

Position Statement: Defining who is a Diabetes Specialist Nurse

KEY POINTS:

- There should be only one job title for diabetes specialist nurses
- There should be one common pathway to become a diabetes specialist nurse
- There should be an agreed minimum qualification level to become a diabetes specialist nurse

Introduction

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 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.

Current Situation

4.7 million people in the UK have diabetes (Diabetes UK, 2019). All nurses should achieve a minimum standard of competency in supporting people with the condition because, no matter what area of healthcare he or she is working, they will be working with people with diabetes. For example, the annual National In-Patient Audit demonstrates that about 1 in 6 people occupying a hospital bed has diabetes (NaDIA, 2016). The majority of people 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 people 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 titles! (Gosden et al 2010) 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.

Co-created and endorsed by:



DSNs 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 people 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.

Diabetes UK Calls to Action

1. There should be a single job title of Diabetes Specialist Nurse (DSN)
2. New DSNs are expected to start a postgraduate diploma level qualification in diabetes-related topics within 12 months of appointment
3. All DSNs should receive appropriate supervision and complete competency-based assessments within 12 months of appointment
4. DSNs should be trained as an educator and leader
5. Band 7 and above DSNs should be independent prescribers
6. Funding for training and mentorship should be built into the new DSN post

Recommendations

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 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 Nursing (TREND-UK, 2015), such as that developed by the Welsh Academy for Nursing in Diabetes (WAND) and have protected time for diabetes-related CPD as recommended by the NMC revalidation process.

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 people 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 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>

Conclusion

People with complex diabetes issues need a nurse who is qualified, skilled and competent to support them. Only nurses who meet these criteria should call themselves a Diabetes Specialist Nurse. This will make auditing numbers across the UK accurate, will guide commissioners in ensuring the appropriate skills are in place to deliver a service, and be reassuring for people with diabetes who require support with their condition.

Useful websites:

www.trend-uk.org

www.wand-wales.co.uk

References:

Diabetes UK (2019) Us, diabetes and a lot of facts and stats @ [https://www.diabetes.org.uk/resources-s3/2019-02/1362B Facts%20and%20stats%20Update%20Jan%202019_LOW%20RES_EXTERNAL.pdf](https://www.diabetes.org.uk/resources-s3/2019-02/1362B_Facts%20and%20stats%20Update%20Jan%202019_LOW%20RES_EXTERNAL.pdf)

Gosden C et al (2010) Journal of Diabetes Nursing 14(7): 250-257

NaDIA (2016) available @ www.content.digital.nhs.uk/catalogue/PUB23539

TREND-UK (2015) An Integrated Career and Competency Framework for Diabetes Nursing available @ www.trend-uk.org/resources

Last reviewed: Feb 2019