

Career and competency framework for diabetes nursing

Margaret Tipson and Eileen Turner

Introduction

An increase in the number of people with diabetes has resulted in a rise in the number of nurses involved in their care at different levels. This has highlighted the need to develop a career and competency framework for diabetes nursing. Several diabetes nursing interest groups and associations are now involved in a project designed to look into this issue, assessing the roles of diabetes nurses and identifying the key competencies required at their different career levels.

This paper aims to demonstrate and clarify the process that has been undertaken to begin to develop an integrated career and competency framework for diabetes nursing. The project is a collaboration, involving the Royal College of Nursing (RCN) Diabetes Nursing Forum, the RCN Paediatric Diabetes Interest Group, The UK Association of DSNs and Diabetes UK. It is supported by the RCN Practice Development Unit and led by Dr Kim Manley, Head of Practice Development.

The need for an integrated career and competency framework for diabetes nursing is highlighted by the current political context:

- *Agenda for Change* (Department of Health, 1999) identifies three pay spines with six benchmarks for nursing: healthcare assistant, newly registered, practitioner, expert, consultant and executive nurse.
- The need for leadership in specialist nursing.
- The need for the development of standards.
- *The NHS Plan* (Department of Health, 2000) identifies the need to demonstrate continuous quality improvement, and continuous effectiveness and competency.
- An increased focus on work-based and lifelong learning, plus supervision.
- The changing focus towards professional rather than academic accreditation.

The current group set out to address this need by first assessing what nurses saw their roles to be and then clarifying what competencies are needed at different levels of the nursing career.

Values clarification exercise

More than 50 nurses involved in providing diabetes care in different settings participated in a workshop in York. Three service users also participated so as to provide a patient perspective.

The participants worked on a values clarification exercise in small groups, responding to the following prompts:

- I/we believe the purpose of diabetes nursing is ...
- I/we believe the purpose can be achieved by ...
- I/we believe the settings in which diabetes nursing can take place include ...
- Other values and beliefs I/we hold about diabetes nursing are ...

Colleagues who were unable to attend the workshop were encouraged to participate in the exercise and send their contributions to the steering group.

Workshop evaluation

The steering group (facilitated by Dr Kim Manley) met to carry out a content analysis of the data set, in order to identify key themes from the values clarification exercise. The data were placed into categories and grouped into themes (*Figure 1*).

ARTICLE POINTS

1 There is a need to develop an integrated career and competency framework for diabetes nursing.

2 Diabetes interest groups and associations are collaborating on this project.

3 Nurses involved in diabetes care have completed a values clarification exercise.

4 Interventions were also used to clarify the specific competencies expected at different levels of the career framework.

5 Two workshops are planned for the future, to validate and further develop this work.

KEY WORDS

- Career/competency framework
- Values clarification exercise
- Diabetes nursing project
- Nursing pay spines and benchmarks

Margaret Tipson is Diabetes Specialist Nurse in Bromley PCT, London, and Eileen Turner is Consultant Nurse at King's College Hospital, London.

Ultimate purposes of diabetes nursing:

- To make a difference to patients' lives
- To enable and maintain patient health
- To promote understanding/raise awareness of diabetes
- To provide quality care/services that are patient centred
- To help people cope/get on with life/be independent
- To maintain patients' quality of life

These purposes are achieved by:

Working with patients

- Valuing 'knowing' the individual person and working in partnership with him/her
- Interventions specific to diabetes nursing: urine testing, blood glucose monitoring, insulin therapy, oral therapy, dietary advice, assessing and teaching diabetes-specific self-care skills, living with diabetes at different stages of the life-cycle, helping patients to manage long-term complications
- Preventing complications
 - Acute: hypo/hyperglycaemia, concurrent illness, post surgery, during labour
 - Long term: retinopathy, neuropathy, nephropathy, hypertension/coronary heart disease
- Managing care when the patient is unable

Developing effective integrated team working

- Communicating
- Clear roles and responsibilities
- Giving support to and receiving support from each other (team)
- Team work / team building / collaborative working
- Integrated care
- Networking

Maintaining development, personal and professional effectiveness

- Developing knowledge, skills and competency
- Continuing professional development
- Minimising inhibitors to effective practice/service
- Evidence-based care / best practice
- Developing personal characteristics (motivating, interpersonal skills)

Service and practice development

- Developing infrastructure / cross-boundary working
- User involvement
- Developing the culture
- Service development
- Changing and developing practice
- Attributes of an effective service: having appropriate resources, standards/guidelines/audit, continuity/seamlessness/consistency, accessibility and availability, availability of expertise

Responding to and influencing policy

Improving knowledge and skills through education and health promotion

- Educating
- Acting as a resource
- Using different approaches/media

Where diabetes nursing happens:

- Most appropriate setting for the person
- Everywhere and anywhere / wherever the person with diabetes is
- Wider community: patient's home / residential homes / school / workplace / local support and peer groups
- Primary care
- Secondary care

Figure 1. Themes that emerged when nurses involved in diabetes care completed a values clarification exercise.

Helping people to manage the long-term complications of diabetes

Level 1

- Know which patients in their care have complications of diabetes and how these might affect their ability to self-care
- Assist patient in any activity of daily living impaired by complications

Level 2 (comprises Level 1 competencies plus the following)

- Have a working knowledge of the pathophysiology of diabetic complications
- Monitor and report any changes in complication status

Level 3 (comprises Level 2 competencies plus the following)

- Be aware of the psychosocial impact of living with complications
- Be able to offer the patient/family/carers emotional support
- Be aware of the importance of regular screening for complications and ensuring that patients access appropriate specialist services
- Make referral to appropriate specialist/support groups

Level 4 (comprises Level 3 competencies plus the following)

- Have an in-depth knowledge of pathophysiology of diabetic complications
- Provide psychosocial and educational support for people with complications
- Be able to advise on living aids, external expertise and support agencies

Level 5 (comprises Level 4 competencies plus the following)

- Ensure that appropriate and effective services are available
- Be involved in the continuous quality assurance of services provided

Level 6 (comprises Level 5 competencies plus the following)

- Be part of the strategic planning and development of services

Figure 2. Specific competencies expected at different levels of the diabetes nursing framework.

The key message identified from the York workshop was that:

Diabetes nursing is essential for people with diabetes

Interventions specific to diabetes nursing (see examples given in Figure 1) were then used in an attempt to clarify the specific competencies expected at different levels of the career framework. An illustrative example is given (Figure 2).

Where next?

The work undertaken by the steering group needs to be validated and developed by the York participants and a wider audience. Two further workshops are planned for York/Leeds and London in February 2003 (details to be confirmed). These workshops will aim to:

- Validate the work to date.
- Continue with competency development.
- Identify how practitioners will demonstrate and get accreditation for the competencies.

If you are interested in contributing to this work please contact any member of the steering group:

- Debbie Hicks (debbiedsn@aol.com)
- Lorraine Shaw (ShawLorraineT@aol.com)
- Margaret Tipson (margaret.tipson@bromleyhospitals.nhs.uk)
- Eileen Turner (eileen.turner@kingsch.nhs.uk).

We acknowledge the financial support of Novo Nordisk, Lilly and Roche for this project.

Department of Health (1999) *Agenda for Change: Modernising the NHS Pay System*. DoH, London
 Department of Health (2000) *The NHS Plan; A plan for investment; A plan for reform*. DoH, London