

CPD in diabetes nursing: What's in it for you?



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National directives and Government policy promote a culture of lifelong learning for all staff working in the NHS (Department of Health [DH], 2000; 2004; 2010a). Furthermore, the drive for high-quality patient care demands that all healthcare practitioners (HCPs) have ongoing access to continual professional development (CPD; Nursing and Midwifery Council [NMC], 2010).

As nurses, we are expected to fulfil the following minimum recommendations for CPD over a 3-year period, as set by the NMC (2011):

- Thirty-five hours learning time.
- Maintenance of a personal professional profile of learning activity.
- The ability to comply with requests to audit how these requirements are met.

Diabetes specialist nursing: Formal qualifications and competencies

At present, there is no formal DSN qualification, but the NHS Employers (2011) *Agenda for Change* (AFC) document set standards for formal recommendations for the specialist and advanced nurse job profiles. Specialist nurses (Band 6) should have professional knowledge acquired through a degree, supplemented by diploma level specialist training, experience and short courses. An advanced or senior DSN (Band 7) is expected to have professional knowledge acquired through degree/diploma and supplemented by specialist training, experience and short courses to Masters degree level or equivalent (NHS Employers, 2011).

In 2003, the bar was raised again when legislation was brought in enabling nurses to prescribe (NMC, 2005). Numerous courses were developed at either undergraduate or Masters degree level and CPD recommendations were included in these. It was maintained that HCPs should have up-to-date clinical and pharmaceutical knowledge, be aware of policies impacting on public health and influencing prescribing practice and link prescribing practice with evidence, employer

requirements and local formularies. In addition, HCPs should demonstrate the ability to audit practice, undertake reflective practice and identify CPD needs (NMC, 2005). However, normal requirements are not the “whole package”. In recent times, and following on from the development of the NHS Knowledge and Skills Framework (NHS KSF; DH, 2004), we as nurses find ourselves undergoing annual appraisal linked to competencies and pay progression.

Recommendations for both formal qualifications and competencies required for specialist nursing are admirable in their concept, but how does this work in practice? The Diabetes UK and NHS Diabetes 2009 and 2010 diabetes workforce surveys (Diabetes UK, 2010; 2011) asked DSNs about their post-registration qualifications. The 2010 results showed a reduction in the proportion of nurses attaining formal qualification compared with 2009 data in each category except non-medical prescribing. Even allowing for this, and the poorer response rate to the second survey (832 in 2009 vs 587 in 2010), 68% of DSNs still had more than one post-basic qualification, giving them an average of 2.2 post-basic qualifications each (Diabetes UK, 2011).

The reduction shown in those accessing undergraduate and Masters degree level study conflicts with AFC job profile recommendations, particularly as the 2010 workforce data also revealed that the majority of the 587 DSNs were Band 7 and >25% were Band 6 (Diabetes UK, 2011). Band 6 and 7 DSNs accounted for 88.5% of the cohort and was an increase from the previous year (83%). It could be argued that this decline in the numbers of DSNs accessing higher-level qualifications may simply be a reflection of more stringent Trust budgetary controls. Diabetes UK and Association of British Clinical Diabetologists (2009) reported that DSNs were having difficulty in obtaining protected time and funding for study leave, with only 48% having protected time and 15% protected budget for CPD.

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The DH (2010b) *Liberating the NHS: Developing the Healthcare Workforce* document sets out proposals for a new framework for planning and developing the healthcare workforce and commissioning of multiprofessional education and training. The results will be published shortly. The original plan emphasised the need for a diverse workforce, working in multiprofessional teams, with equitable access to education, training and opportunities. With the proposed responsibility for staff training and CPD firmly put into the hands of clinical consortia it remains to be seen whether this will lead to variability in access and funding between different organisations.

CPD and you?

Government policy aside, it is important that you as DSNs can demonstrate that you are equipped with the knowledge, training and competencies needed to deliver effective, safe, evidence-based care for people with diabetes. Specialist nurses are under more scrutiny as employers review budgets and service requirements. You may be asked to show that you have the relevant training and skills needed to provide “specialist” care aligned to the NHS KSF job profiles.

Documents including *An Integrated Career and Competency Framework for Diabetes Nursing* (TREND-UK, 2011) will guide you in identifying specific competencies needed for your post. Different avenues of training that you can access free of charge include e-learning, journals, prescribing forums, individual study and work-based learning.

Be prepared to consider taking formal qualifications if you have not already got them. With new RGN (Band 5) posts coming into the workforce requiring degree level education as a minimum, you will need to demonstrate the depth of your formal training as well as competencies. Specialist nurses need to “specialise”; many of the aspects of our work can be done by other well-trained nurses including practice nurses. With that in mind, think about becoming even more specialist. There may be opportunities for this within your team, look for the gaps in your service and then for opportunities to expand your skills. These may include becoming more expert in the care of people with diabetes and cardiovascular disease, renal failure and

transplantation, end-of-life care, structured education or pump therapy. Keep your portfolio up-to-date and take advantage of the many 1-day study days offered to you locally and nationally – not all require payment and some are subsidised.

Your motivation is key to CPD. The days of protected time off from work for CPD activities may be over, but you still share the responsibility for CPD with your employer. More importantly, as nurses we know that as we develop and grow in knowledge and skills, so our patients can benefit by receiving the very best care. ■

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