

NDSS

National Diabetes Services Scheme

An Australian Government Initiative

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National Diabetes Nursing Education Framework

2024–2026



Your trusted partner in diabetes care

ADEA is a National Health Professional
Body Agent for the NDSS.

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The NDSS is administered by Diabetes Australia

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If you require further information about this resource, please contact the Australian Diabetes Educators Association on **02 6173 1000** or at inquiries@adea.com.au. Please refer people living with diabetes to the NDSS Helpline on **1800 637 700** or to ndss.com.au for information, self-management support or products.

The Australian Primary Health Care Nurses Association and the Australian College of Nursing have endorsed the National Diabetes Nursing Education Framework.



Foreword

It is a great privilege to introduce the 2024 – 2026 National Diabetes Nursing Education Framework (the Framework). Nurses are central to providing and coordinating care and education for people living with diabetes.

This Framework is designed to support and prepare all nurses to provide high-quality diabetes care and education regardless of their practice setting. It will assist nurses and nurse educators by outlining the expected diabetes-specific responsibilities and activities, and minimum knowledge and skills required by nurses working at different practice levels. This Framework will enable nurses to demonstrate and develop their competence.

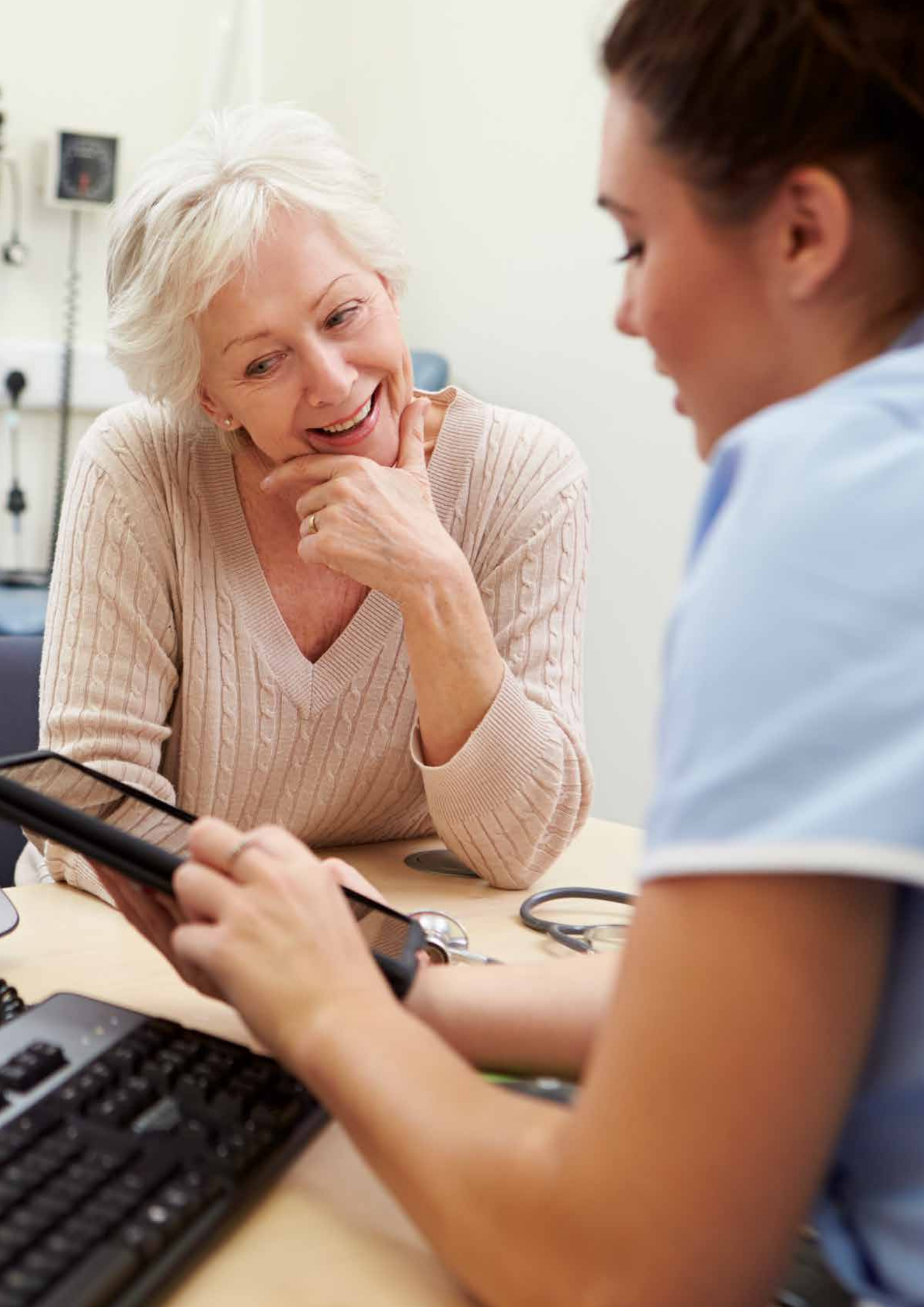
In 2020 an Expert Reference Group led the development of the Framework, which was modelled on national and international examples of best practice, in particular the New Zealand National Diabetes Nursing Knowledge and Skills Framework. The Expert Reference Group included Credentialed Diabetes Educators (CDEs) from the Australian Diabetes Educators Association (ADEA) as well as representatives from the Australian College of Nursing (ACN) and the Australian Primary Health Care Nurses Association (APNA). The Framework underwent multiple rounds of review and consultation, with over 200 nurses and nurse educators providing input. Many thanks to all who have contributed their time and expertise to the project. I extend my thanks to the members of the 2020 Expert Reference Group who first contributed to the development of the Framework. Many thanks also to those who provided their feedback for this latest version (see acknowledgments).

This project was funded through the National Diabetes Services Scheme (NDSS) and delivered by ADEA. The NDSS is an initiative of the Australian Government administered by Diabetes Australia. The NDSS aims to enhance the capacity of people living with diabetes to understand and self-manage their condition.

ADEA is one of the leading Australian organisations for health care professionals providing diabetes care and education. The ADEA actively promotes evidence-based best practice diabetes education to ensure optimal health and wellbeing for all people living with, and at risk of, diabetes.



Susan Davidson
Chief Executive Officer
Australian Diabetes Educators Association



CONTENTS

| | |
|--|-----------|
| Foreword | 1 |
| Introduction | 5 |
| Who will benefit from the Framework? | 7 |
| Navigating the Framework | 8 |
| Part 1 | 9 |
| National Diabetes Nursing Education Framework model | 9 |
| Diabetes nursing professional development pathway | 10 |
| Practice level descriptors | 11 |
| Nursing practice statements | 12 |
| Part 2 | 15 |
| Competency statements | 15 |
| Part 3 | 23 |
| Knowledge and skill statements | 23 |
| Aspects of diabetes care | 24 |
| 1. Diabetes prevention, screening and diagnosis | 25 |
| 2. Lifestyle factors – nutrition, alcohol and other drugs, smoking, physical activity, weight, stress and sleep | 27 |
| 3. Mental health | 31 |
| 4. Cultural safety for Aboriginal and Torres Strait Islander peoples | 33 |
| 5. Cultural safety for culturally and linguistically diverse people | 35 |
| 6. Supporting self-management | 36 |
| 7. Glucose and ketone monitoring | 38 |
| 8. Medication monitoring – oral glucose lowering medication | 40 |
| 9. Medication monitoring – injectable therapies (insulin and glucagon-like peptide receptor [GLP-1 receptor] agonists) | 42 |
| 10. Hypoglycaemia | 44 |
| 11. Hyperglycaemia | 46 |
| 12. Macrovascular associated health issues – hypertension, cardiovascular disease and peripheral vascular disease | 48 |
| 13. Microvascular associated health issues – neuropathy, nephropathy, retinopathy and the high-risk foot | 49 |
| 14. Sick day management | 53 |
| 15. Travelling with diabetes | 54 |

| | |
|---|-----------|
| 16. Managing diabetes in hospital | 55 |
| 17. Bariatric-metabolic surgery for people living with diabetes | 57 |
| 18. Disability and diabetes | 58 |
| 19. Older people and diabetes | 61 |
| 20. Life limiting illness, palliative and end-of-life care | 63 |
| 21. Pregnancy – pre-conception care with existing diabetes | 64 |
| 22. Pregnancy – antenatal and postnatal care with pre-existing diabetes and Gestational Diabetes Mellitus (GDM) | 66 |
| 23. Young people and diabetes | 69 |
| Appendix 1: Abbreviations and definition of terms | 73 |
| Appendix 2: Links to information and resources | 76 |
| Appendix 3: References and bibliography and guidance material | 79 |
| Appendix 4: CDE Pathway | 81 |

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Introduction

Diabetes mellitus is a complex metabolic condition where the body cannot maintain optimal levels of glucose in the blood.

Type 1 diabetes is caused by an autoimmune destruction of insulin-producing cells in the pancreas.

Type 2 diabetes and gestational diabetes are caused by a reduced production of insulin and/or the inability of the body to effectively use the insulin it does produce.

There are also other less common forms of diabetes that do not fit into either type 1 or type 2 classifications, such as pancreatic, monogenic or medication-related diabetes. Please see appendix 1 for definitions.

All forms of diabetes require self-management by the person living with diabetes in collaboration with diabetes health professionals. Optimising diabetes management can reduce the risk of diabetes-related health issues, including cardiovascular disease, retinopathy, nephropathy, neuropathy and the impact on mental health and wellbeing.

Diabetes is the fastest growing chronic condition in Australia¹. It was declared a national health priority in 1997 by the Federal Government and continues to be one the biggest challenges facing the Australian health care system².

- » In January 2025 the National Diabetes Services Scheme (NDSS) had over 1.5 million people living with diabetes registered. This was just over 5% of the Australian population³.
- » From December 2022 to December 2023, there was an average of 313 new NDSS registrations for people living with diabetes every day³.
- » In 2018–19 it was estimated that 8% (64,100) of Indigenous Australians live with diabetes⁴.
- » In 2020–2021 almost 1.3 million hospital admissions were associated with diabetes, with 4.7% recording diabetes as the principal diagnosis and around 95% recording diabetes as an additional diagnosis. This represents 11% of all hospitalisations in Australia.
- » Two Australian studies have found that 25% of all hospital patients have diabetes^{5,6}.

The Australian National Diabetes Strategy (ANDS)⁷ aims to prioritise our country's response to diabetes and identify approaches to reduce the impact of diabetes in the community. An identified area for action in the strategy is to improve workforce capacity, to upskill the existing generalist health workforce and provide clear competencies for the diabetes workforce and other health professionals involved in diabetes care. Nurses work across all practice settings and are key providers of diabetes care and education. To achieve quality health outcomes, nurses require sufficient baseline knowledge and skills to support people living with diabetes. It is also important to promote career options in diabetes education and management, to improve workforce capacity.

The National Diabetes Nursing Education Framework aligns with each of the seven goals of the Australian National Diabetes Strategy 2021–2030.

- » **Goal 1** – Prevent people developing type 2 diabetes
- » **Goal 2** – Promote awareness and earlier detection of type 1 and type 2 diabetes
- » **Goal 3** – Reduce the burden of diabetes and its complications to improve quality of life
- » **Goal 4** – Reduce the impact of pre-existing and gestational diabetes in pregnancy
- » **Goal 5** – Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples
- » **Goal 6** – Reduce the impact of diabetes among other priority groups
- » **Goal 7** – Strengthen prevention and care through research, evidence and data.

1 Diabetes Australia, 2023, 'Diabetes in Australia' www.diabetesaustralia.com.au/about-diabetes/diabetes-in-australia/

2 Australian Institute of Health and Welfare. Australia's Health, 2022.

3 National Diabetes Services Scheme. Data snapshot, March 2024.

4 Australian Institute of Health and Welfare 2023 Diabetes: Australian facts www.aihw.gov.au/reports/diabetes/diabetes/contents/treatment-and-management/diabetes-hospitalisations

5 Bach L, Ekinci E, Engler D, Gilfillan C, Hamblin P, MacIsaac R, Soldatos G, Steele C, Ward G & Wyatt S. 'The high burden of inpatient diabetes mellitus: the Melbourne Public Hospital Diabetes Inpatient Audit'. Medical Journal of Australia (2014), vol. 201, 334–338

6 Peter Donovan, Jade Eccles-Smith, Nicola Hinton, Clare Cutmore, Kerry Porter, Jennifer Abel, Lee Allam, Alexis Dermedoglou and Gaurav Puri. Med J Aust 2021; 215 (3): 119-124. doi: 10.5694/mja2.51048

7 Australian Government Department of Health and Aged Care 2021 Australian National Diabetes Strategy 2021 - 2030 www.health.gov.au/resources/publications/australian-national-diabetes-strategy-2021-2030

Specific aspects of the ANDS Strategy that support this Framework are about strengthening workforce capacity and capability.

- » Upskill the existing generalist health workforce on diabetes, including the role of social determinants in diabetes, education on new diabetes technologies, and training to address complex diabetes issues and health promotion, including appropriate nutrition and physical activity recommendations.
- » Upskill and support the aged care and disability workforce on diabetes-related complications, treatments and devices.
- » Review and develop clear competencies, training pathways and scope of practice for the specialist diabetes workforce and other health professionals involved in diabetes care (including nurses, allied health workers, health workers and health practitioners, pharmacists, dietitians, dentists and podiatrists) based on national clinical guidelines in a patient-centred, culturally informed and language-appropriate way.
- » Promote the uptake and implementation of national evidence-based guidelines for diabetes management for the whole spectrum of diabetes management across the health sector and diabetes workforce.

The ADEA Capability Framework for Diabetes Care⁸ aims to develop a competent, flexible and adaptive workforce and guide the practice of nurses, allied health professionals, Aboriginal and/or Torres Strait Islander health workers or practitioners, pharmacists, midwives and health assistants when delivering care for people living with diabetes in Australia. The National Diabetes Nursing Education Framework aligns with these nine core capabilities:

- » increasing clinical assessment capacities
- » providing diabetes self-management education
- » building therapeutic relationships
- » communicating with influence
- » counselling to achieve agreed outcomes
- » improving the quality use of medicines
- » supporting the use of diabetes technology
- » coordinating care
- » achieving quality.

The Framework applies these capabilities to the clinical care competency in each nurse practice level.

Purpose

The purpose of the Framework is to guide the development of a skilled nursing workforce, capable of providing a high standard of diabetes care. A skilled workforce can contribute to improved health outcomes and quality of life for Australians living with diabetes and reduce the economic impact of diabetes in Australia.

Aim

The Framework aims to identify the diabetes-specific competencies a nurse requires to deliver a high standard of diabetes care across the health continuum and in a variety of practice settings. The Framework supports education and professional development for nurses in diabetes care and management.

Objectives

The objectives of the Framework are to:

1. Outline the contribution of nursing practice to diabetes care and highlight the need for all nurses to effectively participate in diabetes care.
2. Define the minimum competencies required by all nurses to participate in diabetes care, inclusive of a variety of practice settings.
3. Provide a measurable means of evaluating nursing practice in diabetes care and guide learning, professional development and career pathways.
4. Provide a national standard for diabetes education and professional development programs for nurses.
5. Guide the development of diabetes learning resources that support the competencies required for proficient diabetes care.

8 Giuliana Murfet, Ashley H Ng, Virginia Hagger, Susan Davidson, Grace Ward, Brett Fenton and Bodil Rasmussen; Enhancing the capacity of the health workforce to deliver best practice diabetes care (2022).

Who will benefit from this Framework?

The National Diabetes Nursing Education Framework is designed to promote high-quality care and improved outcomes for people living with diabetes by outlining a national standard of nursing competency.

The Framework will benefit a wide range of people. It will help:

Nursing students (studying to be an enrolled nurse or above) and midwifery students to:

- » understand the contribution of nurses and midwives to diabetes care and management
- » guide plans for professional development and career development when registered with the Nursing and Midwifery Board of Australia.

Nurses (enrolled nurses and above) and midwives to:

- » understand minimum performance expectations in the workplace, according to level of practice and practice setting
- » evaluate their own diabetes care and management capabilities
- » guide learning, professional development and career development
- » explore diabetes education and management as a career opportunity
- » support mentoring of less experienced nurses and nursing students.

Workplaces/organisations to:

- » understand the standard of care required in diabetes care and management at different practice levels for safe performance
- » provide a reference point for planning educational programs and professional development opportunities for nurses
- » support the development of diabetes-focused policies and procedures for the workplace.

TAFEs and universities to:

- » develop curricula, education, assessment and evaluation strategies for nursing programs that align with the framework
- » ensure graduate entry-level nurses meet baseline knowledge and skills in diabetes care and management.

People living with diabetes and their carers and families to:

- » understand the expected knowledge and skills of nurses providing diabetes care and management
- » understand the level of support nurses can provide to improve diabetes related self-care.

Navigating the Framework

Part 1: Framework model and professional development pathway

Part 1 of the Framework describes the four broad groups of nurses and their varying contributions to diabetes care and management. These groups represent the scope of practice and associated competence across nursing practice and are not specific to the practice setting.

The Diabetes Nursing Professional Development Pathway provides the scaffolding to develop competence and specialisation in diabetes care and management, by building on prior knowledge through formal and informal learning and education.

A description of each practice level is provided for nurses to identify their current practice level. Statements on scope of practice, diabetes as a nursing speciality, midwifery and diabetes care, and person- and family-centred care are included for application when using the Framework.

Part 2: Competency statements

Competence (Figure 1) is a ‘combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession’¹⁹.

Part 2 outlines competency statements for observable behaviours expected of a nurse in relation to diabetes care.

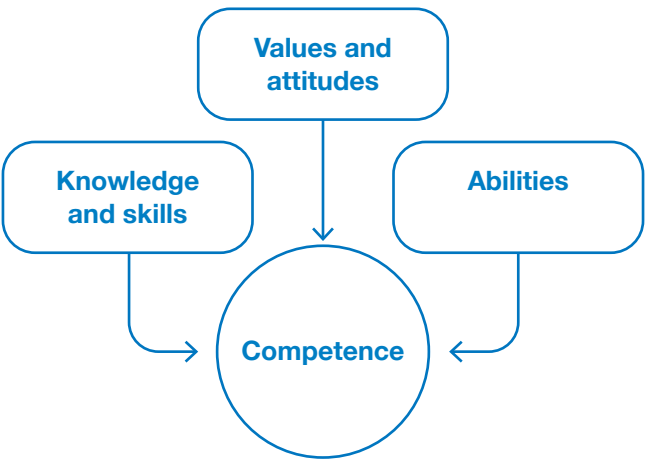
The competencies are broken down into the four different levels of practice (Figure 2). Demonstration of these is supported by application of the knowledge and skills listed in Part 3. Competencies regarding contributing to, initiating or leading committees, advocacy activities or leadership are listed at specialist and expert levels. This does not preclude passionate nurses at other levels participating in these activities.

Part 3: Knowledge and skill statements

The knowledge and skill statements outline the specific knowledge and skills expected of a nurse at the four different levels of practice relating to specific areas of diabetes care and management. Developing knowledge and skills enables nurses to achieve the competencies listed in Part 2 of the Framework. Each knowledge and skill statement specified in the ‘All nurses’ level carries through to the higher practice levels.

They are designed to help the nurse evaluate their own practice with support from a senior nurse. Nurses are not expected to achieve knowledge and skills across all aspects of care, but rather select aspects of care that are relevant to their role and scope. The statements in each section, particularly the more advanced levels, are aspirational. They may not reflect current knowledge and skills but they provide a pathway for building capacity in the workforce.

Figure 1: Competence



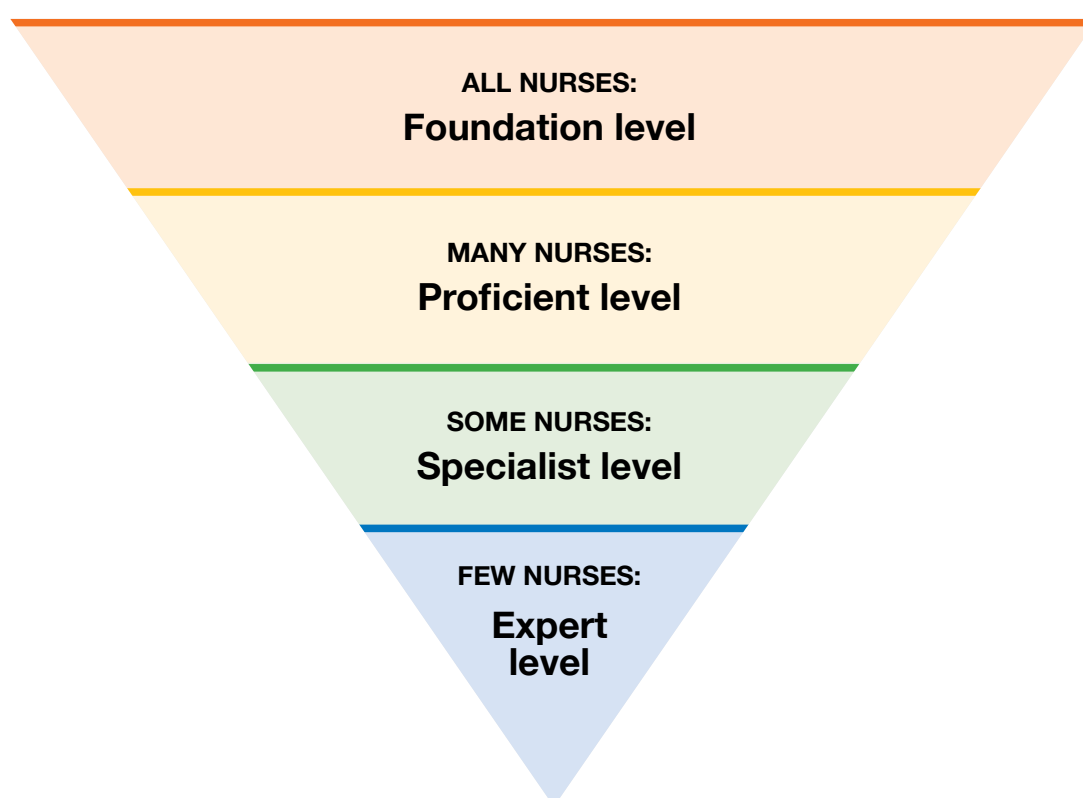
Part 1

National Diabetes Nursing Education Framework model

The Framework outlines the varying contributions of four broad groups of nurses to diabetes care and management, as described in the model below (Figure 2). The four broad groups represent scope of practice and associated competence required of nurses working in different contexts of diabetes care and management. The Framework model is relevant to all nurses and is not specific to practice settings. However, these levels are speciality-specific and relate only to competence in diabetes care and management. They do not supersede any nursing classifications or designations already applicable to nurses. Figure 3 provides a professional development pathway for nurses working with people living with diabetes.

- All nurses** have contact with people living with diabetes and demonstrate current, foundational diabetes knowledge and skills for all practice settings (foundation level).
- Many nurses** directly support people living with diabetes and demonstrate extended diabetes knowledge and skill beyond foundation level (proficient level).
- Some nurses** intensely support people living with diabetes and demonstrate advanced diabetes knowledge and skill (specialist level).
- Few nurses** manage a specialist diabetes caseload and demonstrate expert diabetes knowledge and skill (expert level).

Figure 2: National Diabetes Nursing Education Framework model



Diabetes nursing professional development pathway

| Learning continuum | | | | |
|--|--|---|---|---|
| | Foundation level nurses | Proficient level nurses | Specialist level nurses | Expert level nurses |
| Credentialed Diabetes Educator (CDE) status | | May be working toward gaining CDE status | CDE | CDE/NP (Nurse Practitioner). |
| Level of practice | Regular contact with people living with diabetes | Roles that directly support people managing their diabetes. | Roles that intensely support people managing their diabetes | Roles that manage a specialist diabetes caseload and lead service design. May be a nurse practitioner. |
| Population group | General population | People living with pre-diabetes or diabetes with predictable health needs. | People across the diabetes continuum, including newly diagnosed adults, young people, pregnant women and those at high-risk of complications. | People living with diabetes with complex health needs. |
| Typical practice area | Clinical care, aged care | Clinical care, primary care and education. | Referral-based specialist clinical care, primary care, education, research, private practice. | Referral-based specialist clinical care, primary care, education, research, leadership, management, private practice. |
| Level of diabetes knowledge and skill | Foundational diabetes knowledge and skill for all practice settings. | Extended diabetes knowledge and skill beyond foundation Level. | Advanced knowledge and skill, specialised in diabetes education and management. | Expert knowledge and skill, expert in diabetes education and management. |
| Post-registration education pathway and relevant qualifications/ courses | Diabetes short courses for competency in diabetes care and management. | Ongoing diabetes learning, continuing professional development relevant to diabetes, undertaking Graduate Certificate in Diabetes Education and Management. | Ongoing diabetes learning, formal learning experiences, Graduate Certificate in Diabetes Education and Management. | Ongoing diabetes learning, postgraduate study, Masters/Master NP, PhD. |

Practice level descriptors

All nurses, irrespective of where they work, will have regular contact, and work collaboratively, with people living with diabetes and the multidisciplinary team supporting them to manage their condition.

People living with diabetes require **foundation level nurses** to address their health needs at all stages of the diabetes continuum and across their lifespan.

To provide high-quality care and to support diabetes management that meets the health needs of people living with diabetes, all nurses must be able to demonstrate baseline diabetes knowledge and skills. All nurses must be able to identify areas of practice limitation and be able to arrange referral to nurses with higher proficiency levels, as required.

Many nurses are likely to have frequent contact with people living with diabetes and are required to directly support people living with diabetes to manage their condition. Proficient level nurses could work in community health or rural and remote practice settings, or specialise in other chronic conditions. Proficient level nurses who directly support people living with diabetes require more advanced capabilities in diabetes care and management, beyond the foundation level required of all nurses. This additional knowledge and skill enables support for people living with diabetes who are at risk of progression or the development of diabetes-associated health issues.

Some nurses advance their practice in diabetes care and management and become **specialist level** nurses who intensely support people living with diabetes. They may provide intermittent care or oversee people's longer-term diabetes self-management.

Specialist level nurses typically work in specialised diabetes practice areas, such as in a diabetes educator role. They are key health care providers for people living with diabetes, assisting with care and management across the diabetes continuum. Specialist level nurses have typically developed expertise through significant clinical experience, postgraduate education, and credentialling through the ADEA.



Few nurses further extend their practice in diabetes beyond a specialist diabetes nurse and become expert level nurses. **Expert level** nurses may be responsible for managing a specialised clinical case load and complex cases, as well as clinical leadership, management and research. Expert level nurses have typically developed expert practice through extensive clinical experience, postgraduate education and credentialling through the ADEA. Expert level nurses could be working as senior diabetes educators in a specialised area, or as a nurse practitioner with diabetes expertise in their scope of practice, including prescribing.

Nursing practice statements

The following statements about nursing practice apply to the National Diabetes Nursing Education Framework.

Scope of practice

The ADEA defines scope of practice as the procedures, actions and processes by which a health professional is authorised, educated and competent to perform¹⁰. Nurses have a duty of care to provide care and apply knowledge and skills appropriate to their scope of practice. More on this can be found in the **NMBA Code of Conduct for Nurses and Code of Conduct for Midwives**. The Framework assumes competency in general nursing care.

The Framework has been developed to help all nurses assess their level of competency within their scope of practice. This provides an opportunity to identify areas for further professional development in their current practice level to progress their diabetes management knowledge and skills development. Nurses are not expected to achieve the knowledge and skill statements across all aspects of care in the Framework – only those aspects required in their role and scope.

Some aspects of diabetes care and education are specialty areas of practice that require care to be provided only by a specialist in that area. This includes diabetes across the lifespan (for example, paediatric), or diabetes in specific circumstances (for example, diabetes in pregnancy). The Framework supports nurses to practice within their scope and skill level, and advocates for referral to experts and specialised services when required.

Diabetes education and management as a nursing speciality

All nurses will encounter people living with diabetes during their career. For some nurses, diabetes education becomes a career pathway and specialisation. Registered nurses are eligible for credentialling with the ADEA. Credentialled diabetes educators (CDEs) have undergone a rigorous assessment of their qualifications, skills, knowledge and experience, and received mentoring support to meet high standards of comprehensive diabetes education, care and management. CDEs work to improve outcomes for people living with diabetes. For more information on credentialling, see **Appendix 4: CDE Pathway** or visit the **ADEA website**.

Midwifery practice and diabetes care

As diabetes in pregnancy (gestational diabetes mellitus or pre-existing) is considered a high-risk pregnancy, women will be under the care of a multidisciplinary team. Registered midwives may be part of this team and are vital contributors to the health and wellbeing of women with diabetes during preconception planning, pregnancy and in the puerperium period. Registered midwives include those who have completed an undergraduate nursing qualification and gone on to specialise in midwifery and those who have completed a midwifery qualification.

Although the Framework refers primarily to nurses, it is also relevant to registered midwives and those who hold dual registration as midwife and nurse. The professional development pathway and competency statements for each practice level are applicable to registered midwives. In Part 3 of the Framework, the aspects of care numbered 1–15 and the pregnancy-specific aspects (numbers 21 and 22) are also relevant to registered midwives.

¹⁰ Australian Diabetes Educators Association. Role and scope of practice for Credentialled Diabetes Educators in Australia, 2022.

It is the responsibility of the registered midwife to practice within their scope, working only with women in pregnancy and puerperium. Midwives should read this framework in conjunction with Midwifery **Standards of Practice** from the Nursing and Midwifery Board of Australia.

Registered midwives can extend their knowledge and skill in diabetes education by credentialling through the ADEA.

Person- and family-centred care

Optimal health and wellbeing are achieved and sustained when people living with diabetes are involved as active partners in their own diabetes care. The Australian Commission on Safety and Quality in Health Care (ACSQHC) has defined person-centred care as 'health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers'¹¹.

Throughout this document reference is made to the person living with diabetes. People live with diabetes 24 hours a day, seven days a week, 365 days of the year. As a result, people develop expert knowledge and understanding of their own bodies, their symptoms and their responses to those symptoms through their lived experience. This expertise in relation to their diabetes is often driven by the need to have control and authority in their lives¹². Nurses need to acknowledge and value that the expertise and knowledge developed by people living with diabetes is important and complementary to their expert clinical knowledge.

Nurses need to place the person living with diabetes at the centre of their own care and consider the needs of the person's family, significant others and carers. Nurses need to recognise the essential role of families, significant others and carers in diabetes management, and integrate person- and family-centred care into all aspects of care.

With the consent of the person living with diabetes, nurses need to consider all others involved in the care or support of that individual, to facilitate their involvement, foster collaboration, communicate and share information with them, and encourage and support their participation in decision-making. This consideration may include disability and aged care support workers, school nurses and associated staff.

Nurses also need to acknowledge the important role that culture and religion can play in the lives of people living with diabetes. Providing culturally safe and appropriate diabetes care is foundational to person-centred care¹³.



¹¹ Australian Diabetes Educators Association. Position statement: Person centred care for people with diabetes, 2015.

¹² Thorne, S. Discourse: 'Chronic disease management: What is the concept?' The Canadian Journal of Nursing Research (2008), 40, 7–14.

¹³ Nguyen, H. Patient centred care – cultural safety in Indigenous health. Australian Family Physician (2008), 37(12), 990–994.



Attitudes and values in diabetes care

Attitudes and values that underpin effective performance in a profession are core components of competence. Attitudes and values are expressed in behaviour and, for nurses, in the care they provide for people living with diabetes.

In Australia, nurses work under the International Council of Nurses Code of Ethics for Nurses and the Code of Conduct of the Nursing and Midwifery Board of Australia (NMBA). Both documents outline expectations regarding professional values. The NMBA Code of Conduct states that ‘individual nurses have their own personal beliefs and values. However, the code outlines specific standards which all nurses are expected to adopt in their practice’¹⁴. Common across both documents are the values of respect, integrity, compassion and honesty.

To demonstrate competence in nursing practice and diabetes care, nurses must apply these professional values when working with people living with diabetes, regardless of their personal values and attitude.

To learn more, access the **NMBA Code of Conduct** and the **International Council of Nurses Code of Ethics**.

Diabetes stigma

In addition to attitudes and values underpinning performance, nurses need to be aware of the stigma people living with diabetes face. Diabetes stigma is a negative social judgement that people with diabetes experience through comments that judge, blame and shame them for having diabetes, for how they manage it and for developing diabetes-related complications¹⁵. People living with diabetes experience stigma from ‘well meaning’ family, friends and health professionals.

Through increasing knowledge and understanding about diabetes, nurses can play a role in reducing the experience of stigma. This Framework provides nurses with the opportunity to increase their competence in supporting people living with diabetes with a non-judgmental perspective.

Language

Attitudes and values are conveyed through language. This framework models appropriate use of language for nurses to adopt which aligns with Diabetes Australia’s position statement, ‘Our Language Matters’¹⁶. Language is a powerful tool nurses use every day to communicate to and about people living with diabetes. According to the position statement, health professionals should use language that:

- » promotes active engagement
- » supports self-care efforts
- » acknowledges frustrations, anxieties, guilt and distress that many people living with diabetes experience.

Accepted language changes over time and it is important for nurses to remain abreast of current standards. Nurses at all practice levels should be familiar with this position statement and integrate the recommendations into practice.

14 Nursing and Midwifery Board of Australia. Code of Conduct, 2018.

15 Diabetes Australia 2022 Diabetes stigma - Heads up campaign DA 2022 <https://www.diabetesaustralia.com.au/blog/diabetes-stigma-heads-up-campaign/>

16 Our Language Matters: Improving communication with and about people with diabetes, 2021.

PART 2

Competency statements

The following statements are observable behaviours that are expected of nurses at different levels of practice relating to numerous aspects of diabetes care and management. Attaining these competencies is achieved through applying the knowledge and skills listed in Part 3.

Competency assessment

This section can be used for professional reflection or peer assessment by a supervisor or more advanced nurse. Competency assessment can:

- » assist the nurse to evaluate their own progress in diabetes care and management
- » inform the nurse of their required learning or professional development
- » ensure the nurse is providing high-quality care to people living with diabetes at a level relevant to their current nursing practice.

Steps

1. An individual nurse should reflect on their practice to determine a self-rating assessment against competencies in line with the scale below.
2. A nurse who is a specialist or expert in the relevant aspect of care can conduct a peer assessment and determine a rating in line with the scale below. The peer assessment results should be discussed with the nurse being assessed.

Note: Depending on each individual nurse's workplace and location, it may be necessary to also consider who may be appropriate as a peer assessor, particularly for rural and remote nurses. The key requirement is that the assessor has the appropriate level of competency to conduct the assessment.

Assessment rating scale

D = Demonstrated/the behaviour has been observed.

NYD = Not yet demonstrated/the behaviour has not yet been observed.

N/A = Not applicable in setting/scope.



All nurses

SR = Self rating AR = Assessor rating

| Competency statement | | |
|---|----|----|
| Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable | SR | AR |
| Provision of care | | |
| 1. Deliver diabetes care focused on the individual needs of each person living with diabetes. | | |
| 2. Identify the National Diabetes Services Scheme (NDSS) as an Australian Government Initiative administered by Diabetes Australia that supports people living with diabetes. | | |
| 3. Confirm the person living with diabetes is registered with the NDSS. If the person is not registered, refer them to registration information. | | |
| 4. Support the person living with diabetes to make informed choices and actively self-manage their condition to the best of their ability. | | |
| 5. Use appropriate and validated tools to assess the needs of the person living with diabetes. | | |
| 6. Provide care to the person living with diabetes in a manner that is culturally appropriate, safe and recognises their health beliefs. Acknowledge that it is the person living with diabetes who determines whether care has been culturally safe. | | |
| 7. Provide care according to the agreed plan of care, within local and national guidelines, procedures and policies. | | |
| 8. Demonstrate the ability to assess the literacy and health literacy skills of the person living with diabetes, and promote and strengthen health literacy where possible. | | |
| 9. Provide care in a non-judgemental manner and respect the choices made by the person living with diabetes. | | |
| 10. Perform health assessments and identify diabetes-related health care and education needs. | | |
| 11. Accurately assess and interpret clinical indicators of general health status. | | |
| 12. Accurately assess and interpret glucose readings, identify deviations from the set target range and understand clinical implications. | | |
| 13. Gather and interpret information from a range of sources to contribute to holistic, person-centred care planning. | | |
| 14. Assist people living with diabetes, or at risk of developing diabetes, to access appropriate resources and information. | | |
| 15. Identify the need to refer people living with diabetes, or at risk of diabetes, to appropriate clinical services, as appropriate. | | |
| 16. Recognise when the physical or mental health and wellbeing of the person living with diabetes is deteriorating, and report and seek assistance. | | |
| 17. Apply exploratory questioning and reflective listening techniques to enhance communication and understanding. | | |
| 18. Recognise the important role technology plays in diabetes care and management. | | |
| 19. Refer the person living with diabetes to support services and programs available through the NDSS. | | |

Reflective practice and professional development

- | | | |
|---|--|--|
| 20. Display an awareness of, and promote, the important role of diabetes care nursing practice and the nursing profession in influencing better health outcomes for people living with diabetes and pre-diabetes. | | |
| 21. Understand their own role in diabetes care, and the multidisciplinary team. | | |
| 22. Understand the role of other health professionals, including the diabetes educator and the credentialed diabetes educator, in the multidisciplinary team. | | |
| 23. Recognise their own limitations in providing diabetes care and education. | | |
| 24. Seek assistance from nurses or peers with more diabetes knowledge and experience when alternative approaches may be required to support or educate the person living with diabetes. | | |
| 25. Work in partnership with the multidisciplinary team to determine priorities for action and referral. | | |
| 26. Communicate and document systematically and effectively, to inform and report on assessment, care and management plans, evaluation and referrals. | | |
| 27. Provide accurate information and nursing care that is informed by research evidence. | | |
| 28. Seek to maintain and improve their foundation level of diabetes knowledge and skill. | | |
| 29. Take appropriate action when clinical care is not being delivered according to best practice guidelines. | | |
| 30. Recognise unsafe and/or unprofessional practice in themselves and others, and respond appropriately. | | |
| 31. Analyse and evaluate their own nursing practice and performance. | | |
| 32. Participate in quality improvement activities to identify populations at risk of diabetes and promote enhancement of diabetes management. | | |
| 33. Engage in ongoing professional development to maintain and strengthen their ability to provide contemporary diabetes management. | | |
| 34. Advocate for health services that support health literacy. | | |

Proficient level nurses

In addition to the competencies for all nurses, proficient level nurses need to achieve the following competencies.

SR = Self rating AR = Assessor rating

| Competency statement | | |
|---|----|----|
| Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable | SR | AR |
| Provision of care | | |
| 1. Use sound judgement to develop or provide advice on diabetes care plans, supported by rationales and outcomes. | | |
| 2. Demonstrate clinical judgement in diabetes care and decision-making, and model best practice. | | |
| 3. Negotiate care and changes in care using a collaborative approach. | | |
| 4. Actively collaborate with the person living with diabetes, their carer/s, and the multidisciplinary team to establish clinical targets. | | |
| 5. Provide clinical care and advice to people living with diabetes with non-complex and predictable health needs. | | |
| 6. Assist the person living with diabetes who is not at high risk of diabetes-related health issues to establish realistic and meaningful self-management goals and success measures. | | |
| 7. Analyse risks and factors that could affect the current or future health status of the person living with diabetes and implement measures to minimise risks. | | |
| Reflective practice and professional development | | |
| 8. Seek to maintain and improve a proficient level of diabetes knowledge and skill. | | |
| 9. Advocate for the role of nursing within the multidisciplinary diabetes team. | | |
| 10. Actively impart evidence-based knowledge in diabetes care; encourage and work with less experienced nurses to adopt evidence-based approaches to effective diabetes care. | | |
| 11. Seek guidance from specialist and expert level nurses, as required, to support or educate the person living with diabetes. | | |
| 12. Demonstrate awareness of digital health information and mobile technology that promotes and enhances diabetes self-management and education. | | |
| 13. Demonstrate awareness of local support services for people living with diabetes or people at risk of developing diabetes. | | |
| 14. Critically reflect and demonstrate awareness of treatment outcomes, consult with/refer to other health professionals as required. | | |
| 15. Actively seek appraisal of own performance from specialist or expert nurses. | | |

Specialist level nurses

In addition to the competencies for all nurses and proficient level nurses, specialist level nurses need to achieve the following competencies.

SR = Self rating AR = Assessor rating

| Competency statement | | |
|--|----|----|
| Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable | SR | AR |
| Provision of care | | |
| 1. Contribute to the ongoing monitoring and evaluation of the education and clinical care provided at the individual and program level. | | |
| 2. Practise within the context of a specialist multidisciplinary team. | | |
| 3. Provide clinical care and advice to people living with diabetes who are at high risk of diabetes-related health issues and have significant comorbidities. | | |
| 4. Accept delegation of referrals from health professionals for clinical care according to the scope of practice and level of competency. | | |
| 5. Apply health behaviour and educational theory to inform, motivate and support a person living with diabetes at all stages of life. | | |
| 6. Assist the person living with diabetes who is at high risk of diabetes-related health issues to establish realistic, meaningful self-management goals and success measures. | | |
| 7. Assess the understanding of the person living with diabetes in relation to the relevant clinical and self-management options available to them. | | |
| 8. Apply a wide variety of approaches to the education, counselling and motivation of people living with diabetes and modify the approach as required. | | |
| 9. Assist in coordinating care for the person living with diabetes across the multidisciplinary team and integrate the care of comorbidities, as appropriate. | | |
| 10. Assist the person living with diabetes to register with the NDSS. | | |
| Reflective practice and professional development | | |
| 11. Assist with developing evidence-based decision-making frameworks. | | |
| 12. Act as a resource for student nurses, less experienced nurses and other health professionals to facilitate individualised diabetes care and education plans. | | |
| 13. Seek guidance from expert diabetes nurses, as required, to support or educate the person living with diabetes. | | |
| 14. Seek to maintain and improve a specialist level of diabetes knowledge and skill, appropriate to the role of a nurse. | | |
| 15. Actively participate in developing, implementing and evaluating educational materials, supportive networks and models of diabetes care. | | |
| 16. Advocate for improved access to diabetes technology for people living with diabetes. | | |
| 17. Develop and deliver diabetes training programs for generalist health care providers at a variety of levels. | | |
| 18. Actively participate in, or lead, quality improvement activities. | | |
| 19. Actively contribute to developing and reviewing local guidelines, protocols and services. | | |
| 20. Provide mentoring and support to less experienced nurses and other health professionals to apply best practice in diabetes care. | | |
| 21. Assist community health professionals with prevention initiatives, as appropriate. | | |
| 22. Promote critical thinking and evidence-based practice in the contemporary management of diabetes care. | | |
| 23. Apply knowledge of age-specific learning principles, health literacy and behaviour change theory to develop effective diabetes education and support programs. | | |

Expert level nurses

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses, expert level nurses need to achieve the following competencies.

SR = Self rating AR = Assessor rating

| Competency statement | | |
|--|----|----|
| Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable | SR | AR |
| Provision of care | | |
| 1. Provide clinical care and advice for people with complex diabetes-related health issues, including diabetes-related health conditions. | | |
| 2. Seamlessly shift between education, counselling, and behavioural approaches to meet the evolving needs of the person living with diabetes. | | |
| 3. Implement appropriate care and education strategies to meet the unique needs of people with disability and diabetes. | | |
| Reflective practice Clinical | | |
| Clinical | | |
| 4. Provide expert advice to others on best practice principles for the clinical care and management of people living with any form of diabetes or pre-diabetes. | | |
| 5. Review and develop diabetes-related clinical pathways to support access to quality clinical nursing care for people living with diabetes. | | |
| 6. Lead the monitoring of clinical care provision to ensure care is consistent with the nursing practice guidelines and protocols. | | |
| 7. Participate in broader community/organisational committees or working parties to develop and review best practice clinical guidelines. | | |
| 8. Influence national policy in relation to clinical management of people living with diabetes. | | |
| 9. Lead advocacy, resource development and knowledge-building activities for nurses developing their careers in diabetes nursing. | | |
| 10. Provide peer review of assessment and teaching and provide guidance and support to colleagues. | | |
| 11. Teach behavioural theories and approaches to nursing colleagues and other health professionals. | | |
| 12. Provide training and guidance to less experienced nurses on diabetes technology. | | |
| 13. Support the ongoing professional development of diabetes educators, diabetes specialist nurses and other health care professionals. | | |
| 14. Participate in professional organisation workshops/committees/projects to promote diabetes knowledge and skills in nursing. | | |
| 15. Serve as a resource in curriculum and program development, design and evaluation. | | |
| 16. Work in collaboration with higher educational institutions and other educational providers to meet the diabetes knowledge and skill educational needs of nurses. | | |
| 17. Mentor and provide opportunities for less experienced nurses to gain clinical skills and knowledge, education skills, and research and quality improvement skills in diabetes care and management. | | |
| 18. Provide peer review of assessment and teaching and provide guidance and support to colleagues. | | |

| Professional Development | | |
|--------------------------|--|--|
| 19 | Maintain and consistently apply an expert level of diabetes knowledge and skill appropriate to the nurse's role. | |
| 20 | Undertake advanced postgraduate studies in diabetes education and management to enhance evidence-based practice. | |
| 21 | Continue to seek educational opportunities to improve diabetes management and education. | |
| 22 | Engage in peer reviews and professional reflection. | |
| 23 | Actively seek opportunities to participate in, and/or represent, diabetes nurses, diabetes educators and diabetes education on national and international committees, working groups and in review of government policy. | |
| Research | | |
| 24 | Lead the development, auditing and reporting of client-related experiences and outcome measures. | |
| 25 | Initiate and guide research through leadership and consultancy. | |
| 26 | Act as an expert and resource for other health professionals in research, methodology, analysis and implementation. | |
| 27 | Seek opportunities to actively undertake research to build the evidence base in diabetes management and care. | |
| Service Delivery | | |
| 28 | Lead the development of the annual business plan within the nursing area of employment or self-employment. | |
| 29 | Monitor the current system of service delivery, recognise system failures and develop strategies for improvement. | |
| 30 | Develop and evaluate the current system of service delivery to ensure health disparities among population groups are addressed. | |
| 31 | Lead the management of human and material resources to deliver efficient, effective service. | |
| 32 | Collaborate with relevant stakeholders to identify and document overall diabetes service goals, targets and strategies to achieve these goals. | |
| 33 | Report to relevant authorities on the use of diabetes services, as appropriate. | |
| 34 | Review information to identify barriers to health service access and equity of service provision. | |
| 35 | Implement strategic professional growth and development plans. | |
| 36 | Work towards improving population-based interventions with a team-based approach and in consultation with stakeholders and consumers. | |
| 37 | Lead the liaison with local and national public health networks and diabetes services in the development of integrated diabetes care pathways. | |
| 38 | Proactively advocate to fill resource deficiencies in the provision of diabetes care and the needs of people living with diabetes. | |

| | | | |
|----|--|--|--|
| 39 | Influence national policy about the promotion of improved services for people living with diabetes. | | |
| 40 | Compare current health service delivery with best practice models to identify areas for improvement. | | |
| 41 | Work with communities to meet specific cultural needs and provide care that is culturally appropriate and responsive. | | |
| 42 | Use appropriate dialogue, cultural context and collaborative partners to engage as an advocate and leader/expert in diabetes and pre-diabetes education and management activities. | | |

PART 3

Knowledge and skill statements

The following statements explain the knowledge and skills that are expected of nurses at the four practice levels in relation to specific areas of diabetes care and management.

Developing the knowledge and skills listed in this section enables nurses to achieve competencies listed in Part 2 of the Framework. Each knowledge and skill statement specified in the 'All nurses' level carries through to the higher practice levels. Nurses are not expected to achieve knowledge and skills across all aspects of care, but rather select aspects of care that are relevant to their role and scope.

Knowledge and skills assessment

The assessment of knowledge and skills is designed to:

- » help nurses evaluate their own progress in diabetes care and management
- » inform nurses of their required learning and professional development
- » ensure nurses are providing high-quality care for people living with diabetes, in line with their current nursing practice and required level of knowledge and skill.

Steps:

1. An individual nurse is encouraged to reflect on their knowledge and skills and determine a self-rating assessment against each statement in line with the scale below.
2. A nurse who is at the specialist or expert level in the relevant aspects of care can then conduct an assessment and determine a rating in line with the same scale. The result should be discussed with the nurse being assessed. Nurses should use a variety of methods to demonstrate their knowledge and skill, including demonstrating clinical competencies, assessment and care planning, verbal questioning, reflection on clinical practice, and case study responses.

Note: Depending on each individual nurse's workplace and location, it may be necessary to also consider who may be appropriate as an assessor, particularly for rural and remote nurses. The key consideration is that the assessor has the correct clinical knowledge and skills to conduct the assessment.

Assessment rating scale

1 = Developing

'I need to develop my knowledge and skills relating to this statement to support my current nursing practice.'

2 = Competent

'I can demonstrate that I adequately meet the knowledge and skills relating to this statement.'

3 = Excellent

'I can demonstrate that I comprehensively meet the knowledge and skills relating to this statement.'

N/A = Not applicable:

'In my current nursing practice, this aspect of care does not apply to me.'

Example:

SR = Self rating AR = Assessor rating

1. Diabetes prevention, screening and diagnosis

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

All nurse

Nurses should be able to:

1.1 Outline the pathophysiology of diabetes

1.2 Outline the differences between type 1 diabetes, type 2 diabetes and gestational diabetes.

Aspects of diabetes care

The following aspects of diabetes care and management apply to all nurses and midwives.

1. Diabetes prevention, screening and diagnosis
2. Lifestyle factors – nutrition, alcohol and other drugs, smoking, physical activity, weight, stress and sleep
3. Mental health
4. Cultural safety for Aboriginal and Torres Strait Islander peoples
5. Cultural safety for culturally and linguistically diverse people
6. Supporting self-management
7. Glucose and ketone monitoring
8. Medication monitoring – oral glucose lowering medication
9. Medication monitoring – injectable therapies
10. Hypoglycaemia
11. Hyperglycaemia
12. Macrovascular-related health issues – hypertension, cardiovascular disease and peripheral vascular disease
13. Microvascular-related health issues – neuropathy, nephropathy, retinopathy and the high-risk foot
14. Sick day management
15. Travelling with diabetes.

The following aspects of diabetes care and management apply to nurses, midwives, expert diabetes educators and diabetes educator nurse practitioners working within these specific practice areas.

16. Managing diabetes in hospital
17. Bariatric-metabolic surgery
18. Disability and diabetes
19. Older people and diabetes
20. Life-limiting illness, palliative and end of life care
21. Pregnancy – pre-conception care for people with existing diabetes
22. Pregnancy – antenatal and postnatal care
23. Young people and diabetes.

These aspects of diabetes care are interrelated. Therefore to provide comprehensive holistic care, nurses will need to apply knowledge and skills from across several aspects of care. For example, knowledge and skills listed in mental and emotional health are applicable to children and adolescents, throughout pregnancy and in hospital. Exactly how aspects of care interact depends greatly on the nurse's role and scope of practice.



1. Diabetes prevention, screening and diagnosis

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

1. All nurse

Nurses should be able to:

- | | | |
|--|--|--|
| 1.1 Outline the pathophysiology of diabetes | | |
| 1.2 Outline the differences between type 1 diabetes, type 2 diabetes and gestational diabetes | | |
| 1.3 Explain glucose metabolism including the role of insulin | | |
| 1.4 Describe pre-diabetes and its clinical significance | | |
| 1.5 Describe the risk factors for developing pre-diabetes and type 2 diabetes | | |
| 1.6 Identify individuals who are at risk of pre-diabetes and type 2 diabetes | | |
| 1.7 Explain the importance of preventing and delaying the onset of type 2 diabetes for at-risk individuals | | |
| 1.8 Outline the progression and long-term health consequences of diabetes | | |
| 1.9 Demonstrate awareness of healthy lifestyle principles to prevent or delay the onset of pre-diabetes and type 2 diabetes, including weight management, nutrition, physical activity, stress management and sleep management | | |
| 1.10 Describe the symptoms and clinical presentation of diabetes | | |
| 1.11 Recognise the increasing incidence of diabetes | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | |
|---|--|--|
| 2.1 Define metabolic syndrome and its implications | | |
| 2.2 Describe genetic risk and predisposition to all types of diabetes | | |
| 2.3 Describe impaired fasting glucose and impaired glucose tolerance | | |
| 2.4 Explain the links between diabetes and other chronic conditions (for example, cardiovascular disease, chronic kidney disease) | | |
| 2.5 Explain the diagnostic criteria for pre-diabetes and diabetes | | |
| 2.6 Describe local prevention, screening and diagnosis policies/diagnostic criteria for type 2 diabetes | | |
| 2.7 Describe local diagnosis policies/diagnostic criteria for type 1 diabetes | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|---|--|--|
| 3.1 | Discuss in detail the pathophysiology of type 1 diabetes, type 2 diabetes, pre-diabetes and gestational diabetes | | |
| 3.2 | Outline other types of diabetes (for example, maturity onset diabetes of the young, latent autoimmune diabetes in adults, and mitochondrial diabetes) | | |
| 3.3 | Recognise that type 1 diabetes can co-occur with other autoimmune conditions | | |
| 3.4 | Discuss in detail the role of insulin in glucose, lipid and protein metabolism, insulin resistance, and the role of counter-regulatory hormones | | |
| 3.5 | Explain prevention strategies for type 2 diabetes at different life stages and for people with a disability and/or with special needs | | |
| 3.6 | Explain the special considerations of a diabetes diagnosis at different life stages and for people with a disability and/or with special needs | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|---|--|--|
| 4.1 | Discuss in detail other types of diabetes and other endocrinopathies related to diabetes (for example, maturity onset diabetes of the young, mitochondrial diabetes and latent autoimmune diabetes in adults) | | |
| 4.2 | Describe the concepts of primary, secondary and tertiary type 2 diabetes prevention (that is, prevention at different stages of type 2 diabetes) | | |
| 4.3 | Discuss trends in the epidemiology of pre-diabetes and type 2 diabetes | | |
| 4.4 | Discuss national and international evidence and strategies for preventing type 2 diabetes | | |
| 4.4 | Discuss national and international evidence and strategies for preventing diabetes | | |



2. Lifestyle factors – nutrition, alcohol and other drugs, smoking, physical activity, weight, stress and sleep

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

1. All nurse

Nurses should be able to:

| | | | |
|------|--|--|--|
| 1.1 | Conduct a general nursing assessment relating to health and wellbeing | | |
| 1.2 | Explain the effect of carbohydrates on blood glucose levels and patterns | | |
| 1.3 | List the basic healthy eating principles based on the Australian dietary guidelines as they apply to healthy Australians at risk of type 2 diabetes | | |
| 1.4 | Discuss the importance of a nutritional intake assessment for people living with diabetes | | |
| 1.5 | Identify situations where the recommended healthy eating advice may not be appropriate (for example, for a person at risk of malnutrition, they may require referral to a dietitian to increase intake with appropriate dietary supplements) | | |
| 1.6 | Explain when and how to refer to a dietitian, for example, type 2 diabetes and malnutrition | | |
| 1.7 | Describe the relationship between smoking and long-term health risks, including cardiovascular disease and diabetes-associated health issues | | |
| 1.8 | Outline precautions in relation to alcohol consumption as per the Australian Alcohol Guidelines | | |
| 1.9 | Describe the benefits of physical activity, including blood glucose and weight management and emotional health and wellbeing | | |
| 1.10 | Explain the relationship between an increased waist measurement and insulin resistance | | |
| 1.11 | Explain when and how to refer to an exercise physiologist for physical assessment/needs, if necessary, prior to commencing an exercise program | | |
| 1.12 | Calculate and interpret body mass index, waist circumference and waist-to-hip ratio | | |
| 1.13 | Explain the effects of stress on diabetes management, including impact on blood glucose levels | | |
| 1.14 | Encourage the person to share any stressors with their diabetes health professional | | |
| 1.15 | Discuss national guidelines and recommendations for nutrition, physical activity, alcohol consumption and smoking | | |
| 1.16 | Recognise when to refer the person to a credentialled diabetes educator, psychologist, counsellor and/or general practitioner | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|------|---|--|--|
| 2.1 | Identify foods high in carbohydrate, sugar, fibre, protein, fat and saturated fat | | |
| 2.2 | Explain how nutritional intake relates to prescribed medications and hypoglycaemia | | |
| 2.3 | Describe how to use nutrition labels to evaluate food products | | |
| 2.4 | Describe the dietary factors that affect glucose levels, including the glycaemic index and glycaemic load of carbohydrate foods | | |
| 2.5 | Describe the dietary factors that affect blood pressure and lipid profiles | | |
| 2.6 | Discuss social, environmental and cultural issues that may affect the ability to maintain a healthy diet | | |
| 2.7 | Describe the relationship between alcohol, glycaemic management and long-term health risks | | |
| 2.8 | Describe the health benefits of smoking cessation at any age | | |
| 2.9 | Describe the effects of life stressors and chronic stress (distinct from diabetes- associated stress) on diabetes management | | |
| 2.10 | Discuss the importance of good quality sleep and the role of restorative sleep for overall health, particularly in relation to glucose regulation | | |
| 2.11 | Describe the significance of body mass index, waist circumference and waist-to-hip ratio to diabetes and associated health issues | | |
| 2.12 | Identify medications the person may be taking that increase glucose levels (for example, oral steroids) | | |
| 2.13 | Help the person identify achievable self-management improvements to reduce their health risk | | |
| 2.14 | Explain the role of social connectedness in diabetes management for improving mental health | | |



3. Specialist level nurse

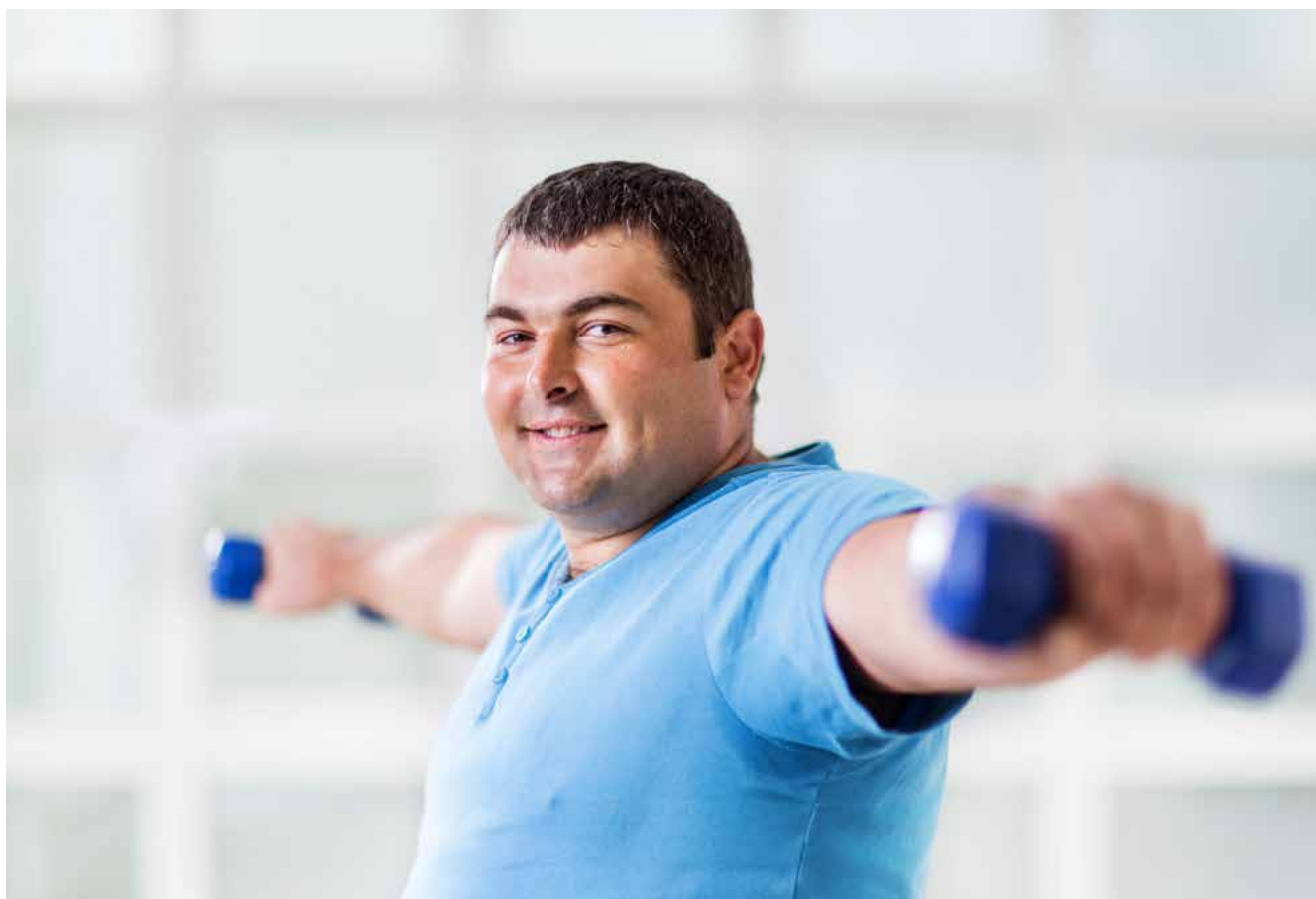
In addition to the competencies for all nurses and proficient level nurses:

| | | | |
|------|--|--|--|
| 3.1 | Explain the relationship between nutrition, physical activity, glycaemic management and medication in preventing hypoglycaemia and hyperglycaemia | | |
| 3.2 | Support the person and provide them with education to help them make informed dietary choices | | |
| 3.3 | Educate the person on the principles of carbohydrate counting and medication dose adjustment where appropriate | | |
| 3.4 | Explain the diabetes management considerations for a person who is receiving enteral feeding | | |
| 3.5 | Evaluate the person's ability to self-manage their blood glucose levels with dietary intake and/or carbohydrate counting, continuous glucose monitoring (CGM) and/or insulin pumps (CSII - Continuous Subcutaneous Insulin Infusion) | | |
| 3.6 | Advise on insulin pump management during physical activity according to evidence-based guidelines | | |
| 3.7 | Advise on how to wear an insulin pump or CGM day-to-day, and during physical activity, sleep, sexual activity and at other times when wearing a pump may be challenging | | |
| 3.8 | Describe issues that may affect nutrition (for example, gastroparesis, coeliac disease, disordered eating, bariatric-metabolic surgery) | | |
| 3.9 | Assess the person's ability to safely perform physical activity and advise precautions when diabetes-related health conditions are present | | |
| 3.10 | Describe the effects of physical activity on glucose metabolism and the duration of effect | | |
| 3.11 | Promote physical activity as appropriate and provide education about management for people who take medication that can cause hypoglycaemia | | |
| 3.12 | Describe the need to adjust food or medication for planned or unplanned physical activity | | |
| 3.13 | Explain the risks and safety precautions to minimise the risk of physical injury when living with diabetes (for example, footwear, hypoglycaemia, considerations for people with peripheral neuropathy) | | |
| 3.14 | Explain differences in the effects of physical activity on blood glucose levels, for people living with type 1 diabetes, type 2 diabetes or gestational diabetes | | |
| 3.15 | Describe blood glucose management during and following physical activity related to hypoglycaemia and hyperglycaemia | | |
| 3.16 | Discuss the need for a multifaceted approach when considering weight reduction and weight maintenance | | |
| 3.17 | Provide appropriate, realistic and evidence-based weight reduction advice and refer to appropriate team members | | |
| 3.18 | Discuss sleep apnoea as a risk factor for diabetes, and diabetes as a risk factor for sleep apnoea, and the importance of correcting obstructive sleep apnoea for the management of diabetes | | |
| 3.19 | Educate on the effects of stress on diabetes management and support the person living with diabetes to identify appropriate stress management techniques (for example, physical activity, cultural activities, reading, social/peer support) | | |
| 3.20 | Identify the association between insulin resistance and obstructive sleep apnoea | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|---|--|--|
| 4.1 | Describe types of nutrients (carbohydrate, fat, protein, alcohol), their functions in the body, their relationship to insulin and their effect on glucose and lipid profiles | | |
| 4.2 | Explain carbohydrate counting and discuss its application relating to carbohydrate counting principles and medication dose adjustment where appropriate | | |
| 4.3 | Describe the benefits of physical activity on the risk of cardiovascular disease, lipid profiles and weight reduction/maintenance relating to carbohydrate counting principles and medication dose adjustment where appropriate | | |
| 4.4 | Identify available services for weight reduction/management (for example, metabolic clinics, specialised services, bariatric-metabolic surgery); explain the referral criteria and refer as necessary | | |
| 4.5 | Demonstrate awareness of the effects of aerobic, anaerobic physical activity and resistance training on glucose levels | | |
| 4.6 | Discuss the pathophysiological characteristics of obstructive sleep apnoea in relation to insulin resistance and diabetes | | |
| 4.7 | Advise on insulin pump dose adjustment (within scope of practice) with risk-taking behaviour, alcohol consumption, weight reduction and low-carbohydrate meals | | |



3. Mental health

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

1. All nurse

Nurses should be able to:

- | | | | |
|-----|---|--|--|
| 1.1 | Describe the psychological and emotional impact of a diagnosis of any type of diabetes | | |
| 1.2 | Describe the importance of emotional health and wellbeing in diabetes care and self-management | | |
| 1.3 | Demonstrate awareness of the potential for diabetes distress as a result of the burden of daily self-management, and know when to refer on for psychological support | | |
| 1.4 | Demonstrate awareness that people living with diabetes may be affected by mental health conditions/mental illness such as depression and anxiety and they have a higher risk of experiencing these conditions | | |
| 1.5 | Define diabetes stigma and weight stigma | | |
| 1.6 | Outline the role of nurses and other health care professionals in minimising stigma | | |
| 1.7 | Discuss and escalate concerns for a person's emotional health and wellbeing to senior staff and refer to a specialist diabetes health professional when emotional distress or burn-out is identified | | |
| 1.8 | Recognise the impact of a diabetes diagnosis and ongoing management on families and carers of people living with diabetes | | |

2. Proficient level nurse

In addition to the competencies for all nurses, and:

- | | | | |
|-----|---|--|--|
| 2.1 | Outline the need for people living with diabetes to be routinely monitored for diabetes distress, anxiety and depression | | |
| 2.2 | Describe issues relating to self-management that could cause diabetes distress (for example, the prospect of associated health issues, treatment costs, the impact on lifestyle, frustration from daily management, the impact of health professional interactions) | | |
| 2.3 | Describe the signs that might indicate a person living with diabetes is experiencing diabetes distress or reduced emotional health and wellbeing | | |
| 2.4 | Employ available validated screening tools for assessing for diabetes distress, anxiety, depression and burn-out | | |
| 2.5 | Describe the psychological impact diabetes can have and be able to facilitate referral for psychological support, as necessary | | |
| 2.6 | Explain the increased risk of type 2 diabetes for people taking antipsychotic medication | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

| | | | |
|------|---|--|--|
| 3.1 | Describe the risks associated with undiagnosed diabetes distress, including health and psychological outcomes | | |
| 3.2 | Describe strategies to support a person experiencing diabetes distress or reduced emotional health and wellbeing | | |
| 3.3 | Outline the consequences of diabetes stigma, weight stigma and fear of stigma, including clinical, behavioural and psychological (for example, not attending appointments/screening for fear of health professional judgment) | | |
| 3.4 | Discuss diabetes as a risk factor for disordered eating | | |
| 3.5 | Identify signs of disordered eating, including disordered eating behaviours, compensatory weight control behaviours, and insulin restriction or omission | | |
| 3.6 | Explain when and how to refer a person living with diabetes with suspected disordered eating or an eating disorder to a specialised service or specialist health professional | | |
| 3.7 | Identify psychological barriers to insulin use, including thoughts or feelings about starting, using or intensifying insulin | | |
| 3.8 | Explain how the medications prescribed for common mental health conditions affect glycaemic management (for example, depression, schizophrenia, dementia) | | |
| 3.9 | Outline antipsychotic agents and antidepressants that may induce insulin resistance, increase glycaemic state and increase weight gain, and seek medication reviews | | |
| 3.10 | Describe the implications of experiencing mental health conditions on lifestyle choices and self-care | | |
| 3.11 | Work with the person living with diabetes to develop an individualised management plan regarding their emotional health and wellbeing in relation to their diabetes | | |
| 3.12 | Identify when a person is emotionally unwell and refer them to, or ensure the involvement in their care of, specialist health professionals and social work services. | | |
| 3.13 | Describe the fear of hypoglycaemia, associated with the risk and/or occurrence of hypoglycaemia | | |
| 3.14 | Recognise that some medications prescribed to manage mental health conditions affect glycaemic and lipid management | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

| | | | |
|-----|--|--|--|
| 4.1 | Apply psycho-educational interventions for reducing any diabetes-related fears, particularly fear of hypoglycaemia | | |
| 4.2 | Advise on the management of diabetes for people with complex mental health conditions, including people with intellectual or developmental disability prescribed anti-psychotic medication to manage behavioural responses | | |
| 4.3 | Discuss complex mental health conditions and implications for diabetes management (for example, eating disorders, drug misuse, cardiovascular disease risk from smoking) | | |

4. Cultural safety for Aboriginal and Torres Strait Islander people

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

1. All nurse

Nurses should be able to:

- | | | | |
|------|--|--|--|
| 1.1 | Recognise that the meaning of health and wellbeing varies for an individual across and within different cultural groups | | |
| 1.2 | Describe one's own culture, health beliefs and attitudes and how these influence practice as a health professional | | |
| 1.3 | Explain the concepts of cultural privilege, power and inequality in health care systems | | |
| 1.4 | Describe the importance of cultural and spiritual preferences as they relate to health care and demonstrate cultural sensitivity when communicating and providing care | | |
| 1.5 | Recognise language barriers and know when to utilise and work effectively with an interpreter; and provide appropriate written material in preferred language when available | | |
| 1.6 | Discuss Australia's history of colonisation and its impact on Aboriginal and Torres Strait Islander peoples' health and wellbeing relating to the social determinants of health, health literacy and legislated practices | | |
| 1.7 | Recognise the diversity of lived experiences of Aboriginal and Torres Strait Islander peoples which may impact how they receive health care | | |
| 1.8 | Demonstrate awareness of the systemic inequalities that result in health disparity between Aboriginal and Torres Strait Islander peoples and non-Indigenous people | | |
| 1.9 | Recognise the higher prevalence of diabetes and other co-morbidities among Aboriginal and Torres Strait Islander peoples compared with non-Indigenous people | | |
| 1.10 | Recognise the link between increased rates of diabetes and living remotely | | |
| 1.11 | Describe the role of an Aboriginal and Torres Strait Islander health worker and an Aboriginal and Torres Strait Islander health practitioner in providing cultural safety in health care provision for an individual, and seek their collaboration and advice at all opportunities where available | | |
| 1.12 | Explain the importance of culturally appropriate and culturally safe resources and communication strategies to promote effective diabetes education | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|--|--|--|
| 2.1 | Provide health information, education and recommendations in a culturally appropriate, culturally sensitive and culturally safe manner | | |
| 2.2 | Select appropriate educational resources consistent with the person's cultural background and health literacy level and how they prefer to learn | | |
| 2.3 | Identify any cultural and psychological challenges for the person to self-manage their condition | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|---|--|--|
| 3.1 | Work with the person living with diabetes and the health care team to support the person to manage cultural and psychosocial barriers for self-management | | |
| 3.2 | Recognise cultural traditions and integrate cultural awareness when providing diabetes education (for example, ask about typical diet, cultural and religious events) | | |
| 3.3 | Identify Aboriginal Controlled Community Health Services or culturally safe health services as providers of integrated primary care and collaborate with these services for person-centred care | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|--|--|--|
| 4.1 | Model culturally appropriate behaviour and culturally sensitive practice for other health care providers | | |
| 4.2 | Facilitate problem-solving strategies for psychosocial challenges impacting people's self-management of diabetes | | |
| 4.3 | Advocate for the inclusion of cultural safety as a key principle in policies and procedures | | |



5. Cultural safety for culturally and linguistically diverse people

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

1. All nurse

Nurses should be able to:

- | | | | |
|------|--|--|--|
| 1.1 | Recognise that attitudes towards, and constructs of, health and wellbeing vary across and within different cultures | | |
| 1.2 | Describe one's own culture, health beliefs and attitudes and how these influence practice as a health professional | | |
| 1.3 | Explain the concepts of cultural privilege, power and inequality in health care systems | | |
| 1.4 | Describe the importance of cultural and spiritual preferences as they relate to health care and demonstrate cultural sensitivity when providing care | | |
| 1.5 | Explain the importance of a culturally appropriate environment and communication to promote effective diabetes management and programs | | |
| 1.6 | Recognise language barriers, including general literacy in the person's first language and English, and be able to request and work effectively with an interpreter; and provide appropriate written material in preferred language when available | | |
| 1.7 | Recognise the diversity of lived experiences of Culturally and Linguistically Diverse people | | |
| 1.8 | Describe how a refugee experience can impact an individual's health and wellbeing | | |
| 1.9 | Describe how an immigration experience can impact an individual's health and wellbeing | | |
| 1.10 | Recognise that some culturally and linguistically diverse groups are at higher risk of developing type 2 diabetes and other comorbidities | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|---|--|--|
| 2.1 | Provide health information, education and recommendations in a culturally appropriate manner | | |
| 2.2 | Select appropriate educational resources consistent with the person's cultural or ethnic background and literacy | | |
| 2.3 | Work with the person living with diabetes and the health care team to overcome cultural and psychosocial barriers to self-management | | |
| 2.4 | Describe the structural and individual barriers that limit culturally and linguistically diverse peoples' access to diabetes-related services | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|---|--|--|
| 3.1 | Identify cultural and psychosocial challenges affecting the ability of the person living with diabetes to self-manage their condition | | |
| 3.2 | Recognise cultural traditions and integrate cultural awareness when providing diabetes education (for example, their typical diet, cultural and religious events) | | |
| 3.3 | Identify services that can support culturally and linguistically diverse people with their health and wellbeing | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|--|--|--|
| 4.1 | Model culturally appropriate behaviour and culturally sensitive practice for other health care providers | | |
| 4.2 | Facilitate problem-solving strategies for psychosocial challenges impacting people's self-management of diabetes | | |
| 4.3 | Advocate for the inclusion of cultural safety as a key principle in policies and procedure | | |

6. Supporting self-management

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR AR

1. All nurse

Nurses should be able to:

- | | | | |
|-----|--|--|--|
| 1.1 | Explain the importance of effective self-management of diabetes for improved health outcomes | | |
| 1.2 | Support people to improve their confidence and make decisions for improved self-management of diabetes | | |
| 1.3 | Recognise that people living with diabetes use various technologies to manage their diabetes | | |
| 1.4 | Explain health literacy and why it is fundamental in supporting effective self-management of diabetes | | |
| 1.5 | Evaluate the health literacy of the person living with diabetes | | |
| 1.6 | Provide meaningful and appropriate health education within individual scope of practice | | |
| 1.7 | Evaluate the need for additional services to support self-management and person-centred goals | | |
| 1.8 | Explain when and how to refer to a credentialled diabetes educator for specialised self-management education | | |
| 1.9 | Explain when and how to refer a person living with diabetes for a home medication review | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|--|--|--|
| 2.1 | Evaluate people for any literacy, numeracy, physical, emotional, cultural and cognitive barriers to engaging in self-management activities | | |
| 2.2 | Describe the potential effect life events can have on the ability to self-manage diabetes | | |
| 2.3 | Identify any psychosocial issues that may affect self-management and identify when to refer to specialist support | | |
| 2.4 | Discuss strategies to develop self-management skills when supporting a person living with diabetes | | |
| 2.5 | Discuss behavioural change and adult learning principles in relation to health care | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|---|--|--|
| 3.1 | Develop a diabetes management plan with the person living with diabetes that maximises independence and self-management | | |
| 3.2 | Facilitate problem-solving and brainstorming skills with the person to identify solutions to self-management barriers | | |
| 3.3 | Evaluate the person and provide tailored education to maximise self-management and informed decision-making | | |
| 3.4 | Identify barriers and potential barriers to self-managing diabetes and strategies to manage these | | |
| 3.5 | Explain how to facilitate behaviour change and goal setting, including techniques to motivate (motivational interviewing, stages of change) | | |
| 3.6 | Apply advanced communication and counselling skills to help the person make informed decisions | | |
| 3.7 | Customise education and apply different teaching and learning principles to accommodate the age, literacy level, preferred learning style, cultural or ethnic background, and physical or cognitive abilities of people who have, or are at risk of developing diabetes | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|--|--|--|
| 4.1 | Identify cognitive, emotional, social and behavioural risks to self-management, and facilitate problem-solving with the person and their carers to address these risks | | |
| 4.2 | Develop and implement models of diabetes care and evidence-based education and materials that promote individual empowerment and self-efficacy | | |
| 4.3 | Describe and apply adult learning theories to support and develop skills in self-management | | |

7. Glucose and ketone monitoring

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR AR

1. All nurse

Nurses should be able to:

- | | | | |
|-----|---|--|--|
| 1.1 | State the target glucose ranges and target glycosylated haemoglobin (HbA1c) ranges for people living with different types of diabetes | | |
| 1.2 | Explain that treatment targets for glucose and ketone levels are individualised | | |
| 1.3 | Check a blood glucose level and blood ketone level, using a portable blood glucose meter according to the manufacturer's instructions | | |
| 1.4 | Identify that people with diabetes may use various technologies to monitor glucose levels (sensor glucose monitoring and continuous glucose monitoring) | | |
| 1.5 | Interpret glucose level results, including identifying out-of-target-range results, providing treatment if required and reporting as appropriate | | |
| 1.6 | Explain local procedures about the disposal of sharps | | |
| 1.7 | Describe how to access blood glucose and ketone monitoring supplies in the workplace | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|--|--|--|
| 2.1 | Educate the person living with diabetes on using an accurate and safe technique for glucose monitoring, frequency of monitoring, interpretation of results and any action required | | |
| 2.2 | Explain what ketones are, when to monitor for ketones, when to take action and ensure follow up and/or referral | | |
| 2.3 | Describe the importance of tailoring treatment targets to the individual with diabetes (for example, for glucose levels - including time in range, HbA1c, blood pressure and lipids, pregnancy, hypoglycaemia unawareness) | | |
| 2.4 | Describe the benefits of structured monitoring of glucose levels and trends | | |
| 2.5 | Explain the appropriate action to take if ketones are outside the expected range | | |
| 2.6 | Describe further diagnostic and surveillance criteria that would be indicated with moderate/high ketones (for example, HbA1c, estimated glomerular filtration rate, random blood glucose, blood gases) | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|--|--|--|
| 3.1 | Educate the person living with diabetes about ketone monitoring procedures with sick day management advice and procedure | | |
| 3.2 | Discuss continuous glucose monitoring (CGM) and sensor glucose monitoring systems, their application, and the role of blood glucose meter calibration when necessary, and alarms | | |
| 3.3 | Initiate CGM and sensor systems | | |
| 3.4 | Download CGM information, interpret information and provide appropriate advice | | |
| 3.5 | Work alongside the person living with diabetes to develop an appropriate monitoring pattern | | |
| 3.6 | Use results to optimise treatment and glycaemic management while incorporating person-centred preferences and active involvement | | |
| 3.7 | Discuss implications for monitoring of glucose levels during fasting periods (for example, Ramadan and Lent) | | |
| 3.8 | Provide sick day management plans and advice as per the current evidence-based guidelines and recommendations | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|---|--|--|
| 4.1 | Explain conditions that interfere with obtaining an accurate HbA1c result (for example, haemochromatosis) | | |
| 4.2 | Provide advice and troubleshoot CGM issues | | |



8. Medication monitoring – oral glucose lowering medication

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR AR

1. All nurse

Nurses should be able to:

- | | | | |
|-----|--|--|--|
| 1.1 | Outline the common types of oral glucose-lowering medications and their route of administration | | |
| 1.2 | Explain the effects and side effects of the variety of oral glucose lowering medications | | |
| 1.3 | Explain indications for initiating oral glucose lowering medications in people with pre-diabetes or type 2 diabetes | | |
| 1.4 | Explain to the person living with diabetes the risks and benefits of taking or not taking prescribed diabetes medication | | |
| 1.5 | Recognise the need for people living with diabetes who are having surgery to be referred to either a credentialled diabetes educator, general practitioner or nurse practitioner for pre-operative assessment, and peri-operative advice and management of oral glucose-lowering medications | | |
| 1.6 | Explain contraindications and precautions for individual diabetes medications | | |
| 1.7 | Outline local reporting systems for oral medication errors | | |
| 1.8 | Comply with legislation relating to medication, including the relevant Poisons Act | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|---|--|--|
| 2.1 | Describe common side effects of oral glucose lowering medications; how to avoid, minimise and manage the side effects; and when to seek advice | | |
| 2.2 | Recognise when oral glucose lowering medication is ineffective and needs to be adjusted over time | | |
| 2.3 | Describe the need for changes in medication management | | |
| 2.4 | Discuss diabetes medication management and treatment plans, including dose, timing, and monitoring dose effect | | |
| 2.5 | Outline local policies and procedures about the peri-operative management of people living with diabetes, including adjustments to oral glucose lowering medication | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|--|--|--|
| 3.1 | Describe therapeutic doses of oral glucose lowering medications and the treatment algorithm recommendations | | |
| 3.2 | Evaluate the impact of comorbidities and existing medications on diabetes management options | | |
| 3.3 | Explain the impact of commonly prescribed medications on glucose levels and the efficacy of oral glucose-lowering medications (for example, statins, angiotensin-converting enzyme [ACE] inhibitors and non-steroidal anti-inflammatory drugs [NSAIDs]) | | |
| 3.4 | Describe combination therapy (that is, two or three oral glucose-lowering medications, or oral glucose-lowering medications and insulin) and the need for additional glucose-lowering medications to be initiated in a timely manner | | |
| 3.5 | Discuss issues relating to polypharmacy and drug interactions (for example, the use of steroids and anti-psychotics) | | |
| 3.6 | Describe the challenges in taking prescribed oral glucose-lowering medications for people living with diabetes and collaborate in problem-solving to address identified challenges | | |
| 3.7 | Describe how to assess the efficacy of various oral glucose-lowering medications (for example, through self-monitoring of blood glucose or glycosylated haemoglobin [HbA1c]) | | |
| 3.8 | Discuss oral glucose-lowering medication management prior to procedures and adjustment peri-operatively, and ensure all relevant specialist services are involved in care, acknowledging that some oral glucose-lowering medications may need to be ceased well in advance of procedures | | |
| 3.9 | Describe use of diabetes treatment algorithms in relation to oral glucose-lowering medications | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|---|--|--|
| 4.1 | Describe the impact of concurrent medical conditions on prescribing decisions | | |
| 4.2 | Outline current research in oral glucose-lowering medications | | |
| 4.3 | Describe the impact of co-existing medical conditions and managing complex medication regimens | | |
| 4.4 | Discuss the efficacy, risks and benefits of different oral glucose-lowering medications | | |
| 4.5 | Discuss dose titration as per the prescriber's recommendation and the impact on the risk of side-effects | | |
| 4.6 | Discuss pharmacokinetics and pharmacodynamics relating to oral glucose-lowering medication, including the impact of kidney, liver and cardiac disease | | |

9. Medication monitoring – injectable therapies (insulin and glucagon-Like peptide receptor [GLP-1 receptor] agonists)

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR AR

1. All nurse

Nurses should be able to:

| | | | |
|------|--|--|--|
| 1.1 | Explain the effects of insulin on blood glucose levels | | |
| 1.2 | Explain the effects of GLP-1 receptor agonists on blood glucose levels | | |
| 1.3 | Outline GLP-1 receptor agonists, including type, action, dosing and side effects | | |
| 1.4 | Prepare and safely administer insulin and GLP-1 receptor agonists | | |
| 1.5 | Outline insulin therapy, including action, profile, types, dosing and side effects | | |
| 1.6 | Describe when the insulin dose may need to be altered and when to refer | | |
| 1.7 | Describe required storage and disposal of insulin, syringes and pen needles | | |
| 1.8 | Outline local reporting systems for injectable therapy errors and needle-stick injuries | | |
| 1.9 | Recognise devices used to deliver insulin and other injectable medications (syringes, pens and pumps) | | |
| 1.10 | Explain preferred insulin injection sites and the rationale for site rotation | | |
| 1.11 | Describe the presentation of lipohypertrophy | | |
| 1.12 | Explain the need to palpate injection sites to identify any lipohypertrophy and prevent the administration of insulin into affected areas | | |
| 1.13 | Recognise the need for people living with diabetes who are having surgery to be referred to either a credentialled diabetes educator, doctor or nurse practitioner for pre-operative assessment, and peri-operative advice and management of insulin therapy | | |
| 1.14 | Comply with legislation relating to medication, including the relevant Poisons Act | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

| | | | |
|-----|--|--|--|
| 2.1 | Explain and educate about driving safety and responsibilities and diabetes | | |
| 2.2 | Describe the indications that current therapy is no longer effective for people with type 2 diabetes and how to refer for medication review | | |
| 2.3 | Discuss common medication management errors | | |
| 2.4 | Describe factors that may influence prescribing patterns for insulin use | | |
| 2.5 | Describe potential psychological impacts for people with type 2 diabetes commencing on insulin therapy | | |
| 2.6 | Explain insulin therapy commencement considerations | | |
| 2.7 | Outline local policies and procedures about the peri-operative management of people living with diabetes, including adjustments to insulin doses | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|------|---|--|--|
| 3.1 | Educate on insulin and GLP-1 receptor agonist self-administration technique | | |
| 3.2 | Compare GLP-1 receptor agonist therapies, including type, action, doses and side effects | | |
| 3.3 | Assist and educate people commencing insulin therapy for safe use | | |
| 3.4 | Describe potential insulin regimens and factors that may influence insulin dosing patterns | | |
| 3.5 | Compare insulin therapy, including the types of insulin available, action, doses and side effects | | |
| 3.6 | Explain the different methods of insulin delivery | | |
| 3.7 | Describe how to prevent, assess and treat lipohypertrophy | | |
| 3.8 | Recognise when insulin doses should be adjusted for individual circumstances (for example, diagnosis, age, weight loss) | | |
| 3.9 | Recognise when insulin doses should be adjusted for atypical events (for example, intense physical activity, travel, fasting periods) | | |
| 3.10 | Discuss factors which affect insulin absorption | | |
| 3.11 | Discuss insulin pump therapy (continuous subcutaneous insulin infusion or CSII), including pump therapy criteria, benefits and difficulties | | |
| 3.12 | Discuss insulin pumps and pump consumables, including costs associated | | |
| 3.13 | Start a person living with diabetes on an insulin pump (CSII) | | |
| 3.14 | Explain the need for insulin dose adjustment pre- and peri-operatively and ensure all relevant specialist services are involved in management | | |
| 3.15 | Describe how to identify, manage and prevent insulin injection errors | | |
| 3.16 | Explain regulatory obligations applicable to the holder of a driver license to report a change in status of diabetes medication when commencing insulin | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|--|--|--|
| 4.1 | Describe evidence-based TGA approved closed loop therapy | | |
| 4.2 | Explain the need and how to calculate insulin sensitivity factors for corrections | | |
| 4.3 | Outline and discuss current research around insulin therapy | | |
| 4.4 | Troubleshoot insulin pump issues | | |
| 4.5 | Advise on insulin doses if returning to pen or syringe in the case of pump failure | | |
| 4.6 | Discuss pharmacokinetics and pharmacodynamics of injectable therapies | | |
| 4.7 | Manage complex medication regimens (nurse practitioner) or be able to escalate urgent medication interventions requiring urgent review | | |

10. Hypoglycaemia

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR AR

1. All nurse

Nurses should be able to:

- | | | |
|---|--|--|
| 1.1 State the definition of hypoglycaemia and define mild and severe hypoglycaemia | | |
| 1.2 Identify people living with diabetes at risk of hypoglycaemia | | |
| 1.3 Identify possible causes of hypoglycaemic episodes | | |
| 1.4 Describe the signs and symptoms of hypoglycaemia | | |
| 1.5 Describe the treatment for hypoglycaemia, accommodating the person's preferences and according to evidence-based guidelines | | |
| 1.6 Describe actions to take if hypoglycaemia is not resolved with initial treatment | | |
| 1.7 Explain how to access and administer oral treatments for hypoglycaemia | | |
| 1.8 Describe the indications for the use and administration of glucagon or intravenous dextrose, and the precautions required | | |
| 1.9 Prepare and safely administer glucagon | | |
| 1.10 Explain the symptoms of relative hypoglycaemia and provide management strategies | | |
| 1.12 Describe the dangers of hypoglycaemia for the older person | | |
| 1.13 Outline when and how to refer on to specialist diabetes services for assessment and medication review | | |
| 1.14 Promote safety and safe recommendations for people's daily living activities (for example, driving) | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | |
|---|--|--|
| 2.1 Work with the person to identify the possible causes of hypoglycaemia, to prevent recurring episodes and reduce frequency | | |
| 2.2 Describe potential causes of hypoglycaemia and factors that can increase risk (for example, alcohol consumption, physical activity) | | |
| 2.3 Participate in educating the person living with diabetes on the identification, treatment and prevention of hypoglycaemia | | |
| 2.4 Describe methods to reduce risk of hypoglycaemia and how people can implement these | | |
| 2.5 Educate the person and their support people in how to prepare and administer glucagon | | |
| 2.6 Outline diabetes and driving guidelines and responsibilities | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|------|--|--|--|
| 3.1 | Explain when strict glycaemic management may not be appropriate to avoid hypoglycaemia (for example, in end- of-life care, the older person) | | |
| 3.2 | Educate people living with diabetes on the impact of hypoglycaemia on safety when undertaking daily living activities and high-risk activities, and how to reduce the risk (for example, driving) | | |
| 3.3 | Work with people living with diabetes to develop a plan and strategies to prevent hypoglycaemia, including during and after physical activity, when drinking alcohol and under special circumstances (for example, during periods of fasting, Ramadan) | | |
| 3.4 | Describe the action of intramuscular (IM) glucagon in treating hypoglycaemia and the follow-up care required after an episode requiring glucagon administration. | | |
| 3.5 | Describe impaired hypoglycaemia awareness (IHA) and its underlying pathophysiology | | |
| 3.6 | Educate the person on the potential development of IHA | | |
| 3.7 | Identify people living with diabetes who are at risk of IHA and list strategies to reduce this risk | | |
| 3.8 | Describe the relationship between hypoglycaemia and rebound hyperglycaemia | | |
| 3.9 | Describe nocturnal hypoglycaemia and signs and symptoms of nocturnal hypoglycaemia | | |
| 3.10 | Discuss the driving and diabetes guidelines, and driver licensing processes for people living with diabetes according to national recommendations (Assessing Fitness to Drive criteria) | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|---|--|--|
| 4.1 | Advise on the management of hypoglycaemia in complex cases | | |
| 4.2 | Explain the effect of other medications on hypoglycaemia | | |
| 4.3 | Discuss strategies to minimise IHA, including discussing the benefits of CGM and flash-GM | | |
| 4.4 | Describe the effect of hypoglycaemia on the central nervous and cerebral vascular systems | | |
| 4.5 | Describe the systemic risks of hypoglycaemia | | |



11. Hyperglycaemia

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR AR

1. All nurse

Nurses should be able to:

- | | | |
|---|--|--|
| 1.1 State the definition of hyperglycaemia | | |
| 1.2 Describe the signs and symptoms of hyperglycaemia, and when care requires escalation | | |
| 1.3 Identify the possible causes of hyperglycaemia (for example, missed medication, concurrent illness) | | |
| 1.4 Describe the effect of hyperglycaemia on the development of health issues associated with diabetes | | |
| 1.5 Describe basic information about steroid-induced hyperglycaemia, identify individuals at risk and know when to escalate care | | |
| 1.6 Recognise when monitoring of glucose levels is required for people at increased risk of steroid-induced hyperglycaemia and recognise when to refer on for specialist advice | | |
| 1.7 Describe appropriate monitoring for hyperglycaemia and treatment for type 1 and type 2 diabetes | | |
| 1.8 Define diabetic ketoacidosis (DKA) and possible causes of DKA (for example, illness, inadequate insulin) | | |
| 1.9 Describe the signs and symptoms of DKA | | |
| 1.10 Outline the DKA management guidelines | | |
| 1.11 Demonstrate awareness of hyperosmolar hyperglycaemic state (HHS) and identify people at risk of HHS (for example, older adults) | | |
| 1.12 Be aware of the risk of DKA developing in people living with type 2 diabetes especially when prescribed sodium-glucose cotransporter-2 (SGLT2) inhibitors in the peri-operative period (euglycaemic DKA) | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | |
|--|--|--|
| 2.1 Work with the person to identify the possible causes of hyperglycaemia | | |
| 2.2 Discuss the treatment options for hyperglycaemia | | |
| 2.3 Explain the relationship between hyperglycaemia and long-term health issues associated with diabetes | | |
| 2.4 Provide education for people living with diabetes for prevention, identification and treatment of hyperglycaemia | | |
| 2.5 Identify individuals who may be experiencing asymptomatic hyperglycaemia | | |
| 2.6 Describe the signs and symptoms of HHS | | |
| 2.7 Describe the causes and management of HHS | | |

3. Specialist level nurse

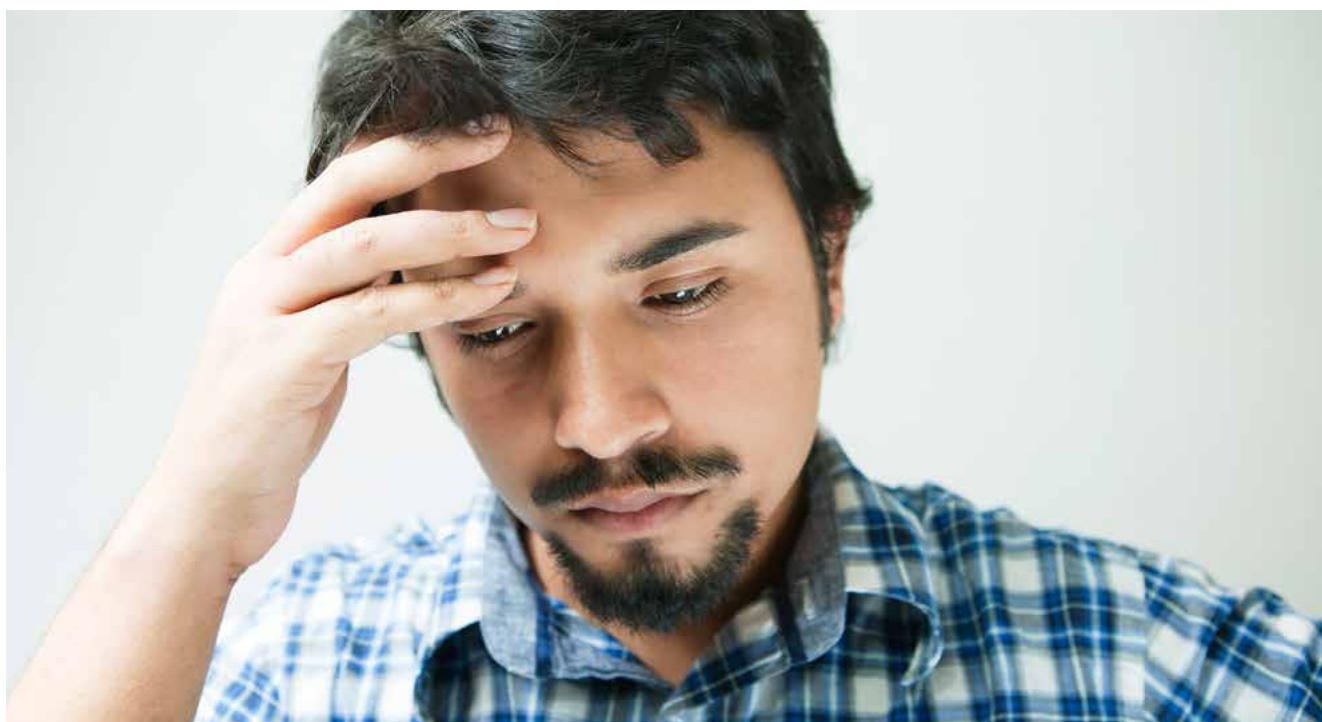
In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|---|--|--|
| 3.1 | Educate the person living with diabetes on hyperglycaemia prevention, identification and treatment options | | |
| 3.2 | Identify insulin pump issues that may be causing hyperglycaemia (for example, occlusions, line kinks, malfunction) and next steps | | |
| 3.3 | Explain the pathophysiology of DKA and HHS | | |
| 3.4 | Educate the person on the risks associated with hyperglycaemia, DKA and HHS | | |
| 3.5 | Explain the treatment and management of DKA and HHS | | |
| 3.6 | Develop a sick day management plan with the person so they can avoid hyperglycaemia, DKA and HHS | | |
| 3.7 | Identify the reasons for hyperglycaemia, including those related to either diabetes medication or other prescribed medication (for example, steroids) | | |
| 3.8 | Explain the effects of high-dose steroids and anti-psychotics on blood glucose levels and how to manage associated hyperglycaemia | | |
| 3.9 | Identify the signs and symptoms associated with DKA and HHS | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|---|--|--|
| 4.1 | Advise on the management of hyperglycaemia in complex cases | | |
| 4.2 | Advise on insulin pump management when ketone levels are elevated | | |
| 4.3 | Discuss strategies to prevent recurring DKA | | |
| 4.4 | Explain the effect of counter-regulatory hormones on blood glucose levels | | |
| 4.5 | Describe the recovery phase of HHS | | |



12. Macrovascular associated health issues – hypertension, cardiovascular disease and peripheral vascular disease

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR AR

1. All nurse

Nurses should be able to:

- | | | | |
|-----|---|--|--|
| 1.1 | Outline basic information about the pathophysiology of macrovascular disease associated with diabetes | | |
| 1.2 | Explain the reasons for the strong correlation between diabetes and heart disease | | |
| 1.3 | Describe the risk factors for cardiovascular disease (CVD) and peripheral vascular disease (PVD) | | |
| 1.4 | State the normal blood pressure and lipid profile ranges, according to national guidelines | | |
| 1.5 | Recognise people living with diabetes who are at risk of CVD and be able to use local CVD risk assessment tools | | |
| 1.6 | Explain the need to refer people living with diabetes who are at risk of macrovascular health issues to appropriate specialists | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|---|--|--|
| 2.1 | Help to educate people about the prevention of – and screening for – macrovascular-associated health issues | | |
| 2.2 | Describe the benefits of maintaining optimal blood pressure, lipid profile and glycosylated haemoglobin (HbA1c) | | |
| 2.3 | State the lipid profile targets for people living with diabetes in line with national guidelines | | |
| 2.4 | Outline lipid screening and monitoring frequency in line with evidence-based guidelines | | |
| 2.5 | Outline local and national policies relating to the prevention and management of CVD | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|--|--|--|
| 3.1 | Describe in detail the pathophysiology of CVD and PVD | | |
| 3.2 | Develop a management plan with the person to reduce the risk of CVD and PVD, including education on lifestyle modifications that can reduce risk | | |
| 3.3 | Describe the modes of action of lipid-modifying agents and their benefits | | |
| 3.4 | Describe the preferred antihypertensive agent options for people living with diabetes and the rationale for their use | | |
| 3.5 | Describe in detail relevant investigations, interpret results and refer as required | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|---|--|--|
| 4.1 | Provide contextual education to people living with diabetes about the risks of CVD and the implications for self-management | | |
| 4.2 | Describe the indications and contraindications for antihypertensive agents and lipid-modifying medications across the lifespan | | |
| 4.3 | Explain the association between type 2 diabetes and non-alcoholic fatty liver disease and the implications for the management of diabetes and macrovascular disease | | |

13. Microvascular associated health issues – neuropathy, nephropathy, retinopathy and the high-risk foot

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

1. All nurse

Nurses should be able to:

| | | |
|--|--|--|
| 1.1 Outline the pathophysiology of microvascular disease associated with diabetes | | |
| 1.2 Describe the long-term health issues associated with diabetes and the principles of prevention | | |
| 1.3 State the recommended blood pressure range for people living with diabetes | | |
| 1.4 Describe the psychological, social and physical impact of living with microvascular health issues associated with diabetes | | |
| 1.5 Outline the available guidelines on diabetes care and screening for microvascular health issues associated with diabetes | | |
| 1.6 Explain how and when to refer people for screening or management of microvascular health issues | | |
| 1.7 Describe the basic function of the kidney | | |
| 1.8 Outline basic information about the pathophysiology of diabetes-related nephropathy and chronic kidney disease (CKD) | | |
| 1.9 Outline the pathophysiology of diabetes-related neuropathy | | |
| 1.10 Outline the pathophysiology of diabetes-related and hypertensive retinopathy | | |
| 1.11 Outline the pathophysiology of diabetes-related foot disease | | |
| 1.12 Identify common risk factors in the development of microvascular health issues | | |
| 1.13 Identify groups at risk of microvascular health issues associated with diabetes | | |



2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|------|--|--|--|
| 2.1 | Help to educate people about the prevention of, and screening for, microvascular associated health issues | | |
| 2.2 | Explain the importance of oral health for people living with diabetes | | |
| 2.3 | Describe peripheral neuropathy and the impact and considerations for the person living with diabetes | | |
| 2.4 | Screen for neuropathy in line with evidence-based guidelines, and refer as appropriate | | |
| 2.5 | Describe the steps in a basic foot assessment and demonstrate these steps, including when to refer to podiatry teams | | |
| 2.6 | Recognise and report any changes in pain, sensitivity, skin integrity, colour or temperature | | |
| 2.7 | Explain the impact of neuropathy, including sexual function for men and women | | |
| 2.8 | Demonstrate awareness that there are a variety of treatments for neuropathy | | |
| 2.9 | Describe the importance of early detection of CKD and appropriate intervention | | |
| 2.10 | Explain the screening methods for CKD (and their frequency) according to local policy | | |
| 2.11 | Identify the appropriate follow-up if CKD screening results are outside the expected range | | |
| 2.12 | Explain the impact of deteriorating kidney function on glycaemic management and diabetes medication dosage | | |
| 2.13 | Explain the required screening for microalbuminuria | | |
| 3.14 | Assist people who are vision-impaired to access vision aids, support, advocacy groups and the National Disability Insurance Scheme (NDIS), if eligible | | |
| 2.15 | Outline the classifications of CKD | | |
| 2.16 | Identify the diabetes medications contraindicated in moderate and severe CKD | | |
| 2.17 | Discuss local pathways to guide the management of CKD | | |
| 2.18 | Explain the need for regular retinal screening, and the screening intervals | | |
| 2.19 | Explain local referral processes for retinal screening | | |
| 2.20 | Describe the symptoms and associated health issues linked with diabetes-related retinopathy, and refer for support as required | | |
| 2.21 | Describe the psychological impact of retinopathy for people living with diabetes and refer for support, as required | | |
| 2.22 | Explain the importance of maintaining foot care and the associated health issues related to foot disease for people living with diabetes | | |
| 2.23 | List the characteristics of a high-risk foot | | |
| 2.24 | Describe the principles of routine foot care recommended for people living with diabetes | | |
| 2.25 | Explain the purpose and frequency of diabetes foot screening and use of risk assessment tools | | |
| 2.26 | Recognise feet that are high-risk for neurovascular-associated health issues (for example, cracks, unusual foot shapes) | | |
| 2.27 | Explain how and when to refer people to a podiatrist, high-risk foot clinic or vascular specialist | | |
| 2.28 | Participate in educating the person living with diabetes on the importance of, and techniques for, daily foot care | | |
| 2.29 | Describe strategies for minimising the risk of foot injury and associated health issues | | |
| 2.30 | Discuss the glycaemic management of, and implications for, existing foot ulcers/wounds, and refer to a CDE podiatrist, as required | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|------|---|--|--|
| 3.1 | Explain in detail the pathophysiology of microvascular-associated health issues | | |
| 3.2 | Describe prevention strategies and the importance of timely and regular screening for associated health issues | | |
| 3.3 | Describe in detail the required screening for microvascular health issues | | |
| 3.4 | Evaluate the person's knowledge of their risk of associated health issues | | |
| 3.5 | Educate the person on the prevention and development of microvascular health issues, and the importance of regular screening | | |
| 3.6 | Describe the effects of diabetes on the physical and emotional aspects of sexual health and function | | |
| 3.7 | Discuss gastroparesis as a result of autonomic neuropathy | | |
| 3.8 | Describe in detail the pathophysiology of the various neuropathies (that is, peripheral, proximal, autonomic and focal) | | |
| 3.9 | Describe the assessment, screening and management strategies of neuropathy | | |
| 3.10 | Educate the person about neuropathy prevention, development and treatment | | |
| 3.11 | Conduct an in-depth neurovascular assessment | | |
| 3.12 | Assess the person's neuropathy risk and their ability to self-care | | |
| 3.13 | Discuss peripheral neuropathic pain management strategies | | |
| 3.14 | Discuss in detail the stages of CKD and diagnostic criteria | | |
| 3.15 | Explain the guidelines for the use of metformin for people living with diabetes and CKD | | |
| 3.16 | Work with the person to identify strategies to reduce the impact and progression of nephropathy | | |
| 3.17 | Discuss the impact of renal replacement therapy (for example, dialysis and transplant) on diabetes management | | |
| 3.18 | Describe the risk factors for the development of diabetes-related retinopathy (for example, sub-optimal glycaemic management, high blood pressure, duration of diabetes, CALD background) | | |
| 3.19 | Educate people on the importance of, and techniques for, daily foot care | | |
| 3.20 | Describe interventions for foot and leg disease associated with diabetes | | |
| 3.21 | Undertake a comprehensive foot assessment in line with national evidence-based guidelines | | |
| 3.22 | Discuss the glycaemic management and pathophysiology associated with foot ulcers/ wounds, and educate people on glycaemic management, wound healing, the risk of wound deterioration and indications for immediate medical review | | |
| 3.23 | Explain the urine albumin/creatinine ratio and the estimated glomerular filtration rate, and interpret the results | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|--|--|--|
| 4.1 | Advise on complex management of neuropathy for people living with diabetes | | |
| 4.2 | Discuss the treatment and support available to manage the effects of diabetes on sexual health and function | | |
| 4.3 | Discuss the implications for diabetes treatment and management for people with gastroparesis | | |
| 4.4 | Describe in detail the pathophysiology of nephropathy in people living with diabetes | | |
| 4.5 | Discuss renal treatments, including dialysis and kidney transplantation, and their impact on glycaemic management | | |
| 4.6 | Explain the effect of CKD on diabetes medications (for example, excretion of sulphonylureas and insulin therapy) | | |
| 4.7 | Discuss in detail the development of retinopathy, classifications (background, pre-proliferative, proliferative and maculopathy) and treatment options | | |
| 4.8 | Discuss foot care and management for people living with diabetes across a range of diabetes-related health impacts | | |



14. Sick day management

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

1. All nurse

Nurses should be able to:

- | | | | |
|-----|--|--|--|
| 1.1 | Explain the effect of concurrent illness on glycaemic management and ketone identification | | |
| 1.2 | Identify the function of a sick day management plan and refer to sick day guidelines | | |
| 1.3 | Recognise when a person living with diabetes requires urgent medical advice or when to admit to hospital (for example, ketonuria in pregnancy, dehydration and vomiting) | | |
| 1.4 | Ensure the person living with diabetes knows when to seek urgent medical advice | | |
| 1.5 | Initiate appropriate preliminary investigations (for example, blood glucose and ketone monitoring) | | |
| 1.6 | Recognise results outside target ranges and report and refer as appropriate | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|---|--|--|
| 2.1 | Describe the rationale for a diabetes sick day management plan | | |
| 2.2 | Describe sick day management procedures according to evidence-based guidelines (including frequency of monitoring, food and fluids) | | |
| 2.3 | Recognise when glucose-lowering medications or insulin may need to be adjusted, and consult as necessary | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|---|--|--|
| 3.1 | Develop and adjust sick day management plans with the person living with diabetes | | |
| 3.2 | Educate people about managing concurrent illness and sick day management, and evaluate their use of these plans | | |
| 3.3 | Apply sick day management guidelines when developing sick day plans for people living with diabetes | | |
| 3.4 | Discuss sick day management issues for people using insulin pump therapy | | |
| 3.5 | Outline key differences between sick day management for people living with type 1 diabetes or type 2 diabetes | | |
| 3.6 | Discuss the key concepts of sick day management for women with gestational diabetes | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|---|--|--|
| 4.1 | Describe the physiological effects of illness on blood glucose levels, ketone levels, and fluid and electrolyte balance | | |
| 4.2 | Advise on the management of concurrent illness for complex diabetes management and multiple pathologies | | |
| 4.3 | Advise on medication management during sick days, including dose adjustment according to prescriber recommendations | | |

15. Travel with diabetes

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR AR

1. All nurse

Nurses should be able to:

- | | | | |
|-----|--|--|--|
| 1.1 | Describe the effect of changes to daily routine on people's self-management of diabetes | | |
| 1.2 | Recognise that there are implications for diabetes self-management when people are travelling, particularly internationally | | |
| 1.3 | Describe the importance of appropriate travel immunisations prior to international travel | | |
| 1.4 | Explain when to refer a person living with diabetes to a credentialled diabetes educator for specialist advice in preparation for travel | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|---|--|--|
| 2.1 | Explain the implications of travelling for diabetes self-management | | |
| 2.2 | Describe the need for a person living with diabetes to receive a diabetes travel plan in preparation for travel | | |
| 2.3 | Describe the effects of changes to routine and time schedules on blood glucose levels and medications | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|--|--|--|
| 3.1 | Describe the effects of international travel and time zones on diabetes self-management and develop a diabetes travel plan with the person living with diabetes | | |
| 3.2 | Advise the person on adjusting oral and injectable therapies as per the prescriber's recommendations while travelling | | |
| 3.3 | Educate the person and their travel companion on how to reduce the risk of hypoglycaemia while travelling; also explain how to administer glucagon and when this would be required | | |
| 3.4 | Advise on technology management while travelling (for example, consumables, back-up systems) | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|---|--|--|
| 4.1 | Discuss sick day management while travelling | | |
| 4.2 | Explain strategies to reduce the risk of gastroenteritis and food poisoning | | |
| 4.3 | Discuss travelling with diabetes supplies, equipment and relevant regulations, and refer people to relevant resources in preparation for travel | | |
| 4.4 | Prepare documentation for the person living with diabetes to present at customs, and other law enforcement agencies, as required | | |

The following competencies apply to nurses, midwives, expert level diabetes educators and diabetes educator nurse practitioners working within these specific practice areas.

SR = Self rating AR = Assessor rating

16. Managing diabetes in hospital

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

1. All nurse

Nurses should be able to:

- | | | |
|---|--|--|
| 1.1 Describe the importance of optimal glycaemic management in hospital | | |
| 1.2 Provide care to a person living with diabetes in hospital to ensure appropriate nutrition and fluids/hydration, glucose monitoring, ketone monitoring (type 1 diabetes and people with type 2 diabetes taking SGLT2 inhibitors) and administration of appropriate medication | | |
| 1.3 Discuss an individual's usual self-management, diabetes monitoring and treatment regimen, devices or delivery systems, and recognise that the individual usually makes all diabetes management decisions | | |
| 1.4 Recognise diabetes technology at admission and follow policy and procedure, referring to the diabetes treating team when required | | |
| 1.5 Identify and discuss any adjustments required to the person's usual diabetes self-management in the hospital environment | | |
| 1.6 Assess and, where appropriate, support the person living with diabetes to maintain or re-establish self-management of diabetes during a hospital admission | | |
| 1.7 Outline local policies and procedures about the care, monitoring and treatment of the person living with diabetes in hospital, particularly the procedures for diabetes-related emergencies (for example, hypoglycaemia, hyperglycaemia, ketone checks, diabetic ketoacidosis (DKA)/euglycaemic DKA, hyperosmolar hyperglycaemic state) | | |
| 1.8 Describe glucose and insulin infusions and provide best practice care according to health service policy and procedure | | |
| 1.9 State the glucose targets for inpatients according to local policy, and recognise appropriate glycaemic targets for special groups (for example, pregnant women, older people, people in end-of-life care) | | |
| 1.10 Explain the potential for the alteration of diabetes medications during a hospital admission | | |
| 1.11 Explain the effect of infection on glycaemic management | | |
| 1.12 Explain the effect that high-dose steroids have on glycaemic management | | |
| 1.13 Explain the effect of concurrent illness on glycaemic management | | |
| 1.14 Explain the need for skin integrity checks for people with poor mobility, older people, and people who are bedbound, to prevent pressure-related wounds | | |
| 1.15 Explain how and when to refer to a specialist diabetes team | | |
| 1.16 Ensure a safe discharge plan and appropriate follow-up for the person living with diabetes | | |
| 1.17 Discuss potential errors health professionals make in hospitals that can cause hypoglycaemia or hyperglycaemia, including medication errors especially with insulin as a high-risk medication | | |
| 1.19 Implement needle-stick injury prevention strategies | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|--|--|--|
| 2.1 | Describe the effects of oral nutritional supplementation on glycaemic management | | |
| 2.2 | Explain the relationship between glycaemia and wound healing | | |
| 2.3 | Describe the rationale for optimising glycaemic management prior to surgery | | |
| 2.4 | Explain that consultation with the specialist team to develop a management plan when fasting is required prior to procedures, including medication review and glycaemic management | | |
| 2.5 | Explain correction doses of rapid-acting insulin according to local policy, prescriber's recommendations and the- potential implications | | |
| 2.6 | Outline local policies and procedures about the peri-operative management of people living with diabetes | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|--|--|--|
| 3.1 | Advise on the care and management of people living with diabetes during an admission and peri-operatively | | |
| 3.2 | Describe the effects of nasogastric feeding and total parenteral nutrition on glycaemic management | | |
| 3.3 | Explain the need to titrate diabetes medication/insulin in accordance with the person's current health status, including ketosis or ketoacidosis and refer to prescriber where necessary | | |
| 3.4 | Describe the potential hormonal and metabolic disturbances that can occur peri-operatively | | |
| 3.5 | Discuss diabetes medication management prior to procedures, and pre-surgical regimens for managing people on oral glucose-lowering medications, insulin or other injectable diabetes medications | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|--|--|--|
| 4.1 | Explain the rationale for glucose and insulin infusions and describe the appropriate time to discontinue glucose and insulin infusions for a person treated with insulin | | |
| 4.2 | Discuss the implications of managing diabetes during surgical and clinical procedures at different stages of life and for people with a disability | | |
| 4.3 | Advise on the in-hospital care of people living with diabetes who have complex needs and regimens | | |
| 4.4 | Review the person's diabetes technology management while they are in hospital | | |
| 4.5 | Discuss nasogastric feeding and total parenteral nutrition management guidelines | | |
| 4.6 | Discuss strategies to minimise hormonal and metabolic disturbances from occurring peri-operatively | | |
| 4.7 | Discuss the effects of infection on glycaemic management, and advise on treatment and management options | | |
| 4.8 | Discuss the effects of high-dose steroids on glycaemic management and advise on treatment and management options | | |

17. Bariatric-metabolic surgery for people living with diabetes

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

1. All nurse

Nurses should be able to:

- | | | | |
|-----|---|--|--|
| 1.1 | Recognise bariatric-metabolic surgery as a treatment option for weight reduction for people with type 2 diabetes and for prevention for people at high risk of developing type 2 diabetes | | |
| 1.2 | Describe the key physiological effects of bariatric-metabolic surgery on type 2 diabetes and pre-diabetes | | |
| 1.3 | Explain the need for people living with type 2 diabetes having bariatric-metabolic surgery to be referred to a credentialled diabetes educator for pre-operative assessment, and peri-operative advice and management | | |
| 1.4 | Outline the dietary changes required in the peri-operative period and how these changes affect medication requirements | | |
| 1.5 | Recognise and treat hypoglycaemia and hyperglycaemia pre- and post-operatively | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|---|--|--|
| 2.1 | Describe where bariatric-metabolic surgery is appropriate | | |
| 2.2 | Explain the importance of glucose monitoring to guide medication adjustments peri-operatively | | |
| 2.3 | Describe the need for post-operative and ongoing glucose monitoring | | |
| 2.4 | Discuss the required dietary intake pre- and post-surgery | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|---|--|--|
| 3.1 | Discuss medication adjustments pre-operatively and peri-operatively and ensure all relevant specialist services are involved in care | | |
| 3.2 | Describe the potential for nutritional deficiencies relating to bariatric-metabolic surgery, the need for lifelong multivitamin supplementation and monitoring of micronutrient levels, and refer to a specialist dietitian as required | | |
| 3.3 | Recognise when continuation or re-introduction of oral glucose-lowering medication is required, including awareness that sulphonylureas are obesogenic and contraindicated due to excessive weight gain | | |
| 3.4 | Educate the person living with diabetes and health professionals about how to avoid, recognise and treat hypoglycaemia and hyperglycaemia peri-operatively | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|---|--|--|
| 4.1 | Discuss in detail the different surgical options and how they impact glycaemic management | | |
| 4.2 | Interpret glucose monitoring post-operatively and ongoing, and the responses required to manage changing glucose response with weight reduction | | |
| 4.3 | Discuss bariatric-metabolic surgery as a possible option for weight reduction for people living with type 1 diabetes | | |

18. Disability and diabetes

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR AR

1. All nurse

Nurses should be able to:

- | | | |
|--|--|--|
| 1.1 Describe risk factors for developing diabetes and how diabetes may cause physical and neurological disability due to diabetes-related complications | | |
| 1.2 Describe how living with a disability can increase risk factors for the development of type 2 diabetes (for example, physical and intellectual limitations and the lack of support to achieve a healthy lifestyle, Prader-Willi syndrome and lack of control with overeating - above healthy weight range) | | |
| 1.3 Discuss the health disparity between people with different types of disability (including people with intellectual or developmental disability, physical, mental health and sensory-associated disabilities) and people without a disability | | |
| 1.4 Explain the importance of providing the same preventative health care measures and early diagnosis and intervention for people with a disability and people without disability | | |
| 1.5 Outline common barriers people with disability experience preventing them from achieving optimal health | | |
| 1.6 Discuss specific issues related to the care of people with different types of disability and diabetes | | |
| 1.7 Recognise the link between psychosocial disability and the prescribing of anti-psychotic medication further increasing the risk of developing type 2 diabetes | | |
| 1.8 Identify and implement reasonable and necessary adjustments required to deliver equity in access to health services to people with disability | | |
| 1.9 Describe the diabetes sick day management guidelines and how required actions may vary due to individual circumstances and when to seek specialist advice | | |
| 1.10 Support the person with disability and diabetes to make informed choices about their health | | |
| 1.11 Review individual nursing care plans and identify diabetes-specific management strategies | | |
| 1.12 Assess and identify areas requiring greater support to enable a person living with a disability to manage their diabetes in the same way a person without a disability would be expected to be able to do | | |
| 1.13 Describe the impact different disabilities can have on the person's capacity to self-manage their diabetes (for example, the impact of limited dexterity on injection technique, low vision and hearing loss, limited memory and recall capacity for management tasks) | | |
| 1.14 Discuss the specific issues experienced by people living with diabetes who live in a variety of settings (for example, access to food, timing of meals, medication administration, refusal of food, behavioural responses requiring positive behaviour support, support provided by support workers, level of staff training) | | |
| 1.15 Follow organisational policy and procedure in a variety of care settings to report to senior staff any hypoglycaemic episodes, hyperglycaemic episodes or any other diabetes-related health issues, and refer for management/medication review | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|--|--|--|
| 2.1 | Identify people living with diabetes who have a disability and who are at risk of out-of-target-ranges for glycaemic, lipid and blood pressure readings, and implement appropriate management strategies | | |
| 2.2 | Outline the risk factors associated with oral glucose-lowering medication and insulin for people with a disability and diabetes, and understand the risks of diabetic ketoacidosis (DKA) and hyperglycaemic hyperosmolar state (HHS), and when to escalate clinical care | | |
| 2.3 | Describe how the National Disability Insurance Scheme (NDIS) can support a person with diabetes to self-manage and when support is required due to the impact of their disability | | |
| 2.4 | Assess the individual and their support situation to identify actual or potential gaps in capacity to achieve the self-management strategies recommended in best practice guidelines | | |
| 2.5 | Apply appropriate communication strategies for people with disability, including the use of appropriate written educational materials and low/very low literacy written and picture resources, simple videos and the teach back technique | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|--|--|--|
| 3.1 | Identify reasonable and necessary adaptations to a sick day management plan to address individual needs (for example, actions may vary due to nasogastric feeds) | | |
| 3.2 | Work with the person with a disability, other diabetes team members and their circle of support to develop a person-centred and comprehensive diabetes management plan suitable for those responsible for implementing the advice | | |
| 3.3 | Explain the importance of identifying and understanding the cause of hypoglycaemic episodes for people with disability and diabetes to address individual needs to reduce the risk of harm to the individual | | |
| 3.4 | Explain how some genetic disorders can increase the risk of developing diabetes and accelerate the aging process (e.g. Prader-Willi syndrome and Down syndrome) | | |
| 3.5 | Educate the person with a disability and their carers about the importance of nutrition, physical activity and stress management, taking medications as prescribed and reporting any symptoms to appropriate support staff and/or health professionals | | |
| 3.6 | Outline referral options, including nursing, allied health professionals, agencies and general practitioners that are required in the annual cycle of diabetes care and comprehensive health assessment plan (CHAP) | | |
| 3.7 | Understand and apply the NDIS guidelines for the funding of high-intensity skills development to support NDIS participants | | |
| 3.8 | Outline national and local policies relating to diabetes management in the disability sector | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|--|--|--|
| 4.1 | Provide consultancy-level advice on diabetes management, education and support needs of people with disability and diabetes | | |
| 4.2 | Describe the role of the CHAP in supporting people with intellectual disability and diabetes to access quality primary healthcare and preventative health programs | | |
| 4.3 | Advise on the impact of diabetes medications and interactions with other medications commonly prescribed for people living with a disability with special consideration of their capacity and disability impact | | |
| 4.4 | Assess, recommend and advocate for NDIS funding in reports for NDIS participants to enable them to access assistive technology to build the capacity of the person to be actively involved in their diabetes self-management | | |
| 4.5 | Design individualised resources and teaching and learning strategies to improve the capacity of people with cognitive disability to be actively involved in their diabetes self-management | | |
| 4.6 | Advocate for the rights of people with a disability to access the same quality of healthcare as those without a disability | | |
| 4.7 | Recommend strategies to enhance the quality and safety of health care delivery to people with a disability and their carers | | |
| 4.8 | Assess, identify and address barriers preventing people with disability from accessing a healthcare service of equal quality and safety to that delivered to a person without a disability | | |



19. Older people and diabetes

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

1. All nurse

Nurses should be able to:

- | | | |
|--|--|--|
| 1.1 Describe risk factors for developing diabetes and how diabetes may increase risk of diabetes-related complications, such as retinopathy, nephropathy, and neuropathy | | |
| 1.2 Explain the importance of providing the same preventative health care measures, early diagnosis and intervention for older people living with diabetes as for the general population | | |
| 1.3 Outline common barriers for older people achieving optimal health including access to timely screening and treatment | | |
| 1.4 Discuss specific issues related to the care of older people living with different types of diabetes and abilities (for example, limited capacity to self-manage diabetes and co-morbidities) | | |
| 1.5 Identify and implement reasonable adjustments that are required to deliver best practice health services for older people living with diabetes | | |
| 1.6 Apply appropriate communication strategies for older people living with diabetes including the use of appropriate written and visual educational materials and resources considering their health literacy | | |
| 1.7 Support older people living with diabetes to make informed choices about their health, to the best of their ability | | |
| 1.8 Review individual care plans and identify diabetes-specific management strategies | | |
| 1.9 Assess and identify aspects of care that older people with diabetes can self-manage and plan other aspects of their care where support is required | | |
| 1.10 Describe the impact of ageing on diabetes self-management (for example, the impact of limited dexterity on injection technique, the impact of limited memory and recall capacity on taking medications) | | |
| 1.11 Outline national and local policies and procedures relating to diabetes management in aged care | | |
| 1.12 Discuss the specific issues experienced by older people living with diabetes who live in residential care settings (for example, access to food, timing of meals, medication administration, refusal of food, support provided by support workers, level of staff training) | | |
| 1.13 Follow organisational policy and procedure in residential care settings to report to senior staff any hypoglycaemic episodes, hyperglycaemic episodes or any other diabetes-related health issues, and refer for management/medication review | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|--|--|--|
| 2.1 | Identify older people living with diabetes both in residential settings and those receiving care in the community, who are at risk of out-of-target-glycaemic, lipid and blood pressure readings and implement appropriate management strategies, or refer to a specialist clinician | | |
| 2.2 | Describe sick day management guidelines and how required actions may vary due to the individual and when to seek specialist advice | | |
| 2.3 | Outline the risk factors associated with oral glucose-lowering medication and insulin for older people with living with diabetes, and understand the risks of diabetic ketoacidosis (DKA) and hyperglycaemic hyperosmolar state (HHS), and when to escalate clinical care | | |
| 2.4 | Explain the importance of review and education with hypoglycaemic (hypo) episodes for older people living with diabetes to address potential hypo-unawareness and their individual needs and reduce the risk or frequency of hypos. | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|---|--|--|
| 3.1 | Work with older people and with their family/carers and aged care staff to develop a diabetes management plan, and coordinate their care where required | | |
| 3.2 | Educate older people about the importance of nutrition, physical activity, taking medications as prescribed and reporting any symptoms to appropriate support staff and/or health professionals | | |
| 3.3 | Outline referral options, including general practitioners, allied health professionals or health care service providers that are required in the annual cycle of diabetes care | | |
| 3.4 | Ensure regular health assessments and management plans are undertaken by the individual's treating team or primary health care provider to assess nutrition status, dexterity, mobility, medication interactions, psychosocial and psychological issues | | |
| 3.5 | Assess, identify and address any limitations in accessing diabetes care and management services that may be experienced by older people living with diabetes | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|---|--|--|
| 4.1 | Advise on diabetes care needs of older people, both in aged care settings and the community | | |
| 4.2 | Advocate for older people relating to their medication management (consider a home medication review [HMR]) and access to appropriate technologies and reminders (large display glucose monitors, Webster pack) | | |
| 4.3 | Advise on the impact of diabetes medications on the ageing body and interactions with other medications commonly prescribed for older people | | |
| 4.4 | Describe the potential impact of ageing in relation to diabetes: reduced immunity, loss of muscle mass, reduced mobility, exhaustion and changes in cognition. | | |

20. Life-limiting illness, palliative and end-of-life care

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

1. All nurse

Nurses should be able to:

- | | | |
|--|--|--|
| 1.1 Outline national and local policies relating to life-limiting illness, palliative care, terminal and end-of-life care for a person living with diabetes | | |
| 1.2 Explain the importance of ongoing diabetes management for symptom relief and quality of life during these states | | |
| 1.3 Describe the varying nature of life-limiting illness, palliative care and terminal and end-of-life care in relation to providing person-centred care | | |
| 1.4 Assess the individual for symptoms related to blood glucose level fluctuations and address with the health care team to provide symptom relief | | |
| 1.5 Explain the aim of diabetes treatment during the phases of life-limiting illness, palliative care or terminal and end-of-life transition | | |
| 1.6 Explain that people living with diabetes using glucose-lowering medications or insulin therapy may need to continue this treatment for symptom relief, requiring regular prescriber review | | |
| 1.7 Explain that people living with type 2 diabetes may not require diabetes medication during the final days of life depending on individual symptoms. | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | |
|--|--|--|
| 2.1 Identify the intervals at which a person's diabetes management plan needs to be reviewed and adjusted during a life-limiting illness, a palliative state and terminal and end-of-life stages | | |
| 2.2 Advocate for the person living with diabetes and their family when accessing person-centred care treatment options. | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | |
|---|--|--|
| 3.1 Collaborate on treatment goals with the person living with diabetes and where possible develop the management plan together | | |
| 3.2 Advise on glucose monitoring regimens and other interventions in collaboration with the person living with diabetes | | |
| 3.3 Assess and develop care plans with people receiving life-limiting illness care, palliative care and terminal and end-of-life care, especially following hypoglycaemic episodes, DKA and HHS, to address individual needs and to reduce their risk and frequency | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | |
|---|--|--|
| 4.1 Advise on complex clinical care and treatment during life-limiting illness, palliative care and terminal and end-of-life care stages with the multidisciplinary health care team | | |
| 4.2 Discuss with the individual and their family the current diabetes management guidelines during life-limiting illness, palliative care, and terminal and end-of-life care and address any concerns raised during this discussion | | |
| 4.3 Navigate the ethical dilemmas that can arise with diabetes management during life-limiting illness, palliative and terminal and end of -life treatment strategies | | |

21. Pregnancy – preconception care with existing diabetes

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR AR

1. All nurse

Nurses should be able to:

- | | | | |
|-----|--|--|--|
| 1.1 | Explain the need for preconception education for women of child-bearing age (and other people who can become pregnant), or those who are planning a pregnancy with existing type 1 diabetes or type 2 diabetes | | |
| 1.2 | Recognise that preconception care for women with existing diabetes is a specialist field and understand local referral procedures | | |
| 1.3 | Discuss the need for contraception for all women of child-bearing age with diabetes and the importance of continuing contraception until reviews are completed and glucose levels are optimised | | |
| 1.4 | Recognise the need for folic acid supplements for women with diabetes who are planning a pregnancy | | |
| 1.5 | Explain the importance of education and support for women with diabetes during pregnancy | | |
| 1.6 | Recognise the need for urgent specialist advice for women with pre-existing diabetes who have unplanned pregnancies. | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|--|--|--|
| 2.1 | Describe the key aspects of preconception care in type 1 diabetes and type 2 diabetes according to best-practice guidelines | | |
| 2.2 | Explain preconception screening requirements for women with diabetes for diabetes-associated health issues | | |
| 2.3 | State target blood glucose levels and HbA1c for women with diabetes preconception and while pregnant | | |
| 2.4 | Recognise that continuous glucose monitoring (CGM) can be used by women planning a pregnancy to enhance self-management and achieve targets, and that CGM is fully subsidised by the NDSS for women living with type 1 diabetes who are pregnant or planning a pregnancy | | |
| 2.5 | Recognise medications commonly prescribed to people living with diabetes that are contraindicated in pregnancy (for example, angiotensin-converting enzyme [ACE] inhibitors, statins, DPP-4 inhibitors and GLP-1 analogues) and seek medical review | | |
| 2.6 | Describe the need for involvement of a multidisciplinary team specialising in diabetes in pre- conception care | | |
| 2.7 | Use validated screening tools to assess emotional health and wellbeing preconception and/or after pregnancy complications or loss related to diabetes | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|------|---|--|--|
| 3.1 | Recognise the need for supplemental iodine for pregnant and lactating women and refer for consultation with a medical practitioner to ensure appropriate dose of supplements, if required (see dot point 3 in pre-conception checklist in Appendix 2) | | |
| 3.2 | Recognise women with hyperthyroidism and Graves' disease may need specific information about iodine and recommend they seek advice from their doctor eg. GP, obstetrician, endocrinologist | | |
| 3.3 | Describe the physiology of pregnancy and how it is impacted by diabetes | | |
| 3.4 | Describe the physiology of diabetes and how it is impacted by pregnancy | | |
| 3.5 | Work with the woman living with diabetes to develop a preconception management plan | | |
| 3.6 | Educate and support the woman to achieve preconception health targets | | |
| 3.7 | Discuss the benefits of using CGM to monitor blood glucose in the pre conception period | | |
| 3.8 | Discuss all contraceptive options for women of child-bearing age | | |
| 3.9 | Understand the potential limitations of blood glucose monitoring equipment for pregnancy (for example, haematocrit affects accuracy of some monitoring equipment) | | |
| 3.10 | Work as part of a multi-disciplinary team that may include gynaecology, fertility, obstetric and endocrine specialists, dietitians, midwives and credentialled diabetes educators | | |
| 3.11 | Understand the need to consider CSII and CGM placement sites as pregnancy progresses | | |
| 3.12 | Discuss the importance of providing adequate clinic time to support each individual woman and her family | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|-----|--|--|--|
| 4.1 | Describe the rationale behind a higher dosage of folic acid in women with diabetes preconception | | |
| 4.2 | Explain in detail the pathophysiology of diabetes and associated health issues in pregnancy | | |
| 4.3 | Explain and discuss the national and local evidence-based guidelines relating to diabetes care preconception | | |
| 4.4 | Implement highly developed counselling skills | | |



22. Pregnancy – antenatal and postnatal care for women with pre-existing diabetes and gestational diabetes mellitus (GDM)

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR AR

1. All nurse/midwives

Nurses should be able to:

For GDM only:

- | | | |
|---|--|--|
| 1.1 Explain the rationale for screening for GDM | | |
| 1.2 Outline GDM diagnostic criteria | | |
| 1.3 Outline local screening and diagnostic processes, and specialist team involvement upon GDM diagnosis | | |
| 1.4 Explain the need for preconception counselling and screening for women with GDM in previous pregnancies | | |
| 1.5 Describe risk reduction for type 2 diabetes in women who have been diagnosed with GDM | | |

For GDM and pre-existing diabetes:

- | | | |
|--|--|--|
| 1.6 Discuss healthy weight gain during pregnancy | | |
| 1.7 Explain the need, as per prescribers' instructions, to immediately discontinue contraindicated medications, including angiotensin-converting enzyme (ACE) inhibitors, DPP-4 inhibitors, GLP-1 analogues and statins | | |
| 1.8 Describe the health issues associated with diabetes in pregnancy | | |
| 1.9 Describe the psychosocial impact of diabetes in pregnancy | | |
| 1.10 Explain the need for breastfeeding education | | |
| 1.11 Recognise that the care of women planning, during and after pregnancy who have existing diabetes and/or GDM is a specialist field; understand local procedures for referral to appropriate services and the importance of remaining connected to these services for the duration of the pregnancy | | |



2. Proficient level nurse/widwife

In addition to the competencies for all nurses/midwives:

For GDM only:

- | | | | |
|-----|--|--|--|
| 2.1 | Describe the GDM screening recommendations according to evidence-based guidelines | | |
| 2.2 | Explain the increased risk of type 2 diabetes post-GDM and the required postnatal screening | | |
| 2.3 | Explain the need for a postnatal oral glucose tolerance test 6–12 weeks post-partum and the use of HbA1c for ongoing screening | | |

For GDM and pre-existing diabetes:

- | | | | |
|------|--|--|--|
| 2.4 | State blood glucose targets for diabetes in pregnancy according to evidence-based guidelines | | |
| 2.5 | Recognise that CGM can be used by women during pregnancy to enhance self-management and achieve targets | | |
| 2.6 | Discuss the management of diabetes during pregnancy, including foetal monitoring | | |
| 2.7 | Recognise the need for supplemental iodine during pregnancy and post-partum | | |
| 2.8 | Recognise women with hyperthyroidism and Graves' disease may need specific information about iodine and recommend they seek advice from their doctor eg. GP, obstetrician, endocrinologist | | |
| 2.9 | Discuss the requirement for high-dose folic acid supplementation for women with diabetes during the first trimester of pregnancy | | |
| 2.10 | Explain the risks to mother and baby associated with hypoglycaemia and hyperglycaemia during pregnancy | | |
| 2.11 | Outline the effects of placental hormones on maternal blood glucose levels and insulin production and sensitivity | | |
| 2.12 | Use validated tools to screen for emotional distress during the gestational period, and refer to specialist health professionals | | |

3. Specialist level nurse/midwife

In addition to the competencies for all nurses/midwives and proficient level nurses/midwives:

For GDM only:

- | | | | |
|-----|--|--|--|
| 3.1 | Describe indications for the initiation of treatment | | |
| 3.2 | Register women with the NDSS | | |

For pre-existing diabetes:

- | | | | |
|-----|---|--|--|
| 3.3 | Provide pregnancy-specific education, including day-to-day management, avoiding diabetic ketoacidosis (DKA) and sick day management | | |
| 3.4 | Explain the risk of hypoglycaemia during breastfeeding and educate the lactating mother on strategies to reduce risk and frequency | | |
| 3.5 | Explain the need for retinal and renal screening before and during pregnancy | | |

For GDM and pre-existing diabetes:

- | | | | |
|------|--|--|--|
| 3.6 | Describe the strategies and recommendations for managing diabetes during pregnancy | | |
| 3.7 | Discuss the benefits of using CGM to monitor glucose during levels pregnancy | | |
| 3.8 | Work with each woman to develop an individual management plan to optimise glycaemic levels and reduce risks for mother and baby throughout pregnancy, birth and the post-partum period | | |
| 3.9 | Provide pregnancy-specific education, including sick day management and how to avoid DKA | | |
| 3.10 | Describe the indications for initiating treatment with insulin | | |
| 3.11 | Discuss insulin regimens appropriate in pregnancy and post-partum | | |
| 3.12 | Describe the need for ongoing review and treatment adjustments during pregnancy | | |
| 3.13 | Advise on management during labour and birth | | |
| 3.14 | Describe possible complications in the neonate (for example, hypoglycaemia, jaundice, respiratory distress, feeding difficulties, maintaining body temperature) | | |
| 3.15 | Provide initial dietary advice and refer to a specialist diabetes dietitian with experience in pregnancy nutrition | | |
| 3.16 | Advise on the recommended type and duration of physical activity during pregnancy per Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) guidelines | | |
| 3.17 | Discuss surveillance for associated health issues in pregnancy and frequency of monitoring (for example, albumin to creatinine ratio, blood pressure) | | |
| 3.18 | Recognise the situations that would lead to urgent referral and need for admission during pregnancy (for example, euglycaemic DKA, hyperemesis, severe hypoglycaemia, symptoms of pre-eclampsia) and know how to refer | | |
| 3.19 | Explain the need for retinal and renal screening before and during pregnancy | | |

4. Expert level nurse/midwife

In addition to the competencies for all nurses/midwives, proficient level nurses/midwives and specialist level nurses/midwives:

For GDM only:

- | | | | |
|-----|---|--|--|
| 4.1 | Discuss in detail the pathophysiology of GDM and its relationship to the potential development of type 2 diabetes | | |
|-----|---|--|--|

For GDM and pre-existing diabetes:

- | | | | |
|-----|--|--|--|
| 4.2 | Explain and discuss local evidence-based guidelines relating to diabetes in pregnancy, including screening, diagnosis, recommendations and targets | | |
| 4.3 | Describe placental hormone effects on increasing insulin resistance during each trimester | | |
| 4.4 | Advise on complex cases of diabetes during pregnancy | | |
| 4.5 | Advise on future diabetes screening requirements pre-pregnancy | | |

23. Young people and diabetes

Rating scale: 1 = Developing, 2 = Competent, 3 = Excellent, N/A = Not applicable

SR

AR

1. All nurse

Nurses should be able to:

- | | | |
|---|--|--|
| 1.1 Describe the key physiological differences between type 1 diabetes and type 2 diabetes for young people | | |
| 1.2 Describe the clinical presentation of type 1 diabetes in young people | | |
| 1.3 Describe the clinical presentation of type 2 diabetes in young people | | |
| 1.4 Explain the need for the urgent referral of young people presenting with symptoms of diabetes and the referral processes for the closest paediatric or adult tertiary service | | |
| 1.5 Describe the impact of a diabetes diagnosis on the young person and their family | | |
| 1.6 Describe the frequency and timing of glucose monitoring for the young person living with diabetes | | |
| 1.7 Recognise different insulin regimens to achieve optimum glycaemic levels | | |
| 1.8 Explain the action and timing of the prescribed insulin regimen | | |
| 1.9 Describe the glucose target ranges for the young person living with diabetes | | |
| 1.10 Recognise the signs and symptoms of a hypoglycaemic event | | |
| 1.11 Describe the correct treatment of a hypoglycaemic event | | |
| 1.12 Provide support for the young person's parents, family and carers. | | |

2. Proficient level nurse

In addition to the competencies for all nurses:

- | | | |
|---|--|--|
| 2.1 Describe the optimal diabetes management for young people living with diabetes | | |
| 2.2 Recognise that living with a chronic condition such as diabetes affects the family of the young person living with diabetes | | |
| 2.3 Recognise psychosocial and family stressors that may impact diabetes management, and make appropriate referrals | | |
| 2.4 Describe how the developmental stages of young people affect diabetes management | | |
| 2.5 Explain that intensive diabetes management should be implemented to reduce the risk of the onset or progression of diabetes-related health issues | | |
| 2.6 Follow the hospital or health services paediatric or adolescent insulin infusion guidelines when caring for young people living with diabetes | | |
| 2.7 Provide age-appropriate education for young people to support the development of their self-management skills e.g. blood glucose monitoring skills, insulin injection technique | | |
| 2.8 Provide support for the parents, family and carers and refer to the multidisciplinary health care team when required | | |

3. Specialist level nurse

In addition to the competencies for all nurses and proficient level nurses:

| | | | |
|------|--|--|--|
| 3.1 | Describe the pathophysiology of type 1 diabetes and type 2 diabetes in young people | | |
| 3.2 | Outline the diagnostic criteria for type 1 diabetes and type 2 diabetes in young people | | |
| 3.3 | Describe the initial acute management of type 1 diabetes | | |
| 3.4 | Describe the goals of treatment for young people living with type 2 diabetes | | |
| 3.5 | Explain the changes to insulin requirements related to physical growth and puberty | | |
| 3.6 | Explain the best sites for the individual to administer insulin | | |
| 3.7 | Explain that acute hypoglycaemia and hyperglycaemia should be minimised to optimise health outcomes | | |
| 3.8 | Describe the key nutrition recommendations for growth and development in relation to diabetes management | | |
| 3.9 | Recognise that, for optimal health outcomes, students with type 1 diabetes require management and support in the school environment according to their current diabetes management plan; and advise that schools need to make adjustments to accommodate students' diabetes management | | |
| 3.10 | Advocate on behalf of the young person, when required, to enable the appropriate support in the school setting | | |
| 3.11 | Support development of a diabetes management plan for early learning facilities and schools to ensure the student is supported in the school environment | | |
| 3.12 | Discuss strategies to support management of day-to-day activities, such as aerobic and anaerobic sport, events with high-carbohydrate foods (for example, birthday parties, cultural festivals) and out-of-school care with the young person, their family and carers | | |
| 3.13 | Follow the annual cycle of care instructions to complete the components of regular diabetes screening | | |
| 3.14 | Explain the effects of intercurrent illness on blood glucose levels and the management of hyperglycaemia, ketosis and the prevention and identification of diabetic ketoacidosis (DKA) in young people | | |
| 3.15 | Describe the use of technology in managing diabetes for young people, including insulin pumps and CGM, how to access them and the costs involved | | |
| 3.16 | Explain the different hypoglycaemia treatments for individual young people depending on their age | | |
| 3.17 | Educate the young person and their family with troubleshooting techniques relating to the use of insulin pumps and other technologies. | | |

4. Expert level nurse

In addition to the competencies for all nurses, proficient level nurses and specialist level nurses:

- | | | | |
|------|---|--|--|
| 4.1 | Describe the pathophysiology and diagnostic criteria for monogenic, cystic fibrosis-related and medication-induced diabetes | | |
| 4.2 | Describe the education principles relating to education on high-risk activities and diabetes management (for example, alcohol and drug use, sexual health, contraception, eating disorders) | | |
| 4.3 | Advise on contraceptive options for adolescents to prevent unplanned pregnancy and sexually transmitted infections | | |
| 4.4 | Describe the principles of effective transition from paediatric to adult diabetes team care services | | |
| 4.5 | Describe the practical considerations with administering insulin for young people (for example, the amount of subcutaneous fat, dose changes with development) | | |
| 4.6 | Recognise that young people may discontinue technology use due to social and psychological factors | | |
| 4.7 | Advise on how to wear a pump and/or CGM for different ages and stages | | |
| 4.8 | Describe the principles of insulin adjustments during the 'honeymoon period' for young people who are newly diagnosed with type 1 diabetes | | |
| 4.9 | Outline the oral medications used and their associated risks for young people diagnosed with type 2 diabetes | | |
| 4.10 | Outline the oral medications used and their associated risks for young people diagnosed with maturity onset diabetes of the young and insulin resistance | | |
| 4.11 | Discuss the use of antihypertensive agents and lipid-lowering medication for young people with diabetes, and risk/benefit considerations | | |
| 4.12 | Identify risk factors for severe hypoglycaemia (for example, age, impaired hypoglycaemic awareness, use of alcohol or other drugs) | | |
| 4.13 | Advise on hypoglycaemia management during illness and mini-dose glucagon as part of sick day management for young people | | |
| 4.14 | Explain how to prevent DKA during sick days, in hospital and during fasting periods | | |
| 4.15 | Manage DKA in hospital in line with hospital health service guidelines and protocols | | |
| 4.16 | Recognise the signs of eating disorders, insulin omission and diabetes burn out and refer to appropriate follow up services | | |
| 4.17 | Refer to the CGM/flash-GM device compatibility summary for the young person and their family when choosing or considering a device | | |



Appendix 1: Abbreviations and definition of terms

| | |
|-------------------------|--|
| ACE inhibitors | angiotensin-converting enzyme inhibitors |
| ADEA | Australian Diabetes Educators Association |
| CALD | culturally and linguistically diverse |
| CDE | Credentialed Diabetes Educator |
| CGM | continuous glucose monitoring |
| CHAP | comprehensive health assessment plan |
| CKD | chronic kidney disease |
| CSII | continuous subcutaneous insulin infusion |
| CVD | cardiovascular disease |
| DKA | diabetic ketoacidosis |
| EN | enrolled nurse |
| GDM | gestational diabetes mellitus |
| GLP-1 receptor | glucagon-like peptide-1 receptor |
| GP | general practitioner |
| HbA1c | glycosylated haemoglobin |
| HHS | hyperosmolar hyperglycaemic state |
| HMR | home medication review |
| IHA | impaired hypoglycaemia awareness |
| NDIS | National Disability Insurance Scheme |
| NDSS | National Diabetes Services Scheme |
| NMBA | Nursing and Midwifery Board of Australia |
| NSAIDs | non-steroidal anti-inflammatory drugs |
| PhD | doctor of philosophy |
| PVD | peripheral vascular disease |
| RANZCOG | Royal Australian and New Zealand College of Obstetricians and Gynaecologists |
| RN | registered nurse |
| SGLT2 inhibitors | sodium-glucose cotransporter-2 inhibitors |
| TGA | Therapeutic Goods Administration |

Blood glucose level – the amount of glucose found in the blood. This can be measured by applying a drop of blood on a testing strip. The testing strip is then inserted in a small device (a glucose meter) and gives a reading.

Community care – care and support provided in the home for the elderly and people with disability to enable them to remain in their community.

Competence – the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession.

Continuous glucose monitoring (CGM) – a device that has a small sensor inserted under the skin that measures glucose levels in the interstitial fluid every 1-5 minutes and transmits the readings to a smart device/reader.

Credentialed Diabetes Educator (CDE) – a health professional who has been recognised by the Australian Diabetes Educators Association (ADEA) for their specialist knowledge and professional development in the field of diabetes education. The abbreviation 'CDE' is a registered trademark allowing the ADEA to define who can use it.

Recognition as a CDE is ADEA's assurance to people with – or at risk of – diabetes, their families, carers and health care providers that they can expect to receive quality diabetes education and advice when consulting with a CDE.

Cultural safety – the effective nursing practice for a person or family from another culture, as determined by that person or family. Culture includes (but is not restricted to) age or generation, gender sexual orientation, occupation or socioeconomic status, ethnic origin or migrant experience, religious or spiritual belief, or disability.

Diabetes distress – the emotional burden arising from living with, and managing, diabetes. This can include problems related to the relentlessness of diabetes self-management, worries about the future, feelings of guilt, anxiety or frustration, and interpersonal problems (for example, with health professionals or significant others).

Diabetes-related fears – the emotional response to real or perceived threats specific to diabetes, often associated with the 'fight or flight' response (for example, fear of hypoglycaemia, hyperglycaemia, diabetes-related complications, and injections/needles).

Diabetic ketoacidosis – a potentially life-threatening medical condition arising from insufficient insulin (whether the omission of insulin is intentional or unintentional). Without insulin, the body cannot use glucose for energy, and the body breaks down fat (producing ketones) as an alternative energy source. If ketones build up, they are toxic to the body (acidosis). Diabetic ketoacidosis can also be present at the diagnosis of type 1 diabetes (and occasionally type 2 diabetes), or it can occur during illness or infection if there is insufficient insulin in the body.

Euglycaemic DKA – a form of DKA more commonly experienced in women with type 1 diabetes in pregnancy who become unwell, and is also a recognised adverse outcome for people living with type 2 diabetes using sodium-glucose cotransporter 2 inhibitors (SGLT2i) who concurrently fast or restrict caloric intake. It is important to note that euglycaemia occurs at a relatively lower blood glucose level.

DPP-4 inhibitor – dipeptidyl peptidase-4 inhibitor

Disordered eating/behaviours – a wide range of unhealthy eating behaviours (for example, restrictive dieting, compulsive eating, skipping meals), and associated emotional disturbances (for example, feelings of shame, guilt, lack of control). Many of these symptoms are shared with diagnosable eating disorders but they are of insufficient severity to meet the full diagnostic criteria.

Diabetes management plan – a tailored plan written by the team treating the person living with diabetes in consultation with the person and their family or the carer who is responsible for their diabetes management needs.

Eating disorder – a diagnosable mental condition characterised by preoccupation with food, body weight and shape, resulting in disturbed eating behaviours with or without disordered weight control behaviours (for example, food restriction, excessive exercise, vomiting, medication misuse).

Emotional health – a state of positive affect or wellbeing; the ability to understand, express, and respond to feelings in an appropriate way (without being overwhelmed by them).

Fear of hypoglycaemia – extreme worry or anxiety about low blood glucose and its consequences. This specific fear is evoked by the risk and/or occurrence of hypoglycaemia but is not necessarily related to the frequency or severity of current hypoglycaemic episodes.

Gestational diabetes – a form of diabetes that occurs during pregnancy due to increased insulin resistance relating to hormones produced by the placenta. When the pregnancy is over, gestational diabetes usually disappears and blood glucose levels return to a healthy range. There is an increased risk of developing type 2 diabetes later in life.

Glucose – glucose comes from digesting foods that contain carbohydrates. These include starchy foods (such as bread, rice, potatoes), fruit, some dairy products, sugar, and other sweet foods. Glucose is also made by the body in the liver.

Health literacy – the ability to obtain, understand and apply health-related information and to navigate the health system to enable appropriate health decisions.

Hyperglycaemia – a high blood glucose level or a blood glucose level above the individualised target range.

Hypoglycaemia – a low blood glucose level, typically defined as 3.9 mmol/L and below. Signs and symptoms may include sweating, weakness, dizziness, slurred speech, confusion..

Impaired hypoglycaemia awareness – the diminished ability to perceive the onset of hypoglycaemia, due to a reduction in symptom intensity, or a change in symptom profile, or both. This is an acquired complication associated with longer duration of insulin therapy.

Insulin – a hormone produced by the pancreas that allows glucose to move into the body's cells where it is used as fuel for energy. If there is no insulin, glucose builds up in the bloodstream.

Insulin pump – a device used to administer insulin continuously through a small tube inserted under the skin. The same device is also used to give the extra insulin needed with meals or to correct high blood glucose levels.

Mental health – a state of emotional, psychological, and social wellbeing, in which the person can realise their own potential, cope with the normal stresses of life, work productively, and contribute to the community.

Metabolic syndrome – a condition in which a cluster of risk factors for cardiovascular disease, type 2 diabetes and chronic kidney disease occur together, comprising excess abdominal weight, lipid abnormalities, hypertension and elevated blood glucose.

Person-centred care – a non-directive approach that places the person at the heart of decisions relating to, and affecting, their life. This approach considers the person as an individual. It respects their rights, priorities, and preferences, believing in their potential and ability to make choices that are right for them, regardless of the health professional's own values, beliefs and ideas.

Pre-diabetes – a condition in which blood glucose levels are higher than normal, although not high enough to be diagnosed as type 2 diabetes.

Psychological barriers to insulin use – the negative thoughts or feelings that people living with diabetes may have about starting, taking or intensifying insulin.

Self-management – the day-to-day management of chronic conditions by individuals over the course of an illness.

Stress management – a wide spectrum of techniques and psychotherapies used to manage a person's level of stress, especially chronic stress, for the purpose of improving day-to-day functioning.

Type 1 diabetes – an autoimmune condition in which the immune system is activated to destroy the cells in the pancreas which produce insulin. Type 1 diabetes is not linked to modifiable lifestyle factors; there is no cure and it cannot be prevented.

Type 2 diabetes – a progressive condition in which the body becomes resistant to the normal effects of insulin and/or gradually loses the capacity to produce enough insulin in the pancreas. The exact cause of type 2 diabetes is unknown, however, it is associated with modifiable lifestyle risk factors. Type 2 diabetes also has strong genetic and family- related risk factors.

Wellbeing – the state of being comfortable, healthy or happy; a general term for a person's mental health condition; a high level of wellbeing means in some sense the individual experience is positive, while low wellbeing is associated with negative experiences.

Appendix 2: Links to information and resources

Person-centred Care

Person Centred Care for People with Diabetes March 2015 (NDSS)

www.ndss.com.au/wp-content/uploads/resources/person-centred-care-information-sheet.pdf

NDSS 2020 Person-centred Care Toolkit

www.ndss.com.au/wp-content/uploads/resources/person-centred-care-toolkit.pdf

Hyperglycaemia

Peri-procedural Diabetic Ketoacidosis (DKA) with SGLT2 Inhibitor Use In People with Diabetes (ADS, NZSSD, ANZCA, ADEA, DA)

www.diabetessociety.com.au/downloads/20220726%20ADS%20ADEA%20ANZCA%20NZSSD_DKA_SGLT2i_Alert_Ver%20July%202022.pdf

Microvascular associated health issues

Diabetes and feet

www.ndss.com.au/about-diabetes/resources/find-a-resource/diabetes-and-feet-toolkit/

Sick days

Sick day management

www.ndss.com.au/wp-content/uploads/clinical-guide-sick-day-mngt.pdf

www.adea.com.au/resources/standards-position-statements-and-other-resources/adea-clinical-guidelines/

Diabetes in hospital

www.ndss.com.au/wp-content/uploads/booklet-hp-guide-diabetes-in-hospital.pdf

Disability advocacy resources and information:

Intellectual Disability Health Capability Framework:

<https://consultations.health.gov.au/primary-care-mental-health-division/intellectual-disability-health-framework/>

Disability Royal Commission Final Report:

<https://disability.royalcommission.gov.au/publications/final-report-executive-summary-our-vision-inclusive-australia-and-recommendations>

Fact sheet on annual health assessments:

<https://cid.org.au/wp-content/uploads/2019/10/9-Annual-health-assessments.pdf>

Medicare item (CHAP):

<https://www.health.gov.au/resources/publications/chap-adult-standard?language=en>

Assisting people who have an intellectual disability

<https://www.ndss.com.au/wp-content/uploads/hp-guide-communication-people-with-id.pdf>

Older people with diabetes

Supporting older people with diabetes

www.ndss.com.au/wp-content/uploads/resources/aged-care-diabetes-management-practical-handbook.pdf

Life-Limiting illness, palliative care and end-of-life care

Planning for end-of-life care with older people with diabetes: hiding death in metaphors (2020):

<https://ade.adea.com.au/planning-for-end-of-life-care-with-older-people-with-diabetes-hiding-death-in-metaphors/>

Diabetes and end of life care

<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/diabetes/diabetes-and-end-of-life-care>

Pregnancy – pre-conception care for women with existing diabetes

ADIPS Type 1 Diabetes & Type 2 Diabetes pre-conception Checklists 2021.pdf

www.adips.org/ADIPS%20Type%201%20Diabetes%20&%20Type%202%20Diabetes%20Checklists%202021.pdf

Pre pregnancy planning and care for women with diabetes

www.ndss.com.au/health-professionals/support-services/online-learning/#pregnancy

Pregnancy - Gestational Diabetes (GDM)

Gestational diabetes in Australia

<https://diabetesaustralia.com.au/wp-content/uploads/Gestational-Diabetes-in-Australia-Position-Statement-2020.pdf>

Young people

Diabetes in Schools

www.diabetesinschools.com.au/health-professional/managing-diabetes-at-school/ISPAD

Clinical Practice Consensus Guidelines 2022

www.ispad.org/page/ISPADGuidelines2022

Continuous and flash glucose monitoring device summary and compatibility chart (NDSS)

www.ndss.com.au/about-diabetes/resources/find-a-resource/cgm-device-summary-and-compatibility-chart/

Continuous and flash glucose monitoring

www.ndss.com.au/wp-content/uploads/booklet-continuous-glucose-monitoring-for-health-professionals.pdf

Other useful resources

NDSS resources to support health professionals

www.ndss.com.au/health-professionals/resources/

Aboriginal and Torres Strait Islander resources and training

www.ndss.com.au/health-professionals/aboriginal-and-torres-strait-islander-health-workers/

Diabetes and emotional health practical guide

www.ndss.com.au/wp-content/uploads/resources/diabetes-emotional-health-handbook.pdf

Diabetes and other chronic conditions in natural disasters and emergencies

www.ndss.com.au/wp-content/uploads/resources/booklet-emergency-guide-services-councils-not-for-profit.pdf

Information sheets

These documents were developed by the Australian Diabetes Educators Association to support health care professionals.

- » Person-centred care toolkit
- » Person centred care for people with diabetes
- » Improving health literacy for people with diabetes
- » Australian credentialled diabetes educators and prescribing of insulin and glucose lowering agents
- » Capillary blood lancing devices in health care settings
- » Understanding HbA1c measurements and reports
- » Use of blood glucose meters
- » Guideline for pre-existing diabetes and pregnancy (2020), Australasian Diabetes in Pregnancy Society

ADS Position statement: Management of people with diabetes who choose to fast during Ramadan

www.diabetessociety.com.au/wp-content/uploads/2023/03/20220412-ADS-Diabetes-and-Ramadan-Position-Statement-final-April-2022.pdf

Our Language Matters 2021 – Position Statement

The Language Position Statement (full version) has been published in *Diabetes Research and Clinical Practice*. The article can be read here:

[www.diabetesresearchclinicalpractice.com/article/S0168-8227\(21\)00008-5/fulltext](http://www.diabetesresearchclinicalpractice.com/article/S0168-8227(21)00008-5/fulltext)

National Position Statement Weight Loss Surgery (Bariatric Surgery) and its Use in Treating Obesity or Treating and Preventing Diabetes

<https://diabetesaustralia.com.au/wp-content/uploads/Position-statement-Bariatric-Surgery.pdf>

Australian Diabetes Society Alert Update 2019 Diabetic Ketoacidosis (DKA) with SGLT2 Inhibitor Use, Particularly Perioperatively

www.diabetessociety.com.au/documents/August2019_ALERT-ADS_SGLT2i_PeriooperativeKetoacidosisfinal.pdf

Additional education

Diabetes Qualified Diabetes in Practice for Nurses

www.diabetesqualified.com.au/course/diabetes-in-practice-for-nurses/

Diabetes and exercise

www.diabetesqualified.com.au/course/diabetes-and-exercise/

Foot Forward for diabetes

www.footforward.org.au/for-health-professionals

D-NET IDF (Short courses free of charge)

<https://d-net.idf.org/en/component/content/article/9-uncategorised/35-welcome-to-the-idf-online-education-zone.html?Itemid=514>

Technology Education

Information regarding diabetes technology is available from company websites and representatives.

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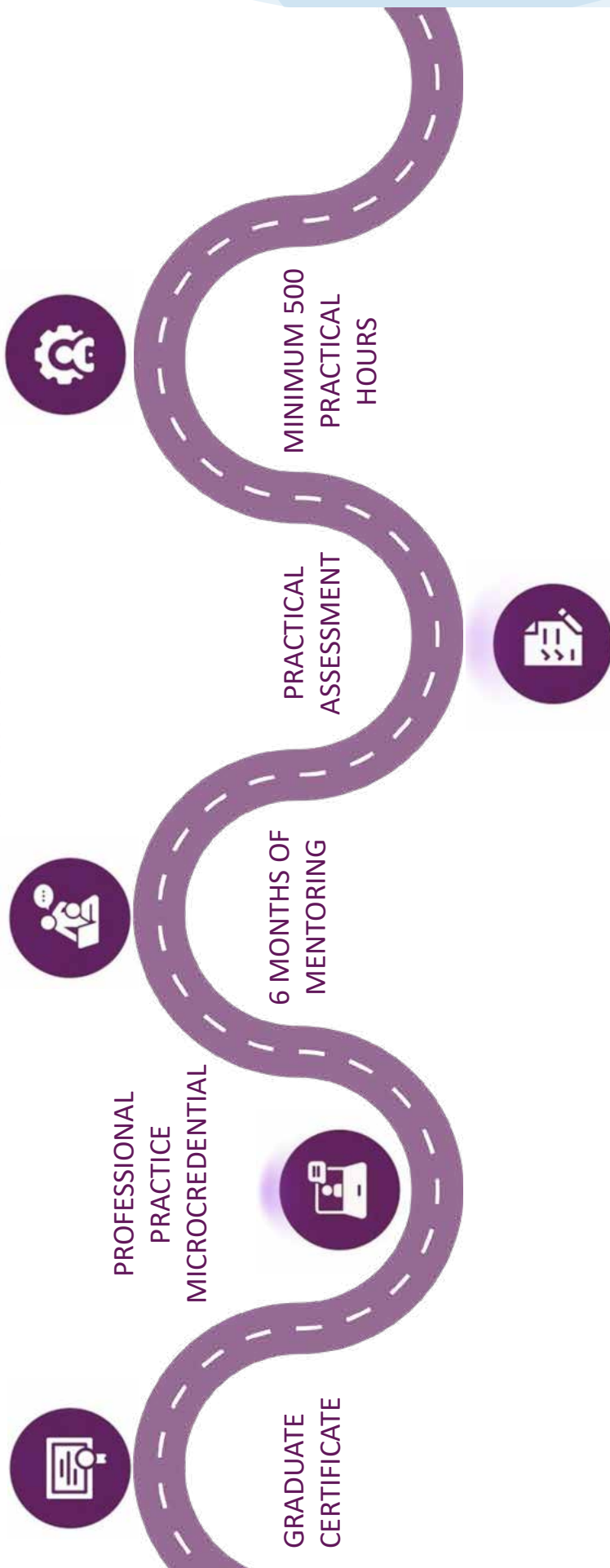
Appendix 4: CDE Pathway



CREDENTIALLING PATHWAY



The Credentialled Diabetes Educator (CDE) Credentialling Pathway is a comprehensive and structured pathway designed to equip aspiring CDEs with the knowledge, skills and practical experience required to provide high-quality diabetes education and care.



Notes

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NDSS Helpline 1800 637 700
ndss.com.au