



CORE CURRICULUM FOR NUTRITIONAL THERAPY

This is an interim revision only.

NTEC has commissioned a research project entitled “Professional trajectory from initial qualification to the work place: *What do Nutritional Therapists in the UK do?*” Once the research is finalized, the outcomes reviewed and the research published, the intention is to hold a stakeholders meeting with representatives from training providers, student representatives, practitioners and employers to discuss how the profession moves from a position of entry with no NT knowledge and understanding to the requirements of the profession. The outcome of the stakeholders meeting will be to prepare benchmarking statements and a revised, simpler CC that will be outcome based rather than as this interim core curriculum. Expressions of interest in attending the exploratory stakeholders meetings should be made to Jacqueline Long, NTEC administrator via email administration@nteducationcommission.org.uk before 1st June 2015

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Section 1 Introduction

This document contains the Nutritional Therapy Education Commission (NTEC) Core Curriculum (CC) for Nutritional Therapy (NT) and is applicable to all training providers (TPs) educating Nutritional Therapists.

This CC forms the basis for the delivery of a course or programme leading to the practice of NT. As such, it sets out the minimum standard required for independent, safe and effective practice and covers everything required within the following standards:

Standards

- 1.2.1 Skills for Health National Occupational Standards (2010)(NOS) CHN1 Explore and establish the client's needs for complementary and natural healthcare, CNH2 Develop and agree plans for complementary and natural healthcare with clients, CNH8 Provide Nutritional Therapy to clients and CNH9 Provide nutraceuticals to clients, subject to the Committee of Advertising Practice (CAP) ref guidance on Health Therapies and Evidence
- 1.2.2 SEEC Descriptors ref:
 - I. Development of Knowledge and Understanding
 - II. Cognitive/Intellectual skills
 - III. Key/transferable skills
 - IV. Practical skills
- 1.2.3 Framework for Higher Education in England, Wales and Northern Ireland (FHEQ) ref levels 4 Certificate of Higher Education, Level 5 Higher National Diplomas, and Level 6.

The SEEC Descriptors, FHEQ and the NOS should be read in conjunction with this CC.

These standards set out the knowledge, understanding and skills which support the achievement of the NOS, demonstrating and facilitating a direct and clear relationship between knowledge and action.

The NOS does contain the words 'treatment' and 'treat'. Should a training provider use these words within any part of a course, there must be evidence to support the use in a scientifically evidenced manner as set out in clause 4 and 5 of the CAP guidance on Health Therapies and Evidence.

Section 2 Competencies

2.1 Action required of Nutritional Therapist to meet NOS

Education should encourage the development of a Nutritional Therapist to be reflective, evidence based and research-minded. The education should encourage the adherence to all current relevant legislation including codes of practice of CHNC the voluntary regulator for Nutritional Therapists and BANT the professional body for Nutritional Therapists (CHNC 2014, BANT 2014). Such training should include a range of transferable skills as outlined in Appendix 1 (QAA 2014). Any training of Nutritional Therapists must include sufficient clinical practice to enable students to develop as reflective, independent, safe and effective practitioners.

2.2 Definition of Nutritional Therapy (BANT 2014).

Nutritional Therapy is the application of nutrition science in the promotion of health, peak performance and individual care. Nutritional Therapy practitioners use a wide range of tools to assess and identify potential nutritional imbalances and analyse how these may contribute to an individual's symptoms and health concerns.

This approach allows Nutritional Therapists to work with individuals to address nutritional balance and help support the body towards maintaining health. Nutritional Therapy is recognised as a complementary medicine and is relevant for individuals with chronic conditions, as well as those looking for support to enhance their health and wellbeing.

Practitioners consider each individual to be unique and recommend personalised nutrition and lifestyle programmes rather than a 'one size fits all' approach. Practitioners never recommend Nutritional Therapy as a replacement for medical advice and always refer any client with 'red flag' signs or symptoms to their medical professional (see Appendix I). They will also frequently work alongside a medical professional and will communicate with other healthcare professionals involved in the client's care to explain any Nutritional Therapy programme that has been provided.

2.3 Clinical Practice

The overall aim of clinical practice must be to prepare a lawful, safe and effective Nutritional Therapy practitioner who is able to practice with autonomy. Clinical practice assessment must be conducted in a realistic working environment (situational assessment) and be fully supervised (observed) by CNHC registered practitioners working as clinical tutors. This will require a significant amount of commitment on behalf of both the TP and the student.

TP's will need to demonstrate that their graduates are competent to practice safely to comply with CHN1, CNH2, CNH8 and CNH9. The NTEC Accreditation Committee, as part of the accreditation process will require that TP's demonstrate that they meet the requirements in section 1: 1.2.1, 1.2.2 and 1.2.3.

2.4 Transferable skill

In line with QAA guidance transferable skills should also be embedded in programmes (see Appendix II)

2.5 Assessment

Assessment methods must demonstrate an evolving process of complexity and preparation to practice in a professional capacity and assessment methods must relate to the Learning Outcomes. These must be based on the SEEC and CHN1, CNH2, CNH8 and CNH9.

Professional competence to practice as a Nutritional Therapist requires an effective synthesis of a wide range of knowledge and skills (inclusive of reflection) and students must demonstrate intellectual flexibility within a realistic clinical practice on completion. This must be based on FHEQ levels 4 and 5 as a minimum standard and clinical training may exceed this level and be delivered at level 6. Full details of the framework can be accessed via the QAA website www.qaa.ac.uk.

The method of assessments are to be decided by the training providers and should underpin the development of practice.

2.6 Academic Assessment Methods

There should be both formative and summative assignments, with the formative assessment information as the basis of the summative function. A variety of assessment methods should be employed, for example- essays, various tests including multiple choice, SAT, SET, and examinations, open book and online, oral presentations, debates and discussions, poster presentations, and production of leaflets, websites, information sheets, literature review, evaluation of a Nutritional Therapy approach, critical appraisals of research papers, case evaluation, and reflection. A training

provider will fit the assessment method to the course level as appropriate. All assessment methods should embed one or more of the Transferable Skills (Appendix II).

2.7 Clinical Assessment

Clinical practice assessment must be conducted in a realistic working environment and be supervised and observed by CNHC registered practitioners working as clinical tutors. Students should conduct a series of Nutritional Therapy consultations covering an appropriate scope of practice. They should reflect upon their interaction with clients, supervisors, others and their own development as a practitioner. A record of the diversity of evidence generated from these events must be recorded. Assessments should use a portfolio (or similar) of tutor assessed competencies, feedback and action plans, clinical case evaluation report and reflective account in order to develop the student's work- place skills, Transferable Skills and skills required for continuing professional development should be embedded in clinical work. A Portfolio is an ideal method of collecting evidence of clinical assessment but is not compulsory.

2.8 Study time

The minimum length of study time has been determined by the NTEC as a total of 1500 study hours including appropriate clinical studies. Study time will be appropriate to the award.

2.9 Treatment

The Committee of Advertising Practice (CAP) (ref) states, in clause 4 and 5 of the guidance on Health Therapies and Evidence that the use of the word "treat" or "treatment" must be scientifically evidenced.

2.10 Competency, Knowledge and Understanding required of a Nutritional Therapist

Throughout the document letters and numbers in parentheses follow the competency required to be met and these will relate to the following table and originate from the NOS. A more detailed list of the NOS can be found on the BANT and NTC website.

Section 2 Competency

NOS - See appendix 1 for full details	SEEC Descriptors across NOS 1-4	HE Level 4 (HEL4) across (NOS 1-4)	HE Level 5 (HEL5) across HE Level 6 NOS/CHNC 1-4
<p>1. CNH1 Explore and establish the client's needs for complementary and natural healthcare</p> <p>Knowledge and Understanding (KU) 1-16 Performance Criteria (PC) 1-10</p>	<p>I. Development of knowledge and understanding</p> <p>II. Cognitive/Intellectual skills</p>	<p>I. Knowledge of underlying concepts and principles and to evaluate and interpret these</p> <p>II. Present, evaluate and interpret qualitative and quantitative data in accordance with basic theories and concepts.</p>	<p>I. Knowledge and critical understanding of the well-established principles of their area(s) of study, and of the way in which those principles have developed.</p>
<p>2. CNH2 Develop and agree plans for complementary and natural healthcare with clients</p> <p>Knowledge and Understanding (KU)1-11 Performance Criteria (PC) 1-6</p>	<p>III. Key/transferable skills</p> <p>IV. Practical skills</p>	<p>II. Present, evaluate and interpret qualitative and quantitative data in accordance with basic theories and concepts.</p>	<p>II. Ability to apply underlying concepts and principles outside the context in which they were first studied, including, where appropriate of the application of those principles in an employment context</p>
<p>3. CNH8 Provide Nutritional Therapy to clients Knowledge and Understanding (KU) 1-60</p> <p>Performance Criteria (PC)1-12</p>			<p>III. Knowledge of the main methods of enquiry and the ability to evaluate critically the appropriateness of different approaches to solving problems</p>
<p>4. CNH9 recommend nutraceuticals to clients Knowledge and Understanding (KU)1-23 Performance Criteria (PC) 1-9</p>			<p>IV. An understanding of the limits of their knowledge, how this influences analyses and interpretations.</p>

Section 3 Core Element

This section outlines the areas that a student must achieve to gain competency. It is split into two areas, Health Science and Clinical. These two areas have been divided for the purpose of clarity, incorporating the knowledge and understanding headings from the NOS CNH1, 2, 8 and 9.

The subject headings are not indicative of module titles nor structure. Institutions are encouraged to adopt an integrated approach to reflect the progress from health to disease and the possibility for intervention/management with Nutritional Therapy.

Students must *be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System*.¹

Aims are overall intentions on the part of the programme. Where more than one level is indicated this is intended to show progression of increased complexity of this subject during the course of study. Learning outcomes are reflective of the level of competence anticipated on completion of the subject and it is suggested that training providers revisit subject material at various stages throughout the course.

The importance of reflective practice should be acknowledged and incorporated throughout. Course design and the methods by which training providers wish to implement the aims and learning outcomes are the responsibility of the individual institution.

Accreditation procedures will ensure that all aims and learning outcomes are met. Accreditation documents will be available separately.

¹http://www.ielts.org/test_takers_information/what_is_ielts.aspx

3a.1 Anatomy and Physiology

Aims	No.	On successful completion of the programme the student will be able to:	NOS	SEEC	HE L4	HE L5
To provide integrated knowledge of those aspects of anatomy and physiology which are essential for understanding health and the mechanisms and clinical pathophysiology features of altered health and disease	3a.1.1	Explain basic physiological terms and anatomical directions of the body; and organs, glands, major blood vessels, lymph vessels and lymph glands. Describe functions of cell organelles, including division and protein synthesis.	CNH1 KU15 CNH8 KU54			
	3a.1.2	Describe the functioning of major body systems** and their integration within the body.	CNH1 KU15 CNH8 KU51, 54			
To understand the effect of genetic factors on cell metabolism and function	3a.1.3	Explain the role of the above systems in the maintenance of homeostasis.	CNH8 KU1, 40, 51			
	3a.1.4	Distinguish between nutrigenomics and nutrigenetics.	CNH8 KU53			
	3a1.4a	Explain how genetic changes including single nucleotide polymorphisms (SNPs) can affect gene function, protein synthesis and function.	CNH8 KU39, 41, 53, 60.3			
	3a.1.5	Discuss the concept of epigenetic regulation of gene expression.	CNH8 KU39, 41, 53			

3a.2 Biochemistry / Macronutrients

Aims	No.	On successful completion of the programme the student will be able to:	NOS	SEEC	HE L4	HE L5
To understand the structure and function of water and macronutrients:	3a.2.1	Explain the co-ordination and regulation of metabolic pathways by hormones and bio molecules, nutrients and non-nutrient food and bioactives.	CNH8 KU39, 40			
	3a.2.2	Describe bonding and molecular interactions in biological compounds.	CNH8 KU38, 44			
<ul style="list-style-type: none"> • proteins, • lipids, • carbohydrates Understand the structure and function of nucleotides and their anabolic and catabolic processes, including cellular energy production, and their control at molecular, cellular, tissue and whole body levels.	3a.2.3	Explain properties of water and buffers in biological systems.	CNH8 KU38,			
	3a.2.4	Describe structural characteristics and functions of proteins (inc. enzymes), lipids, carbohydrates, and nucleic acids.	CNH8 KU38, 40, 44			
	3a.2.5	Explain the importance of enzyme co-factors in major metabolic pathways.				
	3a.2.6	Discuss evidence for the effects of different dietary models on risks to health.	CNH1 KU4 CNH8 KU30,			

3a.3 Micronutrients, Bio-actives and Phytochemicals (including all bioactives deriving from plants, fungi and algae lichen).

Aims	No.	On successful completion of the programme the student will be able to:	NOS	SEEC	HE L4	HE L5
To explore sources, functions, and interactions of micronutrients, phytochemicals (including phytonutrients) and other orthomolecular compounds in the individual's dietary requirements, therapeutic considerations, range of assessment methods and safety.	3a.3.1	Discuss factors affecting individual requirements for micronutrients, including phytochemicals and other beneficial food compounds.	CNH8 KU38, 39, 43, 44, 48			
	3a.3.2	Discuss bioavailability of micronutrients and other beneficial food compounds.	CNH8 KU39, 48 CNH9 KU9			
	3a.3.3	Explain cellular functions and interactions of micronutrients and other beneficial compounds in food.	CNH2 KU38, 40, 41 CNH9 KU2			
	3a.3.4	Explain signs and symptoms associated with micronutrient/orthomolecular compound deficiency, imbalance and toxicity.	CNH8 KU12, 53 CNH9 KU9			
	3a.3.5	Describe the main categories of phytochemicals, their occurrence, physiological actions and potential toxicity.	CNH8 KU48 CNH9 KU4			
	3a.3.6	Compare and contrast different methods used for assessment of micronutrient and orthomolecular status.	CNH2 KU2 CNH8 KU9, 17, 18, 20, 25, PC1, 5			
	3a.3.7	Explore and evaluate the evidence for the traditional and novel uses of nutrients and non-nutrient food bioactives.	CNH8 KU27, 42			

3a.4 Pharmacology

Aims	No.	On successful completion of the programme the student will be able to:	NOS	SEEC	HE L4	HE L5
To understand the principles of pharmacokinetics and pharmacodynamics	3a.4.1	Explain general mechanisms of action, possible side effects (including induced nutrient deficiencies), and contraindications of commonly used drugs.	CNH9 KU1, 2, 5, 9, 12, 21			
	3a.4.2	Describe factors affecting variability of drug and nutraceutical response.	CNH8 KU39, CNH9 KU3, 12, 13, 19 PC6			
	3a.4.3	Evaluate evidence underpinning information on drug-nutrient interactions.	CNH8 KU5 CNH9 KU4, 6, 7			
	3a.4.4	Explore and evaluate factors to consider when selecting appropriate nutraceuticals for individuals.	CNH8 KU41, 42, 48 CNH9 KU4, 10, 12, 13			

3a.5 Pathophysiology

Aims	No.	On successful completion of the programme the student will be able to:	NOS	SEEC	HE L4	HE L5
To provide a systemic, integrated explanation of common health issues and diseases, their aetiology, clinical features and differential diagnosis.	3a.5.1	Explain the process of abnormal cell growth, tissue injury, inflammation and repair.	CNH8 KU51, 55			
To introduce the value and skill of researching information in practice.	3a.5.2	Discuss core clinical imbalances underlying common health issues and diseases, including use of appropriate medical terminology.	CNH8 KU52, 53, 54, 55, 59			
	3a.5.3	Recognise and discuss clinical signs and symptoms generated by the body's response to internal and external influences.	CNH8 KU12, 53, 59, 60.2			
	3a.5.4	Discuss factors that may affect nutritional requirements.	CNH8 KU39, 43			
	3a.5.5	Explore and evaluate how microbiota can impact on health.	CNH8 KU56			

3a.6 Food composition

Aims	No.	On successful completion of the programme the student will be able to:	NOS	SEEC	HE L4	HE L5
To explore applied food chemistry and the factors which can affect food from farm to fork.	3a.6.1	Describe classifications of foods.	CNH8 KU38, 44, 45			
	3a.6.2	Discuss energy balance in relationship to food intake and energy expenditure.	CNH8 KU43			
	3a.6.3	Discuss factors affecting nutrient bioavailability.	CNH8 KU39, 48 CNH9 KU9			
	3a.6.4	Evaluate the use of food composition tables (nutritional databases) in determining nutrient content of food.	CNH8 KU45			
	3a.6.5	Evaluate Dietary Reference Values (DRVs).	CNH8 KU20, 43, 45			
	3a.6.6	Discuss sources of food toxins, possible food safety and hygiene concerns and adverse reactions to foods.	CNH8 KU49, 53			
	3a.6.7	Discuss the regulations governing food from farm to fork, and effects of soil composition, seasonality, production, processing and preparation methods on food quality, nutrient composition, health and the environment.	CNH8 KU47, 50			
	3a.6.8	Understand legislation regarding food and nutraceutical product labelling	CNH8 KU44, 46, 47			

3a.7 Diet and Health

Aims	No.	On successful completion of the programme the student will be able to:	NOS	SEEC	HE L4	HE L5
To develop the skill of using food as therapy.	3a.7.1	Discuss factors affecting food choice, including labeling and interpretation, and how different cultures describe effects of food on health.	CNH8 KU23, 24, 50			
	3a.7.2	Describe dietary requirements through all life stages.	CNH8 KU39, 43			
	3a.7.3	Critique dietary models and use of therapeutic foods in relation to prevention and modulation of functional status; and understand how to balance diet to achieve negotiated goals, redress deficiency and optimise functional status or provide palliative care.	CNH8 KU26, 27, 30 CNH9			
	3a.7.4	Qualitatively and quantitatively evaluate food intake using manual or electronic tools.	CNH8 KU25			
	3a.7.5	Construct menu plans which meet negotiated therapeutic goals, exploring use of transitional, alternative and functional foods, recipes and menu plans to increase compliance.	CNH8 KU10, 18, 27, 28, PC10			
	3a.7.6	Demonstrate awareness of ethical and environmental impact of dietary advice.	CNH8 KU28 CNH9 KU17			

3a.8 Nutritional Physiology and Therapeutics

Aims	No.	On successful completion of the programme the student will be able to:	NOS	SEEC	HE L4	HE L5
To explore impact of nutrients, from diet and nutraceuticals, in relation to homeodynamics and dysfunction, and their application to improve health	3a.8.1	Discuss the concept of Nutritional Therapy as a process driven modality.	CNH8 KU1, 2, 3, 34			
	3a.8.2	Explain the concepts underpinning CAM, integrative and orthodox medicine and dietetics	CNH8 KU4, 31			
This section includes the impact of nutrients on the systems mentioned at 3a1.2	3a.8.3	Discuss roles of research in informing clinical decision making.	CNH8 KU5, 20 CNH9 KU7, 16			
	3a.8.4	Evaluate assessment methods including functional, anthropometric and nutrigenetic testing	CNH8 KU7-9, 17, 57, 58, PC5			
	3a.8.5	Discuss nutrient modulation of metabolic, physiological and behavioural function, including biotransformation detoxification.	CNH1 KU4 CNH8 KU40			
	3a.8.6	Discuss nutritional management of nutrient deficiency and/or excess, eating disorders (including starvation) and obesity.	CNH8 KU26 CNH9 KU11			
	3a8.6a	Discuss impact of stress on nutrient status and nutrient modulation of the HPA axis.	CNH1 KU4 CNH8 KU39, 44, 53			
3a.8.7	Evaluate how to recommend nutraceuticals ethically, cost effectively and with regard to the environment and personal circumstances.	CNH8 KU28 CNH9 KU12, 17				

Section 3b Clinic

3b.1 Clinical Practice Management and Consultation

Aims	No.	On successful completion of the programme the student will be able to:	NOS	SEEC	HE L4	HE L5
To fully understand the ethical, legal, administrative and business environment in which the health care practitioner must operate.	3b.1.1	Describe relevant codes of conduct and requirements for student, associate and full members of the professional registering body.	CNH1 KU13 CNH2 KU11 PC6 CNH8 KU60 PC7			
	3b.1.2	Discuss issues of time management that enhance or detract from good client practitioner relationships.	CNH1 KU2,8,10 PC2 CNH2 KU1-11 PC1-6 CNH8 PC8			
	3b.1.3	Discuss boundary setting within the practice of integrated health and duty of care as it applies to practice and clients.	CNH1 KU13 PC1,8,10 CNH2 KU2,3,4 PC1,2,3 CNH8 KU11,36,60 PC7,8 CNH9 KU22 PC7			
	3b.1.4	Determine requirements for managing client's records including coding and security of documentation, data protection, and maintaining practice finances.	CNH1 KU16 PC10 CNH2 PC6 CNH8 KU50 CNH9 PC9			
	3b.1.5	Discuss legislation relevant to practice and the law, procedures and requirements pertaining to client confidentiality.	CNH1 KU16 PC10 CNH2 KU11 CNH8 KU11 PC7			
	3b.1.6	Discuss the roles and functions of other health and social care service providers both in their own field and those from which their clients may seek assistance.	CNH1 KU3,12,13,16 PC1,8,9,10 CNH2 KU3,4,5,7 CNH8 KU11,31,60 PC6,7			

3b.1.7	Evaluate how and when to provide additional information to a client and when to appropriately refer them to another practitioner.	CNH1 KU3,4,5,9,10,12,13 PC5,6,7,8 CNH2 KU1,3,4,5,7 PC1-6 CNH8 KU10,11,31,60 PC4,7,10 CNH9 KU15 PC7
3b.1.8	Discuss the meaning of implied and informed consent and procedures for obtaining consent to therapeutic management as well as the circumstances under which written consent should be obtained.	CNH1 KU16 PC10 CNH2 PC6 CNH8 KU8

3b.2 Clinical Practitioner Development and Consultation

Aims	No.	On successful completion of the programme the student will be able to:	NOS	SEEC	HE L4	HE L5	HE L6
To explore and practice the skills required to build a beneficial therapeutic and professional relationship.	3b.2.1	Discuss the historical development of the profession, nutritional therapy principles and philosophy.	CNH8 KU1,2,3,4,5,12,13,60 CNH9 All				
	3b.2.2	Discuss the complex nature of the client-practitioner relationship.	CNH1 KU3,4,5,6,7,8,9,10, CNH2 KU1-10 PC1-6				
To explore and utilise methods for reflection - developing the practitioner as a life-long learner							
Develop strategies for self-development.	3b.2.3	Explore means of verbal and non-verbal communication and methods of encouraging and empowering the client to be as actively involved as possible	CNH1 KU7 PC7 CNH2 KU2,5,6,9 PC5 CNH8 KU10,35,36 PC4				
	3b.2.4a	Identify and manage restrictions to effective communication.	CNH1 KU7,8 PC7 CNH2 KU5, 8,9 CHN8 KU8,22,23,35 PC4,7				
	3b.2.4b	Identify inaccuracies in client information and clarify these inconsistencies with the client.	CNH1 KU8 PC5,6,7 CNH2 KU1,2,3,6,7,8,9,10 CNH8 KU12,22,23				
	3b.2.5	Collect case data in a sensitive, concise, clear and comprehensible manner, maintaining confidentiality of client.	CNH1 KU8,16 PC10; CNH2 PC6; CNH8 KU6,11 PC6,7				
	3b.2.6	Discuss the application of client centered and integrated approaches to NT practice.	All of CNH2, CNH8 KU2,3,4,5,11,13,20,31, 60.1				
	3b.2.7	Demonstrate values appropriate for ethical working in clinical and inter-professional environments.	all of CNH1 CNH2			x	x
	3b.2.8	Explain the importance of presenting a professional environment and manner.	CNH1 KU13 CNH2 KU2,3,4 CNH8 KU11 PC6			x	x
	3b.2.9	Develop and use protocols for interfacing with other health care providers.	CNH1 KU3,12 PC5,6,7			x	x

3b.2.10	Demonstrate how to respond to conflicting advice which clients may receive from different sources.	CNH2 KU3,5,7,10 PC5 CNH8 KU11,15,22,32,34 PC6,7,9	
3b.2.11	Interpret case histories of varying complexity and predictability, using NT principles and tools, integrating knowledge and understanding from all learning;	All of CNH1, CNH2, CNH8, CNH9	
3b.2.12	Demonstrate the ability to systematically locate, review, evaluate and use research evidence for proposed nutritional advice.	All of CNH1, CNH2, CNH8 CHN9	x
3b.2.13	Justify and accurately communicate therapeutic plans (diet, nutraceutical, physical activity, lifestyle) modifying as appropriate over time for routine, complicated, and unpredictable cases;	CNH1 KU3,4,5 PC7,8,9 All of CNH2 All of CNH8 All of CNH9	x
3b.2.14	Demonstrate, client centered, evidence informed, autonomous, empathetic, and legal NT clinical practice;	All of CNH1, CNH2, CNH8, CNH9	x
3b.2.15	Evaluate clinical encounters over time, using reflective processes to monitor, record and actively enhance the therapy, and own development;	CNH8 KU19,21,37PC8,11,12 CNH9 KU14,20,21 PC6,8	x
3b.2.16	Demonstrate scope of practice within a framework of knowledge, safety, and fitness to practice;	CNH1 KU9,12,13 PC8,9 CNH2 KU1-5 PC1,2,3 CNH8 KU15,16,31,53,54,55, 59,60 PC7 CNH9 KU18,22	x
3b.2.17	Demonstrate models of reflection and using reflective skills to produce an action plan for personal development.	CNH8 KU21 PC12	x
3b.2.18	Discuss your responsibility for ongoing continuing professional development, training, supervision and mentoring to maintain fitness to practice.		x
3b.2.19	Demonstrate a clear knowledge of and ability to explain nutritional labelling of foods and how it relates to the client.	CNH8 KU18,20,23,25,27,28,45	x

3b.3 Clinical Practice Consultation

Aims	No.	On successful completion of the programme the student will be able to:	NOS	SEEC	HE	HE	HE
					L4	L5	L6
To develop Nutritional Therapy skills to assess, and evaluate the client needs, to educate and empower the client, using appropriate knowledge and understanding from all of the NOS	3b.3.1	To ensure environment is suitable, equipment is ready and client is comfortable and safe.	CNH1 KU6 PC3,4 CNH8 PC2,3,7,9				
	3b.3.2	Explain the Nutritional Therapy approach to the client and the limitations and potential risks of the therapy.	CNH1 KU9,12,13 PC8 CNH2 KU4 PC2,3 CNH8 KU1,2,3,4,5,12,13,14,15,16,30,31,49,60 PC7				
	3b.3.3	Encourage the client to set goals, ask relevant questions, seek advice or express concerns.	CNH1 KU7,8 PC5,6,7 CNH2 KU5,8,9 CNH8 KU26,27,32,33,35				x
	3b.3.4	Design and implement appropriate health questionnaires.	CNH1 KU7,8,13 PC1,5,7,9,10 CNH2 KU7,8 CNH8 KU2,3,6 PC1,5				
	3b.3.5	Discuss holism, balance and good health and functional status.	CNH1 KU3,4,5 CNH2 KU3,5,,10 PC4,5 CNH8 KU1-5,12-16,26,30,51,53,57,58,60 PC7,10,11				

3b.3.6	Identify possible serious health conditions/red flags and situations where NT is not appropriate, and refer appropriately.	CNH1 KU12,13,16 PC1,8,9 CNH2 KU1-4 PC1-5 CNH8 KU11,15,16,20,30,31,52-55,59,60 PC6,7 CNH9 KU1,2,3,4,5,6,7, 13,18,22			x
3b.3.7	Explain the importance of negotiating assessment and therapy.	CNH1 KU8,10 PC5,6,7 CNH2 KU1-10 PC1-6 CNH8 KU12,19,,23,28,34,35,36,39,53 PC1,4,7,9			
3b.3.8	Describe strategies to ensure client understanding of their role and responsibilities throughout the therapy process.	CNH1 KU10 PC1,2,4,5,6,7 CNH2 KU5-10 PC4,5 CNH8 KU26,35,36,37 PC4,5,8,9,11			x
3b.3.9	Critically review effectiveness of therapy using an outcome measure, for example, MYMOP system with the client and make appropriate changes to the protocol with explanation.	CNH8 KU8,12,19,21,22,32-37 PC811,12 CNH9		x	x

The MYMOP2 (ref) questionnaire is suggested as a useful tool for use in the evaluation of clinical outcome. Appendix III

Appendices

Red Flags

Transferable skills

MYMOP

Definitions

Appendix I

Red Flag List Symptoms

pain	any pain which is persistent, particularly if severe or in the head, abdomen or central chest *pain in the eye or temples, with local tenderness, in the elderly, rheumatic patient pain on passing urine in a man cystitis recurring more than three times in a woman absence of pain in ulcers, fissures etc. *sciatic pain if associated with objective neurological deficit
bleeding	blood in sputum, vomit, urine or stools *vomit containing “coffee grounds” (coagulated blood, twisted bowel) *black, tarry stools (cancer) non-menstrual vaginal bleeding (intermenstrual, postmenopausal, or at any time in pregnancy) *vaginal bleeding with pain in pregnancy or after missing one period
psychological	deep depression with suicidal ideas hearing voices incongruous behaviour
persistent	vomiting &/or diarrhoea delusional beliefs *vomiting &/or diarrhoea in infant thirst increase in passing urine cough unexplained loss of weight (1lb per week or more)
sudden	*breathlessness *swelling of face, lips, tongue or throat *blueness of the lips *loss of consciousness *loss of vision *convulsions unexplained behavioural change

difficulty	swallowing *breathing
change	in bowel habit in a skin lesion (size, shape, colour, bleeding, itching, pain)
others	pallor unexplained swelling or lumps *neck stiffness in a patient with fever unexplained fever, particularly if persistent or recurrent brown patches (Addison's disease)

* may denote emergency intervention required

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Appendix II

Transferable skill

The QAA requires that study skills, often called transferable skills, are embedded in programmes. These are:

1. Communicate with others in a clear and articulate manner, using word or number, through written work using appropriate academic conventions.
2. Present ideas and arguments verbally in formal presentation and seminars and informal discussions in a variety of environments.
3. Work with others in the preparation and presentation of group work and take responsibility for an agreed area of shared activity.
4. Negotiate informally with peers and formally with members of organisations.
5. Identify and propose solutions to problems both in relation to the substantive area of health studies and for other educational and social issues.
6. Recognise issues relating to equal opportunities and identify appropriate action in relation to such issues.
7. Use information technology to store, retrieve and produce material for health studies, course work, drawing on skills in the use of word-processing, databases and spreadsheets as appropriate to the task.
8. Gather and analyse relevant information from a wide variety of sources using appropriate manual and electronic sources.
9. Reflect on and review progress in their own studies and seek assistance or guidance as appropriate in order to enhance their own personal development.

Appendix III

The Measure yourself Medical outcome Profile (MYMOP)

The MYMOP questionnaires and user pack can be downloaded from the Framework for measuring impact at this address

<http://www.measuringimpact.org/s4-mymop2>

Appendix IV

Definitions

Definitions of words used in Nutritional Therapy Standards have been copied

Advice

Advice, where the practitioner offers recommendations as to what the client should do, is in contrast to providing information where the client is given facts and data so that they can decide their possible courses of action. Advice may be available from others or developed by practitioners themselves.

Anthropometric tests

Height, weight, body mass, body fat percentage, body water content.

Assessment

Evaluation of all the known information about a situation or person, a judgement of the position and what is likely to happen i.e. the collection and evaluation of information and a subsequent judgement.

Audit

A systematic examination to assess the effectiveness or otherwise of actions/ processes. Audits may focus on different aspects of services and include clinical audits, quality audits and financial audits.

Body systems

Mechanisms that the whole body uses for functional status.

Clinical supervision

A supportive and structured framework in which the therapist is able to discuss issues with their peer or senior therapist to ensure the client is given the best possible therapy.

Code of Ethics

Guidelines laid down by the professional body which defines standards of behaviour and values for practitioners.

Consent

Consent may be informed or implied. Implied consent is that which is not explicitly sought or expressed by the client. Informed consent is that where the client has all relevant information and the necessary understanding to decide whether the course of action is the right one or not for them.

Continuing professional development

Means by which the practitioner maintains his/her current level of expertise in line with best practice, and develops this further to extend his/her skills and understanding. For qualified practitioners of Nutritional Therapy, professional development could include further training and/or qualifications in a related discipline e.g. herbalism

Contract

All agreements between practitioners and clients, be they formal or informal, written or oral. Contracts will cover the roles and responsibilities of both parties.

Contra-indications

Factors which indicate that a particular protocol, procedure or material is unsuitable for a client.

Detoxification

The biotransformation of molecules through several phases to become hydrophilic and facilitate excretion.

Diagnostic Testing Procedures

Non-Invasive testing Anthropometric testing Biochemical testing

Effectiveness

The effectiveness of activities and interventions is the extent to which they achieve their intended objectives and benefit the recipients, correctly, safely and consistent with current, valid research evidence.

Endogenous

Arising from within or derived from the body e.g. Resulting from metabolic processes.

Exogenous

Originating from outside the body e.g. Resulting from the diet or surrounding environment.

Epidemiological parameters

Gender, age, geographical location, social, familial, genetic, environmental.

Equal Opportunities

Acting, and using language without discrimination e.g. with regard to race, sex, religion, ability, age, culture to ensure that everyone has equal access and treatment as an individual.

Evaluation

Evaluation is the process of determining the effectiveness, value or quality of something based on a careful study of its good and bad features against pre-defined criteria. Evaluation can take place while something is happening and influence what happens next (formative evaluation) or take place at the end (summative evaluation).

Evidence-based practice

Integrates individual expertise with the best available evidence from systematic research to assist in decision making about practice.

Holistic - Recognising that health and social well-being should be considered as a whole and in relation to everything that affects a person's life i.e. that component parts should not be considered in isolation from others.

Health

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (World Health Organisation, 1948).

Homeodynamics

Applied to the body, the term describes a range of continuously occurring metabolic and physiological activities that enable an individual to adapt to changing circumstances, stresses and experiences. The homeodynamics of a person's health work behind the scenes, constantly enabling that person to act as a unique individual.

Integumentary

Relating to the skin

Intervention

An intervention is any planned action to influence an outcome in a specific way.

Lifestyle

The habits which people adopt in their daily life including dietary, activity/exercise, social interaction, cultural.

Malnutrition

The state of bad or poor nutrition that may be due to inadequate food intake, imbalance, malabsorption, improper distribution of nutrients increased nutrient requirements, losses, or over-nutrition.

National Occupational Standards

A specification, agreed nationally, of good practice at work. The standard is presented as performance criteria, the scope of circumstances in which performance should be demonstrated, and the knowledge and understanding required. National occupational standards are presented in Units of Competence defined in CNH1, CNH2, CNH8 and CNH9

Nutraceutical

Naturally derived bioactive compounds that are found in foods, dietary supplements and herbal products, and which have health promoting, disease preventing or medicinal properties. This does not include essential nutrients.

Nutritional Therapy:

Dietary and nutraceutical intervention used in the mitigation of a physiological or biochemical disorder, enabling the body to return to a state of optimum function.

Objective

The intended outcome of an intervention

Orthomolecular

Natural chemical constituent(s) of the body.

Optimise health, functional status & well-being

Enabling people to make the best of their own health, abilities or situation within their own life context.

Patient/Client

Any person who has or believes he/she has less than optimum physiological or biochemical function who seeks to redress this through Nutritional Therapy.

Pharmaceutical

Any product manufactured by a pharmaceutical company to include any drug which is generally prescribed or sold over the pharmacy counter.

Pharmacokinetics

The study of the action of drugs within the body, including the routes and mechanism of absorption, distribution, excretion and metabolism; onset of action; duration of effect; biotransformation; and effects and routes of excretion of the metabolites of the drug.

Pharmacodynamics

The study of how a drug acts on a living organism, including the pharmacologic response and the duration and magnitude of response observed relative to the concentration of the drug at an active site in the organism.

Rationalise

Giving consideration to the reasoning behind all factors surrounding the formulation of a client's Nutritional Therapy protocol.

Red flag list

A list of symptoms which indicate or may indicate serious conditions – list included in this document.

Research

A detailed, systematic study of a subject or an aspect of a subject which involves collecting and analysing data and information and synthesising these in new ways to generate new knowledge and understanding, or new approaches which have general application.

Training Providers

Any institution or organisation which seeks to provide education and training in Nutritional Therapy which has or wishes to seek course approval from one of the registering bodies under the NTEC.