

GUIDANCE AND COMPETENCES FOR THE PROVISION OF SERVICES USING PRACTITIONERS WITH SPECIAL INTERESTS (PwSIs)

DIABETES



DH Department
of Health



English Pharmacy Board

NHS

Primary Care Contracting

FOREWORD

The White Paper *Our health, our care, our say: a new direction for community services* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453), published in 2006, set out the vision for the future of care outside hospitals. It reinforced the importance of services provided by healthcare professionals working in community settings. The public involved in the consultation process that informed the White Paper made it clear that while convenient care was important, it must be of high quality and that a transparent process should underpin that quality.

In his interim review, Lord Darzi re-emphasised this need for quality, drawing on four overarching themes for the NHS over the next 10 years, where he describes the vision of a health and care system that is fair, personalised, effective and safe. Much of the vision continued in his main report, *High Quality Care for All* and in the primary and community care strategy] is underpinned by the movement of more complex care out of hospitals and into community settings – just the sort of services that PwSIs provide. *World Class Commissioning* (“*Adding years to life and life to years*”) will be the key vehicle for delivering a world leading NHS, equipped to tackle the challenges of the 21st Century. By developing a more strategic, long-term and community focused approach to commissioning and delivering services, where commissioners and health professionals work together to deliver improved local health outcomes, world class commissioning will enable the NHS to meet the changing needs of the population and deliver a service which is clinically driven, patient centred and responsive to local needs. PCT Commissioners will therefore be looking for PwSI commissioned services to link to the world class competencies which ensure the best value of service for patients

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080956

Many PwSIs in Diabetes have been established around the country and much has been learnt from examples of best practice. All those involved in the delivery of these services recognise the need to ensure that PwSIs are suitably qualified, with demonstrable competences, training and experience. These factors underpin the delivery of safe, high quality care. As we move steadily towards a regulated service, with registration of NHS organisations and increasing use of accreditation schemes, such as that currently being piloted by RCGP, there is increasing pertinence of the processes described in this document. Through implementation of this guidance, there will be a more vivid guarantee of quality.

This document, which should be read in conjunction with *Implementing care closer to home: Convenient quality care for patients* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419), describes different models of care and provides information about the competences, training, accreditation and assessment processes to support the accreditation of PwSIs in Diabetes . For Commissioners, this should be read in

conjunction with the World Class Commissioning Assurance Framework and associated competencies

<http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm>

CONTENTS

Introduction	5
1. PwSI Service Provision	6
2. Infrastructure Required	9
3. The Competences Required	11
4. Teaching and Learning	13
5. Assessment	15
6. Accreditation, Maintenance of Competence and Re-accreditation	16
Appendix 1: Competences for a PwSI in Diabetes	19
Appendix 2: Assessment Tools	25
Appendix 3: Links to Other Resources	27
Appendix 4: Membership of Diabetes PwSI Stakeholder Group	29

INTRODUCTION

This document represents an updating of *Guidelines for the appointment of GPwSIs in the Delivery of Clinical Services: Diabetes* published by the Department of Health in 2003.

This guidance provides more detailed information to guide accreditors and practitioners towards the type of evidence and competences that may be expected to be seen and tested during the nationally mandated accreditation process set out in *Implementing care closer to home: convenient quality care for patients*, Part 3: *The accreditation of GPs and Pharmacists with Special Interests* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

This guidance, developed by a stakeholder group, relates **only** to the specific training and accreditation needs of general practitioners and pharmacists seeking accreditation as PwSIs in Diabetes.

The competency framework is designed to help practitioners understand and develop the extended knowledge and skills they will require to provide services beyond the scope of their generalist roles. Such developments are expected to occur within a negotiated local framework. It is not intended that PwSIs in Diabetes have all the competences listed in this document. Commissioners will need to identify the specific competences (detailed in Chapter 3) required by the practitioner in order to meet the service specifications.

Commissioners should note that the training and personal development of practitioners with a special clinical interest need to be ongoing and will require support from specialist practitioners and / or access to relevant peer support.

This framework does not preclude commissioners from developing specialist services using other practitioners, eg, nurses or other health professionals. Competences for NHS-employed staff providing specialist care in community settings may be assessed through the knowledge and skills framework.

Specialist practitioners are expected to operate within the local clinical governance framework and within their scope of professional practice. They must be able to demonstrate relevant expertise when moving into new areas and commissioners will need to take a more competence-based approach to reflect the current work on modernising healthcare careers.

IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF DIABETES

Many GPs and pharmacists who do not consider themselves to be special interest practitioners are currently providing specialist services or clinical leadership within their practice or locality.

This guidance does not intend to undermine these clinicians. It is provided for doctors and pharmacists whose objective is to extend their competences and skills within a formally accredited PwSI framework.

1. PwSI SERVICE PROVISION

1.1 DEFINITION OF A PwSI

PwSIs supplement their core generalist role by delivering an additional high quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate competences to deliver those services without direct supervision.

1.2 LOCAL SERVICES THAT CAN BE PROVIDED BY A PwSI

The needs of the local population will inform the services to be provided. PwSIs will form one of a series of integrated options for the delivery of these services. The specific activities of the PwSI will depend on the service configuration, and will include raising awareness of the primary and community practitioners' role in the prevention, identification and care of diabetes.

It is very important that all service providers and patients and carers are involved at every stage of service development.

The following points should be considered by commissioners when establishing a service, and by referring clinicians:

- Who will be referred to the service, including inclusion and exclusion criteria
- Type of service(s) being delivered
- Referral pathways
- Response time
- Communication pathways
- Consent
- Confidentiality and information sharing
- Multi-disciplinary working
- Caseload / frequency

Reference can be made to the DH Diabetes Commissioning Toolkit:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4140284

EXAMPLES FOR A PwSI SERVICE IN DIABETES

The table below gives examples of different types of services that a PwSI could deliver:

Clinical Services

- Addressing the needs of hard to reach patient groups eg, Household / Care Home residents
- Undertaking appropriate Type 1 caseloads
- Working with local consultant teams under locally agreed protocols for the management of non-urgent / routine / ongoing care diabetes
- PwSIs may be commissioned to provide relevant elements of diabetes care such as:
 - Specialist eye care
 - Specialist foot care
 - Specialist dietetic service

Leadership

- Support / lead local NSF implementation
- Develop participation in the monitoring of NSF outcomes
- Provide strategic leadership, direction, education and clinical support
- Act as a diabetes clinical lead across primary care and bring together multi-professional groups across the primary and secondary care sectors

Education

- Provide education and support to primary care organisations and constituent practices to raise the general standard and consistency of diabetes management across primary care
- To facilitate and encourage the spread of good practice from within primary care across the whole continuum of diabetes care
- To promote information sharing with patients and carers

Service Development

- Help develop whole system models of service provision aligned with diabetes NSF implementation strategy and appropriate components from the 12 clinical standards
- Form part of a QOF assessor team

Liaison

- Provide a link / liaison role to local practices to enable robust diabetes information management and understanding
- Link to other specialist diabetes teams working within the community and secondary care depending on the local model of care
- To work with general practitioners, pharmacists, primary care nurses and other health care staff so that current best practice is implemented within the primary care environment for the management of all patients with diabetes

1.3 PRINCIPLES OF SERVICE DELIVERY

Models of service delivery are expected to reflect the important principles outlined in the *Implementing care closer to home: convenient quality care for patients* documents (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

Local guidelines for the service should reflect and incorporate nationally agreed guidelines. Both the commissioner and PwSI should demonstrate awareness of relevant national advice issued by organisations such as:

- The Primary Care Diabetes Society <http://www.pcdsociety.org/>
- Diabetes UK <http://www.diabetes.org.uk/>
- Association of British Clinical Diabetologists <http://www.diabetologists-abcd.org.uk/>
- National Institute for Health and Clinical Excellence <http://www.nice.org.uk/>
- The Department of Health <http://www.dh.gov.uk/en/index.htm>

In addition:

The service model should take account of nationally agreed guidance, in particular:

- National service frameworks

2. INFRASTRUCTURE REQUIRED

2.1 SERVICE LEVEL AGREEMENTS

It is important that the commissioned service meets the agreed specifications as laid down by the employing authority.

This will include, for example:

- Type of service to be delivered
- Joint working arrangements (eg, with statutory or third sector agency)
- How referrals are received
- Waiting times
- Means of communication between referrer, PwSI and other specialist health care professionals
- Confidentiality / information sharing
- Number and composition of sessions to be worked by PwSI
- Location of the service, suitability, accessibility and support
- Contact with other health professionals
- Direct access to diagnostic provision (including reporting)
- Review / process for following-up patient
- Communication / updating medical records
- Reporting mechanism
- How the service links with the commissioner's requirements

2.2 SUPPORT AND FACILITIES

Facilities will vary according to the commissioned service. The basic requirements for a PwSI in Diabetes include the following:

- Access to support and supervision from diabetes specialists
- Clinical and administrative support staff available as required for each service
- Adequate means of record keeping
- Education mentoring support and clinical network facilities
- Appropriate support to facilitate effective clinical audit and performance monitoring
- Access to educational material / clinical reference databases, events and conferences to ensure they are undertaking appropriate CPD

NB: Facilities must be kept up to date in keeping with national guidance. Such facilities are to be accredited and should take account of the Government's *Standards for Better Health*:

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086665&chk=jXDWU6

2.3 CLINICAL GOVERNANCE AND STANDARDS

PwSIs will operate within the local clinical governance framework and within their scope of professional practice.

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety. Nationally agreed standards for the provision of facilities exist, and are referred to in *Implementing care closer to home: convenient quality care for patients*

(http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

The commissioner should give consideration to the following aspects of the PwSI service:

- **Lines of responsibility:** Accountability for overall quality of clinical care.
- **Monitoring of clinical care:** Patients' and carers' experience to be included in patient surveys. Staff to be encouraged to participate in clinical governance programmes.
- **Workforce planning and development:** Continuing professional development, which may include peer review, support and mentoring, will be built into organisations' service planning. Succession and contingency plans will be in place and service users will be involved and their opinions taken into account.
- **Risk management programmes:** Included in clinical risk management and in protocols on good record keeping, patient safety, confidentiality and handling complaints.
- **Poor performance management:** All organisations should have systems in place for identifying and managing poor professional performance in line with professional organisations and national bodies, eg, NCAS.
- **Linked to this is reporting of critical incidents:** Such as medication errors, which should be mandatory for all settings, not just the NHS.
- **Adherence:** To the requirements set down by the Accountable Officer in relation to controlled drugs.

3. THE COMPETENCES REQUIRED

3.1 GENERALIST COMPETENCES

The PwSI will be required to demonstrate that he / she is a competent generalist.

Competent practitioners will be able to demonstrate:

- Good communication skills with patients, carers and colleagues
- The ability to explain risk and benefits of different treatment options
- Skill in involving patients and carers in the management of their condition(s)

GENERAL PRACTITIONERS

Generalist skills can be assessed in a number of ways including:

- Meeting the competences set out in the new RCGP curriculum (www.rcgp-curriculum.org) together with a holistic understanding of primary care practice
- Obtaining a pass in the examination of the Royal College of General Practitioners or equivalent and being a Member of Good Standing
- Evidence of critical appraisal skills
- Engaging in active clinical work

PHARMACISTS

A generic PhwSI competency framework was published within the national framework for PhwSIs (<http://www.primarycarecontracting.nhs.uk/246.php>). It is recommended that this is used to assess generalist (practitioner-level) skills and experience. CPD records are expected to form a significant part of this evidence. This framework may also be used to identify skills and experience that go beyond the core role.

3.2 SPECIFIC COMPETENCES

The PwSI will demonstrate a knowledge and skills level higher than those acquired by non-specialist colleagues.

It is not intended that a PwSI in Diabetes will necessarily have all the competences listed in this document. The commissioners need to ensure that the practitioner has the specific competences, drawn from the overall list in Appendix 1, to meet the requirements of their service specification.

This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist services, there may be others which relate only to a GP or pharmacist role. The competences for both roles can be drawn from the same overall list in Appendix 1.

It is important for commissioners and practitioners to note that not all of these competences will need to be demonstrated before appointment. The specific competences that can be developed after appointment depend on the roles and responsibilities expected from the practitioner.

The competences for a PwSI in Diabetes are summarised below:

- Understand the clinical management of diabetes
- Provides and monitors drug therapy for clinical management of diabetes
- Manage the delivery of diabetes care
- Deal with diabetic emergencies
- Understand the special needs of older people with diabetes
- Understand and manage the complications of diabetes:
 - Screening
 - Microvascular disease
 - Eye disease
 - Renal disease and hypertension
 - Neuropathy, foot disease and erectile dysfunction

The full guidance can be found in Appendix 1.

4. TEACHING AND LEARNING

4.1 TRAINING FOR PwSIs

PwSIs are expected to demonstrate that they have completed recognised training which may include acknowledgement of prior learning and expertise.

Training can be acquired in several ways and would be expected to include both practical and theoretical elements.

For example:

- Experience (current or previous) of working in relevant departments
- Self-directed learning with evidence of the completion of individual tasks
- Attendance at recognised meetings / lectures / tutorials on specific relevant topics
- As a trainee or other post under the supervision of a specialist or consultant in diabetes in the secondary care service
- As part of a vocational training programme
- As a clinical placement agreed locally
- As part of a recognised university course
- As part of accredited training as a non-medical prescriber
- Attachment to a diabetes unit or under the supervision of a specialist practitioner which may not necessarily be a consultant diabetologist (some will be nurse consultants, DSNs, podiatrists, psychologists and other PwSIs)
- Evidence of working under direct supervision with a specialist clinician in relevant clinical areas. The number of sessions should be sufficient to ensure that the PwSI is able to meet the competences of the service requirements

Many universities are developing training modules that include theoretical training followed by supervised practice and formal competence-based assessments. Such courses use many of the assessment tools described in this framework. While these courses are no substitute for clinical experience, the use of supervised practice and formal competence-based assessment is likely to become widely accepted, mirroring the robust assessment processes used in undergraduate and post-graduate training. This type of training module would therefore be useful in supporting the training and accreditation process for PwSIs.

Attachment to secondary care diabetes clinics over a reasonable period of time is recommended to acquire and develop the competences required. The nature of these clinics may be adapted to local availability but could include the following areas:

- Diagnosis and classification
- Nutrition and lifestyle
- Helping people make changes
- Oral hypoglycaemic agents
- Blood glucose monitoring
- Insulin therapy
- Acute complications
- Long term complications
- Foot complications
- Eye complications
- Sexual health complications
- Diabetes in older people
- Diabetes in younger people
- Transition of care from paediatric to adult services
- Gestational diabetes
- Diabetes and pregnancy
- Diabetes in ethnic minorities
- Structured education programmes for adults with diabetes using group and adult learning principles

PHARMACISTS

The precise nature and duration of supervised practice will depend on the specific service requirements. Pharmacists with a special interest in diabetes are expected to demonstrate a range of evidence in line with the generic PhwSI competency framework in addition to providing a structured reference from an objective, relevant and independent clinician which confirms their competence to take on the new role. It is anticipated that this evidence will include formal learning, supervised practice and the recent application of relevant expertise in the special interest area. Pharmacists applying for accreditation as a PwSI in Diabetes will need to draw on support from diabetes specialist services and hospital pharmacy colleagues to develop this range of evidence, including periods of supervised practice.

For all PwSIs the most suitable teaching and learning and assessment methods will vary according to individual circumstances and it is recommended that these are agreed with an educational supervisor and / or trainer in advance.

5. ASSESSMENT

The most suitable teaching / learning and assessment methods will vary according to individual circumstances and should be agreed between trainee and trainer in advance. The PwSI can be assessed across one or more of the competences listed in Appendix 1, and it is expected that this process will be tailored towards the service that the PwSI will deliver.

The assessment of individual competences can be undertaken by a combination of any of the following:

- Observed practice using modified mini clinical examination
- Case note review
- Reports from colleagues in the multi-disciplinary team using 360-degree appraisal tools
- Demonstration of skills under direct observation by a specialist clinician (DOPS)
- Simulated role-play objective structured clinical examination (OSCE)
- Reflective practice
- Logbook / portfolio of achievement
- Observed communication skills, attitudes and professional conduct
- Demonstration of knowledge by personal study supported by appraisal (+/- knowledge based assessment)
- Evidence of gained knowledge via attendance at accredited courses or conferences

Further information regarding the above assessment tools can be found in Appendix 2.

6. ACCREDITATION, MAINTENANCE OF COMPETENCE AND RE-ACCREDITATION

The mandatory processes for accreditation and re-accreditation are set out in *Implementin: convenient quality care for patients, Part 3 The accreditation of GPs and Pharmacists with Special Interests*. During the accreditation process, the PwSI is expected to provide evidence of his or her acquisition and maintenance of appropriate competences in diabetes.

A practitioner should only be employed to work as a PwSI once his or her competence for that service has been assessed and confirmed against the standards described in this document.

6.1 MAINTENANCE OF COMPETENCES

Practical arrangements for the maintenance of competences should be agreed by all key stakeholders as part of the service accreditation.

PwSIs are expected to maintain a personal development portfolio to identify their education requirements matched against the competences required for the service and evidence of how these have been met and maintained.

This portfolio can act as an ongoing training record and logbook and should be countersigned as appropriate by an educational supervisor. The portfolio should also include evidence of audit and continuing professional development (CPD) and, for GPs, would be expected to form part of their annual appraisal. Pharmacists will be expected to include evidence relevant to their PwSI role in CPD records and in any regular appraisals.

To develop and maintain skills it is important to see sufficient numbers of patients in a clinical setting in accordance with the scope of the commissioned service.

It is recommended that PwSIs:

- Work regularly within the specialist area in order to obtain adequate exposure to a varied case mix to support CPD; this should occur across the spectrum of the curriculum / role, including leadership and teaching.
- Undertake a joint clinic or clinical supervision session on a regular basis commensurate with the number of sessions worked by the PwSI. These should be with a more specialist practitioner for the discussion of difficult cases and as an opportunity for CPD. In the absence of this there should be evidence of working and / or learning with peers.

It is also expected that practitioners will:

- Be actively involved in the local diabetes specialist service(s)
- Contribute to local clinical audits.

Active membership of an appropriate faculty, professional group and / or a primary care diabetes organisation will provide further opportunities for PwSIs to develop their knowledge and skills through attendance of educational and networking at update meetings.

eg, Primary Care Diabetes Society

PwSI IN DIABETES PORTFOLIO

The portfolio should provide a track record of providing high quality diabetes care in line with national guidelines. Examples of the sections that could be included in the portfolio include:

- Assessment of practical skills relevant to the service being commissioned (in adults and children)
- Evidence of high quality clinical audit, research, training and teamwork in diabetes care
- Personal development through analytical reflection on clinical events, appraisal of three significant events, case history analysis detailing the decision-making rationale
- Evidence of educational skills via video, records or learning aims and outcomes achieved, feedback from audiences at educational sessions

An outline portfolio to support the accreditation of pharmacists with a special interest has been developed and is available at <http://www.primarycarecontracting.nhs.uk/246.php> and can be supported by CPD. This provides a guide to the range and types of evidence that will need to be included.

6.2 MONITORING

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety.

PwSIs are expected to be involved in the monitoring of service delivery, which incorporates the following:

- Clinical outcomes and quality of care
- Access times to the PwSI service
- Patient and carer experience questionnaires

- Prescribing / medicines management

Reference can be made to the DH Diabetes Commissioning Toolkit:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4140284

6.3 RE-ACCREDITATION

PwSIs must maintain their specialist skills and competences on an ongoing basis as outlined in national PwSI accreditation guidance

(<http://www.primarycarecontracting.nhs.uk/173.php>).

The recommendations for re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients*, Part 3: *The accreditation of GPs and Pharmacists with Special Interests*.

APPENDIX 1: COMPETENCES

It is not intended that PwSIs in Diabetes have all the competences listed in this document, rather that commissioners ensure that the practitioner has the specific competences, drawn from the overall list, to meet the requirements of the service specification. This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist roles, there may be others which relate only to GPwSIs or PhwSIs.

THE CLINICAL MANAGEMENT OF DIABETES

Objectives	Knowledge (The practitioner can...)	Skills (The practitioner is able to...)	Attitudes
To provide care for and manage patients with established diabetes	Define the diagnostic criteria for diabetes and identify the different types	Demonstrate the appropriate use of insulin syringes, injection pens, home blood glucose monitoring and urinalysis to patients / carers	Recognise and support the central role of the patient in managing their disease; understand concerns arising from the diagnosis and provide advice in a non-judgemental manner
	Demonstrate working knowledge of the content and methods of structured education programmes for type 1 and 2 diabetes patients	Explain the treatment implications to patients who may fall into a special category, eg, shift workers, drivers, labourers, sports people, etc	
To communicate the implications and consequences of the diagnosis in the longer term clearly and appropriately to the patient	Describe the principles of life-style management	Give advice about the avoidance, recognition, correction and implications of hypoglycaemia	
		Give preventative advice with regard to micro vascular, neurological and macro vascular complications	
		Detect complications of diabetes and their associated risk factors	
To provide support for people with diabetes who are able to, or who have the potential to, manage their care themselves	Demonstrate awareness of structured education programmes	Work with individuals' goals and develop personalised management plans to assist patients to employ effective management strategies	
		Refer appropriately for structured education	

PROVIDES AND MONITORS DRUG THERAPY FOR CLINICAL MANAGEMENT OF DIABETES

Objectives	Knowledge (The practitioner can...)	Skills (The practitioner is able to...)	Attitudes
To manage drug treatment for patients with established diabetes	Describe the available oral hypoglycaemic agents and define their use	Give advice about the appropriate use of oral hypoglycaemic agents individually and in combination	Facilitate shared holistic and non-judgemental decision-making with patients with diabetes
	Describe the range of available insulin and their delivery systems (including pumps) and define their use	Give advice on the indication for insulin initiation, different regimen options, and dose adjustment	
	Describe the range of monitoring systems for home blood and urine glucose monitoring	Provide information, educational support and advice about employment, driving, exercise, weight control, smoking and family planning	
	Demonstrate specialist pharmaceutical knowledge of care of patients with diabetes	Oversee the pharmaceutical care of a group of patients with diabetes	
		Adapt national therapeutic targets to support the individual's personalised treatment goals	
Describe the available drug treatment for common co-morbidities	Monitor and adjusts drug treatments effectively including for complex medication regimens		

MANAGE THE DELIVERY OF DIABETES CARE

Objectives	Knowledge (The practitioner can...)	Skills (The practitioner is able to...)	Attitudes
To understand different models of delivery of diabetes care	Describe different settings in which diabetes care can be delivered	Discuss different models of diabetes care delivery, eg, in primary care and secondary care	Recognise the importance of multi-disciplinary team working and the value of working care and primary / secondary care interface in diabetes management
	Understand the factors which influence commissioning diabetes care within the NHS	Describe the commissioning process for diabetes care and its relationship to other NHS initiatives	
	Describe which aspects of clinical diabetes care can be delivered in different clinical settings	Identify appropriate patient groups for management in different settings, eg, primary, secondary care and multi-disciplinary subspecialty clinics	

	Understand the role of local initiatives in delivering integrated diabetes care	Describe the processes required to develop local initiatives, eg, diabetes databases, managed clinical networks and diabetes advisory groups	
To provide care planning for patients with diabetes	Offer patients active involvement in deciding, agreeing and owning how their diabetes will be managed	Implement a care plan as the heart of a partnership approach to care and as a central part of effective care management	Ensure that patients are comfortable with what is proposed and that they do not have to bear more responsibility than they wish

DEAL WITH DIABETIC EMERGENCIES

Objectives	Knowledge (The practitioner can...)	Skills (The practitioner is able to...)	Attitudes
To manage the patient with hypoglycaemic and metabolic decompensation and advise about future prevention	Diagnose and manage severe hypoglycaemia and advise about future prevention	Evaluate hypoglycaemic unawareness and discuss with patients appropriately	Recognise the impact of hypoglycaemia and hypoglycaemic unawareness on the lifestyle of patients, their families & carers
	Diagnose and distinguish between the types of diabetic hyperglycaemic metabolic emergency	Diagnose, distinguish and institute appropriate management for the main types of hyper and hypoglycaemic metabolic emergency	
	Recognise the urgency of hyper and hypoglycaemic metabolic emergencies		
	Identify patients with hyper and hypoglycaemic metabolic emergencies	Give advice about future prevention of hyper and hypoglycaemic metabolic emergencies	
	Recognise patient factors which may contribute to recurrent hyper or hypoglycaemic metabolic emergencies		

UNDERSTAND THE SPECIAL NEEDS OF OLDER PEOPLE WITH DIABETES

Objectives	Knowledge (The practitioner can...)	Skills (The practitioner is able to...)	Attitudes
To provide care and manage elderly patients	Identify the potential effects of co-morbidities associated with ageing on diabetes treatments and control	Adapt therapeutic targets and diabetes treatment regimens to the individual patient taking account of co-morbidities	Actively engage patients in their own management, including health promotion and disease prevention measures
		Manage the specific social and medical needs of elderly patients in the community with diabetes	A multi-professional problem-solving approach appreciating the importance of regular review, continuity of care and fine tuning of treatments
		Advise about the care needs of older people in residential care and those who have caregivers outside of residential care.	

UNDERSTAND AND MANAGE THE COMPLICATIONS OF DIABETES

SCREENING

Objectives	Knowledge (The practitioner can...)	Skills (The practitioner is able to...)
Screening appropriately for diabetic complications	Describe the principles and practice of screening	Practice effective strategies in order to implement a screening programme for diabetes complications
	Recognise the criteria for urgent referral for diabetes complications when identified	

MACRO VASCULAR DISEASE

Objectives	Knowledge (The practitioner can...)	Skills (The practitioner is able to...)	Attitudes
To identify and manage risk factors for macroangiopathy	Understand the different risk factors and the interventions which affect them	Manage glycaemia and other modifiable risk factors for microangiopathy	Recognise when to refer patients for further specialist investigation and treatment (eg, cardiology, vascular surgery)
To identify, investigate, treat and make appropriate referrals for	Understand the pathological process, signs and	Investigate and manage patients with diabetes who have established macro vascular	

patients with macro vascular disease	symptoms of macrovascular disease and the effectiveness of various interventions available	disease	
To diagnose and manage heart failure in diabetes	Understand the pathophysiology of heart failure and the treatment options	Know the signs and symptoms of heart failure and use drugs and other interventions appropriately. Communicate the risks and self management issues to patients.	

RENAL DISEASE AND HYPERTENSION IN DIABETES

Objectives	Knowledge (The practitioner can...)	Skills (The practitioner is able to...)	Attitudes
To diagnose nephropathy and distinguish between microalbuminuria and clinical nephropathy	Describe how diabetes can affect different parts of the kidney	Diagnose nephropathy and distinguish between its different stages (late / early)	Recognise the implications of a diagnosis of diabetic nephropathy on patients, their carers and families
To advise / counsel patients about the significance of nephropathy	Understand the role of blood pressure in the pathogenesis and progression of nephropathy	Communicate the significance of a diagnosis of nephropathy to patients	
	Describe the significance of proteinuria in the increased incidence of macroangiopathy	Communicate the importance of blood pressure and glycaemic management in the prevention and slowing of progression of nephropathy	
To manage hypertension according to current guidelines	Define the treatment thresholds of blood pressure in patients with diabetes and nephropathy	Manage hypertension according to current guidelines	
To manage glycaemia in patients with renal impairment	Understand the importance of tight glycaemic control and the renal impact of different treatments. Understand renal function monitoring	Communicate the issues of renal disease with diabetes to patients and carers whilst keeping patients engaged and supported. Know when to refer for specialist care	
To refer patients appropriately to a nephrology service	Recognise the importance of early referral to nephrology services for multi-disciplinary team assessment in preparation for renal replacement therapy	Evaluate other macro vascular risk factors in patients who have diabetic nephropathy	

NEUROPATHY, FOOT DISEASE AND ERECTILE DYSFUNCTION IN DIABETES

Objectives	Knowledge (The practitioner can...)	Skills (The practitioner is able to...)	Attitudes
To diagnose the different patterns of autonomic and somatic poly- and mononeuropathies	Describe how diabetes can affect different parts of the nervous system	Perform an appropriate examination in order to diagnose the different patterns of neuropathy	Recognise the importance of autonomic and vascular problems to patients and help them to progress through investigation and treatment at an appropriate rate. Always maintain a positive and supportive approach
To manage the neuropathies, including neurogenic pain and the manifestations of autonomic neuropathy	Describe the pathogenesis and different manifestations of diabetic neuropathy	Select appropriate treatment particularly for neurogenic pain and manifestations of autonomic neuropathy	
To assess vascular supply and neurological status of the lower limb	Identify the different patterns of autonomic and somatic poly and mono neuropathies	Assess vascular supply and neurological status of the lower limb	
To identify patients at risk of foot problems and advise on prevention; manage established diabetic foot problems within a multi-disciplinary setting	Identify patients at risk of foot problems and be able to use referral pathways appropriately	Conduct basic foot examination and risk assessment which may include the use of monofilament tuning forks and dopplers and interpret the results	Recognise the importance of the multi-disciplinary team in the prevention and management of diabetic foot problems
	Recognise when to refer patients for specialist foot care	Demonstrate effective management of established diabetic foot problems	
		Communicate advice on prevention of foot ulceration	
Sensitively discuss amputation and the importance of effective rehabilitation with patients and their carers and refer appropriately			
To investigate and manage erectile dysfunction in men who have diabetes	Describe available treatments and prescribe or refer as needed. Understand ED can be a marker for vascular disease	Ask about and evaluate erectile dysfunction in all men who have diabetes, and communicate the outcome. Know the various treatment options available	Appreciate the psychological importance and vascular implications of erectile dysfunction. Treat, assess results and refer on diligently

APPENDIX 2: ASSESSMENT TOOLS

It is expected that, as part of the accreditation process, the assessment of individual competences will include observation of clinical practice.

The following notes are intended to support the effective use of these assessment tools as applied to the field of diabetes:

- It is strongly recommended that a series of clinical assessments takes place four times during the period of training prior to the PwSIs becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist clinician, consultant or clinical pharmacy lead, ideally an alternative to the educational supervisor.
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions.
- Several assessments covering different areas are expected to be performed during each of the clinical assessment sessions. Stating minimum numbers of each assessment in a set time period (such as every six months) provides greater comparability; a combination of such sessions could include: one MSF every three years, one knowledge review every three years, two DOPS / mini-CEX every six months, an annual audit of written notes / histology reports.
- The subject / areas covered will depend on the type of service the PwSI in Diabetes is going to offer. This will be agreed at the start of the training.
- The assessment outcome will be 'satisfactory' or 'unsatisfactory'. Time will be allocated for feedback.
- It is expected that one of the assessments should include a review of case notes.
- It is expected that PwSIs will need training in the recognition and management of conditions normally seen / managed in secondary care and that this knowledge will be acquired via continuing education.
- Logbooks – there will be other competences that are not included but desirable; these can be documented in the PwSI logbook and signed off by the trainer. This will probably differ for the individual PwSI and the detail will need to be agreed with the trainer at the beginning of training.
- For PwSIs who have not completed a specialist qualification, it is envisaged that a formal test of knowledge should be included and submitted as evidence to the accreditation panel.

- Practitioners will be expected to demonstrate evidence of 360-degree review.

Helpful general and specialty-specific guidance for the use of DOPS and mini-CEX can be found at the following link:

www.jchmt.org.uk/assessment/performanceAssessmentDocs.asp

APPENDIX 3: LINKS TO OTHER RESOURCES

USEFUL DOCUMENTS

1. Public Health Skills and Career Framework - *Multi-disciplinary Public Health Skills (PDF, 93 pages, 817KB)* <http://www.idea.gov.uk/idk/aio/6856806>
2. Skills for Health - *Diabetes Completed Frameworks - Framework with 83 competences* http://www.skillsforhealth.org.uk/tools/view_framework.php?id=110
Diabetic Retinopathy - Framework with 10 competences
http://www.skillsforhealth.org.uk/tools/view_framework.php?id=75
3. ABCD Association of British Clinical Diabetologists *is the national organisation of Consultant Physicians in Britain who specialises in diabetes mellitus*
<http://www.diabetologists.org.uk>
4. Diabetes UK. *The charity for people with diabetes. It is the largest organisation in the UK working for people with diabetes* <http://www.diabetes.org.uk>
5. PCDS Primary Care Diabetes Society. *The aim of the society is to support primary care professionals to deliver high quality clinical effective care, in order to improve the lives of people living with diabetes* <http://www.pcdsociety.org>
6. Department of Health - *Diabetes Care*
<http://www.dh.gov.uk/en/AdvanceSearchResult/index.htm?searchTerms=Diabetic%20care>
7. Department of Health *Policy and Guidance - Diabetes*
The twelve standards of the Diabetes National Service Framework cover all aspects of diabetes care and prevention, and together with the Delivery Strategy, set out a ten-year programme of change and improvement which will raise the quality of services and reduce unacceptable variations.
<http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Diabetes/index.htm>
8. NHS Direct Diabetes - *Health Encyclopaedia Diabetes*
<http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=128>
9. Royal College of Physicians - *Endocrinology and Diabetes Mellitus*
<http://www.rcplondon.ac.uk/specialties/Endocrinology-Diabetes/Pages/Endocrinology-Diabetes.aspx>
10. NHS National Library for Health - *Diabetes*
http://search.library.nhs.uk/nhs_sse/zengine?VDXaction=ZSearchResults
11. Department of Health – *Medicines and Pharmacy*

<http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/index.htm>

APPENDIX 4: MEMBERSHIP OF DIABETES PwSI STAKEHOLDER GROUP

We appreciate and are grateful for feedback from the following people and organisations that have commented or contributed to the development of this document:

Clinical Lead

Dr Brian Karet	Diabetes Primary Care Society
Dr Martin Hadley-Brown	Chair, Diabetes Primary Care Society
Dr Azhar Farooqi	Clinical Diabetes Lead, Eastern Leicester PCT
Mr Andrew Kenworthy	Chief Executive, Nottingham City PCT
Prof. Ken Shaw	Chair, Association of British Clinical Diabetologists
Bridget Turner	Head of Healthcare Policy
Jenny Wright	Director Public Health Resource Unit

Royal College of General Practitioners

Dr Clare Gerada	RCGP Vice Chair
Colette Marshall	RCGP Head of Clinical and Research
Layla Brokenbrow	RCGP Project Manager, Clinical Innovation and Research Centre
Ailsa Donnelly	RCGP Patient Partnership Group

RCGP Professional Development Board

Pharmacy

Brian Curwain	English Pharmacy Board, Royal Pharmaceutical Society of Great Britain
Sid Dajani	English Pharmacy Board, Royal Pharmaceutical Society of Great Britain
Gill Hawksworth	Community Pharmacist, Mirfield, Yorkshire
Meghna Joshi	Practice and Quality Improvement Directorate, RPSGB
Shailen Rao	SOAR Beyond Ltd
Mahesh Sodha	Community Pharmacist, Chelmsford, Essex
Beth Taylor	National Development Lead, Pharmacists with Special Interests, NHS Primary Care Contracting Team

Diabetes Primary Care Society
Diabetes UK