



## FEND news



The Executive Committee of FEND is looking forward to welcoming some of you to our forthcoming conference in Lisbon. We have once again had a terrific response with over 400 delegates registered so far. I hope you found our new online membership renewal and registration easy to navigate. The Committee has tried to incorporate many of your suggestions we received at last year's conference, to ensure that the conference meets as many of the needs as possible. I hope therefore you will agree that the programme is varied with interesting and thought-provoking topics, providing the possibility of both a stimulating and an interactive meeting.

Our new Professor in Diabetes Nursing, Angus Forbes, appointed last year, organised and delivered the first module of the 2011 FEND ENDCUP programme in London in early July. There were 18 participants from all over Europe and the second phase, the research module, will take place next year.

The European Coalition in Diabetes continues its advocacy for a European recommendation for diabetes and is working collaboratively, with support from the European Diabetes Working Groups (MEPs).

The United Nations (UN) established an informal civil society meeting in June in preparation for the UN high level summit in New York in September. FEND sent representation to this meeting, Professor Angus Forbes and Kristin de Backer. The meeting was of interest to us, although we remain concerned that the zero draft outcomes document lacks focus and specificity. Furthermore, while FEND recognises the importance of tobacco control and appropriate food labelling, there is a real need to recognise that in considering the specific diseases that are recommended in the Non-communicable Diseases Summit Meeting, it is essential to address the infrastructure required, to ensure that health care systems and the competencies of health professionals are monitored constantly.

This is a very important period for diabetes and professionals working within the specialty. FEND will continue to strive on your behalf to promote the role of nursing and we look forward to hearing your thoughts and views at our forthcoming conference.

Have a great summer and I look forward to seeing some of you in Lisbon.

**Deirdre Kyne-Grzebalski**  
Chairman of FEND

## Adjusting to change



'We cannot direct the wind but we can adjust the sails' (*anon.*). On a recent visit to Dubai, I had the privilege to present to 50 diabetes nurses on the challenges of behaviour modification in people with type 2 diabetes. We debated the changing trends of public health, the rise of chronic disease, the need for people to be responsible for their own diabetes, and the diabetes care continuum. We spoke of diabetes advocacy and the need for professional clout when facing the huge global challenges of obesity and sedentary lifestyle. We also raised the point that in the past, health professionals may not have been the best people to assist patients to self-manage and modify lifestyles.

I have been heartened by those nurses from the Emirates who have identified and determined their own educational needs to facilitate self-care in their patients. Similarly, the papers submitted for this issue of *EDN* reflect the changing perspectives of diabetes nurses and their ability to rise to the challenges of the diabetes pandemic.

The nurses from Dubai reflected on their need to be proficient in their work and have professional competencies defined as part of a developed career structure. This development is happening in many countries and Hill's paper on the progress of the UK Diabetes Competency Framework shows the way forward for all levels of diabetes nursing which could be adapted in many European countries. Similarly, nurses everywhere now recognise the need for skills in counselling and motivational interviewing and Hunt's overview on the latter is a great introduction to this subject.

Diabetes nurses also need to be proactive in terms of screening and education. We have two papers here which demonstrate how nurses can successfully use self-help guidance strategies for people with diabetes who have emotional disorders (Meeuwissen), and also for those with diabetic retinopathy (Rothmann). Finally, Sherifali describes a community-based programme which builds upon existing structures to facilitate self-management behaviours.

Diabetes nurses in Europe and beyond – such as the group I met in Dubai – are focused upon the professional direction needed to face the growing diabetes epidemic. We might not yet be able to change the direction of this global diabetes scourge, but we can certainly adapt our professional competencies, knowledge and skills to contribute to the best possible outcome for all people with diabetes.

**Gillian Hood**  
Co-editor, *EDN*