

Advanced level diabetes courses: what should they offer?

Peta Fenn

ARTICLE POINTS

1 No single professional group can meet all the health needs of the diabetic population.

2 Multiprofessional team working across primary and secondary care is essential for effective diabetes care.

3 The DSN has an important role as a specialist within the multidisciplinary team.

4 DSNs need an advanced level course in diabetes care to give them academic credibility and clinical expertise.

5 The new Postgraduate Diploma in Diabetes Care is designed to fill gaps in the educational and career pathways for DSNs and other health professionals.

KEY WORDS

- Diabetes care
- Postgraduate education
- Multiprofessional

Introduction

Advanced level courses in diabetes care need to fill the current gaps in educational and career pathways for diabetes specialist nurses (DSNs) and other health professionals. This article explains what such courses should offer and outlines the University of Exeter's new Diploma in Diabetes Care which provides qualified health practitioners from primary and secondary care with an opportunity to study in a collaborative educational environment.

The need for appropriate postgraduate education for diabetes specialist nurses (DSNs) and the important role of the nurse specialist within a multidisciplinary team has been highlighted by Gledhill (1997). In addition, Higgins (1997) called for formal and structured educational programmes for diabetes nurses working in both primary and secondary care. She also highlighted the role of hospital-based diabetes nurses in supporting and educating practice nurses, as primary care teams become increasingly involved in diabetes management.

In response, a new advanced level course in diabetes care has been developed by a DSN for the University of Exeter. The Master's level (5/6) Postgraduate Diploma in Diabetes Care aims to give students a broad understanding of all the issues that contribute to and have an impact on the effective delivery of health services to people with diabetes mellitus (*Table 1*).

Why have an advanced level course?

For some time, DSNs have recognised the need for an advanced level diabetes course to give them both academic credibility and clinical expertise (Royal College of Nursing, 1992). Also, patients have the right to know what standards of expertise health professionals have achieved.

With nurse education now in the higher education framework, the public can have a system of measurements with which they are familiar — BSc, MSc and PhD. This offers DSNs, and indeed the nursing profession as a whole, the opportunity to resolve some of the problems in their recent history, i.e.

the lack of an academic career pathway, the clinical grading issues, and as Faugier (1996) highlighted, the plethora of titles with which we have been labelled.

Meeting patients' needs

It has long been recognised that diabetes health care requires multiprofessional team working across primary and secondary care health services. What all professionals should be working to achieve is a seamless service that allows patients access to the most appropriate professional for their health needs at the time they require it, thereby promoting good quality of life and reducing morbidity and mortality for people with diabetes (Alexander, 1998).

The NHS Executive Guidelines (1997) recognise that the healthcare needs of people with diabetes and their families present a particular challenge to health services in England. Both the Diabetes Control and Complications Trial Report (DCCT Research Group, 1993) and the King's Fund Report (1996) highlight the enormous financial cost that diabetes places on health services and its cost to patients and their families. The St Vincent Declaration action programme (WHO, 1995) identifies the potential for preventing many of the complications of the disease.

If we are to help patients achieve their optimal health, all health professionals working in this field need to have sufficient knowledge of the disease to give their patients the correct advice and support.

A British Diabetic Association report *Training and Professional Development in Diabetes Care* (1996) reviewed the

provision of continuing education for healthcare professionals in diabetes and made recommendations about its future structure and vision with the aim of implementing the St Vincent Declaration recommendations. The report advocated using active rather than directive learning, multidisciplinary training to reflect the teamwork necessary in diabetes care, and training based on practice.

Diabetes care, with its multiprofessional teamworking philosophy, is a good health care paradigm for other health services (J Tooke, personal communication, 1997). Diabetes education should lead by example and provide a collaborative educational environment that encourages students from different professions, working in both primary and secondary care, to study together. Until now there appears to have been no advanced level diabetes course that does this.

Most advanced level courses are provided for one professional group; some are provided purely for primary care staff while others are provided for hospital specialist staff only. While such courses undoubtedly develop specialist expertise, they may lack the active role model example, in the classroom, of multiprofessional team learning and working. Consequently, they reinforce the old barriers of professional, primary and secondary care protectionism and, in practice, prevent the service goal of achieving true integration of diabetes services.

Conclusion

Aimed at a wider professional group than just DSNs, the University of Exeter's Diploma in Diabetes Care is designed for any registered health professional working in diabetes care who wants to advance in both the theoretical and clinical aspects of diabetes. Through participative multiprofessional team working in the educational setting, this course can help to build bridges between health professionals and achieve better services for people with diabetes.

Advanced level courses in diabetes care are needed to fill the gaps in the educational and career pathways for DSNs and other health professionals and ensure the provision of knowledgeable and clinically skilled diabetes health practitioners for the future. ■

Table 1. University of Exeter's Postgraduate Diploma in Diabetes Care (Master's level 5/6, modules)

Course design

The Postgraduate Diploma in Diabetes Care is a modular programme comprising two taught modules: one day a week for one academic term, in two consecutive academic terms, and one self-directed learning module in the third term.

Module summary

Module 1 – Fundamental elements in diabetes care

Students will explore the physiological, psychological, professional and political factors that influence healthcare provision for people with diabetes.

Module 2 – Reducing the morbidity and mortality from diabetes mellitus

Students will extend their knowledge and understanding of the pathogenesis of diabetes mellitus and its complications and implications for health service provision. They will also critically examine and apply relevant research findings that promote the health and quality of life of people with diabetes.

Registration

There are two routes of entry:

1. Register with the university directly as a postgraduate diploma candidate to complete the diploma in 1 or 2 years.
2. Through the university's continuing professional development programme.

Assessment

The modules will be assessed by essays, critical literature reviews and an assessment of the student's clinical practice and ability to apply his/her new knowledge to his/her practice.

Entry requirements

Applicants for the modular course will need to be one of the following:

1. A qualified SRN or RGN
2. Qualified and registered to practise in a profession allied to medicine
3. A qualified medical practitioner

If any applicant has a registered qualification that is not at degree level, he/she will have to either:

1. Provide evidence of postregistration experience and qualification to degree level; or
2. Pass an appropriately designed assessment in the form of an essay at degree level before being admitted to the course.

Alexander B (1998) Inaugural Conference Association of British Clinical Diabetologists report — a new voice for clinical diabetes. *Practical Diabetes International* 15(1): 34–5

British Diabetic Association (1996) *Training and Professional Development in Diabetes Care*. British Diabetic Association, London

DCCT Research Group (1993) The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. *New England Journal of Medicine* 329(14): 977–87

Faugier J (1996) SNAP Conference: Keynote address — Future models of health care provision. Nottingham Trent University

Gledhill E (1997) The need for a specialist journal for diabetes nurses. *Journal of Diabetes Nursing* 1(1): 4

Higgins S (1997) Role of diabetes nurses: 2000 and beyond. *Journal of Diabetes Nursing* 1(1): 6

King's Fund Report (1996) *Counting the Cost: The Real Impact of Non-Insulin-Dependent Diabetes*. BDA, London

NHS Executive Guidelines (1997) *Key Features of a Good Diabetes Service*. Department of Health, Leeds (Point 1.3)

Royal College of Nursing (1992) *The Role of the Diabetes Specialist Nurse*. RCN, London

World Health Organization (WHO) (1995) *Diabetes Care and Research in Europe: the St Vincent Declaration action programme*. WHO, Copenhagen