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**Complementary and Alternative Healthcare – Nutritional Therapy****Listing of Units and Elements**

<b>Unit</b>		<b>Elements of Competence</b>	
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 procedure(s)	CH-NT2.1	Prepare to advise and educate the client
		CH-NT2.2	Enable the client to practice & use the self-care procedure(s)
		CH-NT2.3	Evaluate the effectiveness & use of the self-care procedure(s)

## **UNIT**

### **CH-NT1 Assess the needs of the client**

#### **Elements of competence**

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

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#### **Information about this unit**

##### *Summary*

This unit describes the role of the practitioner in assessing clients' needs which affect their health, functional status and well-being. This involves evaluating requests for nutritional therapy and the initial information received on the client, whether it is provided by the client him/herself or comes from another source, such as a referral. In doing this the practitioner needs to consider whether it is appropriate to work with the client or not. The evaluation will include determining the urgency of the client's needs and the overall caseload of the practitioner, together with making the necessary arrangements for the assessment to take place. If the decision is made to see the client, the nature and purpose of the assessment is agreed with them and their needs identified. Some clients may be accompanied by a companion(s). Where this occurs the practitioner is expected to interact with the companion(s) in ways that are appropriate to the needs of the client and the needs of the practitioner. The subsequent assessment aims to determine the nature and extent of the client's needs and to agree a course of action with them. This may be to develop a nutritional therapy programme for the client, refer the client to another healthcare practitioner or to decide that therapy is not appropriate.

##### *Who this unit is aimed at*

This unit applies to any practitioner whose work aims to enable clients to improve and maintain their health, functional status and well-being through nutritional therapy wherever they practise.

The clients may be seeking to improve and maintain their health, functional status and well-being. Equally, they may have no particular health needs or may have acute or chronic conditions, or be terminally ill. They may be new to nutritional therapy, new to the practitioner, established in that the practitioner has been working with them for some while or returning to the practitioner after a period of absence.

##### *Principles of good practice*

This unit is based on the premise that for effective assessment to take place, the practitioner needs to understand the clients' personal, cultural and social situation and the holistic nature of health, functional status and well-being. The practitioner must be able to communicate effectively with clients and any companions and balance the information obtained initially with information gained during the assessment. As the assessment process often acts as a gateway to services, there is also a particular requirement for practitioners to monitor clients and evaluate the extent to which services are meeting the needs of the broad community. Where particular issues or incidents cause concern, the practitioner is expected to alert their professional body, their employing organisation or other relevant organisation.

*Relationship to other units*

This unit focuses on the assessment of clients' needs which affect their health, functional status and well-being and the evaluation of how nutritional therapy might meet those needs. It is similar in content to unit 11.1 in the National Occupational Standards for Professional Activity in Health Promotion and Care but has been put into the specific context of nutritional therapy. It links with Unit CH-NT2 in terms of educating the client to provide their own self-help treatment.

*Note: where "client" is referred to, read also "patient", "customer", "pupil" and "learner",*

*where "companion" is referred to, read also "representative", "partner", "relative", "friend of the client", "another healthcare practitioner" and "appointed chaperone".*

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

### **Performance criteria**

You will need to:

- (1) evaluate *requests for services* for their appropriateness
- (2) direct clients to alternative service providers where appropriate
- (3) *communicate* orally or in writing in a manner, and at a level and pace appropriate to the individual
- (4) establish the client's *particular requirements* through sensitive questioning
- (5) determine the severity of the client's needs or the risk of their condition deteriorating
- (6) ensure that any fee structures, charges and different methods of payment are clearly understood
- (7) explain possible outcomes, additional expenses and duration of services to the client
- (8) arrange a suitable time and location for the assessment and agree those who should be present
- (9) explain clearly the reasons for any *delay* between requests and assessment
- (10) record arrangements made for the assessment fully and accurately

### **Scope:**

- 1 *Requests for services from:*
  - a) potential or current clients
  - b) someone acting on behalf of the client (eg a parent, carer or appointed person)
  - c) other healthcare practitioners
  
- 2 *Particular requirements in relation to:*
  - a) the client's personal beliefs and preferences
  - b) the client's age, sex and physical condition
  - c) communication differences
  - d) physical support and access
  - e) emotional and psychological support

## **Element CH-NT1.2 Prepare to assess the client**

### **Performance criteria**

You will need to:

- (1) ensure that the assessment environment is appropriate for the client and their needs
- (2) present a *professional appearance* and be prepared and fit to carry out the assessment
- (3) ensure that the equipment, materials, and surrounding *work area* are prepared and meet industry codes of practice, legal and organisational requirements
- (4) evaluate the client's *initial approach and manner* to assess their needs
- (5) introduce the client and any companion to those present and *confirm individual roles*
- (6) *communicate* effectively and in a manner which maintains client goodwill, trust and confidentiality
- (7) explain the nature, scope and duration of the assessment and any related interventions
- (8) inform the client of the records to be made and their right of access to these
- (9) encourage the client to ask questions, seek advice and express any concerns about the assessment
- (10) confirm the consent of the client or their companion to the assessment
- (11) interact with any companion(s) of the client in ways that are appropriate to the needs of the client and to your needs

### **Scope:**

- 1 *Professional appearance:*
  - a) own presentation including appropriate dress/uniform/adornment
  - b) personal hygiene
- 2 *Work area is suitable in terms of:*
  - a) ventilation
  - b) lighting
  - c) heating
  - d) level of noise
  - e) privacy
  - f) space
  - g) cleanliness and orderliness
- 3 *Initial approach and manner:*
  - a) appearance
  - b) body language
  - c) behaviour
  - d) posture and gait

- 4 *Confirm individual roles in relation to:*
  - a) the client's identity
  - b) the companion's identity
  - c) the role which the client wishes their companion to have and the information the companion should receive
  - d) the identity and roles of any practitioners present
  
- 5 *Communicate using:*
  - a) speech and language
  - b) actions, gestures and body language
  - c) space and position
  - d) the written word or illustrations

### **Element CH-NT1.3 Assess the client**

#### **Performance criteria**

You will need to:

- (1) respect the client's privacy and dignity throughout the assessment and ensure they are as comfortable as possible
- (2) position the client for effective access and to minimise risk of injury to self and discomfort to the client
- (3) conduct the assessment in a manner which encourages the effective participation of the client and meets their *particular requirements*
- (4) establish significant *aspects* of the client's life and use this to inform the assessment
- (5) where possible determine any *contra-indications* or *restrictions* to assessment and take *appropriate action* to minimise the risk of side effects or interference with prescribed medication or treatment
- (6) use *assessment methods* which are safe, appropriate to the clients presenting condition and comply with professional and legal requirements
- (7) systematically establish the client's needs and draw valid *conclusions*
- (8) seek advice and support from an appropriate source when the needs of the client and the complexity of the case are beyond your own remit or capability
- (9) halt the assessment at the request of the client or when the information obtained means that it is unsafe to proceed
- (10) obtain the client's consent where additional information is required
- (11) evaluate the information obtained for and during assessment and determine appropriate action
- (12) ensure records are accurate, complete and dated

#### **Scope:**

- 1 *Particular requirements in relation to:*
  - a) the client's personal beliefs and preferences
  - b) the client's age, sex and physical condition
  - c) communication differences
  - d) physical support and access
  - e) emotional and psychological support
- 2 *Aspects to explore:*
  - a) history of the client's health, functional status and well-being (physical, emotional, psychological) including any particular conditions, contra-indications and treatments
  - b) lifestyle including diet, exercise and attitude
  - c) work history
  - d) social and family history

- 3 *Contra-indications:*
  - a) conditions which should be referred (the red flag list)
  - b) other conditions that warrant further investigation
  
- 4 *Restrictions:*
  - a) human resources
  - b) cost
  - c) physical
  - d) diagnostic testing
  - e) time
  - f) available information
  - g) medication
  
- 5 *Appropriate action to take in relation to contra-indications or restrictions:*
  - a) tactfully explain to the client
  - b) contact the client's primary medical healthcare professional
  
- 6 *Assessment methods:*
  - a) dietary analysis of client's food intake
  - b) case history, questionnaire, interview
  - c) functional tests
  - d) visual assessment (eyes, nails, tongue, skin)
  - e) anthropometric analysis
  
- 7 *Conclusions in relation to:*
  - a) balance across physical, mental, emotional, social and spiritual condition
  - b) all the client's signs and symptoms
  - c) relief and/or alleviation of symptoms
  - d) symptoms for which treatment is to be applied with caution
  - e) habits that predispose to or aggravate the symptoms

## Element CH-NT1.4 Agree action with the client

### Performance criteria

You will need to:

- (1) explain the outcomes of the assessment clearly and in a manner, level and pace *appropriate* to the client
- (2) balance possible successful outcomes with any inherent risks and the legal duty of care to the client
- (3) recommend *action* to suit the client's condition and identified needs
- (4) inform the client of the content, level of *risk*, duration and projected costs of the proposed action
- (5) explain any *restrictions* to nutritional therapy and advise on unrealistic expectations
- (6) identify where nutritional therapy is unsuitable and advise the client to seek other medical/healthcare as appropriate
- (7) ensure records of advice given and action agreed are legible and dated
- (8) store the records to meet organisational requirements

### Scope:

- 1 *Appropriate explanation in terms of the client's:*
  - a) current state of health, functional status and well-being
  - b) personal beliefs and preferences
  - c) age and level of understanding
  - d) cultural and social background
  - e) awareness and understanding of their condition
- 2 *Action could include:*
  - a) no further action
  - b) further assessment
  - c) refer to another healthcare practitioner
  - d) develop a nutritional therapy programme with the client
- 3 *Risk in relation to:*
  - a) the nature of any subsequent nutritional therapy programme
  - b) the client and their overall health, functional status and well-being
  - c) evidence from past practice and the success of the interventions concerned
  - d) the setting(s) in which interventions will take place
  - e) the practitioners involved
- 4 *Restrictions:*
  - a) human resources
  - b) cost
  - c) physical
  - d) diagnostic testing
  - e) time
  - f) available information/data
  - g) medication

## **UNIT**

### **CH-NT2 Educate the client to adopt self-care procedure(s)**

#### **Elements of competence**

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

CH-NT2.2 Enable the client to practice and use the self-care procedure(s)

CH-NT2.3 Evaluate the effectiveness and use of the self-care procedure(s)

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#### **Information about this unit**

##### *Summary*

This unit describes standards for planning, implementing and evaluating sessions designed to enable the client to treat themselves.

##### *Who this unit is aimed at*

This unit applies to any practitioner whose work aims to enable clients to improve and maintain their health, functional status and well-being through educating them towards a self-help regime. This could include teaching beneficial movement, posture, relaxation or enabling clients to select and maintain an appropriate diet.

The clients may be seeking to improve and maintain their health, functional status and well-being. Equally, they may have no particular health needs or may have acute or chronic conditions, or be terminally ill. Clients may be new to nutritional therapy, new to the practitioner, established in that the practitioner has been working with them for some while or returning to the practitioner after a period of absence.

##### *Principles of good practice*

This unit is based on the premise that to be effective the practitioner needs to understand the context of the client and the holistic nature of health, functional status and well-being. The practitioner must be able to communicate effectively with clients and any companion(s) of the client and integrate their work with that of other practitioners. The emphasis is on encouraging the client to take responsibility for their own health, functional status and well-being through a process of education and training.

##### *Relationship to other units*

This unit links with unit CH-NT1 and is similar in context to Unit 11.2 in the National Occupational Standards for Professional Activity in Health Promotion and Care but has been put into the specific context of nutritional therapy.

*Note: where “client” is referred to, read also “patient”, “customer”, “pupil” and “learner”,*

*where “companion” is referred to, read also “representative”, “partner”, “relative”, “friend of the client”, “another healthcare practitioner” and “appointed chaperone”.*

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

**Performance criteria**

You will need to:

- (1) ensure that information is sufficient to advise and educate the client
- (2) explain the recommended self-care procedure(s) and tailor this to meet the client's identified needs and preferences
- (3) clarify the potential outcomes of the use of the self-care procedure(s) with the client, check their understanding and support them to make informed choices
- (4) discuss and agree the role of the client and any companion(s) in achieving the identified aims
- (5) work with the client to agree how the self-care procedure(s) will be evaluated and reviewed
- (6) agree the location and timing of appointments and make the necessary arrangements
- (7) determine issues of confidentiality with the client and confirm their agreement
- (8) obtain the consent of the client or their companion to proceed

**Scope:**

**Element CH-NT2.2 Enable the client to practice and use the self-care procedure(s)**

**Performance criteria**

You will need to:

- (1) ensure that the *work area* is appropriate for the client and their needs
- (2) present a *professional appearance* and be prepared and fit to advise and educate the client
- (3) clarify and agree the client's understanding of their role and responsibilities in relation to learning the self-care procedure(s)
- (4) advise and educate the client on appropriate *self-care procedure(s)*
- (5) work with the client to check their understanding and use of the recommended self-care procedure(s)
- (6) explain the *potential consequences* of ignoring your recommendations
- (7) inform the client of the range of possible *side-effects* of the self-care procedure(s) and the appropriate *actions* to take if these occur
- (8) respond to questions and concerns of the client and offer appropriate advice
- (9) advise the client on *appropriate action* to take if they have concerns whilst using the self-care procedure(s)
- (10) acknowledge the rights of the client not to adopt your recommendations
- (11) encourage the client to note any *effects of using the self-care procedure(s)* in sufficient detail for use in any review
- (12) interact with any companion(s) of the client in ways that are appropriate to the needs of the client and to your needs

**Scope:**

- 1 *Work area is suitable in terms of:*
  - a) ventilation
  - b) lighting
  - c) heating
  - d) level and nature of noise
  - e) privacy
  - f) space
  - g) cleanliness and orderliness
- 2 *Professional appearance:*
  - a) own presentation including appropriate dress/uniform/adornment
  - b) personal hygiene
- 3 *Self-care methods and actions: nutritional therapy:*
  - a) dietary changes
  - b) lifestyle changes
  - c) nutraceutical supplements

- 4 *Potential consequences of ignoring recommendations; nutritional therapy:*
- a) no change
  - b) deterioration
  - c) improvement
- 5 *Side-effects: nutritional therapy:*
- a) reaction to nutraceutical supplements
  - b) reaction to dietary changes
  - c) reaction to lifestyle changes
- 6 *Appropriate actions to take:*
- a) contact the practitioner
  - b) halt self-treatment and resume after an interval
  - c) abandon self-treatment
  - d) contact other medical/healthcare professionals
- 7 *Effects of self-help: nutritional therapy:*
- a) no change
  - b) deterioration
  - c) improvement

### **Element CH-NT2.3 Evaluate the effectiveness of the self-care procedure(s)**

#### **Performance criteria**

You will need to:

- (1) encourage the client to *evaluate* their self-care and suggest possible modifications
- (2) discuss the *outcomes* of the use of the self-care procedure(s) in a manner, level and pace suited to the client
- (3) make appropriate adjustments to the self-care procedure(s) to meet the client's changing needs
- (4) advise on and agree further self-care with the client
- (5) advise the client where further self-care is inappropriate and support them to seek other healthcare
- (6) obtain the client's consent to pass on confidential information
- (7) make accurate, legible and complete records of the review process
- (8) store the records securely
- (9) interact with any companion(s) of the client in ways that are appropriate to the needs of the client and to your needs
- (10) evaluate the experience you have gained from working with the client to inform future practice

#### **Scope:**

- 1 *Evaluation includes:*
  - a) client's experience of the programme
  - b) extent to which the programme has met the needs of the client
  - c) the client's broader needs
  - d) other factors which may have affected the programme's effectiveness
- 2 *Outcomes:*
  - a) improvement of the client's health, functional status and well-being
  - b) maintenance and stability
  - c) palliative
  - d) deterioration in the client's health, functional status and well-being

## **Knowledge and Understanding**

The knowledge and understanding needed to support competent performance of the standards of competence is presented under a number of headings. The headings are as follows:

- A Professional standards and codes of conduct
- B Legislation
- C Employment and organisational policies and practices
- D Communication and the professional relationship
- E Work role and practice - reflecting and developing
- F Confidentiality
- G Consent
- H Client management
- I Health, functional status and well-being
- J Illness and its treatment
- K The scope and methods of nutritional therapy
- L Health sciences
- M Assessing the client's needs and the appropriateness of nutritional therapy
- N Educating the client
- O Evaluating and reviewing the effectiveness of nutritional therapy

## **Knowledge and understanding needed for both units – CH-NT1 and CH-NT2**

### ***You should know and understand:-***

#### **A Professional standards and codes of conduct**

- 1 the professional standards and code of conduct for your therapy
- 2 the role of the professional body setting the rules and ethics of your therapy
- 3 how the rules and ethics of professional practice and codes of conduct apply to your own practice
- 4 why it is important to keep your understanding of professional rules and codes of conduct up to date
- 5 how to balance your own responsibilities as a professional with any contractual or other requirements of any organisation with which you work

#### **B Legislation**

- 1 current relevant health and safety legislation and how it applies to your own work role
- 2 legislation relating to obtaining, storing and using information and supplying services
- 3 the importance of keeping your understanding of legislation up to date
- 4 how relevant legislation impacts on your own work

#### **C Employment and organisational policies and practices**

- 1 the roles and functions of the principal agencies within the health and social care sector
- 2 how to obtain information from the principal agencies with whom you may work
- 3 why it is important to respect the rights of clients
- 4 the extent of your own remit as a practitioner and the limits of your responsibilities
- 5 how your own role relates to other health and social care practitioners
- 6 the organisational requirements and restrictions relating to the use of resources
- 7 the range of resources and options available to meet the client's needs

#### **D Communication and the professional relationship**

- 1 how to achieve effective communication through observation, sensitive questioning and listening
- 2 how to adapt vocabulary, pace and tone of speaking to meet the needs of the client
- 3 forms of verbal and non-verbal communication and how to use these positively

- 4 how to check understanding with the client by reading and using a variety of signals
- 5 how to position self and client to encourage communication
- 6 how to recognise and overcome barriers to communication
- 7 why certain environments can inhibit communication and how to minimise this
- 8 the nature and development of the professional therapeutic relationship and how to develop it with the client
- 9 why it is important to encourage the client (and any companion(s)) to ask questions, seek advice and express any concerns
- 10 how to respond to conflicting advice which clients may receive from different practitioners

**E Work role and practice - reflecting and developing**

- 1 why it is important to reflect on your own practice and identify any development needs
- 2 how to evaluate the effectiveness of your own actions and learn from experience
- 3 the information available on effective treatments and how to evaluate and use this information within your own practice
- 4 the importance of keeping your own knowledge and practice up to date
- 5 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
- 6 how to develop links with other healthcare providers and the protocols for doing this
- 7 how to acknowledge the limits of your own knowledge and competence and the importance of not exceeding these

**F Confidentiality**

- 1 the importance of recognising and maintaining the client's right to confidentiality
- 2 how to balance the client's rights against your own responsibility to others
- 3 what to take into account when passing on information about clients
- 4 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
- 5 ways in which confidentiality may be breached and how to prevent their occurrence

**G Consent**

- 1 what is meant by "implied" and "informed" consent and the circumstances in which these may arise

- 2 the guidance given by your professional body on implied and informed consent and when written consent should be obtained
- 3 why it is important to ensure that clients have been given sufficient information to give or refuse consent
- 4 who holds responsibility for gaining consent and when this should be done
- 5 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
- 6 how to confirm that the agreements reached are likely to be in the clients' best interest
- 7 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**

- 1 why it important to protect client confidentiality
- 2 how to keep records to protect confidentiality and security of information
- 3 how to keep records so that clinical audit can be undertaken
- 4 why it is important to record all the necessary information in a format suitable for further use
- 5 who has the right of access to information held on records
- 6 why it is important to acknowledge and respect an individual's rights and dignity and ways of doing this
- 7 what circumstances may indicate a need for the presence of a third party
- 8 who may act as a companion to the client and how to interact with them
- 9 what your legal and ethical responsibilities are in relation to the client's health and safety
- 10 how to maintain your practice in line with health and safety legislation
- 11 how to be supportive to the client (and any companion(s)) whilst managing time effectively

## **I Health, functional status and well-being**

- 1 the concept of health, functional status and well-being
- 2 the nature of illness and the impact this may have on a client's health, functional status and well-being
- 3 physical functioning of the human body
- 4 how the psychological and emotional balance of the client may affect their health, functional status and well-being

- 5 how to recognise when the body is in health balance and when it is not functioning as it should
- 6 how the physical, social, emotional and economic context in which people live affects their health, functional status and well-being
- 7 the resources available to clients to make changes to the context in which they live and make choices about their lifestyles
- 8 the effect of diet and lifestyle on clients' health, functional status and well-being
- 9 how personal beliefs and preferences affect how clients live and the choices they make
- 10 the nature of disability and your role in working with those who have disabilities
- 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 and its treatment**

- 1 how to determine the meaning and importance of the information given by the client
- 2 the importance of recognising conditions which may pose a serious risk to the client and when to seek immediate medical help
- 3 how to recognise conditions for which the therapy is incomplete in itself and for which the client should seek advice from other sources
- 4 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
- 5 how to obtain information on commonly encountered diseases, drugs and their side effects
- 6 why it is important to recognise that the client's previous and present care may affect their health, functional status and well-being
- 7 how signs and symptoms may be suppressed or altered by other factors such as medication, exercise, diet
- 8 how to determine the priority of the client's need
- 9 the likely causes of particular conditions and the possibility of changing these
- 10 how to respond appropriately to conflicting advice which clients may receive from different practitioners

## **K The scope and methods of nutritional therapy**

- 1 the history, principles and development of nutritional therapy and its relationship to other healthcare
- 2 how to recognise those occasions when nutritional therapy may complement other

treatments which the client is receiving

- 3 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
- 4 the range, purpose and limitations of different methods which may be used for different clients with different needs
- 5 how to determine the most appropriate method(s) for different clients and their particular needs
- 6 how to tailor treatment appropriately for each individual
- 7 how to judge whether self-help treatment is appropriate for the client
- 8 the importance of giving clear and accurate instructions on self-help

## **L Health Sciences**

### **Anatomy & Physiology**

- 1 the functioning and interaction among the following bodily systems at cellular and systemic levels:
  - skeletal
  - muscular
  - nervous
  - sensory
  - endocrine
  - respiratory
  - digestive
  - urinary
  - excretory
  - reproductive
  - circulatory
  - lymphatic and immune
  - integumentary

### **Biochemistry**

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

### **Micronutrients**

- 3 the classification, functions, sources and interactions of vitamins, minerals, essential fats, amino acids and orthomolecular compounds in the context of dietary requirements, therapeutic considerations, laboratory assessment and safety
- 4 the importance of micronutrients to living systems

- 5 factors affecting individual requirements for micronutrients
- 6 dietary and food supplement sources of micronutrients
- 7 the different methods to assess micronutrient status

### **Nutritional physiology**

- 8 how nutrients affect metabolic and physiological functions
- 9 the impact of diet and nutraceuticals on all the bodily systems (listed in item 1)
- 10 malfunction and toxicity
- 11 the importance of assessment of diet and nutritional status
- 12 selection of appropriate diagnostic investigations, including anthropometric tests, laboratory testing and the nutritional management of malnutrition
- 13 how to interpret data from diagnostic investigations and tests
- 14 the impact of stress on bodily systems
- 15 the impact of endogenous and exogenous factors on bodily systems

### **Pathophysiology**

- 16 the clinical signs and symptoms generated by the body's response to insult or injury through exposure to toxins, chemicals, physical and infectious agents, other environmental factors and genetic predisposition
- 17 the processes which lead to the breakdown of bodily function and subsequent disease
- 18 common terminology used in pathology
- 19 aetiology of diseases to include all basic epidemiological parameters
- 20 cellular health – growth patterns, alterations in cell growth, abnormalities, reactions to injury
- 21 immunity – response to antigens, to infection, autoimmune and degenerative disorders
- 22 selection, use and evaluation of common pathology tests and imaging procedures in the diagnosis and monitoring of pathological changes

### **Pharmacology**

- 23 the principles of pharmacokinetics and pharmacodynamics relating to drugs and natural components of food and herbal medicines
- 24 factors affecting variability of responses to drugs
- 25 possible consequences of drug/food/herbal compound interactions
- 26 classes of commonly used drugs, pathologies and their general actions, possible side effects and contra-indications

- 27 standard reference sources for information about named drugs

**Food composition and properties**

- 28 food chemistry and its application relating to:-  
the forms, functions and factors affecting macro and micro nutrients and other constituents of the human diet and how these might affect bioavailability
- 29 food and energy  
energy measurement and dietary reference values  
thermoregulation
- 30 food toxicology  
toxins derived from food and the processes applied to them  
adverse reactions to foods
- 31 food regulation  
the role and remit of the Food Standards Agency, the Scientific Advisory Committee on Nutrition and DEFRA  
the Food Labelling Regulations 1996

**Dietary therapy**

- 32 dietary changes to redress deficiency and modulate functional status
- 33 the approach of orthodox dietetics to prevention and treatment, including enteral and parenteral nutrition
- 34 nutritional requirements through life stages
- 35 historical use of foods and different dietary models
- 36 nutritional analysis of food and meal planning
- 37 factors affecting food choice - physiological/psychological/sociological/economic/environmental

**Knowledge and understanding needed for the standards in unit CH-NT1**

**M Assessing the client's needs and the appropriateness of nutritional therapy**

- 1 how to provide an appropriate assessment environment for the client and the importance of doing so
- 2 how to select, prepare and use a range of equipment and materials that are needed to assess the client
- 3 the organisational requirements relating to the use of resources
- 4 how to prepare and present yourself correctly to carry out assessment

- 5 why it is important to introduce everyone present and confirm their role within the assessment process
- 6 how to clarify and confirm the client's (and any companion's) understanding of the assessment process
- 7 how to interpret the client's initial approach and manner and identify their needs
- 8 how to select and use different assessment methods effectively
- 9 the amount of time which each assessment method is likely to take to establish the client's needs
- 10 the importance of respecting the client's privacy and dignity and affording them as much comfort as possible during assessment
- 11 how to establish valid and reliable information about the client and formulate your initial hypothesis
- 12 the information which would confirm or deny your initial hypothesis and the reasons for this in particular cases
- 13 how to deal with inconsistent information gathered during assessment
- 14 why it is important to encourage the client (and any companion) to ask questions, seek advice and express any concerns
- 15 how to be supportive to the client (and any companion) whilst managing time effectively
- 16 the potential risks of various courses of action for the client and how to assess these realistically
- 17 the range of resources and options available to meet the client's needs
- 18 why it is important to acknowledge own limitations and when there may be a need to refer the client on to other healthcare practitioners
- 19 why it is important to record all the necessary information in a format suitable for further use
- 20 who has the right of access to information held on records

**Knowledge and understanding needed for the standards in unit CH-NT2**

**N Educating the client**

- 1 the importance of agreeing aims and staged goals to meet those aims with the client
- 2 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)
- 3 how to support the client to make informed choices
- 4 the importance of agreeing the location and timing of treatments with the client, and the factors which may intervene and alter plans

- 5 why evaluation methods should be determined at the planning stage and what the client's role will be in the evaluation
- 6 the importance of encouraging the client to be as actively involved as possible and the relationship of this to the promotion of their health, functional status and well-being
- 7 how the client's health, functional status and well-being may alter during the treatments
- 8 how to monitor the effect of the treatment on the client, evaluate its efficacy and decide when it should be halted
- 9 methods and processes for evaluating information as treatment proceeds and using this to inform future treatment
- 10 methods of reviewing, with the client, the effectiveness of the treatment(s) and evaluating whether the client's needs have been met
- 11 the potential risks associated with client self-help treatment and the extent of your responsibilities
- 12 the importance of giving accurate and clear advice on self-help and the consequences of not doing so

**O Evaluating and reviewing the effectiveness of nutritional therapy**

- 1 what information is needed for the review to be carried out effectively
- 2 how to evaluate the effectiveness of the nutritional therapy treatments as a whole and the importance of doing so
- 3 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
- 4 how the client (and any companion) may indicate concerns in the process without making their concerns clear and explicit
- 5 the importance of active listening in evaluating treatment with the client
- 6 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
- 7 the purpose of supporting the client to consider the implications of any changes made to the programme of care
- 8 how to record the content and outcomes of the review process and what information should be included
- 9 the variety of reasons there may be for discontinuing nutritional therapy with the client

## **GLOSSARY - WORDS USED IN THE NUTRITIONAL THERAPY STANDARDS**

### ***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 judgment of the position and what is likely to happen i.e. the collection and evaluation of information and a subsequent judgment..

### ***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 their current level of expertise in line with best practice and develops this further to extend their 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, homeopathy

### ***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.

***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.

***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 predefined 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 persons life i.e. that component parts should not be considered in isolation from others.

***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

***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.

***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.

***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.

**Red flag list**

A list of symptoms which indicate or may indicate serious conditions – these are:

**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  
delusional beliefs  
incongruous behaviour

**persistent**

vomiting &/or diarrhoea  
\*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)

**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.

**COMPONENT PARTS OF NATIONAL OCCUPATIONAL STANDARDS**

People need to acquire knowledge, understanding and skills to enable them to act – the knowledge, understanding and skills which people need to develop to meet the national occupational standards consistently are identified as part of the standards development process. In a national occupational standard, the knowledge, understanding and skills which support the achievement of the standard are identified – so there is a direct and clear relationship between knowledge and action.

**Key role**

The occupational functions which have to be achieved in an occupational sector, or particular area of practice.

**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.

**Units of Competence**

Units of Competence provide a description of a work function which has significant value in the occupation and which an individual can hold responsibility for achieving. They describe what needs to be achieved. This description is the result of successful action – it is not the action itself. Units are divided into Elements of competence. Each Element describes a task or action which needs to be performed to a specified standard.

**Performance criteria**

The most important things which have to be done to achieve the desired outcome. Each criterion in itself is an important performance indicator. Performance criteria include the results of effective action, the way in which things are done - the process; and deal with unusual events or contingencies.

**Scope**

The scope of circumstances in which performance standards of an Element must be demonstrated. This part of the standard picks up the important variations encountered in routine and non-routine work.