

Your Guide to **SWeET** **S**trategic **W**orkforce **E**ducation and **T**raining

This edition of the 'Keeping You Informed' bulletin focusses on the role of the Dietetic Assistant Practitioner and how the role has benefitted the patient and the community dietetic team.

Head of Nutrition and Dietetics Melanie Coy



“Nutrition and Dietetics, whilst based at the Royal, provides a service across the hospital as well as across the North Derbyshire health community. The team consists of 23 staff who following a workforce transformation in 2016 were divided into 3 teams: acute, community and paediatrics.

“The new organisational structure allowed us to further consider new ways of working within the teams to address the ongoing challenges with recruitment and retention of newly qualified dietitians and to support increasing the skill mix within the service. Fortunately the development of the British Dietetic Association (BDA) competency framework for the role came at just the right time for us to consider introducing the new Band 4 role here at the Royal. We made a decision to start by introducing this role in the community team due to the increasing numbers and waiting times for patients referred for nutrition support particularly at home or in care homes.

“The success of this role is a credit to Caroline, and of course to Lucy, as without her we would not have embraced and expanded the role. Thanks for Caroline and Lucy for sharing their experiences with you below.”

Community Dietetic Team Leader, Caroline Willett

“Prior to considering the recruitment of Band 4 colleagues within our team, much planning and preparation was required. To ensure this new venture was successful, it was vital to have the engagement and commitment of the team to bring benefits to staff and, more importantly, to patients.

“We held team meetings discussing what the job role would entail, considering the competency framework and developing additional resources, tutorials and activities to support the Dietetic Assistant Practitioner in appreciating the challenges and practicalities of working within the community setting. The team were integral in making this role work in the community and each member of the team understood their responsibilities in helping to support and develop the role.

“One concern we had as a team was the investment of time in supervising, shadowing, signing off notes and completing tutorials within the initial six months alongside the challenge of balancing the

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Community Dietetic Team Leader, Caroline Willett (Cont'd)

clinical demand within the team. It was however acknowledged that this investment of time, in the long term, would be of a significant benefit to our patients and the Community Dietetic team.

“When the post went out to advert we were inundated with applications and we were extremely fortunate in appointing Lucy Turner to the post two years ago.

“When Lucy commenced in post she was provided the competency framework along with in depth guidance on expectations within specific time frames. In order to evidence she had achieved the competencies we developed assessment tools for her to build a portfolio which we reviewed at our regular catch ups. Although Lucy had completed the Care Certificate in her previous role we supported her to attend DCHS Care Certificate Training as we felt this was more relevant to her role.

“The impact that this role has had on the Community Dietetic team far exceeds what we could have imagined. Lucy has been able to assess our non-complex nutritional support patients in a variety of environments, for example in patients own homes, care homes and within community hospitals. Patients have been assessed and reviewed in a more timely manner since Lucy started and Dietitians have additional time to dedicate to patients with more complex nutritional issues. This subsequently means that nutritional issues are tackled earlier with the potential to prevent their escalation.

“On reflection, whilst this role initially needed a considerable investment of time, in the long term we have all reaped the benefits.

“Since Lucy (pictured below, left, with Caroline) wrote her perspective, she has moved onto an exciting new role as a Band 5 Nutritionist and we wish her all the best in her new venture. It does, however, highlight the importance of retaining our staff and having pathways for progression for these vital support practitioner roles. Universities are recognising that the potential for Dietitians to ‘learn on the job’ is the way forward for many individuals who wish to study alongside working and building the essential clinical skills to be a Dietitian.

“As a service, we are excited that in the future we are looking at having two Dietetic Assistant Practitioners working within the community setting and look forward to these new developments.”

Lucy's Perspective

“I qualified from university with a degree in Public Health Nutrition and was keen to get working within the healthcare environment as soon as I could. Before coming here I got a job as a Band 3 dietetic support worker at another Trust, carrying out nutrition support reviews in both acute and community settings and I really enjoyed it. Then I saw the role advertised here which seemed to combine a lot of what I was doing in my previous job but provided a great opportunity to improve my skills and develop into a much more independent practitioner where I would be able to manage my own caseload of patients.



“In my last job, all of the patients I saw were directly under the care of a Dietitian so much of what I did was under supervision. It was a great starting point, I learnt a huge amount and it helped to build my confidence working within a clinical setting. But after seeing the work the Dietitians do and working so closely with them I started to consider whether a career in Dietetics could be for me. I wanted to explore this further and this new Band 4 role seemed to provide the step up I was looking for.

“I had to undergo a lot of training over the first 6 months of this role, most of which was developed by the British Dietetic Association (BDA). I received in depth training from individual members of the Dietetic team. It was a rigorous process but it got me to what I saw as the next stage of my development which was to independently review, assess and give advice to patients in the community.”

Lucy's Perspective (Cont'd)

"The training involved completing a range of dietetic competencies that Caroline honed specifically to this role. It took around six months to complete. Initially I took the review patients and got a feel for how things worked locally, in terms of policies and procedures. Then I observed new assessments and took part in tutorials around very specific areas before being observed myself and signed off by Dietitians. Once this was complete I was able to start carrying out my own individual assessments.

"The majority of the patients I see are those who are experiencing unintended weight loss have a poor appetite or low Body Mass index. This is typically the elderly who perhaps suffer from Dementia, COPD or are Oncology patients. They are often coping with multiple conditions. These patients will have been identified as being at high nutritional risk and referred to us by community teams. I will then visit patients in their own homes to carry out an assessment. This will involve weighing them, obtaining their current dietary information and calculating their nutritional requirements. This enables me to set a realistic dietetic aim and devise a tailored plan to help improve their nutritional status.

"Dietary changes alone might be all that is needed to do this. Food fortification increases the calorie and protein content of foods and we encourage patients to give this a go first. It's surprising how easily you can add 1000kcal to your typical daily intake through small changes such as; swapping to full fat milk, adding extra cream, cheese and butter to meals, having extra snacks and incorporating more milky drinks. It's the opposite principle to dieting. Depending on the patient, oral nutritional supplements might also be needed in addition to this. It's interesting that so much effort is put into tackling obesity when most of the people we see have the opposite problem.

"What I love about this job is the home visits because going into somebody's home gives you much more of an overall impression than speaking to them over the phone or in a clinic. You make so many assumptions based around their home life including the food they have in and their ability to cook hot meals that could be wrong. Seeing them face to face allows you to have those conversations whilst being able to see their very personal circumstances and capabilities. This adds substance to what they tell you, allowing for a more robust assessment. I enjoy building a rapport with patients and it's very rewarding to see where they've come from, where they're going and where they end up.

"My aim is to continue to progress and develop in a career within the field of nutrition. At the moment it isn't possible to become a Dietitian without going back to University to do a 2 year postgraduate degree. If there was a route to fulfilling this role through workplace experience and training I would jump at the chance. I am gaining so much valuable experience as a Dietetic Assistant Practitioner and have my fingers crossed it will open doors to other opportunities further down the line."

For more information...

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