What about structured education for health professionals?

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Diabetes UK Scotland (2007) *Manifesto 2007*. Diabetes UK Scotland, Glasgow

Lipscombe LL, Hux JE (2007) Trends in diabetes prevalence, incidence and mortality in Ontario, Canada 1995 – 2005: A population-based study. *Lancet* **369**: 750–6

Skills for Health (2004) *Diabetes National Workforce Competence Framework Guide*. Skills for Health, Bristol

Skills for Health (2006) *Completed frameworks – Diabetes Phase II*. Available at: http://www.skillsforhealth.org.uk/view_framework.php?id=110 (accessed 29.03.2007)

For more information on DAFNE visit: http://www.dafne.uk.com (accessed 20.03.07)

For more information on DESMOND visit: http://www.desmond-project.org.uk (accessed 20.03.2007)

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It seems that every time I look a new policy document about diabetes has been issued. However, it occurs to me that there is one that we have not yet seen, although it may be in the pipeline. This 'missing' policy relates to the diabetes education of health professionals.

There is, of course, plenty of education occurring, both formal, which attracts academic credit, and informal. As we know, there are courses for primary care staff; one for the preparation of diabetes specialist nurses as well as multiprofessional Master's level courses, among many others. We also have the two parts of the diabetes competence framework that can help to design new courses (Skills for Health, 2004, 2006).

However, what we do not appear to have is an overarching strategy for the education of all health professionals, whether generalist or specialist, or working in primary or specialist teams. As the prevalence of diabetes in the future appears to be even greater than previous predictions in the developed world, partly due to increasing obesity (Lipscombe and Hux, 2007), the importance of preparing the workforce in a co-ordinated fashion becomes increasingly more important.

Perhaps the rest of the UK needs to follow Diabetes UK Scotland's lead in asking for the education for health professionals to be high on the political agenda in relation to diabetes care (Diabetes UK Scotland, 2007). This document asks that all health professionals involved in caring for people with diabetes are competent to deliver that care.

This raises issues around the content of courses. My experience is that many focus predominantly on biomedical aspects of diabetes, although there are obviously exceptions to this. Using the competence frameworks to design courses is one way of ensuring courses not only teach the 'facts' of diabetes care but also show how to apply these within clinical practice.

Another potential problem area is the lack of education covering other important concepts in diabetes care, associated with the changing spotlight on the care of people with long-term conditions. These concepts include, for example, self-management, educational theory and living with a chronic illness. Understanding these models and theories could aid health professionals in adapting the way in which they currently practice and subsequently deliver higher quality person-centred care. Unfortunately they often only receive a passing mention in many 'traditional' fact-based diabetes courses.

At the moment, although initiatives such as DESMOND (Diabetes Education for Self Management, Ongoing and Newly Diagnosed) are helping some health professionals to develop their practice, it is going to be a long time before all can work in these ways if the pace of such efforts does not increase.

The notion of structured education of people with diabetes is now generally accepted and understanding of the ideas is increasing; perhaps now is a suitable time to contemplate the development of a strategy for structured education for all health professionals caring for people with diabetes. Although much good educational work is occurring, it does not appear to be nationally (or even locally in many instances) co-ordinated, integrated or planned.

Both the DESMOND and DAFNE programmes are examples of where diabetes is leading the way in the new NHS; and there is no reason why this trend should not continue. As well as strategic planning, perhaps the time is also ripe to increase research about what works in health professional diabetes education by investigating educational methods, including the use of new technologies, and evaluating the effectiveness in terms of changing practice.

The right diabetes education for health professionals, planned in a co-ordinated way, is of crucial importance to ensure people with diabetes actually receive the quality of care aspired to. ■