

**BDA** The Association  
of UK Dietitians



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**DiABETES UK**  
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# Dietetic Competency Framework for Dietitians Working in the Area of Diabetes

## Contents



## Glossary of Terms

Term	Definition
Authoritative knowledge	Knowledge that is far beyond other in dietetic practice. Can apply theory to practice in both the field of diabetes, and within wider healthcare policies.
Enteral feeding/nutrition	Liquid artificial nutrition via a feeding tube into the gastrointestinal tract.
Glycaemic load	Indicator of the effect of foods on glucose levels, based on the glycaemic index and the quantity consumed.
Glycaemic index	Rating to show how quickly foods affect blood glucose levels when a food is eaten on its own
Good working knowledge and understanding	Have a good understanding of the theory but may require support to apply in practice.
In-depth knowledge and understanding	Have knowledge that is more likely to be beyond that of others in dietetic practice, and is able to apply theory in practice
Oral nutrition support	The practice of fortifying usual foods or implementing specialist liquids or powders to provide macro- and micronutrients
BCT	Behaviour Change Therapies
GDM	Gestational Diabetes Mellitus
GL	Glycaemic Load
GI	Glycaemic Index
HCP	Healthcare Professional
MDT	Multi-Disciplinary Team
MI	Motivational Interviewing
ONS	Oral Nutrition Support
PWD	Person/People with Diabetes

## Introduction

### Purpose of The Competency Framework

This Competency Framework (The Framework) is important, as it assists dietitians working in the area of diabetes to support and deliver effective, good quality care for people with diabetes (PWD).

For a more concise, focussed document, The Framework concentrates only on specific dietetic knowledge, skills, and the application thereof by dietitians working in the area of diabetes.

### The Framework will:

- support and facilitate dietitians working in the area of diabetes care and education (diabetes) to support and advise patients, other healthcare professionals, and decision-makers
- outline the dietetic knowledge, skills, and the application thereof, which is required for dietitians working in the area of diabetes. Examples provided are for ideas and do not cover the full spectrum of the levels (localising and individualising may support greater use)
- focus on post-registration dietitians only
- signpost to other guidance and documents regarding non-diabetes dietetic knowledge, skills and behaviours, as needed

### Scope of The Framework

The Framework will:

- apply to dietitians working with type 1 and type 2 diabetes, and for type 2 prevention (pre-diabetes) or other forms of diabetes
- build on levels in succession, but acknowledges that there will be crossovers between adjacent levels during progression
- consider both inpatient, outpatient, primary care, community, and residential settings
- refer to levels in the BDA Post-Registration Professional Development Framework. A complete description of these levels can be found within the BDA Post-Graduate Professional Development Framework, but an overview is as follows:

Entry Level	Enhanced Level	Advanced level	Consultant level
<p>Dietitians enter the profession and develop competency through practice during their early post-registration years, working towards Entry Level capabilities.</p> <p>Dietitians at this level have a good working and background knowledge relevant to their scope of practice. They will demonstrate confidence and proficiency and show fluency and dexterity within their usual scope of practice. At entry level, scope will be limited, but over time, and with motivational support, will be extended.</p> <p>Dietitians at this level are able to complete most tasks using relevant standards based on evidence, taking responsibility to discharge their duties safely. They have some understanding of strategy and longer-term goals, and how their practice contributes to strategy. Complex and unfamiliar situations are managed with supervision, measured planning, and analysis.</p> <p>Support at this level will take different forms, depending on the situation, and is likely to include a preceptorship programme, access to senior staff to discuss challenges and issues, graded exposure to more complex situations, and CPD specifically aimed at extending the scope of practice and skills. Formal 1:1 supervision is relevant to their scope of practice, and supervisors are expected to steer their learning to consistently achieve a higher level of competency within their role.</p>	<p>Dietitians are specialists at this level of practice, with understanding of theory and practice principles without assistance or direct supervision, at an appropriate pace and with appropriate application of the evidence base. At this level, the practitioner will be able to adapt knowledge and skill to specialist or novel situations where there are increased levels of complexity and/or risk.</p> <p>Dietitians at this level have an in-depth knowledge and understanding of an area of practice, and routinely deliver a high standard of practice. They take full responsibility for their own work, and that of others, where appropriate. They will understand their organisation's strategy and how their role contributes to this, developing their practice as necessary. They will manage complex situations confidently and holistically. They demonstrate an ability to solve problems as they arise and justify decisions made using evidence and influences from a breadth of sources.</p> <p>Dietitians at this level are able to identify their development needs and access informal and formal practice supervision and/or mentoring, as necessary.</p>	<p>At this level, dietitians have an authoritative knowledge of their area of practice and associated disciplines, and excellence of practice is achieved with ease. They will be operating at Masters level – where there is an absence of full information, the dietitian will make sound judgements.</p> <p>Dietitians at this level have a deep, strategic understanding of the context of their practice, and are able to engage others in any alternative approaches required to achieve this vision. They will often show an intuitive grasp of complex situations, applying analytical approaches as necessary, to support effective decision-making.</p> <p>Dietitians at this level will use a variety of methods creatively to continue to advance their practice, including formal learning, supervision, mentoring and coaching. They will seek guidance and advice from a variety of sources, including other professionals or professional coaches and mentors. They are likely to be performing many management tasks.</p>	<p>The consultant dietitian is recognised as a national and international leader in their field to the profession, both internally and externally. They may have a doctoral qualification in a subject relevant to their scope of practice. They will make informed judgements on complex issues in their specialist field, often in the absence of complete data. They innovate and lead the development of new techniques, ideas and approaches, evaluating and disseminating these, in order to advance practice in their field and improve outcomes.</p> <p>They proactively communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences. They exercise a high degree of personal responsibility and initiative in complex and unpredictable situations.</p>

## Using the Framework

This Framework document is designed to be tailored to individual services, roles and service specifications, and not necessarily used as a whole.

The [Framework Summary](#) allows users to specify their competencies, and the levels at which they are required to be working at or working towards.

It is expected that those achieving a certain level will have previously achieved (and continue to demonstrate) the appropriate Knowledge and Skills in the lower levels.

The Framework is NOT aimed specifically at specialist diabetes dietitians. It is aimed at ANY dietitian that has contact with PWD.

This means that the Level system should not just be equated to NHS Bands if used in this environment.

### For example:

A specialist diabetes dietitian may be required to have some knowledge and skills at the Enhanced Level, even if they are new to the specialism. However, if their service does not provide diabetes prevention support, they may only require Entry Level for this section.

A gastroenterology dietitian may be working at Advanced Level in their speciality, but may only be required to have Entry Level skills in certain areas related to diabetes.

A dietitian working in the industry for a medical technical company may be required to have Consultant Level knowledge of insulin pumps and CGM, but may not be required to have knowledge or skills in other areas.

Please refer to the BDA Post-Registration Professional Development Framework for further topics around:

- Practice
- Evidence-Based Practice & Research
- Facilitated Learning
- Leadership

## A. Prevention of Type 2 Diabetes

**Aim:** To describe the dietary and lifestyle changes required, in order to reduce the risk of developing type 2 diabetes.

**You're unique!** Diet plays a key role in diabetes prevention. All the leading studies on type 2 diabetes prevention indicate that dietary changes, physical activity and weight loss (if appropriate) are pivotal in the prevention of type 2 diabetes.

### Competency areas include:

1. Delivery of dietary advice to reduce the risk of developing type 2 diabetes
2. Delivery of physical activity advice, in conjunction with dietary advice, to reduce the risk of developing type 2 diabetes

#### Knowledge

Demonstrate good working and background knowledge of:

- the evidence-based nutritional guidelines for the prevention of type 2 diabetes
- key evidence-based studies for type 2 diabetes prevention
- the physiology of food and digestion in relation to blood glucose, weight and insulin resistance
- the importance of weight management and the role of diet in the prevention of type 2 diabetes
- the amount of weight loss linked with a reduction in type 2 diabetes risk
- key nutrients involved in diabetes and weight management
- the role of physical activity in the prevention of type 2 diabetes, including duration and intensity

#### Skills

Be able to:

- deliver programmes that contain content relating to diabetes prevention
- advise and support an individual with a range of appropriate dietary options
- ensure a diet is nutritionally adequate
- recognise when and how to refer to appropriate services
- assist in the development of resources
- demonstrate clinical reasoning skills to tailor dietary advice to:
  - individual beliefs, culture and social status
  - individual likes and dislikes
  - broader medical status and conditions

#### Examples

Providing a diet intervention for balanced healthy eating.

Delivering simple group-based programmes.

## A. Prevention of Type 2 Diabetes

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### Competency areas include:

1. Delivery of dietary advice to reduce the risk of developing type 2 diabetes
2. Delivery of physical activity advice, in conjunction with dietary advice, to reduce the risk of developing type 2 diabetes

#### Knowledge

Demonstrate an in-depth knowledge and understanding of:

- the evidence-based nutritional guidelines for the prevention of type 2 diabetes
- dietary patterns associated with reduced risk of developing type 2 diabetes
- nutrition components of diabetes prevention programmes
- specific foods/drinks associated with increasing the risk of type 2 diabetes
- diets associated with weight loss and diabetes prevention, including fad diets/diet trends
- populations at specific risk of developing type 2 diabetes, and appropriate interventions
- referral routes and outline of diabetes prevention programmes
- local exercise referral programmes for various abilities

#### Skills

Be able to:

- support the development of prevention programmes
- recognise and develop resources for prevention programmes
- advise on a range of dietary options, and provide examples of those associated with reducing the risk of type 2 diabetes
- ensure that education implemented has specific psychosocial factors that directly affect diabetes prevention
- support/supervise development of others in the area of diabetes prevention
- work with the MDT and wider team in developing programmes or treatment for individuals

#### Examples

Providing a holistic approach to dietary intervention in a complex scenario.  
Delivering complex group-based programmes.  
Delivering training to those delivering programmes.

## A. Prevention of Type 2 Diabetes

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### Competency areas include:

1. Delivery of dietary advice to reduce the risk of developing type 2 diabetes
2. Delivery of physical activity advice, in conjunction with dietary advice, to reduce the risk of developing type 2 diabetes

### Knowledge

Demonstrate an authoritative knowledge of:

- the evidence-based nutritional guidelines for the prevention of type 2 diabetes
- various diets associated with health, weight loss and preventing type 2 diabetes
- regional and national prevention programmes
- how various nutritional interventions can influence associated health outcomes
- links with public health drivers in population-based interventions
- set-up and delivery of group-based programmes
- research into diabetes prevention
- research behind diabetes prevention in a variety of populations

### Skills

Be able to:

- review and critically appraise the evidence base for diabetes prevention and dietetic intervention
- liaise with local leisure service coordinators to develop exercise referral programmes
- develop and audit prevention programmes
- compile and discuss regional audit data
- involve local stakeholders in the design and evaluation of programmes and services
- design and deliver high-quality user-facing content and training to those delivering the programmes

### Examples

Participating in peer review systems.  
Using data to change the content of programmes.

## A. Prevention of Type 2 Diabetes

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### Competency areas include:

1. Delivery of dietary advice to reduce the risk of developing type 2 diabetes
2. Delivery of physical activity advice, in conjunction with dietary advice, to reduce the risk of developing type 2 diabetes

### Knowledge

Be recognised as a national/international leader of:

- the evidence-based nutritional guidelines for the prevention of type 2 diabetes
- the construction, operation, and evaluation of diabetes prevention programmes
- methods of comparison, analysis and evaluation of national/international programmes
- opportunities for innovation and the development of novel research and programmes
- public health drivers that affect diabetes prevention

### Skills

Be able to:

- be proactive in sharing expert knowledge and experience nationally and internationally
- input into operational delivery and consider options for upscale and spread
- implement programmes with research to contribute to the wider understanding of diabetes prevention
- advise on required research, and suggest strategies for achieving diabetes prevention programmes
- engage relevant stakeholders, both within and outside the NHS
- foster innovation and creativity in others
- establish and lead multiprofessional prevention strategies

### Examples

Coordinating national programmes.  
Is sought as an expert in diabetes prevention.  
Regularly delivering outcomes at national/international conferences.

## B. Supporting People Living with Diabetes

## Bi. Supporting PWD – Person-centred nutrition care

**Aim:** To provide person-centred nutrition care for people living with diabetes. (See also Section C)

**You're unique!** The dietitian is uniquely qualified to adopt a person-centred approach that focuses on the needs of the person, including translating the science of nutrition in diabetes care, and supporting colleagues to do the same.

### Competency areas include:

1. A person-centred approach throughout interactions with patients in a wide range of settings and patient types
2. Supporting and encouraging colleagues to adopt a person-centred approach with PWD
3. Reflecting on your own practice with respect to patient-centred care, and identifying the need for personal development

### Knowledge

Demonstrate good working and background knowledge of:

- the evidence-based nutritional guidelines for the management of PWD
- the concepts of person-centred care, and the use thereof in nutrition care for PWD
- where to access and apply resources to support person-centred nutrition care and how this could be applied to supporting PWD
- motivational interviewing (MI) and behaviour change techniques (BCT) to assist PWD in setting SMART goals
- the concept of 'Language Matters' when speaking with or about PWD

### Skills

Be able to:

- demonstrate basic skills in MI and BCT to improve health outcomes
- facilitate problem-solving to overcome barriers
- demonstrate respect for PWD choices
- communicate the wishes of PWD to their healthcare teams
- understand that the language used can affect how PWD experience their condition and feel about living with it day to day

### Examples

Using Diabetes UK, JDRF, and local third-sector organisations.

Basic skills in MI, e.g. summarising, paraphrasing and talking through the cycle of change.

Being confident at conducting a consultation and developing SMART goals and types of motivation for that person.

## B. Supporting People Living with Diabetes

## Bi. Supporting PWD – Person-centred nutrition care

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### Competency areas include:

1. A person-centred approach throughout interactions with patients in a wide range of settings and patient types
2. Supporting and encouraging colleagues to adopt a person-centred approach with PWD
3. Reflecting on your own practice with respect to patient-centred care, and identifying the need for personal development

### Knowledge

Demonstrate an in-depth knowledge and understanding of:

- the evidence-based nutritional guidelines for the management of PWD
- how person-centred care can be used to improve nutrition care for PWD
- how to apply person-centred care in nutrition care when developing resources for PWD
- how MI and BCT can be used to assess barriers to change
- how barriers to change will impact an individual's diabetes management
- the details of 'Language Matters' when speaking with or about PWD

### Skills

Be able to:

- discuss what is meant by person-centred care
- use other BCTs to identify PWD needs, including readiness to change
- develop strategies to support change
- apply shared decision-making to promote behaviour change
- begin to develop the skills of identifying when you feel someone may not have capacity for change

### Example

Working with PWD in consultations to establish barriers to change/adherence to lifestyle and medication regimes, and being able to work collaboratively with PWD and other MDT members to help overcome these.

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### Competency areas include:

1. A person-centred approach throughout interactions with patients in a wide range of settings and patient types
2. Supporting and encouraging colleagues to adopt a person-centred approach with PWD
3. Reflecting on your own practice with respect to patient-centred care, and identifying the need for personal development

### Knowledge

Demonstrate an authoritative knowledge of:

- the evidence-based nutritional guidelines for the management of PWD
- how person-centred care can be implemented at a team level to improve nutrition care for PWD
- the origin and principles of person-centred care and related concepts
- the range of resources and training that could be implemented to support the teams providing patient-centred care for PWD
- application of MI and BCT in providing patient-centred care

### Skills

Be able to:

- signpost colleagues
- utilise a variety of MI and BCT approaches to meet the evolving needs of the PWD
- teach patient-centred approaches and behavioural theories to colleagues and other HCPs
- demonstrate abilities as an advocate for PWD at a local level

### Examples

Clinical supervision of other members of staff.  
Supporting training in MI and BCT.

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### Competency areas include:

1. A person-centred approach throughout interactions with patients in a wide range of settings and patient types
2. Supporting and encouraging colleagues to adopt a person-centred approach with PWD
3. Reflecting on your own practice with respect to patient-centred care, and identifying the need for personal development

### Knowledge

Be recognised as a national/international leader of:

- the evidence-based nutritional guidelines for the management of PWD
- the research base concerning the value of person-centred nutrition care
- how to incorporate person-centred nutrition care principles into training, guidelines and protocols
- how to implement MI and BCT into training, guidelines and protocols

### Skills

Be able to:

- use advanced skills in MI and BCT in complex cases
- deliver training on MI and BCT
- demonstrate abilities as an advocate for MI and BCT for PWD at a national level

### Examples

Qualifications in MI and BCT.

Tutoring and answering questions around MI and BCT from other HCPs.

Developing resources around MI and BCT for other HCPs.

Researching the impact of patient-centred and motivated care.

Advocating for person-centred care on other committees.

## B. Supporting People Living with Diabetes

## Bii. Supporting (PWD) – Treatment options, prescribing and de-prescribing

**Aim:** To deliver practical food-based advice, and be able to make informed decisions around medication relating to diabetes.

**You're unique!** The dietitian is uniquely qualified to provide practical nutritional and food-based advice to support PWD. Dietitians are in a unique position to advise on the medication and insulin titration/awareness that may be needed, from diet and lifestyle recommendations to minimising adverse effects.

### Competency areas include:

1. Dietary principles, including carbohydrate awareness and counting
2. Awareness and level of understanding of the interaction between diet and:
  - a. oral therapies for diabetes
  - b. injectable therapies (non-insulin)
  - c. insulin
3. The effect of diet and lifestyle changes on delaying the progression of, or bringing about the remission of, type 2 diabetes
4. Safe and appropriate diabetes medication/insulin dose adjustment recommendations as per local guidance and agreements in respect of diet, activity and target blood glucose levels
5. The impact and influence of dietary concepts and ideas in communities and promoted by the media

### Knowledge

Demonstrate good working and background knowledge of:

- the impact macronutrients will have on blood glucose levels
- oral therapies available to treat diabetes, including side effects, e.g. hypoglycaemia and weight gain
- how oral therapies to treat diabetes are affected by eating patterns and dietary intake
- the need to recognise potential problems, e.g. hypoglycaemia or another adverse event
- the limitations and impact of dietary changes on blood glucose levels
- the impact of oral nutrition support (ONS)
- dietary concepts for PWD that are widely seen in the media

### Skills

Be able to:

- identify dietary adaptations that may be required if any diabetes medications and/or insulin doses are to be altered by other members of the MDT
- clearly communicate how diet, medication and lifestyle might interact
- use appropriate evidence-based resources to support clinical decisions
- refer to colleagues from other professions and/or more specialist colleagues appropriately
- deliver basic education sessions to PWD

### Examples

Delivery of newly diagnosed type 2 diabetes group education sessions including treatment options.

Appropriate recording of diet and drug history.

Identifying possible patterns between diet and blood glucose readings/patient-reported symptoms, and consulting for advice.

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### Knowledge

Demonstrate an in-depth knowledge and understanding of:

- the impact that macronutrients, glycaemic index (GI), and glycaemic load (GL) could have on blood glucose levels
- counting carbohydrates
- the concept of fat and protein counting
- the action of commonly used drugs in diabetes and how doses are adjusted
- factors that may alter dietary intake and medication requirements, e.g. illness, exercise
- insulin profiles and regimes
- technologies to deliver diabetes medication and insulin (e.g. variety of insulin pens and insulin pumps)
- correct timings of diabetes medications and insulin dosing for diet and lifestyle
- the impact of enteral feeding on blood glucose levels
- the benefits of Supplementary Prescribing for dietitians
- common dietary regimes that are widely advertised in the media for PWD

### Skills

Be able to:

- confidently suggest dietary adaptations that may be required if any diabetes medications and/or insulin doses are to be altered
- teach the concept of insulin dose adjustment to carbohydrate ratios
- identify and suggest medication changes that will be enacted by a prescribing health professional. This must be documented and communicated to the relevant professional in a timely manner
- advise on an appropriate ONS regimen based on an individual's diabetes medication
- take a detailed diet, medication and lifestyle history in conjunction with symptoms and glucose levels where appropriate
- deliver educational programmes to PWD with more complex diabetes treatments, e.g. insulin
- explore the evidence around the dietary regimens widely advertised in the media for PWD

### Examples

Delivering structured education programmes for diabetes, e.g. DESMOND, XPERT, DAFNE

Delivering carb counting/carb awareness sessions with the use of medications.

Using the recording of diet, drug and other basic data to make treatment recommendations.

## B. Supporting People Living with Diabetes

## Bii. Supporting (PWD) – Treatment options, prescribing and de-prescribing

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### Competency areas include:

1. Dietary principles, including carbohydrate awareness and counting
2. Awareness and level of understanding of the interaction between diet and:
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5. The impact and influence of dietary concepts and ideas in communities and promoted by the media

### Knowledge

Demonstrate an authoritative knowledge of:

- carbohydrate, fat and protein counting
- diabetes medications, including combinations of medications, and their interactions with diet
- interactions between broader medications commonly used in complex diabetes management\*
- appropriate diabetes medications and doses based on nutrition and lifestyle
- appropriate technology to use in diabetes medication and insulin delivery
- pathways to optimise treatments including dose adjustment of diabetes medications
- local policies, protocols and guidance with regards to diabetes medication and insulin dose adjustment and/or de-prescribing
- the process and requirements to be working towards Supplementary Prescribing for Dietitians
- the evidence base of the dietary regimes that are widely advertised in the media for PWD

### Skills

Be able to:

- competently and safely teach the adjustment of insulin to carbohydrate ratios\*
- give a detailed analysis of glucose monitoring and other sources of biochemical data in relation to dietary intake
- advise on an appropriate enteral feeding regimen based on an individual's diabetes medication
- advise on adjusting medication and/or insulin dose linked to dietary intake and weight change, physical activity or glycaemic control\*
- lead/support the delivery and development of educational programmes aimed at supporting people taking different diabetes treatments
- critically compare and discuss treatment options, including technology options
- identify suitable device options, including medication in blister packs, insulin pen devices, glucose meters and insulin pumps
- critically review and explain the pros and cons of the different dietary regimens that are widely advertised in the media for PWD
- have or be working towards Supplementary Prescribing for Dietitians

### Examples

Recommending changes to diabetes medications, insulin doses or insulin ratios, including de-prescribing based on sensor data or blood glucose test results (as per local policy or protocol).

Agreeing on lifestyle interventions, adjusting medication as required, and then putting in place an approach for monitoring goals and outcomes.

Working towards a prescribing qualification.

Delivering a presentation on the evidence of the different diets used for type 2 diabetes to a group of non-diabetes specialist MDT members.

\*This may require confirmation from a prescribing professional, depending on the service requirements

## B. Supporting People Living with Diabetes

## Bii. Supporting (PWD) – Treatment options, prescribing and de-prescribing

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### Competency areas include:

1. Dietary principles, including carbohydrate awareness and counting
2. Awareness and level of understanding of the interaction between diet and:
  - a. oral therapies for diabetes
  - b. injectable therapies (non-insulin)
  - c. insulin
3. The effect of diet and lifestyle changes on delaying the progression of, or bringing about the remission of, type 2 diabetes
4. Safe and appropriate diabetes medication/insulin dose adjustment recommendations as per local guidance and agreements in respect of diet, activity and target blood glucose levels
5. The impact and influence of dietary concepts and ideas in communities and promoted by the media

### Knowledge

Be recognised as a national/international leader of:

- the evidence base around carbohydrate, fat and protein counting
- development of pathways and services focused on diabetes medications and insulin, and the role the dietitian can play in this
- cost-benefit of medication within the wider healthcare setting
- development of local and national policies, protocols and guidance for the adjustment or de-prescribing of diabetes medication and insulin
- supporting both professional and service development with regards to Supplementary Prescribing

### Skills

Be able to:

- critically assess drug contraindications and potentially abnormal presentations
- create and develop protocols for healthcare professionals to adjust and initiate medication
- create and develop pathways based on treatment options for PWD
- write critical analyses or reports on the evidence for different dietary regimens widely advertised in the media for PWD

### Examples

Developing novel dietetic care plans, including treatment options with planned and monitored outcomes.

Contributing to national guidelines/recommendations.

Prescribing and initiating diabetes medication under Supplementary Prescribing regulations (only for those with this extended scope of practice).

Contributing to the research around dietary regimens for PWD that is widely advertised in the media for PWD.

## B. Supporting People Living with Diabetes

## Biii. Supporting PWD - Appreciating the food environment and food influences

**Aim:** To understand the environmental, social and other influences on an individual's food choices.

**You're unique!** The dietitian is uniquely qualified to provide flexible nutrition information, which can be individualised to meet the social and environmental needs of the person living with diabetes. Dietitians can provide dietary advice for diabetes management, which considers the factors that may affect the ability of a PWD to implement the advice.

### Competency areas include:

Factors that may influence a person's food choices:

- a. Home and family
- b. Type of work
- c. Culture and beliefs
- d. Economic circumstances
- e. The ability to obtain food for themselves and the people they live with
- f. Environmental impact/sustainability
- g. Eating out and away from their normal home situation (See also, Bv)
- h. Other therapeutic dietary requirements

### Knowledge

Demonstrate good working and background knowledge of:

- the local population and their food environment, and how it can impact their food choices
- how to adapt recipes and food choices for different cultures
- how food choices may impact the environment or sustainability
- how to adapt recipes and food choices for different therapeutic diets
- how cultural practices will affect diabetes and eating habits, e.g. Ramadan

### Skills

Be able to:

- use empathy to understand a person's lived experience and make appropriate dietary recommendations
- adapt dietary recommendations appropriately for different therapeutic diets, cultures and individual food preferences
- use appropriate communication and counselling skills

### Examples

Consultations exploring cultural, social and other factors affecting the food choices made by the PWD.

Using interpreters during consultations.

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## Biii. Supporting PWD - Appreciating the food environment and food influences

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### Competency areas include:

Factors that may influence a person's food choices:

- a. Home and family
- b. Type of work
- c. Culture and beliefs
- d. Economic circumstances
- e. The ability to obtain food for themselves and the people they live with
- f. Environmental impact/sustainability
- g. Eating out and away from their normal home situation (See also, Bv)
- h. Other therapeutic dietary requirements

### Knowledge

Demonstrate an in-depth knowledge and understanding of:

- how different people within the community eat, and the factors influencing this
- influences of societal change on food habits
- local issues, including food security, which includes access, affordability, and availability
- the environmental impact and sustainability of chosen dietary choices
- the cultural identities of the local area

### Skills

Be able to:

- use appropriate questioning to gain a detailed understanding of a person's habits, and the factors that influence these
- demonstrate sensitive consultation skills to explore the risk of food insecurity
- develop solutions to specific cultural barriers to nutrition

### Examples

Adapting dietary advice sensitively, while considering local influences on food habits, cultural identity, and the risk of food insecurity.

Working with MDT to support people from more socially deprived backgrounds, in order to offer equal access to care and food provision.

Working with adults to establish new dietary possibilities after the loss of the main food/meal provider.

## B. Supporting People Living with Diabetes

## Biii. Supporting PWD - Appreciating the food environment and food influences

**Aim:** To understand the environmental, social and other influences on an individual's food choices.

**You're unique!** The dietitian is uniquely qualified to provide flexible nutrition information, which can be individualised to meet the social and environmental needs of the person living with diabetes. Dietitians can provide dietary advice for diabetes management, which considers the factors that may affect the ability of a PWD to implement the advice.

### Competency areas include:

Factors that may influence a person's food choices:

- a. Home and family
- b. Type of work
- c. Culture and beliefs
- d. Economic circumstances
- e. The ability to obtain food for themselves and the people they live with
- f. Environmental impact/sustainability
- g. Eating out and away from their normal home situation (See also, Bv)
- h. Other therapeutic dietary requirements

### Knowledge

Demonstrate an authoritative knowledge of:

- social determinants of health and how these influence food choice in PWD across a breadth of cultures and communities
- the concept of 'cultural competence' in healthcare
- the complexity of services and institutions, and how they affect food choices
- appropriate stakeholders in tackling issues

### Skills

Be able to:

- input and shape local initiatives, e.g. food banks and lunch clubs
- interact and partner with internal and external agencies that would have an impact on food choice and influence
- assess your own cultural competence and that of colleagues, with respect to food and diabetes

### Examples

Advising on the use of food banks.  
Working with services that may affect food availability, such as lunch clubs or day centres.  
Providing sustainable Cook and Eat sessions.  
Working with PWD living in environments such as prisons or homeless refuges.  
Adapting meal plans to meet the dietary requirements of people who have diabetes and other healthcare/medical considerations.

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- e. The ability to obtain food for themselves and the people they live with
- f. Environmental impact/sustainability
- g. Eating out and away from their normal home situation (See also, Bv)
- h. Other therapeutic dietary requirements

### Knowledge

Be recognised as a national/international leader of:

- how, when and why to engage stakeholders in action around factors that include a person's food choices
- research, national guidelines and government drivers around factors affecting food choices for PWD

### Skills

Be able to:

- advise, at a regional level, on food and nutrition policy related to diabetes
- develop or contribute to diabetes-related food policy within the environment
- support the development of cultural competence in HCPs at a local, regional or national level

### Examples

Being a sought after expert on the topic.

Working at a national level with prisons, local authorities, food banks, and external agencies of care on the provision of meals to those who are in attendance.

Working with health authorities to ensure policies that provide equality and better access to food, to those in more challenging social environments.

## B. Supporting People Living with Diabetes

## Biv. Supporting PWD - Nutrition and food advice throughout the lifespan of a PWD

**Aim:** To provide relevant nutritional and food advice at diagnosis and throughout the lifespan of a PWD.

**You're unique!** The dietitian is uniquely qualified to adapt food and nutritional advice to support a person with diabetes at diagnosis, through changing health conditions and life events.

### Competency areas include:

Dietary advice for diabetes management that takes into account the changing nutritional requirements and effects of food choices at different stages of life in a person living with diabetes:

- a. Newly diagnosed
- b. For preconception, during pregnancy and post-natal care
- c. Wishing to increase activity levels and participate in sport
- d. Experiencing a change in lifestyle, including a move out of the parental home, a change to, or loss of, a job, or retirement
- e. Older adults
- f. With other health conditions that require therapeutic diets

### Knowledge

Demonstrate good working and background knowledge of:

- when nutrition education is appropriate (i.e. timing)
- the adaptations that can be made to dietary advice to support various times of life
- safety aspects of nutritional advice, e.g. the risk of hypoglycaemia or gastrointestinal side effects
- the effects of various life stages, e.g. ageing, pregnancy and puberty on nutritional requirements/food choices

### Skills

Be able to:

- deliver diabetes dietary education sessions, with support, to PWD, containing appropriate nutritional topics relevant to specific stages of life
- adapt nutritional requirements to a person's age, life stage, and lifestyle changes

### Examples

Delivering diabetes awareness sessions.  
Undertaking nutritional assessments.  
Delivering basic nutrition in pregnancy advice.  
Supporting the delivery of gestational diabetes groups.

## B. Supporting People Living with Diabetes

## Biv. Supporting PWD - Nutrition and food advice throughout the lifespan of a PWD

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- e. Older adults
- f. With other health conditions that require therapeutic diets

### Knowledge

Demonstrate an in-depth knowledge and understanding of:

- the effects of various life stages, e.g. ageing, pregnancy and puberty, on glycaemic control, food choices and nutritional requirements
- the key dietary requirements for specific populations within the various stages of life
- how medication choices might change throughout life stages and how this may affect the dietary advice given

### Skills

Be able to:

- independently deliver diabetes dietary education sessions to PWD containing appropriate nutritional topics relevant to specific stages of life
- adapt food and nutrition advice for PWD over their lifespan in a highly skilled manner

### Examples

Effectively delivering advice to gestational diabetes groups independently.

Providing nutrition and medication advice for physical activity or sports training.

Delivering hypo prevention/advice relating to activity.

Providing appropriate dietary advice to an adult with cognitive impairment (e.g. dementia).

## B. Supporting People Living with Diabetes

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- e. Older adults
- f. With other health conditions that require therapeutic diets

### Knowledge

Demonstrate authoritative knowledge of:

- strategies to support PWD at different points throughout their life
- how to measure appropriate outcomes influenced by nutrition, for people with diabetes, at different times in their lives
- current guidelines within that specialist area, and educating other members of the MDT about the dietetic role

### Skills

Be able to:

- apply knowledge and deliver education to PWD incorporating dietary advice for diabetes and other medical conditions
- use a range of guidelines based on clinical information and assessment to advise on adaptations to diet and medication (if local protocol allows) to specific stages of life
- input into development of programmes/ services for specific stages of life

### Examples

Advising on diet and insulin adjustments for pregnancy in patients with T1DM.

Lead dietitian in young adult transition service.

Auditing outcome measures.

Providing advanced solutions for resolving hypo/hyperglycaemia around sport and exercise.

Providing appropriate dietary advice to support acute situations such as the development of a pressure ulcer.

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- f. With other health conditions that require therapeutic diets

### Knowledge

Be recognised as a national/international leader of:

- recent reviews, trials and initiatives within this area, and approaches to implementation
- effective pathways specific to stage of life with nutrition intervention, e.g. antenatal care, young adults, and older adults

### Skills

Be able to:

- design, implement, and evaluate a service for a specific stage of life
- design education appropriate to a stage of life, including various strategies
- support colleagues in understanding nutrition at various stages of life
- contribute to national guidelines/audits

### Examples

Contributing to the update of local/national protocol or guidelines as a result of audits. Is sought as an expert in one or more of these areas, e.g. physical activity management in athletes.

## B. Supporting People Living with Diabetes

## Bv. Supporting PWD – living in a setting where food is provided

**Aim:** To provide relevant nutritional and food advice for people living in a setting where food is provided, e.g. inpatients, prisons, and care settings.

**You're unique!** The dietitian is uniquely qualified to support the individualised dietary management of PWD, with those who work to support them, and with the food systems of longer-stay hospital inpatients, and those in residential settings.

### Competency areas include:

1. Nutritional and dietary advice to help the PWD make informed choices from the menu provided
2. The training of staff working with or looking after PWD in residential settings, to facilitate an appropriate level of independent self-management of their diabetes
3. Guidance and training to support food service and catering systems to support PWD
4. Guidance and training to support food service and catering systems for PWD in hospital

### Knowledge

Demonstrate good working and background knowledge of:

- food preparation limitations
- public food service
- residential care food service
- hospital food service
- other food services
- the differences, advantages, and limitations of these systems in relation to the scale of delivery (at a local level)
- carrying out nutritional analyses - especially for carbohydrates

### Skills

Be able to:

- deliver training to staff providing these services with support
- negotiate between PWD and the food service provider
- adapt nutritional advice to suit the relevant settings
- collect data for audit and support in analysis and interpretation
- carry out nutritional analyses depending on the need of the service user
- develop a nutrition care plan in partnership with other HCPs

### Examples

Designing individualised diet plans for new admissions of PWD to care homes.

Liaising with catering teams and/or ward staff for timely provision of suitable snacks for PWD.

Educating all parties on the availability and provision of suitable snacks, e.g. at bedtime, to prevent hypoglycaemia.

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### Knowledge

Demonstrate an in-depth knowledge and understanding of:

- education required to support care home staff
- how to implement carbohydrate content labelling and other nutritional information within specific settings
- education required to support catering teams within specific settings to support PWD

### Skills

Be able to:

- develop and deliver training to staff providing these services
- lead on resource development for appropriate staff
- contribute to the detailed analysis and interpretation of audit data related to food service and provision away from the home setting
- input into the development and implementation of plans for the provision of appropriate meals and snacks for PWD

### Examples

Labelling nutrients relevant for PWD on menus in an appropriate manner (e.g type and size of text, relevant information only).

Delivering training to care home staff independently.

Working with the MDT within environments that provide meals to residents, to embrace not only diabetes, but other physical and mental health condition needs.

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4. Guidance and training to support food service and catering systems for PWD in hospital

### Knowledge

Demonstrate an authoritative knowledge of:

- how to design menus to help meet the needs of PWD within the wider setting
- logistics of complex organisations with respect to food service for PWD

### Skills

Be able to:

- use audit data to continually shape service development, identify training needs and feedback to higher levels of setting
- benchmark data to other settings and national guidelines
- design and plan menus at scale for a complex variety of users

### Examples

Planning new menus for PWD.

The implementation of menu ordering systems within environments such as care homes.

Designing and delivering training sessions on the importance of nutrition for PWD.

Developing case studies for education purposes.

## B. Supporting People Living with Diabetes

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3. Guidance and training to support food service and catering systems to support PWD
4. Guidance and training to support food service and catering systems for PWD in hospital

### Knowledge

Be recognised as a national/ international leader of:

- Strategic understanding of food service for PWD
- Understanding of procurement and how to influence changes for both the support of PWD as residents, and the prevention of diabetes

### Skills

Be able to:

- Input into the development of procurement plans for settings to meet the dietary needs of PWD
- Link in with stakeholders to design appropriate services for PWD in various settings

### Examples

Working with external catering providers and suppliers to shape menus for wards in hospitals.

Developing contracts with food suppliers.

Working with local authorities on provision and policy.

## C. Education and Educational Environments

**Aim:** To understand the range of settings and groups of people who require diabetes dietary education and to be aware of factors that impact a person's ability to learn.

**You're unique!** Dietitians have the knowledge and skill to be able to appropriately adapt the dietetic education to the audience and environment.

### Competency areas include:

1. One-to-one diabetes dietetic education
2. Group diabetes dietetic education
3. Remote/virtual diabetes dietetic education
4. Diabetes dietary education to other healthcare professionals
5. Developing resources and material for diabetes dietetic education
6. Adapting diabetes educational resources to the needs of different groups
7. Educational needs analysis and audit

### Knowledge

Demonstrate good working and background knowledge of:

- how to determine the learning style/needs of individuals
- behavioural changes, self-management and self-efficacy
- local referral pathways and when to refer
- communicating up-to-date, and evidence-based, basic general principles of nutritional therapy
- services to support people who don't or can't access 'standard' education services
- professional attitudes and behaviours that are helpful/not helpful
- details and availability of local group-based structured education programmes
- resources available in different languages or formats
- how to access interpreters if required

### Skills

Be able to:

- adapt behaviours and communication style to meet the needs of the individual/target audience
- reinforce information provided by other diabetes professionals
- support development of self-management and self-efficacy skills
- recognise suitable resources and signpost for all ages for all types of diabetes
- support efforts to make changes in daily routines
- use interpersonal skills to engage others
- work with the individuals to develop a basic plan related to acquiring the necessary diabetes management skills based on needs identified during assessments
- use social media and other communication systems to promote awareness and services
- identify potential barriers to self-management
- identify nutrition and weight issues that need referral to a specialised dietitian
- communicate with people who have psychological disorders in a sensitive and empathetic manner

### Examples

Asking for support from specialist team members.  
Facilitating basic group discussions on carb awareness.  
Reflecting on feedback from audience satisfaction questionnaires.  
Listening to people's self-management concerns and challenges.  
Demonstrating insight into your own needs for development.

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7. Educational needs analysis and audit

### Knowledge

Demonstrate an in-depth knowledge and understanding of:

- the principles of adult learning theories and barriers to learning
- the psychosocial impact of diabetes and its treatments on the individual and their family members
- what is needed, in order to tailor the education to the learning styles and needs of the target audience
- how to recognise when adjustments might need to be made to diabetes education, in order to deal with different psychological perspectives
- how to modify the delivery of existing education to adapt to circumstances
- local and national support organisations and networks
- the benefits of needs analyses and audits for education

### Skills

Be able to:

- incorporate principles of adult learning theories and barriers to learning
- assess patients' diabetes self-management education needs, attitudes toward learning, and preferred learning styles
- assess barriers to learning, readiness to learn and preferred learning styles
- apply motivational interviewing skills to assist patients in appropriate and measurable goal setting (i.e. care planning)
- identify potential barriers to effective diabetes self-management education, including cognitive and physical limitations, literacy, lack of support systems, and negative cultural influences
- assess diabetes self-management skills and knowledge of diabetes
- work with people to develop a learning plan to address gaps in knowledge
- ensure the person has the knowledge, skills, and resources necessary to follow through on the plan, i.e. implements and evaluates the learning plan with the patient
- apply fundamental principles of adult learning theories to provide essential structured education
- apply problem-solving skills to assist people in addressing the challenges of diabetes self-management
- focus attention on the problems that people identify themselves, to enhance self-management and quality of life
- reflect on the delivery of structured education for continuous quality improvement
- adapt educational content to be culturally sensitive
- deliver appropriate training programmes to healthcare professionals

### Examples

Delivering group carb awareness programmes, making appropriate adjustments to the content based on the group's overall knowledge and understanding

Facilitating SMART goal setting on diabetes self-management.

Evaluating previous SMART goals on self-management and adapting the goals accordingly.

Identifying when it may be beneficial to employ group management techniques

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7. Educational needs analysis and audit

### Knowledge

Demonstrate an authoritative knowledge of:

- the learning framework, and appropriately applying it to the learning environment within the home, work, and institutional settings
- effective use of evidence-based education strategies in curriculum and materials development
- the psychological impact of a change in PWD health situations, both independent and dependant of diabetes
- how to modify educational programmes to maintain curriculum when delivery changes
- local education needs analyses for diabetes programmes
- auditing diabetes education services

### Skills

Be able to:

- develop effective diabetes self-management/ structured education programmes
- apply models of empowerment and care planning methodology to support effective diabetes self-management
- identify prevalent psychological disorders that warrant special attention and specialised healthcare, such as depression, anxiety, eating disorders and substance abuse, and understand the impact on emotional well-being, self-management behaviours and clinical outcomes
- describe teaching strategies for people who have disabilities and specific learning needs
- identify educational strategies that would be appropriate for people with disabilities and specific learning needs
- facilitate people in assessing their motivation, readiness to learn and commitment to making lifestyle changes
- apply detailed principles of adult learning theories, in order to provide essential structured education
- engage in peer support and peer assessment
- practice effective strategies to manage the different learning styles and capabilities within a group
- evaluate the effectiveness of training programmes

### Examples

DAFNE or other peer-reviewed recognised programme.  
Facilitating group conversations to support individuals' goals on food choices around exercise.  
Performing user evaluation audits of service.

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6. Adapting diabetes educational resources to the needs of different groups
7. Educational needs analysis and audit

### Knowledge

Be recognised as a national/international leader of:

- how to create and deliver evidence-based national programmes
- age-specific learning principles, health literacy, and behaviour change theory
- the latest published literature on psychosocial and behavioural approaches
- identifying the national and international recommendations for education and advocacy to support PWD
- wider organisations, local authority, and government policies on educational needs for people with diabetes
- auditing service provision in order to assess it against local strategic plans

### Skills

Be able to:

- critically review literature to ensure educational approaches remain current
- work independently and serve as a resource in curriculum and programme development, design, evaluation and audit
- assess the training needs of healthcare professionals in the principles of teaching and learning, and develop an action plan to ensure that training needs are met
- ensure that the structured education programme has a philosophy that is evidence-based, patient-centred, empowering, interactive, and supports effective theoretical models

### Examples

Identifying the Key Criteria to ensure that the NICE and SIGN guidance are implemented in full.

A quality assurance process is in place to ensure continuous quality improvement.

Implementing changes to service based on audits, and ensuring that they are in line with education needs and wider health needs targets.

## D. Specialist Support / Multiple Health Condition Management

**Aim:** To be able to identify the knowledge and skills needed to support the nutritional management of PWD who have additional physical and mental health needs, including other long-term conditions. Communicating and collaborating with other healthcare professionals, where appropriate, is an additional aim.

**You're unique!** Dietitians have the skills to be able to translate complex nutritional management plans into practical, food-based advice, which can significantly improve an individual's quality of life.

### Competency areas include:

1. For each specialist area:
  - a. Nutritional requirements/management of the specialist area
  - b. Dietary impact on diabetes control/management (of disease, medication, or nutritional requirements) and the potential risk of complications
2. Aspects of treatment:
  - a. Medical - including different treatment targets
  - b. Pharmacological
  - c. Nutritional treatments - including differences vs 'traditional' diets
3. Dietary guidelines/best practice for the specialist area, including associated health conditions
4. Signposting to appropriate dietary resources for the specialist area
5. Communication and collaboration with other healthcare professionals, including appropriate referral
6. Addressing the specific needs of different groups, e.g. transition, minority ethnic groups, learning disabilities and mental health
7. Gap analysis to identify areas requiring education

### Knowledge

Demonstrate good working and background knowledge of:

- the nutritional principles of the specialist area
- current dietary guidelines and best practice
- where to signpost for further information
- the wider MDT for support and input
- the range of evidence-based dietary approaches and how to access appropriate resources and guidelines
- the possible interaction of dietary approaches for diabetes with advice and requirements for other dietetic conditions

### Skills

Be able to:

- deliver appropriate dietetic advice
- agree on basic goals
- discuss how lifestyle changes reduce the risk of complications
- provide appropriate resources for nutritional recommendations for diabetes and dietary choices, e.g. vegan diets and lipid management advice

### Examples

Recognising factors that need to be addressed in a renal diet alongside diabetes.

Acting safely, and acknowledging your own limits, i.e. referring to specialists.

## D. Specialist Support / Multiple Health Condition Management

**Aim:** To be able to identify the knowledge and skills needed to support the nutritional management of PWD who have additional physical and mental health needs, including other long-term conditions. Communicating and collaborating with other healthcare professionals, where appropriate, is an additional aim.

**You're unique!** Dietitians have the skills to be able to translate complex nutritional management plans into practical, food-based advice, which can significantly improve an individual's quality of life.

### Competency areas include:

1. For each specialist area:
  - a. Nutritional requirements/management of the specialist area
  - b. Dietary impact on diabetes control/management (of disease, medication, or nutritional requirements) and the potential risk of complications
2. Aspects of treatment:
  - a. Medical - including different treatment targets
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  - c. Nutritional treatments - including differences vs 'traditional' diets
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4. Signposting to appropriate dietary resources for the specialist area
5. Communication and collaboration with other healthcare professionals, including appropriate referral
6. Addressing the specific needs of different groups, e.g. transition, minority ethnic groups, learning disabilities and mental health
7. Gap analysis to identify areas requiring education

### Knowledge

Demonstrate an in-depth knowledge and understanding of:

- the current guidelines and evidence-based dietary approaches of the specialist area and the impact on therapeutic goals in diabetes
- the effect of the additional health needs on the nutritional requirements/food choices of the PWD
- where to access a range of resources, including referral to other specialists to support PWD
- the impact of dietary approaches for diabetes on the risk of complications
- nutritional considerations linked with other commonly coexisting health conditions, e.g. IBS or pancreatic exocrine insufficiency
- how learning disabilities and poor mental health can affect dietary intake and choices

### Skills

Be able to:

- adapt food and nutritional advice for PWD and any additional health needs, e.g. dyslipidaemia
- develop resources for adapting diabetes advice
- advise about the dietary adaptation needed for some other medications commonly prescribed in diabetes, e.g. pancreatic exocrine replacement medication
- explain the impact of oral nutrition support or artificial nutrition support on a PWD
- work with the family, carers or MDT to establish how to help overcome the dietary intake and choices of a person with learning disabilities or poor mental health

### Examples

Participating in clinics with other specialist areas, e.g. gastroenterology.

Providing ward level education sessions, e.g. nutritional support advice for PWD and additional health needs.

Developing diet plans for an older person with diabetes, and those requiring nutrition support.

## D. Specialist Support / Multiple Health Condition Management

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**You're unique!** Dietitians have the skills to be able to translate complex nutritional management plans into practical, food-based advice, which can significantly improve an individual's quality of life.

### Competency areas include:

1. For each specialist area:
  - a. Nutritional requirements/management of the specialist area
  - b. Dietary impact on diabetes control/management (of disease, medication, or nutritional requirements) and the potential risk of complications
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  - a. Medical - including different treatment targets
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5. Communication and collaboration with other healthcare professionals, including appropriate referral
6. Addressing the specific needs of different groups, e.g. transition, minority ethnic groups, learning disabilities and mental health
7. Gap analysis to identify areas requiring education

### Knowledge

Demonstrate an authoritative knowledge of:

- the evidence base underpinning current guidelines of the specialist area
- teams, specialists, and agencies involved in specialist areas outside of diabetes
- the potential interactions of dietary approaches for diabetes with advice and requirements for other conditions
- how to liaise between teams/agencies in various settings to achieve management goals for users with complex needs
- the variety of factors that could affect the choices and dietary intake of a person with learning disabilities or poor mental health

### Skills

Be able to:

- support and advise non-specialist colleagues on interpreting and adapting diabetes guidelines regarding dietary approaches in the specialist areas
- develop educational sessions for dietitians and non-specialist colleagues about diabetes with coexisting conditions
- critically appraise the evidence base for current guidelines
- support production of regional or national guidelines, protocols and resources
- support non-specialist colleagues in interpreting and applying current guidelines and evidence base regarding dietary approaches
- be able to adapt dietary advice to people with learning difficulties or poor mental health

### Examples

Local or national presentation of case studies.  
Contributing to local guidelines or policies, e.g. pathways for diabetes and cystic fibrosis

## D. Specialist Support / Multiple Health Condition Management

**Aim:** To be able to identify the knowledge and skills needed to support the nutritional management of PWD who have additional physical and mental health needs, including other long-term conditions. Communicating and collaborating with other healthcare professionals, where appropriate, is an additional aim.

**You're unique!** Dietitians have the skills to be able to translate complex nutritional management plans into practical, food-based advice, which can significantly improve an individual's quality of life.

### Competency areas include:

1. For each specialist area:
  - a. Nutritional requirements/management of the specialist area
  - b. Dietary impact on diabetes control/management (of disease, medication, or nutritional requirements) and the potential risk of complications
2. Aspects of treatment:
  - a. Medical - including different treatment targets
  - b. Pharmacological
  - c. Nutritional treatments - including differences vs 'traditional' diets
3. Dietary guidelines/best practice for the specialist area, including associated health conditions
4. Signposting to appropriate dietary resources for the specialist area
5. Communication and collaboration with other healthcare professionals, including appropriate referral
6. Addressing the specific needs of different groups, e.g. transition, minority ethnic groups, learning disabilities and mental health
7. Gap analysis to identify areas requiring education

### Knowledge

Be recognised as a national/international leader of:

- national and international guidelines and government policy
- novel research in the areas spanning diabetes and specialism
- pathways of specialist areas and how these might impact diabetes pathways

### Skills

Be able to:

- lead on the production of regional or national guidelines, protocols, and resources
- lead on the education of dietitians and other health professionals regarding evidence-based dietary approaches
- liaise effectively and efficiently between teams, services, and pathways

### Examples

Coordinating joint speciality working by developing pathways in diabetes and eating disorders.

## E. Data and Technology

**Aim:** To identify the knowledge and skills that dietetic intervention can provide, which can support the effective use of technology by PWD, in order to help them achieve their goals and outcomes. Technologies could include: smartphone applications, glucose sensor technology, insulin pump therapy, and data/results reviewed via digital software.

**You're unique!** Understanding the impact that different foods and drinks, including their amounts and timings, can have on glucose levels, and how technology can be used to reach desired outcomes.

### Competency areas include:

1. Insulin pumps:
  - a. Carbohydrate counting skills for bolus calculators within insulin pumps
  - b. Fat and protein counting skills for bolus advice when using insulin pump therapy
  - c. The effect of the glycaemic index on bolus advice when using insulin pump therapy
  - d. Advanced bolus options with insulin pump therapy
  - e. Appropriate meal/snack adjustment for activity with insulin pump therapy
  - f. The appropriate use of temporary basal rates for different meals and activities
- g. Timing of insulin delivery with meals when using insulin pump therapy
- h. The relationship between basal and bolus split in insulin pump therapy
- i. Hypo treatment guidelines for insulin pump therapy
- j. The adjustment of insulin:carbohydrate ratios when using pump therapy
2. Flash and Continuous glucose monitoring:
  - a. The effect of foods on sensor glucose values and trend arrows
  - b. Hypo treatment guidelines with sensor glucose monitoring
3. Data interpretation:
  - a. Interpret key reports relating to meal patterns, e.g. meal overlay
  - b. The interpretation of reports, in order to identify carb ratios
4. Other:
  - a. Available 'applications' to assist with carbohydrate, fat and protein counting
  - b. Available apps to use as bolus calculators
  - c. Carbohydrate counting skills for bolus calculators within blood glucose meters/apps

### Knowledge

Demonstrate good working and background knowledge of:

- how to count carbohydrates
- insulin bolus timings (as with MDI)
- key apps and resources available to help with carbohydrate counting
- correct hypo treatment when using insulin pump therapy and/or sensor glucose monitoring

### Skills

Be able to:

- explain to people the concept of carbohydrate counting
- advise the basic management of simple hypoglycaemia
- signpost individuals to resources that may assist with carbohydrate counting

### Example

Educating a user about carbohydrate counting prior to insulin pump therapy initiation.

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### Knowledge

Demonstrate an in-depth knowledge and understanding of:

- carbohydrate counting skills that are needed for bolus calculators in insulin pumps and bolus advisor meters/mobile apps
- advanced bolusing options for lower GI/larger carbohydrate quantities when using MDI or an insulin pump
- the varying effect different foods and drink (including alcohol) will have on sensor glucose values and trend arrows
- temporary basal rates in pump therapy and when they might be used in relation to diet and activity

### Skills

Be able to:

- review insulin pump and sensor data with support and interpret how diet and exercise may be affecting this

### Examples

Accessing insulin pump and sensor data and begin to interpret data around meals, snacks and drinks with support.

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### Knowledge

Demonstrate an authoritative knowledge of:

- observing the effect of the glycaemic index of foods and how that may affect the bolus options used for insulin pump therapy
- fat and protein counting, which may need to be considered when using MDI or insulin pump therapy
- insulin pump and glucose monitoring data reports and recognising where diet is having an influence
- when and how to guide users about temporary basal rates and appropriate adjustments for sickness, alcohol and exercise in pump therapy

### Skills

Be able to:

- competently and safely teach the adjustment of insulin to carbohydrate ratios for pump therapy
- independently be able to review and interpret insulin pump and sensor data and give advice on adjustments to diet and/or insulin
- initiate nutritional management of insulin pump therapy, e.g. carbohydrate counting or different bolus types
- guide a user on how and why to use temporarily basal rates
- demonstrate and evaluate the use of different patterns of bolus administration, e.g. dual and multiwave bolus
- review insulin pump and sensor data with the PWD and other clinicians, and discuss recommended insulin and dietary adjustments based on these data\*

### Examples

Competently and safely guiding a user to use a lowered temporary basal rate for increased aerobic activity.  
Initiating insulin pump therapy safely and independently.\*  
Delivering a DAFNE pump.

\*This may require confirmation from a prescribing professional, depending on the service requirements

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### Knowledge

Be recognised as a national/international leader of:

- contributing to national guidelines with regard to: diabetes technology initiation, management and recommendations
- the evidence base for how fat and protein counting is used in practice for athletes, and the effective use of technology with regard to their dietary regimen

### Skills

Be able to:

- identify and teach others when and how advanced bolus delivery should be used in pump therapy to manage meal composition accounting for GI, fat and protein
- analyse and advise on the best use of technology around nutrition plans for PWD

### Examples

Establishing and delivering pump start groups.\*

Contributing to national and local guidelines on the use of technology around meals, snacks and drinks.

\*This may require confirmation from a prescribing professional, depending on the service requirements

## F. Development and Evaluation of Information and Resources

**Aim:** To identify the knowledge and skills needed in order to be able to recognise (and help patients and staff recognise), develop, and evaluate 'good' quality information about food for PWD.

**You're unique!** A key dietetic skill is to be able to translate scientific research on food, health and disease into practical guidance. To support this, dietitians need to identify, access and use a range of sources of information about food, and lead in facilitating access to good quality information by patients and HCPs.

### Competency areas include:

1. Usability of the information about food available to PWD
2. Usability of the information about food available to HCPs to use with PWD
3. Quality of the information about food available to PWD
4. Quality of the information about food available to HCPs for use with PWD

### Knowledge

Demonstrate good working and background knowledge of:

- sources of information for PWD
- sources of information for HCPs supporting PWD
- sources of information about food available in work areas that meet different needs/levels of health literacy
- how resources relate to the current evidence base
- appropriate language to avoid jargon and stigma

### Skills

Is able to:

- communicate at an appropriate level to promote health literacy
- identify and use appropriate information about food that meets different needs/levels of health literacy
- contribute to the development of good information
- identify sources that are likely to be of good quality
- signpost to appropriate sources, and facilitate accessing these sources for patients and HCPs
- demonstrate an awareness of the key components in developing 'good' information
- communicate accurate and evidence-based health information
- communicate information clearly and concisely
- ensure information has impact and relevance
- critically analyse resources in relation to the current evidence base

### Examples

Recognising that information in newspapers may not be evidence-based.

Understanding that food label information may not be relevant for an individual or group of patients.

Providing feedback on information produced 'in-house'.

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### Competency areas include:

1. Usability of the information about food available to PWD
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3. Quality of the information about food available to PWD
4. Quality of the information about food available to HCPs for use with PWD

### Knowledge

Demonstrate an in-depth knowledge and understanding of:

- information usability and quality tools
- being aware of the process of how to develop patient information
- co-creation/co-production and patient-public involvement

### Skills

Be able to:

- critically appraise these sources to assess the potential usability and quality of different resources
- demonstrate an ability to develop high-quality evidence-based information
- use a range of resources effectively
- independently develop resources on complex diabetes matters
- match resources to the appropriate population

### Examples

Using DISCERN, health literacy tools, and ORCHA.

Identifying and using appropriate information for each patient group.

Developing resources aimed at a particular patient group with diabetes.

Suggesting appropriate apps to digitally enable users.

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1. Usability of the information about food available to PWD
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3. Quality of the information about food available to PWD
4. Quality of the information about food available to HCPs for use with PWD

### Knowledge

Demonstrate an authoritative knowledge of:

- how to undertake research relating to the usability and quality of food information sources
- the evidence base around information that meets different needs, and the impact thereof
- understanding what information is needed in an organisation to meet the needs of patients and staff
- using co-creation and patient-public involvement

### Skills

Is able to:

- ensure that a range of information is available
- educate others on the use of information to meet different needs
- contribute to research
- lead in identifying, developing, and auditing the information/resources being used
- utilise co-creation and patient-public involvement effectively
- identify good practice in digital resources

### Examples

Contributing to the evaluation of the experiences and use of different information sources amongst the patient group.  
Auditing resources that are used by HCPs who work with PWD, e.g. in primary care.

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### Competency areas include:

1. Usability of the information about food available to PWD
2. Usability of the information about food available to HCPs to use with PWD
3. Quality of the information about food available to PWD
4. Quality of the information about food available to HCPs for use with PWD

### Knowledge

Be recognised as a national/international leader of:

- policies on the availability of information within the service that meets different needs within the patient and staff groups
- how to influence national resources

### Skills

Is able to:

- lead the development of policies for the provision of nutrition information
- use research and auditing to develop a policy that states how locally available patient information is developed and recommended for use by patients and HCPs
- use research and auditing to develop a policy that states how nationally available patient information is recommended for use by patients and HCPs
- design and lead research that evaluates the user experience and use of different information sources amongst patient groups
- lead research relating to the usability and quality of food information sources

### Examples

Working with national/international organisations (DUK, JDRF, IDF) on the development of resources.

Leading, from a clinical perspective, on app development from inception to completion.

## G. Ethical and Legal Issues

**Aim:** To have an understanding of the ethical and legal issues that may influence a person's diabetes care, e.g. older adults, advanced complications of diabetes, end-stage renal disease, extensive comorbidities, and limited life-expectancy.

**You're unique!** Dietitians have the skills to understand and support PWD when making ethical and legal choices that may influence their diabetes care.

### Competency areas include:

- a. Dietary guidelines/best practice for ethical and legal issues that may influence a person's diabetes care
- b. Patient perspective of the appropriateness of dietary input
- c. Societal perspective of the appropriateness of dietary input
- d. Alternative or complementary therapies to dietary input
- e. Legal issues, e.g. driving
- f. Support for diabetes research trials
- g. Social responsibility for nutrition and well-being, including safeguarding
- h. End of life pathways

### Knowledge

Demonstrate good working and background knowledge of:

- common points of discussion around ethical and legal issues surrounding diabetes dietary care
- individual patient perspectives of the appropriateness of dietary input
- how PWD can enrol in diabetes research or trials
- where to find safeguarding policies specific to nutrition

### Skills

Be able to:

- communicate at an appropriate level to promote health literacy
- communicate in spoken and written formats to ensure that appropriate legal needs are met
- promote fair and equitable treatment
- seek supervision for clarity where needed
- understand legal issues concerning medical notes and literature

### Examples

Basic discussions on supplements as a complementary therapy for type 2 diabetes.

Knowing how to access the safeguarding team.

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- d. Alternative or complementary therapies to dietary input
- e. Legal issues, e.g. driving
- f. Support for diabetes research trials
- g. Social responsibility for nutrition and well-being, including safeguarding
- h. End of life pathways

#### Knowledge

Demonstrate an in-depth knowledge and understanding of:

- key documents relating to ethical and legal issues surrounding diabetes dietary care
- societal perspectives of the appropriateness of dietary input
- alternative or complementary therapies to dietary therapies that are available for PWD
- Safeguarding policies specific to nutrition

#### Skills

Be able to:

- discuss alternative or complementary therapies to dietary therapies that are available (in line with the HCPC code of conduct)
- provide a PWD with balanced, detailed, and unbiased information on choices that relate to specific diabetes care, to facilitate user decision-making
- raise potential safeguarding issues and be able to refer appropriately

#### Examples

Displaying an awareness of how to access information on mental health acts.

Discussing the concerns of PWD with their safeguarding team.

Being aware that there is guidance from the DVLA around driving vehicles for PWD.

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- e. Legal issues, e.g. driving
- f. Support for diabetes research trials
- g. Social responsibility for nutrition and well-being, including safeguarding
- h. End of life pathways

### Knowledge

Demonstrate an authoritative knowledge of:

- the elements of key documents relating to ethical and legal issues surrounding diabetes dietary care
- being an advocate for PWD in completing legal documents
- how legal matters may affect the day-to-day lives of PWD
- local research trials that PWD may be involved with, which may therefore be influencing their current diabetes management or dietary intake
- local safeguarding policies for PWD
- local end-of-life pathways for PWD

### Skills

Be able to:

- challenge discussions around legal and ethical diabetes dietary decisions
- contribute to key documents relating to ethical and legal issues surrounding diabetes dietary care
- work with other members of the MDT to formulate appropriate end-of-life care pathways for PWD

### Examples

Supporting PWD in completing benefits/DVLA documentation.

Contributing to the writing of policies or position statements around end-of-life care.

Knowing and signposting the DVLA instructions for driving with insulin and CGM.

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- e. Legal issues, e.g. driving
- f. Support for diabetes research trials
- g. Social responsibility for nutrition and well-being, including safeguarding
- h. End of life pathways

### Knowledge

Be recognised as a national/international leader of:

- documents and issues surrounding diabetes dietary care
- upcoming relevant policies around ethics and how to influence these policies
- local and national safeguarding policies for PWD
- local and national end-of-life pathways for PWD

### Skills

Be able to:

- lead on key documents relating to ethical and legal issues surrounding diabetes dietary care
- contribute time and expertise to the promotion of respect, integrity and competence within the profession

### Examples

Leading on the writing of policies or position statements on ethical issues around diabetes care.

Working with organisations to influence parliament around equality in working environments for PWD.

Acting as an expert witness in legal matters, e.g. as a BDA spokesperson.

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