Maggie Watkinson
Editor

Providing structure and identifying gaps in diabetes education

The recent publication on structured education in diabetes (Department of Health [DoH], 2005) is possibly one of the most important documents since the National Service Framework for diabetes to cross the desks of all nurses working in diabetes care.

The document, as described in its introduction, briefly illustrates current diabetes education programmes such as DAFNE, DESMOND and X-PERT. These programmes are those that are nationally recognised and have been, or are being, evaluated. In addition, there is a fairly comprehensive section on the development of local programmes and how to ensure that they meet the national criteria for structured education. Diabetes teams are encouraged to consider learning needs assessments, the education and training of health professionals, quality assurance and accreditation. The existing research, the relative paucity of rigorous studies, and the need for evaluation studies of the effectiveness of structured education in the British context are also discussed at some length.

The next section of the report describes and discusses some of the gaps in educational provision. These include education on a one-to-one basis, as well as ongoing support and programmes for those who are using insulin pumps, who are from black and minority ethnic groups, who are children or adolescents or who are pregnant, for example.

It is a little intriguing that one-to-one diabetes education is identified as an education gap as it is an area that is almost certain to be the most familiar to all nurses working in diabetes care; it is how many of us have been practising for a long time. However, the key features of effective educational interactions are reiterated, and it is suggested that they are used to support high-quality one-to-one education. Given that the report suggests it takes about 3 years to develop structured programmes similar to DAFNE or DESMOND, and that these are likely to be resource dependent, focusing on the improvement of individual education and integrating these key features may be a more realistic goal in the short term. I also find it reassuring that one-to-one education is still considered to be important; the emphasis on group education recently seems to have encouraged some health professionals to think that individual education is 'old hat'!

Throughout the report, there are references to resources and helpful websites as well as useful appendices, such as the one outlining the International Diabetes Federation's training for diabetes educators.

My experience is that diabetes education has been seen almost exclusively as the domain of nurses. There were, of course, some doctors, dietitians and podiatrists who were interested in patient education, but these tended to be the exception rather than the rule. It is encouraging that diabetes education is now demonstrably perceived to be part of the whole diabetes team's agenda and that outcomes other than biomedical ones are acknowledged. It is also good that it is recognised as an essential part of diabetes care and not a luxurious 'add-on' where resources permit.

Reading this document may make some of us rethink our educational practices. It will almost certainly increase our awareness of the potentially huge workload in ensuring that our educational programmes meet the criteria for structured education. The work to be done obviously includes devising education programmes for people with diabetes. Enabling all health professionals, and not just the specialist team, to deliver effective diabetes education within the context of patient-centred care is another enormous challenge.

Diabetes education now seems to be firmly on the political agenda and it is welcome news that some funding will be attached to the reissue of the National Institute for Health and Clinical Excellence guidance on the use of patient education models for diabetes (National Institute for Clinical Excellence, 2003) in January 2006, to enable us to meet the challenge. ■

Department of Health (DoH; 2005) *Structured patient education in diabetes*. DoH, London. Available at http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4113195&chk=aJYiBB (accessed 12.08.2005)

National Institute for Clinical Excellence (NICE; 2003) *Guidance on the use of patient-education models for diabetes*. Technology appraisal 60. NICE, London. Available at http://www.nice.org.uk/page.aspx?o=68328 (accessed 12.08.2005)

Maggie Watkinson is Diabetes Clinical Nurse Specialist at Taunton and Somerset Hospital, Taunton.