

Phase II diabetes competence profiles launched



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The second phase of the Diabetes Competence Framework was launched, somewhat quietly, in November of this year, with 61 new competences being published by Skills for Health, the Sector Skills Council (SCC) for health (Skills for Health, 2006).

These competences address diabetes in children and young people, foot care, erectile dysfunction, insulin pump therapy, diabetes and pregnancy, and type 1 diabetes. They add to the 45 competences already published in 2005 giving a grand total of 106 diabetes competences! There are also 10 diabetes retinopathy competences, specifically for those involved in retinopathy screening.

About to go live are the long awaited Patient Educator competences, which, as the name suggests, address all aspects of patient education, ranging from enabling individuals to make informed health choices and decisions to giving presentations to groups. These particular competences are likely to be of particular interest because of the current focus on structured education in diabetes care.

As well as the additional competences, the Skills for Health website (www.skillsforhealth.org.uk) has acquired a new look, and has also developed more tools to help us use the competence frameworks effectively. Some of these tools have huge potential. One needs to register to gain the full promise of the site, but it is possible to view the options without doing so. All of the tools come with online guides and easy to use instructions.

A key feature is that all the competences, old and new, can be linked to the Knowledge and Skills Framework (KSF), which we will all be using for our annual performance reviews from now on.

One tool is the competence search. For instance, if the word 'diabetes' is put into the search function, 90 competences, from both parts of the Diabetes Competence Framework, are identified. If, however, you want to find only those competences that are in the KSF level 4, only 48 competences are shown.

Role profiles are also available. For example, if

you wish to describe profiles of different kinds of diabetes nurses this is possible, although one needs to register with the site first. The different profiles, with their lists of competences, are stored and can be accessed and modified on subsequent visits. Again, the competences within each profile can be linked to the KSF framework.

Team profiles are available too, enabling you to identify where there are gaps in competences within the whole team for the service you deliver, thereby helping to develop new roles or determine training and education needs for existing team members.

This particular tool could be invaluable when planning new services or redesigning existing ones. Because the profiles are based on groups of individual competences, they can be fine-tuned to very specific needs. For example, the profile of a specialist diabetes nursing team who care for pregnant women with diabetes and those using insulin pumps would be very different to the profile of a team of practice nurses caring for people with type 2 diabetes in a primary care environment.

On an individual basis, one of the most potentially useful tools is that for self-assessment. Each of us can assess our own levels of competence against those listed for a particular role profile. These results can be saved and, over time, personal development can be charted and even printed out; this has obvious uses in relation to the processes of personal development and annual review. Similarly, there is a team assessment tool.

I highly recommend a delve into the depths of competences and tools and have a suspicion that, as we become more used to the idea of using competences to help us plan diabetes services in our constantly changing diabetes world, this website will become more and more useful! ■

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Skills for Health (2006) *Completed frameworks – Diabetes Phase II*. http://www.skillsforhealth.org.uk/view_framework.php?id=110 (accessed 05.12.2006)