Council – 4 December 2012

Results of profession-specific standards of proficiency consultation for dietitians

Executive summary and recommendations

Introduction

We are currently reviewing the profession specific standards of proficiency for the professions we regulate. The review of the profession specific standards follows from the Council's approval of new generic standards of proficiency in March 2011.

To ensure the process is manageable, we are reviewing the profession-specific standards in small groups of professions at a time. At the start of each review, we contact each of the professional bodies for the relevant professions and ask for their suggestions on any changes that they consider necessary. We then use their suggestions to revise the standards for public consultation.

Following the first round of professional body reviews, we consulted between 18 April and 27 July 2012 on the draft standards for the first professions to undergo review—arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers. The revised standards for arts therapists and orthoptists were approved by the Council at its last meeting.

The consultation response analysis and revised draft standards for dietitians are attached for the Council's consideration and approval.

Since consideration by the Education and Training Committee on 15 November, some additional amendments have been made to the revised standards these are as follows:

- We have made a minor amendment to standard 2.9 to widen the requirement for dietitians to understand the ethical and legal implications of withholding and withdrawing feeding, as well as nutrition.

Decision

The Council is invited to discuss and approve the attached consultation response analysis and draft standards of proficiency for dietitians, subject to any necessary minor editing changes and formal legal scrutiny.

Decisions on the revision of the standards were informed by the dietitian members of the Education and Training Committee and Council. Advice on any minor amendments may be needed after the Council's consideration.

Background information

Paper for Education and Training Committee, 8 March 2012, (enclosure 7 at www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=587)

Paper for Education and Training Committee, 17 November 2011 (enclosure 5 at www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=586)

Paper for Education and Training Committee, 9 June 2011 (enclosure 19 at: www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=588)

Paper agreed by Council on 31 March 2011 (enclosure 6 at: www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=533)

Resource implications

The resource implications of this round of consultation are accounted for in the Policy and Standards Department planning for 2011/12. The resource implications of the ongoing process of review and eventual publication of the revised standards of proficiency have been taken into account in the Policy and Standards workplan for 2012/13, and will continue to be taken into account in future years.

Financial implications

The financial implications include the costs associated with a series of public consultations on new draft standards and publication of new standards for 15 professions. These costs are accounted in department planning for 2011/12 and 2012/13.

We anticipate further costs in 2013/14 for further consultations and publication of further revised standards.

Appendices

- Consultation response analysis for the profession-specific standards of proficiency for dietitians.
- Revised standards of proficiency for dietitians.

Date of paper

22 November 2012

Consultation on proposed profession-specific standards of proficiency for dietitians

Analysis of responses to the consultation on proposed profession-specific standards of proficiency for dietitians, and our decisions resulting from responses received

1. Introduction

About the consultation

1.1 We consulted between 18 April and 27 July 2012 on proposed changes to the professions-specific standards of proficiency for dietitians.

1.2 The standards of proficiency set out what we expect professionals on our Register—known as 'registrants'—to know, understand, and be able to do when they apply to join our Register. We consulted on proposed changes to the standards as part of our regular periodic review of the standards.

1.3 We sent the consultation documents to a range of stakeholders including professional bodies, employers, and education and training providers, advertised the consultation on our website, and issued a press release.

1.4 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website: www.hcpc-uk.org/aboutus/consultations/closed.

About us

1.5 We are the Health and Care Professions Council (HCPC). We are a regulator and our job is to protect the health and wellbeing of people who use the services of the professionals registered with us. We regulate the members of 16 different health, social work, and psychological professions.

1.6 To protect the public, we set standards that professionals must meet. Our standards cover the professionals' education and training, behaviour, professional skills, and their health. We publish a Register of professionals who meet our standards. Professionals on our Register are called 'registrants'. If registrants do not meet our standards, we can take action against them which may include removing them from the Register so that they can no longer practise.

About the standards of proficiency

1.7 The standards of proficiency are the standards that we consider necessary for the safe and effective practice of each of the professions we regulate. They describe what professionals must know, understand, and be able to do in order to apply to join our Register. The standards play an important role in public protection. When a professional applies for or renews their registration, or if concerns are raised about their competence while they are registered with us, we use the standards of proficiency in checking whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.

1.8 There are separate standards of proficiency for each of the professions we regulate. The standards of proficiency complement our other standards as well as policies developed by employers and guidance produced by professional bodies.

1.9 The standards of proficiency are divided into generic standards (which apply to all the professions) and standards specific to each of the professions regulated. The purpose of the generic standards is to recognise commonality across all the professions that we regulate. The purpose of the profession-specific standards is to set out additional standards for each profession related to the generic standard.

1.10 We consulted on changes to the generic standards of proficiency between July and October 2010.[1] The new generic standards have now been agreed by our Council and were not the subject of this consultation. Under the new structure, most of the standards of proficiency will be profession-specific, listed under the 15 new generic standards.

Reviewing the profession-specific standards of proficiency

1.11 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. We regularly review the standards of proficiency to:

- reflect current practice or changes in the scope of practice of each profession;
- update the language where needed to ensure it is relevant to the practice of each profession and to reflects current terminology;
- reflect the standard content of pre-registration education programmes;
- clarify the intention of existing standards; and
- correct omissions or avoid duplication.

1.12 In our work to revise the standards prior to consultation, we invited the professional body for dietitians—the British Dietetic Association—to review the standards of proficiency for their profession and tell us whether they considered any changes were necessary. We carefully considered their comments and other feedback we have received on the standards and produced a proposed set of draft standards for the profession to take to public consultation.

1.13 In consulting on proposed changes to the standards, we asked our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for each profession are appropriate, and whether other changes are necessary. We have used the responses we receive to help us decide if any further amendments are needed.

1.14 Once the final sets of standards are approved, they will be published. We will work with education providers to gradually phase-in the new standards after they are published.

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[1] You can find more information about the consultation on our website here: www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=110

About this document

1.15 This document summarises the responses we received to the consultation. The results of this consultation will be used to revise the proposed standards of proficiency for dietitians.

1.16 The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses. Section three provides a summary of the general comments we received, while section four is structured around the responses we received to specific questions. Our responses and decisions as a result of the comments we received are set out in section five.

1.17 In this document, ‘you’ or ‘your’ is a reference to respondents to the consultation, ‘we, ‘us’ and ‘our’ are references to the HCPC.

2. Analysing your responses

2.1 Now that the consultation has ended, we have analysed all the responses we received.

Method of recording and analysis

2.2 We used the following process in recording and analysing your comments.

- We recorded each response to the consultation, noting the date each response was received and whether it was submitted on behalf of an organisation or by an individual;
- We also recorded whether the person or organisation agreed or disagreed with the proposal (please see the section on quantitative analysis below);
- We read each response and noted the comments received against the proposal, and recorded any general comments;
- Finally, we analysed all the responses.

2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

Quantitative analysis

2.4 We received 33 responses to the consultation document. Eight responses (24%) were made by individuals and 25 (76%) were made on behalf of organisations. The table below provides some indicative statistics for the answers to the consultation questions. Responses to question five which asked for any other comments on the standards are summarised in section three of this paper.

Quantitative results

Questions	Yes	No	Partly	Unsure/no response
1. Do you think the standards are at a threshold level necessary for safe and effective practice?	25 (76%)	1 (3%)	4 (12%)	3 (9%)
2. Do you think any additional standards are necessary?	12 (36%)	15 (46%)	1 (3%)	5 (15%)
3. Do you think there are any standards which should be reworded or removed?	26 (79%)	4 (12%)	1 (3%)	2 (6%)
4. Do you have any comments about the language used in the standards?	15 (46%)	13 (39%)	N/A	5 (15%)

3. General comments

3.1 We consulted on the standards for arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers at the same time. Respondents to each of those consultations raised similar issues.

3.2 The following is a high-level summary of the comments of a more general nature we received in response to all the consultation documents. This includes responses to question five. Where we received general comments which were specific to the dietitians' consultation, these have also been included here. The general comments are grouped under specific headings.

'Generic' profession-specific standards

3.3 Many respondents to the consultation were concerned about new profession-specific standards that were originally detailed generic standards of proficiency in the current standards.

3.4 Because these now profession-specific standards were originally generic, a number of them have been transferred into the profession-specific standards for each of the professions we were consulting on concurrently—arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers. Because many of these professions have similar principles reflected in their standards, it appeared to many respondents that some of these principles were actually still generic, and a number of respondents queried why those standards should be considered profession-specific.

English language competency

3.5 A number of respondents were concerned about the English language competency requirements in the standards. Some respondents felt that the requirements should apply equally to all applicants – including those from the European Economic Area (EEA).

'Be able to'/'understand'

3.6 Some respondents felt the phrases 'be able to', 'be aware of' and 'understand the importance of' made the standards more accessible and usable, a number of other respondents were concerned about this choice of construction as they felt it lacks legal strength. Some respondents felt the use of these phrases weakened the standards because they could be interpreted to mean that registrants must only take a passive approach to using the standards, without necessarily being required to be competent in practice, or to put those requirements into action.

3.7 Most of the comments on this choice of wording reflected on the difference between requiring a registrant 'must' do something, as opposed to 'must be able to do'. Some respondents felt the use of 'you must' is more appropriate than 'be able to'.

Relationship between standards of proficiency and conduct standards

3.8 A number of respondents commented that there was a general lack of conduct or ethics-related standards within the proposed profession-specific standards of proficiency. Some respondents felt that it is important that the standards of conduct, performance and ethics, and standards of proficiency are more closely aligned, with a few respondents suggesting that the standards should be combined.

How the standards of proficiency are used

3.9 Some respondents were concerned by some of the new proposed standards, and queried whether registrants who had been in practice for a long period of time would be able to meet all the new standards. Some respondents asked for clarification about how current registrants would be tested against the new standards once they come into effect.

Leadership

3.10 A number of respondents suggested that principles encompassing the concept of leadership should be added to the standards of proficiency for dietitians. This suggestion comes from recent work carried out by the NHS Institute and the NHS Leadership Academy on the Clinical Leadership Competency Framework (CLCF), which aims to build leadership capability and capacity across the healthcare system by embedding leadership competencies in relevant systems including the standards set by professional regulators.[2]

3.11 Some respondents commented that it is important that all regulated professionals understand the principles of shared leadership, and are able to recognise that they are able to contribute to the leadership process within individual organisations. Respondents felt that by adding leadership requirements to the HCPC standards of proficiency, this would drive necessary changes in education and training for the professions we regulate, which would eventually lead to an increase in leadership capability within the national health system.

3.12 More detailed suggestions for how these principles could be reflected in the standards are set out in appendices two and three.

[2] http://www.leadershipacademy.nhs.uk/component/docman/doc_download/8-leadership-framework?Itemid=251

4. Comments in response to specific questions

This section contains comments made in response to specific questions within the consultation document.

Question 1. Do you think the standards are at a threshold level necessary for safe and effective practice?

Most respondents agreed that the standards were at the threshold level for safe and effective practice. Respondents commented that the standards reflected existing training provision and the range of practice of dietitians in public and private sectors across the UK.

A few respondents to the consultation felt that some of the standards were not set at a threshold level. They gave the following reasons:

- A few standards are set at a level that is too high for graduate dietitians to meet.
- The use of the starting phrases ‘be able to’, ‘understand’, and ‘be aware of’ are not adequate to describe requirements that dietitians must meet – for a more detailed summary of the comments we received around this issue generally, please refer to section 3.
- The standards do not include a specific standard around the values of shared leadership – for a more detailed summary of the comments we received around this issue generally, please refer to section 3.

Question 2. Do you think any additional standards are necessary?

A number of respondents commented that additional standards were not necessary as the range of competencies and required knowledge for dietitians was adequately set out in the proposed standards.

However, other respondents felt that more standards are necessary because there are aspects of professional or dietetic practice that are not reflected adequately within the standards.

All of the additional standards suggested by respondents are set out in Appendix Two. There were a number of areas that were suggested by several respondents. These were:

- Leadership;
- Professional conduct;
- Promoting health;
- Mentoring and supervising others;
- Building effective relationships or partnerships with different types of service users; and
- Appropriate use of technology.

Question 3. Do you think there are any standards which should be reworded or removed?

Some respondents felt that the standards are sufficiently clear that they did not require rewording.

However, most respondents commented that there were some standards that did require rewording. Some suggestions were based on concerns raised about the language used in the standards (for example, the use of 'be able to'). Concerns about this form of wording are set out in the summary about the language used in the standards under question three. We have listed all the proposed amendments to the standards in Appendix Three.

Respondents suggested changes to the wording of the standards for the following reasons:

- To provide greater clarity around the HCPC's expectations of dietitians;
- To clarify the ways in which dietitians should work with others;
- The use of the word 'intervention' instead of 'treatment';
- Sensitivity to religious practice—particularly in the area of dietary awareness;
- Training, supervising, or mentoring others; and
- Leadership principles.

Question 4. Do you have any comments about the language used in the standards?

Many respondents felt that the language used in the standards is appropriate, clear, and generally easy to understand.

However, other respondents commented that the language was not as clear as it could be. Many of those respondents commented on the use of 'be able to' or other starting phrases as set out in paragraphs 3.6-3.7 above. Many of these respondents felt that standards that are worded in this way are passive and do not place a strong enough requirement on registrants to commit to good practice standards. Other comments we received about the use of specific phrases or words have been listed in Appendix Three.

Other general comments respondents made about language included:

- Concerns about the use of some legal-sounding terminology;
- Potentially unnecessary repetition of key phrases or requirements; and
- Ambiguity of some words or phrases, and how they are meant to be interpreted in practice.

5. Our comments and decisions

5.1 The following section sets out our response to the range of comments we have received to the consultation. We have not responded to every individual suggestion, but grouped those suggestions thematically and outlined the principles of our response. This section starts with our responses to the general comments we received, before responding to comments about the standards specifically. Our decisions in response to the comments received are set out at the end of this section.

5.2 We received a range of similar comments in response to the consultations we ran concurrently on the standards for arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers. We have responded to those comments in the following section on general comments.

Responses to general comments

This section outlines our response to the general comments outlined in section three.

Leadership

5.3 We are supportive of the Clinical Leadership Competency Framework (CLCF) which emphasises shared responsibility and accountability of all registered professionals at all levels in contributing towards good quality services and improved outcomes for service users. We consider that the majority of the elements and descriptors included in the CLCF are generic and are clearly applicable across all the different professions we regulate. However, we also note that some of the content of CLCF is more specific to clinicians who work within the National Health Service or within managed environments.

5.4 We have considered whether we should change the standards so that 'leadership' as a term is more explicitly used within them. However, we have concluded that it would be more meaningful at this stage (whilst understanding of the CLCF and its definition of leadership develops) to instead ensure good coverage within our standards, where appropriate, of the specific underpinning knowledge, skills, attitudes and behaviours identified in the CLCF. Where we have received comments for amendments to standards or new standards with the aim of embedding the CLCF within the standards, we have considered these carefully to ensure that they are at a threshold level and are not substantially duplicated elsewhere in the standards. We have found that in most cases these competencies are already embedded throughout the standards of proficiency and well reflected in the standards of conduct, performance and ethics. We will publish on our website a position statement setting out our views on the CLCF. As the review of the standards of proficiency progresses, we will publish alongside this example documents showing how the CLCF descriptors map across to our standards.

Generic and profession-specific standards

5.5 The majority of the content of the standards was formerly generic. However, some professions expressed concern that these standards were expressed in ways which were not applicable to their practice. As a result, we agreed 15 high level generic statements which will apply to all the professions we regulate. In redrafting the standards of proficiency, we mapped all the current standards which did not become the new generic standards as profession-specific standards. All the principles contained in the current standards of proficiency—where appropriate—remained in place under the new structure.

5.6 In the standards of proficiency we consulted on in this round of review—arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers—there were a number of formerly detailed generic standards that have been mapped as profession-specific in each of these profession's standards. Some respondents felt that because these principles appear to be shared between a number of the professions we regulate, that they should remain as generic standards.

5.7 The six professions that were part of this round of review do have a number of shared profession-specific standards. However, it would not be appropriate to reinstate these standards as generic standards, as the standards in question are not generic across all the professions we regulate. There are some professions on our Register which do not share many of the standards that respondents were concerned about. However, we have tried to retain as much consistency between different professions' standards wherever possible and appropriate.

'Be able to'

5.8 As we stated in the consultation document, we intentionally use phrases such as 'understand', 'know', and 'be able to' rather than 'must'. This is so the standards remain applicable to current registrants in maintaining their fitness to practise, as well as prospective registrants who have not yet started practising and are applying to be registered for the first time. The standards are also written in a similar way to the learning outcomes set for pre-registration education programmes.

5.9 It is important to note the current standards of proficiency use verbs and starting phrases in the same way as the proposed new profession-specific standards of proficiency. We have not experienced any difficulty in applying the current wording of the standards of proficiency in the way some of our respondents anticipated.

The standards and scope of practice

5.10 The standards set out the proficiencies required of applicants when they apply to join the Register. Once on the Register, every time registrants renew their registration, they are asked to confirm that they continue to meet the standards of proficiency that apply to their own

scope of practice—the area of their profession in which they have the knowledge, skills and experience to practise safely and effectively. We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. That may mean that some registrants may not be able to continue to meet all the standards of proficiency required at entry to their profession. However, as long as those registrants continue to practise safely and effectively within their own scope of practice, and do not practise in the in the areas in which they are not proficient to do so, this is not a problem.

Relationship between standards of proficiency and conduct standards

5.11 The standards of proficiency and standards of conduct, performance and ethics play complementary but distinct roles in how we set requirements for our registrants. While the knowledge, skills, and experience of a professional play a part in their ability to behave and practise ethically, we consider that it is important that our conduct standards remain separate from those which are purely about a professional's proficiency to practise.

5.12 We received some comments about the generic standards of proficiency and the standards of conduct, performance and ethics. These standards were not the subject of this consultation and so we have not reflected them in appendix two or three. However, we will consider these comments when we review each set of standards. We have started our review of the standards of conduct, performance and ethics, and expect to consult on changes to those standards in 2013/14.

English language competency

5.13 Some respondents were concerned that the English language requirements do not apply equally to all applicants to the Register. European Union law limits the ability of regulators such as the HCPC to systematically test the language competency of EEA applicants to our Register, so it would not be possible to amend this requirement at the current time.

Responses to detailed comments about the standards

5.14 In this section, we have set out our responses to suggestions for additional standards or changes to the existing standards. All the proposed additional standards and suggested changes to specific standards are set out in appendix two and three of this document.

5.15 We have not responded to every suggestion individually here, but we have explained the general principles we applied when considering suggested amendments. Where respondents were particularly concerned about certain issues, we have addressed those below under the heading of the relevant standard.

5.16 When we receive suggestions for changes to the standards (including revisions to existing standards or proposed additional standards), we consider the following in deciding whether we should make the change:

- Is the standard necessary for safe and effective practice?
- Is the standard set at the threshold level for entry to the Register?
- Does the standard reflect existing requirements for dietitians on entry into the profession?
- Does the standard reflect existing training provision?
- Is the standard written in a broad and flexible way so that it can apply to different environments in which dietitians might practice or different groups that dietitians might work with?

5.17 We write the standards of proficiency in a broad, flexible way and at a higher level of generality so that registrants working in different settings and in different ways can still meet the standards. For this reason, we use words that are able to be understood in their widest sense. When making decisions about whether to make changes to the standards, we must also consider whether the changes would make the standards too specific or would limit the scope of the standards.

5.18 The standards set out the abilities necessary to practise in a profession. However, the standards are not a curriculum document nor are they intended to be a list of activities which registrants must undertake in any situation. For example, a registrant needs to ‘be able to maintain confidentiality’ on entry to the Register. However, this is an ability and does not mean that there will not be situations where information might need to be shared with, or disclosed to others in the interests of service users or the public.

5.19 Part of our focus for the review of the standards is to ensure that the standards are relevant to the range of practice of each profession. We also aim to avoid duplication in the standards, to ensure they are clearly worded, and to maintain consistency between different professions’ standards wherever possible and appropriate.

Our decisions

5.20 We have made a number of changes to the standards based on the comments we have received in the consultation. We have set out the draft revised standards following consultation in appendix one.

Additional standards

5.21 We have added standards on the following areas:

Standard 7

- Recognising and responding appropriately to situations where it is necessary to share information to safeguard others. This is in response to the range of comments that suggested that the confidentiality standards could be clearer about when registrants should disclose confidential information for the safety of others.

Standard 13

- Understanding the structure and function of health and social care services in the UK. The standards already include a requirement for dietitians to recognise the role of other health and social care professions. We felt that it was appropriate to include an additional requirement to understand the wider structure of health and social care services across the UK.

Changes to specific standards

5.22 We have made the following changes to some standards:

Standard 2

- We have made a minor amendment to a standard to remove duplication around knowledge of legislation, and make clear what is expected as a threshold level requirement for dietitians.
- We have made a minor amendment to a standard to widen the requirement for dietitians to understand the ethical and legal implications of withholding and withdrawing feeding, as well as nutrition.

Standard 3

- We have made a minor amendment to clarify our requirements around professional conduct.

Standard 4

- We have made a minor amendment to a standard to use the term ‘intervention’ consistently.

Standard 6

- We have made minor amendments to a standard to ensure consistent use of the term ‘service user’ within the standards, and to clarify the meaning of the standard.

Standard 9

- We have made a minor amendment to a standard to use the term ‘intervention’ consistently

Standard 10

- We have made some minor amendments to clarify the requirements of our record-keeping requirements, and to remove one standard which duplicated requirements set out in other standards.

Standard 11

- We have made amendments to one standard on reflective practice to clarify meaning and ensure consistency in the way we describe our requirements.

Standard 14

- We have made a minor amendment to a standard to clarify our expectations for dietitians’ use of information technology.

Suggested changes we have not included

5.23 Some of the changes suggested by respondents were not included in the standards because we felt they would duplicate content already contained within the standards we set, or they would not make our requirements clearer. This section does not address every suggested change to the standards, but focusses on responding to overarching themes or areas of concern.

Leadership

- For our response to the suggestions for standards related to the issue of leadership, please see paragraphs 5.3-5.4.

Professional behaviour

- Some respondents made a range of suggestions for additional standards or amendments on the issue of professional conduct. We consider that the draft standards address these proficiencies in adequate detail.

6. List of respondents

Below is a list of all the organisations that responded to the consultation.

Betsi Cadwaladr University Health Board

Central Manchester University Hospitals NHS Foundation Trust

Dietetics Team, University of Surrey

Glasgow Caledonian University

Leeds and York Partnership NHS Foundation Trust

London Region Dietetic Managers Group, London NHS Trusts

NHS Education for Scotland

NHS Leadership Academy

NHS Midlands and East

North Essex Partnership NHS Foundation Trust

Nutrition and Dietetic Service, Cambridgeshire Community Services NHS Trust

Nutrition and Dietetic Service, NHS Tayside

Powys Teaching Health Board

Public Health Agency, Northern Ireland

Robert Jones and Agnes Hunt Orthopaedic Hospital

School of Health and Emergency Professions, University of Hertfordshire

Tayside Nutrition MCN, Directorate of Public Health, NHS Tayside

The British Dietetic Association

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

University Hospital of South Manchester NHS Foundation Trust

Western Health and Social Care Trust

Appendix 1: Draft standards of proficiency for dietitians

New standards and amendments to standards are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~. The standards in this section are subject to legal scrutiny and may be subject to minor editing amendments prior to publication.

No.	Standard
1.	**be able to practise safely and effectively within their scope of practice**
1.1	know the limits of their practice and when to seek advice or refer to another professional
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly
2.	**be able to practise within the legal and ethical boundaries of their profession**
2.1	understand the need to act in the best interests of service users at all times
2.2	understand what is required of them by the Health and Care Professions Council
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users and their central role in decisions about their health
2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
2.5	know about current legislation applicable to the work of their profession
2.6	~~understand the legislative,~~ **know about** policy, ethical, and research frameworks that underpin, inform, and influence the practice of dietetics
2.7	understand the importance of and be able to obtain informed consent
2.8	be able to exercise a professional duty of care

No.	Standard
2.9	understand the ethical and legal implications of withholding ~~or~~ **and** withdrawing **feeding including** nutrition
3.	**be able to maintain fitness to practise**
3.1	understand the need to maintain high standards of personal **and professional** conduct
3.2	understand the importance of maintaining their own health
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning
4.	**be able to practise as an autonomous professional, exercising their own professional judgement**
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
4.2	be able to make reasoned decisions to initiate, continue, modify or cease ~~treatment~~ **interventions** or the use of techniques or procedures, and record the decisions and reasoning appropriately
4.3	be able to initiate resolution of problems and be able to exercise personal initiative
4.4	recognise that they are personally responsible for and must be able to justify their decisions
4.5	be able to make reasoned decisions to accept or decline requests for intervention
4.6	be able to make appropriate referrals and requests for interventions from other services
4.7	understand the importance of participation in training, supervision, and mentoring
5.	**be aware of the impact of culture, equality, and diversity on practice**
5.1	understand the requirement to adapt practice and resources to meet the needs of different groups and individuals

No.	Standard
5.2	understand the significance and potential effect of non-dietary factors when helping individuals, groups and communities to make informed choices about interventions and lifestyle
6.	**be able to practise in a non-discriminatory manner**
6.1	be able to demonstrate sensitivity to ~~social, economic and cultural~~ factors that affect diet, lifestyle, and health and that may affect the interaction between ~~client~~ **service user** and dietitian
7.	**understand the importance of and be able to maintain confidentiality**
7.1	be aware of the limits of the concept of confidentiality
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information
7.3	**be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public**
8.	**be able to communicate effectively**
8.1	be able to demonstrate effective and appropriate verbal and non-verbal communication skills when interacting with a diverse range of individuals, groups, and communities
8.2	be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5[3]
8.3	understand how verbal and non-verbal communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as the characteristics of the individual, group, or community

[3] The International English Language Testing System (IELTS) tests competence in ~~spoken and written~~ **the** English **language**. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, ~~have to~~ **must** provide evidence that they have reached the necessary standard. ~~We also accept the TOEFL test as an equivalent.~~ Please visit our website for more information.

No.	Standard
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as culture, age, ethnicity, gender, religious beliefs and socio-economic status
8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users
9.	**be able to work appropriately with others**
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff, communities, and others
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
9.3	understand the need to empower and engage individuals, groups, and communities in planning and evaluating interventions to meet their needs and goals
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team
9.5	be able to empower individuals, groups and communities to make informed choices including diet, physical activity and other lifestyle adjustments
9.6	be able to work with service users to implement changes in ~~treatment~~ **interventions** in line with new developments
10.	**be able to maintain records appropriately**

No.	Standard
10.1	be able to keep accurate, ~~legible~~ **comprehensive, and comprehensible** records **in accordance with applicable legislation, protocols, and guidelines**
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols, and guidelines
~~10.3~~	~~understand the need to use only accepted terminology in making records~~
11.	**be able to reflect on and review practice**
11.1	understand the value of ~~reflective~~ **reflection on** practice **and the need to record the outcome of such reflection** ~~in informing and critically evaluating practice~~
11.2	recognise the value of multi-disciplinary team review and other methods of review
12.	**be able to assure the quality of their practice**
12.1	be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
12.2	recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of accurate data for quality assurance, governance, clinical audit, research, and improvement programmes
12.3	be able to gather and share information, including qualitative and quantitative data, that evaluates outcomes
12.4	be aware of, and able to participate in, quality improvement processes to assure the quality of their practice
12.5	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in partnership with individuals, groups, and communities
13.	**understand the key concepts of the knowledge base relevant to their profession**
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder, and dysfunction relevant to their profession

No.	Standard
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of interventions and the research process
13.3	recognise the role of other professions in health and social care
13.4	**understand the structure and function of health and social care services in the UK**
13.5	understand the wider determinants of health and wellbeing
13.6	understand the theoretical basis of, and the variety of approaches to, assessment, diagnosis, intervention, and evaluation
13.7	understand, in the context of nutrition and dietetic practice: - biochemistry; - physiology; - clinical medicine; - clinical dietetics; - public health nutrition; - epidemiology; - genetics; - immunology; - microbiology; - nutritional sciences; - pathophysiology; and - pharmacology

No.	Standard
13.8	understand, in the context of nutrition and dietetic practice: - food hygiene; - food science; - food skills; - menu planning; - food systems management; and - the factors that influence food choice
13.9	understand the principles behind the use of nutritional analysis programs to analyse food intake records and recipes and interpret the results
13.10	understand in the context of nutrition and dietetic practice legislation relating to food labelling and health claims
13.11	understand, in the context of nutrition and dietetic practice, the use of appropriate educational strategies, communication, and models of empowerment, behaviour change, and health promotion
13.12	understand, in the context of nutrition and dietetic practice: - sociology; - social policy; - psychology; - management of health and social care; and - public health relevant to the dietetic management of individuals, groups or communities
13.13	understand the methods commonly used in nutrition research and be able to evaluate research papers critically
14.	**be able to draw on appropriate knowledge and skills to inform practice**

No.	Standard
14.1	be able to accurately assess nutritional needs of individuals, groups, and populations, in a sensitive and detailed way using appropriate techniques and resources
14.2	be able to change their practice as needed to take account of new developments or changing contexts
14.3	be able to gather appropriate information
14.4	be able to select and use appropriate assessment techniques
14.5	be able to undertake or arrange investigations as appropriate
14.6	be able to analyse and critically evaluate the information collected in order to identify nutritional needs and develop a diagnosis
14.7	be able to analyse and critically evaluate assessment information to develop intervention plans including the setting of timescales, goals and outcomes
14.8	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, interventions, or other actions safely and effectively
14.9	be able to monitor the progress of nutrition and dietetic interventions using appropriate information, techniques, and measures
14.10	be able to critically evaluate the information gained in monitoring to review and revise the intervention
14.11	be able to use nutritional analysis programs to analyse food intake, records, and recipes and interpret the results
14.12	be able to use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions
14.13	recognise the value of research to the critical evaluation of practice
14.14	be able to use statistical, epidemiological, and research skills to gather and interpret evidence to make reasoned conclusions and judgements to enhance dietetic practice
14.15	be aware of a range of research methodologies and be able to critically evaluate research in order to inform practice

No.	Standard
14.16	be able to ~~demonstrate a level of skill in the~~ use ~~of~~ information and communication technologies appropriate to their practice
14.17	be able to choose the most appropriate strategy to influence nutritional behaviour and choice
14.18	be able to undertake and explain dietetic interventions, having regard to current knowledge and evidence-based practice
14.19	be able to advise on safe procedures for food preparation and handling, and any effect on nutritional quality
14.20	be able to advise on the effect of food processing on nutritional quality
14.21	be able to advise on menu planning, taking account of food preparation and processing, nutritional standards, and requirements of service users
14.22	be able to interpret nutritional information including food labels which may have nutritional or clinical implications
15.	**understand the need to establish and maintain a safe practice environment**
15.1	understand the need to maintain the safety of both service users and those involved in their care
15.2	be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation
15.4	be able to select appropriate personal protective equipment and use it correctly
15.5	be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

Appendix 2: Suggested additional standards

No.	Standard	Suggested additional standards
1.	be able to practise safely and effectively within their scope of practice	Respondents suggested a number of different standards covering the following areas: • knowing when and from whom to seek help; • knowing when to use skills available to them and when not to; • safe case-load management;
2.	be able to practise within the legal and ethical boundaries of their profession	Respondents suggested a number of different standards covering the following areas: • person/patient-centred care; • respecting the dignity of service users; • more explicit reference to professionalism and conduct; • requirement to contribute to the development of the profession (through research, role-modelling, mentorship, challenging poor/practice/unprofessional behaviour in others) • reference to specific legislation when dealing with children and vulnerable people/adults, and a requirement to update knowledge in this area; • knowing when disclosure of information is permitted under the law – being aware or when a duty to disclose overrides duty to maintain confidentiality; • understanding of medico-legal risk and/or the ability to assess and manage risk in the practice setting
3.	be able to maintain fitness to practise	Respondents suggested a number of different standards covering the following areas: • being able to demonstrate an acceptable and reasonable standard of care;
4.	be able to practise as an autonomous	Respondents suggested a number of different standards covering the following areas:

	professional, exercising their own professional judgement	• requirement to actively promote autonomy by encouraging people who use their service to be active participants in their own care; • the ability to demonstrate appropriate leadership (Also see the series of other standards suggested as additions instead of this change under generic standards 4, 9, 11, 12, 13, 14); Suggested new standards to underpin the Clinical Leadership Competency Framework elements: • understand the need to be aware of their own values, principles and assumptions and the impact of their behaviour on others; • be able to act in a manner consistent with the values and priorities of their organisation and profession; • be able to contribute their unique perspective to team, department, system and organisational decisions, as appropriate;
5.	be aware of the impact of culture, equality, and diversity on practice	Respondents suggested a number of different standards covering the following areas: • the ability to demonstrate empathy; • the need to be aware of their own feelings/beliefs/prejudices and the need to put these to one side in providing care; • requirement to take account of sensory/deficits/impairments and modify approach accordingly (could also sit under standard 8); • demonstrating understanding of mental health, or psychological effects on physical health;
6.	be able to practise in a non-discriminatory manner	
7.	be able to maintain confidentiality	Respondents suggested a number of different standards covering the following areas: • Need for dietitians to be aware of safety and security when using information technology;

8.	be able to communicate effectively	Respondents suggested a number of different standards covering the following areas: • understanding of the concepts of motivational interviewing
9.	be able to work appropriately with others	Respondents suggested a number of different standards covering the following areas: • additional requirements around collaborative working; • standards around understanding the importance of teaching and training others including: – understanding the principles of teaching and learning for undergraduate and postgraduate students; – recognising the importance of the dietitian's role in teaching and training students and practitioners from all health and social care professions as appropriate; – Supporting students to identify the roles, responsibilities and values of their profession and how dietitians interact with others in the multidisciplinary team; • more emphasis on health and social care integration; • understanding the need to maintain professional behaviours and to display these at all times when interacting with users of the service, colleagues and team members; • ability to develop effective/therapeutic relationships with members of the healthcare team; • emphasise importance of rehabilitation and re-enablement; • emphasise the need/importance of involving patients/service users in all decisions, and ensuring that all decisions are person-centred; • ensuring that decisions taken are in the best interests of patients/service users and do not reflect only the values of healthcare providers; • supervising others – including health care assistants, dietetic assistants and students; • additional recognition of the work dietitians do with patient population subgroups

		and health promotion (also see suggestion under generic standard 14); • emphasise the need to support the development of other professions and professional groups; • identifying treatment goals/outcomes and the recording of these; Suggested new standards to underpin the Clinical Leadership Competency Framework elements: • understand the need to work with those who provide services in and across different sectors; • recognise the need to participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare delivery by liaising with other healthcare professionals; • be able to contribute effectively to work undertaken as part of a multi-disciplinary team; • understand the value of enabling and empowering service users with the aim of enhancing their access to all services and opportunities which are available to them, as appropriate; • understand group dynamics and roles, and be able to facilitate group work, in order to maximise support, learning and change within groups and communities; • understand the value of encouraging dialogue and debate with a wide range of people including service users, other professionals, support staff and others and recognising different perspectives.
10.	be able to maintain records appropriately	
11.	be able to reflect on and review practice	Respondents suggested a number of different standards covering the following areas: • importance of having insight and being self aware, and modifying behaviour where necessary – linked to reflective and conscientious practice; • seeking and responding to feedback, and being seen to demonstrate the same; • reflecting on practice and learning from clinical incidents. Suggested new standards to underpin the Clinical Leadership Competency Framework

		elements: • be able to change behaviour in light of feedback and reflection, as appropriate; • be able to acknowledge mistakes and treat them as learning opportunities; • understand the need for change and questioning the status quo, as appropriate, and its impact on people and services.
12.	be able to assure the quality of their practice	Respondents suggested a number of different standards covering the following areas: • the need to be able to demonstrate accountability for practice as well as being responsible for it; • being able to provide rationale for all decisions take and demonstrate consideration of alternative courses of action; Suggested new standards to underpin the Clinical Leadership Competency Framework elements: • understand the need to actively contribute to plans to achieve service goals; • understand the value of supporting plans for services that are part of the strategy for the wider healthcare system, as appropriate; • understanding what resources are available, and understanding the need for using resources effectively, safely, and reflecting the diversity of needs; • be able to hold themselves and others accountable for service outcomes, as appropriate; • be able to use evidence, both positive and negative, to identify options; • be able to use systemic ways of assessing and minimising risk; • be able to monitor the effects and outcomes of change; • understand the value in measuring and evaluating outcomes, taking corrective actions where necessary, as appropriate.
13.	understand the key concepts of the knowledge base relevant to their profession	Respondents suggested a number of different standards covering the following areas: • understand the need to continuously improve services;

		• understand and use the principles of shared leadership; - or alternatively the range of standards suggested under generic standards 4, 9, 11, 12, 13, 14); • be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public (to be consistent with arts therapy standards). Suggested new standards to underpin the Clinical Leadership Competency Framework elements: • understand the value of actively contributing to change processes that lead to improving healthcare, as appropriate; • recognise the importance of working in partnership with service users when carrying out research.
14.	be able to draw on appropriate knowledge and skills to inform practice	Respondents suggested a number of different standards covering the following areas: • responsibility to promote health and healthy lifestyles– identifying when there are problems with a service user's health generally and knowing when to suggest they should seek support; • the ability to advise on enteral and parenteral nutrition (also see suggested amendment to standard 14.19); • interpreting data and drawing conclusions; • recognising the importance of quality of life in care planning; • requirement to ensure that equipment utilised in practice is used and calibrated correctly (including skin fold calipers, equipment used in assessing nutritional status and body composition; enteral feeding pumps and insulin pumps); • inclusion of principles related to the 'nutrition care process'; • specific reference to telemedicine/patient access using web-based/smartphone software; • use of simulation technology skills; Suggested new standards to underpin the Clinical Leadership Competency Framework elements:

		• understand the structure and function of health, education and social care services in the UK and current developments.
15.	understand the need to establish and maintain a safe practice environment	

Appendix 3: Detailed comments on the draft standards

Respondents' proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold.**

This section does not include comments received about the generic standards, as they were not within the scope of the consultation.

No.	Standard	
1.	**be able to practise safely and effectively within their scope of practice**	
1.1	know the limits of their practice and when to seek advice or refer to another professional	One respondent suggested that this standard should include consideration of the limits of competence as well as practice: • know the limits of their practice **and competence** and when to seek advice or refer to another professional • know the limits of their practice ~~and~~ when and **from whom** to seek advice or refer **appropriately** to another professional • **recognise and understand** ~~know~~ the limits of their practice and when to seek advice or refer to another professional
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	One respondent felt that the phrase 'and be able to practise accordingly' is redundant within this standard and should be removed.
2.	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	

No.	Standard	
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users and their central role in decisions about their health	One respondent felt that the wording of this standard is ambiguous and that it is not clear whether the standard requires dietitians to recognise the need to respect service user's rights to make decisions about their own health or to recognise the need to involve service users in the decision-making processes that relate to their health.
2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	One respondent suggested the following amendment: • recognise that relationships with service users**, carers and fellow professionals** should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility • recognise that relationships with service users should be based on mutual respect and trust, and be able to **offer or** maintain high standards of care even in situations of personal incompatibility
2.5	know about current legislation applicable to the work of their profession	Some respondents commented that this standard is set too high to be a threshold-level requirement. Some respondents commented that this standard is too vague – and more clearly covered by 2.6. They suggested that either the two standards should be combined or 2.5 should be deleted.
2.6	understand the legislative, policy, ethical and research frameworks that underpin, inform, and influence the practice of dietetics	Some respondents commented that this standard is set too high to be a threshold-level requirement.
2.7	understand the importance of and be able to obtain informed consent	One respondent suggested that this standard should be widened to allow for service users who are unable to give consent Another respondent felt that the standard should be clearer about the range of ways and scenarios where dietitians might need to gain different types of consent.

No.	Standard	
2.8	be able to exercise a professional duty of care	
2.9	understand the ethical and legal implications of withholding or withdrawing nutrition	Respondents suggested the following amendment: • understand the ethical and legal implications of withholding or withdrawing nutrition **and fluid** • understand the ethical and legal implications of withholding or withdrawing nutrition **in order to inform their clinical decision making for treatment plan**
3.	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal conduct	Some respondents felt that this standard did not adequately explain what high standards of personal conduct are: Suggested amendments included: • understand the need to maintain high standards of personal **and professional** conduct • ~~understand the need to~~ maintain high standards of personal conduct
3.2	understand the importance of maintaining their own health	One respondent felt that this standard is potentially discriminatory because it could unnecessarily distress people with disabilities who may wish to consider dietetics as a career. Respondents suggested the following amendments: • understand the importance of **managing** ~~maintaining~~ their own health, **including the use of reasonable adjustments in their work as necessary**; • understand the importance of maintaining their own health, **well-being, and resilience**

No.	Standard	
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	One respondent suggested the following amendment: • ~~understand both the need to~~ keep skills and knowledge up to date **on an ongoing basis** and **therefore apply** ~~the importance of~~ career-long learning • **be able to show evidence of** ~~understand both~~ the need to keep skills and knowledge up to date and the importance of career-long learning
4.	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	Respondents suggested the following amendments: • be able to make reasoned decisions to initiate, continue, modify or cease ~~treatment~~ **interventions** or the use of techniques or procedures, and record the decisions and reasoning appropriately • be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately **within the context of team working** • be able to ~~make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and~~ record the decisions and reasoning appropriately
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	
4.4	recognise that they are personally responsible for and must be able to justify their decisions	

No.	Standard	
4.5	be able to make reasoned decisions to accept or decline requests for intervention	One respondent suggested the following amendment: • be able to make reasoned decisions to **make or** accept **appropriate referrals** ~~or decline~~ ~~requests for intervention~~
4.6	be able to make appropriate referrals and requests for interventions from other services	
4.7	understand the importance of participation in training, supervision, and mentoring	Some respondents queried whether this standard should be worded more clearly to clarify whether it applies to a dietitian receiving these, or delivering them
5.	**be aware of the impact of culture, equality, and diversity on practice**	
5.1	understand the requirement to adapt practice and resources to meet the needs of different groups and individuals	Respondents suggested the following amendments: • understand the requirement to adapt practice and resources**, and if appropriate working with other professionals,** to meet the needs of different groups and individuals • understand the requirement **and be able to take into account the need** to adapt practice and resources to meet the needs of different groups and individuals • understand the **need for and therefore apply the knowledge** ~~requirement~~ to adapt practice ~~and resources to meet the needs of different groups and individuals~~
5.2	understand the significance and potential effect of non-dietary factors when helping individuals, groups and communities to make informed choices about interventions and lifestyle	One respondent suggested the following amendment: • understand the significance and potential effect of non-dietary factors **such as social, economic, cultural and religious practices** when helping individuals, groups and communities to make informed choices about interventions and lifestyle

No.	Standard	
6.	**be able to practise in a non-discriminatory manner**	
6.1	be able to demonstrate sensitivity to social, economic and cultural factors that affect diet, lifestyle and health and that may affect the interaction between client and dietitian	Respondents suggested the following amendments: • be able to demonstrate sensitivity to social, economic, **religious,** and cultural factors that affect diet, lifestyle and health and that may affect the interaction between client and dietitian • be able to demonstrate sensitivity to **personal,** social, economic and cultural factors that affect diet, lifestyle and health and that may affect the interaction between client and dietitian • be able to demonstrate sensitivity to social, economic and cultural factors that affect diet, lifestyle and health and that may affect the interaction between ~~client~~ **service user** and dietitian • be able to demonstrate sensitivity to social, economic and cultural factors that affect diet, lifestyle and health ~~and that may affect the interaction between client and dietitian~~ • be able to **assess and** demonstrate sensitivity to social, economic and cultural factors that affect diet, lifestyle and health and that may affect the ~~interaction~~ **advice/intervention being discussed** between client and dietitian
7.	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	One respondent suggested the following amendment: • be aware of the limits of ~~the concept of~~ confidentiality

No.	Standard	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	One respondent suggested the following amendment: • understand the principles **and legal implications** of information governance and be aware of the safe and effective use of health and social care information • understand the principles of information governance and be aware of the safe and effective use of health and social care information **in all formats including IT formats such as emails, shared networks, and electronic records** • **apply** ~~understand~~ the principles of information governance and be aware of the safe and effective use of health and social care information
8.	**be able to communicate effectively**	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal communication skills when interacting with a diverse range of individuals, groups, and communities	Respondents suggested the following amendments: • be able to demonstrate effective and appropriate verbal, ~~and~~ non-verbal, **and written** communication skills when interacting with a diverse range of individuals, groups, and communities • be able to demonstrate effective and appropriate verbal and non-verbal communication skills when interacting with a diverse range of individuals, groups, and communities, **including colleagues from other professions**
8.2	be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5[4]	

[4] The International English Language Testing System (IELTS) tests competence in spoken and written English. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, have to provide evidence that they have reached the necessary standard. We also accept the TOEFL test as an equivalent. Please visit our website for more information.

No.	Standard	
8.3	understand how verbal and non-verbal communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as the characteristics of the individual, group, or community	One respondent suggested that this standard should place more emphasis on the need to vary/amend style of communication to ensure that it is adapted to the needs of individual patients/service users and is person-centred.
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as culture, age, ethnicity, gender, religious beliefs and socio-economic status	
8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions	
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	Respondents suggested the following amendments: • understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever **required** ~~possible;~~ or • understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter~~, wherever possible~~ • understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, **or use of alternative augmentative communication methods**, wherever possible

No.	Standard	
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users	One respondent suggested the following amendment: • recognise the need to use interpersonal skills **to build therapeutic relationships with** ~~to encourage the active participation of~~ service users
9.	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff, communities, and others	One respondent suggested the following amendment: • be able to work, where appropriate, in **collaboration and** partnership with service users, **carers,** other professionals, support staff, communities, and others • be able to work, where appropriate, in partnership with service users, other professionals, support staff, communities, and others **and encourage their contribution**
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	One respondent suggested the following amendment: • understand the need **and have the skills** to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team • understand the need to **and therefore** build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team

No.	Standard	
9.3	understand the need to empower and engage individuals, groups, and communities in planning and evaluating interventions to meet their needs and goals	A number of registrants were concerned about the use of the word 'empowering' in this standard and how it could be assessed or measured by education providers. One respondent suggested that amendments could be made to this standard to place more emphasis on empowering patients/service-users to take the lead in managing their own care; and the need to engage service users in implementing and leading interventions to meet their needs/goals as well as planning and evaluating them. Another suggestion was: • understand the need to **and therefore** empower and engage individuals, groups, and communities in planning and evaluating interventions to meet their needs and goals
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	One respondent suggested the following amendment: • be able to contribute effectively to work undertaken as part of a multi-disciplinary team **and clinical pathway**
9.5	be able to empower individuals, groups and communities to make informed choices including diet, physical activity and other lifestyle adjustments	A number of registrants were concerned about the use of the word 'empowering' in this standard and how it could be assessed or measured by education providers One respondent suggested this standard could place stronger emphasis on motivating service users to adapt/change behaviour One respondent suggested the following amendment to aid clarity: • be able to empower individuals, groups and communities to make informed choices ~~including~~ **about** diet, physical activity and other lifestyle adjustments
9.6	be able to work with service users to implement changes in treatment in line with new developments	One respondent suggested that the use of the word 'treatment' excludes health promotion and health improvement: • be able to work with service users to implement changes in ~~treatment~~ **interventions** in line with new developments
10.	**be able to maintain records appropriately**	

No.	Standard	
10.1	be able to keep accurate, legible records	One respondent suggested adding requirements around electronic record keeping, as they felt that there is too much emphasis on written records within the standards. Other respondents proposed the following changes: • be able to keep accurate, legible, **timely, and contemporaneous** records • be able to keep accurate, legible **and understandable** records • be able to keep accurate, **comprehensive, unambiguous and** legible records
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	One respondent suggested the following amendment: • recognise the need to manage records, **both electronic and paper,** and all other information in accordance with applicable legislation, protocols and guidelines
10.3	understand the need to use only accepted terminology in making records	Some respondents felt that this standard could be clearer about what 'accepted terminology' means. One respondent suggested the following amendment: • understand the need to use only accepted terminology in making **patient** records
11.	**be able to reflect on and review practice**	

No.	Standard	
11.1	understand the value of reflective practice in informing and critically evaluating practice	One respondent suggested including a requirement to take part in peer reviews in this standard. Respondents suggested the following changes: • understand the value of, **and be able to demonstrate** reflective practice in informing and critically evaluating practice; • understand the value of **reflection on practice and the need to record the outcome of such reflection**; (ensuring that this standard is worded consistently for dietitians, occupational therapists, and physiotherapists) • **be able to use reflection to** ~~understand the value of reflective practice in informing and~~ critically **evaluate and review** ~~evaluating~~ practice
11.2	recognise the value of multi-disciplinary team review and other methods of review	One respondent felt that there needs to be more clarity about what is meant by 'other methods of review'. One respondent suggested the following amendment: • recognise the value **and understand the process** of multi-disciplinary team review and other methods of review
12.	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures	One respondent suggested the following amendment: • be able to engage in evidence-based practice, evaluate practice **systematically**, and participate in **clinical and other** audit procedures

No.	Standard	
12.2	recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of accurate data for quality assurance, governance, clinical audit, research, and improvement programmes	One respondent suggested the following amendment: • recognise the need to monitor and evaluate the quality of practice ~~and the value of contributing~~ **and contribute** to the generation of accurate data for quality assurance, governance, clinical audit, research, and improvement programmes
12.3	be able to gather and share information, including qualitative and quantitative data, that evaluates outcomes	One respondent was concerned that while 12.3 and 12.5 refer to 'outcomes' there is not definitive agreed list of dietetic outcomes for many areas of dietetic practice.
12.4	be aware of, and able to participate in, quality improvement processes to assure the quality of their practice	
12.5	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in partnership with individuals, groups, and communities	One respondent was concerned that while 12.3 and 12.5 refer to 'outcomes' there is not definitive agreed list of dietetic outcomes for many areas of dietetic practice. One respondent suggested the following amendment: • be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in ~~partnership~~ **collaboration** with individuals, groups, and communities
13.	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	One respondent felt it would be helpful to discern between physical and psychological issues within this standard.

No.	Standard	
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of interventions and the research process	One respondent felt that this standard is unclear, and suggested the following wording: • be aware of the principles and applications of scientific enquiry, ~~including the evaluation of interventions~~ and the research process, **including evaluation of interventions**
13.3	recognise the role of other professions in health and social care	One respondent suggested that this standard should be moved to sit beneath standard 9.
13.4	understand the wider determinants of health and wellbeing	One respondent felt that this standard is vague and could be written more clearly. One respondent suggested that standards 13.4, 13.6, and 13.11 could be omitted as they are covered by 13.5.
13.5	understand the theoretical basis of, and the variety of approaches to, assessment, diagnosis, intervention and evaluation	One respondent queried whether this standard is supposed to cover populations needs assessment One respondent suggested that standards 13.4, 13.6, and 13.11 could be omitted as they are covered by 13.5.

No.	Standard	
13.6	understand, in the context of nutrition and dietetic practice: - biochemistry; - physiology; - clinical medicine; - clinical dietetics; - public health nutrition; - epidemiology; - genetics; - immunology; - microbiology; - nutritional sciences; - pathophysiology; and - pharmacology	One respondent suggested that standards 13.4, 13.6, and 13.11 could be omitted as they are covered by 13.5.
13.7	understand, in the context of nutrition and dietetic practice: - food hygiene; - food science; - food skills; - menu planning; - food systems management; and - the factors that influence food choice	Some respondents felt that parts of this standard are vague and insufficiently defined – including food skills, menu planning, and food systems management. Another respondent felt that the final bullet point should be explained in more detail

No.	Standard	
13.8	understand the principles behind the use of nutritional analysis programs to analyse food intake records and recipes and interpret the results	
13.9	understand in the context of nutrition and dietetic practice, legislation relating to food labelling and health claims	
13.10	understand, in the context of nutrition and dietetic practice, the use of appropriate educational strategies, communication and models of empowerment, behaviour change and health promotion	
13.11	understand, in the context of nutrition and dietetic practice: - sociology; - social policy; - psychology; - management of health and social care; and - public health relevant to the dietetic management of individuals, groups or communities	One respondent felt that the final point in this standard is unclear. One respondent suggested that standards 13.4, 13.6, and 13.11 could be omitted as they are covered by 13.5. One respondent suggested that greater emphasis should be placed on sociological and socio-political requirements as they are important to provision of care.

No.	Standard	
13.12	understand the methods commonly used in nutrition research and be able to evaluate research papers critically	One respondent suggested the following amendment: • understand the methods commonly used in nutrition **and dietetic** research and be able to evaluate research papers critically • understand the methods commonly used in nutrition research and be able to evaluate research **findings and research** papers critically
14.	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to accurately assess nutritional needs of individuals, groups, and populations, in a sensitive and detailed way using appropriate techniques and resources	One respondent suggested that this requirement should only apply to individuals, as it may be too difficult to quantify how to 'accurately' assess the needs of groups and populations. A similar suggested amendment was: • be able to ~~accurately~~ assess **as accurately as current methods allow, the** nutritional needs of individuals, groups, and populations, in a sensitive and detailed way using appropriate techniques and resources
14.2	be able to change their practice as needed to take account of new developments or changing contexts	Respondents suggested the following amendments: • be able to change their **own** practice as needed to take account of new developments or changing contexts • be able to change their practice as needed to take account of new developments, **technologies,** or changing contexts
14.3	be able to gather appropriate information	Respondents felt that this standard may be unclear. Respondents suggested the following amendments: • be able to gather **and use** appropriate information • be able to gather **and use** appropriate information **using appropriate methods**

No.	Standard	
14.4	be able to select and use appropriate assessment techniques	Some respondents commented that this standard is set too high to be a threshold-level requirement. Respondent suggested the following amendments: • be able to select ~~and~~ use**, and advise others on** appropriate **nutrition** assessment techniques • **recognise the value of** ~~be able to select and use~~ ~~appropriate~~ assessment techniques **appropriate to practice**
14.5	be able to undertake or arrange investigations as appropriate	
14.6	be able to analyse and critically evaluate the information collected in order to identify nutritional needs and develop a diagnosis	One respondent suggested the following amendment: • be able to analyse and critically evaluate the information collected in order to identify nutritional needs ~~and develop~~ **help support** a diagnosis
14.7	be able to analyse and critically evaluate assessment information to develop intervention plans including the setting of timescales, goals and outcomes	
14.8	be able to conduct appropriate diagnostic or monitoring procedures treatment, therapy, interventions, or other actions safely and effectively	
14.9	be able to monitor the progress of nutrition and dietetic interventions using appropriate information, techniques and measures	

No.	Standard	
14.10	be able to critically evaluate the information gained in monitoring to review and revise the intervention	
14.11	be able to use nutritional analysis programs to analyse food intake, records and recipes and interpret the results	One respondent suggested the following amendment: • be able to ~~use nutritional analysis programs to~~ analyse food intake, records and recipes and interpret the results
14.12	be able to use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions	One respondent suggested the following amendment: • be able to use research, **clinical** reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions
14.13	recognise the value of research to the critical evaluation of practice	
14.14	be able to use statistical, epidemiological and research skills to gather and interpret evidence to make reasoned conclusions and judgements to enhance dietetic practice	
14.15	be aware of a range of research methodologies and be able to critically evaluate research in order to inform practice	One respondent felt that this standard is very similar to standard 13.12, and that they should be combined, or one should be removed.
14.16	be able to demonstrate a level of skill in the use of information and communication technologies appropriate to their practice	
14.17	be able to choose the most appropriate strategy to influence nutritional behaviour and choice	One respondent queried whether nutritional behaviour is the same as dietary behaviour. One respondent felt that ‘choice’ could be made clearer

No.	Standard	
14.18	be able to undertake and explain dietetic interventions, having regard to current knowledge and evidence-based practice	
14.19	be able to advise on safe procedures for food preparation and handling, and any effect on nutritional quality	One respondent suggested that this standard is not part of the core practice for all dietitians. Respondents suggested the following changes: • be able to advise on **enteral and parenteral nutrition**, and safe procedures for food preparation and handling, and any effect on nutritional quality
14.20	be able to advise on the effect of food processing on nutritional quality	One respondent suggested that this standard is not part of the core practice for all dietitians.
14.21	be able to advise on menu planning, taking account of food preparation and processing, nutritional standards and requirements of service users	
14.22	be able to interpret nutritional information including food labels which may have nutritional or clinical implications	
15.	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	One respondent suggested the following amendment: • understand the need to maintain the safety of ~~both~~ service users and those involved in their care

No.	Standard	
15.2	be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	One respondent felt that the wording of this standard was not entirely appropriate for dietitians, and that more clarity is needed around the use of the phrase ‘elimination techniques’.
15.4	be able to select appropriate personal protective equipment and use it correctly	
15.5	be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control	One respondent suggested the following amendment: • be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection ~~control~~ **prevention**