

# TIER 1

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 1.** 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 (DD/MM/YY)	Date and signature of manager/mentor witnessing evidence
<p><b>Understanding the systems and guidance</b></p> <ul style="list-style-type: none"> <li>• Demonstrate knowledge and understanding of latest NICE guidance and Technology Appraisals (TA) for CSII and HCL, including eligibility criteria.</li> <li>• Demonstrate ability to discuss with people what an insulin pump and HCL system is and what they do.</li> <li>• Demonstrate understanding of what a CGM is and how readings are produced.</li> <li>• Demonstrate understanding and be able to explain to others that insulin pump therapy does not remove the need to actively assess and optimise settings, provide glucose data, deliver meal bolus insulin and corrections, adjust delivery during temporary changes in insulin requirements, maintain infusion set/POD changes, and ensure the system remains connected and functional</li> <li>• Demonstrate understanding and be able to explain to others that hybrid closed-loop therapy does not remove the need to actively assess and optimise settings, maintain CGM connectivity, deliver meal boluses, adjust insulin delivery during significant changes in insulin requirements, perform infusion set/POD changes as directed, and ensure the system remains connected and functional.</li> </ul>				
<p><b>Clinical application</b></p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to educate and advise on safety and risk management for CSII and HCL therapy, including recognition of system failure or suboptimal performance (e.g. sustained hyperglycaemia &gt; 15 mmol/L for &gt;2 hours), safe time limits for pump disconnection, appropriate responses to low glucose alarms, and clear thresholds for blood glucose and ketone levels requiring action.</li> </ul>				
<p><b>Special situations</b></p> <ul style="list-style-type: none"> <li>• Be able to identify emergency situations and take appropriate action or escalate urgently.</li> <li>• Know when pump / CGM should not be used (e.g. MRI).</li> <li>• Demonstrate competency to manage severe hypoglycaemia</li> <li>• Demonstrate able to recognise and initiate management of diabetic ketoacidosis</li> <li>• Able to implement emergency protocols for non-communicative individuals presenting to urgent care. Know to (and be able to) check for devices on the body and know how to inform the senior nursing and medical team or contact the diabetes team</li> </ul>				

DESCRIPTION OF COMPETENCY	None (link to action plan)	Gaining (link to action plan)	Achieved Date of completing self- assessment (DD/MM/YY)	Date and signature of manager/mentor witnessing evidence
<p><b>Signposting and supportive education</b></p> <ul style="list-style-type: none"> <li>• Demonstrate awareness of services individuals can be referred to for advice and support, including diabetes specialist teams; accredited online resources; peer support; diabetes technology network signposting resources</li> </ul>				
<p><b>Evidence for competency</b></p> <p>If you are completing a reflection you may wish to consider the following section headers:</p> <ul style="list-style-type: none"> <li>• <i>What was the nature of the activity and/or event/experience?</i></li> <li>• <i>What did you learn from this experience?</i></li> <li>• <i>How has your practice changed as a result and how does it link to your competencies?</i></li> <li>• <i>If you prefer to complete a separate document, the NMC and HCPC reflective tools are in the appendix as options to consider</i></li> </ul>				

Further work to achieve competency/plan

Completed TIER 1  
competency  
framework

Signature:

Date: (DD/MM/YY)

Name and signature of manager/mentor:

Date: (DD/MM/YY)

**Next steps**

1. Progress to TIER 2  
assessment

OR

2. Maintain tier one competency and repeat tier one self-assessment  
in 12 months or sooner if indicated by national bodies

