

Diabetes Supervision Framework

27 March 2024

Introduction and Disclaimer

The Diabetes Supervision Framework is designed to enhance the quality of care for patients with diabetes through structured supervision of primary care staff. By fostering an environment of continuous learning, support, and accountability, this framework aims to ensure that all team members are competent, confident, and compliant with the latest diabetes care standards.

Supervision in this context not only enhances patient care but also supports the professional development of staff by identifying learning needs, providing feedback, and facilitating the sharing of best practices. Supervision is also a regulatory requirement; the Care Quality Commission (CQC) expects primary care providers to assure the capability, scope of practice and competency of their staff.

This Diabetes Supervision Framework is intended as a guidance document, designed to assist practices and Primary Care Networks (PCNs) in enhancing the supervision and support of staff involved in diabetes care. It is important to emphasize that the main aim is to provide foundational guidelines and tools that can be adapted to meet the unique needs and circumstances of each practice or PCN.

The responsibility for the implementation and sign-off of supervision activities lies with the individual practices and PCNs. By outlining the essential elements of effective supervision, we aim to ensure that all practices have a clear understanding of the supervision requirements and framework. To support this, we are offering access to various tools and resources that have proven effective in other contexts. Additionally, we strongly recommend participation in supervision training for supervisors to enhance their skills and effectiveness in this critical role.

Our goal is to standardize and elevate the support provided to staff delivering diabetes care, with the flexibility for this framework to be applied in broader care areas as well. By adapting the principles and practices outlined in this framework, practices and PCNs can ensure that their supervision strategies are both effective and compliant with regulatory standards, ultimately improving the quality of care for patients with diabetes.

Theoretical Foundations of Supervision

Supervision is a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills and competence, through regular support from another professional.

The Theoretical Foundations of Supervision section of the Diabetes Supervision Framework lays the groundwork for understanding the importance of effective supervision in primary care settings concerning diabetes care.

This section is crucial for ensuring that all team members, from healthcare assistants to specialist diabetes consultants, grasp the essential concepts and practices that underpin successful supervision.

By exploring the roles, responsibilities, differences between educational and clinical supervision, and the tools and feedback mechanisms necessary for effective oversight, this foundation sets the stage for a comprehensive approach to enhancing patient care and staff development.

Additionally, a thorough understanding of the regulatory requirements for supervision ensures compliance with standards set by Care Quality Commission (CQC). When the CQC assesses providers, it will look for evidence that providers have systems in place to ensure that staff are:

- recruited appropriately
- operating within the limits of their capability, scope of practice and competency
- **provided with appropriate information, support and supervision to enable them to carry out their role.**

In this context, multi-professional clinical supervisors should have clear understanding of the theoretical foundations below.

- **Roles and Responsibilities:** Multi-professional clinical supervisors should have a clear understanding of their roles within the team, including the tasks, functions, and processes of supervision. This clarity enhances accountability and efficiency.
- **Educational vs. Clinical Supervision:** Distinguishing between educational supervision (focusing on learning and development) and clinical supervision (focusing on patient care standards) is crucial for addressing the diverse needs of staff.
- **Supervision Tools:** Utilise various tools and frameworks to support effective supervision, such as competency checklists, reflective practice journals, and supervision contracts.
- **Feedback Utilization:** Develop skills in giving and receiving constructive feedback to foster a culture of continuous improvement.
- **Regulatory Requirements:** Understand and comply with the supervision requirements set forth by regulatory bodies like the GMC (General Medical Council) and CQC, ensuring that supervision practices meet national standards.

Supervision Arrangements

This section of the Diabetes Supervision Framework outlines the practical steps and organisational structures necessary to implement effective supervision within primary care settings focused on diabetes care.

The arrangements set forth here are pivotal in creating a supportive and structured environment that promotes high standards of care, fosters professional growth, and aligns with regulatory compliance.

- **Named Supervisors:** Each practice or Primary Care Network (PCN) should appoint a named multi-professional clinical supervisor for each skill set, ensuring comprehensive oversight.
- **Supervisor Training:** Supervisors must undergo specialised training to enhance their supervisory skills and understand the scope of practice as defined by their practice or PCN.
- **Models of Supervision:** Supervisors should decide on the supervision model:
 - **Group Supervision:** Facilitates collective learning and sharing of best practices among peers, encouraging collaborative problem-solving. This allows for various perspectives on cases and promotes MDT/peer learning. Groups can be delivered at the practice, PCN or neighbourhood level. It can reduce isolation for members of staff who are new in post or who do not work closely with other staff in their area of practice.
 - **One-to-One Supervision:** Provides personalized attention to address individual learning needs, performance issues, and professional development goals. All members of the practice and PCN team should have a regular opportunity to meet with a named clinical supervisor.

This provides an opportunity for the member of staff and the GP or more experienced/senior clinician to make sure that competency, good practice and high-quality care are maintained.
 - **Peer-Led Supervision:** Empowers staff to lead and learn from each other, fostering a supportive and engaged professional community. This does not require the presence of a more experienced or senior member of staff. It refers to peers working together for mutual benefit.

It can be provided at all system and staff levels.
- **Assessment:** Supervisors should also decide on the assessment:
 - **Direct Observation:** Supervisors directly observe clinical practices to provide immediate feedback and guidance.
 - **Case-Based Review:** Discuss specific patient cases in a structured format to derive learning points and improve clinical decision-making.
 - **Notes Review:** Evaluate documentation practices to ensure accuracy, completeness, and compliance with legal and professional standards.

- **Multi-Source Feedback (MSF):** Gather feedback from a variety of sources (colleagues, patients, other healthcare professionals) to provide a comprehensive view of performance.
- **Self confidence rating-**This could a rating from 1-10 by the learner

Implementation Plan

This is designed to translate the strategic vision and theoretical constructs of the framework into actionable steps and procedures.

This section serves as a roadmap for deploying the framework across primary care settings, emphasizing the practicalities of initiating, conducting, and sustaining effective supervision practices tailored to diabetes care.

1. **Induction:** New staff should undergo an induction process that covers the scope of work and includes a self-assessment to identify initial learning needs. This is facilitated through a one-to-one meeting with an educational supervisor and an introduction to the clinical supervisor (CS).
2. **Supervision Timetable:** Establish a regular timetable for supervision sessions, including weekly debriefs, tailored to the needs of the supervisee. This should be flexible enough to adapt to changing needs over time.
3. **Educational Meetings:** Regular meetings with the educational supervisor (ES) to discuss educational needs, progress, and alignment with the Personal Development Plan (PDP).
4. **Assessment:** Utilise methods like Case-Based Discussions (CBD) and Observation of Teaching (COT) assessments, triangulated with other forms of feedback, to gauge progress and competency development.

Protected Time for Supervision Guide

We recommend practices and PCNs to establish a structured approach ensuring that all members involved in the Diabetes Supervision Framework have dedicated, uninterrupted time for supervision activities, enhancing learning, professional development, and ultimately patient care.

Implementation Strategies could be:

- **Scheduling:** Supervision sessions should be pre-scheduled at regular intervals (e.g., weekly, bi-weekly) and included in the staff's official work calendar to ensure compliance and priority.
- **Duration and Timing:** Recommend a standard duration (e.g., 1-2 hours) for each session, scheduled at times that minimize disruption to patient care services and are convenient for all participants.
- **Staff Coverage:** Arrange for additional staff coverage or adjust patient appointment schedules during supervision periods to ensure that service delivery is not compromised.

- **Policy Support:** Secure commitment from practice and PCN leadership to uphold protected time policies, recognizing its value in staff development and patient care quality.
- **Periodic Review:** Conduct regular reviews of protected time policies and practices to assess their impact on supervision quality and patient care, making necessary adjustments.

Competency Frameworks

Competency can be defined as having the knowledge, skills, and attributes for a given task. Assuring the competency of healthcare professionals caring for, and supporting, people with diabetes is a challenging, but essential, component of improving the quality and standards of diabetes care.

In Diabetes UK website (<https://www.diabetes.org.uk/for-professionals/learning-and-development/competency-frameworks>) there is a list of competency frameworks they have gathered for diabetes professionals.

Conclusion

In conclusion, the Diabetes Supervision Framework presents a comprehensive approach to enhancing diabetes care within primary care settings. By integrating theoretical underpinnings with practical supervision arrangements and a detailed implementation plan, this framework sets a high standard for the supervision of healthcare professionals involved in diabetes management.

Its focus on continuous learning, professional development, and adherence to regulatory requirements not only promises to elevate the quality of patient care but also to foster a culture of excellence and accountability among primary care staff.

Through the implementation of named supervisors, specialized training, diverse models of supervision, and robust assessment methods, the framework ensures that all team members receive the support and guidance necessary to meet and exceed the standards of care expected in diabetes management.

As primary care settings adopt and adapt this framework, it is anticipated that the outcomes will not only reflect in improved patient satisfaction and clinical outcomes but also in enhanced staff satisfaction and professional growth. Ultimately, the Diabetes Supervision Framework stands as a testament to the importance of structured, effective supervision in the pursuit of excellence in healthcare delivery.

References

- <https://www.england.nhs.uk/long-read/supervision-guidance-for-primary-care-network-multidisciplinary->

[%20teams/#:~:text=The%20benefits%20of%20effective%20supervision,scope%20of%20practice%20and%20competence](#)

- <https://www.cqc.org.uk/guidance-providers/regulations/regulation-18-staffing>
- <https://www.iscp.ac.uk/static/public/CBDJul2015.pdf>

APPENDIX 2 – COMPETENCY SKILLSET

Please see below learning outcomes for each level, as part of the NEL Diabetes Workforce Education Programme delivered between September 2023 and March 2024.

LEVEL 1
Admin teams at general practices, social workers, care home staff
Learning Outcomes:
· Know the types of the diabetes
· Know what is involved in annual review
· Be able to access blood and urine test forms on system
· Be able to signpost to local resources
· Be able to triage and escalate patients for appointments -patients with hypos /raised blood sugars /A&E attendance with hypos or ambulance letters
· Be able to understand good footcare (care home teams)
· Recognising moderate & high risk foot pathways (Foot NICE Traffic Light System)
· Know importance of Cultural aspects influencing Diabetes
· Understand reasonable adjustments for patients with LD or other conditions
· Understand call and recall for annual review
· Understand how IT system can support management
· Know obesity and levels of intervention
· Be able to understand alerts on systems and signpost
LEVEL 2
Personalised Care workers (Social Prescribers, Care Coordinators, Health and Wellbeing Coaches)
Learning Outcomes:
· Know what is diabetes and types

- Understand who needs to be tested for diabetes
- Understand what happens at diagnosis?
- Know what is annual review for diabetes?
- Know Complications of diabetes
- Understand Managing non-compliance and DNA
- Understand what the local resources for diabetes are
- Understand and agree PCN pathways for diabetes patients - good examples
- Understand needs of special groups- LD/Mental health and dementia or other
- Understand Cultural factors that influence management of diabetes
- Understand Personalisation diabetes care
- Understand importance of Diet and exercise
- Understand system alerts and signpost

LEVEL 3

Health Care Assistants, Pharmacists, Physician Associates, School Nurses, Practice Nurses and Community Pharmacists

Learning Outcomes:

- Understand who to test
- Understand pathophysiology of diabetes (basic)
- Know the types of diabetes
- Understand how to diagnose diabetes
- Understand and undertake Annual Health checks and identify action plans (incl. ED, contraception..)
- Understand foot care and when to refer or escalate
- Understand the target levels and signpost
- Alerts
- Understand cardiovascular risk of diabetes and be able to calculate QRISK
- Basic understanding of Drug groups and common side effects

- Be able to refer to local resources for weight/smoking /mood management - get from local areas to signpost
- Understand role of PCP workers and the PCN based referral pathway
- Understand obesity and levels of intervention

LEVEL 4

Physician Associates, Pharmacists, GP Trainees, GPs, Nurses, New DSNs

Learning Outcomes:

- Understand pathophysiology of diabetes (detailed)
- Describe types of diabetes
- Undertake annual health check and develop action plan
- Be able to explain the targets and make necessary medication changes
- Understand key influencers like health beliefs /specific needs/religious needs
- Be able to discuss action plan and arrange follow up
- Know how to refer to local resources
- Understand when to signpost to other e.g. PCP workers: Social Prescribers, Care Coordinators, Health & Wellbeing

Coaches

- Be able to undertake QI in relation to Diabetes (NELFT)
- Be able to do to foot check and escalate complications
- Be able to interpret blood and urine results and act on these
- Understand oral and injections (not insulin) and how to optimise medication
- Be able to discuss options with patients and explain side effects /follow up
- Be able to recognise and discuss insulin need
- Be able to start insulin – counsel patients and arrange follow ups
- Discuss DVLA guidance with patients
- Sick day rules & Travel
- Understand management of hypo and how to avoid and make the changes
- Recognise who need referral

- Understand how to request A&G -local pathways
- Understand Low Calorie Diet referral criteria
- Understand local formulary
- Hyperglycaemia

LEVEL 5

GPs, Pharmacists, ANPs, Newly Qualified Community DSNs (Already delivering Diabetes Care)

Learning Outcomes:

- Understand how to differentiate and diagnose Diabetes in certain groups of patients (LADA/Mody) etc) , including which blood test to order
- Understand NICE guidance on management
- Understand drug groups- its actions /contraindications
- Understand Insulin start- how to counsel patients / hypos managements/avoidance
- Understand how to manage complications of Diabetes
- CKD/CVD/Foot /retinopathy
- Understand type of insulin, which regime to select /how to optimise
- Understand when to refer
- Understand insulin resistance and its management
- Understand how to titrate insulin /add medication to patients with poor control and on complex insulin regimes
- Understand how to request A&G for complex patients
- Understand unlicenced regimes and how to manage /counsel patients
- Understand how to undertake QI in Diabetes care
- Know when to refer for pumps
- Understand Libre meters and who to refer
- Understand how to personalise targets