1. Introduction and Who Guideline applies to

1.1 The Dietetic and Nutrition Service employs Dietetic Support Workers (DSW) / Dietetic Assistants (DA) within University Hospitals of Leicester NHS Trust (UHL Trust) working as part of the adult and paediatric dietetic clinical teams. Historically, the service has also employed a Dietetic Assistant Practitioner (DAP) therefore the roles and responsibilities of a DAP are also explained within this document. The service intends to recruit Dietetic Assistant Practitioners in 2021 as part of an Apprenticeship Programme when a local University has opened up their masters degree programme.

1.2 A DSW / DA delivers dietetic care, and performs tasks delegated by a registered Dietitian. The DSW / 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 British Dietetic Association and 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 DSW / 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 is to give a clear overview of roles and responsibilities of the DSW / DA and DAP and of the responsibilities of the Supervising Dietitian, Line Manager and Caseload Supervisor, relating this to the Trusts Appraisal Process and Values.

1.5 This guideline applies to all DSW / DA and DAP’s employed within UHL Trust as a supervisee.

1.6 This guideline applies to all registered Dietitians employed within the UHL Dietetic and Nutrition Service.

2. Guideline Standards and Procedures

See British Dietetic Association Dietetic Support Worker and Assistant Practitioner Roles, updated 2014 for more details.

2.1 DSW / 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 including telephone reviews post discharge

d) Undertaking anthropometric measurements using specialist equipment such as callipers and hand grip eg weight, height, body mass index, mid upper arm circumference, 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 food record charts and discussing nutritional intake with patients directly and any barriers preventing them from meeting the nutritional care plan goals
f) Collating pathology results eg biochemistry, haematology, immunology from IT systems eg 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 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

2.2 DAP clinical duties in addition to above:

a) Complete the patient’s initial nutrition and dietetic assessment using 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 DSW / 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

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 DSW / 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 Complan or prescribable oral nutritional supplements eg Fortisip previously prescribed by the registered Dietitian. If the DSW / 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 DSW / 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 DSW / DA or DAP must report back immediately to the registered Dietitian.

f) Patients with presentation of high clinical risk e.g. unexplained weight loss, high output stoma, extremely low BMI <14 kg/m².
N.B. Dietetic Assistants could 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 DSW/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 DSW / 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 DSW / 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 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 ongoing treatment plan and discharge plans.

d) Brief the DSW / 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 DSW / DA or DAP review.

f) Determine whether the patient is suitable to be reviewed by the DSW / DA or DAP. The DSW / 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 DSW / 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 DSW / DA or DAP.

i) Ensure compliance with Trust documentation standards.
2.8 The Line Manager for the DSW / 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 meetings take place, six monthly review of appraisal objectives and an annual appraisal are both undertaken.

e) Ensure the DSW / 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 DSW / DA or DAP is 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 tiara’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 DSW / DA/DAP and the registered Dietitian.

3. Education and Training

3.1 Nationally, there is a wide variation in the qualifications required to become a DSW/DA or DAP, and below are just some of the potential areas that could be explored to provide a framework for education and training and set standards for competence. The training undertaken should link with National Occupational Standards. These will also depend on what role is to be undertaken.

3.2 In the post-Francis, era, there is a drive across the UK to improve governance structures pertaining to the support workforce. This relates to healthcare assistants and includes allied health professionals support staff. Part of such quality assurance initiatives is the need to provide support workers with formal training structures through which to progress their careers, both within the Level 1 - 4 NHS structure and beyond.

3.3 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.

- British Dietetic Association Dietetic Support Worker and Assistant Practitioner Roles, updated 2014
- British Dietetic Association Dietetic Support Worker and Assistant Practitioner Competency Framework, 2014 (Mapped to Skills for Health National Occupational Standards and NHS Simplified Knowledge and Skills Framework Core and Specific Dimensions)
- British Dietetic Association Assistant Practitioner Curriculum and Capability Framework, July 2014. This curriculum aims to differentiate the competencies required for the Level 4 DAP role from those expected of a Level 3 DSW/DA role. It is also imperative that the remit of the DAP be understood as distinct from the entry level Dietitian, both in terms of academic knowledge and scope of practice, the clear differentiation being the autonomy of practice of the registered Dietitian. The Curriculum Framework offers a curriculum for DAPs in terms of expectations of learning required to be competent in the post. It
identifies the knowledge components, which can be divided into three core units of study:

1. Nutrition and Nutrition Support
2. Underpinning Sciences
3. Ethical Practice and the Health and Social Care Environment

- 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 DSW / 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.

3.4 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.

3.5 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.

3.6 Registered Dietitians should access a support structure and training to provide a clinical supervision role eg Facilitation of Learning/Clinical Supervision Masters Module, Nottingham University.

3.7 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.

3.8 Registered Dietitians should also access training in assessment to be able to provide a qualified assessor role.

3.9 DSW’s / 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

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

British Dietetic Association Career Framework, 2013
British Dietetic Association Curriculum Framework for the Pre-registration Education and Training of Dietitians, 2013
British Dietetic Association Dietetic Support Worker and Assistant Practitioner Roles, updated 2014
British Dietetic Association Dietetic Support Worker and Assistant Practitioner Competency Framework, 2014 (Mapped to Skills for Health National Occupational Standards and NHS Simplified Knowledge and Skills Framework Core and Specific Dimensions)
British Dietetic Association Assistant Practitioner Curriculum and Capability Framework, July 2014

6. Key Words

Dietetic Support Worker, Dietetic Assistant, Dietetic Assistant Practitioner

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<tr>
<td>Guideline Lead (Name and Title)</td>
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<td>Cathy Steele, Head of Service: Dietetic and Nutrition Service</td>
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Details of Changes made during review:
October 2020
Minor alterations made to document
- Consistent use of abbreviations
- Transferred to new guideline template
- Include reference to apprenticeship framework