



DHIVA Competency Framework: For Dietitians working with patients living with HIV

www.dhiva.org.uk

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Aims of Dietitians in HIV/AIDS (DHIVA)

1. To work as a team and network to support dietitians and other AHPs working in HIV specialist settings
2. To provide support and education to dietitians and other AHPs who work in non-HIV specialist settings
3. To raise the importance of nutrition in PLHIV agenda at local and national level through the development of standards and guidelines and by influencing policies relating to HIV and nutrition related issues
4. To lead on research and best practice in nutrition related issues in PL HIV

Introduction

The purpose of producing this framework is to set out an ideal standard required for HCPs to competently undertake their roles during the healthcare delivery service in PLHIV in order to prevent mistakes and to reduce the occurrence of conflicting messages being given to PLHIV.

It is acknowledged that not all competencies will be achievable or even appropriate for all dietitians working with HIV patients especially those seeing patients in non-specialist centres. It is;

The career and competency framework serves three main objectives:

1. To define the ideal set of competences required for band 4 dietetic assistants to band 8 specialist dietitians who are involved in the healthcare of people living with HIV
2. To assist dietitians and their managers in identifying learning needs in order to competently deliver care
3. To identify dietitians with specialist expertise

Who is the Competency Framework for?

The competency framework is essentially for registered dietitians and dietetic support workers within the NHS in the UK. However, all frontline staff that has direct or non-direct patient contact requires basic competences in HIV-specific medical nutrition therapy to answer general queries and reduce the potential for PLHIV receiving conflicting messages.

The competencies have been divided into separate categories dividing the bands within the NHS structure. These competencies have been developed in line with other allied professional groups and nursing staff to ensure that people living with HIV receive consistent and of the highest quality care.

The British HIV Association (BHIVA) has recently updated its clinical standards in a document '*Standards of Care for people living with HIV in 2013*' in which it refers to the '*DHIVA Competency Framework for Dietitians working with patients living with HIV*' as a means of ensuring all dietitians working with PL HIV meet a minimum standard of specialist knowledge and skills. It is vital that all services not only within the NHS but also within the private sector meet these clinical standards.

Competence can be defined as the ability of an individual to do a job properly. A competency is a set of defined behaviours that provide a structured guide enabling the identification, evaluation and development of the behaviours in individuals. A competency is a single function that defines the task, whether it be knowledge or skill based, that can be applied to different bandings or levels of jobs and identifies the expectations of a profession and the differing levels within it.

How to use the framework

This competency framework was developed to ensure that all staff providing nutritional care to PLHIV aim to achieve the relevant competencies for their employment band as agreed with their line manager within a locally agreed time frame. It should be used as a guide for the development of staff objectives in appraisals, staff Personal Development Plans (PDPs) and Personal Development Reviews (PDR). It should be noted that individual job descriptions should be taken into consideration when using this competency framework and the relevant sections used to ensure safe and effective practice in delivering services with patients living with HIV. It is understood that some competencies may not be relevant if they pertain to a specialist service not offered by a particular HIV service (e.g. specialist oncology, liver or renal services).

The competency framework is available as an online resource on the DHIVA website.

Development of the framework

This framework has been developed by dietitians who are members of the specialist group 'Dietitians in HIV/AIDS' (DHIVA). The competencies have been written and reviewed by its members. The framework has also had a 12 week consultation period for comment and amendments from other health professionals such as members of NHIVNA and RHIVA and other professional bodies working in HIV. No conflicts of interest have been declared amongst those responsible for developing the framework.

This framework will be reviewed by an allocated team within DHIVA on a three yearly cycle

Overview of Nutrition Therapy with patients living with HIV

HIV belongs to a group of retroviruses called the lentiviruses, from the Latin *lentus*, meaning slow. These viruses persist and continue to replicate for many years before causing overt signs of disease. HIV was isolated and identified as the virus responsible for AIDS (in 1983. HIV infection does not immediately

cause AIDS, however it is clear that virus grows in CD4 T cells, a subset of lymphocytes, and causes them to decrease in most instances, although this will vary among individuals.

Epidemiology

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) (HIV/AIDS, 2010), as of 2010, the overall growth of the global AIDS epidemic appears to have stabilised. It was thought to have peaked in 1999, and since then, the overall number of new infections has decreased. Furthermore, with the advent of effective antiretroviral therapy, and improved access to treatment, mortality has also been decreasing over the past decade.

Medical Nutrition Therapy

Key points

- Good nutritional status is important for a healthy immune system
- HIV disease can present with a variety of nutritional problems
- Nutritional interventions for PLHIV can include management of weight loss, micronutrient deficiencies, gastrointestinal complaints and metabolic diseases such as dyslipidaemia, insulin resistance and osteoporosis

Public health and prevention

Transmission

HIV is found in the blood and other body fluids such as semen, vaginal fluid and breast milk. The virus does not live for long outside the body. The most common form of transmission is through sexual contact, but it can also be transmitted through sharing needles and mother to child transmission during delivery or via breast-feeding.

HIV and stigma

AIDS-related stigma and discrimination refers to prejudice, negative attitudes, abuse and maltreatment directed at people living with HIV/AIDS (<http://www.avert.org/hiv-aids-stigma.htm>). They can result in being shunned by family, peers and the wider community; poor treatment in healthcare and education settings; an erosion of rights; psychological damage; and can negatively affect the success of HIV testing and treatment.

Although awareness and understanding of HIV has improved in the UK over the past decade, stigma and discrimination still exists and can occur from family, friends and health care workers. The National AIDS Trust surveyed PLHIV and found that one in three reported having experienced discrimination in the UK. As a health care professional, it is essential to understand how HIV is transmitted, to use universal precautions with **all** patients (as it is estimated

that one quarter of people infected with HIV in the UK are unaware of their diagnosis(Agency, 2010)) and to demonstrate non-judgemental attitudes towards all patients in our care.

Medical nutrition therapy may be indicated in a variety of clinical scenarios, for example:

- Malnutrition, low body weight and recent weight loss
- Poor oral intake
- Obesity and weight reduction
- Symptom control (nausea, diarrhoea etc.)
- Pancreatic insufficiency
- Symptom management and increased nutritional requirements due to co-infection with HCV/ TB
- Chemotherapy needing side effect management
- Enteral nutrition
- Parenteral Nutrition
- dyslipidaemia
- Hypertension
- Diabetes/ Impaired Glucose Tolerance
- Lipodystrophy (lipohypertrophy, lipoatrophy)
- Healthy eating advice
- Micro nutrient deficiencies and supplementation
- Sports nutrition advice
- Bone health optimisation including osteoporosis and osteopenia
- Increased nutritional requirements due to co-infection with HCV/TB
- Drug-nutrients interactions (e.g. kcal/ fat requirements with Eviplera)

The competency framework is available as an online resource on the DHIVA website.

Acknowledgments

- British HIV Association (BHIVA)
- National HIV Nurses Association (NHIVNA)
- Rehabilitation in HIV Association (RHIVA)
- The Children's HIV Association (CHIVA)

- Diabetes UK

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DHIVA Reference List: Available online at www.dhiva.org.uk

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Glossary

HIV: Human Immunodeficiency Virus

ART: Antiretroviral Therapy

ARV: Antiretroviral

CD4 Counts: Cluster of Differentiation cells

DHIVA: Dietitians in HIV/AIDS Group of the British Dietetic Association

BHIVA: British HIV/AIDS Association

CHIVA: The Childrens HIV Association

PLHIV: People/Person living with HIV

MDT: Multidisciplinary Team

GP: General Practitioner

MSM: Men who have sex with men

GMFA: Gay Men Fight AIDS

CVD: Cardiovascular Disease

HAART: Highly Active Antiretroviral therapy

IGT: Impaired Glucose Tolerance

MetS: Metabolic Syndrome

DM: Diabetes Mellitus

HCV: Hepatits C virus
HBV: Hepatitis B virus
PIs: Protease Inhibitors
NRTIs: Nucleoside Reverse Transcriptase Inhibitors
CAM: Complementary and alternative medicines
QRISK: cardiovascular disease risk calculator
CHIPS: Collaborative HIV Paediatric Study
FRAX: Fracture risk assessment tool
PERT: Pancreatic enzyme replacement therapy
CNS: Central nervous system
GI: Gastro-intestinal
MAI: Mycobacterium Avium Intracelulari
CMV: Cytomegalovirus
KS: Kaposi's sarcoma
TB: Tuberculosis
BMD: Bone mineral density
DEXA: Dual Energy X-Ray Absorbtiometry
LFT: Liver function test

NHIVNA: National HIV/AIDS Nursing Association

RHIVA: Rehab in HIV/AIDS

GMC guidelines: Good Medical Council guidelines

PML: Progressive multifocal leukoencephalopathy

HPA: Health Protection Authority

WHO: World Health Organisation

UNAIDS: Joint United Nations Programme on HIV/AIDS

HCP: Health care professionals

AHP: Allied Health Professionals

CPD: Continued professional development

1. HIV Pathophysiology, Epidemiology & Clinical guidelines

Karen Percy

	Band 4	Band 5	Band 6	Band 7	Band 8
Competencies	<p>Understands HIV transmission routes</p> <p>Can describe the different stages of HIV infection and AIDS</p> <p>Understands the importance of nutrition and HIV and can list possible reasons for referral to dietetic services</p> <p>Understands which behaviours put people at higher risk of HIV infections (e.g. MSM, Person who injects drugs)</p> <p>Knows where to access information regarding immune function, antiretroviral therapy, and standards of HIV care</p>	<p>Has knowledge of HIV transmission routes and their importance in delivering healthcare</p> <p>Has knowledge of the many population groups at higher risk of HIV infection (e.g. MSM, Person who injects drugs)</p> <p>Accesses up-to-date information and clinical guidelines for the care and management of HIV</p> <p>Has knowledge, and recognition of the major presenting signs and symptoms of acute and chronic HIV-related conditions</p> <p>Has knowledge of the risks of illness associated with</p>	<p>Demonstrates knowledge and understanding of HIV transmission routes and their importance in delivering healthcare</p> <p>Obtains clear and concise information on the presenting physical signs and symptoms of acute or chronic HIV-related diseases and related co-morbidities and co-infections</p> <p>Recognises signs and symptoms of complex and unstable HIV related health problems requiring medical review</p> <p>Interprets all clinical information available including that documented by colleagues</p>	<p>Demonstrates specialist knowledge of HIV transmission routes and their importance in delivering healthcare</p> <p>Works autonomously to obtain a clinical history from identified PLHIV with complex physical needs as defined by local policy/national guidelines</p> <p>Provides advice and support to colleagues and students in the use of different methods to assess PLHIV physical and psychological well-being</p> <p>Works with education providers to meet education needs for patient nutritional</p>	<p>As for Band 7 competencies plus:</p> <p>Demonstrates a developed understanding of the transmission of pathophysiology of HIV infection, and monitors developments in treatment and care, and how these might impact on services</p> <p>Monitors HIV epidemiology both locally and nationally, and drives dietetic response to any changes, particularly with respect to patients/clients transitioning from paediatric to adult services</p>

relevant CD4 counts

Has knowledge of the importance of nutrition and HIV and can explain reasons for referral to dietetic services

Knows where to access current clinical care guidelines with respect to the management of patients with HIV (e.g. 'Standards of care for people living with HIV in 2012' or 'Treatment of HIV-1 positive adults with antiretroviral therapy (2012)' – BHIVA)

Knows where to access local and national HIV epidemiology data (e.g. HPA, UNAIDS/WHO annual report)

Has knowledge and understanding of importance of nutrition in HIV

Develops a nutrition care plan in conjunction with the patient, taking into account all aspects of their HIV (e.g. weight goals, lipid targets, bone health) and implements ongoing monitoring and evaluation of the care

Has a basic knowledge and understanding of the current clinical care guidelines with respect to the management of PLHIV (e.g. 'Standards of care for people living with HIV in 2012' or 'Treatment of HIV-1 positive adults with antiretroviral therapy (2012)' – BHIVA)

Has a basic knowledge and understanding of local and national HIV epidemiology data (e.g. HPA, UNAIDS/WHO annual report)

assessment in HIV care

Has a specialist knowledge of the current clinical care guidelines with respect to the management of PLHIV (e.g. 'Standards of care for people living with HIV in 2012' or 'Treatment of HIV-1 positive adults with antiretroviral therapy (2012)' – BHIVA)

Is able to summarise local and national HIV epidemiology data (e.g. HPA, UNAIDS/WHO annual report)

Examples of Evidence

- Lists appropriate web sites such as aidsmap.com, foodchain.org.uk and dhiva.org.uk
- Attendance at DHIVA study day
- Read BHIVA and DHIVA protocols and policies
- Attendance at DHIVA HIV basics course
- Portfolio entries
- Attendance at DHIVA advanced HIV course
- Case study demonstrating understanding and dietary implications of complex HIV-related medical conditions
- Attendance at a national CHIVA or BHIVA study day or conference
- Audits performance against National standards for HIV care
- Completion of advanced course in HIV transmission and epidemiology
- Attendance and presentation of research at an International Aids Society conference
- Reports annually on local epidemiology and how this impacts on National standards

2. Teaching, learning and communication (or personal and people development) skills

Jas Sagoo, Nina Lenton, Tracy Russell

	Band 4	Band 5	Band 6	Band 7	Band 8
Teaching	<p>Has knowledge of own role in supporting the learning environment (for patients/staff/carers) in the workplace</p> <p>Assists in delivering formal and informal HIV nutrition related training sessions to other health care professionals and staff groups within own organisation and at local study days</p> <p>Assists in shadowing opportunities in HIV dietetics to students and other HCPs</p> <p>Participates in journal review and updates dietetic colleagues with new evidence in HIV related nutrition</p> <p>Communicates evidence based nutrition and HIV knowledge using evidence based practice</p>	<p>Demonstrates knowledge and understanding of own role in supporting the learning environment (for patients/staff/carers) in the workplace</p> <p>Plans and delivers formal and informal HIV nutrition related training sessions to other health care professionals and staff groups including attendance at local , national and international study days</p> <p>Participates in journal review and updates dietetic colleagues with new evidence in HIV related nutrition</p> <p>Communicates evidence based nutrition and HIV knowledge using evidence based practice</p> <p>Writes, plans, delivers and evaluates patient group teaching sessions on nutrition for PLHIV</p>	<p>Has an active role in supporting the learning environment (for patients/staff/carers) in the workplace</p> <p>Leads on planning, delivery and evaluation of formal HIV nutrition training sessions for other healthcare professionals and staff groups including attendance at local , national and international study days</p> <p>Maintains an specialist knowledge of new evidence in HIV related nutrition and updates dietetic colleagues as required</p> <p>Communicates evidence based nutrition and HIV knowledge using evidence based practice</p>	<p>Competencies as per Band 7 plus:</p> <ul style="list-style-type: none"> Identifies and manages resource issues (e.g. funding, service delivery) which may affect the teaching and learning of others in the specialist area of nutrition and HIV 	

Assists in planning, delivering and evaluating patient group teaching sessions on nutrition for PLHIV

Participates in the training of dietetic and non-dietetic students within specialist area of HIV i.e. in local setting, lectures at university

Develops structured training programmes for dietetic and non-dietetic students within specialist area of HIV nutrition

Assists in the teaching of role of nutrition and HIV to student dietitians in the work place

Leads on/contributes to the development of local and national dietetic guidelines within the specialist area of HIV as part of the dietetic team and/or the wider MDT

Learning

Develops own knowledge and ability within specialist area of HIV

Continues to develop own knowledge and ability within specialist area of HIV

Facilitates the learning and development of others within and outside the organisation within specialist area of HIV

Competencies as per Band 7 plus:

Contributes to clinical and non clinical audits related to HIV nutrition

Identifies and evaluates own development needs within the specialist area of HIV and those of others

Leads on audit and research relating to HIV nutrition and disseminates and presents findings to relevant groups

Coordinates appropriate learning opportunities amongst HIV team members

Reflects on, and evaluates, the effectiveness of own health promotion activity in PLHIV

Plans and develops clinical and non clinical audits related to HIV nutrition under supervision

Contributes to the development of others within specialist area of HIV

Supports HIV dietitians at a managerial level in having protected time to carry audit and research where service need is identified

Maintains an up to date portfolio of CPD activity specifically in relation to HIV and nutrition

Contributes to the development of others within specialist area of HIV

Maintains an up to date portfolio of CPD activity specifically in relation to

Considers becoming a member of Dietitians in HIV/AIDS Specialist interest group	specifically in relation to HIV and nutrition Attends and presents at relevant HIV specialist study day under supervision	HIV and nutrition Attends and presents at relevant HIV specialist study day
Has knowledge of new and emerging evidence and research in HIV nutrition and medical management via literature search, shadowing senior members, case study presentation	Considers becoming a member of Dietitians in HIV/AIDS Specialist interest group Demonstrates a good knowledge and understanding of new and emerging evidence and research in HIV nutrition and medical management via literature search,	Considers becoming a member of Dietitians in HIV/AIDS Specialist interest group Demonstrates specialist knowledge of new and emerging evidence and research in HIV nutrition and medical management via literature search
Contributes to the development of educational material regarding nutrition in HIV	Identifies and develops educational material for use in specialist area and obtains feedback and evaluation from peers and patient groups Demonstrates good skills in communicating sensitive information to PLHIV in varying environments	Identifies and develops educational material for use in specialist area and obtains feedback and evaluation from peers and patient groups

Communication

Communicates effectively with staff, patients, carers and other agencies on issues relating to the nutritional management of PLHIV	Effectively communicates complex information to a range of people relating to the nutritional management of patients with HIV in a variety of settings	Demonstrates specialist skills in communicating sensitive information to PLHIV in varying environments	Competencies as per Band 7 plus: Identifies and supports opportunities for Communication, Behavioural Change and Motivational Interviewing training for HIV dietitians working with challenging patients
Records new information related to clinical assessment and passes it on to relevant colleagues in a timely manner	Uses good skills to communicate with PLHIV who have: language and cultural differences, mental health problems, communication problems	Effectively communicates complex information to a range of people relating to the nutritional management of PLHIV in a variety of settings	
Develops skills to communicate with PLHIV who have: language and cultural differences, mental health problems, communication problems	Uses good communication skills such as reflective listening, open questions, empathy and be able to offer empathy and reassurance to PLHIV	Uses advanced skills to communicate with PLHIV who have: language and cultural differences, mental health problems, communication problems	
Develops communication skills such as reflective listening, open questions, empathy and be able to offer empathy and reassurance to PLHIV	Actively participate in HIV MDT meetings	Uses advanced communication skills such as reflective listening, open questions, empathy and be able to offer empathy and reassurance to PLHIV	
Actively participate in HIV MDT meetings	Communicates with and refers to external bodies that may provide support to PLHIV	Demonstrates specialist skills in facilitating behavioural change in PLHIV (e.g. cognitive behavioural therapy, motivational interviewing)	
Communicates with and refers to external bodies that may provide support to PLHIV		Ensures representation in	

HIV MDT meetings
Communicates with and
refers to external bodies
that may provide support

to PLHIV

Examples of evidence

- Reflection piece
- Evidence of self-guided research
- Case study
- Anonymous copy of patient notes
- Evidence of communication with MDT (letters, emails, witness statements)
- Anonymous copy of patient notes
- Reflective piece
- Copies of policies developed
- Lecture notes/presentations

3. Psychosocial, Behavioural Approaches & Confidentiality

Sara Cassimjee

Band 4	Band 5	Band 6	Band 7	Band 8
<p>Has an understanding that PLHIV have significantly higher rates of depression and other psychological problems than the general population</p>	<p>Has knowledge of the range of psychosocial problems frequently encountered by PLHIV and begins to address HIV-specific barriers to change when promoting diet and lifestyle changes</p>	<p>Demonstrates knowledge and understanding of the range of psychosocial problems frequently encountered by PLHIV and begins to address HIV-specific barriers to change when promoting diet and lifestyle changes</p>	<p>Demonstrates specialist knowledge of the psychosocial, cognitive and cultural issues encountered by PLHIV and how they might impact diet and lifestyle changes (e.g. cultural beliefs about pregnancy, working with teenagers in transition clinics, dealing with chronic disease management)</p>	<p>Competencies as per Band 7 plus: Uses specialist knowledge of the psychosocial aspects of PLHIV and to develop nutrition care pathways</p>
<p>Has an understanding of which professional behaviours are helpful/not helpful to PLHIV who are depressed and/or anxious</p>	<p>Has knowledge of the common HIV-related neurological disorders (e.g. HIV-associated neuro-cognitive impairment, PML) and takes this into account when promoting diet and lifestyle changes</p>	<p>Demonstrates knowledge and understanding of the common HIV-related neurological disorders such as (e.g.HIV-associated neuro-cognitive impairment) and PML, and takes this into account when promoting diet and lifestyle changes</p>	<p>Works autonomously to empower complex patients to make diet and lifestyle changes, using techniques such as Cognitive Behavioural Therapy and Motivational Interviewing</p>	
<p>Has an understanding of the diversity of needs that PLHIV may have</p>	<p>Proactively supports those PLHIV where stigma affects their health and well-being</p>	<p>Demonstrates knowledge and understanding of the HIV-specific barriers to change and how these can affect nutritional goals and develops strategies to address these</p>	<p>Facilitates and encourages self-management of chronic disease in PLHIV</p>	
<p>Has an understanding of the stigma that can be experienced by PLHIV and the importance of high standards in confidentiality, privacy and dignity in accordance with the law, GMC guidance and BHIVA Standards of Care for People living with HIV (2013)</p>	<p>Has knowledge of common herbal remedies used to alleviate moods and their possible interaction with ARVs (e.g.</p>	<p>Demonstrates knowledge and understanding of behavioural</p>	<p>Identifies development needs of individuals/ groups with regards to the</p>	

St John's Wort)	approaches in addressing HIV specific barriers to change and begins to use these techniques when promoting diet and lifestyle changes	psychological and behavioural aspects of nutrition management in PLHIV and provides advice and support to colleagues and students as needed
Identifies PLHIV that may require counselling/ psychological support in an aim to maximise adherence to lifestyle change or nutritional advice and discusses these cases with the MDT	Proactively supports those PLHIV where stigma affects their health and well-being	Identifies and refers service users who may benefit from peer support, professional counselling services, benefits advice or further information about HIV (e.g. referral to First Point in South London).
	Develops a dietetic care plan in conjunction with the patient, taking into account all aspects of their HIV including psychosocial factors	

Examples of evidence

- Reflective piece
- Evidence of self-guided research
- Evidence of clinical supervision
- Case studies
- Attendance of specialist HIV and) dietetic study days (e.g. Mildmay study days looking at HIV-related Neurocognitive Impairment)
- Attendance of courses (e.g. Cognitive Behavioural Therapy, Communication Skills)
- Witness statement
- Copy of policies developed
- Copy of referral pathways
- Copy of MDT communications (minutes of a meeting, anonymised emails)
- Copy of local guidelines for management of patients psychosocial problems
- Copy of anonymised patient notes

4. Principles of medical nutrition

Nina Lenton, Karen Percy

	Band 4	Band 5	Band 6	Band 7	Band 8
General	<p>Has an understanding of up-to-date and evidence based principles of healthy eating to PLHIV, and recognises when there is a need to refer for more specialist nutritional advice</p>	<p>Has knowledge of and communicates up-to-date and evidence based principles of healthy eating to PLHIV</p> <p>Demonstrates a knowledge of the relevant local policies and protocols for the treatment and management of HIV-related conditions</p> <p>Is aware of BHIVA and where to locate national BHIVA guidelines if necessary</p> <p>Under supervision, provides one-to-one care of the critically ill, PLHIV who may require extensive nutritional input for example NG, NJ, PEG, RIG or PN feeding</p>	<p>Demonstrates knowledge and understanding of and communicates complex up-to-date and evidence based, principles of nutritional issues related to HIV to PLHIV</p> <p>Demonstrates knowledge and understanding relevant local policies and protocols for the treatment and management of HIV-related conditions</p> <p>Demonstrates knowledge and understanding of the current national BHIVA guidelines and their relevance to inpatient and outpatient nutritional care</p> <p>Demonstrates knowledge and understanding of the relevant policies and protocols for the management and</p>	<p>Demonstrates specialist knowledge and understands and communicates complex up-to-date and evidence based, principles of healthy eating to PLHIV</p> <p>Demonstrates specialist knowledge of the relevant local policies and protocols for the treatment and management of HIV-related conditions both in an inpatient and outpatient setting</p> <p>Demonstrates specialist knowledge of the current national BHIVA guidelines and their relevance to inpatient and outpatient nutritional care</p> <p>Provides specialist inpatient dietetic care for PLHIV admitted with an HIV-related illness</p>	<p>Competencies as per Band 7 plus:</p> <p>Leads on establishing dietitians as part of the MDT</p> <p>Ensures dietetic representation at all relevant HIV MDTs and business meetings</p> <p>Leads on ensuring dietetic representation in production of local and national policies e.g. BHIVA, ICPs</p> <p>Educates medical professionals outside both within and outside of the HIV MDT on nutrition in HIV</p>

treatment of acute HIV-related conditions and is able to inform, support and involve patients in the planning of their care, and especially nutritional care

Provides inpatient dietetic care for PLHIV admitted with an HIV-related illness including care of the critically ill, PLHIV who may require extensive nutritional input for example NG, NJ, PEG, RIG or PN feeding

Provides outpatient care for PLHIV who require dietetic input and identifies when there is a need to refer onto more senior dietitians

Provides specialist outpatient care for PLHIV who require dietetic input

Ensures there is appropriate education and mentoring in the principles of managing in patients and outpatients with HIV-related conditions for junior staff members and other MDT members

Contributes to the development and regular review of guidelines and competencies for the MDT management of HIV-related conditions

Lead on and works as part of a multidisciplinary team approach to the nutritional management of the PLHIV both inpatient and outpatient setting

Supports staff in understanding the needs of patients with a new HIV-positive diagnosis or a new acute HIV-related condition with relation to nutritional

issues that may arise

Contributes to the development of nutrition sections in local and national policies

Assessment

Anthropometry

Measures weight, height, waist circumference and calculates BMI in PLHIV

Carries out nutritional screening using local or HIV-specific tools or MUST/ equivalent for in and out patients

Measures weight, height, waist circumference, calculate BMI and % weight loss in PLHIV

Carries out nutritional screening using local or HIV-specific tools or MUST/ equivalent for in and out patients

Collects and fully interprets basic and some complex anthropometry in PLHIV where relevant which may include height, waist and other circumferences, BMI and % weight loss, skin folds, grip strength, % body fat

Collects and fully interprets advanced anthropometry in PLHIV where relevant which may include height, waist and other circumferences BMI and % weight loss, skin folds, grip strength, % body fat, and is able to identify the need for more advanced body composition analysis (e.g. DEXA scan)

Competencies as per Band 7

Biochemistry

Has an understanding of CD4 count and implications of a low CD4 count

Collects all relevant biochemistry including haematology, electrolytes and urea, LFTs in PLHIV

Understands and interpret

Collects all relevant biochemistry including haematology, electrolytes and urea, LFTs in PLHIV

Interprets more complex

Collects all relevant biochemistry including haematology, electrolytes and urea, LFTs in PLHIV

Has specialist knowledge of

Competencies as per Band 7

principles of HIV biochemistry (CD4 & VL)	relevant investigations pertaining to bone disease (e.g. Calcium, phosphate, PTH, Vitamin D, ALP)	all HIV biochemistry (CD4, CD4 %, &, nadir VL, VL)
	Demonstrates knowledge and understanding of HIV biochemistry (CD4, VL)	Interprets more complex relevant investigations in an HIV context (e.g. those pertaining to bone disease such as Calcium, po4, PTH, Vitamin D, ALP)
	Demonstrates knowledge and understanding investigations relevant to OIs in to PLHIV (e.g. JC virus PCR, CSF viral loads)	Has specialist knowledge of and interprets investigations relevant to OIs in PLHIV (e.g. JC virus PCR, CSF viral loads)

Clinical

Is able to collect relevant basic clinical information which may inform a nutritional care plan (e.g. bowel function, planned procedures) in PLHIV	Collects basic information on past medical history in a PLHIV including date of diagnosis, current treatment status, past OIs etc	Collects all relevant information on past medical history in a PLHIV including date of HIV diagnosis, current treatment status, nadir CD4, past OIs and their treatment course etc	Collects information on past medical history and has an in depth understanding of previous medical diagnoses in PLHIV	Competencies as per Band 7 plus:
Has an understanding that PLHIV are vulnerable to OIs with low CD4 counts and that these may impact appetite through nausea, diarrhoea, pain etc	Has knowledge of the main HIV-related conditions precipitating in inpatient care	Demonstrates knowledge and understanding of the implication of previous HIV-related medical diagnoses	Has specialist knowledge of the aetiology, manifestation, management and treatment of the main causes of acute illness in PLHIV (e.g. PCP, Toxoplasmosis, Tuberculosis)	Leads on establishing policies and protocols for screening for risks of metabolic issues such as CVD, Bone disease
	Identifies clinical conditions or side effects to treatment in PLHIV which may cause symptoms that may impact		Identifies all clinical	Leads on developing policies/protocols for nutritional screening/review within an MDT annual review

<p>nutritional status (e.g. nausea and vomiting, fevers and diarrhoea) in PLHIV and approaches to controlling these</p>	<p>Demonstrates knowledge and understanding of the aetiology, manifestation, management and treatment of the main causes of acute illness in PLHIV (e.g. PCP, Toxoplasmosis, Tuberculosis etc)</p>	<p>conditions and treatment side effects which may cause symptoms which may impact nutritional status (e.g. nausea and vomiting, fevers and diarrhoea) in PLHIV and fully understands approaches to controlling these</p>	<p>Leads to ensure links are maintained between national HIV centres and more local/small HIV clinics to ensure the continuity of patient care and to support hat dietitians working in smaller clinics</p>
	<p>Identifies all clinical conditions and treatment side effects which may cause symptoms which may impact nutritional status (e.g. nausea and vomiting, fevers and diarrhoea) in PLHIV and fully understands approaches to controlling these</p>	<p>Is proactive in referring to relevant specialist nurses and other HIV MDT members</p>	
	<p>Is proactive in referring to relevant specialist nurses and other MDT members</p>	<p>Evaluates the efficacy of ARV and OI treatment and reports to the care team as necessary</p>	
	<p>Evaluates the efficacy of ARV and OI treatment and reports to the care team as necessary</p>	<p>Collaborates with the HIV MDT in the development and/or evaluation of tools and protocols to assist in the management of symptoms which effect nutritional status</p>	
	<p>Records and interprets</p>	<p>Develops symptom control information tailored to the needs of the PLHIV as required for use by dietitians and other medical professionals</p>	

Diet

<p>Is able to take a simple diet history from PLHIV including timing of medications</p>	<p>Completes detailed diet histories relevant to the clinical situation for PLHIV</p>	<p>findings reporting to appropriate team members as per protocol</p>	<p>Records and interprets findings reporting to appropriate team members as per protocol</p>	<p>Competencies as per Band 7</p>
<p>Is able to collect information from and interpret food record charts from PLHIV</p>	<p>Calculates energy, protein and micronutrient requirements in PLHIV using appropriate stress factors</p>	<p>Routinely undertakes screening for risk of co-morbidities in PLHIV using validated tools (CVR, DM risk, FRAX) and advises accordingly</p>	<p>Routinely undertakes screening for risk of co-morbidities in PLHIV using validated tools (CVR, DM risk, FRAX) and advises accordingly</p>	
<p>Is sensitive to cultural, religious, ethnic or personal dietary preferences of PLHIV</p>	<p>Is sensitive to and has knowledge of cultural, religious, ethnic or personal dietary preferences of PLHIV</p>	<p>Completes a detailed diet history relevant to clinical situation in PLHIV</p>	<p>Completes a detailed diet history relevant to clinical situation or reason for referral</p>	
<p>Is sensitive to cultural, religious, ethnic or personal dietary preferences of PLHIV</p>	<p>Interprets food record chart, diet histories or food diaries of PLHIV and uses them to estimate energy, protein and relevant</p>	<p>Calculates energy, protein and micronutrient requirements in PLHIV and has a good knowledge of how to estimate stress factors according to a patient's current clinical status (e.g. open TB, PCP)</p> <p>Is sensitive to and has a good understanding of cultural, religious, ethnic or personal dietary preferences of PLHIV</p> <p>Interprets food record</p>	<p>Calculates energy, protein and micronutrient requirements in PLHIV and has an excellent knowledge of how to estimated stress factors according to a patient's current clinical status (e.g. open TB, PCP)</p> <p>Is sensitive to and has in-depth understanding of patients cultural, religious, ethnic or personal dietary preferences</p>	

<p>micronutrient/mineral intakes</p> <p>Collects information on CAM, vitamin, minerals and identifies obscure dietary beliefs and misconceptions regarding nutrition, micronutrient supplementation and complementary therapies in PLHIV</p> <p>Is able to collect basic social</p>	<p>chart, diet histories or food diaries and uses them to estimates energy, protein and relevant micronutrient/ mineral intakes</p> <p>Collects detailed information on CAM, vitamins minerals and identifies obscure dietary beliefs and misconceptions regarding nutrition, micronutrient supplementation and complementary therapies and HIV</p> <p>Demonstrates knowledge and understanding of the nature of the interactions and risks posed by some CAM and advises patients accordingly. Knows where to seek more in-depth advice when need e.g. medicine and drug advisory groups, etc</p> <p>Collects detailed social information needed to</p> <p>Is able to gather and</p>	<p>Interprets food record chart, diet histories or food diaries and uses them to estimates energy, protein and relevant micronutrient/mineral intakes</p> <p>Collects information on CAM, vitamins minerals and identifies obscure dietary beliefs and misconceptions regarding nutrition, micronutrient supplementation and complementary therapies and HIV</p> <p>Has specialist knowledge of the nature of the interactions and risks posed by some CAM and advises patients accordingly</p> <p>Collects detailed social</p>	<p>Competencies as per Band 7</p>
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Social & psychosocial

information from PLHIV	interpret social information e.g. living arrangements, employment status, immigration status for PLHIV	develop an ongoing care plan for PLHIV	information needed to develop an ongoing care plan for PLHIV
Is able to identify vulnerable PLHIV	Demonstrates knowledge and understanding and interpretation of different immigration statuses and the relevant entitlements in PLHIV	Has excellent knowledge of different immigration statuses and the relevant entitlements in PLHIV	
Is aware of key support agencies for PLHIV and advises patients on or refers to these (e.g. THT, NASS, The Food Chain)	Is aware of key support agencies for PLHIV and advises patients on or refers to these (e.g. THT, NASS, The Food Chain)	Is able to identify vulnerable patients communicates with the MDT regarding this patients social and psychological care	
	Is able to identify vulnerable PLHIV communicates with the MDT regarding this patients social and psychological care	Is aware of key support agencies and advises patients on or refers to these (e.g. THT, NASS, The Food Chain)	
	Supports and assists PLHIV to understand the nature of their condition and its impact on their health, well-being and nutritional status	Supports and assists PLHIV to understand the nature of their condition and its impact on their health, well-being and nutritional status	
		Supports patients' psychological well-being especially during times of increased vulnerability (e.g. after diagnosis, when starting treatment)	

Care Planning

Is able to facilitate implementation of a dietetic care plan for PLHIV through liaising with the relevant parties (e.g. catering, stores, nursing staff)

Supports the implementation of a dietetic care plan for PLHIV devised by a more senior dietitian through liaison with other parties (e.g. medical teams, external agencies) agencies, catering

Collaborates with the PLHIV where possible to develop a patient-centred dietetic care plan which takes into consideration the current patient setting (e.g. in or outpatient) and facilities available

Collaborates with PLHIV where possible to develop a patient-centred dietetic care plan which takes into consideration the current patient setting (e.g. in or outpatient) and facilities available

Competencies as per Band 7

Uses supporting diet sheets and written information pitched an appropriate level for the PLHIV

Plans the appropriate level of assessment and observation, in conjunction with the medical team, to ensure early detection of any changes to nutritional status

Plans the appropriate level of assessment and observation, in conjunction with the medical team, to ensure early detection of any changes to nutritional status

Considers all related factors when developing a nutritional care plan for a PLHIV(e.g. resources, hospital policies, medical intervention, patient preferences)

Considers all related factors when developing a nutritional care plan for PLHIV (e.g. resources, hospital policies, medical intervention, patient preferences)

Uses supporting diet sheets and written information pitched an appropriate level for the PLHIV

Uses supporting diet sheets and written information pitched an appropriate level for the PLHIV

Follow up & Discharge planning

Is able to identify and feed back to the supervising dietitian when a confirmed discharge date is known for PLHIV	Has knowledge of the discharge process and local policies, guidelines and assessment tools to aid discharge planning for PLHIV	Demonstrates knowledge and understanding of the discharge process and local policies, guidelines and assessment tools to aid discharge planning for PLHIV	Has specialist knowledge of the discharge process and local policies, guidelines and assessment tools to aid discharge planning for PLHIV	Competencies as per Band 7 Liaises with the hospital unit/GP practice on policies for DNA
Ensures a PLHIV continues to receive nutritional care with clinic dietitian/ HIV centre to ensure dietetic follow up as needed	Ensures a PLHIV continues to receive nutritional care with clinic dietitian/ HIV centre to ensure dietetic follow up as needed	In conjunction with the HIV MDT, collaborates with the PLHIV and their friends/ family, to develop a comprehensive discharge package	In conjunction with the MDT, collaborates with the patient and their friends/ family, to develop a comprehensive discharge package	Leads to ensure appropriate Dietetic clinics are available in order to provide appropriate follow up in specialist centres where patients are seen for their HIV care
		Ensures PLHIV continue to receive nutritional care with clinic dietitian/ HIV centre to ensure dietetic follow up as needed	Takes full responsibility to ensure that PLHIV continues to receive nutritional care with clinic dietitian/ HIV centre to ensure dietetic follow up as needed	
		Where necessary provides a full written or verbal handover document for a PLHIV	Where necessary provides a full written or verbal handover document for a PLHIV	
		Recognises that PLHIV are vulnerable and therefore should continue to be offered outpatient follow up even if they Do Not Attend	Recognises that PLHIV are vulnerable and therefore should continue to be offered outpatient follow up even if they Do Not Attend	

Examples of evidence

- Reflective piece
- Evidence of clinical supervision
- Case studies
- Attendance of specialist HIV study days (e.g. DHIVA study day)
- Witness statement
- Copy of policies developed
- Copy of referral pathways
- Copy of MDT communications (minutes of a meeting, anonymised emails)
- Copy of local guidelines for management of patients with co-morbidities
- Copy of anonymised patient notes

5. Specific nutrition-related needs of children and adolescents (transition clinics)

Julie Lanagan, Lisa Cooke

Band 4	Band 5	Band 6	Band 7	Band 8
Graduate dietitians and dietetic assistants should be able to show:	In addition to band 4 competencies dietitians should:	In addition to bands 4 and 5 competencies dietitians should:	In addition to band 6 competencies dietitians should:	In addition to band 7 competencies dietitians should be able to
Understanding of special circumstances influencing families affected by HIV. For example:	Demonstrate a basic understanding of HIV, nutritional needs specific to the disease and nutritional problems that may occur in infected children.	Provide dietary advice in uncomplicated HIV.	Have specialised knowledge of nutritional and food requirements in children and adolescents with HIV e.g. able to advise on cardioprotective diet in children with increased CVD risk.	understand and manage more complex conditions including:
Understand that children may not be aware of HIV diagnosis.	Have knowledge of current policies and guidelines for PLWHIVA e.g. infant feeding recommendations.	Plot growth using UK-1990 charts, interpret measurements to identify growth faltering or upward centile crossing (indicating increased risk of obesity).	Demonstrate a high level of expertise in growth monitoring including use and interpretation of growth charts.	Gastrointestinal pathologies e.g. HIV associated enteropathies
Understand the need for anonymity in note keeping and general discussion to maintain confidentiality.	Demonstrate ability to relate general nutrition knowledge to children with HIV.	Demonstrate knowledge and understanding of psychosocial and economic influences on HIV and adapt nutritional advice to accommodate these e.g. able to translate advice to culturally appropriate foods.	Formulate specific nutritional diagnoses and provide care plan for complicated diagnoses.	Long-term complications e.g. bone disease and increased risk of cardiovascular disease
Understand dietary needs of HIV including <ul style="list-style-type: none"> Multicultural foods and differing dietary practice. 	Assist more senior dietitians with annual assessment procedures and research under supervision e.g. conduct and record anthropometric measurements, report and collate results of biochemical tests.	Be able to record details of assessment (e.g. interpretation of growth and biochemical tests, nutritional diagnosis and treatment plan) in medical and dietetic notes.	Demonstrate ability to interpret biochemical analyses and identify presence or risk of nutritional imbalances.	Instigate and coordinate research to inform clinical practice e.g. evaluation of nutritional and dietetic interventions.
			Be competent in applying anthropometric techniques to assess body fat distribution:	Develop and maintain care pathways e.g. dyslipidaemia algorithm, annual assessment process.

Be up to date on research informing nutritional aspects of HIV.

- Waist/limb circumferences
- Skin fold thickness

Manage nutritional complications of HIV and its treatment including nutritional deficiencies, dyslipidaemia and obesity.

Apply care pathways including dyslipidaemia algorithm.

Examples of Evidence

- Maintains patient confidentiality e.g. record cards kept in locked cupboard.
- Maintenance of resources for use by dietitians.
- Participation in journal clubs and online forums.
- Accurate reporting.
- Production of resources and teaching aids.
- Complete annual assessments.
- Conduct clinical audit and case note reviews.
- Produces articles and reports.
- Links with professional bodies e.g. CHIVA.
- Production of dietetic assessment and treatment plans e.g. dyslipidaemia treatment algorithm.
- Presentation and publication of results from case note reviews, clinical audit and research.

6. Nutrition-related needs of specific HIV groups

	Band 4	Band 5	Band 6	Band 7	Band 8
<p>Competencies: African and Other Ethnic Minority Groups <u>Alice Pugliese</u></p>	<p>Considers cultural, ethnic and religious needs in all PLHIV interactions</p> <p>Demonstrates awareness of the stigma associated with HIV in African and other ethnic groups, the need to respect confidentiality</p>	<p>Has a knowledge and understanding of the major ethnic groups represented in their HIV clinic including their main cultural beliefs, religious and dietary practices</p> <p>Uses this knowledge to consider each PLHIV's cultural, ethnic and religious needs when making dietary assessments and giving dietary and lifestyle advice</p> <p>Demonstrates awareness of the stigma associated with HIV in African and other ethnic groups, the need to respect confidentiality and the impact this may have on compliance with dietary and lifestyle advice</p> <p>Uses reliable sources to find out more about dietary practices of different ethnic groups and applies this to interactions with patients</p>	<p>Demonstrates knowledge and understanding of the ethnic groups represented in their HIV clinic including their main cultural beliefs, religious and dietary practices.</p> <p>Uses this knowledge to consider each PLHIV's cultural, ethnic and religious needs when making dietary assessments and giving dietary and lifestyle advice</p> <p>Demonstrates knowledge and understanding of the stigma associated with HIV in African and other ethnic groups, the need to respect confidentiality and the impact this may have on compliance with dietary and lifestyle advice</p> <p>Demonstrates knowledge and understanding of co-morbidities frequently observed in PLHIV with</p>	<p>Has an excellent knowledge of the ethnic groups represented in their HIV clinic including their main cultural beliefs, religious and dietary practices</p> <p>Uses this knowledge to consider each patients cultural, ethnic and religious needs when making dietary assessments and giving dietary and lifestyle advice and in discussion with the MDT</p> <p>Demonstrates excellent knowledge and understanding of the stigma associated with HIV in African and other ethnic groups, the need to respect confidentiality and the impact this may have on compliance with dietary and lifestyle advice</p>	<p>Competencies as per Band 7</p>

African and other ethnic groups, and any dietary implications	Demonstrates excellent knowledge and understanding of co-morbidities frequently observed in PLHIV with African and other ethnic groups, and any dietary implications
Has a knowledge and understanding of the traditional African and other ethnic groups, diet, cooking practices and staple foods	Has an excellent knowledge of a traditional African and other ethnic groups, diet and regional variations including common staple foods and cooking methods.
Demonstrates knowledge and understanding of traditional African and other ethnic groups, cooking practices that can impact on following a healthy diet e.g. large portion sizes, excessive use of fats and sugars	Has an excellent knowledge and understanding of other traditional/ethnic diets amongst groups represented in their clinic population

Asylum Seekers

Alice Pugliese

Demonstrates awareness of vulnerability of asylum seekers and is able to signpost PLHIV who to go to in the MDT for support and advice	Considers low income, lack of cooking facilities and lack of social support when advising PLHIV that are asylum seekers and refugees	Demonstrates good skills in advising PLHIV on a low income and with limited cooking facilities to achieve a balanced diet	Demonstrates expert skills in advising those on PLHIV who are asylum seekers on low income and with limited cooking facilities to achieve a balanced diet	Competencies as per Band 7 plus:
Is aware of social and food securities of patients, within financial and housing	Know which member of the MDT to refer to if an PLHIV	Demonstrates knowledge and understanding of the potential social and	Has excellent awareness	Leads at a regional/national level on building contacts with organisations/charities working with Asylum seekers (HIV and non-HIV) and providing education

<p>constraints</p> <p>Is aware of relevant outside agencies/ support groups which may assist PLHIV in meeting their nutritional goals</p>	<p>who is an Asylum seeker does not have enough money to access a nutritionally adequate diet for their needs</p> <p>Demonstrates awareness of the potential psychological impact of asylum seeker / refugee status in PLHIV and know who to refer to for further support</p>	<p>psychological impact of being an asylum seeker/ refugee and skilled in using counselling and motivational interviewing.</p> <p>Knows who and when to refer on to as necessary</p> <p>Demonstrates basic knowledge of the asylum system, benefits available and understanding of commonly used terms e.g. Refugee, Asylum Seeker, and leave to remain.</p> <p>Aware of local charities and organisations (HIV and non-HIV) that can offer assistance to asylum seekers , refugees, trafficked women and how to refer to them / who in the MDT can refer to them</p> <p>Aware of local organisations that provide food parcels, meal services to Asylum seekers and how to refer to them</p>	<p>of the potential social and psychological impact of being an asylum seeker/ refugee as a PLHIV and is skilled and experienced in using counselling and motivational interviewing. Knows who and when to refer on to as necessary</p> <p>Has excellent overall knowledge of asylum system, terminology used and the stages of support, good awareness of how asylum seekers access food and accommodation</p> <p>Has good contacts with those who can provide detailed up to date information for benefits advice / access to services and refers PLLHIV to these as appropriate</p> <p>Has excellent awareness of local charities and organisations (HIV and non-HIV) that can offer assistance to asylum seekers , refugees, trafficked women and how to refer to them</p> <p>Builds relationships and</p>	<p>and training</p> <p>Leads at a regional/national level on building contacts with organisations/charities to secure food securities for PLHIV</p>
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Peoples who use drugs and alcohol dependency

Considers, the nature and status of substance abuse (e.g. in rehab, clean, current), social situation and food securities of a PLHIV

Considers, the nature and status of substance abuse (e.g. in rehab, clean, current), social situation and food securities of a PLHIV

Demonstrates excellent knowledge of the effect of recreational drugs on appetite, dietary intake, and bowel habits.

Competencies as per Band 7 plus:
Leading at regional and national level to build

contacts with local organisations/ charities working with Asylum seekers, refugees, trafficked women as necessary for clinic population

Provides nutrition education for organisations and local charities providing food parcels/meals for Asylum seekers who are PLHIV

Assesses social and food securities of PLHIV who are asylum seekers
Advises individuals on nutritional goals within financial and housing constraints.

Co-ordinate links with outside agencies/support groups (HIV/ non HIV) to ensure the appropriate delivery of nutritional goals

Tracy Russell

and tailors advice and nutritional goal setting accordingly	and tailors advice and nutritional goal setting accordingly	Has e specialist knowledge of any ARV and recreational drug interactions and how drugs can affect ARV adherence	relationships with organisations, charities & media (including the Gay press) who work with MSM and providing education and training
Refer to appropriate Outside agencies/support groups (HIV and/or non-HIV) to ensure the delivery of nutritional goals	Refer to appropriate Outside agencies/support groups (HIV and/or non HIV) to ensure the delivery of nutritional goals	Educate outside agencies, GPs and support groups on nutritional deficiencies due to drug-nutrient interactions, chaotic lifestyle, poor dietary intake, low food prioritisation, poor dentition.	
Be aware of relationship between nutritional deficiencies and drug-nutrient interactions, chaotic lifestyle, poor dietary intake, low food prioritisation, poor dentition. Giving appropriate nutritional advice	Be aware of the effect of recreational drugs on appetite, dietary intake, bowel habits	Identify side effects of drug use/alcohol dependency and advise on appropriate nutritional intervention	
Identify side effects of drug use/alcohol dependency and advise on appropriate nutritional intervention	Be aware of any ARV and recreational drug interactions, and how drugs can affect ARV adherence		
	Be aware of relationship between nutritional deficiencies and drug-nutrient interactions, chaotic lifestyle, poor dietary intake, low food prioritisation, poor dentition. Giving appropriate nutritional advice		
	Identify side effects of drug use/alcohol dependency and advise on appropriate nutritional intervention		

MSMs - Men who have sex with men

Damon Nichols

Has awareness that not all MSM identify themselves as gay, homosexual or bisexual and avoids prejudice that may cause offence and compromise the patient-practitioner relationship

Has awareness that MSMs can vary widely in terms of ethnicity, culture, religion, class, socioeconomic status and age

Has awareness that not all MSM identify themselves as gay, homosexual or bisexual and avoids prejudice that may cause offence and compromise the patient-practitioner relationship

Has awareness that MSMs can vary widely in terms of ethnicity, culture, religion, class, socioeconomic status and age

Demonstrates awareness of the stigma associated with both MSM and HIV (e.g. inability to reveal sexual and HIV status to family/friends) and understands that the psychological and physiological impact this may have on a PLHIV

Has a basic understanding about aspects of behaviours associated with 'Gay culture' and an awareness of factors affecting adherence to ART

Has awareness that not all MSM identify themselves as gay, homosexual or bisexual and avoids prejudice that may cause offence and compromise the patient-practitioner relationship

Has awareness that MSMs can vary widely in terms of ethnicity, culture, religion, class, socioeconomic status and age

Demonstrates awareness of the stigma associated with both MSM and HIV (e.g. inability to reveal sexual and HIV status to family/friends) and understands that the psychological and physiological impact this may have on a PLHIV

Has a basic understanding about aspects of behaviours associated with 'Gay culture' and an awareness of factors affecting adherence to ART

Has awareness that not all MSM identify themselves as gay, homosexual or bisexual and avoids prejudice that may cause offence and compromise the patient-practitioner relationship

Has awareness that MSMs can vary widely in terms of ethnicity, culture, religion, class, socioeconomic status and age

Demonstrates a specialist understanding of the stigma associated with both MSM and HIV (e.g. inability to reveal sexual and HIV status to family/friends) and understands that the psychological and physiological impact this may have on a PLHIV

Has an excellent good understanding about

Competencies as per Band 7

<p>medication and/or dietary intake (e.g. club culture and associated use of alcohol and recreational drugs)</p>	<p>medication and/or dietary intake (e.g. club culture and associated use of alcohol and recreational drugs)</p>	<p>aspects of behaviours associated with 'Gay culture' and an awareness of factors affecting adherence to ART medication and/or dietary intake (e.g. club culture and associated use of alcohol and recreational drugs)</p>
<p>Is aware that some MSM may work as sex workers</p>	<p>Understands that some MSM may work as sex workers and how this may impact diet and ART adherence</p>	<p>Has an excellent understanding that some MSM may work as sex workers and how this may impact diet and ART adherence</p>
	<p>Has an understanding of depression and mental health issues amongst PLHIV that are MSM and that these can affect adherence to ART and diet</p>	<p>Has an specialist understanding of depression and mental health issues amongst PLHIV that are MSM and that these can affect adherence to ART and diet</p>
	<p>Has knowledge of gay and general support services and organisations (e.g. GMFA, Age UK) which offer services such as counselling and key working to PLHIV</p>	<p>Has an excellent knowledge of gay and general support services and organisations (e.g. GMFA, Age UK) which</p>
	<p>Is aware that many MSM living with HIV (especially those that have been HIV positive for long period) may have extensive knowledge and</p>	<p>Has an excellent knowledge of gay and general support services and organisations (e.g. GMFA, Age UK) which</p>

understanding about HIV and ensures that advice and education is pitched accordingly

offer services such as counselling and key working to PLHIV

Has a knowledge of body image issues amongst some PLHIV that are MSMs (emphasis on being body beautiful, use of steroids, protein supplements)

Is aware that many MSM living with HIV (especially those that have been HIV positive for a long period) may have extensive knowledge and understanding about HIV and ensures that advice and education is pitched accordingly

Has a knowledge of sports nutrition is able to discuss evidence base and dispel possible diet myths to PLHIV that are MSM

Has a specialist knowledge of body image issues amongst some PLHIV that are MSMs (emphasis on being body beautiful , use of steroids, protein supplements)

Has an excellent knowledge of sports nutrition is able to discuss evidence base and dispel possible diet myths to PLHIV that are MSM

Has a specialist understanding of the

psychological and physical
impact of HIV on patients
that were diagnosed
before the advent of
effective anti-retroviral
therapy

Delivers education on
nutritional issues affecting
PLHIV who are MSM
(alcohol, recreational and
intravenous drug use and
abuse, growing older with
HIV, mental health, social
isolation, socioeconomic
status etc) within and
outside the organisation

Examples of Evidence

- Case studies/reports
- Lists of outside agencies/ food co-ops
- Minutes of meetings with support groups
- Copy of educational material
- Literature reviews

7. Co-morbidities

	Band 4	Band 5	Band 6	Band 7	Band 8
<p>Specific Co-morbidity Impaired Glucose Tolerance (IGT)/ Metabolic Syndrome (MetS) / Diabetes Mellitus (DM)/</p> <p><u>Rosaleen McDermott</u></p>		<p>Demonstrates knowledge of how HIV, ARVs and traditional risk factors can lead to progression of IGT, MetS, DM in PLHIV</p> <p>Identifies, considers and address common dietary beliefs and misconceptions regarding both HIV and DM</p>	<p>Has an understanding of the correlation between IGT, MetS in HIV leading to progression of DM to include knowledge of HIV specific co-morbidities (e.g. HCV) and ARV (e.g. PIs, NRTI, hepatic steatosis and fat re-distribution related factors)</p>	<p>Has an excellent understanding of the correlation between IGT, MetS in HIV leading to progression of diabetes to include knowledge of HIV specific co-morbidities (e.g. HCV) and ARV (PIs, NRTI, hepatic steatosis and fat re-distribution related factors)</p>	<p>Competencies as per Band 7 plus:</p> <p>Develops pathways for referral to specialists outside of HIV services</p> <p>Educates medical professionals not working in the field of HIV (e.g. HIV specific barriers to lifestyle change)</p>
		<p>Recognises that lifestyle treatment guidelines for the prevention and treatment of DM for the general population should be applied to PLHIV</p>	<p>Recognises that lifestyle treatment guidelines for the prevention and treatment of DM for the general population should be applied to PLHIV</p>	<p>Recognises that lifestyle treatment guidelines for the prevention and treatment of DM for the general population should be applied to PLHIV</p>	
		<p>Demonstrates understanding of long-term complications of DM and HIV and provides specific diet and</p>	<p>Is aware of Complementary and Alternative Medicines (CAM), vitamins and minerals used in DM and the potential interactions with HIV medications</p>	<p>Has an excellent knowledge of CAM, vitamins and minerals used in DM and the potential interactions with HIV medications</p>	

lifestyle advice to prevent and treat these complications where relevant

Is aware of their own limitations and appropriately refers to specialist/senior dietitians (e.g. carbohydrate counting)

Is aware of the influence DM medications can have on fat redistribution in PLHIV

Is up-to-date with current nutrition research into IGT, MetS and DM in PLHIV including nutrition intervention

Co-manages the care of complex patient with specialist diabetes dietitians

Has specialist knowledge regarding the link between DM medications and fat redistribution in PLHIV (e.g. the use of Metformin)

Is up-to-date with and contributes to current nutrition research into IGT, MetS and DM in PLHIV including nutrition intervention

Co-manages the care of complex patient with specialist diabetes dietitians

Reiterates advice for safe disposal of lancets, glucose strips, insulin syringes, pens and needles to prevent HIV transmission

Cardiovascular Disease (CVD)

Nina Lenton

Understands the increased risk of CVD amongst PLHIV due to the HIV virus itself, the effects of specific ARVs, and increased incidence of traditional risk factors in these groups

Has an understanding of tools available to estimate cardiovascular risks (e.g. Framingham, QRISK, CHIPS) and limitations of their use in PLHIV.

Understands and explains the increased risk of CVD amongst PLHIV due to the HIV virus itself, the effects of specific ARVs, and increased incidence of traditional risk factors in these groups

Carries out cardiovascular risk assessment using the most appropriate tool or according to local guidelines and has an understanding of the limitations of their use in PLHIV

Develops patient centred dietetic action plans to modify cardiovascular risk given HIV specific factors (e.g. underweight dyslipidaemic patient)

Provides advice on accessing relevant HIV services to assist with lifestyle modification (e.g. exercise programmes, stop smoking services, psychology)

Is aware that changes in ARVs may have a beneficial

Demonstrates specialist knowledge of the increased risk of CVD amongst PLHIV due to the HIV virus itself, the effects of specific ARVs, and increased incidence of traditional risk factors in these groups

Develops tools for cardiovascular risk assessment for the local population

Develops patient centred dietetic action plans to modify cardiovascular risk given HIV specific factors (e.g. underweight dyslipidaemic patient)

Liaises with clinicians regarding the initiation and alteration in dosage of lipid lowering therapy (including statins, fibrates and omega-3 fatty acids) and is aware of potential interactions with ARVs

Liaises with clinicians regarding changes of ARVs to more lipid-friendly

Competencies as per Band 7 plus:

Develops pathways for referral to specialists outside of HIV services.

Educates medical professionals not working in the field of HIV regarding CVD and nutrition in HIV (e.g. addresses HIV specific barriers to lifestyle change)

Leads on dietetic treatment of CVD across services for PLHIV(e.g. patients transitioning from paediatric to adult service)

Leads on the development of a tool for annual CVD risk assessment in PLHIV

effect on lipid profiles

combination where appropriate

Describes and critically appraises clinical trials in PLHIV which provide evidence of diet and lifestyle intervention improving risks of CVD

Educates specialist healthcare professionals not working in the field of HIV
Identifies patients appropriate for referral to specialists outside of HIV services

Is a source of specialist advice to the MDT on diet and CVD in PLHIV

Malnutrition

Nina Lenton

Uses basic anthropometric data to identify cases of malnutrition in PLHIV

Understands the causes of malnutrition in PLHIV

Understands that opportunistic infections and CD4 count may affect estimates of nutritional requirements in PLHIV

Understands the need to

Uses full anthropometric data, biochemical results and subjective global assessment to identify cases of malnutrition in PLHIV

Understands and explains the causes of malnutrition in PLHIV

Estimates nutritional requirements using appropriate HIV-related stress factor (e.g.

Uses full anthropometric data, biochemical results and subjective global assessment to identify cases of malnutrition in PLHIV

Has specialist knowledge of and explains the causes of malnutrition in PLHIV

Estimates nutritional requirements using appropriate HIV-related stress factor (e.g.

Competencies as per Band 7 plus:

Educates medical professionals not working in the field of HIV regarding malnutrition in PLHIV (e.g. addresses HIV specific barriers to lifestyle change)

Ensures implementation and supports training

consider food requirements and interactions with ARVs when planning nutrition intervention	considering CD4 count and opportunistic infections)	considering CD4 count and opportunistic infections)	schedules for nutrition screening tools within HIV team
	Can identify HIV-specific factors which may contribute to decreased oral intake (e.g. oral/oesophageal candida, ARV related side effects including CNS and GI disturbance)	Provides expertise to the MDT in considering HIV-associated effects (e.g. gastrointestinal MAI/ CMV) on the absorptive capacity of the gut and identifying preferred routes of nutrition support	
	Considers food requirements and interactions with ARVs when planning nutrition intervention	Has specialist knowledge of food requirements and interactions with ARVs when planning nutrition intervention	
	Tailors oral and enteral nutrition support (e.g. feed or supplement choice) according to a PLHIV's current symptoms (e.g. nausea, gastrointestinal disturbance)	Requests relevant blood tests from the MDT in order to identify types of HIV associated malabsorption (e.g. faecal elastase, alpha 1 anti-trypsin)	
	Provides education and sessions to HIV team on nutrition screening to identify those at risk of malnutrition	Tailors oral and enteral nutrition support (e.g. feed or supplement choice) according to PLHIV's current symptoms (e.g. nausea, gastrointestinal disturbance)	
		Consider the benefits of disease specific supplements in PLHIV	

Obesity & Lipodystrophy

Jason Theobald

			Provides education and sessions to HIV team on nutrition screening to identify those at risk of malnutrition	
Is aware that the side effects of ARVs may include body fat distribution changes	Can identify, with support from the MDT, cases of lipohypertrophy (as opposed to obesity)	Conducts a full anthropometric assessment which may include measurements of skin fold thickness, circumferences, bio-electrical impedance, waist to hip ratio and interprets the results		Leads on establishing links and referral pathways through to exercise services for patients
Understands the role of exercise in the management of obesity and lipodystrophy Acknowledges the role of medications in obesity and lipodystrophy	Is aware of the classes of ARVs which are more likely to cause body fat distribution changes	Can identify, with support from the MDT, cases of lipohypertrophy (as opposed to obesity) and lipoatrophy (as opposed to malnutrition) and is able to explain this to the patient		Leads on developing local protocols for anthropometric assessment of patients starting or switching antiretroviral therapy
With the support of the MDT monitors patients using pharmaco-therapy to support improvements in weight/body fat changes (e.g. orlistat, metformin)	Encourages patient with general healthy eating principles acknowledging the potential role of fibre in management of lipodystrophy			
Is aware of local initiatives or groups which could be of support to HIV patients who are managing their weight	With some support of the MDT monitors PLHIV who are using pharmacotherapy to support improvements in weight/body fat changes	Is aware of the role of specific ARVs (past and present use) which are more prone to cause body fat distribution changes		
Has an awareness of the difference between HIV lipoatrophy and HIV associated wasting	Refers/directs patients appropriately to initiatives/groups which could be of support to PLHIV who are managing their weight	Encourages PLHIV with general healthy eating principles acknowledging the potential role of fibre in management of lipodystrophy		

Has an understanding of the difference between HIV lipoatrophy and HIV associated wasting

Is able to identify PLHIV that may be appropriate for additional pharmacotherapy in the management of obesity/ lipohypertrophy

Monitors patients using pharmacotherapy to support improvements in weight/body fat changes

Is proactive in referring PLHIV into appropriate specialist services (e.g. Newfill clinics, Metabolic clinics)

Bone Health

Amy Goodwin

Demonstrates an understanding of how diet, lifestyle and HIV related factors can affect bone health in PLHIV

Has an understanding of how diet, lifestyle and HIV related factors can affect bone health in PLHIV

Has specialist knowledge and understands the underlying pathophysiology of how diet, lifestyle and HIV related factors can affect bone health in PLHIV

Competencies as per Band 7 plus:

Leads on establishing dietetic role/ referral route into external clinics

Understands that specific ARVs and other health conditions may affect bone health

Demonstrates knowledge of how specific ARVs and other health conditions may affect bone health (e.g. increased phosphate losses with Tenofovir, decreased BMD in HCV

Demonstrates specialist knowledge about how specific ARVs and co-morbidities may affect bone health in PLHIV

Leads on establishing links and referral pathways through to exercise services for PLHIV

Accesses up-to-date information about HIV and bone health, and clinical guidelines for management and care of patients

Gathers and interprets all clinical information available in relation to the bone health of PLHIV

Accesses up-to-date information about HIV and bone health, and clinical guidelines for management

Gathers all basic clinical information relevant in making an assessment of bone health in PLHIV (e.g. history of fractures, vitamin D status, dairy intake)	Is able to identify PLHIV who may be at risk of vitamin D deficiency (e.g. people who are covered up, people with liver disease)	and care of PLHIV Helps to devise local guidelines for calculating bone health risks including tools such as FRAX/Q-Risk and other risk factors
Counsels on diet and lifestyle changes which may improve bone health in PLHIV	Suggests diet and lifestyle changes to improve bone health in line with other advice for PLHIV Is able to make basic recommendations on the supplementation of Vitamin D and calcium	Works with the MDT to produce local policies to ensure bone health is routinely monitored in PLHIV and appropriate referrals are made for nutritional assessment/advice
	Considers social and cultural situation of PLHIV, and takes this into account when assessing the patient and devising a care plan (e.g. lactose-intolerance, limited sunlight exposure)	Identifies and facilitates referral to specialists outside of the MDT (e.g. endocrinologist) Is proactive in liaising with the MDT with regards to potential changes in medication and in requesting further investigations (e.g. DEXA scans)
		Provides expert knowledge to both the PLHIV and MDT on the supplementation of Vitamin D, Calcium and Phosphate.

Liver Disease (e.g. Hepatitis C co-infection)

Tracy Russell

Has a basic understanding of the correlation between malnutrition and progression of liver disease, and the association with liver related mortality and immunodeficiency

Has a basic understanding of HCV/HBV co-infection and its effect on HIV progression

Has an understanding of the correlation between malnutrition and progression of liver disease, and the association with liver related mortality and immunodeficiency

Has an understanding of HCV/HBV co-infection and its effect on HIV progression.

Has an understanding of the treatment for HCV/HIV co-infected patients, nutrition related side effects and the potential impact on nutritional intake and status

Is able to advise on food requirements for HCV treatments (drug -nutrient interactions)

Trains health professionals on nutritional screening of co-infected patients undergoing HCV treatment

Is aware of CAM remedies used in liver disease and seeks advice on the potential interactions with

Has an excellent understanding of the correlation between malnutrition and the progression of liver disease, and the association with liver related mortality and immunodeficiency in PLHIV

Has a specialist understanding of HCV/HBV co-infection and its effect on HIV progression

Is a source of excellence in nutritional assessment and calculation of nutritional requirements in liver disease, including use of anthropometry and interpretation of nutritional markers in both compensated and decompensated liver disease in HIV (e.g. ISAK Course qualifications)

Has a specialist understanding of the treatment for HCV/HIV co-infected patients and nutrition related side effects, thus the potential impact on nutritional intake

Competencies as per Band 7 plus:

Leads on establishing referral pathways to outside agencies to support patients through treatment

ARVs.

Is up to date with emerging evidence of nutrition and HCV including nutrition intervention/advice and nutrition related effects of HCV treatment

and status.

Is able to advise on food requirements for Hep C treatments (drug nutrient interactions)

Develops and implements nutrition screening tools for co-infected patients undergoing HCV treatment

Has an excellent knowledge of CAM used in liver disease and the potential interactions with ARVs and knows where to seek further advice on these.

Is up-to-date with emerging evidence of nutrition and HCV including nutrition intervention/advice and nutrition related effects of HCV treatment

Identifies the need for further support to maximise nutritional care (e.g. buddy service) and makes appropriate referrals

Pancreatic insufficiency

Kirsty Marshall

<p>Understands the endocrine and exocrine functions of the pancreas and recognises that PLHIV are at higher risk of pancreatic insufficiency due to ARV medication, in addition to non-HIV associated risk factors</p> <p>Understands that pancreatic replacement therapy (PERT) is the mainstay treatment in PLHIV for exocrine pancreatic insufficiency in chronic pancreatitis</p> <p>Is aware of different PERT doses and of basic dietary guidance (e.g. taking enzymes immediately before or with food)</p> <p>Is able to carry out full nutritional assessment in patients with HIV and chronic pancreatitis, identifying sources of fat</p> <p>Is able to manage simple pancreatic insufficiency cases in PLHIV with supervision</p>	<p>Has an understanding of the endocrine and exocrine functions of the pancreas and an appreciation of the nutritional medical consequences of pancreatic insufficiency in PLHIV</p> <p>Recognises that PLHIV are at higher risk of pancreatic insufficiency due to ARVs and specific drug class (e.g. NRTIs and possibly PIs) and understand that there is a link between the HIV virus itself and pancreatic insufficiency</p> <p>Understands that PERT is the mainstay treatment in PLHIV for exocrine pancreatic insufficiency in chronic pancreatitis</p> <p>Has knowledge of the administration of enzymes, dosages, preparations and brands including the management of enterally fed PLHIV with pancreatic insufficiency</p> <p>Is able to carry out full nutritional assessment in patients with HIV and chronic pancreatitis,</p>	<p>Has an excellent understanding of all medical, surgical and nutritional aspects of pancreatic insufficiency</p> <p>Recognises that PLHIV are at higher risk of pancreatic insufficiency due to ARVs and specific drug class (e.g. NRTIs and possibly PIs) and understand that there is a link between the HIV virus itself and pancreatic insufficiency</p> <p>Understands that PERT is the mainstay treatment in PLHIV for exocrine pancreatic insufficiency in chronic pancreatitis</p> <p>Has an excellent knowledge of the administration of enzymes, dosages, preparations and brands including the management of enterally fed PLHIV with pancreatic insufficiency</p> <p>Can assess gastroenterological symptoms in PLHIV and can recognise symptomatic improvement due to enzyme replacement</p>	<p>Competencies as per Band 7 plus:</p> <p>Develops pathways for referral to specialists outside of HIV services</p>
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Cancer
Karen Percy

Understands there is an increased risk cancer in PLHIV

including dietary fat calculation

Can assess gastroenterological symptoms in PLHIV and recognise symptomatic improvement due to enzyme replacement

Understands when PLHIV may require adjustment of pancreatic enzyme dosing

Identifies and advises on food and fat requirements of ART and makes recommendation about PERT dosages accordingly

Identifies PLHIV that may have pancreatic insufficiency and has a full understanding of testing and diagnostic criteria

Understands the increased risk of cancer amongst PLHIV and that it is a major cause of morbidity and mortality

Understands the difference between AIDS- defining and non-AIDS defining cancers

Is able to adjust PERT dosages in PLHIV with support from medical team

Identifies when further gastroenterological assessment or investigation is required in PLHIV

Works with the MDT in the diagnosis and treatment of pancreatic insufficiency in PLHIV

Supervises junior staff working within the team that are managing pancreatic insufficiency in PLHIV

Educates patients and health professionals on the dietetic management of HIV patients with chronic pancreatitis

Understands the increased risk of cancer amongst PLHIV and that it is a major cause of morbidity and mortality

Has an excellent understanding between the difference between AIDS- defining and non-AIDS

Competencies as per Band 7 plus:

Ensures systems are in place for specialist HIV dietitians to provide full dietetic support to PLHIV attending specialist cancer centres if applicable

Understands there is an increased risk of AIDS-defining malignancies in those not yet diagnosed or with poorly controlled HIV	defining cancers	Ensures Specialist HIV dietitians have adequate additional specialist training in the nutritional management of patients with cancer
Understand there is an increased risk of non-AIDS defining malignancies in the those with a HIV diagnosis	Understands there is an increased risk of AIDS-defining malignancies in those not yet diagnosed or with poorly controlled HIV Understand there is an increased risk of non-AIDS defining malignancies in the those with a HIV diagnosis	
Understands that estimates of nutritional requirements in PLHIV and with cancer are increased	Is a source of excellence in nutritional assessment and calculation of nutritional requirements in cancer , including use of anthropometry and interpretation of nutritional markers in both AIDS-defining and non AIDS defining cancers	
Understand that malnutrition can become a major concern in the diagnosis and treatment phase of cancer		
Understands how to prevent and treat malnutrition in PLHIV and cancer	Has an excellent understanding of biochemical markers (e.g. neutropenic or pancocytopenia) which require dietary advice	
Understands the side effects of treatment (e.g. nausea, vomiting, diarrhoea or mucositis etc) and the impact this may have on the patients' nutritional intake and status	Has an excellent understanding of cancer treatments used in PLHIV and (e.g type of treatment, duration, expected side effects, life expectancy)	
Understands the role of and		

demonstrates good communication with the palliative care team	Has an excellent understanding of the side effects of treatment (e.g. nausea, vomiting, diarrhoea or mucositis etc) and the impact this may have on the patients nutritional intake and status
Is able to show empathy, compassion and understands the appropriate level of nutrition intervention in end of life care	Demonstrates excellent a awareness of medications which may assist in symptom control (e.g. anti-emetics, laxatives, anti-motility agents, appetite stimulants etc)in PLHIV with cancer
Demonstrates awareness of medications which may assist in symptom control (e.g. anti-emetics, laxatives, anti-motility agents, appetite stimulants etc) in PLHIV with cancer	Demonstrates excellent in-depth knowledge regarding malnutrition becoming a major concern in the diagnosis and treatment phase of cancer
Considers food requirements for PLHIV and cancer and interactions with ARVs when planning nutrition intervention	Demonstrates excellent knowledge of how to prevent and treat malnutrition in PLHIV and cancer
Tailors oral and enteral nutrition support (e.g. feed or supplement choice) according to a PLHIV's current symptoms (e.g. nausea, gastrointestinal disturbance, mucositis)	Considers food requirements for PLHIV and cancer and interactions with

ARVs when planning
nutrition intervention

Expertly tailors oral and
enteral nutrition support
(e.g. feed or supplement
choice) according to a
PLHIV's current symptoms
(e.g. nausea,
gastrointestinal disturbance,
mucositis)

Understands the role of and
demonstrates good
communication with the
palliative care team

Is able to show empathy,
compassion and
understands the
appropriate level of
nutrition intervention in end
of life care

Examples of evidence

- Reflective piece
- Evidence of self-guided research
- Evidence of clinical supervision
- Case studies
- Attendance of specialist HIV study days (e.g. DHIVA study day)
- Attendance of non-HIV specialist courses (e.g. Nutrition support, Obesity management)
- Witness statement
- Copy of policies developed
- Copy of referral pathways
- Copy of MDT communications (minutes of a meeting, anonymised emails)
- Copy of local guidelines for management of patients with co-morbidities
- Copy of anonymised patient notes

8. Medication

Nina Lenton, Karen Percy

Band 4	Band 5	Band 6	Band 7	Band 8
<p>Demonstrates a basic understanding of how ART works, drug classes, administration, timing, dietary requirements and key side-effects</p>	<p>Demonstrates an understanding of how ARV works, drug classes, administration, timings, dietary requirements and key side-effects</p>	<p>Demonstrates an up-to-date knowledge and awareness of ARV and mechanisms of different classes of antiretroviral drugs</p>	<p>Demonstrates specialist expertise in managing patients on ARV in line with local and national policies, and nutritional complications</p>	<p>Competencies as per Band 7 plus:</p>
	<p>Demonstrates an understanding of relevant policies and protocols that relate to the provision of ARV</p>	<p>Demonstrates a knowledge and awareness of the administration of ARV including times, dietary requirements, side-effects, adherence assessments</p>	<p>Identifies when changes to ARV may be indicated and works with MDT to facilitate and support these changes</p>	<p>Leads on referral pathway development for issues relating to outside specialist dietetic areas</p>
	<p>Recognises common side-effects, particularly those requiring urgent attention</p>	<p>Demonstrates knowledge and awareness of key drug interactions and how to access further advice on drug interactions</p>	<p>Demonstrates specialist knowledge of ARV-nutrient interactions and applies to Dietitian-led activities</p>	<p>Leads on cross-service development of the dietetic role including clinics for patients transitioning from paediatric to adult care</p>
	<p>Is aware of the occurrence of drug-nutrient interactions and knows how to access advice about these</p>	<p>Identifies and prompts referrals for patients that would benefit from dietetic input with regards to adherence and, side effects of ARVs Promotes adherence to ART amongst patients by trouble shooting nutritional</p>	<p>Demonstrates ability to address the nutritional aspects of long-term side-effects of ARV within complex situations and where co-infections and co-morbidities exist (e.g. weight management in a patient with IGT and</p>	<p>Develops mechanisms for local prescribing of approved list of medications (e.g. pancreatic enzyme replacement therapy (PERT) and anabolic agents</p>
	<p>Demonstrates an awareness of ARV-related blood tests and other relevant investigations, Such as CD4, viral load, LFTs lipid levels,</p>			<p>Leads across the trust to ensure nutrient- drug interactions are addressed</p>

blood glucose levels	barriers to adherence	impaired mobility due to ARV-associated peripheral neuropathy)
Knows how to access help and advice on HIV treatments, their outcomes and side-effects and directs patients to these resources or MDT members for help	Advises patients on specific nutritional requirements and interactions in relation to different ARV regimens	Ensures systems, policies and procedures are in place to deliver therapeutic dietary interventions to modify lipoatrophy, lipodystrophy, raised lipids, cardiovascular disease risk factors, renal and liver dysfunction, metabolic and osteopenic disorders
Recognises when situations are detrimental to the correct administration of ARV (e.g. patients with chronic nausea and vomiting)	Identifies and assesses problems associated with medications and side-effects, which may relate a patient's nutritional status	Leads within the MDT to ensure nutrient- drug interactions are addressed
Discusses information obtained from patients about difficulties with ARV administration with senior MDT	Assesses patient needs and develops nutritional care plans to address these (e.g. specific calorie requirements of ARVs for correct absorption)	Ensure nutritional information for specific ARVs is available and up to date across the HIV services
Asks appropriate questions to patients about adherence with medications and is able to offer basic advice with nutritional issues (e.g. vomiting and diarrhoea etc.)	Considers a patients cultural, ethnic and religious needs when planning interventions to address adherence issues	Works closely and proactively with the MDT to ensure appropriate pathways are in place for referral to specialist services regarding long-term side-effects
Identifies the nutrition information needs of patients in relation to ARV	Assesses the physical and psychological needs of patients presenting with long-term side-effects and formulate an appropriate nutritional care plan to address those needs where possible	Establishes systems for
Demonstrates an understanding of the physical and psychological	Proactively assesses long-term side-effects of ARV and	

needs of patients presenting with long-term side-effects and appropriate referral pathways	takes action to maximise prevention Refers to medical and other healthcare professionals where long term side-effects require further specialist advise and intervention according to local protocols	proactive assessment, monitoring and treatment of long-term side-effects within Dietetic services as agreed locally
Provides nutritional care plans relevant to current ARV, and long-term side effects		
Knows where to access information on ARV-nutrient interaction	Demonstrates the ability to recognise long-term side-effects of ART, such as lipoatrophy, lipodystrophy, raised lipids, cardiovascular disease risk factors, renal and liver dysfunction, metabolic and osteopenic disorders	
	Liases with relevant MDT members to highlight request supplementation of vitamins and minerals where needed	

Examples of evidence

- Reflection piece
- Evidence of self-guided research
- Case study
- Anonymous copy of patient notes
- Evidence of communication with MDT (letters, emails, witness statements)
- Reflective piece
- Copies of policies developed

9. Evaluation, audit & research

Karen Percy, Nina Lenton

Band 4	Band 5	Band 6	Band 7	Band 8
Participates in information collection for audits and research in PLHIV	Participates in audit in PLHIV supervised by more senior staff	Understands the monitoring of clinical outcomes in order to assess and improve patient care in PLHIV	Understands ethical issues in research and audit particular to PLHIV (e.g. stigma and confidentiality)	Competencies as per Band 7 plus:
	Critically appraises literature relevant to current practice to ensure dietetic interventions in PLHIV remain up to date and evidence based	Is aware of BHIVA standards for audit	Discusses and disseminates current nutrition research in HIV	Understands ethical issues in research and audit particular to PLHIV (e.g. stigma and confidentiality)
	Identifies audits or potential needs for service improvements for PLHIV and discusses with senior dietitians	Develops outcome measures, and other evaluation tools for PLHIV under supervision of a senior dietitian	Ensures new relevant findings, technologies and therapies in nutrition and HIV are evaluated and where appropriate incorporated into current practice	Ensures regular audit takes place within the HIV dietetic service and supervises junior staff in this
		Critically appraises literature to ensure dietetic interventions in PLHIV remain up-to- date and evidence based	Contributes to working parties for the care of PLHIV within the local environment	Works in conjunction with research and audit teams to ensure relevant projects with the HIV service are carried out
		Identifies areas for HIV dietetic service improvement for PLHIV and develops audit tools to improve current practice and service	Assists in the development of outcome measurement and other evaluation tools to demonstrate dietetic efficacy in PLHIV	Leads on developing outcome measurement and other evaluation tools to be able to show dietetic effectiveness with PLHIV
		Participates in collaboration with other HIV centres on	Actively contributes to	Leads across the organisation on the implementation of BHIVA audit standards

service development, audit and research	working parties for the care of patients living with HIV within the local environment	Produces audit and research proposals within the HIV service
	Implements BHIVA audit standards	Identifies new and relevant audit and research topics in PLHIV
	Leads on collaborations with other HIV centres on service development, audit and research	Reports and presents audit and research findings through the submission of abstracts at local, national and international conferences to raise the profile of HIV specialist dietitians
	Critically appraises research literature on HIV and nutrition to ensure practice is evidenced based and current	
	Identifies new and relevant audit and research topics in PLHIV	Seeks funding for audit and research in PLHIV
	Ensures audit findings are used to promote changes in dietetic practice for PLHIV where identified	
	Reports and presents audit and research findings through the submission of abstracts at national and international conferences to raise the profile of HIV specialist dietitians	

Under supervision and in liaison with a Band 8 dietitian, seeks funding for audit and research in PLHIV

Examples of evidence

- Interest group membership
- Audit proposals
- Evidence of audit participation
- Copy of final audit
- Attendance at courses
- Journal club participation
- Evidence of critical appraisal of research paper
- Abstracts/ posters presented at conferences
- Examples of outcome measurement tool development
- Regular feedback via meetings with supervisors

10. Team, programme & business management

Karen Percy, Nina Lenton

Band 4	Band 5	Band 6	Band 7	Band 8
<p>Is able to provide basic advice to PLHIV about accessing healthcare system and local services</p> <p>Identifies the role of the MDT in ensuring adequate and holistic care for PLHIV.</p> <p>Is able to communicate at MDT meetings when relevant to patient care</p>	<p>Integrates all policies, procedures and guidelines governing nutrition and dietetics in HIV into patient care</p> <p>Functions as a member of the HIV MDT team and understands other team members roles</p> <p>Ensures communication between patient, HIV team and other MDT members is precise and confidential (e.g. aware of non-disclosure to GP for some patients)</p> <p>Develops links with senior HIV specialist dietitians (e.g. at Band 7 or 8 level)</p>	<p>Assists in the development of policies and protocols to ensure effective HIV MDT working with regards to patient care plans</p> <p>Collaborates with HIV MDT members to adapt patient care plans as required</p> <p>Ensures evidence based practice when delivering care and developing policies, guidelines and procedures for PLHIV</p> <p>Assists in sourcing, selection, development and evaluation of resources used for PLHIV</p> <p>Develops links with senior HIV specialist dietitians (e.g. at Band 7 or 8 level)</p>	<p>Identifies the need for and regularly delivers up-to-date HIV nutrition education to other health professionals</p> <p>Promotes the role of the dietitian to the HIV MDT in order to encourage relevant referrals (e.g. all patients to see a dietitian at initiation of ART)</p> <p>Researches and implements a range of evidence based nutritional care plans which may improve the quality of life of PLHIV</p> <p>Provides mentorship to junior dietitians and other MDT staff wanting to gain knowledge about nutrition and HIV</p> <p>Applies business management processes to manage HIV dietetic services (e.g. bench marking quality of care against other provider)</p>	<p>Competencies as per Band 7 plus:</p> <p>Leads on ensuring that all members of staff who provide nutrition advice to PLHIV are safe to do so (including non-dietetic posts)</p> <p>Develops local competency programs and schemes for dietitians interested in working with PLHIV</p> <p>Critically appraises new relevant literature pertaining to nutrition and HIV to ensure practice is always evidence based</p> <p>Understands the current healthcare system and how future changes may affect the nutritional care of PLHIV</p>

centres)

Educates on a range of nutritional screening tools for use in the HIV setting in order to optimise nutritional care

Works with other associations such as DHIVA, BHIVA, NHIVNA and RHIVA to ensure best practice guidelines are developed together

Leads on business planning to ensure nutritional care evolves with needs of PLHIV (e.g. changing demands in transition clinics or clinic demographics)

Understands the commissioning process and advocates the importance of retaining specialist HIV dietetic services to Commissioners to ensure optimal patient care is retained

Examples of evidence

- Attendance and participation at MDT meeting (witness statement or reflection)
- Copy of a policy developed
- Diet sheets developed for the department
- Copy of an education training session written and delivered
- A business plan submitted for new HIV dietetic posts
- Regular feedback via meetings with supervisors