

Draft Minutes of the 41 meeting of the BDA England Board (EB) held on Friday 19 March 2021 via Zoom from 10:00 – 12:00

Present:

Diana Markham (DM)	Board Member
Belinda Mortell (BM)	Board Member
Fiona McCullough (FMc)	Board Member
Gill Shinkwin (GS)	Board Member
Christian Lee (CL)	Board Member
David Simms (DS)	Board Member
Rasleen Kahai (RK)	Board Member
Tabitha Ward (TW)	Board Member
Kate Hall (KH)	Board of Directors Link

In Attendance:	James Sandy (JS)	BDA, Policy Officer (England)
	Jessica Carter (JC)	BDA, Director of Membership, Marketing and Communications
	Louise Pritchard (LP)	BDA, Chief Operating Officer

Item **ACTION**

41/1 Welcome and Apologies

Apologies were received from Julie Abayomi (Chair), Jane Brophy and Linda Hindle.

In the absence of the England Board Chair, Diana Markham was elected to Chair the meeting.

41/2 Minutes of previous meeting, 11th January 2021

The minutes from the previous meeting were agreed with the following updates from the actions log noted:

40/2 JS is planning the next round of 1:1 sessions with EB members in April.

40/3 Key roles and themes would be picked up later in the agenda as part of the discussion regarding the work plan for 2021/22.

40/5 The Iodine Awareness work had now been approved and work is underway to embed this within Dietitians Week 2021 activities in June (a copy of the approved Plan on a Page is attached as [Appendix A](#)).

40/7 KH highlighted that she had fed back to colleagues via email issues raised at the last meeting in relation to the student workforce discussion at Board of Directors (BOD).

40/9 This item was incorrectly numbered.

Primary Care Position/Plan- Next Steps

Following a focused session on Primary Care consider the outcomes of the recent research from University of Plymouth and to consider how EB evidence the range of pathways that exist or are currently developing. The following summary of next steps were developed:

1. Job Description- Review the AHP Generic elements and ensure that the Dietetic specialisms are workable and appropriate. Adapt and refine existing JD outline.
2. Develop a set of core skills and principles that EB would like to see reflected in these roles, alongside 'credentials' requirements (which are defined in terms of levels of practice). Also include CPD support, time and provision in this.
3. Ensure that EB links to the approach in the four nations via the BDA Country Boards.
4. Draft a Person Specification to compliment the current Job Description. Outlining what is desirable and essential within these roles.
5. Identify examples of similar or comparable roles from other nations.
6. Establish a working group to enhance and support this work and to act as a critical friend across BDA.
7. Map existing PCN roles and networks (JS & BM) through Groups, Branches and EB Members Regional role.
8. Develop an understanding of 'Primary Care Network Dietitian' that is more obvious- What is the role and why is it different?

GS provided an overview of her work to date with the Education, Practice & Policy (EPP) on refining the Job Description. GS felt that a lot of organisations have overlooked the existing services in their area and how these might reinforce or develop these new roles. The messaging has been very confused and it was perhaps necessary to conduct a GAP analysis on the training aspects of these posts (possibly using MSK as an example). These roles must be multi-disciplinary and they will rely on good working relationships. There is a potential issue with the on-costs suggested reducing the actual care resources. GS stressed that EB should help the BDA in collating information about these developing roles via the membership.

CL noted that there are extreme variations in the roles that have been (or are being) recruited to at present. The levels of pay and the generalist/specialist focus were very different. Some posts were attached to a service, others sat with GPs or GP Organisations and risked a lack of oversight and training. These roles should be seen as a good opportunity for the profession, but they are being rushed through and are in high demand.

GS commented that some posts are expected to cover paediatrics, frailty and gastro which is a very difficult balance. Most seem to split these into general and specialist posts.

CL highlighted that there are blurred lines between the PCN Dietitians posts and the Advanced Clinical Practitioner (ACP). Posts are usually built around a 'four pillars' approach and the main difference is in the research element. These posts are a great opportunity for frontline service, but they do need more clarity.

41/3
Continued

JS updated the EB that the EPP Team had formed a working group to ensure that members help form a UK wide approach to the development of primary care. It was agreed that members of the board be asked to nominate a representative who can help to share experience and learning to date, as well as feed this into the wider BDA work programme. The representative could attend these meetings (with support) and report back (the representative need not necessarily be a member of the England Board, but we are keen to ensure that there is a clear reporting line). Tanya Rumney was suggested as an advocate who might help in this role. **ALL**

JS agreed to follow this up with an email to all EB members asking for a suggested representative by email. **JS**

GS led the Board through the amendments she had helped make to the current Job Description ([Appendix B](#)).

BM asked if these posts are always 'diagnosing' or 'supporting diagnoses'. GS committed to following that up for clarification. **GS**

DS asked if it was possible to specify that the roles would be contributing to a 'dietetic diagnosis' as this would be a more useful descriptor.

CL suggested the phrasing 'diagnose where appropriate' could be adopted. It was also noted that the language around a Level 7 education and Band 7 pay band can be confusing. It was suggested that 'including Masters level' could be used as an alternative.

41/4 **Members Survey**

JC provided a summary to the EB on the recent members survey which is due to be formally approved at the Board of Directors (BOD) meeting in May. The survey has received over 1800 responses over a three-month window. The current situation had meant that there was a need to provide members with more time to respond. Over 800 respondents had filled out all of the questions within the survey. These would be considered against comparative data that the BDA held from 2018. There were many responses focused on the changes likely post-Covid, the future format of work and the balancing of online/digital. There was a real feeling that online working had been established and would continue as part of a mixed approach. In terms of demographic information, the survey yielded the expected sample with some specific community needs being picked up, as well as individual responses. The final results will be cascaded via the website, social media and Dietetics Today with a '*You said, We did*' focus.

The headline themes were:

1. **Visibility & Voice-** Looking at the profession, the organisation, public awareness, combating unqualified information and working with other professional bodies.
2. **Learning-** Looking at online CPD and events, sharing best practice at a Board and a Branch level.
3. **Developing the Dietetic Role at a senior level-** Looking at the ceilings and stalling that exists within pay scales & structure, as well as a breakdown by country.

41/4 DM asked if these were the key things that members wanted.
Continued JC confirmed that these headlines were drawn from response that supported those as the key demands. Other interlinked issues in responses included career engagement, ongoing development, sustainability of the workforce, the organisation and of the products and materials it advocates.

TW asked when this survey would be fully published. JC confirmed that after it had been approved by BOD in May the key messages would be out to members and the public by June.

KH and JS committed to ensuring that communication between the BOD and EB regarding the survey would be monitored.

DS asked to explore the description of the demographic information as 'unsurprising' and how this had changed from the diversity information of the profession drawn in 2018.

JC responded that previous surveys had not included many questions on equalities and diversity over and above gender and geography.

CL suggested engaging via HCPC to reach out to non-members to find out why they had not joined. JC confirmed that around 83% of dietitians are members of the BDA.

GS suggested that the numbers aren't great enough to show up any kind of shift or trend across two years and that it might be better to look across a ten-year timeframe.

RK commented that it was an important point for the BDA to be able to demonstrate how far we have come on equalities and diversity, particularly from her perspective as the only known wheelchair user dietitian in the UK.

DM thanked JC for attending on behalf of the EB. It was agreed that a fuller update would be requested in May, once the final survey outcomes had been approved by the BOD.

41/5 **Strategic Plan**

LP was welcomed to the meeting to present an overview of the BDA Strategic Plan 2021-24 and the recent survey findings.

A copy of the presentation constitutes [Appendix C](#).

LP also reference the Workforce Survey summary that was presented to BOD in January and it was agreed to circulate it to EB members. See [Appendix D](#).

JS added that EB would need to consider how it interacts with the new BDA Trade Union National Executive Committee (TUNEC) either through a regular update or a co-opted member.

RK outlined that her experience of the profession to date in both London and Manchester had shown that the workforce is not really very diverse at all.

CL suggested that we make contact with the Association of Nutritionists to compare the BDA profile with the data that they might hold. He added that a key factor was for us to understand why people got into different elements of the profession and to appreciate what they do differently to BDA.

41/5
Continued RK commented that most international students are in nutrition and not dietetics and we need to do more to understand the academic flow between institutions nationally and internationally.

JS agreed to pick these points up with CL & RK outside of the meeting to explore further.

**JS, CL,
RK**

BM suggested that there is a real perception issue around '*What can you do with a dietetics degree?*'

CL added that Winchester University has conducted a whole year of industry placements and we need to consider if our focus is just on NHS or on the wider spread of roles across the profession.

LP responded that the EPP Team have been doing a lot of work around placements in both terms of future capacity and placement type. It was clear that we needed to think of a 'career climbing frame' which maps out a variety of opportunities.

RK stated that it was her placement within Public Health England which had saved her from dropping out and that it had inspired her through a very friendly and professional environment.

LP focused on the next steps for the strategic plan and outlined the following next steps and opportunities for EB to contribute:

- Production of draft plan following analysis of member survey.
- April- May 2021 consultation on draft plan
- Launch June 2021
- Design of integrated BDA programmes/workplans for year one, converting strategic plan themes into operational delivery.

England Board could have a key role in commenting on the drafts and appropriate stages, helping to shape the structure of the plan and its objectives and supporting the wider engagement with BDA membership.

The Strategic Plan will be formed around some core pillars and themes (possibly prioritised), focused on maximising impact and also considering the sustainability and development of the BDA as an organisation.

CL suggested that visibility and diversity go hand in hand with each other and that people coming in to the profession are not always aware of who we are. visibility is then really important. We also need to consider our alliance with the Association of Nutrition and need to work amongst our own profession to debate nutritionists as allies, seeking strength and clarity across the different roles. We must work to challenge the entrenched viewpoints, exploring and embracing this relationship.

GS added that we need to be more public with our plans and demonstrate how they are supported by our stakeholders.

41/6 Work Plan Refresh

JS presented an update of the England Board Workplan for 2021/22. The refreshed plan was agreed and noted by the Board.

41/7 Attendance and Participation

JS outlined a suggestion which arose for a recent discussion with JA & KH. With the agreement of the Chair, those members who are finding it particularly difficult to attend our virtual meetings due to challenging professional or personal circumstance will be able to pre-record or submit questions, updates or reports remotely (prior to the formal meeting). Whilst members will not be able to formally vote or make a decision, it is felt crucial to provide added flexibility in what are unprecedented times. In such circumstance, EB members should contact JS in the first instance.

DM invited views and comment from EB members and this proposal was supported.

41/8 Updates

a) Long Covid service model development

RK was nominated by EB as our representative on the Assessment and Rehabilitation Alliance National Taskforce shaping the NHSE/I Long Covid-19 service model.

RK outlined that the first meeting had been a bit overwhelming and also very insular. There remain a number of discrepancies around Long Covid namely its treatment, definition, funding and patient choice. Out input focuses on making sure that dietitians have a voice in this development work.

CL also attended the first meeting and reiterated that it was loaded with very senior people, had a very broad agenda and was not particularly accessible.

JS offered to feed this back to Andy Burman who had received the initial request as Chief Executive.

JS

b) NIHR call for prehabilitation support

EB received a call from NIHR to support their research in prehabilitation in cancer as an opportunity for Dietitians for to be key leads in the nutritional aspects of this intervention (multi-modal intervention including exercise and psychological support).

JS clarified that following discussions with Country Board Colleagues and Tom Embury, Public Affairs Manager at BDA, it was agreed the Oncology Specialist Group would feed into this work from an England perspective alongside nominations from the other 3 nations (the call was initially targeted at Northern Ireland, Scotland & Wales). EB will revive an update on this work in due course.

41/9 **Feedback from Attendance at Meetings**

JS, BM & CL each attended an NHS Confederation webinar on “The Future of Clinical & Care Professional Leadership in the ICS framework roundtable” (slides attached as [Appendix E](#)). Some key points included:

- The sessions were very GP and commissioner dominated.
- The guiding principles weren't actually principles- but very wordy paragraphs.
- There was a perspective that AHP Leadership is not at 'board level' and that AHPs represent 'the smaller professions'.
- Any representation would be AHPs en bloc.
- Louise Patten, Director ICS Networks at the NHS Confed made a call out during the meeting to talk to AHPs and professional bodies which is being followed up.

41/10 **AOB**

None.

41/11 **Date and time of next meeting and Close of Meeting**

It was agreed to secure a date that follows the BOD in May to ensure that the Member Survey Findings can be considered in more detail.

The meeting closed at **12:10 pm**

Appendices:

[Appendix A](#): Iodine Awareness Plan on a Page (POP)

[Appendix B](#): Job Description PCN Dietitian (Band 7)

[Appendix C](#): Developing Our Strategic Plan 2021-2024 Presentation Slides

[Appendix D](#): Workforce Survey Summary Presentation Slides

[Appendix E](#): NHS Confederation webinar on “The Future of Clinical & Care Professional Leadership in the ICS framework roundtable”