

An Integrated Career and Competency Framework for Diabetes Nursing



2nd Edition



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An *Integrated Career and Competency Framework for Diabetes Nursing* is the product of a collaboration between the professional bodies representing nurses who work in diabetes care, coordinated by TREND-UK (Training, Research and Education for Nurses in Diabetes-UK). The groups involved were the Royal College of Nursing's Diabetes Nursing Forum, the Diabetes Nurse Consultant Group, the Paediatric Diabetes Special Interest Group, the National Diabetes Inpatient Specialist Nurse Group and the Practice Nursing Forum, as well as Diabetes UK Nurses Forum and people living with diabetes.

Representatives from these groups have reviewed and further developed the Framework, building on the first edition published in 2005. This second edition of the Framework was necessary to keep the document up-to-date with the developments in diabetes nursing roles

and responsibilities over the past few years.

The development of the Framework was funded by an unrestricted educational grant from members of the pharmaceutical industry. I would like to take this opportunity to thank those industry members for investing in diabetes nursing for the future through this important project. Thanks also to SB Communications Group for their administrative support.

I would also like to acknowledge the hard work and commitment of my TREND-UK Co-Chairs Jill Hill, June James and Grace Vanterpool. We welcome comments and suggestions from practitioners to ensure the Framework remains current and relevant to nurses involved in the care of people with diabetes.

Debbie Hicks
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Acknowledgements

Many thanks to all the people and organisations listed below who reviewed, updated and further developed the document contents: Helen Atkins, Trish Birdsall, Keith Booles, Caroline Brooks, Molly Courtenay, Gaye Duncombe, Gwen Hall, Louise Hilton, Sabera Khan, Fiona Kirkland, Karen Marchent, Kit McAuley, Prue Neale, Lynne Priest, Jo Reed, Jackie Rooney, Jill Shearer, Debbie Stanisstret, Margaret Stubbs, Chris Terry, Diane Todd, Esther Walden, Julie Widdowson, the Royal College of Nursing's Diabetes Nursing Forum, Diabetes UK, the Nurse Consultant Group, the Paediatric Special Interest Group, Diabetes Inpatient Specialist Nurses Group and the Practice Nurse Forum, plus the Co-Chairs.

Many thanks also to the pharmaceutical companies without whose generous support the project would have been more difficult: Abbott, Bayer, BD Medical - Diabetes, Bristol-Myers Squibb and AstraZeneca, Eli Lilly and Company, Home Diagnostics, Lifescan, MSD, Novartis, Novo Nordisk, Roche, Sanofi-Aventis and Takeda.

Comment

“*People with diabetes and their families rely on their nursing staff for advice, education and emotional support, to support self-management. Practice nurses, diabetes specialist nurses, nurse consultants, diabetes facilitators and healthcare assistants all have a vital role to play in the commissioning, delivery and monitoring of diabetes services. They will often be the member of the multidisciplinary diabetes team that people with diabetes have most contact. Well-trained nurses are the lynch-pin to delivering the care that people with diabetes should expect, and must have the protected learning time needed to remain up-to-date, confident and competent.*

This Framework is a welcome addition to the toolkits of commissioners and nurses. It provides clear guidance and recognition of the skills, competencies and training needed locally to ensure that all people with diabetes have access to high quality, integrated, and person-centred care in every part of the UK.”

Bridget Turner
Head of Policy, Care and Improvement
Diabetes UK

A GLOSSARY CAN BE FOUND ON PAGE 27 FOR THE EXPANSIONS OF ABBREVIATIONS USED HEREIN.

Competence can be defined as “the state of having the knowledge, judgment, skills, energy, experience and motivation required to respond adequately to the demands of one’s professional responsibilities” (Roach, 1992). This, the second edition of *An Integrated Career and Competency Framework for Diabetes Nursing*, addresses a number of political and professional issues, including:

- The documents *Agenda for Change: Modernising the NHS Pay System* (DH, 1999) and *Agenda for Change: National Job Profiles* (DH, 2005).
- The need to demonstrate fitness for purpose and meet service delivery requirements in diabetes nursing.
- The need for leadership in specialist nursing.
- The need for the development of professional standards for HCPs.
- The document *The NHS Plan: A Plan for Investment, a Plan for Reform* (DH, 2000), and its equivalent in Scotland, Wales and Northern Ireland.
- An increased focus on work-based, life-long learning and supervision.
- The focus on professional, rather than academic, accreditation for HCPs.
- The document *Towards a Framework for Post Registration Nursing Careers* (DH, 2007).

The Framework focuses specifically on nurses providing diabetes care, but can be used together with other frameworks that highlight core nursing skills and competencies. Many of the specific competencies outlined here are common to the Skills for Health Project, a DH initiative to develop UK-wide, multidisciplinary occupational standards in diabetes care.

A changing agenda

The DH’s (2005) *Agenda for Change* means that HCPs now have clear and consistent development objectives that should enable them to develop and apply the knowledge and skills appropriate to their level of responsibility, and will assist in identifying and acquiring the knowledge and skills that will support their career progression. HCPs’ knowledge and skills will be assessed using the *Knowledge and Skills Framework* (NHS Employers, 2004).

Pay progression will be linked to the demonstration of applied knowledge and skills (DH, 1999). The *Knowledge and Skills Framework* (NHS Employers, 2004) plays a key role in determining how nurses move through a pay band, although it does not indicate the pay band in which a nurse should be placed.

Nurses and commissioning

Diabetes is a common and complex condition affecting all aspects of the individual’s life, with potentially costly complications. Self-management skills are an essential part of diabetes care that should be exercised in conjunction with the support of well-trained HCPs working within an integrated framework, at the centre of which is the person with diabetes.

Commissioners aim to facilitate the delivery of excellent, safe and affordable diabetes care for the population for which they are responsible (DH, 2010). To achieve this, they need: an awareness of the healthcare needs of that population and the priority of those needs; to encourage innovation and service improvement; and to support integration of all aspects of diabetes care and promote mechanisms to support self-management.

Nurses working at all levels in diabetes care can contribute to the process of commissioning and delivering the ideal diabetes service for their population. They are at the forefront in delivering diabetes care at all levels, whether at the level of supervising the annual review and monitoring performed by the healthcare assistant, the prescribing, teaching and stabilisation of someone needing insulin therapy by the DSN, or leading a team of nurses delivering a comprehensive number of services including pump therapy, inpatient care and antenatal care.

Nurses are key in promoting self-management skills, either in one-to-one consultations or through the delivery of structured diabetes education and self-management programmes. From the person with diabetes’ perspective, the nurse is often the person who links many aspects of their diabetes care, sign-posting to other HCPs as required and explaining results and decisions made.

As well as delivering care, nurses can also contribute to the healthcare needs assessment process and the prioritisation of those needs. Commissioners need to get to know the clinicians delivering care in the population that they are commissioning for, including nurses. They need to have a realistic view of the resources available, the challenges of healthcare delivery, and to be receptive to innovative ideas that will meet those needs in a safe and affordable way.

Nurses are important people in the delivery of diabetes care, and can also influence the commissioning of those services. To do this, they need to be clear about what competencies are required to deliver high-quality diabetes care, and be able to demonstrate those competencies. Furthermore, experienced nurses should be able to assess need and be innovative, and to evaluate and demonstrate achievement of desired health outcomes.

This Framework supports the commissioning of appropriate levels of nurses to deliver diabetes services, and provides a clear definition of the nursing roles – and their expected competencies – within diabetes nursing. ■

The first edition of *An Integrated Career and Competency Framework for Diabetes Nursing* (Diabetes Nursing Strategy Group, 2005) was developed in stages. The first stage involved the use of the values clarification exercise, facilitated by Kim Manley of the RCN Institute. More than 40 participants – generalist and specialist nurses and people with diabetes – worked together to define their values and beliefs about diabetes nursing. They developed a key statement: “Diabetes nursing is essential for people with diabetes”. Furthermore, they outlined the purpose of diabetes nursing:

- To make a difference in the lives of people with diabetes.
- To promote and maintain the health of people with diabetes.
- To promote understanding and raise awareness of diabetes.
- To provide high-quality, person-centred care and services.
- To help people with diabetes to be confident to self-manage and to be as independent as possible.
- To maintain a good quality of life for people with diabetes.

The working group identified a range of interventions essential for achieving the stated purpose of diabetes nursing. These interventions were developed for each of the five levels of expertise within nursing and workshops were held in which these areas were refined. The draft Framework was sent to more than 250 nurses from all professional backgrounds, patient groups, civil servants and Diabetes UK representatives, inviting all potential users to contribute feedback. Comments received were considered and included where appropriate. Relevant groups, such as the Skills for Health Project and the Paediatric Diabetes Nursing Group, were kept informed during the Framework’s development. The result was a competency framework developed by nurses, for nurses.

Competency frameworks

Over the past few years, guidance has emerged that enables nurses to further their careers in a structured way via competency frameworks. Within nursing, it is possible to have both specialist expertise (in terms of a specific patient group, e.g. people with diabetes) and generalist expertise (e.g. nursing practice, leadership; Manley and Garbett, 2000).

Every nurse has the following competencies at the core of their practice (Manley, 2001):

- Being person-centred.
- Undertaking evidence-based practice.

- Equality, diversity and rights.
- Multi-skilled interventions, treatments and therapies (i.e. specific interventions).
- Practice expertise.
- Improving patient experience and outcomes.
- Developing individual and team effectiveness.
- Developing a culture of effectiveness.
- Developing one’s own practice and that of others.
- Facilitating individual, group and team learning.
- Clinical leadership and management in practice.
- Managing settings and the service.
- Undertaking research and evaluation in practice.
- Providing expert and process consultancy.

These core competencies are built on by a consultant nurse, who brings (Manley, 2001):

- Expert practice.
- Practice development.
- Leadership.
- Lifelong learning.
- Research and development.
- Consultancy.

This edition of *An Integrated Career and Competency Framework for Diabetes Nursing* has been revised to include both the new and existing roles of nurses who deliver diabetes care. Each clinical area comprises a set of practical competencies from the fourth of the core nursing competencies (i.e. multi-skilled interventions, treatments and therapies), with the competencies grouped according to the role associated with that level of competency.

The five levels of competency are: (i) unregistered practitioner; (ii) competent nurse; (iii) experienced or proficient nurse; (iv) senior practitioner or expert nurse; and (v) consultant nurse.

It is acknowledged that in recent times and following the introduction of *Agenda for Change* (DH, 2005) a new role has emerged – that of team manager. These posts span some elements of the senior nurse and nurse consultant competencies and encompass clinical care and management responsibilities for diabetes nursing teams. While there can be some blurring of professional boundaries between these roles, nurse consultants have additional clear responsibilities around expert clinical practice, leadership, education provision, research and strategic planning of services.

The Skills for Health (2009) competencies do not refer to a sixth level of competency and, as a result, this document remains in line with the five specified national levels. The competencies have the potential to work alongside the *Knowledge and Skills Framework* (NHS Employers, 2004) and the higher level of practice documents (Castledine, 2002).

Development of the Framework

Diabetes nursing and beyond

The DSN role was introduced more than 70 years ago. Since the 1970s, the DSN role has become increasingly common following the advent of differing strengths of insulin, and the introduction of self-monitoring of blood glucose (Davies et al, 2001). In 2008, there were 1363 DSNs in the UK, working in either primary or secondary care, or both (CMA Medical Data, 2009).

DSNs work wholly in diabetes care; they may be employed in primary or secondary care or work in both. The DSN clinical caseload might encompass the care of adults or children with diabetes, or both. DSNs usually form part of multidisciplinary teams (MDTs), however not all work with medical consultant colleagues providing expert clinical support, as recommended in the RCN report defining such roles (Castledine, 1991).

Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. Clinical governance is therefore essential in the provision of good clinical care.

Two points in particular are cause for concern in the DSN specialty. First, the professional group is becoming more fragmented as DSNs are employed by various non-NHS healthcare providers (James et al, 2009). Second, not all DSNs are able to access specialist clinical support. This leads to inconsistencies in knowledge and skills – and, ultimately, competencies – within the professional group.

There is currently no single recognised qualification for the DSN role. Castledine (1991) gave minimum recommendations for DSNs new in post, saying that they: (i) should be registered nurses with a minimum of 3 years practice; and (ii) have a proven interest in diabetes management, teaching and counselling. Senior DSNs at that time would have been required to: (i) have practised as DSNs for a minimum of 3 years; and (ii) be willing to undertake a diabetes diploma or a related degree.

More recently, *Agenda for Change: National Job Profiles* (DH, 2005) and *Towards a Framework for Post Registration Nursing Careers* (DH, 2007) identified core elements of training for all specialist nurses. Notably, all specialist nurses are now required to have, or be working towards, a degree-level qualification to fulfil the national job profile criteria. While senior DSNs will be aligned to the advanced nurse profile and be expected to have, or be working towards, a Masters degree (Diabetes UK, in press).

All DSNs are assessed annually against specific competencies outlined in the *Knowledge and Skills Framework* (NHS Employers, 2004). *The Knowledge and Skills Framework* (NHS Employers, 2004) aims to identify the knowledge and skills required for an individual to be competent within a post, and further to guide professional development. Generally, nursing roles include six core dimensions (communication; person and people development; health, safety and security; service improvement; quality; and diversity) and additional specific competencies are required for specialist nurse roles. These additional competencies may include promotion of health and wellbeing (HWB1), enablement to address health and wellbeing needs (HWB5), assessment and care planning (HWB6), interventions and treatment (HWB7), information collection and analysis (IK2), learning and development (G1; NHS Employers, 2004). Variations of these skill-sets exists, depending on the skills present within the wider MDT, of which the DSN should be a member.

DSNs influence care indirectly through education of healthcare professionals and through models of mentorship and professional development. These may incorporate case note review, reflective practice of clinical delivery, and telephone and email consultations being accessed as an expert resource. DSNs deliver person-centred care, wherever that care is required, and influence care delivery at every stage of the person's journey though life with diabetes.

The role of the DSN has evolved over the past decade in response to the shifting demands and expectations of people with diabetes, the introduction of new therapies and devices, and government directives influencing the health economy. For many DSNs, this has led to further specialisation into areas such as structured education programmes, insulin pump therapy, cardiovascular risk management and non-medical prescribing. Skills to enable people with diabetes to self-manage their condition, and the ability to support behaviour change through motivational approaches, are now integral to the DSN role (Diabetes UK, in press).

A survey conducted by Diabetes UK and the Association of British Clinical Diabetologists (James et al, 2009) found that between half and two-thirds of DSN responders were independent prescribers. More than three-quarters conducted independent nurse-led clinics, and 93% of responders were involved in patient care. Furthermore, structured patient education was planned and delivered by 90% of the DSNs surveyed.

Specialist nurse-led care enables the person with diabetes to receive the care they require, in the right place and at the right time for them.

Development of the Framework

New roles

As the number of people with diabetes has risen, so too has the number of nurses involved in delivering diabetes care and the variety of roles and titles within the specialty.

The community-based diabetes facilitator role emerged in response to the transfer of care of many people with diabetes to the community setting. Diabetes facilitators work mainly in primary care supporting, educating and enabling HCPs to manage diabetes care effectively. Commonly, diabetes facilitators are based in GP practices to establish standardised diabetes care and to deliver care closer to home for people with diabetes by offering, for example, patient education and self-management skills.

In 2000, the consultant nurse role was introduced to enable experienced nurses, wishing to progress their career, to advance their clinical practice (DH, 1998). These posts incorporate education, strategic leadership and research elements in diabetes nursing.

Another recent addition to the diabetes care team is the diabetes care technician. The diabetes care technician is an unqualified, but suitably trained, person who is competent to carry out effective routine screening of people for the complications of diabetes.

The practice nurse in diabetes care

Increasingly, diabetes care is being carried out in the community setting by practice nurses. All practice nurses are registered nurses, but few are employed under the terms and conditions of *Agenda for Change* (DH, 2005). Practice nurses are usually accountable professionally to the Nursing and Midwifery Council, managerially to their practice manager and clinically to their lead GP. The local PCT is responsible for assessment of the practice competencies.

The role of the practice nurse encompasses a wide variety of competencies around a range of clinical conditions. For the care of people with diabetes, practice nurses should:

- If new in post, undertake a tailored introduction to diabetes care programme. The need for further diabetes training should be accessed according to specific elements of diabetes care that the nurse will be expected to provide as part of the role.
- Have a minimum of 6–12 months experience in diabetes care. This includes those practice nurses for whom diabetes care is a small part of their total case load.
- Have access to diabetes-specific continuing professional development courses and training (dependent on their level of involvement and interest in diabetes care).

Those practice nurses working at a basic level in diabetes care are usually those who are new in post. These practice nurses will be involved in screening for diabetes and its associated complications and in the audit of diabetes outcomes. They should be able to:

- Provide appropriate materials for patient support and education and offer appropriate lifestyle advice.
- Recognise and treat diabetes emergencies (e.g. hypoglycaemia).
- Be aware of, and work within, agreed policies and procedures for diabetes care.
- Know when to refer on for specialist advice or for services such as structured patient education and smoking cessation.

A growing number of practice nurses provide a high level of diabetes care in their practice population. The role of the practice nurse at this level encompasses direct referral, assessment, care planning, teaching and clinical skills. Practice nurses delivering high-level diabetes care should have:

- Completed an accredited training course in diabetes care at the diploma level or higher.
- Undertaken an accredited training programme in the initiation and management of insulin.
- A minimum of 2 years experience in the practice environment.
- Accessed further training around management, leadership and teaching skills.

Many practice nurses are now non-medical prescribers and provide medication reviews and prescriptions as part of their daily duties. To ensure evidence-based best practice, it is essential that all nurses with prescribing skills access appropriate training and regular updates in medicines management. Many nurses report finding it difficult to access protected time and funding for study and continuing professional development. Guaranteed access to training needs to be built into the professional schedule of HCPs. ■

The Framework can be used in a number of ways to develop nurses' knowledge and skills. For example, to provide:

- Help for individual nurses to plan their professional development in diabetes care.
- Guidance for employers on competency at the various levels of diabetes nursing.
- A reference for planning educational programmes.
- Information for commissioners in identifying appropriate staff to deliver services to meet local need.

The clearly defined competency levels make it possible for nurses delivering diabetes care to identify their level of practice. The framework gives them the ability to plan their careers in a more structured way, and supports their continuing professional development by identifying individual development and training needs.

This framework gives nurses the opportunity for creativity and flexibility. As an outpatient or practice nurse, one can complete core nursing competencies and use the framework as part of a career portfolio in diabetes nursing. Similarly, the framework can be used as a career path if a nurse wishes to specialise in diabetes care. The framework should be used alongside the *Knowledge and Skills Framework* (NHS Employers, 2004).

Every nurse is responsible for developing their own portfolio of evidence that demonstrates each competency. Forms of evidence that can be used to demonstrate competency include case histories, self-appraisal via a

reflective diary, 360-degree feedback, verification of practice and structured observation of practice. When gathering evidence to prove competency, it is important that nurses:

- Understand what each of the competencies is asking of them.
- Review any existing work that could demonstrate their competency.
- Identify whether the existing evidence is appropriate (e.g. if a nurse attends a study day to prepare to perform a particular intervention, but has not practised the skill in a clinical setting, the certificate of attendance is not evidence of competency. The nurse should consider making arrangements for supervised practice. However, if the nurse has undergone training and has evidence of supervised practice and performs the care on a regular basis the evidence should be sufficient to demonstrate competency).
- Consider what may be needed in developing evidence of competency (e.g. soliciting feedback on practice).
- Think about using evidence that covers several competencies (e.g. one case study may demonstrate the knowledge and skills commensurate with more than one competency).

This document, *An Integrated Career and Competency Framework for Diabetes Nursing*, is not about setting a series of task-orientated actions or practical activities for nurses to carry out. Rather, it describes the progression of knowledge and skills across the five competency levels, and suggests how a nurse can build a career in diabetes care. ■



Useful websites

Department of Health www.dh.gov.uk

Diabetes UK www.diabetes.org.uk

National Assembly for Wales www.wales.gov.uk

Northern Ireland Office www.nio.gov.uk

Nursing and Midwifery Council www.nmc-uk.org

Royal College of Nursing www.rcn.org.uk

Scottish Executive www.scotland.gov.uk

Skills for Health www.skillsforhealth.org.uk

5

Competency statements

5.1. PROMOTING SELF-CARE

To support the person to self-care for their diabetes you should be able to:

<p>1. Unregistered practitioner</p>	<ul style="list-style-type: none"> ● Support the person to develop self-care skills with guidance from a registered nurse. ● Observe and report any concerns that might affect the ability of the person with diabetes to self-care. ● Encourage people to use their personalised care plans.
<p>2. Competent nurse</p>	<p>As 1, and:</p> <ul style="list-style-type: none"> ● Assess the ability of the person with diabetes to self-care, and work with them or their carer to optimise self-care skills. ● Direct people to information and support to encourage informed decision-making about living with diabetes and managing life events. ● Support the person with diabetes in setting realistic goals, and in the achievement of those goals.
<p>3. Experienced or proficient nurse</p>	<p>As 2, and:</p> <ul style="list-style-type: none"> ● Assess the person with diabetes and their carer and provide tailored, structured education and support to optimise self-care skills and promote informed decision-making about lifestyle choices. ● Provide information and support to encourage the person with diabetes to make informed choices about controlling and monitoring their diabetes, including choice of treatment and follow-up; risk reduction; monitoring control; and complications. ● Identify psychosocial barriers to self-care and refer on. ● Facilitate the development of an agreed care plan.
<p>4. Senior practitioner or expert nurse</p>	<p>As 3, and:</p> <ul style="list-style-type: none"> ● Demonstrate knowledge of theoretical frameworks and educational philosophies underpinning behaviour change. ● Demonstrate knowledge and understanding of bio-physical and psychosocial factors affecting self-management. ● Demonstrate knowledge and skills to facilitate behaviour modification. ● Develop and ensure delivery of educational materials, supportive networks and models of diabetes care that foster empowerment and lifelong learning about diabetes. ● Work with the person with diabetes to facilitate lifestyle adjustment in response to changes in their diabetes or circumstances. ● Provide education for other HCPs in diabetes self-care skills.
<p>5. Consultant nurse</p>	<p>As 4, and:</p> <ul style="list-style-type: none"> ● Identify service shortfalls and develop strategic plans to address them. ● Work in collaboration with higher educational institutes and other education providers to meet educational needs. ● Initiate and lead research and promote evidence-based practice. ● Develop best practice, for example through leadership and consultancy. ● Work with stakeholders to develop a culture of patient-centred care and development.

Competency statements

5.2. NUTRITION

To meet the person's individual nutritional needs you should be able to:

1. Unregistered practitioner	<ul style="list-style-type: none">● Follow the nutritional plan and report any related problems.● Recognise foods and drinks high in sugar.● Measure and record waist circumference, height and weight accurately.
2. Competent nurse	As 1, and: <ul style="list-style-type: none">● List the principles of a healthy balanced diet.● Calculate and interpret BMI.● Understand which foods contain carbohydrate and how these affect blood glucose levels.● Identify people at risk of malnutrition and situations where healthy eating advice is inappropriate.● Refer the person with diabetes to a dietitian when appropriate.
3. Experienced or proficient nurse	As 2, and: <ul style="list-style-type: none">● Work in partnership with the person with diabetes and with groups to identify realistic and achievable dietary changes to help individuals to manage their diabetes in the short and long term.● Know the dietary factors that affect BP and lipid control.
4. Senior practitioner or expert nurse	As 3, and: <ul style="list-style-type: none">● Perform an assessment of how lifestyle (i.e. diet and physical activity) and pharmacological agents impact on glycaemic control.● Facilitate the person with diabetes to make informed decisions about nutritional choices.● Teach the principles of carbohydrate counting and medication dose adjustment.● Demonstrate knowledge and skills to facilitate behaviour change.
5. Consultant nurse	As 4, and: <ul style="list-style-type: none">● Identify service shortfalls and develop strategic plans to address them.● Work in collaboration with higher educational institutes and other education providers to meet educational needs.● Initiate and lead research and promote evidence-based practice.● Develop best practice, for example through leadership and consultancy.● Work with stakeholders to develop and implement local guidelines and interventions, promoting evidence-based practice and cost-effectiveness.

↘ This competency links with the Skills for Health (2009) competencies HA5 and HA6.

Competency statements

5.3. URINE MONITORING

For the safe use of urine glucose or ketone monitoring and associated equipment you should be able to:

1. Unregistered practitioner	<ul style="list-style-type: none">● Perform the test according to manufacturer's instructions and local guidelines.● Perform the test unsupervised but at the request of registered nurse.● Document and report the result according to local guidelines.
2. Competent nurse	As 1, and: <ul style="list-style-type: none">● Interpret the test result and, if outside the expected range for that person, make the appropriate referral.● Teach the testing procedure to the person with diabetes or their carer.● Identify situations where testing for ketones is appropriate.
3. Experienced or proficient nurse	As 2, and: <ul style="list-style-type: none">● Interpret test result and assess other parameters and make the appropriate referrals.
4. Senior practitioner or expert nurse	As 3, and: <ul style="list-style-type: none">● Use results to optimise treatment interventions according to evidence-base practice and incorporate preferences of the person with diabetes.● Instigate further tests such as HbA_{1c} and random blood glucose.● Develop specific guidelines for use in different situations.● If a registered non-medical prescriber, prescribe medications, as required, within own competencies and scope of practice.● Assess competencies of other HCPs.
5. Consultant nurse	As 4, and: <ul style="list-style-type: none">● Identify service shortfalls and develop strategic plans to address them.● Work in collaboration with higher educational institutes and other education providers to meet educational needs.● Initiate and lead research and promote evidence-based practice.● Develop best practice, for example through leadership and consultancy.● Work with stakeholders to develop and implement local guidelines and interventions, promoting evidence-based practice and cost-effectiveness.

Competency statements

5.4. BLOOD GLUCOSE MONITORING

For the safe use of blood glucose monitoring and associated equipment you should be able to:

1. Unregistered practitioner	<ul style="list-style-type: none">● Perform the test according to manufacturer's instructions and local guidelines.● At the request of a registered nurse, perform the test unsupervised.● Document and report the result according to local guidelines.● Recognise and follow local quality assurance procedures, including disposal of sharps.● Recognise hypoglycaemia and be able to administer glucose.● Understand the normal range of glycaemia and report readings outside this range to the appropriate person.
2. Competent nurse	As 1, and: <ul style="list-style-type: none">● Interpret the results and report readings outside the acceptable range to the appropriate person.● Teach the test procedure to a person with diabetes or their carer.● Identify situations where testing for ketones is appropriate.
3. Experienced or proficient nurse	As 2, and: <ul style="list-style-type: none">● Interpret results and assess other parameters and take appropriate action, including testing for urine or blood ketones.● Teach people with diabetes or their carer to interpret test results and take appropriate action.
4. Senior practitioner or expert nurse	As 3, and: <ul style="list-style-type: none">● Use results to optimise treatment interventions according to evidence-based practice, while incorporating the preferences of the person with diabetes.● Initiate further tests such as HbA_{1c} or random blood glucose.● Initiate continuous blood glucose monitoring and interpret the results.● Develop specific guidelines for use in different situations.● If a registered non-medical prescriber, prescribe medications, as required, within own competencies and scope of practice.● Assess the competencies of other HCPs.
5. Consultant nurse	As 4, and: <ul style="list-style-type: none">● Identify service shortfalls and develop strategic plans to address them.● Work in collaboration with higher educational institutes and other education providers to meet educational needs.● Initiate and lead research and promote evidence-based practice.● Develop best practice, for example through leadership and consultancy.● Develop local guidelines including blood glucose monitoring frequency.● Work with stakeholders to develop and implement local guidelines for use, promoting evidence-based practice and cost-effectiveness.

↘ This competency links with the Skills for Health (2009) competencies HA8 and HA9.

Competency statements

5.5. ORAL THERAPIES

For the safe administration and use of oral antihyperglycaemic medication you should be able to:

1. Unregistered practitioner	<ul style="list-style-type: none"> ● Describe the effect of common oral antihyperglycaemic agents on blood glucose levels. ● Demonstrate an understanding of the ongoing nature of the therapy. ● Report identified problems appropriately. ● Recognise the signs of hypoglycaemia and administer glucose.
2. Competent nurse	<p>As 1, and:</p> <ul style="list-style-type: none"> ● Demonstrate knowledge of the types of oral antihyperglycaemic agents and how they work. ● Demonstrate knowledge of therapeutic doses. ● Demonstrate knowledge of the timing of doses. ● Administer or supervise administration of prescribed medication and assess concordance. ● Complete documentation accurately. ● Describe common side-effects. ● Demonstrate knowledge of oral combination therapies, individual management goals and supply issues. ● Recognise that the progressive nature of type 2 diabetes may require changes in the medication over time.
3. Experienced or proficient nurse	<p>As 2, and:</p> <ul style="list-style-type: none"> ● Describe indications for the initiation of oral antihyperglycaemic agents. ● Recognise when treatment needs to be adjusted. ● Describe lifestyle factors that may influence prescribing patterns. ● Demonstrate awareness of issues related to polypharmacy and drug interactions (e.g. steroids). ● Demonstrate knowledge of national and local guidelines (e.g. NICE guidance or equivalent). ● Demonstrate knowledge of treatment cost implications. ● Evaluate treatment outcomes and make appropriate referrals.
4. Senior practitioner or expert nurse	<p>As 3, and:</p> <ul style="list-style-type: none"> ● Facilitate and support structured evidence-based education relating to oral antihyperglycaemic agents for individuals or groups. ● Demonstrate awareness of current research in new oral therapies. ● Disseminate evidence-based information affecting practice. ● Adjust oral treatment according to individual circumstances, following local policies or individual clinical management plans. ● If a registered non-medical prescriber, prescribe medications, as required, within own competencies and scope of practice. ● Assess the competency of other HCPs.
5. Consultant nurse	<p>As 4, and:</p> <ul style="list-style-type: none"> ● Identify service shortfalls and develop strategic plans to address them. ● Work in collaboration with higher educational institutes and other education providers to meet educational needs. ● Initiate and lead research and promote evidence-based practice. ● Develop best practice, for example through leadership and consultancy. ● Work with stakeholders to develop and implement local guidelines, promoting evidence-based practice and cost-effectiveness.

↘ This competency links with the Skills for Health (2009) competencies HD1 and HD2.

Competency statements

5.6. INJECTABLE THERAPIES

For the safe administration and use of insulin and other diabetes injectables you should be able to:

<p>1. Unregistered practitioner</p>	<ul style="list-style-type: none"> ● Describe the effect of insulin on blood glucose levels. ● Be aware of local sharps policy. ● Show an understanding of the ongoing nature of the therapy. ● Report identified problems appropriately.
<p>2. Competent nurse</p>	<p>As 1, and:</p> <ul style="list-style-type: none"> ● Demonstrate a basic knowledge of insulin and GLP-1 receptor agonists (e.g. drug type, action, side-effects). ● Demonstrate a knowledge of insulin administration devices used locally. ● Teach basic method of insulin self-administration. ● Identify correct reporting system for injectable therapy errors. ● Describe circumstances where insulin use might be initiated or altered and make appropriate referral.
<p>3. Experienced or proficient nurse</p>	<p>As 2, and:</p> <ul style="list-style-type: none"> ● Demonstrate a broad knowledge of different insulin types (i.e. action, use in regimens). ● Assess individual patients' self-management and educational needs and meet these needs or make appropriate referral. ● Demonstrate a broad knowledge of GLP-1 receptor agonists (e.g. drug type, action, side-effects). ● Initiate insulin or GLP-1 receptor agonist therapy where clinically appropriate. ● Recognise when injection therapy needs to be adjusted. ● Recognise the potential psychological impact of insulin or GLP-1 receptor agonist therapies and offer support to the person with diabetes or their carer.
<p>4. Senior practitioner or expert nurse</p>	<p>As 3, and:</p> <ul style="list-style-type: none"> ● Demonstrate expert knowledge of insulin and GLP-1 receptor agonist therapies and act as a resource for people with diabetes, their carer and HCPs. ● Initiate insulin pump therapy where appropriate. ● Deliver structured group education to people with diabetes, their carers and HCPs. ● Adjust insulin treatment according to age, diagnosis and individual circumstances as appropriate, following local policies or individual clinical management plans. ● If a registered non-medical prescriber, prescribe medications, as required, within own competencies and scope of practice. ● Empower and support a person with diabetes to achieve an individualised level of self-management and an agreed glycaemic target. ● Maintain active knowledge of current practice and new developments. ● Establish local guidelines or policies according to local needs. ● Investigate all incidents and report to the relevant agencies, develop an action plan to prevent recurrence.
<p>5. Consultant nurse</p>	<p>As 4, and:</p> <ul style="list-style-type: none"> ● Identify service shortfalls and develop strategic plans to address them. ● Work in collaboration with higher educational institutes and other education providers to meet educational needs. ● Initiate and lead research and promote evidence-based practice. ● Develop best practice, for example through leadership and consultancy. ● Ensure staff competence and promote improvements in patient safety. ● Work with stakeholders to develop and implement local guidelines, promoting evidence-based practice and cost-effectiveness.

↘ This competency links with the Skills for Health (2009) competencies HA11, HA12 and HD3 (refers to type 2 diabetes only).

Competency statements

5.7. HYPOGLYCAEMIA

For the identification and treatment of hypoglycaemia you should be able to:

<p>1. Unregistered practitioner</p>	<ul style="list-style-type: none"> ● State the normal blood glucose range. ● Describe the signs and symptoms of hypoglycaemia. ● Demonstrate competent use of blood-glucose monitoring equipment to confirm hypoglycaemia. ● Offer appropriate treatment as per local guidelines. ● Give reassurance and comfort to the person with diabetes or their carer. ● Document and report the hypoglycaemic event to a registered nurse. ● If the person with diabetes is unresponsive, ensure their airway is clear and call emergency services.
<p>2. Competent nurse</p>	<p>As 1, and:</p> <ul style="list-style-type: none"> ● Recognise and provide appropriate treatment for the different levels of hypoglycaemia. ● List possible causes of hypoglycaemia, including alcohol consumption and physical activity. ● Make appropriate referral. ● Demonstrate a knowledge of driving regulations and how they relate to hypoglycaemia. ● Ensure appropriate hypoglycaemia treatments are available and in date.
<p>3. Experienced or proficient nurse</p>	<p>As 2, and:</p> <ul style="list-style-type: none"> ● Identify people with diabetes at high risk of hypoglycaemia and advise and adjust therapy accordingly. ● Discuss hypoglycaemia (including hypoglycaemic unawareness and frequent hypoglycaemia), and its possible causes, with the person with diabetes or their carer. ● Work with people with diabetes to prevent recurrent hypoglycaemia. ● Participate in educating other HCPs and carers of people with diabetes in the identification, treatment and prevention of hypoglycaemia.
<p>4. Senior practitioner or expert nurse</p>	<p>As 3, and:</p> <ul style="list-style-type: none"> ● Educate people with diabetes, their carers and HCPs on the impact that hypoglycaemia has on the individual (e.g. in relation to their occupation, safety to drive and as a barrier to intensification of treatment). ● Provide expert advice on complex cases. ● Act as a resource for information on hypoglycaemia for other HCPs. ● Liaise with A&E or the ambulance team to identify people with diabetes frequently presenting with severe hypoglycaemia.
<p>5. Consultant nurse</p>	<p>As 4, and:</p> <ul style="list-style-type: none"> ● Ensure or develop standard operating procedures are in place to treat hypoglycaemia across all care settings. ● Identify service shortfalls and develop strategic plans to address them. ● Work in collaboration with higher educational institutes and other education providers to meet educational needs. ● Initiate and lead research and promote evidence-based practice. ● Develop best practice, for example through leadership and consultancy. ● Work with stakeholders to ensure systems and processes are in place to reduce attendance to A&E, ambulance callouts and admission to hospital for severe hypoglycaemia.

Competency statements

5.8. HYPERGLYCAEMIA

For the identification and treatment of hyperglycaemia you should be able to:

1. Unregistered practitioner	<ul style="list-style-type: none"> ● State the normal blood glucose range. ● Describe signs and symptoms of hyperglycaemia. ● Perform blood or urine ketones tests according to local guidelines. ● Correctly document results and report those out of the accepted range.
2. Competent nurse	<p>As 1, and:</p> <ul style="list-style-type: none"> ● Recognise and provide appropriate treatment for the different levels of hyperglycaemia. ● List possible causes of hyperglycaemia, including non-concordance with current medication and intercurrent illness. ● Make appropriate referral. ● Administer or advise treatment to resolve hyperglycaemia in accordance with local policies or individual clinical management plans. ● Demonstrate knowledge of the long-term impact of hyperglycaemia.
3. Experienced or proficient nurse	<p>As 2, and:</p> <ul style="list-style-type: none"> ● Work in partnership with the person with diabetes or their carer to agree treatment goals. ● Participate in educating people with diabetes, their carers and other HCPs in the identification, treatment and prevention of hyperglycaemia.
4. Senior practitioner or expert nurse	<p>As 3, and:</p> <ul style="list-style-type: none"> ● Provide expertise in the development of management plans for people with complex hyperglycaemia. ● Educate people with diabetes on drug interactions that can cause hyperglycaemia (e.g. steroids). ● Liaise with A&E and ambulance teams to identify people frequently presenting with episodes of diabetic ketoacidosis or in a hyperosmolar hyperglycaemic state. ● Act as a resource for information on hyperglycaemia for other HCPs.
5. Consultant nurse	<p>As 4, and:</p> <ul style="list-style-type: none"> ● Ensure there are standardised operating procedures in place to manage hyperglycaemia, diabetic ketoacidosis and hyperosmolar hyperglycaemia. ● Identify service shortfalls and develop strategic plans to address them. ● Work in collaboration with higher educational institutes and other education providers to meet educational needs. ● Initiate and lead research and promote evidence-based practice. ● Develop best practice, for example through leadership and consultancy. ● Work with stakeholders to ensure systems and processes are in place to reduce attendance to A&E, ambulance callouts and admissions to hospital for severe hyperglycaemia, diabetic ketoacidosis and hyperosmolar hyperglycaemia.

Competency statements

5.9. INTERCURRENT ILLNESS

To manage intercurrent illness you should be able to:

1. Unregistered practitioner	<ul style="list-style-type: none">● Identify common signs of intercurrent illness and report to a registered nurse.● Be aware of the impact of intercurrent illness on glycaemic control.● Document and report any clinical findings outside the expected ranges.
2. Competent nurse	As 1, and: <ul style="list-style-type: none">● Take a comprehensive assessment and patient history.● Initiate appropriate preliminary investigations.● Make appropriate referrals.● Administer baseline treatment.● Give advice regarding continuation of treatment for diabetes during intercurrent illness.
3. Experienced or proficient nurse	As 2, and: <ul style="list-style-type: none">● Interpret test results and initiate appropriate action.● Support the person with diabetes or their carer in managing diabetes during intercurrent illness.● Give advice about sick-day diabetes management, including ketone testing where appropriate according to local policy.● Educate people with diabetes, their carer and HCPs about sick-day diabetes management.● Recognise when treatment may need adjusting, according to local and national guidelines or policies.
4. Senior practitioner or expert nurse	As 3, and: <ul style="list-style-type: none">● Provide expert advice on complex cases and multiple pathologies.● Advise treatment adjustments according to individual circumstances, following local policies or individual clinical management plans.● Contribute to the evidence base and implement evidence-based practice in relation to management of intercurrent illness in people with diabetes.● Educate other HCPs on the effects and consequences of intercurrent illness on people with diabetes.● Participate in the development of guidelines.
5. Consultant nurse	As 4, and: <ul style="list-style-type: none">● Identify service shortfalls and develop strategic plans to address them.● Work in collaboration with higher educational institutes and other education providers to meet educational needs.● Initiate and lead research and promote evidence-based practice.● Develop best practice, for example through leadership and consultancy.● Monitor trends in hospital admissions for illness-induced diabetes emergencies and work with relevant agencies to reduce these.● Work with stakeholders to develop and implement local guidelines, promoting evidence-based practice and cost-effectiveness.

Competency statements

5.10. MANAGING DIABETES IN HOSPITAL

5.10.1. GENERAL ADMISSION

To manage diabetes during a hospital admission you should be able to:

1. Unregistered practitioner	<ul style="list-style-type: none">● Carry out duties delegated by a registered nurse for the care of a person with diabetes.● Perform blood glucose and urine monitoring tests within local guidelines.● Inform a registered nurse of any observed change in the condition of a person with diabetes.
2. Competent nurse	<p>As 1, and:</p> <ul style="list-style-type: none">● Care for a person with diabetes in hospital in relation to general care and comfort, pressure relief, appropriate nutrition and fluids, monitoring of glycaemic control, and ensure administration of appropriate medication.● Follow local policies and guidelines in relation to inpatient care.● Know the appropriate referral system to the diabetes specialist team, and use where appropriate.● Be familiar with the person with diabetes' treatment regimen and device or delivery systems.● Establish, maintain and discontinue sliding-scale insulin regimens according to local policy and individual need.● Recognise diabetes-related emergencies (e.g. hypoglycaemia) and treat according to local guidelines.● Be aware of diabetic ketoacidosis and appropriate treatment in line with Trust guidelines and make appropriate referral.● Enable a safe and effective discharge plan for the person with diabetes following liaison with relevant agencies.
3. Experienced or proficient nurse	<p>As 2, and:</p> <ul style="list-style-type: none">● Explain and advise on care relating to hospital procedures and investigations for the person with diabetes.● Assess and, where appropriate, enable a person with diabetes to self-manage their diabetes during an inpatient stay, according to local policy.● Demonstrate a knowledge of all current diabetes treatments.● Deliver regular diabetes training for ward staff.● If ward link nurse, enhance knowledge by continuing professional development and disseminate knowledge to other HCPs.● Demonstrate knowledge of national guidelines for the care of people with diabetes admitted to hospital (e.g. <i>National Service Framework for Diabetes</i> [DH, 2003], Diabetes UK's [2009] <i>Position Statement: Improving Inpatient Diabetes Care</i>).● Participate in the development or maintenance of local guidance for the care of people with diabetes in hospital.

Competency statements

5.10.1. GENERAL ADMISSION *continued*

To manage diabetes during a hospital admission you should be able to:

4. Senior practitioner or expert nurse

As 3, and:

- Provide expert advice on the care of people with complex diabetes or unusual regimens.
- Support the person with diabetes to maintain and re-establish diabetes self-management.
- Participate in research relating to the care of people with diabetes in hospital.
- If a registered non-medical prescriber, prescribe medications, as required, within own competencies and scope of practice.
- Participate in informing national initiatives in the improvement of diabetes inpatient care.

5. Consultant nurse

As 4, and:

- Respond to queries from the local health economy and HCPs about diabetes care for inpatients.
- Identify service shortfalls and develop strategic plans to address them.
- Monitor and address clinical incidents and “near misses” in line with Trust policy and initiate action plans to prevent recurrences.
- Ensure all diabetes team members access continuing professional development that addresses the care of people with diabetes in hospital.
- Work in collaboration with higher educational institutes and other education providers to meet educational needs.
- Promote new initiatives for people with diabetes to improve the inpatient experience and reduce length of stay.
- Initiate and lead research and promote evidence-based practice.
- Develop best practice, for example through leadership and consultancy.
- Work with stakeholders to develop and implement local guidelines for use, promoting evidence-based practice and cost-effectiveness.

↘ This competency links with the Skills for Health (2009) competencies HD6 and HD7.

Competency statements

5.10. MANAGING DIABETES IN HOSPITAL *continued*

5.10.2. SURGERY

To manage diabetes before and after surgery, in addition to the competencies outlined for general hospital admission, you should be able to:

1. Unregistered practitioner	<ul style="list-style-type: none"> • Be aware of policies relating to fasting in people with diabetes undergoing surgical or investigative procedures.
2. Competent nurse	<p>As 1, and:</p> <ul style="list-style-type: none"> • Take a patient history and discuss concordance with treatment and glycaemic control. • Advise on diabetes care surrounding pre- and peri-operative procedures. • Identify current medication (both oral and injectable) and develop an individualised care plan, taking into account fasting requirements. • Follow guidelines regarding appropriate nutrition, monitoring of glycaemic control and administration of diabetes medication according to local guidelines. • Provide information to relatives and carers of people with diabetes. • Be aware of national recommendations and standards for the care of people with diabetes undergoing surgery or investigation.
3. Experienced or proficient nurse	<p>As 2, and:</p> <ul style="list-style-type: none"> • Assess and, where appropriate, enable a person with diabetes to self-management their diabetes during an inpatient stay, according to local policy. • Assess and respond to problems relating to the care of people with diabetes undergoing surgery. • Participate in the development or maintenance of local guidance for the care of people with diabetes undergoing surgical procedures. • Educate all HCPs in the care of people with diabetes undergoing surgery.
4. Senior practitioner or expert nurse	<p>As 3, and:</p> <ul style="list-style-type: none"> • Provide expert advice for people with diabetes with complex management problems or unusual regimens following surgery or investigation. • If a registered non-medical prescriber, prescribe medications, as required, within own competencies and scope of practice. • Participate in research or audit relating to the care of the person with diabetes undergoing surgery. • Participate in national initiatives in the improvement of inpatient care for people with diabetes undergoing surgical procedures or investigations.
5. Consultant nurse	<p>As 4, and:</p> <ul style="list-style-type: none"> • Ensure that the diabetes nursing team have regular education sessions and professional updates in the management of people with diabetes undergoing surgical procedures or investigations. • Initiate and lead research and promote evidence-based practice for people with diabetes undergoing surgical procedures or investigations. • Respond to queries from the local health economy, lay people and other HCPs about care for the person with diabetes before, during and after surgical procedures.

Competency statements

5.11. PREGNANCY

5.11.1. PRE-CONCEPTION CARE

To support a woman with diabetes preparing for pregnancy you should be able to:

1. Unregistered practitioner	<ul style="list-style-type: none"> ● Demonstrate awareness of the need for pre-conception care.
2. Competent nurse	<p>As 1, and:</p> <ul style="list-style-type: none"> ● Demonstrate an understanding of the need for pre-conception care and follow local guidelines. ● Explain to the person with diabetes or their carer the need for pre-conception care. ● Identify medicines contraindicated in pregnancy and make appropriate referral. ● Know how to recognise and treat hypoglycaemia appropriately. ● Demonstrate knowledge of the appropriate referral system, including to the specialist diabetes team.
3. Experienced or proficient nurse	<p>As 2, and:</p> <ul style="list-style-type: none"> ● Demonstrate knowledge of care recommendations for the pre-conception management of diabetes. ● Provide education and support to achieve pre-conception diabetes targets. ● Participate in audit of healthcare outcomes. ● Act as a named contact person for women with diabetes contemplating pregnancy.
4. Senior practitioner or expert nurse	<p>As 3, and:</p> <ul style="list-style-type: none"> ● If a registered non-medical prescriber, prescribe medications, as required, within own competencies and scope of practice. ● Demonstrate in-depth knowledge of pathophysiology of diabetes complications in pregnancy. ● Develop and implement treatment plans. ● Have an in-depth knowledge of national and local guidelines relating to diabetes pre-pregnancy care. ● Plan, implement and deliver education programmes around diabetes pregnancy care for other HCPs. ● Participate in the development of guidelines and protocols.
5. Consultant nurse	<p>As 4, and:</p> <ul style="list-style-type: none"> ● Identify service shortfalls and develop strategic plans to address them. ● Work in collaboration with higher educational institutes and other education providers to meet educational needs. ● Initiate and lead research and promote evidence-based practice. ● Develop best practice, for example through leadership and consultancy. ● Work with stakeholders to develop and implement local guidelines, promoting evidence-based practice and cost-effectiveness.

Competency statements

5.11. PREGNANCY *continued*

5.11.2. ANTENATAL AND POSTNATAL CARE

To support a woman with diabetes during and after pregnancy you should be able to:

1. Unregistered practitioner	<ul style="list-style-type: none"> ● Carry out duties designated by a registered nurse for the care of a pregnant women with diabetes, including routine screening and accurate documentation of results.
2. Competent nurse	<p>As 1, and:</p> <ul style="list-style-type: none"> ● Demonstrate awareness of the issues involved in a pregnancy complicated by diabetes. ● Identify pregnant women with diabetes and make immediate referral to specialist team. ● Demonstrate an understanding, and be involved in the implementation of individual management plans and care targets. ● Identify medicines contraindicated in pregnancy and make appropriate referrals. ● Use protocols, specifically those relating to the care of women who develop diabetes during pregnancy. ● Demonstrate an awareness of the importance of communication with the specialist team.
3. Experienced or proficient nurse	<p>As 2, and:</p> <ul style="list-style-type: none"> ● Demonstrate an awareness of psychosocial impact of diabetes in pregnancy. ● Provide emotional support and motivational strategies. ● Demonstrate knowledge of care recommendations for the management of diabetes in pregnancy, including the pathway for foetal monitoring. ● Demonstrate an understanding of the complications of pregnancy in women with diabetes. ● Provide appropriate education about gestational diabetes. ● Be a named patient contact for the pregnant woman, or new mother, with diabetes.
4. Senior practitioner or expert nurse	<p>As 3, and:</p> <ul style="list-style-type: none"> ● Demonstrate an in-depth knowledge and understanding of diabetes during pregnancy. ● If a registered non-medical prescriber, prescribe medications, as required, within own competencies and scope of practice. ● Develop and implement individual treatment plans. ● Participate in the development of management protocols. ● Advise on diabetes medications, dosage and regimens during and after pregnancy. ● Plan, implement and deliver education programmes around diabetes pregnancy care for all HCPs. ● Participate in research and audit.
5. Consultant nurse	<p>As 4, and:</p> <ul style="list-style-type: none"> ● Identify service shortfalls and develop strategic plans to address them. ● Work in collaboration with higher educational institutes and other education providers to meet educational needs. ● Initiate and lead research and promote evidence-based practice. ● Develop best practice, for example through leadership and consultancy. ● Work with stakeholders to develop and implement local guidelines, promoting evidence-based practice and cost-effectiveness.

Competency statements

5.12. HYPERTENSION AND CORONARY HEART DISEASE

To care for people with hypertension and CHD you should be able to:

<p>1. Unregistered practitioner</p>	<ul style="list-style-type: none"> ● Undertake monitoring and assessment as requested. ● Maintain equipment in line with manufacturer's instructions. ● Care for people with diabetes undergoing cardiovascular investigations. ● Perform BP measurement according to the British Hypertension Society guidelines (Williams et al, 2004). ● Demonstrate awareness of the normal parameters for BP measurements. ● Take blood tests and specimens as requested by a registered nurse or doctor. ● Communicate test results to a registered nurse or doctor. ● Demonstrate awareness of CHD risk factors. ● Encourage people with diabetes to bring their prescriptions to each consultation. ● Observe people with diabetes for signs of fear or anxiety.
<p>2. Competent nurse</p>	<p>As 1, and:</p> <ul style="list-style-type: none"> ● Identify people with diabetes at risk of hypertension and CHD. ● Refer people with diabetes for appropriate specialist intervention for hypertension or CHD. ● Demonstrate teaching skills. ● Interpret test results for non-specialist investigations. ● Demonstrate knowledge of self-management techniques. ● Ensure people with diabetes understand how to take medications, its side-effects and when to report them.
<p>3. Experienced or proficient nurse</p>	<p>As 2, and:</p> <ul style="list-style-type: none"> ● Order tests and specialist investigations. ● Calculate UKPDS (Stevens et al, 2001) and Framingham Heart Study (2010) risk scores. ● Act on interpretation of results using risk assessment history. ● Initiate and develop personalised care plans and set goals with the person with diabetes. ● Influence therapeutic decisions. ● Act as a named contact person for people with diabetes and hypertension or CHD. ● Participate in the development of guidelines or protocols. ● Show proficiency in developing and delivering education. ● Manage and coordinate individual patient care and education programmes. ● Provide or refer for psychological support as required. ● Participate in service development.
<p>4. Senior practitioner or expert nurse</p>	<p>As 3, and:</p> <ul style="list-style-type: none"> ● Lead service development. ● Identify links between diabetes and CHD registers (DH, 2003). ● Use evidence to develop practice and develop guidelines and protocols. ● Coordinate services across organisational and professional boundaries. ● Demonstrate knowledge and skills to facilitate behaviour modification. ● If a registered non-medical prescriber, prescribe medications, as required, within own competencies and scope of practice. ● Develop integrated care pathways with MDTs and liaise with MDT members, including hypertension and cardiac nurse specialists.
<p>5. Consultant nurse</p>	<p>As 4, and:</p> <ul style="list-style-type: none"> ● Identify service shortfalls and develop strategic plans to address them. ● Work in collaboration with higher educational institutes and other education providers to meet educational needs. ● Initiate and lead research and promote evidence-based practice. ● Develop best practice, for example through leadership and consultancy. ● Collaborate on the DH's diabetes and CHD National Services Frameworks. ● Work with stakeholders to develop and implement local guidelines, promoting evidence-based practice and cost-effectiveness.

Competency statements

5.13. NEUROPATHY

To care for people at risk of, or with neuropathy, you should be able to:

<p>1. Unregistered practitioner</p>	<ul style="list-style-type: none"> ● Demonstrate awareness that all people with diabetes are at risk of neuropathy. ● Know which people with diabetes in your care have neuropathy. ● Provide basic foot care under guidance from a registered nurse. ● Report changes in pain, sensitivity, skin integrity, colour or temperature to a registered nurse or doctor. ● Measure standing and lying BP using appropriate devices.
<p>2. Competent nurse</p>	<p>As 1, and:</p> <ul style="list-style-type: none"> ● Recognise the need for and carrying out annual foot screening for people with diabetes. ● Demonstrate awareness of complications and prevention of neuropathy. ● Describe measures to prevent tissue damage in people with diabetes. ● Give foot care advice to people with diabetes, their carer and HCPs. ● Be aware of erectile dysfunction as a neuropathic process and refer where appropriate. ● Identify possible neuropathy and make appropriate referral to confirm diagnosis.
<p>3. Experienced or proficient nurse</p>	<p>As 2, and:</p> <ul style="list-style-type: none"> ● Screen for neuropathy according to local guidelines. ● Identify risk factors in the development of neuropathy. ● Identify factors that may affect neuropathy (e.g. poor glycaemic control). ● Refer appropriately within the MDT for identified neuropathy issues. ● Ensure people with diabetes can access appropriate care.
<p>4. Senior practitioner or expert nurse</p>	<p>As 3, and:</p> <ul style="list-style-type: none"> ● Demonstrate detailed knowledge of the management and treatment of neuropathy. ● Conduct a holistic assessment of the person with diabetes for neuropathic risk and ability to self-care. ● Assess knowledge of people with diabetes of neuropathy risk. ● Advise and support people with diabetes and their carer about neuropathy and its management. ● Provide or refer for psychological support as required. ● Demonstrate knowledge of treatments for neuropathy and the associated diabetes management. ● If a registered non-medical prescriber, prescribe medications, as required, within own competencies and scope of practice. ● Educate HCPs on the prevention, progression and screening for neuropathy. ● Integrate management of diabetes with other contributing conditions. ● Participate in protocol development, implementation and monitoring. ● Participate in research and disseminate evidence-based practice. ● Support or contribute to specialist diabetes clinics (e.g. pain management, erectile dysfunction). ● Monitor and adjust treatment in line with local guidelines or refer appropriately.
<p>5. Consultant nurse</p>	<p>As 4, and:</p> <ul style="list-style-type: none"> ● Identify service shortfalls and develop strategic plans to address them. ● Collaborate with higher educational institutes and educators to meet educational needs. ● Initiate and lead research and promote evidence-based practice. ● Develop best practice, for example through leadership and consultancy. ● Work with stakeholders to develop or implement local guidelines, promoting evidence-based practice and cost-effectiveness.

↘ This competency links with the Skills for Health (2009) competencies HA3 and HA4.

Competency statements

5.14. NEPHROPATHY

To care for people at risk of, or with nephropathy, you should be able to:

<p>1. Unregistered practitioner</p>	<ul style="list-style-type: none"> ● Demonstrate an awareness that all people with diabetes are at risk of nephropathy. ● Perform monitoring as directed. ● Know which people with diabetes in your care have nephropathy.
<p>2. Competent nurse</p>	<p>As 1, and:</p> <ul style="list-style-type: none"> ● Demonstrate awareness of complications and prevention. ● Demonstrate awareness of annual screening tests to detect nephropathy. ● Organise or perform microalbuminuria screening, BP measurement and blood tests according to local and national protocols and guidelines.
<p>3. Experienced or proficient nurse</p>	<p>As 2, and:</p> <ul style="list-style-type: none"> ● If test results are outside the expect range, refer appropriately and plan follow-up. ● Educate people with diabetes or their carer in prevention and importance of screening for nephropathy. ● Demonstrate an awareness of diabetes medications contraindicated in renal disease. ● Participate in guideline development. ● Participate in education programmes for HCPs. ● Participate in multidisciplinary liaison.
<p>4. Senior practitioner or expert nurse</p>	<p>As 3, and:</p> <ul style="list-style-type: none"> ● Participate in research or audit and disseminate evidence-based practice. ● Participate in the development of protocols or guidelines in line with national recommendations. ● Educate HCPs regarding prevention, progress and screening for nephropathy. ● Review medication and ensure appropriate changes are made. ● Demonstrate a broad knowledge of renal treatments and their impact on glycaemic control. ● If a registered non-medical prescriber, prescribe medications, as required, within own competencies and scope of practice. ● Provide or refer for psychological support as required. ● Participate in the development and monitoring of the integrated care pathways.
<p>5. Consultant nurse</p>	<p>As 4, and:</p> <ul style="list-style-type: none"> ● Identify service shortfalls and develop strategic plans to address them. ● Work in collaboration with higher educational institutes and other education providers to meet educational needs. ● Work in collaboration with service providers in ensuring the needs of those with renal disease and diabetes are met. ● Initiate and lead research and promote evidence-based practice. ● Develop best practice, for example through leadership and consultancy. ● Work with stakeholders to develop or implement local guidelines, promoting evidence-based practice and cost-effectiveness.

Competency statements

5.15. RETINOPATHY

To care for people at risk of, or with retinopathy, you should be able to:

1. Unregistered practitioner	<ul style="list-style-type: none">● Demonstrate awareness that all people with diabetes are at risk of retinopathy.● Support people with diabetes with impaired vision.● Encourage people with diabetes to attend annual retinal screening appointments.
2. Competent nurse	As 1, and: <ul style="list-style-type: none">● Recognise the need for regular retinal screening.● Demonstrate awareness of retinopathy complications and prevention.● Participate in retinal screening or laser clinics.
3. Experienced or proficient nurse	As 2, and: <ul style="list-style-type: none">● Educate the person with diabetes and their carer about the prevention of, and the importance of screening for, retinopathy.● Participate in education programmes for HCPs.● Refer people with diabetes with poor or reduced vision to eye-clinic liaison officers for access to vision aids.
4. Senior practitioner or expert nurse	As 3, and: <ul style="list-style-type: none">● Participate in research and disseminate evidence-based practice.● Write and review local protocols and guidelines in line with national guidelines.● Review medication and ensure appropriate changes are made.● Provide or refer for psychological support as required.● Plan, implement and deliver education programmes for HCPs.● Participate in the development and monitoring of integrated care pathways.
5. Consultant nurse	As 4, and: <ul style="list-style-type: none">● Identify service shortfalls and develop strategic plans to address them.● Work in collaboration with higher educational institutes and other education providers to meet educational needs.● Initiate and lead research and promote evidence-based practice.● Develop best practice, for example through leadership and consultancy.● Work with stakeholders, including the visual impairment team, to develop or implement local guidelines, promoting evidence-based practice and cost-effectiveness.

↘ This competency links with the Skills for Health (2009) competencies HC2 and HC3.

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A&E – Accident and emergency department
BMI – Body mass index
BP – Blood pressure
CHD – Coronary heart disease
DH – Department of Health
DSN – Diabetes specialist nurse
GLP-1 – Glucagon-like peptide-1
HbA_{1c} – Glycosylated haemoglobin
HCP – Healthcare professional
MDT – Multidisciplinary team
NICE – National Institute for Health and Clinical Excellence
UKPDS – United Kingdom Prospective Diabetes Study

Glossary

February 2010

Published by
SB Communications Group
A Schofield Media Group Company
3.05 Enterprise House, 1–2 Hatfields
London SE1 9PG

*An electronic version of *An Integrated Career and Competency Framework for Diabetes Nursing* (2nd edition) is available to download from*

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