Role Profile

**Dietitian**

This profile relates mainly to dietitians working in public health, but all dietitians will be involved in some aspects of this work

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| **Function** | **Sub-functions** | **Activity** |
| A1 Measure, monitor and report population health and wellbeing; health needs; risks; and inequalities; and use of services | A1.1 | Identify data needs and obtain, verify and organise that data and information | Requesting and using health needs assessment. Local service evaluation and carrying out audit to identify where services and improvements are needed. |
| A1.2 | Interpret and present data and information | Using data to inform audit, service needs, identify health needs.Using data and evidence in presentations to colleagues or patients. |
| A1.3 | Manage data and information in compliance with policy and protocol | Be aware of organisational policy when recording wellbeing outcomes from individual or group contacts |
| A1.4 | Assess and manage risks associated with using and sharing data and information, data security and intellectual property | Sharing data with colleagues regarding population health according to local policy. |
| A1.5 | Collate and analyse data to produce intelligence that informs decision making, planning, implementation, performance monitoring and evaluation | Implementation of groups and services based on the health needs of the local population.Collating Family and Friends responses. |
| A1.6 | Predict future data needs and develop data capture methods to obtain it | Audit of any aspect of dietetic services. |
| A2Promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities | A2.1 | Influence and strengthen community action by empowering communities through evidence based approaches | Running groups/local initiatives regarding healthy eating.Working with other agencies in facilitation of groups, for example; Education, Diabetes UK, Parkinson’s, Cancer support. |
| A2.2 | Advocate public health principles and action to protect and improve health and wellbeing | Promotion of the public health agenda (C4L, breastfeeding, One You etc.). Early identification and intervention: dental health, obesity, malnutrition during consultations.Using MECC  |
| A2.3 | Initiate and/or support action to create environments that facilitate and enable health and wellbeing for individuals, groups and communities | Promoting health-enhancing activities (MECC)Working with caterers to increase provision of healthy food and drink (healthy eating CQUIN, sugar reduction targets) |
| A2.4 | Design and/or implement universal programmes and interventions while responding proportionately to levels of need within the community | Nutrition and hydration (MUST) screening. School level and community programmes for tackling healthy eating and obesity |
| A2.5 | Design and/or implement sustainable and multi-faceted programmes, interventions or services to address complex problems | Group education sessions for patients.Using MECC in a dietetic consultation |
| A2.6 | Facilitate change (behavioural and/or cultural) in organisations, communities and/or individuals | Health promotion activity and developing local guidelines regarding food, implementing health promotion approaches, models such as CBT and mindfulness in practice.BDA Work Ready Programme or PH Champions |
| A3Protect the public from environmental hazards, communicable disease and other health risks, while addressing inequalities in risk exposure and outcomes | A3.1 | Analyse and manage immediate and longer-term hazards and risks to health at an international, national and/or local level | Risk assessment of cook and eat sessionsFood hygiene info for vulnerable patients.Working with Environmental Health teams on healthy eating / food safety awards. |
| A3.2 | Assess and manage outbreaks, incidents and single cases of contamination and communicable disease, locally and across boundaries |  |
| A3.3 | Target and implement nationwide interventions designed to off-set ill health (eg: screening and immunisation) | Advising vulnerable individuals of the benefits of flu vaccination.Support and training for staff delivering the National Child Measurement Programme (NCMP)  |
| A3.4 | Plan for emergencies and develop national or local resilience to a range of potential threats |  |
| A3.5 | Mitigate risks to the public’s health using different approaches such as legislation, licensing, policy, education, fiscal measures | Working with planning teams to control the number of fast food outlets in areas of high levels of obesity. Developing food labelling strategies. |
| A4Work to, and for, the evidence base, conduct research, and provide informed advice | A4.1 | Access and appraise evidence gained through systematic methods and through engagement with the wider research community | Projects to promote health e.g. BDA Work Ready, using PEN website.Developing BDA Food fact sheets.Contribute to and attend conferences and meetings to share good practice. |
| A4.2 | Critique published and unpublished research, synthesise the evidence and draw appropriate conclusions | When planning courses or patient resources, BDA Food Facts |
| A4.3 | Design and conduct public health research based on current based practice and involving practitioners and the public | Project evaluation.Identifying needs of local groups |
| A4.4 | Report and advise on the implications of the evidence based for the most effective practice and the delivery of value for money | When advising individuals and groups, training of other staff |
| A4.5 | Identify gaps in the current evidence base that may be addressed through research | Apply for research grants to evaluate current work and contribute to evidence base. |
| A4.6 | Apply research techniques and principles to the evaluation of local services and interventions to establish local evidence of effectiveness | Audit and evaluate current programmes and practice, also learn from evaluation of other programmes. Share with local stakeholders. |
| A5Audit, evaluate and re-design services and interventions to improve health outcomes and reduce health inequalities | A5.1 | Conduct economic analysis of services and interventions against health impacts, inequalities in health, and return on investment | Use Public Health England economic analysis tools to assess return on investment for interventions |
| A5.2 | Appraise new technologies, therapies, procedures and interventions and the implications for developing cost-effective equitable services | Group education for people with type 1 and 2 diabetes, FODMAP clinics.Developing apps and different ways of communicating with patients and groups.Medicines management |
| A5.3 | Engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services | Patients and family questionnairesService audits.Run focus groups with service users and key stakeholders. |
| A5.4 | Develop and implement standards, protocols and procedures, incorporating national ‘best practice’ guidance into local delivery systems | Developing and providing input into local policy initiatives and care pathways.Use NICE and other national guidelines to inform local interventions. |
| A5.5 | Quality assure and audit services and interventions to control risks and improve their quality and effectiveness | Evaluating dietetic outcomes and services. |
| B1Work with, and through, policies and strategies to improve health outcomes and reduce health inequalities | B1.1 | Appraise and advise on global, national or local strategies in relation to the public’s health and health inequalities | Develop and implement food strategy, healthy eating guidelines, patient food experience, MUST screening |
| B1.2 | Assess the impact and benefits of health and other policies and strategies on the public’s health and health inequalities | Audit impact of food strategy, healthy eating guidelines, patient food experience, MUST screening |
| B1.3 | Develop and implement action plans, with, and for specific groups and communities, to deliver outcomes identified in strategies and policies | Implement food strategy, healthy eating guidelines, patient food experience, MUST screening across different settings |
| B1.4 | Influence or lead on policy development and strategic planning, creating opportunities to address health needs and risks, promote health and build approaches to prevention | Working on a one to basis with children, young people and families.Working with communities offering specific interventions.Working with organisations offering specific interventions |
| B1.5 | Monitor and report on the progress and outcomes of strategy and policy implementation making recommendations for improvement | Audit / evaluation of the above work.Publishing results and case studies. |
| B2Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities | B2.1 | Influence and coordinate other organisations and agencies to increase their engagement with health and wellbeing, ill-health prevention and health inequalities | Training other staff regarding MUST screening, food and diabetes or healthy eating.Work with frontline staff to delivery universal approach to obesity prevention or mental health |
| B2.2 | Build alliances and partnerships to plan and implement programmes and services that share goals and priorities | Joint clinics, co-ordinated care across health and social care.Working with schools, children’s centres and 3rd sector organisations |
| B2.3 | Evaluate partnerships and address barriers to successful collaboration | Run process evaluations on implementation.  |
| B2.4 | Collaborate to create new solutions to complex problems by promoting innovation and the sharing of ideas, practices, resources, leadership and learning | Conduct regular meetings of stakeholders where reporting on best practice and barriers to success are encouraged. |
| B2.5 | Connect communities, groups and individuals to local resources and services that support their health and wellbeing | Needs assessing, networking, advising and identifying appropriate services e.g. MECC, community cafes, patient support groups. |
| B3Work in a commissioning based culture to improve health outcomes and reduce health inequalities | B3.1 | Set commissioning priorities balancing particular needs with the evidence base and the economic case for investment | Advise commissioners on evidence base regarding food related interventions to improve health outcomes e.g. identifying malnutrition, preventing diabetes |
| B3.2 | Specify and agree service requirements and measurable performance indicators to ensure quality provision and delivery of desired outcomes | Developing dietetic referral criteria, and outcome measures for individual contacts and group work.Develop key performance indicators (KPIs) against which success will be measured. |
| B3.3 | Commission and/or provide services and interventions in ways that involve end users and support community interests to achieve equitable person-centred delivery | Ensure all commissioned interventions have service user input from development through to evaluations |
| B3.4 | Facilitate positive contractual relationships managing disagreements and changes within legislative and operational frameworks | Conduct regular meetings between commissioners and service providers. |
| B3.5 | Manage and monitor progress and deliverables against outcomes and processes agreed through a contract | Data collection in relation to dietetic outcomes and KPIs agreed in contractual negotiations. |
| B3.6 | Identify and de-commission provision that is no longer effective or value for money | Continually evaluate interventions to ensure they are still fit for purpose and meeting proposed outcomes.  |
| B4Work within political and democratic systems and with a range of organisational cultures to improve health outcomes and reduce health inequalities | B4.1 | Work to understand, and help others to understand, political and democratic processes that can be used to support health and wellbeing and reduce inequalities | Work with media and communication teams to relay public health policy and political processes to the public.Ensure information about processes is shared within the team, especially to new staff. |
| B4.2 | Operate within the decision making, administrative and reporting processes that support political and democratic systems | Sit on All Party Parliamentary groups for current public health issues.Report to local Trust boards and public health. |
| B4.3 | Respond constructively to political and other tensions while encouraging a focus on the interests of the public’s health | Responds to consultations.Is aware of the aims of alliances and lobbying groups.Respond to letters, petitions, white papers or other lobbying platforms as required. |
| B4.4 | Help individuals and communities to have more control over decisions that affect them and promote health equity, equality and justice | Facilitates and achieved during one to one work with children, families, older people in communities, including care homes and supported living. |
| B4.5 | Work within the legislative framework that underpins public service provision to maximise opportunities to protect and promote health and wellbeing | Delivering universal and core services ensuring patients are supported to maintain health and wellbeing |
| C1Provide leadership to drive improvement in health outcomes and the reduction of health inequalities | C1.1 | Act with integrity, consistency and purpose, and continue my own personal development | Follow HCPC code of conduct. Ensure CPD up to date. |
| C1.2 | Engage others, build relationships, manage conflict, encourage contribution and sustain commitment to deliver shared objectives | Partnership working within dietetic teams, with other disciplines and agencies |
| C1.3 | Adapt to change, manage uncertainty, solve problems, and align clear goals with lines of accountability in complex and unpredictable environments | Working together as detailed above |
| C1.4 | Establish and coordinate a system of leaders and followers engaged in improving health outcomes, the wider health determinants and reducing inequalities | Ensure mentorship and guidance for those with less experience.BDA Public Health Champions support for their teamsWorking across and with different sectors e.g. LA, education, community and charity organisations  |
| C1.5 | Provide vision, shape thinking, inspire shared purpose, and influence the contributions of others throughout the system to improve health and address health inequalities | Ensure national reports, evidence based models used to plan, so all stakeholders aware of and sharing in key vision and working towards shared outcomes. |
| C2Communicate with others to improve health outcomes and reduce health inqualitites | C2.1 | Manage public perception and convey key messages using a range of media processes | Producing evidence based diet sheets, articles, social media feeds |
| C2.2 | Communicate sometimes complex information and concepts (including health outcomes, inequalities and life expectancy) to a diversity of audiences using different methods | Diet sheet development and using them to support communication. Developing communication skills (including signing, using interpreters, visual cues and technology). |
| C2.3 | Facilitate dialogue with groups and communities to improve health literacy and reduce inequalities using a range of tools and technologies  | Using social media, online courses, apps or other technology. Group educationHealth Promotion activitiesFood choice / activity apps |
| C2.4 | Apply the principles of social marketing, and/or behavioural science, to reach specific groups and communities with enabling information and ideas | Understand how change in policy and/or social campaigns such as Change4Life can influence on healthy behaviours.Share examples / evidence of good practice. |
| C2.5 | Consult, and listen to individuals, groups and communities likely to be affected by planned intervention or change | Ensure service user consultation at every stage of programme delivery.Facilitate sessions with service users and stakeholders |
| C3Design and manage programmes and projects to improve health and reduce health inequalities | C3.1 | Scope programmes/projects stating the case for investment, the aims, objectives and milestones | Understand key background figures and evidence so that a strong case for investment can be made.Provide evidence of effective interventions. |
| C3.2 | Identify stakeholders, agree requirements and programme/project schedule(s) and identify how outputs and outcomes will be measured and communications | Consult with local communities, groups, governors when developing work.Create logic model for programme delivery including inputs (stakeholders, resources, money) and outputs (short and long term outcomes) |
| C3.3 | Manage programme/project schedule(s), resources, budget and scope, accommodating changes within a robust change control process | Ensure process evaluation done throughout programme implementation and programme continually being evaluated against defined outcomes.  |
| C3.4 | Track and evaluate programme/project progress against schedules(s) and regularly review quality assurance, risks, and opportunities, to realise benefits and outcomes | AuditService evaluationResearchService improvement |
| C3.5 | Seek independent assurance throughout programme/project planning and processes within organisational governance frameworks | Collaboration with research teams and experts in the field. |
| C4Prioritise and manage resources at a population/ systems level to achieve equitable health outcomes and return on investment | C4.1 | Identify, negotiate and secure sources of funding and/or other resources | Understand and exploit potential funding streams including in-house, commissioned and 3rd party grants.  |
| C4.2 | Prioritise, align and deploy resources towards clear strategic goals and objectives | Ensure common goals and outcomes.Ensure resources are suitable for the target group |
| C4.3 | Manage finance and others resources within corporate and/or partnership governance systems, protocol and policy | Ensure strong budget in place prior to programme delivery and referred to throughout intervention lifespan.  |
| C4.4 | Develop workforce capacity, and mobilise the system-wide paid and volunteer workforce, to deliver public health priorities at scale | Identify the need for, and provide workforce training on dietetic, food and health issues ranging including screening for nutrition risk, food first, weight control, cook and eat.,  |
| C4.5 | Design, implement, deliver and/or quality assure education and training programmes, to build a skilled and competent workforce | Employ a train the trainer model for example – training teachers to spot obesity, barbers to spot mental health concerns or home carers to identify problems with eating and drinking.  |
| C4.6 | Adapt capability by maintaining flexible in-service learning and development systems for the workforce | Carry out training needs assessment with stakeholders |
| Work within ethical and professional boundaries while promoting health and wellbeing, and addressing health inequalities | I | Understand and apply the principles underpinning public services | HCPC code of conduct, Employers policy |
| Ii | Adhere to professional codes of conduct, occupational membership codes, employer behaviour frameworks and practice standards | HCPC code of conduct, Employers policy |
| Iii | Ensure compliance with statutory legislation and practice requirements, including mandatory training | e.g. MECCEnsure proper safeguarding procedures in place |
| Iv | Promote ethical practice with an understanding of the ethical dilemmas that might be faced when promoting population health and reducing health inequalities | Using examples of more than 1 suitable foods, not advertising one brand when working with individuals or groups. |
| v | Identify and apply ethical framework when faced with difficult decisions when promoting the public’s health and reducing inequalities | Ethics of feeding at the end of life.  |