# Ensuring diabetes courses enable national competences to be achieved

## Mags Bannister, Claire Vick

Workload demands and staffing limitations in clinical areas place increasing pressure on clinical staff to justify the benefits of attending study days and academic courses. Yet, with the introduction of Agenda for Change, the implementation of the NHS Knowledge and Skills Framework (NHS KSF; Department of Health, 2004) and the publication of the Skills for Health Diabetes National Workforce Competence Framework (Skills for Health, 2004), the importance of staff possessing and demonstrating the required knowledge and skills to fulfil their roles has increased. It is, therefore, essential that students are able to identify and clearly demonstrate to line managers the potential impact on their skill base that a particular course of study will achieve. To facilitate this process, following review of the diabetes modules at the University of Bradford, a mapping exercise against the Skills for Health Framework and Knowledge and Skills Framework was undertaken.

he NHS Knowledge and Skills Framework (NHS KSF; Department of Health [DoH], 2004) is fundamental to the Agenda for Change process. It is a broad, generic framework that focuses on the *application* of knowledge and skills rather than the specific knowledge and skills that individuals need to possess in order to fulfil specific roles. The KSF is designed to:

- identify the knowledge and skills that staff need to apply in their post
- help guide the development of staff
- provide a fair and objective framework on which to base review and development of all staff
- provide the basis of pay progression in the service.

The KSF is made up of 30 dimensions identifying broad functions that are required by staff to enable the NHS to provide a good-quality service to the public. There are six 'core dimensions' that are relevant to all NHS posts and 24 job-specific dimensions (i.e. they apply to some jobs more than others) – these are called 'specific dimensions' and are grouped together into four themes (*Table 1*). All 30 dimensions have four levels and each level has a descriptive title (*Table 2*). Within each level there is a series of indicators that describe how knowledge and skills need to be applied at that level.

The KSF is the basis of a developmental review process. This is an ongoing cycle of review, planning, development and evaluation for all staff in the NHS which links individual and organisational development needs. All staff affected by Agenda for Change will have an annual KSF development review. Part of the development review process will be the production, implementation and evaluation of Personal Development Plans (PDPs). The PDP will identify

#### Article points

- The NHS Knowledge and Skills Framework (NHS KSF) is integral to the Agenda for Change process, and is relevant to all NHS posts.
- 2. The Skills for Health Diabetes National Workforce Competence Framework outlines competences specific to staff working in diabetes care.
- 3. The Skills for Health competences were mapped on to those of the NHS KSF and applied to diabetes modules delivered by the University of Bradford.
- It is hoped the mapping exercise will successfully illustrate the value of the diabetes modules to prospective students.

#### Key words

- Post-registration education
- Competence frameworks

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#### Core dimensions

- Communication
- Personal and people development
- Health, safety and security
- Service improvement
- Quality
- Equality and diversity

### Specific dimension themes

- Health and wellbeing
- Estates and finance
- Information and knowledge
- General

an individual's learning and developmental needs and interests within his or her role. Hence, one of the key features of the KSF is emphasising the responsibility of individuals to take their learning and development seriously as well as highlighting the responsibility of organisations to enable their staff to learn and develop effectively.

The KSF encourages the utilisation of a wide range of learning and development opportunities both on and off the job; self-directed study, shadowing, study days and university-accredited courses are just some of the approaches that could be adopted.

### The Diabetes National Workforce Competence Framework

Developing the specific standards and competences required within diabetes care has been the remit of Skills for Health. Its work seeks to identify health service workforce needs, promote workforce development and ensure that education and development facilities are driven by service needs.

In September 2004 Skills for Health published the Diabetes National Workforce Competence Framework (Skills for Health, 2004). The Framework describes the range of competences required to deliver services for the diagnosis and clinical management of adult diabetes. At present not all the activities associated with the management of diabetes are covered by the Framework (exclusions include managing type 1 diabetes, paediatric diabetes care, providing structured education to enable self-management, diabetes and pregnancy, treating erectile dysfunction and the 'at-risk' foot). Some of these areas will be addressed in future projects that plan to extend the Framework (Skills for Health, 2005).

The Diabetes National Workforce Competence

Framework has been designed to support the delivery of the National Service Framework (NSF) for diabetes (DoH, 2003) and to work in partnership with the KSF. While many of the competences within the framework have been developed specifically for the project, there are also competences which have been adopted from other health and social care frameworks.

When reviewing the diabetes-related postgraduate modules available through the University of Bradford, the course development team felt it necessary to ensure that course content, delivery strategies and student assessment could be related to the Diabetes National Workforce Competence Framework and the KSF.

### Diabetes education at the University of Bradford

The University of Bradford is one of three universities within the West Yorkshire Strategic Health Authority and West Yorkshire Workforce Development Confederation. Bradford is a small city with a total population of 390000 and a diabetes population of 15596 (Health and Social Care Information Centre, 2005). Care is provided by three primary care trusts (PCTs) and one foundation hospital trust. In addition, Airedale PCT and Airedale Hospitals Trust are situated close by and cover populations of 121304 and roughly 250000, respectively (Airedale PCT, 2005). Students attending the university's diabetes modules predominantly work in the Bradford and Airedale healthcare organisations but many students from outside the area also undertake postregistration education at the university.

#### Diabetes education options (2002-2004)

In 2002 students in Bradford had the choice of

Table 2. Level descriptors for core dimension 1 (Communication) of the Knowledge and Skills Framework (Department of Health, 2004).

Level	1	2	3	4
Level descriptors	Communicate with a limited range of people on day-to-day matters	Communicate with a range of people on a range of matters	Develop and maintain communication with people about difficult matters and/or in difficult situations	Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations

### Table 3. Core and optional modules for BSc (Hons) Nursing Practice (Diabetes Care) and Certificate of Continuing Education (Diabetes Care), University of Bradford.

	Level	Credit	Core = C, Option = O
BSc (Hons) Nursing Practice (Diabetes Care)			
Evidence-based diabetes care <sup>1</sup>	3	20	С
Diabetes care in clinical practice	3	20	С
Research appreciation and review	3	20	С
Research utilisation and dissemination	3	20	С
Portfolio of specialist practitioner (compulsory for specialist practitioner)	3	20	C/O
Normally 2x20-credit optional modules from BSc (Hons) Nursing Practice module portfolio	3	2x20	0
Total points at level 3		120	
Certificate of Continuing Education (Diabetes Ca	re)		
Evidence-based diabetes care <sup>2</sup>	2/3	20	С
Diabetes care in clinical practice	2/3	20	С
Option	3	20	0
Total points at level 2/3		60	

1 Students who have previously completed the module HN3068D 'Integrated diabetes care' at level 3 may not undertake this module. The previously completed module can be substituted for 'Evidence-based diabetes care' in BSc (Hons) Nursing Practice or as part of the Certificate of Continuing Education (Diabetes Care).

2 Students who have previously completed the module HN2013D 'Principles of diabetes nursing' at level 2 will be unable to access the 'Evidence-based diabetes care' module at either level 2 or level 3. The previously completed module can be substituted for 'Evidence-based diabetes care' as part of the level 2/3 Certificate of Continuing Education (Diabetes Care).

two level 2, 20-credit diabetes courses:

- 'Principles of diabetes nursing' (previously known as the ENB [English National Board] 928 course), delivered at the University of Bradford
- a primary care diabetes diploma, a distancelearning module delivered by the Primary Care Training Centre in Idle, Bradford.

At this point in time, a level 3 module ('Integrated diabetes care') had been accredited by the university, but not delivered. In order to clarify the focus and development of this module an educational needs assessment took place across all Bradford healthcare organisations (Bannister, 2003). The diabetes education needs assessment identified that practice nurses in the area felt that their educational needs were fulfilled well by the primary care diploma delivered by the Primary Care Training Centre. It became clear from the assessment that the needs of hospital-based and community staff were addressed by the university-based modules (Bannister, 2003).

When preparing the 'Integrated diabetes care' module, the University of Bradford team assumed, incorrectly, that students who undertook it would already have studied diabetes at level 2 and would be wanting to further enhance their knowledge and skills. However, it soon became apparent that what determined a student's level of study was not his or her knowledge base, but the level of academic points he or she required (of 22 students, only three had completed the level 2 module).

Assessment on both the level 2 and level 3 modules was split equally betwen theory and practice. The theory element was assessed by a 2000-word case study and the practice element by a 2000-word summary of a practice portfolio.

This mode of assessment proved problematic from two main perspectives, as determined from a PDP developed for Bradford City Teaching PCT – for 20 credits the students felt the module was over-assessed and yet the 2000-word limit was often too restrictive to address all aspects of care, particularly in the case study.

#### Page points

- 1. When preparing the 'Integrated diabetes care' module, the University of Bradford team assumed, incorrectly, that students who undertook it would already have studied diabetes at level 2 and would be wanting to further enhance their knowledge and skills.
- 2. However, it soon became apparent that what determined a student's level of study was not his or her knowledge base, but the level of academic points he or she required.

# Table 4. Assessment of diabetes modules delivered by theUniversity of Bradford.

Module	Mode of assessment	Length
Evidence-based diabetes care	Case study	4000 words
Diabetes in clinical practice	Case study	4000 words

#### Module review

#### Page points

- Having redesigned the university-based diabetes modules, it became clear that the value of undertaking both diabetes modules, where appropriate, would need to be clearly demonstrated to both students and their workplace managers.
- 2. As the Knowledge and Skills Framework (KSF) has, since September 2005, been an integral component of NHS staff Personal Development Plans, clear illustration of the potential KSF level achieved by the university modules is essential.
- 3. The Skills for Health competences were mapped to corresponding dimensions of the KSF. In turn, these were compared with the competences addressed in the university diabetes modules (*Table 5*).
- 4. The challenge now is to effectively utilise the mapping profile to demonstrate the fact that students undertaking the university-based diabetes modules not only fulfil their individual personal development, but also support healthcare organisations in achieving the National Service Framework for diabetes.

In 2004, as part of the 5-yearly course continuation review that takes place in all universities, all postregistration modules in the school of nursing were reviewed. As a result of this review, based on the findings from the education needs assessment and student evaluations, the university now offers two diabetes modules, both available at levels 2 and 3: a diabetes named degree (BSc [Hons] Nursing Practice [Diabetes Care]) and a Certificate of Continuing Education (Diabetes Care). The content of the courses is outlined in *Table 3*.

The level 2 and level 3 modules are delivered together on the basis that the knowledge required by the students is the same but it is the level of assessment that differs.

Integration of diabetes theory into practice has been a key component of the diabetes-specific modules delivered at the university but is a huge undertaking for students within one module delivered over a 15-week period. The decision was made to split the primary focus of the modules into theory ('Evidence-based diabetes care') and practice ('Diabetes in clinical practice'), with the assessment process for each module reflecting this (*Table 4*).

#### The KSF mapping exercise

Having redesigned the university-based diabetes modules, it became clear that the value of undertaking both diabetes modules, where appropriate, would need to be clearly demonstrated to both students and their workplace managers. As the KSF has, since September 2005, been an integral component of NHS staff PDPs, clear illustration of the potential KSF level achieved by the university modules is essential. An initial mapping exercise cross-referencing the KSF dimensions to the Skills for Health competences proved very confusing. However, the alternative approach of mapping the Skills for Health competences to the KSF dimensions proved more successful (*Table 5*). The Skills for Health website has since mapped the competences in its diabetes framework to those of the KSF (see http://www. skillsforhealth.org.uk/view\_framework.php?id=56 [accessed 03.02.2006]).

The challenge now is to effectively utilise the mapping profile to demonstrate the fact that students undertaking the university-based diabetes modules not only fulfil their individual personal development, but also support healthcare organisations in achieving the NSF for diabetes.

All students enquiring about the diabetes modules will receive a copy of the mapping profile including an explanation of its purpose in addition to the standard university flyers. The profile has been incorporated into the module handbooks and is due to be circulated to all nursing and allied healthcare professional managers across the West Yorkshire Strategic Health Authority and West Yorkshire Workforce Development Confederation. The value of the mapping profile in achieving support to undertake the diabetes modules at the university will be evaluated over the next 12 months.

It is hoped this mapping profile will achieve two objectives – to successfully illustrate the value of the diabetes modules to prospective students and also to help incorporate the Skills for Health diabetes competence framework and the KSF into everyday practice.

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Table 5. Example of competence ma Department of Health, 2004).	apping the Skills for Health com	petences (Skills	Table 5. Example of competence mapping the Skills for Health competences (Skills for Health, 2004) to the NHS Knowledge and Skills Framework (KSF; Department of Health, 2004).
Skills for Health competence	KSF dimension	KSF level	Competence attainment/achievement in university modules
			Pre-requisite 'Evidence-based 'Evidence-based Not addressed diabetes care' diabetes care' and module 'Diabetes in clinical practice' modules
D: Working collaboratively with individuals. Families, communities and other professionals			
DA1 – Promote effective communication for and about individuals	Core 1: Communication	ω	×
DA2 – Ensure your own actions support the care, protection and wellbeing of individuals	Core 6: Equality and diversity	2	×
DA3 – Support individuals to communicate using interpreting and translation services	Core 1: Communication	ω	X
DA4 – Assist individuals with diabetes to help and support each other	Core 1: Communication	ω	X
DA5 – Break bad news to individuals about their health	Core 1: Communication	ω	X X (enhanced)

'It is hoped this mapping profile will achieve two objectives – to successfully illustrate the value of the diabetes modules to prospective students and also to help incorporate the Skills for Health diabetes competence framework and NHS Knowledge and Skills Framework into everyday practice.'