

## QOF Indicator DM013:

*The percentage of patients with diabetes, **on the register**, who have a record of a dietary review by a suitably competent professional in the preceding **12 months***

Note: the bold signposts changes made to the previous QOF indicator to create DM013

The Diabetes CRG was asked recently to define “suitably competent professional” as stated in 2013/14 QOF indicator DM013.

NICE published guidance on this in August 2011 and defined an appropriately trained healthcare professional as one with specific expertise and competencies in nutrition. This may include, **but is not limited to**, a registered dietitian who delivers nutritional advice on an individual basis or as part of a structured educational programme. NICE recommends that if non-dietitians are employed to deliver dietary advice, they should conform to the level 1 competencies described in the Diabetes UK Competency Framework for Dietitians (reproduced below). These competencies intend to provide a minimum standard for any staff involved in the healthcare of people with diabetes.

On 29th May 2013, the Diabetes CRG agreed that these level 1 competencies should be used by GP practices to identify the suitable professional to provide a dietary review to patients. If any training needs are identified through the use of these competencies, practices should contact Nicky Bamford, Practice Development Manager via [Nicola.bamford@wandsworthccg.nhs.uk](mailto:Nicola.bamford@wandsworthccg.nhs.uk)

### Diabetes UK Level 1 Competencies

	Objectives	SfH [NHS KSF]
<p><b>1. Pathophysiology, Epidemiology and Clinical Diabetes Guidelines</b></p> <p><b>Competency Statement: Demonstrate familiarity with pathophysiology, epidemiology and clinical</b></p>	<p><b>Non-Direct Patient Care</b></p> <p>1. Identify the causes, risk factors and symptoms of both Type 1 and Type 2 diabetes</p> <p>2. Identify some of the most common myths regarding diabetes care</p>	

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
<b>guidelines consistent with diabetes care provider level</b>	and management	
	<b>Direct Patient Care</b> <b>Pathophysiology</b> 1. Identify differences between the types of diabetes (type 1, type 2, pre-diabetes and gestational diabetes) 2. State sign and symptoms of acute hyperglycaemia and refer individuals for further assessment 3. List signs and symptoms of hypoglycaemia and DKA (major acute complications) 4. Identify risk for common complications of diabetes (e.g. eye, nerve, kidney etc.)	Diab GA1 [HWB7,Level 2] Diab TT01 [HWB6,Level 2]
	<b>Epidemiology</b> 1. Recognise local prevalence of diabetes 2. Identify characteristics of high-risk populations 3. Participate in community screening events 4. Encourage people with diabetes to attend annual screening and/or for symptomatic hyperglycaemia	Diab GA2 [HWB7, Level 3]
	<b>Clinical Practice Guidelines</b> 1. Demonstrate familiarity with the UK nutritional recommendations, clinical practice guidelines and diagnostic criteria. 2. Use knowledge of referral processes and recommended health screening to inform people with diabetes 3. Make a referral/signpost to structured education and/or assist with structured education	Diab HD12 [G5, Level 2]
<b>2. Teaching and Learning Skills</b> <b>Competency Statement: Apply principles of teaching</b>	<b>Non-Direct Patient Care</b> 1. Reinforce basic diabetes awareness information provided by qualified diabetes professionals	DA1 [CORE 1, Level 3]

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
<b>and learning and empowerment and care planning to facilitate self-management of individuals with diabetes</b>	2. Assist clients to acquire accurate diabetes educational materials	
	<p><b>Direct Patient Care</b>  <b>Teaching and Learning</b></p> <ol style="list-style-type: none"> <li>1. Reinforce information provided by qualified diabetes professionals</li> <li>2. Assist clients to acquire and accurately convey diabetes educational materials</li> <li>3. Assist with skill development of students and healthcare professionals</li> <li>4. Provide on-going coaching skills to people with diabetes to assist with self-management of their diabetes</li> <li>5. Demonstrate interdisciplinary working in diabetes care and refer questions to appropriate team members</li> <li>6. Recognise suitable resources for all ages for all types of diabetes</li> <li>7. Comply with legal requirements for patient confidentiality</li> </ol>	<p>DA1</p> <p>[CORE 2, Level 2]  [G1, Level 2]  [IK3, Level 1]</p> <p>[CORE 1, Level 2]  [CORE 4, Level 1]</p> <p>HCS-D5  [CORE 5, Level 2]</p>
	<p><b>Empowerment and care planning</b></p> <ol style="list-style-type: none"> <li>1. Work with healthcare team using basic concepts of empowerment and care planning to assist patient with effective self-management</li> <li>2. Develop relationships with people with diabetes that support them in addressing their health needs and setting self-management goals</li> <li>3. Support patient's efforts to make changes in daily routine</li> <li>4. Serve as a link between patient and diabetes healthcare team</li> </ol>	<p>PE1  [HWB4, Level 1]  PE5  [HWB10, Level 2]  DA2  [CORE 6 , Level 2]</p>
<b>3. Individualised Self-Management Education</b>	<p><b>Non-Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Facilitate access to community resources for nutritional advice and structured education</li> </ol>	

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
<b>Competency statement: deliver self-management education in a consultation to meet needs that people with diabetes express themselves</b>	<ol style="list-style-type: none"> <li>2. Communicate up-to-date, and evidence-based, basic general principles of nutritional therapy for diabetes</li> <li>3. Provide information about local physical activity schemes such as exercise on prescription</li> <li>4. Call for emergency help in response to severe hypoglycaemia and hyperglycaemia</li> </ol>	
	<p><b>Non-Direct Patient Care</b> <b>Healthy Eating (refer to section 6)</b></p> <ol style="list-style-type: none"> <li>1. Communicate up-to-date, and evidence-based, basic general principles of nutritional therapy for diabetes</li> <li>2. Communicate up-to-date, and evidence-based, principles of weight management</li> <li>3. Identify nutrition and weight issues needing referral</li> <li>4. Facilitate access to community resources for nutritional advice and structured education</li> </ol>	
	<p><b>Being Active</b></p> <ol style="list-style-type: none"> <li>1. Communicate the benefits and importance of physical activity in diabetes prevention and management</li> <li>2. Provide information about local physical activity schemes such as exercise on prescription</li> <li>3. Inform people with diabetes of safety guidelines for physical activity</li> </ol>	
	<p><b>Monitoring</b></p> <ol style="list-style-type: none"> <li>1. Reinforce value and agreed frequency of monitoring, e.g., self-monitoring of blood glucose (SMBG), lab values, and risk assessments</li> <li>2. Demonstrate correct techniques in basic blood glucose (BG), blood pressure (BP), weight (wt), height (ht), waist circumference, body mass index (BMI) and HbA1c measurements</li> <li>3. Identify clinical results (e.g., HbA1c, BG, BP, wt, waist</li> </ol>	<p>Diab HA2 [HWB7, Level 2]</p> <p>Diab HD2</p>

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
	<p>circumference, BMI, and ketone testing) that are out-of-target range and require referral</p> <p>4. Reinforce individual agreed recommended metabolic targets (e.g., A1C, BG, BP, wt, waist circumference, BMI and ketone testing)</p> <p>5. Identify barriers interfering with monitoring (e.g., SMBG, lab values, and risk assessments)</p> <p>6. Assist people in developing and maintaining a personalised care planning record</p>	[HWB4, Level 2]
	<p><b>Taking Medications</b></p> <p>1. Identify common oral blood glucose-lowering agents and injectable therapies</p> <p>2. Identify barriers interfering with patient taking medication as prescribed and make referrals as required (i.e., notifies prescriber)</p> <p>3. Demonstrate insulin preparation and injection using a pen device, under the supervision of a qualified and competent healthcare professional</p> <p>4. Educate and reinforces safe use of medications</p>	
	<p><b>Reducing Risk</b></p> <p>1. Identify signs and symptoms of acute and chronic complications of diabetes and refer to healthcare provider as appropriate</p> <p>2. Reinforce the need for basic preventative and risk reduction measures (e.g., foot exams, eye exams, dental check-ups, lab measurements, smoking cessation, flu vaccines, and immunizations), and makes referrals as appropriate</p> <p>3. Reinforce principles of sick day management</p> <p>4. Uses protocol to assist people with diabetes in treating hypoglycaemia when needed</p>	

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
	5. Call for emergency help in response to severe hypoglycaemia and in cases of DKA	
<p><b>4. Psychosocial and Behavioural Approaches</b></p> <p><b>Competency statement: Apply psychosocial and behavioural approaches to facilitate self-management of individuals with diabetes</b></p>	<p><b>Non-Direct Patient Care</b></p> <p>1. Identify professional attitudes and behaviours that are helpful/not helpful to people with diabetes</p> <p>2. Inform people with diabetes of what support organisations are available such as the Diabetes UK Careline and local support groups</p>	<p>HSC 233 [HWB4, Level 2]</p>
	<p><b>Direct Patient Care</b></p> <p>1. Describe the psychosocial impact of diabetes and its treatments on the person and individual's family members</p> <p>2. Identify professional attitudes and behaviours that are helpful/not helpful to people with diabetes</p> <p>3. Inform people with diabetes of what support organisations are available such as the Diabetes UK Careline and local support groups</p> <p>4. Recognise that:</p> <ul style="list-style-type: none"> <li>• psychological adjustment to diabetes is ongoing and needs to be addressed in the early stages and throughout the life cycle;</li> <li>• living with diabetes often requires changes to lifestyle that are difficult for most people with diabetes to achieve and sustain;</li> <li>• diabetes-related stress is common, particularly fear of hypoglycaemia and long-term complications;</li> <li>• diabetes-related distress is common and can persist for years after the diagnosis, manifesting itself as anger, fear and frustration;</li> <li>• clinical depression is more prevalent among people with diabetes than the general population;</li> <li>• people can use different cognitive and behavioural strategies to cope with the demands of diabetes- and treatment-related stresses;</li> </ul>	<p>HSC 233 [HWB4, Level 2]</p>

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
	<ul style="list-style-type: none"> <li>the paradigmatic shift towards an empowerment based approach is more appropriate in self-management conditions such as diabetes than a compliance/adherence approach;</li> <li>educational interventions that incorporate behavioural and affective components are more effective</li> </ul>	
<b>5. Group-based Structured Education</b> <b>Competency statement: Provide people with diabetes with clinically and cost effective structured education that meets the key criteria to implement the NICE Guidance</b>	<b>Non-Direct Patient Care</b> 1. Communicate the details and availability of local group-based structured education programmes to people with diabetes	
	<b>Direct Patient Care</b> 1. Communicate the details and availability of local group-based structured education programmes to healthcare professionals in the health economy 2. Assist in the recruitment/signposting of people with diabetes to attend group-based structured education 3. Recognise and communicate the clinical and cost effectiveness of the structured education programme including benefits on psychosocial wellbeing 4. Assist in the organisation, delivery, evaluation and audit of group-based structured education 5. Assist people with diabetes to help support each other	DA4 [HWB4, Level 3] [C1, Level 3]
<b>6. Principles of Medical Nutrition Therapy</b> <b>Competency statement: Provide people with diabetes with the up-to-date and evidence based principles of medical nutrition therapy so that they can make informed decisions regarding their</b>	<b>Non-Direct Patient Care</b> 1. Communicate the up-to-date and evidence based basic principles of healthy eating to people with diabetes 2. Identify the availability of healthy food choices	CNH8

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
<b>nutritional intake</b>		
	<p><b>Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Discuss the goals of medical nutritional therapy</li> <li>2. Recognise when there is a need to refer for more specialist nutritional advice</li> <li>3. Communicate the up-to-date and evidence based basic principles of healthy eating to people with diabetes</li> <li>4. Identify the availability of healthy food choices</li> <li>5. List the indigenous staple foods</li> </ol>	CNH8
<p><b>7. Short-term complications</b></p> <p><b>Competency statement: Demonstrate knowledge of short-term complications of diabetes and provide specific nutrition medical therapy to prevent and treat these complications where relevant</b></p>	<p><b>Non-Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Recognise the signs and symptoms of hypoglycaemia</li> <li>2. Discuss the treatment of mild hypoglycaemia</li> </ol>	Diab HD4 [HWB6, Level 2]
	<p><b>Direct Patient Care</b></p> <p><b>Hypoglycaemia</b></p> <ol style="list-style-type: none"> <li>1. Describe the fear that people with Type 1 diabetes and their relatives have of hypoglycaemia and how this impacts on diabetes management</li> <li>2. State the causes of hypoglycaemia</li> <li>3. Recognise the signs and symptoms of hypoglycaemia</li> <li>4. Discuss the treatment of mild hypoglycaemia</li> </ol> <p><b>Diabetic ketoacidosis (DKA)</b></p> <ol style="list-style-type: none"> <li>1. Identify people most at risk of developing DKA</li> <li>2. State the signs and symptoms of DKA</li> </ol>	Diab HD4 [HWB6, Level 2]

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
	<b>Management of home emergencies</b> 1. Recognise the critical importance of <i>never</i> omitting insulin administration in Type 1 diabetes when the person has an intercurrent illness	
<b>8. Specific Nutrition-Related Needs of Children and Adolescents with Type 1 and Type 2 Diabetes</b> <b>Competency statement: recognise the clinical, nutritional and psychological management of diabetes in children and adolescents and the importance of care in relation to long-term health and wellbeing</b>	<b>Non-Direct Patient Care</b> Recognise and help to alleviate the social stigma (and bullying) associated with long-term conditions such as diabetes	
	<b>Direct Patient Care</b> <b>Clinical management</b> 1. Recognise that care should be provided by an experienced, consistent, committed paediatric multidisciplinary team 2. Recognise that children and adolescents have special and different needs, and that these will change over time 3. Promote special diabetes-related holiday activities. Such as camps and other group activities for different age ranges 4. Promote the need for all children to be involved in all sports at all levels 5. Recognise and help to alleviate the social stigma (and bullying) associated with long-term conditions such as diabetes	
<b>9. Co-morbidities</b> <b>Competency statement: Demonstrate knowledge of long-term complications of diabetes and provide specific nutrition medical therapy to prevent and</b>	<b>Non-Direct Patient Care</b> 1. Investigate the resources available in the community for the visual impaired 2. Know that uncontrolled diabetes can lead to poor long-term health	

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
<b>treat these complications where relevant</b>		
	<p><b>Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Describe the information available to inform people about the local retinal screening programme</li> <li>2. Investigate the resources available in the community for the visual impaired</li> <li>3. Know that poor glycaemic and blood pressure control and dyslipidaemia can increase the risk of people developing the long-term complications of diabetes</li> <li>4. Describe the referral pathways necessary to investigate and treat long-term complications</li> <li>5. Describe the different types of lipids and targets for treatment</li> <li>6. Provide a basic overview of the role of nutrition and lifestyle in primary and secondary prevention of macrovascular disease</li> </ol>	
<p><b>10. Specific Nutrition-Related Needs Pre-Conception, in Gestational Diabetes, and during and after Pregnancy</b></p> <p><b>Competency statement: Demonstrate knowledge of the general management and nutritional needs of women who develop gestational diabetes and pregnancy in pre-existing diabetes</b></p>	<p><b>Non-Direct Patient Care</b></p> <p>Describe the women at risk of developing gestational diabetes</p>	
	<p><b>Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Describe the women at risk of developing gestational diabetes</li> <li>2. Identify symptoms of gestational diabetes and refer a women for further assessment</li> <li>3. Discuss the need for frequent contact with the diabetes care team for pre-conception counselling and an interdisciplinary approach with</li> </ol>	<p>Diab PD10 [HWB4, Level 3]</p>

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
	<p>the diabetes and obstetrician care teams throughout pregnancy for optimal pregnancy outcome</p> <p>4. Recognise the need for pre-conception folic acid</p>	
<p><b>11. Specific Nutrition-Related Needs of Older Adults, Including those Living in Care Facilities</b></p> <p><b>Competency statement: Demonstrate knowledge of the special psychosocial, educational, nutritional, functional and physical requirements of older people with diabetes</b></p>	<p><b>Non-Direct Patient Care</b></p> <p>Outline the resources available in the community for older people</p>	
	<p><b>Direct Patient Care</b></p> <p>1. Recognise that older adults may have specific nutritional problems</p> <p>2. Define why special consideration is required in the management and education of older people with diabetes</p> <p>3. Outline the resources available in the community for older people</p>	
<p><b>12. Specific Nutrition-Related Needs of People from Ethnic Groups</b></p> <p><b>Competency statement: Demonstrate knowledge of the cultural eating patterns and nutritional needs of people from different ethnic groups</b></p>	<p><b>Non-Direct Patient Care</b></p> <p>1. Recognise the eating patterns of people from all cultures within the given population</p> <p>2. Support people with diabetes to communicate using interpreting and translating services</p>	DA3 [CORE 1, Level 3]
	<p><b>Direct Patient Care</b></p> <p>1. Recognise the eating patterns of people from all cultures within the given population</p> <p>2. Support people with diabetes to communicate using interpreting and translating services</p>	DA3 [CORE 1, Level 3]

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
<p><b>13. Eating Disorders</b>  <b>Competency statement: Demonstrate knowledge of the different types of eating disorders and the possible treatments pathways</b></p>	<p><b>Non-Direct Patient Care</b>  1. State the referral pathways available for a person with diabetes who has an eating disorder</p>	
	<p><b>Direct Patient Care</b>  1. Recognise that the incidence of eating disorders may be increased in people with diabetes  2. State the different types of eating disorders  3. State the referral pathways available for a person with diabetes who has an eating disorder</p>	
<p><b>14. Coeliac Disease</b>  <b>Competency statement: Demonstrate knowledge of the treatment and management of coeliac disease and the increased prevalence in individuals with Type 1 diabetes</b></p>	<p><b>Non-Direct Patient Care</b>  Identify whether any information is available for people with diabetes and coeliac disease</p>	
	<p><b>Direct Patient Care</b>  1. Define the coeliac disease including symptoms and the required treatment  2. Describe the increased risk of coeliac disease associated with Type 1 diabetes  3. Identify whether any information is available for people with diabetes and coeliac disease</p>	
<p><b>15. Prescribable diabetes medication</b>  <b>Competency statement: Demonstrate knowledge of the different types of blood glucose-lowering agents and insulin therapy for individuals with gestational, Type 2 and Type 1 diabetes</b></p>	<p><b>Non-Direct Patient Care</b>  1. Demonstrate a basic understanding of the need for some people with Type 2 diabetes to require oral hypoglycaemic agents and/or insulin to control blood glucose levels  2. Demonstrate a basic understanding of the need for all people with Type 1 diabetes to require insulin therapy to control blood glucose</p>	

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
	levels	
	<p><b>Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate a basic understanding of the need for some people with gestational diabetes to require insulin therapy to control blood glucose levels</li> <li>2. Demonstrate a basic understanding of the need for some people with Type 2 diabetes to require oral hypoglycaemic agents and/or insulin to control blood glucose levels</li> <li>3. Demonstrate a basic understanding of the need for all people with Type 1 diabetes to require insulin therapy to control blood glucose levels</li> </ol>	
<p><b>16. Evaluation and Audit and Research</b>  <b>Competency statement: Demonstrate knowledge of the different types of blood glucose-lowering agents and insulin therapy for individuals with gestational, Type 2 and Type 1 diabetes</b></p>	<p><b>Non-Direct Patient Care</b></p> <p>Be aware that information and advice for people with diabetes is updated regularly based on the latest evidence base</p>	
	<p><b>Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Identify the purpose of evaluation</li> <li>2. Identify the purpose of audit</li> <li>3. Identify the purpose of research</li> <li>4. Discuss the need to evaluate and audit all aspects of the educational programme, structure, health outcomes, quality of life outcomes and cost-effectiveness</li> <li>5. Carry out evaluations and audits of healthcare delivery</li> </ol>	<p>[CORE 4, Level 1]  [CORE 5, Level 1]</p>

	<b>Objectives</b>	<b>SfH [NHS KSF]</b>
<p><b>17. Team, Programme and Business Management</b></p> <p><b>Competency statement: Apply principles of team, programme and business management to create a climate that supports successful teamwork, clinical and business activity</b></p>	<p><b>Non-Direct Patient Care</b></p> <p>Serve as a resource to people with diabetes to assist with access to all elements of the healthcare system</p>	
	<p><b>Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Discuss why an interdisciplinary and/or a multidisciplinary approach is needed in the management of diabetes</li> <li>2. Identify the role of various members working within an interdisciplinary team such as generalist doctors, specialist doctors, nursing personal, podiatrists, dietitians, psychologists</li> <li>3. Discuss the role of the coordinator and the person with diabetes within the team</li> <li>4. Identify ways in which the roles of different team members can overlap and complement each other</li> <li>5. Appreciate the importance of respect for all members of the team including the person with diabetes</li> <li>6. Discuss the importance of interdisciplinary communication, such as team meetings and case conferences</li> <li>7. Serve as a resource to people with diabetes to assist with access to all elements of the healthcare system</li> <li>8. Communicate the impact of the diabetes healthcare service on the health economy</li> <li>9. Carry out reflective practice to enable continuous quality improvement of the service and healthcare delivery</li> </ol>	<p>[CORE 1, Level 2] [CORE 4, Level 4]</p> <p>HSC33 [CORE 2, Level 1]</p>