



Subject Benchmark Statement

Dietetics

Draft Version for Consultation

Consultation version 5 October 2026

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About this Statement

This QAA Subject Benchmark Statement for Dietetics defines what can be expected of a graduate in terms of what they might know, do and understand at the end of their studies. Subject Benchmark Statements are an established part of the quality assurance arrangements in UK higher education. They are sector-owned reference points, developed and written by academics. Subject Benchmark Statements also describe the nature and characteristics of awards in a particular discipline or area. Subject Benchmark Statements are published in QAA's capacity as an expert quality body on behalf of the higher education sector. A summary of the Statement is also available on the QAA website.

Key changes from the previous Subject Benchmark Statement include a revised structure, using the term learners instead of students in line with British Dietetic Association (BDA) guidance and incorporating the following cross-cutting themes:

- equity, diversity, and inclusion (EDI)
- accessibility and the needs of disabled learners
- education for sustainable development (ESD)
- employability, entrepreneurship and enterprise education (EEE)
- generative artificial intelligence (Gen AI).
- a comprehensive review updating the context and purposes, including course design and content to inform and underpin the revised benchmark standards.

How can I use this document?

Subject Benchmark Statements are not intended to prescribe any particular approaches to teaching, learning or assessment. Rather, they provide a framework, agreed by the subject community, that forms the basis on which those responsible for curriculum design, approval and update can reflect upon a course, and its component modules. This allows for flexibility and innovation in course design while providing a broadly accepted external reference point for that discipline.

They may also be used as a reference point by external examiners when considering whether the design of a course and the threshold standards of achievement are comparable with those of other higher education providers. Furthermore, Statements can support professional, statutory and regulatory bodies (PSRBs) with their definitions and interpretations of academic standards. Definitions of key terms are provided in the glossary

You may want to read this document if you are:

- involved in the design, delivery and review of courses in Dietetics.
- a prospective learner thinking about undertaking a course in Dietetics.
- an employer, to find out about the knowledge and skills generally expected of Dietetics graduates.

Relationship to legislation

The responsibility for academic standards lies with the higher education provider which awards the degree. Higher education providers are responsible for meeting the requirements of legislation and any other regulatory requirements placed upon them by their relevant funding and regulatory bodies. This Statement does not interpret legislation, nor does it incorporate statutory or regulatory requirements.

The status of the Statement will differ depending on the educational jurisdictions of the UK. In England, Subject Benchmark Statements are not [sector-recognised standards](#) as set out under the Office for Students' [regulatory framework](#). However, Subject Benchmark Statements are part of the current quality arrangements in Scotland, Wales and Northern Ireland. Because the Statement describes outcomes and attributes expected at the threshold standard of achievement in a UK-wide context, many higher education providers will use them as a tool for course design and approval, and for subsequent monitoring and review, in addition to helping demonstrate the security of academic standards.

Additional sector reference points

Higher education providers are likely to consider other reference points in addition to this Statement when designing, delivering and reviewing courses. These may include requirements set out by PSRBs and industry or employer expectations. In 2024 QAA published an update to the [Quality Code](#), which will be helpful when using this Statement.

Explanations of unfamiliar terms used in this Subject Benchmark Statement can be found in [QAA's Glossary](#). Sources of information about other requirements and examples of guidance and good practice are signposted within the Statement where appropriate.

1. Context and purpose of a Dietetics Degree

1.1 Dietetics is the study and application of nutrition, diet and lifestyle to promote health, prevent and manage disease, and improve outcomes for individuals, groups, communities and populations. Dietitians are clinically competent, evidence-informed, digitally capable professionals who work across diverse settings and populations, applying leadership, research, data-informed decision-making and system-wide approaches to deliver person-centred care, improve health and reduce inequalities.

Purposes and characteristics of a Dietetics Degree

1.2 Dietetics is concerned with the interplay between nutrition science, biology, behaviour and the environment, and the application of this knowledge to improve health outcomes through health promotion, disease prevention and the management of health conditions.

1.3 It combines scientific knowledge and the practical application of nutrition principles to promote health, improve outcomes and prevent disease. Dietitians are qualified and regulated health care professionals who are experts in the assessment, diagnosis, management, treatment and prevention of a range of nutrition related diseases and conditions at an individual, community and wider public health level. They use the most up-to-date public health and scientific research on food, health and disease which they translate into practical guidance to enable individuals, communities and populations to optimise health and wellbeing through tailored or person-centred, holistic and compassionate care.

1.4 Graduates in dietetics are required to practise safely, effectively and professionally within complex frameworks of accountability, clinical governance, and legal and ethical boundaries. They are employed across a wide variety of direct and indirect care settings, spanning health and social care contexts, the food industry, public health and health promotion, higher education, research, sport, and independent practice. Dietitians contribute to improving population health and reducing health inequalities.

1.5 Dietitians are key members of multi-agency and interdisciplinary teams and collaborate with a diverse range of individuals, groups and populations across the lifespan. They interpret and critically evaluate the science of nutrition and translate evidence into practice, providing tailored, personalised and culturally appropriate nutritional advice and interventions. Using a range of assessment tools and approaches, they support individuals in promoting health through the prevention and management of health conditions and informed food and lifestyle decisions. Advanced communication and behaviour change skills are central to their practice, empowering individuals to make healthy food and lifestyle choices.

1.6 Dietitians work as autonomous practitioners who prioritise service user safety and quality of care. Evidence-informed practice underpins all aspects of their work, alongside a commitment to continuous quality improvement. As regulated professionals, dietitians are responsible for engaging in continuing professional development and lifelong learning to maintain their competence and statutory registration. Many graduates advance and extend the scope of their practice by pursuing further post-registration training in specific specialist areas. This may require additional qualifications in areas such as leadership, research, non-medical prescribing and physical, functional and dietetic assessments to enhance the quality and effectiveness of care to individuals, communities and populations.

1.7 The Subject Benchmark Statement for Dietetics describes:

- the rigorous combination of academic and practice-based learning designed to ensure graduates can demonstrate the professional and clinical capabilities and ethical judgements required to protect service users and public safety and deliver safe and effective, evidence-informed and person-centred care
- the understanding of dietetics and therapeutic nutrition, human nutrition and metabolism, genomics, food systems, food science, economic and environmental sustainability, biomedical and clinical sciences, behavioural, psychological and social sciences, public health and population nutrition, health, social care and wider systems and research, evidence and digital information management that is incorporated in all programmes
- the skills and capabilities that learners are expected to demonstrate through the application of dietetic assessment (including physical and functional assessment where appropriate), communication, diagnostic, intervention, evaluation, leadership and research skills. This includes the ability to work in an autonomous and inclusive manner with individuals and diverse communities, apply behaviour change theories and techniques, and utilise business and entrepreneurial skills to promote and improve nutritional health and wellbeing
- practice-based learning, which is an integral component of dietetics pre-registration courses. It enables learners to apply and integrate academic learning in authentic practice settings and, develop professional capabilities, in order to demonstrate the knowledge, skills, values and behaviours required for safe, effective and person-centred dietetic practice across a diverse range of settings and populations
- how research and enquiry-based learning develops learners' ability to formulate questions, critically evaluate evidence and, design and undertake research applying a range of research principles and methodologies. Learners interpret and apply findings, and contribute to evidence-informed practice, quality improvement, service outcomes and the advancement of the profession
- leadership development which equips learners to work effectively within interprofessional and multi-agency teams, advocate for individuals, communities and populations, contribute to quality improvement and innovation, influence decision-making, and demonstrate the leadership capabilities needed to meet current and future professional demands.

Equity, diversity and inclusion

1.8 Equity, diversity and inclusion (EDI) means creating fair and inclusive environments that value diversity and address inequities. It is highly important in dietetics because it supports culturally responsive education and ensures person-centred, equitable dietetic care. Throughout this document, the word 'culture' is used in the broad sense of the term, to reflect all groups with shared characteristics such as beliefs, behaviours, customs, values, and traditions which may relate to identity and may evoke either privilege or marginalisation (Srivastava, 2022). In discussions highlighting the importance of cultural consideration, it is pertinent to recognise that individual needs are complex, reflecting intersectional experiences (Mosley et al 2025). EDI principles should be proactively embedded to support an inclusive learning community, nurture belonging, increase awareness and self-reflection, and promote a proactive approach to reducing inequities across healthcare, the workforce, and professional spaces. Dietetic course providers, staff, and learners, all have a role in, and responsibility for achieving equity. While this section provides an overview of key considerations, the benchmark statement aims to embed elements relevant to EDI

throughout all sections.

Equity, diversity and inclusion in the learning environment

1.9 Learning environments should foster respect, belonging, and equitable participation for all learners. Course design and delivery, including practice-based learning, should proactively address barriers to participation and progression, recognising that structural inequities and aspects of the hidden curriculum, such as implicit norms, expectations and informal practices, may influence learner experiences.

1.10 Teaching, learning, and assessment should be designed to be inclusive and accessible, considering the diverse needs, experiences, and aspirations of learners. These approaches should support all learners to achieve the intended learning outcomes irrespective of their background, identity, or prior educational experience.

1.11 Programmes should provide appropriate preparation and support for engagement with practice environments, raising awareness of professional expectations and available support mechanisms to help learners navigate practice-based learning experiences successfully.

Equity, diversity and inclusion within the curriculum

1.12 Curricula should enable learners to develop culturally responsive approaches to nutrition and dietetic care. Learning activities and case studies should reflect the diversity of populations served within the UK to ensure delivery of equitable, person-centred care. The curriculum should support exploration of bias and help learners build the skills to identify and address any discriminatory behaviour that has become normalised but is unacceptable.

1.13 An anti-deficit approach is essential as it shifts attention from perceived individual deficits to the systemic and structural drivers of inequity. Acknowledging and dismantling oppressive systems supports equitable outcomes while actively recognising and celebrating diversity as a strength. The curriculum should incorporate a critical examination of both current and emerging knowledge drawn from a diverse array of relevant sources. Graduates should be equipped to practise with cultural humility and to personalise service-user interactions in ways that ensure care is both evidence-informed and tailored or person-centred.

Accessibility and the needs of disabled learners

1.14 Accessibility within dietetic education requires programmes to enable all learners, including disabled learners, to engage with curriculum content and learning environments in line with the Equality Act 2010, the [HCPC Standards of Education and Training](#), and the BDA Curriculum Framework. Programmes should use inclusive and anticipatory approaches to designing and delivering learning, reducing barriers wherever possible. Support for disabled learners and others who may need adjustments should be proactive, offering early opportunities for disclosure and clear signposting to wellbeing and disability services.

1.15 Learning, teaching, and assessment should provide diverse and inclusive experiences that reflect the discipline, develop a broad range of skills, and minimise barriers for all learners including disabled learners and those with specific learning differences or neurodiversity. Course teams should embed proactive flexible and inclusive delivery principles, including those of universal and inclusive design. Collaborative working with learner support services is recommended to ensure the curriculum is accessible and learners are supported to engage and progress.

1.16 Dietetic course teams, including practice-based learning providers should ensure that practice-based learning opportunities, support structures, and assessment processes are designed to be accessible, without compromising the safety of service users. For disabled learners, HEIs and practice-based learning providers should adopt proactive and anticipatory approaches to identifying and implementing reasonable adjustments in accordance with the current equalities and human rights laws and frameworks. Such adjustments help to reduce barriers to participation, promote equity of opportunity, and support learner success. Reasonable adjustments are appropriate and proportionate modifications that enable disabled learners to access and engage in education and assessment, and to demonstrate achievement of the required capabilities and professional standards.

1.17 Where possible learners should be empowered to design and review assessment adjustments and processes through co-production with academic staff, practice supervisors and learner support services.

1.18 A positive and pragmatic approach should be taken to support learners to develop an appropriate range of practice, education, leadership and research skills; acknowledging that all learners offer unique strengths and that capability standards can often be demonstrated through a range of methods and across a variety of settings. Learners should be supported to develop knowledge and skills relating to self-care and the care of others to confidently maintain fitness to practice and foster safe practice environments.

Education for sustainable development

1.19 [QAA and Advance HE](#) (2021) define sustainable development as ‘an aspirational ongoing process of addressing social, environmental and economic concerns to create a better world’ and describe Education for Sustainable Development (ESD) as ‘the process of creating curriculum structures and subject-relevant content to support and enact sustainable development’. [The British Dietetic Association’s Sustainability Policy](#) highlights the need for learners to engage with sustainability around the impact of current food systems on the environment, growing population demands, and global ecosystem degradation.

1.20 ESD is an integral part of dietetic education which is embedded within the [BDA Curriculum Framework](#) and applied within all areas of dietetic practice. Graduates should be equipped with the skills and knowledge to improve health and wellbeing in a holistic manner with due consideration to planetary health and environmental sustainability, understanding and respecting diverse cultures.

1.21 Curriculum developments should align with ESD Guidance (QAA, 2021) and [United Nations Sustainable Development Goals](#) (SDG). The United Nations Educational, Scientific and Cultural Organisation (UNESCO) have developed eight sustainability competencies, considered essential for achieving SDGs which should be embedded within the curriculum to allow the progressive development of capabilities within sustainable dietetic practice. These are:

Systems thinking: The ability to understand the interconnections between food, health, environmental, and social systems, and to navigate complexity and uncertainty.

Anticipatory competence: Capacity to evaluate future scenarios (e.g. population health, climate impacts, food systems), anticipate risks, and apply precautionary approaches when planning dietetic interventions at individual and population levels.

Normative competence: Ability to reflect on and negotiate values underpinning sustainable practice, balancing ethical considerations, equity, cultural needs, and resource constraints.

Strategic competence: Skills to design and implement innovative, evidence-based actions that promote sustainability in clinical, community, and policy settings.

Collaboration competence: Capacity to work effectively with service user communities, and multidisciplinary teams, demonstrating empathy, inclusivity, and the ability to manage differing perspectives.

Critical thinking: Ability to question existing practices, appraise evidence, and challenge unsustainable norms within healthcare and food systems.

Self-awareness: Ongoing reflection on one's professional role, values, and impact, supporting motivation and responsible decision-making.

Integrated problem-solving: The ability to bring together all these competencies to develop practical, equitable, and context-sensitive solutions to complex sustainability challenges in dietetic practice (UN 2014).

1.22 Practical considerations for embedding Education for Sustainable Development (ESD) in Dietetics include reducing food waste, promoting sustainable procurement, and considering the environmental impact of dietary recommendations in line with [One Health principles \(One Health High-Level Expert Panel, 2022\)](#). Learners may examine how food systems, biodiversity, and climate change influence nutrition and health, alongside the social justice issues that affect food access and community wellbeing across campus and practice-based learning. Activities might involve engaging with local organisations to address food insecurity, incorporating culturally rooted food knowledge into practice, and critically appraising food policies and supply chains. Consideration of the constraints of specific sustainability strategies such as plant-based menus in large-scale catering systems relating to consumer choice, social and cultural norms as well as special dietary needs is important. Consideration of the environmental impact of generative AI usage should be part of the application of sustainable educational principles within curriculum design as although it offers opportunities to enhance dietetic education and practice, any use must be guided and balanced by ethical principles, sound pedagogical understanding and criticality. These practical elements support dietetic graduates to make informed, equitable and sustainable decisions that benefit individuals, communities and the wider planetary system.

Employability, entrepreneurship and enterprise education

Introduction

1.23 Employability, enterprise and entrepreneurship education (EEE) develop the attributes, behaviours and capabilities required for effective and adaptable careers in dietetics. EEE is well established in higher education and is embedded across curricular, cocurricular and extracurricular activities. All learners should have opportunities to engage with EEE and apply it within their discipline. Such engagement enables learners to identify opportunities, raise career aspirations, strengthen resilience and respond to change. EEE supports the development of a self-directed professional life and the ability to contribute to social, cultural, and economic value through varied career pathways.

Why is employability, entrepreneurship and enterprise important to dietetic learners and the wider dietetic profession?

1.24 Enterprise enhances dietetic education by fostering proactive behaviour, creative problem-solving and effective contribution to service-improvement within complex health and social care systems. Entrepreneurship further develops learners' capacity to identify opportunities, innovate, and create value across the dietetic and wider food and health

landscape.

1.25 The competencies gained enable learners to design effective interventions, lead service developments, respond creatively to public health challenges, and adapt to changing professional demands. EEE expands learners' understanding of career pathways, strengthens confidence and initiative, and prepares them for both employment and self-employment. It also develops the business capabilities required for new ventures, supporting learners to translate ideas into action, and challenge assumptions through critical inquiry. Collectively, these experiences equip future dietitians to operate flexibly and effectively in evolving practice environments and to contribute meaningfully to health and employer organisations.

What is the value of employability, entrepreneurship and education?

1.26 EEE develops the behaviours and capabilities required for successful careers and for contributing economic, social, and cultural value across the UK. Enterprise education prepares learners for changing professional environments through applied learning and engagement with external organisations. Entrepreneurship education builds the capabilities necessary for new venture creation and supports learners in leading self-directed value driven careers. EEE also benefits universities by enabling spinouts, graduate startups and external partnerships, thereby strengthening teaching, research, impact, and knowledge exchange. Its effective delivery is therefore integral to the ongoing success of the higher education sector.

Attributes, behaviours and capabilities:

1.27 Dietetic learners must demonstrate the attributes, behaviours, and capabilities required for effective professional practice (employability), for taking initiative and solving problems (enterprise), and for innovating or creating value across diverse dietetic settings (entrepreneurship). These interconnected concepts enable graduates to apply their knowledge and skills across direct and indirect care settings, industry, research, and academic environments.

1.28 In a context of flexible working patterns and evolving career pathways, developing enterprise and entrepreneurship capabilities fosters confidence, creative inquiry, prudent risk taking, and adaptive professional practice. EEE supports sustainable careers by equipping learners to navigate dynamic dietetic environments and by enhancing development through practice-based learning and engagement with health and employer organisations.

Teaching, learning and assessment

1.29 Teaching, learning, and assessment should enable learners to develop the attributes, behaviours, and capabilities central to EEE. Learning activities should support the application of knowledge in authentic contexts, promote critical thinking and problem-solving, and foster creativity and innovation relevant to professional practice. They should also enhance understanding of the wider healthcare landscape, including prevention, population health, and sustainable models of care.

1.30 Engagement with employers, practitioners, professional bodies, alumni, and other stakeholders can enrich learning by providing insight into professional roles, workplace expectations, and developments in the discipline. Assessment may incorporate authentic tasks that mirror professional activities, allowing learners to demonstrate communication, teamwork, leadership, and reflective practice. These approaches strengthen professional identity, career awareness, and the application of knowledge and skills in practice.

Practice-based learning

1.31 Practice-based learning offers essential opportunities for learners to develop professional behaviours, attributes, and capabilities within real working environments. Through direct engagement with service users, professionals, and multidisciplinary teams, learners gain experience of organisational structures, service delivery, and contemporary practice across various sectors.

1.32 Exposure to varied practice contexts helps learners understand the breadth of career pathways across clinical practice (including primary care), public health, community and third sector roles, industry, digital health, education, research, and independent practice. Practice-based learning also strengthens initiative, adaptability and professional confidence, supporting the transition from academic study to ethical and effective professional practice. Integrating learning across the [four pillars of practice](#) (professional practice, research and evidence, facilitated learning and leadership) contributes to well-rounded graduates with strong employability skills.

Generative artificial intelligence

1.33 Generative artificial intelligence (Gen-AI) is rapidly transforming both healthcare and higher education in ways that dietetic education and practice will increasingly need to meet. As the National Health Service (NHS) continues its move from analogue to digital, GenAI tools will be integrated into healthcare systems such as administrative support, documentation and assessment. In dietetics, innovations such as automated dietary assessment, use of wearable technologies and decision systems will increasingly support practice. Graduates entering the profession will be expected to engage confidently, ethically and critically with GenAI tools, understanding both their capabilities and limitations. Practitioners and learners should maintain professional accountability for decisions in line with professional standards. Within higher education, including practice-based learning environments, GenAI offers potential to enhance learning but also introduces risks and responsibilities for advances to be implemented with integrity and in accordance with professional standards.

1.34 Critical appraisal, independent judgement, information retrieval and synthesis are essential skills for learners to develop and should not be impeded through the use of Gen-AI. There are also wider considerations relating to the sustainability of GenAI systems, including environmental, social and resource implications. Assessments within academic and practice settings are potentially vulnerable to academic misconduct, necessitating institutions to have GenAI secure assessment strategies, and robust transparent policies and procedures in line with professional expectations for reliable, valid and authentic assessment. Learners should be able to independently demonstrate their learning across educational settings with university and practice-based learning being carefully designed and assessed to ensure that learners demonstrate self-directed learning, criticality and person-centred decision making with clear accountability for evaluation of GenAI generated outputs.

1.35 To respond to the potential and the risks of GenAI, institutions should embed GenAI literacy, ethical understanding of the benefits and limitations of GenAI and in-depth awareness of the regulatory context across settings throughout the curriculum. Learners are aware of embedded bias in GenAI and be able to explain GenAI supported decisions to service users. Both educators and learners should use GenAI with integrity, communicate use of Gen AI transparently, and keep up to date with best practice, professional expectations, policies, and [HCPC guidance](#).

1.36 As both the technology and the regulatory context advance, it is important to avoid digital inequity, prepare for ongoing training and professional development, and commit to

ethical, safe and effective use of GenAI for future dietetic education and practice. Ensuring sustainable, inclusive and environmentally responsible adoption of GenAI tools should be prioritised.

2. Distinctive features of the Dietetics Course

Design

2.1 Dietetic pre-registration programmes are aligned to the regulatory Standards of Proficiency for Dietitians ([HCPC 2023](#)), and Standards of Conduct, Performance and Ethics ([HCPC 2024](#)). They should also be informed by the current [British Dietetic Associations' Curriculum Framework for the pre-registration education and training of dietitians](#).

2.2 Dietetic graduates are equipped with the relevant knowledge, skills, values, behaviours and capabilities to influence change through empowerment and education for individuals, communities, groups, and systems. These changes are not limited to dietary factors but can extend to psycho-social factors, lifestyle behaviours, and the environment. Change is facilitated through using an evidence-informed approach.

2.3 Dietitians are a regulated profession in the UK ([HCPC 2025](#)), and dietetics programmes are designed to meet the standards set by the Health and Care Professions Council (HCPC) ensuring that all dietetic graduates can demonstrate safe and effective practice ([HCPC 2026](#)).

2.4 To enable learners to effect change, dietetics programmes include:

- dietetics and therapeutic nutrition
- human nutrition, metabolism and physiology
- genomics and personalised nutrition
- food systems, food science and sustainability
- biomedical and clinical sciences
- behavioural, psychological and social sciences
- public health and population nutrition
- health, social care and wider systems
- research, evidence and digital information management

2.5 Learners have opportunities to develop skills and capabilities to be able to:

- apply physical, functional and dietetic assessment skills
- communicate effectively with individuals, groups, communities and professionals
- undertake assessment, diagnostic reasoning, intervention and evaluation
- exercise leadership and contribute to service improvement and innovation
- apply research skills to inform evidence-based practice
- work autonomously, ethically and inclusively with individuals and diverse communities
- apply behaviour change theories and techniques to support health improvement
- use digital technologies and information effectively to support practice
- utilise business, entrepreneurial and advocacy skills to improve nutritional health and wellbeing
- contribute to the promotion, prevention and management of health and disease across diverse populations and settings.

2.6 Dietetic programmes emphasise the integration of subject-specific knowledge with professional conduct which enables graduates to work across multiple sectors. Programmes are designed to develop learners' skills in problem-solving, critical thinking, and analysis. Learners are encouraged to take a proactive approach and remain adaptable in response to the evolving demands of the profession.

2.7 Core elements of professional conduct within the dietetics programmes include:

- advanced communication
- advocacy for self and others
- collaboration and teamwork
- critical thinking
- reflective practice
- ethical and lawful practice
- anti-discriminatory practice.

2.8 Programmes include supervised practice-based learning in a variety of settings. As an integral and assessed component of pre-registration education, practice-based learning enables learners to apply and consolidate their academic learning while progressing towards programme learning outcomes. These experiences support the development and demonstration of dietetic knowledge, skills, values, behaviours and professional capabilities, alongside professional conduct and decision-making. This helps ensure that, upon graduation, registrants are equipped to practise lawfully, ethically, safely and effectively within their scope of practice.

2.9 Practice-based learning allows the learner to:

- apply theoretical dietetic knowledge
- develop and apply dietetic skills
- hone a person-centred approach
- demonstrate core healthcare values including compassion and empathy
- implement, monitor, and review dietetic interventions
- understand health and social care structures and systems
- develop confidence in dealing with uncertainty and complexity
- develop leadership skills
- become an autonomous practitioner

2.10 Graduates enter a profession in which continuous learning, adaptation and professional development are essential. As dietetic practice evolves in response to advances in evidence, technology, population health needs and service delivery models, dietitians are expected to engage in lifelong learning and continuing professional development to maintain and enhance their knowledge, skills and professional capabilities.

2.11 Many employers provide structured preceptorship programmes to support newly qualified dietitians as they transition from learner to autonomous practitioner. Preceptorship enables graduates to consolidate and apply their learning in practice, develop confidence and professional judgement, and build capability within a supportive environment while maintaining high standards of service user and public safety.

2.12 Career-long development is supported through professional frameworks, such as the [BDA Dietetic](#) and [AHP Career Frameworks](#), which provide guidance on progression, leadership development, advanced practice and career aspirations across a diverse range of

roles and sectors. Together, preceptorship and continuing professional development underpin the development of professional identity and support dietitians to respond to emerging opportunities and evolving workforce needs.

2.13 This professional identity, grounded in statutory regulation, evidence-informed practice, ethical accountability and a commitment to lifelong learning, provides assurance to employers, service users and the public of the professional capability and accountability of dietitians.

Progression

2.14 Over the course of a standard undergraduate degree with honours (FHEQ level 6; SCQF level 10) or Integrated Master's degree (FHEQ Level 7; SCQF Level 11), a Dietetics learner will progress from one level of study to the next, in line with the regulations and processes for each institution. However, it is expected that each level would see the attainment of knowledge, expertise and experience that builds towards the final achievement of meeting or exceeding the threshold knowledge and capabilities listed in this Statement. This will usually include successful completion and the award of credit for the full range of learning and assessment, including any practical components.

2.15 Upon graduation from an undergraduate degree, it would be expected that a learner who had achieved a second-class degree or higher would be capable of, and equipped for, undertaking postgraduate study in nutrition, dietetics or a related discipline. Entry requirements to postgraduate courses are, however, determined by individual providers and may require more specific levels of achievement at undergraduate level.

2.16 Undergraduates studying dietetics courses as part of a combined or joint degree with other subjects (including courses that specify major and minor options) will achieve core elements of the specific and generic skills outlined in this statement and will add others according to the areas covered in the other subject(s) of their degree. Additionally, they may explore the overlap between different disciplines, creating further opportunities for interdisciplinary study.

2.17 Any learner enrolled in an undergraduate honours degree course in Dietetics, may exit earlier and be eligible for an alternative award such as a Certificate of Higher Education (FHEQ level 4; SCQF/FQHEIS level 8), a Diploma of Higher Education (FHEQ level 5; SCQF/FQHEIS level 9), or other awards depending upon the levels of study completed to a satisfactory standard. Please refer to the QAA [Characteristics Statement -Short Cycle Qualifications](#) for more detailed information on 'break points' in degree programmes.

Flexibility

2.18 At providers in England, Wales and Northern Ireland, the duration of a full-time course leading to a standard undergraduate degree is typically three years, or four years for a course involving a year abroad (such as a programme involving languages) or to integrate practice-based learning, or for an integrated master's degree. In Scotland, a bachelor's/ordinary degree is set at three years at Level 9 on the SCQF/FQHEIS. A bachelor's degree with honours, which is the most typical route for learners, is designed to include four years of study, and is set at Level 10 of the SCQF/FQHEIS. In addition, a number of Scottish universities have a long tradition of labelling certain undergraduate academic degrees as a Master of Arts (MA). This title reflects historic Scottish custom and practice with an MA/ordinary degree at Level 9 and MA with Honours at Level 10 on the SCQF/FQHEIS.

2.19 Learners following part-time routes accumulate academic credit in proportion to the intensity of their study, and their total study time and credit value would be the equivalent to those achieved on full-time routes.

2.20 Higher education providers structure the courses they offer to support learners' learning and attainment. Depending on the educational mission of the provider, this may include opportunities to engage in learning on site, online, and/or through hybrid learning, arranged in terms, by semester, year-long, block, or other formats. These may be offered in full- and/or part-time modes of study and credit may be accumulated through the completion of micro-credentials, short-accredited learning, recognition of prior learning or accreditation of prior experiential learning.

Partnerships

2.21 Degree-awarding bodies (lead provider) may work in partnership with other providers through sub contractual or franchising arrangements. Under these arrangements, the lead provider retains responsibility for the academic standards and quality of the programme, and for meeting regulatory requirements, while teaching may be delivered wholly or partly by a partner organisation. [Please refer to the Quality Code Advice and Guidance - Principle 8 - Operating partnerships with other organisations](#) for more information on partnerships provision.

2.22 Partners will deliver specific elements of the course through practice-based learning or as part of a degree apprenticeship. Subject Benchmark Statements, such as this one, play an important role in helping partners design provision that contributes to threshold standards being met in a specific subject area.

2.23 Effective pre-registration healthcare education is founded on strong and collaborative partnerships between higher education providers, practice learning partners, employers, learners, service users and carers. These partnerships should be characterised by shared responsibility for learner development, service user and public safety, quality assurance and continual enhancement of the learning experience.

2.24 Partnership working should support the co-design, delivery, supervision and evaluation of practice learning, ensuring that learners have access to high-quality, inclusive and psychologically safe learning environments. Clear governance arrangements, effective communication, shared decision-making and regular feedback mechanisms should enable alignment between academic and practice learning, support learner progression and facilitate the timely identification and management of specific areas for improvement.

2.25 Practice learning partners should be actively involved in curriculum development, assessment, workforce planning and quality enhancement activities to ensure programmes remain relevant to contemporary and future practice. Higher education providers and practice learning partners should work collaboratively to prepare, support and develop practice educators and supervisors, recognising their critical role in learner education, assessment and professional socialisation.

Monitoring and review

2.26 Degree-awarding bodies, and their collaborative partnerships, routinely collect and analyse information and undertake periodic course review according to their own needs. Considering the learner voice will form an important part of this. They draw on a range of external reference points, including this Statement, to ensure that their provision aligns with sector norms. Monitoring and evaluation are a periodic assessment of a course, conducted internally or by external independent evaluators. Evaluation uses information from both

current and historic monitoring to develop an understanding of learner achievement or inform future course planning.

2.27 Externality is an essential component of the quality assurance system in the UK. Providers will use external reviewers as part of periodic review to gain an independent perspective on any proposed changes and ensure threshold standards are achieved, and content is appropriate for the subject.

2.28 The external examining system currently in use across the UK higher education sector also helps to ensure consistency in the way academic standards are secured by degree-awarding bodies. Typically, external examiners will be asked to comment on the types, principles and purposes of assessments being offered to learners. They will consider the types of modules on offer to learners, the outcomes of a cohort and how these compare to similar provision offered within other UK higher education providers. External examiners are asked to produce a report each year and make recommendations for changes to modules and assessments (where appropriate). Subject Benchmark Statements, such as this one, can play an important role in supporting external examiners in advising on whether threshold standards are being met in a specific subject area.

2.29 Courses leading to professional and vocational qualifications may also be subject to approval, accreditation and review by professional, statutory and regulatory bodies. These processes typically involve a combination of site visits and desk-based reviews.

3. Content, structure and delivery

3.1 This section explores how the content of the curriculum for Dietetics shapes the likely teaching and learning strategy and the modes of assessment that allow learners to demonstrate they have met the benchmark standards and discriminate between different levels of attainment.

Content

3.2 The content of Dietetic courses is aligned to the Health and Care Professions Council (HCPC) [Standards of Education and Training \[SETS\]](#), [Standards of proficiency \[SOPS\] for dietitians](#) and [Standards of Conduct, Performance and Ethics \(SCPE\)](#) underpinned by the [British Dietetic Association's Pre-registration Curriculum Framework](#). This alignment ensures that programmes meet regulatory requirements while preparing graduates for contemporary and future dietetic practice. Multiple routes of entry are supported in the UK, including undergraduate, undergraduate masters, postgraduate and apprenticeship pathways, ensuring equivalence/parity of outcomes while recognising different learner journeys. Courses must be responsive to the needs to the evolving workforce and advances in professional dietetic practice across all dietetic workplace settings. Consideration should be given to how learners from different entry routes access and engage with course content. This is particularly important for apprentices, where the integration of on-the-job learning with off-the-job study should be optimised to best support effective learning.

3.3 The content of courses is designed to allow learners to acquire and demonstrate dietetic knowledge, skills, values, behaviours, and professional capabilities which enable safe, effective, and person-centred dietetic practice in a variety of diverse and evolving dietetic workforce settings. Practice-based learning is a core component/requirement of dietetic courses and enabling learners to develop and demonstrate fundamental dietetic knowledge, skills, values and behaviours.

3.4 Pre-registration dietetic programmes are structured to reflect the four pillars of practice: professional practice, research and evidence, facilitated learning, and leadership. Practice-based learning is an integral component of programme delivery, comprising supervised periods of learning within a range of practice settings. These experiences enable learners to integrate theory and practice, apply and refine their knowledge and skills in professional practice environments, and demonstrate the capabilities required for safe, effective and autonomous dietetic practice.

Professional and clinical practice

3.5 The content of the course includes nutritional science and its application to health and disease across the lifespan. This includes, for example, therapeutic nutrition, human nutrition and metabolism, food systems, food science and sustainability, biomedical and clinical sciences, behavioural, psychological and social sciences, public health and population nutrition, health, social care and wider systems and research, evidence and digital information management. The course content should address sustainability and environmentally responsible food systems, enabling learners to apply sustainable dietary principles in practice. Learners should develop the ability to assess, diagnose, plan, implement and evaluate dietetic care for individuals, communities and populations. This should include the application of compassion-informed and non-stigmatising approaches to communication and behaviour change, recognising the psychological, social, and cultural contexts that influence health and dietary choices.

3.6 The content of dietetic courses should reflect the breadth of contemporary and

evolving dietetic practice.

Leadership

3.7 Dietetics degree courses should develop leadership capabilities that prepare graduates to exercise leadership throughout their careers and across all areas of practice. This includes professional accountability, governance, multi-agency collaboration, and the ability to contribute to and influence quality improvement, service evaluation, audit and innovation. Learners should develop an understanding of systems leadership, reflective practice, professional advocacy, outcome measurement, resource management, strategic planning and financial sustainability, enabling them to make evidence-informed decisions that support service development and improvement. Together, these capabilities prepare graduates to contribute to a resilient, adaptable and future-focused workforce, lead themselves and others effectively, and support high-quality, sustainable health and care services.

Education and facilitated learning

3.8 Courses should develop learners' capability to engage in effective continual professional development (CPD) lifelong learning and to support the learning of others. The content should include principles of health education, compassionate communication, teamworking, critical thinking, teaching and facilitation, feedback, supervision, and learning resource development. Courses should prepare learners to work collaboratively within multidisciplinary environments, demonstrate professional judgement, and contribute positively to quality improvement and evolving dietetic practice. Learners should be supported to educate service users, carers, peers and wider audiences using inclusive and accessible approaches. This includes avoiding assumptions and stereotypes, using up to date terminology which promotes person centred care, using of factual neutral language, being aware of preferred language and terminology by specific communities, use of inclusive language, and building inclusive spaces to support inclusive communities. Opportunities to develop these capabilities should be embedded across academic and practice-based learning, aligning with the expectation that dietitians increasingly contribute to facilitated learning as they progress.

Research and evidence

3.9 The course content should include the breadth of research paradigms, methods, data analysis and interpretation, outcomes measurement, critical appraisal, research governance, and research ethics. Learners should be able to assess and critically appraise evidence for quality and rigour, in order to implement robust evidence-informed practice, as well as be able to contribute to innovation and evidence generation. Learners should also be supported to develop relevant knowledge and skills on the use of artificial intelligence and digital literacy as tools to enhance decision-making, personalised care, and improve services.

Teaching and learning

3.10 Teaching and learning approaches within dietetic programmes are designed to support the development of subject-specific knowledge, clinical competence and capabilities, and a broad range of professional and transferable skills detailed throughout this document. Programmes should enable learners to build capability progressively across their career, fostering adaptability in response to evolving clinical practice, technological advancements, and changing service needs.

3.11 Learning is supported through a diverse range of inclusive, learner-centred and blended approaches, ensuring accessibility across both taught degrees and apprenticeship

pathways. Delivery may be synchronous or asynchronous and can include face-to-face, remote or hybrid formats, enabling flexibility and widening participation. Teaching strategies should be engaging, appropriately challenging, and responsive to different learning needs, promoting equitable opportunities for all learners.

3.12 Programmes are not prescriptive in their teaching methods but should align with specified learning outcomes and support the development of independence. Learners typically move from structured, supported approaches towards self-directed and autonomous learning, taking increasing responsibility for their development. Integration across areas of study is essential, with effective cross-referencing of topics to support holistic understanding and application.

3.13 Dietetic education should explicitly support both intra-professional learning (within dietetics) and inter-professional learning (with other health and care professions), recognising the importance of collaborative practice in delivering integrated, person-centred care. Opportunities to learn with and from other professions should be embedded throughout programmes.

3.14 Practice-based learning is a core and essential component of pre-registration education, comprising a significant proportion of learner experience. Practice-based learning should reflect the breadth and diversity of dietetic roles and settings and be quality assured in line with HCPC and BDA standards. Experiential learning may be enhanced through simulation, virtual clinical environments, and structured reflective activities, including portfolio development.

3.15 Peer working, collaborative working, and reflective practice are key elements in supporting learning and development. A range of learning activities may be used to support programme delivery. These may include:

- lectures
- tutorials and seminars
- laboratory-based practical sessions
- food service practical sessions
- case-based discussion and problem-based learning
- practice-based learning and supervised practice-based learnings across a range of settings
- simulation and other authentic learning approaches (for example, virtual or simulated clinical scenarios)
- inter-professional learning and intra-professional learning
- team-based and collaborative learning
- research projects and enquiry-based learning
- use of interactive and technology-enhanced learning (including digital platforms, virtual learning environments, and online activities)
- reflective practice and supported supervision within practice-based learning environments.

3.16 Teaching approaches should remain current, adapting to emerging evidence in dietetic practice, innovations in educational pedagogy, and advances in digital technologies. Staff contributing to education should engage in ongoing professional development in both subject expertise and teaching practice to ensure high-quality learning experiences.

3.17 Equality of opportunity requires not only providing access but also actively removing barriers to participation and success. Courses should be designed using inclusive pedagogies which create learning environments that recognise and value learner diversity,

promote equitable opportunities for participation and success, and support a sense of belonging. They encourage learners to engage critically with evidence, practice and different forms of knowledge, questioning assumptions, biases and power relationships while considering multiple perspectives and lived experiences. Together, these approaches foster reflective, culturally responsive and socially accountable graduates who are equipped to work effectively in diverse and evolving professional contexts. Appropriate systems and processes should be in place to ensure that learners can access reasonable adjustments across academic and practice learning environments, enabling equitable participation, progression and achievement.

3.18 For learners undertaking apprenticeships, programmes should ensure that workplace learning supports both service delivery and the achievement of programme learning outcomes. Apprentices must be given sufficient opportunities and protected learning time to develop and demonstrate the knowledge, skills and behaviours required for professional practice and registration. Through supervised practice, multidisciplinary working, service-user education, quality improvement activities, audit, reflective practice and exposure to a range of practice settings, apprentices can apply and consolidate academic learning within the workplace. These experiences should be purposefully aligned to the [Dietitian apprenticeship standard](#) and integrated with off-the-job learning to support progression towards professional capability.

Practice based learning, supervision and educator development

3.19 High-quality supervision, practice education and learner support are fundamental to dietetic education and the development of safe, effective and reflective practitioners. Courses should ensure that supervision is structured, evidence-informed and quality assured, enabling learners to progressively develop the knowledge, skills, values and behaviours required for autonomous professional practice.

3.20 Practice educators and other supervisors play a critical role not only in supporting learner wellbeing and professional development, but also in facilitating learning, promoting critical enquiry, providing constructive feedback, assessing competence, and fostering reflective and transformative learning. Through supervision, learners should be encouraged to critically examine their experiences, assumptions and decision-making, enabling them to integrate theory and practice, develop professional judgement and continuously improve their practice.

3.21 Course providers and practice learning partners should work collaboratively to prepare and support practice educators in their educational, supervisory and assessment responsibilities. This should include development in learning facilitation, feedback and assessment practices, inclusive and learner-centred approaches, reflective dialogue, and the creation of psychologically safe learning environments in which learners feel valued, supported and able to raise concerns. Ongoing guidance, development opportunities and feedback mechanisms should be available to Practice Educators to support continuous enhancement of the practice learning experience. Together, these approaches help create learning cultures that enable learners to thrive, demonstrate competence and develop the confidence and capability required for contemporary dietetic practice.

Assessment

3.22 Assessment strategies within dietetic programmes are designed to evaluate the achievement of programme learning outcomes and required professional capabilities, while contributing positively to the learner experience. The use of both formative and summative assessments is encouraged to support learners' progressive development towards safe, effective and independent dietetic practice.

3.23 Assessment should be inclusive, authentic and aligned with the learning outcomes and professional requirements of dietetics. A range of assessment methods as part of a programmatic strategy should be used to reflect the breadth of dietetic practice and enable learners to demonstrate achievement of the required knowledge, skills, values and behaviours. Assessment design should minimise barriers to participation, value diverse perspectives and experiences, and incorporate appropriate reasonable adjustments where required, while maintaining academic and professional standards.

3.24 Assessment expectations, criteria and processes should be clearly communicated to promote transparency, consistency and equity. Digital technologies should be used appropriately to support assessment design, delivery and feedback, with clear guidance governing the ethical and responsible use of emerging technologies, including GenAI.

3.25 Assessment expectations should be clearly communicated, including the appropriate, ethical and responsible use of digital and emerging technologies such as GenAI. Courses should provide learners with guidance on acceptable use, transparency in disclosure and professional accountability, alongside mechanisms to identify, investigate and address instances of academic misconduct or unethical use. Assessment design should include opportunities for learners to demonstrate, explain and defend their work through appropriate points of verification and accountability, ensuring that achievement represents their own knowledge, skills, critical thinking and professional judgement.

3.26 Constructive and timely feedback is integral to the assessment process and should support reflection, development and progression through feed-in, feedback and feed-forward approaches. Assessment should be underpinned by robust processes for moderation, standard setting, academic integrity and quality assurance to ensure consistency, fairness and alignment with academic, professional and regulatory requirements. Collectively, assessment should support learners' development of professional competence, readiness for practice and progression towards professional registration.

3.27 A diverse and inclusive range of authentic assessment methods should be used to reflect the breadth of dietetic practice and support different modes of learning. Objective Structured Clinical Examinations (OSCEs) are practical, timed tests used in healthcare education to evaluate a student's clinical skills, communication, and competence in a safe, simulated environment.

3.28 Approaches may include:

- written assignments such as essays, reports, critical appraisals, case studies, reflective writing, audit and service evaluation)
- examinations (seen, unseen or open-book, including MCQs, short answer questions and applied problem-solving tasks)
- case-based and problem-based assessments
- research project or dissertation
- verbal and non-verbal and visual presentations (such as case presentations, posters, seminars)
- digital and multimedia assessments (such as podcasts, online resources, digital communication outputs)
- group, collaborative and peer-assessed work
- simulated service user interactions and scenario-based assessments
- practice-based or workplace assessments mapped to learning outcomes and capabilities
- portfolios, reflective journals and practice learning logs

4. Benchmark standards

Introduction

4.1 Dietetics is a professional qualification which can be delivered through an undergraduate honours degree, an integrated master's degree, or a postgraduate award. Minimum threshold standards described here are not intended to specify universal standards for the discipline. Programme specifications may be informed by this Subject Benchmark Statement alongside relevant professional, statutory and regulatory body (PSRB) requirements, including the HCPC Standards of Proficiency for Dietitians and relevant British Dietetic Association curriculum guidance.

4.2 This Subject Benchmark Statement sets out the minimum threshold, typical and excellent standards that a learner will have demonstrated when they are awarded:

- a bachelor's degree with honours
- an integrated master's degree
- a postgraduate taught master's degree.

4.3 Demonstrating these standards over time shows that a learner has achieved the range of knowledge, understanding and professional skills expected of graduates in dietetics, including those required for safe, effective and person-centred practice.

4.4 While the requirements for practice-based learning are consistent across undergraduate, integrated master's and postgraduate dietetics programmes, the academic curriculum and assessment are designed and assessed at the appropriate level: FHEQ Level 6 and SCQF Level 10 for undergraduate awards and FHEQ Level 7 and SCQF Level 11 for integrated master's and postgraduate awards. As such, their application to an individual programme is necessarily contextual. All dietetics courses and apprenticeships are subject to accreditation by relevant professional and regulatory bodies. Learning outcomes defined by these bodies, including the HCPC Standards of Proficiency and expectations set out within the BDA curriculum framework, will apply and support the development of the knowledge, skills, values and behaviours required for professional registration.

4.5 Most learners will perform above the minimum threshold standards. Each higher education provider determines what constitutes appropriate evidence of achievement beyond the threshold. The excellent benchmark standard assumes that the threshold is met, in addition to the more advanced attributes captured in the 'excellent' category.

4.6 For bachelor's degrees with honours, providers can refer to [Annex D](#) in *The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies*, which sets out common descriptions of the four main classifications: 1st, 2:1, 2:2 and 3rd class honours. In this Statement, 'threshold level' attainment typically aligns with a 3rd class honours degree; 'typical' aligns with a 2.1 or 2.2 attainment and 'excellent' attainment aligns with a 1st class honours degree.

4.7 It should be noted that minimum threshold standards are not intended to specify universal competence standards for a discipline. If a provider chooses to develop competence standards (as defined by the Equality Act 2010) as part of a programme specification these can be informed by the relevant Benchmark Statement along with any PSRB requirements. In these circumstances providers should follow the most recent

guidance from the [Equality and Human Rights Commission](#).

4.8 Similar classification conventions apply to integrated master's degrees, including 2:2, 2:1 and 1st class awards. For postgraduate master's degrees, achievement above the threshold is typically recognised through awards of merit and distinction. For all awards, criteria for achievement above the threshold will align with the higher education provider's generic marking framework.

Communication, collaboration and person-centred practice

4.9 Communication with service users, colleagues, communities and populations.

Benchmark	Threshold	Typical	Excellent
Uses person-centred communication to engage respectfully and non-judgementally with service users, adapting approaches and tailoring information to individual needs and preferences.	Demonstrates use of a range of communication skills including empathy, active listening, tailored questioning and clarifying to support shared decision making and maintain dignity for service users and carers. Recognises and responds to verbal and non-verbal cues for effective communication.	Communicates effectively and adaptively, using empathy, active listening and appropriate questioning to support person-centred care and shared decision making. Communication is tailored to individual needs and responds appropriately to verbal and non-verbal cues across routine practice settings.	Demonstrates accomplished communication skills. Models self-directed person-centred, non-stigmatising communication consistently in diverse and challenging contexts.
Applies behaviour change approaches to support health improvement.	Applies behaviour change principles and strategies to educate and empower individuals, communities and populations to make informed health decisions and achieve positive behaviour change.	Consistently and effectively applies behaviour change principles and strategies to educate and empower individuals, communities and populations to make informed health decisions and achieve positive behaviour change.	Critically evaluates and applies evidence-informed behaviour change approaches, flexibly tailoring strategies to the needs of individuals, communities and populations to enable sustained behaviour change.
Uses digital communication technologies professionally and effectively.	Uses digital communication technologies safely and professionally, in line with relevant professional guidance and standards. Communicates clearly using digital platforms, adapting communication to the needs of service users and context.	Uses digital communication by adapting communication to diverse audiences and contexts while maintaining accessibility, confidentiality, security and professional standards.	Demonstrates critical understanding of benefits and limitations of digital technologies and adapts communication and practice accordingly. Demonstrates innovative skills.
Communicates and collaborates effectively with colleagues and	Works effectively across organisational and professional	Builds effective working relationships across teams and	Demonstrates exceptional communication, collaboration,

professionals across organisational and disciplinary boundaries, negotiating roles and responsibilities to support integrated care.	boundaries, communicating and collaborating through multi-agency working to support integrated care. Listens actively, contributes constructively to mutual understanding, recognises the impact of personal experiences and biases on professional interactions, and demonstrates leadership appropriate to scope of practice.	services to support coordinated, person-centred care. Engages constructively with differing perspectives, demonstrates self-awareness in professional interactions, and contributes positively to shared decision-making. Shows initiative, appropriate leadership and collective responsibility while recognising the boundaries of their role and expertise.	negotiation and influencing skills, including conflict resolution, contributing with authority to integrated multi-agency practice and fostering a collaborative interdisciplinary culture that supports high-quality care.
Contributes to supportive professional relationships through effective feedback and awareness of colleagues' wellbeing.	Works effectively within their role and scope of practice, contributes to service goals, gives and receives constructive feedback to support development, and responds appropriately to colleagues' wellbeing needs, seeking guidance and support when required.	Works effectively and proactively within their role and scope of practice, contributing consistently to team and service objectives. Engages positively with constructive feedback to inform personal and professional development, while providing feedback to others in a respectful and supportive manner. Demonstrates awareness of the wellbeing of colleagues, responds appropriately to concerns, and contributes to a positive, inclusive and supportive working environment.	Consistently demonstrates exceptional teamwork and leadership, critically reflecting on system pressures, power dynamics and feedback to inform practice. Proactively supports colleagues' wellbeing, advocates appropriate action, and uses diverse sources of feedback to drive continuous improvement in self, others and service delivery.

Professionalism, ethics and inclusion.

4.10 Critically evaluate and reflect, including on the importance of educating others and promoting these expectations.

Benchmark	Threshold	Typical	Excellent
Manages personal and professional practice responsibly, maintaining competence, accountability, and currency of knowledge and skills through continuous professional development.	Manages workload effectively, recognising the limits of own knowledge and seeking support when required. Maintains wellbeing and fitness to practise through appropriate self-care and support strategies, and engages in continuous professional development to maintain and enhance knowledge and skills for the benefit of service users.	Manages workload and competing priorities effectively, demonstrating increasing autonomy while recognising the boundaries of own competence. Critically reflects on practice, identifies learning needs and takes responsibility for ongoing professional development to enhance knowledge, skills and service user outcomes. Maintains wellbeing and fitness to practise through effective self-management, appropriate self-care and timely use of support mechanisms when needed.	Consistently demonstrates professional accountability through effective management of complex workloads, critical self-appraisal, proactive management of limitations, and ongoing professional development. Models wellbeing and fitness to practise through effective self-care, appropriate support-seeking, and leadership in promoting wellbeing in self and others.
Applies reflective practice to inform personal and professional development and improve professional practice.	Uses feedback and reflection to understand personal strengths, limitations, and the impact of their actions. Applies these insights to make steady improvements in professional practice.	Uses feedback, reflection and self-assessment effectively to evaluate personal strengths, limitations and the impact of their actions on others. Demonstrates insight into their professional practice and applies learning consistently to inform decision making, enhance performance and support ongoing development.	Engages in deep, continuous reflective practice that drives significant growth and innovation in their work. Actively seeks feedback, challenges assumptions, and uses reflective insights to influence team learning, enhance service quality, and model reflective professionalism for others.
Applies principles of governance, accountability, quality improvement and leadership to support safe, effective, ethical and continuously improving dietetic practice.	Practises in accordance with relevant local and national policies, procedures, governance, regulatory and quality-assurance frameworks. Applies principles of ethical and accountable practice, contributing to quality improvement activities and demonstrating leadership appropriate to their role	Practises consistently in accordance with relevant local and national policies, procedures, governance, regulatory and quality assurance frameworks. Demonstrates professional accountability and ethical decision making, applying learning from feedback and reflection to improve	Demonstrates a comprehensive and critically informed application of governance, regulatory and quality-assurance principles, proactively interpreting policy, anticipating risk and promoting compliance to support safe, effective and high-quality practice. Critically evaluates the contribution

	to support safe, effective practice and safeguard service users.	practice. Contributes effectively to quality improvement activities, supports safe and effective service delivery, and demonstrates leadership appropriate to their role to uphold high standards of care and safeguarding.	of ethical practice, data protection, risk management and quality improvement to service user safety, public trust and service development, contributing to the enhancement of organisational governance.
Maintains an ethical approach throughout their work, including acting with honesty and integrity.	Demonstrates an ethical approach to practice, acting with honesty and integrity, and adhering to relevant professional standards and organisational policies.	Applies professional standards and organisational policies appropriately, demonstrating sound judgement when addressing ethical issues. Acts responsibly and transparently in interactions with service users, carers and colleagues, showing increasing confidence in managing ethical complexities in practice.	Critically examines ethical practice, consistently demonstrating integrity, sound judgement, and leadership in promoting and upholding high ethical standards in self and others.
Demonstrates a commitment to wellbeing, equity, diversity and inclusion, applying culturally aware and anti-discriminatory approaches in professional practice.	Demonstrates culturally aware, inclusive and anti-discriminatory practice, respecting diversity, applying principles of equity, diversity and inclusion, and addressing barriers that may affect equitable participation, access and outcomes.	Demonstrates a consistent commitment to wellbeing, equity, diversity and inclusion through culturally aware, inclusive and person-centred practice. Recognises the impact of personal values, assumptions and bias on professional interactions, adapting approaches to meet diverse needs and actively promoting equitable participation, access and outcomes for service users, carers and colleagues.	Consistently integrates an advanced understanding of diversity, equity and inclusion into decision-making, service design and practice, demonstrating critical awareness and leadership in advancing inclusive and anti-discriminatory approaches within and beyond the dietetic profession.

Dietetic practice

4.11 The application of dietetic knowledge and judgement.

Benchmark	Threshold	Typical	Excellent
Applies dietetic practice across a range of settings, within scope of practice, including health and social care, public health, industry, education, and digital contexts.	Be able to work across a range of settings and environments appropriate for their scope of practice.	Works confidently and effectively across a range of settings and environments within scope of practice. Adapts professional knowledge, skills and approaches to meet the needs of different services, populations and care pathways, demonstrating flexibility and awareness of the distinct demands of health and social care, public health, industry, education and digital contexts.	Demonstrates exceptional professional judgement consistently and contributes meaningfully to the enhancement, innovation and continuous improvement of practice across settings.
Applies professional judgement, critical thinking and clinical reasoning to synthesise dietetic knowledge and make ethical, evidence-informed decisions in practice.	Practises a person-centred approach within individuals, communities and populations, adapting care to diverse needs, preferences and circumstances, and enabling shared decision-making. Applies accountability, critical thinking and ethical decision-making, underpinned by the evidence base, to inform professional judgement and practice.	Consistently integrates complex information and delivers person-centred, evidence-informed dietetic care. Makes well-reasoned and ethical decisions across a range of situations, adapting approaches to individual, community and population needs while supporting shared decision-making and demonstrating professional accountability.	With autonomy, consistently demonstrates a flexible and critically informed person-centred approach, integrating accountability, critical thinking and ethical decision-making, and consistently evaluating, critiquing and applying the evidence base to inform, justify and enhance practice.
Applies and synthesises dietetic knowledge to meet the needs of	Demonstrates and applies the knowledge of dietetic practice to	Effectively assesses, plans and delivers care to individuals,	Demonstrates advanced synthesis and critical evaluation of

individuals, communities and populations.	individuals, communities and populations according to circumstances.	communities and populations. Integrates knowledge from multiple sources to adapt practice to different contexts, needs and priorities, supporting safe, evidence-informed and person-centred interventions.	knowledge, applying it insightfully to inform and advance practice.
Contributes to the development of others knowledge and professional practice.	Actively participates in supervision and educational activities that support the development of learners and other professionals.	Supports the learning and development of others through constructive feedback, shared learning and active engagement in supervision and educational activities. Contributes effectively to the development of learners and colleagues, promoting professional growth and reflective practice.	Proactively seeks opportunities to develop others, demonstrating educational leadership through the critical evaluation and enhancement of learning and supervisory activities.

Digital and technological capability

4.12 Digital literacy in dietetic practice, innovation and generative artificial intelligence (GenAI).

Benchmark	Threshold	Typical	Excellent
Uses digital health and information management tools safely, professionally and appropriately including electronic records, decision support tools and telehealth.	Shares information using digital tools adhering to information governance requirements. Selects digital tools to enhance practice.	Uses a range of digital health and information management tools confidently, safely and effectively to support person-centred care and professional practice. Applies information governance requirements consistently, using digital systems to record, manage and share information accurately, and selecting appropriate digital	Critically evaluates, optimises and innovates in the use of digital health and information management tools to enhance care, service delivery and decision making. Integrates emerging technologies, including GenAI, safely, ethically and transparently, critically appraising outputs and maintaining professional

		tools to enhance communication, clinical decision making and service delivery.	accountability, information governance and human oversight always.
Uses digital assessment and clinical decision support tools safely and professionally.	Understands the use and limitations of digital tools and critically evaluates digital outputs. Maintains professional accountabilities for all aspects of practice when using digital tools.	Uses digital assessment and clinical decision support tools effectively and appropriately, applying professional judgement to evaluate and interpret outputs while maintaining information governance, accurate documentation and professional accountability.	Demonstrates exceptional understanding of inherent bias in digital tools and takes steps to ensure reliability, equity and inclusion are ensured when using outputs from digital tools.
Uses GenAI safely and effectively in practice.	Applies GenAI in a responsible, transparent and reflective manner to support practice while maintaining professional accountability.	Uses GenAI appropriately and effectively to support practice, applying professional judgement to evaluate outputs, ensure accuracy and relevance, and maintain accountability for decisions and actions.	Critically evaluates the use of GenAI in practice, recognising risks including bias, inaccuracy and ethical considerations.

Research, evidence-based practice and quality improvement

4.13 Scholarship, inquiry and service improvement and innovation.

Benchmark	Threshold	Typical	Excellent
Uses research-informed and evidence-based practice to inform dietetic care.	Applies relevant evidence appropriately to support safe, effective and ethical dietetic practice. Uses evidence to inform professional judgement and decision-making in accordance with professional standards and scope of practice.	Applies and evaluates relevant evidence to inform safe, effective and ethical dietetic practice, integrating research evidence with professional judgement to support decision making within scope of practice.	Critically integrates evidence from multiple sources to support nuanced, well-justified professional judgement and decision-making. Demonstrates a sophisticated understanding of the strengths, limitations and applicability of evidence in supporting safe,

			effective and ethical dietetic practice.
Designs, conducts and evaluates research independently.	Applies appropriate methods, techniques and evidence to review, consolidate and extend knowledge and understanding, and to undertake projects relevant to dietetic practice. Critically evaluates arguments, assumptions, concepts and data to make informed judgements, frame appropriate questions and identify solutions to practice-related problems. Communicates information, ideas and outcomes effectively to specialist and non-specialist audiences.	Applies appropriate research methods and evidence to investigate practice-related questions, critically evaluates and synthesises information to inform conclusions, and communicates outcomes effectively to specialist and non-specialist audiences.	Demonstrates sophisticated and independent application of advanced methods, techniques and evidence to extend knowledge, undertake projects and solve complex problems. Critically evaluates diverse sources of information, uncertainty and competing perspectives to form nuanced judgements, frame insightful questions and develop innovative solutions. Communicates complex ideas and findings with clarity, precision and authority to specialist and non-specialist audiences.
Applies principles of research governance and ethics to ensure the safe, responsible and accountable conduct of research, evaluation and scholarly activity, safeguarding informed consent, confidentiality, data stewardship and research integrity.	Demonstrates accountability in the conduct of research, service evaluation and scholarly activity, applying principles of research governance and ethics. Maintains confidentiality, obtains and respects informed consent, manages data responsibly, and adheres to standards of research integrity while fulfilling professional, legal and ethical responsibilities.	Applies research governance and ethical principles consistently in research, service evaluation and scholarly activity. Demonstrates responsible data management, respects informed consent and confidentiality, and exercises professional judgement to uphold research integrity and accountability.	Demonstrates sophisticated understanding of research governance and ethics, critically evaluating ethical, legal, regulatory and methodological considerations. Promotes research integrity, robust data stewardship, confidentiality and informed consent, applying professional judgement to complex issues and supporting responsible, transparent and accountable research that advances knowledge, practice and service improvement and innovation.

Academic and intellectual skills

4.14 Academic and intellectual skills for evidence-informed professional practice.

Benchmark	Threshold	Typical	Excellent
Demonstrates the academic skills required to support independent, reflective and evidence-based professional practice.	Demonstrates the academic skills required to support independent learning, reflective practice and the appropriate use of evidence to inform professional decision-making. Applies academic conventions appropriately and demonstrates intellectual integrity.	Demonstrates strong academic skills to support independent, reflective and evidence-based professional practice. Critically evaluates and applies evidence to inform decision making, communicates academic work effectively, and consistently demonstrates intellectual integrity and adherence to academic conventions.	Consistently demonstrates sophisticated and integrated academic skills, applying critical evaluation, insightful reflective practice and a high level of independence to inform professional judgement and enhance practice. Demonstrates intellectual rigour in the interpretation, application and communication of evidence and ideas, using reflection to support ongoing learning and professional development.
Locates, evaluates and synthesises information to inform professional practice.	Identifies and appraises information from appropriate academic, professional and digital sources, applying critical analysis and professional judgement to interpret data and inform evidence-based decision-making. Evaluates the relevance of information, including emerging developments and technologies, and constructs coherent, well-supported arguments using digital and numerical information where appropriate.	Locates, critically evaluates and synthesises information from a range of relevant sources to inform professional practice. Applies critical analysis and professional judgement to interpret evidence, data and emerging developments, constructing clear, evidence-based conclusions to support decision making.	Demonstrates a highly critical approach to sourcing, evaluating and integrating information from diverse and complex sources. Synthesises evidence, data and emerging developments to generate insightful conclusions and well-reasoned arguments, recognising uncertainty, limitations and competing perspectives. Applies sophisticated professional judgement when interpreting information and evaluating innovations and technologies to support nuanced decision-making and enhance professional practice.

Applies problem-solving and critical thinking to address academic and professional challenges.	Applies theory, evidence and professional standards to develop appropriate responses to academic and practice-related challenges. Considers relevant perspectives, priorities and contextual factors when making decisions.	Applies critical thinking and problem-solving effectively to address academic and professional challenges, integrating theory, evidence and professional standards to evaluate options and make well-reasoned decisions in context.	Demonstrates innovative, insightful and adaptable approaches to complex, evolving or unfamiliar situations. Evaluates competing perspectives, priorities and sources of uncertainty to generate well-reasoned solutions informed by theory, evidence and professional standards.
Communicates ideas effectively using appropriate academic conventions and intellectual integrity.	Structures and presents information logically, supporting arguments with appropriate evidence and adhering to accepted academic conventions. Demonstrates honesty, accurate attribution of sources and responsible use of information.	Communicates ideas clearly and effectively, using appropriate academic conventions and evidence to present coherent arguments. Demonstrates intellectual integrity through accurate attribution, responsible use of information and critical engagement with sources.	Presents sophisticated and well-reasoned arguments that synthesise evidence effectively and demonstrate intellectual rigour. Communicates complex ideas with clarity and precision, reflecting a highly developed understanding of audience, context and purpose.

4.15 The benchmark statements and threshold standards above apply across all approved routes for registration. For master's level pre-registration courses (integrated and postgraduate), all learners must have attained at least the threshold standards in the table above, while also demonstrating the additional Level 7 characteristics described below.

4.16 Recognising that master's courses further develop knowledge and transferable skills at greater depth, learners graduating with a master's degree in Dietetics are able to:

- critically apply academic and professional knowledge and skills to explore complex concepts, navigate complexity, make informed decisions and adapt practice in response to emerging challenges
- demonstrate critical, reflexive and independent approaches to learning, characterised by autonomy, intellectual curiosity, independent enquiry and critical engagement with evidence
- critically evaluate emerging and evolving technologies, including GenAI, and the ability to evaluate their strengths, limitations and appropriate application in professional practice, research and scholarship
- appraise associated ethical, legal, governance and societal implications, exercise professional judgement in their use, and apply them responsibly, transparently and critically within the context of evidence-informed dietetic practice
- demonstrate advanced reflexive capacity to critically evaluate and act on feedback, using self-awareness, professional judgement and evidence informed reflection to enhance the quality of analysis, reasoning and decision-making, and to drive continuous improvement in professional practice, leadership and lifelong learning
- demonstrate advanced analytical and critical evaluation skills to inform clinical reasoning, challenge existing practice, navigate complexity and uncertainty, synthesise evidence from diverse sources, and lead innovation and improvement in dietetics while maintaining accountability and professional integrity
- independently design, conduct, and evaluate research, critically selecting and applying appropriate methodologies and translating findings into dietetic practice and/or service improvement.

5. List of references and further resources

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Glossary

To be used in conjunction with [QAA Glossary, Terms Explained, September 2022](#).

Dietetic assessment: a comprehensive evaluation of an individual's nutritional status using anthropometric, biochemical, clinical, dietary, environmental and functional data to identify nutritional problems and guide appropriate nutrition interventions.

Dietetic model and process: the structured framework used by dietitians to assess nutritional needs, establish nutrition diagnoses, plan and implement interventions, and evaluate outcomes.

Dietetics: The study and application of nutrition, food and lifestyle sciences to promote health, prevent disease and support the management of health conditions.

Dietitian: a qualified and regulated health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public-health level. They use the most up-to-date public health and scientific research on food, health and disease which they translate into practical guidance to enable people to make appropriate lifestyle and food choices. ([BDA website, 2026](#))

Dietetic knowledge: Dietetic knowledge is an understanding that is intellectual and theoretical, and that underpins practice. Knowledge can be acquired through sources such as literature, teaching, experience or observation. ([BDA, 2020](#))

Dietetic skills: Having knowledge of how to do something does not necessarily mean that you can do it. Skills are the practical application of knowledge required to proficiently practice dietetics. Skills are learnt through training or experience and are expressed in the workplace context. ([BDA, 2020](#))

Dietetic values and behaviours: Dietetic values and behaviours are mind-sets, attitudes or approaches required for competence across the profession. Professional values relate to those that conform to the requirements of a professional setting. Behaviours can be transferable across all competency levels, meaning that they may be more similar across all levels from graduate to expert, than knowledge and skills. ([BDA, 2020](#))

Direct care: refers to the health and care activities that are directly involved with individuals or groups in the application of the BDA process for dietetic practice.

Direct care settings: include primary care, acute, community and mental health care settings and social care, care homes, forensics, prisons, private healthcare.

Four pillars of practice: The multi-professional framework for advanced clinical practice in England to develop the nursing and allied health professional (AHP) workforce consistently to ensure safety, quality, and effectiveness.

Functional assessment: assessments to determine function such as timed up and go, hand grip, sit to stand. Can also include structured evaluation to measure the ability to perform activities of daily living to measure effectiveness of an intervention (outcomes).

Indirect care: refers to activities that support the delivery, quality, safety, and planning of healthcare services but does not involve the direct assessment, diagnosis, treatment, or care of an individual service user or group.

Indirect care settings: Include research, industry, voluntary sector, public health, schools,

governing bodies, HEIs as well as all of the direct care settings.

Objective structured clinical examinations (OSCEs): is a practical, timed test used in healthcare education to evaluate a student's clinical skills, communication, and competence in a safe, simulated environment.

Physical assessment: any hands-on assessment such as taking blood pressure or blood glucose readings, using skinfold callipers

Practice Educators: A registered professional who supports and facilitates practice-based learning, working alongside clinical and academic colleagues. They may also assess and confirm learners' achievement according to professional standards.

Fourth Edition

Published – 5th October 2026

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Registered charity numbers 1062746 and SC037786

www.qaa.ac.uk