

Diabetes  
UK



**An Integrated Career  
and  
Competency Framework  
for Dietitians  
and Frontline Staff**

Professional Education Working Group

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## Foreword

The Integrated *Career and Competency Framework for Dietitians and Frontline Staff* has been developed by Trudi Deakin as a member of the Diabetes UK Healthcare Professional Education Working Group.

The working group was formed in September 2009 with a remit to:

- identify diabetes-related professional education courses and credentialing programmes within the UK and internationally;
- design a matrix for both the initial and continuing components that are required for different disciplines;
- define a career and competency framework for each discipline;
- define a credentialing framework for each discipline and a communication policy to ensure potential educational providers are stimulated to develop curricula and courses;
- define a credentialing process for NHS organisations including a “credentialing pack”, a nationwide implementation monitoring programme and roll out plan (discipline by discipline).

## Introduction

The purpose of producing this framework is to set out the minimum standards required for healthcare professionals to competently undertake their roles during the diabetes healthcare delivery service in order to prevent mistakes and to reduce the occurrence of conflicting messages being given to people with diabetes.

The aim of the career and competency framework serves two purposes:

1. Level 1 sets the *minimum competences* for *any staff* involved in the healthcare of people with diabetes, from receptionists and healthcare and dietetic assistants to diabetes consultants;
2. Levels 2 to 5 are the minimum set of competences required for band 5 to band 8 dietitians who are involved in the healthcare of people with diabetes. Dietitians and their managers may identify their expertise and learning needs in order to competently deliver care.

Once learning needs have been identified, staff working in diabetes care may register on training courses to meet identified training needs.

## Overview of Nutrition Therapy in Diabetes Care

Nutritional advice and information is essential for the prevention of diabetes in those at risk of Type 2 diabetes and for the effective management of the condition for those with Type 1 and Type 2 diabetes. This advice and information enables people with diabetes to make appropriate choices on the type and quantity of the food which they eat. The advice must take account of the individuals' personal and cultural preferences, beliefs and lifestyle, and must respect their wishes and willingness to change. It must be adapted to the specific needs of the individual, which may change with time and circumstance; for example, age, pregnancy, hospital admission, nephropathy, intercurrent illness and other illnesses. The beneficial effects of physical activity in the prevention and management of diabetes and the relationship between activity, energy balance and body weight, are an integral part of nutritional counselling.<sup>1</sup>

Medical nutrition therapy is an integral component of diabetes management and of diabetes self-management education. Yet many misconceptions exist concerning nutrition and diabetes. Moreover, in clinical practice, nutrition recommendations that have little or no supporting evidence have been, and are still being, given to persons with diabetes. This career and competency framework will ensure that dietitians and supporting staff have the competences in place to deliver sound and evidence-based therapy to support the person with diabetes in self-managing their condition.

## Goals of Medical Nutrition Therapy

The goals of medical nutrition therapy that apply to all persons with diabetes are as follows:<sup>2</sup>

1. Attain and maintain optimal metabolic outcomes including:
  - blood glucose levels in the normal range or as close to normal as is safely possible to prevent or reduce the risk for complications of diabetes;
  - a lipid and lipoprotein profile that reduces the risk for macrovascular disease;
  - blood pressure levels that reduce the risk for vascular disease;
2. Prevent and treat the chronic complications of diabetes. Modify nutrient intake and lifestyle as appropriate for the prevention and treatment of obesity, dyslipidemia, cardiovascular disease, hypertension, and nephropathy.
3. Improve health through healthy food choices and physical activity.

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<sup>1</sup> Nutrition Subcommittee of the Diabetes Care Advisory Committee of Diabetes UK (2003). *The implementation of nutritional advice for people with diabetes*. *Diabetes Medicine*, vol. 20, no. 10, pp. 786-807.

<sup>2</sup> American Diabetes Association Nutrition Working Group (2007) *Nutrition Recommendations and Interventions for Diabetes*. *Diabetes Care*, vol. 30, no. suppl 1, pp. 48-65

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4. Address individual nutritional needs taking into consideration personal and cultural preferences and lifestyle while respecting the individual's wishes and willingness to change.

The goals of medical nutrition therapy that apply to specific situations include the following:

1. For young people with type 1 diabetes, to provide adequate energy to ensure normal growth and development, integrate insulin regimens into usual eating and physical activity habits.
2. For young people with type 2 diabetes, to facilitate changes in eating and physical activity habits that reduces insulin resistance and improve metabolic status.
3. For pregnant and lactating women, to provide adequate energy and nutrients needed for optimal outcomes.
4. For older adults, to provide for the nutritional and psychosocial needs of an aging individual.
5. For individuals treated with insulin or insulin secretagogues, to provide self-management education for treatment (and prevention) of hypoglycaemia, acute illnesses, and exercise-related blood glucose problems.
6. For individuals at risk for diabetes, to decrease risk by encouraging physical activity and promoting food choices that facilitate moderate weight loss or at least prevent weight gain.

### Who is the Competency Framework for?

The competency framework is essentially for registered dietitians. However, all frontline staff that have direct or non-direct patient contact do require basic competences in diabetes-specific medical nutrition therapy to answer general queries and reduce the potential for people with diabetes receiving conflicting messages. Thus, Level 1 competences have been developed for all frontline staff. The category has been divided into two sections, non-direct patient contact such as porters and receptionists and direct patient contact, for all non-dietitian frontline staff from assistants to consultants. Level 2 to 5 competences have been developed for registered dietitians (bands 5 to 8) however, diabetes specialist staff from other disciplines such as nursing, podiatry and medicine, may choose to work towards meeting certain competences, especially if they deliver structured education to people with diabetes.

### What are Competences?

Skills for Health is one of 25 Sector Skills Councils in the UK which make up the Skills for Business Network and are licensed by the Secretary of State for Education and Skills in consultation with Ministers in Scotland, Wales and Northern Ireland. Its purpose is to develop solutions to deliver a skilled and flexible UK workforce in order to improve health and healthcare and its specific aims are to:

- Develop and manage national workforce competences
- Profile the UK workforce

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- Improve workforce skills
- Influence education and training supply
- Work with partners.

Competence can be defined as the skill that is needed in a particular job or for a particular task. It describes what individuals need to do, what they need to know and which skills they need to carry out an activity. National Occupational Standards (NOS) and National Workforce Competences (NWC) describe performance as outcomes of a person's work. They focus on what the person needs to be able to do, as well as what they must know and understand in order to work effectively.

NOS and NWC are designed to allow people to assess and be assessed against them. In order to do that, NOS and NWC must be:

- a single task
- able to be undertaken by one individual
- measurable
- observable

A competence is a single function that defines the task. Some can be applied to roles at different levels and across professions in a Career Framework, whilst others describe functions that can only be undertaken by people at certain levels and in particular roles.

Although National Occupational Standards (NOS) and National Workforce Competencies (NWC) are not mandatory to any NHS workforce groups apart from those undertaking Scottish and National Vocational Qualifications (SNVQ), they do represent best practice and are therefore useful to have.

They are relevant to the whole of the UK and apply to the healthcare sector in its entirety, rather than exclusively to the NHS. All the competencies in the Skills for Health database are mapped against and indicatively linked NHS KSF Dimensions. Evidence used to demonstrate competence against Skills for Health competence can also be used to demonstrate how healthcare professionals meet their NHS KSF profile.

### Skills for Health Competences

There are 86 **diabetes** competences and 8 **patient education** competences (listed in Appendix 1). Additional competences have been used in the competency framework. More information about all the competences can be found at <http://www.skillsforhealth.org.uk/competences.aspx>

## The NHS Knowledge and Skills Framework explained

The NHS Knowledge and Skills Framework (KSF) was developed through a partnership between management and staff. It is a development tool which assists the process of decision-making on pay progression and is made up of 30 dimensions, which form the main components of the framework.

### **Core dimensions**

Six dimensions have been defined as core to the NHS, these dimensions will occur in all healthcare professionals' roles:

- communication
- personal and people development
- health, safety and security
- service development
- quality
- equality, diversity and rights.

### **Specific dimensions**

A further 24 specific dimensions have been identified that will apply if relevant to the post.

The specific dimensions have been categorised as follows:

- health and wellbeing (HWB)
- information and knowledge (IK)
- estates and facilities (EF)
- general (G).

Each dimension has four levels called indicators. The higher level the greater the expectation required in relation to the knowledge and skills necessary for the post.

### **Health and well being dimension (HWB)**

There are 10 specific dimensions:

- HWB 1- promotion of health and well being and prevention of adverse effects to health and well being
- HWB 2 - assessment and care planning to meet people's health and well being needs

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- HWB 3 - protection of health and well being
- HWB 4 - enable people to address their health and well being needs
- HWB 5 - provide care to meet individuals' health and well being needs
- HWB 6 - assessment and treatment planning related to the structure and function of physiological and psychological systems
- HWB 7 - interventions and treatments relating to the structure and function of physiological and psychological systems
- HWB 8 - biomedical investigation and intervention
- HWB 9 - equipment and devices to meet health and well being needs
- HWB 10 - products to meet health and well being needs.

## **Information and Knowledge (IK)**

There are three specific dimensions:

- IK 1 - information processing
- IK 2 - information collection and analysis
- IK 3 - knowledge and information resources.

## **Estates and Facilities (EF)**

There are three specific dimensions:

- EF 1 - systems, vehicles and equipment
- EF 2 - environments and buildings
- EF 3 - transport and logistics,

## **General (G)**

There are eight specific dimensions:

- G 1 - learning and development
- G 2 - development and innovation
- G 3 - procurement and commissioning
- G 4 - financial management
- G 5 - services and project management
- G 6 - people management
- G 7 - capacity and capability
- G 8 - public relations and marketing.

These core and specific dimensions help identify the knowledge and skills required for each post (called a KSF outline) and are further described by level descriptors, indicators and references that define each level in more detail.

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An individual would need to apply the knowledge and skills in a number of dimensions to achieve the expectations of their post. Most jobs will be made up of the six core dimensions and between two and six of the specific dimensions (although this will vary from post to post).

The Skills for Health Diabetes Competencies map to the 6 Core and 10 Health & Wellbeing Dimensions

## **Development of the Framework**

The career and competency framework was developed by reviewing the national and international competences currently available for dietitians and healthcare professionals.

- Competences for the Entry-Level Dietitian [Dietitians of Canada, 1996]
- Professional Standards for Dietitians in Canada [Dietitians of Canada, 2000]
- A competency Framework for Diabetes Care [East Lancashire Diabetes Network, 2005]
- Guidance for Progression of Professional Development in Diabetes for Dietitians Specialising in Diabetes [Diabetes Management and Education Group “DMEG”, 2007]
- National Competency Standards for Entry-Level Dietitians in Australia [Dietitians Association of Australia, 2009]
- European Dietetic Competences and their Performance Indicators attained at the point of qualification and entry to the profession of Dietetics [European Federation of the Association of Dietitians, 2009]
- An integrated Career and Competency Framework for Diabetes Nursing [TREND, 2010]
- International Curriculum for Diabetes Health Professional Education [International Diabetes Federation, 2008]
- Competences for Diabetes Educators [American Association of Diabetes Educators]

Relevant topics were split into 17 sections. Competency statements were prepared and objectives to meet the competency written for each Agenda for Change (AfC) banding.

## **How to use the framework**

The framework should be used to ensure that all staff who are involved in the delivery of healthcare to people with diabetes are meeting the relevant competences for their employment band.

Professional development reviews (PDRs) or appraisals will identify competences that have not been met. A professional development plan (PDP) will identify relevant training needs, the required course of action and a realistic timescale to obtain the necessary competences.

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The competency framework is available as an online resource. Frontline staff will be able to work through the following steps to determine which competences have already been obtained and which ones are required:

- 1) identify the relevant Level [Levels 1 to 5];
- 2) click onto competency statements relevant to the job description [competency statements 1 to 17];

Relevant competences from the lower and current Level will then be shown in a table that the user can complete indicating which:

- competences have been obtained and the evidence for achievement;
- competences that still need to be obtained and a timed action plan for achievement

For example, a band 5 dietitian not specialised in diabetes but seeing people with diabetes in clinics may identify the following competences:

- Section 1: Pathophysiology, Epidemiology and Clinical Diabetes Guidelines
- Section 2: Teaching and Learning Skills
- Section 3: Individualised Self-Management Education
- Section 4: Psychosocial and Behavioural Approaches
- Section 6: Principles of Medical Nutrition Therapy
- Section 7: Short-term complications
- Section 9: Co-morbidities
- Section 12: Specific Nutrition Needs of People from Ethnic Groups
- Section 15: Prescribable Diabetes Medication

The NHS KSF is a broad generic framework that focuses on the application of knowledge and skills but it does not describe the exact knowledge and skills that people need to develop. More specific competences have been developed within this framework to identify competences that individuals need to carry out their role.

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When preparing for a PDR, the dietitian would identify competences within the Level/Band they are currently working at but also those contained in the lower Levels/Bands. The Dietitian will then identify the competences that they felt had been met. These competences would be saved in an “obtained competency” table and the dietitian would be expected to insert a description of the evidence that is available to demonstrate that the competency has been obtained. The table could then be printed and signed off by the dietitian’s line manager (see example 1 below).

### **Example 1**

Objective obtained	SfH [NHS KSF]	Evidence	Sign off (line manager)
Identify the social and psychological influences on food choices	Diab HA7 [HWB6, Level 3]	List of the social and psychological influences	
Recognise that quantity of carbohydrate is the key strategy in optimal glycaemic control	-----	Read and filed the published paper “ <i>ADA (2004) Dietary Carbohydrate (Amount and Type) in the Prevention and Management of Diabetes. Diabetes Care, vol. 27, no. 9, pp. 2266-2271</i> ”	

The remaining competences i.e. the competences that still need to be obtained will be presented in another table where a timed action plan for achievement can be agreed with the line manager (see example 2 below).

### **Example 2**

Objective required	SfH [NHS KSF]	Action Plan	Date to be obtained
List the carbohydrate content of common foods and how these affect blood glucose levels	-----	Attend a carbohydrate counting training course OR in-house training with the diabetes specialist dietitian OR attend structured education programme where participants are learning how to count carbohydrate.	

## Frequently asked questions

1. Do I need all to obtain all the competence objectives within a competency statement?

No, you can identify which competency objectives are relevant to your job description with your line manager. However, 75% of the competency objectives within each relevant competency statement should be obtained for each level.

2. Why does my AFC band not match up with the NHS KSF dimension level?

NHS KSF post outlines identify the dimensions and the levels that are appropriate for different posts. This means that posts will often have dimensions at a number of different levels. For example, a post might have the vast majority of the relevant dimensions at level 4, and then also have another dimension at level 2 and one dimension at level 1. Skills for Health have linked their competences to KSF dimensions and levels and this has been adopted in this document.

## Acknowledgements

Many thanks to East Lancashire diabetes dietitians, Helen Loughnane, Janette Daeth, John Pemberton, Amanda Jones and Julie Spencer who provided their work matching competency descriptions to Knowledge and Skills Framework (KSF) and Skills for Health (SfH) competences for Bands 3 (Diabetes Assistant Educator) through to Band 7 (Diabetes Specialist Dietitian).

Finally, recognition to the following organisations whose competency documents were reviewed and were instrumental in the development of the career and competency framework:

- Diabetes UK Professional Education Working Group
- Diabetes Management and Education Group “DMEG” Committee Members
- East Lancashire Primary Care Trust (Sue Warburton)
- Dietitians Association of Australia
- European Federation of the Association of Dietitians
- Training, Research and Education for Nurses in Diabetes UK (TREND)
- International Diabetes Federation (IDF)
- American Association of Diabetes Educators (AADE)
- Dietitians of Canada

## Competency Statements

### Section 1: Pathophysiology, Epidemiology and Clinical Diabetes Guidelines

**Competency Statement: Demonstrate familiarity with pathophysiology, epidemiology and clinical guidelines consistent with diabetes care provider level**

Level	Objectives	SfH [NHS KSF]
1. Unregistered practitioner (Bands 2-4) or minimum competences for any staff involved in the healthcare of people with diabetes	<b>Non-Direct Patient Care</b>	
	1. Identify the causes, risk factors and symptoms of both Type 1 and Type 2 diabetes	
	2. Identify some of the most common myths regarding diabetes care and management	
	<b>Direct Patient Care</b>	
	<b>Pathophysiology</b>	
	1. Identify differences between the types of diabetes (type 1, type 2, pre-diabetes and gestational diabetes)	Diab GA1 [HWB7,Level 2]
	2. State sign and symptoms of acute hyperglycaemia and refer individuals for further assessment	Diab TT01 [HWB6,Level 2]
	3. List signs and symptoms of hypoglycaemia and DKA (major acute complications)	
	4. Identify risk for common complications of diabetes (e.g. eye, nerve, kidney etc.)	
	<b>Epidemiology</b>	
	1. Recognise local prevalence of diabetes	
	2. Identify characteristics of high-risk populations	Diab GA2 [HWB7, Level 3]
3. Participate in community screening events		
4. Encourage people with diabetes to attend annual screening and/or for symptomatic hyperglycaemia		
<b>Clinical Practice Guidelines</b>		
1. Demonstrate familiarity with the UK nutritional recommendations, clinical practice guidelines and diagnostic criteria.	Diab HD12 [G5, Level 2]	
2. Use knowledge of referral processes and recommended health screening to inform people with diabetes		

	<ol style="list-style-type: none"> <li>3. Make a referral/signpost to structured education and/or assist with structured education</li> </ol>	
<p>2. Non-Specialist Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<p><b>Pathophysiology</b></p> <ol style="list-style-type: none"> <li>1. Describe normal glucose metabolism</li> <li>2. Differentiate between the common types of diabetes mellitus</li> <li>3. Explain pathophysiologic mechanisms responsible for the development of Type 1, Type 2 and gestational diabetes</li> <li>4. Identify common risk factors for the development of the acute complications of diabetes</li> </ol> <p><b>Epidemiology</b></p> <ol style="list-style-type: none"> <li>1. Identify patient groups at risk for chronic complications</li> <li>2. Able to participate in community screening events</li> <li>3. Facilitate referrals for diabetes care and structured education</li> </ol> <p><b>Clinical Practice Guidelines</b></p> <ol style="list-style-type: none"> <li>1. Use principles of evidence-based practice to guide professional practice</li> <li>2. Deliver established clinical practice guidelines in a variety of patient care settings</li> <li>3. Participate in the evaluation and/or audit of the use of clinical practice guidelines</li> <li>4. Update relevant local procedures, policies and guidelines in accordance with the latest evidence-base</li> </ol>	<p>Diab GA3 [HWB7, Level 4]</p>
<p>Diabetes Specialist Dietitian (Band 6)</p> <p>[in addition to 1 &amp; 2]</p>	<p><b>Pathophysiology</b></p> <ol style="list-style-type: none"> <li>1. Outline the pathophysiology of gestational diabetes and its relationship to the development of type 2 diabetes</li> <li>2. Describe the pathophysiologic basis of hypoglycaemia, DKA, and HHS</li> <li>3. Explain the relationship between chronic hyperglycaemia and the development of chronic complications</li> <li>4. Relate particular signs and symptoms to specific long-term complications of uncontrolled diabetes</li> </ol> <p><b>Epidemiology of Diabetes Disease State</b></p> <ol style="list-style-type: none"> <li>1. Organise community screening events</li> <li>2. Describe the care pathway and related services of the local diabetes</li> </ol>	

	<p>community</p> <ol style="list-style-type: none"> <li>Facilitate diabetes education referral networks on a community and/or regional level</li> </ol> <p><b>Clinical Practice Guidelines</b></p> <ol style="list-style-type: none"> <li>Implement evidence-based clinical practice guidelines to provide diabetes education in a variety of patient care settings</li> <li>Examine local policies, procedures and guidelines for consistency with established guidelines</li> <li>Critically appraise current diabetes-related research for use in practice</li> <li>Apply clinical practice guidelines to the evaluation of local services</li> </ol>	
<p>4. Advanced Diabetes Dietitian (Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<p><b>Pathophysiology</b></p> <ol style="list-style-type: none"> <li>Differentiate between common and atypical diabetes disease states</li> <li>Explain pathophysiology of diabetes to non-specialist providers</li> <li>Use data from research studies to analyse the relationship between chronic hyperglycaemia and the development of chronic complications</li> </ol> <p><b>Epidemiology of Diabetes Disease State</b></p> <ol style="list-style-type: none"> <li>Assess the needs of the local community and plan for appropriate screening events</li> <li>Serve as a diabetes education referral resource on a community and/or regional level</li> </ol> <p><b>Clinical Practice Guidelines</b></p> <ol style="list-style-type: none"> <li>Serve as an expert resource for evidence-based clinical practice guidelines in nutrition for implementation in a variety of patient care settings</li> <li>Evaluate nutritional care delivery according to appropriate clinical practice guidelines</li> <li>Assist agencies to develop or revise diabetes nutritional policies and procedures for consistency with established guidelines</li> <li>Examine current trends from diabetes research for application to practice</li> </ol>	
<p>5. Consultant Dietitian or</p>	<p><b>Pathophysiology</b></p> <ol style="list-style-type: none"> <li>Synthesise knowledge of diabetes pathophysiology to direct to</li> </ol>	

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<p>Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<p>nutritional and diabetes care delivery</p> <p><b>Epidemiology of Diabetes Disease State</b></p> <ol style="list-style-type: none"> <li>1. Use comprehensive knowledge of diabetes to provide nutritional and clinical expertise to others on the healthcare team</li> <li>2. Develop and conduct or participate in nutritional diabetes-related research activities locally and nationally</li> </ol> <p><b>Clinical Practice Guidelines</b></p> <ol style="list-style-type: none"> <li>1. Apply expert knowledge of the best available evidence to assist in the review and/or development of nutritional and clinical practice guidelines locally and nationally</li> <li>2. Facilitate coordination and communication with primary care providers, diabetes care team, and other members of the patient’s network as appropriate</li> <li>3. Serve as referral resource and local/national expert for nutritional and structured education processes</li> <li>4. Apply knowledge of current established criteria for diagnosing diabetes and identifying early complications, and refers to appropriate care providers for further review</li> <li>5. Update knowledge of research findings and treatment innovations (new position statements and consensus meeting reports) on a continuous basis</li> </ol>	<p>[CORE 4, Level 1] [CORE 5, Level 2]</p>
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## Section 2: Teaching and Learning Skills

**Competency Statement: Apply principles of teaching and learning and empowerment and care planning to facilitate self-management of individuals with diabetes**

Level	Objectives	SfH [NHS KSF]
<p>1. Unregistered practitioner (Bands 2-4) or minimum competences for any staff involved in the healthcare of people with diabetes</p>	<p><b><u>Non-Direct Patient Care</u></b></p> <ol style="list-style-type: none"> <li>1. Reinforce basic diabetes awareness information provided by qualified diabetes professionals</li> <li>2. Assist clients to acquire accurate diabetes educational materials</li> </ol> <p><b><u>Direct Patient Care</u></b></p> <p><b>Teaching and Learning</b></p> <ol style="list-style-type: none"> <li>1. Reinforce information provided by qualified diabetes professionals</li> <li>2. Assist clients to acquire and accurately convey diabetes educational materials</li> </ol>	<p>DA1 [CORE 1, Level 3]</p> <p>DA1 [CORE 2, Level 2] [G1, Level 2] [IK3, Level 1]</p>

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	<ol style="list-style-type: none"> <li>3. Assist with skill development of students and healthcare professionals</li> <li>4. Provide ongoing coaching skills to people with diabetes to assist with self-management of their diabetes</li> <li>5. Demonstrate interdisciplinary working in diabetes care and refer questions to appropriate team members</li> <li>6. Recognise suitable resources for all ages for all types of diabetes</li> <li>7. Comply with legal requirements for patient confidentiality</li> </ol> <p><b>Empowerment and care planning</b></p> <ol style="list-style-type: none"> <li>1. Work with healthcare team using basic concepts of empowerment and care planning to assist patient with effective self-management</li> <li>2. Develop relationships with people with diabetes that support them in addressing their health needs and setting self-management goals</li> <li>3. Support patient’s efforts to make changes in daily routine</li> <li>4. Serve as a link between patient and diabetes healthcare team</li> </ol>	<p>[CORE 1, Level 2] [CORE 4, Level 1]</p> <p>HCS-D5 [CORE 5, Level 2]</p> <p>PE1 [HWB4, Level 1]</p> <p>PE5 [HWB10, Level 2] DA2 [CORE 6 , Level 2]</p>
<p>2. Non-Specialist Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<p><b>Teaching and Learning</b></p> <ol style="list-style-type: none"> <li>1. Identify and incorporate principles of adult and/or child learning theories and barriers to learning</li> <li>2. Teach, reinforce, or validate essential diabetes self-management skills using principles of teaching and learning</li> <li>3. Focus on knowledge and basic skill acquisition for safe self-management</li> <li>4. Identify and use current national and international evidence-based guidelines</li> <li>5. Identify and use local, national and international support organisations and networks</li> </ol> <p><b>Empowerment and care planning</b></p> <ol style="list-style-type: none"> <li>1. Identify and incorporate a variety of different frameworks useful for promoting successful self-care behaviours (healthy eating, being active, monitoring, taking medication, problem solving, healthy coping)</li> <li>2. Apply basic motivational interviewing skills to assist patient in appropriate and measurable goal setting (i.e., care planning)</li> <li>3. Identify potential barriers to self-management</li> </ol>	<p>CM G2 [IK2, Level 3]</p> <p>PE7 [C2, Level 2] [G1, Level 3] [IK3, Level 1]</p> <p>Diab HA2 [HWB7, Level 2]</p>
<p>3. Diabetes Specialist Dietitian (Band 6)</p>	<p><b>Teaching and Learning</b></p> <ol style="list-style-type: none"> <li>1. Assess patient’s diabetes self-management education needs, attitude toward learning, and preferred learning style</li> <li>2. Assess patient’s readiness for and barriers to learning</li> </ol>	<p>PE6 [G1, Level 2]</p>

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<p>[in addition to 1 &amp; 2]</p>	<ol style="list-style-type: none"> <li>3. Work with the individual to develop a basic plan related to acquiring necessary diabetes management skills based on needs identified in assessment</li> <li>4. Apply fundamental principles of adult and/or child learning theories to provide essential structured education to people with diabetes with pre and existing diabetes</li> <li>5. Expand on knowledge and basic skill acquisition with continued focus on more complex self-management tasks</li> </ol> <p><b>Empowerment and care planning</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate familiarity with skills, techniques, and strategies to facilitate self-management and assist people with diabetes with individualised goal setting and evaluation</li> <li>2. Identify a variety of different frameworks useful for promoting effective diabetes self-management</li> <li>3. Assess patient's readiness to change</li> <li>4. Assists people with diabetes to identify barriers to change</li> <li>5. Guide the patient in setting and prioritising individualised goals based on the assessment and preference</li> <li>6. Facilitate the patient in implementing and evaluating behavioural goal plans using the selected frameworks</li> <li>7. Apply problem-solving skills to assist people with diabetes in addressing the challenges of diabetes self-management</li> </ol>	<p>PE7 [G1, Level 3]</p> <p>PE3 [HWB4, Level 2]</p> <p>PE4 [HWB4, Level 2]</p>
<p>4. Advanced Diabetes Dietitian (Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<p><b>Teaching and Learning</b></p> <ol style="list-style-type: none"> <li>1. Assess health literacy, barriers to learning, and readiness to learn</li> <li>2. Use effective and evidence-based education strategies in curriculum and materials development</li> <li>3. Identify a learning framework, appropriately applying it to the learning environment within home, work, school, and institutional settings</li> <li>4. Facilitate people with diabetes in assessing their motivation, readiness to learn and commitment in making lifestyle changes</li> <li>5. Assess diabetes self-management skills and knowledge of diabetes</li> <li>6. Assess attitude toward learning and preferred learning style</li> <li>7. Facilitate people with diabetes in developing an educational plan to address lifestyle and self-management goals</li> <li>8. Work with people with diabetes to develop a learning plan to address gaps in knowledge</li> <li>9. Ensure the patient has the knowledge, skills, and resources necessary to follow through on the plan (i.e., implements and evaluates the learning plan with the patient)</li> </ol>	<p>PE7 [G1, level 4]</p> <p>PE4 [G1, Level 4]</p>

	<p><b>Empowerment and care planning</b></p> <ol style="list-style-type: none"> <li>1. Apply models of empowerment and care planning methodology to support effective diabetes self-management</li> <li>2. Identify potential barriers to effective diabetes self-management education, including: cognitive and physical limitations, literacy, lack of support systems, and negative cultural influences</li> <li>3. Plan strategies with people with diabetes for addressing barriers identified</li> <li>4. Display the ability to listen to people with diabetes concerns and challenges with living with, and self-managing, diabetes</li> <li>5. Focus attention on the problems that people with diabetes identify themselves to enhance diabetes management and quality of life</li> <li>6. Apply problem-solving skills to assist people with diabetes in addressing the challenges of diabetes self-management</li> <li>7. Facilitate individualised goal setting using effective and evidence-based techniques such as motivational interviewing and the Cycle of Change</li> <li>8. Facilitate people with diabetes in identifying realistic and meaningful self-management goals using the SMART protocol</li> <li>9. Facilitate people with diabetes in implementing and evaluating diabetes self-management goal plan</li> <li>10. Provide people with diabetes with advanced-level demonstration, training, or resources for independent decision making</li> </ol>	<p>PE8 [G1, Level 3]</p>
<p>5. Consultant Dietitian or Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<p><b>Teaching and Learning</b></p> <ol style="list-style-type: none"> <li>1. Apply expert knowledge of age-specific learning principles, health literacy, and behaviour change theory to develop effective diabetes self-management /structured education programmes</li> <li>2. Work independently and serve as a resource in curriculum and programme development, design, evaluation and audit</li> <li>3. Assess the training needs of healthcare professionals in the principles of teaching and learning</li> <li>4. Develop an action plan to ensure that training needs will be met</li> </ol> <p><b>Empowerment and care planning</b></p> <ol style="list-style-type: none"> <li>1. Promotes empowerment and care planning as the unique outcome of diabetes self-management/structured education</li> <li>2. Fluidly shifts among approaches to meet evolving patient challenges</li> <li>3. Assess the training needs of healthcare professionals in the principles of empowerment and care planning</li> <li>4. Develop an action plan to ensure that training needs will be met</li> </ol>	<p>PE7 [G1, Level 4]</p>

## Section 3: Individualised Self-Management Education

**Competency statement: deliver self-management education in a consultation to meet needs that people with diabetes express themselves**

Level	Objectives	SfH [NHS KSF]
1. Unregistered practitioner (Bands 2-4) or minimum competences for any staff involved in the healthcare of people with diabetes	<b>Non-Direct Patient Care</b>	
	1. Facilitate access to community resources for nutritional advice and structured education	
	2. Communicate up-to-date, and evidence-based, basic general principles of nutritional therapy for diabetes	
	3. Provide information about local physical activity schemes such as exercise on prescription	
	4. Call for emergency help in response to severe hypoglycaemia and hyperglycaemia	
	<b>Non-Direct Patient Care</b>	
	<b>Healthy Eating (refer to section 6)</b>	
	1. Communicate up-to-date, and evidence-based, basic general principles of nutritional therapy for diabetes	
	2. Communicate up-to-date, and evidence-based, principles of weight management	
	3. Identify nutrition and weight issues needing referral	
	4. Facilitate access to community resources for nutritional advice and structured education	
	<b>Being Active</b>	
	1. Communicate the benefits and importance of physical activity in diabetes prevention and management	
2. Provide information about local physical activity schemes such as exercise on prescription		
3. Inform people with diabetes of safety guidelines for physical activity		
<b>Monitoring</b>		
1. Reinforce value and agreed frequency of monitoring, e.g., self-monitoring of blood glucose (SMBG), lab values, and risk assessments	Diab HA2 [HWB7, Level 2]	
2. Demonstrate correct techniques in basic blood glucose (BG), blood pressure (BP), weight (wt), height (ht), waist circumference, body mass index (BMI) and HbA1c measurements		
3. Identify clinical results (e.g., HbA1c, BG, BP, wt, waist circumference, BMI, and ketone testing) that are out-of-target range and require referral	Diab HD2 [HWB4, Level 2]	
4. Reinforce individual agreed recommended metabolic targets (e.g., A1C,		

	<p>BG, BP, wt, waist circumference, BMI and ketone testing)</p> <ol style="list-style-type: none"> <li>Identify barriers interfering with monitoring (e.g., SMBG, lab values, and risk assessments)</li> <li>Assist people in developing and maintaining a personalised care planning record</li> </ol> <p><b>Taking Medications</b></p> <ol style="list-style-type: none"> <li>Identify common oral blood glucose-lowering agents and injectable therapies</li> <li>Identify barriers interfering with patient taking medication as prescribed and make referrals as required (i.e., notifies prescriber)</li> <li>Demonstrate insulin preparation and injection using a pen device, under the supervision of a qualified and competent healthcare professional</li> <li>Educate and reinforces safe use of medications</li> </ol> <p><b>Reducing Risk</b></p> <ol style="list-style-type: none"> <li>Identify signs and symptoms of acute and chronic complications of diabetes and refer to healthcare provider as appropriate</li> <li>Reinforce the need for basic preventative and risk reduction measures (e.g., foot exams, eye exams, dental check-ups, lab measurements, smoking cessation, flu vaccines, and immunizations), and makes referrals as appropriate</li> <li>Reinforce principles of sick day management</li> <li>Uses protocol to assist people with diabetes in treating hypoglycaemia when needed</li> <li>Call for emergency help in response to severe hypoglycaemia and in cases of DKA</li> </ol>	
<p>2. Non-Specialist Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<p><b>Healthy Eating (refer to section 6)</b></p> <ol style="list-style-type: none"> <li>Work in partnership with people with diabetes to assess dietary intake and lifestyle factors that affect nutritional intake</li> <li>Introduce people with diabetes to principles of healthy eating</li> <li>Educate people with diabetes on food groups, recommended number of portions and portion sizes</li> <li>Develop the knowledge and skills for people with diabetes to analyse their own diet</li> <li>Provide instruction on hypoglycaemia prevention, identification and treatment</li> </ol> <p><b>Being Active</b></p> <ol style="list-style-type: none"> <li>Assists people with diabetes to assess barriers and facilitators of a</li> </ol>	<p>Diab HA5 [HWB4, Level 3]</p>

	<p>personal activity plan</p> <ol style="list-style-type: none"> <li>2. Provide guidelines for a safe activity plan to the patient with uncomplicated diabetes (e.g., exercise timing, intensity, appropriate shoes, and prevention of hypoglycaemia)</li> </ol> <p><b>Monitoring</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate correct use of blood glucose meters commonly used</li> <li>2. Define rationale for target glucose ranges</li> <li>3. Explain frequency of testing as per agreed care plan</li> <li>4. Assist people with diabetes to develop appropriate monitoring schedule</li> <li>5. Describe correct use of ketone monitoring</li> <li>6. Discuss plan for contacting diabetes healthcare provider</li> <li>7. Clarify patient skill accuracy in performing SBGM</li> <li>8. Educate, reinforce and validate self-management skills (e.g. dietary self-assessment, physical activity, monitoring, taking medicines and risk reduction)</li> </ol> <p><b>Taking Medications</b></p> <ol style="list-style-type: none"> <li>1. Explain the mechanism of action of diabetes medications (oral and injectable)</li> <li>2. Educate people with diabetes to identify common side effects and adverse reactions</li> <li>3. Work with prescriber/diabetes care team to ensure patient understands the need to obtain and take prescribed medications as directed</li> <li>4. Reinforce the safe and correct preparation and injection technique using vial and syringe or pre-filled pen devices</li> <li>5. Reinforce people with diabetes to identify correct site selection and rotation patterns, insulin storage, and safe sharps disposal</li> <li>6. Reinforce safe and appropriate use of medications</li> </ol> <p><b>Reducing Risk</b></p> <ol style="list-style-type: none"> <li>1. Describe basic knowledge of diabetes risk and strategies for reducing risk</li> <li>2. Recognise and describe common complications</li> </ol>	<p>Diab HA8 [HWB7, Level 3]</p> <p>Diab HD3 [HWB6, Level 4]</p>
<p>3. Diabetes Specialist Dietitian (Band 6)</p>	<p><b>Healthy Eating (also refer to section 6)</b></p> <ol style="list-style-type: none"> <li>1. Provide nutrition self-management education as a framework to guide people with diabetes toward successful management of personal meal</li> </ol>	

<p>[in addition to 1 &amp; 2]</p>	<p>plans</p> <ol style="list-style-type: none"> <li>2. Provide education on completing a food record and carrying out a dietary self-assessment</li> <li>3. Introduce fundamental concepts of carbohydrate counting and meal-based insulin dosing</li> <li>4. Explain the relationship between food, activity, and medication in preventing hypoglycaemia</li> <li>5. Explain interaction of food, activity and medication for optimum glycaemic control</li> </ol> <p><b>Being Active</b></p> <ol style="list-style-type: none"> <li>6. Explain physiological responses that occur during physical activity for all types of diabetes at different blood glucose levels</li> <li>7. Assist people with diabetes in developing and evaluating a physical activity plan based on individual needs, condition and preferences</li> </ol> <p><b>Monitoring</b></p> <ol style="list-style-type: none"> <li>1. Clarify patient skill accuracy in performing SBGM or continuous glucose monitoring (CGM)</li> <li>2. Possess the ability to demonstrate correct use of all blood glucose meters common to geographic area/location</li> <li>3. Verify patient’s monitoring technique if required</li> <li>4. Assist people with diabetes with monitoring-related problem solving</li> <li>5. Work with patient and diabetes care team to develop appropriate monitoring schedule</li> <li>6. Assist patient in analysing blood glucose values to explain variations in dietary intake or physical activity</li> <li>7. Use results of HbA1c (or equivalent) to reinforce self-management education</li> <li>8. Discuss value of monitoring during periods of illness (i.e., sick day monitoring strategies)</li> <li>9. Display knowledge of monitoring trends, CGM or pump consideration and interpretation</li> </ol> <p><b>Taking Medications</b></p> <ol style="list-style-type: none"> <li>1. Use information about common oral and injectable medications for diabetes and co-morbid conditions to explain the relationship between food, physical activity and medication</li> <li>2. Reinforce education enabling people with diabetes to safely and correctly prepare and inject insulin using vial and syringe or commonly used insulin pen methods</li> <li>3. Reinforce education regarding correct injection site selection and</li> </ol>	<p>Diab HA9 [HWB6, Level 4]</p>
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	<p>rotation technique</p> <ol style="list-style-type: none"> <li>4. Work in collaboration with diabetes team to develop algorithm or protocol-based medication adjustments for changes in timing of meals, carbohydrate intake or participation in physical activity</li> </ol> <p><b>Reducing Risk</b></p> <ol style="list-style-type: none"> <li>1. Assess patient's knowledge and skills used to reduce diabetes-related risks</li> <li>2. Clarify patient's skill accuracy in performing self-blood glucose monitoring and CGM</li> <li>3. Educate, reinforce and validate self-management practices</li> <li>4. Provide self-management education to reduce the risk of developing acute and long-term complications</li> <li>5. Instruct other members of the healthcare team in proper recognition and treatment of hypoglycaemia</li> </ol>	
<p>4. Advanced Diabetes Dietitian (Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<p><b>Healthy Eating (also refer to section 6)</b></p> <ol style="list-style-type: none"> <li>1. Use SMBG results to inform how food intake and physical activity are impacting on blood glucose levels</li> <li>2. Assist people with diabetes in recognising and addressing challenges with their dietary intake</li> <li>3. Assess people with diabetes for psychosocial wellbeing, including coping strategies and disordered eating</li> <li>4. Evaluate physical assessment relative to nutritional intake</li> <li>5. Evaluate lab and diagnostic test results relative to nutritional intake</li> <li>6. Assess insulin-to-carbohydrate ratio</li> <li>7. Review food intake in detail to assess accuracy of portions and specific carbohydrate intake</li> </ol> <p><b>Being Active</b></p> <ol style="list-style-type: none"> <li>1. Working in partnership with people with diabetes develop an individualised physical activity plan taking into consideration management of complications, SMBG, dietary intake and meal frequently</li> <li>2. Develop a plan with people with diabetes that accommodate variations in routine (e.g., changes in medication and/or meal plan for competitive sports, marathons, etc.)</li> <li>3. Educate the patient to apply clinical strategies to minimise risks associated with physical activity</li> </ol> <p><b>Monitoring</b></p> <ol style="list-style-type: none"> <li>1. Work in collaboration with the patient and diabetes care team to determine patient-specific use of pre- and post-meal monitoring to</li> </ol>	

	<p>achieve and maintain HbA1c goals</p> <ol style="list-style-type: none"> <li>2. Assist people with diabetes with identifying and addressing trends</li> </ol> <p><b>Taking Medications</b></p> <ol style="list-style-type: none"> <li>1. Educate people with diabetes in making drug dosage adjustments using monitoring results</li> <li>2. Use knowledge and understanding of complementary and alternative medicine (CAM) therapy to discuss impact of these on glucose levels</li> <li>3. Work in collaboration with the diabetes team to assess, initiate and review insulin pump therapy and/or CGM with selected people with diabetes</li> <li>4. Advise on use of over-the-counter (OTC) nutritional medications and supplements</li> <li>5. Educate on diabetes-specific and related medication use (i.e., insulin-to-carbohydrate ratios)</li> </ol> <p><b>Reducing Risk</b></p> <ol style="list-style-type: none"> <li>1. Develop and/or deliver diabetes self-management/structured education on risk reduction of both short and long-term diabetes complications</li> <li>2. Facilitate the people with diabetes in identifying individualised goals based on their assessment of diabetes risk and strategies for reducing risk</li> <li>3. Assess for psychosocial adjustment, including coping strategies and disordered eating</li> <li>4. Screens for signs and symptoms of depression and refer as required</li> </ol>	
<p>5. Consultant Dietitian or Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<p><b>Healthy Eating (also refer to section 6)</b></p> <ol style="list-style-type: none"> <li>1. Use comprehensive knowledge of nutrition and diabetes to provide medical nutrition therapy (MNT) to people with diabetes with complex needs</li> <li>2. Assess for psychosocial adjustment, including coping strategies and eating disorders</li> <li>3. Perform physical assessment, including signs of malnutrition and anthropometrics</li> <li>4. Interpret clinical assessment, including relevant lab values</li> <li>5. Assess for food/drug interactions</li> <li>6. Work independently</li> </ol> <p><b>Being Active</b></p> <ol style="list-style-type: none"> <li>1. Evaluate and develop a comprehensive health assessment for exercise (e.g., stress testing, etc.) to reduce risk factors (e.g., cardiovascular</li> </ol>	

	<p>disease (CVD), weight management, etc.)</p> <ol style="list-style-type: none"> <li>2. Work in collaboration with people with diabetes to develop activity plans for complicated diabetes or competitive athletes</li> <li>3. Deliver education to enable the uptake of an appropriate self-directed fitness plan</li> </ol> <p><b>Monitoring</b></p> <ol style="list-style-type: none"> <li>1. Collaborate with diabetes care team to develop and use effective monitoring strategies for diabetes people with diabetes</li> <li>2. Evaluate the use of CGM records to achieve and maintain goals in high-risk people with diabetes</li> </ol> <p><b>Taking Medications</b></p> <ol style="list-style-type: none"> <li>1. Explain and discuss complex medication therapy management of diabetes and its complications</li> <li>2. Work independently with highly complex patients to achieve and maintain optimal glucose control</li> <li>3. Assist highly complex patients with diabetes with pump therapy</li> <li>4. Assists with advanced pattern management SMBG in complicated people with diabetes</li> <li>5. Assess for use of OTC nutritional medications and supplements</li> <li>6. Assess for diabetes-specific and related medication use (i.e., insulin-to-carbohydrate ratios)</li> </ol> <p><b>Reducing Risk</b></p> <ol style="list-style-type: none"> <li>1. Execute and evaluate an educational plan based on assessment of diabetes complications risk and strategies for reducing risk</li> <li>2. Explore for emotional and/or physical factors linked to depression and refer for counselling, medication as appropriate</li> </ol>	
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## Section 4: Psychosocial and Behavioural Approaches

**Competency statement: Apply psychosocial and behavioural approaches to facilitate self-management of individuals with diabetes**

Level	Objectives	SfH [NHS KSF]
1. Unregistered practitioner (Bands 2-4) or minimum competences	<p><b>Non-Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Identify professional attitudes and behaviours that are helpful/not helpful to people with diabetes</li> <li>2. Inform people with diabetes of what support organisations are available such as the Diabetes UK Careline and local support groups</li> </ol>	HSC 233 [HWB4, Level 2]

<p>for any staff involved in the healthcare of people with diabetes</p>	<p><b>Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Describe the psychosocial impact of diabetes and its treatments on the person and individual's family members</li> <li>2. Identify professional attitudes and behaviours that are helpful/not helpful to people with diabetes</li> <li>3. Inform people with diabetes of what support organisations are available such as the Diabetes UK Careline and local support groups</li> <li>4. Recognise that:             <ul style="list-style-type: none"> <li>• psychological adjustment to diabetes is ongoing and needs to be addressed in the early stages and throughout the life cycle;</li> <li>• living with diabetes often requires changes to lifestyle that are difficult for most people with diabetes to achieve and sustain;</li> <li>• diabetes-related stress is common, particularly fear of hypoglycaemia and long-term complications;</li> <li>• diabetes-related distress is common and can persist for years after the diagnosis, manifesting itself as anger, fear and frustration;</li> <li>• clinical depression is more prevalent among people with diabetes than the general population;</li> <li>• people can use different cognitive and behavioural strategies to cope with the demands of diabetes- and treatment-related stresses;</li> <li>• the paradigmatic shift towards an empowerment based approach is more appropriate in self-management conditions such as diabetes than a compliance/adherence approach;</li> <li>• educational interventions that incorporate behavioural and affective components are more effective</li> </ul> </li> </ol>	<p>HSC 233 [HWB4, Level 2]</p>
<p>2. Non-Specialist Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<ol style="list-style-type: none"> <li>1. Discuss cognitive, emotional, behavioural and social barriers to self-care, and strategies to address these</li> <li>2. Discuss strategies and approaches that have been shown to assist people in setting and achieving lifestyle goals</li> <li>3. Discuss community understanding and attitudes to diabetes</li> <li>4. Discuss the support services available to people with diabetes</li> </ol>	
<p>3. Diabetes Specialist Dietitian (Band 6)</p>	<ol style="list-style-type: none"> <li>1. Identify and offer appropriate emotional and behavioural support to people with diabetes and their families within the context of diabetes education</li> <li>2. Discuss the differences between the compliance and empowerment approaches to diabetes self-management</li> </ol>	<p>Diab HA6 [HWB4, Level 3]</p>

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[in addition to 1 & 2]	3. Incorporate strategies and approaches through individualised care and group education appropriate for helping people care plan, set goals, make lifestyle changes and enhance diabetes self-management skills	
4. Advanced Diabetes Dietitian (Band 7)  [in addition to 1, 2 & 3]	<ol style="list-style-type: none"> <li>1. Identify prevalent psychological disorders among people with diabetes that warrant special attention and specialised healthcare such as depression, anxiety, eating disorders and substance abuse and understand the impact on emotional wellbeing, self-management behaviours and clinical outcomes</li> <li>2. Recognise the psychological impact of changes in people’s health situations, for example, pregnancy, diagnosis of a co-morbidity or specific diabetes-related complication such as impaired vision, renal failure, erectile dysfunction or gastroparesis</li> <li>3. Communicate with people with diabetes who have psychological disorders in a sensitive and empathic manner</li> <li>4. Be knowledgeable of local referral pathways and refer for more specialised care as required</li> </ol>	
5. Consultant Dietitian or Manager (Band 8)  [in addition to 1, 2, 3 & 4]	<ol style="list-style-type: none"> <li>1. Critically review the latest published literature to ensure that approaches to psychosocial and behavioural approaches remain up-to-date and effective</li> <li>2. Identify training needs within the team for psychosocial and behavioural approaches</li> <li>3. Develop action plans to ensure that team training needs are met and evaluated</li> </ol>	

### Section 5: Group-based Structured Education

**Competency statement: Provide people with diabetes with clinically and cost effective structured education that meets the key criteria to implement the NICE Guidance**

Level	Objectives	SfH [NHS KSF]
1. Unregistered practitioner (Bands 2-4) or minimum competences for any staff involved in the healthcare of people with diabetes	<p><u>Non-Direct Patient Care</u></p> <ol style="list-style-type: none"> <li>1. Communicate the details and availability of local group-based structured education programmes to people with diabetes</li> </ol> <p><u>Direct Patient Care</u></p> <ol style="list-style-type: none"> <li>1. Communicate the details and availability of local group-based structured education programmes to healthcare professionals in the health economy</li> <li>2. Assist in the recruitment/signposting of people with diabetes to attend group-based structured education</li> <li>3. Recognise and communicate the clinical and cost effectiveness of the structured education programme including benefits on psychosocial</li> </ol>	

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	<p>wellbeing</p> <ol style="list-style-type: none"> <li>4. Assist in the organisation, delivery, evaluation and audit of group-based structured education</li> <li>5. Assist people with diabetes to help support each other</li> </ol>	<p>DA4 [HWB4, Level 3] [C1, Level 3]</p>
<p>2. Non-Specialist Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<ol style="list-style-type: none"> <li>1. Identify different styles of learning and discuss how to implement them</li> <li>2. Identify the role of the family/support people in the educational process</li> </ol>	
<p>3. Diabetes Specialist Dietitian (Band 6)</p> <p>[in addition to 1 &amp; 2]</p>	<ol style="list-style-type: none"> <li>1. Deliver evidence-based group-based structured education to people with diabetes</li> <li>2. Reflect on delivery of the structured education to identify what went well, what went less well and what one should do differently</li> <li>3. Adapt programme content to be cultural sensitive</li> <li>4. Describe how to use each teaching method effectively</li> <li>5. Discuss the importance of using available resources and educational visual aids</li> <li>6. Demonstrate how to manage group dynamics and group learning</li> <li>7. Discuss the theoretical concepts of child and/or adult learning principles and give examples how these concepts can be applied in practice</li> <li>8. Demonstrate effective communication skills, such as active listening, conveying empathy, facilitating personalised care planning and person-directed goal planning, clear non-didactic presentation of information, use of non-verbal cues</li> <li>9. Demonstrate whilst giving positive feedback to participants to enhance self-efficacy</li> <li>10. Discuss the concepts of literacy and health literacy and their impact on learning</li> <li>11. Explain strategies for education people with low literacy or low health literacy skills</li> <li>12. Be quality assured (QA'd) in line with the guidance provided with the structured education programme and implement any action plans arising from the QA process</li> <li>13. Produce audit reports of structured education implementation</li> </ol>	
<p>4. Advanced Diabetes</p>	<ol style="list-style-type: none"> <li>1. Assess educational materials for their acceptability</li> <li>2. Provide culturally specific health education materials that are suitable</li> </ol>	

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<p>Dietitian (Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<p>to the population in general</p> <ol style="list-style-type: none"> <li>3. Describe teaching strategies for people who are either visually or hearing compromised</li> <li>4. Discuss educational strategies that would be appropriate for people with disabilities and special needs</li> <li>5. Discuss culturally and age appropriate education strategies</li> </ol>	
<p>5. Consultant Dietitian or Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<ol style="list-style-type: none"> <li>1. Ensure that the Key Criteria identified to fulfil the NICE Guidance is implemented in full: <ul style="list-style-type: none"> <li>• the structured education programme has a philosophy that is evidence-based, patient-centred, empowering, interactive and supports effective theoretical models;</li> <li>• the structured education has a structured curriculum;</li> <li>• all educators have been trained to understand and be able to deliver the content using the identified theoretical models ;</li> <li>• implementation of structured education is audited;</li> <li>• a quality assurance process is in place to continuous quality improvement.</li> </ul> </li> <li>2. Perform needs assessments, audit and research to further improve structured education programmes</li> </ol>	

### Section 6: Principles of Medical Nutrition Therapy

**Competency statement: Provide people with diabetes with the up-to-date and evidence based principles of medical nutrition therapy so that they can make informed decisions regarding their nutritional intake**

Level	Objectives	SfH [NHS KSF]
<p>1. Unregistered practitioner (Bands 2-4) or minimum competences for any staff involved in the healthcare of people with diabetes</p>	<p><u>Non-Direct Patient Care</u></p> <ol style="list-style-type: none"> <li>1. Communicate the up-to-date and evidence based basic principles of healthy eating to people with diabetes</li> <li>2. Identify the availability of healthy food choices</li> </ol> <p><u>Direct Patient Care</u></p> <ol style="list-style-type: none"> <li>1. Discuss the goals of medical nutritional therapy</li> <li>2. Recognise when there is a need to refer for more specialist nutritional advice</li> <li>3. Communicate the up-to-date and evidence based basic principles of healthy eating to people with diabetes</li> </ol>	<p>CNH8</p> <p>CNH8</p>

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	<ol style="list-style-type: none"> <li>4. Identify the availability of healthy food choices</li> <li>5. List the indigenous staple foods</li> </ol>	
<p>2. Non-Specialist Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<ol style="list-style-type: none"> <li>1. Identify the social and psychological influences on food choices</li> <li>2. Identify the familial, social and cultural influences on the eating styles of the local population</li> <li>3. List the carbohydrate content of common foods and how these affect blood glucose levels</li> <li>4. Recognise that quantity of carbohydrate is the key strategy in optimal glycaemic control</li> <li>5. Identify the glycaemic index (GI) of foods and how a low GI diet may result in a modest additional effect of blood glucose control</li> <li>6. Educate people about food groups, recommended portions and portion sizes</li> <li>7. List the problems that might be encountered when taking a traditional diet history and assessing the results</li> <li>8. Identify, consider and address common dietary beliefs and misconceptions about nutrition and diabetes</li> <li>9. Facilitate people with diabetes in performing a dietary self-assessment, analysing the assessment and setting individualised goals to improve their nutritional intake</li> <li>10. Collaborate with the person to identify nutritional priorities considering factors such as food preferences, culture, age, diet, medical history, biochemical and anthropometric data</li> <li>11. Undertake a nutritional assessment for in-patients with diabetes, develop a care plan, provide nutritional support (e.g. fortified foods/supplements) where necessary and review</li> </ol>	<p>Diab HA7 [HWB6, Level 3]</p> <p>Diab HD6, HD7, HD8 [HWB6, Level 2] [HWB7, Level 3]</p>
<p>3. Diabetes Specialist Dietitian (Band 6)</p> <p>[in addition to 1 &amp; 2]</p>	<ol style="list-style-type: none"> <li>1. Identify the role of sugars, alternative sweeteners, and diabetic foods in healthy eating, and identify the safe daily intake of each sweetener</li> <li>2. Educate people with diabetes how to read food labels</li> <li>3. Provide nutritional self-management/structured education to groups of people with diabetes</li> <li>4. Help all people with diabetes using insulin therapy to manage their diabetes understand the effects of food, drink, physical activity and medication (oral hypoglycaemic agents and insulin) on their health and wellbeing</li> <li>5. Consider the psychosocial issues affecting the person and their family and carers (refer to section 4)</li> <li>6. Teach people carbohydrate counting and work with people with Type 1 diabetes to calculate insulin to carbohydrate ratios and correction</li> </ol>	<p>[HWB6, Level 3]</p> <p>Diab TX03 [HWB4, Level 4]</p>

	<p>doses</p> <ol style="list-style-type: none"> <li>7. Discuss the effects of alcohol on blood glucose levels</li> <li>8. Ability to educate those with non-complex co-morbidities and differing physiological age</li> <li>9. Able to translate nutritional information into simple and easily understood practical advice for individuals, family and carers, both on a one-to-one basis and via structured education</li> <li>10. Discuss the role of complementary therapies such as fish oils, vitamin supplementation, sterols and herbal remedies in diabetes management</li> <li>11. Provide advice to people with diabetes about the use of complementary therapies that is non-judgmental and relevant to the particular country and ethnic group</li> <li>12. Calculate nutritional requirements for in-patients with diabetes requiring enteral feedings and initiate/monitor as required</li> <li>13. Provide guidance and expertise to other healthcare professionals regarding the nutritional needs of in-patients with diabetes requiring medical, surgical and psychiatric interventions</li> <li>14. Provide nutritional therapy to meet the immediate healthcare needs and needs in the early stages after diagnosis of people newly diagnosed with Type 1 and Type 2 diabetes</li> </ol>	<p>TX01 [HWB4, Level 4] [HWB6, Level 4]</p>
<p>4. Advanced Diabetes Dietitian (Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<ol style="list-style-type: none"> <li>1. Provide self-management/structured nutritional education to prevent hypo- and hyperglycaemia in complex cases</li> <li>2. Provide self-management/structured nutritional education to prevent/delay the further development of longer-term complications of diabetes</li> <li>3. Interpret blood glucose monitoring in relation to nutritional intake, physical activity and prescribed diabetes medication</li> <li>4. Provide intensive carbohydrate counting education through self-management/structured education</li> <li>5. Display a detailed understanding and knowledge of more complex issues such as childhood diabetes, gestational diabetes, diabetes in pregnancy, older adults, ethnic groups including religious and cultural festivals, short-term complications, co-morbidities, eating disorders and coeliac disease (see sections 7 to 13)</li> <li>6. Describe issues relating to the safety and efficacy of complementary therapies, including the knowledge and competence of therapists, the potential for allergies, interactions and adverse events and the issues surrounding unregulated practitioners and untested and unregulated substances</li> <li>7. Interpret research or articles regarding complementary medicines to determine the actual value of the products</li> </ol>	

5. Consultant Dietitian or Manager (Band 8)	<ol style="list-style-type: none"> <li>1. Perform training needs analysis to ensure that all staff within the organisation who provide nutritional information to people with diabetes and competent to do so</li> <li>2. Lead on quality assurance assessments to ensure that dietetic staff are competent</li> </ol>	
[in addition to 1, 2, 3 & 4]	<ol style="list-style-type: none"> <li>3. Develop action plans to address training needs</li> <li>4. Work in collaboration with education providers to ensure training needs are met</li> <li>5. Critically appraise published literature to ensure that resources and education are up-to-date and evidence based</li> </ol>	

## Section 7: Short-term complications

**Competency statement: Demonstrate knowledge of short-term complications of diabetes and provide specific nutrition medical therapy to prevent and treat these complications where relevant**

Level	Objectives	SfH [NHS KSF]
1. Unregistered practitioner (Bands 2-4) or minimum competences for any staff involved in the healthcare of people with diabetes	<p><b><u>Non-Direct Patient Care</u></b></p> <ol style="list-style-type: none"> <li>1. Recognise the signs and symptoms of hypoglycaemia</li> <li>2. Discuss the treatment of mild hypoglycaemia</li> </ol> <p><b><u>Direct Patient Care</u></b></p> <p><b>Hypoglycaemia</b></p> <ol style="list-style-type: none"> <li>1. Describe the fear that people with Type 1 diabetes and their relatives have of hypoglycaemia and how this impacts on diabetes management</li> <li>2. State the causes of hypoglycaemia</li> <li>3. Recognise the signs and symptoms of hypoglycaemia</li> <li>4. Discuss the treatment of mild hypoglycaemia</li> </ol> <p><b>Diabetic ketoacidosis (DKA)</b></p> <ol style="list-style-type: none"> <li>1. Identify people most at risk of developing DKA</li> <li>2. State the signs and symptoms of DKA</li> </ol> <p><b>Management of home emergencies</b></p> <ol style="list-style-type: none"> <li>1. Recognise the critical importance of <i>never</i> omitting insulin administration in Type 1 diabetes when the person has an intercurrent illness</li> </ol>	<p>Diab HD4 [HWB6, Level 2]</p> <p>Diab HD4 [HWB6, Level 2]</p>
2. Non-Specialist Dietitian (Band 5)	<p><b>Hypoglycaemia</b></p> <ol style="list-style-type: none"> <li>1. State the definition, causes, treatment and prevention strategies for hypoglycaemia</li> <li>2. Recognise how the symptoms of hypoglycaemia may change from</li> </ol>	<p>Diab HA 13 [HWB6, Level 3]</p>

<p>[in addition to 1]</p>	<p>person to person and also within individuals over a period of time</p> <p>3. Discuss the increased risk of hyperglycaemia after an episode of hypoglycaemia</p> <p><b>Diabetic ketoacidosis (DKA)</b></p> <p>1. State the causes of DKA</p> <p><b>Hyperosmolar hyperglycaemic state (HHS)</b></p> <p>1. State the causes of HHS</p> <p>2. State the signs and symptoms of HHS</p> <p><b>Management of home emergencies</b></p> <p>1. Recognise the impact on blood glucose of different types of illness, such as fever or malabsorption</p> <p>2. Describe the need for regular blood testing of blood glucose and ketones during an acute illness</p>	
<p>3. Diabetes Specialist Dietitian (Band 6)</p> <p>[in addition to 1 &amp; 2]</p>	<p><b>Hypoglycaemia</b></p> <p>1. Describe the difference between adrenergic and neuroglycopenic signs and symptoms of hypoglycaemia</p> <p>2. Discuss prevention strategies for hypoglycaemia, including individual nutritional and physical activity management</p> <p>3. Discuss the treatment of severe hypoglycaemia including the use of glucagon</p> <p>4. Discuss the cause, risk, signs and symptoms and management of nocturnal hypoglycaemia</p> <p><b>Diabetic ketoacidosis (DKA)</b></p> <p>1. Discuss the prevention strategies for DKA</p> <p><b>Hyperosmolar hyperglycaemic state (HHS)</b></p> <p>1. Discuss treatment of HHS</p> <p><b>Management of home emergencies</b></p> <p>1. Recognise the need to adjust insulin according to blood glucose levels and ketones</p> <p>2. Discuss strategies for supplying sufficient carbohydrate when appetite is poor</p> <p>3. Recognise the need to drink enough water and liquids for rehydration, and decreasing activity when blood glucose is high</p> <p>4. Describe when medical or hospital intervention is necessary</p>	
<p>4. Advanced Diabetes Dietitian</p>	<p><b>Hypoglycaemia</b></p> <p>1. Increase community awareness of hypoglycaemia, particularly in</p>	

<p>(Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<p>specific groups, such as teachers, sports coaches, police officers and other emergency-service personnel</p> <ol style="list-style-type: none"> <li>2. Discuss the risk of prolonged hypoglycaemia in older adults</li> <li>3. Discuss the causes of hypoglycaemia unawareness and management strategies</li> <li>4. Work in collaboration with people at risk of hypoglycaemia to improve recognition of hypoglycaemia</li> <li>5. Discuss the legal implications and safety aspects of driving a motor vehicle and using heavy equipment</li> </ol> <p><b>Diabetic ketoacidosis (DKA)</b></p> <ol style="list-style-type: none"> <li>1. Discuss the treatment of DKA and advise patients appropriately on insulin and fluid management and when hospitalisation is required</li> <li>2. Recognise that recurring DKA may be a sign of a social or psychological problem, and discuss strategies for addressing such problems</li> </ol> <p><b>Hyperosmolar hyperglycaemic state (HHS)</b></p> <ol style="list-style-type: none"> <li>1. Discuss mortality rate for HHS</li> <li>2. Recognise the decreased cognition that occurs in the immediate recovery period and the need for supportive education</li> </ol> <p><b>Management of home emergencies</b></p> <ol style="list-style-type: none"> <li>1. Discuss strategies for managing illness when blood or urine testing materials are not available</li> <li>2. Describe the local/national guidelines for insulin therapy and carbohydrate management during sick days</li> </ol>	
<p>5. Consultant Dietitian or Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<ol style="list-style-type: none"> <li>1. Perform training needs analysis to ensure that all staff within the organisation who provide nutritional information to people with diabetes and competent to do so</li> <li>2. Lead on quality assurance assessments to ensure that dietetic staff are competent</li> <li>3. Develop action plans to address training needs</li> <li>4. Work in collaboration with education providers to ensure training needs are met</li> <li>5. Critically appraise published literature to ensure that resources and education are up-to-date and evidence based</li> </ol>	

### Section 8: Specific Nutrition-Related Needs of Children and Adolescents with Type 1 and Type 2 Diabetes

**Competency statement: recognise the clinical, nutritional and psychological management of diabetes in children and adolescents and the importance of care in relation to long-term health and wellbeing**

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Level	Objectives	SfH [NHS KSF]
<p>1. Unregistered practitioner (Bands 2-4)</p> <p>or</p> <p>minimum competences for any staff involved in the healthcare of people with diabetes</p>	<p><b>Non-Direct Patient Care</b></p> <p>Recognise and help to alleviate the social stigma (and bullying) associated with long-term conditions such as diabetes</p> <p><b>Direct Patient Care</b></p> <p><b>Clinical management</b></p> <ol style="list-style-type: none"> <li>1. Recognise that care should be provided by an experienced, consistent, committed paediatric multidisciplinary team</li> <li>2. Recognise that children and adolescents have special and different needs, and that these will change over time</li> <li>3. Promote special diabetes-related holiday activities. Such as camps and other group activities for different age ranges</li> <li>4. Promote the need for all children to be involved in all sports at all levels</li> <li>5. Recognise and help to alleviate the social stigma (and bullying) associated with long-term conditions such as diabetes</li> </ol>	
<p>2. Non-Specialist Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<p><b>Clinical management</b></p> <ol style="list-style-type: none"> <li>1. Describe the key management components of diabetes care in children i.e. insulin/diabetes tablets and adjustment, nutritional management, blood glucose monitoring, self-care, family dynamics, psychosocial well-being and support</li> <li>2. Recognise children's and young people's constantly changing insulin requirements during growth and development</li> </ol> <p><b>Nutrition</b></p> <ol style="list-style-type: none"> <li>1. Describe the importance of age appropriate healthy eating and an increase or reduction in energy intake to stabilise weight gain or maintain growth percentile lines</li> <li>2. Describe the importance of the amount and type of carbohydrate and it's corresponding effect on blood glucose levels</li> <li>3. Describe guidelines on the distribution of carbohydrate to prevent hypoglycaemia and hyperglycaemia</li> </ol>	<p>CS20</p> <p>[HWB4, Level 3]</p>
<p>3. Diabetes Specialist Dietitian (Band 6)</p> <p>[in addition to 1 &amp; 2]</p>	<p><b>Clinical management</b></p> <ol style="list-style-type: none"> <li>1. Discuss the need for regular monitoring of growth in weight and height, and the importance for children to follow the correct percentiles on a chart</li> <li>2. Discuss with parents and significant others such as grandparents, siblings, teachers and friends, the recognition, treatment and prevention of hypoglycaemia in children and adolescents, with</li> </ol>	<p>For section:</p> <p>Diab</p> <p>CYP05 to CYP19</p> <p>[HWB4, Level 4]</p> <p>[HWB5, Level 3]</p> <p>[HWB6, Level 3 &amp; 4]</p> <p>[HWB7, Level 3]</p>

appropriate guidance on carbohydrate management

3. Discuss the importance of transitional care and strategies to improve attendance of young adults at clinic

### **Impact of age, growth, development and maturity on diabetes care**

1. Describe the needs of children at each stage of growth and development and the ways in which diabetes impacts daily living at each stage

### **Nutrition**

1. Recognise changes in weight patterns and assess total energy intake and physical activity
2. Establish meal patterns and develop a staged approach to positive dietary changes
3. Understand the need to organise food patterns around the child's food preferences
4. Discuss the key role that food plays in the dynamics of the family
5. Describe how food can be used as a manipulative tool and cause family disharmony
6. Describe the reasons why nutritional goals are based on an individual's diabetes management goals
7. Recognise that dietary goals should be self-selected and negotiated between the child, family and health professionals
8. Design a suitable age-appropriate weight-reducing programme for a growing child

### **Psychosocial influences**

1. Recognise the emotional trauma present when the diagnosis of diabetes is made, begin education when the family is ready, and pace education according to the family's wishes
2. Discuss the need to encourage consistent and continuing support from extended family/carers, peers and paediatric multidisciplinary team
3. Discuss behavioural themes, and strategies to promote acceptance and agreement for sharing responsibilities for a management plan – especially when the child exhibits difficulties or distress
4. Discuss psychosocial themes, health beliefs and quality of life, and strategies to promote sound family functioning
5. Discuss the need to facilitate the total integration in all activities of children and adolescents at nursery, school and college; they should not be excluded from any sports or activities because of diabetes
6. Provide psychological and emotional support to help young people with diabetes develop self-management skills

	<p><b>Adolescents/young adults</b></p> <ol style="list-style-type: none"> <li>1. Recognise the substantial changes in insulin and nutritional management which need to be made during the pubertal phase</li> <li>2. Assist parents and adolescents to develop their own peer- and group-support networks</li> </ol> <p><b>Complications</b></p> <ol style="list-style-type: none"> <li>1. Recognise that being underweight may have important nutritional and/or emotional causes and may be due to the omission of insulin</li> <li>2. Recognise that overweight and obesity is usually a serious family problem (not only the problem of the child) and increases insensitivity to insulin</li> <li>3. Provide interactive, informative and positive structured education on the risks of developing long-term complications, strategies for preventing these (or reducing their progression), and the need for annual assessment</li> </ol> <p><b>Rarer forms of diabetes</b></p> <ol style="list-style-type: none"> <li>4. Identify the local and national prevalence of children with Type 2 diabetes and differentiate between the clinical management of Type 1 and Type 2 diabetes in children and adolescents</li> <li>5. Identify ethnic minority groups that have a high prevalence of children with Type 2 diabetes</li> </ol>	
<p>4. Advanced Diabetes Dietitian (Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<p><b>Clinical management</b></p> <ol style="list-style-type: none"> <li>1. Recognise the practical knowledge and skills required for insulin therapy: <ul style="list-style-type: none"> <li>• optimal injection techniques and insulin pump use, including the need for short fine needles and infusion sets</li> <li>• rotating insulin injection/infusion sites</li> <li>• inspecting injections/infusion sites</li> <li>• correct self-monitoring blood glucose (SMBG)/CGM technique</li> <li>• frequency of SMBG/CGM and interpretation/action</li> </ul> </li> <li>2. Provide education on adjusting insulin and carbohydrate to enable safe participation in both general physical activities and specific sporting events</li> <li>3. Describe the specific age-related diabetes education that is necessary during the transitional period, including contraception, safe sex, alcohol and drugs</li> <li>4. Critically review the latest published literature to ensure that approaches to the treatment and management of children and adolescents with diabetes remains up-to-date and effective</li> </ol>	<p>For section: Diab CYP20 &amp; CYP21 [HWB6, Level 4] [CORE 1, Level 3]</p>

### Impact of age, growth, development and maturity on diabetes care

5. Understand how children accomplish diabetes tasks at different ages based on their emotional maturity and parental and carer support – not on chronological age
6. Recognise the abnormalities of growth and development
7. Explore strategies to promote positive growth and development

### Nutrition

8. Discuss the need to individualise food intake and diabetes medication (insulin/tablets) in relation to the child's age and lifestyle
9. Consider the existing food pattern and advise the multidisciplinary team on an appropriate insulin/tablet profile
10. Recognise and address age-related problems such as toddler food refusal, peer pressure, omission of insulin, religious and cultural influences, insulin abuse and hypoglycaemia, fast foods and food fads

### Psychosocial influences

11. Discuss strategies for coping with insulin refusal or omission
12. Know the strategies for minimising trauma in blood testing and coping with refusal
13. Recognise the fear that children, adolescents and their parents have of hypoglycaemia, and the impact this has on tightening blood glucose control
14. Understand the detrimental behavioural and health effects of both hypo- and hyperglycaemia
15. Know that different environmental circumstances such as, school activities, camps, day trips, sleepovers and sport days, can increase the likelihood of hypoglycaemia

### Adolescents/young adults

16. Appreciate age-related problems encountered by adolescents and discuss risk-taking behaviours, including (where culturally appropriate):
17. contraception
18. alcohol and its effects on blood glucose
19. smoking, diabetes and vascular disease
20. eating disorders and insulin misuse
21. drugs
22. Discuss driving-related safety issues
23. Identify behaviour which might require additional psychological help
24. Recognise the increased incidence and prevalence of mental health issues, such as depression and eating disorders, and know when to make an urgent referral to mental health services

	<p><b>Rarer forms of diabetes</b></p> <p>25. Discuss the occurrence and significance of neonatal diabetes</p> <p>26. Identify the local and national prevalence of children with Type 2 diabetes and differentiate between the clinical management of Type 1 and Type 2 diabetes in children and adolescents</p> <p>27. Identify ethnic minority groups that have a high prevalence of children with Type 2 diabetes</p> <p>28. Understand the various genetic types of MODY and their management</p>		
<p>5. Consultant Dietitian or Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<p>1. Discuss strategies to educate school and college personnel, faith/community leaders, sports leaders, etc</p> <p>2. Critically review the latest published literature and contribute to local and national policy guidelines to ensure that approaches to the treatment and management of children and adolescents with diabetes remains up-to-date and effective</p> <p>3. Identify training needs within the multidisciplinary paediatric diabetes team</p> <p>4. Develop action plans to ensure that team training needs are met and evaluated</p>		

## Section 9: Co-morbidities

**Competency statement: Demonstrate knowledge of long-term complications of diabetes and provide specific nutrition medical therapy to prevent and treat these complications where relevant**

Level	Objectives	SfH [NHS KSF]
<p>1. Unregistered practitioner (Bands 2-4)</p> <p>or</p> <p>minimum competences for any staff involved in the healthcare of people with diabetes</p>	<p><b>Non-Direct Patient Care</b></p> <p>1. Investigate the resources available in the community for the visual impaired</p> <p>2. Know that uncontrolled diabetes can lead to poor long-term health</p> <p><b>Direct Patient Care</b></p> <p>1. Describe the information available to inform people about the local retinal screening programme</p> <p>2. Investigate the resources available in the community for the visual impaired</p> <p>3. Know that poor glycaemic and blood pressure control and dyslipidaemia can increase the risk of people developing the long-term complications of diabetes</p> <p>4. Describe the referral pathways necessary to investigate and treat long-term complications</p>	

	<ol style="list-style-type: none"> <li>5. Describe the different types of lipids and targets for treatment</li> <li>6. Provide a basic overview of the role of nutrition and lifestyle in primary and secondary prevention of macrovascular disease</li> </ol>	
<p>2. Non-Specialist Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<p><b>Diabetic retinopathy</b></p> <ol style="list-style-type: none"> <li>1. Reassure people with diabetes that blurred vision associated with poor metabolic control is likely to be transient and will be resolved with improved control</li> <li>2. Discuss the need for regular screening through dilated pupils</li> </ol> <p><b>Diabetic nephropathy</b></p> <ol style="list-style-type: none"> <li>1. Describe the importance of blood glucose and blood pressure control in the prevention and management of diabetic kidney disease</li> </ol> <p><b>Diabetic neuropathy</b></p> <ol style="list-style-type: none"> <li>1. Discuss the different types of neuropathy and how to reduce the risk of developing it</li> </ol> <p><b>Macrovascular disease</b></p> <ol style="list-style-type: none"> <li>1. Provide an in-depth description of the role of nutrition and lifestyle in the primary and secondary prevention of macrovascular disease</li> <li>2. Discuss the increased risk of a macrovascular event in people with diabetes</li> <li>3. Recognise central obesity as a marker for increased vascular risk</li> <li>4. Describe the importance to cardiovascular risk of total fat, saturated fat, monounsaturated fat, polyunsaturated fat, and trans fatty acids</li> <li>5. Describe the importance to cardiovascular risk of fish oils</li> <li>6. Identify foods that are rich in omega 3 fatty acids – including vegetarian sources and differentiate between the mechanisms of action</li> <li>7. Describe the relationship between dietary fat and obesity</li> <li>8. Describe the role of cholesterol-lowering spreads and functional foods</li> </ol>	<p>Diab HA10 [HWB6, Level 4]</p>
<p>3. Diabetes Specialist Dietitian (Band 6)</p> <p>[in addition to 1 &amp; 2]</p>	<p><b>Diabetic retinopathy</b></p> <ol style="list-style-type: none"> <li>1. Educate people with diabetes about the risks of developing retinopathy and strategies to reduce the risk</li> <li>2. Describe the epidemiology of diabetic retinopathy, including rates of incidence and prevalence</li> <li>3. Identify the normal anatomy of the eye</li> <li>4. Describe the psychological impact of visual loss for the person with diabetes and their relatives</li> <li>5. Know the importance of intensive glycaemic control and blood pressure</li> </ol>	

control in influencing the development or progression of retinopathy

## Diabetic nephropathy

2. Educate people with diabetes about the risks of developing nephropathy associated with poor glycaemic and poor blood pressure control
3. Describe the predictors of the development of nephropathy and the natural history of the disease
4. Discuss the transient nature of microalbuminuria and the causes of transient increases in albumin excretion
5. Know that ACE inhibitors and angiotensin II receptor blockers (ARBs) are first-line treatment for people with diabetic kidney disease
6. Describe the impact of lifestyle factors, such as excessive intake of salt or alcohol on blood pressure

## Diabetic neuropathy

1. Educate people with diabetes about sensory and autonomic neuropathy the how to reduce the risks of developing them
2. Describe the effects of diabetes on blood vessels, nerves and joints
3. Define those factors that place the foot at risk of ulceration
4. Define the appropriate self-care practices to be taught to people with diabetes and vascular disease and/or loss of sensation:
  - selecting and wearing appropriate footwear
  - treatment for minor skin breaks, dry skin, calluses, corns, ingrown toenails etc
  - safe exercise
  - daily foot inspection
  - cutting toe nails
  - appropriate footwear and checking the insides shoes
  - where and when to seek appropriate medical attention

## Macrovascular disease

1. State that macrovascular disease comprises coronary heart disease, cerebrovascular disease and peripheral arterial disease
2. Describe how diabetes increases the risk of cardiac failure
3. Describe risk factors and the additive effects of multiple risk factors
4. Describe the role of lowering blood pressure in reducing the risk of stroke and cardiac failure
5. Discuss the benefits of intensive management of dyslipidaemia and hypertension, even in elderly people

Diab HA4  
[HWB6, Level 3]

HAS3.2  
[HWB6, Level 3]

	<p>6. Discuss the use of aspirin in secondary prevention</p> <p><b>Sleep disorders</b></p> <p>1. Describe the significance of being overweight and the risk of sleep apnoea</p> <p><b>Oral health and diabetes</b></p> <p>1. Discuss the increased risk of dental caries in people with diabetes</p>	
<p>4. Advanced Diabetes Dietitian (Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<p><b>Diabetic retinopathy</b></p> <ol style="list-style-type: none"> <li>1. Describe predictors of the development of retinopathy and the natural history of the disease</li> <li>2. Discuss the importance of testing visual acuity</li> <li>3. Discuss the effect on vision of all stages of retinopathy</li> <li>4. Describe the information required to inform people with diabetes about the benefits and side effects of laser therapy</li> <li>5. Describe the increased frequency in the development of cataracts at an earlier age in people with diabetes</li> <li>6. Describe the management of retinopathy during pregnancy</li> <li>7. Describe the different grades of retinopathy and the characteristic clinical features of each grade</li> </ol> <p><b>Diabetic nephropathy</b></p> <ol style="list-style-type: none"> <li>1. Describe the epidemiology of diabetic nephropathy including incidence and prevalence</li> <li>2. Describe the various levels of renal involvement, including hyperfiltration, micro- and macroalbuminuria, chronic kidney disease</li> <li>3. Discuss the diagnostic tests used in screening for kidney disease</li> <li>4. Discuss the impact of microalbuminuria in Type 1 and Type 2 diabetes</li> <li>5. Know that microalbuminuria is a marker for vascular dysfunction and possibly vascular disease</li> <li>6. Describe the use of estimated glomerular filtration rate (eGFR)</li> <li>7. Describe the relationship between hypertension and the progression of kidney disease in diabetes</li> <li>8. Describe the various intervention studies demonstrating the benefits of improving glycaemic control – for example, the Diabetes Control and Complications Trial (DCCT) and United Kingdom Prospective Diabetes Study (UKPDS)</li> <li>9. Describe the various intervention studies demonstrating the benefits of improving hypertension, for example, Lewis, PRIME, CALM and HOPE</li> </ol>	

studies

10. Describe the clinical features of chronic kidney disease
11. Describe the latest evidence-based macronutrient and micronutrient dietary changes required with the progression of kidney failure
12. Know the need for reducing insulin requirements in chronic kidney disease
13. Describe the psychological impact of chronic kidney disease on people with diabetes and their relatives
14. Describe the differences between peritoneal and haemodialysis
15. Know that kidney transplant is an treatment option for some people with chronic kidney disease

### Diabetic neuropathy

1. Define the sensory and autonomic neuropathies associated with diabetes and associated problems to the feet, stomach, gut, bladder and sex organs
2. Describe the impact of autonomic neuropathy on various organs
3. Describe the impact of autonomic neuropathy on quality of life
4. Describe the role and function of the sensory and motor nerves
5. Describe the signs and symptoms of diabetic peripheral neuropathy and the features of painful diabetic neuropathy
6. Describe the impact of gastroparesis on metabolic control and the management of gastroparesis
5. Define the 'high risk foot'
7. Describe how these factors can lead to amputation
8. Describe non-invasive tests such as monofilament and how to observe the clinical signs of peripheral neuropathy
9. Understand the principles of wound healing
10. Describe the factors that delay wound healing in people with diabetes
11. Understand the importance of appropriate control of infection
12. Describe the optimum nutritional intake to facilitate wound healing
13. Describe local referral pathways for wound management
14. Understand the impact on quality of life for people with insensate feet, foot problems or amputation
15. Describe the aetiology of:
  - neuropathic foot ulceration
  - ischaemic foot ulceration

Diab ED01  
[HWB4, Level 3]

	<ul style="list-style-type: none"> <li>• mixed aetiology (neuroischaemic) foot ulcers</li> </ul> <p>16. Describe the presentation and pathophysiology of Charcot’s arthropathy</p> <p><b>Macrovascular disease</b></p> <ol style="list-style-type: none"> <li>1. State that manifestations of macrovascular disease vary between different ethnic groups</li> <li>2. Describe silent ischaemia, angina, transient ischaemic attacks (TIAs), claudication and resting pain</li> <li>3. Discuss the relationship between hyperglycaemia and increased macrovascular risks demonstrated in relevant studies such as the Epidemiology of Diabetes Interventions and Complications (EDIC) and post-monitoring studies</li> <li>4. Describe the increased risk of macrovascular disease in the presence of microalbuminuria/nephropathy, and the need for intensive management of macrovascular risk factors</li> <li>5. Describe the clinical trials that give some evidence for the treatment of macrovascular risk – for example, MicroHOPE, HOT, 4S, UKPDS, Heart Protection Study, ACCORD, CARDS, ADVANCE</li> </ol> <p><b>Sleep disorders</b></p> <ol style="list-style-type: none"> <li>1. Describe how obesity can lead to a narrowing in the upper airway structure due to accumulation of subcutaneous or periluminal fat deposits on the pharynx, or fatty infiltration around the neck</li> <li>2. Describe the significance of sleep apnoea on heart disease risk factors, such as hypertension, dangerous arrhythmias and decreased cardiac output</li> <li>3. Describe how reduced oxygen and increased carbon dioxide levels in the blood negatively impact on pre-existing conditions such as chronic obstructive pulmonary disease (COPD)</li> </ol> <p><b>Oral health and diabetes</b></p> <ol style="list-style-type: none"> <li>1. Discuss gum disease, such as gingivitis and periodontitis, their causes, treatment and consequences</li> <li>2. Discuss the increased risk of fungal infections of the mouth and some of the predisposing factors</li> </ol>	
<p>5. Consultant Dietitian or Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<ol style="list-style-type: none"> <li>1. Perform training needs analysis to ensure that all staff within the organisation who provide nutritional information to people with diabetes and competent to do so</li> <li>2. Lead on quality assurance assessments to ensure that dietetic staff are competent</li> <li>3. Develop action plans to address training needs</li> <li>4. Work in collaboration with education providers to ensure training</li> </ol>	

- needs are met
- Critically appraise published literature to ensure that resources and education are up-to-date and evidence based

## Section 10: Specific Nutrition-Related Needs Pre-Conception, in Gestational Diabetes, and during and after Pregnancy

**Competency statement: Demonstrate knowledge of the general management and nutritional needs of women who develop gestational diabetes and pregnancy in pre-existing diabetes**

Level	Objectives	SfH [NHS KSF]
<p>1. Unregistered practitioner (Bands 2-4)</p> <p>or</p> <p>minimum competences for any staff involved in the healthcare of people with diabetes</p>	<p><b>Non-Direct Patient Care</b></p> <p>Describe the women at risk of developing gestational diabetes</p> <p><b>Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>Describe the women at risk of developing gestational diabetes</li> <li>Identify symptoms of gestational diabetes and refer a women for further assessment</li> <li>Discuss the need for frequent contact with the diabetes care team for pre-conception counselling and an interdisciplinary approach with the diabetes and obstetrician care teams throughout pregnancy for optimal pregnancy outcome</li> <li>Recognise the need for pre-conception folic acid</li> </ol>	<p>Diab PD10 [HWB4, Level 3]</p>
<p>2. Non-Specialist Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<p><b>Gestational diabetes</b></p> <ol style="list-style-type: none"> <li>Advise and provide education on the preventative measures to prevent the development of diabetes – including physical activity, diet and weight loss, and the reduction of vascular risk factors such as smoking, hypertension and dyslipidaemia</li> </ol> <p><b>Pregnancy in pre-existing diabetes</b></p> <ol style="list-style-type: none"> <li>Advise on the importance of pre-conception counselling and intensive management before and during pregnancy to increase the chance of having a successful pregnancy</li> </ol>	<p>Diab PD01 [HWB4, Level 3]</p>
<p>3. Diabetes Specialist Dietitian (Band 6)</p>	<p><b>Gestational diabetes</b></p> <ol style="list-style-type: none"> <li>List the important nutrients in meal planning for advice in gestational diabetes</li> <li>Discuss the impact of the diagnosis of gestational diabetes on the mother and strategies to help her come to terms with the diagnosis</li> </ol>	<p>Diab PD11</p>



	<p>important role in the nourishment of mother and baby</p> <ol style="list-style-type: none"> <li>6. Collaborate with the mother and diabetes care team to discuss strategies for deciding when insulin and/or metformin is needed</li> <li>7. Discuss post-partum follow-up with an endocrinologist, obstetrician, diabetes educator and dietitian</li> <li>8. Describe the current evidence around hyperglycaemia and adverse pregnancy outcomes</li> </ol> <p><b>Pregnancy in pre-existing diabetes</b></p> <ol style="list-style-type: none"> <li>1. Recognise the need for women to undergo a complication assessment</li> <li>2. Reinforce education for prevention and treatment of hypoglycaemia and sick day management</li> <li>3. Agree, support and review individualised care plans to help women prepare for a safe and healthy pregnancy</li> <li>4. Provide education strategies to cope with morning sickness early in pregnancy</li> <li>5. Recognise that nutrition plays a role in the management of blood glucose as well as nourishment for mother and child; and recognise the need for altered dietary requirements</li> <li>6. Identify the possible outcomes for the child and mother if glycaemic control is poor</li> <li>7. Be aware of the need to cease and review certain prescribed medication before pregnancy</li> <li>8. Outline the importance of post-partum destabilisation, the dramatic drop in insulin requirement and greater insulin sensitivity after birth</li> </ol>	<p>Diab PD02 to PD08 [HWB6, Level 4]</p>
<p>5. Consultant Dietitian or Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<ol style="list-style-type: none"> <li>1. Perform training needs analysis to ensure that all staff within the organisation who provide nutritional information to people with diabetes and competent to do so</li> <li>2. Lead on quality assurance assessments to ensure that dietetic staff are competent</li> <li>3. Develop action plans to address training needs</li> <li>4. Work in collaboration with education providers to ensure training needs are met</li> <li>5. Critically appraise published literature to ensure that resources and education are up-to-date and evidence based</li> </ol>	

## Section 11: Specific Nutrition-Related Needs of Older Adults, Including those Living in Care Facilities

**Competency statement: Demonstrate knowledge of the special psychosocial, educational, nutritional, functional and physical requirements of older people with diabetes**

Level	Objectives	SfH [NHS KSF]
<p>1. Unregistered practitioner (Bands 2-4)</p> <p>or</p> <p>minimum competences for any staff involved in the healthcare of people with diabetes</p>	<p><u>Non-Direct Patient Care</u></p> <p>Outline the resources available in the community for older people</p> <p><u>Direct Patient Care</u></p> <ol style="list-style-type: none"> <li>1. Recognise that older adults may have specific nutritional problems</li> <li>2. Define why special consideration is required in the management and education of older people with diabetes</li> <li>3. Outline the resources available in the community for older people</li> </ol>	
<p>2. Non-Specialist Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<ol style="list-style-type: none"> <li>1. Recognise that people in institutions do not have direct control over their eating patterns and the availability of food</li> <li>2. Discuss other factors, such as poor dentition, weight loss, lack of appetite, poor eyesight or dementia, that can affect diabetes management</li> <li>3. 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</li> <li>4. Discuss the possible need for increased social care and practical help, as well as the importance of liaison with other agencies</li> <li>5. Define issues to be considered when assessing the different treatment options and goals with older people</li> </ol>	
<p>3. Diabetes Specialist Dietitian (Band 6)</p> <p>[in addition to 1 &amp; 2]</p>	<ol style="list-style-type: none"> <li>1. Discuss glycaemic targets for older people and if and when they should be adjusted according to the health of the individual</li> <li>2. Describe the factors that need to be considered when deciding on medication treatment with older people with diabetes, and the ways to increase medication safety</li> <li>3. Describe the increased risk of unawareness of hypoglycaemia and HHS in older people with diabetes, and relevant preventative strategies</li> <li>4. Recognise that older people are at increased risk of falling, and consider the diabetes-specific factors that contribute to falls in the elderly</li> <li>5. Discuss the management of older people in residential care facilities</li> </ol>	

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<p>4. Advanced Diabetes Dietitian (Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<ol style="list-style-type: none"> <li>1. Define the factors that need to be considered when assessing the physical activity requirements and abilities of the older person with diabetes</li> <li>2. Describe the strategies required to assess the educational needs of older people</li> <li>3. Extrapolate this information to assist in the selection of appropriate educational methods and resources</li> <li>4. Contribute to the education of carers and residential care staff in the treatment and management of diabetes in older adults</li> <li>5. Provide nutritional information to caterers in residential care facilities regarding the nutritional requirements of older people with diabetes</li> </ol>	
<p>5. Consultant Dietitian or Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<ol style="list-style-type: none"> <li>1. Perform training needs analysis to ensure that all staff within the organisation who provide nutritional information to people with diabetes and competent to do so</li> <li>2. Lead on quality assurance assessments to ensure that dietetic staff are competent</li> <li>3. Develop action plans to address training needs</li> <li>4. Work in collaboration with education providers to ensure training needs are met</li> <li>5. Critically appraise published literature to ensure that resources and education are up-to-date and evidence based</li> </ol>	

### Section 12: Specific Nutrition-Related Needs of People from Ethnic Groups

**Competency statement: Demonstrate knowledge of the cultural eating patterns and nutritional needs of people from different ethnic groups**

Level	Objectives	SfH [NHS KSF]
<p>1. Unregistered practitioner (Bands 2-4)</p> <p>or</p> <p>minimum competences for any staff involved in the healthcare of people with diabetes</p>	<p><u>Non-Direct Patient Care</u></p> <ol style="list-style-type: none"> <li>1. Recognise the eating patterns of people from all cultures within the given population</li> <li>2. Support people with diabetes to communicate using interpreting and translating services</li> </ol> <p><u>Direct Patient Care</u></p> <ol style="list-style-type: none"> <li>1. Recognise the eating patterns of people from all cultures within the given population</li> <li>2. Support people with diabetes to communicate using interpreting and translating services</li> </ol>	<p>DA3 [CORE 1, Level 3]</p> <p>DA3 [CORE 1, Level 3]</p>

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<p>2. Non-Specialist Dietitian (Band 5) [in addition to 1]</p>	<ol style="list-style-type: none"> <li>1. Discuss the eating pattern of people from all different cultures within the given population</li> <li>2. Discuss the influence of culture and religion on eating patterns and beliefs about various foods</li> </ol>	
<p>3. Diabetes Specialist Dietitian (Band 6) [in addition to 1 &amp; 2]</p>	<ol style="list-style-type: none"> <li>1. Provide culture specific and appropriate advice and structured education to people with diabetes</li> <li>2. Identify local foods and medicines that may be taken as alternative forms of medication</li> <li>3. Identify the religious and cultural festivals in the region and identify the implications for diabetes – for example, fasting and feasting</li> <li>4. Give guidance on adjusting the timing of meals and drinks and medication</li> </ol>	
<p>4. Advanced Diabetes Dietitian (Band 7) [in addition to 1, 2 &amp; 3]</p>	<ol style="list-style-type: none"> <li>1. Provide evidence-based advice on local foods and medicines that may be taken as alternative forms of medication</li> <li>2. Produce or source information and leaflets that are culturally sensitive and suitable for the population – for example, photographs of foods are more appropriate where literacy is an issue</li> <li>3. Identify and address whether other nutritional problems exist in the given population</li> <li>4. Describe the increased or decreased risk of ethnic group on diabetes co-morbidities</li> <li>5. Describe the necessary treatment pathways and recommended lifestyle interventions to reduce risk from any increased risk of co-morbidities</li> </ol>	
<p>5. Consultant Dietitian or Manager (Band 8) [in addition to 1, 2, 3 &amp; 4]</p>	<ol style="list-style-type: none"> <li>1. Perform training needs analysis to ensure that all staff within the organisation who provide nutritional information to people with diabetes and competent to do so</li> <li>2. Lead on quality assurance assessments to ensure that dietetic staff are competent</li> <li>3. Develop action plans to address training needs</li> <li>4. Work in collaboration with education providers to ensure training needs are met</li> <li>5. Critically appraise published literature to ensure that resources and education are up-to-date and evidence based</li> </ol>	

## Section 13: Eating Disorders

**Competency statement: Demonstrate knowledge of the different types of eating disorders and the possible treatments pathways**

Level	Objectives	SfH [NHS KSF]
1. Unregistered practitioner (Bands 2-4) or minimum competences for any staff involved in the healthcare of people with diabetes	<p><b>Non-Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. State the referral pathways available for a person with diabetes who has an eating disorder</li> </ol> <p><b>Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Recognise that the incidence of eating disorders may be increased in people with diabetes</li> <li>2. State the different types of eating disorders</li> <li>3. State the referral pathways available for a person with diabetes who has an eating disorder</li> </ol>	
3. Non-Specialist Dietitian (Band 5)  [in addition to 1]	<ol style="list-style-type: none"> <li>1. Identify the high incidence and prevalence of abnormal eating habits and eating disorders (anorexia nervosa, bulimia nervosa, binge eating) in people with diabetes</li> <li>2. Appreciate the antecedents to dysfunctional eating, eating disorders and their prevalence with the population</li> <li>3. Recognise the potential for insulin omission and weight-control</li> </ol>	
4. Diabetes Specialist Dietitian (Band 6)  [in addition to 1 & 2]	<ol style="list-style-type: none"> <li>1. Recognise and address stress eating</li> <li>2. Give guidance on therapeutic strategies when eating disorders are diagnosed</li> <li>3. Educate individuals with an eating disorder to recognise the components of a healthy diet and the recommended number of portions from each food group</li> <li>4. Work in collaboration with individuals with an eating disorder to develop a nutritional plan to regulate eating patterns and dietary intake</li> </ol>	
5. Advanced Diabetes Dietitian (Band 7)  [in addition to 1, 2 & 3]	<ol style="list-style-type: none"> <li>1. Identify diagnostic tools, such as questionnaires (e.g. SCOFF), that are suitable for identifying eating disorders</li> <li>2. Use evidence-based behavioural strategies to counsel people with diabetes with eating disorders</li> <li>3. Recognise when it is necessary to refer to a specialised eating disorder team</li> </ol>	
6. Consultant Dietitian or Manager	<ol style="list-style-type: none"> <li>1. Perform training needs analysis to ensure that all staff within the organisation who provide nutritional information to people with diabetes and competent to do so</li> </ol>	

(Band 8)  [in addition to 1, 2, 3 & 4]	<ol style="list-style-type: none"> <li>2. Lead on quality assurance assessments to ensure that dietetic staff are competent</li> <li>3. Develop action plans to address training needs</li> <li>4. Work in collaboration with education providers to ensure training needs are met</li> <li>5. Critically appraise published literature to ensure that resources and education are up-to-date and evidence based</li> </ol>	
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## Section 14: Coeliac Disease

**Competency statement: Demonstrate knowledge of the treatment and management of celiac disease and the increased prevalence in individuals with Type 1 diabetes**

Level	Objectives	SfH [NHS KSF]
1. Unregistered practitioner (Bands 2-4)  or  minimum competences for any staff involved in the healthcare of people with diabetes	<p><u>Non-Direct Patient Care</u></p> <p>Identify whether any information is available for people with diabetes and coeliac disease</p> <p><u>Direct Patient Care</u></p> <ol style="list-style-type: none"> <li>1. Define the coeliac disease including symptoms and the required treatment</li> <li>2. Describe the increased risk of coeliac disease associated with Type 1 diabetes</li> <li>3. Identify whether any information is available for people with diabetes and coeliac disease</li> </ol>	
2. Non-Specialist Dietitian (Band 5)  [in addition to 1]	<ol style="list-style-type: none"> <li>1. Contact organisations that support people with coeliac disease</li> <li>2. Prepare or source a list of gluten-free products that are readily available in the country</li> </ol>	
3. Diabetes Specialist Dietitian (Band 6)  [in addition to 1 & 2]	<ol style="list-style-type: none"> <li>1. Describe the implications of the requirements of other nutrients – calcium to tackle or prevent osteoporosis, extra iron at diagnosis, high antioxidants due to cancer risk</li> <li>2. Appreciate the practical difficulties of the food constraints involved in diabetes and coeliac disease, and provide practical food alternatives</li> </ol>	

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<p>6. Advanced Diabetes Dietitian (Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<ol style="list-style-type: none"> <li>1. Prepare selected foods that are gluten free for a tasting session for people with coeliac disease and other healthcare professionals</li> <li>2. Prepare/source educational literature and resources to educate the person about living and self-managing both diabetes and coeliac disease</li> </ol>	
<p>7. Consultant Dietitian or Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<ol style="list-style-type: none"> <li>1. Perform training needs analysis to ensure that all staff within the organisation who provide nutritional information to people with diabetes and competent to do so</li> <li>2. Lead on quality assurance assessments to ensure that dietetic staff are competent</li> <li>3. Develop action plans to address training needs</li> <li>4. Work in collaboration with education providers to ensure training needs are met</li> </ol> <p>Critically appraise published literature to ensure that resources and education are up-to-date and evidence based</p>	

### Section 15: Prescribable diabetes medication

**Competency statement: Demonstrate knowledge of the different types of blood glucose-lowering agents and insulin therapy for individuals with gestational, Type 2 and Type 1 diabetes**

Level	Objectives	SfH [NHS KSF]
<p>1. Unregistered practitioner (Bands 2-4) or minimum competences for any staff involved in the healthcare of people with diabetes</p>	<p><u>Non-Direct Patient Care</u></p> <ol style="list-style-type: none"> <li>1. Demonstrate a basic understanding of the need for some people with Type 2 diabetes to require oral hypoglycaemic agents and/or insulin to control blood glucose levels</li> <li>2. Demonstrate a basic understanding of the need for all people with Type 1 diabetes to require insulin therapy to control blood glucose levels</li> </ol> <p><u>Direct Patient Care</u></p> <ol style="list-style-type: none"> <li>1. Demonstrate a basic understanding of the need for some people with gestational diabetes to require insulin therapy to control blood glucose levels</li> <li>2. Demonstrate a basic understanding of the need for some people with Type 2 diabetes to require oral hypoglycaemic agents and/or insulin to control blood glucose levels</li> <li>3. Demonstrate a basic understanding of the need for all people with Type 1 diabetes to require insulin therapy to control blood glucose levels</li> </ol>	
<p>2. Non-Specialist</p>	<ol style="list-style-type: none"> <li>1. Discuss the natural progression of Type 2 diabetes and the resulting</li> </ol>	

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<p>Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<p>need for medications and/or insulin therapy</p> <ol style="list-style-type: none"> <li>2. Discuss the role of blood glucose-lowering agents in the management of diabetes</li> <li>3. Discuss insulin therapy in combination with oral agents in people with Type 2 diabetes</li> <li>4. Explain the benefits of intensifying insulin therapy in Type 2 and Type 1 diabetes</li> </ol>	
<p>3. Diabetes Specialist Dietitian (Band 6)</p> <p>[in addition to 1 &amp; 2]</p>	<ol style="list-style-type: none"> <li>1. Identify appropriate treatment aims when using blood glucose-lowering agents</li> <li>2. Describe the different blood glucose-lowering agents available (secretagogues, biguanides, thiazolidinediones, incretin mimetics, DPP-4 inhibitors and alpha glucosidase inhibitors), their mechanisms of action and maximum dosage</li> <li>3. Discuss how and when to take the different agents</li> <li>4. Describe the need for caution when using secretagogues and insulin</li> <li>5. Describe the need for caution when using long-acting sulphonylureas in elderly people</li> <li>6. Describe the possible side effects and potential problems associated with the use of secretagogues, biguanides, thiazolidinediones, alpha glucosidase inhibitors, incretin mimetics and DPP-4 inhibitors</li> <li>7. If agreed by the multidisciplinary team, advise and adjust on the use of oral agents and combination therapy – such as using insulin and oral agents together</li> <li>8. Discuss the health professional’s barriers to initiating insulin</li> <li>9. Discuss the person with diabetes’ barriers to commencing insulin</li> <li>10. Describe the different types of insulin i.e. rapid-acting analogues, short-acting insulins, medium- and long-acting insulin, long-acting analogues, mixed insulin and mixed analogues</li> <li>11. Describe the onset of action, peak and duration of action of different types of insulin</li> <li>12. Describe the preparation and administration of insulin using different methods, including syringes, pens and pumps</li> <li>13. Discuss the storage guidelines for insulin</li> <li>14. Describe the side effects of insulin treatment, including hypoglycaemia, insulin, oedema, weight gain, lipohypertrophy and lipoatrophy</li> <li>15. Discuss the benefits and challenges of different insulin regimens</li> <li>16. Identify the appropriate type of insulin and regimen to use to suit different types of diabetes and lifestyles</li> <li>17. Identify individualised treatment goals in terms of blood glucose levels,</li> </ol>	<p>Diab HA11 &amp; HA12 [HWB4, Level 4] [HWB6, Level 4]</p>

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	<p>HbA1c, weight management and lipids</p> <p>18. If agreed by the multidisciplinary team: educate people how to adjust their insulin dosages in order to achieve their targets for blood glucose control</p> <p>19. If agreed by the multidisciplinary team: discuss the adjustment of insulin and/or carbohydrate for special events, such as sick days, travel, physical activity, surgery, religious or cultural events</p>	
<p>4. Advanced Diabetes Dietitian (Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<p>1. Discuss the need for titration of dosage to lessen the risk of side effects</p> <p>2. Describe the specific contraindications to the use of each type of agent</p> <p>3. Identify the appropriate time to commence, and type of medication to use, in different clinical situations</p> <p>4. Discuss strategies for improving medication taking behaviours</p> <p>5. Discuss the use of incretin mimetics and DPP-4 inhibitors, their actions, potential side effects and contraindications, in people in Type 2 diabetes</p> <p>6. Discuss the use of oral medication in children and adolescents with Type 2 diabetes</p> <p>7. Describe the management plan for a person who has not reached target levels with oral hypoglycaemic agents</p> <p>8. Identify strategies that could assist the person to overcome any fears associated with commencing/continuing insulin therapy</p> <p>9. Understand the principles of insulin dose adjustment</p> <p>10. Discuss the importance of the specialised team in the management of pump therapy</p> <p>11. Discuss the management of insulin and carbohydrate for pump users</p>	<p>Diab IPT02 to IPT06 [HWB4, Level 3] [HWB7, Level 4]</p>
<p>5. Consultant Dietitian or Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<p>1. Perform training needs analysis to ensure that all staff within the organisation who provide nutritional information to people with diabetes and competent to do so</p> <p>2. Lead on quality assurance assessments to ensure that dietetic staff are competent</p> <p>3. Develop action plans to address training needs</p> <p>4. Work in collaboration with education providers to ensure training needs are met</p> <p>5. Critically appraise published literature to ensure that resources and education are up-to-date and evidence based</p>	

## Section 16: Evaluation and Audit and Research

**Competency statement: Demonstrate knowledge of the different types of blood glucose-lowering agents and insulin therapy for individuals with gestational, Type 2 and Type 1 diabetes**

Level	Objectives	SfH [NHS KSF]
<p>1. Unregistered practitioner (Bands 2-4)</p> <p>or</p> <p>minimum competences for any staff involved in the healthcare of people with diabetes</p>	<p><b>Non-Direct Patient Care</b></p> <p>Be aware that information and advice for people with diabetes is updated regularly based on the latest evidence base</p> <p><b>Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Identify the purpose of evaluation</li> <li>2. Identify the purpose of audit</li> <li>3. Identify the purpose of research</li> <li>4. Discuss the need to evaluate and audit all aspects of the educational programme, structure, health outcomes, quality of life outcomes and cost-effectiveness</li> <li>5. Carry out evaluations and audits of healthcare delivery</li> </ol>	<p>[CORE 4, Level 1] [CORE 5, Level 1]</p>
<p>2. Non-Specialist Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<ol style="list-style-type: none"> <li>1. Discuss the importance of evaluating an individual's learning such as open ended questioning, return demonstration, storytelling, goal achievement</li> </ol>	
<p>3. Diabetes Specialist Dietitian (Band 6)</p> <p>[in addition to 1 &amp; 2]</p>	<ol style="list-style-type: none"> <li>1. Discuss the importance of using validated questionnaires</li> <li>2. Discuss the importance of making evaluation a positive, rather than threatening, experience for the participant</li> <li>3. Discuss how evaluation results could be used to improve existing healthcare delivery or programmes of care</li> <li>4. Discuss the concept of continuous quality improvement (CQI) and how measures can be integrated into day-to-day practice</li> <li>5. Give examples of methods to conduct evaluations of structure, process and outcome</li> <li>6. Discuss the three major research methods – qualitative, quantitative and quality management/audit</li> <li>7. Critique research literature, including assessing bias</li> <li>8. Interpret basic statistical results</li> </ol>	
<p>4. Advanced Diabetes</p>	<ol style="list-style-type: none"> <li>1. Describe ethical issues in research, including informed consent</li> </ol>	

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<p>Dietitian (Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<ol style="list-style-type: none"> <li>2. Discuss current research in diabetes prevention and management involving new nutritional findings, technologies and therapies</li> <li>3. Describe how the research evidence is interpreted and used in practice in order to improve evidence-based diabetes management</li> </ol>	
<p>5. Consultant Dietitian or Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<ol style="list-style-type: none"> <li>1. Identify the major steps in the research process, including reviewing the literature</li> <li>2. Write a basic research proposal</li> <li>3. Work in collaboration with a research team to conduct a research project</li> <li>4. Describe basic methods of statistical analysis</li> <li>5. Write research reports and communicate results</li> <li>6. Write research papers for publication in peer-reviewed journals</li> </ol>	<p>[CORE 1, Level 2]</p>

### Section 17: Team, Programme and Business Management

**Competency statement: Apply principles of team, programme and business management to create a climate that supports successful teamwork, clinical and business activity**

Level	Objectives	SfH [NHS KSF]
<p>1. Unregistered practitioner (Bands 2-4)</p> <p>or</p> <p>minimum competences for any staff involved in the healthcare of people with diabetes</p>	<p><u>Non-Direct Patient Care</u></p> <p>Serve as a resource to people with diabetes to assist with access to all elements of the healthcare system</p> <p><u>Direct Patient Care</u></p> <ol style="list-style-type: none"> <li>1. Discuss why an interdisciplinary and/or a multidisciplinary approach is needed in the management of diabetes</li> <li>2. Identify the role of various members working within an interdisciplinary team such as generalist doctors, specialist doctors, nursing personal, podiatrists, dietitians, psychologists</li> <li>3. Discuss the role of the coordinator and the person with diabetes within the team</li> <li>4. Identify ways in which the roles of different team members can overlap and complement each other</li> <li>5. Appreciate the importance of respect for all members of the team including the person with diabetes</li> <li>6. Discuss the importance of interdisciplinary communication, such as team meetings and case conferences</li> <li>7. Serve as a resource to people with diabetes to assist with access to all elements of the healthcare system</li> </ol>	<p>[CORE 1, Level 2] [CORE 4, Level 4]</p>

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	<ol style="list-style-type: none"> <li>8. Communicate the impact of the diabetes healthcare service on the health economy</li> <li>9. Carry out reflective practice to enable continuous quality improvement of the service and healthcare delivery</li> </ol>	HSC33 [CORE 2, Level 1]
<p>2. Non-Specialist Dietitian (Band 5)</p> <p>[in addition to 1]</p>	<ol style="list-style-type: none"> <li>1. Discuss the importance of evaluating the performance of all team members</li> <li>2. Integrate all aspects of patient care consistent with laws and regulations governing nutrition and dietetics and general healthcare delivery</li> <li>3. Function as a member of the interdisciplinary diabetes care team</li> <li>4. Communicate effectively and in a timely manner with people with diabetes, families, and colleagues</li> <li>5. Be open to learning, being coached, mentored or quality assured</li> <li>6. Keep informed about the diabetes-related policies, procedures and equipment</li> <li>7. Use resources in a cost-effective manner</li> </ol>	HCD_D5 [CORE 5, Level 2]  [CORE 1, Level 2]  [CORE 4, Level 1]
<p>3. Diabetes Specialist Dietitian (Band 6)</p> <p>[in addition to 1 &amp; 2]</p>	<ol style="list-style-type: none"> <li>1. Discuss the need for a common protocol to ensure that all members of the team work towards the same goal and use a common framework to avoid confusing people with diabetes by providing conflicting advice, duplicating care or miscommunication</li> <li>2. Provide appropriate documentation to employers, schools, and government entities according to all relevant laws and guidelines</li> <li>3. Collaborate with all members of the healthcare team to provide for needed changes plan of care of an individual with diabetes</li> <li>4. Use evidence to guide the delivery of diabetes care and structured education</li> <li>5. Assist in the sourcing, selection and evaluation of diabetes-related resources</li> </ol>	Diab HA2 [HWB7, Level 3] [CORE 1, Level 3] [CORE 4, Level 2]
<p>4. Advanced Diabetes Dietitian (Band 7)</p> <p>[in addition to 1, 2 &amp; 3]</p>	<ol style="list-style-type: none"> <li>1. Identify the ongoing nutritional educational needs of team members in order to enable them to function in an interdisciplinary environment at their best capacity, and to allow them to contribute to team initiatives</li> <li>2. Direct and/or manage all aspects of a diabetes education programme</li> <li>3. Research and implement a variety of evidence-based problem-solving strategies aimed at improving diabetes self-management for individual and families</li> <li>4. Identify patterns of behaviour among staff requiring conflict management</li> <li>5. Display creativity to find and use healthcare resources to meet expected and unanticipated needs of people with diabetes</li> </ol>	PE2

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	<ol style="list-style-type: none"> <li>6. Serve as a role model for leadership. Effective communication, and collaboration for the interdisciplinary/multiprofessional diabetes care team</li> <li>7. Provide coaching, mentorship and quality assurance to other members of the diabetes care team</li> <li>8. Identify areas of research need and assists with diabetes-related research</li> <li>9. Apply business management processes to manage a diabetes education service</li> <li>10. Identify system failures and inefficiencies</li> <li>11. Use principles of CQI to seek opportunities to improve quality and efficiency of nutritional/diabetes care services</li> <li>12. Balance competing demands on time and financial resources</li> </ol>	[HWB4, Level 2]
<p>5. Consultant Dietitian or Manager (Band 8)</p> <p>[in addition to 1, 2, 3 &amp; 4]</p>	<ol style="list-style-type: none"> <li>1. Perform training needs analysis to ensure that all staff within the organisation who provide nutritional information to people with diabetes and competent to do so</li> <li>2. Lead on quality assurance assessments to ensure that dietetic staff are competent</li> <li>3. Develop action plans to address training needs</li> <li>4. Work in collaboration with education providers to ensure training needs are met</li> <li>5. Critically appraise published literature to ensure that resources and education are up-to-date and evidence based</li> <li>6. Promote a culture of collegiality that enables members of the multidisciplinary team to feel respected and valued</li> <li>7. Analyse the current healthcare system, recognises system failures and develops /designs innovative strategies for improvement</li> <li>8. Work towards improving population-based interventions</li> <li>9. Evaluate and select media for delivering marketing/promotional information</li> <li>10. Provide leadership in costing the healthcare delivery system, developing three-year plans, writing business plans and executing continued/new business</li> <li>11. Describe the commissioning processes</li> <li>12. Provide leadership in completing and submitting Pre-Qualification Questionnaire (PQQs) and tender documents</li> <li>13. Use principles of human resource development and planning to create and effectively manage groups of people</li> </ol>	<p>HC5 [G5, Level 3]</p> <p>hfm_G3.6</p>

## Abbreviations

AfC	Agenda for Change
CAM	Complementary and alternative medicine
CGM	Continuous glucose monitoring
CQI	continuous quality improvement
DKA	Diabetic ketoacidosis
HHS	Hyperglycaemic hyperosmolar state
KSF	Knowledge and Skills Framework
MNT	Medical nutrition therapy
OTC	Over the counter
PDR	Professional development review
PDP	Professional development plan
PQQ	Pre qualification questionnaire
SfH	Skills for Health
SMART	specific, measureable, achievable, realistic, timely
SMBG	Self-monitoring blood glucose

## Appendix 1: Skills for Health Diabetes and Patient Education Competences

### Diabetes

- CHS92: Review and monitor a patient’s nutritional wellbeing
- Diab CYP01: Identify symptoms of diabetes in a child or young person and refer them for further assessment
- Diab CYP02: Assess a child/young person with symptoms of diabetes and make a diagnosis
- Diab CYP03: Inform a child or young person and their family of a diagnosis of Type 1 diabetes
- Diab CYP04: Inform a child/young person and their family of a diagnosis of Type 2 diabetes or impaired glucose tolerance
- Diab CYP05: Provide therapy to meet the immediate healthcare needs of the child or young person newly diagnosed with Type 1 diabetes, and their family
- Diab CYP06: Support a child/young person with Type 1 diabetes, and their family, in the early stages after diagnosis
- Diab CYP07: Provide information and support to a child or young person recently diagnosed with Type 1 diabetes, and their family, to enable them to establish safe and healthy dietary aims
- Diab CYP08: Support a child/young person with Type 1 diabetes, and their family, in the first year after diagnosis
- Diab CYP09: Enable a child or young person with Type 1 diabetes, and their family, develop their knowledge and skills about diet and diabetes
- Diab CYP10: Gather and evaluate information to establish the healthcare needs of children and young people with diabetes
- Diab CYP11: Agree individualised care plans with children and young people to manage diabetes
- Diab CYP12: Implement and monitor individualised care plans to meet the needs of children and young people with diabetes
- Diab CYP13: Ensure the safety of a child/young person with diabetes in school
- Diab CYP14: Support a child/young person and their family using insulin therapy to manage their diabetes
- Diab CYP15: Enable a child/young person with diabetes to begin to take oral medication to improve their health
- Diab CYP16: Monitor and support a child/young person with diabetes using oral medication to improve their health
- Diab CYP17: Provide care and support to meet the immediate needs of the child or young person newly diagnosed with Type 2 diabetes, and their family
- Diab CYP18: Provide advice and support to enable a child or young person recently diagnosed with Type 2 diabetes, and their family, manage their diabetes by diet and physical activity
- Diab CYP19: Provide ongoing advice and support about food and physical activity to a child or young person with Type 2 diabetes, and their family, to enable them to manage challenges to their health
- Diab CYP20: Assess the need for a child/young person with Type 2 diabetes to start insulin therapy
- Diab CYP21: Enable a child or young person with Type 2 diabetes to start insulin therapy
- Diab DA4: Assist individuals with diabetes to help and support each other

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- Diab DF01: Undertake advanced examination and risk assessment of the feet of an individual with diabetes
- Diab DF02: Implement specialist foot treatment for an individual with diabetes
- Diab DF03: Provide wound care to treat an ulcerated foot of an individual with diabetes
- Diab ED01: Provide advice and information to men with diabetes about erectile dysfunction
- Diab ED02: Assess a man with diabetes for erectile dysfunction
- Diab ED03: Provide treatment for erectile dysfunction in a man with diabetes
- Diab GA1: Assess and advise individuals with suspected diabetes
- Diab GA2: Assess and investigate individuals with suspected diabetes
- Diab GA3: Develop a diagnosis of diabetes
- Diab GA4: Inform individuals of a diagnosis of Type 2 diabetes or impaired glucose tolerance
- Diab HA1: Assess the healthcare needs of individuals with diabetes and agree care plans
- Diab HA10: Help individuals with diabetes reduce cardiovascular risk
- Diab HA11: Assess the need for an individual to start insulin therapy
- Diab HA12: Enable an individual with Type 2 diabetes to start insulin therapy
- Diab HA13: Provide information and advice to enable an individual with diabetes to minimise the risks of hypoglycaemia
- Diab HA2: Work in partnership with individuals to sustain care plans to manage their diabetes
- Diab HA3: Examine the feet of an individual with diabetes and advise on care
- Diab HA4: Assess the feet of individuals with diabetes and provide advice on maintaining healthy feet and managing foot problems
- Diab HA5: Help an individual understand the effects of food, drink and exercise on their diabetes
- Diab HA6: Help individuals with diabetes to change their behaviour to reduce the risk of complications and improve their quality of life
- Diab HA7: Develop, agree and review a dietary plan for an individual with diabetes
- Diab HA8: Enable individuals with diabetes to monitor their blood glucose levels
- Diab HA9: Help an individual with diabetes to improve blood glucose control
- Diab HD12: Arrange appointments for individuals with diabetes
- Diab HD2: Assist an individual to sustain oral medication to improve their condition
- Diab HD3: Help individuals with Type 2 diabetes to continue insulin therapy
- Diab HD4: Identify hypoglycaemic emergencies and help others manage them
- Diab HD6: Assist individuals with diabetes to manage their condition when they have been admitted to a hospital ward for other health needs
- Diab HD7: Monitor and support a care plan for an individual with diabetes admitted to a general ward
- Diab HD8: Review and evaluate the progress of a care plan for an individual with diabetes admitted to a general ward and prepare for discharge
- Diab IPT01: Assess the suitability of insulin pump therapy for an individual with Type 1 diabetes

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- Diab IPT02: Provide preliminary education about insulin pump therapy for an individual with Type 1 diabetes
- Diab IPT03: Provide dietary education for an individual with Type 1 diabetes who is contemplating insulin pump therapy
- Diab IPT04: Enable an individual with Type 1 diabetes to administer insulin by pump
- Diab IPT05: Provide ongoing support to an individual administering insulin by pump
- Diab IPT06: Provide ongoing dietary education for an individual with Type 1 diabetes administering insulin by pump
- Diab PD01: Provide advice and information on planning pregnancy to all women with diabetes of childbearing age
- Diab PD02: Agree care plans to help women with diabetes prepare for a safe and healthy pregnancy
- Diab PD03: Support and review care plans to help women with diabetes prepare for a safe and healthy pregnancy
- Diab PD04: Agree continuing care plans for women with diabetes who are pregnant
- Diab PD05: Agree new care plans for women with diabetes who are pregnant
- Diab PD06: Support and review care plans for women with diabetes who are pregnant
- Diab PD07: Agree and support care plans to help women manage their diabetes during labour and immediately following delivery
- Diab PD08: Agree and implement care plans for women with diabetes after they have given birth
- Diab PD10: Identify symptoms of gestational diabetes and refer a woman for further assessment
- Diab PD11: Assess a woman for gestational diabetes and make a diagnosis
- Diab PD12: Inform a woman of a diagnosis of gestational diabetes
- Diab PD13: Agree care plans with women who have gestational diabetes
- Diab PD15: Support and advise women with gestational diabetes after they have given birth
- Diab PE01: Provide psychological and emotional support to a child/young person with diabetes and their family to enable them to manage their diabetes
- Diab PE04: Provide psychological and emotional support to help a young person with diabetes develop self management skills
- Diab TPA01: Enable a young person with diabetes develop self-management skills
- Diab TPA02: Help a young person manage their diabetes during adolescence
- Diab TPA03: Help a young person prepare to manage the transfer from childrens to adults healthcare services
- Diab TPA04: Help a young person adapt to adults' healthcare services
- Diab TT01: Identify symptoms of diabetes and refer individuals for further assessment
- Diab TT02: Assess individuals with symptom of diabetes and make a diagnosis
- Diab TT03: Inform individuals of a diagnosis of Type 1 diabetes
- Diab TX01: Provide therapy to meet the immediate healthcare needs of individuals newly diagnosed with Type 1 diabetes
- Diab TX02: Support an individual with Type 1 diabetes in the early stages after diagnosis
- Diab TX03: Help an individual using insulin therapy to manage their diabetes understand the effects of food, drink, physical activity and medication on their health and well-being

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- HAS3.1: Examine the feet of an individual with diabetes and assess risk status
- HAS3.2: Provide advice and referral to help individuals with diabetes care for their feet

### Patient Education

- PE1 Enable individuals to make informed health choices and decisions
- PE2 Manage information and materials for access by patients and carers
- PE3 Work with individuals to evaluate their health status and needs
- PE4 Agree a plan to enable individuals to manage their health condition
- PE5 Develop relationships with individuals that support them in addressing their health needs
- PE6 Identify the learning needs of patients and carers to enable management of a defined condition
- PE7 Develop learning tools and methods for individuals and groups with a defined health condition
- PE8 Enable individuals to manage their defined health condition