#### **JOB DESCRIPTION**

|  |
| --- |
| JOB IDENTIFICATION |
|  Job Title: Band 6 Dietitian - UHAResponsible to : Dietetic Team Lead -UHADepartment(s): Nutrition & DieteticDirectorate: Allied Health ProfessionsOperating Division: South Ayrshire Health & Social Care PartnershipJob Reference:No of Job Holders: 4Last Update: May 2021  |

|  |
| --- |
| 2. JOB PURPOSE |
| * Deliver, monitor and further develop the dietetic service at University Hospital Ayr promoting person centred outcomes.
* To assess, manage and treat patients, educating them and their carer’s where appropriate on nutritional care plans to enable them to take responsibility for the self-management of their condition as appropriate.
* To act as a source of professional expertise on the areas of responsibility and as a support for junior registered and unregistered dietetic colleagues, health and social care professionals, medical staff, GPs patients and the general public, as required.
* To contribute to the nutrition and dietetic service participating in service improvements, public health initiatives and projects assuring a quality service is delivered.
* To act as clinical leader for your areas of responsibility
 |

|  |
| --- |
| **3. DIMENSIONS** |
| * Improve, deliver, monitor and evaluate the dietetic service, supporting the assigned in-patient and out-patient caseload as appropriate.
* Actively contribute to the opportunity for change in clinical practice in this remit in collaboration with the multi-professional team and through the use of improvement methodologies.
* To assess, educate, monitor and enable patients/carers to self-manage their condition where appropriate.
* To act as a source of professional expertise in this area of clinical practice providing support for dietetic colleagues and health & social care professionals aligned to acute, general practice and the wider organization as required.
* To collect and collate statistics monthly including outcomes/impact related data.
* To represent the Dietetic service at relevant meetings as required.
* To provide senior leadership daily, taking appropriate clinical and operational decisions in the absence of the Dietetic Team Lead for the UHA site in liaison with the Dietetic Service Manager if required.
* To participate in all student practice placement programmes as requested.
* To provide supervision and support for junior registered and unregistered colleagues and students.
* To contribute to the development of the nutrition and dietetic service through quality improvement as part of organizational and national transformation programmes.
 |

|  |
| --- |
| 4. ORGANISATIONAL POSITION |

**South HSCP AHP Senior Manager / AHP Professional Lead**

**South Ayrshire Dietetic Service Manager**

Advanced Practice Dietitian (Front Door)

**University Hospital Ayr Dietetic Team Lead**

Dietetic Clinical Lead – Bariatric Service

Community Dietetic Team Lead

Diabetes Insulin Pump Dietitian

(Adults)

Diabetes/ TDR Teams

X3 Band 6 Dietitians

**Hospital Dietetic Team**

**X4 Band 6 Dietitians (inc THIS POST)**

**X2 Band 5 Dietitians**

**X1 Band 4 DAP**

Community Team

X7 Band 6 Dietitians

X1 Band 5 Dietitian

X2 Band 4 DAPs

|  |
| --- |
| 5. ROLE OF DEPARTMENT |
| The Department of Nutrition and Dietetics delivers the best quality and range of dietetic services within resources provided, to the key service areas, within NHS Ayrshire and Arran and local Health & Social Care Partnerships, including Primary Care, Acute and Community Hospitals, Care Homes and Care at Home, Mental Health including Learning Disabilities, Care of the Older People with Complex Needs and Health Promotion/Improvement, working in partnership with other agencies e.g. third and voluntary sector organisations to deliver integrated patient centred care. To work within the HCPC proficiency standards for Dietitians and the British Dietetic Association code of professional conduct.To educate and train Dietetic team members & Students, other partners including other health & social care professionals, third & voluntary sector colleagues as required. |

|  |
| --- |
| 6. KEY RESULT AREAS |
| 1. Development, implementation and evaluation of the dietetic service provision to inpatients within University Hospital Ayr, & in the out-patient setting where required.
2. Plan, prepare and deliver up-to-date, evidence based, quality dietetic advice & session planning for any programme, ensuring individual/group advice, support and education sessions are clinically effective managing the risk of group member’s co-morbidities, medications and social circumstances.
3. Support should be targeted at those vulnerable to health inequalities to ensure greater participation and also promote positive emotional and physical health.
4. On receipt of referral and having gained consent, manage the consultation & education & schedule dates to ensure waiting times are less than 72 hours for in-patients and 18 weeks for out-patients.
5. Ensure optimal communication with patient/carer and all relevant members of the multi-disciplinary team, adhering to local systems & processes in place.
6. Design, collect, collate statistical data and/or information around outcomes focused metrics for the assigned caseload monthly.
7. The postholder has responsibility for diary and workload management including prioritisation as required.
8. The post holder is responsible for the ordering of any relevant supplies e.g. product; resources; stationary as required.
9. A shared role is adopted for the education of Placement A, B & C dietetic students as part of the locality team programmes.
10. To provide cover for annual/sick/study leave within the Partnership Team.
11. Maintain CPD through self-study, work shadowing, attendance at service Professional Development and Locality team meetings, training courses applicable to remit, service needs and budgetary constraints maintaining HCPC registration and ensuring practice is up-to-date and evidence based.
12. Identify/undertake/participate in the design, development and review/up-date of departmental literature in accordance with organisational policy. For example diet sheets, information leaflets as appropriate ensuring up-to-date evidence based information is communicated.
13. Identify/undertake/participate in clinical/non-clinical audit required to support programme delivery
14. To monitor and evaluate current dietetic practice on an on-going basis in line with HCPC proficiency standards for Dietetics to ensure registration is maintained. E.g. conduct, performance, ethics, skills required for the application of practice.
15. Adhere to professional and departmental standards acknowledging individual responsibilities through compliance with Organisational policies. For example Health and Safety, GDPR.
 |

|  |
| --- |
| **7a & b. EQUIPMENT/SYSTEMS** |
| IT – To be competent in the use of current documentation systems with a working knowledge of relevant IT systems and software packages. |
| **Equipment/Systems** | **Use/Purpose** |
| Computers, printers, scanners and software packages.Presentations, teaching aids and health promotion toolsTelecommunications; telephone (landline & mobile), pagers and fax | * Patient appointments and clinic administration,
* Patient management systems e.g. TRAKCARE, WellSky, Clinical Portal, EMIS (PCS); EMIS (web); Vision; SCI-DC, SCI-Diabetes, Care Partner ,electronic results reporting
* Microsoft Office
* Data Collection/Statistics .- provide accurate monthly data
* Nutritional Analysis (Comp-EAT).
* Intranet/internet; Partnership, Directorate and Clinical information.
* Email: internal, Scottish, national, international and professional correspondence.
* Presentations (Powerpoint/projector).
* Display boards, flipcharts.
* Food models, use of catering equipment.
* Laptop, photocopier/printer/scanner.
* Food, drinks for demonstrations.
* Internal and external communication.
* Video-conferencing (Microsoft Teams, NHS Near Me), web-ex, podcasts
 |
| Nutritional Assessment/Support Equipment: To understand and ensure safe use of Dietetic and additional patient care equipment. |
| * Anthropometric equipment
* Scales; stand-on, chair & wheelchair
* Stadiometer, height sticks, measuring tapes
* Height and weight conversion charts, BMI calculator
* Skinfold calipers
* Dynamometer
* Calculator
* Dietary Information Sheets.
* General Nutrition Advice Sheets.
* Risk Management system
* Dietetic Systems
* Supplies system
 | * Assessment of nutritional needs.
* Weight and height measurements necessary for calculation of Body mass index or % weight loss.
* Measuring tape for alternative method of finding patients height also for waist circumference
* Calipers for measurement of body fat stores
* Dynamometer to measure hand grip strength
* Assessment of nutritional requirements and or arithmetical calculations as required
* To support and reinforce verbal and/or electronic advice.
* Stand-alone information which requires no explanation
* Incident reporting via Datix to ensure the safety of patients, staff and visitors.
* Dietetic treatment record, general practice systems to record individual written treatment plan.
* PECOS - Ordering system for dietetic prescribable and non-prescribable products as appropriate.
 |

|  |
| --- |
| 8. ASSIGNMENT AND REVIEW OF WORK |
| * The postholder is clinically autonomous in the effective self-management of their assigned caseload on a day-to-day basis referring to peers and/or senior colleagues for discussion/supervision as required.
* Performance is assessed through the organisational system of performance appraisal & personal development on an annual basis, with 3 monthly reviews using TURAS.
* Should a situation out-with your experience arise, advice can be sought from a dietetic colleague/ team leader/senior/manager and/or professional body or appropriate member of the multi-disciplinary /health & social care partnership team dependent on the nature of the problem.
* The postholder should anticipate/ report any problem in relation to remit to senior colleagues/line manager, appropriate member of the multi-disciplinary team as the situation dictates.
 |

|  |
| --- |
| **9. DECISIONS AND JUDGEMENTS** |
| * The postholder makes decisions and judgements with respect to the proposed treatment plan having monitored, reviewed and interpreted the following:-
* Patient condition, biochemical results, medication, need for onward referral to other health professionals. This ensures their duty of care towards the patient is achieved as per HCPC standards of proficiency for Dietitians.
* Make professional judgements and decisions in relation to the commencement continuation/discontinuation of treatments initiated having drawn on available knowledge and skills in relation to the up-to-date evidence based approach to any interventions.
* Exercise decision making skills and professional judgement concerning the appropriateness of specific dietary treatments due to the conflicting nature of clinical pathologies (as necessary).
* Decisions and judgements in relation to the prioritisation and re-prioritisation of assigned caseload.
* Decisions and judgements in relation to the cost-effective, efficient use of organisational/ departmental resources e.g.travel, own time; supplies.
* Actions are legal and personal accountability for them is accepted by the postholder.
 |

|  |
| --- |
| 10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB |
| * Access for the number of people requiring this service to effect a reduction in health inequalities and individual risk.
* Implementing a pathway that is innovative, engaging and sustainable as a fairly radical approach.
* Effecting sustained behavioural change through counselling, motivational and educational skills.
* Compliance where there may be significant barriers to understanding/success.
* Delivering the pathway where dietary assessment, methodology and treatment is complicated by multi-clinical, social and psychological pathologies.
* Making time to cover assigned caseload; attend necessary meetings and meet CPD requirements.
* Adapting communication styles to suit a diverse range of patient and professional needs
 |

|  |
| --- |
| **11. COMMUNICATIONS AND RELATIONSHIPS** |
| * Target programme audience/groups
* Individual Patients/Carers – to involve them in therapeutic decision-making and treatment planning.
* All appropriate members of the Project /multi-disciplinary/agency teams
* Specific liaison, Dietetic Service Managers/clinical team lead re strategic & operational components of Dietetic service regarding assigned caseload.
* Specific liaison with other post-holders re programme & resource development; social media management, programme/appointment scheduling and communications with all appropriate members of the multi-agency team re progress as appropriate.
* Specific liaison, Dietitian to Dietitian, when arranging daily planned cover including annual/study/maternity/employee friendly cover.
* Monitor on-going practice reporting any change in established routine to senior colleagues, for example in relation to protocols, guidelines, safety action notices etc.
* Members of the public giving general nutritional advice.
* Other health professional Teams/groups/agencies within and out with the Department to improve clinical knowledge and enhance development

**Barriers to Communication.*** People with significant barriers to understanding such as cognitive impairment, hearing or sight impairment and memory loss, behavioural problems, mental illness including dementia, depression, language difficulties, utilisation of alternative methods of communication
* People unwilling/unable to accept ongoing compliance to necessary treatment plan, to the short/long-term nature/permanence of suggested lifestyle changes due to strong cultural/religious beliefs, resistant attitude to change; and/or social circumstances.
* People not coping with managing their diagnosis and consequences of non-compliance.
 |

|  |
| --- |
| **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| **Physical*** Driving skills, periodically
* Requirement to walk/climb stairs to department/clinical/non-clinical areas on a daily basis.
* Potential to stand for a cumulative period of 1-2 hours, 1-2 times per day.
* Assistance of patients onto scales either from a sitting or standing position.
* Carrying scales e.g. 8kgs
* Carrying patient records/recording equipment and written dietary information e.g 1kg- approx 8-10 times/day
* Carrying supplies to and from buildings to the car and back e.g. 1-2kg, approx 1-2 x /day

**Mental*** Mental effort is the predominant demand of the job, requiring concentration for the majority of the working day. This can be interrupted/disrupted with frequent enquiries/problems of varying duration, relating to service provision and delivery whilst in the office. e.g. 7.5 hours per day.
* Requirement to deal with unpredictable events e.g. patients developing hypoglycaemia (very low blood sugar levels)
* The workload is unpredictable requiring frequent re-prioritisation, on a daily basis.

**Emotional**Maintaining professionalism when dealing with the following:-* Conveying unwelcome/distressing news for example further explanation of diagnosis and consequences of non-compliance
* Dealing with chronically ill patients.
* Dealing with palliatively ill patients.
* Dealing with difficult/demanding/aggressive patients/carers/staff.

**Environmental*** Exposure to body fluids and odours in environment.
* Inclement/adverse weather conditions.
* Exposure to verbal and potential physical aggression.
* Temperature variations.
* Hazardous chemical/materials.
* Exposure to communicable diseases
 |

|  |
| --- |
| 13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB |
| Minimum required to undertake the role:-* Degree/postgraduate diploma in Human Nutrition and Dietetics or equivalent; essential.
* Registered Dietitian with the Health & Care Professions Council (HCPC); essential
* Significant general clinical dietetic experience preferred.
* Experience of mentoring/supervising junior registered and unregistered colleagues including students; essential.
* Training in the management of complex enteral and parenteral nutrition preferred.
* Additional training and practice in psychological interventions, behavior change strategies; preferred
* Experience in use of quality improvement methodologies; preferred.
* Working knowledge of condition associated drugs’ impact on dietetic interventions; preferred.
* Clinical supervisory skills; essential
* Experience & evidence of Multi-disciplinary team working; essential
* Working knowledge of the professional use of social media platforms, preferred
* Can demonstrate leadership qualities
* Experience of working in a creative way, desirable
* Experience of practice education, essential
* Excellent time management & organisational skills, essential
* Excellent presentation skills, essential
* Excellent computer literacy, essential
* Excellent communication skills, essential
* Excellent team working skills, essential
* Uphold the values of the organisation
* Car driver /owner, essential
 |