Are you fit for purpose? The development of a competency framework for diabetes nursing in the UK

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Introduction

Across Europe, the number of people with diabetes is increasing significantly and the challenge for diabetes nurses is to continue to provide a high-quality service for all. This has to be achieved at a time of austerity and limited resources in many countries, and indeed reduction in resources in those countries, such as Greece and Portugal, which are particularly affected by widespread recession. The open European workplace encourages movement of nurses across different health economies, bringing a variation in skill, experience and competency to the indigenous nursing workforce. The employment of cheaper health practitioners may keep costs down, but there may be a compromise in the quality of care provided.

The UK is no different from the rest of Europe with regard to these challenges. Government policy in recent years has promoted a shift in the management of long-term conditions from hospital outpatient clinics into primary care,[1] as this is perceived as more convenient to patients and, in particular, is less costly. Health care provision is now commissioned for a local population, with increasing emphasis on who gives the best value for money. For diabetes care, this means that some aspects of the service are being provided by a wider group of practitioners, some of whom may be unregistered, and some of whom may be outside the traditional National Health Service (NHS). It makes sense to delegate routine simple tasks to less qualified (and less expensive) health care staff and allocate complex care to those who have experience and qualifications (but who are more expensive); however, it may be difficult to identify who is competent to deliver the service required, and be assured that quality is maintained as well as at a competitive cost (i.e. best value). As diabetes care is delivered in a variety of environments including non-NHS, ensuring that people with diabetes are seeing the right people at the right time is a challenge.

This article describes the development of a competency framework for diabetes nursing in the UK that defines various aspects of diabetes care and the competencies required to deliver these (i.e. what is expected) by different levels of registered and unregistered practitioners. The framework provides a career structure for nurses who wish to develop a diabetes specialism, and a commissioning tool for identifying the most appropriate staff that are required to provide a diabetes service. It can be helpful in business planning when justifying why more expensive staff are needed to perform a particular service and why resources are needed for training and development; it can also be a framework for providers of diabetes care to benchmark themselves and demonstrate their competency to deliver the service required. In the rest of Europe, a similar competency framework may be useful in ensuring standardisation across different countries about what is expected in the provision of diabetes nursing, no matter in which country the care is delivered and by whom.

The history of diabetes nursing in the UK

Diabetes nursing developed as a specialism in the UK in the 1970s, and was particularly related to insulin therapy and the conversion to u100 insulin. Diabetes specialist nurses (DSNs) were few in number, usually based in hospital outpatient services, with a background of working as the manager (or 'sister') of the acute diabetes ward. The number of DSNs has grown over the years but, in the UK, there is still no single recognised qualification for the role. Minimum recommendations for nurses applying for their first DSN post were defined in 1991 stating that they should be

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- Unregistered practitioner
- Competent nurse
- Experienced or proficient nurse
- Senior practitioner or expert nurse
- Consultant nurse*

*In 2000, the consultant nurse role was introduced in the UK to enable experienced nurses to advance their clinical practice.[14] These posts incorporate education, strategic leadership and research elements in diabetes nursing, as well as a significant contribution to expert clinical practice.

Table 1. Levels of competency recognised by Skills for Health[9]

- Screening, prevention and early detection of type 2 diabetes
- Promoting self-care
- Mental health
- Nutrition
- Urine monitoring
- Blood glucose monitoring
- Oral therapies
- Injectable therapies
- Hypoglycaemia
- Hyperglycaemia
- Intercurrent illness
- Managing diabetes in hospital: general admission
- Managing diabetes in hospital: surgery
- Pregnancy: pre-conception care
- Pregnancy: antenatal and postnatal care
- Hypertension and coronary heart disease
- Neuropathy
- Nephropathy
- Retinopathy
- Prison and young offender units
- Residential and nursing homes
- Palliative care and end-of-life care

Table 2. The 22 competency areas identified in the 2011 competency framework for diabetes nursing[12]

registered nurses with a minimum of three years' practice, and have a proven interest in diabetes management, teaching and counselling. Senior DSNs would have been required to have practised as a DSN for a minimum of three years; and be willing to undertake a diabetes diploma or a related degree.[2]

The role of the DSN has evolved in recent years in response to the increasing number and expectations of people with diabetes, the availability of new therapies and devices, and government directives influencing the health economy. Wider policies such as the European Working Time Directive have influenced the role, with nurses developing skills that traditionally were medical tasks.[3] Many DSNs are now 'specialist diabetes specialist nurses' in areas such as structured education programmes, insulin pump therapy, and cardiovascular risk management. They are working more autonomously in nurse-led clinics, with a survey conducted by Diabetes UK and the Association of British Clinical Diabetologists[4] finding 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.

The changing workforce

However, a significant amount of diabetes nursing intervention is not now given by DSNs. The majority of people with type 2 diabetes, and some people with stable type 1 diabetes, are managed in primary care with the support of practice nurses. People with diabetes receive support for their condition from nurses in residential homes, hospices, prisons, community clinics, general hospital wards, and other health care settings. Non-NHS providers of health care are being encouraged to provide services too. Some elements of diabetes nursing are given by unregistered practitioners (e.g. health care assistants and diabetes technicians), such as some components of the annual diabetes review, taking blood, basic education programmes and the teaching of blood and urine monitoring. There are, therefore, a lot of different people providing various aspects of diabetes nursing, including some who have similar roles but who have different job titles. There needs to be a clear definition about who can do what.

Fit for purpose

In recent years, there has been an increased emphasis in UK health care on defining what skills are needed to provide a service, but also at the lowest cost (i.e. best value). The 'Agenda for Change'[5] and the supporting 'Knowledge and Skills Framework'[6] changed the emphasis on working in the NHS to a focus on employing and developing the right grade of staff to meet the needs of the service required (which may mean that there is less need for expensive specialist staff resulting in a greater number of less [but adequately] skilled and less costly staff being employed). For diabetes nursing, this means that not all diabetes nursing care needs to be given by relatively expensive, highly specialised DSNs.

Recognition of defining the competencies needed for a service is identified in documents such as the Skills for Health 'Introduction to Workforce Planning', with its opening statement setting the scene: 'getting the right people with the right skills and competencies in the right place at the right time'.[7] Demonstrating and outlining competencies are essential for providers and for those commissioning them. This process can provide a clear framework to avoid unsafe practice

5.4. BLOOD GLUCOSE MONITORING	
For the safe use of blood glucose monitoring and associated equipment you should be able to:	
1. Unregistered practitioner	• 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: • Actively seek and participate in peer review of their own practice • 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: • Interpret results and assess other parameters and take appropriate action, including initiating further tests such as HbA_{1c} or urine/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: • 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 health care professionals
5. Consultant nurse	As 4, and: • Identify service shortfalls and develop strategies with the local commissioning bodies to address them • Initiate and lead research through leadership and consultancy • Work with stakeholders to develop and implement local guidelines for blood glucose monitoring frequency, promoting evidence-based practice and cost-effectiveness • Work in collaboration with higher educational institutes, and other education providers to meet educational needs of other health care professionals • Influence national policy concerning availability and appropriate use of blood glucose monitoring • Identify and implement systems to promote their contribution and demonstrate the impact of advanced level nursing to the health care team and the wider health and social care sector • Identify the need for change, proactively generate practice innovations and lead new practice and service redesign solutions to better meet the needs of patients and the service
This competency links with the Skills for Health (2009) competencies HA8 and HA9.	

Table 3. Competency statement relating to blood glucose monitoring: one of the 22 statements provided in the competency framework for diabetes nursing.[12] (Available at www.trend-uk.org)

too (e.g. ensuring unregistered practitioners are not used to perform specialist tasks). It also recognises the responsibility of everyone involved in diabetes care to be competent in their area of work, and how the routine task performed by an unregistered practitioner can impact on the patient experience as well as the effectiveness of the wider diabetes team.

Development of the competency framework

The first edition of 'An Integrated Career and Competency Framework for Diabetes Nursing'[8] was published in 2005. More than 40 generalist and specialist nurses and people with diabetes worked together to define diabetes nursing and to identify the key competencies required.

The draft framework was sent to more than 250 nurses from all professional backgrounds, patient groups, civil servants and Diabetes UK representatives, inviting feedback which was used to finalise the document. Relevant groups, such as the Skills for Health project[9] 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.

In 2009, the document was revised by TREND UK (Training, Research, Education for Nurses in Diabetes UK),[10] which is a small group of four nurse consultants in diabetes who liaise with the many diabetes-related nursing forums in the UK. Although a comprehensive collection of competencies for health care is available through the Skills for Health initiative, the original diabetes competency framework was well received as it was specific to diabetes nurses, and the content is compact and quick to read. The second edition was published in January 2010,[11] with 10 000 copies

distributed at the national Diabetes UK conference and in diabetes nursing journals. In response to the dynamic nature of diabetes nursing, a third edition was published earlier this year,[12] with five more competency areas identified. Publication was supported by a number of pharmaceutical companies. It has been recognised by the Diabetes UK Task and Finish group for diabetes health care professional education, with the recommendation that all disciplines of the diabetes multidisciplinary team develop a similar competency framework.

Competence has been 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'.[13] Simply, competencies are the skills needed to perform a job and should be observable and measurable. The competency levels identified in the framework relate to the competency levels recognised by Skills for Health (Table 1).

Twenty-two competency topic areas have been identified in the framework. Some are task specific and some are related to a group of people with diabetes with specific needs (Table 2).

All of the competencies are laid out, where possible, on a single page, outlining what is expected from each level of staff for that topic (Table 3). Where relevant, the competency relates to the equivalent in the Skills for Health document.

The future

The competency framework for health care professionals working with people with diabetes will continue to evolve as demands of workload encourage service redesign to increase capacity, as more treatments are developed, and as economic pressures drive economies of scale and innovation.

There are numerous diabetes courses available in the UK, some accredited by higher education institutes, some sponsored through pharmaceutical companies, and some provided by local diabetes teams; all have variable proportions of theory and practice-based tools to inform and develop skills. With budget cuts in the NHS, if scarce resources are to be used on training, providers of diabetes education will need to be very clear about the competencies being prepared for, and how their courses will address this. However, attending a course does not automatically confer competency. Health care professionals providing a diabetes service will need to develop this through secondments, placements and learning on the job. Evidence of proficiency could include case histories, self-appraisal via a reflective diary, 360-degree feedback, verification of practice and structured observation of practice by accredited and experienced others.

Health care professionals will need to demonstrate that they are 'fit for purpose'!

Summary

In the current NHS climate, it is essential that diabetes nursing is fit for purpose and that the different levels of competency required for various levels of service are recognised by commissioners. The 'Integrated Career and Competency Framework for Diabetes Nursing' defines comprehensively what is expected for five levels of competency for 22 aspects of diabetes care, as well as providing a career pathway for nurses who wish to develop a career in diabetes nursing.

Declaration of interests

Jill Hill has received payment from a number of pharmaceutical companies related to diabetes for contributing to advisory boards and giving lectures.

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