

Defining who is a Diabetes Specialist Nurse (Adult nursing)

Position Statement (Published March 2019)

Why have we produced this position statement

The numerous titles used by nurses working in diabetes care makes it difficult to identify who is a specialist nurse. The lack of a clear pathway or standardisation of qualification for most of the UK means adult diabetes specialist nurses (DSN) may have an inconsistent level of knowledge and skills. This makes it difficult for healthcare professionals and people with diabetes to know how “specialist” the diabetes nurse is. In addition, estimating the number of DSNs available to support the growing number of people with the condition is a challenge.

How did we develop this position?

We developed this position statement through knowledge and insight gained from collaborating with TREND-UK (Training, Research and Education for Nurses in Diabetes), WAND (Welsh Academy of Nurses in Diabetes), and representatives from DSNs and Higher Education Institutions from England and Wales.

What we say about this issue

There should be a single title of Diabetes Specialist Nurse which should be used only by those who meet the criteria to be a DSN, and who work wholly in diabetes care.

Within 12 months of appointment the DSN should have committed to undertaking nationally-recognised diabetes-related education at postgraduate diploma level, with additional nationally recognised pathways for specialities within the adult diabetes specialist nurse role (e.g. antenatal & pregnancy management, insulin pumps, etc).

The DSN should be subject to a formal competency-based assessment as detailed in the Integrated Career and Competency Framework for Diabetes Nursing¹, such as that developed by the Welsh Academy for Nursing in Diabetes² and have protected time for diabetes-related CPD as recommended by the NMC revalidation process³.

DSNs should be competent at Senior Practitioner/Expert Nurse level in the relevant aspects of diabetes nursing pertinent to their role, as per the Integrated Career and Competency Framework and ideally have access to a multi-disciplinary team for clinical supervision and support. As it is unrealistic to be an expert in all areas of diabetes nursing,

they should recognise the limits of their own expertise and build networks for liaising with other DSNs for expert advice on unfamiliar areas.

Diabetes treatments are becoming increasingly complex, especially with the combination of co-morbidities seen in an ageing population. The role of DSN includes advice on the appropriate prescribing, dose adjustment and correct use of medications related to diabetes, so DSNs must be (or working towards being) independent prescribers if band 7.

Being an educator (for adults with diabetes and other healthcare professionals) is an important part of the role so the band 7 DSN must have a relevant training and skills in leadership, mentorship and providing structured diabetes education, or working towards this as a band 6 DSN (for which added CPD funding should be incorporated into their new post over and above the base CPD funding for diabetes-related modules).

The recommendations should be applied to adult nurses beginning their career as a DSN. It would be impractical to back-date these to all existing DSNs.

Completing the competencies and qualifications for a specific band does not automatically entitle a DSN to move up a band.

DSNs should have access to a diabetes consultant for support and clinical supervision.

NB: Nurses working in Northern Ireland should refer to the relevant Department of Health frameworks/competencies for Specialist Nurses, Advanced Nurse Practitioners and Consultant Nurses <https://www.health-ni.gov.uk/articles/clinical-career-pathway-nurses-and-midwives>

Evidence and analysis - the reasons why we are saying what we do

The majority of adults receive their routine diabetes care from practice nurses and never see a DSN, although DSNs have an important role in supporting these general practice and non-diabetes specialist staff.

The role of the DSN therefore, is to provide support and expertise for adults with more complex or challenging diabetes problems. However, what this includes and what qualifies a nurse to provide this level of care has not been defined. Distinguishing who is a DSN can also be difficult as nurses who provide diabetes care or advice call themselves a variety of titles. Indeed, the 838 respondents to a survey of DSNs in 2010 gave 238 job titles⁴. This lack of clarity is confusing for people with diabetes, other healthcare professionals and for commissioners of diabetes services. It also makes it difficult to estimate the numbers of DSNs working across the UK.

DSNs in adult services come from a variety of backgrounds (e.g. practice nurse, district nursing, hospital ward nurse) which may mean they lack some core skills (e.g. a primary care nurse may have little experience in supporting people with Type 1 diabetes). Their diabetes qualification may vary from certificate to Master's level. The pay band varies from 6 to 8, which may be based on economic or geographic factors and not reflect their skills or experience, as higher bands may be advertised in areas where recruitment of DSNs is a problem. This can mean nurses with relatively little experience in working with adults with diabetes are being recruited into DSN posts with relatively basic, and not specialist, diabetes management skills. Conversely, some with a wealth of experience,

skills and competencies may earn less than their counterparts in other geographical areas.

References

1. TREND-UK (2015) An Integrated Career and Competency Framework for Diabetes Nursing available @ www.trend-uk.org/resources
2. Welsh Academy for Nursing in Diabetes. Diabetes Competency Programme <https://www.wand-wales.co.uk/clinical/competencies/> (Accessed March 2019)
3. Nursing and Midwifery Council (2016) <http://revalidation.nmc.org.uk/>
4. Gosden C et al (2010) Journal of Diabetes Nursing 14(7): 250-257