

Pre-registration Dietetic Practice-based Learning Guidance

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Contents

Section	Page
1. Foreward	3
2. Introduction	4
- What is Practice-based Learning?	
- Why do we need Practice-based Learning?	
- What are the benefits of Practice-based Learning?	
- HCPC	
- BDA Curriculum Framework 2020 requirements	
- Repeat Practice-based Learning	
- Practice-based Learning provision	
- Practice-based Learning: roles and responsibilities	
- Practice-based Learning organisation across the UK	
3. Practice-based Learning settings	10
- Practice-based Learning Types	
- Evaluation	
4. Examples of Practice-based Learning activities	11
5. The role of digital in Practice-based Learning	13
- Simulation	
- TECS	
- APPs	
6. Supervision	15
- Roles	
7. Supervision models	16
- Supervisor/learner ratio 1:1	
- Peer assisted learning	
- Split/Shared models	
- Blended Practice-based Learning	
- TECS Practice-based Learning	
- Long arm supervision	
- Training	
8. Recording learner outcomes	17
- Documentation	
- Key things to consider	
- Practice-based Learning outcomes/capabilities/competencies	
9. Practice educator training	18
- HEI led training	
- BDA practice educator online training	
- Practice-based Learning in a Research Environment online modules	
- Other	
10. Resources	19
- Guidance documents	
- BDA Online modules	
- Leadership Online module	
- BDA Website	
- Other	
11. Equality, Diversity & Inclusion	21
12. International Practice-based Learning	21
13. Key links	21
14. Glossary of terms	22
15. References	28

1. Foreword

The primary purpose of this document is to provide existing and aspiring providers of dietetic education with guidance on the British Dietetic Associations Practice-based Learning requirements [as defined in the BDA Curriculum Framework for the pre-registration education and training of dietitians 2020] and information on the variety of options available to deliver Practice-based Learning.

Practice-based Learning is a vital component of every dietetic learner's development. Dietitians in all settings can provide Practice-based Learning opportunities. Those already involved in practice education have feedback that working to inspire,

support, and watch a future dietitian grow can be extremely rewarding. Not only it is satisfying, it is a great opportunity to develop leadership and management skills which can be reflected in CPD portfolios.

Please note that the language and terminology used in the guidance document is consistent with that used in the BDA Curriculum Framework 2020 and that of the Health and Care Professions Council. A glossary has been provided at the end of the document for clarity of terms, and in addition the table below draws your attention to three key terminology changes:

Practice-based Learning	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.	Previously referred to as placement
Learner	An individual enrolled onto a dietetic pre-registration education programme whether full time or less than full time.	Previously referred to as student
Service user	A broad term to refer to anyone who uses, or is affected by the services of dietitians or learners (directly or indirectly).	Previously referred to as patient

It is expected that this guidance will be used as a reference document by:

- Dietetic programme providers, both educators 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 breadth of approaches to Practice-based Learning delivery.

The document should be used in conjunction with the shared resources section on the BDA website.

www.bda.uk.com/PBL

2. Introduction

What is Practice-based Learning?

Practice-based Learning is defined as “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” [BDA Curriculum Framework 2020].

Why do we need Practice-based Learning?

- The Practice-based Learning environment offers the learner the opportunity to “pull everything they have learnt together”
- to “become comfortable in the practice environment”
- to “experience the time constraints, pressure and distractions of the real-life situation”

It is helpful for dietitians to reflect back on their time as a learner and what they remember learning in practice that they didn't learn in the classroom.

What are the benefits of Practice-based Learning?

Practice-based Learning involves a range of opportunities for learner development. Learners apply and consolidate their learning, bringing together academic theory and workplace practice to develop skills and competences needed to register.

Win	Learners	Quality training
Win	Dietetic Staff	Motivation
Win	Organisations/ Service users	Performance

Dodds 2006, Three Wins

Benefits to learners: Practice-based Learning provides quality training and will provide learners with the knowledge, skills and behaviours to function in a wide range of dietetic landscapes. It can present opportunities to develop a range of ‘soft’ skills such as communication, collaboration, leadership, networking and presenting, critical appraisal skills, self-reflection and self-development. All of these different skills and abilities which may be attractive to future employers.

Benefit to dietetic staff: Practice-based Learning opportunities broaden the scope of the training to reflect the training required for a range of dietetic landscapes e.g., the inclusion of physical skills, knowledge of sustainability, greater focus on public health, research and leadership. This should provide further motivation for practice educators who should see the opportunities to welcome learners in to their teams for Practice-based Learning and employment on graduation.

Benefit to organisations/service users: Finally, as a result of the above two the performance of dietetic departments to meet service user demand should increase. This may create greater efficiency and contribute to greater service user satisfaction.

HCPC

The HCPC Standards of Education and Training (2017) are the standards against which they assess education and training programmes, including considerations for Practice-based Learning. The BDA advises that due attention is given to the following sections when exploring Practice-based Learning opportunities:

SET 5.2 - The structure, duration and range of Practice-based Learning must support the achievement of the learning outcomes and the standards of proficiency.

SET 5.3 - The education provider must maintain a thorough and effective system for approving and ensuring the quality of Practice-based Learning.

SET 5.4 - Practice-based Learning must take place in an environment that is safe and supportive for learners and service users.

You are advised to contact the HCPC direct for further guidance or queries regarding meeting these HCPC standards.

[See the HCPC Standards of Education and Training in full.](#) Please note these are currently under revision

The HCPC also produce professional standards necessary for the safe and effective practice of each of the professions on their Register. The HCPC Standards of Proficiency (Dietitians) (2022) outlines the threshold (minimum) standards for entry level dietitians.

[See the HCPC Standards of Proficiency \(Dietitians\) in full.](#)

BDA Curriculum Framework 2020 requirements

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 Higher Education Institutes [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 Practice-based Learning should not exceed 350 hours.

Practice-based Learning should be integrated with academic learning and should include Practice-based Learning in the workplace.

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. [See Figure 1 below]. This may include research, public health, industry, third sector.

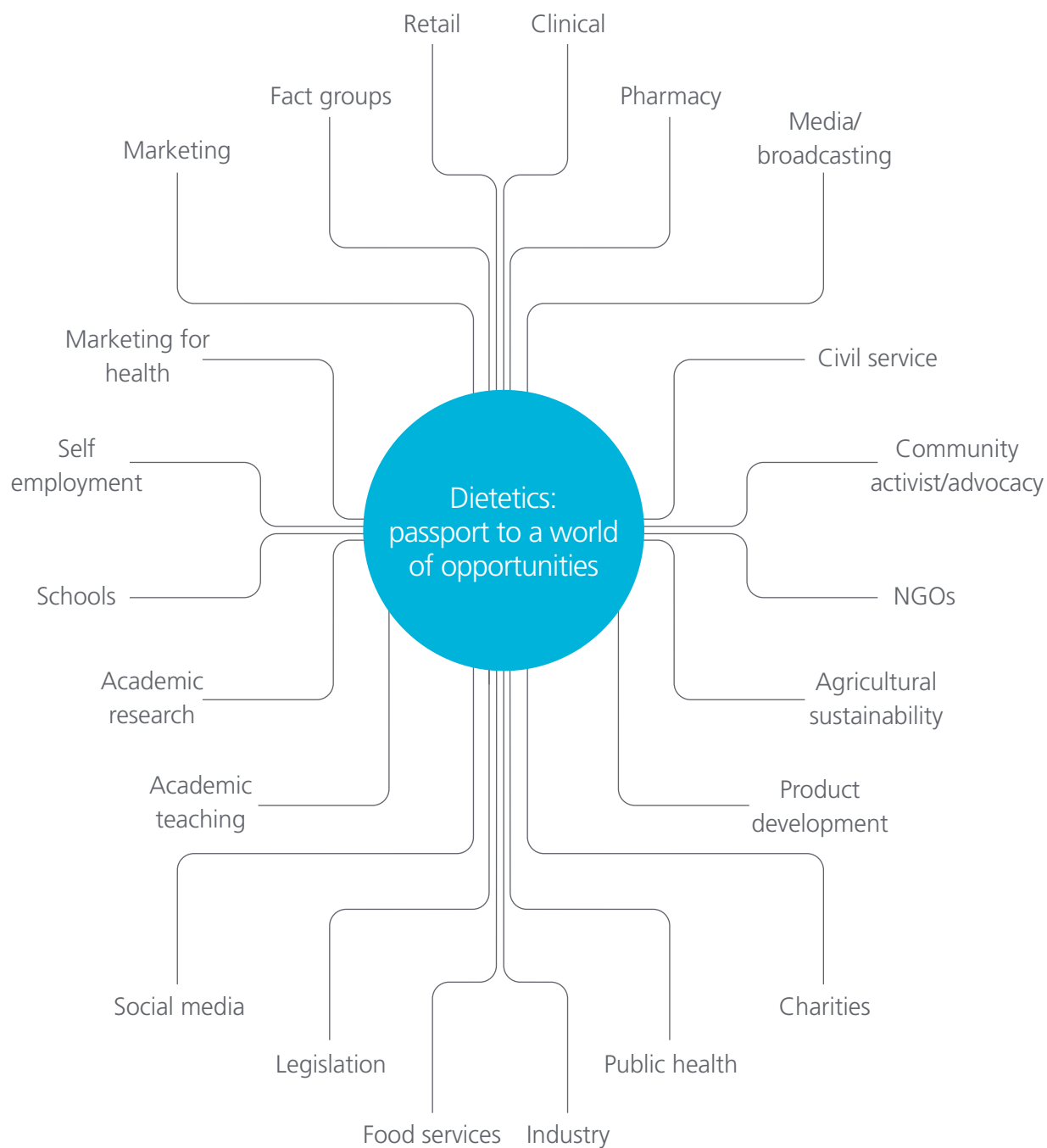


Fig 1: Dietetic Landscape taken from Future Dietitian 2017

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.

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.

Practice-based Learning: roles and responsibilities

Whilst the BDA set the requirements for Practice-based Learning, it is organised and delivered by the Higher Education Institute and practice educators.

HEIs deliver third level education after you leave school. It takes place at universities and Further Education colleges and normally includes undergraduate and postgraduate study. A practice educator is 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.

BDA Roles and responsibilities in Practice-based Learning

Promoting training and education in the science and practice of dietetics and associated subjects.
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 (preregistration 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.
Producing the necessary guidance and documentation to support HEIs in their preparation for BDA-led quality assurance/monitoring activity.
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.

HEI Roles and responsibilities in Practice-based Learning

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.
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.

HEI Roles and responsibilities in Practice-based Learning

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.

Practice Educator Roles and responsibilities in Practice-based Learning

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 Support workers roles in Practice-based Learning

Working within their scope of practice, undertake activity delegated by the practice educator to support learners. [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. Dietetic support workers may participate in assessment and provide evidence of achievement of particular Practice-based Learning outcomes. [P63] 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].

Offer a safe and supportive space for learners.

Demonstrate to learners what support workers can add to a dietetic team, offer peer support and uphold the values of the profession and their local organisation.

Be part of the learners practice education team, assisting with the induction of learners to their work area and supporting learners pastorally as part of an inclusive team culture.

Practice-based Learning organisation across the UK

Whilst all learners are required to undertake 1000 hours of Practice-based Learning, regardless of which dietetic training course they are on, how Practice-based Learning is organised may differ across the four nations.

In [England](#), dietetic education is provided by HEIs at both undergraduate and postgraduate level. There is no direct commissioning of places from the Department of Health. HEIs work in partnership with practice educator providers within their area to support and secure sufficient Practice-based Learning capacity. A Practice-based Learning tariff is paid by Health Education England (HEE) to Practice-based Learning providers to offset the costs of supporting learners in clinical practice.

In [Northern Ireland](#), dietetic education is provided by one HEI at undergraduate and postgraduate level. Tuition fees are paid by the Department of Health for all Northern Ireland learners that have been resident in the country for three years prior to the course commencing and are EU applicants (excluding England, Scotland and Wales). Five health and social care (HSC) trusts establish the parameters for Practice-based Learning provision for learners with the HEI. Trusts are paid a tariff from the Department of Health based on the number of AHP practice education sessions that they have provided that year.

In [Scotland](#), dietetic education is provided by HEIs at both undergraduate and postgraduate level. NHS Education for Scotland [NES] facilitates the review of the Practice-based Learning partnership agreements between HEIs and Practice-based Learning providers. There is no tariff paid to Practice-based Learning providers for Practice-based Learning.

In [Wales](#), dietetic education is provided by HEIs at both undergraduate and postgraduate level. It is commissioned by Health Education and Information Wales (HEIW) with health funded training and bursary places. Note that some Practice-based Learning requires Welsh speaking learners in order to meet the needs of the specific population.

See the following link of the BDA website for more information on funding: www.bda.uk.com/funding

3. Practice-based Learning settings

Practice-based Learning may take place, and is encouraged to do so in both clinical and non-clinical settings. The length of the Practice-based Learning can differ, usually ranging from 2 weeks upwards and can also occur at different stages of a course. Practice-based Learning doesn't need to be one type, rather they can be a mix of any of the below settings and types. Variety can offer a great Practice-based Learning experience.

The *BDA Curriculum Framework for the pre-registration education and training of dietitians 2020* confirms that a minimum of 350 hours is required to be delivered in a clinical setting, with face-to-face contact with the service user. A **Clinical setting** is described as: a place where consultations regarding diagnosis and treatment occurs [e.g., GP Practice, Acute and Community Care settings and Social Care]. The key purpose of a clinical Practice-based Learning is to provide the learner with the opportunity to consolidate their learning by applying learning from the HEI to the practical setting and so acquire and develop their clinical skills. It is not about the acquisition of specialist theoretical knowledge. Practice-based Learning is designed to be skill orientated and not knowledge driven. The learner is not being trained to become a specialist dietitian but they are being equipped with the skills to practice as a competent dietitian.

This Practice-based Learning is fundamental for consolidating the clinical skills of the future dietitian. All dietetic specialisms are encouraged to take learners and that ideally learners should be seen in departments throughout the year.

Non-clinical setting for Practice-based Learning:

Typically, this includes settings in industry, research, public health, private sector, voluntary sector. As a profession, dietetics is branching out increasingly from traditional NHS based roles to more opportunities in a variety of settings. Therefore, as we are training the dietitians of the future, Practice-based Learning opportunities should reflect the current workforce. Any place that employs a dietitian in that capacity can be an appropriate place to support learner's Practice-based Learning whether it is an entire Practice-based

Learning, or a partial Practice-based Learning. These settings can offer rewarding Practice-based Learning experiences for the future ready dietitian. In these settings, supervision may not involve having constant one to one supervision by a supervising dietitian but other forms of supervision, e.g. PAL, long arm supervision. [See supervision section].

Practice-based Learning Types

The examples below describe some different types of Practice-based Learning:

Research: The detailed study of a subject in order to discover new information or reach a new understanding.

Research and projects can be part of practice-based learning in varying amounts. Learners could be allocated time per week on a particular project for example a day a week if the project is big enough, this would allow a day out of timetabling for other experiences and give the learner dedicated time to progress the project; this could be for example a service review for an area. Learners could be involved in smaller projects or research elements, for example developing service user information. Learners are more often up to date with newer research papers so best placed to update any service user facing information. Learners also have a lot of skills in poster displays so could display a service evaluation very easily.

Leadership: Providing a strategy, vision or direction for a programme or service.

Leadership Practice-based Learning offer learners the opportunity to see the bigger picture, they will spend time with a dietitian or other health care professional in a leadership role to see how they are able to influence their profession within the area that they work. It gives learners an insight into what leaders need to consider and the many different areas they need to be aware of. Learners will usually undertake a related project or audit during this Practice-based Learning to help consolidate their learning.

Role-emerging: Where a learner is placed within an organisation, or an area of service, where there is currently no dietitian employed.

This type of Practice-based Learning is designed to promote dietetics in a setting where there is not an established dietetic role. Learners may receive supervision from a staff member who is not a dietitian or who is a dietitian in a role that is new such as PCN dietetic roles / supplementary prescribers, and will also have further supervision off-site by a dietitian or a university educator. Settings for this may include charities, hospices and public health. Such Practice-based Learning offer learners the chance to learn more about the changing healthcare environment, their professional capabilities and potential – and they might even carve out a future role for themselves along the way. Learners who have done diverse Practice-based Learning can get snapped up because they bring different skills. Employers want learners with transferable skills, who are flexible and adaptable, can communicate, problem-solve and work well in any environment.

Public Health: Where a learner is placed in a setting which exists to play a role in protecting and improving the nation's health and wellbeing and reduce health inequalities.

Public health Practice-based Learning offer learners the opportunity to develop knowledge, skills, awareness, and attributes in one or more of the four domains of public health: improving the wider determinants of health, health improvement, health protection, and healthcare public health. Practice-based Learning providers may be broader than traditional health and social care settings and include charities, social enterprises, private sector organisations, or the wider public sector. Learners may undertake an activity, audit, project or clearly defined piece of work which adds value to the Practice-based Learning provider whilst simultaneously develop the learners skills in areas such as leadership, communication and partnership working.

Evaluation

When implementing a new model, it is important to ensure that HEIs are evaluating to ensure it provides a great Practice-based Learning experience and meets the relevant learning objectives. This can be done formally or informally.

- **Interprofessional Practice-based Learning** for example, other learner and dietetic learners shared between and other AHP and dietetic mentor/mentors in a setting: learners being able to explain the rationale for their plans to other learners helps them to refine their own understanding (Baxter, 2004).
- **Critical reflection** is an important element of all Practice-based Learning opportunities. Applying the principles of critical reflection turns a task, action, event into a robust learning experience and provides opportunity for the development of independent critical enquiry skills. This needs to be built into the practice-based learning experience by the HEI and the practice educator has responsibility to develop this skill when working with learners.

4. Examples of Practice-based Learning activities

The key purpose of Practice-based Learning is to provide the learner with the opportunity to consolidate their learning by applying learning from the HEI to the dietetic setting and so acquire and develop their dietetic skills. It is not about the acquisition of specialist theoretical knowledge, but rather training to ensure that learners are equipped with the skills to practice as a competent dietitian.

The learning activities will vary and be appropriate to the Practice-based Learning setting. Undertaking Practice-based Learning in a clinical and non-clinical setting can offer a range of activities and provide a more holistic outlook on service user care.

Examples of activities undertaken include:

- [A scoping/asset mapping activity](#) to identify need e.g., needs assessment of a particular population group/service user such as, dementia friendly activities with a nutritional focus
- [Service development or improvement](#) e.g., development & possible delivery of a healthy eating intervention, group facilitation or service user education session/activities or need identified by the Practice-based Learning provider
- [Audit or service evaluation](#) of retrospective practice, outcomes, and evidence base e.g., MUST Tool usage, how type two diabetes is taught to meet the needs of specific multi-cultural communities etc. Outcomes of Tier 1/2/3 WM Services in respect of age, gender and linking this to who services are commissioned for etc.
- [Intervention](#) e.g., development and possible delivery of a healthy eating intervention, group facilitation or service user education session/activities or need identified by the Practice-based Learning provider
- [Create service user resources](#) e.g., industry for the low-FODMAP diet: Activities included: Reading directed learning material regarding the low-FODMAP diet, A brief literature review, Production of booklets, virtual presentation

- [Focus on food and nutrition](#) e.g., care homes, interpret food diaries, help residents choose food, serve food, feed residents, recorded on food record charts. Look at menus, work with cooks, go on GP, nurses and other healthcare professional ward rounds in the nursing home, completed MUST tool etc.
- [Projects](#): Learners complete a project during their practice placement, developed to address a need identified in collaboration with the placement setting, often this is a service improvement. e.g., health promotion, making resources such as screening tools, life stories, developing training packages, carrying out audits, quality improvement projects, collecting service user feedback, contributing to public health or prevention focussed initiatives
- Attending [CPD activities](#) e.g., workshops, webinars, enabling theory to practice development.

5. The role of digital in Practice-based Learning

Government bodies across the UK, through the production of health and wellbeing strategies are highlighting the need to increase the use of digital-enabled care within healthcare and wider systems. A growing number of dietetic services are being supported digitally to deliver care to service users.

Although digital-enabled care can improve services and make them more sustainable, it has the potential to create a skills gap in the workforce. Offering some digital Practice-based Learning to learners during their training means they can develop the skills they need to manage remote service user care platforms and other digital appliances. This benefits both service user and dietetic teams.

The following sections give descriptions of digital approaches that can be used for Practice-based Learning:

Simulation

Dietetic education is increasingly supported by technology alongside conventional and learning experiences. Learners can explore knowledge and skills and practice application of these in a low-risk environment. It is now possible to create effective and efficient clinicians via simulated practice-based learning opportunities alongside other Practice-based Learning opportunities. This is reflected in the BDA curriculum which states simulation can be used for up to 350 practice-based Practice-based Learning hours.

Simulation is a teaching and learning methodology which is well established in healthcare education. It is described as “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” (Gaba 2004). It offers a safe environment to focus on the learner’s needs, simulate the clinical environment and practice clinical skills (Hewat et al, 2020) allowing for repetition, feedback, evaluation and reflection.

There are various types of simulation (including part task trainers, mannequins, service users) and environments (including in situ, dedicated clinical simulation suites). It is important to clearly define the intended learning outcomes for each simulation to ensure the appropriate

type of simulation is selected and aligns to the learner’s level of learning (Alinier, 2007).

Examples of simulation include:

- Video-based learning
- Role-playing interactions: This will involve learners practising and developing clinical skills with educators/peers
 - ◊ scenarios where learners or others act as the person receiving dietetic services
 - ◊ scenarios using professionally trained actors, and the use of high-fidelity manikins
- Peer Enhanced e-Placement (PEEP) using electronic platforms for virtual caseloads.

There are various types of simulation (including part task trainers, mannequins, service users) and environments (including in situ, dedicated clinical simulation suites). It is important to clearly define the intended learning outcomes for each simulation to ensure the appropriate type of simulation is selected and aligns to the learner’s level of learning (Alinier, 2007).

<https://www.hee.nhs.uk/our-work/technology-enhanced-learning/simulation-immersive-technologies>

<https://heiw.nhs.wales/education-and-training/simulation-based-education/>

Benefits include:

- Turning knowledge into practice. Simulation-based learning allows students to apply abstract concepts to active hands-on practice
- Gather measurable data on learners and service users
- Safety for practitioners and learners
- Provides standardisation of cases, promotes critical thinking, allows supervision of service user care, provides immediate feedback, and helps learners to assimilate knowledge and experience
- Focuses on those skills that are difficult to learn and practice elsewhere
- Allows events and procedures to be practiced and improved in a safe environment, where errors can be thoroughly assessed.

Technology Enabled Care Services [TECS]

Recent challenges to healthcare professions through the COVID-19 pandemic have accelerated the use of technology enabled care services (TECS), also called telehealth, telepractice or digital. Practice education may involve 'in person' or telehealth Practice-based Learning or a hybrid. Telehealth Practice-based Learning may be provided where both the practice educator and the learner(s) are working from home, and link remotely for direct client-facing or other Practice-based Learning activities.

TECS 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. [NHS England, 2020]

[Technology enabled care Practice-based Learning \(virtual placements\)](#) involve delivering care where the service user is not in the same room as the clinician. The learners may be in a clinic with a practice educator, at home delivering care either via a virtual platform or over the telephone.

Microsoft Teams offers an ideal platform to support TECS Practice-based Learning. You can video call the learner and have all the functionality of Teams at your disposal for the duration of the call. Patients can be called in using audio on Teams if you have an associated direct dial.

Alternatively, you can use any mobile phone and set up conference call via the phone so that the learner and patient are on the same call as you. This way you can hear the learner however you are unable to see them at the same time, you are also unable to use message prompts using this method.

Learners can be supported to deliver group training sessions on a virtual platform, patients can be given links to join the virtual session and learners can practice their IT skills at facilitating a virtual session and delivering one.

An example TECS Practice-based Learning could be:

- NearMe and Attend anywhere technology

Benefits to the learner

- Develops communication capabilities e.g. telephone etiquette, being more explicit when giving and receiving feedback, resource development etc.

- Increased access to healthcare.
- Elimination of travel time.
- More privacy, less stigma.

Apps

This is described as an application, especially as downloaded by a user to a mobile device. Educational learning apps are designed to be engaging and enjoyable for learners. Knowledge augmentation, tailored learning experiences, improved engagement, access to online study material, ease of communication, and, most significantly, remote access are all advantages of a learning app.

General comments

- The method chosen should be determined by the learning outcomes and be used effectively and proportionately to support learning and assessment.
- Whatever the method chosen, it should be determined by the learning outcomes and be used effectively and proportionately to support learning and assessment.
- At present the number of hours that are allocated to TECS will vary between HEI settings. The BDA stipulates that if simulation is only being used as part of the 350 hours criteria in a clinical setting, this should not exceed 175 hours in order to ensure that learners maintain some face-to-face contact as part of their whole 1000 hours of Practice-based Learning. If TECS is used in a variety of clinical and non-clinical settings the 175 hours may well be exceeded [but assurance is sought that the 175 hours of face-to-face contact is maintained for the clinical setting component].
- For both simulation and TECS the relevant governance and data protection systems need to be in place but this has not posed any barriers to operating these systems. As dietetic services will use these methods going forward to deliver care, learners using them on Practice-based Learning is beneficial and positive, so that it will not come as a shock when in practice following graduation. It is a skill they can offer to make them more attractive employees.

- Information Governance: It remains standard that HEIs are responsible for ensuring learners have completed the appropriate mandatory training before attending Practice-based Learning. Practice educators are responsible for the induction of learners to the local policies and procedures. Specific consideration of local implementation in the telehealth context will be required, including [safeguarding](#) and information governance. Requirements for consent to treatment from a learner and associated information governance do not change in relation to the telehealth service delivery method. Where learners are providing telehealth services using their personal devices and/or from their home, the education provider should ensure professional and local governance is applied.
- Learners should prepare for telehealth Practice-based Learning in the same way as an in-person Practice-based Learning. Additionally, learners should contact their practice educator in advance of the first day to ask for information regarding the online platform details, which they should test before starting Practice-based Learning.

6. Supervision

The BDA supports the premise and expectation that all members of the dietetic profession at all levels of the career framework should support and collaborate with HEIs to explore Practice-based Learning opportunities, contributing in ways commensurate with their qualifications and experience and after undertaking relevant training.

Supervision

Supervision is described as a professional relationship which involves the act of watching an individual or activity and making certain that everything is done correctly, safely, etc. There are many different types of supervision, clinical or practice supervision, management supervision and weekly learner supervision.

In liaison with the HEI, practice educators may wish to delegate some learner supervision to individuals who have the relevant knowledge, skills, experience and abilities to facilitate learning. Other professionals, including support workers, 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 practice educator. In addition, the benefits of supervision from alternative sources need to be made clear by the practice educator to the learner and relevant HEI colleagues. Benefits need to be mapped clearly to desired student/learner learning outcomes. These may include inter-professional learning, teamwork and understanding different roles, learning about how health and social care systems operate.

Mentorship is described as a relationship which involves the provision of influence, guidance, or direction given by a mentor to influence the professional growth of a mentee. A mentor is someone who listens; encourages; share experience; gives help, advice and guidance within the scope of their role and where appropriate, direct the learner to other sources of available support. The mentor is usually an individual who is not directly involved in Practice-based Learning, but understands Practice-based Learning expectations. The partnership between learner and mentor should be based on confidentiality; anything discussed is kept private. However, there may be circumstances where it becomes necessary for the mentor to share details of a discussion with other relevant staff, with the learner's prior agreement. This may be to speak about a specific issue or concern, or if the mentor believes there is a risk of harm to the learner or another person.

Roles

Expectations around supervision roles and responsibilities should be clear for all parties and discussed at the outset of the Practice-based Learning. These should include areas such as:

- Learner induction & pre-Practice-based Learning preparation, reporting, assessment, welfare
- Communication channels between HEI, practice educator and learners
- Development of suitable evaluation to ensure that all Practice-based Learning professional experiences are valued.

7. Supervision models

The need to support increasing numbers of learners on Practice-based Learning and to equip learners with a broader range of employability skills including; collaboration, team work, leadership, and research, supports the development of multiple supervision models of practice education. One size does not fit all – there is not one set supervision model for learners on Practice-based Learning. Rather a range of creative options are available to suit the setting and the learner, facilitating the experience needed for learners to complete their studies and register to practice as dietitians.

The BDA promotes the use of a variety of learner supervision models when facilitating Practice-based Learning and encourage the range of options to become a normal part of education and training:

- Supervisor learner ratio 1:1
- Peer assisted learning [Collaborative model]
- Split/share models
- Blended Practice-based Learning
- TECS
- Long arm supervision

It is important to choose the model that best suits the Practice-based Learning opportunity and this requires skilful and comprehensive planning by the HEI and practice educator.

Supervisor/learner ratio 1:1

This involves one learner with one educator at a time. Advantages include the opportunity for the educator to tailor teaching to learner needs, enable the learner to get used to working with one educator and If space is of a premium for example home visits one learner may only be allowed.

Challenges associated with this approach may relate to the intensity level for both educator and learner (particularly if there are a clash of personalities), limited practice educator time and lack of opportunities for peer learning. This approach does not easily lend itself to Practice-based Learning expansion.

Peer assisted learning

The Peer Assisted Learning (PAL) model (sometimes referred to as the collaborative model is when two (or more) learners are supervised by one practice educator within a specific setting. (Dawes and Lambert 2010). The model emphasis is on peer and self-directed learning as the learners support each other and work together, enabling the development of different skill sets. The practice educator moves between supervision and facilitation. It is important to note that the overall responsibility for the service user remains with the practice educator. This approach is very useful when Practice-based Learning capacity is challenging.

Advantages of this approach include the ability to encourage teamwork [both within the dietetic profession and as part of an MDT] and for learners to reflect daily and share their reflections. It stresses the importance of valuing the opinion of others. For supervisors, this can support caseload management, offer CPD opportunities and allow larger pieces of work to be tackled.

Split/Shared models

These models describe situations where one learner is shared between two or more members of a team, ideally with one lead educator to co-ordinate activities. This can be beneficial for part time staff or enabling a learner to have Practice-based Learning with two teams in difference settings.

Blended Practice-based Learning

Blended Practice-based Learning models may offer a mix of virtual Practice-based Learning (utilised frequently during the COVID-19 pandemic) and more established models of face-to-face Practice-based Learning. Advantages of this approach relate to the flexibility in training models, including the ability to teach learners virtual working skills, mirroring and ensuring that learners are acquiring skills that make them work ready in today's climate. It also has the benefit of reducing travel time.

Challenges may arise if learners are left isolated during the virtual elements, reliant on IT for elements of Practice-based Learning or lack opportunity for office chat and learning through observing. It is important that reflection is built into Practice-based Learning and that learners know the boundaries between the PBL and home environment.

TECS Practice-based Learning (previously known as digital, telehealth, virtual and remote)

This Practice-based Learning can take many different forms, but they all involve delivering service user care where the user is not in the same room as the clinician. The learners may be in a clinical or non-clinical setting with a practice educator, at home delivering care either via a virtual platform or over the telephone. By putting learners in these settings, it has the advantage of presenting opportunities for exposure to digital skills.

Long arm supervision

Most learners are supervised by a registered dietitian in the Practice-based Learning setting. However, some settings may not have existing established dietetic roles and therefore it may not be possible for a learner to have the support from a dietitian employed by the Practice-based Learning provider, in the role of practice educator. In such cases, supervision and assessment of dietetic specific skills during Practice-based Learning must be provided by a dietitian outside the Practice-based Learning provider. This is known as long-arm supervision and commonly the dietitian providing the long-arm supervision will be employed by the education provider as an educator. Support and advice are provided through a mix of face-to-face meetings and distance communication, via the telephone, video calls, email, or other means, depending on the learner's preferences. Visiting the learner in their practice-based learning setting is recommended, particularly for settings where dietetic roles are still emerging.

There are identified benefits to Practice-based Learning of this kind: learner value autonomy and the ability to demonstrate the positive outcomes of enhanced dietetic provision e.g. by providing more dietetic advice than is currently available. It is important to note that this style of supervision will not suit every learner and the HEI should decide on the appropriacy of these Practice-based Learning for specific learners.

Training

To ensure high quality provision of Practice-based Learning including learner welfare, it is essential that all practice educators acting in a supervisory capacity have

8. Recording learner outcomes

undergone the relevant training. Please see chapter on Practice Educator Training – page 18

Documentation

Learners are required to record and have approved the activities performed on Practice-based Learning. This is undertaken using either paper-based documentation or electronically.

At present HEIs are using different assessment documentation. A recently undertaken study explored the feasibility of creating a common assessment tool for dietetics. The result was positive with work scheduled for the developed of a tool to commence in 2023.

Key things to consider:

Practice-based Learning documentation should include:

- A place for the learner to record their learning objectives
- A place for the practice educator to indicate progress towards the objectives and to give feedback (strengths and needs)
- A place for the learner to indicate how they will implement feedback and work towards new goals.

Practice-based Learning Learning outcomes/capabilities/competencies

Practice-based Learning grading can be pass/fail or graded numerically by practice educators, dependent upon the HEI requirements. Practice-based Learning assessments are not standardised across HEIs, diversity should be recognised and parity is sourced through the HCPC and BDA accreditation of the HEI programmes.

Practice educators and HEIs should keep in close contact if there are concerns about a learners' s progress or wellbeing; this must be documented and shared with the learner as early as possible during the Practice-based Learning. Written documentation from the practice educator needs to be explicit to support the learner in knowing what they need to do to improve.

Learners who are at a borderline pass should not pass if there are concerns about their ability to progress to the next level. A failed Practice-based Learning indicates that a learner needs more opportunity and practice to reach

the standard for this level. This will ultimately support the learner to become a stronger dietitian.

Learners should be notified as early as possible if they are at risk of failing the Practice-based Learning. HEIs will devise options for learners who fail Practice-based Learning; regulations are individual to HEIs.

The Health and Care Professions Council (HCPC) requires Practice-based Learning to be monitored and evaluated to ensure quality standards are met. Practice-based Learning quality is monitored by evaluations completed by learners and by the practice educator. These should be reviewed regularly by the HEI team and any significant concerns should be escalated to the governing or regulatory body, ie HCPC, Health Education England (HEE) or equivalent as appropriate.

9. Practice educator training

It is vitally important that individuals taking responsibility for Practice-based Learning have received the relevant initial training associated with the role and engage in regular follow up training to ensure skills are up to date with ongoing support available.

Training resources are available from a number of sources and are usually used in tandem:

HEI led training

HEIs provide a wealth of information to support and inform practice educators as well as provide practice education courses. Training may be HEI led or by the practice-based lead co-ordinator led with HEI Involvement.

The support from HEIs aim to help practice educators to:

- Prepare for learner Practice-based Learning practice
- Supervise, educate and assess learners
- Evaluate their practice-based learning
- Enhance the quality of practice education.

BDA practice educator online training

This module, which is available through the BDA Learning Zone is aimed at all staff who might have contact with a dietetic learner completing Practice-based Learning. It includes:

- An overview of the BDA Curriculum 2020 and the key roles in dietetic education
- The expectations of learners, supervisors and the Higher Education Institute within a Practice-based Learning setting
- Best practice for the induction of dietetic learners completing Practice-based Learning
- Supervision models in Practice-based Learning settings
- How to give feedback to support learners' development
- How to feel confident to manage common challenges learners may have when completing Practice-based Learning.

There is a certificate available following the completion of the module.

Practice-Based Learning in a Research Environment online modules (under development)

There are 2 modules in this series.

Module 1 – is for Practice Educators, HEIs and potential providers and is due to be released shortly. It includes:

- Curriculum mapping and learning outcomes
- Examples of paperwork
- Examples of projects
- Case studies
- Supervision
- Legal considerations

There are 2 modules in this series.

Other

Other sources to support practice educator training include National Clinical Education groups and conferences e.g. National Association of Educators in Practice (NAEP), or Clinical Education Research Journals e.g. Journal of Workplace Learning, Journal of Interprofessional Care.

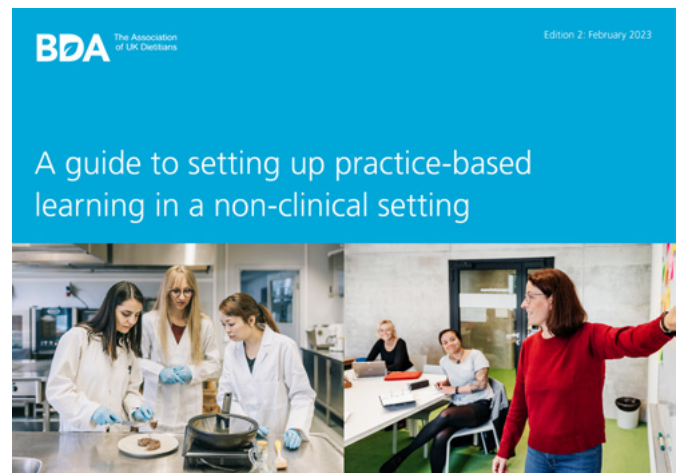
Key points

- All UK practice educators will be HCPC registered.
- Protected time should be secured by practice educators to undergo the relevant training on an ongoing basis, and evidenced as part of their CPD portfolio.
- Where a learner has more than one educator in a Practice-based Learning setting, there should be a lead practice educator, identified to the HEI and the learner. This educator has the responsibility to coordinate feedback from other educators and to share the feedback and Practice-based Learning outcome with the learner.
- Additional liaison from the HEI may be required if educators span different services i.e. NHS and independent practitioner; there should be a lead educator in each service. Learner assessments may be completed separately but may complement each other and collaboration between educators is recommended. If a skill is not achieved in one setting by a learner but is achieved in another, a discussion between educators and the HEI is recommended and a decision made re whether the learner can pass that competence.
- On a multiple supervision Practice-based Learning model (where there is more than one learner with one practice educator), practice educators should offer individual feedback to the learners.
- All learners should receive regular written feedback from practice educators. This is best practice throughout the Practice-based Learning and is essential at key points during the Practice-based Learning, e.g., at mid-point and at the end of the Practice-based Learning. Some HEIs have specific guidance as to the regularity of written feedback.
- Learners on remote or 'long arm' Practice-based Learning need educators to observe some of their sessions to give clear and specific feedback to support the development of their skills.

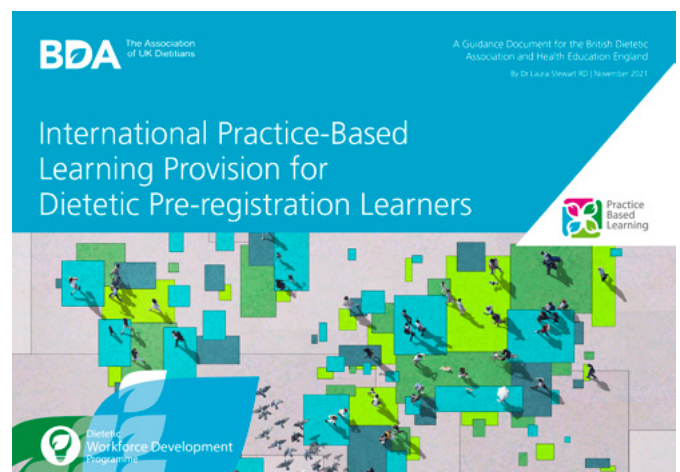
10. Resources

The BDA has produced a variety of resources to support Practice-based Learning:

Guidance documents



Click to download our resources



BDA Online modules

The BDA has produced a series of online Practice-based Learning modules that can contribute to Practice-based Learning hours. These include the following:

Model and Process online module

<https://www.bdacpd.co.uk/course/index.php?categoryid=79>

Leadership module

<https://www.bdacpd.co.uk/course/search.php?search=Leadership>

If you require a passcode to access these modules, please contact your HEI leader.

This course has 7 modules and is available through the BDA Learning Zone. The first module is an introduction to the BDA Model and Process with the other modules having a dedicated module for each of the Model and Process stages as follows:

- Module 0 - Model and Process - Introduction
- Module 1 - Model and Process - Assessment
- Module 2 - Model and Process - Diagnosis
- Module 3 - Model and Process - Strategy
- Module 4 - Model and Process - Implementation
- Module 5 - Model and Process - Monitor and Review
- Module 6 - Model and Process - Evaluation

Specialist Groups, HEIs and Practice have supported development of each module which include tasks, activities, reflection that takes learners through the theory, and links critical thinking and reasoning to 9 specialist case studies, which are graded into suitability for A, B and C, 1, 2, and 3 and Early, Middle and Final Practice-based Learnings.

The modules progressively build understanding and allow learners to practice their skills, using the basic nutritional case study first and then progress to the case studies on topics such as Obesity, Paediatrics, Mental Health, Cystic Fibrosis, Critical Care, Maternal and Fertility, Renal and more.

Certificates are available following the completion of each module.

The Model and Process Introductory module provides up to two hours of Practice-based Learning. The six Model and Process modules together provide up to 7.5 hours of Practice-based Learning.

Leadership Online module

The Practice-based Learning for Leadership is 1 module in 4 parts. Each module is self-contained but we recommend learners complete them in order. The parts could be used for teaching and learning at various points in dietetic training. Some trainers may decide to direct learners to certain parts in the academic setting.

- Part 1 - Introduction to Leadership - explores what leadership is, the benefits, the difference between leadership and management, leadership in health and social care and why leadership skills and behaviours are important for Dietitians to develop and demonstrate
- Part 2 – Focus on Self - highlights why leadership skills are important to learn as a pre-registration Dietitian. It introduces leadership frameworks, develops self-awareness, how to manage yourself, and act with integrity, with a spotlight on continuing professional development, self-assessment and personal development planning
- Part 3 – Working with Others - develops understanding of leadership within teams, practising those skills within a team, and how to use them to manage resources and other people
- Part 4 – Improving Healthcare - is designed to be completed alongside a project or audit work, giving students an opportunity to have real impact on improving healthcare through demonstrating leadership skills and behaviours through project work.

Certificates are available following the completion of each part of the module.

This module is made up for four parts, with each providing up to 4.5 hours of Practice-based Learning.

BDA Website

See www.bda.uk.com/pbl for shared resources that include guidance, case studies, articles and tools for Practice-based Learning.

Other

There are additional resources produced by the National health education teams [e.g., Health Education England, National Education Scotland, Health Education Improvement Wales, Northern Ireland]

<https://www.hee.nhs.uk/>

<https://www.nes.scot.nhs.uk/>

<https://heiw.nhs.wales/>

<http://www.northerntrust.hscni.net/services/nutrition-dietetic-services/>

11. Equality, Diversity and Inclusion

Equality, Diversity and Inclusion are three concepts that help to create a fair society where everyone gets equal opportunities. We often encounter these concepts in instances such as recruiting employees to a workplace or recruiting learners to a university.

The core difference between equity and equality is the difference between fairness and sameness. Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

There must be a clear process in place for learners to raise any concerns regarding equality, diversity and inclusion or microaggression. HEIs should work with practice educators, Practice-based Learning coordinators and service managers, as appropriate, to identify HR policies and procedures to inform action and support for any learners who raise issues about any form of discrimination including racism, unconscious bias, microaggression and bullying in preparation for and during their Practice-based Learning.

12. International Practice-based Learning

In 2021, the BDA and Health Education England (HEE) commissioned a feasibility scoping study on United Kingdom (UK) dietetic learners undertaking Practice-based Learning hours internationally.

The HCPC was engaged with for the feasibility study and are supportive of international Practice-based Learning hours for dietitians and other AHPs. HCPC stipulate that the Standard of Education and Training (SETs) are met by the Practice-based Learning and it is the responsibility of the UK Higher Education Institute to ensure this [HCPC standards of education and training SET 5 practice-based learning](#).

The Quality Assurance Agency for Higher Education (QAA) also have a number of important documents around ensuring standards for Practice-based Learning as part of higher education, including international Practice-based Learning. www.qaa.ac.uk

The outcome of the report indicated that Practice-based Learning can be permitted for UK learners, as long as providers are able to maintain the same standards

of quality, for both practice educator and settings, as they would for any UK-based Practice-based Learning. It is recommended that practice educators who support overseas Practice-based Learning are:

- HCPC registered; or
- UK trained and registered with the professional body within a country that has a mutual recognition agreement with the BDA; or
- trained and registered within a country that has a mutual recognition agreement with the BDA.

A guidance document has been produced to support UK HEIs exploring the idea of international Practice-based Learning by discussing some questions which will need to be considered, including policies and procedures to ensure the smooth running of the international Practice-based Learning and the learners' safety. Please see the BDA webpages for a copy of the main guidance ["International Practice-based Learning Provision for Dietetic Pre-registration Learners"](#).

Key elements of the guidance focus on:

- Requirement to produce rationale for the Practice-based Learning
- Practice-based Learning length
- Practice-based Learning types and settings
- Practice-based Learning learning outcomes assessment
- Contracts, visas, insurance
- Pastoral care/support: Supervision, Food and dietetic products, language, culture, funding

13. Key links

- [BDA Curriculum Framework 2020](#)
- [HCPC Standards of education and training guidance](#)
- [BDA Future Dietitian](#)
- [Health Education England](#)
- [NHS education for Scotland](#)
- [Health Education and Improvement Wales](#)
- [Health & Social Care Northern Ireland](#)
- [Council of Deans of Health](#)
- [The Quality Assurance Agency for Higher Education](#)

14. Glossary of terms

Term	Definition
Ability	The fact that somebody/something is able to do something.
Accountability	Being responsible for what you do and being able to give a satisfactory reason for it.
Active Listening	A communication technique that is used in assessments, training, counselling and conflict resolution. It requires that the listener fully concentrates, understands, responds and then remembers what is being said.
Actor-network theory	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.
Advocacy	Public support for or recommendation of a particular cause or policy.
Allied Health Professionals (AHPs)	Allied Health Professionals: comprise of 14 distinct occupations including: art therapists, dietitians, 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 selfhelp and independence. [HEE 2020]
Appraise	To examine someone or something in order to judge their qualities, success or needs.
Apps	
Audit	An official examination of records against a standard and the production of a report summarising the findings
Autonomous Practice	The ability to assess a professional situation and address it appropriately with the relevant dietetic knowledge 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 [HCPC, 2013]
BDA	British Dietetic Association - Professional Association and Trade Union for Dietitians
Benchmarking	A level of quality that can be used as a standard when comparing other things
Biomedical	Relating to how biology affects medicine
Capability	The ability to do things effectively and skilfully, and to achieve results
Career	The job or series of jobs that you do during your working life.
Carer	A carer 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 [NHS England]

14. Glossary of terms

Term	Definition
Clinical	Medical work or teaching that relates to the examination and treatment of unwell individuals.
Clinical Practice	Agreed method of delivering healthcare by doctors, nurses and other health professionals.
Clinical Settings appropriate for Practice-based Learning	A place where consultations regarding diagnosis and treatment occurs [e.g. GP Practice, Acute and Community Care settings and Social Care).
Collaborate	To work with someone else for a special purpose.
Competence	The ability to do something successfully or efficiently.
Competency	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.
Continuing Professional Development	The way in which an individual continues to learn and develop throughout their career, including during their preregistration programme. CPD is essential and evolves skills, knowledge, professional identity a professional conduct so that individuals stay up to date and practise safely and effectively [Broughton and Harris, 2019].
Critical	Used in the curriculum to mean crucial, absolutely necessary
Curriculum	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.
Demonstrate	To show something clearly by giving proof or evidence
Design	To make or draw plans for something, for example, services, treatment plans etc.
Dietetic knowledge	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.
Dietetic outcome	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.
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 through performed tasks and duties. Learners and graduate dietitians must be able to demonstrate appropriate skills required to practice in clinical and other professional 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.

14. Glossary of terms

Term	Definition
Dietitian	A degree-qualified regulated health professional who: (i) helps to promote nutritional well-being, treat disease and prevent nutrition-related problems; (ii) provides practical, safe advice, based on current scientific evidence; (iii) holds a graduate qualification in nutrition and dietetics in the UK; (iv) is HCPC regulated.
Diplomacy	The skill in dealing with people without offending or upsetting them.
Domain	An area of knowledge or activity.
Duty of candour	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]
EDI	
Education provider	The awarding body that delivers or oversees a dietetic pre-registration programme. Education providers may also be known as 'higher education institutions' (HEIs) or 'universities'.
Educator	An individual with the relevant specialist knowledge and expertise, employed or engaged by an education provider to teach the dietetic pre-registration programme.
E-Health	The use of technology in clinical settings
Employer	A public, independent, private or third sector organisation that employs people to undertake a specific role with legal and contractually acceptable terms and conditions.
End point assessment	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 dietitian with the HCPC.
Evaluation	The process of judging something's quality, importance or value, or a report that includes this information.
Evidence	The available body of facts or information indicating whether a belief or proposition is true or valid.
Evidence based practice	Interpreting individual clinical expertise with the best available external clinical evidence from systematic research.
Facilitated learning	Sharing knowledge and skills across and beyond the profession for the benefit of service users and populations. The scope could include (but is not limited to) developing a range of teaching materials, mentoring or supervision of others and developing of own skills.
Fitness to practice	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.
Framework	A basic structure underlying a system, concept, or text.
Governance	The policies, processes and monitoring arrangements that make sure that a programme is well run.
Graduate	An individual who has successfully met the pre-registration programme requirements of their education provider and has been conferred the associated award.

14. Glossary of terms

Term	Definition
Guideline	A general rule, principle or piece of advice.
Health and Care Professions Council (HCPC)	The regulating body in the United Kingdom established to protect the public by regulating a range of health and care professions, including dietetics.
Health Professions Council	The HCPC pre 2012.
Higher Education Institute (HEI)	Higher Education Institute
Holistic	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.
Industry	People or organisations involved in producing a particular product/service.
Innovation	The use of a new idea or method.
Integrate	To combine two or more things in order to become more effective e.g. health and social care services.
Integrated	In which many different parts are closely connected and work successfully together.
Interprofessional (learning)	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.
Intervention	A combination of program elements or strategies designed to produce behaviour changes or improve health status among individuals or an entire population.
Knowledge	Facts, information, and skills acquired through experience or education
Leader	A person who takes initiative of an action and supports others to follow.
Leadership	Providing a strategy, vision or direction for a programme or service.
Learner	An individual enrolled onto a dietetic pre-registration education programme whether full time or less than full time.
Level	An intellectual, social, or moral standard
Lifelong learning	Formal and informal learning opportunities that allow you to continuously develop and improve the knowledge and skills you need for employment and personal fulfilment. (Broughton and Harris 2019).
Management	
	Overseeing the day-to-day delivery of a programme/service, including setting roles and responsibilities and the allocation of resources.
Masters Level	“The ability to make sound judgements in the absence of full information and to manage varying levels of risk when there is complex, competing or ambiguous information or uncertainty.” (8)
Mentoring	Act of supporting and advising someone with less experience to help them develop in their work.
Multi Professional services	A range of occupations who work in collaboration to provide support to individuals or groups.
Multi-disciplinary Team Meeting (MDT)	Different health and social care professionals who meet together to discuss the diagnosis and treatment of service users
NHS	National Health Service

14. Glossary of terms

Term	Definition
Non verbal communication.	Communication through sending and receiving wordless cues. e.g. body language, distance, physical appearance
Non-clinical setting for Practice-based Learning	Typically this includes settings in industry, research, public health, voluntary sector.
Nutrition	The process by which living things receive the food necessary for them to grow and be healthy.
Outcome (dietetic)	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.
Outcome (health)	A change in the health status of an individual, group or population which is attributable to a planned intervention.
Performance	Undertaking a task or function.
Person centred	Focusing care on the needs of the person rather than the needs of the service.
Positivist paradigm	A philosophical system which recognises only objective scientific facts as true.
Practice-based Learning	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.
Practice-based Learning provider	The service, organisation or business hosting learners during their Practice-based Learning.
Practice educator	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.
Practice supervision	A process of professional support and learning, undertaken through a range of activities, which enables individuals to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety of care.
Preceptorship	Preceptorship should enable the dietitian 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 dietitians are autonomous practitioners and should not undermine this.
Preceptorship programme	Provides a framework incorporating guidance and mentorship support to further develop skills and aid the transition from newly qualified to entry level. The preceptorship programme should enable the dietitian to confidently apply the knowledge and skills acquired as a student, to their practice, and will also provide the basis for life-long learning.
Pre-registration	A dietetic programme of study, approved by the HCPC leading to eligibility to apply for registration as a dietitian with the HCPC.
Professional and Statutory Regulatory Bodies [PSRB]	External bodies which formally accredit, approve and recognise university programmes, setting standards for and regulating entry into particular professions.
Professional practice	The use of an individual's knowledge in a particular profession.
Professionalism	Implies that a person demonstrates capability in their skills and knowledge which is informed by the philosophy, values and ethical dimensions of dietetic practice

14. Glossary of terms

Term	Definition
Proficiency	A high degree of skill; expertise.
Public Health	Organisations which exist to protect and improve the nation's health and wellbeing, and reduce health inequalities
Quality	The standard of something as measured against other things of a similar kind.
Quality Assurance Agency for Higher Education [QAA]	Independent body entrusted with monitoring and advising on standards and quality in UK higher education.
Quality measures	Tools that help measure or qualify healthcare processes, outcomes, patient perceptions and organisational structures and/or systems that are associated with the ability to provide high quality health and/or that relate to one or more quality goals for health care.
Reasonable adjustments	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.
Reflection	Critical thought or consideration of a situation or event.
Research	The systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions
Risk	A situation involving exposure to danger.
Scope of practice	Procedures, actions, and processes that a healthcare practitioner is permitted and competent to undertake in keeping with the terms of their professional license. The scope of practice for any individual dietitian is determined by the requirements of their role and their personal capabilities. Increasingly, the scope of practice for a dietitian will also encompass skills and knowledge that are traditionally the realm of other professions.
Service user	A broad term to refer to anyone who uses, or is affected by the services of dietitians or learners (directly or indirectly).
Simulation	Simulation is a technique (not 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 [Gaba 2004]
Skill	The ability to do something well.
Sociological paradigm	Philosophical systems which recognises how individuals construct truths subjectively and relationally as well as recognising the different ways in which society functions.
Stakeholder	An individual with an interest or concern in something, especially an organisation/service e.g. health professionals, patients, commissioners etc.
Standards of Education and Training (SET)	HCPC Standards of Education and Training.
Standards of Proficiency (SOP)	HCPC Standards of Proficiency.
Strategy	A plan of action designed to achieve a long-term or overall aim.
Supervision	A professional relationship which involves the act of watching an individual or activity and making certain that everything is done correctly, safely, etc.
Sustainability	The use of natural products and energy in a way that does not harm the environment
Symposia	Events where individuals who have great knowledge of a particular subject meet in order to discuss a matter of interest.

14. Glossary of terms

Term	Definition
Technology Enabled Care Services (TECS)	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. [NHS England, 2020]
Theory	A formal idea or set of ideas that is intended to explain facts or events.
Understand	Perceive the intended meaning of.
Understanding	Perceive the intended meaning of.
Usually	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 BDA would seek explanation regarding the alternative strategies implemented by the HEI in order to meet the accreditation requirements.
Vision	The ability to think about or plan the future with imagination or wisdom.
Wider systems	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.

15. References

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