QUESTIONNAIRE RESULTS
The future of diabetes nurse education

Many thanks to the 211 readers who returned the questionnaire inserted in the last issue of the journal.

Here is a basic breakdown of the results which have already been passed on to the Working Party in Diabetes Nurse Education. As these were only formulated a few days before publication, a full analysis will appear in the next issue.

Readers who would like to publish any of their own comments on the results should write to The Editor, Journal of Diabetes Nursing, 34 Sydenham Road, London SE26 5QF (Fax. 0181-659 2409).

Question 1
What academic qualifications have you/are you studying for/would you consider studying for? (*Figure 1*.)

13% of respondents are currently studying for a first degree; 6% for a diploma; 4% for a masters degree; 4% for a diploma-level diabetes module; 3% for a degree-level diabetes module; 2% for the ENB CNS AO5; 2% for an FETC or teaching certificate; 1% for the ENB 928 and 2% for some other qualification.

18% of respondents would consider studying for a masters degree; 15% a diabetes module at degree level; 13% a first degree; 10% a diabetes module at diploma level; 9% an FETC or teaching certificate; 6% the ENB CNS AO5; 3% a diploma; 1% the ENB 928; and 3% for a different qualification.

Question 2
Would a first degree improve your clinical practice/provide credibility for your role?

44% felt that it could improve practice (*Figure 2*); 65% thought it could provide credibility to their role (*Figure 3*).

Question 3
Do you have local access to the different courses outlined in Question 1?

83% of respondents said that they have access to some courses locally, although the types of courses varied. 17% said that they had no local access to courses.

The most commonly available course locally was first degree (59%), followed by ENB 928 (50%) and masters degree (34%). 30% of respondents had local access to a diploma; 30% to an FETC or teaching certificate; with diploma level modules available to 19% and degree level modules available to 7%. Only 6% had local access to the ENB CNS AO5. 8% said

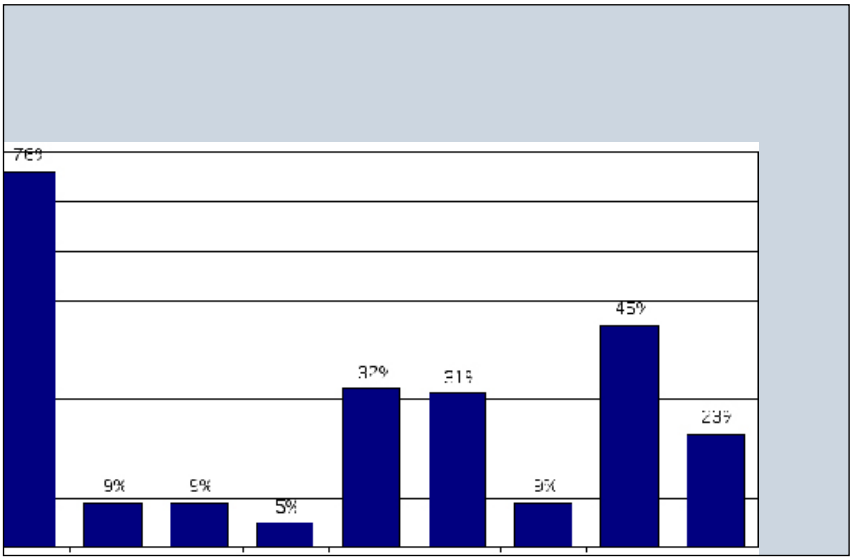

Figure 1. What is your current academic attainment?

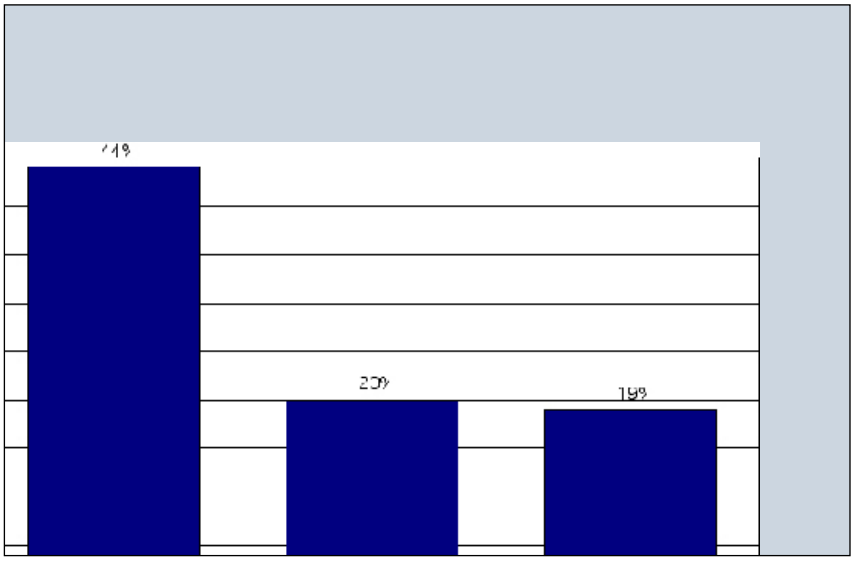

Figure 2. Do you consider that a first degree could improve your practice?

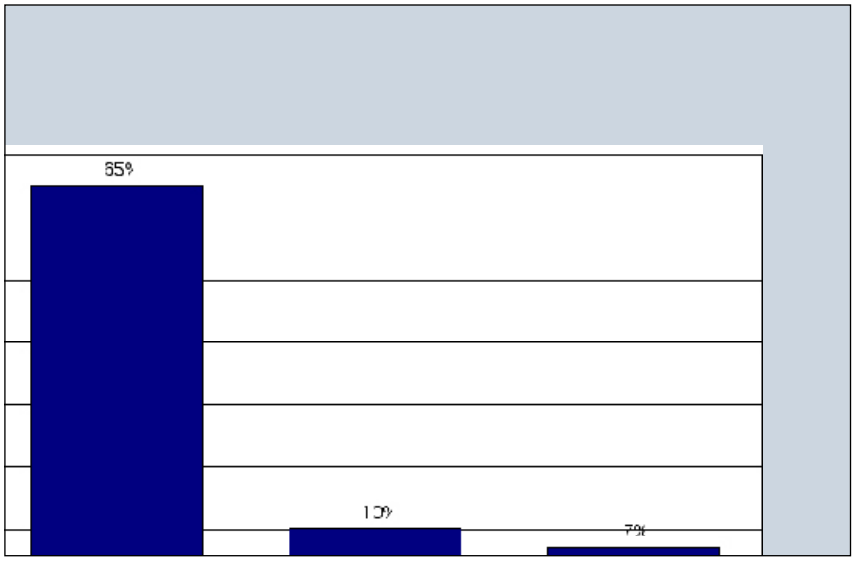

Figure 3. Do you consider that a first degree could provide credibility for your role?

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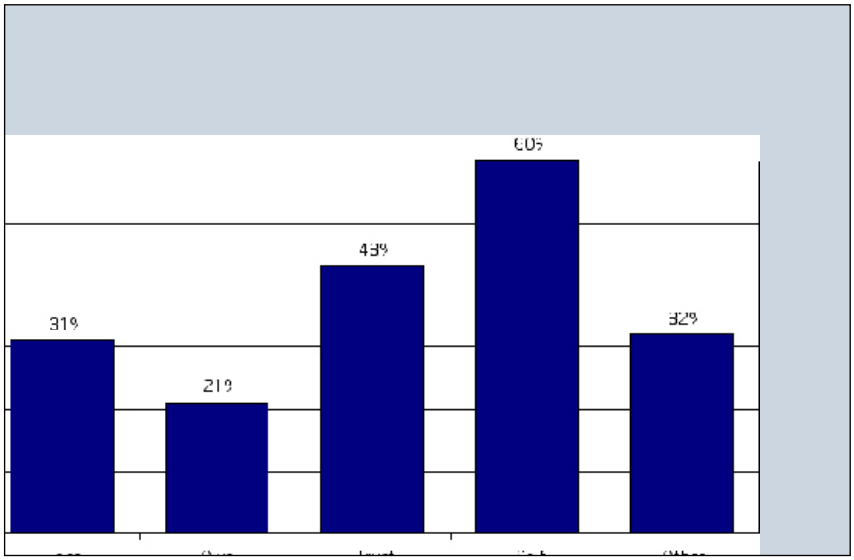

Figure 4. How are your courses funded?

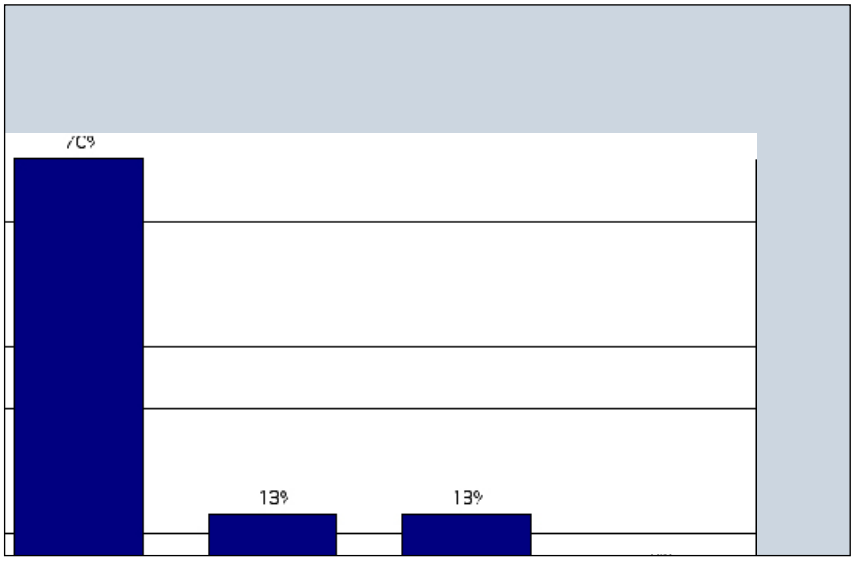

Figure 5. Are you given study leave to attend these courses?

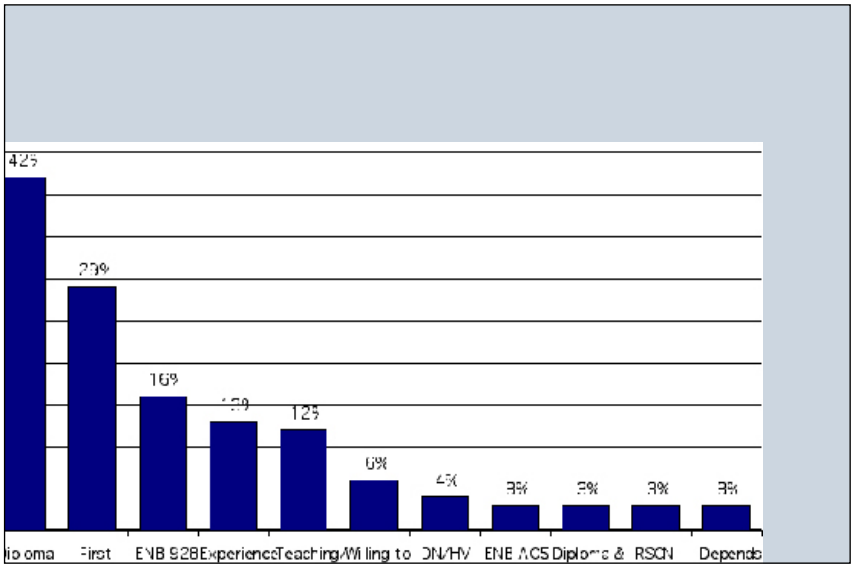

Figure 6. What do you think should be the minimum qualification for a diabetes specialist nurse?

that they had local access to most or all of the courses listed.

Question 4
How are your courses funded?

The methods for funding courses varied with many being funded via a combination of the sources listed (*Figure 4*).

Question 5
Are you given study leave to attend these courses?

70% of applicants stated that they are given study leave to attend courses. However, a common theme throughout was that although study leave was granted, many could not take the time off because they were too busy at work and had no cover. 13% said that they were not given study leave, 13% said that they could get some or that it depended upon the course. 3% did not know or gave no answer *(Figure 5)*.

Question 6
Does your employer require you to undertake specific courses/training?

57% of the respondents' employers did not require them to undertake specific courses or training while 39% did. 1% were advised by their employers to undertake training but it was not mandatory. 4% either did not know or gave no answer.

Question 7
Are you on the programme board for diabetes courses locally or nationally?

36% of respondents stated that they are on the programme board for diabetes courses either locally or nationally while 60% stated that they are not.

Question 8
What should be the minimum qualification for a DSN (excluding RGN)?

The top responses to the question of what should be the minimum qualification of a diabetes specialist nurse are shown in *Figure 6*. Other suggestions were that it should be a first degree for those new into the field but a diploma for those with experience; that there should be no mandatory minimum at all; that communication and enthusiasm were more important than qualifications; and that there should be a long term aim for all DSNs to be at degree level eventually.

(See opposite for general comments.)

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Balance between experience and academic qualifications

I am aware that formal qualifications are important. However, I feel experience plays an important role, e.g. a minimum number of years' postregistration experience taken into account alongside formal qualifications.

I feel that a first or masters degree in an appropriate subject should come after practising and experiencing the role of a DSN — you need to develop clinical experience, then apply it to academia if that is the path you choose.

DSNs need to be a diverse group. Nurses who can communicate with their patients are surely more effective that any degree holder who has so much academic experience but little life experience.

Experiential learning counts! Forums for diabetes nurses can maintain and develop practice by sharing experience and providing evidence for research and new services locally.

I think it essential that DSNs are involved in planning diabetes courses as well as teaching on them. However I do not think academic qualifications necessarily result in better practitioners — experience is very important.

Can elements of clinical supervision be brought into accreditation — combining academic study with observation of practical skills? I think that all the effort that is being put into making further courses available to DSNs should be applauded.

Experience in varied fields of nursing, especially assessment of patients, and ability to be a decision maker and leader is important. There are many ways of showing these abilities through various courses and work experiences. If a degree is all employers want, I do not think this alone is enough.

It is very important for DSNs to have both experience in diabetes nursing and academic qualifications.

Practice must also be demonstrated at a set level, as well as theory via a first degree.

Any diabetes specialist nurse must be willing to study to a higher level and keep updated on diabetes. The position requires commitment for the benefit of staff and patients.

In order to give credibility to ourselves and our role, I feel it is extremely important that there is a minimum qualification for diabetes specialist nurses. Also that it doesn't stop there, the learning should continue.

On the job training is very important and a degree should not take priority over experience. DSNs should be encouraged and given the opportunity to do their degree.

A short course (similar to the ENB 928) for a DSN would ensure that one is kept up to date with changes and enable one to assess if practice within their area is similar to that in other areas.

A postregistration course would be nice and a structured pathway for newly appointed staff.

Accessibility of courses

More accessibility is needed for a specialist diabetes course to train newly appointed DSNs. Also all experienced DSNs should be funded by their employing trust to undertake advanced diabetes training courses.

There is not sufficient local availability of specialised courses at advanced level necessary for specialist practice. University credits should/must be portable between areas.

I am actively looking for a course at degree level or ways to accrue points at level 3 in diabetes nursing but information is difficult to find.
I would very much like a module (training) in pharmacology specifically related to drugs and conditions related to diabetes, e.g. hypertension, hyperlipidaemia.

I would like to undertake the advanced diabetes course but due to distance would be unable to do so. There is a real need to make such courses more accessible.

There should be an easier route to achieve accreditation for experience. The specialist practitioner role is very unclear and there is unsatisfactory guidance from the UKCC.

Study leave problems/time factor

I withdrew from a masters course last year because I could not get sufficient help with my workload. I was given one half day per fortnight but couldn't take it because we were too busy.

Much as I feel that further education for DSNs is necessary, in my own trust, working a busy 37.5 hour week and having to study without study leave is not easy.

I manage my diary so morning or afternoon sessions spent at taught sessions are fitted into my working week.

I would love to do more training in diabetes. However, we are currently under resourced and there is no provision for professional education. It is not a priority for our trust.

I am working part time, alone. I get no study leave/funding for courses which makes it very difficult to improve my qualifications.

I approached my management to ask for time to do a self-funded MPhil/PhD in research in diabetes. This was declined unless colleagues could cover my workload.

I feel that with the increasing shift towards academic courses, those at specialist nurse level should have further education qualifications. However, employers are thrilled to have well qualified staff but do not wish to help their staff to achieve this!

The fact that courses and study leave are available does not always mean that one is able to actually undergo a particular course of study. Most DSN teams are small and therefore manpower is at a premium.

Miscellaneous comments relating to education and career pathways

DSNs are an expensive item. We must attain and maintain the highest standards. I believe this means:
1. Nationally agreed minimum qualification — first degree and teaching certificate
2. Demonstrating our worth by leadership in diabetes care through evidence-based practice, publishing our research, influencing change and having a major role in teaching other health professionals.

I think there are different 'levels' of DSN. Qualifications should reflect that, e.g. new into DSN job should have diploma within first two years, then degree is appropriate and I feel necessary for all those involved in education of others — which really should be part of all DSN roles. Therefore:
Diploma if looking at level of clinical practice *only*
Degree if involved in developing/educating others
Masters if involved with degree courses (teaching on/planning, etc.)

Diabetes nurses should have some national graded framework:
Diabetes Nurse, E
Diabetes Educator, F
DSN, G/H (with additional specialty).

I believe we should have a career pathway for nurses wishing to specialise in diabetes care which gives a structure, linking their practical and academic development to their pay and job titles so that we can all understand their level of practice.

Diploma/degree is a minimum requirement — does that mean I'm out of a job? Do these qualifications enhance my practice? How does the patient benefit?

I would not suggest that experienced diabetes nurses should be made to have a degree but feel that new diabetes nurses should have an appropriate degree. The educational goal posts need to be made clearer. Increasingly more courses are being introduced with no clear guidance as to which would be most appropriate. Perhaps this guidance should be coming from diabetes nurses themselves and not educationalists.

There is a need to differentiate between learning roles, e.g. diabetes care nurses, and diabetes specialist nurses who have had further training.

Having been an enthusiastic and increasingly skilled (I think) diabetes specialist nurse for around 8 years I wonder, what real difference would a first degree make to me in terms of benefit when I am very aware of the time and cost implications and impact on service?