

*This document is a revised edition of the BDA Curriculum Framework 2013. Its contents have been updated to reflect current dietetic practice requirements whilst preparing for future practice and the ongoing advancement of the profession. The BDA wishes to thank all key stakeholders involved in the development of this document and for their contributions to discussions and engagement consultations.*



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

**Revised edition 2020**

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**Please note:** In order to assist understanding of key terms and abbreviations, a glossary section has been provided. Words throughout the document that are *shown in italic* have a description when hovered over them, and can also be found in the glossary.



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.

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 and Social Care 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:

- HCPC Standards of Proficiency for Dietitians (2013)
- HCPC Standards of Conduct, Performance and Ethics (2016)
- HCPC Standards of Education and Training (2018)
- QAA Benchmarking Statements for Dietetics (2017)
- 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

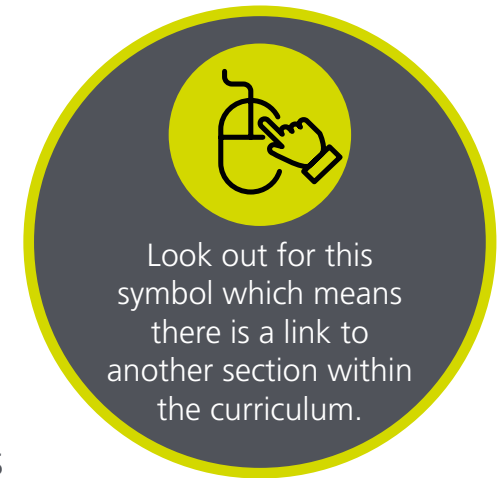
In addition, it is expected that this document will be used as a reference document by:

- 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 based learning, to assist them in facilitating, supporting and assessing learners

- Dietetic learners, 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

The *framework* has been developed through consultation with dietetic professionals (*BDA* Members) with reference to a variety of documentation and exceeds 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* (2013) Standards of Proficiency but also aims to lay the foundations for a lifetime career as well as advancing the dietetic profession.



## What is a dietitian?

*Dietitians* are qualified and regulated health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public-health level. They 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 work in the NHS, Social Care and in private clinics. They work with healthy and sick people in a variety of settings. They can work in the food industry, workplace, catering, education, research, sport and the media. Other care pathways they work in include mental health, learning disabilities, community, acute settings and public health. They often work as integral members of multi-disciplinary teams to treat complex clinical conditions such as diabetes, food allergy and intolerance, Irritable Bowel Syndrome (IBS), eating disorders, chronic fatigue, malnutrition, kidney failure and bowel disorders. They advise and influence food and health policy across the spectrum from government, to local communities and individuals.

## Scope of practice

The *BDA* recognises that the role and scope of practice for *dietitians* 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-based 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.

As the needs of patients clients and service users change and become more complex, NHS services demand a more flexible and agile workforce. It is crucial therefore that the dietetic profession evolves with a broad knowledge and skills base which can be adapted and specialised to meet the needs of the population they serve. Physical assessment skills have been included in the new *curriculum*, as it is increasingly expected within new roles and service development. It is also included as pre-requisite entry criteria for many post-registration training and education courses.

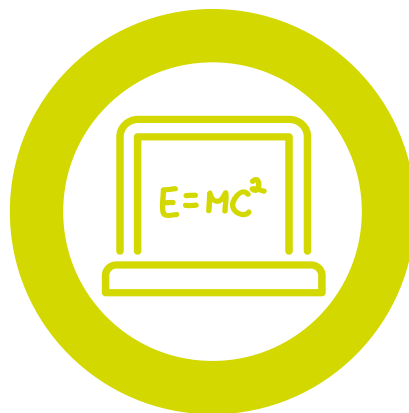


# Educational Philosophy

The *BDA* educational philosophy holds robust pre-registration education and training as central to the development of professional dietetic identity, while underpinning lifelong learning that will ensure the development, continuation and evolution of standards of excellence in dietetic practice.



**EDUCATIONAL MISSION**



**EDUCATIONAL APPROACH**



**EDUCATIONAL FRAMEWORK**





## EDUCATIONAL MISSION

### The curriculum for pre-registration dietetic education aims to:

Develop *dietitians* who are competent, autonomous, safe and compassionate practitioners who utilise the current state of knowledge to provide outstanding, holistic, person-centered care and support within the legal and ethical *frameworks* of the profession.

Produce dietitians who improve the nutritional health and wellbeing goals of individuals, groups and populations, in a holistic manner, with due consideration given to planetary health and environmental sustainability.

Produce professionally-agile dietitians who adapt and innovate towards ever changing environments and demands.

Educate and inspire future dietitians to lead in all spheres of personal, public and political nutrition, thereby increasing the reach of evidenced-based nutrition whilst promoting visibility and advancement of the dietetic profession.



## EDUCATIONAL APPROACH

To produce *dietitians* who understand that dietetics involves the application of evidence-based practice where evidence from science (natural, human and environmental), practice and the individual is equally considered and valued.

To develop adaptive rather than routine expertise. Routine experts know the routines of a profession and as such, experience merely produces efficiency. Adaptive experts constantly critique and evolve their own knowledge.

To produce independent learners who develop skills that contribute towards their continuing professional development through reflective practice, lifelong learning and critical enquiry including research.

To produce dietitians who practice professional excellence and contribute to the evolution of the profession to meet outcomes in line with demand; through undertaking critical enquiry, research, quality and service improvement as an integral part of practice.

Teaching and learning should aim to be individual based and multi-professional where possible; and should embrace both *positivist* and *sociological paradigms*.

Such an approach may help facilitate a common educational basis for all layers of the dietetic workforce including entry level dietitians.



## EDUCATIONAL FRAMEWORK

Through its position the *BDA* is ideally positioned to provide the direction and leadership required to produce a creative and dynamic *curriculum* that addresses current national and global issues in nutrition, fostering the development of a valued and integrated profession.

The BDA is committed to the concept of continuous improvement and is able to co-ordinate and direct development of the dietetic profession and the *continuing professional development of dietitians* by providing direction to both *HEIs* and all forms of workplaces. HEIs have a well-developed role in the teaching of relevant knowledge, skills, values and behaviours while every dietetic workplace should regard itself as a learning environment to support the education and training of learner dietitians.

The BDA advises that the pre-registration curriculum will continue to be developed jointly by HEIs and dietetic practice *educators* to ensure that the knowledge, skills and attributes that underpin entry-level practice are developed and maximised. This approach opens the way for *innovation* and change in line with service needs.

# The Curriculum Framework

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, skills essential to apply these in practice and the value and behaviours to be demonstrated.

In many sections the framework makes reference to the *HCPC* Standards of Proficiency, 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 all practice-based learning. 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

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.

Therefore, whilst the first domain describes the knowledge required by entry level dietitians, the second and third domains puts the knowledge, skills, values and behaviours into the context of practice as a dietitian. The domains describe what is expected of graduate dietitians upon completion of their pre-registration programme, in order to meet the Standards of Proficiency required by the *HCPC*. These begin the career journey of a dietitian, through preceptorship, leading onto progression through the Post-registration Professional Development *Framework*.

# The Curriculum Framework

The *framework* for this section builds upon the four pillars of practice 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, at the 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 individuals, groups and in industry. 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 Curriculum Framework

The *curriculum framework* is divided into three main *domains* with the relevant learning identified:



**DIETETIC KNOWLEDGE**



**DIETETIC SKILLS**



**DIETETIC VALUES AND  
BEHAVIOURS**







## DIETETIC KNOWLEDGE

Dietetic knowledge is an understanding that is intellectual and theoretical, and that underpins practice. Knowledge can be acquired through sources such as literature, teaching, experience or observation.

Learners must recognise nutritive, *biomedical*, psychological and social science principles of nutrition and dietetics in health and disease, and be able to integrate and apply these principles to dietetic practice. They must understand the impact of their practice in a range of *clinical and non-clinical settings*.



## DIETETIC SKILLS

Having knowledge of how to do something does not necessarily mean that you can do it. Skills are the practical application of knowledge required to proficiently practice dietetics. Skills are learnt through training or experience and are expressed in the workplace context.

Learners and *graduate dietitians* must be able to *demonstrate* appropriate skills required to practice in clinical and other *non-clinical settings*.

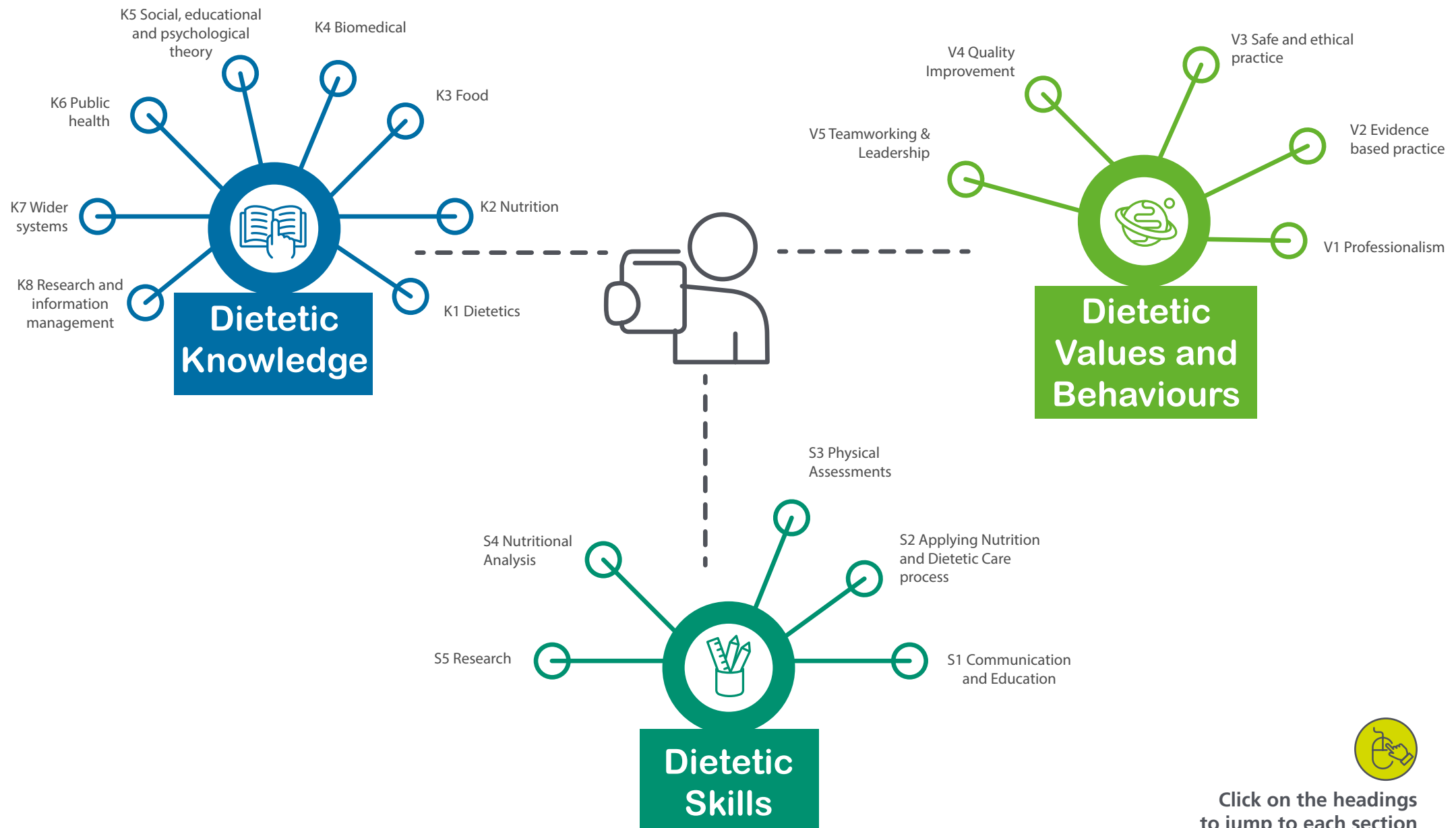


## DIETETIC VALUES AND BEHAVIOURS


Dietetic values and behaviours are mind-sets, attitudes or approaches required for competence across the profession. Professional values relate to those that conform to the requirements of a professional setting. Behaviours can be transferable across all *competency* levels, meaning that they may be more similar across all levels from graduate to expert, than knowledge and skills.


Learners and *graduate dietitians* should be able to *demonstrate* appropriate personal and professional values and behaviours. They must keep to *HCPC* ethical guidance and standards and the guidance below, which together describe what is expected of all registered dietitians.


# Domains




Click on the headings  
to jump to each section


K1 Dietetics	Knowledge and understanding of:
 <p>Extensive critical, integrated and applied knowledge and understanding of dietetics for the prevention and treatment of disease.</p>	a. Overall aims of dietary management and the underpinning evidence base.
	b. Translation of nutrition guidelines appropriate to enable the empowerment of individuals and communities/groups to make informed choices.
	c. The rationale for modification of energy and nutrient intake.
	d. Ethical issues associated with dietetic practice.
	e. Anthropometric methodology, reference standards and their applications and limitations with individuals and populations.
	f. Specific modification in the maintenance of wellbeing and the treatment of named diseases.
	g. Use of nutrient exchange systems.
	h. Methods and use of nutritional support strategies including oral and artificial nutrition.
	i. Artificial nutrition including enteral and parenteral feeding.
	j. Types, uses, sustainability and financial implications of nutritional products.
	k. Methods of monitoring and evaluation of dietary interventions.
	l. Physical assessments.


K2 Nutrition	Knowledge and understanding of:
 <p>Extensive, critical integrated and applied knowledge and understanding of applied nutrition and food.</p>	a. Sources of nutrients, functional foods and bio-active substances.
	b. The diet of the UK population.
	c. Methods of assessing dietary intake of groups, communities, population.
	d. How to optimise nutritional status in individuals and communities.
	e. Nutrient standards, dietary guidelines and nutrient requirements in individuals and populations.
	f. How nutrients impact on cellular mechanisms, including gene expression.
	g. The role and function of energy and nutrients in human metabolism and in physical assessment, including the effects of deficiency and toxicity and requirements through the lifecycle.
	h. The role and function of non-nutritive dietary components in human metabolism.
	i. The strengths and limitations of the assessment of dietary intake.
	j. Nutritional status in individuals and populations.


K3 Food	Knowledge and understanding of:
 <p>Broad knowledge and understanding of food science, food skills and food systems management.</p>	a. The effects of food production, preparation and processing on the nutrient content of food.
	b. How foods are analysed for their nutritional content and physical appearance.
	c. Food preparation methods and their application to dietetic practice.
	d. The principles of catering management.
	e. The use of nutritional standards within organisations and institutions.
	f. The organisation of mealtimes within organisations and institutions.
	g. Food provision, including production, procurement and delivery and food security and sustainability.
	h. Sustainable food farming, production, packaging and transportation in terms of long- and short-term environmental impact.
	i. The range and relative cost of commonly consumed foods available to the general public including nutrient modified foods.
	j. Portion sizes of common foods.
	k. The derivation and limitations of food composition data.
	l. The range, suitability, sustainability and costs of foods for dietetic treatment.
	m. Food legislation and food labelling regulations including health claims for food.
	n. Food safety.


K4 Biomedical	Knowledge and understanding of:
 <p>Critical and applied knowledge of physiology and biochemistry.</p> <p>Broad knowledge &amp; understanding of immunology, genetics and microbiology.</p> <p>Critical, integrated and applied knowledge &amp; understanding of clinical medicine, disease processes and pharmacology with respect to dietetic and nutrition interventions.</p>	a. The structure of the human body.
	b. Factors affecting biochemical measurements and reference standards.
	c. The principles of genetics and the effect of food, nutrients and the environment on gene expression.
	d. The genetic basis of disease.
	e. The role, function and regulation of major body systems in health and disease including a detailed knowledge of the GI system.
	f. Major metabolic pathways in the fed and fasted state.
	g. Physical appearance of dehydration.
	h. The physiology of physical activity and exercise and interactions with diet and sleep.
	i. Metabolic effects of common clinical conditions.
	j. The main cells & processes involved in innate and adaptive immunity.
	k. The principles of immunology in health and disease including the specific immunological treatments of infection and disease.
	l. The structure and function of common microbes which cause food spoilage, infection and disease.




K4 Biomedical (Cont.)	Knowledge and understanding of:
 <p>Critical and applied knowledge of physiology and biochemistry.</p> <p>Broad knowledge &amp; understanding of immunology, genetics and microbiology.</p> <p>Critical, integrated and applied knowledge &amp; understanding of clinical medicine, disease processes and pharmacology with respect to dietetic and nutrition interventions.</p>	m. Immunological aspects of conditions which require dietetic treatment.
	n. Preventing and treating infection and infectious diseases.
	o. Epidemiology, pathophysiology, causes, clinical manifestations, diagnosis and treatment of disease.
	p. Current therapies, interventions, and person management strategies in disease.
	q. The interaction between physical and mental health.
	r. The modes of action of the main types of drugs.
	s. Drug nutrient interactions.
	t. Different classifications of prescription only medicines and Nutrition Borderline Substances, and the role of the <i>dietitian</i> within medicines optimisation and appropriate prescribing.
	u. The use of and the evidence underpinning complementary and alternative medicine.


K5 Social, educational and psychological theory	Knowledge and understanding of:
 <p>Critical, integrated and applied knowledge and understanding of sociology and psychology including social, communication, educational and qualitative research theories.</p>	a. Educational/learning theories such as behaviourism, cognitivism, constructivism and transformative learning theories, required for establishing educational strategies for groups and individuals including students.
	b. Communication models and theories such as agenda setting theory and actor-network theory, required for communicating with groups and individuals.
	c. Health promotion and disease prevention theories and models, such as theory of reasoned action, socio-ecological model, health belief model.
	d. Theories of behaviour change and modification as applied to health.
	e. Qualitative research methodologies, including educational, sociological, ethnographical, phenomenological research methods.
	f. Social theory in relation to: <ul style="list-style-type: none"> <li>- human behaviour around food choice, health, illness</li> <li>- health behaviour, behaviour change</li> <li>- service user-professional relationships and the influence of power</li> </ul>
	g. Food in the context of poverty, economic insecurity and social exclusion
	h. The psychological dimensions: <ul style="list-style-type: none"> <li>- of normal and disordered eating, hunger, satiety and food choice</li> <li>- of the psychological background to health behaviour</li> <li>- of long-term health conditions</li> </ul>


K6 Public Health	Knowledge and understanding of:
 <p>Broad knowledge and understanding of the role of dietetics in public health and public health nutrition.</p>	a. Diet, lifestyle and other environmental factors and disease processes throughout the life cycle.
	b. Factors influencing health and illness decisions [by individuals and populations].
	c. How social organisation including inclusion, exclusion, health inequalities, social injustice, social inequality and different cultural belief systems impact on health and disease.
	d. The application of nutrition in the promotion of good health and the primary prevention of diet related illness in communities and populations.
	e. Health improvement/promotion/education strategies in relation to nutrition.
	f. Definitions, theories of and relationships between health improvement, health promotion, public health, health education, health advocacy and community development. Theories e.g. behaviour change theory and wheel.
	g. Needs assessments of communities and populations.
	h. How to use demographic, epidemiological, anthropometric and nutrition survey data in developing and evaluating public health strategies.
	i. Public health outcomes.
	j. Ethical and political issues in public health.

K6 Public Health (Cont.)	Knowledge and understanding of:
 <p>Broad knowledge and understanding of the role of dietetics in public health and public health nutrition.</p>	k. The settings approach to health promotion; consideration of key settings: school; hospital; workplace; informal contexts.
	l. Models of programme planning; elements of programme planning; assessing needs; determining priorities; setting aims and objectives; selection of methods and resources; evaluation.
	m. Every contact counts approach and the reablement agenda.
	n. Interactive <i>e-health</i> strategies to suggest personalised preventative care through to supporting population level health and care planning.
	o. Using/enhancing supported self management.
	p. The public health policy element of health promotion: key players and processes in policy development.
	q. How to promote workforce wellbeing.

K7 Wider Systems	Knowledge and understanding of:
 <p>Broad knowledge and understanding of the roles of dietetics within the health and social care sector, third sector and industry.</p>	a. How health and social care is structured and functions within the Integrated systems.
	b. The roles, responsibilities and inter-relationships within organisations and the wider health and care sector.
	c. How corporations may influence decision making within health and social care.
	d. How government policies impact on health outcomes.
	e. Business and <i>innovation</i> as applied to health and social care.
	f. The <i>dietitian's</i> roles within a variety of settings.
	g. The legislation applicable to Equality, Diversity and inclusion [EDI] and the important role registrants play in challenging discrimination and ensuring EDI is respected in the workplace.

K8 Research and Information Management	Knowledge and understanding of:
 <p>Critical and applied knowledge and understanding of research and information management.</p>	a. The principles of research design, data management, statistical analysis and interpretation.
	b. Compliance with research ethics and research <i>governance</i> processes and policies.
	c. The use of quantitative research including RCT, PCT, surveys, questionnaires.
	d. Qualitative research methodologies, including educational, sociological, ethnographical, phenomenological research methods.
	e. The application of research to change practice within health care.
	f. The principles of scientific enquiry, evidence informed practice, <i>critical</i> appraisal of the literature, <i>audit</i> and evaluation of practice.
	g. The principles of quantitative and qualitative research design, data management and analysis including statistical analysis and interpretation.

K8 Research and Information Management (Cont.)	Knowledge and understanding of:
 <p>Critical and applied knowledge and understanding of research and information management.</p>	h. Sources and grading of evidence, guidelines and systematic review and meta-analysis.
	i. The principles of epidemiology and the methods of applying descriptive and analytical epidemiology to dietetic practice.
	j. Research ethics including: <ul style="list-style-type: none"> <li>• Participant involvement and protection: Understand the regulations surrounding person identifiable information including: legislation, regulatory guidance, protocols and individual responsibility governing the security, confidentiality and sharing of information.</li> <li>• Understand the use of clinical records to inform service management and improvement, evaluation of interventions, research and public health and by services users.</li> </ul>
	k. Research bias: <ul style="list-style-type: none"> <li>• Knowledge of self as researcher: reflection and reflexivity</li> </ul> Understanding the effects of research funding and unpublished trials.
	l. The regulations surrounding person identifiable information including: legislation, regulatory guidance, protocols and individual responsibility governing the security, confidentiality and sharing of information.
	m. The use of clinical records to inform service management and improvement, evaluation of interventions, research and public health and by services users.

K8 Research and Information Management (Cont.)	Knowledge and understanding of:
 <p>Critical and applied knowledge and understanding of research and information management.</p>	n. Data quality, terminologies, classifications and their use in health and social care.
	o. E-health (Telehealth, telecare and assistive technologies) including use of communications technology.
	p. Electronic health records including, coded and free text, access and confidentiality.
	q. The structure of the electronic health record.
	r. The principles of record keeping.
	s. Information <i>governance</i> , infection control, informed consent and duty of candour.
	t. Importance of confidentiality and appropriate disclosure.



## S1 Communication and Education

(including information skills)



Ability to demonstrate critical, integrated and applied knowledge, understanding and application of communication and educational methods including the use of technology in relation to dietetic practice.

### Ability to:

- a. 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.
- c. Facilitate learning, including the promotion of self-care, for groups, individuals and populations.
- d. Tailor educational sessions to ensure meaning to audience.
- e. Use a range of methods and styles of communication including active listening, facilitation, establishing a rapport and interpreting non-verbal cues.
- f. 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.
- g. Participate in interactions with various individuals and groups across a variety of situations and settings.
- h. Apply basic behaviour change and behaviour modification techniques as appropriate, identifying barriers to communication in practice and develop strategies to overcome these.
- i. Communicate in written form with service users, healthcare professionals and other stakeholders as appropriate.

## S1 Communication and Education (Cont.) (including information skills)



Ability to demonstrate critical, integrated and applied knowledge, understanding and application of communication and educational methods including the use of technology in relation to dietetic practice.

### Ability to:

- j. Use available IT for the organisation and evaluation of all relevant data.
- k. Understand and, where appropriate, confidently engage with *e-health*, tele-health, tele-care and assistive technologies to improve effectiveness of practice both in terms of quality and cost.
- l. Appropriately use information and communication technology (ICT) to communicate with colleagues and service users (maintaining ethical practice).
- m. Show how *dietitians* can communicate messages through the appropriate use of social media.
- n. Understand and support the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of the wider multi-disciplinary team.
- o. Participate in practice supervision in a positive manner. Accept support and feedback offered and reflect upon this, implementing changes to own practice as appropriate.
- p. Provide feedback to others in a constructive, objective and timely manner.


## S2 Applying Nutrition and Dietetic Process



Ability to demonstrate critical, integrated and applied knowledge, understanding and application of the model and process.

### Ability to:

- a. Use the Model and Process for Nutrition and Dietetic Practice.
- b. Apply principles of standardised terminology in electronic health records in line with the Model and Process for Nutrition and Dietetic Practice.
- c. Understand the rationale for and gather appropriate sources of information regarding medical, social, psychological, personal, cultural and economic factors.
- d. Undertake the most appropriate method of dietary and nutritional assessment.
- e. *Demonstrate* sensitivity to social, economic and cultural factors that may affect the interaction between the *dietitian* and service user.
- f. Estimate of nutritional requirements considering the translation of this into practical advice and care planning.
- g. Analyse and critically evaluate information gathered in order to identify nutritional needs and achieve a diagnosis'.
- h. Evaluate and interpret of relevant biochemical and clinical data.
- i. Use dietary assessment relevant techniques to specific situations.
- j. Estimate nutritional requirements translate them into practical advice and care planning.

S2 Applying Nutrition and Dietetic Process (Cont.)	Ability to:
 <p>Ability to demonstrate critical, integrated and applied knowledge, understanding and application of the model and process.</p>	k. Use appropriate recognised nutritional analysis programmes and interpret the information gained.
	l. Assess the nutritional status of individuals and groups through interpretation of anthropometric measurements, biochemical, haematological and clinical chemistry test results.
	m. Use <i>critical</i> reasoning to assess the information gathered quantitatively and qualitatively.
	n. Assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem, towards initiating a solution.
	o. Use reasoning and problem-solving skills to make judgements in prioritising actions.
	p. Apply existing standards, including nutritional standards, to the evaluation of food service systems.
	q. Plan, assess and adapt menus.

## S2 Applying Nutrition and Dietetic Process (Cont.)



Ability to demonstrate critical, integrated and applied knowledge, understanding and application of the model and process.

### Ability to:

r. Use an assessment to prioritise nutrition and dietetic diagnosis/es.

s. Assign priorities to the information collected to set appropriate *dietetic outcomes* and goals.

t. Identify the nutrition related problem/s to be addressed in the dietetic diagnosis.


u. Identify the aetiology/aetiologies corresponding to the nutrition related problem in the dietetic diagnosis.


v. Specify measurable signs and symptoms corresponding to the nutrition related problem in the dietetic diagnosis.


w. Use reasoning and problem-solving skills to make judgements in prioritising actions.

x. Justify the reasoning behind decisions made, taking into account the integration of evidence-based knowledge, skills and experience, alongside service user values.


y. Develop and formulate appropriate and practical dietary advice for individuals and populations. 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.


S2 Applying Nutrition and Dietetic Process (Cont.)	Ability to:
 <p>Ability to demonstrate critical, integrated and applied knowledge, understanding and application of the model and process.</p>	z. Support the service user to meet the intervention outcomes and goals by agreeing a range of activities including the possibility of referral to other agencies.
	aa. Critically evaluate and translate nutritional, medical and social theory into practical dietetic advice on food, eating and drinking for individuals and populations.
	bb. Contribute to all activities that enable each individual and group to make appropriate and safe food choices.
	cc. Apply knowledge and appropriate skills for the promotion of nutritional health and management of disease.
	dd. Understand and apply knowledge of sociology and psychology to support and motivate individuals to change their dietary intake and food habits.
	ee. Identify external resources, as appropriate, in order to support the client's dietetic needs and care plan.
	ff. 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.


S2 Applying Nutrition and Dietetic Process (Cont.)	Ability to:
 <p>Ability to demonstrate critical, integrated and applied knowledge, understanding and application of the model and process.</p>	gg. Engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals.
	hh. Plan, devise and review nutritional programmes to achieve agreed goals, taking into consideration the contribution of the family, other health professionals and other agencies.
	ii. Plan, devise and review dietetic interventions to achieve agreed outcomes and goals, taking into consideration the contribution of the family, other health professionals and other agencies.
	jj. Integrate health education programmes into service user treatment regimens as part of overall health care.
	kk. Review, monitor and evaluate the progress of nutrition and dietetic interventions.


S2 Applying Nutrition and Dietetic Process (Cont.)	Ability to:
 <p>Ability to demonstrate critical, integrated and applied knowledge, understanding and application of the model and process.</p>	<p>ll. Work with catering services to ensure the nutritional needs of the population are served.</p>
	<p>mm. Prepare meal plans for individuals and groups which meet nutritional, cultural and socio-economic need.</p>
	<p>nn. Plan, monitor and evaluate dietary protocols for diagnosis and in research.</p>
	<p>oo. Recognise the importance of rehabilitation and reablement and focus activity on this.</p>




S3 Physical Assessments	Ability to:
 <p>Ability to demonstrate broad knowledge, understanding and application of the physical assessment of individuals.</p>	a. Undertake an appropriate / basic physical assessment including blood pressure and pulse rate and temperature monitoring.
	b. Undertake a visual observation of service user to (i) assess degree of malnourishment related to fat loss, muscle loss (ii) to distinguish between oedema and other source of weight gain.
	c. Undertake appropriate measurements using relevant tools and teaching techniques.
	d. Identify xanthelasma and arcus senilis.
	e. List physical signs of nutrient deficiency/abnormality e.g. Dental caries, taste changes, glossitis.

S4 Nutrition Analysis	Ability to:
 <p>Ability to demonstrate critical, integrated and applied knowledge, understanding and application of nutrition analysis.</p>	<p>a. Use 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.</p>
	<p>b. Use standard recipes and advise how to modify them with products specifically for use in therapeutic diets.</p>
	<p>c. Apply knowledge of food safety legislation and practice to manage and evaluate the service of safe food.</p>
	<p>d. Plan a menu to meet the needs of the population served; taking into account any constraints such clinical, social, economic and food system.</p>


S5 Research	Ability to:
 <p>Ability to demonstrate critical, integrated and applied understanding and application of the theories, concepts and principles of research and evidence informed practice.</p>	a. Understand how research/ <i>innovation</i> becomes integrated into practice.
	b. Confidently use research in assessing, evaluation and improving practice.
	c. Become partners and leaders in research and innovation as well as being consistent users of research.
	d. Devise, measure and evaluate outcomes as part of the dietetic intervention.
	e. Search, evaluate and use information from a range of sources.
	f. Adopt systematic approaches to analysing and evaluating the information collected.
	g. Understand, manipulate and interpret numerical data, using statistical packages.
	h. Use research, reasoning and problem-solving skills to determine appropriate actions.

S5 Research (Cont.)	Ability to:
 <p>Ability to demonstrate critical, integrated and applied understanding and application of the theories, concepts and principles of research and evidence informed practice.</p>	i. Use research from the relevant disciplines as an evaluation tool in day to day work for the advancement of professional knowledge and practice.
	j. Use nutrition and dietetic research findings to support evidence-based practice in dietetics.
	k. Respect the contribution that service users make to the research process and recognise that this is integral to the success of the research.
	l. Carry out research projects which <i>demonstrate</i> understanding of the ethical aspects of research and the <i>critical</i> and analytic skills required to draw reasoned conclusions
	m. Undertake dietetic research projects and <i>audits</i> in a variety of settings.


# Dietetic Values and Behaviours

V1 Professionalism	Demonstrate the ability to:
 <p>Ability to demonstrate a critical, integrated and applied understanding of professionalism.</p>	a. Act with integrity in all aspects of behaviour and practice.
	b. Act in accordance with current legislation applicable to Equality, Diversity and Inclusion.
	c. Report accurately and appropriately to relevant people, including documentation in healthcare records.
	d. Critically reflect on dietetic interventions to inform future practice.
	e. Maintain relationships with other professionals and service users that are culturally sensitive and respect the rights of individuals and their specific needs.
	f. Practise as an autonomous professional, exercising their own professional judgement.
	g. Understand the importance of resilience and self care by maintaining their own health and wellbeing and knowing when to seek further support.
	h. Keep skills and knowledge up to date and <i>demonstrate</i> career-long learning.
	i. Take responsibility for own <i>continuing professional development</i> , reflecting on own practice and ensuring ongoing professional development.
	j. Draw up a plan for own professional development including methods for continually updating <i>dietetic knowledge</i> and practice (in line with HCPC standards of Continuing Professional Development).


# Dietetic Values and Behaviours

V1 Professionalism (Cont.)	Demonstrate the ability to:
 <p>Ability to demonstrate a critical, integrated and applied understanding of professionalism.</p>	k. Maintain a professional portfolio.
	l. Reflect on practice by learning from clinical incident and modifying behaviour where necessary.
	m. Actively seek and respond to feedback, changing behaviour in light of feedback and reflection, as appropriate.
	n. Acknowledge mistakes and treat them as learning opportunities.
	o. <i>Demonstrate</i> evaluation of own performance as an individual and as part of a team.
	p. evaluate own performance as an individual and as part of a team.
	q. Deliver values based care; acting with integrity, self-management and self-awareness Take an objective approach to meeting service user needs at all times, irrespective of personal beliefs and values.
	r. Participate in practice supervision in a positive manner. Accept support and feedback offered and reflect upon this, implementing changes to own practice as appropriate.

# Dietetic Values and Behaviours


V1 Professionalism (Cont.)	Demonstrate the ability to:
 <p>Ability to demonstrate a critical, integrated and applied understanding of professionalism.</p>	s. Practice safe working practices in line with infection control legislation and workplace policies as stipulated by the <i>HCPC</i> .
	t. Discuss openly what constitutes professional behaviour, actively contributing to ongoing debate, sharing ideas whilst respecting the views of others.
	u. Effectively, sustainably and safely use resources.
	v. Seek evaluation of own professional performance.
	w. Practise in accordance with current legislation applicable to <i>dietitians</i> and advise others of this.
	x. Act in a manner consistent with the values and priorities of the organisation and profession.

# Dietetic Values and Behaviours


V2 Evidence and Behaviour	Demonstrate the ability to:
 <p>Ability to demonstrate a critical, integrated and applied understanding of evidence-based practice &amp; behaviour.</p>	a. Show the effectiveness of shared decision making and the relationship to the delivery of patient centred care.
	b. Keep up to date through continual professional development and lifelong learning to ensure a safe and competent practitioner through evidence based, knowledgeable personalised care.
	c. Understand the importance of sustainability by focussing on reducing the environmental impacts on the workplace.
	d. Conduct appropriate activities in accordance with best/evidence-based practice recognising conflicts of interests and how to manage it.
	e. Use a detailed knowledge of current theories of human nutrition and clinical dietetics to develop strategies that support safe and effective practice.




# Dietetic Values and Behaviours

V3 Safe & Ethical Practice	Demonstrate the ability to:
 <p>Ability to demonstrate a critical, integrated and applied understanding of evidence-based practice &amp; behaviour.</p>	a. Recognise the need for effective self-management of workload and resources and practise accordingly.
	b. Ensure safe case-load management.
	c. Take personal responsibility for professional decision making, implementing safe practice within their individual scope of practice.
	d. Recognise and work within the limits of their practice, knowing when to seek advice or refer to another professional.
	e. <i>Demonstrate</i> awareness of own limitations knowing when and from whom to seek help, recognising when to use skills available to them and when not to.
	f. Understand and apply the legal and ethical responsibilities of professional practice.
	g. Maintain the standards and requirements for registration and undertake the professional role of the <i>dietitian</i> within their own scope of practice.
	h. Demonstrate awareness of the roles of the statutory and professional bodies in dietetics.


# Dietetic Values and Behaviours

V4 Quality Improvement	Demonstrate the ability to:
 <p>Ability to demonstrate a critical, integrated and applied understanding of quality improvement.</p>	a. Engage in all required change management.
	b. Evaluate individual practice and service delivery to deliver evidence based/informed practice, addressing unexplained variances in service quality and efficiency.
	c. Collect and evaluate evidence of clinical and cost effectiveness routinely to support continuing improvement and <i>innovation</i> in service delivery.
	d. Gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care; as a <i>framework</i> for quality improvement.
	e. Recognise and implement the principles of clinical <i>governance</i> and the applicability of this to their practice as a framework for quality improvement.
	f. Engage in evidence-based practice, evaluate practice systematically, and participate in <i>audit</i> procedures.
	g. Evaluate epidemiology and demographic statistics.
	h. Engage service users and <i>carers</i> in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals.
	i. Contribute to dietetic research projects and audits.


# Dietetic Values and Behaviours

V4 Quality Improvement (Cont.)	Demonstrate the ability to:
 <p>Ability to demonstrate a critical, integrated and applied understanding of quality improvement.</p>	j. Disseminate key messages / ideas fostered through practice supervision in order to benefit the MDT, clients, service users and the public.
	k. Share the findings of evaluation and research with <i>dietitians</i> and other professionals.
	l. Contribute to the development of the profession through <i>audit</i> , use of evidence informed practice, service evaluation and role modelling.
	m. Actively contribute to plans to achieve service goals.
	n. Support plans for services that are part of the strategy for the wider healthcare system, as appropriate.
	o. Monitor the effects and outcomes of change.
	p. Recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public.
	q. Actively contribute to change processes that lead to improving healthcare.
	r. Question the status quo, as appropriate, and its impact on people and services.

# Dietetic Values and Behaviours

V5 Teamworking & Leadership	Demonstrate the ability to:
 <p>Ability to demonstrate a critical, integrated and applied understanding of team working and leadership.</p>	a. Work independently, as well as in teams, to co-ordinate, delegate and supervise care for a designated group of individuals.
	b. <i>Demonstrate</i> initiative in own learning and in the care of others.
	c. Recognise the difference between leadership and management.
	d. Recognise and promote the importance of leadership skills and self-directed learning.
	e. Be confident to challenge the practice of others where appropriate.
	f. Contribute to multi-disciplinary care plans / initiatives.
	g. Work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and <i>carers</i> .
	h. Contribute dietetic advice to a multi-disciplinary team to enhance its effectiveness.
	i. Understand and advocate the role of the <i>dietitian</i> in primary, secondary and tertiary healthcare settings, and other statutory agencies.

# Dietetic Values and Behaviours

V5 Teamworking & Leadership (Cont.)	Demonstrate the ability to:
 <p>Ability to demonstrate a critical, integrated and applied understanding of team working and leadership.</p>	j. Recognise and value the central role of the service user in the MDT.
	k. 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.
	l. Foster strong working relationships with members of the MDT, including colleagues and external organisations.
	m. Delegate activities to other members of the nutrition dietetic team appropriately and, if required, the wider healthcare team.
	n. <i>Demonstrate</i> appropriate leadership skills.
	o. Act in accordance with the national health and social care leadership policy guidance.

# 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 (2018)

*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).

## Entry requirements for pre-registration programmes leading to registration:

Applicants must satisfy the following entry requirements for approved courses:

- Applicants will usually have qualifications in biology and chemistry at advanced level where learners take A-levels or the national equivalent.
- 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.
- Candidates are usually expected to have GCSE at Grade 4 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.*

# BDA Expectations for Education and Training Programmes

## English Level 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.'<sup>10</sup>

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 learners 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.

# BDA Expectations for Education and Training Programmes

## Accreditation of Prior Learning

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

Other admission requirements:

- The *HCPC SET* states 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.



# BDA Expectations for Education and Training Programmes

## 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, skills, values and behaviour 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.

Learners must obtain at least 40% in each module. In addition, learners 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.*

# BDA Expectations for Education and Training Programmes

Learners 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, learners 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 learners, who it is expected will have completed this exercise within their undergraduate programme.

# Practice-based Learning

Practice based learning should reflect the breadth of knowledge, skills, values and behaviours defined in the *curriculum*. It is expected that periods of practice-based learning will be integrated with periods of academic education so that the learners 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.

*Interprofessional learning* on practice-based learning is encouraged and wherever possible incorporated in to the learning experience. The historical pattern of three practical practice based learning remains valid but it is recognised that *HEIs* may wish to operate different practice based learning configurations in order to manage local situations, whilst ensuring compliance with the UK *HCPC* Standards of Proficiency.

In order to allow flexibility in practice based learning provision, the guidelines below should be followed:

Learners will usually be expected to undertake not less than 1000 hours of practice based learning. Practice based learning undertaken within the HEI environment may include pre-practice preparation. It is expected that HEIs will innovate in terms of practice based learning [e.g. clinical simulation, Technology Enabled Care Services (TECS) and Public Health). Please note that the use of clinical simulation in relation to PBL should not exceed 350 hours. Practice based learning should be integrated with academic learning and should include practice-based learning in the workplace.

# Practice-based Learning

At least one practice-based learning should be of sufficient length to enable continuity of learning and *demonstrate* consistency of performance and case load management in a clinical setting.

This practice-based learning should usually be:

- not less than 350 hours long, and
- undertaken on a continuous, full or part time, basis within the programme

Programmes which include an extended academic period after the final practice based learning should demonstrate how competence to practise is maintained until the point of graduation.

Other professionals or support workers with the necessary training can provide evidence of competence relating to a non-specialist competence as can *dietitians* with less responsibility within services. However, the final assessment should be undertaken by a dietitian in a leadership role within the organisation such as a professional lead or head of service. Different models of supervision, and approaches such as peer assisted learning, are acceptable.

Practice-based learning sites should reflect the breadth and diversity of the working environments of entry-level dietitians. This may include research, public health, industry, third sector.

# Practice-based Learning

## Repeat practice-based learning

Learners should usually be allowed to extend or repeat not more than 500 hours (or 50% of the total standard hours) of practice-based learning.

Any designated period of practice-based learning may usually only be repeated once.

Learners absent from practice-based learning 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 learner absence should be made available from practice-based learning sites.

## Practice-based learning provision

- All practice-based learning will be approved and the quality actively monitored by the HEI.
- In all practice-based learning, overall responsibility for the supervision and assessment of learners will be undertaken by a named dietetic practice *educator*. This *dietitian* will be responsible for the final assessment of the learner.
- 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.

# Practice-based Learning

- Appropriately qualified health and social care professionals can participate in learner practice based learning and may assess and provide evidence of achievement of particular practice based learning outcomes.
- Dietetic support workers may participate in assessment and provide evidence of achievement of particular practice-based learning outcomes.
- Usually the *HEI* will ensure consistency of documentation and assessment tools for the group of practice learning providers with whom their learners 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 learner 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 must ensure that they have a process in place which enables learners 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 learners, learner 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.

# Roles & Responsibilities

Many health-related professional and regulatory bodies produce responsibility statements, in order to clearly focus on the activities which, comprise the training of learners in the profession. This is particularly important as there is a joint responsibility to ensure the safety and well-being of service users and clients, the public and all those who come into direct contact with the learner body.

The documents Tomorrow's Doctors 2009 (GMC) and Helping Students Get the Best from their Practice Placements (RCN), 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 learner 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 (HEI - course providers)
- Practice *Educators* (at practice-based learning sites)
- The learners themselves

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



## 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.



# Roles & Responsibilities

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

# Roles & Responsibilities

- 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 learners, stakeholders and the public to information about careers in dietetics, relevant policy and educational standards, pre-registration *education providers* and *HCPC* registration criteria
- Maintaining continuous consultation with dietitians, medical and healthcare professionals, programme providers, learners, 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

## 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 practise*. 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 available.

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 ([hcpc-uk.org](http://hcpc-uk.org)). The SOP describe the threshold (minimum) standards expected of a graduate dietitian.

# Roles & Responsibilities

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 (*HEIs*) 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
- Ensuring that learners are provided with a robust education and training programme which allows them to 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
- Maintains an up to date record of programmes that satisfactorily *demonstrate* compliance with the *HCPC* standards

## Education commissioners

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 in order to meet anticipated future demand. Approaches to the commissioning of dietetic training practice-based learning (learners) varies depending on the country of origin in the UK.

## 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, the Quality Code 2018 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'.

## Higher Education Institutions (programme providers)

### HEIs are responsible for:

- Prioritising the protection of service users, clients and members of the public by minimising risk of harm to anyone as a result of pre-registration training of their dietetic learners
- 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 learners 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 learner
- Selecting learners for admission in an equitable and robust manner. Making every effort to ensure that only learners who *demonstrate* the capacity to become registered professionals succeed under the *HEI* recruitment processes
- Providing robust academic, welfare and general support to learners
- Providing feedback to learners about their academic performance and *dietetic skills* and expertise
- Providing support and training to practice *educators*
- Adequately preparing learners in advance of practice-based learning including required professional behaviours and attitudes expected in a work environment

# Roles & Responsibilities

- Giving learners 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*
- Ensuring that there are mechanisms in place to enable learners to raise concerns regarding service user safety or the conduct/professionalism/fitness to practise of staff (both University and practice-based learning based) and fellow learners

## 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.

- 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.



# Roles & Responsibilities

- 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 learner ratios, it would be expected that a minimum of one full-time equivalent registered *dietitian* be employed for every 12 learners for each year of the course on a continuous basis. 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 (e.g. service user representatives, *carers*, health professionals and practising dietitians) in the development of dietetic programmes. Membership of the *BDA* provides opportunity for networking and sharing innovative practice between HEIs.

## Practice Educators

### Practice Educators are responsible for:

- Providing learners with adequate facilities, supervision and access to clients/service users 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 learner *dietitians* to a standard commensurate with the relevant *HCPC* / *BDA* standards
- Carrying out internal quality assurance of learner practice-based learning 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 learners to raise concerns regarding service user safety or the conduct/professionalism/*fitness to practise* of practice *educators* or fellow learners
- Maintaining 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 learner
- Ensuring that the role of the practice educator is valued within the organisation.

## Dietetic Learners

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

Therefore: learners are responsible for:

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

## A

Term	Definition
<b>Ability</b>	The fact that somebody/something is able to do something.
<b>Actor-network theory</b>	Actor–network theory is an approach to social theory where everything in the social and natural worlds exists in constantly shifting networks of relationships. This is a theoretical approach that works by seeing dietitians and patients as acting out specific roles in relation to each other.
<b>Advocacy</b>	Public support for or recommendation of a particular cause or policy.
<b>Allied Health Professionals (AHPs)</b>	Allied Health Professionals: comprise of 14 distinct occupations including: art therapists, <i>dietitians</i> , dramatherapists, music therapists, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, physiotherapists, podiatrists, prosthetists and orthotists, diagnostic and therapeutic radiographers, and speech and language therapists. They provide high quality care to patients and clients across a wide range of care pathways and in a variety of settings that include, hospitals, community, the independent and charitable sectors and schools. They work in health promotion to prevent accident or illness; they are active in treatment and rehabilitation and they promote self-help and independence. <sup>[HEE 2020]</sup>
<b>Audit</b>	An official examination of records and the production of a report summarising the findings.
<b>Autonomous Practice</b>	The ability to assess a professional situation and address it appropriately with the relevant <i>dietetic knowledge</i> and experience, acting in accordance with one's professional knowledge base. It also includes the ability to make reasoned decisions, to be able to justify these decisions and accept personal responsibility for all actions <sup>[HCPC, 2013]</sup>

# Glossary

## B

Term	Definition
<b>BDA</b>	British Dietetic Association - Professional Association and Trade Union for <i>Dietitians</i>
<b>Biomedical</b>	Relating to how biology affects medicine

## C

Term	Definition
<b>Carer</b>	A <i>carer</i> is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support <sup>[NHS England]</sup>
<b>Clinical Settings appropriate for practice based learning</b>	A place where consultations regarding diagnosis and treatment occurs [e.g. GP Practice, Acute and Community Care settings and Social Care).
<b>Competency</b>	An integration of knowledge, understanding, and subject-specific skills and abilities used by an individual to function according to the demands that are put upon them in the specific dietetic context.
<b>Continuing Professional Development</b>	The way in which an individual continues to learn and develop throughout their career, including during their pre-registration programme. <i>CPD</i> is essential and evolves skills, knowledge, professional identity a professional conduct so that individuals stay up to date and practise safely and effectively <sup>[Broughton and Harris, 2019]</sup> .
<b>Critical</b>	Used in the curriculum to mean crucial, absolutely necessary
<b>Curriculum</b>	A structured document which describes the learning outcomes, educational methods and assessments for each component of the pre-registration programme. It provides specific learning to support learners' knowledge, skills, values and behaviour and associated learning experiences.

## D

Term	Definition
<b>Demonstrate</b>	To show something clearly by giving proof or evidence
<b>Dietitian</b>	Dietitians are qualified and regulated health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public-health level. They 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.
<b>Dietetic knowledge</b>	Dietetic knowledge is an understanding that is mental or theoretical, and that underpins practice. Knowledge can be acquired through sources such as books, teaching, experience or observation. Learners must recognise nutritive, biomedical, psychological and social science principles of nutrition and dietetics in health and disease, and be able to integrate and apply these principles to the care of service users. They must understand the service user journey through the full range of health and social care settings.
<b>Dietetic outcome</b>	A measured change/resolution of the nutritional 'problem' at the end of treatment. This could include, but is not limited to health, for example, the problem could be knowledge or behaviour focused.
<b>Dietetic skills</b>	Having knowledge of how to do something does not necessarily mean that you can do it. Skills are the practical application of knowledge required to proficiently practice Dietetics. Skills are learnt through training or experience and are expressed in the workplace context through performed tasks and duties. Learners and graduate <i>dietitians</i> must be able to <i>demonstrate</i> appropriate skills required to practice in clinical and other professional settings.

## D

Term	Definition
<b>Dietetic values and behaviours</b>	Dietetic values and behaviours are mind-sets, attitudes or approaches required for competence across the profession. Professional values relate to those that conform to the requirements of a professional setting. Behaviours can be transferable across all competency levels, meaning that they may be more similar across all levels from graduate to expert, than knowledge and skills. Learners and graduate dietitians should be able to demonstrate appropriate personal and professional values and behaviours. They must keep to HCPC ethical guidance and standards and the guidance below, which together describe what is expected of all registered dietitians.
<b>Domain</b>	An area of knowledge or activity.
<b>Duty of candour</b>	The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. It applies to all health and social care organisations registered with the regulator, the Care Quality Commission (CQC) in England. [CQC, 2020]

## E

Term	Definition
<b>Education provider</b>	The awarding body that delivers or oversees a dietetic pre-registration programme. <i>Education providers</i> may also be known as 'higher education institutions' (HEIs) or 'universities'.
<b>Educator</b>	An individual with the relevant specialist knowledge and expertise, employed or engaged by an <i>education provider</i> to teach the dietetic pre-registration programme.
<b>E-Health</b>	The use of technology in clinical settings
<b>Employer</b>	A public, independent, private or third sector organisation that employs people to undertake a specific role with legal and contractually acceptable terms and conditions.
<b>End point assessment</b>	An independent assessment at the end of the apprenticeship pre-registration programme, to assess whether the learner has achieved competence and is eligible to be conferred an award leading to eligibility to apply to register as a <i>dietitian</i> with the HCPC.
<b>Evidence based practice</b>	Interpreting individual clinical expertise with the best available external clinical evidence from systematic research.

## F

Term	Definition
<b>Fitness for practise</b>	An amalgamation of many factors contributing to the preparedness of an individual to confidently enter their chosen clinical profession with appropriate and expected levels of capacity, capability and expertise.
<b>Framework</b>	A basic structure underlying a system, concept, or text.



## G

Term	Definition
<b>Governance</b>	The policies, processes and monitoring arrangements that make sure that a programme is well run.
<b>Graduate</b>	An individual who has successfully met the pre-registration programme requirements of their <i>education provider</i> and has been conferred the associated award.

## H

Term	Definition
<b>Health and Care Professions Council (HCPC)</b>	The regulating body in the United Kingdom established to protect the public by regulating a range of health and care professions, including dietetics.
<b>Higher Education Institute (HEI)</b>	Higher Education Institute
<b>Holistic</b>	Relating to the whole thing rather than just a part. In a health and social care setting this means having a concern for the whole person, where body and mind are linked.
<b>Health Professions Council</b>	The HCPC pre 2012.

# Glossary

I

Term	Definition
<b>Industry</b>	People or organisations involved in producing a particular product/service.
<b>Innovation</b>	The use of a new idea or method.
<b>Interprofessional (learning)</b>	Learners from different professions actively participating to learn with, from and about each other. The anticipated outcome of interprofessional learning is the development of a working culture of effective collaboration and integration of care across agencies, sectors and professions within and beyond the health, wellbeing, social and integrative care systems.
<b>Integrated</b>	In which many different parts are closely connected and work successfully together.

L

Term	Definition
<b>Leadership</b>	Providing a strategy, vision or direction for a programme or service.
<b>Learner</b>	An individual enrolled onto a dietetic pre-registration education programme whether full time or less than full time.
<b>Lifelong learning</b>	Formal and informal learning opportunities that allow you to continuously develop and improve the knowledge and skills you need for employment and personal fulfilment. <small>(Broughton and Harris 2019).</small>

M

Term	Definition
<b>Multi-disciplinary Team Meeting (MDT)</b>	Different health and social care professionals who meet together to discuss the diagnosis and treatment of service users.

# Glossary

## N

Term	Definition
<b>Non-clinical setting for practice-based learning</b>	Typically this includes settings in industry, research, public health, voluntary sector.
<b>Nutrition</b>	The process by which living things receive the food necessary for them to grow and be healthy.
<b>NHS - National Health Service</b>	National Health Service.

## O

Term	Definition
<b>Outcome (dietetic)</b>	A measured change/resolution of the nutritional 'problem' at the end of treatment. This could include, but is not limited to health, for example, the problem could be knowledge or behaviour focused.
<b>Outcome (health)</b>	A change in the health status of an individual, group or population which is attributable to a planned intervention.

## P

Term	Definition
<b>Person-centred</b>	Focusing care on the needs of the person rather than the needs of the service.
<b>Positivist paradigm</b>	A philosophical system which recognises only objective scientific facts as true.

## P

Term	Definition
<b>Practice educator</b>	A registered dietitian with overall responsibility for facilitating the education of the learner dietitian whilst they are on practice-based learning. This individual is likely to hold responsibility for signing off competency and assessment criteria, based upon the standards produced by the education provider and relevant professional body, although it is recognised that local models of delivery and assessment will apply.
<b>Practice based learning</b>	The period(s) of study and activities undertaken by learners as a formal element of their dietetic pre-registration training whilst in the practice-based learning environment. This allows learners to apply and practise their newly acquired knowledge and skills in a safe environment.
<b>Practice based learning provider</b>	The service, organisation or business hosting learners during their practice-based learning.
<b>Preceptorship</b>	Preceptorship should enable the <i>dietitian</i> to confidently apply the knowledge and skills acquired as a learner, to their practice, and will also provide the basis for life-long learning. Preceptorship should be built upon the premise that newly qualified <i>dietitians</i> are autonomous practitioners and should not undermine this.
<b>Pre-registration</b>	A dietetic programme of study, approved by the HCPC leading to eligibility to apply for registration as a dietitian with the HCPC.
<b>Professionalism</b>	Implies that a person demonstrates capability in their skills and knowledge which is informed by the philosophy, values and ethical dimensions of dietetic practice.
<b>Professional and Statutory Regulatory Bodies [PSRB]</b>	External bodies which formally accredit, approve and recognise university programmes, setting standards for and regulating entry into particular professions.
<b>Public Health</b>	Organisations which exist to protect and improve the nation's health and wellbeing, and reduce health inequalities.

# Glossary

## Q

Term	Definition
<b>Quality Assurance Agency for Higher Education [QAA]</b>	Independent body entrusted with monitoring and advising on standards and quality in UK higher education.

## R

Term	Definition
<b>Reasonable adjustments</b>	Where a learner requires reasonable adjustment related to a disability or adjustment relating to any protected characteristics as set out in the equalities and human rights legislation.
<b>Research</b>	The detailed study of a subject in order to discover new information or reach a new understanding.

## S

Term	Definition
<b>Scope of practice</b>	The areas in which a registrant has the knowledge, skills, values, behaviours and experience necessary to practise safely and effectively.
<b>Service user</b>	A broad term to refer to anyone who uses, or is affected by the services of dietitians or learners (directly or indirectly).
<b>Simulation</b>	Simulation is a technique (not or a tool, or technology) to replace, augment or amplify reality with guided experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world, in an interactive fashion <sup>[Gaba 2004]</sup>
<b>Standards of Education and Training (SET)</b>	HCPC Standards of Education and Training.
<b>Standards of Proficiency (SOP)</b>	HCPC Standards of Proficiency.

# Glossary

## S

Term	Definition
<b>Sociological paradigm</b>	Philosophical systems which recognises how individuals construct truths subjectively and relationally as well as recognising the different ways in which society functions.
<b>Supervision</b>	A professional relationship which involves the act of watching an individual or activity and making certain that everything is done correctly, safely, etc.
<b>Sustainability</b>	The use of natural products and energy in a way that does not harm the environment

## T

Term	Definition
<b>Technology Enabled Care Services (TECS)</b>	Technology enabled care services refers to the use of telehealth, telecare, telemedicine, telecoaching and self-care in providing care for patients with long term conditions that is convenient, accessible and cost-effective. <small>[NHS England, 2020]</small>

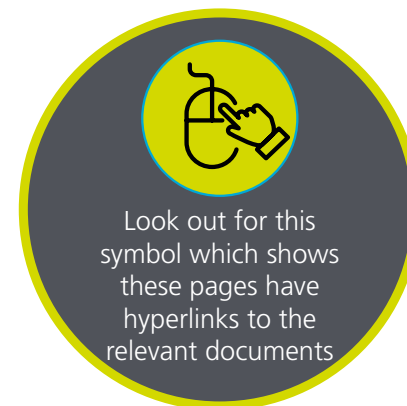
## U

Term	Definition
<b>Understanding</b>	Perceive the intended meaning of.
<b>Usually</b>	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 <i>BDA</i> would seek explanation regarding the alternative strategies implemented by the HEI in order to meet the accreditation requirements.

## W

Term	Definition
<b>Wider systems</b>	Any organisation that supports, resources or governs the health and social care workforce, e.g. UK administrations, professional bodies and associations, trade unions, other service providers and regulators.

# Links to key documents



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## **British Dietetic Association (2020) Outcomes**

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## **British Dietetic Association (2020), Post-registration Professional Development Framework**

<https://www.bda.uk.com/practice-and-education/nutrition-and-dietetic-practice/professional-guidance/workforce.html>

## **British Dietetic Association (2020)**

<https://www.bda.uk.com/about-dietetics.html>



# Links to key documents

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Coming soon

## **Health and Care Professions Council. (2016) Standards of conduct, performance and ethics.**

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