

Case Study for Advanced Practice Role

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Briefly outline your career

I completed a Masters in Social Innovation, a bespoke Masters specifically designed for NHS staff aimed at enhancing and developing skills in project management, writing business plans, stakeholder management and selling concepts to disengaged individuals in 2012. I achieved this after 20+ years of dietetic experience, underpinned with education through completing this relevant clinical masters and non-medical prescribing in 2018.

Key moment(s) in your career that led to your decision to become an Advanced Practitioner (AP)?

In 2019, I worked with my organisation to recognise my role as an Advanced Practitioner by providing evidence demonstrating how I met the HEE Multi-professional framework capabilities. I am currently working through the Health Education England (HEE) supported e-portfolio route to ensure HEE accreditation of my role.

When did you begin your Advanced Clinical Practice (ACP) training?

I work as a dietetic AP and much of my training has taken place within practice. Having worked to establish a first contact dietitian service within a local GP practice pre-pandemic, I am a passionate advocate for the opportunity presented within the GP contract to develop first contact dietitians to advanced practitioners within primary care (ARRS scheme). I have also worked within gastroenterology to improve pathways that allows the dietitians to manage patients that would previously have been seen by a consultant. This includes ordering appropriate investigations, diagnosing conditions and prescribing medication.

Why did your organisation/department develop the role of an AP?

We are seeing many more patients with complex presentations alongside significant system wide workforce challenges. It was recognised within the organisation that upskilling of AHPs to Advanced Practitioners can support this challenge whilst also improving the care provided to our patients. For many conditions, a dietetic Advanced Practitioner is the best person to care for these patients.

Description of your role as an AP – include how you integrate the 4 pillars of advanced practice (clinical, leadership, education, research)?

Clinical -

Cases will arise throughout the week that I'm either personally involved in or asked to provide an opinion on. My day may be spent on the wards assessing and prescribing parenteral nutrition, working with the Nutrition Support Team to collectively agree how to manage capacity issues within the aseptic units, or agreeing a course of action for a particular patient.

I'll assess patients within a clinic setting that have high output stomas requiring monitoring and medication changes to reduce their stoma output. This requires me to order and interpret bloods. There are occasions where I, or a colleague, may need to facilitate an admission, for example for a magnesium infusion.



Dietetic
Workforce Development
Programme

I'll also see patients in gastroenterology clinic who have been referred by the GP. They will usually have already been seen by a gastroenterology specialist dietitian who will have ordered investigations in line with NICE IBS diagnosis (such as faecal calprotectin, coeliac screen) and likely have not benefitted from dietary modifications. I will assess to see if there are any other possible causes for their symptoms, make recommendations and I may link in with a consultant for a referral or alternative investigations or medication modifications. Examples can include; prescribing shared care medications such as colesevelam for bile acid malabsorption or agree prescription changes with the GP.

Leadership –

One day per week is a leadership day, where the focus will be on team meetings, supervision with the clinical lead dietitians and attending briefings to look at governance and performance of the large dietetic service for which I am professional lead. Ensuring robust governance process and a well performing service also requires underpinning skills in research. I've found that my leadership skills have been enhanced by professionally and operationally managing a large dietetic service alongside maintaining clinical competence through regular exposure to complex clinical cases.

On other days in my week, I discuss, engage, and influence the future direction of Advanced Practice across the Northwest. Working with HEE's Faculty for Advancing Practice as a Training Programme Director allows me to meet people from all Allied Health Profession backgrounds. They will all have a different starting point – some wish to know what AP is, or considering its value to their service, on a trainee programme or already a recognised Advanced Practitioner. In each interaction, I can share my experience, provide support, clarity, and direction to smooth any barriers they may be experiencing. Every engagement is a learning opportunity for me, each profession may have its own challenges, but I am always so proud and excited to speak with the dietitians and hear how they navigate these.

Education –

I share my knowledge and learning at a local, regional, and national level, in line with the multi-professional advanced practice framework, ensuring I integrate the pillar of education throughout my work.

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Research –

This enables you to incorporate the audits and quality improvement measures required to ensure a constantly evolving service that fulfils its potential. Research underpins everything relating to ratifying and approving guidelines to ensure our service is providing safe, evidence-based practice. My understanding of research and education allows me to ensure that this is what I deliver.

Broadly speaking what have been the key benefits to patient care of your AP role?

It allows patients to be seen by the right person with the right clinical skills to deliver their care with fewer appointments, fewer delays in treatment and care is less fragmented.

What future challenges/opportunities and / or innovations do you see as an ACP?

I am hoping to work with my organisation to look at the possibility of using AHP ACP roles in areas that historically have only had nurses. Examples include dietitians working as a Surgical Care Practitioner, parenteral nutrition or as the lead for the Nutrition Support Team.