Nutrition and Physical Activity Diabetes Competencies briefing document from the Diabetes Education and management Group (DMEG) and Diabetes UK - May 2013

The Quality and Outcomes Framework (QOF) requirement for DM 013, *having a record of people with diabetes who have a dietary review by a competent professional* has raised considerable questions about what is a "suitably competent professional? "

This briefing document, produced by British Dietetic Association Specialist Diabetes group, DMEG, and Diabetes UK, contains guidance to address this issue.

Quality and Outcomes Framework guidance for GMS contract states: DM indicator 013 (NICE 2011 menu ID: NM28): The percentage of patients with diabetes, on the register, who have a record of a dietary review by a suitably competent professional in the preceding 12 months.

Background:

Quality statement 2 on nutrition and physical activity advice in the NICE quality standard for diabetes in adults is based on recommendations from the NICE clinical guidelines 15 and 87. It states that 'People with diabetes receive personalised advice on nutrition and physical activity from an appropriately trained healthcare professional or as part of a structured educational programme'. The NICE quality standard defines an appropriately trained healthcare professional as one with specific expertise and competencies in nutrition. This may include, but is not limited to, a registered dietitian who delivers nutritional advice on an individual basis or as part of a structured educational programme. The Diabetes UK competency framework for dietitians sets out level 1 competencies that are the minimum standard for any staff involved in the healthcare of people with diabetes. Therefore, if non-dietitians are employed to deliver dietary advice, they should conform to the level 1 competencies described in the Diabetes UK framework as a minimum.

QOF indicator guidance: diabetes mellitus Aug 2011

National Competencies for Healthcare Professional working in Diabetes

There are currently 2 published documents detailing Nursing and Dietetic Diabetes Competencies which have been produced to support healthcare professionals working with people living with Diabetes.

1. An Integrated Career and Competency Framework for **Diabetes Nursing** produced by the Diabetes UK Professional Education Working Group and TREND in 2011. This document is primarily focussed on Type 2 Diabetes competencies.
   http://trend-uk.org/TREND-UK_Feb%202010.pdf

2. An Integrated Career and Competency Framework for **Dietitians and Frontline Staff** produced by the Diabetes UK Professional Education Working Group in 2011.
   http://www.dmeg.org.uk/Doccuments/Dietetic%20Competency%20Framework%202011.pdf

If non-dietetic healthcare professional (HCP) such as practice nurses were to give nutrition and physical activity advice, DMEG and Diabetes UK recommend that they have a sound knowledge base, able to demonstrate competence and have evidence of on-going continued professional development for this competency. This would need to be demonstrated by:

1. **Sound knowledge base outlined in the nursing and dietetic competencies documents**
    - Minimum of level 1 and 2 diabetes nursing competencies as part of their general diabetes competencies for their role
    - Appropriate level 1 and 2 dietetic competencies

2. **Evidence of continued professional development in this area on a 2 yearly basis**

- Topics from the level 1 and 2 diabetes nursing competency framework include:
- Screening, Prevention and early detection of Type 2 Diabetes, Promoting Self Care, Nutrition, Oral therapies, Injectable Therapies, Hypoglycaemia, Hyperglycaemia, Blood glucose monitoring.

Demonstrating only level 1 dietetic competencies would not equip non-dietetic HCPs to deliver safe nutrition and physical activity advice as part of the annual diabetes review. For example, understanding basic glucose metabolism is a level 2 competency which is essential knowledge to guide appropriate advice in this area. Therefore, the expectation of a non-dietetic HCP working in Diabetes should be equal to that of an entry level band 5 generalist dietitian for these relevant competencies.

As part of this review, both the nursing and dietetic diabetes competencies were assessed. The review highlighted that there is some overlap between both these competency frameworks as well as some competencies that are not relevant for delivering nutrition and physical activity advice. Therefore, it is recommended that if the HCP demonstrates the relevant nursing competencies, they would not be required to demonstrate them again for the dietetic competencies.

- What are the competencies for delivering Nutrition and physical Activity advice?
- See **Appendix one** for a summary of all relevant Nutrition and Physical Activity Competencies

What training options are available for non-dietetic HCPs?

The following could be possible ways for non-dietetic HCPs to obtain training in some or all of the required competencies:

- Online e-learning programmes
- Local or national study days and/or diabetes courses
- Observing delivery of structured diabetes education programmes such as DESMOND, Xpert, DAFNE, etc
- Observation of or joint diabetes consultations with a Diabetes Specialist Dietitian

Where do I find the information about the training options?

DMEG is currently developing a relevant training programme that can be delivered by local Diabetes Dietetic Services and local, regional or national training courses which will be delivered by DMEG accredited HCPs to meet the demand. Please visit the www.dmeg.org.uk for further information.

An e-learning module is also currently being developed on the Cambridge Diabetes Education programme e-leaning platform (http://www.cdep.org.uk/) as an alternative to attending face to face training for developing skills and knowledge in readiness for competency assessment.

How to collect evidence to demonstrate these competencies?

The following could be possible ways for non-dietetic HCPs to collect evidence to demonstrate their knowledge and skills for the required competencies:

- Training / study day / e-learning certificates of completion
- Documented delivery of structured diabetes education programmes such as lesson plans, peer review or quality assurance documentation

How to maintain and update knowledge and skills over time?

It is widely accepted that knowledge and skills require on-going development and maintenance and it is recommended that HCPs are required to refresh their competency in this area every 2 years.

The following could be possible ways for non-dietetic HCPs to collect evidence to demonstrate their on-going knowledge and skills for the required competencies:

- Training / study day / e-learning certificates of completion
- Documented delivery of structured diabetes education programmes such as lesson plans, peer review or quality assurance documentation
- Observation of or joint diabetes consultations with a Diabetes Specialist Dietitian
- Observation of the Nutrition and Physical Activity advice in the Structured Diabetes Education Programme
- Reflection and Peer review documentation completed as part of routine Continuous Professional Development (CPD)

Appendix One: Nutrition and Physical Activity Competencies

General clinical nutritional / diabetes guidelines and knowledge
1. Demonstrate familiarity with the UK nutritional recommendations, clinical practice guidelines and diagnostic criteria. 2. Describe normal glucose metabolism. 3. Communicate up-to-date, and evidence-based, basic general principles of nutritional therapy for diabetes. 4. Communicate up-to-date, and evidence-based, principles of weight management. 5. Discuss the goals of medical nutritional therapy.
Physical activity
6. Communicate the benefits and importance of physical activity in diabetes prevention and management. 7. Provide information about local physical activity schemes such as exercise on prescription. 8. Assist people with diabetes to assess barriers and facilitators of a personal activity plan. 9. Provide guidelines for a safe activity plan to the patient with uncomplicated diabetes (e.g., exercise timing, intensity, appropriate shoes, and prevention of hypoglycaemia).
Assessing Nutritional Intake
10. Develop the knowledge and skills of people with diabetes to enable them to analyse their own diet and lifestyle. 11. List the problems that might be encountered when taking a traditional diet history and assessing the results. 12. Identify, consider and address common dietary beliefs and misconceptions about nutrition and diabetes.
General Diabetes Nutritional Knowledge
13. Introduce people with diabetes to principles of healthy eating. 14. Educate people with diabetes on food groups, recommended number of portions and portion sizes. 15. Identify the availability of healthy food choices *(including reading food labels, sweeteners and 'diabetic' foods).* 16. List the indigenous staple foods. 17. List the carbohydrate content of common foods and how these affect blood glucose levels *(including alcohol).* 18. Recognise that quantity of carbohydrate is the key strategy in optimal glycaemic control. 19. Identify the glycaemic index (GI) of foods and how a low GI diet may result in a modest additional effect of blood glucose control. 20. Provide instruction on hypoglycaemia prevention, identification and treatment (including severe hypoglycaemia requiring glucagon as well as nocturnal hypoglycaemia). 21. Discuss prevention strategies for hypoglycaemia, including individual nutritional and physical activity management. 22. Discuss strategies for supplying sufficient carbohydrate when appetite is poor. 23. Explain the need to drink enough water and liquids. 24. Recognise when there is a need to refer for more specialist nutritional advice. 25. Facilitate access to community resources for nutritional advice and structured education.
Diabetes Nutrition Knowledge pertaining to Different Patient Groups and Co-morbidities:
Macro-vascular disease 26. Know that poor glycaemic and blood pressure control, and dyslipidaemia can increase the risk of people developing the long-term complications of diabetes *(including salt intake and blood pressure).* 27. Describe the different types of lipids and targets for treatment. 28. Provide a basic overview of the role of nutrition and lifestyle in primary and secondary prevention of macrovascular disease. 29. Recognise central obesity as a marker for increased vascular risk. 30. Describe the relationship between dietary fat and obesity.
Pre-conception care 31. Recognise the need for pre-conception folic acid.

Older adult

32. Recognise that older adults may have specific nutritional problems.
33. Define why special consideration is required in the management and education of older people with diabetes.
34. Outline the resources available in the community for older people.
35. Recognise that people in institutions do not have direct control over their eating patterns and the availability of food.
36. Discuss other factors, such as poor dentition, weight loss, lack of appetite, poor eyesight or dementia, that can affect diabetes management
37. Recognise that poor glycaemic control will result in high complication rates in older adults, and surveillance of complications may be poor compared to that of younger people.
38. Discuss the possible need for increased social care and practical help, as well as the importance of liaising with other agencies.
39. Define issues to be considered when assessing the different treatment options and goals with older people.

Cultural Issues

40. Recognise the eating patterns of people from all cultures within the given population.
41. Identify the religious and cultural festivals in the region and identify the implications for diabetes – for example, fasting and feasting.

Eating disorders

42. Recognise that the incidence of eating disorders may be increased in people with diabetes.
43. State the different types of eating disorders.
44. Recognise the potential for insulin omission and weight-control.

Coeliac Disease

45. Define coeliac disease including symptoms and the required treatment.
46. Describe the increased risk of coeliac disease associated with Type 1 diabetes.
47. Identify whether any information is available for people with diabetes and coeliac disease.