DTN self-assessment competency tool
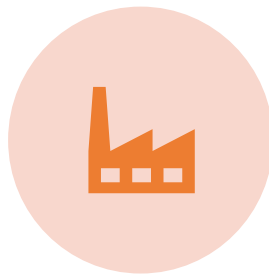
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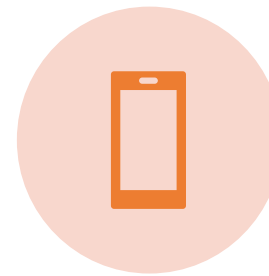Diabetes Technology Network UK, educator committee member

DTN self-assessment competency tool

WHAT IS IT?

WHY HAS IT BEEN PRODUCED?

HOW TO USE IT

PLANS FOR WHERE IT WILL BE HOSTED

What is it?

A standardised tool mapping level of competency in delivery of care to those preparing to use / using diabetes technology and supporting others in their competency progression.

Complimenting the competency framework (Richardson et al, 2025) published February 2026 the tool has four tiers available to self-assess knowledge and skills against.

Why has it been produced?

This document has been developed to support healthcare professionals with the self-assessment of skills and competencies for the delivery of diabetes technology services.

The aim is to standardise the training and support for staff delivering these services.

The tool will serve as a method for benchmarking as well as providing the ability to audit the competency progression of staff and hence guide ongoing training.

How to use it

The tool is currently being formatted. It will be available to complete online (and save for own records) or to print out and complete by hand. We aim to host the documents on the DTN website.

Recommended reading prior to completion: Richardson et al. National competency framework for training and assessment of knowledge and skills in diabetes technologies, including Hybrid Close Loop (HCL) insulin pump systems and Continuous Glucose Monitoring (CGM) devices. Diabetic Medicine. 2026 February.

The foreword describes implementation of the tool, recommended assessments to demonstrate competency, and a flow chart illustrating the order of actions

Step one

Secure a mentor

• Profile: An experienced practitioner currently delivering diabetes technology services.

• Scope: Provides signposting and technical expertise; does not manage funding or study leave.

• Internal vs. External: If your immediate team lacks an expert, look to neighbouring services for mentorship.

• The Loop: Use mentor feedback to complete actions and trigger a self-assessment update.

Step two

Download the tiers and start your assessment

- Recommend everyone start at tier one

- Evidence required to sign off - options suggested in foreword

Link to training completed; simple reflective accounts; reference study days etc

- Move through the tiers as needed

This document is designed to be used by health care professionals, who input to the care and management of people with diabetes using diabetes technologies, to assess their competency, learning needs and progress in relation to the use of continuous glucose monitoring (CGM), continuous subcutaneous insulin infusion therapy (CSII) and hybrid-closed loop therapy (HCL).

Name	

Tier 2. For all the statements you are required to be able to demonstrate competency. For suggested evidence of achievement of competency please see introduction.

DESCRIPTION OF COMPETENCY	None (link to action plan)	Gaining (link to action plan)	Achieved Date of completing self-assessment	Date and signature of manager/mentor witnessing evidence
Understanding the systems and guidance				
Continuous Glucose Monitoring				
• Demonstrate an understanding and knowledge of the different CGM systems including device features (sensor life, warm-up, wear location, data display, sharing).				
• Demonstrate an awareness of and ability to use comparison resources to guide CGM device selection. https://www.diabetesspecialistnurseforumuk.co.uk/new-cgm-comparison-chart				
• Know which HCL systems are available and where to signpost PWD to information.				
• Demonstrate knowledge of compatible CGM options for HCL and which CGM devices are available via FP10 or NHS supply chain.				
Insulin pumps				
• Describe basic pump operational differences (tubed/tubeless, interfaces, device compatibility).				

Further work to achieve competency/plan

Completed tier two competency framework	Signature	Date	Name and signature of manager/mentor	Date

Next steps:

1. Progress to tier three assessment

OR

2. Maintain tier one and two competencies and repeat self-assessments in 12 months or sooner if indicated by national bodies

Appendix – reflective tool examples

hcpc health & care professions council

Reflective Practice Template

There is no right or wrong way to reflect on your practice. Different people learn in different ways and while one person may learn by reflecting on a positive outcome, another may find it most useful to focus on a situation they found challenging.

Below we have provided some prompts to help you add value to your reflection.

Some prompts will be more relevant than others depending on your event, your practise and whether you are reflecting as a group or an individual.

What event or topic are you reflecting on?

Nursing & Midwifery Council

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

Reflective account: 9th April 2018

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

Strengthening Service Delivery

Engage Every Tier: Designed for staff at all levels to work within their specific capabilities.

Leverage DTN Resources: Direct links to recommended learning for both *achieving* and *maintaining* competency.

Make it Official: We recommend diabetes technology skills become a core, allocated part of job descriptions and job plans.

Benefits to using the tool

Teams

Strategic Workforce Mapping

- Visualise the Skill Mix: Clearly identify the current strengths and expertise across the entire multidisciplinary team.
- Gap Analysis: Pinpoint specific areas where the service may be vulnerable and prioritise recruitment or training accordingly.

Targeted Professional Development

- Evidence-Based Training: identifying the exact training needs required to progress to the next tier.
- Standardised Excellence: Ensures every team member meets the same high-quality benchmark for HCL service delivery.

A Culture of Continuous Learning

- Safe Environment: Foster a supportive space where "working within capability" is respected and growth is structured.
- Peer-to-Peer Growth: Facilitates internal mentoring by identifying competent staff who can support their colleagues' development.

Benefits to using the tool

Individuals

- **Clarity:** Know exactly what is expected of you at every level. Clearly defines the boundaries of your current role, ensuring you work safely within your capabilities.

- **Confidence:** Evidence-based reassurance that you are "fit to practice" in HCL services.

- **Portability:** A documented record of competency that can support annual appraisals and revalidation (e.g., NMC or HCPC).

- **Protected Time:** Provides the evidence needed to request specific training or study leave from managers.

Benefits to using the tool

People with diabetes

Clinical Safety & Precision

- Expert device troubleshooting to prevent DKA.
- Validated accuracy in bolus calculator settings.

Standardised Care

- Eliminates the "postcode lottery" for technology advice.
- Seamless transitions between care settings and life stages.

Patient Empowerment

- Structured onboarding for immediate user confidence.
- Improved data literacy to master Time in Range (TIR).

Improved Access

- Confident teams reduce waiting lists.
- Faster rollout of new pumps and sensors.