

EXTERNAL FULL PORTFOLIO (EFP) ASSESSMENT CHECKLIST FORM

Applicant Number is your Date of Birth:

(Do not add your name as this will be assessed anonymously)

- This document is based on the National Occupational Standards (NOS) for Nutritional Therapy and the NTC Core Curriculum (NTC CC). It sets out the standards for independent, safe and effective practice which practitioners must meet, along with the standards of conduct, performance and ethics.
- Evidence can be demonstrated in a number of categories. Alongside each requirement there is guidance where evidence might be demonstrated. The applicant should write in the 'Evidence Given At' column the category/categories of evidence submitted and where assessors can find this evidence

➤ Example

1.a.2 be able to practise in a non-discriminatory manner.

You may have demonstrated this by your Statement of Practice or in a Case Study. Check the page number where you have demonstrated it and

In the column "Evidence Given at" write SP pg?? or CS1 pg??

Categories of Evidence - please use the following keys demonstrate your evidence

SP = Statement of Practice

CPD = Continuing Professional Development

PA = Practice Audit

CS = Case Studies (e.g. number CS1 or CS2)

QL = Qualification

SDL = Self-directed Learning

CA = Clinical Audit

TR = Training

1. EXPECTATIONS OF A NUTRITIONAL THERAPY PRACTITIONER	EVIDENCE GIVEN AT:	OFFICE USE
<p>1a: Professional autonomy and accountability</p> <p><i>Practitioners must:</i></p> <p>1a.1 be able to practise within the NTC Standards of Conduct, Performance & Ethics (SP/CS/PA)</p> <p>1a.2 be able to practise in a non-discriminatory manner (SP/CS)</p> <p>1a.3 be able to maintain confidentiality and obtain informed consent (CS/PA)</p> <p>1a.4 be able to exercise a professional duty of care (CS)</p> <p>1a.5 know limits of their practice and when to seek advice</p> <p style="padding-left: 20px;">1a.5.1 be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem (CS)</p> <p style="padding-left: 20px;">1a.5.2 be able to initiate resolution of problems and be able to exercise personal initiative (CS)</p> <p>1a.6 recognise need for effective self-management of workload and be able to practise accordingly (PA/SP)</p> <p>1a.7 understand obligation to maintain fitness to practise (PA)</p> <p>1a.8 understand need for career-long self-directed learning (CPD, SDL)</p> <p>1b: Professional relationships</p> <p><i>Practitioners must:</i></p> <p>1b.1 know professional and personal scope of their practice and be able to make referrals (CS/SP)</p> <p>1b.2 be able to work, where appropriate, with other professionals, support staff, patients, clients and users, and their relatives and carers (CS/SP)</p> <p>1b.3 [if applicable] be able to contribute effectively to work undertaken as part of a multi-disciplinary team (CS/SP)</p> <p>1b.4 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, users, their relatives and carers (CS/SP)</p> <p>1b.5 be able to effectively communicate throughout the care of the patient, client or user (CS/SP)</p> <p>SECTION 1 COMPLETE</p>		

2. THE SKILLS REQUIRED FOR AUTONOMOUS PRACTICE	EVIDENCE GIVEN AT:	OFFICE USE
<p>2a: Assessment of health status</p> <p>Practitioners must:</p> <p>2a.1 be able to gather appropriate information</p> <p>undertake and record a thorough, sensitive, and detailed case history, including contact details, family history, co-morbidities, medical intervention, confounding health and lifestyle factors, goals and expectations, date of attendance (Demonstrate within at least 1 completed case study)</p> <p>2b.2 be able to use appropriate assessment techniques</p> <p>using appropriate techniques and equipment, undertake sensitively, and record, a thorough and detailed assessment nutritional and functional status using:</p> <p>2a.2.1 anthropometric measurements (weight*, height*, circumferences*, body composition*)</p> <p>2a.2.2 observation (posture*, gait*, behaviour*, appearance*, skin*, hair, nails*, tongue, other)</p> <p>2a.2.3 physical (e.g. taste test, pulse, palpation, urine)</p> <p>2a.2.4 mechanical/electrical/other devices (if used: dynamometer, blood pressure monitor, spirometer, bioelectric impedance etc.)</p> <p>2a.2.5 dietary* (recall, diary)</p> <p>(Demonstrate above within case studies* additional assessment techniques used can be identified in the SP or with TR etc.)</p> <p>2a.3 be able to undertake or arrange clinical investigations as appropriate (Demonstrate in 1 case study)</p> <p>2a.4 be able to analyse and evaluate the information collected</p> <p>2a.4.1 be able to analyse and evaluate dietary intake (quantity & quality) and patterns (Demonstrate in 1 case study)</p> <p>2a.4.2 be able to analyse and evaluate signs and symptoms, including possible antecedents, triggers and mediators (CS)</p> <p>2a.4.3 be able to recognise and evaluate drug-nutrient/herb interactions</p> <p>(Demonstrate in 1 case study)</p> <p>2a.4.4 be able to identify Red Flags and act appropriately</p> <p>(If not demonstrated in a CS then evidence of skills acquisition required e.g. TR/QL/SDL etc.)</p>		

2b: Formulation and delivery of therapy plans/strategies

Practitioners must:

2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions

2b.1.1 recognise value of research to the systematic evaluation of practice (CS/SP/PA)

2b.1.2 be able to evaluate practice systematically, and participate in audit procedures (CA/PA/SP)

2b.1.3 be able to demonstrate a logical and systematic approach to problem solving (CS/SP/PA)

2b.1.4 be able to evaluate research and other evidence to inform own practice (CS/SP)

2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements

2b.2.1 be able to modify practice as needed to take account of new developments (CS which includes several consultations/SP)

2b.2.2 demonstrate the use of information technology (CS/SP/PA)

2b.2.3 be able to choose the most appropriate strategies to influence nutritional behaviour and choice (CS/SP)

2b.2.4 be able to undertake and explain treatment, having regard to current knowledge (CS/SP)

2b.2.5 be able to advise on menu planning, food purchase and preparation, and be able to interpret food labels which may have nutritional or clinical implications (CS/SP)

2b.2.6 be able to advise on nutraceutical form, formulation and dosage, interactions, reactions, timing of intake (CS/SP)

2b.2.7 communicate professional judgement to other healthcare providers (CS/SP/PA)

2b.3 be able to formulate specific and appropriate management plans including the setting of timescales

2b.3.1 adapt practice to meet needs of different client groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors (CS/PA)

2b.3.2 be sensitive to social, economic, cultural and psychological factors that affect implementation of diet, nutraceutical programme, lifestyle and health advice over time (CS/PA)

2b.3.3 identify significance and potential impact of non-dietary factors when helping individuals or groups to make informed

choices about their dietary and nutraceutical choices, and health care (CS)

2b.3.4 be able to assist individuals and groups to undertake and to become committed to self-care activities including diet, nutraceutical programme, exercise and other lifestyle adjustments (CS)

2b.3.5 negotiate realistic timescales, and possible content of future consultations (CS)

2b.3.6 prepare, using reflection and research, for compliance, and treatment response in follow up consultations (CS)

2b.4 be able to maintain records appropriately

keep accurate, legible records, and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols, and guidelines (PA)

2c: Critical evaluation of nutritional therapy practice

Practitioners must:

2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly

2c.1.1 recognise need to monitor and evaluate quality of practice and value of contributing to generation of data for quality assurance and improvement programmes (CS)

2c.1.2 be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately (CS)

2c.1.3 record outcomes that may not conform to expectations but still meet the needs of patients, clients or users (CS)

2c.2 be able to audit, reflect on and review practice

2c.2.1 be aware of the role of audit and use of appropriate outcome measures (CA/SP)

2c.2.2 be able to maintain an effective audit trail and work towards continual improvement (PA/CA)

2c.2.3 reflect on own actions and interactions and use to inform own development and future practice (CS particularly after each visit)

2c.2.4 record outcomes of such reflection (CS)

2c.2.5 evaluate nutritional information critically, and engage in processes of reflection in order to inform practice (CS)

SECTION 2 COMPLETE

3. KNOWLEDGE, UNDERSTANDING AND SKILLS	EVIDENCE GIVEN AT:	OFFICE USE
<p>Practitioners must:</p> <p>3a.1 know key concepts of biological, physical, social, psychological and clinical sciences which are relevant to professional practice</p> <p>3a.1.1 understand, in the context of nutritional therapy practice</p> <ul style="list-style-type: none"> • anatomy & physiology (QL/TR/CPD/SDL) • biochemistry (QL/TR/CPD/SDL) • macro & micronutrients (QL/TR/CPD/SDL) • nutritional physiology (QL/TR/CPD/SDL) • pharmacology (QL/TR/CPD/SDL) • pathophysiology (QL/TR/CPD/SDL) • food composition & properties (QL/TR/CPD/SDL) • dietary therapy (QL/TR/CPD/SDL) <p>3a.1.2 understand structure and function of the human body, together with a knowledge of health, disease, disorder and dysfunction (CS/QL/TR/CPD/SDL)</p> <p>3a.1.3 be aware of principles and applications of scientific enquiry, including evaluation of treatment efficacy (CS)</p> <p>3a.1.4 understand theoretical basis of, and variety of approaches to assessment, and intervention (CS)</p> <p>3a.1.5 where appropriate, recognise roles of other professions in health care(CS)</p> <p>3a.2 know how professional principles are expressed and translated into action through a number of different assessment, treatment and management approaches and how to select or modify approaches to meet the needs of an individual or group (CS/SP)</p> <p>3a.3 understand need for, and be able to establish and maintain, a safe practice environment</p> <p>3a.3.1 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force in the workplace, such as incident reporting, and be able to act in accordance with these (PA)</p> <p>3a.3.2 be able to establish safe environments for clinical practice, which minimise risks to patients, clients and users (PA)</p> <p>SECTION 3 COMPLETE</p>		

FOR ASSESSOR USE ONLY

- Has the applicant provided evidence to show that he/she has practised for the requisite period lawfully, independently, safely and effectively?
- Has the applicant met the National Occupational Standards (NOS) within those areas that fall within their scope of practice? (Completed assessment checklist)

If NO, please fill out REFERRAL sheet.

If YES, give any identified recommendations for CPD activities, and sign below.

ASSESSORS' RECOMMENDATION [Delete those which DO NOT apply]

That the applicant be admitted to the register on the basis of the findings set out above.

That the applicant be required to provide Further Verification specified in Referral Sheet

Assessor:	Signed:	Date:
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