The Paediatric Sub Group of the Diabetes Management and Education Group

he Diabetes Management and Education Group (DMEG) is a specialist group of the British Dietetic Association (BDA) and was founded in 1990. It provides a forum for dietitians with a special interest in the care of people with diabetes. DMEG aims to improve the dietetic care of people with diabetes and to promote the dietitian's role within multidisciplinary teams. It is a group open to all dietitians but, historically, has had more of an "adult" focus, as specialist paediatric diabetes jobs were rare.

The Paediatric Sub Group of DMEG was founded in 2007, after informal networking by a small number of specialist paediatric diabetes dietitians at international and national meetings. It was felt necessary to form a group and a paediatric presence within DMEG because of the significant changes in paediatric diabetes care and the need to improve dietetic services on a national level.

Aims

- To be formally recognised as a Sub Group of DMEG and as an effective source of information on current practice in paediatric diabetes.
- To provide a consensus opinion regarding key areas within children's diabetes dietetic care in the UK.
- To be proactive in establishing high quality clinical management of children and young people with diabetes.
- To provide a forum for the exchange of ideas, information and experiences in paediatric diabetes.
- To develop and share resources.
- To support dietetic colleagues not specialising in paediatric diabetes, but working with children with diabetes.
- To provide dietetic representation, if required, on groups and committees discussing paediatric aspects of diabetes at national and international levels.
- To provide access to multiple case loads to allow multi-centre national dietetic auditing within paediatric diabetes.

Structure

- The Group was founded in 2007 as a core group of paediatric diabetes specialist dietitians.
- There are two meetings per year; one business meeting of the Committee and one educational meeting open to all interested parties.
- The individual Committee posts can be held for no more than two consecutive terms.

Members must be full members of the DMEG (currently $\pounds 20.00$ per annum), but there is no additional cost for joining the Paediatric Sub Group.

The Committee consists of paediatric dietitians working in both large and small diabetes services, and all countries within the UK are represented. The Committee is about to undergo some changes due to the retirement of four original members after two consecutive terms of office.

Since 2008, the Group has organised an annual national study day, with good attendance each year. There is regular email communication amongst group members between events, sharing good practice and requests for information. The Committee has provided representation and contributions for NICE, NHS Diabetes and Diabetes UK projects, and has provided speakers for a number of high-profile diabetes events.

The Group hopes to welcome new members in light of a number of recent appointments due to changes to Best Practice Tariffs (BPTs). Our study day in April 2013 aimed to support those newly in post, or those who had increased their hours to provide an improved service; there is potential to use the Paediatric Diabetes Networks to replicate this study day in the future.

Future projects

This is a very exciting time in the history of children's diabetes services in England (BPTs do not apply to Wales, Scotland or Northern Ireland).

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"Additional dietetic funding allows more time for healthy lifestyle promotional opportunities, group education, screening for disordered eating behaviour, weight management, carbohydrate management and maximising pump potential." BPTs will bring challenges, but they also bring opportunities for developments in dietetic elements of care. Additional dietetic funding allows more time for healthy lifestyle promotional opportunities, group education, screening for disordered eating behaviour, weight management, carbohydrate management and maximising pump potential. Some of these areas may have been neglected due to recent focus on "carbohydrate counting", when this is really just one element of our role as a dietitian and not our sole purpose. Even without BPTs, there have been significant recent developments in insulin pump provision in Scotland, and national structured education development in Northern Ireland.

Future projects are likely to include the

development of the recently published National Curriculum for Healthcare Professionals Working in Children's Diabetes (NHS Diabetes, 2012). The basic level of knowledge in this document is being developed as an e-learning programme. Additional levels need to be assessed for different grades of dietitian, and various competencies must be created to help with career progression. The DMEG are currently working on dietetic outcome measures in diabetes, and this is likely to be a future project within paediatrics, to acknowledge the "added value" of a dietitian to positive diabetes outcomes.

NHS Diabetes (2012) National curriculum for the training of healthcare professionals who care for children and young people with diabetes mellitus. Available at: http://bit.ly/16PrSwt (accessed 09/09/13)

Further reading

Information and resources from the Diabetes Management and Education Group of The British Dietetic Association can be found online at: http://www.dmeg.org/index.html