



**AECC**  
**University College**

**First Contact practice**

## **Learning Needs Analysis Form: Dietetic Roadmap**

An LNA is an iterative process which you start by providing details about yourself, your education, experience, and relevant education including a self-assessment mapping exercise against a series of questions – based on the Knowledge, Skills and Attributes specific to the FCP roadmap for your profession. The process uses a series of questions drawn from the KSAs to allow you to summarise the key pieces of evidence you can use to create your FCP portfolio.

Once this form is completed, please email it to [FCP@aecc.ac.uk](mailto:FCP@aecc.ac.uk). The FCP team will analyse the responses and advise you on a pathway to achieving the FCP roadmap. For further details on the route, please visit our [website](#). As required, we will organise a meeting with one of our team to go through your LNA and appraise options on a 1:1 basis. The meeting will identify any gaps your learning/preparation for working as an FCP and how these can be met either through the taught or portfolio route to FCP.

The outcomes from the LNA process are as follows:

1. [Taught route to FCP](#) The PGCert First Contact Practice is the taught route to becoming a recognised First Contact Practitioner (FCP) and made up of 2 academic units of study mapped against the Knowledge, Skills and Attributes required to meet the roadmaps for each profession (HEE, 2021).
2. [Supported portfolio route](#) you may be directed towards the supervised portfolio route to FCP rather than the taught route. This may be because you have already completed academic study which is relevant to the roadmap stage 1 and need to build your portfolio to evidence experiential learning at Stage 2. This is supported by a 20 credit masters level unit.

## Section 1: About you

Name:

Profession: Dietitian

Initial professional registration: (Date)

Regulatory Body: (NMC/HCPC etc): HCPC

### Workplace

Current employer: NHS/GP Practice

Which [ICS](#) do you work in?

Area of Clinical Practice:

Job / role:

Time in current post

### Contact details

Preferred Email:

Phone number:

Address:

### Qualifications

Additional professional qualifications: (Post initial Registration)			
Academic qualifications from completed programmes of study	Award (Level & Title of programme) (e.g., Diploma, BSc)	Date (Year)	University
Detail of modules/courses studied which relate to FCP role:	Module	Date (Year) and Level (e.g., 5, 6, 7)	Education Provider (e.g. NHS trust, Education Provider, Commercial Provider)
<b>Experience</b>			
Summary of current role, responsibilities:  *To be considered alongside a current job description, job role and other relevant role related documentation.			

Summary of any previous Advanced Practice roles:	Employer	Dates of Employment	Responsibilities

### Section 2: Confirmation of Relevant e-learning for FCP

I confirm that I have completed the following e learning modules required as per the FCP roadmap (as relevant) :

Name of module	Date of completion
1	
2	
3	
4	
5	
6	
7	
8	
9 Personalised Care	

Please note you will be provided to provide evidence of completion prior to enrolment

### Section 3: Your knowledge, skills and experience

This section is based around the FCP roadmap for your profession. You are asked to rate your level of knowledge/skill and competence, in relation to the given outcomes. We also ask you to consider the experience that you have relevant to each of the domains where possible

Please use the following rating scale for your knowledge, skills, and competence:

<b>0.</b>	I have little or no knowledge or skill in relation to this outcome
<b>1.</b>	I have some knowledge and skill in this outcome, but need help and support with applying this to practice
<b>2.</b>	I am competent in this area – have the knowledge and skill to practice in relation to this outcome without supervision

<b>3.</b>	I am competent and confident in this area – I have knowledge, skill, and experience of practicing in relation to this outcome and feel able to begin to develop and supervise others in this area of practice
<b>4.</b>	I have expertise in this area – I have considerable knowledge, skill, and experience of practicing in relation to this outcome and would feel confident in teaching and supervising others in relation to this area of practice.

## Domain A: personalised approaches

Capability 1. Communication and consultation skills				
BDA PRPDF	Essential knowledge: Specific knowledge underpinning capabilities 1	ACP primary care dietetic competencies	Your rating (0-4)	Your experience – comment or list relevant experience
P3	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.	B1		
Critical skills: specific skills underpinning capabilities 1				
P3 F1	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	B1.1.9		
P3 L3	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.	B1.1.1		
P2 P3	Communicate effectively with individuals who require additional assistance to ensure an effective interaction with a practitioner, including the use of accessible information	B1.1.5		

P2 P3	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	B1.1.15		
P3	Enable effective communication approaches to non-face to face situational environments e.g. phone, video, email or remote consultation	B1.1.8		
P1	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.	B1.1.7		
P1	Elicit psychosocial history to provide context for people's problems.	B1.1.11		
P2 P3 F3	Manage people effectively, respectfully and professionally (including where applicable, carers and families) especially at times of conflicting priorities and opinions.	B1.1.10		
P2 P3 F1 F3	Communicate in ways that build and sustain relationships, seeking, gathering and sharing information appropriately, efficiently and effectively to expedite and integrate people's care.	B1.1.3		

NEW	Demonstrate emotional intelligence in all interactions to support effective communication.	NEW		
P3	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.	A7		

<b>Capability 2. Practicing holistically to personalise care and promote public and person health</b>				
<b>BDA PRPDF</b>	<b>Essential knowledge: Specific knowledge underpinning capabilities 2</b>	<b>ACP (PCN) competencies</b>	<b>Your rating (0-4)</b>	<b>Your experience – comment or list relevant experience</b>
P1 P2 E1	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.	B1.2.10		
P1 P2	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.	B1.2.13		
P2	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).	B1.2.16		
NEW	Instigate and or lead best interest decision meetings	NEW		
P1	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	A24		



	access specialist advice and refer to specialist services as appropriate.			
P1	Have an in-depth understanding of and utilise the systems available for social prescribing provision to support effective nutrition and dietetic intervention.	A31		
P1 E1	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			
<b>Critical skills: specific skills underpinning capabilities 2</b>				
	Effectively employ the Public Health England “All Our Health” framework in own and wider community of practice	B1.2.8		
P2 P3	Engage people in shared decision making about their care by: <ul style="list-style-type: none"> <li>• Supporting them to express their own ideas, concerns and expectations and encouraging them by asking questions</li> <li>• explaining in non-technical language all available options (including watch and wait approaches or doing nothing)</li> <li>• exploring with them the risks and benefits of each available option and discussing any implications</li> <li>• supporting them to make a decision on their preferred way forward.</li> <li>• explaining to people the relevant multifactorial causes (if known) of their conditions.</li> </ul>	B1.2.3		
P1 P2	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	B1.2.11		

P1 P2	Evaluate how the vulnerabilities in some areas of a person's life might be overcome by promoting resilience in other areas.	B1.2.14		
P1 P2	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.	B1.2.6		
P1 F2	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	B1.2.7		
P1 P2	Explore the impact of the condition on an individual's general health, mental wellbeing, employment status and functional and meaningful activities, including physical activity.	A19		
P1 P2	Implement local systems, procedures and protocols for safeguarding children, young people and adults. Including referrals to safeguarding teams and completion of appropriate documentation.	A29		
L1	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.	B1.3.7		
P1	Take appropriate action(s) in a range of emergency situations.	A26		

<b>Capability 3. Working with colleagues and in teams</b>				
<b>BDA PRPDF</b>	<b>Essential knowledge: Specific knowledge underpinning capabilities 3</b>	<b>ACP (PCN) competencies</b>	<b>Your rating (0-4)</b>	<b>Your experience – comment or list relevant experience</b>
L1	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.	B1.3.7		
P1	Take appropriate action(s) in a range of emergency situations.	A26		

**Critical skills: specific skills underpinning capabilities 3**

P1	Ensure own work is within professional and personal scope of practice and access advice when appropriate	B1.3.1		
P1	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.	B1.3.2		
P3	Communicate effectively with colleagues using a variety of media (e.g. verbal, written and digital) to serve peoples' best interests.	B1.3.4		
P1 P2 P3	Engage in effective inter-professional communication and collaboration (with clear documentation) to optimise integrated management and care for people.	B1.3.3		
P1 P2	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.	B1.3.5		
F1 E3	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.	B1.3.6		
F4	Take responsibility for one's own well-being and promote the well-being of the team escalating any causes for concern appropriately.	B2.1.7		
P1 P3	Initiate and sustain collaborative working relationships across multi-disciplinary teams to effectively develop and/or enable	A15		

	integration of pathways requiring dietetic interventions in primary and secondary care			
--	--	--	--	--

<b>Capability 4. Maintaining an ethical approach and fitness to practice</b>				
<b>BDA PRPDF</b>	<b>Essential knowledge: Specific knowledge underpinning capabilities</b>	<b>ACP (PCN) competencies</b>	<b>Your rating (0-4)</b>	<b>Your experience – comment or list relevant experience</b>
F4	Critically reflect on how own values, attitudes and beliefs might influence one's professional behaviour.	B1.4.9		
<b>Critical skills</b>				
P1 E1	Demonstrate the application of professional practice in one's own day to day first contact clinical practice.	B1.4.1		
L3	Identify and act appropriately to promote positive behaviour around equality, diversity and human rights.	B1.4.8		
F4 L3	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.	B1.4.10		
P1 F3 F4	Keep up to date with mandatory training and CPD requirements, encompassing those requiring evidence for a first contact role.	B1.4.3		
F4	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.	B1.4.12		
F4	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.	B1.4.4		

P2 E2 E3 L4	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.	B1.4.6 B1.4.7		
NEW	Behave safely, responsibly, legally and ethically online, particularly in relation to social networking sites.	NEW		

## Domain B: Assessment, investigations and diagnosis

BDA PRPDF	Essential knowledge: Specific knowledge underpinning capabilities	ACP (PCN) competencies	Your rating (0-4)	Your experience – comment or list relevant experience
P1	Discriminate between a range of consultation models appropriate to the clinical situation and apply appropriately across physical and mental health presentations.	B1.4.9		
P1	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.	B2.1.7		
P1 E1	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.	A17		
P1 E1	Evaluate and interpret the signs and symptoms of a range of	A23		

	conditions which could impact an individual's nutritional status, and formulate plan for dietetic intervention, if appropriate			
<b>Critical skills: specific skills underpinning capabilities 5</b>				
P1	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	A26		
P2 P3	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	B2.1.1		
P1 E1	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	A25 A.3 B2.1.3		
A2.8 B2.1.9	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.	P7.1		
P1 E1	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	B2.1.8		
P1 P2	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.	B2.1.9		
P2	Explore and appraise peoples' ideas, concerns and	B2.1.6		

	expectations regarding their symptoms and condition and whether these may act as a driver or form a barrier.			
P1	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	B2.1.10		
P3	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.	B2.1.4		
P1 P3	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.	A6		

<b>Capability 6 Clinical examination and procedural skills</b>				
<b>BDA PRPDF</b>	<b>Essential knowledge: Specific knowledge underpinning capabilities</b>	<b>ACP (PCN) competencies</b>	<b>Your rating (0-4)</b>	<b>Your experience – comment or list relevant experience</b>
P1 E1	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.	B2.2.6		
P1 E3	Recognise and have insight into the limits of own knowledge and skills. Practice within those limitations,	B1.3.1		

	recognising when referral to another professional to aid examination may be more appropriate.			
<b>Critical skills: specific skills underpinning capabilities 6</b>				
P1 P2 P3	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.	B2.2.2		
P1 P2 E1	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	B2.2.3		
P1 P2 P3 L3	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	B2.2.5		
P1 E1	Apply a range of physical assessment and clinical examination techniques appropriately, systematically and effectively.	B2.2.1		
P1 P2	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.	B2.2.6		
P1 E1	Use nationally recognised tools where appropriate on assessment	B2.2.7		
P1	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)	B2.3.2 B2.3.8		



P1	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.	B2.2.4		
NEW	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	NEW		

<b>Capability 7: Making a Diagnosis</b>				
<b>BDA PRPDF</b>	<b>Essential knowledge: Specific knowledge underpinning capabilities</b>	<b>ACP (PCN) competencies</b>	<b>Your rating (0-4)</b>	<b>Your experience – comment or list relevant experience</b>
	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.	B2.3.3 B2.3.8		
E1	State key diagnostic biases and common errors and the issues relating to diagnosis in the face of ambiguity and incomplete data.	B2.3.6		
P1	Critically appraise own decision-making processes by applying underpinning models of complex clinical			

	decision making into practice.			
P1 P3	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.	B2.3.7		
<b>Critical skills: specific skills underpinning capabilities 7</b>				
P1 E1	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.	B2.3.10		
P1 E1	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.	B2.3.2		
P1	Synthesise the expertise of multi-professional teams to aid in diagnosis where needed	B2.3.9		
P1	Focus the objective data gathering and prioritise investigations in the context of the persons presentation and the clinical environment.	B2.3.8		
P1	Formulate a differential diagnosis based on subjective and where available objective data, identifying where necessary the need for further investigations to aid diagnosis.	B2.3.3		
P1	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.	B2.3.11		
P1	Revise hypotheses in the light of additional information and think flexibly around problems, generating functional and	B2.3.4		

	safe solutions.			
P1	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	B2.3.6		
P1 E3	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.	B2.3.7		
A2.4 B2.3.7	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.	P7.8		

## Domain C: Condition management, treatment and prevention

Capability 8: Clinical Management				
BDA PRPDF	Essential knowledge: Specific knowledge underpinning capabilities	ACP (PCN) competencies	Your rating (0-4)	Your experience – comment or list relevant experience
F4 P1	Critically reflect on limits of own knowledge, and seek advice, when uncertain about correct clinical management	B1.3.1		
Critical skills: specific skills underpinning capabilities 8				
P1 P2 E1	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.	B3.1.8		

P1	Consider a 'watch and wait' approach where appropriate.	B3.1.7		
P1 P2 P3	Safely prioritise problems in situations where the person presents with multiple issues. Manage any conflict between persons priorities and clinically urgent problems	B3.1.1		
P1 P2	Implement shared management/personalised care/ support plans in collaboration with people (and where appropriate carers), families and other healthcare professionals.	B3.1.2		
P1 E1	Ensure the management plan considers all options that are appropriate for the care pathway.	B3.1.8		
P1	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.	B3.1.3		
P1 P2 E1 E2	Evaluate outcomes of care against existing standards and persons outcomes, managing/adjusting plans appropriately in line with best available evidence.	B3.1.9		
E1 E2	Critically evaluate the efficacy and validity of nutrition and dietetic interventions utilising appropriate information, techniques and outcome measures	A5		
P1 P2 E2	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.	B3.1.4		
P2	Promote continuity of care as appropriate to the person and practice setting	B3.1.5		
P1 P2 E1	Suggest a variety of follow-up arrangements that are safe and appropriate, whilst also upholding the person's autonomy.	B3.1.6		
P1 P3 E1	Ensure safety netting advice is appropriate and the person understands when to seek urgent or routine review.	B3.1.9		

P1 P2	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.	A27		
P1 E1	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.	A1		
P1 E1 F2	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.	A2		
P1	Utilise mHealth, where appropriate to deliver patient education to aid the on-going assessment, management and treatment of conditions related to nutrition and dietetics.	A9		
E1 F1	Provide knowledge and advice on eating for health across all age ranges to persons and other professionals within the multi-disciplinary team.	A16		
E1	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	A27		
P1 P2	Recognise persons with end stage chronic conditions and assess how these might impact on the individual.	A28		

**Capability 9: Prescribing treatment, administering drugs/medication, pharmacology.**

<b>BDA PRPDF</b>	<b>Essential knowledge: Specific knowledge underpinning capabilities</b>	<b>ACP (PCN) competencies</b>	<b>Your rating</b>	<b>Your experience – comment or list relevant experience</b>
------------------	--	-------------------------------	--------------------	--

			(0-4)	
	If a nonmedical supplementary prescriber (NMSP), you must be familiar with and work within the Royal Pharmaceutical Society: A Competency Framework for all prescribers.	B3.3.13		
	Demonstrate knowledge of drug legislation including medicines management adhering to legal frameworks and use appropriate source literature where required (e.g. British National Formulary).	B3.3.13		
NEW	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).	NEW		
	Apply the principles of medicines optimisation and local prescribing guidance for nutritional borderline substances.	A22		
NEW	Have a sound understanding of how repeat prescribing works within the general practice/primary care and wider team – e.g. community pharmacy	NEW		
NEW	Understand the local formulary and medications issued only under shared care agreements.	NEW		
<b>Critical skills: specific skills underpinning capabilities 9</b>				
	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.	B3.3.8		
	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	B3.3.10		

	as necessary.			
NEW	Recognise adverse drug reactions and manage appropriately, including reporting as required through the correct route	NEW		
	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.	A10 A12 B3.3.9		
F2	Identify sources of further information (e.g. websites or leaflets) and advice (e.g. pharmacists), and signpost appropriately to complement the advice given.			
P1 P2 E1	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.	B3.3.5		
P1	Facilitate and or prescribe non-medicinal therapies such as psychotherapy, lifestyle changes and social prescribing.	B3.3.2		
	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.	B3.3.3		
NEW	Identify and initiate appropriate onward referral for support with polypharmacy if required.	NEW		
	Work in partnership with the multi-disciplinary team to optimise medicines usage.	A11		
	Gather and synthesise information regarding the impact of a wide range of medications on nutritional status, including	A20		

	drug nutrient interactions, and the medical conditions they are used to treat.			
	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.	B3.1.6		
NEW	Act appropriately on patient safety alerts issued.	NEW		
	Where an NMSP, support people to only take medications they require and de-prescribe where appropriate.	B3.3.12		
	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.	A1		
NEW	Understand how over-the-counter supplements and medications can interact with prescribed medications.	NEW		
	Where a NMSP, critically analyse polypharmacy, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision.	B3.3.7		
	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.	A16		

## Domain D: service and professional development



<b>Capability 10: Leadership, management and organisation</b>				
<b>BDA PRPDF</b>	<b>Essential knowledge: Specific knowledge underpinning capabilities</b>	<b>ACP (PCN) competencies</b>	<b>Your rating (0-4)</b>	<b>Your experience – comment or list relevant experience</b>
P1 L4	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.	L&M 2		
<b>Critical skills: specific skills underpinning capabilities 10</b>				
L2	Respond positively when services are under pressure, acting in a responsible and considered way to ensure safe practice	L&M 3		
P2	Role model the values of being an FCP (Dietitian) , demonstrating a person-centred approach to service delivery and development.	L&M 4		
F3 F4	Actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements.	L&M 12		
L4 E3	Actively seek and be positively responsive to feedback and involvement from people, families, carers, communities and colleagues in the co-production of service improvements	L&M 13		
E3 P3	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.	L&M 25		
P1	Negotiate an individual scope of practice within legal, ethical, professional and organisational policies,	L&M 28		

	governance and procedures, with a focus on managing risk and upholding safety.			
	Deal with compliments and complaints appropriately, following professional standards and applicable local policy			
E3 L2	Actively participate in Significant Event Review and share the learning.	B1.3.6		

<b>Capability 11: Education and development</b>				
<b>BDA PRPDF</b>	<b>Essential knowledge: Specific knowledge underpinning capabilities</b>	<b>ACP (PCN) competencies</b>	<b>Your rating (0-4)</b>	<b>Your experience – comment or list relevant experience</b>
F4	Critically assess and address own learning needs, negotiating a personal development plan that reflects a breadth of ongoing professional development.	E1		
<b>Critical skills</b>				
P1 E1 F4	Engage in self-directed learning, critically reflecting on practice to maximise skills and knowledge	E3		
F4	Actively seek and be open to feedback on own practice by colleagues to promote ongoing development.	E2		
NEW	Be aware of and utilise professional MDT networks and specialist interest groups.	NEW		

<b>Capability 12: Research and evidence based practice</b>				
<b>BDA PRPDF</b>	<b>Essential knowledge: Specific knowledge underpinning capabilities</b>	<b>ACP (PCN) competencies</b>	<b>Your rating (0-4)</b>	<b>Your experience – comment or list relevant experience</b>
E1	Demonstrate critical understanding of common quantitative research designs, including strengths and weaknesses.	R1 R5		

E1	Demonstrate critical understanding of common qualitative research designs, including strengths and weaknesses.	R1 R5		
<b>Critical skills: specific skills underpinning capabilities 12</b>				
E1	Appraise and apply best evidence to inform own practice.	R3		
E3 L4	Support quality improvement initiatives/projects – sharing outcomes and promoting change	R2		
E1	Support clinical research by signposting research opportunities to people and engaging with recruitment, data collection and other aspects of research when appropriate.	R8 R9		