic speciality
* able to carry out assessment, interpretation, individual care planning, motivation, monitoring and evaluation of highly specialized dietetic treatment
* working knowledge of Microsoft and GP IT systems, alongside prescribing data monitoring systems
* experience of contributing to and service delivery/evolving evidence led practice and delivery in a changing environment
* ability to demonstrate leadership when introducing change.
 | * working towards advanced clinical practitioner status
* previous supervisory experience
* experience of working with a diverse range of stakeholders
* cognitive behavioural approaches/skills
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| **Analytical skills** | * able to understand and analyse complex issues and balance competing priorities in order to make difficult clinical decisions.
* support individual patient care by an ability to analyse and interpret complex clinical/ often incomplete information, pre-empt and evaluate issues, and recommend and appropriate course of action to address the issues
 | * experience of working within a primary care setting
* evidence of working across organisational boundaries within health and social care
* independent thinker with demonstrated good judgment, problem-solving and analytical skills
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| **Communication skills** | * excellent interpersonal and organisational skills
* Advanced behavioural and motivational skills
* ability to evidence a sound understanding of the NHS principles and values
* excellent interpersonal and communication skills, able to influence and persuade others articulating a balanced view and able to constructively question information
 | * evidence of inspiring and motivating teams with the ability to communicate passionately, effectively.
* ability to negotiate effectively within the MDT or across a range of services/providers.
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| **Personal attributes & abilities** | * ability to co-ordinate and prioritise workloads – able to multi-task as well as be self-disciplined and highly motivated
* demonstrates a flexible approach in order to ensure person centred care is delivered
* Ability to negotiate across professions and organisations
* Able to deal with high degrees of ambiguity
 | * high degree of personal credibility, emotional intelligence, patience and flexibility
* ability to cope with unpredictable situations
* confident in facilitating and challenging others
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Some information in this document has been edited and reproduced from the Example Job Descriptions for First Contact Physiotherapists – (Musculoskeletal roles). The full and original version can be found here https://www.england.nhs.uk/publication/example-job-descriptions-for-allied-health-professionals/