B

CNH8 Provide Nutritional Therapy to clients

OVERVIEW

This standard is about providing Nutritional Therapy to clients. Nutritional Therapy Practitioners work in preventive medicine, the optimization of physical and mental health, and in the treatment of chronic diseases, often with complex multiple causes. Nutritional Therapy encompasses personalized dietary therapy and nutraceutical prescription, and life style advice within a functional medicine framework.

The scope of practice for Nutritional Therapy excludes artificial (parenteral/enteral) feeding and dietary management of acute life threatening states, e.g. intestinal or renal failure, and injury trauma.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. the historical development of the therapy and the profession
2. the concepts underpinning functional systems biology/medicine, and patient centred approaches
3. the concept of Nutritional Therapy as a process driven modality
4. the concepts underpinning CAM, and integrative and orthodox medicine
5. roles that evidence-based and traditional research play in informing clinical decision-making
6. how to use questionnaires and diaries to optimise gathering of information
7. methods for obtaining and recording anthropometric measurements
8. methods for conducting and recording observations of health status
9. how to select, when appropriate, biochemical, nutritional and functional tests
10. how to use support materials, resources and information to increase compliance
11. how to communicate with other health professionals to provide a client-centred integrated approach

12. how to use the clients story as a key tool for integrating diagnosis, signs and symptoms, and evidence of clinical imbalances into a comprehensive approach to improve both the patients environmental inputs and physiological function
13. how to apply a functional systems biology/medicine, and patient centred approach
14. how to use prognosis to rationalize strategies for prioritisation, and timeline planning
15. how to identify situations in which it may be appropriate to delay implementing all or part of a treatment plan
16. ways in which individual safety may be compromised by inappropriate treatment and how to minimise such risks
17. how to interpret and evaluate data from observations and laboratory tests
18. how to use diverse sources of information to provide a personalised plan
19. how to synthesize new information and modify the treatment plan over successive consultations
20. issues in translating government guidelines, epidemiological, and other research findings to the construction of individualized interventions
21. models of reflection and how these are applied to practice
22. strategies for managing potential dissonance between expected and actual treatment outcomes for self and client
23. the relationship the client has with food, food groups and dietary models
24. how different cultures describe effects of food on health
25. how to conduct quantitative and qualitative analyses of food intake
26. how to balance quality, quantity, variety and therapeutic effect to achieve negotiated goals, redress deficiency, modulate/optimize functional status or for palliation
27. uses of transitional, alternative and functional foods, recipes and menu plans to increase compliance
28. how to a construct ethical and environmentally sensitive dietary advice
29. how to identify potential food drug and nutraceutical interactions
30. risks - benefits of foods or dietary models, historical and current, used to modulate antecedents, triggers and mediators
31. the approach of orthodox dietetics in prevention and treatment, including enteral and parenteral nutrition, to facilitate collaboration and identify professional boundaries
32. the nature and extent of changes to performance or symptoms expected
33. how to distinguish perceived negative effects that may be experienced by individuals from other causes of change
34. how changes are explained by nutritional therapy principles
35. how to enable individuals to recognise progress
36. the purpose of supporting the individual to consider the implications of any changes which are made to the treatment
37. the use of audit to monitor all aspects of a programme
38. the sources, classification, biochemical structures and related functions, interactions of and therapeutic considerations of macronutrients, micronutrients, secondary plant metabolites and other non-nutritive substances
39. factors affecting individuals requirements: bioavailability, absorption, transport, metabolism and excretion, endogenous and exogenous xenobiotics, impact of genetics and disease
40. the integration, coordination, and regulation of metabolic pathways by hormones and bio-molecules, nutrients and nutraceuticals
41. interaction of nutrients, non-nutritive substances and nutraceuticals with the

human genome including epigenetic effects
42. traditional and novel uses of nutrients and non-nutritive substances
43. how requirements and reference intakes through the life stages are determined
44. the chemical composition of food and its effects on health and disease
45. use of food composition tables and nutritional databases
46. effects of food adulterants and contaminants on health
47. effects of production, processing and preparation on food quality, health and the environment
48. nutrient, phytonutrient content of foods and their effects on bioavailability
49. the diversity of adverse reactions to foods and functional foods
50. how regulations relating to labelling and health claims impact on practice
51. the functioning and web-like interaction between tissues and organs at the, cellular and systemic levels
52. the core clinical imbalances that underlie various disease conditions
53. the clinical signs and symptoms generated by the bodys response to stress, poor nutrition, insult or injury through exposure to endogenous and exogenous toxins, allergens, infectious agents, parasites, other environmental factors, genetic predisposition, emotional and psychosocial factors
54. common biomedical terminology used in pathology
55. the aetiology and pathology of common diseases and their clinical features
56. the impact of microbiota on health
57. how to ascertain the sensitivity, specificity and validity of diagnostic tests
58. selection, use and evaluation of tests of biochemistry, pathology, microbiology genetic information, and functionality in diagnosis and monitoring
59. differential diagnoses of common conditions and diseases
60. boundaries to practice including:
    1. which conditions should be referred (the red flag list)
    2. which signs and symptoms, and test results warrant further investigation
    3. high-penetrance single-gene disorders

PERFORMANCE CRITERIA

You must be able to do the following:

1. conduct a nutritional and overall health assessment, and plan the therapy
2. ensure that the environment meets the clients needs
3. ensure that any equipment and materials are ready for use
4. provide clear and accurate advice to the client in relation to nutritional therapy
5. select, implement and interpret appropriate assessments and tests for the client and to inform decision-making
6. ensure that when referring to or collaborating with other healthcare providers communication is accurate and supports the needs of the client
7. implement nutritional therapy safely and in accordance with professional codes of practice, legal and organisational requirements
8. make appropriate adjustments to the nutritional therapy to meet any changing needs

9. check the clients well-being throughout and give reassurance where needed
10. educate the client to implement nutritional therapy, and any relevant aftercare and self-care
11. critically evaluate the outcomes of the nutritional therapy programme to inform future plans and actions
12. critically appraise areas for self-development within the context of continuing professional development planning

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health.

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB7 Interventions and treatments

This standard has replaced CH NT1 and CH NT2.

Related Functions

Principles of Good Practice

CNH1 Explore and establish the client's needs for complementary and natural healthcare

CNH2 Develop and agree plans for complementary and natural healthcare with clients