

The role of the nutrition lead in UK medical education: A qualitative study

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Background

On a global and national platform, nutrition education has been highlighted as inadequate and not providing medical students with the knowledge, and confidence, to apply principles of nutrition in patient care, regarded as part of the first-line management for many non-communicable diseases.

The presence of a nutrition lead has been identified as a supportive factor in nutrition implementation within a medical school. Yet, there is no research investigating and understanding this role and, importantly, identifying the support required to further nutrition implementation.

Association for Nutrition (AfN) hold responsibility for the UK Undergraduate Curriculum in Nutrition, they have created nutrition curriculum standards for medical schools, but these are not compulsory, as opposed to GMC outcomes.

Aim

This aim of this study it to explore the role of the nutrition lead in UK medical education. To identify the individuals who fulfil this role, the variation of this role between medical schools, and to explore how this role can be supported, to ultimately promote embedment of the AfN nutrition curriculum (2021 release) into medical schools

Objectives

- 1) Determine if nutrition leads are identifiable within all medical schools and how the role varies between schools
- 2) Explore how nutrition leads view their role and what they perceive are the successes and limitations of their given position
- 3) Investigate how nutrition leads be best supported in implementing the AfN undergraduate medical curriculum in nutrition

Methods

Semi-structured interviews were conducted with nutrition leads in 12 UK medical education institutions. A framework analysis of the interviews was undertaken. Interviewees either identified as being a nutrition lead or the individual who takes responsibility for nutrition implementation within their medical school.

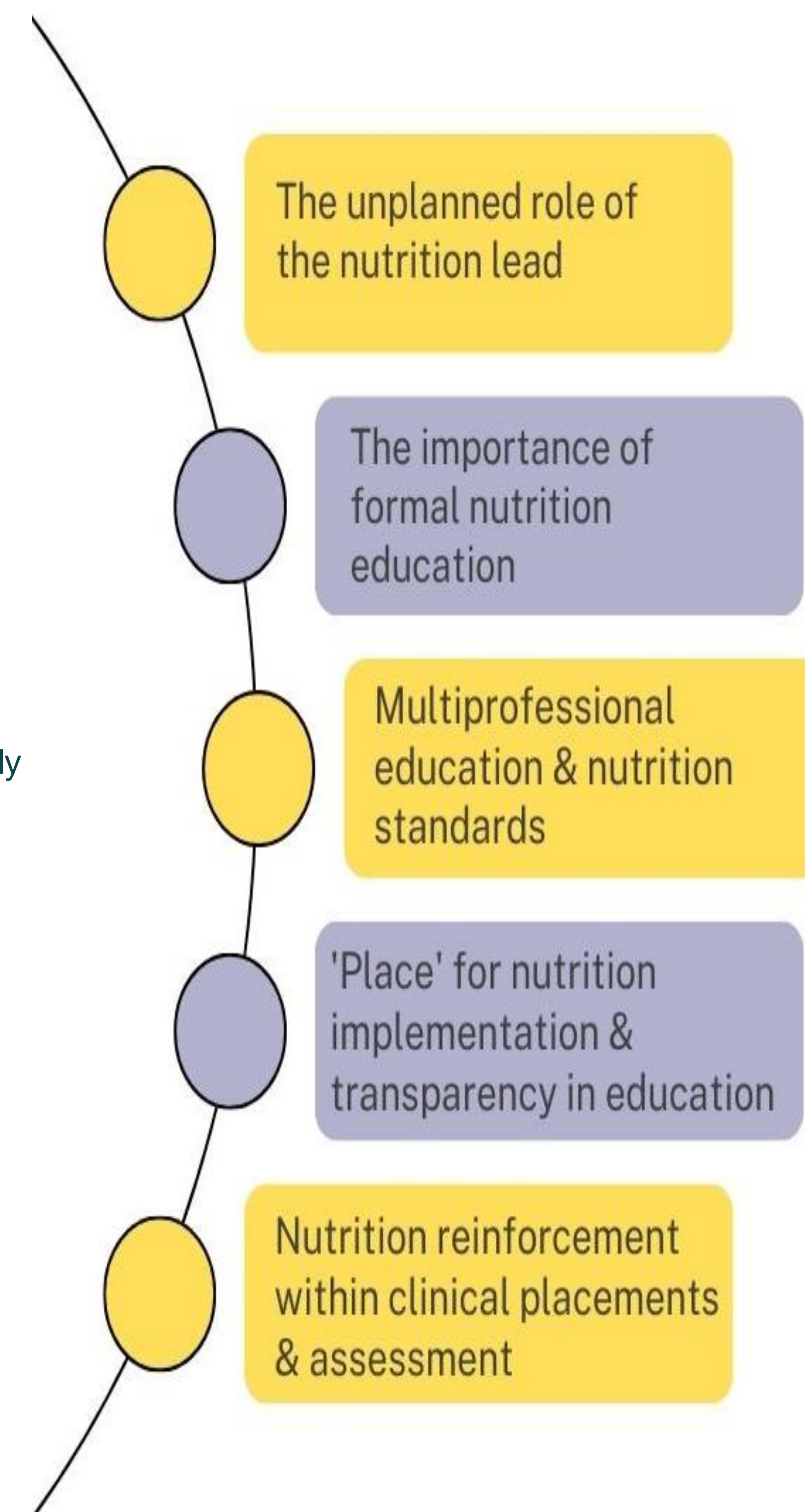
References

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Key Themes identified



Participant quotes

"I think the key thing about nutrition is that it is a truly multidisciplinary field...without dieticians, nurse specialists, pharmacists I couldn't function..."

"I think it is a topic that I don't think would work very well in a block...our goal is to make sure it is woven throughout"

"I wish I had more time to spend on the role"

"So, I wasn't employed directly to be a nutrition lead, I applied for a senior teaching fellow position covering teaching of GI and Renal physiology ... although not formal, anything to do with nutrition gets run by me"

"So, I do lead for nutrition, but I am not the formal 'nutrition lead' if that makes sense"

"In terms of implementing nutrition I think a standard setting exercise is the more effective way of doing it"

"At the end of the day we are trying to optimise nutrition teaching of UK medics in terms of how they will practise, so sharing best practice only makes sense..."

"I think the number one is in terms of assessment, there needs to be much more assessment of nutrition knowledge in our programme"

"You (the nutrition lead) need to have formal nutrition education generally, because otherwise you haven't got the knowledge base to do the nuanced talking, you do need a knowledge base when talking about food and nutrition"

"I wouldn't say necessarily that the teamwork approach always exists in medicine ... but my own experience of nutrition in a clinical area is very much that is a team approach"

"When you are in early clinical years it is simpler... in the later clinical years I think the conversations surrounding nutrition become more complex; it's public health, motivational interviewing, its poverty, different things work for different people ..."

Results and learning points

Who are the nutrition leads in the UK? Only 3 participants were employed explicitly in the formalised role of the nutrition lead. The majority of roles were informal and arose from a given interest and confidence in the topic of nutrition, alongside a noticed gap in its education. The nutrition leads interviewed came from a variety of professions including dieticians, nutritionists, doctors. Sustainability of the position was associated with an assigned, formally funded role.

Successes and limitations of the role. Multiprofessional education was regarded as a success arising from the role of nutrition lead, participants highlighted that nutrition naturally presents the opportunity for multiprofessional work. Integration of content across the curriculum was viewed overall, as more successful than implementation of nutrition via student selected components (SSC).

Dilution of nutrition outcomes mandated by the GMC was viewed as deprioritising nutrition, limiting the role of the nutrition lead. The lack of nutrition 'assessment' was viewed as a factor generally limiting the role and devaluing nutrition education. Reinforcement of nutrition in the clinical environment was identified as the major limiting factor.

How to support the nutrition lead. Nutrition leads were overall supportive of transparency and sharing of resources between medical schools, recognising the potential to reduce the burden and increase role impact. Growth of a nutrition network between medical schools, and increased transparency of work could facilitate further success for the nutrition lead. Support from AfN, in terms of resources, assessment guidance and accreditation could improve the impact of the nutrition lead, as well as the success of the AfN curriculum.

Nutrition leads are key stakeholders for the improvement in the nutrition education of medical students.