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Editor

Influencing diabetes care: the recently published competence framework

The first part of the *Diabetes National Workforce Competence Framework* was published on October 5th this year (Skills for Health, 2004). The organisation responsible for developing this work is Skills for Health, which is the sector skills council for health. The second part of the project is due to start in April 2005.

The framework is written from the perspective of what an individual with diabetes needs, rather than being a set of specific standard statements for different healthcare workers, for example doctors or diabetes specialist nurses. Each competence describes the quality of care a person with diabetes needs regardless of who delivers it. It is our task to determine which competences are required by each role or job. This could be done locally: within practices, by primary care trusts or specialist teams, or a diabetes network. Some national diabetes groups may decide to give guidance for health professionals to ensure a consistent approach across the whole country.

Contents of the competence framework

The diabetes framework is designed to mesh with others. For instance, there are links to the NHS Knowledge and Skills Framework and the competence frameworks for coronary heart disease and renal problems. This demonstrates a joined-up way of thinking and is encouraging.

Eight key areas of activity are addressed in this first part of the diabetes framework; four are generic and the others deal with more diabetes-specific issues. There are competence statements within each area of activity. Some of the competences have more than one element; these are more precise descriptions of activities. However many elements there are, every one has a detailed set of performance criteria that determine the standards of performance required for that particular activity. There is also information about the key words, terms and scope for each competence, as well as the knowledge and understanding

required by the individual to meet the performance criteria.

This framework has huge potential for diabetes services and could be used in a vast number of ways. For instance, the local workforce skills profile, which is required as part of the National Service Framework (NSF) for diabetes, could be based, at least in part, on the framework. It would therefore provide detailed information about the learning needs of the workforce. Gaps in the workforce may also be identified. It could be used to determine the roles of a variety of staff involved in diabetes care, such as footcare assistants or practice nurses running diabetes clinics.

Framework applications

Competences can be used as learning outcomes for educational sessions or, indeed, courses. If the competence framework has been used to describe learning outcomes, it should be easier to determine the precise content of courses, wherever they are delivered. It may also ensure there is more equity regarding the academic credits assigned to courses.

Competence statements could be used to write job descriptions, be measured in performance reviews or included in personal development plans too. Examples of how the framework has been used are given in the guide (Skills for Health, 2004).

Potential for the future

Initially, using the framework may be hard work. There is a lot of information to download and read and it could take time to get to grips with it. However, the potential it has for helping us to develop diabetes services, meet the NSF targets and ensure equity of service provision across the UK is enormous. I am sure that we shall see many examples in future pages of this journal of innovative ways that diabetes nurses have used it to improve the delivery of care to people with diabetes. ■

Skills for Health (2004) *Diabetes National Workforce Competence Framework Guide*. Bristol, Skills for Health. Available at www.skillsforhealth.org.uk (accessed 29/11/04)

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