

1. Introduction and Who Guideline applies to

- 1.1** The Dietetic and Nutrition Service employs Dietetic Assistants (DA) and Dietetic Assistant Practitioners (DAP) within University Hospitals of Leicester NHS Trust (UHL Trust) working as part of the adult and paediatric dietetic clinical teams. This guideline outlines their roles and responsibilities. This guideline also provides a clear overview of roles and responsibilities of the Supervising Dietitian, Line Manager and Caseload Supervisor, relating this to the Trusts Appraisal Process and Values. The service intends to recruit Dietetic Assistant Practitioners in 2024 as part of an Apprenticeship Programme where local Universities have opened up their post graduate part time masters degree programme.
- 1.2** A DA delivers dietetic care, and performs tasks delegated by a registered Dietitian. The DA works within an agreed scope of practice under the close direction or supervision of a registered Dietitian, within relevant legal and ethical frameworks using British Dietetic Association and Skills for Health national guidance and in accordance with Trust policies and procedures. They will have the underpinning knowledge, skills and assessed level of competence to undertake such a role as stated in the Skills for Health national guidance, and be educated to Level 3 or equivalent and employed at a minimum of Band 3.
- 1.3** A DAP delivers dietetic care with a level of knowledge and skills beyond that of traditional DA. They would be able to deliver elements of delegated dietetic care and undertake work in domains that have previously only been within the remit of registered Dietitians. The DAP works within an agreed scope of practice under the direction or supervision of a registered Dietitian within relevant legal and ethical frameworks and in accordance with Trust policies. They would have the underpinning knowledge and assessed competence to undertake such a role, and be educated to Foundation degree or equivalent and employed at a minimum of Band 4.
- 1.4** This guideline applies to all DA and DAP's employed within UHL Trust as a supervisee.
- 1.5** This guideline applies to all registered Dietitians employed within the UHL Dietetic and Nutrition Service.

2. Guideline Standards and Procedures

- 2.1 DA clinical duties delegated by registered Dietitian may include:**
 - a) Triage of inpatient referrals by obtaining more clinical information eg by telephone, visiting the ward
 - b) Undertaking basic nutritional screening with inpatients and outpatients including telephone reviews
 - c) Undertaking dietetic nutritional reviews with inpatients and outpatients (Face to face, video and telephone) post discharge
 - d) Undertaking anthropometric measurements using specialist equipment such as weighing scales, callipers and hand grip eg weight, height, body mass index, mid upper arm circumference, ulna length, tricep skinfold and hand grip strength for dietetic nutritional assessment purposes or collecting information from records eg weight
 - e) Calculating and monitoring oral food intake eg from food record charts and discussing nutritional intake with patients and carers directly and any barriers preventing them from meeting the nutritional care plan goals

- f) Collating pathology results e.g. biochemistry, haematology, immunology from IT systems e.g. ILAB, ICE
- g) Documenting in medical case notes and nursing notes as part of the nutritional assessment the patients food and fluid intakes including estimated energy/calorie and protein intakes as part of nutritional assessment reviews
- h) Documenting observations from nursing notes including temperature, urine output and bowel function as part of the nutritional assessment reviews
- i) Completing food diary analysis using relevant computer packages eg Nutritics
- j) Input to the appropriate IT systems to inform on patient care eg Nerve Centre
- k) Providing basic dietary advice eg food first for nutritional support, diabetes
- l) Ordering individual inpatient therapeutic diet meals from Catering Patient Services that cannot be provided by standard or support menus after nutritional assessment eg allergy meals
- m) Assist in discharge planning of inpatients and decision making on follow up arrangements
- n) Support discharge communication eg ICE letters to GP and patient nb these must be countersigned by registered Dietitian
- o) Coordinate supply of enteral feeding pumps to wards /units and oversee the 2 yearly block exchange programme for the UHL Trust
- p) Preparing resources for patients eg education packs for delivery of structured patient education group sessions eg coeliac, diabetes
- q) Preparing resources for health care professionals eg ward displays for health care professionals, patients and relatives/carers at ward/unit level such as nutrition and wound care
- r) Conduct patient experience projects eg taste trials of a new oral nutritional supplement
- s) Support undergraduate dietetic students on clinical placement eg induction as requested by Programme Training Lead
- t) Maintain clinical nutrition and diet product files eg electronic and organise company representative meetings with clinical dietetic teams eg new product launch after discussion with Speciality Dietetic Lead.

2.2 DAP clinical duties in addition to above:

- a) Complete the patient's initial nutrition and dietetic assessment using the British Dietetic Association Process : Anthropometric, Biochemistry, Clinical, Diet, and Estimated nutritional requirements data.
- b) Use and interpret clinical nutritional assessment data
- c) Monitoring patients with long term conditions eg defined caseload in diabetes, cystic fibrosis, cancer as inpatients and or outpatients
- d) Monitoring nutritional status of inpatients in specialist units eg brain injury unit, neuro rehab unit
- e) Monitoring nutritional status of day case patients eg chemotherapy, radiotherapy, haematology day case ward attenders
- f) Monitor home enteral fed patients on wards/units, in clinics or via telephone reviews as part of a defined care pathway eg cancer
- g) Assist in the discharge of enterally fed inpatients eg patient/carer enteral feeding pump and PEG care training

- h) Planning and delivering patient education sessions eg nutritional support session to cancer patients in chemotherapy suite
- i) Planning and delivering health care professional sessions eg nutrition and diet to health care assistants or housekeepers
- j) Participate in service improvement projects eg clinical audit and service evaluation projects eg patient satisfaction ensuring patient involvement

2.3 DA and DAP areas of professional responsibility:

- a) Report back to the registered Dietitian on a daily basis regarding the delegated patient caseload
- b) Communication skills including maintaining accurate records according to Trust policy
- c) Work autonomously on specific projects as agreed with the registered Dietitian
- d) Maintain effective communication with multidisciplinary team members
- e) Develop, design and produce nutrition and diet resources eg diet sheets, displays, handouts ensuring patient involvement
- f) Participate in the collection, collation, analysis, evaluation and administration of data for service improvement eg audit or service evaluation purposes
- g) Develop, organise and maintain effective office systems eg shared drive catering information
- h) Participate in dietetic service meetings, MDT meetings, ward rounds, board rounds
- i) Ensure patient activities delivered are recorded on Tiara and HISS

2.4 In addition the DAP will also:

- a) Manage own caseload /workload as delegated by the registered Dietitian
- b) Work under own initiative
- c) Work autonomously on specific projects as agreed with the registered Dietitian

2.5 Suitability criteria for patients to be reviewed for the DA

- a) Patients who are on therapeutic diets as indicated by medical referral e.g. allergy, diabetes, renal, liver, gastro diets.
- b) Patients who require oral nutritional support either using food first, non prescribable oral nutritional supplements eg Aymes Shakes, soups and smoothies or prescribable oral nutritional supplements eg Fortisip Compact Protein previously prescribed by the registered Dietitian. If the DA identifies the need for the prescription oral nutritional supplement to be changed either dose and or product the need for the prescription to be changed must be undertaken by the registered Dietitian.

2.6 Patients not suitable for review by a DA or a DAP

- a) Patients on enteral tube feeds
- b) Patients on parenteral nutrition
- c) Patients with unstable biochemistry, which would be affected by dietary treatment
- d) Patients at risk of refeeding syndrome
- e) Adult patients with safeguarding issues when identified. When suspected the DA or DAP must report back immediately to the registered Dietitian.

- f) Adult patients with learning disabilities where mental capacity and best interests assessments are required.
- g) Patients with presentation of high clinical risk e.g. unexplained weight loss, high output stoma, extremely low BMI <14 kg/m², step down patients from AITUs.
N.B. Dietetic Assistants should still measure anthropometry, collate information such as biochemistry and order therapeutic meals for the above patients under the supervision of the registered Dietitian.

Whatever task the DA or DAP commits to, they must constantly be aware of their individual scope of practice, and practise within this.

2.7a Supervising Dietitians

- a) The supervising Dietitian alongside the DA or DAP must undertake a personal risk assessment in relation to their job role as part of the overall assessment. When there is uncertainty on an individual patient basis, the DA or DAP must ask themselves key questions before proceeding.
 - Is the patient safe?
 - Am I safe?
 - Can I justify the decision I have made during the assessment eg research, evidence, standards all been considered?
 - Can I identify the most appropriate approach for the patient?
 - Do I have the correct balance of knowledge, skills, assessment and experience to be competent?
- b) The role of the supervising registered Dietitian is to ensure that all required information is gathered, to check the accuracy of the information, and to review and interpret the information to inform on whether the patient is meeting the dietetic nutrition care plan or if the care plan needs to be revised.

2.7b The Supervising Dietitian will:

- a) Complete the patient's initial dietetic assessment using the British Dietetic Association Process: Anthropometric, Biochemistry, Clinical, Diet and Estimated Nutritional Requirements data.
- b) Calculate the patients' individual nutritional requirements.
- c) Determine with agreement the individual patients nutritional care plan – initial and on-going treatment plan and discharge plans.
- d) Brief the DA or DAP on specific information required from inpatient or telephone reviews.
- e) Check patients' pathology results eg biochemistry as frequently as deemed necessary prior to DA or DAP review.
- f) Determine whether the patient is suitable to be reviewed by the DA or DAP. The DA or DAP must ensure there is daily feedback to the Dietitian whose patient they are reviewing to ensure any queries or hand over of care can be addressed.
- g) Ensure that the DA or DAP daily tasks are completed competently and in a timely fashion.
- h) Countersign all report letters to patients, GPs and Consultants written by the DA or DAP.
- i) Ensure compliance with Trust documentation standards.

2.8 The Line Manager for the DA or DAP will:

- a) Ensure local induction is completed and a new starter appraisal is undertaken as per Trust Policy.
- b) Ensure all statutory and mandatory training is up to date and essential to role training is undertaken.
- c) Ensure a baseline of current knowledge, skills and competency is undertaken to inform on an individual training and education programme.
- d) Ensure monthly contact 1 to 1 meetings take place, six monthly review of appraisal objectives and an annual appraisal are undertaken.
- e) Ensure the DA or DAP has a nominated 1 to 1 caseload supervisor who is a Band 5 Dietitian or above.
- f) When new in post, all medical note entries and nursing notes entries must be counter signed by a registered Dietitian, until the DA or DAP is deemed competent within the role.

2.9 The Caseload Supervisor will:

- a) Check processes and systems are followed e.g. issues are addressed, queries can be discussed, policies e.g. documentation policy is adhered to, all relevant patients are being triara'd, help solve on-going issues, e.g. with catering.
- b) Ensure 1 to 1 caseload management meetings take place at least fortnightly in the first year of employment and can be reduced after that to a timescale felt appropriate by the DA/DAP and the registered Dietitian.

3. Education and Training

- 3.1 The following frameworks should be used as a basis to develop a local specific education programme for all new post holders as part of training and education and assessment of competency in a portfolio.

NHS Health Education England Allied Health Profession's Support Worker Competency, Education and Career Development Framework, Oct 2021.

Skills for Health have also identified a Higher Level Apprenticeship Framework for Assistant Practitioners in Healthcare which can be used as a baseline for identifying the skills required to perform at an DAP level. To become a DA or DAP there is a number of training needs that will need to be addressed. Not all of these will be applicable to all DA roles.

Further qualifications that are in existence which may be included as part of a portfolio of education and training for DSWs'/DA's and those working towards DAP level include:

- British Dietetic Association CPD modules for DSW's/DA's
- Open College Network Courses (at level 3 and 4)
- Diploma of Higher Education

At present none of the above qualifications will by themselves lead to a level 4 DAP role.

- 3.2 There will be a requirement for all new staff employed as a DA or DAP to complete the Care Certificate and to undertake ongoing learning as part of the apprenticeship framework
- 3.3 DAs and DAPs should access a support structure and training to provide a clinical supervision role eg Facilitation of Learning Module, Nottingham University.
- 3.4 Foundation degree programmes will lead to a stand-alone qualification at level 5 of the National Qualifications Framework. As a stand-alone qualification, the foundation degree is one of the possible qualifications for a level 4 post in the NHS Career Framework, particularly the DAP role.

- 3.5 Registered Dietitians should also access training in assessment to be able to provide a qualified assessor role.
- 3.6 DAs and DAPs will be required to attend all statutory and mandatory training as per UHL Trust Policy. It is their responsibility to book on the training via HELM – the health education learning management portal. It is the responsibility of the line manager to ensure that time is allowed to go on training.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Training records in CPD Portfolio for new post holders	1 to 1 contact meeting with line manager to review evidence	Line manager	Monthly	Report to Dietetic manager
Ongoing training records in CPD Portfolio	1 to 1 contact meeting with line manager to review evidence	Line manager	Monthly	Report to Dietetic manager
Clinical Supervision x 4 per year	Annual Appraisal	Line manager	Yearly	Report to Dietetic manager
Risk management eg incidents, complaints, coroners inquests involving support staff	Team meetings section on lessons learnt	Dietetic Manager	Monthly	Report to CSI Q&S

4. Supporting References

Framework, 2014 (Mapped to Skills for Health National Occupational Standards and NHS Simplified Knowledge and Skills Framework Core and Specific Dimensions)

NHS Health Education England Allied Health Profession's Support Worker Competency, Education and Career Development Framework, Oct 2021.

6. Key Words

Dietetic Assistant, Dietetic Assistant Practitioner

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Cathy Steele, Head of Service: Dietetic and Nutrition Service	Executive Lead Cathy Steele, Head of Service: Dietetic and Nutrition Service
<p>Details of Changes made during review:</p> <p>October 2020</p> <p>Minor alterations made to document :</p> <ul style="list-style-type: none"> - Consistent use of abbreviations - Transferred to new guideline template - Include reference to apprenticeship framework <p>September 2023</p> <ul style="list-style-type: none"> - Changed title - Referenced British Dietetic Association Process - Updated with NHS Health Education England Allied Health Profession's Support Worker Competency, Education and Career Development Framework, Oct 2021. 	

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