



End-point assessment plan for Dietitian (Integrated Degree) apprenticeship standard

Apprenticeship standard number	Level of this end point assessment (EPA)	Integrated
ST0599	6	Integrated degree apprenticeship

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Introduction and overview

This document sets out the requirements for end-point assessment (EPA) for the Dietitian (Degree) apprenticeship standard. It is for end-point assessment organisations (EPAOs) who need to know how EPA for this apprenticeship must operate. It will also be of interest to Dietitian (Degree) apprentices, their employers and training providers.

Full time apprentices will typically spend 48 months on-programme (before the gateway) working towards the occupational standard, with a minimum of 20% off-the-job training. All apprentices will spend a minimum of 12 months on-programme.

The EPA period should only start, and the EPA be arranged, once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, all of the pre-requisite gateway requirements for EPA have been met and that they can be evidenced to an EPAO.

All pre-requisites for EPA assessment methods must also be complete and available for the assessor as necessary.

As a gateway requirement and prior to taking the EPA, apprentices must complete all approved qualifications mandated in the Dietitian (Degree) standard.

- Achievement of 340 credits of the integrated BSc degree in Dietetics or, where the apprentice already holds a level 6 degree, 160 credits of the pre-registration MSc degree in Dietetics approved by the Health and Care Professions Council. (The final 20 credits of the degree will be attributed to end point assessment)
- English and mathematics at level 2

The EPA must be completed within an EPA period lasting a maximum of 3 months, beginning when the apprentice has passed the EPA gateway.

The EPA consists of 2 discrete assessment methods. The individual assessment methods will have the following grades:

Assessment method 1: Live observation of practice with question and answer session graded Fail/Pass

Assessment method 2: Professional discussion supported by a portfolio graded Fail/Pass/Distinction

Performance in the EPA will determine the overall apprenticeship standard and grade of Fail/Pass/Distinction

EPA summary table

On-programme (typically 48 months)	Training to develop the occupation standard's knowledge, skills and behaviours
End-point Assessment Gateway	<ul style="list-style-type: none"> • Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard. • English/mathematics Level 2 • Achievement of 340 credits of the integrated BSc degree in Dietetics or, where the apprentice already holds a level 6 degree, 160 credits of the pre-registration MSc degree in Dietetics approved by the Health and Care Professions Council. (The final 20 credits of the degree will be attributed to end point assessment) • Completed portfolio of evidence mapped to the 5 themes of the professional discussion
End Point Assessment (which would typically take 3 months)	Assessment Method 1: Live observation of practice with question and answer session graded Fail/Pass Assessment Method 2: Professional discussion supported by a portfolio graded Fail/Pass/Distinction
Professional recognition	Aligns with: <ul style="list-style-type: none"> • Statutory registration with the Health and Care Professions Council • Full Membership of the British Dietetic Association

Length of end-point assessment period:

The EPA must be completed within an EPA period lasting a maximum of 3 months, beginning when the apprentice has passed the EPA gateway.

Order of assessment methods

The assessment methods can be delivered in any order.

Gateway

The EPA period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, that is to say they are deemed to have achieved occupational competence. In making this decision, the employer may take advice from the apprentice's training provider(s), but the decision must ultimately be made solely by the employer.

In addition to the employer's confirmation that the apprentice is working at or above the level in the occupational standard, the apprentice must have completed the following gateway requirements prior to beginning EPA:

- English and mathematics at level 2.

For those with an education, health and care plan or a legacy statement the apprenticeships English and mathematics minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.

- Achievement of 340 credits of the integrated BSc degree in Dietetics or, where the apprentice already holds a level 6 degree, 160 credits of the pre-registration MSc degree in Dietetics approved by the Health and Care Professions Council. (The final 20 credits of the degree will be attributed to end point assessment)

In preparation for the professional discussion, the apprentice will be required to complete a portfolio. The format and structure of the portfolio needs to be agreed between the employer, the apprentice and the EPAO (e.g. hard copy or on-line). However, the content must be sufficient to evidence that the apprentice can apply the knowledge, skills and behaviours required as mapped to the 5 themes of professional discussion as follows:

- Leadership
- Risk management
- Collaborative working
- Research and evaluation
- CPD and reflective practice

There must be at least one piece of evidence relating to each knowledge, skill and behaviour mapped to the professional discussion. One piece of evidence can be referenced against more than one knowledge, skill or behavioural requirement. It is expected that there will be a minimum of 5 pieces (1 per theme) and a maximum of 15 pieces of evidence. (3 per theme)

The portfolio should contain written accounts of activities that have been completed and referenced against the knowledge, skills and behaviours, supported by appropriate evidence, which could include photographic evidence and work products, work instructions, safety documentation, organisational policies and procedures as appropriate to the activities. Progress review documentation, witness testimonies, and feedback from colleagues and/or dietetic service users should also be included. The apprentice's Manager/Mentor will typically support the development of the portfolio in accordance with their organisational policy and procedures. The apprentice's Manager/Mentor will also authenticate the portfolio and confirm to the EPAO that this is the apprentice's own work.

Assessment methods

Assessment Method 1: Live observation with question and answer session

Overview

Apprentices must be observed by an independent assessor completing work in their normal workplace, in which they will demonstrate the KSBs assigned to this assessment method. The EPAO will arrange for the observation to take place, in consultation with the employer.

This is a practical occupation of which the independent assessor must be assured of the apprentice's competence to undertake the job. A live observation within a dietetic setting will enable the apprentice to demonstrate application of knowledge and a broad range of practical skills and behaviours within the real work setting, under normal conditions.

One assessor may observe up to a maximum of 1 apprentice at any one time, to allow for quality and rigour.

Delivery

This component of the EPA should take 3.75 hours in total, of which 3 hours must be live observation followed by the 45 minutes question and answer session. The live observation may be split into discrete sections held over a maximum of 1 working day (where the length of a working day is typically considered to be 7.5 hours) to allow for example for travelling between work settings and allowing for comfort breaks. The independent assessor has the discretion to increase the time of the observation by up to 10% to allow the apprentice to complete a task at the end of this component of the EPA.

In advance of the observation, apprentices must be provided with information on the format of the observation, including timescales.

During the assessment, the following must be observed:

- A minimum of two interactions involving different patients, where the apprentice is following the Model and Process for Nutrition and Dietetic Practice:
 - Identification of Nutritional Need
 - Assessment
 - Identification of Nutrition and Dietetic Diagnosis
 - Plan Nutrition and Dietetic Intervention
 - Implementation of Nutrition and Dietetic Intervention
 - Monitor and Review
 - Evaluation

- At least one interaction must involve a new patient.

The apprentice will be observed carrying out their normal duties over a 3-hour period in their normal place of work. Consent from patients will be gained and documented in line with local organisational policy prior to the interaction with the individual. The apprentice should introduce the independent

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assessor, explain the presence of the independent assessor at each practice contact and should obtain consent in line with their employer's policy. The independent assessor should remain unobtrusive and must not engage with the individual, apprentice and other staff throughout the observation period, except in situations where the independent assessor deems the individual to be at risk of harm from the apprentice's acts or omissions. In such a situation the independent assessor will stop the assessment and contact the relevant senior practitioner.

The independent assessor must ensure that they observe the apprentice for the full 3-hour time period and if interruption occurs, for example a fire alarm, the clock is stopped and resumed.

The 45-minute question and answer session will commence once the 3-hour live observation is complete. The independent assessor will ask a minimum of 5 questions. They may ask follow-up questions where clarification is required. KSBs that do not naturally occur during the observation can instead be covered by questioning after the observation, but these questions must be asked within a time period not exceeding 45 minutes(+10% at the discretion of the independent assessor to allow the apprentice to complete a response).

KSBs observed, and answers to questions, must be documented by the independent assessor using the recording materials provided by the EPAO.

The independent assessor will make all grading decisions.

Support material

EPAOs will produce the following material to support this assessment method:

- Structured recording documentation for the independent assessor to use during the live observation and question and answer session mapped to the KSBs
- Bank of questions based on the mapped KSBs
- Grading criteria
- Marking grid which can be used for moderation purposes
- Document for the employer and apprentice explaining how the assessment will be conducted

Venue

The observation can take place in the employer's premises or in a normal dietetic workplace other than the employer's own premises (e.g. an individual's home, GP premises). The question and answer session will take place in a quiet room, free from distractions and patients

The independent assessor must have adequate space and administrative equipment to observe unobtrusively.

Question development

EPAOs will create open questions to assess related underpinning knowledge, skills and behaviours. They must develop 'question banks' of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure they, and the questions they contain, are fit for purpose.

Assessment Method 2: Professional discussion supported by a portfolio

Overview

This assessment will take the form of a professional discussion, based on a clinical scenario, which must be appropriately structured to draw out the best of the apprentice's competence and excellence and cover the KSBs assigned to this assessment method. It will involve the questions that will focus on coverage of prior learning or activity, problem solving and the analysis of given scenarios.

A professional discussion is not simply a question and answer session but a two-way dialogue between the apprentice and independent assessor. A portfolio will allow the apprentice to draw on material generated from their work to explore their own practice and experiences with the independent assessor. A professional discussion is the method of choice for healthcare occupations when assessing the broader knowledge, skills and behaviours required to practice safely and effectively which are not readily seen in a live observation.

Delivery

The independent assessor will conduct and assess the professional discussion.

The employer will ensure that the apprentice's portfolio of evidence is submitted and authenticated to the EPAO at Gateway. The portfolio of evidence must be mapped to the KSBs that are assigned to the professional discussion. The independent assessor should have at least one week to review the content of the portfolio prior to undertaking the professional discussion. The portfolio of evidence is not directly assessed, it is used to inform the questioning for the professional discussion. The apprentice and the independent assessor should have a copy of the portfolio of evidence during the professional discussion. The independent assessor can ask questions relating to portfolio evidence items to help judge competency against the assigned KSBs to the professional discussion. The apprentice can highlight relevant pieces of evidence during their responses to questions.

The professional discussion must last for 80 minutes; 20 minutes is allocated to the apprentice's preparation time followed by 60 minutes discussion time with the independent assessor. The independent assessor has the discretion to increase the time of the professional discussion by up to 10% to allow the apprentice to complete their last answer.

During this assessment component, the independent assessor will combine questions from the EPAO's question bank and those generated by themselves as follow up questions.

The apprentice will be presented with a scenario which maybe in written or video format, previously unseen by the apprentice. The written scenarios will be between 900 and 1000 words or a video of 3 – 4 minutes in duration. The apprentice will be given 20 minutes in a controlled environment to review the scenario, make notes and select/organise evidence they may wish to draw on from their portfolio.

Examples of scenarios

1. Overweight man referred to outpatients with type 2 diabetes for a diabetes review and GP reports not compliant with diet
2. New referral by GP for outpatient appointment who has been newly diagnosed with coeliac disease
3. New referral for inpatient who is frail, has dementia and concerned about intake
4. Plan, deliver and evaluate a talk to a pulmonary rehabilitation patient group
5. Plan, deliver and evaluate a teaching session to care home staff on a food first approach

The scenario must enable the apprentice to engage in meaningful discussion and enable them to provide evidence of the KSBs being assessed by the professional discussion. An example scenario is provided here in brief format:

Paul is a 55-year-old married, Caucasian male with three adult children. He is usually fit and well, and works as a landscape gardener, but last night he had an episode of vomiting, following a sudden onset of chest pain. He took indigestion tablets, but his wife dialled 999 when symptoms did not resolve. The ambulance took Paul to A and E and he was admitted onto the cardiology ward, where he was diagnosed with non-ST elevated myocardial infarction. Following hospital discharge, Paul is now attending the cardiac rehabilitation course, which includes education on risk factor reduction. As part of this service Paul has had an initial appointment with a dietitian, he will also receive on-going dietetic follow up for 8 weeks during the cardiac rehabilitation course.

The apprentice will then take the scenario, any notes and their portfolio into the professional discussion which will last for 60 minutes. The independent assessor will select a minimum of one question relating to the scenario to initiate two-way discussion around each of the 5 themes (a minimum total of 5 questions):

- Leadership
- Risk management
- Collaborative working
- Research and evaluation
- CPD and reflective practice

Follow up questions can be generated by the independent assessor and the EPAO may record the professional discussion for quality assurance purposes.

The independent assessor must use the assessment tools and procedures that are set by the EPAO to record the professional discussion.

The independent assessor will make all grading decisions and these will be finalised by the EPAO.

Venue

The professional discussion should take place in a quiet room, free from distractions and influence. It can take place in the employer's premises or a suitable venue selected by the EPAO (e.g. a training provider's premises)

Video conferencing can be used to conduct the professional discussion, but the EPAO must have processes in place to verify the identity of the apprentice and ensure the apprentice is not being aided in some way.

Other relevant information

A structured scenario and question bank must be developed by EPAOs. The 'question bank' must be of sufficient size to prevent predictability and review it regularly (and at least once a year) to ensure that it, and its content, are fit for purpose. The specifications, including scenarios and questions relating to the underpinning knowledge, skills and behaviours, must be varied yet allow assessment of the relevant KSBs.

EPAOs must ensure that apprentices have a different set of scenarios and questions in the case of re-sits/re-takes.

Independent assessors must be developed and trained by the EPAO in the conduct of professional discussion and reaching consistent judgement.

EPAOs will produce the following material to support this assessment method:

- Bank of scenarios. Written scenarios will be between 900 and 1000 words or a video of 3 – 4 minutes in duration
- Structured recording documentation for the independent assessor to use during the professional discussion
- Bank of questions/discussion points based on the themes and the mapped KSBs
- Grading criteria
- Marking grid which can be used for moderation purposes
- Document for the employer and apprentice explaining how the assessment will be conducted
- A policy on the safe storage and destruction of any recordings, in line with relevant data protection legislation

Weighting of assessment methods

The assessment methods are weighted equally in their contribution to the overall EPA grade.

Grading

Assessment method 1: Live observation with question and answer session

KSBs	Fail	Pass
<p>K1 K2 K3 K4 K5 K6 K9 K10 K11 K12 K13 K18 K21,K23</p> <p>S1 S2 S3 S4 S5 S6 S8 S10 S11 S12 S13 S18 S20</p> <p>B3 B5</p>	<p>Does not meet the pass criteria</p>	<p>Demonstrates that they practice safely and effectively as an autonomous professional in line with local and national policy and legislation and professional requirements, showing empathy, commitment, compassion and respect (B3, K1, S1)</p> <p>Demonstrates that they can communicate effectively by selecting and using a range of communication strategies, skills and technologies appropriate to the situation (K2, S2)</p> <p>Demonstrates that they obtain informed consent appropriately and consistently acting in a non-discriminatory manner to respect and uphold the right, dignity, values and autonomy of others (B5, K3, S3)</p> <p>Demonstrates that they can holistically assess the nutritional status of individuals, groups and populations, correctly selecting and using a range of techniques, technologies and resources and applying their underpinning scientific knowledge (K4, K5, S4, S5)</p> <p>Demonstrates that they can accurately complete a dietetic diagnosis and identify nutritional needs by analysing and critically evaluating information and applying their knowledge of the structure and function of the human body, health, disease, disorder and dysfunction (K6, K12, S6)</p> <p>Demonstrates that they can formulate appropriate dietetic treatment plans, including setting of goals, timescales and</p>

		<p>activities to empower individuals to meet the aims of the treatment plan (K9, K10, S8, S11)</p> <p>Demonstrates that they can develop and formulate appropriate and practical dietary advice for individuals, groups and populations (K21, K23 S10, S20)</p> <p>Demonstrates that they can accurately monitor the progress of nutrition and dietetic interventions using appropriate information, techniques and measures (K11, , S12)</p> <p>Demonstrates that they can manage and maintain confidential and auditable healthcare records (K13, S13)</p> <p>Demonstrates that they can effectively manage workload, time and resources, including correct use of delegation, referral, signposting and discharge (K18, S18)</p>
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Assessment method 2: Professional discussion supported by a portfolio

KSBs	Fail	Pass	Distinction
K7 K8 K14 K15 K16 K17 K19 K20 K22 S7 S9 S14 S15 S16 S17 S19 B1 B2 B4	Does not meet the pass criteria	<p>Apprentices must meet all of the Pass criteria:</p> <p>Leadership:</p> <p>Gives examples with evidence of how they have been able to apply their knowledge of the principles of leadership to their dietetic practice, including situations where they have shown adaptability, flexibility and resilience (B4, K19, S19)</p> <p>Risk management:</p> <p>Discusses the meaning of 'risk' and provides evidence of how they assess and manage risk and</p>	<p>Apprentices must meet all of the pass criteria and all of the distinction criteria below:</p> <p>Leadership:</p> <p>Describes and evidences their critical thinking, adaptability, flexibility and leadership skills by participating in a service development project which has improved clinical outcomes or service efficiency (B4, K19, S19)</p> <p>Risk management:</p> <p>Gives an example of how they have actively participated in a risk assessment and evaluated</p>

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		<p>safeguarding daily with individuals, groups and populations within local, national and professional policy, procedures and legislation (B1, K8, K20,S9)</p> <p>Collaborative working:</p> <p>Gives an example of working in partnership with the wider health and social care team in the care of self, individuals, groups and populations, applying their knowledge of sociology, social policy, management of health and social care and public health (B2, K17, K22, S17)</p> <p>Research and evaluation:</p> <p>Discusses the value of continuous improvement in dietetic practice and can evidence how they have used research, audit and evaluation to make improvements to their own practice (B1, B2, K7, K15, K16, S7, S15, S16)</p> <p>CPD and reflective practice:</p> <p>Describes their responsibilities in relation to their own and others' professional development and provides evidence of how they have used reflection and mentoring to support their practice and others (B2, B4, K14, S14)</p>	<p>the risk at a team/service/system level and successfully implemented measures to mitigate the risk (B1, K8, K20, S9)</p> <p>Collaborative working:</p> <p>Describes through providing an example how they have improved collaborative working and the impact of their collaboration on improving dietetic intervention outcomes across populations within their scope of practice (K17, K22, S17)</p> <p>Research and evaluation:</p> <p>Critically evaluates the relative merits of a range of research methodologies in advancing dietetic practice and indicates how their own research has resulted in consolidation of their dietetic practice and service improvements (B1, B2, K7, K15, K16, S7, S15, S16)</p> <p>CPD and reflective practice:</p> <p>Describes with at least two examples of practice how they have used theoretical models of clinical reflection together with mentoring skills to directly develop others dietetic practice, leading to their measurable improved performance (B2, B4, K14, S14)</p>
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Overall EPA grading

All EPA methods must be passed for the EPA to be passed overall.

Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Live observation with question and answer session	Professional discussion	Overall grading
Fail	Fail	Fail
Fail	Pass	Fail
Fail	Distinction	Fail
Pass	Fail	Fail
Pass	Pass	Pass
Pass	Distinction	Distinction

Roles and responsibilities

Role	Responsibility
Apprentice	<ul style="list-style-type: none"> • participate in development opportunities to develop and apply their knowledge skills and behaviours as outlined in the standard • meet all gateway requirements when advised by the employer • understand the purpose and importance of EPA and undertake EPA
Employer	<ul style="list-style-type: none"> • support the apprentice to achieve the KSBs outlined in the standard to their best ability • determines when the apprentice is working at or above the level outlined in the standard and is ready for EPA • select the EPAO • confirm all EPA gateway requirements have been met • confirm arrangements with EPAO for the EPA (who, when, where) in a timely manner • ensure apprentice is well prepared for the EPA
EPAO	<p>As a minimum EPAOs should:</p> <ul style="list-style-type: none"> • recruit and train independent assessors who understand the occupational role.

	<ul style="list-style-type: none"> • appoint administrators/invigilators/assessors and markers to administer/invigilate and mark the EPA • provide training and CPD to the independent assessors they employ to undertake the EPA • provide adequate information, advice and guidance documentation to enable apprentices, employers and providers to prepare for the EPA • deliver the end-point assessment outlined in this EPA plan in a timely manner • prepare and provide all required material and resources required for delivery of the EPA in-line with best practices • use appropriate assessment recording documentation to ensure a clear and auditable mechanism for providing assessment decision feedback to the apprentice • have no direct connection with the apprentice, their employer or training provider i.e. there must be no conflict of interest • maintain robust internal quality assurance (IQA) procedures and processes, and conducts these on a regular basis • conform to the requirements of the nominated external quality assurance body • organise standardisation events and activities in accordance with this plan's IQA section • organise and conduct moderation of independent assessors' marking in accordance with this plan • have, and operate, an appeals process • arrange for certification with the relevant training provider
Independent assessor	<p>As a minimum an Independent assessor should:</p> <ul style="list-style-type: none"> • understand the standard and assessment plan • deliver the end-point assessment in-line with the EPA plan • comply to the IQA requirements of the EPAO • be independent of the apprentice, their employer and training provider(s) i.e. there must be no conflict of interest • satisfy the criteria outlined in this EPA plan • have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading • have the capability to assess the apprentice at this level • attend the required number of EPAOs standardisation and training events per year (as defined in the IQA section)
Training provider	<p>As a minimum the training provider should:</p> <ul style="list-style-type: none"> • work with the employer to ensure that the apprentice is given the opportunities to develop the KSBs outlined in the standard and monitor their progress during the on-programme period • advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway

Internal Quality Assurance (IQA)

Internal quality assurance refers to the requirements that EPA organisations must have in place to ensure consistent (reliable) and accurate (valid) assessment decisions. EPA organisations for this EPA must:

- Appoint independent assessors who are independent of the apprentice and their employer(s). Where the training provider is the EPAO (i.e HEI) there must be procedures in place to mitigate any conflict of interest which will be monitored by EQA activity.
- appoint independent assessors who have experience of managing a dietetic caseload working in a variety of clinical specialities and settings providing assessment, diagnosis and treatment for individuals and groups in line with the knowledge, skills and behaviours of an HCPC registered dietitian.
- appoint independent assessors who have recent relevant experience of the occupation/sector at least the same level as the apprentice gained in the last two years or significant experience of the occupation/sector.
- appoint independent assessors who are members of relevant professional bodies.
- appoint independent assessors who are competent to deliver the end-point assessment and who maintain HCPC registration and have experience of assessing at bachelor degree level
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- have robust quality assurance systems and procedures that support fair, reliable and consistent assessment across the organisation and over time.
- operate induction training and standardisation events for independent assessors when they begin working for the EPAO on this standard and before they deliver an updated assessment method for the first time
- Ensure all assessors attend regular standardisation events and that as a minimum this attendance is at least once a year.

External Quality Assurance (EQA)

The external quality assurance provider for this assessment plan is named on the Institute for Apprenticeships and Technical Education's website.

Re-sits and re-takes

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit or retake any failed assessment methods only.

The timescales for a resit/retake is agreed between the employer and EPAO. A resit is typically taken within 3 months of the EPA outcome notification. The timescale for a retake is dependent on how much re-training is required and is typically taken within 6 months of the EPA outcome notification.

Re-sits and re-takes are not offered to apprentices wishing to move from pass to distinction.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of pass, unless the EPAO determines there are exceptional circumstances requiring a re-sit or re-take.

Affordability

Affordability of the EPA will be aided by using an employer's premises and videoconferencing where appropriate.

Professional body recognition

This apprenticeship is designed to prepare successful apprentices to meet the requirements for registration with the Health and Care Professions Council as a dietitian and full membership with the British Dietetic Association.

Reasonable adjustments

The EPAO must have in place clear and fair arrangements for making reasonable adjustments for this apprenticeship standard. This should include how an apprentice qualifies for Reasonable Adjustment and what Reasonable Adjustments will be made. The adjustments must maintain the validity, reliability and integrity of the assessment methods outlined in this assessment plan.

Mapping of knowledge, skills and behaviours (KSBs)

Assessment method 1: Live observation with question and answer session

Knowledge
K1 The HCPC Standards of Proficiency for a Dietitian, the British Dietetic Association Code of Professional Conduct, legislation, Care Quality Commission/equivalent requirements, ethical boundaries, national and local policies and procedures
K2 How to adapt communication appropriately in relation to the social and cultural needs of individuals, groups and communities using dietetic services, including for example the use of interpreters and technology
K3 The principles of and process for obtaining informed consent
K4 The principles of biochemistry, physiology, clinical medicine, clinical dietetics, public health nutrition, epidemiology, genetics, genomics, immunology, microbiology, nutritional sciences, pathophysiology and pharmacology in the context of nutrition and dietetic practice
K5 The range of assessment tools and techniques used in dietetic practice
K6 The principles behind the use of nutritional analysis to analyse food intake records, menu planning, and recipes and interpret the results
K9 How to translate technical nutritional requirements into practical advice and care planning for individuals, groups and populations and how to evaluate its effectiveness
K10 The range of educational strategies, models of empowerment, behaviour change and health improvement methods used in the context of nutrition and dietetic practice
K11 The impact of dietary modifications across a diverse range of dietetic interventions
K12 The structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction to optimise nutritional status
K13 How to manage and maintain records and information including the concept of confidentiality and the principles of information governance
K18 How to manage own workload and resources, the limits of own practice and when to seek advice in accordance with appropriate knowledge, skills and experience; the appropriate use of delegation, referrals, signposting and discharge to ensure safe and effective practice
K21 The principles of food hygiene, food science, food skills, management of food systems and factors influencing food choice and how they can be applied to dietetic practice
K23 The principles of food labelling legislation and health claims and how it applies to dietetic practice

Skills
S1 Practice safely and effectively as an autonomous professional in line with HCPC requirements, the British Dietetic Association Code of Professional Conduct legislation, Care Quality Commission/equivalent requirements, ethical boundaries, national and local policies and procedures
S2 Select and use a range of communication strategies, skills, techniques and technologies, including non-verbal communication skills, appropriate to the diverse range of individuals, groups and communities using dietetic services e.g. presentation to groups, 1-to-1 consultations
S3 Obtain informed consent as appropriate
S4 Appraise, select and use a range of techniques, technologies and resources to assess the nutritional needs of individuals groups and populations
S5 Gather and evaluate complex information to assess the physical, psychological, socio-economic and nutritional status of individuals and groups to support dietetic interventions
S6 Analyse and critically evaluate the information collected in order to identify nutritional needs and develop a dietetic diagnosis
S8 Formulate dietetic treatment plans based on dietetic diagnosis, including setting of goals and timescales tailored to the needs of individuals and groups
S10 Develop, formulate and evaluate the effectiveness of appropriate and practical dietary advice for individuals, groups and populations, for example on safe procedures for food preparation and handling, the effect of food processing on nutritional quality, menu planning and nutritional information including food labels
S11 Empower individuals to meet the aims of the treatment plan, by negotiating and agreeing a range of activities, including signposting to other agencies
S12 Monitor and evaluate the progress of nutrition and dietetic interventions using appropriate information, techniques and measures
S13 Manage, maintain and audit individual healthcare records
S18 Manage own workload, time and resources, including delegating, referring, signposting and discharging where appropriate
S20 Appraise and use food labelling and health claims appropriately in the practical advice delivered to individuals, groups and populations

Behaviours
B3 Demonstrate empathy, commitment, compassion and respect
B5 Act in a non-discriminatory manner, respect and uphold the rights, dignity, values, and autonomy of others

Assessment method 2: Professional discussion

Knowledge
K7 How to gather and critically evaluate research and other sources of complex information to inform professional judgement in dietetic practice
K8 How to assess and manage risks in dietetic practice
K14 The principles and models used in critical reflection and how it can be used along with mentoring and training opportunities to develop own and others' dietetic practice
K15 The principles and value of continuous improvement as applied to dietetic practice and the methods used for audit, evaluation and review
K16 The principles of evidence-based practice
K17 The context of dietetic services in the wider health and social care system and the importance of team working and maintaining own health by changing or stopping practice if physical or mental health may affect performance
K19 The principles of leadership and how they can be applied in dietetic practice
K20 The principles of safeguarding and responsibilities in relation to a duty of care
K22 The principles of sociology, social policy, management of health and social care and public health as applied to the dietetic management of individuals, groups or communities

Skills
S7 Use evidence, reasoning, professional judgement and a logical and systematic approach to problem solving to determine appropriate actions; recognise personally responsibility for clinical decision making and be able to justify their actions in line with professional code of conduct
S9 Assess and manage risks appropriately using relevant professionals and agencies
S14 Critically reflect on practice and take ownership of own, and contribute to other's professional development
S15 Undertake research, audit and evaluation in order to improve the quality of the dietetic services provided
S16 Use statistical, epidemiological, and research skills to gather and interpret evidence to make reasoned conclusions to develop dietetic practice
S17 Work collaboratively and in partnership with the wider health and social care team to ensure the best treatment and care is provided
S19 Use leadership skills

Behaviours

B1 Demonstrate courage to challenge areas of concern
B2 Demonstrate an enquiring attitude and willingness to share knowledge with others
B4 Be adaptable, flexible and resilient