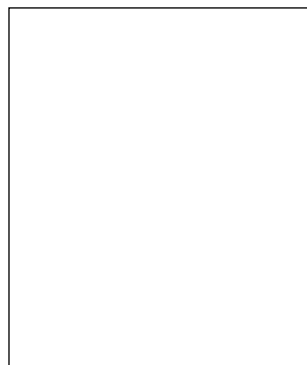


# Diabetes nurse education: readers' views



Maggie Watkinson  
Editor

I am delighted to be the new editor of the *Journal of Diabetes Nursing* which has become such a vital voicepiece for diabetes nurses. Elizabeth has steered the publication on an excellent course so far and I hope to maintain its progressive path.

My first task is to offer you a brief analysis of the results of the education questionnaire enclosed in the last issue. These results will be explored in greater depth by the Working Party In Diabetes Nurse Education whose views will be presented next time.

Some of the most interesting findings relate to the information about first degrees. For example, although most respondents (42%) thought that a diploma was the minimum qualification for a diabetes specialist nurse (DSN), more people are studying for first degrees than for any other courses. This result could of course reflect the possibility that the majority of respondents were DSNs with many years of experience who felt the need to progress beyond the minimum. It would probably be valuable to try to correlate the results of the question about minimum qualifications with the grades of the respondents to endeavour to elicit further understanding of this issue.

## Degrees aid credibility

It is also of interest that more people would consider undertaking a diabetes module at degree rather than diploma level, especially considering diploma level modules seem to be more easily available. Overall, it seems to be reasonably clear that degree level education is required by DSNs. However, it is somewhat saddening that the results also seem to indicate that DSNs deem first degrees to be more useful for the achievement of credibility than for the improvement of practice. I would like to know if the response to this

I have greatly enjoyed my time as editor of the *Journal of Diabetes Nursing*. It is always a thrill to launch a publication and then watch it develop issue by issue. The readership response has been excellent right from the word go and it is the keen interaction between journal and audience that has made this such a unique experience.

Elizabeth Gledhill

I am very pleased that Maggie has agreed to take over the reins. With so much happening in diabetes nursing at present, her 'insider' involvement and knowledge will prove invaluable if the journal is to maintain its vital role as a mouthpiece for nurses in this specialty. I wish both her and the journal good fortune in the future.

question would be different for those who had degrees and those who do not.

That 13% of respondents had no study leave at all is appalling, especially given the requirements of PREP. It is also disturbing that 60% of the respondents fund their own education, at least in part, and that local access to courses is not possible for 17% of DSNs. Diabetes nursing organisations surely have a role to play in highlighting this information to relevant professional bodies.

The BDA (1996) recommends that health professionals involved in diabetes care are actively encouraged in curriculum planning and the delivery of diabetes related courses. It is therefore somewhat alarming to discover that only 36% of the respondents are involved in programme boards. However, had the question been phrased slightly differently to ask whether there was a representative from each diabetes nursing team on the boards, the percentage might have been higher. Even so, there is obviously work to be done in ensuring that 'real world' diabetes nursing is adequately represented in the realms of academia.

These results should be useful to education purchasers and providers alike, to enable them to commission and supply the courses that nurses want and need. They can be used either by individual DSNs or diabetes nursing organisations as ammunition in the fight to ensure appropriate educational provision for the DSNs of today and tomorrow. ■

BDA Report (1996) *Training and Professional Development in Diabetes Care*. BDA, London

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