THE DIABETES SELF MANAGEMENT EDUCATION QUALITY STANDARD
Legal notice and copyright

This Standard has been researched and developed by QISMET and its contents constitute the sole and exclusive property of QISMET. No license under any copyright is hereby granted or implied. All rights reserved.

Any redistribution or reproduction of part or all of the contents in any form is prohibited other than the following:

- you may print or download and store this document for your personal, or organisational, non-commercial use only
- you may copy the content to individual third parties for their non-commercial personal or organisational use, but only if you acknowledge QISMET, its copyright and QISMET’s website as the source of the material

You may not, except with QISMET’s express written permission, change, plagiarise, distribute or commercially exploit the content of this document in whole, or in part. Nor may you transmit it or store it in any other website or other form of electronic retrieval system (with the exception noted above). If you wish to make a link to the document from your organisation’s web site you must obtain QISMET’s express written permission.

To preserve the integrity of the DSME Standard, materially and in spirit, QISMET reserves the sole right to change, revise and update all aspects and content of this document.

Please visit www.qismet.org.uk for contact details.

© QISMET November 2011.

Document design and layout: Sally Cavanagh
Editing and front cover design: Carolyn Townsend
Contents

Forewords

Henry Bartlett
Page 4

David Cavan
Page 5

Acknowledgements

Project team
Page 6

Reference Group
Page 7

Pilot Sites
Page 10

Statements of support

QIPP
Page 12

Council for Healthcare Regulatory Excellence
Page 12

NHS Diabetes
Page 12

Royal College of Nursing
Page 12

Diabetes UK
Page 13

EU SWEET Project (UK)
Page 13

Introduction by QISMET Chair
Page 14

Rationale, Development and Method
Page 16

Standard Guidance
Page 18

Glossary of Terms
Page 19

The Standard
Page 21

Theme 1 - Leadership, management and organisation
Page 22

Theme 2 - The programme
Page 25

Theme 3 - The educators
Page 27

Theme 4 - Performance management
Page 29
Forewords

This document has two forewords, to reflect the importance of this development both for people living with diabetes and those who provide health and care services for them. QISMET is grateful to Henry Bartlett and David Cavan for accepting their invitations to write a foreword.

Henry Bartlett

I feel very privileged to have been given the opportunity to write a foreword to such an important document, The Diabetes Self Management Education (DSME) Quality Standard.

When I was diagnosed with diabetes almost fifteen years ago, it was an incredibly frightening and confusing time for me. The quality of available guidance seemed to vary wildly depending on the knowledge of the educator and materials they had to hand. There were no coherent standards and whilst medical and charity staff were keen to help, they often lacked a full understanding of what it is like to have diabetes themselves.

That is why it is so exciting to have been involved in this project and helping to formulate a set of defined standards, which are based on patient experience and clinical guidance. It is a huge leap forward for diabetes care. My passion stems from the fact that the more knowledge I gained, the better control I achieved. It is so important to motivate patients, empowering them to self manage their diabetes. With that in mind we need highly qualified educators using consistent guidelines and with a belief that we can change the quality of life for people with diabetes.

This project has been set up so that all education programmes meet the DSME Standard, which is based on nationally agreed criteria and it is up to those of you working in the NHS who support people with diabetes to look at the service and improve where standards are not being met.

I am the Chairman of a local support group and have been a Patient Representative for more than eight years. I talk to many people who are not confident about managing their diabetes and that is why I know it is vital that health professionals engage with patients to self manage, which will result, I am sure, in significant savings for the NHS.

Henry Bartlett,
Patient Representative, has type 2 diabetes,
QISMET DSME Project Team Member
Chairman of Diabetes UK West Dorset Support Group
The QISMET Standard for Diabetes Self Management Education (DSME) is the culmination of unique and close collaboration between people with diabetes and professionals with experience in developing and delivering local and national diabetes education programmes, together with those with expertise in lay-led self management programmes, in assessing excellence in education and in developing standards and quality control procedures.

There has been an explosion in the provision of diabetes self management education over the past decade. This built upon the work of early pioneers, who in some cases have delivered structured education for twenty years or more, through the development of ‘national’ and local education programmes, underpinned by guidance from NICE (2003), Department of Health (2005) and the Diabetes Education Network (2005).

The ‘NICE criteria’ state that diabetes self management education programmes should have a patient-centred philosophy, a structured, written curriculum, trained educators and quality assurance and audit processes. The QISMET Standard, for the first time, adds much needed specification to the requirements for organisation and management of programmes, for initial and ongoing training of educators and for performance management, with a focus on the use of key performance indicators as a means of assessing effectiveness. As many providers deliver a number of different programmes, the Standard applies to education providers rather than individual programmes.

The Standard has been piloted in eight different locations across England. It is a challenging standard, which will undoubtedly lead to quality improvement, even in the best-performing centres. Gaining QISMET certification will truly be a marker of excellence, which will give providers a stimulus to maintain continuous quality improvement and provide reassurance to commissioners and users alike that they are investing in effective interventions.

The requirement for self management education is listed as the first of the 2011 Diabetes Quality Standards published by NICE. This emphasis is entirely appropriate, and means that all localities have a duty to provide patient education programmes that fulfil the nationally agreed criteria. By providing a framework to support the provision of education, the QISMET Standard complements the new NICE Standards beautifully: between them they mean there is no excuse for commissioning groups not to invest in high quality diabetes self management education.

Dr David Cavan,
Consultant Physician, Bournemouth Diabetes and Endocrine Centre
QISMET DSME Project Team Member
National Spokesman, Diabetes Education Network
Acknowledgements

QISMET would like to express its thanks and gratitude to the following people. Collectively their vision, enthusiasm, commitment, time, experience and specialist knowledge has taken the idea of having a standard for diabetes education and made it a tangible reality, which has the potential to significantly improve the quality of diabetes self management education for millions of people over time.

Project Team

All members of this team made substantial contributions to developing the DSME Standard. Especial thanks go to Graham Baker and Suzanne Lucas who carried out more than the lion’s share of writing and revising the requirements in the Standard.

Graham Baker,
QISMET Technical Consultant

Henry Bartlett
Representative of people living with diabetes

David Cavan,
Consultant physician,
National Spokesman Diabetes Education Network

Sally Cavanagh,
QISMET Development Consultant

Suzanne Lucas,
Independent Consultant (Diabetes Education)

Bridget Turner,
Head of Policy and Care Improvement, Diabetes UK
Reference Group

QISMET thanks all members of the reference group, nearly 40 strong in number, whose advice and guidance was invaluable. Additional thanks to core members of the group who made (or attempted to make) the trek to London just after the snow arrived at the beginning of December 2010 for the one ‘face to face’ meeting which we held.

Dr Ahmed Aftab  
Clinical Director for Diabetes and Endocrinology, Consultant Physician in Diabetes & Endocrinology and General Internal Medicine  
Department of Diabetes & Endocrinology  
The Royal Liverpool University Hospital, Liverpool

Trudi Akroyd BSc, RCN  
Head of Commissioning  
NHS Diabetes, Newcastle Upon Tyne

Hayley Baldock  
Person living with diabetes, DAFNE graduate

Annette Bell, BSc  
Representative of people living with diabetes and DAFNE graduate

Jane Briars, RGN  
Education Lead  
NHS Knowsley, Knowsley Public Health Team, NHS Knowsley/Knowsley MBC, Liverpool

Dr Fiona Campbell, MbChB, MD, FRCPCH  
Consultant Paediatric Diabetologist, NHS Diabetes National Clinical Lead for Paediatric Diabetes Network Development  
The Leeds Teaching Hospitals NHS Trust, Leeds

Dr Marian Carey  
National Director DESMOND Programme  
Leicester General Hospital, Leicester

Margaret Daley  
Diabetes Coordinator/Diabetes Specialist Nurse  
Sefton Community Diabetes Team, NHS Sefton Community Health Services, Liverpool

Dr Trudi Deakin, BSc(Hons), Ad Dip PGCE, PhD RD  
Chief Executive of X-PERT Health, Founder of the X-PERT Programme, Hebden Bridge
Vic Demain  
Person living with diabetes

Sean Dinneen  
Consultant in Diabetes and Endocrinology  
Galway University Hospitals, Ireland

Jacquie Donaldson, RGN, MSc Leeds  
Diabetes Specialist Nurse/Diabetes Education Coordinator  
Derbyshire Community Health Authority, Babington Hospital, Belper, Derbyshire

Mark Endacott  
Person living with diabetes, DAFNE graduate

Joan Everett, MPhil, RGN  
Diabetes Specialist Nurse  
Bournemouth Diabetes and Endocrine Centre, Royal Bournemouth Hospital, Dorset

Caroline Finch  
National Administrator of the X-PERT Programme,  
X-PERT Health, Hebden Bridge

Kevin Hardy, MA, MD, FRCP, FHEA  
Consultant Diabetologist with interest in patient education  
Diabetes Centre, St Helen’s Hospital, Merseyside

Angela Hargreaves, RD  
Diabetes Specialist Dietitian  
Oxford Centre for Diabetes, Endocrinology and Metabolism, Oxford Radcliffe Hospitals NHS Trust, Oxford

Paula Holt, MA, BSc(Hons), DipN, RGN  
Lecturer in Diabetes  
University of Leeds, Leeds

Penny Jackson  
Diabetes Dietitian, DAFNE Lead and DESMOND Facilitator  
Guy’s & St Thomas’ Hospitals, Guy’s & St Thomas’ NHS Foundation Trust, London

Anna-Marie Jesson, BNurs(Hons), RN (Adult)  
Diabetes Specialist Nurse  
Expert Patient Programme Community Interest Company (EPPCIC)

Linda A Jewsbury, RGN, BScHons  
Diabetes Public Health Specialist Nurse  
NHS North East Essex PCT, Colchester, Essex

Eltayeb Marouf  
Consultant Physician and Endocrinologist  
Dept of Diabetes & Endocrinology  
Barking, Havering & Redbridge University Hospitals, London
Dr Jen Nash
Clinical Psychologist living with type 1 diabetes, Director, Positive Diabetes

Dr Natasha H Patel
Diabetes Consultant, Chairperson of the SURYA Foundation
St George’s Hospital, Tooting, London

John Roberts
Patient representative
Merseyside Diabetes Support Group

Peter Rogers
Person living with diabetes, DAFNE graduate

John Roscoe
Person living with diabetes

Sue Sharp
Representative of people living with Type 1 diabetes
BDEC, Royal Bournemouth Hospital, Dorset

Brian Spark, CEng, M.I.C.E., M.C.I.W.E.M.
Person living with diabetes

Bernie Stribling
National DESMOND Programme Manager
DESMOND Project Office, Leicester General Hospital, Leicester

Jan Sumner

Carolin Taylor, RGN, DipN
Diabetes Specialist Nurse/DAFNE Lead Educator, Chair of the National DAFNE Educator Group and Vice Chair of the DAFNE Executive
Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield

Gillian Thompson
National Director, DAFNE Programme
National DAFNE Programme, Northumbria Healthcare NHS Foundation Trust, Newcastle Upon Tyne

Clive Trafford
Person living with diabetes, DAFNE graduate

Dr Sheridan Waldron BA, RD, PhD
EU SWEET Project Manager for the UK
Barts and the London Hospital, London
Jacqueline Watts, RGN, RHV, BA(Hons)
Community Diabetes Specialist Practitioner
South Essex Partnership Trust, Wickford, Essex

Deborah Webb
Person living with diabetes
Vice Chair East Birmingham/North Solihull Diabetes UK Support Group

Sally Wilford
Person living with diabetes

Dr Naveed Younis
Consultant Physician & Endocrinologist, Certified Doctor Educator DAFNE,
South Manchester University NHS Foundation Trust, Wythenshawe Hospital,
Manchester

Pilot Sites

QISMET would like to thank all members of the following diabetes education teams which volunteered to pilot the DSME Standard. The members of those teams who were significantly involved in the pilot are mentioned here by name and particular thanks go to the ‘named contacts’ who coordinated the pilot on behalf of their teams and in many cases went the ‘extra mile’ to ensure everything went smoothly.

Bournemouth Diabetes and Endocrine Centre, Royal Bournemouth and Christchurch Hospitals NHS Trust, Bournemouth
Named contact: David Cavan, Consultant Physician
Jacky Ryder, Diabetes Nurse Specialist and DSME Lead
Julia Knott, Diabetes Audit Coordinator and Administrator

Diabetes Centre, Brighton and Sussex University NHS Hospitals NHS Trust,
Brighton
Named contacts: Kate Morel, Diabetes/Endocrine Nurse Specialist Manager and Louise Walker Diabetes Dietitian,
Dr Nick Vaughan Consultant Physician and Diabetes Lead,
Josie Wilson, Diabetes Nurse Specialist

Diabetes Specialist Team, Dudley Community Diabetes Team, Dudley Group NHS Foundation Trust, Dudley
Named contacts: Sue Bacon, Lead Nurse for Diabetes and Diana Harvey, Education Programmes Support,
Cerys Akarca, Diabetes Specialist Nurse,
Claire Dolan, Diabetes Specialist Nurse

**EPP CIC X-Pert Delivery Team, North Lancashire, Expert Patient Programme**
**Community Interest Company, Northern Region, Warrington**
Named Contact: Anna-Marie Jesson, Contract Manager and DSME Lead/Educator
Shirley Lennie, Co-Educator (lay)
Anne Higgins, Central Admin Team Leader
Janet Sargent, Central Administrator
Paul Ibeziako, Financial Controller

**Oxford Diabetes Centre, Churchill Hospital, Headington, Oxford Radcliffe Hospitals NHS Trust, Oxford**
Named contact: Janet Sumner, Lead Diabetes Specialist Nurse,
Dr Jonathan Levy, Lead Consultant Diabetes,
Angela Hargreaves, Lead Diabetes Specialist Dietitian,
Shirley Hemshall, Diabetes Specialist Nurse,
Louise Westlake, Diabetes Specialist Dietitian

**The Healthy Living Centre, Peterborough Community Services, Peterborough**
Named contact: Gail Nixon, Professional Lead for Diabetes,
Dr Jonathan Roland, Consultant Diabetologist and Endocrinologist,
Deidre Fee, Lead Dietitian,
Sahdia Shafi, Administrator for Specialist Nurses

**Lifestyles Team, Torbay and Southern Devon Care Trust, Torquay, Torbay Care Trust**
Named contact: Julie Frost, Diabetes Group education Lead,
Lisa Luke, Coordinator,
Hannah Williams, Dietitian,
Andy Simpson, Fitness Facilitator,
Karen Stainforth, Practice Nurse
Trudy May, Health Trainer

**Centre for Diabetes and Endocrinology, York Teaching Hospitals NHS Foundation Trust, York**
Named contacts: Helen Gibson, Clinical Nurse Manager and Rebecca Owen, Diabetes Education Lead
Natasha Hudson, Diabetes Education Specialist Nurse, (left September 2011)
Sally Boutell, Diabetes Specialist Dietitian
Christine Guy, Administrator
Statements of Support

QIPP

“I welcome the timely development of the Diabetes Self Management Education Standard by QISMET. Although developed around Diabetes I believe it is applicable to all long term condition education programmes. I recommend that those involved in commissioning and provision of education to seriously consider the benefits of providers seeking QISMET certification against the DSME standard, a practical tool, which covers all aspects of managing and running high quality education programmes. Undertaking certification against the DSME Standard enables providers to demonstrate that they are working to agreed ‘best practice’ and that their ability to do so has been verified by an independent body (QISMET). Development of the DSME Standard supports one of the three key drivers for the QIPP long Term Conditions work stream which aims to empower patients to maximise self care, self management and choice. Ensuring that we provide high standard of self management education and training is key to achieving the shift in power we need for patients to take charge of their own health.”
Sir John Oldham, National Clinical Lead for Quality and Productivity, QIPP

Council for Healthcare Regulatory Excellence

“The Diabetes Self Management Education Standard is an important step forward in quality assuring diabetes education. The Standard covers the important dimensions of diabetes education programmes but does that in a right touch way, avoiding unnecessary repetition or over-complication.”
Harry Cayton, Chief Executive, Council for Healthcare Regulatory Excellence

NHS Diabetes

“Effective self management in diabetes is an essential element of the successful management of the potential complications of diabetes and improves quality of life. The 2011 NICE Quality Standards for diabetes require us all to have regard for supporting individuals to manage their diabetes. I commend QISMET for their new Standard which will mean that people who attend diabetes education programmes that comply with the service can be reassured that they are receiving appropriate and excellent support.”
Anna Morton, Director NHS Diabetes
Royal College of Nursing

“People living with diabetes need to be able to access good quality and effective self management education in order that they feel confident to manage their diabetes on a day-to-day basis. They need to be reassured that the training they receive has been assessed as appropriate and of good quality and we feel that the QISMET Diabetes Self Management Education Standard will be of use to both commissioners and providers of self care education to ensure that the self management education packages provided for patients are of good quality and appropriate to their needs.”

Amanda Cheesley, Long Term Conditions Adviser, Royal College of Nursing

Diabetes UK

“With over three million people living with diabetes in the UK, there is a pressing need to tackle the challenge of preventing complications such as amputations, blindness, kidney disease and heart disease by enabling people with diabetes to be fully active partners in their own health and healthcare. People with diabetes only have contact with a healthcare professional for a few hours per year. The rest of the time they manage their diabetes themselves. National standards clearly require that local education courses are accessible to all people with diabetes to enable them understand and self manage their condition well. We welcome the development of the QISMET Diabetes Self Management Education Standard. Certification against the Standard is an independent and transparent process, which will reassure people with diabetes of the quality of care they are getting and supports continuous quality improvement in diabetes education provision.”

Bridget Turner, Head of Policy & Care Improvement, Diabetes UK

EU SWEET Project (UK)

“QISMET has given health care professionals (HCPs) the great opportunity to focus on the quality of the diabetes self management education that they deliver to children, young people and adults with diabetes and their families. Effective self management education significantly contributes to improving quality of life and reducing the risk of diabetes complications. The QISMET Standard will guide HCPs through the requirements of high quality education, such as leadership, communication, documentation, the necessity for continued professional education, evaluation and review. The Standard allows the organisation to benchmark their programme against an evidenced-based quality standard. Every one that lives with diabetes and their close carers deserves access to high quality education delivered by highly skilled professionals and QISMET has provided the framework to drive improvements in standards of care.”

Dr Sheridan Waldron, Co-Chair of NHS Diabetes: Paediatric Diabetes Education Group, SWEET Project Manager for the UK
Introduction

By Phil Baker, QISMET Chair

QISMET is the independent body created in 2008, as a result of the shared recognition of self management and self care provider organisations across statutory, voluntary and third sectors, including a number of stakeholders in the diabetes education community, that a benchmark for quality assurance is essential to secure the quality and consistency of service provision across England.

On behalf of QISMET I am delighted to introduce the Diabetes Self Management Education (DSME) Standard.

The QISMET ethos, that people living with long term conditions must be at the heart of any health and care initiative which is proposed for them, has been embedded in every element of the development of the DSME Standard. People who live with diabetes have been represented in the Project Team, the Reference Group and also as members of the newly created group of auditors.

Publication of the DSME Standard fits with, and complements, the very first NICE Diabetes in Adults Standard (March 2011) quality statement, which says:

“People with diabetes and/or their carers receive a structured educational programme that fulfils the nationally agreed criteria from the time of diagnosis, with annual review and access to ongoing education.”

The two key documents which NICE cite as giving the nationally agreed criteria for diabetes education, have formed the foundation on which the project team have built the DSME Standard requirements.

Above all, the DSME Standard is a practical tool with clear observable and measurable requirements. It enables providers to benchmark themselves and, by being certificated against the Standard, to demonstrate that they meet their responsibility in relation to this NICE quality statement.

As we move more towards ‘outcomes and evidence-based’ services, and in an environment where commissioners will increasingly be looking for, and relying on, registered and ‘qualified’ providers, QISMET certification against the DSME Standard affords providers of diabetes self management education programmes the most effective way to demonstrate that the management and delivery of their programmes are of a high quality. Independent external verification undoubtedly carries greater benefits than either self assessment or peer review of quality assurance.

With requirements in the Standard which explicitly address evaluation of outcomes, continual learning and improving quality, the best news of all is that the arrival of the DSME Standard provides a mechanism which will significantly
accelerate the improvement in the quality of diabetes self management education available to people living with diabetes in succeeding years.

The development of the DSME Standard has been made possible by the close collaboration of all sections of the diabetes education community and QISMET; this is amply illustrated by the extensive list of acknowledgements we give to those who have contributed their expert knowledge, guidance and advice freely and willingly.

The Diabetes Education Network (DEN) deserves a particular mention and thanks. A close working relationship began in 2008 when QISMET carried out a consultation with the diabetes education community on the need for a quality standard. DEN has given unstinting support to this project with numerous members involved in the drafting, consultation and testing of the standard, as members of the guiding Reference Group and also as members of the DSME Auditor Group.

References:

2. ‘How to Assess Structured Diabetes Education: An improvement toolkit for commissioners and local diabetes communities,’(Department of Health, 2006)
Rationale, Development and Method

Rationale

The development of the Diabetes Self Management Education Standard has been undertaken as a result of the consultation QISMET carried out with the Diabetes Education Network in August 2008. This highlighted unease within the field that there was no independent body which verifies that organisations delivering diabetes structured patient education programmes are adhering to the nationally agreed quality criteria for diabetes education. Concerns were also expressed about the need to ensure that providers and programmes have robust quality assurance frameworks. As both these issues potentially compromise the quality of diabetes self management education programmes available to people with diabetes, it was felt that the creation of an independent certificating body (QISMET) which would take on this mantle, was a positive step.

Development and Method

Drafting and consulting on the Standard

Having completed initial development during 2009, in May 2010 QISMET designated a small Project Team to develop the Diabetes Self Management Education Standard and a certification process for organisations delivering diabetes education programmes. A briefing paper on the planned development and terms of reference were written for the Reference Group, whose purpose was to advise and guide the project team. These were disseminated via the Diabetes Education Network, Diabetes UK and DAFNE. QISMET was highly delighted, if slightly overwhelmed, by the response. A large reference group was formed and a core membership of people with particular experience or knowledge met in London on 7 December to discuss the first draft of the Standard. In all, three wide scale public consultations were carried out, via QISMET’s web site and the reference group. This phase of the development was completed by the end of March 2011 when the fourth draft of the Standard was produced.

Piloting the Standard

In preparation for the pilot phase which began in April 2011, QISMET recruited 14 DSME Auditors in February 2011 and carried out their training in March. Calls for diabetes education teams to volunteer to test the DSME Standard were positively rewarded and eight sites across England were selected to reflect the geographical spread and broad range of organisations which deliver DSME programmes. Preparations for the pilot audits against the DSME Standard began in the summer of 2011 and were completed by the beginning of November 2011.
Final revision of the requirements in the DSME Standard has now been undertaken in the light of the learning gained during the pilot and meetings with the leaders of the most widely used programmes (DAFNE, DESMOND and X-PERT). An evaluation report of the pilot will be published at a later date, as initial findings indicate that there is further development to be done in particular aspects of programme delivery and performance management.
Standard Guidance

The DSME Standard Guidance, which is the companion document to the DSME Standard, is currently being revised in the light of the learning from piloting the DSME Standard.

This document, which will be published at the end of November 2011, will also be free to download from QISMET’s web site www.qismet.org.uk.
Glossary of Terms

**Audit** - a systematic review to determine whether agreed requirements have been met

**Curriculum** - the content of a programme and its learning outcomes

**Demographic data** - data obtained from the systematic analysis of populations

**Diabetes Self Management Education (DSME)** - a process by which people with diabetes, their family and/or significant social contacts are engaged as active participants in the acquisition and application of the knowledge and practical problem-solving and coping skills needed to achieve optimal health outcomes *(source - International Diabetes Federation Standards for Diabetes Education)*

**Educator** - the person who delivers a programme (also called a trainer, tutor or facilitator)

**Integrated care pathway** - multidisciplinary management tool based on evidence-based practice for a specific group of patients, in which the different tasks (interventions) by the professionals involved in the patient care are defined, and delivered so that the patient’s experience is one of ‘seamless care’. The patients receive the care they need irrespective of setting.

**Key performance indicator** - a critical measurement of the performance of essential processes that relate to organisational goals

**Materials** - the physical resources used by educators during programme delivery, such as handouts

**Mentor** - a person allocated to newly trained educators who has experience of relevant programme delivery, can encourage reflective practices and help the support and development of the educator

**Provider** - the infrastructure (people, resources and processes) used to deliver DSME programmes

**Outcome** - the changes, benefits, learning or other effects that happen as a result of programme provision, such as improvement in wellbeing for participants

**Output** - the amount of activities undertaken by the provider, such as the number of programmes provided or number of participants on the programmes

**Participant** - someone undertaking a DSME programme

**People** - the staff and/or volunteers that manage and deliver DSME programmes

**Policy** - a document that provides an overview and statement of principles in a specific area
**Procedure** - a written description of how a process or activity is carried out

**Programme** - a discrete structured intervention used to support the development of self-confidence and skills of someone living with diabetes

**QISMET** - The Quality Institute for Self Management Education and Training - the independent organisation created to develop standards and certification processes to ensure that people living with long term conditions have access to high quality self management education and training services delivered by a plurality of certificated providers working within the agreed quality standards

**Quality Standard** - a documented set of requirements that specify good or best practice

**Self management** - the actions individuals and carers take for themselves, their children, their families and others to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital *(source: Department of Health)*

**Values** - the understandings and expectations that describe how people behave and upon which relationships are based (for example trust, support and truth).
The Diabetes Self Management Education Quality Standard

Theme 1 - Leadership, management and organisation   Page 22
Theme 2 - The programme   Page 25
Theme 3 - The educators   Page 27
Theme 4 - Performance management   Page 29

© QISMET November 2011.
Theme 1 – Leadership, management and organisation

This theme covers the leadership, management and organisational elements dealing with the delivery of Diabetes Self Management Education (DSME) programmes. This includes how the provider is set up, structured and managed, including its processes and procedures.

The term ‘provider’ relates to the infrastructure (people, resources and processes) used to deliver DSME programmes. It can be a whole organisation, in the case of an entity that just delivers DSME programmes; or just one part of an entity that also carries out other functions.

Requirements:

1. Context

   a) The programme is delivered as part of an integrated care pathway
   b) The provider understands and responds effectively to the needs for programmes in the geographical area that it covers
   c) Participants in programmes reflect the needs and composition of the communities where delivery takes place.

2. Leadership and management of programme provision

   a) The provider has identified a lead for DSME who has the defined responsibility for the organisation and administration of programme provision, and is responsible for ensuring that the process and outcome requirements are met
   b) The DSME lead person ensures that all people are aware of the values and principles that underpin DSME
   c) The DSME lead person keeps up-to-date with all developments in the field of DSME, ensures that staff and educators are aware of them, and ensures that all material is kept up-to-date
   d) There is accurate, consistent and effective communication with educators and participants
   e) There are procedures in place to cover all important aspects of managing programme provision, linked to policies where appropriate
   f) Sufficient resources are made available to deliver the agreed programme schedule
g) The costs of programme provision are known

h) All venues used are suitable for the type of programme delivered. There are defined documented criteria for venues for delivering programmes. These are used to assess the proposed venue before the first delivery of a programme there and compliance with the criteria is regularly checked, with records kept of the checks.

3. Programme information

a) Programme information is produced in formats and media that reflect the needs of potential participants

b) Programme information is accurate, easily accessible to and understandable by the target population

c) Programme information is kept up-to-date and is made widely available.

4. Managing and monitoring access to programmes

a) All enquiries from potential participants are dealt with promptly within defined time limits and records of the enquiries kept

b) Records are kept of demographic data relating to participants in programmes, and this is used to help provide appropriate equality of access to programmes

c) Where active recruitment of potential programme participants is undertaken, the provider ensures that any mailing lists used are accurate and up-to-date.

5. Procedures and record keeping

a) All procedures are kept up-to-date, easily accessible to all those that require access, understood and followed

b) The requirements of the Data Protection Act are met and all records are kept up-to-date, legible and accessible

c) The following records are kept together for all programmes in an easily accessible location:
   - Details of all educators, including their evaluations, appraisals and training received
• Dates of and attendance of participants on each course, including sessions attended
• Completed participant feedback records
• Records of any external reviews or assessments.

6. Dealing with complaints

a) There is a procedure for dealing with complaints from participants which is made easily available to them

b) Records are kept of complaints.
Theme 2 - The programme

Theme 2 deals with the DSME programme itself - how it is designed, developed and delivered. It applies to each programme delivered.

1. Philosophy, core values and principles

   a) The provider has an agreed written statement that describes the person-centred philosophy of the programme and includes the roles and responsibilities of participants and educators so that self management is supported

   b) The philosophy of the programme is discussed and agreed to within the training process for the educators and shared with the participants within the programme.

2. Programme design

   a) The provider defines the overall aims, target group(s) and learning outcomes for each programme

   b) The programme has a structured written curriculum

   c) Individual sessions within the programme have defined aims, learning outcomes, content and materials

   d) The programme is underpinned by, and based on, educational theories which have been used in the design of the learning activities within the programme

   e) The programme has been evaluated against the desired outcomes prior to programme roll-out.

3. Programme development

   a) There is a process in place by which the programme and material are reviewed and improved biennially, incorporating feedback from participants and educators, evaluations and new clinical evidence.

   b) Records are kept of the programme reviews and actions from the reviews.
4. Programme delivery

a) The programme is delivered in accordance with the programme’s aims, philosophy and principles, and current curriculum, learning objectives and content of the individual sessions

b) The programme is only delivered by educators who have been trained to deliver the programme

c) Records are kept of each programme delivery, including the venue, names of participants and which sessions they attended, and names of educators. There is a procedure for dealing with emergencies during programme delivery which is made available to all educators.

5. Conformity with licences or other relevant national requirements

a) If the programme is part of a licensed, national or copyrighted programme, this is stated in the material associated with the programme

b) The provider of such a programme complies with any requirements that are needed for ongoing permission to deliver it, such as the use of approved up-to-date materials and/or approved educators.

6. Design, development and use of materials

a) The programme uses a range of teaching methods and materials that are age and maturity appropriate, so that individual learning styles can be accommodated

b) All materials used are up-to-date, appropriate and relevant to the age, learning needs, cultural and ethnic background of the target group(s)

c) All materials are updated appropriately as required, especially when the programme curriculum is updated

d) The agreed materials are used for the delivery of the programme in accordance with programme requirements and desired learning outcomes.
Theme 3 - Educators

This theme covers the educators - the people that deliver the programmes. It includes how they are recruited, trained, assessed and supervised.

1. Recruitment of educators
   a) The necessary experience and qualifications to be an educator are defined and recorded, and are used in the recruitment process for new educators
   b) There is an induction procedure for new educators
   c) New educators are given a contract or agreement for carrying out their functions, which may be subject to passing initial training or demonstrating competence in practice.

2. Training of educators
   a) All educators receive initial and ongoing training in the programme, which is described in a training procedure
   b) The initial training includes the programme’s philosophy, educational theories and activities, learning objectives, content and delivery skills
   c) All initial training uses approved materials and takes place with a defined curriculum
   d) As part of the initial training process, new educators first observe delivery of a programme and then are observed delivering a programme by an experienced educator, in order to assess their competencies in practice
   e) The provider gives written feedback to new educators after this observed programme delivery and ensures that any necessary improvements are made as a result of this feedback. New educators are allocated a mentor for the first year after their initial training
   f) Ongoing training or other learning opportunities are provided in order to improve the competency of educators within a programme of continuous professional development
   g) All educators participate in a programme update at least every three years, where they discuss the programme and improve their understanding of it
   h) Records of all DSME training provided are kept.
3. Evaluation and appraisal of educators

a) There is a procedure for the ongoing evaluation of the performance and competence of educators, including regular observation of programme delivery by another educator, and these observations are recorded.

b) Where an evaluation demonstrates that an educator does not meet the required performance or competence levels, improvement action is defined, taken and recorded, including follow-up evaluations of their performance.

c) Each educator receives an annual appraisal of their competence and performance as an educator which identifies any necessary improvements and ensures that appropriate action is taken, including any learning opportunities.

d) Records are kept of evaluations and appraisals.
Theme 4 - Performance management

Theme 4 deals with how performance is managed and improved. Clear key performance indicators must be defined and relate to the programme’s aims and desired learning outcomes. Monitoring must be defined and undertaken, resulting in improvement.

1. Monitoring and audit
   a) There is a procedure which defines the monitoring and evaluation to be undertaken by the provider, including the data to be collected after each delivery of the programme and when and how it is collected, recorded, analysed and used
   b) Feedback is sought from all participants, including a sample of those that drop out or do not complete a programme
   c) Feedback is obtained from educators after each programme
   d) The results of monitoring (including feedback) are evaluated, analysed and used to improve the effectiveness of the provider’s programme provision
   e) Complaints and suggestions are used to improve programme provision
   f) An internal audit of compliance with the requirements of this Standard is undertaken annually: any areas of non-compliance with the requirements are identified and recorded, and improvements made in order to ensure compliance.

2. Outcomes, performance indicators and improvement
   a) The provider sets clear aims for the programme which are linked to the desired learning outcomes
   b) Success in meeting aims and learning outcomes is measured using defined key performance indicators for the important outputs and outcomes
   c) Appropriate performance targets are set by the provider for key performance indicators
   d) Regular measuring of performance is undertaken for all key performance indicators
   e) Action is taken to improve performance when targets are not met or where other improvements are identified as being necessary
f) The reporting requirements of referral agencies are met

g) The reporting requirements of funders are met.