

CORE CURRICULUM

FOR NUTRITIONAL THERAPY

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Changes November 2023

Section 6.4 the proposed minimum duration has been added
Section 9 additional wording (final sentence)

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Introduction

1.	<p>The basis of Nutritional Therapy</p> <p>Nutritional therapy is recognised as a complementary medicine. It is relevant both for individuals looking to enhance their health and wellbeing and for those with chronic conditions wishing to work with or 'consult' a nutritional therapist in collaboration with other suitably qualified healthcare professionals. Practitioners consider each individual to be unique and recommend personalised nutrition and lifestyle programmes rather than a 'one size fits all' approach.</p> <p>Practitioners never recommend nutritional therapy as a replacement for medical advice and always refer any client with 'red flag' signs or symptoms to their medical professional. They will also frequently work alongside a medical professional and will communicate with other healthcare professionals involved in the client's care to explain any nutritional therapy programme that has been provided.</p> <p>What a nutritional therapy session typically involves</p> <p>An initial consultation typically lasts 60 to 90 minutes and may or may not involve a pre-consultation questionnaire, and in this time the practitioner asks detailed questions about current health concerns, symptoms, medical diagnosis and treatment, medical history, family history, lifestyle, levels of physical activity, use of medication and supplements and diet.</p> <p>The practitioner then evaluates individual needs and uses the extensive evidence base for nutritional science to develop a personalised, safe and effective nutrition and lifestyle programme. Follow up consultations are generally after four weeks in order to monitor progress and make any necessary adjustments. Further follow-ups may be required depending on each individual situation.</p>
2.	<p>The content of this core curriculum provides a minimum standard for safe and competent practice. It incorporates the National Occupational Standards (NOS) for Nutritional Therapy – CNH1, CNH2, CNH8 and CNH9. It has also been informed by the findings of Benbow & Ralph (2016) which suggested that qualified nutritional therapists would benefit from further education with an increased emphasis on the following areas which have been embedded into this revised curriculum;</p> <ul style="list-style-type: none"> • The application of behaviour change theory to nutritional therapy practice • The evaluation of research evidence to inform evidence based nutritional therapy practice • The development of business management skills including marketing and Advertising Standards Agency (ASA) compliance • A systems biology approach to assessment including medical, functional and nutrigenetic tests • Legislative framework for professional practice in nutritional therapy.
3.	<p>Achievement of the educational and professional outcomes in this Core Curriculum act as the measure for eligibility to apply for registration with the Complementary and Natural Healthcare Council (CNHC). The agreed version of this Core Curriculum will replace the version published by NTEC in 2015, which in turn replaced the version published by NTC in 2007.</p>

<p>1 OVERALL AIMS OF THE COURSE</p> <p>To ensure that at the point of successful course completion, individuals are safe and competent to practice Nutritional Therapy as autonomous healthcare practitioners.</p>
<p>2 LEARNING OUTCOMES AND COMPETENCIES TO BE ACHIEVED</p>
<p>2A Professional nutritional therapy practice <i>The award holder in nutritional therapy should be able to;</i></p> <ol style="list-style-type: none"> 1. Understand the history of the profession and the place of NT within healthcare settings. 2. Maintain the standards and requirements of professional and regulatory bodies. 3. Adhere to relevant codes of conduct for registration with regulators and professional bodies including gaining informed consent and maintaining confidentiality. 4. Recognise the importance of the legislative framework and practice in accordance within the current legislation applicable to nutritional therapy. 5. Uphold the principles and practice of clinical governance, including practice audit and risk management activities. 6. Recognise the obligation to maintain fitness to practice. 7. Prioritise workload and manage time effectively. 8. Evaluate and reflect on own NT practice leading to action planning and continuous improvement. 9. Recognise limitations of own knowledge and experience and use personal development planning to address these areas through engagement in high quality evidence-based continuing professional development. 10. Contribute to the development and dissemination of evidence based NT practice. 11. Recognise professional boundaries and scope of practice and refer clients where appropriate. 12. Communicate professionally with other health professionals as appropriate. 13. Act in the best interest of clients and exercise a professional duty of care towards them. 14. Demonstrate cultural sensitivity and respect for others. 15. Contribute to the well-being and safety of all people in the work place.
<p>2B Physiological functions in health and disease <i>The award holder in nutritional therapy should be able to demonstrate understanding and application of;</i></p> <ol style="list-style-type: none"> 1. The structure and function of major physiological systems. 2. The integration of physiological systems within the human body and the application of this to a systems biology approach in NT practice. 3. The homeostatic regulation of major body functions in optimal health. 4. Changes to physiological functions through the lifespan and links to alterations in nutrient requirements. 5. Acute physiological responses to tissue injury and stress and the effect of these processes on nutrient supply and demand. 6. The physiological responses to physical activity and effect on nutrient supply and demand. 7. Energy balance and regulation of appetite and food intake. 8. The influence of diet on the development of the gut microbiota and its effects on physiological function and health. 9. The structure and functions of cell organelles including cell respiration, protein synthesis and membrane transport. 10. The role of genetic variation in single-gene disorders (SNPs) and multi-factorial conditions 11. The role of epigenetic regulation of gene expression.

12. The coordination and regulation of major metabolic pathways and the role of nutrients and other food components as coenzymes and cofactors.
13. The pathophysiological and biochemical changes underpinning the development of health conditions commonly seen in nutritional therapy.
14. The physiological processes of drug absorption, transport, detoxification and elimination
15. The mechanism of action of common classes of drugs and common drug -nutrient and drug-food interactions.

2C Food and diet in NT practice

The award holder in nutritional therapy should be able to;

1. Recognise that dietary eating patterns are diverse and may change, with consequent effects on health.
2. Discuss factors affecting food choice.
3. Discuss lifestyle and dietary risk factors of diseases commonly encountered in NT practice.
4. Describe the biochemical structure and functions of nutrients and other food constituents and other non- nutritive substances including phytonutrients.
5. Evaluate and use nutritional databases to determine the nutrient composition of foods.
6. Describe classification of foods and outline current national and a range of international recommendations and guidance for a healthy diet.
7. Discuss factors affecting the bioavailability of nutrients.
8. Discuss the effects of food production and processing and storage on nutrient density and food quality
9. Explore the effects of food production on sustainability and food security.
10. Describe procedures for safe handling and preparation of food in relation to dietary recommendations
11. Describe, evaluate and classify diet for potentially adverse reactions to foods.
12. Outline legislation and regulation of food and nutraceutical labelling, including food additives and food preservation.
13. Discuss the safe use of nutraceuticals in terms of drug actions, nutrient interactions and safe upper limits.

2D Evidence based practice:

The award holder in nutritional therapy should be able to;

1. Recognise the value of research and other scholarly activity in relation to the development of the NT profession and in planning safe and effective client care.
2. Adopt a systematic approach to analysing, evaluating and synthesising primary research evidence to inform NT practice.
3. Evaluate current recommendations and policies to inform NT practice.
4. Interpret research data including statistical analysis to inform evidence based NT practice.
5. Use research findings to support evidence based NT practice.
6. Evaluate government health policies, dietary advice and guidelines including food and nutrition policies to inform NT practice.
7. Identify and access high quality, evidence based Continuous Professional Development (CPD) and reflect on its application to NT practice.

2E Assessment and planning for nutritional therapy practice

The award holder in nutritional therapy should be able to;

1. Communicate and negotiate effectively with the client to identify therapeutic goals and appropriate strategies.

2. Discuss the design and use of appropriate assessment and evaluation tools including health questionnaires and patient outcome measures
3. Identify where acute health conditions may be present (red flags) and refer appropriately (appendix A).
4. Carry out integrated health and nutritional assessment activities skillfully and in accordance with evidence based practice These may include gathering a medical and social history, anthropometric and dietary assessment and results from functional, nutrigenetic and biochemical/medical testing as appropriate.
5. Use a systems based, integrated and evidenced approach to interpret and evaluate the results of nutritional assessment which may include, medical, biochemical, functional and nutrigenetic
6. Evaluate quantitative and qualitative methods used to estimate nutrient intake.
7. Evaluate guidelines and recommendations for nutritional intake including Dietary Reference Values (DRVs) and safe upper limits
8. Assess readiness for behaviour change.
9. Discuss the influence of social and cultural factors on dietary intake and lifestyle of clients.
10. Understand, and present numerical data from health assessments.
11. Monitor and critically evaluate the outcomes of practice and reassess priorities and adjust management plans in the light of these.
12. Maintain records of assessment and management plans appropriately in accordance with current legislation
13. Reflect on knowledge, skills and clinical experiences to progress personal and professional development

2F Therapeutic nutritional management:

The award holder in nutritional therapy should be able to;

1. Formulate therapeutic plans for, nutrition and lifestyle advice to educate the client and meet negotiated goals, drawing on a critique of evidence in the literature and client assessment.
2. Develop plans for the management of nutritional deficiencies or excesses, including obesity and eating disorders recognising the need for referral to appropriate services where relevant.
3. Plan appropriate dietary advice and construct menu plans to safely and effectively meet negotiated health goals within an agreed timeframe.
4. Apply appropriate communication skills to develop therapeutic relationships for effective clinical practice.
5. Appraise and select appropriate nutraceuticals for safe and effective practice to achieve therapeutic goals
6. Apply knowledge of behaviour change techniques that may include motivational interviewing, TA (transactional analysis) and NLP (neuro-linguistic programming) to support, motivate and empower clients to make negotiated food and lifestyle behaviour changes to promote health.
7. Employ strategies to empower the client to become actively involved in dietary changes and the management of their own health care including reviewing their wider environment.
8. Communicate effectively with the client using, information sheets and other forms of written communication
9. Educate clients about food safety and provide practical advice about food, eating and drinking
10. Identify the sustainability and environmental impact of dietary advice and food choices

11. Critically review effectiveness of previous nutritional plans and negotiate to adjust these as appropriate.	
2G Business skills: <i>The award holder in Nutritional Therapy should be able to;</i> <ol style="list-style-type: none"> 1. Manage time and resources 2. Demonstrate relevant knowledge of the legislative framework for Nutritional Therapy. 3. Understand the legal responsibilities of a self-employed healthcare practitioner. 4. Understand the role of Professional Bodies and Regulators; the role of each and the difference between them. 5. Understand the role of insurers and evaluate insurance needs. 6. Understand the financial responsibilities of running a small business. 7. Explain the basic accounting and book-keeping requirements of a small business. 8. Undertake a business and clinical audit. 9. Recognise that Nutritional Therapy can be a 'product' to be marketed. 10. Understand the value of different marketing strategies and how these can be applied. 11. Develop a business plan and recognise the need to update this on an on-going basis. 12. Understand website construction (sufficiently to guide those with the skills to do this) and the use of web based communications including social media. 13. Design and publish brochures, fliers and promotional literature. 14. Understand how to deliver a presentation to a variety of different audiences. 15. Manage client expectations, relationships and develop service excellence. 16. Develop an awareness of networking and the interpersonal skills of effective listening, negotiating, persuasion and presentation and their use in generating business contacts. 17. Be an effective communicator, using relevant communications for business including understand the effectiveness of digital tools. 18. Develop communication skills with fellow health professionals, clients and other businesses. 	
3 OVERALL RATIO OF THEORY AND PRACTICE	
The overall ratio of Theory to Practice is typically 75% theory to 25% practice.	
4 ASSESSOR AND TUTOR REQUIREMENTS FOR RELEVANT HIGHER EDUCATION QUALIFICATIONS	
All clinic assessors on courses accredited by the Nutritional Therapy Education Commission (NTEC) are CNHC registered, a member of a relevant professional body and for clinical practice have a minimum of 2 years practice experience. Academic tutors/lecturers are specialists in their field.	
5 THE MINIMUM LEVEL (EQUIVALENT) AT WHICH QUALIFICATIONS LEADING TO CNHC REGISTRATION MUST BE ACHIEVED AGAINST THE FURTHER AND HIGHER EDUCATION FRAMEWORKS	
The minimum level is Level 6 (or equivalent) of the Framework for Higher Education Qualifications (FHEQ) in England, Wales and Northern Ireland, and Level 9 (or equivalent) of the Framework for Qualifications in Higher Education in Scotland (FQHEIS).	
6 HOURS OF STUDY AND MINIMUM DURATION OF TRAINING PERIOD	
6.1	<u>Total Qualification Time.</u> This is the number of notional hours that represents an estimate of the total amount of time that could reasonably be expected to be required in order for a Learner to achieve and demonstrate the achievement of the level of

	attainment necessary for the award of a qualification. This total includes the number of hours of Guided Learning as set out below in section 6.2. Level 6 in the FHEQ and level 9 in the FQHEIS encompass five different types of award, from Graduate Diploma to Bachelor's Degree with Honours, and this means there is no one fixed Total Qualification Time that applies across the range.	
6.2	<u>Guided Learning</u> . This is the activity of a Learner in being taught or instructed by – or otherwise participating in education or training under the <u>Immediate Guidance or Supervision</u> of – a lecturer, supervisor, or tutor. As with Total Qualification Time, the hours of Guided Learning vary across the range of relevant qualifications.	
6.3	<u>Immediate Guidance or Supervision</u> . The guidance or supervision provided by lecturer, supervisor, tutor or other appropriate provider of education or training	
	(a)	with the simultaneous physical presence of the Learner and the lecturer, supervisor or tutor, or
	(b)	remotely by means of simultaneous electronic communication
	It is recommended that a minimum of 70 hours of development and supervision of clinical skills with the simultaneous physical presence of the learner and supervisor are included in the hours of Guided Learning.	
6.4	The minimum duration will depend on the level and type of qualification BSc (hons) level 6 minimum 3 years 360 credits equivalent to 3600 hours Graduate Diploma level 6 minimum 12 months 120 credits equivalent to 1200 hours. Post Graduate Diploma level 7 minimum 12 months 120 credits equivalent to 1200 hours. MSc level 7 minimum 12 months. 180 credits equivalent to 1800 hours	
7 CREDIT VALUE		
The number of credits that will be achieved on successful completion of the learning outcomes One credit must be equal to one tenth of the Total Qualification Time, rounded to the nearest whole number. As with Total Qualification Time, there is no one fixed credit value across the range of relevant qualifications.		
8 CASE STUDY REQUIREMENTS		
8.1	A minimum of 15 cases studies must be completed. Of these three must be supervised and include initial and follow up client appointments. 12 can include fictional, role play and observations. The three written-up case studies must provide evidence of	
	a)	Demonstration of a critical and evidence based approach to designing and monitoring Nutritional Therapy interventions, which may include one or more of the following; food, nutraceuticals, testing and lifestyle recommendations.
	b)	Adherence and awareness of all relevant codes of professional practice and safety issues
	c)	Application of a systems biology approach to inform nutritional intervention <i>in addition, the following may also be included if relevant to the case study.</i>
	d)	Critical evaluation and application of use of behavior change theories.
	e)	Evidence of critical reflection and personal development planning

9 DETAILS OF THE ASSESSMENT PROCESS	
This must include independent assessment ie the person undertaking the summative assessment should not have taught or assessed the learner but must be occupationally competent as a nutritional therapist. The learning outcomes can be assessed in a wide variety of ways and sometimes in different ways for the same cohort e.g. One person may favour a viva voce, another may give a Power Point presentation and another may complete an online test which self-marks for example, which all assess the same learning outcomes. The learning outcomes can be assessed in a variety of ways and it is the assessor (in accordance with the institution's assessment policy) who decides on the assessment options and format.	
9.1	Case studies as above plus theoretical and practical summative assessments
9.2	The above should all evidence clear understanding of learning outcomes outlined in this document. All courses must have moderation processes and external examiners as will be confirmed by the relevant validating universities or external verifying organisations plus the Nutritional Therapy Education Commission (NTEC) accreditation process.
9.3	In addition – Practical Assessment of skills
	<ul style="list-style-type: none"> a) An ongoing (i.e. during teaching sessions) observation as to practice, application and suitability. b) Final Practical Assessment should be by a minimum of one independent assessor who is occupationally competent (two are recommended) c) As with the Total Qualification Time and Guided Learning hours, the number of assessments varies across the range of relevant qualifications.
9.4	Summative Assessment
	The summative assessment must include written work, in addition to practical work.
10	DETAILS OF AN ACCREDITATION OF PRIOR AND EXPERIENTIAL LEARNING (APEL) PROCESS FOR APPLICANTS FOR CNHC REGISTRATION WHO HAVE NOT COMPLETED A COURSE THAT OF ITSELF MEETS CNHC REQUIREMENTS, AND WHO WOULD BE RESPONSIBLE FOR THE PROCESS.
10.1	<p>The APEL process would be the responsibility of organisations who verify applications for CNHC registration from Nutritional Therapists who have not completed a training course that of itself meets the requirements of this core curriculum. These applicants must provide the following information and evidence:</p> <ul style="list-style-type: none"> • Evidence of at least three years' practice as a Nutritional Therapist • all Nutritional Therapy qualifications, in chronological order, with details of course content, including any clinical practice • details of all CPD undertaken since qualifying as a Nutritional Therapist • career summary and statement of practice, describing current practice and services provided, and how their practice has developed over the years they have been in practice • two case studies, with details of evidence based nutritional therapy protocols, including details of supplements recommended and dietary advice given

RED FLAGS

It is vital, not only for your client's health, but also for your own protection that if your client reports any of the red flag symptoms outlined in the document below, you are quite clear that they must seek a medical opinion. It is best practice to ensure that any individual that you are working with has consulted their GP or other healthcare practitioner about any undiagnosed condition or any significant changes in symptoms for a diagnosed condition.

Pain

- any pain which is persistent, particularly if severe or in the head, abdomen or central chest
- pain in the eye or temples, with local tenderness, in the elderly, rheumatic patient
- pain on passing urine in a man
- cystitis recurring more than three times in a woman
- absence of pain in ulcers, fissures etc.
- sciatic pain if associated with objective neurological deficit

Bleeding

- blood in sputum, vomit, urine or stools
- vomit containing "coffee grounds" (coagulated blood, twisted bowel)
- black, tarry stools (cancer)
- non-menstrual vaginal bleeding (intermenstrual, postmenopausal, or at any time in pregnancy)
- vaginal bleeding with pain in pregnancy or after missing one period

Psychological

- deep depression with suicidal ideas
- hearing voices
- delusional beliefs
- incongruous behaviour

Persistent

- vomiting &/or diarrhoea
- vomiting &/or diarrhoea in infant
- thirst
- increase in passing urine
- cough
- unexplained loss of weight (1lb per week or more)

Sudden

- breathlessness
- swelling of face, lips, tongue or throat
- blueness of the lips
- loss of consciousness
- loss of vision
- convulsions
- unexplained behavioural change

Difficulty

- swallowing
- breathing

Change

- in bowel habit
- in a skin lesion (size, shape, colour, bleeding, itching, pain)

Others

- pallor
- unexplained swelling or lumps
- neck stiffness in a patient with fever
- unexplained fever, particularly if persistent or recurrent
- brown patches (Addison's disease)

What Activities Count Towards Guided Learning Hours (GLH) and Total Qualification Time (TQT)?

The following table provides examples of what activities count towards both GL (hours) and TQT:

Type of Activity	GL (hours)	TQT
Classroom based learning supervised by the lecturer, supervisor or tutor whether on a 1 to 1 or group basis	✓	✓
Invigilated or supervised examinations or final assessments	✓	✓
Research project where the learner carries out independent research and produces a report without supervision	x	✓
Classroom based induction to a qualification as required in the specification	✓	✓
Skills practice at place of learning or workplace where the learner is responsible for generating their own evidence of practice, eg. a statement confirming attendance from a suitable attendant adult, generally not the lecturer or tutor	x	✓
Skills practice carried out in simulated conditions where the learner is observed and assessed at the same time as the simulation is taking place	✓	✓
Face to face meetings with the lecturer, supervisor or tutor or other prearranged teaching session, eg. telephone/webcam contact, internet messaging, ie. conversation in real time	✓	✓
Work based practice observed by employer, tutor, or other witness more qualified than the learner	✓	✓
Portfolio assessment where the learner collates evidence of competence and understanding unsupervised by the lecturer, supervisor or tutor	x	✓
E-assessment where the learner has their knowledge and understanding assessed unsupervised where they can access online e-assessment at any time	x	✓
E-assessment where the learner is supervised by the lecturer, supervisor or tutor in real time	✓	✓
Watching a pre-recorded podcast or webinar	x	✓