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National Diabetes Nursing Education Framework

2020–2022



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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 6287 4822**. Please refer people 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 were represented by members of the Expert Reference Group guiding this project.



Foreword

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

The 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 will enable nurses to demonstrate and develop their competence.

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 (CDE) 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 National Diabetes Nursing Education 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.

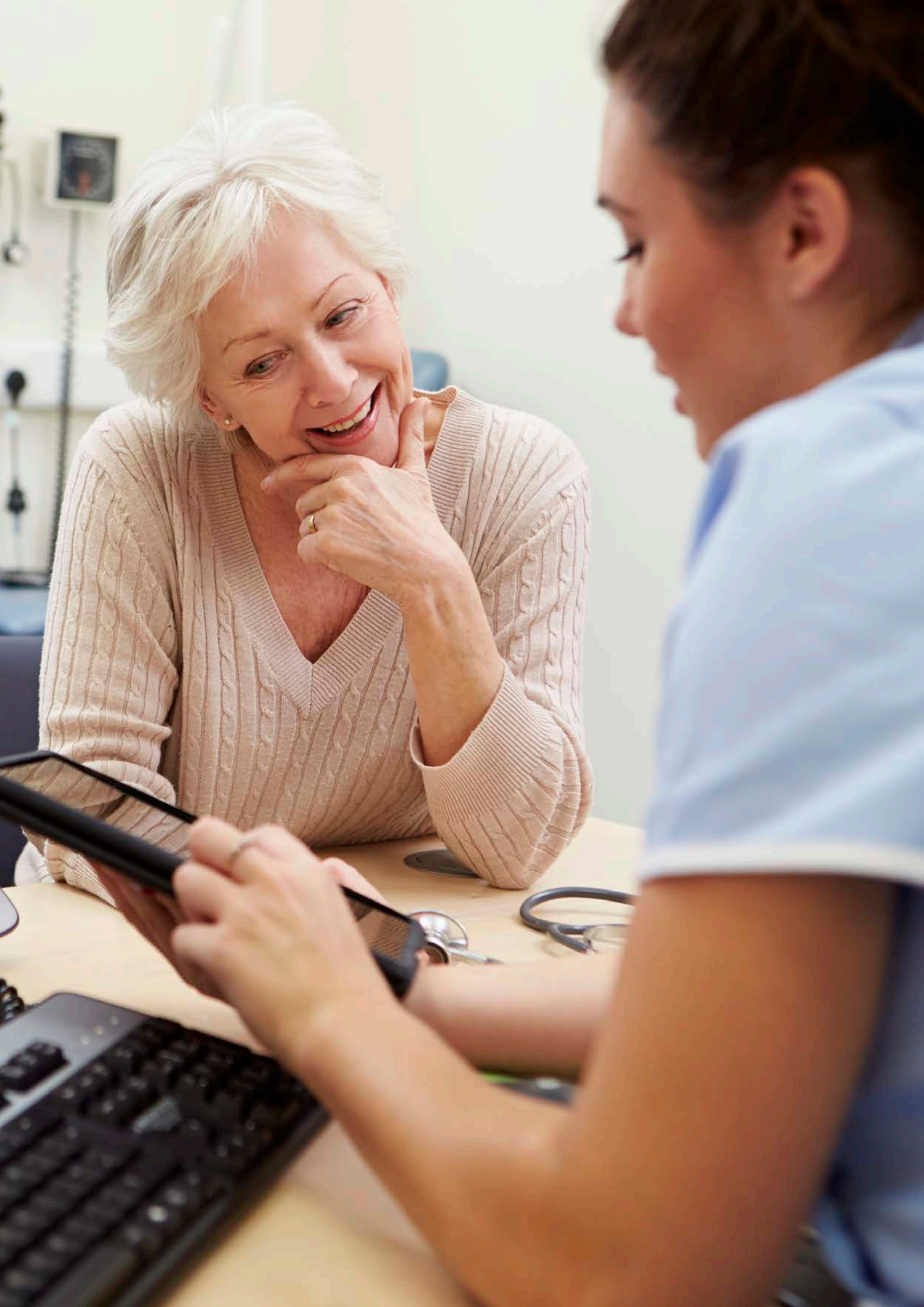
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Susan Davidson
Chief Executive Officer
Australian Diabetes Educators Association



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Introduction

Diabetes mellitus is a complex metabolic condition where the body cannot maintain healthy levels of glucose in the blood. For people with type 1 diabetes, this is due to the autoimmune destruction of insulin-producing cells in the pancreas.

In people with type 2 diabetes or gestational diabetes, it is due to the 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 classification, such as pancreatic, monogenic or medication-related diabetes.

All forms of diabetes require careful management by the person living with diabetes in collaboration with a team of health care professionals. Optimal management reduces the risk of diabetes-related health issues, including cardiovascular disease, eye and kidney disease, lower limb amputations and poor mental health.

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

- » In September 2019 the National Diabetes Services Scheme (NDSS) had 1.3 million people with diabetes registered. This was just over 5% of the Australian population.
- » From September 2018 through September 2019, there was an average of 283 new NDSS registrations of people with diabetes every day².
- » In 2012–13 it was estimated that 13% (46,200) of Indigenous Australians had diabetes.
- » In 2015–16 there were over one million hospitalisations where diabetes was recorded as the principal and/or additional diagnosis, representing over 10% of admissions in Australia³.
- » A 2014 study of Melbourne public hospitals, including secondary care, tertiary care, aged care and rehabilitation, found one in four inpatients had self-reported diabetes.

The National Diabetes Strategy aims to prioritise Australia'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, they must possess 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 will align with each of the five key principles that underpin the National Diabetes Strategy 2016–2020.

- 1. Collaboration and cooperation to improve health outcomes:** Working in partnership across government, organisations and other sectors can maximise use of resources and technology, and encourage coordination and integration in prevention, detection and management of diabetes.
- 2. Coordination and integration of diabetes care across services, settings, technology and sectors:** Diabetes care is multidisciplinary, across providers and settings: coordination and communication are essential to ensure appropriate interventions and continuity of care.
- 3. Facilitation of person-centred care and self-management throughout life:** Individuals are at the centre of their own health care. People are supported to take responsibility for their own care.
- 4. Reduction of health inequalities:** Actions will be driven by a focus on minimising the social, human and economic impact on those disproportionately affected by diabetes.
- 5. Measurement of health behaviours and outcomes:** To enable measurement of progress and success, relevant data will be collected, analysed and reported.

1 Australian Institute of Health and Welfare and Commonwealth Department of Health and Family Services. 1997. First report on National Health Priority Areas 1996.

2 National Diabetes Services Scheme. Data Snapshot, September 2019.

3 Australian Institute of Health and Welfare. Australia's Health 2018.

4 Bach L, Ekinici 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

Purpose

The purpose of the National Diabetes Nursing Education 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 for Australians living with diabetes and reduced economic impact of diabetes in Australia.

Aim

The National Diabetes Nursing Education 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 all practice settings. The framework supports education and professional development for nurses in diabetes care and management.

Objectives

The objectives of the National Diabetes Nursing Education 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 all practice settings.
3. Provide a measurable means of evaluating nursing practice in diabetes care and guide learning, professional 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.

Who will benefit from this framework?

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

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

Nursing students (those 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 safe performance and the standard of care required in diabetes care and management at different practice levels in the workplace
- » 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 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 National Diabetes Nursing Education 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 is a 'combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession'⁵.

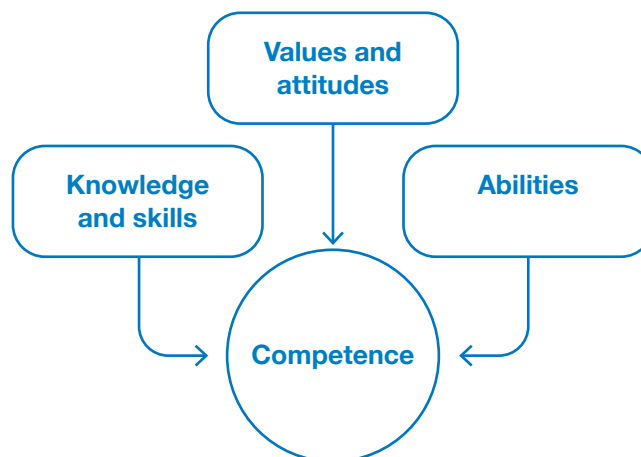
Part 2 outlines competency statements for observable behaviours expected of a nurse in relation to diabetes care. The competencies are broken down into the four different levels of practice. Demonstration of these is supported by application of the knowledge and skills listed in Part 3. Competencies 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



⁵ Nursing and Midwifery Board of Australia. Decision-making framework for nursing and midwifery. 2020.

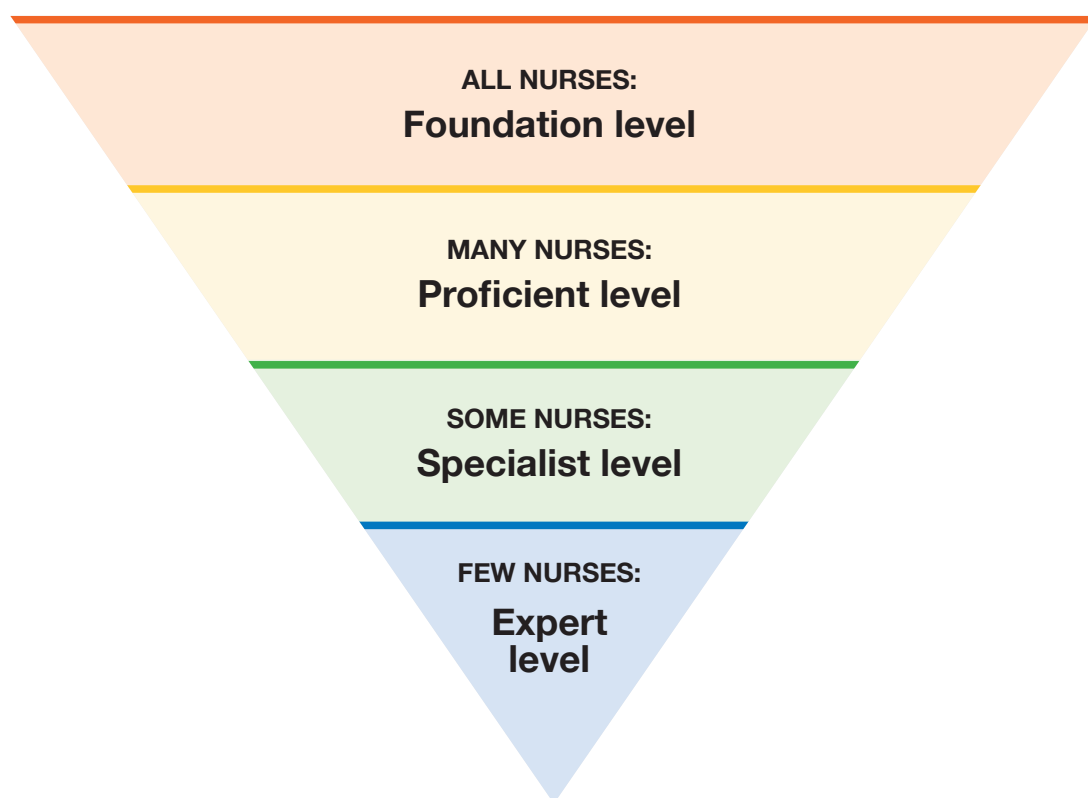
Part 1

National Diabetes Nursing Education Framework model

The National Diabetes Nursing Education Framework outlines the varying contributions of four broad groups of nurses to diabetes care and management, as described in the model below. 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.

- **All nurses** have contact with people with diabetes and demonstrate current, foundation level diabetes knowledge and skills for all practice settings.
- **Many nurses** directly support people with diabetes and demonstrate extended diabetes knowledge and skill beyond foundation level (proficient level).
- **Some nurses** intensely support people 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 |
| 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 with pre-diabetes or diabetes with predictable health needs | People across the diabetes continuum, including newly diagnosed adults, children & adolescents, pregnant women and those at high-risk of complications | People 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 | Foundation 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 | Ongoing diabetes learning, formal learning experiences, Graduate Certificate in Diabetes Education | Ongoing diabetes learning, postgraduate study, Masters, 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 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 be specialised 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 enable them to assist people living with diabetes who are at risk of condition 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 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 Australian Diabetes Educators Association.



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 Australian Diabetes Educators Association. Expert level nurses could be working as Senior Diabetes Educators in a specialised area, or as a nurse practitioner with applied endorsement in diabetes and 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 Australian Diabetes Educators Association (ADEA) defines scope of practice as the procedures, actions and processes by which a health professional is authorised, educated and competent to perform⁶. 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 National Diabetes Nursing Education 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 this framework – only those 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, children and adolescents), or diabetes in specific circumstances (for example, diabetes in pregnancy). This 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 becomes a career pathway and specialisation. Registered Nurses are eligible for credentialling with the Australian Diabetes Educators Association. 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 3: CDE Pathway** or visit the Australia Diabetes Educators Association **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 pre-conception 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 completed a midwifery qualification.

Although this 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 this framework, the aspects of care numbered 1 – 15 and the pregnancy-specific aspects (numbers 20 and 21) are also relevant to Registered Midwives.

6 Australian Diabetes Educators Association. *Role and scope of practice for Credentialled Diabetes Educators*. 2015.

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 Australian Diabetes Educators Association.

Person- and family-centred care

Optimal health and wellbeing are achieved and sustained when people 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.’⁷

Throughout this document reference is made to the person 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 lives⁸. 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 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 with diabetes, nurses need to consider all others involved in the care or support of the person with diabetes, to facilitate their involvement, foster collaboration, communicate and share information with them, and encourage and support their participation in decision-making. This may include disability and aged care support workers, school nurses and associated staff.

Nurses also need to acknowledge the important role 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 care⁹.



⁷ Australian Diabetes Educators Association. Position statement: *Person centred care for people with diabetes*. 2015.

⁸ Thorne, S. Discourse: ‘Chronic disease management: What is the concept?’ *The Canadian Journal of Nursing Research* (2008), 40, 7–14.

⁹ 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’¹⁰. 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 language

One way nurses convey attitudes and values is through the language they use. This framework models appropriate use of language in line with Diabetes Australia’s position statement, ‘**A new language for diabetes**’¹¹. 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 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.

¹⁰ Nursing and Midwifery Board of Australia. Code of Conduct. 2018.

¹¹ Diabetes Australia. Position statement: *A new language for diabetes*. 2011.

PART 2

Competency statements

The following statements are observable behaviours that are expected of a nurse at different levels of practice relating to all aspects of diabetes care and management. Attainment of these competencies is achieved through the application of the knowledge and skills listed in Part 3.

Competency assessment

This section can be used for professional reflection or assessment by a supervisor/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 aspect of care can conduct an assessment and determine a rating in line with the scale below. This should be discussed with the nurse being assessed.

Note: Depending on each individual nurse's workplace and location, it may be necessary to give additional consideration to who may be appropriate as an 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 with diabetes | | |
| 2. Identify the National Diabetes Services Scheme as the Australia Government Initiative supporting people with diabetes | | |
| 3. Confirm the person with diabetes is registered with the National Diabetes Services Scheme. If the person is not registered, refer them to registration information | | |
| 4. Support the person 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 with diabetes | | |
| 6. Provide care to the person with diabetes in a manner that is culturally appropriate, safe and recognises their health beliefs. Acknowledge that it is the person 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 with diabetes | | |
| 10. Undertake 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 blood 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 with diabetes – or at risk of developing diabetes – to access appropriate resources and information | | |
| 15. Identify the need to refer people with diabetes – or at risk of diabetes – to appropriate clinical services, as appropriate | | |
| 16. Recognise when the physical or mental health of the person 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 with diabetes to support services and programs available through the National Diabetes Services Scheme | | |

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 with diabetes and pre-diabetes | | |
| 21. Understand their 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 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 diabetes management enhancement | | |
| 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 role model best practice | | |
| 3. Negotiate care and changes in care using a collaborative approach | | |
| 4. Actively collaborate with the person with diabetes, their carer/s, and the multidisciplinary team to establish clinical targets | | |
| 5. Provide clinical care and advice to people with diabetes with non-complex and predictable health needs | | |
| 6. Assist the person 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 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 with diabetes | | |
| 12. Keep up-to-date with digital health information and mobile technology that promotes and enhances diabetes self-management and education | | |
| 13. Demonstrate awareness of local support services for people with diabetes or people at risk of developing diabetes | | |
| 14. Critically reflect and evaluate 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 with diabetes who are at high risk of diabetes-related health issues and have significant co-morbidities | | |
| 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 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 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 with diabetes and modify the approach as required | | |
| 9. Assist in the coordination of care for the person with diabetes across the multidisciplinary team and integrate the care of co-morbidities, as appropriate | | |
| 10. Assist the person with diabetes to register with the National Diabetes Services Scheme | | |
| Reflective practice and professional development | | |
| 11. Assist with the development of 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 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 the development, implementation and evaluation of 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 local guideline, protocol and service development and review | | |
| 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 to 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 with diabetes | | |
| 3. Implement appropriate care and education strategies to meet the unique needs of people with disability and diabetes | | |
| Reflective practice and professional development | | |
| 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. Maintain and consistently apply an expert level of diabetes knowledge and skill appropriate to the nurse's role | | |
| 6. Review and develop diabetes-related clinical pathways to support access to quality clinical nursing care for people with diabetes | | |
| 7. Lead the development, auditing and reporting of client-related experiences and outcome measures | | |
| 8. Lead the monitoring of clinical care to ensure care consistent with the nursing practice guidelines and protocols | | |
| 9. Participate in broader community/organisational committees or working parties to develop and review best practice clinical guidelines | | |
| 10. Influence national policy in relation to clinical management of people with diabetes | | |
| 11. Provide training and guidance to less experienced nurses on diabetes technology | | |
| 12. Lead advocacy, resource development and knowledge-building activities for nurses developing their careers in diabetes nursing | | |
| 13. Serve as a resource in curriculum and program development, design and evaluation | | |
| 14. Teach behavioural theories and approaches to nursing colleagues and other health professionals | | |
| 15. Support the ongoing professional development of diabetes educators, diabetes specialist nurses and other health care professionals | | |
| 16. Participate in professional organisation workshops/committees/projects to promote diabetes knowledge and skills in nursing | | |
| 17. Continue to seek educational opportunities in diabetes management and education | | |
| 18. Initiate and lead research through leadership and consultancy | | |
| 19. Act as an expert and resource to other health professionals in research and methodology, analysis and implementation | | |
| 20. Seek opportunities to actively undertake research to build the evidence base in diabetes management and care | | |

| | | |
|---|--|--|
| 21. Undertake advanced postgraduate studies in diabetes education and management to enhance the evidence | | |
| 22. Actively disseminate research findings by presenting at conferences, workshops and through publications | | |
| 23. Monitor and ensure contemporary research evidence is translated and implemented into practice | | |
| 24. Influence national policy in relation to the need for evidence-based research | | |
| 25. 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 | | |
| 26. Lead the development of the annual business plan within the nursing area of employment or self-employment | | |
| 27. Monitor the current system of service delivery, recognise system failures and develop strategies for improvement | | |
| 28. Develop and evaluate the current system of service delivery to ensure health disparities among population groups are addressed | | |
| 29. Lead the management of human and material resources to deliver efficient, effective service | | |
| 30. Collaborate with relevant stakeholders to identify and document overall diabetes service goals, targets and strategies to achieve these goals | | |
| 31. Report to relevant authorities on the use of diabetes services, as appropriate | | |
| 32. Review information to identify barriers to health service access and equity of service provision | | |
| 33. Implement strategic professional growth and development plans | | |
| 34. Engage in peer reviews and professional reflection | | |
| 35. Work towards improving population-based interventions with a team-based approach and in consultation with stakeholders and consumers | | |
| 36. Lead the liaison with local and national public health networks and diabetes services in the development of integrated diabetes care pathways | | |
| 37. 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 | | |
| 38. Proactively advocate resource deficiencies in the provision of diabetes care and the needs of those living with diabetes | | |
| 39. Influence national policy about the promotion of improved services for people living with diabetes | | |
| 40. Work in collaboration with higher educational institutions and other educational providers to meet the diabetes knowledge and skill educational needs of nurses | | |
| 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 | | |
| 43. Provide peer review of assessment and teaching and provide guidance and support to colleagues | | |
| 44. 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 | | |

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.

Development of the knowledge and skills listed in this section enable nurses to achieve competencies listed in Part 2 of the National Diabetes Nursing Education 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 skill 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 to 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. This 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 give additional consideration as to 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, type 2 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 and emotional health
4. Cultural safety for Aboriginal and Torres Strait Islander people
5. Cultural safety for Culturally and Linguistically Diverse people
6. Supporting self-management
7. Blood glucose and ketone monitoring
8. Medication monitoring – oral glucose lowering medication
9. Medication monitoring – injectable therapies
10. Hypoglycaemia
11. Hyperglycaemia
12. Macro-vascular-related health issues – hypertension, cardiovascular disease and peripheral vascular disease
13. Micro-vascular-related health issues – neuropathy, nephropathy, retinopathy and the high-risk foot
14. Sick day management
15. Travel health

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, community and aged care
19. Palliative care
20. Pregnancy – pre-conception care for people with existing diabetes
21. Pregnancy – antenatal and postnatal care
22. Children and adolescents

These aspects of diabetes care are interrelated, so – 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.



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, type 2 and gestational diabetes | | |
| 1.3 Explain how the glucose metabolism functions and describe the role of insulin | | |
| 1.4 Describe pre-diabetes and the clinical significance of pre-diabetes | | |
| 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 diabetes and should be screened | | |
| 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 Describe 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 | | |

Proficient level nurse

In addition to the competencies for all nurses:

- | | | |
|---|--|--|
| 2.1 Define metabolic syndrome and the implications of metabolic syndrome | | |
| 2.2 Describe the genetic risk and predisposition to 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 | | |

Specialist level nurse

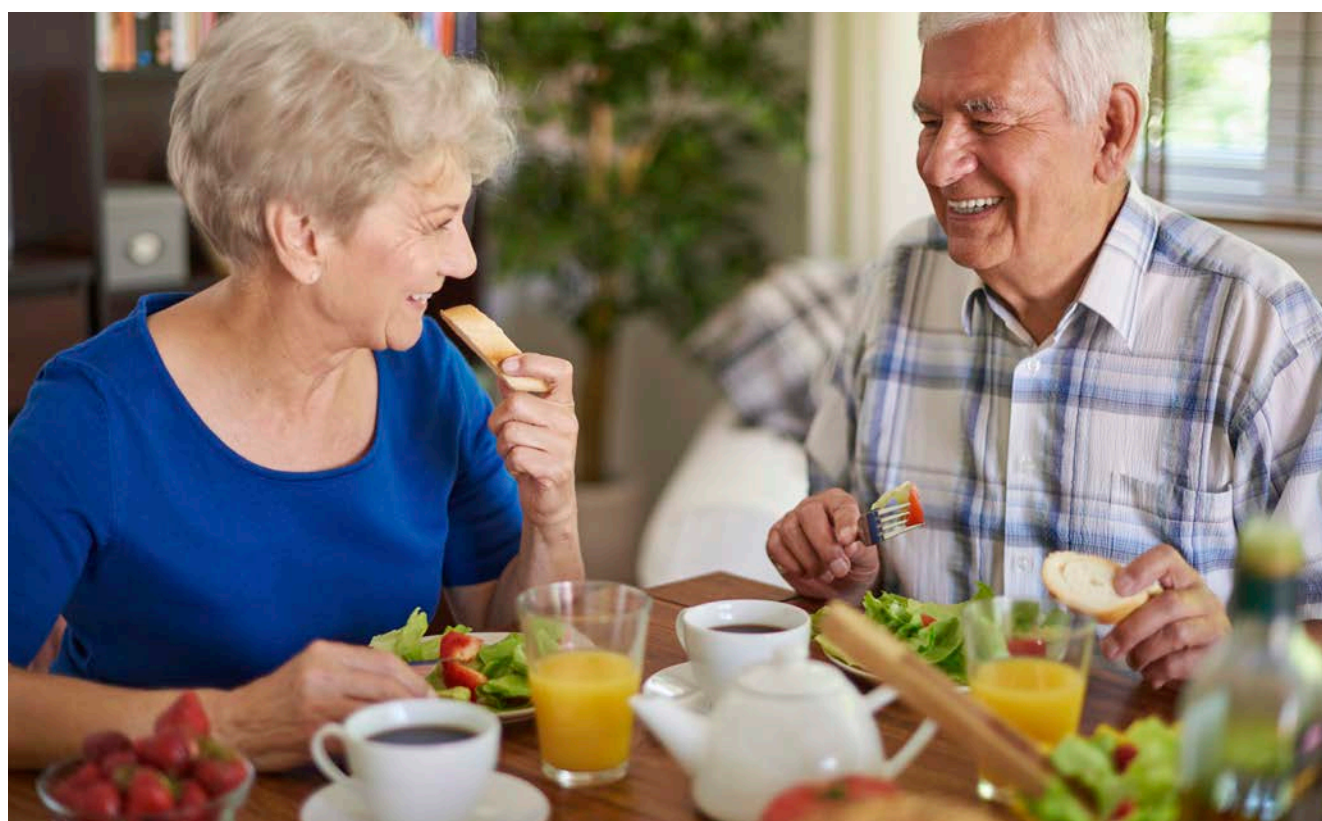
In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|---|--|--|
| 3.1 | Discuss in detail the pathophysiology of 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 and describe effective diabetes management | | |
| 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 or special needs | | |
| 3.6 | Explain the special considerations of a diabetes diagnosis at different life stages and for people with a disability or special needs | | |

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 diabetes prevention (that is, prevention at different stages of diabetes) | | |
| 4.3 | Discuss trends in the epidemiology of pre-diabetes and diabetes | | |
| 4.4 | Discuss national and international 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

All nurse

Nurses should be able to:

| | | | |
|------|--|--|--|
| 1.1 | Conduct a general nursing assessment relating to lifestyle wellness | | |
| 1.2 | Explain the effect of nutritional intake on glycaemic trends | | |
| 1.3 | List the basic healthy eating principles based on current reputable guidelines | | |
| 1.4 | Explain the importance of regular meals | | |
| 1.5 | Identify situations where regular healthy eating advice may not be appropriate (for example, for a person at risk of malnutrition) | | |
| 1.6 | Describe the relationship between smoking and long-term health risks, including cardiovascular disease and diabetes associated health issues | | |
| 1.7 | Explain when and how to refer to a dietitian | | |
| 1.8 | Outline precautions in relation to alcohol consumption | | |
| 1.9 | Describe the benefits of physical activity, including blood glucose and weight management | | |
| 1.10 | Explain when and how to refer to an exercise physiologist for physical assessment, if necessary, prior to commencing an exercise program | | |
| 1.11 | Calculate and interpret body mass index, waist circumference and waist-to-hip ratio | | |
| 1.12 | Describe the significance of body mass index, waist circumference and waist-to-hip ratio to diabetes and associated health issues | | |
| 1.13 | Explain the relationship between an unhealthy weight and diabetes, and the importance of attaining/maintaining a desired weight | | |
| 1.14 | Explain the effects of stress on diabetes management | | |
| 1.15 | Encourage the person to share any stressors with the health care team | | |
| 1.16 | Discuss national guidelines and recommendations for nutrition, physical activity, alcohol consumption and smoking | | |
| 1.17 | Recognise when to refer the person to a Credentialed Diabetes Educator, dietitian, exercise physiologist, counsellor and/or GP | | |

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 | Describe glycaemic index carbohydrates and explain how intake relates to prescribed medications which can cause hypoglycaemia | | |
| 2.3 | Describe how to use nutrition labels to evaluate food products | | |
| 2.4 | Describe the dietary factors that affect blood glucose levels (for example, the amount and type of carbohydrate) | | |
| 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 Describe the health benefits of smoking cessation at any age | | |
| 2.8 | Describe the effects of life stressors and chronic stress (distinct from diabetes-associated stress) on diabetes management | | |
| 2.9 | Identify the association between insulin resistance and obstructive sleep apnoea | | |
| 2.10 | Identify medications the person may be taking that increase blood glucose (for example, steroids) | | |
| 2.11 | Help the person identify achievable self-management improvements to reduce their health risk | | |



Specialist level nurse

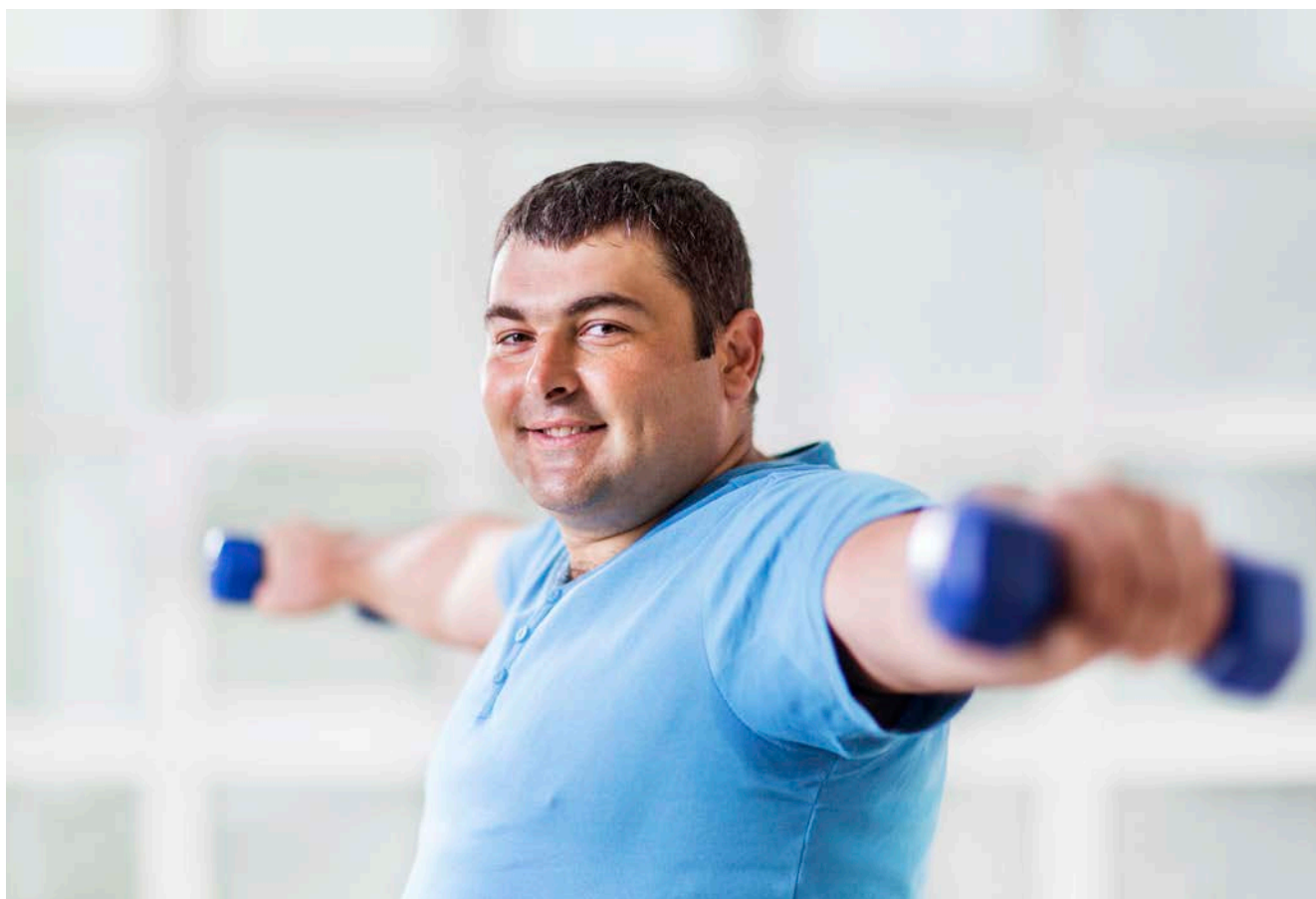
In addition to the competencies for all nurses and proficient level nurses:

| | | | |
|------|--|--|--|
| 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 | | |
| 3.4 | Explain the management of a person who is receiving enteral feeding | | |
| 3.5 | Evaluate the person's ability to manage their blood glucose with diet and/or carbohydrate counting, continuous glucose monitoring (CGM) and/or insulin pumps | | |
| 3.6 | Advise on insulin pump management during exercise | | |
| 3.7 | Advise on how to wear an insulin pump or CGM day-to-day, and during exercise, sleep, sexual activity and at other times when wearing a pump may cause difficulties | | |
| 3.8 | Describe issues that may affect nutrition (for example, gastroparesis, coeliac disease, disordered eating, bariatric-metabolic surgery) | | |
| 3.9 | Assess the person's safety for exercise and advise precautions when diabetes-related health conditions are present | | |
| 3.10 | Describe the effects of exercise on glucose metabolism | | |
| 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 exercising with diabetes (for example, footwear, hypoglycaemia, weight bearing in those with peripheral neuropathy) | | |
| 3.14 | Explain differences in the effects of exercise on blood glucose levels, between those with type 1 and type 2 diabetes | | |
| 3.15 | Describe blood glucose management during and following exercise and the risk of hypoglycaemia and hyperglycaemia | | |
| 3.16 | Discuss the need for a multifaceted approach to weight loss and maintenance | | |
| 3.17 | Provide appropriate, realistic and evidence-based weight loss advice | | |
| 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 the person on the effects of stress on diabetes management and help them identify appropriate stress management techniques (for example, exercise, reading, social support) | | |

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 blood glucose and lipid profiles | | |
| 4.2 | Explain carbohydrate counting and discuss its application | | |
| 4.3 | Describe the benefits of physical activity on the risk of cardiovascular disease, lipid profiles and weight loss/maintenance | | |
| 4.4 | Identify available services for weight management (for example, metabolic clinics, obesity specialised services, bariatric-metabolic surgery), explain the referral criteria and refer as necessary | | |
| 4.5 | Describe the effects of aerobic, anaerobic exercise and resistance training | | |
| 4.6 | Discuss the pathophysiological characteristics of obstructive sleep apnoea that contribute to insulin resistance and diabetes | | |
| 4.7 | Advise on insulin pump dose adjustment with risk-taking behaviour, alcohol consumption, weight loss and low carbohydrate diets | | |



3. Mental and emotional health

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

SR

AR

All nurse

Nurses should be able to:

- | | | | |
|-----|--|--|--|
| 1.1 | Describe the psychological and emotional impact of a diagnosis of any form of diabetes | | |
| 1.2 | Describe the importance of emotional wellbeing in diabetes care and self-management | | |
| 1.3 | Describe the potential for diabetes distress as a result of emotional stress from the burden of daily self-management, and know when to refer on for psychological support | | |
| 1.4 | Describe how people with diabetes are affected by mental health conditions/mental illness such as depression and anxiety and their higher risk of experiencing these conditions | | |
| 1.5 | Define diabetes-related stigma | | |
| 1.6 | Outline the role of nurses and other health care professionals in minimising diabetes-related stigma | | |
| 1.7 | Recognise that some medications prescribed to manage mental illness affect glycaemic and lipid management | | |
| 1.8 | Discuss and escalate concerns for a person's emotional and mental state to senior staff or refer a person on to a specialised diabetes health professional when emotional distress or burn-out is identified | | |
| 1.9 | Recognise the mental and emotional impacts of diabetes on families and carers of people with diabetes | | |

Proficient level nurse

In addition to the competencies for all nurses, and:

- | | | | |
|-----|---|--|--|
| 2.1 | Outline the need for people 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 with diabetes is experiencing diabetes distress | | |
| 2.4 | Employ available validated screening tools for assessing for diabetes distress, anxiety, depression and burn-out | | |
| 2.5 | Describe the fear of hypoglycaemia, associated with the risk and/or occurrence of hypoglycaemia | | |
| 2.6 | Describe the psychological impact diabetes can have and be able to facilitate referral for psychological support, as necessary | | |
| 2.7 | Explain the increased risk of type 2 diabetes developing in those taking antipsychotic medication | | |

Specialist level nurse

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

- | | | | |
|------|---|--|--|
| 3.1 | Describe the risks associated with untreated diabetes distress, including health and psychological outcomes | | |
| 3.2 | Describe strategies to support a person experiencing diabetes distress | | |
| 3.3 | Outline the consequences of diabetes-related stigma and fear of stigma, including clinical, behavioural and psychological | | |
| 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 with diabetes with suspected disordered eating or an eating disorder to a specialised service or mental 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 illnesses (for example, depression, schizophrenia, dementia) affect glycaemic management | | |
| 3.9 | Describe the implications of experiencing mental illness on lifestyle choices and self-care | | |
| 3.10 | Work with the person with diabetes to develop an individualised management plan regarding their mental health and wellbeing in relation to their diabetes | | |
| 3.11 | Identify when a person is mentally unwell and refer them to – or ensure the involvement in their care of – mental health professionals and social work services | | |
| 3.12 | Outline antipsychotic agents and antidepressants that may induce insulin resistance, increase glycaemic state and increase weight gain, and seek medication reviews | | |

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 in people with complex mental health issues, including people with intellectual or developmental disability prescribed anti-psychotic medication to manage behavioural responses | | |
| 4.3 | Discuss complex mental health issues and implications for diabetes management (for example, eating disorders, drug misuse, cardiovascular disease risk from smoking) in mental health sufferers | | |

4. Cultural safety for Aboriginal and Torres Strait Islander people

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

SR

AR

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 your 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 be able to request an interpreter 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 people's health | | |
| 1.7 | Recognise the diversity of lived experience of Aboriginal and Torres Strait Islander people, including adherence to traditional or western lifestyles | | |
| 1.8 | Discuss the structural inequalities that result in health disparity between Aboriginal and Torres Strait Islander people and non-Indigenous people | | |
| 1.9 | Recognise the higher prevalence of diabetes and cardiovascular disease (CVD) among Aboriginal and Torres Strait Islander people compared with non-Indigenous people and the higher risk of developing type 2 diabetes and CVD among Aboriginal and Torres Strait Islander people | | |
| 1.10 | Recognise the link between increased rates of diabetes and increasing remoteness and socioeconomic disadvantage | | |
| 1.11 | Describe of the role of an Aboriginal and Torres Strait Islander health worker and refer, as required, or seek assistance and team collaboration | | |
| 1.12 | Explain the importance of a culturally appropriate environment and communication to promote effective diabetes management and programs | | |
| 1.13 | Explain the concept of 'service acceptability' for Aboriginal and Torres Strait Islander people and how this may impact on engagement with health services | | |

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 with diabetes and the health care team to overcome cultural and psychosocial barriers to behaviour strategies or self-management | | |
| 2.4 | Describe barriers that limit Aboriginal and Torres Strait Islander people from accessing diabetes-related services | | |

Specialist level nurse

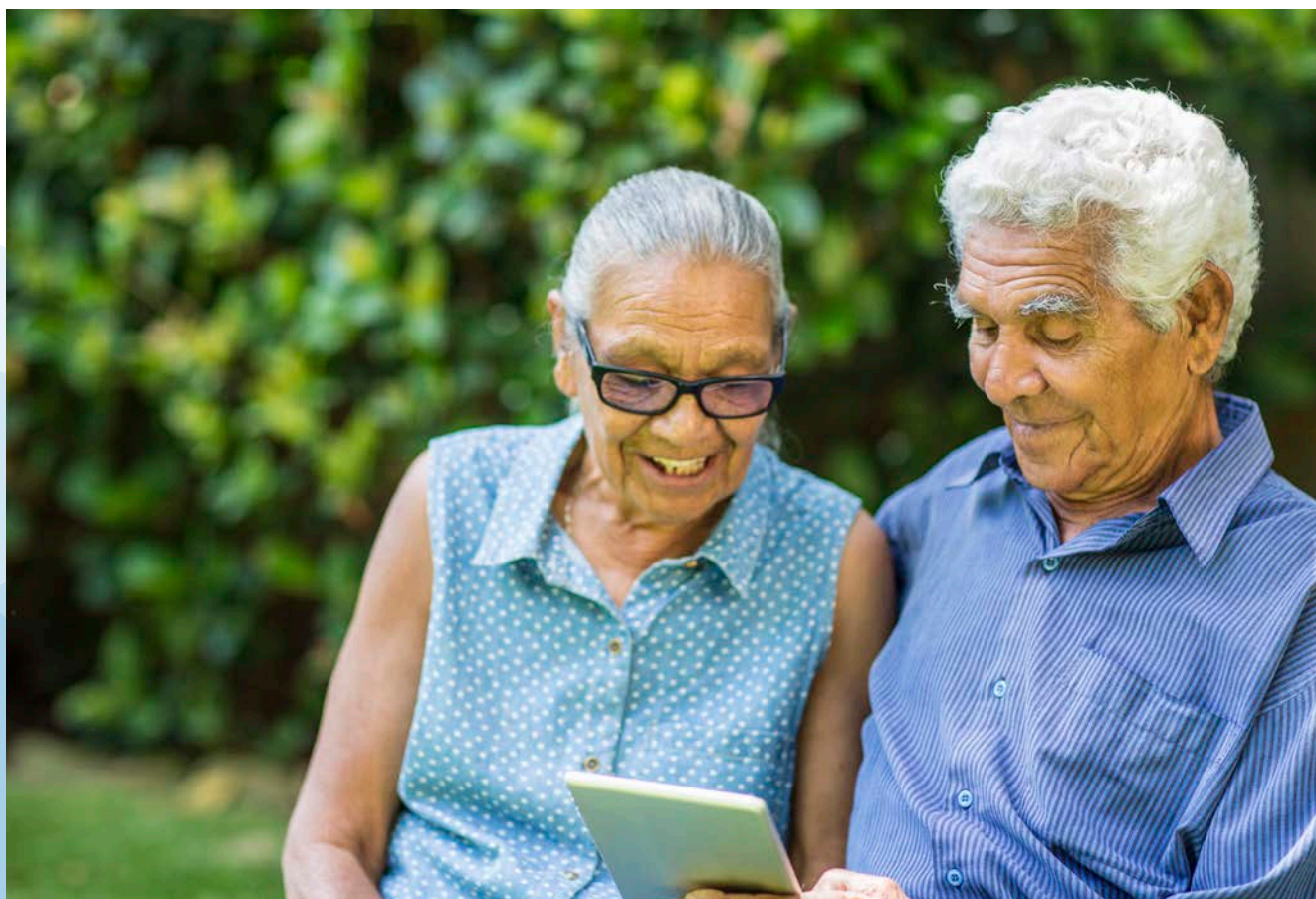
In addition to the competencies for all nurses and proficient level nurses:

- | | | | |
|-----|---|--|--|
| 3.1 | Identify any cultural and psychosocial challenges in the ability of the person to self-manage their condition | | |
| 3.2 | Recognise cultural traditions and integrate cultural awareness when providing diabetes education (for example, typical diet, cultural and religious events) | | |
| 3.3 | Identify Aboriginal Controlled Community Health Services or culturally competent mainstream health services as providers of integrated primary care and explain that Aboriginal and Torres Strait Islander people may or may not want to access Aboriginal Controlled Community Health Services | | |
| 3.4 | Describe cultural concepts such as shame, women's business and men's business and how these concepts impact the provision of health care | | |
| 3.5 | Discuss the origins of health beliefs among Aboriginal and Torres Strait Islander people | | |
| 3.6 | Discuss barriers to diabetes technology (for example, remoteness, cost, attitudes and follow-up appointments) | | |

Expert level nurse

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

- | | | | |
|-----|--|--|--|
| 4.1 | Model culturally appropriate behaviour to other health care staff | | |
| 4.2 | Facilitate problem-solving for cultural and psychosocial challenges affecting people's self-management of diabetes | | |
| 4.3 | Advocate for the inclusion of cultural safety as a 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

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 your 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 an interpreter and work effectively with an interpreter; and provide appropriate written material in preferred language, when available | | |
| 1.7 | Recognise the diversity of lived experience 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 the higher prevalence of diabetes and cardiovascular disease (CVD) among some Culturally and Linguistically Diverse groups compared with Anglo-Australians, and the higher risk of the development of type 2 diabetes and CVD among some Culturally and Linguistically Diverse groups | | |

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 with diabetes and the health care team to overcome cultural and psychosocial barriers to behaviour strategies or self-management | | |
| 2.4 | Describe the structural and individual barriers that limit Culturally and Linguistically Diverse people's access to diabetes-related services | | |

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 with diabetes to self-manage their condition | | |
| 3.2 | Recognise cultural traditions and integrate cultural awareness when providing diabetes education (for example, typical diet, cultural and religious events) | | |
| 3.3 | Identify services that can support Culturally and Linguistically Diverse people and their health and wellbeing | | |

Expert level nurse

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

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

6. Supporting self-management

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

SR AR

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 | | |
| 1.3 | Recognise that people 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 with diabetes | | |
| 1.6 | Provide meaningful and appropriate health education | | |
| 1.7 | Evaluate the need for additional support services to support self-management and person-centred goals | | |
| 1.8 | Explain when and how to refer to a Credentialed Diabetes Educator | | |
| 1.9 | Explain when and how to refer a person with diabetes for a home medication review | | |

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 | | |
| 2.3 | Identify any psychosocial issues that may affect self-management and identify when to refer | | |
| 2.4 | Discuss strategies to support the development of self-management skills when supporting a person with diabetes | | |
| 2.5 | Discuss behavioural change and adult learning principles in relation to health care | | |

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 with diabetes that maximises independence and self-management | | |
| 3.2 | Facilitate problem-solving and brainstorming with the person to identify solutions to barriers to self-management | | |
| 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 achieving self-management and identify strategies to manage these | | |
| 3.5 | Explain how to facilitate behaviour change and goal setting, including techniques to motivate | | |
| 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 having, diabetes | | |

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 | | |
| 4.3 | Describe and apply adult learning theories to support and develop skills in self-management | | |

7. Blood glucose and ketone monitoring

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

SR AR

All nurse

Nurses should be able to:

- | | | | |
|-----|---|--|--|
| 1.1 | State the typical target blood glucose ranges and target glycosylated haemoglobin (HbA1c) range | | |
| 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 blood glucose levels | | |
| 1.5 | Interpret blood glucose level results, including identifying out-of-target-range results, providing treatment if required and reporting as appropriate | | |
| 1.6 | Educate the person with diabetes about how to achieve an accurate and safe technique for blood glucose monitoring, frequency of monitoring, interpretation of results and any action required | | |
| 1.7 | Explain local procedures about the disposal of sharps | | |
| 1.8 | Explain what ketones are, when to monitor for ketones and when to follow up and/or refer | | |
| 1.9 | Describe how to access blood glucose and ketone monitoring supplies in the workplace | | |

Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|---|--|--|
| 2.1 | Describe the importance of tailoring treatment targets to the individual with diabetes (for example, for blood glucose [including time in range], HbA1c, blood pressure and lipids, pregnancy, hypoglycaemia unawareness) | | |
| 2.2 | Describe the benefits of structured monitoring of blood glucose and trends | | |
| 2.3 | Explain appropriate action to take if ketones are outside the expected range | | |
| 2.4 | 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) | | |
| 2.5 | Educate the person with diabetes about ketone monitoring procedures | | |
| 2.6 | Describe how to source diabetes supplies for people with diabetes and health professionals | | |

Specialist level nurse

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

- | | | | |
|-----|---|--|--|
| 3.1 | Discuss continuous glucose monitoring (CGM) systems and flash glucose monitoring (FGM) systems, their application, and the role of blood glucose meter calibration and alarms | | |
| 3.2 | Initiate CGM and FGM systems | | |
| 3.3 | Download CGM and FGM information, interpret information and provide appropriate advice | | |
| 3.4 | Work with the person with diabetes to develop an appropriate monitoring pattern | | |
| 3.5 | Use results to optimise treatment and glycaemic management while incorporating client preferences and active involvement | | |
| 3.6 | Discuss implications for monitoring of glucose levels during fasting (for example, Ramadan and Lent) | | |

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 | | |
| 4.2 | Provide advice and troubleshoot CGM and FGM issues | | |



8. Medication monitoring – oral glucose lowering medication

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 common types of oral glucose lowering medications and their mode of action | | |
| 1.2 | Explain indications for initiating oral glucose lowering medications in people with pre-diabetes or type 2 diabetes | | |
| 1.3 | Explain to the person with diabetes the risks and benefits of taking or not taking a medication | | |
| 1.4 | Outline basic information about the timing of doses, especially in relation to meals | | |
| 1.5 | Recognise the need for people with diabetes who are having surgery to be referred to either a Credentialed Diabetes Educator, doctor or nurse practitioner for pre-operative assessment, and peri-operative advice and management of oral glucose lowering medications | | |
| 1.6 | Explain contraindications/cautions 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 | | |

Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|--|--|--|
| 2.1 | Describe therapeutic doses of oral glucose lowering medications | | |
| 2.2 | Describe common side effects of oral glucose lowering medications; how to avoid, minimise and manage the side effects; and when to seek advice | | |
| 2.3 | Recognise when oral glucose lowering medication is ineffective and needs to be adjusted, and refer appropriately | | |
| 2.4 | Describe the progressive nature of type 2 diabetes and the need for changes to medications over time | | |
| 2.5 | Discuss diabetes medication management and treatment plans, including dose, timing, and monitoring dose effect | | |
| 2.6 | Outline local policies and procedures about the peri-operative management of people with diabetes, including adjustments to oral glucose lowering medication | | |

Specialist level nurse

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

- | | | | |
|-----|---|--|--|
| 3.1 | Evaluate co-morbidities and existing medications on diabetes management options | | |
| 3.2 | Explain the impact of commonly prescribed medications on blood 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]) | | |
| 3.3 | 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 | | |
| 3.4 | Discuss issues relating to polypharmacy and drug interactions (for example, the use of steroids and anti-psychotics) | | |
| 3.5 | Describe the challenges to taking prescribed oral glucose lowering medications for people with diabetes and collaborate in problem-solving to address identified challenges | | |
| 3.6 | Describe how to assess the efficacy of various oral glucose lowering medications (for example, through self-monitoring of blood glucose or glycosylated haemoglobin [HbA1c]) | | |
| 3.7 | Discuss oral glucose lowering medication management prior to procedures and adjustment peri-operatively, and ensure all relevant specialist services are involved in care | | |

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 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

All nurse

Nurses should be able to:

- | | | |
|---|--|--|
| 1.1 Explain the effects of insulin on blood glucose level | | |
| 1.2 Explain the effects of GLP-1 receptor agonists on blood glucose level | | |
| 1.3 Outline insulin therapy, including action, profile, types, dosing and side effects (for example, hypoglycaemia) | | |
| 1.4 Outline GLP-1 receptor agonists, including type, action, dosing and side effects | | |
| 1.5 Describe when the insulin dose may need to be altered and where to refer | | |
| 1.6 Prepare and safely administer insulin and GLP-1 receptor agonists | | |
| 1.7 Describe required storage and disposal of insulin, syringes, pen needles and lancets | | |
| 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 need for site rotation | | |
| 1.11 Describe the presentation 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 with diabetes who are having surgery to be referred to either a Credentialed 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 | | |

Proficient level nurse

In addition to the competencies for all nurses:

- | | | |
|---|--|--|
| 2.1 Describe the indications for initiating insulin therapy in people with type 2 diabetes and how to refer | | |
| 2.2 Discuss common insulin and medication management errors | | |
| 2.3 Describe factors that may influence prescribing patterns of insulin | | |
| 2.4 Describe potential psychological impacts for people with type 2 diabetes who are starting insulin | | |
| 2.5 Describe needle length guidelines for insulin and GLP-1 receptor agonist injections | | |
| 2.6 Outline basic information regarding insulin pump therapy | | |
| 2.7 Describe basic insulin regimens and dose timing for different types of insulin, especially in relation to meals | | |
| 2.8 Outline local policies and procedures about the peri-operative management of people with diabetes, including adjustments to insulin doses | | |

Specialist level nurse

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

- | | | | |
|------|---|--|--|
| 3.1 | Explain the different methods of insulin delivery and administration | | |
| 3.2 | Assist and educate people commencing insulin therapy | | |
| 3.3 | Describe potential insulin regimens and factors that may influence insulin prescribing patterns | | |
| 3.4 | Compare insulin therapy, including the types of insulin available, action, doses and side effects | | |
| 3.5 | Compare GLP-1 receptor agonist therapies, including type, action, doses and side effects | | |
| 3.6 | Describe how to prevent, assess and treat lipohypertrophy | | |
| 3.7 | Recognise when insulin doses should be adjusted for individual circumstances (for example, diagnosis, age, weight loss) | | |
| 3.8 | Recognise when insulin doses should be adjusted for atypical events (for example, intense exercise, travel) | | |
| 3.9 | Discuss factors which affect insulin absorption | | |
| 3.10 | Educate on insulin and GLP-1 receptor agonist self-administration | | |
| 3.11 | Discuss insulin pump therapy, including pump therapy criteria, benefits and difficulties | | |
| 3.12 | Discuss insulin pumps and pump consumables | | |
| 3.13 | Start a person with diabetes on an insulin pump | | |
| 3.14 | Explain the need for insulin dose adjustment pre- and peri-operatively and ensure all relevant specialist services are involved in care | | |

Expert level nurse

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

- | | | | |
|-----|--|--|--|
| 4.1 | Describe closed loop therapy and do-it-yourself technologies/looping | | |
| 4.2 | Describe how to identify, manage and prevent insulin injection errors | | |
| 4.3 | Explain the need – and how – to calculate insulin sensitivity factors for corrections | | |
| 4.4 | Outline and discuss current research around insulin therapy | | |
| 4.5 | Troubleshoot insulin pump issues | | |
| 4.6 | Advise on disconnection insulin doses for returning to pen or syringe in the case of pump failure | | |
| 4.7 | Discuss pharmacokinetics and pharmacodynamics relating to injectable therapies | | |
| 4.8 | 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

All nurse

Nurses should be able to:

- | | | | |
|------|--|--|--|
| 1.1 | State the target blood glucose range and define mild and severe hypoglycaemia | | |
| 1.2 | Identify those 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 local 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 | Describe the need for individualised blood glucose targets, knowing that symptoms of hypoglycaemia may occur while in the target range and to treat for hypoglycaemia if symptomatic | | |
| 1.11 | Explain when strict glycaemic management may not be appropriate (for example, in end-of-life care, the elderly) | | |
| 1.12 | Describe the dangers of hypoglycaemia in the elderly | | |
| 1.13 | Outline when and how to refer on to specialist diabetes services for assessment and medication review | | |
| 1.14 | Promote safety in people's daily living activities (for example, driving) | | |

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 | | |
| 2.2 | Describe potential causes of hypoglycaemia and factors that can increase risk (for example, alcohol consumption, physical activity) | | |
| 2.3 | Describe the role of CGM and FGM in preventing hypoglycaemia | | |
| 2.4 | Participate in educating the person with diabetes in the identification, treatment and prevention of hypoglycaemia | | |
| 2.5 | Describe methods to reduce hypoglycaemia risk and how people can implement these | | |
| 2.6 | Educate the person and their support people in how to prepare and administer Glucagon | | |
| 2.7 | Outline diabetes and driving guidelines | | |

Specialist level nurse

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

| | | | |
|------|---|--|--|
| 3.1 | Educate people at risk of hypoglycaemia in how to prevent, identify and manage hypoglycaemia | | |
| 3.2 | Educate people on the impact of hypoglycaemia on safety when undertaking daily living activities and high-risk activities (for example, driving) | | |
| 3.3 | Work with people to develop a plan and strategies to prevent hypoglycaemia, including during and after exercise and under special circumstances (for example, during periods of fasting, Ramadan) | | |
| 3.4 | Describe the action of Glucagon in treating hypoglycaemia and the follow-up care required once the individual has regained consciousness | | |
| 3.5 | Describe Impaired Hypoglycaemia Awareness (IHA) and its underlying pathophysiology | | |
| 3.6 | Educate the person on the potential to develop IHA | | |
| 3.7 | Identify those at risk of IHA and list strategies to minimise this risk | | |
| 3.8 | Describe the relationship between hypoglycaemia and rebound hyperglycaemia | | |
| 3.9 | Describe nocturnal hypoglycaemia and signs and symptoms of hypoglycaemia | | |
| 3.10 | Discuss driving and diabetes guidelines, and driver licensing processes for people with diabetes | | |

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 FGM | | |
| 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

All nurse

Nurses should be able to:

- | | | | |
|------|--|--|--|
| 1.1 | State the typical target blood glucose range and define 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, forgotten or 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 those 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 | Define Hyperosmolar Hyperglycaemic State (HHS) and people at risk of HHS (for example, older adults) | | |

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 | Participate in educating people with diabetes in the prevention, identification and treatment of hyperglycaemia | | |
| 2.5 | Identify individuals who may be experiencing asymptomatic hyperglycaemia (for example, older adults) | | |
| 2.6 | Describe the signs and symptoms of HHS | | |
| 2.7 | Describe the causes and management of HHS | | |

Specialist level nurse

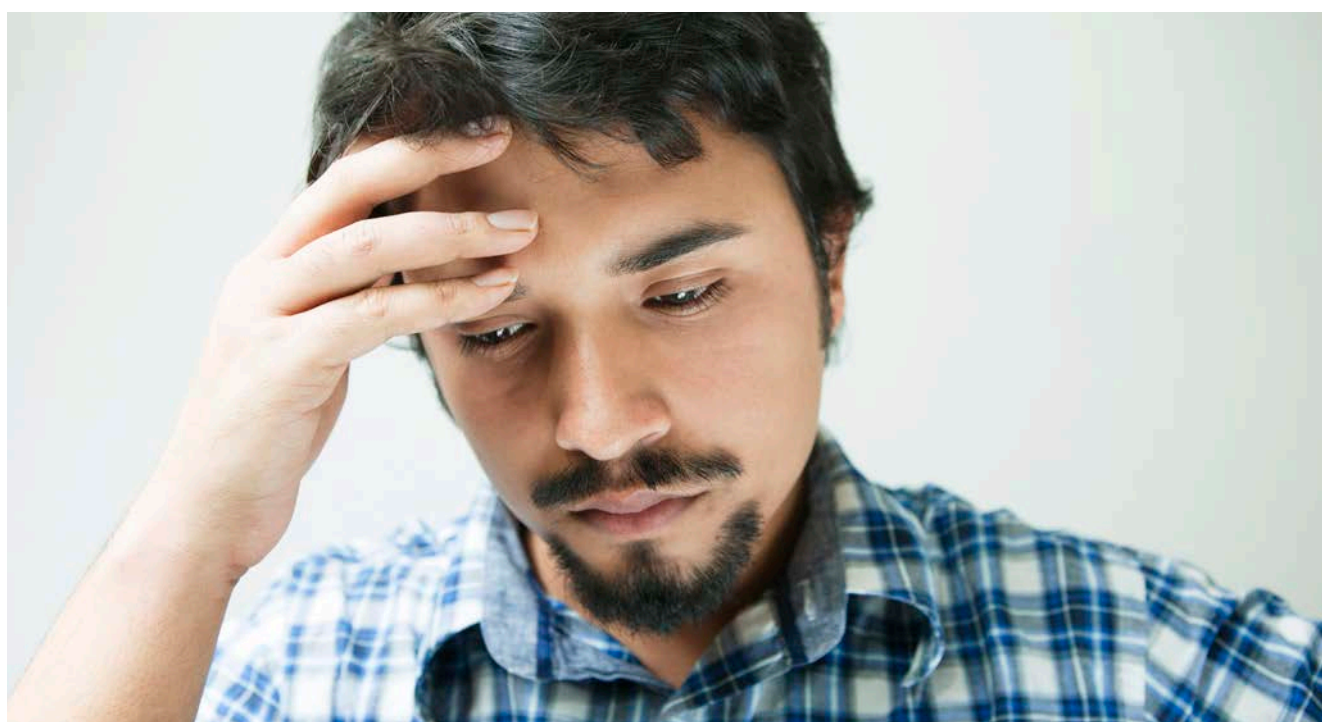
In addition to the competencies for all nurses and proficient level nurses:

| | | | |
|-----|---|--|--|
| 3.1 | Educate the person with diabetes on hyperglycaemia prevention, identification and treatment | | |
| 3.2 | Identify insulin pump issues that may be causing hyperglycaemia (for example, occlusions, line kinks, malfunction) | | |
| 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 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 hyperglycaemia | | |
| 3.9 | Identify the signs and symptoms associated with DKA and HHS | | |

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 high | | |
| 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. Macro-vascular associated health issues – hypertension, cardiovascular disease and peripheral vascular disease

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

SR AR

All nurse

Nurses should be able to:

- | | | | |
|-----|--|--|--|
| 1.1 | Outline basic information about the pathophysiology of macro-vascular disease associated with diabetes | | |
| 1.2 | Explain 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 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 with diabetes who are at risk of macrovascular health issues to appropriate specialists | | |

Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|---|--|--|
| 2.1 | Describe the benefits of maintaining optimal blood pressure, lipid profile and glycosylated haemoglobin (HbA1c) | | |
| 2.2 | State the lipid profile targets for people with diabetes in line with national guidelines | | |
| 2.3 | Outline lipid screening and monitoring frequency in line with guidelines | | |
| 2.4 | Outline local and national policies relating to the prevention and management of CVD | | |

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 mode of action of lipid modifying agents and their benefits | | |
| 3.4 | Describe the preferred antihypertensive agents for people with diabetes and the rationale for their use | | |
| 3.5 | Describe in detail relevant investigations, interpret results and refer as required | | |

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 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 lowering 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 macro-vascular disease | | |

13. Micro-vascular 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

All nurse

Nurses should be able to:

- | | | | |
|------|---|--|--|
| 1.1 | Outline the pathophysiology of micro-vascular 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 with diabetes | | |
| 1.4 | Describe the psychological, social and physical impact of living with micro-vascular health issues associated with diabetes | | |
| 1.5 | Outline the available guidelines on diabetes care and screening for micro-vascular health issues associated with diabetes | | |
| 1.6 | Explain how and when to refer people for screening or management of micro-vascular 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 micro-vascular health issues | | |
| 1.13 | Identify groups at risk of micro-vascular health issues associated with diabetes | | |



Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|------|--|--|--|
| 2.1 | Help to educate people about the prevention of – and screening for – micro-vascular associated health issues | | |
| 2.2 | Explain the importance of oral health for people with diabetes | | |
| 2.3 | Describe peripheral neuropathy | | |
| 2.4 | Screen for neuropathy in line with local guidelines, and refer as appropriate | | |
| 2.5 | Describe the purpose of monofilament testing and demonstrate proficiency in using monofilament testing for neuropathy | | |
| 2.6 | Recognise and report any changes in pain, sensitivity, skin integrity, colour or temperature | | |
| 2.7 | Explain the impact of neuropathy, including sexual problems for men and women | | |
| 2.8 | Outline 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 | | |
| 2.14 | Explain the urine albumin/creatinine ratio and the estimated Glomerular Filtration Rate, and interpret the results | | |
| 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 on people 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 in people with diabetes | | |
| 2.23 | List the characteristics of a high-risk foot | | |
| 2.24 | Describe the principles of routine foot care recommended for people with diabetes | | |
| 2.25 | Explain diabetes foot screening and risk assessment tools | | |
| 2.26 | Undertake a routine diabetes foot assessment, and report any changes in pain, sensitivity, pulses, skin integrity, colour or temperature | | |
| 2.27 | Recognise feet that are high-risk for neurovascular-associated health issues (for example, cracks, unusual foot shapes) | | |
| 2.28 | Explain how and when to refer people to a podiatrist, high-risk foot clinic or vascular specialist | | |
| 2.29 | Participate in educating the person with diabetes on the importance of – and techniques for – daily foot care health | | |
| 2.30 | Describe strategies for minimising the risk of foot injury and associated health issues | | |
| 2.31 | Discuss the glycaemic management of, and implications for, existing foot ulcers/wounds, and refer to a CDE podiatrist, as required | | |

Specialist level nurse

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

| | | | |
|------|---|--|--|
| 3.1 | Explain in detail the pathophysiology of micro-vascular associated health issues | | |
| 3.2 | Describe prevention strategies and the importance of timely screening for associated health issues | | |
| 3.3 | Describe in detail the required screening for micro-vascular 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 micro-vascular 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 | | |
| 3.15 | Explain the guidelines for the use of Metformin for people 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, ethnic background) | | |
| 3.19 | Assist people who are vision-impaired to access vision aids, support, advocacy groups and the National Disability Insurance Scheme, if eligible | | |
| 3.20 | Educate people on the importance of, and techniques for, daily foot care | | |
| 3.21 | Describe interventions for foot and leg disease associated with diabetes | | |
| 3.22 | Undertake a comprehensive foot assessment in line with national guidelines | | |
| 3.23 | 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 | | |

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 in people 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 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 retinopathy and maculopathy) and treatment options | | |
| 4.8 | Discuss conditions and management of the feet of people 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

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 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 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 any abnormal findings and report and refer as appropriate | | |

Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|--|--|--|
| 2.1 | Describe the rationale for a diabetes management plan in times of ill health | | |
| 2.2 | Describe sick day management procedures according to local 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 | | |

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 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 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 with type 1 diabetes and people with type 2 diabetes | | |
| 3.6 | Discuss key concepts of sick day management for women with gestational diabetes | | |

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 | | |
| 4.3 | 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 policy | | |

15. Travel health

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

SR AR

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 with diabetes to a Credentialed Diabetes Educator for specialist advice in preparation for travel | | |

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 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 | | |

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 with diabetes | | |
| 3.2 | Advise the person on adjusting oral and injectable therapies while travelling | | |
| 3.3 | Educate the person and their travel companion on how to minimise 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) | | |

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 gastro 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 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

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 with diabetes in hospital to ensure appropriate nutrition and fluids, blood glucose monitoring, ketone monitoring (type 1 diabetes and those with type 2 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 any adjustments required to the person's usual diabetes self-management in the hospital environment | | |
| 1.6 Assess and, where appropriate, support the person 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 with diabetes in hospital, particularly the procedures for diabetes-related emergencies (for example, hypoglycaemia, hyperglycaemia, ketone checks, Diabetic Ketoacidosis, Hyperosmolar Hyperglycaemic State) | | |
| 1.8 State the blood glucose targets for inpatients according to local policy, and recognise appropriate glycaemic targets for special client groups (for example, pregnant women, the elderly, those in end-of-life care) | | |
| 1.9 Explain the potential for the alteration of diabetes medications during a hospital admission | | |
| 1.10 Explain the effect of infection on glycaemic management | | |
| 1.11 Explain the effect that high-dose steroids have on glycaemic management | | |
| 1.12 Explain the effect of concurrent illness on glycaemic management | | |
| 1.13 Explain the need for daily foot checks in those with poor mobility, the elderly, those who are morbidly obese and those who are bedbound, to prevent pressure-related wounds | | |
| 1.14 Explain how and when to refer to a specialist diabetes team | | |
| 1.15 Ensure a safe discharge plan and appropriate follow-up for the person with diabetes | | |
| 1.16 Discuss potential errors health professionals make in hospitals that can cause hypoglycaemia or hyperglycaemia, including medication errors | | |
| 1.17 Implement needle-stick injury prevention strategies | | |

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 the need to consult 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 correctional rapid acting insulin regimens according to local policy and their potential implications | | |
| 2.6 | Outline local policies and procedures about the peri-operative management of people with diabetes | | |

Specialist level nurse

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

- | | | | |
|-----|--|--|--|
| 3.1 | Describe glucose and insulin infusions | | |
| 3.2 | Describe care surrounding glucose and insulin infusions | | |
| 3.3 | Advise on the care and management of people with diabetes during an admission and peri-operatively | | |
| 3.4 | Describe the effects of nasogastric feeding and total parenteral nutrition on glycaemic management | | |
| 3.5 | Explain the need to titrate diabetes medication/insulin in accordance with the person's current health status, including ketosis or ketoacidosis | | |
| 3.6 | Describe the potential hormonal and metabolic disturbances that can occur peri-operatively | | |
| 3.7 | 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 | | |

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 with diabetes who have complex needs and regimens | | |
| 4.4 | Review the person's diabetes technology 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 with diabetes

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

SR

AR

All nurse

Nurses should be able to:

- | | | | |
|-----|---|--|--|
| 1.1 | Recognise bariatric-metabolic surgery as a treatment option for excess weight management in people with type 2 diabetes and for prevention in those 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 with type 2 diabetes having bariatric-metabolic surgery to be referred to a Credentialed 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 | | |

Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|---|--|--|
| 2.1 | Describe who bariatric-metabolic surgery is appropriate for | | |
| 2.2 | Explain the importance of blood glucose monitoring to guide medication adjustments peri-operatively | | |
| 2.3 | Describe the need for ongoing blood glucose monitoring post-operatively and long-term | | |
| 2.4 | Discuss the required diet pre- and post surgery | | |

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 with diabetes and health professionals about how to avoid, recognise and treat hypoglycaemia and hyperglycaemia peri-operatively | | |

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 on glycaemic management | | |
| 4.2 | Interpret ongoing blood glucose monitoring post-operatively and long-term, and the responses required to manage changing glucose response with weight loss | | |
| 4.3 | Discuss bariatric-metabolic surgery as a possible option for people with type 1 diabetes | | |

18. Disability, community and aged care

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

SR AR

All nurse

Nurses should be able to:

- | | | | |
|------|---|--|--|
| 1.1 | Describe risk factors and how diabetes causes physical disability (for example, amputation, retinopathy) | | |
| 1.2 | Describe how living with a disability can increase risk factors for the development of type 2 diabetes (for example, physical activity limitations) | | |
| 1.3 | Discuss the health disparity between people with disability (including those with intellectual or developmental disability, physical, mental health and sensory-associated disabilities) and those without disability | | |
| 1.4 | Explain the importance of providing the same preventative health care measures and early diagnosis and intervention to people with a disability as those without disability | | |
| 1.5 | Outline common barriers to people with disability and the elderly achieving optimal health | | |
| 1.6 | Discuss specific issues related to the care of people with different types of disability and diabetes (for example, limited capacity (or inability) to self-manage diabetes, lack of understanding of diabetes, physical inactivity, co-morbidities, communication challenges) | | |
| 1.7 | Explain how ageing impacts diabetes and how diabetes impacts ageing | | |
| 1.8 | Identify and implement reasonable adjustments that are required to deliver health services to people with disability and the elderly | | |
| 1.9 | Apply appropriate communication strategies for people with disability and the elderly, including the use of appropriate written educational materials and low/very low literacy resources | | |
| 1.10 | Support the person with disability and diabetes to make informed choices about their health, to the best of their ability | | |
| 1.11 | Review individual care plans and identify diabetes-specific management strategies | | |
| 1.12 | Assess and identify aspects of care that people with diabetes and disability, and the elderly, can self-manage, and plan support for the person in other aspects where it is required | | |
| 1.13 | Describe the impact of various disabilities 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) | | |
| 1.14 | Outline national and local policies and procedures relating to diabetes management in aged and disability care | | |
| 1.15 | Discuss the specific issues experienced by people with diabetes who live in residential care settings (disability or aged care, for example, access to food, timing of meals, medication administration, refusal of food, support provided by support workers, level of staff training) | | |
| 1.16 | 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 | | |

Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|--|--|--|
| 2.1 | Identify people with diabetes who have a disability, both in residential settings and those receiving care in the community, who are at risk of out-of-target-range glycaemic, lipid and blood pressure readings and implement appropriate strategies to manage this, or refer to a specialist | | |
| 2.2 | Identify elderly people with diabetes in aged care settings or receiving community care who are at risk of out-of-target-range glycaemic, lipid and blood pressure readings and implement appropriate strategies to manage this or refer to specialist | | |
| 2.3 | Describe sick day management and how required actions may vary due to disability or age, and when to seek specialist advice | | |
| 2.4 | Outline the risk factors associated with oral glucose lowering medication and insulin in elderly people and people with a disability and diabetes, and understand the risks of Diabetic Ketoacidosis (DKA) and Hyperglycaemic Hyperosmolar State (HHS), and when to escalate care | | |
| 2.5 | Describe the National Disability Insurance Scheme and the possible impacts or benefits for people with disability and diabetes | | |
| 2.6 | Explain the importance of review and education on hypoglycaemic episodes in elderly people and people with disability and diabetes to address individual needs and reduce the risk of recurrence | | |

Specialist level nurse

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

- | | | | |
|-----|--|--|--|
| 3.1 | Work with the person with a disability and their carers to develop a diabetes management plan, and contribute to care coordination if required | | |
| 3.2 | Work with the elderly person and with their family/carers and aged care staff to develop a diabetes management plan, and coordinate their care | | |
| 3.3 | Education the person about the importance of nutrition, taking medications as prescribed and reporting any symptoms to appropriate support staff and/or health professionals | | |
| 3.4 | Outline referral options, including nursing, allied health professionals or agencies that are required in the annual cycle of diabetes care and are experienced at working with people with disability and/or the elderly (for example, dietitians, podiatrists) | | |
| 3.5 | Outline general behaviour management strategies and support that may be required in relation to food management issues for people with disability, and appropriate referral options for further care | | |
| 3.6 | Discuss the National Disability Insurance Scheme (NDIS), criteria and funding options available to support diabetes care for people with a disability | | |
| 3.7 | Discuss access to diabetes technology through the NDIS | | |
| 3.8 | Assess, identify and address any limitations in accessing diabetes care and management services that may be experienced by the elderly and people with disability | | |

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 the elderly and frail aged, both in aged care settings and the community | | |
| 4.2 | Advise on the care of people with disability and diabetes | | |
| 4.3 | Advise on the impact of diabetes medications on the ageing body and interactions with other medications commonly prescribed to the elderly or people with varying disabilities | | |

19. Palliative care

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

SR AR

All nurse

Nurses should be able to:

- | | | | |
|-----|--|--|--|
| 1.1 | Outline national and local policies relating to palliative care and diabetes | | |
| 1.2 | Explain the need for ongoing diabetes care and management at the end of life | | |
| 1.3 | Describe the varying nature of palliative care and the need for diabetes management to be assessed on an individual and daily basis | | |
| 1.4 | Assess the person and ensure they are free of symptoms from their blood glucose levels | | |
| 1.5 | Explain the aim of diabetes treatment during the last few days of life (that is, to prevent discomfort from hypoglycaemia or hyperglycaemia, Diabetic Ketoacidosis [DKA] or Hyperosmolar Hyperglycaemic State [HHS]) | | |
| 1.6 | Explain the need for people with type 1 diabetes to remain on insulin therapy during the last days of life, and the need for their insulin regimen and type to be reviewed | | |
| 1.7 | Explain that people with type 2 diabetes may not require medication during the last few days of life | | |

Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|--|--|--|
| 2.1 | Identify when a person's care plan needs to be reviewed and adjusted for end of life and explain the referral process | | |
| 2.2 | Discuss Advanced Care Planning, and help the person develop an Advanced Care Plan/directive that describes their goals of diabetes care, should they be too unwell to speak for themselves | | |

Specialist level nurse

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

- | | | | |
|-----|---|--|--|
| 3.1 | Work with the person with diabetes, where possible, to develop an individualised care plan | | |
| 3.2 | Advise on blood glucose monitoring and the appropriate frequency, if required, in collaboration with the person with diabetes, especially at the end of life | | |
| 3.3 | Assess and develop care plans for people receiving palliative care following hypoglycaemic episodes, DKA and HHS, to address individual needs and reduce the risk of recurrence | | |

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 complex presentations of diabetes during end-of-life care, including care of the person with a life-limiting illness as well as people in their last months, weeks and days of life | | |
| 4.2 | Discuss with the person and their family the premise behind diabetes management during this phase of life and address any concerns from the person, their family and staff | | |
| 4.3 | Navigate the ethical dilemmas that can arise regarding diabetes management at end of life | | |

20. Pregnancy – pre-conception care for women with existing diabetes

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

SR

AR

All nurse

Nurses should be able to:

- | | | | |
|-----|--|--|--|
| 1.1 | Explain the need for pre-conception education for women of child-bearing age, or planning a pregnancy with existing type 1 or type 2 diabetes | | |
| 1.2 | Recognise that pre-conception 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 | | |
| 1.4 | Recognise the need for higher doses of folic acid for women with diabetes who are planning a pregnancy than women without diabetes | | |
| 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 unintended pregnancies | | |

Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|--|--|--|
| 2.1 | Describe the key aspects of pre-conception care in type 1 and type 2 diabetes according to latest care guidelines | | |
| 2.2 | Explain pre-conception screening requirements of women with diabetes for diabetes-associated health issues | | |
| 2.3 | State target blood glucose levels and HbA1c for women with diabetes pre-pregnancy and while pregnant | | |
| 2.4 | Recognise that CGM or FGM can be used by women planning a pregnancy to enhance self-management and achieve targets | | |
| 2.5 | Recognise the need for supplemental iodine for pregnant and lactating women | | |
| 2.6 | Recognise hypothyroidism and Graves Disease as contraindications for iodine | | |
| 2.7 | Recognise medications commonly prescribed to people with diabetes that are contraindicated in pregnancy (for example, angiotensin-converting enzyme [ACE] inhibitors, statins) and seek medical review | | |
| 2.8 | Describe the need for involvement of a dietitian specialising in diabetes in pre-conception care | | |
| 2.9 | Use validated screening tools to assess mental wellbeing pre-conceptually and/or after pregnancy complications or loss related to diabetes | | |

Specialist level nurse

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

- | | | | |
|-----|--|--|--|
| 3.1 | Describe the physiology of pregnancy and how it is impacted by diabetes | | |
| 3.2 | Describe the physiology of diabetes and how it is impacted by pregnancy | | |
| 3.3 | Work with the woman with diabetes to develop a pre-conception management plan | | |
| 3.4 | Educate and support the woman to achieve pre-conception health targets | | |
| 3.5 | Discuss the benefits of using CGM or FGM to monitor blood glucose in the pre-conception period | | |
| 3.6 | Discuss all contraceptive options for women of child-bearing age | | |
| 3.7 | Work as part of a multi-disciplinary team that may include gynaecology, fertility, obstetric and endocrine specialists | | |
| 3.8 | Discuss the importance of providing adequate clinic time to support each individual woman and her family | | |

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 pre-conceptually | | |
| 4.2 | Explain in detail the pathophysiology of diabetes and associated health issues in pregnancy | | |
| 4.3 | Explain and discuss the national and local guidelines relating to diabetes care pre-pregnancy | | |
| 4.4 | Implement highly developed counselling skills | | |



21. 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

All nurse/midwives

Nurses should be able to:

For Gestational Diabetes Mellitus (GDM) only:

- | | | |
|---|--|--|
| 1.1 Explain the need 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 pre-conception counselling, screening and commencement of folic acid in women with a history of previous GDM | | |
| 1.5 Describe risk reduction for the development of 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 to immediately discontinue contraindicated medications, including angiotensin-converting enzyme (ACE) inhibitors 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 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 | | |

Proficient level nurse/midwife

In addition to the competencies for all nurses/midwives:

For GDM only:

- | | | |
|--|--|--|
| 2.1 Describe the GDM screening recommendations according to local 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 local guidelines | | |
| 2.5 Recognise that CGM and FGM 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 hyperthyroidism and Graves Disease as contraindications for iodine | | |
| 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 blood glucose tolerance | | |
| 2.12 Use validated tools to screen for emotional distress during the gestational period, and refer to mental health professionals | | |

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 gestation-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 | | |
| 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 or FGM to monitor blood glucose during pregnancy | | |
| 3.8 | Work with each woman to develop an individual management plan to optimise glycaemic management and reduce risks for mother and baby throughout pregnancy, delivery and immediately post-partum | | |
| 3.9 | Provide gestation-specific education, including management, avoiding Diabetic Ketoacidosis (DKA) and sick day management | | |
| 3.10 | Describe the indications for initiating treatment | | |
| 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 delivery | | |
| 3.14 | Describe possible complications in the neonate (for example, hypoglycaemia, jaundice, respiratory distress) | | |
| 3.15 | Provide initial dietary advice and refer to a specialist diabetes dietitian | | |
| 3.16 | Advise on the recommended type and duration of exercise during pregnancy | | |
| 3.17 | Discuss surveillance for associated health issues in pregnancy and frequency of monitoring (for example, albumin to creatinine monitoring) | | |
| 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 | | |

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 gestational diabetes and its relationship to the potential development of type 2 diabetes | | |
|-----|--|--|--|

For GDM and pre-existing diabetes:

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

22. Children and adolescents

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

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All nurse

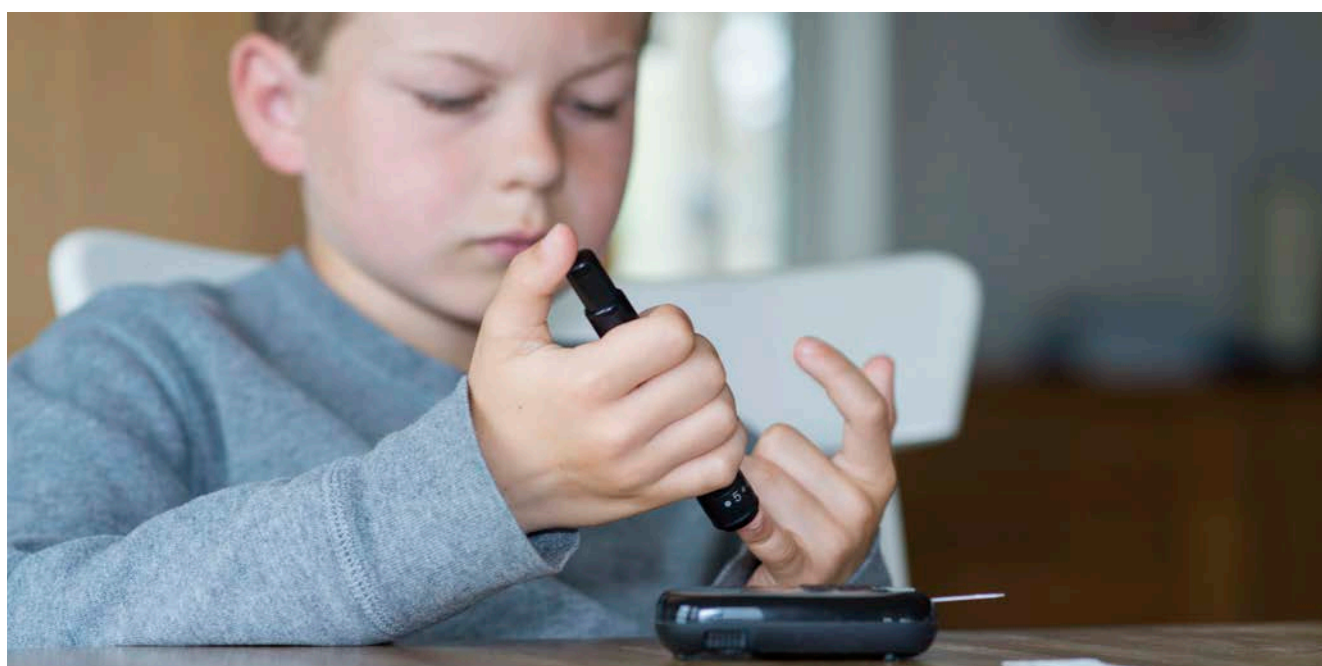
Nurses should be able to:

- | | | | |
|-----|--|--|--|
| 1.1 | Describe the key physiological differences between type 1 and type 2 diabetes in childhood and adolescence | | |
| 1.2 | Describe the clinical presentation of type 1 diabetes in childhood and adolescence | | |
| 1.3 | Describe the clinical presentation of type 2 diabetes in childhood and adolescence | | |
| 1.4 | Explain the need for the urgent referral of children and adolescents presenting with symptoms of diabetes and the referral processes for the closest paediatric tertiary service | | |
| 1.5 | Describe the impact of a diabetes diagnosis on the child and family | | |

Proficient level nurse

In addition to the competencies for all nurses:

- | | | | |
|-----|---|--|--|
| 2.1 | Describe the optimal diabetes management in children and adolescents | | |
| 2.2 | Recognise that living with a chronic condition such as diabetes has an effect on the family of the child or adolescent with diabetes | | |
| 2.3 | Recognise psychosocial and family stressors that may impact on diabetes management, and make appropriate referrals | | |
| 2.4 | Describe how the developmental stages of children and adolescents 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/health services paediatric insulin infusion guidelines when caring for children/adolescents | | |
| 2.7 | Provide age-appropriate education to children/adolescents to support the development of their self-management skills | | |



Specialist level nurse

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

| | | | |
|------|---|--|--|
| 3.1 | Describe the pathophysiology of type 1 and type 2 diabetes in children/adolescents | | |
| 3.2 | Outline the diagnostic criteria for type 1 and type 2 diabetes in children/adolescents | | |
| 3.3 | Describe the initial acute management of type 1 diabetes | | |
| 3.4 | Describe the goals of treatment for type 2 diabetes in children/adolescents | | |
| 3.5 | Explain the changes to insulin requirements related to physical growth and puberty | | |
| 3.6 | Explain the best sites to administer insulin for children | | |
| 3.7 | Explain the best insulin pen needles or devices to use for children | | |
| 3.8 | Explain that acute hypoglycaemia and hyperglycaemia should be minimised to optimise health and learning outcomes | | |
| 3.9 | Describe the key nutrition recommendations for growth and development in relation to diabetes management | | |
| 3.10 | Recognise that, for optimal health and learning outcomes, students with type 1 diabetes require management and support at school according to their current diabetes management plan; advise that schools need to make adjustments to accommodate students' diabetes management | | |
| 3.11 | Advocate on behalf of the child/adolescent, when required, to enable the appropriate care and management at school | | |
| 3.12 | Develop a diabetes school management plan for child care centres and schools to ensure a safe environment and adequate supervision of the student | | |
| 3.13 | Discuss strategies to support management of day-to-day activities, such as aerobic and anaerobic sport, high-carbohydrate events (for example, birthday parties, cultural festivals) and out-of-school care | | |
| 3.14 | Conduct an annual review to check for associated health issues and conditions, with bloods and other testing as required | | |
| 3.15 | 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 children/adolescents | | |
| 3.16 | Describe the use of technology in managing diabetes in children and adolescents, including insulin pumps and CGM | | |

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 of high-risk activities and diabetes management (for example, driving, alcohol and drug use, sexual health, contraception, eating disorders) | | |
| 4.3 | Advise on contraceptive options for adolescents to prevent unplanned pregnancy and prevention of 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 when prescribing and administering insulin in children and adolescents (for example, the amount of subcutaneous fat, dose changes with development) | | |
| 4.6 | Recognise that children and adolescents 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 adjusting insulin doses during the 'honeymoon period' in children and adolescents who are diagnosed with type 1 diabetes | | |
| 4.9 | Outline the oral medications used – and the risk associated with use – in children and adolescents with type 2 diabetes | | |
| 4.10 | Outline the oral medications used – and the risk associated with use – in children and adolescents with maturity onset diabetes of the young and insulin resistance | | |
| 4.11 | Discuss the use of antihypertensive agents and lipid lowering medication in children and adolescents, 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 in illness and mini-dose Glucagon as part of sick day management for children and adolescents | | |
| 4.14 | Explain how to prevent DKA during sick days, in hospital and during fasting | | |
| 4.15 | Manage DKA in hospital in line with guidelines | | |



Appendix 1: Abbreviations and definition of terms

| | |
|-----------------------|--|
| ACE inhibitors | angiotensin-converting enzyme inhibitors |
| ATSI | Aboriginal and Torres Strait Islander |
| BGL | blood glucose levels |
| CDE | Credentialed Diabetes Educator |
| CKD | chronic kidney disease |
| CGM | continuous glucose monitoring |
| CVD | cardiovascular disease |
| DKA | Diabetic Ketoacidosis |
| FGM | flash glucose monitoring |
| GDM | Gestational Diabetes Mellitus |
| GLP-1 receptor | Glucagon-Like Peptide-1 receptor |
| GP | general practitioner |
| HbA1c | glycosylated haemoglobin |
| HHS | Hyperosmolar Hyperglycaemic State |
| 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 |
| PVD | peripheral vascular disease |
| 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 strip. This 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 system (CGM) – a device that has a small sensor inserted under the skin with a transmitter attached that provides glucose level readings every five minutes.

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 of 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 continuum – refers to how diabetes presents in an individual, from pre-diabetes to diabetes, and diabetes with few associated health conditions to diabetes with many associated health conditions.

Diabetes distress – the emotional burden arising from living with, and managing, diabetes. This can include problems related to the relentlessness of diabetes self-care, 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 a lack of 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 a lack of insulin in the body.

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 with diabetes in consultation with the person and their family or the carer who is prescribing 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 effect 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 hypoglycaemia.

Gestational diabetes – a form of diabetes that occurs during pregnancy when insulin resistance occurs due to hormones produced by the placenta blocking the action of the woman’s insulin. When the pregnancy is over, gestational diabetes disappears and the blood glucose levels usually return to normal. 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 – an abnormally high blood glucose level or a blood glucose level above the individualised target range.

Hypoglycaemia – an abnormally low blood glucose level, typically defined as 3.9mmol/L and below.

Impaired awareness of hypoglycaemia – 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, respecting 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 with type 2 diabetes

Psychological barriers to insulin use – the negative thoughts or feelings that people 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 cause of type 2 diabetes is unknown. Type 2 diabetes 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 condition; a high level of wellbeing means in some sense the individual experience is positive, while low wellbeing is associated with negative experiences.

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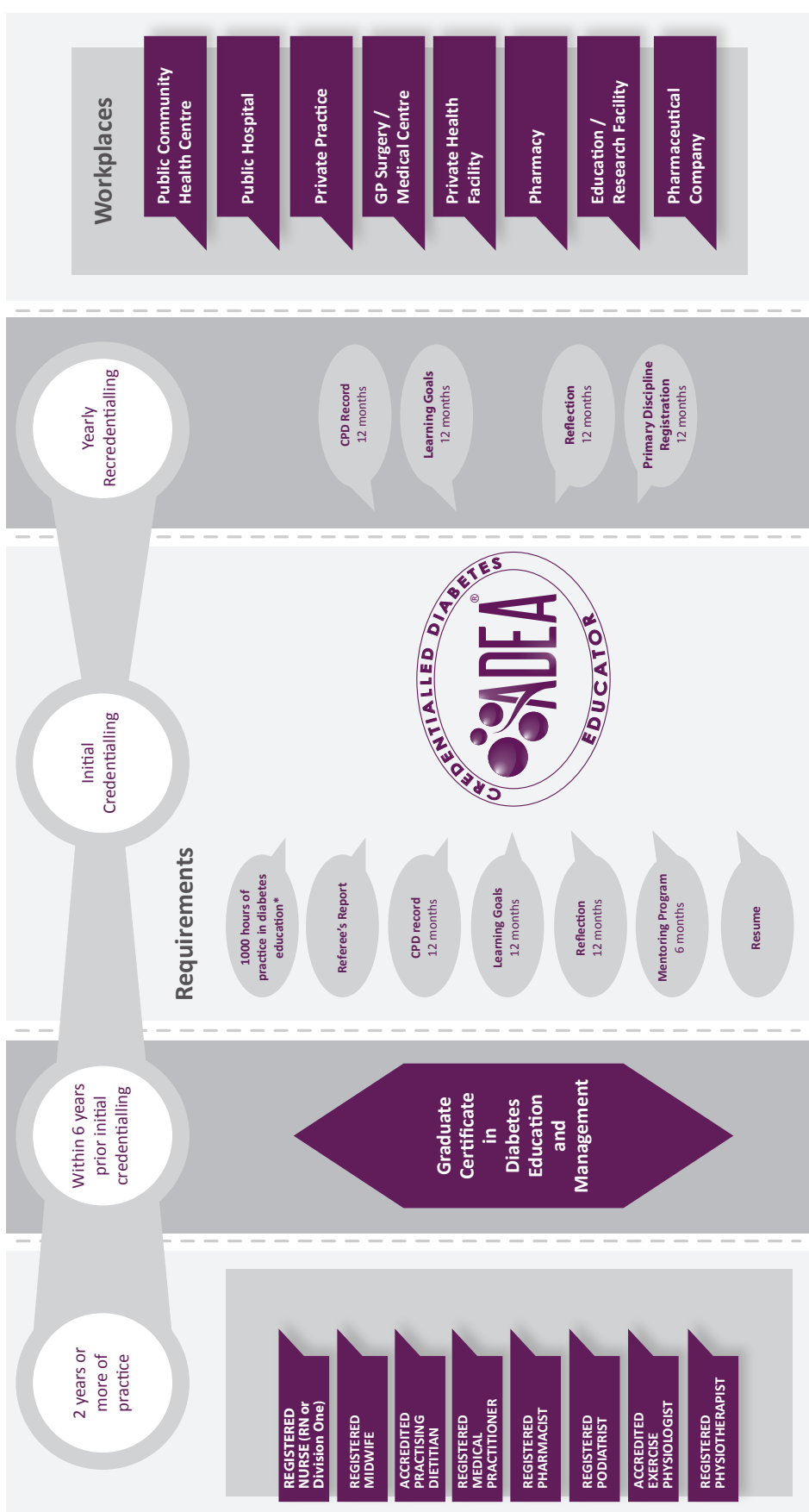
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CDE PATHWAY



*Within 4 years prior initial credentialling, 60% in 12 months prior initial credentialling

Notes

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