

Competency-based framework for Dietitian and Nutritionist

1st Edition 2021-2022

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This publication is available online and can be downloaded from www.rcsc.gov.bt under Competency Framework

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Note: To understand the framework the readers are expected to have read and understood the concept of CBF. The guideline is available on the RCSC website: www.rcsc.gov.bt



“It’s easy to begin any work and even easier if we want to achieve mediocrity. However, if we want to see steady progress and constant improvement, we have to be prepared to shoulder greater responsibility. Healthcare is very important for each and every person, and we cannot fail in our endeavor to continuously improve the quality of our healthcare services.”

His Majesty’s address at the 1st Convocation of KGUMSB on 25th April 2019

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Abbreviation

| | |
|--------------------|---|
| BDA | Bhutan Dietetic Association |
| B Sc. | Bachelor of Science |
| BI | Behavioral Indicator |
| BMHC Council | Bhutan Medical and Health Council |
| CBF | Competency-Based Framework |
| BSB | Bhutan Standard Bureau |
| CME | Continuous Medical Education |
| CPD | Continuous Professional Development |
| CSO | Civil Society Organization |
| D/N | Dietitian/Nutritionist |
| FGD | Focus Group Discussion |
| HR | Human Resource |
| ICT | Information Communication Technology |
| JDWNRH Hospital | Jigme Dorji Wangchuck National Referral Hospital |
| KGUMSB | Khesar Gyalpo University of Medical Sciences of Bhutan |
| LTT | Long Term Training |
| M Sc. | Master of Science |
| MNT | Medical Nutrition Therapy |
| NCP | Nutrition Care Process |
| NGT | Nasogastric Tube |
| NGO | Non- Governmental Organization |
| OJT | On-the Job Training |
| ONS | Oral Nutritional Supplement |
| PEG | Percutaneous Endoscopic Gastrostomy |
| PEJ | Percutaneous Endoscopic Jejunostomy |
| PG | Postgraduate |
| PN | Parenteral nutrition |
| RCSC | Royal Civil Service Commission |
| RIGSS Studies | Royal Institute for Governance and Strategic Studies |
| D/N | Dietitian Nutritionist |
| SHND | School health and nutrition department |
| SDN | Specialist Dietitian/Nutritionists |
| STT | Short Term Training |
| TNA | Training Need Analysis |
| TPN | Total parental nutrition |
| UG | Undergraduate |

SECTION 1: INTRODUCTION

Background

Overview of Ministry of Health

As enshrined in the Constitution of the Kingdom of Bhutan where it states, “The State shall provide free access to basic public health services in both modern and traditional medicines.” Bhutan is striving for the equitable distribution of health and health care by providing free health care services to the people through a wide network of health facilities.

Accordingly, the vision and mission statements of Ministry of Health have been set as follows:

- Vision: “A Nation with Best Health”.
- Mission:
 - 1) to provide equality health care services in both traditional and modern medicine,
 - 2) to prevent, control, eliminate and eradicate diseases,
 - 3) to rehabilitate and promote healthy living and
 - 4) to ensure sustainable, responsive, equitable, accessible and affordable services

Competency-Based Framework

Competency-based Framework (CBF) is an initiative of the Royal Civil Service Commission (RCSC) to strengthen the capacity and capabilities of the government agencies and public officers to implement competency-based management. It focuses on human resource development through identification of skills needs of employees, assisting continuous development and professionalism of civil servants to deliver responsibilities effectively and enhancing efficiency towards achieving organizational goals.

A Dietitian/Nutritionist (D/N) is a professional who applies the science of food, nutrition and dietetics to promote health, prevent and treat disease to optimize the health of individuals, groups, communities and populations. *CBF for D/N* defines the knowledge, skills, attitudes and behaviors required for nutrition and dietetic practice in a variety of contexts. They describe the minimum standards and competencies required for practice as a Nutritionist and/or Dietitian in Bhutan.

Registration and Certification

D/Ns are professionals with a minimum of three years Bachelor of Science degree majoring in nutrition science and dietetics for Dietitians and degree in food and nutrition science for Nutritionists followed by supervised internship from a recognized institution.

Registration and certification of D/N is done by Bhutan Medical and Health Council (BMHC) in accordance with the set criteria of the council. Upon receiving the certificate from BMHC, one shall be termed as Dietitian/Nutritionist (D/N) or Specialist Dietitian/Nutritionist (SD/N) - based on the qualification and professional training.

D/Ns and SD/Ns shall renew their existing certificate of registration as per the requirement of BMHC - after evaluating the competency by fulfillment of continuing medical education.

Dietitian vs Nutritionist

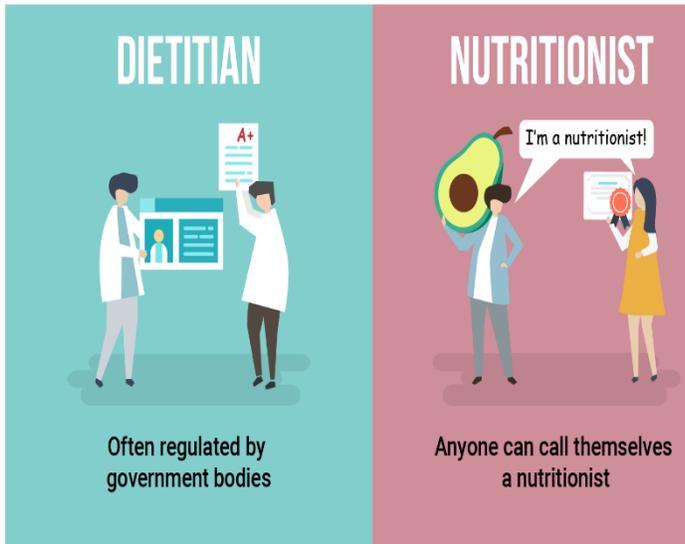
1. Dietitians work with healthy and sick people while nutritionists are limited to healthy individuals only

Nutritionists, on the other hand, are focused on promoting healthy eating habits and a balanced lifestyle. They do not treat individuals suffering from illnesses (e.g., diabetics, people with high blood pressure). Instead, they work exclusively with healthy individuals who are seeking to improve their nutrition intake and lifestyle by making better choices about the food they eat.



Dietitians are trained professionals who promote nutritional well-being and treat medical conditions through medical nutrition therapy. They often work with people diagnosed with chronic diseases and suggest dietary changes. For example, a dietitian may design a comprehensive meal plan for someone with diabetes, high cholesterol or obesity to manage their condition better.

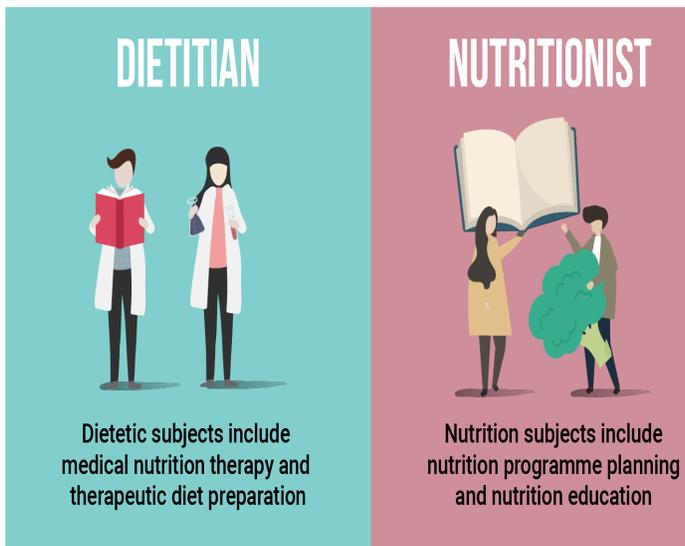
2. The term “dietitian” is regulated while “nutritionist” is not



Like in many parts of the world, here in Bhutan the dietitians are regulated under BMHC, where you need to meet specific professional requirements and register with the relevant body in order to call yourself a dietitian. One may even need to pass an exam and hold a license before practicing as a dietitian. This is because the field of dietetics is medical and diagnostic (identifying illnesses and diseases) in nature.

On the other hand, nutritionists are often not regulated by law and anyone can call themselves a nutritionist. This can make it hard to distinguish between those who have proper qualifications and those who are self-taught or without genuine qualifications. As such those with a recognized degree in nutrition science can register with BMHC and can be a certified.

3. Both may study similar subjects at the start but deviate towards the later part of the degree



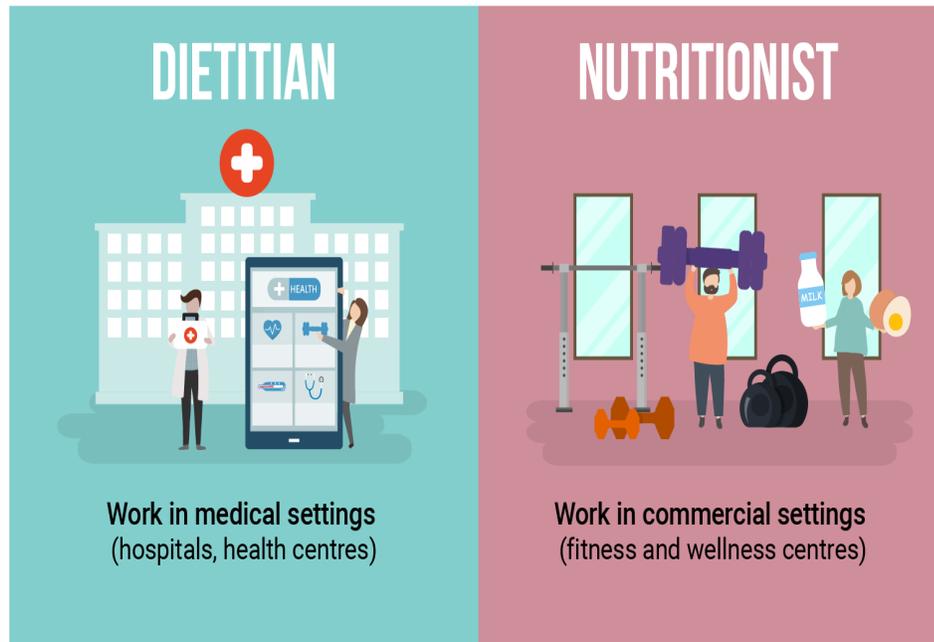
food, taking modules such as anatomy and physiology, genetics, microbiology, food science and food preparation.

In the later years, **nutrition** students will delve deeper into nutrition modules, learning nutrition program planning and assessment, nutrition education and promotion as well as nutrition for sports and physical activity.

In contrast, **dietetics** students take on more medical-related subjects, such as clinical biochemistry, medical nutrition therapy and therapeutic diet preparation. In addition, dietetics students are required to undergo mandatory placements in the following areas (but not limited to): - one clinical placement (healthcare settings) and one community dietetics placement (Public health).

Nutrition and dietetics courses share a similar curricular framework at the beginning. In both program, you will start with the basics of biology and

4. Dietitians and nutritionists work in different workplaces



Although both dietitians and nutritionists share a similar role in promoting health through good nutrition, they both work in vastly different settings.

Dietitians usually work in medical settings, such as hospitals and health clinics where they conduct nutritional assessments on patients and prescribe dietary changes to better manage and treat their diseases. Sometimes, their roles may expand to pharmacies, insurance companies and other areas in the healthcare industry.

In contrast, **nutritionists** are often found in commercial settings, such as fitness and wellness centers as well as nutritional supplement companies where they provide dietary consultations and formulate meal plans for clients. Other workplaces include health food restaurants and large corporations with in-house cafeterias where nutritionists develop healthy food menus. In addition, you may also find them working in governmental agencies to educate the general public on the importance of a well-balanced lifestyle.

Specialist dietitians

Specialist dietitians are advanced practitioners of clinical nutrition with specific areas of specialty such as

- 1) Pediatric nutrition
- 2) Oncology nutrition
- 3) Renal nutrition
- 4) Critical care nutrition
- 5) Geriatric nutrition
- 6) Diabetes nutrition

They require advanced degrees in nutrition science and dietetics followed by certified courses in the area of specialization.

Objectives

The CBF for the D/Ns is developed in pursuit of the following:

- To define clear roles and responsibilities of D/Ns for service delivery.
- To ensure training and development of D/Ns are effective and aligned to the goal.
- To provide quality healthcare service by qualified and competent D/Ns.
- To build competent D/Ns.
- To identify critical performance gaps based on current responsibilities and develop human resource (HR) development plans to ensure cost-effective and continuous professional development
- To ensure HR succession plans for effective overall organizational development

Scope of practice

D/Ns can be found working anywhere that involves people, food, nutrition, physical activity, health and well-being. Workplaces might include:

1. Health care settings
2. Public health programs
3. Long term care facilities
4. Palliative Care
5. Food manufacturing industries
6. Education and research centers, universities
7. Sports institutes (fitness centers, gyms or people's homes).
8. NGOs/CSOs
9. Other Government Agencies
10. Healing centers

Situational analysis

As of February 2022, there are 27 D/Ns in the civil service of Bhutan serving the country in different institutions and organizations. The table below shows the distribution of D/Ns across the country.

| Sl. No | Places | No.of D/Ns | Position level | Qualification |
|--------|---|------------|----------------|---------------|
| 1 | Jigme Dorji Wangchuk National Referral Hospital | 3 | P2 & P5 | B Sc |
| 2 | Central Regional Referral Hospital | 2 | P3 & P4 | B Sc |
| 3 | Eastern Regional Referral Hospital | 2 | P2 & P4 | M Sc & B Sc |
| 4 | Phuntsholing Hospital | 2 | P2 & P4 | B Sc |
| 5 | Samtse Hospital | 1 | P3 | B Sc |
| 6 | Samdrupjongkhar Hospital | 1 | P2 | B Sc |
| 7 | Pemagatshel Hospital | 1 | P5 | B Sc |
| 8 | Trashigang Hospital | 1 | P4 | B Sc |
| 9 | Lhuentse Hospital | 1 | P3 | B Sc |
| 10 | Trongsa Hospital | 1 | P3 | B Sc |
| 11 | Wangdue Hospital | 1 | P5 | B Sc |
| 12 | Punakha Hospital | 1 | P3 | B Sc |
| 13 | Haa Hospital | 1 | P3 | B Sc |
| 14 | Paro Hospital | 1 | P3 | B Sc |
| 15 | Tsirang Hospital | 1 | P3 | B Sc |
| 16 | Dagapela Hospital | 1 | P4 | B Sc |
| 17 | MoE, Thimphu | 1 | P4 | B Sc |
| 18 | BSB, Thimphu | 1 | P3 | B Sc |
| 19 | Nutrition Program, MoH, Thimphu | 2 | P2 & P3 | M Sc |
| 20 | Gikdagom Hospital | 1 | P3 | B Sc |
| 21 | Dewathang Hospital | 1 | P5 | |
| 22 | Trashiyangtse Hospital | 0 | | |
| 23 | Bumthang Hospital | 0 | | |
| 24 | Yabilaptsa Hospital | 0 | | |
| 25 | Gasa Dzongkhag | 0 | | |
| 26 | Tsimalakha Hospital | 0 | | |
| 27 | Gedu Hospital | 0 | | |
| 28 | Gomtu Hospital | 0 | | |
| 29 | Riserbo Hospital | 0 | | |
| 30 | Military Hospitals | 0 | | |
| 31 | Riserbo Hospital | 0 | | |
| | | | | |

Table 1: Distribution of D/Ns in the country as of December 2021

| Qualification | | N | % |
|---------------|---|----|-----|
| | BSc level | 24 | 89% |
| | MSc Public Health & Nutrition and Dietetics | 2 | 7% |
| | MSc Others | 1 | 3% |
| | Specialist Dietitians | 0 | 0% |
| Position | | | |
| | P5& P4 | 9 | 33% |
| | P3 | 10 | 37% |
| | P2 | 4 | 15% |
| | P1 | 0 | 0% |
| Place of Work | | | |
| | MoH (Hospitals) | 25 | 93% |
| | MoE (SHND) | 1 | 4% |
| | Others (BSB) | 1 | 4% |
| | Resigned (Went for studies privately) | 6 | 33% |

Table 2: Situational analysis of D/Ns

The vast majority of the Nutritionist and Dietitians currently employed have undergraduate level qualification, which has been identified as one of the limiting gaps in the provision of quality services. Given that delivering quality services is the cornerstone of health care, there is a need to increase focus on skilling and training of staffs to ensure that these staffs are adequately qualified. Therefore, the document has identified important and urgent trainings that needs to be pursued diligently.

Furthermore, the results of a casual analysis of job satisfaction amongst the Nutritionist and Dietitians in Bhutan indicate that *opportunities for professional development (Higher studies)* is one important factor that is directly proportional to the level of job satisfaction in the country. Consequently, it has been observed that the attrition rates have been on the rise, which could negatively impact the service quality. Providing opportunities to upgrade the skills will go a long way in improving the job satisfaction levels and in improving the overall service quality.

CBF Development Process and Timeline

After the launch of CBF by RCSC, a team of D/Ns were tasked with the development process, which involved consultations with all relevant stakeholders through both virtual and face to face workshops. Online surveys, focus group discussions (FGDs), meetings with officials from internal and external stakeholders were also conducted to validate the information. We could finally present this document to the HRC of Ministry of Health, BHMC and to the focal commission of RCSC for endorsement

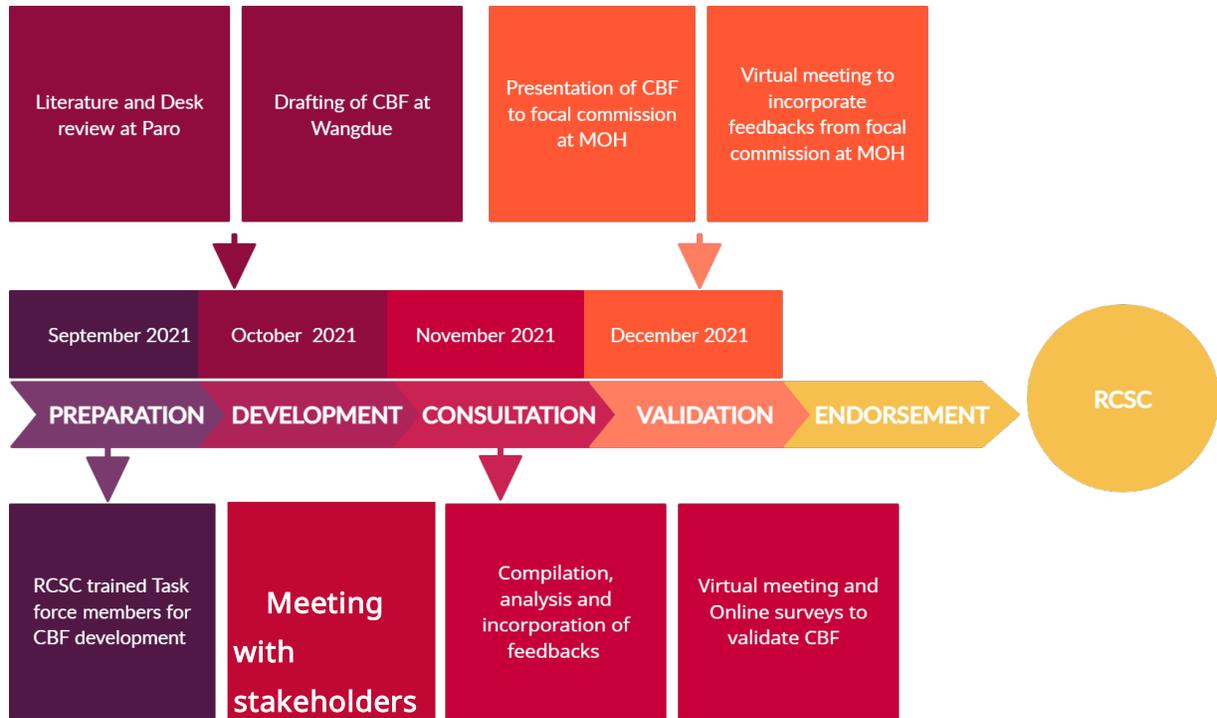


Figure 1: CBF development timeline

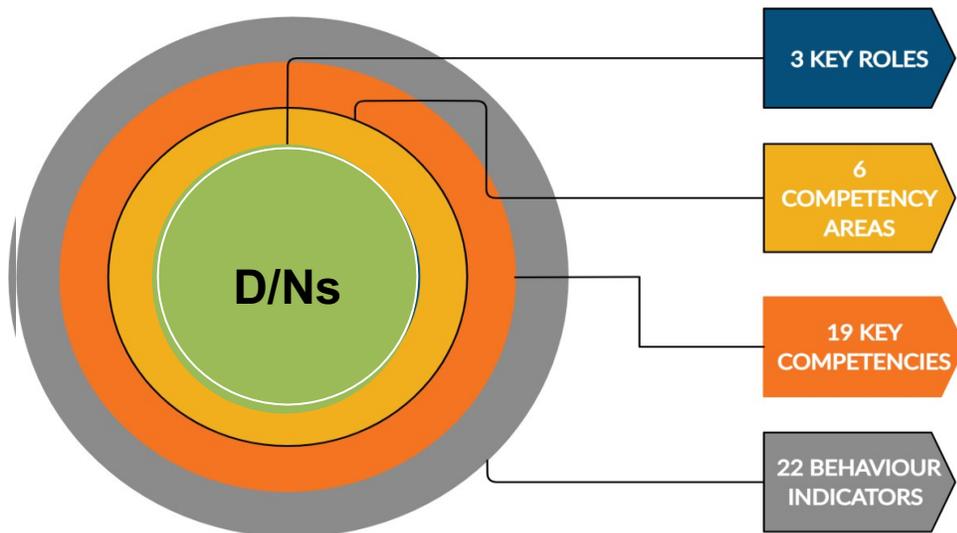


Figure 2: Overview of CBF for D/Ns

Output and Structure

The CBF for D/N defines **three key roles** of integrated themes which collectively describe the characteristics of a competent D/N and the abilities to be demonstrated in practice. Each role begins with a definition that provides context for the **six competency areas**, where practice characteristics and roles are outlined.

Following that, the **nineteen key competencies** are described. These are the overarching practices required for D/Ns to work safely and effectively as measured by **twenty-two behavior indicators (BIs)**.

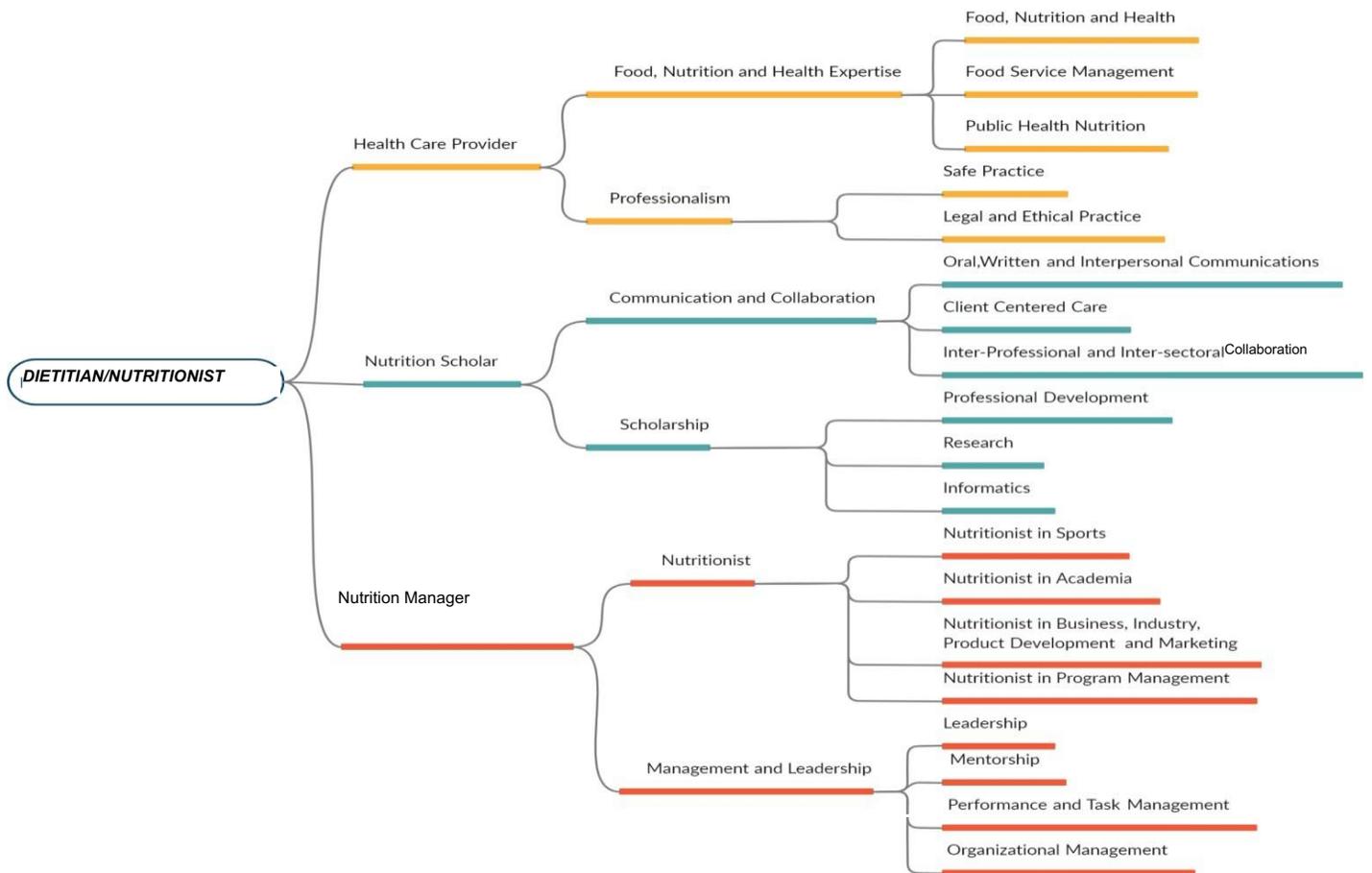


Figure 3: Structure of CBF for Dietitian and Nutritionist

Section 2. COMPETENCY BASED FRAMEWORK FOR DIETITIAN NUTRITIONIST

The CBF for DN describe the essential and measurable components of each described competencies. They describe the knowledge, skills, attitudes, and behaviors that apply to all DN regardless of role, area of practice or setting.

The definitions of key features are as follows:

Key Role: Is an organized set of behaviors that are crucial to achieve the current and future goals of the organization. It is the part D/Ns play in their work – the emphasis is on the patterns of behavior expected to achieve the agreed goals of the organization. Following are the key roles expected to be performed by D/Ns.

Role Profile: The role profile is the description of roles that D/Ns are expected to demonstrate in achieving the outcomes of the Department. It defines outcomes and competencies for an individual role. It concentrates on outcomes rather than duties, which provides better guidance than a job description on expectations. It does not constrain D/Ns to carry out a prescribed set of tasks.

Key role and role profiles

| Sl. No | Key Role | Role Profile |
|--------|----------------------|---|
| 1 | Health Care Provider | <ul style="list-style-type: none"> D/Ns assess, recognize nutritional needs, prescribe therapeutic diet and provide medical nutrition therapy to patients. They also participate in advocating healthy diet practice and lifestyle health and wellness to general population. |
| 2 | Nutrition Scholar | <ul style="list-style-type: none"> A nutrition scholar D/Ns will rely on scientific evidences in preparing standards and protocols for treatment and advice patients requiring medical nutrition therapy. |
| 3 | Nutrition Manager | <ul style="list-style-type: none"> The D/Ns will manage and work with individuals or populations to teach more about general nutrition, food and health. The focus will be more on leading healthy behavior change related to food and nutrition. As a nutrition leader, D/Ns will participate in policy designing, planning and execution of plans related to national public health and nutrition issues and accordingly advise government |

Table 3: Key roles and role profiles for D/Ns

Competency Area: The competency area is the clustering of key competencies by related behavior and functions of each role. It comprises a set of Knowledge, Skills and Abilities (KSA) that result in essential behaviors expected from D/Ns. The framework has identified 6 competency areas as follows:

Key Competency: The key competency is an observable behavior that indicates the presence of the particular competency. Generally, it is broadly divided as core competency, leadership competency and technical or functional competency. The framework has identified 19 key competencies as presented below:

Key roles, competency area and key competencies

| Key role | Competency area | Key Competencies |
|-------------------------|---------------------------------------|---|
| 1. Health Care Provider | 1.1 Food Nutrition & Health expertise | 1.1.1 Food, nutrition and health |
| | | 1.1.2 Food service system |
| | | 1.1.3 Public health nutrition |
| | 1.2 Professionalism | 1.2.1 Safe practice |
| | | 1.2.2 Legal and ethical Practice |
| 2. Nutrition Scholar | 2.1 Communication & Collaboration | 2.1.1 Oral, written and interpersonal communication skills |
| | | 2.1.2 Client centered care |
| | | 2.1.3 Inter-professional and inter-sectoral collaboration |
| | 2.2 Scholarship | 2.2.1 Professional development |
| | | 2.2.2 Research |
| | | 2.2.3 Informatics |
| 5. Nutrition Manager | 3.1 Nutritionist | 3.1.1 Nutritionist in sports |
| | | 3.1.2 Nutritionist in academia |
| | | 3.1.3 Nutritionist in business, industry, product development and marketing |
| | | 3.1.4 Nutritionist in program management |
| | 3.2 Management & Leadership | 3.2.1 Leadership |
| | | 3.2.2 Mentorship |
| | | 3.2.3 Performance and task management |
| | | 3.2.4 Organizational management |

Table 4: Key roles, competency area and key competencies

Behavioral Indicator (BI): The Behavioral Indicators is the description of competencies based on various proficiency levels. It outlines a collection of desired and observable motives, traits and behaviors when executing or carrying out the assigned task. It serves as a tool to guide evaluations of employee performance. The framework has identified 22 behavioral indicators

Behavioral Indicators

| Key Role 1. Health Care Provider | | | |
|---|--------------------------|---|--|
| Sl. No | Competency Area | Key Competencies | Behavioral Indicator |
| 1.1 | Food, Nutrition & Health | Expertise in Food, nutrition and health | <ol style="list-style-type: none"> 1. Implement evidence-based nutrition and dietetic interventions to prevent, treat and manage food and nutrition-related diseases, injuries and conditions and to optimize health and well-being 2. Use evidence-based nutrition knowledge and specialized dietetic expertise to optimize nutrition, health and well being 3. Apply nutrition knowledge and dietetic expertise, reasoning and judgment to nutritional assessments 4. Influences food systems to improve the nutritional status of the clients |
| | | Food service system manager | <ol style="list-style-type: none"> 1. Manages the food service system to optimize nutrition, health and wellbeing |
| | | Public health nutrition champion | <ol style="list-style-type: none"> 1. Implement effective public health nutrition interventions to promote and protect population health and well-being. |
| 1.2 | Professionalism | Safe practice | <ol style="list-style-type: none"> 1. Practices within the scope and standards set by the BMHC |
| | | Legal and ethical practice | <ol style="list-style-type: none"> 1. Adheres to the ethical code of conduct for dietitians/nutritionists levied by the BMHC |

Table 5.1: BIs for D/Ns as a Healthcare provider

Key Role 2. Nutrition Scholar

| Sl. No | Competency Area | Key Competencies | Behavioral Indicator |
|--------|---------------------------------|--|---|
| 2.1 | Communication and collaboration | Oral, written and interpersonal communication skills | 1. Demonstrate effective oral and written communication and interpersonal skills to enhance relationships in dietetic practice. |
| | | Client centered | 1. Use effective client-centered strategies to optimize nutrition, health, well-being and performance outcomes. |
| | | Inter-professional and inter-sectoral collaboration | 1. Collaborate with nutrition, dietetic, inter-professional and inter-sectoral colleagues, clients and other stakeholders to establish and achieve common goals |
| 2.2 | Scholarship | Professional development | 1. Develop nutrition and dietetic expertise, reasoning and judgment through lifelong, evidence-based learning |
| | | Research | 1. Conduct research initiatives that enhance nutrition and dietetic practice |
| | | Informatics | 1. Use information and communication technology to enhance research and dietetic practice |

Table 5.2: BIs for D/Ns as a Nutrition Scholar

Key Role 3. Nutrition Manager

| Sl. No | Competency Area | Key Competencies | Behavior Indicator |
|--------|---------------------------|---|---|
| 3.1 | Nutritionist | Nutritionist in sports | 1.Provides nutrition advice and guidance to athletes and teams focusing on optimizing their performance and enhancing their exercise recovery |
| | | Nutritionist in academia | 1.Works in academia to enhance nutrition science and impart evidence-based practices |
| | | Nutritionist in business, industry, product development and marketing | 1.Works in business, industry, product development and marketing to interpret dietary and nutrition guidelines |
| | | Nutritionist in program management | 1.Manages public health programs to maintain or improve health |
| 3.2 | Leadership and Management | Leadership | 1. Displays transversal skills and transformational leadership qualities to champion nutrition agenda in the organizations. |
| | | Mentorship | 1. Guides, supports and mentors team members and peers for career growth and skills enhancement. |
| | | Performance and task management | 1.Demonstrate effective management skills to optimize service quality |
| | | Organizational management | 1.Encourages and supports a safe environment for collegial professional practice and innovation 2. Advocates for the value dietitians bring to the organization and society. |

Table 5.3: BIs for D/Ns as a Nutritionist, Managers and Leaders

Classification of Proficiency levels

D/Ns proficiency level is the ability of a person to fulfil the role safely and effectively. It encompasses the entire spectrum of knowledge, skills, attitudes and behaviors specified in this document, but given the complexity of the role, acknowledges that full expertise will develop with experience.

The proficiency level is categorized based on the level of expertise. It describes the levels of a competency required to perform a specific job successfully. There is a progression of proficiencies at each level. The proficiency level is categorized into four levels as follows

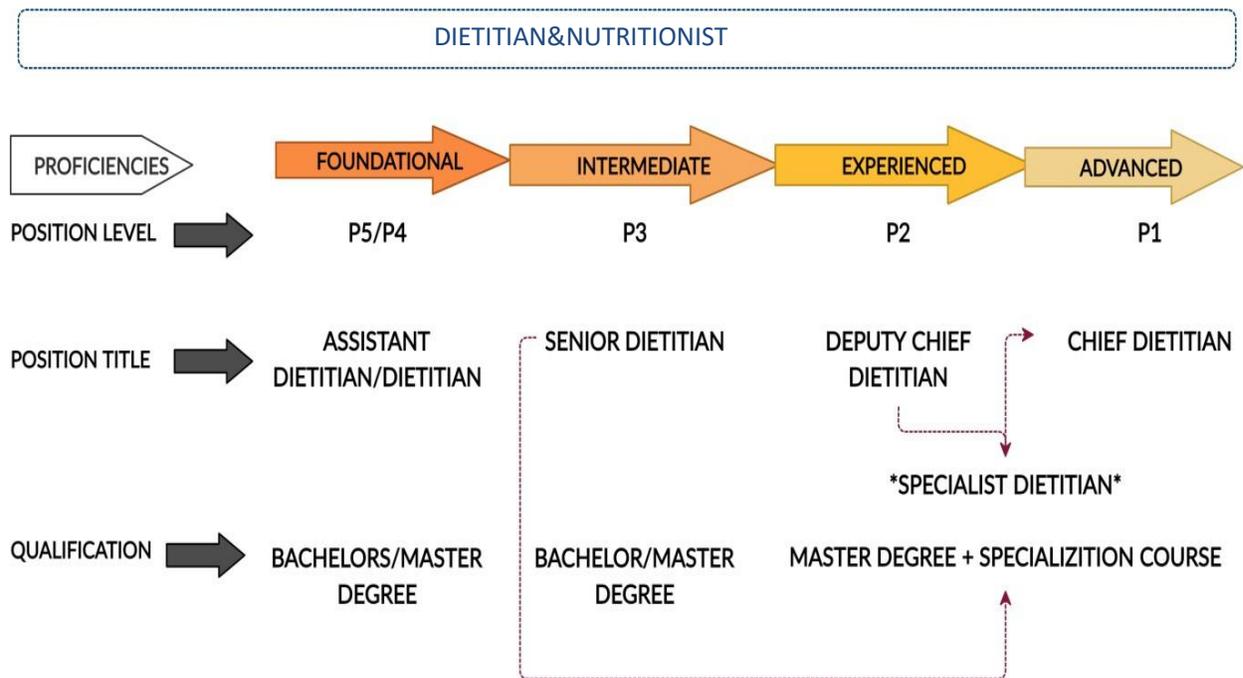


Figure 4. Classification of proficiency level

1. KEY ROLE: HEALTH CARE PROVIDER

Food, Nutrition & Health Expertise

| Behavior indicator | P5/P4 | P3 | P2 | P1 |
|---|--|--|--|--|
| 1. Implement evidence-based nutrition and dietetic interventions to prevent, treat and manage food and nutrition-related diseases, injuries and conditions and to optimize health and well-being | Applies clinical nutrition and medical nutrition therapy principles and | Provides advanced approach to dietetic practices to improve the state of health and well being | | |
| | models to client-centered care across the lifespan | Prescribe, monitor and evaluate special foods (ONS, EN, PN, NGT, PN, PEJ, PEG) and approved nutrition-related supplements to optimize nutritional status | | |
| 2. Use evidence-based nutrition knowledge and specialized dietetic expertise to optimize nutrition, health and wellbeing. | NA | Applies advanced nutrition care process for general nutrition related diseases | Specializes the nutrition care process for different specialties | Specializes the nutrition care process for different specialties |
| 3. Apply nutrition knowledge and dietetic expertise, reasoning and judgment to nutritional assessments | Assess the nutritional status of populations and individuals in states of health and disease, using appropriate dietary, biochemical, anthropometric, physical/observed , clinical and historical data | Recommends and implements appropriate dietary assessment methods to assess food and nutrient intakes of individuals and populations | | |
| 4. Influences food systems to improve the nutritional status of the clients | Ensures food system and dietary guidance to reflect cultural, traditional, environmental and public health goals | | | |

| | | | |
|--|---|--|--|
| 5. Manages the food service system to optimize nutrition, health and wellbeing | Aids the operation of hospital food service systems for quality food that is safe, suitable and nutritionally adequate. | Conducts assessments, planning, implementation, monitoring, evaluation and adaptation of food service systems to meet client needs | Demonstrates financial, technological and environmental literacy and optimizes resources to provide safe, effective, efficient and sustainable food services |
| 6. Implement effective public health nutrition interventions to promote and protect population health and wellbeing | Identifies, prioritizes and advocates for sustainable public health nutrition interventions to address community needs | Implements sustainable evidence based public health nutrition interventions to meet population needs and | Monitors and evaluates the public health nutrition interventions for programming and decision making |
| | | reduce health inequalities | |
| Professionalism | | | |
| 1. Practice safely within the scope | <ol style="list-style-type: none"> 1. Maintains professional standards and responsibilities including self-evaluation to improve competencies 2. Demonstrates commitment to lifelong personal and professional development 3. Demonstrates professional conduct and accept responsibilities for own action | | |
| 2. Practice in accordance to Bhutan’s legal, ethical and cultural context | <ol style="list-style-type: none"> 1. Complies with national legislation, professional and ethical frameworks for practice defined by relevant authorities 2. Demonstrates integrity, honesty and fairness 3. Accepts client values, beliefs, and practices in relation to food, nutrition and health | | |
| | | | |

Table 6.1: Classification of Proficiency levels for each BIs of role as a Healthcare provider

2. KEY ROLE: NUTRITION SCHOLAR

| Communication and collaboration | | | | |
|---|---|--|----|----|
| Behavioral indicator | P5/P4 | P3 | P2 | P1 |
| Demonstrate effective oral and written communication and interpersonal skills to enhance relationships in dietetic practice | <ol style="list-style-type: none"> 1. Communicates in a manner that is appropriate to the client’s level of understanding, culture and preference 2. Establishes and maintains professional relationships that are characterized by trust, respect, empathy and cultural safety 3. Communicates evidence-based messages appropriately and responsibly utilizing media, social media and other communication Channels | | | |
| Use effective client-centered strategies to optimize nutrition, health, well-being and performance outcomes | <ol style="list-style-type: none"> 1. Applies principles of behavioral psychology, counseling and learning to client-centered dietetic practice 2. Communicates with clients at an appropriate health and food literacy level to support informed decisions 3. Motivates organizations to create health promoting environments | | | |
| Collaborate with nutrition, dietetic, inter-professional and inter-sectoral colleagues, clients and other stakeholders to establish and achieve common goals | <ol style="list-style-type: none"> 1. Applies principles of team work and group processes to support multi-disciplinary collaborative practices 2. Recognizes and respects the diversity of other professional’s roles, responsibilities and competencies 3. Demonstrate basic conflict resolution, mediation, advocacy, negotiation and assertiveness techniques | | | |
| Scholarship | | | | |
| Develop nutrition and dietetic expertise, reasoning and judgment through lifelong, evidence-based learning | <ol style="list-style-type: none"> 1. Implements evidence-based practice guidelines and standards for dietetic practice | <ol style="list-style-type: none"> 3. Conducts comprehensive literature research, critically appraise and interpret research evidence, and consolidate findings | | |
| | <ol style="list-style-type: none"> 2. Applies critical thinking principles and problem-solving techniques to dietetic practice | | | |
| Contribute to research initiatives that enhance nutrition and dietetic practice | <ol style="list-style-type: none"> 1. Applies relevant research principles, methodologies and technologies to advance nutrition knowledge | <ol style="list-style-type: none"> 1. Coordinates nutrition, dietetic or inter-professional research project to advance evidence-based nutrition interventions and dietetic practices | | |

| | |
|---|---|
| | |
| Use information and communication technology to enhance research and dietetic practice | <p>1. Uses technology and standardized terminology to retrieve, interpret, store, analyze and disseminate information</p> <p>2. Adopts validated tools, technology and health Informatics to enhance practice</p> |

Table 6.1: Classification of Proficiency levels for each BIs of role as a Nutrition Scholar

| 3. KEY ROLE: NUTRITION MANAGER | | | | |
|--|--|---------------------------------|-----------|-----------|
| Sports Nutritionist | | | | |
| Behavior indicator | P5/P4 | P3 | P2 | P1 |
| Provides nutrition advice and guidance to athletes and teams focusing on optimizing their performance and enhancing their exercise recovery | Understands basics of sports and exercise nutrition | Specializes in sports nutrition | | |
| Nutritionist in Academia | | | | |
| Works in academia to enhance nutrition science and impart evidence-based practices | Works in academia to enhance nutrition science and impart evidence-based practices | | | |
| Nutritionist in business, industry, product development and marketing | | | | |
| Works in business, industry, product development and marketing to interpret dietary and nutrition guidelines | 1. Works in business, industry, product development and marketing to provide technical expertise on food and nutrition science | | | |
| Nutritionist in program management | | | | |
| Manages public health programs to maintain or improve health | 1. Leads the public health programs like nutrition, LSRD, NCD, SHND etc. to deliver efficient service for general public | | | |
| Strategic leadership skills | | | | |

| | | |
|--|---|--|
| Displays transversal skills and transformational leadership qualities to champion nutrition agenda in the organizations | Displays transversal skills and trans-formal leadership qualities to champion nutrition agenda in the organizations | |
| Guides, supports and mentors team members and peers for career growth and skills enhancement | Mentee | Guides, supports and mentors team members and peers for career growth and skills enhancement |
| Organizational management | | |
| Demonstrate effective management skills to optimize service quality | Demonstrate effective management skills to optimize service quality | |
| Encourages and supports a safe environment for collegial professional practice and innovation | Encourages and supports a safe environment for collegial professional practice and innovation | |
| Advocates for the value dietitians bring to organizations and society | Advocates for the value dietitians bring to organizations and society | |

Table 6.1: Classification of Proficiency levels for each BIs of role as a Nutritionist, Managers and Leader

Training Needs Analysis:

The proficiency degree leveled for each behavioral indicator was analyzed based on the identification of skills needed to meet the overall objective of the Department/program. The existing skills possessed by the Nutritionists/Dietitians at different levels for a particular key role were evaluated based on the competency /adequacy at performing job. Accordingly, gaps in skill levels were identified for all proficiency levels against each Bis. The likely reasons for inadequacies were noted, and counter methods to address these issues through training needs were developed.

The training needs analysis is carried out in consultation with the relevant stakeholders through interview and consultative meetings. The questionnaire consisted both closed and open-ended questions. The questionnaire is based on 22 BIs of different proficiency levels on Likert Scale of “Adequate” and “Not Adequate” followed by open ended questions asking the likely reasons for ‘Not Adequate” and suggest interventions to address the gap. The BIs were assessed by proficiency level to identify the performance gaps

Behavior Indicator for Training Need Analysis (TNA)

| 1. Health Care Provider | | | | |
|--|--|------------|---------------------|---------|
| Competency area | Key Competency | No. of BIs | No. of BIs for TNAs | Remarks |
| Food Nutrition and Health expertise | Food, nutrition and health | 4 | 3 | |
| | Food service system | 1 | 1 | |
| | Public health nutrition | 1 | 1 | |
| Professionalism | Safe practice | 2 | 0 | |
| | Legal and ethical practice | 1 | 0 | |
| 2. Nutrition Scholar | | | | |
| Competency area | Key Competency | No. of BIs | No. of BIs for TNAs | Remarks |
| Communication and Collaboration | Oral, written and interpersonal communication skills | 1 | 1 | |
| | Client centered care | 1 | 1 | |
| | Inter-professional and inter-sectoral collaboration | 1 | 1 | |
| Professional Development | Professional development | 1 | 1 | |
| | Research | 1 | 1 | |
| | Informatics | 1 | 1 | |
| | | | | |

| 3. Nutrition Manager | | | | |
|---------------------------|---|------------|---------------------|---------|
| Competency area | Key Competency | No. of BIs | No. of BIs for TNAs | Remarks |
| Nutritionist | Nutritionist in sports | 1 | 1 | |
| | Nutritionist in academia | 1 | 1 | |
| | Nutritionist in business, industry, product development and marketing | 1 | 1 | |
| | Nutritionist in program Management | 1 | 1 | |
| Management and Leadership | Leadership | 1 | 1 | |
| | Mentorship | 1 | 1 | |
| | Performance and task management | 1 | 1 | |
| | Organizational management | 2 | 2 | |

Table 7: BIs for Training Need Analysis (TNA)

Current Performance Gaps

| 1. Health Care Provider | | | | | |
|----------------------------|-------------------------|---|--|---|---|
| Key Competency | Position Level | Bis (Adequate/Not Adequate) | Likely reasons for Performance Gap | Method of Intervention | Learning Objectives |
| Food, nutrition and health | P5/P4 P3 P2 P1 | Implement evidence based Nutrition and dietetic interventions to prevent, treat and manage food and nutrition-related diseases, injuries and conditions and to optimize health and well-being | In the current scenario the D/Ns are practicing only based on knowledge and skills acquired during UG studies. Lack of specialized D/Ns | Attachment, Workshop, CME, Accredited online courses certified STT, LTT, Systemic reforms | To provide quality advanced specialized dietetic care in the fields of critical care, gerontology, pediatrics, renal, oncology. |
| | | Use evidence based nutrition knowledge and Specialized dietetic expertise to optimize nutrition, health and wellbeing | Inadequate characterization of the profession in the defined occupational groups | | To keep abreast and implement the latest standards of practice |
| | | Apply nutrition | Limited representation | | To expedite recovery from illness and reduce morbidity and mortality related to nutritional condition |

| | | | | | |
|-----------------------------------|--|--|--|---|---|
| | | <p>knowledge and dietetic expertise, reasoning and judgment to nutritional assessments</p> <p>Influences food systems to improve the nutritional status of the clients</p> | <p>to voice and carry on the further development and improvement of the dietetic profession</p> | | |
| Food service system | <p>P5/P4</p> <p>P3</p> <p>P2</p> <p>P1</p> | <p>Manages the food service system to optimize nutrition, health and wellbeing</p> | <p>Insufficient recognition of hospital food service as a part of the overall therapeutic care of patient</p> <p>Limited management skills to lead the hospital food service system.</p> | <p>OJT</p> <p>STT Workshop</p> | <p>Improve the quality of in-patient food service and become part of overall therapeutic care process</p> |
| Public health nutrition | <p>P5/P4</p> <p>P3</p> <p>P2</p> <p>P1</p> | <p>Implement effective public health nutrition interventions to promote and protect population health and wellbeing</p> | <p>Unconducive environment and restrictive abilities to effectively engage in community nutrition initiatives</p> | <p>Mentoring, Workshop, CME, Accredited online courses certified STT, LTT, Systemic reforms</p> | <p>To promote, protect and improve the health and wellbeing of population</p> |
| Safe Practice | <p>P5/P4</p> <p>P3</p> <p>P2</p> <p>P1</p> | Adequate | | | |
| Legal and ethical Practice | <p>P5/P4</p> <p>P3</p> <p>P2</p> <p>P1</p> | Adequate | | | |

Table 8.1: Performance gaps for each BIs of role as a Healthcare provider

| 2. Nutrition Scholar | | | | | | | |
|---|-----------------------------------|--|---|--|---|---|---|
| Key Competency | Position Level | BI (Adequate/Not Adequate) | Likely reasons for Performance gap | Method of Intervention | Learning Objectives | | |
| 1. Oral, written and interpersonal communication skills | P5/P4 P3 P2 P1 | Demonstrate effective oral and written communication and interpersonal skills to enhance relationships in dietetic practice | Lack of formal Training Inadequate Sensitization | Orientation STT, Accredited Online Courses, Workshop, CME, Mentoring, Coaching | To improve the communication and collaboration To deliver quality client centered care | | |
| 2. Client centered care | | Use effective client-centered strategies to optimize nutrition, health, well-being and performance outcomes | | | | | |
| 3. Inter-professional and inter-sectoral collaboration | | Collaborate with nutrition, dietetic, inter-professional and inter-sectoral colleagues, clients and other stakeholders to establish and achieve common goals | | | | | |
| Professional development | | Develop nutrition and dietetic expertise, reasoning and judgment through lifelong, evidence based learning. | | | | Inadequate ability to critically analyze and consume evidence | To continue professional development and deliver evidence based reasoning and judgement through lifelong learning |
| | | | | | | | |

| | | | | | |
|-------------|--|--|----------------------------|--|--|
| Research | | Contribute to research initiatives that enhance nutrition and dietetic practice. | Limited research skills | | |
| Informatics | | Use information and communication technology to enhance research and dietetic practice | Poor exposure to ICT tools | | To stay abreast with reliable tools that helps to deliver quality services |

Table 8.1: Performance gaps for each BIs of role as a Nutrition scholar

| 3. Nutrition Manager | | | | | |
|--|-----------------------------------|---|---|--|---|
| Key Competency | Position Level | BI (Adequate/Not Adequate) | Likely reasons for Performance Gap | Method of Intervention | Learning Objectives |
| Nutritionist in sports | P4/P5 P3 P2 P1 | Provides nutrition advice and guidance to athletes and teams focusing on optimizing their performance and enhancing their exercise recovery | No D/Ns specialized | LTT STT Accredited Online courses | To provide evidence based dietetic services to athletes, teams and individuals to optimize performance |
| Nutritionist in academia | P4/P5 P3 P2 P1 | Works in academia to enhance nutrition science and impart evidence based practices | No D/Ns in academia | LTT | To become qualified teachers, lecturers and professors |
| Nutritionist in business, industry, product development and marketing | P4/P5 P3 P2 P1 | Works in business, industry, product development and marketing to interpret dietary and nutrition guidelines | Under-recognized scope in business, industry, product development and marketing | Advocacy LTT STT Accredited Online courses | To contribute to the improvement of nutrition status of population after channeling the interventions, products/business etc. of all relevant sectors through |

| | | | | | |
|---|-----------------------------------|--|--|---|--|
| | | | | | nutrition lens |
| Nutritionist in program management | P4/P5 P3 P2 P1 | Manages public health programs to maintain or improve health | Under representation of D/Ns in the public health programs | LTT STT Accredited online courses | To manage public health programs that improve the nutritional status of the population |
| Leadership | P4/P5 P3 P2 P1 | Displays transversal skills and transformational leadership qualities to champion nutrition agenda in the organizations | Limited number of D/Ns in leadership position Inadequate management and leadership skills | STT Workshop Mentoring Coaching Accredited online courses | To improve the leadership skills and champion the nutrition agenda in the organizations To effectively mentor and provide guidance to peers and team members To effectively manage and lead units, departments and organizations |
| Mentorship | P4/P5 P3 P2 P1 | Guides, supports and mentors team members and peers for career growth and skills enhancement | | | |
| Performance and task Management | P4/P5 P3 P2 P1 | Demonstrate effective management skills to optimize service quality | | | |
| Organizational management | P4/P5 P3 P2 P1 | Encourages and supports a safe environment for collegial professional practice and innovation Advocates for the value dietitians bring to organizations and society | | | |

Table 8.1: Performance gaps for each BIs of role as a Nutrition Manger

Prioritized Mandatory Short-term Programs

The framework has highlighted the likely reasons for the performance gaps and interventions were proposed above.

In order to provide a capacity building program, the following are the expected learning objectives. The D/Ns at respective proficiency level will be able to achieve the objectives mentioned against each of the training.

| Entry Proficiency Level (P5/P4) | | | | |
|------------------------------------|--|--|------------------------------------|---|
| Sl. No | Training Requirements | Methods of Implementation | Training location | Remarks |
| 1 | Food service system management | Attachment STT TOT Mentoring | Ex-country | D/Ns to undergo formal training on FSS management and TOT for knowledge /skills sharing |
| 2 | Nutrition care processes (NCPs) | Attachment Mentoring Accredited Online courses | In-country E-Learning | New recruits to undergo at least 1 month attachment at JDWNRH to familiarize with NCPs |
| 3 | Diabetic educator | STT Accredited Online courses Mentoring | Ex-country KGUMSB E-learning | D/Ns to undergo classroom learning to become competent Diabetes educator |
| 4 | Clinical nutrition | Workshop Mentoring | In-country | Senior D/Ns to conduct workshops to streamline and improve standardized practice |
| 5 | Weight management | STT Attachment | Ex-country E-learning | D/Ns must be competent in managing weight |
| 6 | Nutrition assessment methodology | Attachment Workshop Mentoring | In-country KGUMSB E-learning | Senior D/Ns/KGUMSB to conduct workshops/encourage self-learning to streamline and improve standardized practice |
| 7 | Basics research methodology and data analytics | Workshop Accredited online courses Mentoring | In-country KGUMSB E-learning | D/Ns to attend SORTI or equivalent workshops |
| Intermediate Proficiency Level(P3) | | | | |
| Sl. No | Training requirement | Methods of implementation | Training location | Remarks |
| 1 | Certified courses; pediatric, renal, oncology, critical care and gerontology | STT | Ex-country | D/Ns to undergo either of the specialized certified courses to provide quality care in priority areas |

| | | | | |
|--|--|----------------------------------|-----------------------------------|---|
| 2 | Hands on practice for critical care and complicated cases | Attachment | In-country Referral hospitals | D/Ns to undergo periodic attachments to referral hospitals to stay updated |
| 3 | Leadership and management | Workshop Online courses | In-country RIGSS E-learning | D/Ns to undergo trainings improve leadership and management skills |
| 4 | Training on project management | Workshop STT | Ex-country In-country | D/Ns to build capacity to undertake major projects and programs |
| Experienced Proficiency Level(P2) | | | | |
| Sl. No | Training requirement | Methods of implementation | Training location | Remarks |
| 1 | Certified courses; pediatric, renal, oncology, critical care and gerontology | STT | Ex-country | D/Ns to become specialist |
| 2 | Leadership and management | Workshop Online courses | In-country RIGSS E-learning | D/Ns to groomed for leadership positions |
| 3 | Training on project management | STT Workshop | Ex-country In-country | D/Ns to lead projects and programs |
| Advanced Proficiency Level(P1) | | | | |
| Sl. No | Training requirement | Methods of implementation | Training location | Remarks |
| 1 | Specialized certified courses | STT | Ex-country | D/Ns to become specialist |
| 2 | Continuous professional development (CPD) | STT E-learning Workshop | In-country | To continue professional enhancement and to keep updated with the latest evidence based practices |
| 3 | Leadership and management | Workshop Online courses | In-country RIGSS E-learning | D/Ns to be efficient leaders and managers |

Table 9: List of Prioritized Mandatory Short-term Programs for each proficiency levels

Proposed Long-term Programs (Masters and Specializations)

| Sl. No | Courses | Priority | | |
|------------------------------------|--|---------------------|------------------|--------------------|
| | | Immediate (2022-23) | Medium (2024-25) | Long term (2025++) |
| Masters | | | | |
| 1 | Masters in nutrition and dietetics | Yes | Yes | yes |
| 2 | Master in public health nutrition | Yes | Yes | yes |
| 3 | Masters in sports and exercise nutrition | | Yes | yes |
| Post-graduate specialization (STT) | | | | |
| 1 | Critical care Dietitian | | Yes | Yes |
| 2 | Renal Dietitian | | Yes | yes |
| 3 | Oncology Dietitian | | Yes | Yes |
| 4 | Gerontology Dietitian | | Yes | Yes |
| 5 | Pediatric Dietitian | | Yes | yes |

Table 10: Proposed Long-term Programs (Masters and Specializations)

Implementation of Competency based Framework

The implementation of training and other intervention has to be based on the mandatory programs/interventions listed under the training needs analysis of this document. The mandatory list of training/intervention includes all the programs against the behavior indicators that are found to be “Not Adequate” in the Training Needs Analysis. However, for implementation, it has to be –prioritized based on the following:

- a. Annual prioritization
- b. Most critical area of intervention
- c. Rationalization of selection of participants

d. Availability of the resource allocation

Implementation has to be initiated and spearheaded by the concerned department or parent agency in close coordination and collaboration with respective HR Division.

Recommendations

The following recommendations are proposed based on the need analysis.

- Mandatory 6 months internship program required for fresh Nutrition and Dietetics graduates in hospitals prior to registration with BMHC.
- New recruits to undergo minimum of 1-month attachment in referral hospital prior to their placement.
- D/Ns working in the district hospitals to undergo NCPs attachment in referral hospitals for a minimum of 1 month to update competency.
- BMHC needs to refine the current registration title of Dietitian and Nutritionist to **Registered Dietitian Nutritionist (RDN)**.
- RCSC to designate nutrition professionals working in hospitals and healthcare as Registered Dietitian (RD) and those working in other agencies (non-clinical field) as Registered Nutritionist (RN).
- Also verify the course of study, for those with degree in Food and nutrition as they are designated as nutritionist and those with degree in Nutrition and dietetics as dietitians.
- Existing HR development plans not aligned with knowledge, skills and abilities required. There is a requirement of a Specialist Dietitian in different fields owing to an increase in the need for specialized advanced nutrition care.
- Develop monitoring system to ensure implementation of the competency-based framework in different occupational groups.
- The current donor dependent short-term CME does not suffice to enhance the knowledge and skills of the professionals. Hence, a regularized financial support for professional progression and keeping updated with the latest evidence-based practice is strongly recommended.
- A professional platform to support and develop the field is needed **E.g., Bhutan Dietetic Association (BDA)**.

Conclusion

The Competency Based Framework for D/Ns is developed to enhance the professional knowledge and skill to enable them to deliver effective and efficient health care and services. The objective of this framework is to outline clear roles and responsibilities of D/Ns; identify performance gaps and competency development interventions; enhance skill and competency for effective delivery of safe and high-quality care. The CBF working team developed this framework through rigorous consultative meetings with

relevant stakeholders in the process of identifying 3 key roles; 6 competency areas; 19 key competencies; 22 behavioral indicators for the four different proficiency levels of the D/Ns. The training need analysis revealed requirement of various mandatory short and long-term trainings based on current practices. Overall, this framework is expected to serve as a comprehensive tool to strengthen the capacity and capabilities of the D/Ns through continuous professional development.

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