SELF-ASSESSMENT OF COMPETENCY FOR HEALTHCARE PROFESSIONALS (HCPS) DELIVERING AN INSULIN PUMP (CSII) AND HYBRID-CLOSED LOOP (HCL) SERVICE.

DTN UK
collaborate · evolve · support

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. We recommend reading the associated publication of the 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 (Richardson et al, 2026) prior to completing the assessment for a wider understanding of the tiers (levels) of competency.

For colleagues who are not diabetes specialists but may encounter people living with diabetes in their roles, a complementary piece of work has been developed in collaboration with organisations including Royal College of Physicians, ABCD and Diabetes Technology Network UK, and Getting It Right First Time.

For this group of professionals, the expectations are proportionate to their role and focus on core awareness and supportive practice. Specifically, colleagues should:

- Be mindful of the possibility that an individual may be using diabetes technology and recognise common devices.
- Offer appropriate support within the boundaries of their role to enable safe and continued use.
- Know how and where to seek advice, guidance, or specialist input when needed.

Implementation

The assessment is designed to support involvement of all staff in the delivery and support of HCL services, acknowledging that staff will be working in varying capacities within their capabilities. The DTN will provide signposting to training support materials and links to recommended learning or training opportunities associated with each tier for those working towards a specific tier or for maintenance of competency at current tier.

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

- current job plan and input to diabetes care
- identification of further training needs to develop competence in the preparation, on boarding and optimisation of HCL pump use, and on-going support for people using HCL systems.

A mentor should be identified for each person completing the document to provide signposting or direct experience to education and training opportunities for improving competency achievement. The mentor is defined as 'a person with competency who is delivering diabetes technology services'. If a team does not have a member of staff who has established competency, then a mentor can be approached from another service. When one member of a diabetes 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 repeat self-assessment of their competency within an agreed timescale.

Self-assessment of competency which leads to an action plan for development should not remove the staff member from supporting the delivery of diabetes technology services. The staff member should continue to contribute to diabetes technology services within their competence. For example, they may have achieved competency in discussing advantages and disadvantages of CSII/HCL therapy but not achieved competency in training on all insulin pump systems individually. Similarly, the staff member may be competent at providing advice for managing hyperglycaemia in those using CSII/HCL systems but not have detailed knowledge of how each HCL algorithm operates.

We recommend that competence in the use of diabetes technology 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 limited or not available.

Completion of the self-assessment tool

Each tier assessment should be completed in numerical order before progressing to the next tier assessment.

For all the statements you are required to be able to demonstrate competency. Suggested options for evidence of achievement of competency:

1. Written Assessments: i.e. Multiple-Choice Questions (MCQs) or Short Answer Questions – affiliated and endorsed by recognised organisations **(L1-4 but adapted according to role – must evidence what elements were met)**
2. Practical Demonstrations: i.e. Simulated Scenarios: Use role-playing or simulation exercises to assess practical skills or demonstration of clinical skill in clinical practice. To include: Device Handling: insulin pump, read data from a CGM, and respond to alerts from an HCL system. **(L1-4 but adapted according to role – must evidence what elements were met)**.
3. Case Studies and Problem-Solving: affiliated and endorsed by recognised organisations, MDT contributions **(L2-4)**.
4. Oral Examinations: Conduct structured interviews where participants explain concepts such as insulin pump functions, eligibility criteria for HCL, and emergency protocols.
5. HCP's to prepare and deliver a presentation on one of the competencies, followed by a Q&A session **(L2-4)**.
6. Peer and Self-Assessment: Incorporate peer assessment where participants evaluate each other's knowledge and skills through structured feedback forms **(L2-4)**.
7. Use self-assessment questionnaires / reflection proforma to reflect on their own understanding and identify areas for improvement **(L1-4)**.
8. Continuous Professional Development (CPD): i.e. attendance at workshops and Seminars (locally, nationally or industry delivered sessions) **(L2-4)**.
9. E-learning Modules: Provide evidence of attendance and interaction **(L1-4)**.
10. Online courses with interactive content and assessments that participants can complete at their own pace. **(L1-4)**.
11. Higher education course attendance and completion **(L2,3,4)**.

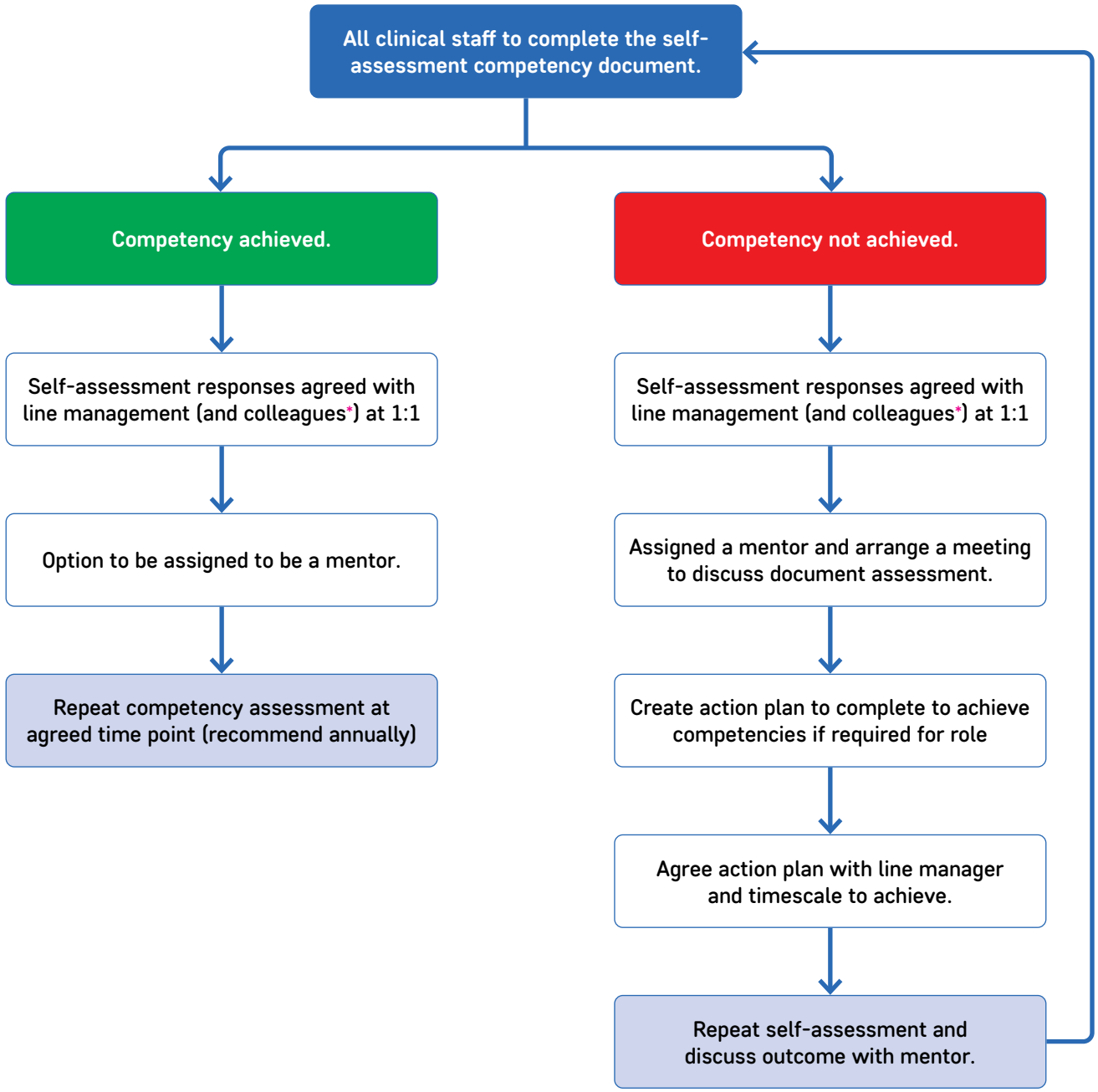
Leaders (L4):

1. Written / published articles
2. Written / published abstracts
3. Evidence of collaboration in national documentation / guidance
4. Evidence of service evaluations / developments
5. Evidence of training and educational support of wider team
6. Evidence of teaching / training at local / national/ international level
7. Evidence of input into business case / strategy of service delivery
8. Evidence of links and input with national/ international forums

Reference

Richardson E, Stribling B, Ridgeway J, et al. A consensus statement on a National Competency Framework for training and assessment of knowledge and skills in diabetes technologies, including hybrid closed loop (HCL), insulin pump systems, and continuous glucose monitoring (CGM) devices. Diabet Med. 2026;00:e70253. doi: 10.1111/dme.70253

Process



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