



CPD profile

1.1 Profession: Dietitian – Dietetic Services Manager

1.2 CPD number: DT1234

2. Summary of recent work/practice

My current role is Dietetic Services Manager in an NHS Trust. I am a Band 8B manager, co-ordinating 25 staff across all the different wards, clinics and specialties within the Trust. I do not currently have any one to one patient contact, so my role is more strategic. I currently line manage the department's team leaders, so that they can ensure safe and effective levels of cover and staff to all areas.

One of my key areas of work is to attend meetings to find out about developments in the NHS and in the Trust. I then ensure that staffing levels, how we work, skill mix, etc. are appropriate. This involves monitoring caseloads, in a supportive way.

I Chair the Trust's Food Steering Group that meets on a monthly basis. This is an influential multi-disciplinary group that aims to improve patient care via food. We have implemented the Malnutrition Universal Screening Tool, Protected Mealtimes, etc. I receive complaints and incident reports about the food, and these are brought to the meetings for discussion and action.

The Enteral sip and tube feeds contract is under my remit. I negotiate contract prices (on behalf of the Trust) and ensure that the range of products meets the needs of our patients. This also involves quality monitoring, annual servicing of the feeding pumps, and ensuring procedures are in place for the safe and smooth discharge of any patients requiring these products. Liaison with Community services is essential.

Ultimately I am accountable for the Dietetic Service and its staff, so I am responsible for recruitment, CPD, resources (e.g. diet sheets), staff support, dealing with complaints, risk management, etc. It is therefore essential that I keep up to date in these areas, by attending training, being aware of new and updated policies, and by peer support. We take pre-registration students on placement so I am responsible for their programmes and support while they are in the department.

I am an active member of the British Dietetic Association, and always try to sit on one of their Committees/be involved in a working group.

Word count 346
(Maximum 500 words)

3. Personal statement

Standard 1

A great deal of the work that I do involves documentation so it is relatively easy for me to maintain a portfolio and reflect on developments. I work for the NHS where we use the Knowledge and Skills Framework (KSF). Again I have found this a useful way to document my learning, show how I have developed and to highlight how the above has benefited services users. In my case service users will be patients, dietetic staff, staff in other areas, students, etc.

I keep a portfolio folder which contains information on courses attended, reflections from these and any action plans. I also keep electronic copies of documents e.g. meeting minutes, project reports, complaints, etc. I also have a personal folder where I keep upward appraisals, thank you letters, etc.

Standard 2

I feel that over the last two years my practice has developed by attending courses, putting new knowledge into place, reflecting from successes/challenges and by using feedback from colleagues. I am mindful that I have a variety of service users ranging from staff that I manage to patients and carers, but that for some of these people what I am doing is 'behind the scenes'.

Standards 3 and 4

I have selected several CPD activities to highlight where I feel I have met standards 3 and 4. The evidence below is listed on a table in the next section, cross referenced by a number here:

- Every year we have a departmental away day. The aim of this is team building, but more importantly to discuss our team objectives for the coming year. This is in line with the Department of Health, Trust and local AHP strategy. This is helpful so that all the Dietitians know how what they do fits into the larger picture of the NHS. The learning for me at the away day is reflecting on the team achievements from the year before – what has made the successes and where could I have given more support/resources to make things better. One of the things that came out of the away day that I learnt was that although lots of project work was being undertaken, not everyone was being informed of this i.e. best practice was not necessarily shared. We discussed the best way to overcome this, and for each area of work (e.g. audits, diet sheets, pre-reg training) it was agreed how feedback would happen (e.g. minutes circulated, feedback at team meetings, memo, email). The benefits to staff have been improved communication and people feeling more included in knowing the relevant things that are going on. (Ref 2, 3, 4)
- As part of our appraisal process within the AHPs, my team leaders give me some feedback in terms of upward appraisal. I find this invaluable as it highlights areas for me to improve in, as well as giving me some positive feedback. This year two of my team leaders said that my 'open door policy' was making me too accessible to some members of staff. This was

potentially meaning that staff were coming to me about things rather than waiting to discuss it with their line manager, or that my time was taken up with things that did not necessarily warrant my input at that stage. I felt that these were fair points. Since then I have kept my office door shut more often during the day, and now have a "Do Not Disturb" sign that I put on the door when I have a piece of work that I really need to concentrate on. The staff I manage benefit because it means that their team members are channelling queries to them appropriately. They also benefit because it means more of my time can be spent on strategic issues that they need addressing. (Ref 5)

- Over the past year I was responsible for implementing the KSF for all the Allied Health Professionals (AHPs). The work involved writing foundation and full outlines for all the registered AHPs and all the non-registered AHP assistants. It involved meeting with all levels of clinical staff and understanding the contents of the various professions' job descriptions. As well as increasing my knowledge about the KSF this project gave me a valuable insight into the similarities and differences of how we work, the role of assistants/support workers and the types of extended roles. This in turn has led to us developing roles where there is less duplication e.g. generic assessments/documentation to save patients repeatedly being asked the same questions. I learnt some ideas of how we could extend some of the roles in dietetics in line with some of the other therapists e.g. we now do generic assessments on patients referred to the palliative care team, to save patients having to repeat the same information to different professions. The staff benefitted as all the KSF outlines were transferred on to a summary sheet, which clearly showed the progression up the bands. This has helped staff plan their CPD and obtain the support they need to get themselves to the next level. (Ref 6)
- I recently went on a one day budget training course, run by an accountant from another NHS Trust. I found this day invaluable, as we discussed all the different types of budget statement there are, and I learnt that there is no set layout for the NHS. I therefore saw and learnt to interpret a range of different styles of recording budgets which was very helpful. After this course I altered my own budget and staffing statement to make it easier for me to use, and to track any changes made in staffing/skill mix. I now feel more confident in dealing with budget issues and there are benefits to my colleagues in finance because I need less help. (Ref 7)
- NICE guidelines on Nutritional Support in Adults were produced in 2006. As an acute Trust there was a need to look in depth at these guidelines and implement/audit them. This was an interesting project, as the guidelines are long (over 300 pages), apply to every patient and involve a wide range of staff. The first thing I did was agree who should be involved in the project. We then put together a "steering committee" and broke the work down into key sections e.g. oral nutrition support, Enteral tube feeding. Sub-groups of "experts" were then formed to look at each area; what are we already doing that meets the NICE recommendation, what are we not doing that we should be, what are the resource implications of this, who do we need to involve? One challenge I have had is to co-ordinate all the work and people involved, and also ensure that Trust

management, clinical audit, etc. have been kept informed of all the developments. I was delighted when we were asked to present the work of the steering committee at the Trust's annual Clinical Audit and Risk Management Fair. As a result of the sub-group work there have been many developments to improve patient care e.g. the implementation of the MUST tool (and more than 70 percent of patients being screened), the introduction of nutritional care plans, the use of Red Trays to flag up patients who need help with feeding, and the production of a practical user friendly Trust Nutrition Guideline folder for every ward. I learnt about how to implement NICE guidance, which is something I had not done on this scale before. I also learnt skills in running large MDT meetings and keeping track of all the various sub-groups. (Ref 8, 9, 10)

Word count 1262
(Maximum 1500 words)

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages, or description of evidence format	CPD standards that this evidence relates to
1	List of CPD undertaken	2 pages, list	1
2	Knowledge and Skills Framework (KSF) and Personal development plan (PDP): personal objectives	7 pages, KSF documentation	1, 2
3	Department away day notes	5 pages, report	4
4	Department objectives and review	6 pages, summary tables	4
5	Upward appraisal forms	Completed forms	2
6	KSF tables	6 pages, summary of work	3, 4
7	Budget sheet	Excel spreadsheet	3
8	Action plans	Table of work	2, 3, 4
9	Care plans	2 page care plan	2, 3, 4
10	Certificate of attendance	Certificate	2, 3, 4