



The emerging regulatory body for Nutritional Therapy

CORE CURRICULUM FOR TRAINING IN NUTRITIONAL THERAPY

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1 INTRODUCTION

This document contains the Nutritional Therapy Council's (NTC's) Core Curriculum (CC) for Nutritional Therapy (NT) training and is applicable to all education and training providers offering study of NT.

This CC forms the skeleton around which the delivery of a course or programme leading to the practice of NT should take place. As such, it sets out the minimum standard required for independent, safe and effective practice and covers everything within the National Occupational Standards (NOS) document developed in terms of learning outcomes of increasing complexity. Training should encourage the development of a reflective, research-minded practitioner with qualities of integrity, humanity, caring, trust, responsibility, respect and confidentiality

In a NOS document the knowledge, understanding and skills which support the achievement of the standard are identified – demonstrating and facilitating a direct and clear relationship between knowledge and action. The NTC Education and Training Committee's first task has been to map the knowledge and understanding area of the NOS document against the action required of a NT, resulting in a matrix presented as an appendix for ease of reference.

The NOS document should be read in conjunction with the CC but the following information from the NOS is provided to assist your understanding and use of the CC.

ACTION REQUIRED OF NUTRITIONAL THERAPIST - COMPETENCE

CH-NT1 Assess the needs of the client

CH-NT1.1 Evaluate and process requests for nutritional therapy

CH-NT1.2 Prepare to assess the client

CH-NT1.3 Assess the client

CH-NT1.4 Agree action with the client

CH-NT2 Educate the client to adopt self-care procedures

CH-NT2.1 Prepare to advise and educate the client

CH-NT2.2 Enable the client to practise & use the self-care procedures

CH-NT2.3 Evaluate the effectiveness & use of the self-care procedures

KNOWLEDGE & UNDERSTANDING REQUIRED OF NUTRITIONAL THERAPISTS

KEY A-O

Throughout the document letters and numbers in parentheses follow the learning outcomes. These relate to the following table and originate from the NOS. A more detailed explanation of the origin of the learning outcomes may be obtained by referring to the **matrices in Appendix 3.3**

A	1-5	Professional standards and codes of conduct
B	1-4	Legislation
C	1-7	Employment and organisational policies and practices
D	1-10	Communication and professional relationships
E	1-7	Work role and practice – reflecting and developing
F	1-5	Confidentiality
G	1-7	Consent
H	1-11	Client Management
I	1-11	Health, functional status and well-being
J	1-10	Illness and its treatment
K	1-8	The scope and methods of nutritional therapy
L	1-37	Health sciences
M	1-20	Assessing the client's needs and the appropriateness of nutritional therapy
N	1-12	Educating the client
O	1-9	Evaluating and reviewing effectiveness of nutritional therapy

Within the CC document, the subjects have been divided for the purpose of clarity, incorporating the knowledge and understanding headings from the NOS (**A-O**) and clearly show the evolution of the NOS document into a CC. 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 with nutritional therapy. 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 left to the individual institution. Accreditation procedures will ensure that all aims and learning outcomes are met. Accreditation documents will be available separately.

STUDY TIME

The minimum length of study time has been determined by the NTC as a total of 1500 study hours including appropriate clinical studies.

CLINICAL PRACTICE

The overall aim of clinical practice must be to prepare a lawful, safe and effective Nutritional Therapy practitioner who is able to practise with autonomy. This requires competence at the stated levels and range of clinical practice defined in the core curriculum and identified in the NOS, paying particular attention to the NOS scope. Clinical practice assessment must be conducted in a realistic working environment (situational assessment) and be fully supervised (observed) This will require a significant amount of commitment on behalf of both the Training provider (TP) and student. TP's will need to demonstrate that their graduates feel confident to practise safely and effectively. The Accreditation Committee, as part of the accreditation process must scrutinise how Training Providers demonstrate that they meet the NOS and Core Curriculum summatively.

TRANSFERABLE SKILLS

The QAA now ask that study skills, often called transferable skills, be embedded in programmes. Appendix 3.1 outlines the skills considered important by QAA.

ASSESSMENT

Assessment methods must demonstrate an evolving process of complexity and preparation to practice in a professional capacity and relate to the Learning Outcomes.

Professional competence to practice as a Nutritional Therapist requires an effective synthesis of a wide range of knowledge and skills and students must demonstrate intellectual flexibility within a realistic clinical practice on completion. This is a **HE level 6** skill. Assessment methods are to be decided by the training providers and should support the development of practice.

ACADEMIC ASSESSMENT METHODS

Aside from the obvious short answer assignments, essays, various tests including multiple choice and examinations, some of which may be conducted as open book, it is also helpful to include a wide variety of other assessment methods some of which will be formative and others summative. These may include oral presentations and discussions, poster presentations, and production of leaflets, information sheets, a specific literature review, evaluation of treatment for a named disease, critique of a scientific paper. Some assessments should include, dietary analysis, menu plans and recipes for a specific diet and others be based on hypothetical clinical situations designed to assess student understanding and maybe their ability to explore and widen their knowledge as well as reflective practice. All assessment methods should embed one or more of the Transferable Skills **3.1 1-9**.

CLINICAL PRACTICE ASSESSMENT METHODS

Clinical practice assessment must be conducted in a realistic working environment and be fully observed. Students should conduct a series of nutritional therapy consultations. They should reflect upon their interaction with patients and their own development as a practitioner and record the diversity of evidence generated from these events in a portfolio. Assessments using a portfolio of tutor assessed competencies, feedback and action plans, clinical case evaluation report and reflective account develops the student's work-place skills, Transferable Skills and skills required for continuing professional development. This is the ideal method of collecting evidence of clinical assessment but is not compulsory although some Professional Bodies may require it.

SEEC LEVEL DESCRIPTORS are used throughout this document. Whilst SEEC levels relate to a Higher education framework this indicates the standard required not the qualification outcome.

SEEC/HE LEVEL 4: *relates to acquisition of knowledge (relates to former HE Level 1)*

SEEC/HE LEVEL 5: *relates to synthesis of underpinning knowledge (relates to former HE Level 2)*

SEEC/HE LEVEL 6: *relates to application of knowledge in a complex autonomous environment where the process needs to be critically evaluated (relates to former HE Level 3)*

Terms in bold italics are defined in the glossary. We would suggest referring to the glossary to ensure complete understanding of this document.

2 CORE ELEMENTS

KNOWLEDGE AND UNDERSTANDING NEEDED FOR CH-NT1 & CH-NT2

2.1 HEALTH SCIENCES

2.1.1 ANATOMY & PHYSIOLOGY (L 1)

Aims

- To provide integrated knowledge of those aspects of anatomy and physiology which are essential for understanding health and the mechanisms and clinical features of disease.
- To ensure an understanding of the web-like interaction of physiological processes.

Learning Outcomes (Levels 4-5)

On successful completion of this subject the student will be able to:

1. Explain basic physical terms and anatomical directions related to the body, and landmark the organs, glands, major blood vessels and lymph glands.* (L1)
2. Describe function of organelles, cells and tissues. (L1)
3. Describe the functioning of the major physiological systems** of the body and their integration within the body as a whole. (L1, L3)
***skeletal, muscular, nervous, sensory, endocrine, respiratory, digestive, urinary, reproductive, circulatory, integumentary, lymphatic & immune*
4. Explain the maintenance of homeostasis. (L1)

Note – Reference to genetics has been removed pending publication of separate standards for genetics and genomics.

This is below level 4 but has been included to ensure that students have sufficient understanding of the technical language to ensure appropriate communication.*

2.1.2 BIOCHEMISTRY (L 2)
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Aims

- To understand the structure and function of water and the macronutrients: proteins, lipids, carbohydrates, nucleotides, and their anabolic and catabolic processes, including energy production within cells, and their control at molecular, cellular, tissue and whole body levels.

Learning Outcomes (Levels 4)

On successful completion of this subject the student will be able to:

1. Describe bonding and molecular interactions in biological compounds. *(L2)*
2. Explain properties of water and buffers in biological systems. *(L2)*
3. Describe structural characteristics and functions of carbohydrates, lipids, proteins, enzymes, nucleic acids. *(L2)*
4. Describe metabolism of carbohydrates, lipids and proteins including control and integration. *(L2)*
5. Explain the importance of enzyme cofactors in major metabolic pathways. *(L2)*

2.1.3 MICRONUTRIENTS (L 3-7)

Aims

- To explore sources, functions, and interactions of micronutrients, including phytonutrients and other **orthomolecular** compounds in the context of the individual's dietary requirements, therapeutic considerations, range of assessment methods and safety.

Learning Outcomes (Level 4/5)

On successful completion of this subject the student will be able to:

1. Discuss factors affecting individual requirements for micronutrients, including phytonutrients, and other orthomolecular compounds. (L3)
2. Discuss bioavailability of dietary and food supplement sources of micronutrients, including phytonutrients and other orthomolecular compounds. (L6)
3. Explain functions and interactions of micronutrients, including phytonutrients and other orthomolecular compounds, at the cellular level. (L4, L5)
4. Explain signs and symptoms associated with micronutrient/orthomolecular compound deficiency, imbalance and toxicity. (L5)
5. Describe the main categories of phytonutrients, their occurrence and their physiological actions and potential toxicity. (L3, L5)
6. Compare and contrast different methods used for the assessment of micronutrient and orthomolecular status. (L7)

2.1.4 FOOD COMPOSITION & PROPERTIES (L 28-31)

Aims

- To explore applied food chemistry and the factors which can affect food from farm to fork.

Learning Outcomes (Level 4-5)

On successful completion of this subject the student will be able to:

1. Describe the classification and composition of foods. *(L28)*
2. Discuss energy balance in relationship to food intake and expenditure. *(L29)*
3. Discuss factors affecting nutrient bioavailability. *(L28, L29)*
4. Evaluate the use of food composition tables in measuring the nutrient content of food. *(L28, L29)*
5. Evaluate dietary reference values. *(L29)*
6. Discuss sources of food toxins and possible food safety concerns. *(L30)*
7. Discuss adverse reactions to foods. *(L30)*
8. Discuss the regulations governing food from farm to fork. *(L29, L31)*

2.1.5 DIETARY THERAPY (I 8) (K1) (L 32-37)

Aims

- To develop the skill of using food as therapy.

Learning Outcomes (Levels 4-5)

On successful completion of this subject the student will be able to:

1. Discuss factors affecting food choice. *(L37)*
2. Describe dietary requirements through the life stages. *(L34)*
3. Critique dietary models and use of therapeutic foods in relation to prevention and modulation of functional status. *(L33, L35, L36)*
4. Analyse and evaluate food intake using manual or electronic means. *(L32, L33, L36)*
5. Construct menu plans which meet negotiated therapeutic goals. *(L32, L34, L36, L37)*

2.1.6 NUTRITIONAL PHYSIOLOGY (L 8-15)

Aims

- To explore impact of nutrients, from diet and **nutraceuticals**, in relation to **homeodynamics** and dysfunction.

Learning Outcomes (Levels 5-6)

On successful completion of this subject the student will be able to:

1. Evaluate importance of assessment of diet and nutritional status. (L11)
2. Explain impact of diet and nutraceuticals on metabolic, physiological and behavioural functions. (L8, L9)
3. Discuss appropriate diagnostic investigations, including **anthropometric** tests, laboratory tests and their interpretation. (L12, L13)
4. Discuss nutrient modulation of detoxification. (L10)
5. Discuss nutritional management of malnutrition, eating disorders and obesity. (L10, L12)
6. Discuss impact of stress on nutrient status and nutrient modulation of the HPA axis. (L14, L15)
7. Discuss impact of **endogenous** and **exogenous** factors on bodily systems. (L15)

2.1.7 PATHOPHYSIOLOGY (L 16-22)

Aims

- To provide a systemic, integrated explanation of the common diseases, their aetiology, clinical features and differential diagnosis.
- To introduce the value and skill of researching information in practice.

Learning Outcomes (Level 5)

On successful completion of this subject the student will be able to:

1. Explain common diagnostic procedures and their clinical applications. (*L16, L22*)
2. Explain how normal cell and tissue structure and function can change to produce genetic changes, abnormal cell growths, tissue injury, inflammation and repair. (*L16, L17, L20, L21*)
3. Explain how ageing, stress and tissue injury cause pathology in all body systems. (*L19, L20*)
4. Discuss principles of infection and the ways in which alterations in natural and acquired defences (immunity) can lead to disease. (*L21*).
5. Evaluate common symptoms leading to a differential diagnosis. (*L16- L22*)
6. Recognise potentially serious signs and symptoms ("**red flags**")* that should be referred to a medical practitioner. (*L16, L18*).
7. Demonstrate the skills required to find, review and evaluate information on commonly encountered diseases. (*J7*)

* **red flags** – see pg 25

2.1.8 PHARMACOLOGY (L23-27)

Aims

- An investigation of the major classes of drugs, their administration and uses, and nutrient/drug/herb interaction.

Learning Outcomes (Level 5)

On successful completion of this subject the student will be able to:

1. Describe possible consequences of interactions between foods, nutraceuticals, herbal medicines and drugs. (L25)
2. Discuss classes of commonly used drugs, their general actions, possible side effects and **contraindications**. (L26)
3. Explain the factors affecting variability of responses to drugs. (L24)
4. Identify information from standard reference sources about possible interactions between named drugs, foods, nutraceuticals and herbal medicines. (L27J5)
5. Explain the principles of pharmacodynamics and pharmacokinetics relating to drugs, herbal medicines, nutraceuticals and natural components of food. (L23)

2.2 NUTRITIONAL THERAPEUTICS

2.2 .1 HEALTH FUNCTIONAL STATUS & WELLBEING (I 1-11, J 7)

Aims

- To ensure a thorough understanding of the concept of health and the individual, and to examine the full range of aspects which impact on well-being.

Learning Outcomes (Levels 5-6)

On successful completion of this subject the student will be able to:

1. Discuss the principles of holism and balance. *(I2, 4, 5, 6)*
2. Discuss the concepts of health, illness, functional status and well being. *(I 1,2,3, 5)*
3. Discuss the impact of illness on the client. *(I 2,3,4, 5, 6, 8, 9)*
4. Explain the effect of socio/psycho/economic factors on health, functional status and well being. *(I3,4,6,7,8,9)*
5. Review avenues for modulating health. *(I 7, 10, 11)*
6. Discuss the implication of disability legislation on clinical practice. *(I10,11)*

2.2 .2 TREATMENT AND SCOPE OF METHODS OF NUTRITIONAL THERAPY (J 1-10, K 1-8)

Aims

- To examine the practice of nutritional therapy paying particular attention to appropriate use of treatment and how it might be used to support other healthcare modalities.
- To develop student skills in making use of a full range of NT **assessment** methods.
- To explore the relevance of client information in relation to the treatment of illness and disease.

Learning Outcomes (Levels 5-6)

On successful completion of this subject the student will be able to:

1. Discuss appropriate forms of information collection to evaluate the signs and symptoms presented by a client including adverse drug/nutrient reactions and possible antecedents, triggers and mediators. (*J 1, 6,7,9 M11*)
2. Discuss the information provided by a client and acknowledge the circumstances when it is inappropriate to accept a client or where NT may benefit from collaboration with other healthcare professionals. (*K2,3 & 7, M7,J1,2,3*)
3. Discuss the purpose, range and limitations of different methods of nutritional therapy. (*K4*)
4. **Research** information on commonly encountered diseases and drugs to improve understanding and knowledge. (*J 4,5, 9*)
5. Explain the design of a treatment programme with rationale. (*K5,6,8 M7 J 6,7,8,9*)
6. Explain response to conflicting **advice** obtained from other practitioners. (*J10*)

2.3 PRACTICE MANAGEMENT

Professional standards and codes of conduct (A1-5)

Legislation (B 1-4)

Employment and organisational policies and practices (C 1-7)

Confidentiality (F 1-5) (M 19-20)

Consent (G 1-7)

Client Management (H 1-11)

Aims

- To have a full understanding of the ethical, administrative, legal and business environment in which the health care practitioner must operate.

Learning Outcomes (Level 5)

On successful completion of this subject the student will be able to:

1. Describe the codes of conduct relating to their professional registering body and what under their terms is required of them as a student, associate or full member of that body. (A 1,2,3,4 B 1,3,4 C 3,4,6)
1. Discuss issues of time management that enhance or detract from good client – practitioner relationships. (A 5 C 6 H11)
2. Discuss the practitioner rights and responsibilities with respect to the organisation of their training provider, professional body or employer as it may apply to their study and practice. (A 1,2,3,4 B 1,3,4 C 3)
3. Identify secure & confidential methods of client record keeping appropriate for future reference, referral and involvement in a clinical **audit**. (H1-5 M 19,20)
4. Discuss legislation relevant to practice. (B1-4, H10)
5. Determine requirements for managing client records, documentation and finances. (C 6)
6. Discuss the roles and functions of other health service providers both in their own field and those from which their clients may seek assistance. (C1,5)
7. Evaluate how and when to provide additional information to a client and when it is appropriate to refer the client to another practitioner. (C2)
8. Discuss boundary setting within the practice of integrated health. (H9)
9. Evaluate standards of client care including a health and safety audit. (H7,8,9,10)
10. Take a client's case history considering the issues of equal opportunities, confidentiality, **consent**, compassion and courtesy. (F1)
11. Discuss the law, procedures and requirements pertaining to client confidentiality. (F 2,3,4,5)
12. Discuss the meaning of implied and informed **consent** and the procedures for obtaining consent to therapeutic treatment as well as the circumstances under which written consent should be obtained. (G 1,2,3,4,5,6,7)
13. Discuss duty of care that one should exercise towards a client and where there are boundaries to that duty of care. (F2,4)

2.4 PRACTITIONER DEVELOPMENT

COMMUNICATION AND PROFESSIONAL RELATIONSHIPS (D 1-10) WORK ROLE AND PRACTICE – REFLECTING AND DEVELOPING (E 1-7) (J 5)

Aims

- To explore and practise the skills required to build a beneficial therapeutic and professional relationship.
- To explore and utilise methods for reflection - developing the practitioner as a life-long learner
- Develop strategies for self-development.

Learning Outcomes (Level 5)

On successful completion of this subject the student will be able to:

1. Explore means of verbal and non-verbal communication in the context of the practice setting. *(D 1,2,3,4,5,9)*
2. Identify and manage restrictions to effective communication. *(D 6,7)*
3. Evaluate the complex nature of the client-practitioner relationship. *(D8,10)*
4. Use reflective skills to produce an action plan for personal development. *(E 1,2,7)*
5. Demonstrate values appropriate for ethical working in clinical and interprofessional environs.
6. Demonstrate understanding of models, concepts and effective treatments and their usage, and the importance of currency of knowledge *(E 3,4,5)*
7. Demonstrate the skills required to find, review and **evaluate** information. *(J5)*
8. Develop and use protocols for interfacing with other health care providers. *(E6)*
9. Demonstrate how to respond to conflicting advice, which clients may receive from different sources. *(D10)*

2.5 CLINICAL PRACTICE

Clinical practice is the application and integration of all other learned components of the training programme. The overall aim of clinical practice is to prepare to become a competent nutritional therapy practitioner, according to the NOS.

Clinical practice is quite clearly identified in the NOS as units M, N, & O as they relate directly to the competencies in units CH-NT1 and CH-NT2.

Assessment of the skills developed in the Clinical Practice component of the core curriculum is FORMATIVE. It will therefore probably include case study work, group exercises and role play, etc.

Assessment of the competences in units CH-NT1 and CH-NT2 is SUMMATIVE and achieved through observed consultations with 'real' clients.

The link between the knowledge and understanding of the NOS and the COMPETENCES is shown as follows:

ASSESSING THE CLIENT'S NEEDS AND THE APPROPRIATENESS OF NUTRITIONAL THERAPY (*M 1-20 and CH-NT1*)

EDUCATING THE CLIENT (*N 1-12 and CH-NT2*)

EVALUATING AND REVIEWING EFFECTIVENESS OF NUTRITIONAL THERAPY (*O 1-9 and CH-NT1 &2*)

2.6.1 ASSESSING THE CLIENT'S NEEDS AND THE APPROPRIATENESS OF NUTRITIONAL THERAPY (M 1-20)

Aims

- To develop Nutritional Therapy skills to assess the client, using the appropriate range of understanding and knowledge from NOS A to L above, applied to the practical setting of client student interaction

Learning Outcomes (Levels 4-6) (With progression in accuracy, confidence, critical *evaluation* and autonomy from level 4 to level 6)

On successful completion of this subject the student will be able to:

1. Demonstrate the importance of presenting a professional environment and manner. (M1,3,4)
2. Evaluate equipment requirements for client assessments. (M2)
3. Demonstrate effective interaction with the client during the assessment process. (M5,6)
4. Explain the selection of assessment methods used to determine client treatment. (M8, 9)
5. Interpret the client's initial approach and manner and identify their needs. (M7)
6. Make active provision for maximum client comfort and privacy during assessment (M10)
7. Provide a rationale for the initial hypothesis using valid and reliable information. (M11)
8. Review evidence for conclusions and justify the reliability and validity of these across a range of increasingly complex cases. (M12)
9. Identify inaccuracies in client information and clarify these inconsistencies with the client. (M13)
10. Actively support and encourage client to build sufficient rapport to encourage client confidence in asking questions. (M 14)
11. Conduct assessments in a time frame suitable to meet the needs of client and therapist. (M 15)
12. Identify range of resources and options available to the client and also potential risks to client in following recommended treatment protocol. (M16, 17)
13. Demonstrate confidence in identifying extent of knowledge and skills and act upon awareness of own limitations, with clear explanation to the client. (M18)
14. Demonstrate use of secure and confidential methods of client record keeping for future reference, referral and clinical audit. (M 19 & 20)

2.6.2 EDUCATING THE CLIENT (N1-12)

Aims

- To develop Nutritional Therapy skills to educate the client, using the appropriate range of understanding and knowledge in NOS A to L above, applied to the practical setting of client student interaction

Learning Outcomes (Levels 4-6) (With progression in accuracy, confidence, critical **evaluation** and autonomy from level 4 to level 6)

On successful completion of this subject the student will be able to:

1. Explain the importance of agreeing the assessment and treatment process and future appointment details with the client. (N1, 3, 4, 5)
2. Describe strategies to ensure client understanding of their role and responsibilities in the treatment process. (N2, 6, 7)
3. Discuss the practitioner's responsibilities to, and support of the client during treatment. (N7, 11, 12)
4. Critically review **effectiveness** of treatment with the client and make appropriate changes to the protocol with explanation. (N8-10)

2.6.3 EVALUATING AND REVIEWING EFFECTIVENESS OF NUTRITIONAL THERAPY O 1-9

Aims

- To develop Nutritional Therapy skills to evaluate **effectiveness** of practice, using the appropriate range of understanding and knowledge in NOS A to L above, applied to the practical setting of client student interaction

Learning Outcomes (Levels 4-6) (With progression in accuracy, confidence, critical **evaluation** and autonomy from level 4 to level 6)

On successful completion of this subject the student will be able to:

1. Evaluate information required to make a decision on **effectiveness** of treatment. (O1, 2)
2. Critically evaluate the client's contribution to the review process and discuss effective methods to improve their participation. (O3, 5)
3. Discuss how clients may express concerns about their treatment. (O4)
4. Explain strategies for changing treatments to meet client's needs. (O 6, 7)
5. Demonstrate the importance of accuracy and content of information recorded, following the review process. (O8)
6. Explain reasons which may necessitate a halt to nutritional therapy. (O9)

NB. The MYMOP2 questionnaire is suggested as a useful tool for use in the evaluation of treatment outcome. Appendix 3.4.1

3 Appendices

3.1 TRANSFERABLE SKILLS

QAA suggested transferable skills that will need to be addressed by the various educational institutions:

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.

DEFINITIONS OF WORDS USED IN THE 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 define 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, homœopathy.

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 treatment, procedure or material is unsuitable for a client.

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.

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

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.

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

Any person who has or believeshe/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 treatment protocol.

Red flag list

A list of symptoms which indicate or may indicate serious conditions – listed below.

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 NTC.

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.

bleeding

*sciatic pain if associated with objective neurological deficit
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
delusional beliefs
incongruous behaviour

persistent

vomiting &/or diarrhoea
*vomiting &/or diarrhoea in infant
thirst
increase in passing urine
cough

sudden

unexplained loss of weight (1lb per week or more)
*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)

3.3 MATRICES MAP - KNOWLEDGE & UNDERSTANDING A-O AGAINST THE UNDERPINNING KNOWLEDGE CHNT1 & CH-NT2

A - PROFESSIONAL STANDARDS & CODE OF CONDUCT (NOS)

K & U Area Professional Standards & Codes of Conduct	CH-NT 1.1 Evaluate & process requests for NT	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
A 1	1,2,3,4,5,7-10	1-10		1-8	1-8	1-10,12	
A 2	1-10	1,2,3,7,8,10		1-8	1-8	1-10,12	
A 3	1-10	1 -11		1-8	1-8	1-10,12	
A 4	1,2,3,6,7,8,10	12367810		1-8	4,5,7,8	1-4,6,9,10 12	
A 5	1,2,8,9						

A1 - the professional standards and code of conduct for your therapy

A2 - the role of the professional body setting the rules and ethics of your therapy

A3 - how the rules and ethics of professional practice and codes of conduct apply to your own practice

A4 - why it is important to keep your understanding of professional rules and codes of conduct up to date

A5 - how to balance your own responsibilities as a professional with any contractual or other requirements of any organisation with which you work

B - LEGISLATION

K & U Area B Legislation	CH-NT 1.1 Evaluate & process requests for NT	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self- care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
B 1	1,2,4,8	1,3,6,7,8,10					
B 2	3,10	1,2,3,6,7,8,10		2,4-8	6,7,8	1,2,12	
B 3	1,2,3,4,8	1,2,3,4,7,8,10		2,4-8	6,7,8	1,2,12	
B 4	1-10	1,2,3,4,6,7,8,10		2,4-8	,6,7,8	1,2,12	

B1 - current relevant health and safety legislation and how it applies to your own work role

B2 - legislation relating to obtaining, storing and using information and supplying services

B3 - the importance of keeping your understanding of legislation up to date

B4 - how relevant legislation impacts on your own work

C – EMPLOYMENT & ORGANISATIONAL POLICIES AND PRACTICES

K & U Area Employment & Org. policies & practices	CH-NT 1.1 Evaluate & process requests for NT	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self- care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
C 1	1,2,4,5,8,10			6	2,3,5,6,8	3	5,6
C 2	10			6	1		
C 3	1-10	1-10		1-8	1-8	1-12	2-10
C 4	1,2,4,5,7,8,9,10	1-10		1-8	2-8	1-12	
C 5	1,2,4,5,7	5,7,8,10		5,6	2-8		
C 6	1,2,4,5,7,8,9	1,2,3,7,8,9		4-8	6	1,2,3	
C 7	1,2,4,5,6,7,8,9	1,2,3,7,8,9		3-6	2,3,6	2,3,8	

C1 - the roles and functions of the principal agencies within the health and social care sector

C2 - how to obtain information from the principal agencies with whom you may work

C3 - why it is important to respect the rights of clients

C4 - the extent of your own remit as a practitioner and the limits of your responsibilities

C5 - how your own role relates to other health and social care practitioners

C6 - the organisational requirements and restrictions relating to the use of resources

C7 - the range of resources and options available to meet the client's needs

D – COMMUNICATION & THE PROFESSIONAL RELATIONSHIP

K & U Area Communication & the professional relationship	CH-NT 1.1 Evaluate & process requests for N.T.	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
D 1	1-9	1,4-11	1-12	1-8	1-8	1-12	1-9
D 2	1- 9	5-11	1-12	2-8	1-8	1-12	1-10
D 3	1- 9	2,5-11	1-12	1-8	1-8	1-12	1-10
D 4	1-9	5-11	1-12	1-8	1-8	1-12	1-10
D 5	3	1,5	1,2,3,6	1	2,3,4	3,12	1,2,9
D 6	1,4,6,7	1,2,3,6-11	1,3,5	1,3,4,5	2-8	1,3,5-12	1-7,9,10
D 7		1,3	1,2			1	
D 8	3,4,6,7,9	6-11	1,3,4,5,9,10	1-6	2-8	3-12	1-5,9
D 9	1,3,4	6,7,10,11	3,5,6,10	5,6	3,4,5,7	3,5,8,11	1,2,4,5
D 10		9	9		1,3,8	6,10	6,10

- D1 - how to achieve effective communication through observation, sensitive questioning and listening
- D2 - how to adapt vocabulary, pace and tone of speaking to meet the needs of the client
- D3 - forms of verbal and non-verbal communication and how to use these positively
- D4 - how to check understanding with the client by reading and using a variety of signals
- D5 - how to position self and client to encourage communication
- D6 - how to recognise and overcome barriers to communication
- D7 - why certain environments can inhibit communication and how to minimise this
- D8 - the nature and development of the professional therapeutic relationship and how to develop it with the client
- D9 - why it is important to encourage the client (and any companion(s)) to ask questions, seek advice and express any concerns
- D10 - how to respond to conflicting advice which clients may receive from different practitioners

E – WORK ROLE & PRACTICE – REFLECTING & DEVELOPING

K & U Area Communication & the professional relationship	CH-NT 1.1 Evaluate & process requests for N.T.	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
E 1	1-10	1-11	1-12	1-8	1-8	1-12	1-10esp.10
E 2	1-10	1-11	1-12	1-8	1-8	1-12	1-10esp10
E 3				1,2,3,4,5,6	1,2,3,5	4,5,6,7	3,4,10
E 4	1,5	7	4,6,7,11	2,3,4,5,6	1	4,6,7,8	3,4,5,10
E 5	1	7	4,6,7	2,3,4,5	1	4,6,7,8	3,4,5
E 6	2,8	5	8	6			3,5
E 7	1,2	7	4,5,6,9,11	2,4,6	3	7,8,9	3,5,10

E1 - why it is important to reflect on your own practice and identify any development needs

E2 - how to evaluate the effectiveness of your own actions and learn from experience

E3 - the information available on effective treatments and how to evaluate and use this information within your own practice

E4 - the importance of keeping your own knowledge and practice up to date

E5 - how models and concepts in nutritional therapy have evolved and developed, how these tend to change with time, and the similarities and differences between different versions

E6 - how to develop links with other healthcare providers and the protocols for doing this

E7 - how to acknowledge the limits of your own knowledge and competence and the importance of not exceeding these

F - CONFIDENTIALITY

K & U Area Communication & the professional relationship	CH-NT 1.1 Evaluate & process requests for N.T.	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
F 1			4,6,8,10,12	6-8	1,7,8		
F 2				2,5,6,7,8	6-8	3,12	
F 3			4,8,10	6,7,8	1,6,7,8		5,6,7,8
F 4	1,3,10	8,10		7,8			
F 5	1,3,10	8,10		7,8			

F1 - the importance of recognising and maintaining the client's right to confidentiality

F2 - how to balance the client's rights against your own responsibility to others

F3 - what to take into account when passing on information about clients

F4 - what the procedures and requirements on confidentiality, security and transmission of information are for your organisation and for any organisation you may need to contact regarding a client

F5 - ways in which confidentiality may be breached and how to prevent their occurrence

G - CONSENT

K & U Area Consent	CH-NT 1.1 Evaluate & process requests for N.T.	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
G 1	8,10	5,6,8,10					
G 2	1,3,8,10	5,6,8,10					
G 3	34,5,6,7,9,10	5,6,8,10					
G 4	1,3,8,10	5,8,10					
G 5	1,8	6,7,8,10					
G 6		5-11		1-7			
G 7	1	8-10					

G1 - what is meant by “implied” and “informed” consent and the circumstances in which these may arise

G2 - the guidance given by your professional body on implied and informed consent and when written consent should be obtained

G3 - why it is important to ensure that clients have been given sufficient information to give or refuse consent

G4 - who holds responsibility for gaining consent and when this should be done

G5 - how informed consent may be obtained from clients who are unable to give the consent themselves and who has the right to give this consent

G6 - how to confirm that the agreements reached are likely to be in the clients’ best interest

G7 - what the policies on consent, including any specific requirements under contractual agreements are for your organisation and for any organisation you may need to contact regarding a client

H – CLIENT MANAGEMENT

K & U Area Client Management	CH-NT 1.1 Evaluate & process requests for N.T.	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
H 1	10	5,6	1,10,12	2,8	7	1,2	6,8,9
H 2	10	6,8	12	8	7	6	6,7,8
H 3	10			7,8	3	11	1,7,10
H 4	10		12	7,8			7
H 5	10	5,10	10	2,6,8	7	11	6
H 6	3,4,5,6,7,9	1,3-11	1,2,3,6,9,12	1,2,3,4,6,7	1,2,3,4,5,7,8	1,2,3,5,7,8-11	2,3,5,6,9
H 7	8	5	2,8,10	3,6	4	1,12	6,9
H 8	8	11	1,6		4	12	9
H 9	2	1,3	2,6			1,12	
H 10	2	1,3	2,6			1,12	
H 11	1	6,7,11	3	1,4	2,6	3	

H1 - why it is important to protect client confidentiality

H2 - how to keep records to protect confidentiality and security of information

H3 - how to keep records so that clinical audit can be undertaken

H4 - why it is important to record all the necessary information in a format suitable for further use

H5 - who has the right of access to information held on records

H6 - why it is important to acknowledge and respect an individual's rights and dignity and ways of doing this

H7 - what circumstances may indicate a need for the presence of a third party

H8 - who may act as a companion to the client and how to interact with them

H9 - what your legal and ethical responsibilities are in relation to the client's health and safety

H10 - how to maintain your practice in line with health and safety legislation

H11 - how to be supportive to the client (and any companion(s)) whilst managing time effectively

I – HEALTH FUNCTIONAL STATUS & WELLBEING

K & U Area Health, functional status & well-being	CH-NT 1.1 Evaluate & process requests for N.T.	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
I 1	1,2,5,7	4,7	3-7 9,11	3	2,3	4,6,7	1,3,5
I 2	1,2,5	4,7	3-7,9	3	2,3	4,6,7	1,3,5
I 3	4,5	1,4	4,5,6,8,11	1-6	4,6,7	7,11	2,3,5,10
I 4	4,5	4	3-9,11	1-6	2,3,4,5,7	3,7,9,10,11	1,2,3,4,5,10
I 5	1,2,4,5,7	4	3-9,11	1-6	5	11	1,2,10
I 6	1,2,4,5	4	3-8,11	1-6	1-7	3,6,10,12	1,2,4,10
I 7	1,2,4	4	3,4,5,7,8,11	1-5	2,4,6,7	10,12	1,3,10
I 8	4	4	3-9,11	1-5	2,3,4,7	3,6	1,3,10
I 9	4		2-11	1,3,4,5,6	1,2,3,4,5,7,8	3	2,3,4,5,10
I 10	1,2,3,8	1,3,4,6,10,11	1,2,3,5,6,8-11	1,2,3,5,7	1-8	1,3,5,7-10,12	2,3,4,5,9,10
I 11	1,2,3,4,7,8	1,2,3,6,8,10,11	1,2,3,5,6,8-11	1,2,3,5,6,7	1-8	1-11	1-,6,9,10

- I 1 the concept of health, functional status and well being
- I 2 the nature of illness and the impact this may have on a client's health, functional status and well-being
- I 3 physical functioning of the human body
- I 4 how the psychological and emotional balance of the client may affect his/her health, functional status and well-being
- I 5 how to recognise when the body is in health balance and when it is not functioning as it should
- I 6 how the physical, social, emotional and economic context in which people live affects their health, functional status and well-being
- I 7 the resources available to clients to make changes to the context in which they live, and to make choices about their lifestyles
- I 8 the effect of diet and lifestyle on clients' health, functional status and well-being
- I 9 how personal beliefs and preferences affect how clients live and the choices they make
- I 10 the nature of disability and your role in working with those who have disabilities
- I 11 how an individual's abilities and disabilities may affect the nature and form of support needed and the manner in which you provide it

J – ILLNESS & ITS TREATMENT

K & U Area Illness & its treatment	CH-NT 1.1 Evaluate & process requests for N.T.	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
J 1	1,2,3,4,5,7	1,4,6	2,3,9	1,4	1		
J 2	1,2,3	4,6	3,5,9	1,3,6			
J 3	2,3,7	6	8,9	3,6	1		5
J 4	1,3	6	2,5,6	1,2	1		
J 5	1,2,3	6	5	1,2,4	1		
J 6	3,4,5,7,10	6	5	1,2,3	1		
J 7	1,2	6	4,5	1-4	1,2,3	7,8,11	
J 8	1,2,3,4,5	6	7,10	1,3,5	1,2,3		1-4
J 9	1,2,3,4,7	6,7	4	1-5	1-5	4-9	
J 10		6	8	5			

- J1 how to determine the meaning and importance of the information given by the client
- J2 the importance of recognising conditions which may pose a serious risk to the client and when to seek immediate medical help
- J3 how to recognise conditions for which the therapy is incomplete in itself and for which the client should seek advice from other sources
- J4 relevant anatomy, physiology, biochemistry and pathology in order to recognise conditions:
- for which nutritional therapy is appropriate
 - where nutritional therapy must be used with caution
 - for which nutritional therapy is contra-indicated
 - for which nutritional therapy is inappropriate
- J5 how to obtain information on commonly encountered diseases, drugs and their side effects
- J6 why it is important to recognise that the client's previous and present care may affect their health, functional status and well-being
- J7 how signs and symptoms may be suppressed or altered by other factors such as medication, exercise, diet
- J8 how to determine the priority of the client's need
- J9 the likely causes of particular conditions and the possibility of changing these

J10 how to respond appropriately to conflicting advice which clients may receive from different practitioners

K – SCOPE & METHODS OF NUTRITIONAL THERAPY

K & U Area Scope & methods of Nutritional Therapy	CH-NT 1.1 Evaluate & process requests for NT	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self- care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
K 1							
K 2	1,3,4		3,4,5				
K 3	1,2,3	10	8,9				
K 4							1-5
K 5		4	1-7	1-4			
K 6	5	7	4-7	1-5			
K 7			5,6,7,9	2,4,6			2,5,6
K 8				1-4	1-5	1-4	

K1 the history, principles and development of nutritional therapy and its relationship to other healthcare

K2 how to recognise those occasions when nutritional therapy may complement other treatments which the client is receiving

K3 the circumstances when you may not accept a client:-

- treatment is contra-indicated
- other healthcare should be sought
- nutritional therapy is unlikely to succeed
- you do not have the requisite experience or expertise
- the client does not want the nutritional therapy
- you do not wish to provide nutritional therapy

K4 the range, purpose and limitations of different methods which may be used for different clients with different needs

K5 how to determine the most appropriate method(s) for different clients and their particular needs

K6 how to tailor treatment appropriately for each individual

K7 how to judge whether self-help treatment is appropriate for the client

K8 the importance of giving clear and accurate instructions on self-help

L – HEALTH SCIENCES level 4-6

K & U Area Health Sciences	CH-NT 1.1 Evaluate & process requests for NT	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare advise to & educate client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
L 1 Anatomy & physiology	5		4-7,11	1,5,6	1	4-8,11	1,2,7
L 2 Biochemistry			4-7,11	1,5,6	1	4-8,11	1,2,7
L 3 Micronutrients			4-8,10,11	1-6	1-5	3-12	1-5
L 4			4,5,7	1-6	3,4,5	3-9,11,12	
L 5			4-9,11	1-5	1-5	3-9,11,12	1-5,9
L 6			8,9,11	1-5	1-5	3-9,11,12	1-5,9
L 7		7,9	6-9,11	1-6	1-5	3-9,11,12	
L 8 Nutritional physiology			4,5,7	1,2,3,5	1-5	3-9,11,12	1-5,9
L 9			4,5,7	1,2,3,5	1-5	3-9,11,12	1-5,9
L 10			4,5,7	1,2,3,5	1-5	3-9,11,12	1-5,9
L 11		7,9	4-9,11	1,2,3,4,5	1-5	3-9,11,12	1-5,9
L 12			4-9,11	4			
L 13			4-9,11	6			
L 14			4,5,7,8,9,11	1,2,3, 5	1-5	3-9,11,12	1-5,9
L 15			4,5,7	1,2,3,5,6	1-5	3-9,11,12	1-5,9
L 16	5		4-7,11	1-6	1-5	4-9,11,12	1-5,9
L 17	5		4-7,11	1-6	1-5	4-9,11,12	1-5,9
L 18	5		4-7,11	1-6	1-5	4-9,11,12	1-5,9
L 19	5		4-7,11	1-6	1-5	4-9,11,12	1-5,9
L 20	5		4-7,11	1-6	1-5	4-9,11,12	1-5,9
L 21	5		4-7,11	1-6	1-5	4-9,11,12	1-5,9
L 22	5		4,5,6,7,11	1-6	1-5	4-9,11,12	1-5,9
L 23 Pharmacology			4,5,6,9,11			3-9,11,12	
L 24			4,5,6,9,11	1-6	1-5	3-9,11,12	1-5,9
L 25			4,5,6,9,11	1-6	1-5	3-9,11,12	1-5,9

L 26			5,6,8,9,11	4,5,6		6-9,11	
L 27			5,6,8,9,11	4,5,6		6-9,11	
L 28 Food composition & properties			7,8,11	1,2,3,4	1-5	3-9,11,12	1-5,9
L 29			7,8,11	1,2,3,4	1-5	3-9,11,12	1-5,9
L 30			7,8,9,11	1,2,3,4	1-5	3-9,11,12	1-5,9
L 31			8				
L 32 Dietary therapy			6-9,11	1-6	1-5	3-9,11,12	1-5,9
L 33			6-9,11	1-6	1-5	3-9,11,12	1-5,9
L 34			6-9,11	1-6	1-5	3-9,11,12	1-5,9
L 35			6-9,11	1-6	1-5	3-9,11,12	1-5,9
L 36			6-9,11	1-6	1-5	3-9,11,12	1-5,9
L 37			6-9,11	1-6	1-5	3-9,11,12	1-5,9

M – ASSESSING THE CLIENT’S NEEDS AND THE APPROPRIATENESS OF NUTRITIONAL THERAPY

K & U Area Assessing client needs & apt'ness of NT	CH-NT 1.1 Evaluate & process requests for NT	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
M 1	8,10	1,3	1,2		6	1	
M 2		3	6				
M 3	10	3		8	6		
M 4	8,10	2				2	
M 5		5,10					
M 6	6,7,8	9,10					
M 7	1,2,4,5	4	4,7	6			
M 8		3,4,7	4,5,6,7				
M 9							
M 10	4,6,7	1,6	1,2		7		

- M1 how to provide an appropriate assessment environment for the client and the importance of doing so
- M2 how to select, prepare and use a range of equipment and materials that are needed to assess the client
- M3 the organisational requirements relating to the use of resources
- M4 how to prepare and present yourself correctly to carry out assessment
- M5 why it is important to introduce everyone present and confirm their role within the assessment process
- M6 how to clarify and confirm the client's (and any companion's) understanding of the assessment process
- M7 how to interpret the client's initial approach and manner and identify his/her needs
- M8 how to select and use different assessment methods effectively
- M9 the amount of time which each assessment method is likely to take to establish the client's needs
- M10 the importance of respecting the client's privacy and dignity and affording him/her as much comfort as possible during assessment

K & U Area Assessing client needs & apt'ness of NT ctd	CH-NT 1.1 Evaluate & process requests for NT	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
M 11		4,6	4,5,6,7,10,11				
M 12	6,7,8,10,11						
M 13	4,5	4,6,9	3,4,6,7,10,11			6,7	
M 14	3	5,6,9,11	3		5	3,5,8,9	
M 15	6, 7, 8,9,10	6,7,11			1-5	3,4,5,7,9,12	1-5
M 16			5,8,9	2,4	3,5	3,6,7,9	1-5,7
M 17	2,7	3,7		6	2,3	6	
M 18	1,2		8,9,10	,5,6			5
M 19	10	8	12	7,8		11	7,8
M 20		8			7		6,8

- M11 how to establish valid and reliable information about the client and formulate your initial hypothesis
- M12 the information which would confirm or deny your initial hypothesis and the reasons for this in particular cases
- M13 how to deal with inconsistent information gathered during assessment
- M14 why it is important to encourage the client (and any companion) to ask questions, seek advice and express any concerns
- M15 how to be supportive to the client (and any companion) whilst managing time effectively
- M16 the potential risks of various courses of action for the client and how to assess these realistically
- M17 the range of resources and options available to meet the client's needs
- M18 why it is important to acknowledge own limitations and when there may be a need to refer the client on to other healthcare practitioners
- M19 why it is important to record all the necessary information in a format suitable for further use
- M20 who has the right of access to information held on records

N – EDUCATING THE CLIENT

K & U Area Educating the client	CH-NT 1.1 Evaluate & process requests for NT	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate the client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
N 1					3,4,8		4
N 2		5			4,5,8	3,5,7,8,9,11	1,4,5
N 3		5,6		1,4,5,6	1,2,3,4,5	3-11	1,2,4,5
N 4	7,8,9,10	1,7		4	6		
N 5	6,7	5,9,10	3,9		5	3,5,9	1,4
N 6		5,9,10	3,9		3,4,5	3,5,7,8,9,11	1,2,4,5
N 7	5,7	7		1,4	3	6,7	2
N 8		5		6	1,2,3,4	3,5,7,9,11	1,2,3,5
N 9		5	3,6,8,11	1	5		1,7
N 10	4		3,7		5	11	3,4/
N 11		5		2,4	3,4	3,4,5,6,7,11	1,5
N 12		5			1,2,3,4	4,5,6,7,8,9	4,5

- N1 the importance of agreeing aims and staged goals to meet those aims with the client
- N2 the role which the client (and others) may take, and may need to take, if the treatment is to be successful and how to explain and agree them with the client (and any companion)
- N3 how to support the client to make informed choices
- N4 the importance of agreeing the location and timing of treatments with the client, and the factors which may intervene and alter plans
- N5 why evaluation methods should be determined at the planning stage and what the client's role will be in the evaluation
- N6 the importance of encouraging the client to be as actively involved as possible and the relationship of this to the promotion of their health,
- N7 how the client's health, functional status and well-being may alter during the treatments
- N8 how to monitor the effect of the treatment on the client, evaluate its efficacy and decide when it should be halted
- N9 methods and processes for evaluating information as treatment proceeds and using this to inform future treatment
- N10 methods of reviewing, with the client, the effectiveness of the treatment(s) and evaluating whether the client's needs have been met
- N11 the potential risks associated with client self-help treatment and the extent of your responsibilities
- N12 the importance of giving accurate and clear advice on self-help and the consequences of not doing so

O – EVALUATING & REVIEWING THE EFFECTIVENESS OF NUTRITIONAL THERAPY

K & U Area Evaluating & reviewing effectiveness of NT	CH-NT 1.1 Evaluate & process requests for NT	CH-NT 1.2 Prepare to assess the client	CH-NT 1.3 Assess the client	CH-NT 1.4 Agree action with client	CH-NT 2.1 Prepare to advise & educate client	CH-NT 2.2 Enable client to practise & use self-care procedures	CH-NT 2.3 Evaluate effectiveness & use of self-care procedures
O 1	4,5	8	4,7,11,12	7,8	5	11	7
O 2				5,6			5
O 3		5			4,5,8	8,11,12	1,2,9
O 4		6,9	3		3,8	8,10,12	9
O 5							1,2,9
O 6	1,4,5	4	7,9		2	7,9	3
O 7							
O 8							7,8
O 9	1			5,6		7	5

- O1 what information is needed for the review to be carried out effectively
- O2 how to evaluate the effectiveness of the nutritional therapy treatments as a whole and the importance of doing so
- O3 how and why you should encourage the client (and any companion) to take a full and active part in the review process and to offer their views
- O4 how the client (and any companion) may indicate concerns in the process without making their concerns clear and explicit
- O5 the importance of active listening in evaluating treatment with the client
- O6 the range of different ways in which the treatment(s) can be altered to meet the needs of the client and the ways in which their needs may have changed
- O7 the purpose of supporting the client to consider the implications of any changes made to the programme of care
- O8 how to record the content and outcomes of the review process and what information should be included
- O9 the variety of reasons there may be for discontinuing nutritional therapy with the client

3.4.1 MEASURE YOURSELF MEDICAL OUTCOME PROFILE

The MYMOP questionnaires and user pack can be downloaded from the Medical Research Council Health Services Research Collaboration website at the following address:

<http://www.hsrb.ac.uk/mymop/entrymymop.htm>