

Competency Based CPD Workbook

Competencies and skills required to develop
comprehensive pharmaceutical care services
for the patient with type 2 diabetes mellitus

(Focus Group Draft)

Introduction

Diabetes mellitus is a growing health problem for people of all ages across the countries of Europe. An estimated 10 million people face ill health and shortened life expectancy associated with this condition. As long ago as 1989, in the St Vincent Declaration, the World Health Organisation (WHO) Regional Office for Europe International Diabetes Federation (IDF), European Region, and diabetes experts from all European countries called for a systematic approach to dealing with the disease. They stated: "Plans for the prevention, identification and treatment of diabetes, and in particular its complications - blindness, renal failure, gangrene and amputation, aggravated coronary heart disease and stroke - should be formulated at local, national and European levels. Investments now will earn great dividends in the reduction of human misery and in massive savings of human and material resources."

In Our National Health (2000), the Scottish Executive signalled its commitment to raising standards of diabetes care in Scotland. This commitment included the publication of a Scottish Diabetes Framework (SDF) to "draw together existing guidance and best practice". The framework document states: "An effective diabetes service requires all staff to be trained, competent and skilled in their components of diabetes care and able to work with other members of the multidisciplinary team needed to provide an integrated service to people with diabetes." The SDF specifically mentions pharmacists as part of the team and recommends further development of their role.

The Clinical Standards Board for Scotland (CSBS), in 2001 - now part of NHS Quality Improvement Scotland (NHSQIS) - produced clinical standards for diabetes. These standards will be used by NHSQIS to assess the quality of clinical services provided in both community and hospital settings throughout Scotland for people with diabetes.

One method of delivering high quality care is by using professional competencies needed to achieve the desired contribution to care. In this workbook, the competencies and pharmacy activities are combined within a continuing professional development portfolio in order to enable practitioners to measure their level of competence in specified areas of practice and identify where they need to develop further skills or knowledge. In this way practitioners' personal and professional development and a universally consistent approach to education and training programmes can be assured simultaneously.

For this workbook, the agreement of "Key Content" of what might be called generic competencies relevant to a range of disciplines was drafted by the nursing profession, and sent out for consultation throughout Scotland across the relevant professions involved in diabetes care. Direct links were made from each competency to the relevant section of the NHSQIS standards. This work was then built upon by NHS Education for Scotland (Pharmacy) and the Department of Pharmaceutical Sciences at the University of Strathclyde in the form of a Delphi Questionnaire to interested community pharmacists. That exercise has identified agreed the activities, the required knowledge and the skills needing to be demonstrated by the community pharmacist delivering pharmaceutical care to the patient with diabetes mellitus type 2.

Introduction

This workbook is designed to help you improve the pharmaceutical care service you will deliver to your patients over the next 5 years. Very few practitioners would have evidence for all of these competencies at present. Indeed this document acts as a benchmark and aims to constantly prompt you into identifying learning needs associated with continuous improvement of the service you provide to meet the needs of your patients. It will cover two important action points identified in the Scottish Executive Document, The Right Medicine (2002) to:-

1. Support the roll-out of the pharmaceutical care model schemes, including the development of chronic disease management schemes in line with national priorities.
2. Support the early implementation of a compulsory obligation for pharmacists to undertake and document their CPD as a requirement for registration to practice.

This document should be tackled in bite-sized chunks, first you could go through the booklet and consider the services you provide at present. How can you improve these? By writing first what you do in the "From" Change in Performance column on the left hand page and then what you would like to achieve in the "To" column, you must now consider what you must do to change your practice. These suggestions would then be documented under "Analysis of Personal Learning Needs". Perhaps these learning needs might best be addressed by going on a training course, reading a book, shadowing another practitioner. This would become your "Personal Learning Action Plan". Once your plan had been completed, how your service has changed would be your "Evidence of Change".

Once you feel that you have improved your existing services, the competencies that you are not currently achieving at present could be tackled. The workbook may thus stimulate ideas on how to develop your services in line with not only the national pharmacy vision, but also with the multiprofessional diabetes forum.

Terminology

Throughout the workbook, "a standard pharmaceutical clinical record" refers to either a pharmaceutical care needs assessment form, a standard pharmaceutical care plan, electronic patient medication record or patient-held diabetes record, whichever is most appropriate in your practice.



Competency Descriptor 1 - Participates as a member of the multidisciplinary team, in the care of a person with diabetes

Key content (knowledge, skills and attitudes)	Personal role in diabetes care as a member of the multidisciplinary team	NHSQIS Standard(s)	2, 4-10	Activities of required knowledge and skills to be demonstrated (Consensus achieved)	Identifying patients' need for support by patient interview/ assessment	Activities of required knowledge and skills to be demonstrated (Consensus not achieved)	Identifying patients' need for support by contributing to the patients' diabetes record booklet (if applicable)
	Maintaining the patient focus of diabetes care		3		Helping patients maintain a patient-held diabetes record booklet (if applicable) to be shared by other members of the multidisciplinary team		
	The role in diabetes care of other members of the multidisciplinary team		2, 4-10		Maintaining a standard pharmaceutical clinical record that would be shared with other members of the multidisciplinary team		
					Monitoring the patients for signals for assessment & referral to other members of the multidisciplinary team		

Competency Descriptor 1 - Participates as a member of the multidisciplinary team, in the care of a person with diabetes

Change in performance		Analysis of personal learning needs	Personal learning action plan	Evidence of change
<i>(Desired outcomes)</i>				
<i>From</i>	<i>To</i>			
Opportunistic interview with patient	Structured interview with patient.	Interview Skills Following structured interview checklist	Shadow practitioner who uses this technique Obtain checklist Investigate appointment system	Now follow interview checklist Appointment system in place

Competency Descriptor 1 - Participates as a member of the multidisciplinary team, in the care of a person with diabetes (cont)

Key content (knowledge, skills and attitudes)	NHSQIS Standard(s)	Activities of required knowledge and skills to be demonstrated (Consensus achieved)	Activities of required knowledge and skills to be demonstrated (Consensus not achieved)
<p>Personal accountability and that of other members of the multi-disciplinary team</p> <p>Managed clinical networks in diabetes care</p> <p>Decision making networks and processes in diabetes care</p>	1,2,3,4	<p>Dispensing prescriptions and counselling patients appropriately. Receiving and integrating information about patients' treatment goals and medical/drug history obtained from the multidisciplinary team into the standard pharmaceutical clinical record</p> <p>Sharing plans with the patients and other members of the diabetic team to ensure:-</p> <ul style="list-style-type: none"> • Suitability of medication for preventing cardiovascular disease • Appropriate footcare • Suitable drug treatment for neuropathy • Suitability of medication in the presence of renal impairment • Suitability of medication in the presence of visual impairment <p>Adjusting doses to optimise benefits (after suitable training) of:-</p> <ul style="list-style-type: none"> • Hypertension treatment • Cardiopreventive medicines-lipid lowering drugs, beta blockers, ACE inhibitors, anti-anginal treatment • Antibiotics • Analgesics • Oral hypoglycaemics • Insulin 	

Competency Descriptor 1 - Participates as a member of the multidisciplinary team, in the care of a person with diabetes (cont)

Key content (knowledge, skills and attitudes)

Systems for referral of patients to other disciplines who contribute to the care of the person with diabetes

The need for, and components of, clinical review

Understanding of the effects of other conditions on the care of the person with diabetes

NHSQIS Standard(s)

2, 4-10

Activities of required knowledge and skills to be demonstrated (Consensus achieved)

Monitoring the patient for signals for review by the GP in a situation where:-

- Identification of co-prescribed or purchased medicines used for co-morbidity interact with treatment
- Significant changes in the control of blood glucose, HbA1c, ketones, BP, weight or cardiovascular risk are recorded in the patient held diabetes record booklet (if applicable)
- Infection, other complication or new symptoms
- Failure to reach personalised treatment goals

Activities of required knowledge and skills to be demonstrated (Consensus not achieved)

Competency Descriptor 1 - Participates as a member of the multidisciplinary team, in the care of a person with diabetes (cont)

Key content (knowledge, skills and attitudes)	Team contribution to the design of services for the care of people with diabetes	NHSQIS Standard(s)	2, 4-10	Activities of required knowledge and skills to be demonstrated (Consensus achieved)	Activities of required knowledge and skills to be demonstrated (Consensus not achieved)
	How primary and secondary care services interface in the care of the person with diabetes		2, 4-10	Receiving and integrating information about patients' treatment goals and medical/drug history received from the multidisciplinary team into the standard pharmaceutical clinical record	
	Contribution to planning, including discharge planning and follow up, for the care of the person with diabetes			Using a standard patient-held diabetes record book (if applicable) to liaise with primary care, secondary care and GPs	
	Involving patients and their families and carers in the planning of care		2, 4-10	Supporting the motivation of the patient and family in:- <ul style="list-style-type: none"> • Self care • Treatment goals • Preventing and dealing with loss of diabetic control 	

Competency Descriptor 1 - Participates as a member of the multidisciplinary team, in the care of a person with diabetes (cont)

Key content (knowledge, skills and attitudes)	NHSQIS Standard(s)	Activities of required knowledge and skills to be demonstrated (Consensus achieved)	Activities of required knowledge and skills to be demonstrated (Consensus not achieved)
Local and national guidelines relating to the care of people with diabetes	2, 4-10		
Access to sources of up-to-date information on diabetes care (eg professional bodies, local and national guidelines)	3,4		
Quality assurance systems to monitor the standard of services for people with diabetes		Sharing examples of practice through individual cases within a group of pharmacists or within a multiprofessional group	
Need for and components of audit of care		Sharing reflections of your best performance in practice within a uniprofessional or multiprofessional group	
Importance of risk assessment and management in diabetes care			
Contribution to the development, implementation and evaluation of clinical guidelines in diabetes care	2, 4-10	With appropriate experience & expertise critically reviewing current published papers on advances on diabetic care within a group of pharmacists	With appropriate experience & expertise critically reviewing current published papers on advances on diabetic care within a multiprofessional group
Current research relating to the care of the person with diabetes			

Competency Descriptor 1 - Participates as a member of the multidisciplinary team, in the care of a person with diabetes (cont)

Key content (knowledge, skills and attitudes)	Joint research and audit programmes	NHSQIS Standard(s)	2,4-10	Activities of required knowledge and skills to be demonstrated (Consensus achieved)		Activities of required knowledge and skills to be demonstrated (Consensus not achieved)	
	Communication systems and methods of record keeping employed by the multidisciplinary team in diabetes care		1,2		<p>Creating a register to identify patients with diabetes</p> <p>Using a standard pharmaceutical clinical record to record the delivery of pharmaceutical care to patients</p> <p>Using a standard referral process to share information with other members of the multidisciplinary diabetic team</p> <p>Receiving information about patients treatment goals and medical/drug history from the multidisciplinary team which would be integrated into the standard pharmaceutical clinical record</p>		

Competency Descriptor 1 - Participates as a member of the multidisciplinary team, in the care of a person with diabetes (cont)

<p>Key content (knowledge, skills and attitudes)</p> <p>Maintaining standards for data capture and coding and record keeping</p> <p>The role of the individual in the general practice or hospital team responsible for data processing</p>	<p>NHSQIS Standard(s)</p> <p>1,2</p>	<p>Activities of required knowledge and skills to be demonstrated (Consensus achieved)</p> <p>Maintaining the pharmaceutical clinical record in respect of the following items of information:-</p> <ul style="list-style-type: none"> • Patient demographics name/address/CHI no. GP name & address • Choice of antidiabetic agent • Patient's status in respect of diabetic complications eg cardiovascular, neuropathy, nephropathy • Identification of cardiopreventive medication • Dietary goals needing to be addressed eg obesity/poor diet • Problems in blood glucose control requiring balancing the food intake and insulin dose • General advice on the use of insulin therapy • Advice given on self-monitoring of glycaemic control • Records of targets agreed with the patient on HbA1c, BP, Cholesterol, Frequency of hypoglycaemic episodes 	<p>Activities of required knowledge and skills to be demonstrated (Consensus not achieved)</p>
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Competency Descriptor 1 - Participates as a member of the multidisciplinary team, in the care of a person with diabetes (cont)

<p>Key content (knowledge, skills and attitudes)</p> <p>Establishing and maintaining methods of communication with other members of the multidisciplinary team</p> <p>Provision of high quality information to patients and their family/carers, tailored to the needs of the individual</p>	<p>NHSQIS Standard(s)</p> <p>1,3</p>	<p>Activities of required knowledge and skills to be demonstrated (Consensus achieved)</p> <p>Helping patients maintain a patient-held diabetes record booklet (if applicable) on:-</p> <ul style="list-style-type: none"> • Changes in prescribed medication • Changes in purchased medicines • Self-reporting of symptoms • Episodes of hypoglycaemia • Documentation of achievement of personalised treatment goals <p>Helping to individualise the patients' oral antidiabetic treatment. This will include:-</p> <ul style="list-style-type: none"> • Checking and following up the drug/dose regimen • Identifying unsatisfactory treatment • Monitoring for signs and symptoms of toxicity 	<p>Activities of required knowledge and skills to be demonstrated (Consensus not achieved)</p>
<p>Involving service users in the evaluation of services</p>	<p>3</p>		

Competency Descriptor 2 - Has knowledge of the tests and assessments carried out in diabetes care and of the devices used

<p>Key content (knowledge, skills and attitudes)</p> <p>Knowledge of the specific tests used in diabetes care (eg HbA1c, blood pressure, random total lipids, eye examination, urinalysis(proteinuria), renal function, foot examination, BMI) and why and how they are carried out</p> <p>Knowledge of when and how often tests should be carried out according to individual need</p> <p>Interpretation, recording and reporting the results of tests</p>	<p>NHSQIS Standard(s)</p> <p>4-10</p>	<p>Activities of required knowledge and skills to be demonstrated (Consensus achieved)</p> <p>Maintaining the pharmaceutical clinical record with respect to targets agreed with the patient on:-</p> <ul style="list-style-type: none"> • HbA1c • Blood pressure • Cholesterol • Frequency of hypoglycaemic episodes 	<p>Activities of required knowledge and skills to be demonstrated (Consensus not achieved)</p>
<p>Operation of devices and equipment used in testing in diabetes care</p>	<p>4-10</p>	<p>Maintaining the pharmaceutical clinical record with respect to advice given on self-monitoring of glycaemic control eg frequency, technique</p>	

**Key content
(knowledge, skills and attitudes)**

- Cardiovascular system

- Neuropathy

4-10

Activities of required knowledge and skills to be demonstrated (Consensus achieved)

Sharing plans with the patients and other members of the diabetic team to ensure suitable drug treatment for neuropathy

Activities of required knowledge and skills to be demonstrated (Consensus not achieved)

Competency Descriptor 3 - Shows an understanding of the diagnosis of diabetes and therapeutic interventions in diabetes care (cont)

<p>Key content (knowledge, skills and attitudes)</p> <p>Clinical management of a person with diabetes in relation to:-</p> <ul style="list-style-type: none"> • Footcare • Management of eyes 	<p>NHSQIS Standard(s)</p> <p>4-10</p>	<p>Activities of required knowledge and skills to be demonstrated (Consensus achieved)</p> <p>Sharing plans with the patients and other members of the diabetic team to ensure appropriate footcare</p> <p>Sharing plans with the patients and other members of the diabetic team to ensure suitability of medication in the presence of visual impairment</p>	<p>Activities of required knowledge and skills to be demonstrated (Consensus not achieved)</p>
<p>Pharmaceutical interventions in diabetes care, their actions, interactions and possible side effects</p>	<p>4-10</p>	<p>Individualising patients' oral antidiabetic treatment incorporating checking and following up the drug/dose regimen</p> <p>Maintaining the pharmaceutical clinical record in respect of choice of antidiabetic agent</p>	

Competency Descriptor 3 - Shows an understanding of the diagnosis of diabetes and therapeutic interventions in diabetes care (cont)

<p>Key content (knowledge, skills and attitudes)</p> <p>Pharmaceutical interventions in diabetes care, their actions, interactions and possible side effects</p>	<p>NHSQIS Standard(s)</p> <p>4-10</p>	<p>Activities of required knowledge and skills to be demonstrated (Consensus achieved)</p> <p>Monitoring the patient for signals for review by the GP in a situation where identification of co-prescribed or purchased medicines used for co-morbidity interact with treatment</p> <p>Adjusting doses to optimise benefits (after suitable training) of:-</p> <ul style="list-style-type: none"> • Hypertension treatment • Cardiopreventive medicines-lipid lowering drugs, beta blockers, ACE inhibitors, anti-anginal treatment • Antibiotics • Analgesics • Oral hypoglycaemics • Insulin 	<p>Activities of required knowledge and skills to be demonstrated (Consensus not achieved)</p>
<p>The influence of diet and nutrition diabetes and diabetes care</p> <p>The influence of physical activity on diabetes and diabetes care</p>	<p>4-10</p>	<p>Maintaining the pharmaceutical clinical record in respect of dietary goals needing addressed eg obesity/poor diet</p> <p>Providing education on how to limit tissue damage through weight control</p> <p>Maintaining the pharmaceutical clinical record in respect of problems in blood glucose control requiring balancing the food intake and insulin dose</p>	

Competency Descriptor 3 - Shows an understanding of the diagnosis of diabetes and therapeutic interventions in diabetes care (cont)

Key content (knowledge, skills and attitudes)	Recognition of the signs and symptoms of complications in the person with diabetes	NHSQIS Standard(s)	4-10	Activities of required knowledge and skills to be demonstrated (Consensus achieved)	Maintaining the pharmaceutical clinical record in respect of diabetic complications eg cardiovascular, neuropathy, nephropathy, hyperglycaemia
	Health promotion in addition to therapeutic interventions for secondary prevention		4-10		Providing education on how to limit tissue damage through smoking cessation
	Prevention through health promotion and health education				
				Activities of required knowledge and skills to be demonstrated (Consensus not achieved)	

Competency Descriptor 4 - Can demonstrate that personal knowledge of multidisciplinary diabetes care is up-to-date and based on local and national standards and guidelines

Key content (knowledge, skills and attitudes)	Cultural issues that may affect the care of the person with diabetes	NHSQIS Standard(s)	3	Activities of required knowledge and skills to be demonstrated (Consensus achieved)		Activities of required knowledge and skills to be demonstrated (Consensus not achieved)
	Identification of educational opportunities specific to their specialty		2		Sharing reflections of where your performance leaves room for improvement within a group of pharmacists	
	Interdisciplinary learning in diabetes		2		Taking part in a local multidisciplinary mentoring group	

Competency Descriptor 5 - Contributes to the continuing education of the patient and family/carers about diabetes and diabetes care

Key content (knowledge, skills and attitudes)	Screening processes for the detection of diabetes: information for patient/carer	NHSQIS Standard(s)	3,4	Activities of required knowledge and skills to be demonstrated (Consensus achieved)	Activities of required knowledge and skills to be demonstrated (Consensus not achieved)
	Relating the importance of concordance with therapeutic regimens in diabetes care to patients/carers		3-10		

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