

Self-assessment by diabetes educators of their competency in delivering a hybrid-closed loop service.

This document was produced as guidance to support diabetes educators to self-assess their skills and competencies in the delivery of hybrid-closed loop technology services.

The assessment tool will provide services across England with a standardised required level of skill to achieve in the training and support of staff delivering HCL services. The tool will serve as a method to benchmark services and provide the ability to audit the competency progression within diabetes services.

The document is designed to involve all members of the diabetes team in the delivery and support of HCL services in varying capacities within capabilities.

The document will be used to form discussions with a team mentor regarding:

- current job plan and input to HCL services
- identification of further training and skills needed to be competent in the preparation, on boarding and optimisation of HCL pump use, and on-going support for people using HCL systems.

A mentor will be identified for each person completing the document to provide signposting or direct experience to education and training opportunities for improving competency assessment. The mentor is defined as 'a person with competency who is delivering a HCL service'. If a team does not have a member of staff who has established competency, then a mentor can be approached from another service and once one member of the initial team has competency, they can take the role of the mentor for that service. The mentor is not responsible for overseeing training or agreeing study leave or funding. This is to be agreed with the person's line manager in line with service delivery priorities. The person will complete any identified actions following the mentor discussion and re-self-assess their competency within an agreed timescale.

Process (*this would look good as a flow sheet*)

All members of the diabetes team to complete the self-assessment competency document.

Two outcomes to consider:

1. Competency achieved and answers agreed with line management (and colleagues*) at 1:1:
 - a) assigned to be a mentor for other members of the diabetes service
 - b) Repeat competency assessment at agreed time point

2. Competency not achieved and answers agreed with line manager (and colleagues*) at 1:1:
 - a) assigned a mentor and arrange a meeting to discuss document assessment
 - b) create action plan to complete to achieve competencies
 - c) agree action plan with line manager
 - d) complete action plan within agreed timescale
 - e) re-self-assess competency and discuss outcome with mentor
 - f) repeat steps b) – e) until competency achieved.

*Colleagues may be consulted for expert opinion if the line manager does not have direct input to diabetes services or HCL input

Self-assessment of competency which leads to an action plan does not negate the staff member from supporting the delivery of HCL services. The staff member will be able to contribute where they have achieved a competency working as a team to deliver the whole service i.e. they may have achieved competency in discussing advantages and disadvantages of IP/HCL therapy but not achieved competency in training on all HCL systems individually. Similarly the staff member may be competent at providing advice for managing hyperglycaemia in those using HCL systems but not have detailed knowledge of how each HCL systems algorithm operates.

We recommend the use of diabetes-related technology therapy competency be added to job descriptions of all working in type 1 diabetes services.

We recommend diabetes technology skills development and delivery of these services be clearly allocated in job plans of all working in type 1 diabetes services.

We support the use of industry assessments of competency, particularly practical skills assessments. We suggest these to be desirable but not essential in order not to have restrictions on services where industry support is stretched or not available.