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Diabetes Australia

Australian Credentialled Diabetes Educators & Prescribing of Insulin & Glucose Lowering Agents

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Introduction

The Australian Diabetes Educators Association (ADEA) is the leading organisation for health professionals providing diabetes education and care and is committed to the highest standards of practice and professional conduct. The organisation sets a national benchmark of excellence in diabetes education and care via its National Standards of Practice for Credentialled Diabetes Educators[1] , National Core Competencies for Credentialled Diabetes Educators[2], ADEA Code of Conduct[3] and Role and Scope of Practice of Credentialled Diabetes Educators.[4] The ADEA Credentialling Program ensures Credentialled Diabetes Educators™ (CDEs) are the healthcare practitioners qualified to provide a person-centred approach to diabetes education and care, empower patients and assist them in dealing with their daily self-management.

The ADEA grants status as a CDE in recognition of demonstrated experience and expertise in diabetes education and commitment to professional development and ongoing learning that meets the ADEA's expected standards. Recognition as a CDE is ADEA's assurance to people with or at risk of diabetes, their families, carers and health care providers that they can expect to receive quality diabetes education and advice.

Whilst health professionals from various primary disciplines undertake an ADEA accredited post-graduate course, successful completion of the course and the achievement of CDE status does not entitle any health professional to work outside their scope of practice in relation to medicines or invasive procedures. ADEA does not provide endorsement to any health professional member, including CDEs, to undertake prescribing practices as independent prescribers or when accepting prescribing responsibilities through delegation or referral from an authorised prescriber. The inclusion of these professional practices is associated with primary discipline scope of practice, in addition to other areas such as employer direction as discussed above. Further information on codes, relevant regulations and standards is available on the ADEA web site (www.adea.com.au)

Purpose

This document has been developed as a background paper to inform the information document (*Australian Credentialled Diabetes Educators and prescribing of Insulin and glucose lowering agents*). Current legislation and regulatory requirements will not support the introduction of an expanded scope of practice to include prescribing for Credentialled Diabetes Educators. Should legislation change, amendments to the information document will be necessary.

Current Situation

CDEs actively look for and identify the need to commence or review diabetes related medications, in their interactions with people who have diabetes. Currently, as their scope of practice does not include prescribing, the person is referred back to the GP or Endocrinologist/Physician for review and the prescribing or titration of medication.

It is common for people to not take their medication as prescribed. A 2004 systematic review by Cramer[5] identified diabetes medication non adherence rates of between 15-33% of people with diabetes not taking their oral medications as prescribed; only one third of insulin prescriptions were filled by younger people and 36% of insulin doses were not taken by people with type 2 diabetes. CDEs focus on developing understanding and rapport with their patients to facilitate person-centred care and enhance the self-management skills in the people with whom they work. This encompasses providing detailed education about their medication, its action, dose, potential side effects and considerations in remembering to take the medication at the right time and frequency.

This enables CDEs in designated circumstances to commence and titrate insulin and educate people with diabetes in the use of self-titration tools. These designated circumstances are outlined on page 12 of the document in the section on *Regulation and scope of practice in relation to medicines*. This strategy is used by CDEs so they can review blood glucose levels and insulin doses via phone, fax, email and face-to-face consultations.

Background

A targeted review of the work in this area was undertaken with examples from New Zealand, the United Kingdom, the United States and Canada. A range of opinions and reflections by experienced CDEs as well as consultation with ADEA members and allied health professional organisations also informed this work.

State and territory legislation has not been examined in detail nor are they used to inform this paper in terms of the specific legal issues that govern the prescribing of medication. The purpose is to provide background information to the ADEA position about extending the practice of CDEs to include prescribing.

Australian Health Workforce

A number of initiatives provide a backdrop in which CDE prescribing has been examined. The Council of Australian Governments in 2005 commissioned the Productivity Commission to review a range of health workforce issues.[6] The issues included the increasing cost of health care services across Australia, the delivery of this care to urban, rural and remote communities by an ageing workforce and pressures on maintaining the delivery and quality of care in the future. The

Productivity Commission's review highlighted the need for a more efficient, effective and responsive health system by addressing:

- Workplace change and job innovation
- Health education and training
- Accreditation and professional registration
- Funding and payment arrangements
- Quantitative projections of future workforce requirements.[7]

The Australian Health Practitioner Regulation Agency (AHPRA) was established as a direct result of the Productivity Commission's recommendations. These issues have, in part, also driven the Standing Council on Health, made up of 9 state and territory Health Ministers, to create a statutory authority in 2010 called Health Workforce Australia (HWA). The Council will ensure a sustainable and responsive approach to the current and future health of the nation.

HWA completed an Expanded Scopes of Practice Program[8] which created opportunities for the extension of the scope of practice of a number of Australian health professionals for a more productive, sustainable and responsive approach to health service delivery. The Grattan Institute's Stephen Duckett et al., in the 2014 report *Unlocking Skills in Hospitals: Better Jobs More Care* argued if healthcare workers were able to use the full range of their skills more often, significant funds could be saved, job satisfaction improved and staff turnover decreased. This would provide a greater return from the biggest resource in the health system – its workforce.[9]

Authorisation for limited prescribing has been established for some non-medical health professionals (dentists, midwives, nurse practitioners, optometrists, paramedics, pharmacists and podiatrists) in Australia as an extension to their scope of practice.[10] The National Prescribing Service (NPS) produced the first Australian single competency framework for autonomous prescribers that included a four stage model of prescribing:

1. Gather information
2. Make decision
3. Communicate decision
4. Monitor and review

Twelve core competencies were identified as necessary to achieve each stage of the model.[11]

The NPS in the Prescribing Competencies Framework define prescribing as an iterative process involving the steps of information gathering, clinical decision making, communication, and evaluation that results in the initiation, continuation, or cessation of a medicine.[12]

Health Workforce Australia launched the Health Professionals Prescribing Pathway (HPPP) in 2013[13] describing a nationally consistent approach to non-medical prescribing by health professionals registered under the National Registration and Accreditation Scheme. The HPPP describe three different models of prescribing:

- Autonomous prescribing
- Prescribing under supervision
- Prescribing via a structured prescribing arrangement.[14]

The NPS competency framework was used to underpin the HWA paper, with a model developed to standardise current practice and benchmark scope of practice extensions for future autonomous prescribers.

The progress of this program is uncertain due to the recent 2015 budget announcement that HWA programs will be rolled into the Department of Health and HWA will no longer be funded.

Implications for CDEs

By 2025 the number of Australians with diabetes is predicted to have increased from one to over three million people[15]. The delivery of increasingly complex care across a nation the size of Australia will put pressure on the health budgets of the nation and individuals. At the same time the numbers of health practitioners delivering diabetes care are likely to decrease as an increasing proportion of the health workforce moves towards retirement. Health Workforce Australia estimates that without change there will be significant workforce deficits by 2025; 28% of nurses and 2% doctors.[16]

The work of the Productivity Commission, AHPRA, HWA, NPS and Grattan Institute all provide a foundation on which to base extending the scope of practice of CDEs to include prescribing.

Primary disciplines, diabetes educators and CDEs

Diabetes educators are health care professionals with a primary qualification in a range of health disciplines, e.g. nursing, dietetics, pharmacy, podiatry, medicine and exercise physiology who have a core body of knowledge and skills in the biological and social sciences, principles of teaching and learning, communication and counselling. Diabetes educators have experience and knowledge in the care of people with

diabetes and those at risk of diabetes, practice in accordance with the *National Standards for Diabetes Educators*, and have diabetes education included in their position descriptions and the scope of their employment.

The ADEA is the regulatory agency for Credentialled Diabetes Educators and is a self-regulating body, independent of the NRAS and AHPRA systems. A CDE is a diabetes educator who has been recognised by the ADEA as having the academic qualifications, advanced knowledge, expertise and experience to integrate diabetes self-management education with clinical care as part of a therapeutic intervention.

All CDEs must remain authorised to practice in their primary disciplines and commit to practising diabetes education according to standards, codes and guidelines set by ADEA.

Although ADEA is a self-regulatory body, the majority of ADEA members and CDEs have primary discipline registration with an AHPRA National Board (Medical Practitioners; Pharmacists; Podiatrists; Registered Nurses). Scope of practice and related information for the six health professions eligible to seek recognition by ADEA as CDEs is as follows:

Dietitians

The dietitian/ Accredited Practising Dietitian (APD) is an allied health professional and central member of the diabetes care team. Dietitians recommend a diet relevant to the requirements of the person's health conditions (medical nutrition therapy) and may include specific advice on carbohydrate awareness and manipulation, meal planning, and eating for activity, growth and/or weight management. People with diabetes may also have other medical conditions that require alternative dietary advice than what is usually recommended for a conventional 'healthy' diet.

Dietitians support the person with diabetes to adapt their eating habit to meet their individual nutritional needs and achieve improved glycaemic control whilst incorporating personal and cultural food preferences in their food choices.

Dietitians belong to a self-regulated professional organisation, the Dietitians Association of Australia (DAA), which is independent of the NRAS / AHPRA systems. DAA sets the standards and competency framework for dietetic practice, is the regulatory body for APDs and Advanced APDs (AAPD) and grants this recognition following demonstration of experience and continuing professional development in their field of practice.

Exercise Physiologists

Exercise physiologists are allied health professionals who specialise in the delivery of exercise, lifestyle and behavioural modification programs for the prevention and management of chronic diseases and injuries. EPs provide physical activity and behaviour change support for clients with conditions such as cardiovascular disease, diabetes, osteoporosis, depression, cancer, arthritis, chronic pulmonary disease and other conditions. Exercise and Sports Sciences Australia (ESSA) provides the national accreditation program for exercise physiologists, is self-regulatory and independent of the NRAS / AHPRA systems.

Medical Practitioners

All medical practitioners demonstrate their competence by practising in accordance with Commonwealth, State and Territory legislation and codes and guidelines of the Medical Board of Australia. AHPRA authorises medical practitioners to practice by adhering to mandated professional registration standards.

People with diabetes frequently require consultation, treatment and ongoing management by specialist medical practitioners e.g. endocrinologists, paediatricians. Registration as a specialist medical practitioner is granted following assessment by an AMC accredited Specialist College. Recognition of specialty practice and titles are approved by Ministerial Council and the title is protected by law.

General practitioners are medical practitioners who follow standards set by the Royal Australian College of General Practitioners (RACGP). The standards outline the aspects of general practice that support high quality and safe comprehensive care, including attention to the services they provide, the rights and needs of patients, quality improvements and education processes, practice management, and the physical aspect of the practice. These standards are based on evidence from clinical trials or large-scale research and, where there is no other evidence, from current professional consensus. The standards are flexible, independent and owned by the profession and are appropriate to general practice regardless of changes in government policy.

Registered Nurses

Registered nurses demonstrate their competence through successfully completing educational requirements and by practising in accordance with Commonwealth, State and Territory legislation and codes and guidelines of the Nursing and Midwifery Board of Australia. Registered nurses are authorised to practice by AHPRA by adhering to mandated professional registration standards.

Registered nurses (RN) provide nursing care within the context of their practice or practice site e.g. Primary Health Care Nurses provide nursing care in the general practice to people with basic diabetes care requirements and coordinate care and manage referral pathways for people with more complex diabetes care requirements.

The registered nurse demonstrates competence within the context of their practice and within the framework of four (4) domains; Professional Practice, Critical Thinking and Analysis; Provision and Coordination of Care; Collaborative and Therapeutic Practice.[17]

Registered nurses practice independently and interdependently, and assume accountability and responsibility for their practice and for their delegation of care to enrolled nurses (ENs) and health care workers.

Pharmacists

Pharmacists provide services within the community across Australia and are frequently consulted by people with diabetes and the wider community about a range of health and health care issues. Pharmacists dispense medicines including insulin and oral diabetes agents to the person with diabetes, and conduct medication reviews. Pharmacists have secondary prescribing rights and are able to prescribe Schedule 2 and 3 medicines. Pharmacies provide NDSS consumables and other diabetes self-management equipment and health related products. Thus, the pharmacist's role encompasses advice to ensure correct use of health related products.

Pharmacists are health professionals authorised to practice by AHPRA through adhering to mandated professional registration standards and having the qualifications, skills and knowledge to assist members of the community to optimise health outcomes from use of medicines.

Pharmacists demonstrate their competence through successfully completing educational requirements and by practising in accordance with Commonwealth, State and Territory legislation and codes and guidelines of the Pharmacy Board of Australia.

Podiatrists

Podiatrists are responsible for the prevention, diagnosis, treatment and rehabilitation of medical and surgical conditions of the feet and lower limbs of people with diabetes. Podiatrists diagnose and treat any complications resulting from neurological and vascular complications of diabetes as well as joint disorders such as arthritis and soft tissue and muscular pathologies. Podiatrists establish and maintain collaborative relationships with other members of the interdisciplinary diabetes care team to facilitate enhanced clinical care and health outcomes for people with diabetes.

Podiatrists demonstrate their competence through successfully completing educational requirements and by practising in accordance with Commonwealth, State and Territory legislation and codes and guidelines of the Podiatry Board of Australia. Podiatrists are authorised to practice by AHPRA by adhering to mandated professional registration standards.

CDEs and Quality Use of Medicine

Australia's National Medicine's Policy[18] aims to make the best possible use of medications to improve health outcomes of all Australians. The quality use of medicines includes:

- Selecting management options wisely
- Choosing suitable medications if required
- Using medications safely and effectively.[19]

CDEs play an important role in the quality use of diabetes oral and injectable medications, within their current scope of practice that is likely to include:

- Knowledge of medication range available to treat diabetes in Australia
- Active participation in professional development to maintain medication knowledge and clinical application
- Education of people with diabetes in the role, options, safe use, side effects and storage of diabetes medications
- Initiation of referral to medical practitioner for medication commencement, dosage review and titration
- Customisation of structured blood glucose monitoring regimens to assist people with diabetes and their health professionals to assess and evaluate lifestyle/medication effectiveness
- Education and evaluation of knowledge and skills of people with diabetes and health professionals in medication self injecting and management
- Staff education
- Related policy input on quality use of medicines.

Whether it is prescribing or administering medication, CDEs/diabetes educators are guided by state and territory drugs and poisons legislation in relation to their role in medication management. This legislation is different in each jurisdiction (Appendix I). To date accredited practising dietitians and accredited exercise physiologists are not included in the legislation regulating the administration or prescribing of medication. Content of undergraduate studies around pharmacology varies among the professional groups eligible for CDE status and the current Graduate Certificate in

Diabetes Education and Management courses as they currently stand do not include medication management education that would potentially meet any prescribing requirements.

Regulation and scope of practice in relation to medicines

As noted earlier, all health care professionals are required to practice within regulatory frameworks (AHPRA, 2009)(AHPRA, 2010), the role and scope of practice and codes of conduct of their primary discipline, employing organisation guidelines and according to other relevant legislation such as State and Territory Drugs, Poisons and Controlled Substances Acts and regulations.

There is a nationally consistent approach to quality use of medicines and prescribing practices. The Prescribing Competencies Framework (NPS, 2012) utilises the following prescribing definition, "an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation that results in the initiation, continuation, or cessation of a medicine" (Nissen, Kyle, Stowasser, Lum, Jones, & McLean, 2010). In terms of managing medications such as insulin, prescribing may include activities such as:

- writing a prescription (by hand or electronically) on a prescription pad or inpatient medication chart
- recording insulin dose adjustments in an individual's medicine record, blood glucose record book, medical record or inpatient medication chart
- writing a letter concerning initiation of insulin, where the type, dose, intervals and/or dose adjustments are specified.

Current legislation, although variable between jurisdictions, may provide for prescribing rights for some health professionals as independent prescribers, e.g. medical practitioners, or restricted prescribing by nurse practitioners or podiatrists. Some health professionals regulated through AHPRA may also be able to accept prescribing responsibilities from an authorized prescriber, e.g. a medical practitioner. CDEs with independent prescribing within their scope are the registered nurse CDE having completed Masters level study and met all requirements to become a nurse practitioner or a podiatrist CDE who has completed a process of endorsement by the Podiatry Board of Australia.[20] These individuals are able to prescribe from a formulary of Schedule 2, 3, 4 or 8 classes of medicines[21] linked to their individual scope of practice and regulated by state and territory drugs and poisons legislation.

Some CDEs, such as a registered nurse or pharmacist, may through delegation or referral from an authorised medical practitioner accept secondary prescribing responsibilities. Again, this capacity relates to primary discipline and the scope of

practice for the discipline, as well as the experience and educational preparation of the individual concerned. The type of prescribing differs according to the primary discipline is involved. This enables CDEs in designated circumstances to commence and titrate insulin and educate people with diabetes in the use of self titration tools. This strategy is used by CDEs so they can review blood glucose levels and insulin doses via phone, fax, email and face-to-face consultations.

Insulin commencement and titration programmes are offered by three company sponsored programmes provided in Australia (Helping Hands™ - Novo Nordisk; Lilly Diabetes Support Services - Lilly Australia; Lantus Co-Stars™ - Sanofi). All CDEs are eligible to undertake these programs. These companies manage risk in ensuring CDEs undertaking this training sign a declaration indicating that after completing the training that they will be practising within their scope of practice.

CDEs are also involved in the care and education of:

- Children and young adults under the age of 18 years with type 1 and type 2 diabetes
- Women with type 1 and type 2 diabetes during pregnancy
- Women with gestational diabetes requiring insulin management
- People using insulin pump therapy and continuous blood glucose monitoring systems.

If the scope of practice for CDEs was extended to include the prescribing of insulin and other glucose lowering agents as autonomous prescribers, it is essential for the specific needs of these target groups to be considered as well as the background preparation of each of the primary disciplines eligible for credentialling as a CDE.

The Medical Board of Australia understand delegation as:

- a medical practitioner to involve asking another health care professional to provide care while retaining overall responsibility for the patient's care (for example a pharmacist refilling an expired prescription for an already prescribed medicine),
- referral as sending a patient to obtain opinion or treatment from another doctor or health care professional with partial transfer of responsibility for the patient's care (usually for a defined time and specific purpose), and
- handover as transferring all responsibility to another health care professional. The medical practitioner must take reasonable steps to ensure that the person to whom the delegation, referral or handover is made has the qualifications, experience, knowledge and skills to provide the care required. [22]

What has been done elsewhere?

The introduction of non-medical prescribing in the US in the 1960s steadily spread to other countries including Australia, Canada, Ireland, Netherlands, New Zealand, Ireland, Spain, Sweden and the UK.

The drivers of this enhanced scope of practice included a need to:

- Provide dependable access to comprehensive health services in rural and remote areas where difficulties arise
- Contain increasing health budgets
- Encourage integrated care to prevent duplication
- Make better use of the skills already in the health workforce
- Reduce waiting times with streamlined and responsive service delivery
- Address the needs of an ageing population
- Enhance job satisfaction of experienced non-medical clinicians
- Provide a legal framework for covert prescribing practices of nurses.[23]

The United Kingdom

Since 1986 the United Kingdom has slowly but progressively introduced prescribing rights for registered nurses as an extension to their scope of practice.

There are two types of nurse prescribers in the UK:

1. Nurse Independent Prescribers who are able to prescribe from the full British National Formulary after completing a university based course that is recognised by the Nurse and Midwifery Council.

2. Nurse Supplementary Prescribing - introduced in 2003 after the UK amended the National Health Service regulations to enable supplementary prescribing by registered nurses and pharmacists after they embarked on a process of education for the role. The aim was to increase the flexibility of the health workforce's ability to titrate medication doses using individualised patient treatment plans that were written by a doctor and agreed to by the supplementary prescriber.[24]

There are now 54,000 nurse and midwife prescribers across the UK and over 19,000 nurse and independent prescribers[25] with a number of evaluations conducted and published showing improved patient care and satisfaction, increased access to medicines, reduction in waiting times and delivery of high quality care.26 Currently only nurses fulfil the role of diabetes educator in the UK and there is no credentialling process. The 2010 Diabetes Specialist Nursing Workforce Survey[27] identified 48% of the 159 participants prescribed medication.

United States (US)

In the US registered nurses, dietitians, pharmacists, doctors, optometrists, psychologists, podiatrists, and exercise physiologists are all eligible to become Certified Diabetes Educators (CDEs). This certification is provided by the National Certification Board for Diabetes Educators (NCBDE). Holding the CDE credential does not confer any permission to manage diabetes beyond the scope of the individual's professional practice. The boundaries of professional practice are determined by state practice acts. Job descriptions and job functions are determined by employing agencies, not the CDE credential.[28]

The US also has an advanced practice credential, ie. Board Certified Advanced Diabetes Management (BC-ADM). Board certification is the process by which the American Association of Diabetes Educators (AADE) validates, based on predetermined standards, an individual's knowledge, skills and abilities in the area of advanced diabetes management. The BC-ADM is only available to registered nurses, registered dietitians, pharmacists, physician assistants and physicians with Masters or higher degree in a relevant clinical, educational, or management area such as education (med), nutrition, gerontology, advanced diabetes management, or other area relevant to the credential. Practising within their discipline's scope of practice, healthcare professionals who hold the BC-ADM certification adjust medications, treat & monitor acute and chronic complications, provide medical nutrition therapy, help patients plan exercise regimens, counsel patients to manage behaviours and psychosocial issues and to participate in research and mentor programs. The depth of knowledge and competence in advanced clinical practice and diabetes skills affords an increased complexity of decision making which contributes to better patient care[29]. BC-ADM practitioners are able to adjust medications according to set protocols or may be able to prescribe, depending on their primary discipline scope of practice and/or the appropriate state legislation.[30]

Canada

Certification as a Diabetes Educator in Canada is conducted by the Canadian Diabetes Educator Certification Board (CDECB). Before sitting the examination to become a Certified Diabetes Educator (CDE), candidates must be registered with a regulatory body in Canada as a health professional.[31] The CDE credential requires that the provision of diabetes education remains within the scope of the health professional registration.

Under the Health Professions Act (HPA) RNs in British Columbia are able to perform insulin dose adjustment (IDA) within their scope of practice. IDA is defined as determining the dose, timing and / or type of insulin needed to achieve glycaemic control and occurs only in clients who are already on insulin therapy. Insulin is still

initially prescribed by either a medical practitioner or nurse practitioner. IDA considers factors such as diet, exercise and blood glucose levels.[32]

The College of Dietitians of British Columbia supports registered dietitians (RDs) to provide IDA as part of diabetes self-management education. Although not a College requirement, RDs who provide diabetic care are generally Certified Diabetes Educators (CDEs). Health Authorities/ health care facilities may narrow RD scope of practice or require additional evidence of competence, such as the CDE, a verification of competence or passing a competency examination to adjust insulin.[33]

New Zealand

In 2011, twelve New Zealand diabetes nurse specialists from four sites successfully gained the right to prescribe designated medications and devices for the treatment of people with diabetes from the Nursing Council of New Zealand. This was achieved with the addition of a new regulation in the *Medicines Regulation ACT (1984)* for designated prescriber: Registered Nurses Practising in Diabetes Health. The programme has been extended with twenty-six designated prescribers now prescribing insulin, oral agents, ACE inhibitors/ARBs, thiazide diuretics, calcium channel blockers and statins across New Zealand.

An evaluation of the roll out of the NZ programme identified that it was:

- Safe and clinically appropriate
- Contributes to an effective diabetes specialist service
- Popular with patients, who say they are confident in the prescribing decisions
- Popular with nurses who appreciate the extra responsibility and efficiency gains for health teams.[34]

Consultation

An exposure draft: Extending the Scope of Practice of Australian Credentialled Diabetes Educators to include Insulin prescribing was developed. ADEA members were invited to provide feedback on the exposure draft responding to the following questions:

1. Is an extended scope of practice to prescribe insulin appropriate for all CDEs?
2. Why is an extended scope of practice to prescribe insulin appropriate for all of the primary disciplines that are eligible for CDE status?
3. Have all of the issues related to extending the role of CDEs to prescribe insulin been identified in this Exposure Draft? Please provide any others that you feel need to be considered.
4. What issues need to be considered to achieve standards and structures that are common to all CDEs not only AHPRA registered CDEs?

Exercise and Sports Science Australia, Dietitians Association of Australia, Australian College of Nurses, Pharmaceutical Society of Australia, Pharmacy Guild of Australia and the Australian Podiatry Association were invited to comment on the exposure draft.

The majority of ADEA member respondents were RN CDEs who identified issues already mentioned within the exposure draft document including:

- Medication management currently is not within the scope of practice of some CDE's primary disciplines
- Lack of medication management training for CDEs who are not registered nurses
- Accredited practising dietitians and accredited exercise physiologists are not registered with AHPRA
- The medication training offered to CDEs through Universities is not adequate to support the change in role
- Additional medication training would need to be offered to CDEs who do not undertake medication management in their undergraduate training
- Changes to the ADEA Credentialling Program will be required
- Improved regulation and systems will be required to support the change
- Indemnity insurance issues will be important.

Extending the Scope of Practice of CDEs in Australia

Medications are potent agents that have the power to cause negative as well as positive effects. It is for this reason that any extension to the practice of CDEs to include prescribing must be conducted in a thorough and structured way that focuses on the quality and safety of this area of service delivery and improve the patient outcomes.

Increasing the scope of practice would increase CDE's responsibility to comprehensively manage insulin and glucose lowering agents and fully utilise their clinical skills and education. It would prevent delays in the commencement and titration of insulin, especially in the rural and remote areas of Australia, and provide people with diabetes with a more comprehensive approach to their medication self-management by preventing conflicting messages between health professionals and gaps in consumer education. It will likely increase job satisfaction for CDEs and address the concern of many medical practitioners in relation to the time they have available to commence insulin and glucose lowering agents.

The ADEA's accredited education and credentialling process is currently insufficient in its ability to support this extension of practice. A revised model will need to address a

safe and rigorous competency based approach to include prescribing. Consideration will need to be given to prescribing implications for CDEs providing specialist services to children less than 18 years of age, women during pregnancy and the commencement and titration of insulin pump therapy.

People with diabetes may present with a range of complexities requiring the need for strong multidisciplinary collaboration. When CDEs are legally able to prescribe in the future this should not preclude them from engaging in appropriate consultation with other health professionals in the best interest of the person with diabetes.

The experiences gained from the work already conducted internationally will provide a valuable additional support to the extension of the scope of practice of CDEs in Australia. A number of resources have been developed that would also be helpful e.g. Canada's Guide to Starting and Adjusting Insulin for Type 2 Diabetes.[35]

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