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First Contact Practitioner Self-Declaration Mapping Document for Education Providers: Dietitian

Version 2.0; 12/2022

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# Introduction

This mapping document should be used in conjunction with the Centre for Advancing Practice’s ‘First Contact Practitioners: Self-Declaration Guidance for Education Providers’. The guidance document can be found via [our website](https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/first-contact-practice-self-declaration-education-providers).

The process of self-declaration requires Education Providers to complete the following mapping document, ensuring their module(s) full maps to the specific [Roadmap](https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/ahp-roadmaps/first-contact-practitioners-advanced-practitioners-roadmaps-practice), prior to completing the self-declaration. When providing evidence, Education Providers should include a written narrative and links to the relevant supportive documents.

A mapping document has been devised for each Roadmap (Musculoskeletal, Paramedics, Podiatry, Occupational Therapy and Dietitian) and Education Providers are required to complete all mapping documents relevant to the training and education they deliver. This mapping document is relevant to the Dietitian Roadmap.

# First Contact Practitioner Level 7 Module(s): Dietitian

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| --- | --- |
| **Name of Module/ Programme Lead** |  |
| **Name of the module(s) reviewed** |  |
| **Online link to module(s) details** |  |
| **Date of most recent module(s) validation** |  |
| **Date when next validation is required/planned** |  |

HEE’s threshold requirements for accepting self-declaration are set out below. Please complete all sections.

| **#** | Threshold requirement | **Evidence that supports the threshold requirements** |
| --- | --- | --- |
|  | The module(s) includes both stage 1 and stage 2 of the First Contact Practitioners in Primary Care: (Dietitian) A Roadmap to Practice, with stage 2 including a 75-hour assessed work-based learning in Primary Care |  |
|  | The module(s) has been mapped to the Knowledge Skills and Attributes document from the FCP in Primary Care (Dietitian): A Roadmap to Practice (stage 1) |  |
|  | The Education Provider works with the Primary Care Training Hub/s to support the provision of appropriately trained Roadmap Supervisors for assessment in practice.  OR  Where an Education Provider offers assessed work-based learning, provide details of how this will be consistent with that supervised and assessed by Roadmap Supervisors as described in the FCP Dietitian Roadmap |  |
|  | The module(s) is at level 7 and credits could be used as part of an Advanced Practice Master’s degree (please state number of credits to be awarded) |  |
|  | Applicants will have a minimum of 5 years appropriate post-graduate experience to enrol on the module. |  |
|  | Applicants will have successfully completed online learning as outlined in the First Contact Practitioners in Primary Care: (Dietitian): A Roadmap to Practice during stage 1, prior to commencing stage 2 |  |
|  | Applicants will have secured employer's approval to complete the modules including approval for the assessed supervision of Stage 2 and final sign-off by an appropriately trained Roadmap Supervisor, Educator and Employer OR Education Provider |  |

Key

|  |  |  |  |
| --- | --- | --- | --- |
| Essential Knowledge | | Critical Skills | |
| Domain A: Personalised approaches | | | |
| **Capability 1: Communication and consultation skills** | | | **Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed** |
| 1.1 | Demonstrate advanced critical understanding of the processes of verbal and non-verbal communication, clinical documentation, and the common associated errors of communication e.g. use of inappropriate closed questions, appropriate use of lay and professional terminology. | |  |
| 1.2 | Convey information and address issues in ways that avoid jargon and assumptions; respond appropriately to questions and concerns to promote understanding, including use of verbal, written and digital information | |  |
| 1.3 | Autonomously adapt verbal and non-verbal communication styles in ways that are empathetic and responsive to people’s communication and language needs and culture and values, including levels of spoken English and health literacy. | |  |
| 1.4 | Communicate effectively with individuals who require additional assistance to ensure an effective interaction with a practitioner, including the use of accessible information. | |  |
| 1.5 | Evaluate situations, circumstances or places which make it difficult to communicate effectively (e.g., noisy, distressing or emergency environments), and have strategies in place to overcome these barriers. Meet the information and communication support needs of people who have learning disabilities, an impairment, sensory loss, are neuro-diverse or have other specific communication needs by following the NHS assessable information standard. | |  |
| 1.6 | Enable effective communication approaches to non-face to face situational environments e.g., phone, video, email, or remote consultation | |  |
| 1.7 | Consult in a highly organised and structured way, with professional curiosity as required, whilst understanding the constraints of the time limited nature of primary/urgent care consultations and ensure communication is safe and effective. | |  |
| 1.8 | Elicit psychosocial history to provide context for people’s problems. | |  |
| 1.9 | Manage people effectively, respectfully, and professionally (including where applicable, carers and families) especially at times of conflicting priorities and opinions. | |  |
| 1.10 | Communicate in ways that build and sustain relationships, seeking, gathering, and sharing information appropriately, efficiently, and effectively to expedite and integrate people’s care. | |  |
| 1.11 | Recognise that effective consultation skills are a subset of advanced communication skills highlighted in the capability for history taking and consultation skills. | |  |
| 1.12 | Demonstrate emotional intelligence in all interactions to support effective communication. | |  |
| 1.13 | Identify and utilise a comprehensive range of behaviour change skills with a range of individuals and groups of people. This would include those with special and/or complex needs, to translate complex nutritional theory into a format which is easily understood, to support self-management of the condition. | |  |
| **Capability 2: Practicing holistically to personalise care and promote public and person health** | | | **Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed** |
| 2.1 | Evaluate the impact that a range of social, economic, and environmental factors can have on health outcomes for people, and where applicable their family and carers. | |  |
| 2.2 | Interpret how a person’s preferences and experience, including their individual cultural and religious background, can offer insight into their priorities and wellbeing and support quality of life. | |  |
| 2.3 | Evaluate the implications of, and apply in practice, the relevant legislation for informed consent and shared decision making (e.g., mental capacity legislation, Montgomery consent, Fraser Guidelines). | |  |
| 2.4 | Instigate and or lead best interest decision meetings | |  |
| 2.5 | Recognise a wide range of mental ill health needs, including eating disorders, as well as organic disorders such as dementia, and their impact on dietary, physical, behavioural, emotional, and psychological wellbeing, and know how to access specialist advice and refer to specialist services as appropriate. | |  |
| 2.6 | Have an in-depth understanding of and utilise the systems available for social prescribing provision to support effective nutrition and dietetic intervention. | |  |
| 2.7 | Recognise the effect that long-term conditions, the environment, lifestyle, and genetics can have on mental health and provide information, lifestyle and health promotion advice or referral. | |  |
| 2.8 | Explore and act upon day-to-day interactions with people to encourage and facilitate changes in behaviour such as smoking cessation, reducing alcohol intake and increasing exercise that will have a positive impact on the health and wellbeing of people, communities, and populations i.e., ‘Making Every Contact Count’ and signpost additional resources. Effectively employ the Public Health England “All Our Health” framework in own and wider community of practice. | |  |
| 2.9 | Engage people in shared decision making about their care by:   * + supporting them to express their own ideas, concerns and expectations and encouraging them by asking questions   + explaining in non-technical language all available options (including watch and wait approaches or doing nothing)   + exploring with them the risks and benefits of each available option and discussing any implications   + supporting them to make a decision on their preferred way forward.   explaining to people the relevant multifactorial causes (if known) of their conditions. | |  |
| 2.10 | Recognise and respond appropriately to the impact of psychosocial factors on the presenting problems or general health such as housing issues, work issues, family/carer issues, lack of support, social isolation, and loneliness | |  |
| 2.11 | Evaluate how the vulnerabilities in some areas of a person’s life might be overcome by promoting resilience in other areas. | |  |
| 2.12 | Advise on and refer people appropriately to psychological therapies and counselling services, in line with their needs and wishes, taking account of local service provision. | |  |
| 2.13 | Advise on sources of relevant local or national self-help guidance, information and support and refer to relevant services as required such as coaching and social prescribing | |  |
| 2.14 | Explore the impact of the condition on an individual’s general health, mental wellbeing, employment status and functional and meaningful activities, including physical activity. | |  |
| 2.15 | Implement local systems, procedures and protocols for safeguarding children, young people, and adults.  Including referrals to safeguarding teams and completion of appropriate documentation. | |  |
| **Capability 3: Working with colleagues and in teams** | | | **Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed** |
| 3.1 | Have a deep and systematic knowledge and understanding of wider primary, community care and secondary care, voluntary sector services and teams and refer independently using professional judgement. | |  |
| 3.2 | Take appropriate action(s) in a range of emergency situations. | |  |
| 3.3 | Ensure own work is within professional and personal scope of practice and access advice when appropriate | |  |
| 3.4 | Advocate and utilise the expertise and contribution to peoples’ care of other health and social care professionals and work collaboratively within the multi-professional team to optimise assessment, diagnosis and integrated management and care for people. | |  |
| 3.5 | Communicate effectively with colleagues using a variety of media (e.g., verbal, written and digital) to serve peoples’ best interests. | |  |
| 3.6 | Engage in effective inter-professional communication and collaboration (with clear documentation) to optimise integrated management and care for people. | |  |
| 3.7 | Make direct referrals in a timely manner as indicated by peoples’ needs with regard to referral criteria and organisational policies e.g., 2-week wait cancer pathway, urgent or routine referrals. | |  |
| 3.8 | Participate in effective multi-disciplinary team activity and understand the importance of effective team dynamics. This may include but is not limited to the following: service delivery processes, research such as audit/quality improvement, significant event review, shared learning, and development. | |  |
| 3.9 | Take responsibility for one’s own well-being and promote the well-being of the team escalating any causes for concern appropriately. | |  |
| 3.10 | Initiate and sustain collaborative working relationships across multi-disciplinary teams to effectively develop and/or enable integration of pathways requiring dietetic interventions in primary and secondary care | |  |
| **Capability 4: Maintaining an ethical approach and fitness to practice** | | | **Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed** |
| 4.1 | Critically reflect on how own values, attitudes and beliefs might influence one’s professional behaviour. | |  |
| 4.2 | Demonstrate the application of professional practice in one’s own day to day first contact clinical practice. | |  |
| 4.3 | Identify and act appropriately to promote positive behaviour around equality, diversity, and human rights. | |  |
| 4.4 | Reflect on and address appropriately ethical/moral dilemmas encountered during one’s own work which may impact on care. Advocate equality, fairness and respect for people and colleagues in one’s day to day practice and engage with others in these discussions. | |  |
| 4.5 | Keep up to date with mandatory training and CPD requirements, encompassing those requiring evidence for a first contact role. | |  |
| 4.6 | Recognise and ensure a balance between professional and personal life that meets work commitments, maintains one’s own health, promotes well-being and builds resilience. | |  |
| 4.7 | Demonstrate insight into the health issues primary care can place on personal health and wellbeing (e.g., workload pressures, lone working etc.) when working as an FCP. | |  |
| 4.8 | Promote mechanisms such as complaints, significant events and performance management processes in order to improve people’s care. Promote mechanisms such as compliments and letters of thanks to acknowledge and promote good practice. | |  |
| 4.9 | Behave safely, responsibly, legally, and ethically online, particularly in relation to social networking sites. | |  |
| Domain B: Assessment, investigations, and diagnosis | | | |
| **Capability 5: Information gathering and interpretation** | | | **Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed** |
| 5.1 | Discriminate between a range of consultation models appropriate to the clinical situation and apply appropriately across physical and mental health presentations. | |  |
| 5.2 | Recognise the limits of own clinical knowledge and recognise when presentations are outside own scope of practice. Ensure history taking is detailed to enable advice or referral as appropriate. | |  |
| 5.3 | Appraise and apply the principles of biochemistry, clinical dietetics, clinical medicine, epidemiology, genetics, immunology, microbiology, nutritional science, pathophysiology, pharmacology, mental health, physiology, social history, and public health nutrition in the context of complex nutrition and dietetic interventions. | |  |
| 5.4 | Evaluate and interpret the signs and symptoms of a range of conditions which could impact an individual’s nutritional status, and formulate plan for dietetic intervention, if appropriate. | |  |
| 5.5 | Have an awareness of and be able to recognise a seriously unwell person, and understand escalation protocols to ensure they receive immediate treatment from an appropriate healthcare professional | |  |
| 5.6 | Structure consultations to encourage the person and/or their carer to express their ideas, concerns, expectations and understanding, using active listening skills and open questions to effectively engage with people and carers | |  |
| 5.7 | Be able to undertake general history-taking, and focused history-taking to elicit and assess ‘red flags’ and refer on to an appropriate healthcare professional in a timely manner, according to local policy | |  |
| 5.8 | Synthesise information, taking into account factors which may include the presenting complaint, existing complaints, past medical history, genetic predisposition, medications, allergies, risk factors and other determinants of health to establish differential diagnoses. | |  |
| 5.9 | Incorporate information on the nature of the person’s needs preferences and priorities from various other appropriate sources e.g., third parties, previous histories, and investigations. | |  |
| 5.10 | Explore and appraise peoples’ ideas, concerns and expectations regarding their symptoms and condition and whether these may act as a driver or form a barrier. | |  |
| 5.11 | Critically appraise complex, incomplete, ambiguous, and conflicting information gathered from history-taking and/or examination, distilling and synthesising key factors from the appraisal, and identifying those elements that may need to be pursued further. | |  |
| 5.12 | Deliver diagnosis and test/investigation results, (including bad news) sensitively and appropriately in line with local or national guidance, using a range of mediums including spoken word and diagrams for example to ensure the person has understanding about what has been communicated. | |  |
| 5.13 | Record all pertinent information gathered concisely and accurately for clinical management, and in compliance with local guidance, legal and professional requirements for confidentiality, data protection and information governance, including reporting of patient safety incidence. | |  |
| **Capability 6: Clinical examination and procedural skills** | | | **Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed** |
| 6.1 | Demonstrate the ability to apply a range of physical assessment techniques, being informed by an understanding of such techniques’ respective validity, reliability, specificity and sensitivity, and the implications of any limitations within such assessments, to enable an appropriate examination. | |  |
| 6.2 | Recognise and have insight into the limits of own knowledge and skills. Practice within those limitations, recognising when referral to another professional to aid examination may be more appropriate. | |  |
| 6.3 | Ensure the person understands the purpose of any physical examination (including intimate examinations), and/or mental health assessment, describe what will happen and the role of the chaperone where applicable. | |  |
| 6.4 | Obtain appropriate consent and ensure where examinations take place, the person is afforded privacy and their dignity is respected (addressing comfort where practicable and reasonable adjustments being made as needed). Ensure examination is appropriate and clinically effective. | |  |
| 6.5 | Adapt practice to meet the needs of different groups and individuals, including adults, children, and those with particular needs (such as cognitive impairment, sensory impairment or learning disability), working with chaperones, where appropriate | |  |
| 6.6 | Apply a range of physical assessment and clinical examination techniques appropriately, systematically, and effectively. | |  |
| 6.7 | Perform a mental health screen appropriate to the needs of the person, their presenting problem and manage any risk factors such as suicidal ideation promptly and appropriately. | |  |
| 6.8 | Use nationally recognised tools where appropriate on assessment | |  |
| 6.9 | Using a systematic approach, identify, analyse, and interpret potentially significant information from the physical and mental health assessment (including any ambiguities/deviations from normal and understanding their clinical significance) | |  |
| 6.10 | Demonstrate accurate and concise documentation of examinations or procedures undertaken to support a clinical management plan, and in compliance with local guidance, legal and professional requirements for confidentiality, data protection and information governance. | |  |
| 6.11 | Demonstrate an in-depth knowledge and understanding of anatomy, physiology, and pathophysiology of all relevant systems such as: respiratory, cardiovascular, gastrointestinal & hepatic, neurological, renal & genitourinary, and central and peripheral nervous system. Understand how they interlink in order to perform clinical examination that is relevant to the FCPs scope of practice. | |  |
| **Capability 7: Making a diagnosis** | | | **Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed** |
| 7.1 | Summarise how to make a diagnosis in a structured way using a problem-solving method informed by an understanding of probability based on prevalence, incidence, and natural history of illness to aid decision making. | |  |
| 7.2 | State key diagnostic biases and common errors and the issues relating to diagnosis in the face of ambiguity and incomplete data. | |  |
| 7.3 | Critically appraise own decision-making processes by applying underpinning models of complex clinical decision making into practice. | |  |
| 7.4 | Understand diagnostic uncertainty and how to share uncertainty with persons. Identify the urgency and necessity of further assessment or investigations required to reach a diagnosis by assessing the relative risks as being immediately life threatening, serious, or minor. | |  |
| 7.5 | Target further investigations appropriately and efficiently following due process with an understanding of respective validity, reliability, specificity and sensitivity and the implications of these limitations. | |  |
| 7.6 | Understand the importance, and implications, of findings and results and take appropriate action. This may be urgent referral/escalation as in life threatening situations, or further investigation, treatment, or referral. | |  |
| 7.7 | Synthesise the expertise of multi-professional teams to aid in diagnosis where needed | |  |
| 7.8 | Focus the objective data gathering and prioritise investigations in the context of the persons presentation and the clinical environment. | |  |
| 7.9 | Formulate a differential diagnosis based on subjective and where available objective data, identifying where necessary the need for further investigations to aid diagnosis. | |  |
| 7.10 | Interpret the subjective and objective findings from the consultation. Exercising clinical judgement, determine differential diagnoses and/or a working diagnosis in relation to all information obtained. This may include the use of time as a diagnostic tool where appropriate. | |  |
| 7.11 | Revise hypotheses in the light of additional information and think flexibly around problems, generating functional and safe solutions. | |  |
| 7.12 | Recognise when information/data may be incomplete (e.g., persons unable to give a history due to age or illness) and take mitigating actions to manage risk appropriately. Recognise the limitations of collateral information from others | |  |
| 7.13 | Be confident in and take responsibility for own decisions whilst being able to recognise when a clinical situation is beyond own capability or competence and escalate appropriately. | |  |
| Domain C: Condition management, treatment, and prevention | | | |
| **Capability 8: Clinical management** | | | **Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed** |
| 8.1 | Critically reflect on limits of own knowledge, and seek advice, when uncertain about correct clinical management | |  |
| 8.2 | Vary the management options responsively according to the circumstances, priorities, needs, preferences, risks, and benefits for those involved with an understanding of local service availability and relevant guidelines and resources. | |  |
| 8.3 | Consider a ‘watch and wait’ approach where appropriate. | |  |
| 8.4 | Safely prioritise problems in situations where the person presents with multiple issues. Manage any conflict between persons priorities and clinically urgent problems | |  |
| 8.5 | Implement shared management/personalised care/support plans in collaboration with people (and where appropriate carers), families and other healthcare professionals. | |  |
| 8.6 | Ensure the management plan considers all options that are appropriate for the care pathway. | |  |
| 8.7 | Arrange appropriate follow up that is safe and timely to monitor changes in the person’s condition in response to treatment and advice, recognising the indications for a changing clinical picture and the need for escalation or alternative treatment as appropriate. | |  |
| 8.8 | Evaluate outcomes of care against existing standards and persons outcomes, managing/adjusting plans appropriately in line with best available evidence. | |  |
| 8.9 | Critically evaluate the efficacy and validity of nutrition and dietetic interventions utilising appropriate information, techniques, and outcome measures | |  |
| 8.10 | Identify when interventions have been successful and complete episodes of care with the person, offering appropriate follow-on advice to ensure people understand what to do if situations/circumstances change. | |  |
| 8.11 | Promote continuity of care as appropriate to the person and practice setting | |  |
| 8.12 | Suggest a variety of follow-up arrangements that are safe and appropriate, whilst also upholding the person’s autonomy. | |  |
| 8.13 | Ensure safety netting advice is appropriate and the person understands when to seek urgent or routine review. | |  |
| 8.14 | Recognise, support, and proactively manage people who require palliative care and those in their last year of life, extending the support to carers and families as appropriate. | |  |
| 8.15 | Apply advanced clinical reasoning and principles of bioethics and evidence-based practice to formulate and deliver nutrition and dietetic intervention based on comprehensive assessment, strategy, monitoring and evaluation of persons with complex needs. | |  |
| 8.16 | Critically appraise and apply a variety of techniques, technologies, and resources to assess a range of nutritional needs of individuals, groups, and populations, as appropriate. | |  |
| 8.17 | Utilise mHealth, where appropriate to deliver patient education to aid the on-going assessment, management and treatment of conditions related to nutrition and dietetics. | |  |
| 8.18 | Provide knowledge and advice on eating for health across all age ranges to persons and other professionals within the multi-disciplinary team. | |  |
| 8.19 | Apply the principles of the ‘Gold Standard Framework’ and NICE guidelines for end-of-life care.  Understand and practice within the key legal frameworks relating to end-of-life care such as, RESPeCT, DNACPR, Advanced Directives, Lasting Power of Attorney, Allow Natural Death Orders and Treatment Escalation Plans | |  |
| 8.20 | Recognise persons with end stage chronic conditions and assess how these might impact on the individual. | |  |
| **Capability 9: Prescribing treatment, administering drugs/ medication, pharmacology** | | | **Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed** |
| 9.1 | If a nonmedical supplementary prescriber (NMSP), you must be familiar with and work within the Royal Pharmaceutical Society: A Competency Framework for all prescribers. | |  |
| 9.2 | Demonstrate knowledge of drug legislation including medicines management adhering to legal frameworks and use appropriate source literature where required (e.g., British National Formulary). | |  |
| 9.3 | Understand the legal mechanisms by which drugs may be administered or supplied by dietitians (Patient Group Directions, Patient Specific Directions) or supplementary prescribed (if a NMSP) and the advantages and limitations of all. Understand the basis on which you may be administering or supplying drugs in your setting or prescribing (if a NMSP). | |  |
| 9.4 | Apply the principles of medicines optimisation and local prescribing guidance for nutritional borderline substances. | |  |
| 9.5 | Have a sound understanding of how repeat prescribing works within the general practice/primary care and wider team – e.g., community pharmacy | |  |
| 9.6 | Understand the local formulary and medications issued only under shared care agreements. | |  |
| 9.7 | When using a PGD or supplementary prescribing, practice in line with the principles of antimicrobial stewardship and antibiotic resistance using available local or national resources. | |  |
| 9.8 | If supplementary prescribing or when supplying/administering medication be able to confidently explain and discuss risk and benefit of medication (including reasons for not prescribing) with people using appropriate tools to assist as necessary. | |  |
| 9.9 | Recognise adverse drug reactions and manage appropriately, including reporting as required through the correct route | |  |
| 9.10 | Advise people on medicines management, taking into account the persons individual circumstances and requirements, compliance, the expected benefits and limitations, and inform them impartially on the advantages and disadvantages in the context of other management options and dietary intake, to support medicines optimisation. | |  |
| 9.11 | Identify sources of further information (e.g., websites or leaflets) and advice (e.g., pharmacists), and signpost appropriately to complement the advice given. | |  |
| 9.12 | Identify and understand the range of options available other than drug prescribing (e.g., not prescribing, promoting self-care, advice on over-the-counter medicines) based on persons choice, appropriateness, and cost effectiveness. | |  |
| 9.13 | Facilitate and or prescribe non-medicinal therapies such as psychotherapy, lifestyle changes and social prescribing. | |  |
| 9.14 | If supplementary prescribing or when supplying/administering medication maintain accurate, legible, and contemporaneous records of medication prescribed and/or administered and advice given in relation to medicine or treatment. | |  |
| 9.15 | Identify and initiate appropriate onward referral for support with polypharmacy if required. | |  |
| 9.16 | Work in partnership with the multi-disciplinary team to optimise medicines usage. | |  |
| 9.17 | Gather and synthesise information regarding the impact of a wide range of medications on nutritional status, including drug nutrient interactions, and the medical conditions they are used to treat. | |  |
| 9.18 | Understand the necessary monitoring requirements in terms of efficacy, need, side effects, safety, clinical cost and in line with prescribing guidelines. Understand and be able to act on the results. | |  |
| 9.19 | Act appropriately on patient safety alerts issued. | |  |
| 9.20 | Where an NMSP, support people to only take medications they require and de-prescribe where appropriate. | |  |
| 9.21 | Where an NMSP, appropriately review response to medication, recognising the balance of risks and benefits which may occur. Take account of context including what matters to the person and their experience and impact for them and preferences in the context of their life as well as polypharmacy, multimorbidity, frailty, existing medical issues such as kidney or liver issues and cognitive impairment. | |  |
| 9.22 | Understand how over-the-counter supplements and medications can interact with prescribed medications. | |  |
| 9.23 | Where a NMSP, critically analyse polypharmacy, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision. | |  |
| 9.24 | Safely prescribe (if NMSP) and/or supply/administer therapeutic medications relevant and appropriate to scope of practice, including (where appropriate) an applied understanding of pharmacology which considers relevant physiological and/or pathophysiological changes and allergies. | |  |
| Domain D: Service and professional development | | | |
| **Capability 10: Leadership, management, and organisation** | | | **Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed** |
| 10.1 | Show consideration for people and colleagues, carrying out both clinical and non-clinical aspects of work in a timely manner, demonstrating effective time management within the constraints of the time limited nature of general practice/ primary care. | |  |
| 10.2 | Respond positively when services are under pressure, acting in a responsible and considered way to ensure safe practice | |  |
| 10.3 | Role model the values of being an FCP (Dietitian), demonstrating a person-centred approach to service delivery and development. | |  |
| 10.4 | Actively engage in peer review to inform own and other’s practice, formulating and implementing strategies to act on learning and make improvements. | |  |
| 10.5 | Actively seek and be positively responsive to feedback and involvement from people, families, carers, communities, and colleagues in the co-production of service improvements | |  |
| 10.6 | Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect people, families, carers, communities and colleagues’ safety and well-being when necessary. | |  |
| 10.7 | Negotiate an individual scope of practice within legal, ethical, professional, and organisational policies, governance, and procedures, with a focus on managing risk and upholding safety. | |  |
| 10.8 | Deal with compliments and complaints appropriately, following professional standards and applicable local policy | |  |
| 10.9 | Actively participate in Significant Event Review and share the learning. | |  |
| **Capability 11: Education and development** | | | **Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed** |
| 11.1 | Critically assess and address own learning needs, negotiating a personal development plan that reflects a breadth of ongoing professional development. | |  |
| 11.2 | Engage in self-directed learning, critically reflecting on practice to maximise skills and knowledge | |  |
| 11.3 | Actively seek and be open to feedback on own practice by colleagues to promote ongoing development. | |  |
| 11.4 | Be aware of and utilise professional MDT networks and specialist interest groups. | |  |
| **Capability 12: Leadership and evidence-based practice** | | | **Narrative to rationalise how and where this is embedded in the module(s) and how it is assessed** |
| 12.1 | Demonstrate critical understanding of common quantitative research designs, including strengths and weaknesses. | |  |
| 12.2 | Demonstrate critical understanding of common qualitative research designs, including strengths and weaknesses. | |  |
| 12.3 | Appraise and apply best evidence to inform own practice. | |  |
| 12.4 | Support quality improvement initiatives/projects – sharing outcomes and promoting change | |  |
| 12.5 | Support clinical research by signposting research opportunities to people and engaging with recruitment, data collection and other aspects of research when appropriate. | |  |