

# QISMET certification: Is your service considering it?

Maureen Wallymahmed, Nigel Taylor

**People with diabetes need to make important decisions about management of their condition on a day-to-day basis. To enable them to do so, structured education is now an integral part of diabetes care, both at diagnosis and on an ongoing basis. Providers are tasked with delivering high-quality diabetes education programmes that meet NICE criteria. This may be a prerequisite for commissioning structured education programmes in the future. Acquiring certification from the Quality Institute for Self Management Education and Training (QISMET) is a way of assuring the quality of a diabetes education programme. This article describes the experience of providers in achieving certification.**

Type 2 diabetes is a progressive, long-term condition associated with increased morbidity and mortality. People with diabetes have to make multiple daily choices about the management of their condition, often with minimal input from healthcare professionals (Jarvis et al, 2010). The necessary lifestyle changes and complexities of management make education a central part of diabetes management. Structured education programmes can help adults with type 2 diabetes to gain the knowledge and skills needed to effectively self-manage their condition (NICE, 2011).

Nationwide programmes such as Diabetes Education and Management for Ongoing and Newly Diagnosed (DESMOND) and the X-PERT Diabetes Programme are available for people with type 2 diabetes (Khunti et al, 2012; Deakin and Whitham, 2013). However, many diabetes services have developed their own programmes based on the needs of the local population (Daley et al, 2006; Daley et al, 2008; Daley and Wallymahmed, 2014). Quality assurance of such programmes is important to ensure that people with diabetes are receiving optimal education. NICE (2015) states that any

structured education programme for adults with type 2 diabetes should have the following attributes:

- Is evidence-based and suits the needs of the person.
- Has specific aims and learning objectives, and supports the person and their family members and carers in developing attitudes, beliefs, knowledge and skills to self-manage diabetes.
- Has a structured curriculum that is theory-driven, evidence-based and resource-effective; has supporting materials; and is written down.
- Is delivered by trained educators who have an understanding of educational theory appropriate to the age and needs of the person, and who are trained and competent to deliver the principles and content of the programme.
- Is quality-assured and reviewed by trained, competent, independent assessors who measure it against criteria that ensure consistency.
- Outcomes are audited regularly.

The challenge for providers is to seek assurance that the structured education programmes they are providing for people with diabetes are fit for purpose

**Citation:** Wallymahmed M, Taylor N (2019) QISMET certification: Is your service considering it? *Journal of Diabetes Nursing* 23: JDN105

## Article points

1. Attaining certification from the Quality Institute for Self Management Education and Training (QISMET) is a way of assuring the quality of a diabetes education programme.
2. While the process of applying for certification may appear daunting at first, it is designed to be a collaborative process and can help to improve the education programme under assessment.

## Key words

- Education
- Service delivery
- QISMET
- Quality assurance

## Authors

Maureen Wallymahmed is Diabetes Project Lead, South Sefton CCG, and Lecturer in Advanced Nursing Practice, Edge Hill University; Nigel Taylor is Clinical Lead for CVD and Diabetes, NHS South Sefton CCG and NHS Southport and Formby CCG.

### Page points

1. The Quality Institute for Self Management Education and Training (QISMET) is an independent body which has developed quality standards and certification for structured diabetes education programmes.
2. Applying for QISMET certification is a seven-step process that includes self-assessment documentation, an audit visit and, where necessary, service improvement.
3. There is a cost involved for certification, and this will vary according to the organisation seeking accreditation.

and NICE-compliant. Acquiring certification from the Quality Institute for Self Management Education and Training (QISMET) is a way of doing so.

### What is QISMET?

QISMET is an independent body which has developed quality standards and certification for self-care management for a range of long-term conditions, including diabetes. The diabetes self-management education quality standard (QISMET, 2016) allows providers to demonstrate that they are meeting NICE (2011) criteria for structured education. There is a cost involved for certification, and this will vary according to the organisation seeking accreditation. In the authors' case, this was £2200 to assess two programmes delivered across six venues. According to its website, QISMET is not a profit-making organisation.

### The certification process

The QISMET process involves seven steps:

- Initial contact – providers contact QISMET for information and advice.
- Application – the application form is completed and submitted. A quote is given and, if accepted, an invoice is sent.
- Self-assessment – an auditor is allocated once the invoice has been paid. The provider completes a self-assessment workbook to identify any outstanding issues. Once the provider considers that all the requirements of the quality standard are met, the completed workbook and other relevant documents are submitted to the auditor for a desktop review.
- Desktop review – the completed self-assessment workbook, along with other requested documents, are submitted and examined by the auditor. If they are complete and satisfactory, an audit visit date is agreed.
- Audit visit – during the visit, the auditor interviews key members of the provider team to ensure that the defined processes are being followed in practice, desired outcomes are being achieved, records are being kept and the programme is being effectively managed and implemented. It is expected that this will take at least one day.
- Follow-up – a report is provided by the auditor with a recommendation for either immediate

certification or detailing any improvements that might be needed, with a deadline for the improvements to be in place. The provider submits evidence to the auditor about the improvements undertaken and the auditor considers whether they are effective. If so, certification is recommended.

- Certification – moderation of the report and recommendation is undertaken by QISMET, and formal certification is granted. A certificate is issued, a logo provided and the provider is put on the certification register on the QISMET website.

Further details of the QISMET process, including the quality standard which informs the self-assessment (QISMET, 2016), can be found on the QISMET website at: <http://www.qismet.org.uk>.

### The Sefton experience

Sefton is a borough in the North West of England which is divided into two Clinical Commissioning Groups (CCGs): South Sefton CCG and Southport and Formby CCG. The total population is approximately 279 256 residents (154 732 in South Sefton and 124 524 in Southport and Formby). Both CCGs have a significantly higher proportion of residents over the age of 65 years (19% in South Sefton and 25.4% in Southport and Formby) compared with the national average of 17.3% (South Sefton CCG, 2018; Southport and Formby CCG, 2018). Diabetes prevalence rates are 7.0% and 7.2%, respectively.

South Sefton CCG takes the lead for commissioning structured diabetes education, which is delivered by two local providers, Mersey Care NHS Foundation Trust and Lancashire Care NHS Foundation Trust. Both providers have a strong history of delivering structured education and have worked together (and with other local Trusts) to develop two structured diabetes education programmes:

- *Diabetes and You* is a two-session (half-days), multidisciplinary education programme for people with newly diagnosed diabetes. This programme has been up and running for many years and was developed with the needs of the local population in mind.
- *Diabetes and More* is a two-session (half-days), multidisciplinary education programme for

those with established diabetes that aims to reinforce and build on existing knowledge. This programme has only been introduced over the past 12 months.

The content of the programmes delivered by the two providers is essentially the same, with minor amendments to meet local needs. In 2017, South Sefton received NHS transformation funding to further develop the structured education programmes. QISMET accreditation was an expectation of this funding.

### Self-assessment for QISMET certification

The QISMET accreditation process was coordinated by a diabetes project lead (MW); however, all members of the multidisciplinary structured education team worked together to provide evidence for the five themes included in the self-assessment workbook (see *Box 1*). This workbook, along with additional information documenting the organisational structure and details of the specific programme(s) for certification, forms the basis of the auditors' desktop review. Providers are asked for specific evidence in support of every element of each theme. There may be one or two areas that providers are unable to meet completely before submission. However, if there is a plan to meet this requirement, the auditors may take this into consideration. For example, Sefton was unable to provide current costings before submission; however, these details were available on the day of the audit.

The self-assessment documentation can appear a little daunting to begin with. However, information in support of each of the requirements is really a reflection of what a structured education programme should be doing. If providers are unable to give evidence for a specific requirement then this should be viewed as an opportunity to improve the quality of the programme. A timeline of goals to achieve the requirements should be set, with regular review. However, the self-assessment workbook should not be submitted until the providers are able to demonstrate compliance with the requirements before the audit date. At Sefton, some time was spent reviewing the learning outcomes for each session to ensure that they were measurable and reflected in the session plans.

It is important to remember that some members

of the structured education team, particularly newer members, may not be au fait with QISMET. Time should be taken to meet with the team to ensure they are all aware of what QISMET is, the benefits of accreditation and their role in achieving this.

### Audit visit

Prior to the audit visit, the auditor provides a list of staff members to be interviewed. Face-to-face interviews are preferable but this is not always possible for all staff concerned, and at Sefton one member of staff was on a non-medical prescribing course, so arrangements were made for her to be interviewed by phone. The auditor was provided with a paper-based file containing all of the documents included in the self-assessment workbook to refer to during the audit visit. This is a live document which is now updated on a regular basis if any changes to the programme or the staff delivering it are made.

Some staff members were anxious about the interviews as they did not know what to expect. However, the Sefton experience was that the auditor wanted to ensure that we were doing "what we said on the tin". Interviews are relaxed; the auditor is not there to catch anyone out, and in fact they can provide very useful feedback. At the end of the day, the auditor gives verbal feedback to the structured education lead. This is then followed up by a formal report highlighting strengths and possible improvements, and comments from the providers are encouraged. If all standards are met, accreditation is recommended and a certificate issued.

### Benefits and challenges

The QISMET accreditation process and certification has many benefits, including the following:

- Allows providers to critically review their structured education programmes and make necessary changes to improve the quality of the programme.
- Ensures that the views of participants are considered.
- Reassures providers that structured education programmes are meeting NICE (2011) guidance.
- Reassures commissioners that structured education programmes are meeting NICE

***"The self-assessment documentation can appear a little daunting to begin with. However, information in support of each of the requirements is really a reflection of what a structured education programme should be doing. If providers are unable to give evidence for a specific requirement then this should be viewed as an opportunity to improve the quality of the programme."***



The QISMET quality standard for diabetes self-management education programmes. Available at: <https://bit.ly/2kD5VQ7>

**Box 1. The five themes of the self-assessment workbook which reflect QISMET's diabetes self-management education quality standard.**

**Theme 1: Management**

**1.1 Leadership and management**

- Lead person with defined responsibility for the service identified; administration flowcharts/documents available
- Costs of the programmes are available; venue assessed as suitable

**1.2 Document control**

- Documents are current and accessible
- Requirements of Data Protection Act are met

**1.3 Dealing with complaints**

- Procedure for dealing with complaints is available and records are kept

**1.4 Conformity with licences**

- Copyright permission and issues

**Theme 2: Evidence-based programme that suits the needs of the person**

**2.1 Referrers of participants**

- Referrers are aware of the content and philosophy of the programme and are informed of attendance

**2.2 Programme evidence and information**

- Programme is evidence-based and information is current, accurate and understandable for the target audience

**2.3 Special needs of participants**

- Special needs of participants are identified beforehand and, where possible, met

**Theme 3: Structured, theory-driven curriculum with aims and learning objectives**

**3.1 Programme philosophy**

- Written, person-centred philosophy shared with the participants

**3.2 Programme design**

- Overall aims and objectives are defined; structured curriculum; individual sessions have defined aims and outcomes, which are evaluated
- Underpinned by educational theories

**3.3 Programme delivery**

- Delivered by trained educators, according to curriculum; records are kept
- Procedure for dealing with emergencies

**3.4 Design, development and use of materials**

- Uses a range of updated, appropriate teaching methods and materials

**3.5 Programme review**

- Programme and materials are reviewed biannually; improvements are identified and reviewed within 3 months; records of reviews are kept

**Theme 4: Delivery by trained educators**

**4.1 Recruitment of educators**

- Necessary qualifications are defined, new educators have an induction programme and are given a contract or agreement

**4.2 Training of educators**

- Educators receive initial and ongoing training, are able to observe programme delivery and are then themselves observed and give feedback

**4.3 Evaluation and appraisal of educators**

- Ongoing evaluation of the competence of educators is performed and action plans are in place when competences are not met

**Theme 5: Performance management, including regular audits of outcomes**

**5.1 Monitoring and audit**

- A procedure for monitoring and evaluation is in place; results are evaluated and acted on
- Feedback is sought from participants; suggestions and complaints are used to improve the programme

**5.2 Outcomes, performance indicators and improvements**

- Outcomes are measured against key performance indicators and action is taken when targets are not met
- Reporting requirements of referral agencies/commissioners are met

requirements and have been assessed by an independent body. This may be a prerequisite for commissioning structured education programmes in the future.

- Providers will have a live, dynamic portfolio of evidence which can be updated as needed. This will form the basis for reaccreditation in 3 years.
- An acknowledgment of the hard work, time and effort that the structured education team has put into developing and reviewing the programme.

There will of course always be challenges. It is likely that providers will need to make some changes or additions to achieve QISMET certification. These may be relatively easy to implement, such as ensuring that all of the venues have a current venue assessment. More challenging issues may be, for example, developing a robust training programme for new educators. Other local providers should be able to offer some advice. Some providers may be developing new programmes, and the QISMET process can serve as a guide to what is required to deliver a quality service.

Time is always a challenge for this important yet not necessarily urgent adjunct to a service. Assigning a specific person to coordinate the process is essential, but everyone should have their own responsibilities. It is useful to develop a timeline, plan regular reviews and, if possible, try to allocate protected time.

## Conclusion

It is important to highlight that QISMET certification is not a paper exercise. Sefton already had an established, dynamic structured education programme (Daley and Wallymahmed, 2014); nevertheless, areas for improvement were identified during the QISMET process. The two

providers engaged, worked together and reported a worthwhile and bonding experience. Since achieving QISMET certification, the team has been working with the local Improving Access to Psychological Therapies team and has agreed to include this in the programme. Finally, following certification, take the opportunity to publicise and celebrate your success – you deserve it! ■

## Acknowledgement

Thanks are due to all members of the Mersey Care NHS Foundation Trust and Lancashire Care NHS Foundation Trust multidisciplinary structured diabetes education team.

Daley M, Wallymahmed ME (2014) "Diabetes and You": a multidisciplinary approach to education for people with newly diagnosed type 2 diabetes. *Journal of Diabetes Nursing* **18**: 62–7

Daley M, Rooney J, Marks J, Wallymahmed ME (2006) Newly diagnosed type 2 diabetes: building a comprehensive education programme. *Journal of Diabetes Nursing* **7**: 270–6

Daley M, Rooney J, Wallymahmed ME (2008) An education care pathway for people with newly diagnosed type 2 diabetes. *Journal of Diabetes Nursing* **12**: 86–94

Deakin T, Whitham C (2013) Structured patient education: the X-PERT Programme. *British Journal of Community Nursing* **14**: 398–404

Jarvis J, Skinner TC, Carey ME, Davies MJ (2010) How can structured self-management patient education improve outcomes in people with type 2 diabetes? *Diabetes Obes Metab* **12**: 12–9

Khunti K, Gray LJ, Skinner T et al (2012) Effectiveness of a diabetes education and self management programme (DESMOND) for people with newly diagnosed type 2 diabetes mellitus: three year follow-up of a cluster randomised controlled trial in primary care. *BMJ* **344**: e2333

NICE (2011) *Diabetes in adults: Quality standard [QS6]*. NICE, London. Available at: [www.nice.org.uk/guidance/qs6](http://www.nice.org.uk/guidance/qs6) (accessed 12.09.19)

NICE (2015) *Type 2 diabetes in adults: management [NG28]*. NICE, London. Available at [www.nice.org.uk/guidance/ng28](http://www.nice.org.uk/guidance/ng28) (accessed 16.09.19)

South Sefton Clinical Commissioning Group (2018) *Annual Reports and Accounts: 2017–2018*. Available at: <https://bit.ly/2mjxVZq> (accessed 16.09.19)

Southport and Formby Clinical Commissioning Group (2018) *Annual Reports and Accounts: 2017–2018*. Available at: <https://bit.ly/2kLkwJ9> (accessed 16.09.19)

Quality Institute for Self Management Education and Training (2016) *The Diabetes Self-Management Education Quality Standard*. QISMET, Portsmouth. Available at: <https://bit.ly/2kD5VQ7> (accessed 16.09.19)

***“It is important to highlight that QISMET certification is not a paper exercise. Sefton already had an established, dynamic structured education programme; nevertheless, areas for improvement were identified during the QISMET process.”***