



Jane Houghton
Supplement Editor

Paediatric education and better diabetes management

The Department of Health's (DoH) National Service Framework for Diabetes (DoH, 2001) and the National Institute for Clinical Excellence's (NICE) *Guidance on the use of patient-education models for diabetes* (NICE, 2003) highlighted the importance of ongoing structured education for people with diabetes. The NICE guidance particularly was aimed at adult care, but now ongoing education of children and young people with diabetes seems very topical.

Within paediatric diabetes, though, this is not a new subject. Many paediatric teams in the late 1980s followed the Newcastle Paediatric Diabetes Team's example of age-banded clinics, including education clinics (Court et al, 1989), and adapted the system for their local needs. Age-appropriate games and assessment systems were invented, based on traditional children's games (such as snakes and ladders), popular TV quizzes (such as *Blockbusters*), school educational methods (for example standard assessment tests) and computer games.

Although the purpose of the education clinics was mainly to increase and update the child's knowledge and understanding of diabetes, it also gave children and their parents a chance to meet other families in a similar situation, providing the chance to form their own informal support networks and reducing the feeling of isolation.

As paediatric diabetes team members changed, caseloads increased, and with the pressure to achieve national recommendations, many, though by no means all, teams had to drop education clinics. As it is again becoming more important it is very timely to have two articles on the subject in this issue of the journal. Both teams, in Ipswich and Edinburgh, have tried to meet the challenge of providing education and have assessed the outcome. They have devised different methods to suit their local needs but with the same desired outcome of improved diabetes control through

knowledge and understanding.

The Agenda for Change and specialist nurses

On a tangent, in April of this year, I attended the Royal College of Nursing (RCN) congress at Harrogate, as did several thousand other nurses. The paediatric forums were well-represented and a good time was had by all!

The *Agenda for Change* (DoH, 2004) was the subject of several resolution items, but at that time little was known about the outcomes. Although *Agenda for Change* seems to have resolved the differences in levels between adult and paediatric nurses, there is a big variety in the levels that specialist nurses of all types are being awarded (ranging from level 6 to 8A), at a time when the RCN and DoH have published a report (*Maxi Nurses* [Royal College of Nursing and DoH, 2005]) advising employers to value the contribution of specialist nurses. We can only hope that the *Agenda for Change* appeal process will be successful for those who feel they have been undervalued by the system.

Concluding remarks

It is perhaps quite fitting that I should move on from paediatric diabetes at a time when patient education and nurses' pay scales are so topical, as they were when I became a paediatric diabetes nurse. Everything goes full circle, including my career! I have decided this should be my last editorial for the journal, as I have moved back to general acute paediatrics. I would like to thank Simon Breed and the staff at the journal for giving me this opportunity and for having a paediatric supplement. Simon has been very supportive of paediatric diabetes since soon after he launched the journal. Paediatric diabetes nurses must keep writing about their innovative work, to share it with others, to get due credit and to remind everyone how important children with diabetes are. ■

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