Role and Scope of Practice for Credentialled Diabetes Educators in Australia

2022

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Version	Date	Name(s)	Notes
1.0	2007	ADEA	Created and approved
2.0	2015	ADEA	Revised and approved
3.0	April 2022	ADEA CDE Education Review Expert Reference Group	Comment on Revision
3.1	April 2022	ADEA members	Membership consultation via survey
3.2	July 2022	ADEA Professional Services and Education Manager	Revised, including reflecting feedback from ADEA members and ADEA CDE Education Review Expert Reference Group
4.0	July 2022	ADEA CEO	Approval

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1 Acknowledgements

1.1 Authors

The original *Role and Scope of Practice* publication, developed in 2007, was the result of many hours of research, discussion and feedback. Previous and current leaders from ADEA participated in a face-to-face workshop to identify key issues, themes and definitions for inclusion in the original publication and provided ongoing critique to draft documents.

ADEA would like to acknowledge these contributors to the original publication:

Jan Alford, Julie Bligh, Shirley Cornelius, Professor Trisha Dunning AM, Jane Giles, Marie Gill, Heather Hart, Judy Reinhardt, Erica Wright, and Kaye Neylon.

1.2 Contributors

In 2022, the 2014-2015 ***Role and Scope of Practice*** publication was reviewed as part of ADEA's CDE Education Review. A legislative report was commissioned by ADEA to clarify legislation around scope of practice for CDEs (Appendix I). This legislative report, along with recommendations and feedback received from members through the CDE Education Review member survey, data collected in the CDE Education Review and feedback from the CDE Education Review Expert Reference Group, has been used to reflect up-to-date evidence for the role and scope of practice for CDEs in Australia in this updated *Role and Scope of Practice* publication.

ADEA would like to thank all those involved in the consultation process.

1.3 Suggested citation

Australian Diabetes Educators Association, *Role and Scope of Practice For Credentialled Diabetes Educators in Australia*, 2022

1.4 About The Australian Diabetes Educators Association (ADEA)

ADEA is the national peak body for diabetes education, management and care in Australia. Our members are healthcare professionals who are committed to providing evidence-based best practice diabetes education for all people living with, at risk of, or affected by diabetes, to ensure their optimal health and wellbeing. ADEA has more than 2,400 members working in all sectors and across all locations.

Diabetes education is a specialty field of health care practice. ADEA is the regulatory body for the Credentialled Diabetes Educator (CDE®) certification. CDEs are health professionals who have undertaken a rigorous credentialling program and have specialist knowledge in the field of diabetes education. The CDE certification provides assurance to people with, or at risk of, diabetes – as well as their families, carers and health care providers – that they will receive quality diabetes education and advice.

For more information, visit our website at www.adea.com.au.

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2 Introduction

The Australian Diabetes Educators Association (ADEA) was established in 1981 and is the national peak body for health professionals in Australia on matters relating to diabetes education. ADEA is affiliated with Diabetes Australia, to which ADEA provides expert advice on diabetes and diabetes education. ADEA is a multidisciplinary body with membership open to health professionals involved in diabetes education and care.

ADEA benchmarks excellence in the practice of diabetes education and supports a cycle of best practice by:

- Promoting and disseminating evidence-based research findings in diabetes education and care
- Establishing evidence-based standards for diabetes education and care
- Facilitating planned and systematic education and training programs for health care providers
- Advocating for equitable access to best practice diabetes education and care services for all people affected by diabetes.

ADEA conducts the ADEA Credentialling Program, providing professional recognition for Credentialled Diabetes Educators (CDEs) in Australia. The Credentialled Diabetes Educator credential is multidisciplinary and the use of the credential is regulated by ADEA. The Credentialling Program is underpinned by the ADEA Course Accreditation Program that accredits post graduate courses in diabetes education. Successful completion of an ADEA accredited Graduate Certificate in Diabetes Education is a prerequisite for recognition as a Credentialled Diabetes Educator (CDE)®.

The Credentialled Diabetes Educator credential is the nationally accepted credential for the quality-assured provision of diabetes self-management education. Medicare Australia, the Department of Veteran Affairs (DVA) and an increasing number of private health insurers recognise CDEs as the providers of diabetes education services.

Diabetes self-management education is a specialty area of practice and is both a therapeutic and educational intervention. It has as its overarching goal the optimal health and wellbeing of people living with and affected by diabetes. Diabetes self-management education as defined by ADEA, and as practised by CDEs, is discussed in more detail in Appendix II.

The evolving role of the CDE has been, and will continue to be, shaped and influenced by the changing health environment, such as:

- Current diabetes prevalence and recognition of its direct health care costs and loss of productivity
- Research, development, and technological change
- Impact of changing social environments and community development on lifestyle
- Increased focus on and need for prevention and early intervention in diabetes and other chronic conditions

- Impact of increasing demands for management of chronic conditions on both the health system and the person with a chronic condition
- An increasing focus by governments on ambulatory care programs and primary care
- Increased acknowledgement of the importance of, and funding for, multidisciplinary team care
- Changes in the Australian health workforce and recommendations for health workforce reform from the Productivity Commission
- Changes in state and territory drugs and poisons legislation and in jurisdiction policies related to role and function of allied health professionals.

The credential held by CDEs recognises a level of competence necessary for:

- Authorising registrations on the National Diabetes Services Scheme (NDSS)
- Authorising NDSS registration to access subsidised access to diabetes technologies, including insulin pump consumables, continuous glucose monitoring and flash glucose monitoing
- Providing education to initiate insulin (this applies only to Registered Nurse Credentialled Diabetes Educators in some Australian states and territories, and Nurse Practitioners).

These important processes emphasise the need for the CDE to have exemplary clinical skills, as well as expertise in client-centred care that is required to promote self-management and psychological wellbeing in the person with diabetes and their families.

The former Australian Council on Safety and Quality in Health Care defines credentialling and scope of practice for medical practitioners[1], although this can be applied to other health professionals, as follows:

Credentialling refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.

Defining the scope of clinical practice follows on from credentialling and involves delineating the extent of an individual medical practitioner's clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability, and the needs and the capability of the organisation to support the medical practitioner's scope of clinical practice.

In defining the role and scope of practice of the CDE, ADEA embraces the positive influences and future changes in health care, where these changes provide better access to quality diabetes education, improved outcomes for people with diabetes in the community and ensure quality and safety of service provision.

ADEA defines scope of practice to mean: the procedures, actions and processes in which a health professional is authorised, educated and competent to perform.

3 Purpose of this document

The Role and Scope of Practice for Credentialled Diabetes Educators in Australia has been developed to articulate the role and scope of practice of CDEs, and the factors that contribute to their scope of practice.. CDEs have a unique and integral role in the provision and advancement of diabetes care and the specialty practice of diabetes self-management education.

The Role and Scope of Practice for Credentialled Diabetes Educators in Australia drives and promotes standards of practice in diabetes education and care and is the foundation on which other key ADEA documents are based.

This publication is relevant to a number of ADEA stakeholders, including:

- **ADEA members –** to aid reflective practice and the development of personal learning and professional development plans
- **Post graduate certificate diabetes education and management course coordinators and advisory committees –** to aid developing curricula and the course assessment processes
- **Employers –** to ensure they attract and retain appropriately qualified staff to deliver diabetes self-management education and care
- **Health service funding bodies** and organisations providing third party reimbursement **–** to establish standards for delivering quality diabetes self-management education programs
- **Health professional colleagues –** to help define the role and what to expect from a CDE working in a multidisciplinary team
- **Other health professional bodies –** to help define the scope of practice of a CDE and of the role of ADEA
- **Consumers –** to identify appropriately qualified providers of diabetes self-management education.

This Role and Scope of Practice document should be read in conjunction with the following ADEA documents:

- ADEA Code of Conduct
- ADEA National Standards of Practice for Credentialled Diabetes Educators
- ADEA National Competencies for Credentialled Diabetes Educators
- ADEA Position Statements
- ADEA Clinical Guidelines
- ADEA National Standards for Diabetes Education Programs

Credentialled Diabetes Educators promote optimal health and wellbeing for individuals, communities and populations at risk of, or affected by, diabetes using a range of specialised knowledge and skills. They integrate diabetes self-management education with clinical care as part of a therapeutic intervention to promote physical, social, spiritual and psychological wellbeing.

Credentialled Diabetes Educators adopt a client-centred approach when providing diabetes self-management education to those affected by diabetes to:

- Develop the knowledge, skills and confidence for the everyday management of diabetes
- Understand personal health risks
- Explore the meaning and implications of these risks in the context of personal, social and cultural influences and in terms of current lifestyle behaviours
- Activate the determination of a comprehensive self-management plan that will maximise health outcomes.

4 Credentialled Diabetes Educators Criteria for Recognition

A wide range of health care services provide some form of diabetes education to people with diabetes. Such service providers include general practitioners and practice nurses, other generalist nurses, allied health professionals and Aboriginal and Torres Strait Islander Health Workers and Practitioners. In addition, all members of the multidisciplinary diabetes team provide discipline specific-diabetes education to support their clinical intervention. ADEA acknowledges the critical role played by all of these health care providers.

However, the term 'Credentialled Diabetes Educator' is used by ADEA to identify those health professionals who provide comprehensive, interdisciplinary diabetes self-management education as described by ADEA (Appendix II) and who meet the criteria of the ADEA Credentialling Program.

ADEA Credentialled Diabetes Educator (CDE) is registered as a certification trademark. Its use is authorised by ADEA to eligible health professionals who meet the criteria identified by ADEA. These criteria include:

- Authorisation to practice in an eligible health discipline
- Completion of a post graduate course of study in diabetes education and management that is accredited by ADEA
- Experience in providing diabetes self-management education as defined by ADEA and in accordance with the Standards of Practice identified by ADEA
- Submission of a referee report by a Credentialled Diabetes Educator to ADEA
- Completion of the ADEA mentoring program
- Evidence of continuing education across all domains of practice for Credentialled Diabetes Educators
- Commitment to the ADEA Code of Conduct.

4.1 Disciplines Eligible for Recognition as a Credentialled Diabetes Educator

The health disciplines ADEA recognises as eligible for credentialling are:

- Registered Nurses* (RN)
- Registered Midwives
- Accredited Practising Dietitians (APD)
- Pharmacists
- Medical practitioners
- Podiatrists
- Accredited Exercise Physiologists
- Physiotherapists
- Optometrists.

*In Victoria, this includes Division One Registered Nurses only.

The above health professionals were approved by the ADEA Board as having in place:

- The appropriate level of professional governance for their discipline
- The necessary foundation clinical competence that underpins the development of advanced clinical skills in diabetes management
- The competence in providing comprehensive diabetes self-management education.

An alternative pathway exists for First Nations Health Professionals who are not registered/ accredited in one of the above listed primary health disciplines: Guidelines for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners applying for Credentialling as a Credentialled Diabetes Educator (CDE)

All individuals from eligible health disciplines must still meet all the requirements of the ADEA Credentialling Program.

CDEs are entitled to use the certification trademark in association with their name.

4.2 Post-graduate training and developing competence in diabetes self-management education and care

Credentialled Diabetes Educators are advanced clinical practitioners who provide diabetes self-management education. The entry level qualification for practice in diabetes self-management education, in addition to a qualification and authorisation to practice in an eligible health discipline, is the completion of an ADEA-accredited post graduate course in diabetes education and management.

Eligible health professionals who have completed a post graduate course are expected to have the knowledge, skills and expertise to deliver diabetes self-management education across many specific

aspects of diabetes care and management. In order to provide quality support and ensure safe practice, ADEA recommends that employing organisations ensure appropriate processes are in place to support diabetes educators working towards credentialling to achieve ongoing competence in diabetes self-management education. These processes should include access to ongoing professional development and mentoring by a Credentialled Diabetes Educator.

Mastery of the knowledge and skills to be recognised as a Credentialled Diabetes Educator is gained through a planned and ongoing program of continuing education and professional development, mentoring and experience across all the domains of practice of a Credentialled Diabetes Educator. Credentialled Diabetes Educators are capable of autonomous practice in diabetes self-management education with the expertise and professionalism to be able to work collaboratively within a team as required. ADEA recommends ongoing professional mentoring, especially for Credentialled Diabetes Educators working in isolated practice. Further information regarding individual competencies may be found in ADEA's National Competencies for Credentialled Diabetes Educators.

5 Scope of Practice

Credentialled Diabetes Educators work in a variety of practice settings and roles and across the intervention and care continuum. Their practice is underpinned by a core body of knowledge, skills and activity in the following domains:

- Clinical Practice, Diabetes Education and Counselling
- Research and Evidence-based Practice
- Management, Administration and Leadership.

CDEs practice in, and maintain professional development across all three domains, although at any one time their practice may focus more on particular domains depending on their employment setting or role.

Diabetes Self-Management Education underpins the core role of CDEs. CDEs from all eligible primary health disciplines may lawfully provide education and advice on all aspects of diabetes self-management care, including where applicable, to educate and evaluate the person with diabetes' knowledge and skills of injection technique of glucose lowering medicines.

An individual CDE must determine their own scope of practice and the services they provide within this scope of practice by taking account of:

- Legislation
- Individual experience, training, competence and qualifications
- The professional skill-mix available in the employment context
- Available supervision and support
- Service policies and role descriptions
- ADEA code of conduct and professional practice standards

- The needs of the local community and the person with diabetes
- The clinical context
- Professional indemnity.

Competence is defined as the state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one's professional responsibilities.[2]

Each individual CDE has an obligation to consider these variables to make informed judgements about their own scope of practice.

5.1 Clinical Practice

Clinical competence gained through training in an eligible health discipline provides the foundation for learning advanced knowledge and skills in diabetes management through a combination of postgraduate study and experience in diabetes education and care. Independent of their primary health discipline, CDEs demonstrate knowledge of current and interdisciplinary best practice diabetes management and education. Their practice is informed and guided by best practice guidelines, research and policy from the range of disciplines involved in diabetes care.

CDEs provide comprehensive diabetes self-management education to support people with diabetes, their families and/or carers, to identify appropriate goals and develop effective self-care behaviours across all key areas of diabetes self-management. They use a systematic approach that engages the individual and/or their family and carers to assess an individual's mental, physical, spiritual, functional and cognitive status to inform their clinical care planning.

CDEs monitor progress towards desired goals and the outcomes of all interventions. They act as care coordinators, identify needs that are not being met and refer (or recommend referral where appropriate) to other specialist nursing, allied health or medical professionals as required.

CDEs provide direct clinical care and interventions according to their individual scope of practice. They must be cognisant of the regulatory and decision-making frameworks, in which they and other members of the diabetes team practice. CDEs must delegate, refer and accept delegated clinical care according to their level of knowledge and competence as a CDE.

CDEs may assume or be delegated, case management roles in designated programs or for specific aspects of diabetes care.

5.2 Diabetes Education

CDEs apply health behaviour and education theory to inform, motivate and support clients and communities to adopt healthy lifestyles and appropriate self-care behaviours. They undertake a comprehensive assessment of the individual (or target population) in terms of their life stage and the stage of their diabetes, their preferred learning style, readiness to learn and change behaviour, and other psychosocial factors including the social context in which they live.

CDEs are skilled at planning a range of learner-centred and client-driven health education interventions using a range of modalities. They evaluate the impact and outcome of these interventions, including their own performance, based on the person with diabetes' related goals. They evaluate both at the individual and program level and contribute to population level data where appropriate.

5.3 Counselling

CDEs use an empowerment approach to help clients develop self-responsibility, be self-determining and to achieve self-mastery. They are cognisant of the relationship between chronic conditions, sense of wellbeing and depression and the impact of an individual's psychological state on their capacity to self-manage. CDEs use impartial, reflective and empathetic listening to clarify client beliefs, issues and concerns.

CDEs use validated tools to assess psychological status as part of their interventions. They are able to communicate the findings of such assessments to the individual and discuss options to address them. CDEs assess level of risk, acknowledge their own limitations and refer to appropriately qualified professional counsellors when relevant.

5.4 Research

Evidence based practice underpins all domains of the CDE's practice. CDEs contribute to research and are research consumers. They apply research knowledge and skills to critically evaluate the relevant research literature. Such evaluation informs all aspects of their practice, including clinical care, education, counselling and program and service development and management and their own need to develop their research knowledge and competence. They also identify deficits in the evidence base for diabetes education and care and advocate for and support research to address such gaps.

CDEs continuously monitor the quality and outcomes of their practice in order to improve the services they provide. Continuous quality improvement is fundamental to their practice.

CDEs may participate, collaborate or lead research in all aspects of diabetes education and care, working within relevant codes of ethics.

5.5 Management, Administration and Leadership

CDEs develop diabetes care policies and procedures for their service regardless of whether they work in solo practice or as part of a larger diabetes team. They apply a systematic approach to service planning, including assessing the needs of the population they serve, developing service plans and monitoring the delivery of those plans. They liaise with other health professionals and consumers, services and agencies to promote a comprehensive and integrated diabetes service. They ensure their service(s) meets recognised standards for professional, ethical, human resource, organisational and business practice and community needs.

The role of the CDE extends to supporting other health professionals, agencies and the wider community. CDEs participate in and contribute to the work of relevant committees, disseminate research findings and advocate for best practice diabetes care. They act as a consultant and resource to their colleagues, other agencies, and to policy and decision makers, continuously advocating for people affected by diabetes and their right to comprehensive diabetes self-management education, clinical care and support services.

CDEs act as role models and mentors for their peers and for practitioners working towards credentialling in diabetes self-management education. As experts in diabetes education and care, they develop and provide training and continuing professional development for a wide range of health care providers, in a variety of settings and at a variety of levels.

5.6 Current professional context for CDEs

CDEs are unique as a health professional group because they emerge from a range of primary health disciplines. CDEs remain individually accountable to the standards set by their primary health discipline and by national, state, local, and institutional laws, regulations and policies that define and guide professional practice[3,4].

CDEs are recognised as Allied Health Professionals in the Medicare Benefits Schedule Recognition as an allied health professional to provide Medicare services - Medicare benefits for health professionals - Services Australia and by Allied Health Professions Australia: Credentialled Diabetes Educators - Allied Health Professions Australia (ahpa.com.au)

Practitioners from each eligible discipline undergo the same process of preparation and credentialling benchmarked by ADEA in their Credentialling Program.

CDEs assume responsibility for practising diabetes self-management education to the extent that they have:

- Established and maintained their ability to work safely and competently and within the relevant state/territory legislation (summarised by state/territory in Appendix III)
- Undertaken necessary additional education and training, clinical practice supervision and support, including micro-credentials
- Recognition and support for their role through their workplace

- Ensured they have appropriate professional indemnity insurance cover for that practice.

All CDEs are qualified to sign all NDSS forms.

CDEs current role and scope of practice is likely to include:

- Provide healthy lifestyle advice including basic nutrition and physical activity
- Consider psychosocial factors, their impact on self-management and how to address these factors to enhance diabetes education and care
- Educate people with diabetes and their carers on the relationship between diabetes and other health conditions and how to prevent, recognise and treat short term and long-term complications
- Individualise structured blood glucose monitoring regimens to assist people with diabetes, their carers and their health professionals to assess the effectiveness of, and evaluate, lifestyle/ medication interventions
- Educate people with diabetes and their carers in the role, options, safe use, side effects and storage of diabetes medications
- Educate people how to prevent, identify and treat hypoglycaemia
- Educate people how to prevent, identify and treat hyperglycaemia, which includes developing a sick day care plan and managing sick days
- Initiate referral to a medical practitioner or Nurse Practitioner to optimise the medication regimen if required
- Educate and evaluate the knowledge and skills of people with diabetes, their carers and health professionals to inject glucose lowering medicines
- Regularly re-evaluate the person with diabetes and/or their carers self-management knowledge, skills and strategies over the continuum of diabetes care
- Input into policy and procedures relating to all aspects of diabetes education, management and care
- Community education and health promotion programs that aim to prevent diabetes and diabetes complications

At the time of the 2022 ADEA-commissioned legal review[4], the following is:

- ***within*** **the Role and Scope of Practice for CDEs in Australia:**
  - Providing advice or education about medication dosage and administration
  - Advising about the dose including titration of medicine (related to diabetes care) within a range set out by the prescriber
  - Recommending medication changes; however if the CDE recommends that the dosage should differ from the instructions of the prescriber, the CDE must contact the prescriber to request an updated prescription.

- ***outside*** **the Role and Scope of Practice for CDEs in Australia** (unless it is within the scope of the individual CDE's primary health discipline):
  - Possession, administration or prescribing of medicines

- Changing the treatment regimen beyond what is provided in the prescription.

Refer to Appendix III for details for each state and territory.

CDEs who do not have current experience/training/competence in a specific area of diabetes education requiring expertise, e.g. insulin pump therapy initiation and education including interpretation of CGM/CSSI data, children with type 1 diabetes, diabetes in pregnancy, support for dose adjustment of insulin; should not practice autonomously in these areas. **In all situations, CDEs should consider their role and scope of practice, as described in this document and the ADEA Code of Conduct.**

6 Scope of Practice Decision Pathway

The decision pathway on the following page has been adapted for use by CDEs with permission from the Dietitians Association of Australian[5] and was developed considering the NMBA Nursing Practice Decision Flowchart[6].

ADEA urges CDEs to use this decision pathway when considering their individual scope of practice within their current work environment.

7 Future Directions

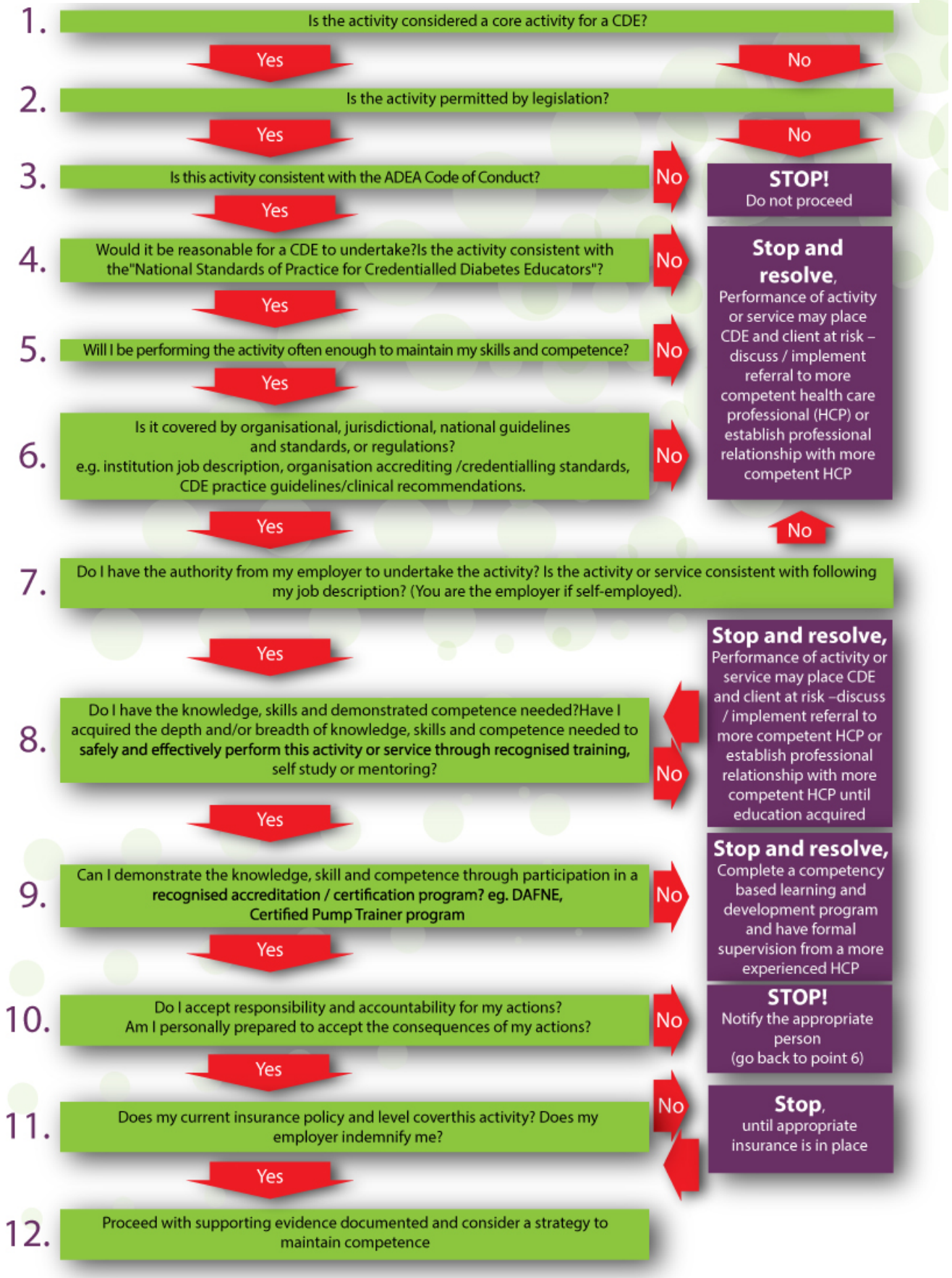
ADEA recognises that the role of the CDE will continue to evolve in the context of social, epidemiological, workforce and health system change. The ADEA is committed to its responsibility to promote, enhance and strengthen the integral role CDEs play in the specialty practice of diabetes self-management education.

ADEA is committed to national uniformity and recognition of CDEs. It will work to address inconsistencies in state and territory human resource practices such as employment criteria for diabetes education service providers, and in legislation governing practice. The ADEA will represent and advocate for CDEs in workforce reform programs addressing issues such as prescribing rights and direct referral pathways.

ADEA will:

1. Continue to engage with members to expand the role of CDEs
2. Continue to provide and assist CDEs to access evidenced-based training and education
3. Continue to monitor amendments made by state and territory governments to legislation that will enable changes to prescribing practices
4. Provide support for post graduate students and include competency-based training in preparation
5. Continue to advocate for CDEs to work as health care professionals within a multidisciplinary team, as a recognised allied health professional
6. Continue to benchmark excellence in the practice of diabetes education and care and promote equitable access to quality diabetes self-management services for all people with diabetes in order to attain its vision of optimal health and wellbeing for all people affected by diabetes.

ADEA Scope of Practice for CDEs in Australia – Decision Pathway



8 Appendices

8.1 Appendix I – Credentialled Diabetes Educator (CDE) Education Review

In 2020-21, ADEA conducted an end-to-end review of Credentialled Diabetes Educator (CDE) education. The review examined the education a CDE requires to ensure CDEs have a consistent knowledge and skill level. All components of the education pathway, including the Graduate Certificate of Diabetes Education (GradCertDE) and the initial and recredentialling processes and required activities were considered. The aims were to: assess whether the current education model still meets the education needs of CDEs, particularly as the role of a CDE continues to evolve; to ensure contemporary and standardised education and advice for people with diabetes; and to ensure that CDEs are well positioned and recognised as diabetes specialists in the health system.

The following information informed the CDE Education Review:

· Benchmarking of the ADEA credentialling program against national and international organisations

· Summary of previous ADEA and other surveys and reports concerning CDE education

· Literature review of best practice diabetes educator education

· CDE Education Review survey of ADEA membership, August 2020[7]

The key findings related to the following areas:

- Scope of Practice
- Value of a CDE
- Credentialling
- Postgraduate Study

Within scope of practice, two significant issues were identified: confusion relating to primary discipline and equality in practice as well as insulin titration and adjustment. To address these issues ADEA sought legal advice, commissioning a Scope of Practice Legislation report. The findings of this report, data from the CDE Education Review and feedback collected from member consultation and the CDE Education Review Expert Reference Group have been utilised in updating this document, the ADEA *Scope of Practice for Credentialled Diabetes Educator*.

8.2 Appendix II – Diabetes Self-Management Education

The Association of Diabetes Care and Education Specialists (ADCES), previously AADE, provided a useful definition when they released the *National Standards for Diabetes Self-management Education and Support*[8]*:*

Diabetes self-management education (DSME): the ongoing process of facilitating the knowledge, skill, and ability necessary for pre-diabetes and diabetes self-care. This process incorporates the needs, goals, and life experiences of the person with diabetes or pre-diabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision making, self-care behaviours, problem solving, and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life.

Diabetes self-management support: activities that assist the person with pre-diabetes or diabetes in implementing and sustaining the behaviours needed to manage his or her condition on an ongoing basis beyond or outside of formal self-management training. The type of support provided can be behavioural, educational, psychosocial, or clinical[8]*.*

The clinical care requirements of people with diabetes are diverse and best met by a multidisciplinary team[3] of medical, nursing and allied health professionals including but not limited to dietitians, podiatrists, exercise physiologists, physiotherapists, social workers and psychologists. Evidence-based clinical practice guidelines guide the clinical care provided[9].

The nature of diabetes, however, demands that much of the day-to-day management of diabetes (decision making and behaviour choices) is carried out by the person with diabetes. Involvement of the person with diabetes is critical for achievement of goals[10]. The self-management demands of diabetes are perhaps greater than for all other chronic conditions requiring a range of lifestyle and treatment decisions to be made on a daily basis. People with diabetes require information and education to support them in their self-care.

A wide range of health care providers deliver some form of discipline-specific diabetes education to support their clinical intervention. Such providers include general practitioners and practice nurses, other nurses, allied health professionals and Aboriginal and Torres Strait Islander Health Workers and Practitioners.

In contrast to the discipline-specific diabetes education provided by these health professionals, diabetes self-management education provided by Credentialled Diabetes Educators is unique in that it moves beyond traditional discipline boundaries and encompasses the full spectrum of diabetes self-management and self-care behaviours. However; where discipline-specific education is required to achieve best outcomes for the person with diabetes, CDEs acknowledge where referral is needed and initiate this referral.

Referral and collaboration with general practitioners, medical specialists and other health professionals involved in the multidisciplinary care team is part of the diabetes self-management education intervention and further integrates the provision of clinical care with the education process. Diabetes self-management education is client-centred and outcomes-focused. It integrates client identified needs and goals with clinical targets to achieve a continuum of outcomes.

The ADCES identifies seven self-care behaviours that are essential for successful and effective diabetes self-management. These are:

- Healthy eating
- Being active
- Monitoring
- Taking medication
- Problem solving
- Healthy coping
- Reducing risks[10]

These behaviours are consistent with the self-care behaviours identified in leading models for chronic condition self-management training such as the Flinders University (South Australia)[11] and Stanford University (USA)[12] models. The Flinders Model also identifies patient knowledge of their condition as an indicator for supporting effective self-management.

The ADEA has adapted the outcomes identified in these various models to propose the following key diabetes self-management behaviours to guide diabetes self-management education interventions and to evaluate their immediate outcomes in the Australian context.

- Applying an understanding of the diabetes condition process and treatment options in order to make informed health and lifestyle choices
- Making appropriate food choices
- Incorporating physical activity into daily life
- Monitoring blood glucose and using results to improve diabetes management
- Using medications for therapeutic effectiveness
- Problem solving for high and low blood glucose levels and for sick days
- Adapting to work, family and social roles
- Reducing the risks of chronic complications.

ADEA proposes the above behaviours are assessed pre and post interventions and, along with clinical and other health status measures such as quality of life, are used to evaluate the longer-term outcomes of diabetes self-management education.

It is the process of diabetes self-management education as much as the self-care behaviours on which it focuses that contributes to effective diabetes outcomes. Diabetes self-management education is a comprehensive, collaborative and iterative process between the CDE and their client(s) and includes:

- Performance of an individualised psychosocial, clinical and cognitive assessment of the person with diabetes or impaired glucose metabolism and/or their caregivers
- Formulation of an education plan including collaboratively identified behavioural goals based on a core body of knowledge in diabetes management and self-care behaviours and agreed clinical targets
- Implementation of the plan based on evidence-based principles of teaching-learning theory and behaviour change theory
- Evaluation to assess the person's attainment of self-management goals and progress toward attainment of clinical targets
- Documentation of all encounters in a permanent client record and communication with referring practitioners.

Diabetes self-management education supports clients to achieve self-identified goals through facilitating an understanding of their condition and the risks and benefits of lifestyle choices and treatment options and supporting them to make informed choices.

8.3 Appendix III – Diabetes Education and the Health Care Environment

In 2022, the National Diabetes Services Scheme reported there were more than 1.4 million Australians living with diabetes, compared to 1.2 million in 2017 Diabetes data snapshots – NDSS. A 2022 AIHW web report, *Diabetes: Australian Facts* Diabetes: Australian facts, Summary - Australian Institute of Health and Welfare (aihw.gov.au), reported:

- diabetes prevalence of 5% in 2020. This rate has risen from 1.5% in 1989.
- impaired fasting glucose affecting an additional 415,00 (3%) Australians aged 18 and over.

The AIHW's *Diabetes: Australian Facts* report also notes that:

"The prevalence rates presented above are likely to underestimate the true prevalence of diabetes in the Australian population. This is because they are based on people who have received a formal medical diagnosis of diabetes. However, Australian studies have shown that many people are living with undiagnosed type 2 diabetes. For example, in the 1999–2000 AusDiab Study, half of all diabetes was undiagnosed (Dunstan et al. 2001). In the 2011–12 Australian Bureau of Statistics (ABS) Australian Health Survey, which collected blood glucose data, 20% of participating adults aged 18 and over had undiagnosed diabetes prior to the survey (ABS 2013). In addition, registration with the NDSS is voluntary and people with type 2 diabetes are more likely to register if they access diabetes consumables to monitor their diabetes at home or require insulin."

Diabetes has been a National Health Priority Area since 1997. In 2006, in the face of a doubling of diabetes prevalence in Australia between the years 1981 and 2000 and its impact on national productivity, the Council of Australian Governments (COAG) identified type 2 diabetes as a national health reform priority. In 2016 the Australian Government developed the *Australian National Diabetes Strategy 2016-2020*, and in 2021 developed the *Australian National Diabetes Strategy 2021-2030.*

In 2008-09, almost $1.5 billion was spent on diabetes. Of this, 43% was on hospital admitted patients, 24% on out-of-hospital medical services, and 33% on blood glucose lowering medicines. An additional $153 million was spent on governmental programs and subsidies, research and gestational diabetes programs(19). In its 2022 *Diabetes: Australian Facts* report, AIHW reports that in "*2018–19, an estimated $3.0 billion of expenditure in the Australian health system was attributed to diabetes, representing 2.3% of total disease expenditure. Of the $3.0 billion in expenditure:*

- *type 2 diabetes represented 61%*
- *type 1 diabetes 11%*
- *gestational diabetes 2.0%*
- *other diabetes 26%"*

The demonstrated value of early and aggressive diabetes management and the recognition of systematic care to support this, gave rise to a range of incentives (Practice Incentive Payments and Service Incentive Payments), quality improvement programs and the introduction of Medical Benefits Schedule (MBS) item numbers (Chronic Disease Management) to support systemised care in general practice.

It is well recognised that medical intervention alone is insufficient to improve diabetes outcomes. The critical role of the person with diabetes in their own self-management, the factors that influence their capacity to self-manage and the need for self-management support and education provided by a range of health care providers are widely acknowledged. Self-management education and support are key strategies identified in the *Australian National Diabetes Strategy 2021-2030*. MBS item numbers for diabetes education, and other allied health services is one example of government's response to this need. In addition, MBS item numbers for group services for type 2 diabetes provided by Credentialled Diabetes Educators, Accredited Practising Dietitians and Accredited Exercise Physiologists is further evidence of government support for multidisciplinary primary care for diabetes. The introduction of these MBS items led to private practice being a growing area of practice for Credentialled Diabetes Educators.

A Deloitte Access Economics report *Benefits of Credentialled Diabetes Educators to people with diabetes and Australia* commissioned by the ADEA in 2014 revealed that people with diabetes supported by structured education achieve better blood glucose management and are less likely to be hospitalised for secondary complications than people who forgo education. The Report concluded that it would cost $173 to provide a full year of structured education to a person with diabetes and that every dollar spent on education would deliver $16 in healthcare savings.

8.4 Appendix III – CDEs' Scope of Practice and the Medicines and Poisons Legislation Summaries by State

8.4.1 ACT Summary

This summary applies only to health professionals credentialled as Australian CDEs and addresses medicines relevant to diabetes care only. It does not outline the position for health professionals beyond this focus and should not be relied upon for the purpose of legal advice

Compliance with the *Medicines, Poisons and Therapeutic Goods Act 2008* (ACT)

Prescribing medicines

The *Medicines, Poisons and Therapeutic Goods Regulation 2008* (ACT) sets out who can lawfully prescribe medicines, which is limited to:

- medical practitioners;
- nurse practitioners; and,
- endorsed midwives (who have limited rights to prescribe medicines listed on the PBS for prescribing by an authorised midwife).

The following details, among others, must be included in the prescription by the prescriber:

- details of the medicine and its form;
- the strength and quantity of the medicine to be dispensed and administered under the prescription; and,
- directions about the use of the medicine, including dose and regimen that are adequate to allow the medicine to be taken or administered safely.

Responsibility for providing this information rests with the prescriber. If a CDE advises that the treatment dose or regimen should be updated or adjusted and this differs from the prescription, then the prescription should be updated by the prescriber.

Administering medicines

It is an offence to administer medicines unless permitted by law. The legislation details who is permitted to ***administer*** medicines. In the context of medicines relevant to diabetes care, the following practitioners are permitted to administer medicines:

- medical practitioners;
- registered nurses and midwives (providing administration is ***in accordance with the prescription***); and,
- pharmacists

The legislation generally permits any person to administer a medicine to someone else, provided that:

- the medicine is obtained by/for the assisted person from someone authorised to supply the medicine;
- the medicine is administered in accordance with the directions on the medicine's label; and,
- the assisted person or their parent/guardian (depending on whether the person is under a "legal disability") asks for or requests the assistant's help in administering the medication.

CDEs without authority to prescribe medicines are therefore generally permitted to administer medicines if done so in accordance with the prescription. Any suggested changes to the treatment regime, as detailed in the prescription or on the medicine's label, should be approved by an authorised prescriber and reflected in the prescription.

8.4.2 NSW Summary

CDEs' Scope of Practice and the Medicines and Poisons Legislation: New South Wales

This summary applies only to health professionals credentialled as Australian CDEs and addresses medicines relevant to diabetes care only. It does not outline the position for health professionals beyond this focus and should not be relied upon for the purpose of legal advice

Compliance with the *Poisons and Therapeutic Goods Act 1966* (NSW)*

Prescribing medicines

The *Poisons and Therapeutic Goods Act 1966* (NSW) sets out who can lawfully prescribe medicines, which is limited to:

- medical practitioners;
- nurse practitioners and midwife practitioners (in accordance with their endorsement); and,
- endorsed podiatrists (who have limited rights to prescribe medicines for the purpose of practising podiatry only).

The following details must be included, among others, in the prescription by the prescriber:

- the name, strength and quantity of the substance (if not readily apparent) to be supplied;
- the route of administration (if not readily apparent); and,
- adequate directions for the use of the medicine.

Responsibility for providing this information rests with the prescriber. If a CDE advises that the treatment dose or regimen should be updated or adjusted and this differs from the prescription, then the prescription should be updated by the prescriber.

Administering medicines

It is an offence to administer medicines unless permitted by law. The *Poisons and Therapeutic Goods Regulation 2008* (NSW) details who is permitted to ***administer*** medicines.

Generally, a person is permitted to administer a medicine if it is administered for the purpose of medical treatment prescribed by a medical practitioner or other practitioner authorised to prescribe, who prescribed the medicine in the course of practising their profession.

Any person working within a "hospital" or managed correctional facility ***must*** comply with Regulation 58. This prohibits a person from administering a prescription only medicine, except where the person is ***directed*** to administer the medicine by an authorised practitioner. For the purpose of the Regulations, an authorised practitioner is either a medical practitioner or nurse practitioner who has personally reviewed the patient (either in person or via audiovisual link).

For the purpose of Regulation 58, "hospital" is given a very wide meaning under the legislation, meaning that this regulation likely impacts on most CDEs working in a clinical or care setting.

CDEs working in a hospital or managed correctional facility are permitted to administer medication only in accordance with a direction of an authorised practitioner and in accordance with the prescription. Any suggested changes to the treatment regime, as detailed in the prescription or on the medicine's label, should be approved by an authorised prescriber.

8.4.3 Northern Territory Summary

CDEs' Scope of Practice and the Medicines and Poisons Legislation: Northern Territory

Determining appropriate scope of practice

Scope of practice is determined by a range of factors, including how scope of practice is defined by the relevant board or accrediting body of the CDE's primary profession, peer professional opinion about scope of practice in the primary profession, the law, and the CDE's education, training and competency level (as outlined in the National Competencies document).

Relevance of legal obligations

Compliance with legal obligations is one of many relevant factors in assessing whether conduct falls within a CDE's appropriate scope of practice. Compliance with medicines and poisons legislation is particularly relevant as it defines who can deal with medicines. This legislation differs between Australian states and territories.

Consider whether conduct is captured by relevant laws

Provision of advice and education is an important part of a CDE's role. When providing ***only*** advice or education about medication dosage and administration, this is not technically captured by the medicines and poisons legislation. However, if "dealing" with medicines (e.g. possessing/ administering medicines) or changing the treatment regime beyond what is provided in the prescription, this is captured.

Changes to the treatment regime or plan

The instructions of the prescriber about the treatment dose and frequency are part of the prescription. If a CDE is advising about dosage including titration of medicine within a range set out by the prescriber, this is likely appropriate. If the CDE recommends that the dosage should differ to the instructions of the prescriber, an authorised prescriber must update the prescription.

This summary applies only to health professionals credentialled as Australian CDEs and addresses medicines relevant to diabetes care only. It does not outline the position for health professionals beyond this focus and should not be relied upon for the purpose of legal advice

Compliance with the *Medicines, Poisons and Therapeutic Goods Act 2012* (NT)*

Prescribing medicines

The *Medicines, Poisons and Therapeutic Goods Act 2012* (NT) sets out who can lawfully prescribe medicines, which is limited to the following practitioners when issuing a prescription in the course of practising their profession:

- medical practitioners;
- nurse practitioners;
- eligible midwives (as defined in the Act); and,
- Podiatrists (for the purpose of practising *podiatry*).

The following details, among others, must be included in the prescription by the prescriber:

- the name of the substance;
- the dose, form and strength for which the substance is issued; and,
- directions for the use of the substance that are adequate to allow the substance to be taken or administered safely.

Responsibility for providing this information rests with the prescriber. If a CDE advises that the treatment dose or regimen should be updated or adjusted and this differs from the prescription, then the prescription should be updated by the prescriber.

Administering medicines

It is an offence to administer medicines unless permitted by law. The *Medicines, Poisons and Therapeutic Goods Regulations 2014* (NT) detail who is permitted to ***administer*** medicines.

"Authorised" health practitioners (defined to mean doctors or nurse practitioners who are practising in the NT, or other health practitioners authorised under the legislation), can administer prescription only medicines in the *course of practising their health profession*. The following health practitioners are also permitted to supply and administer medicines in the course of practising their health professions:

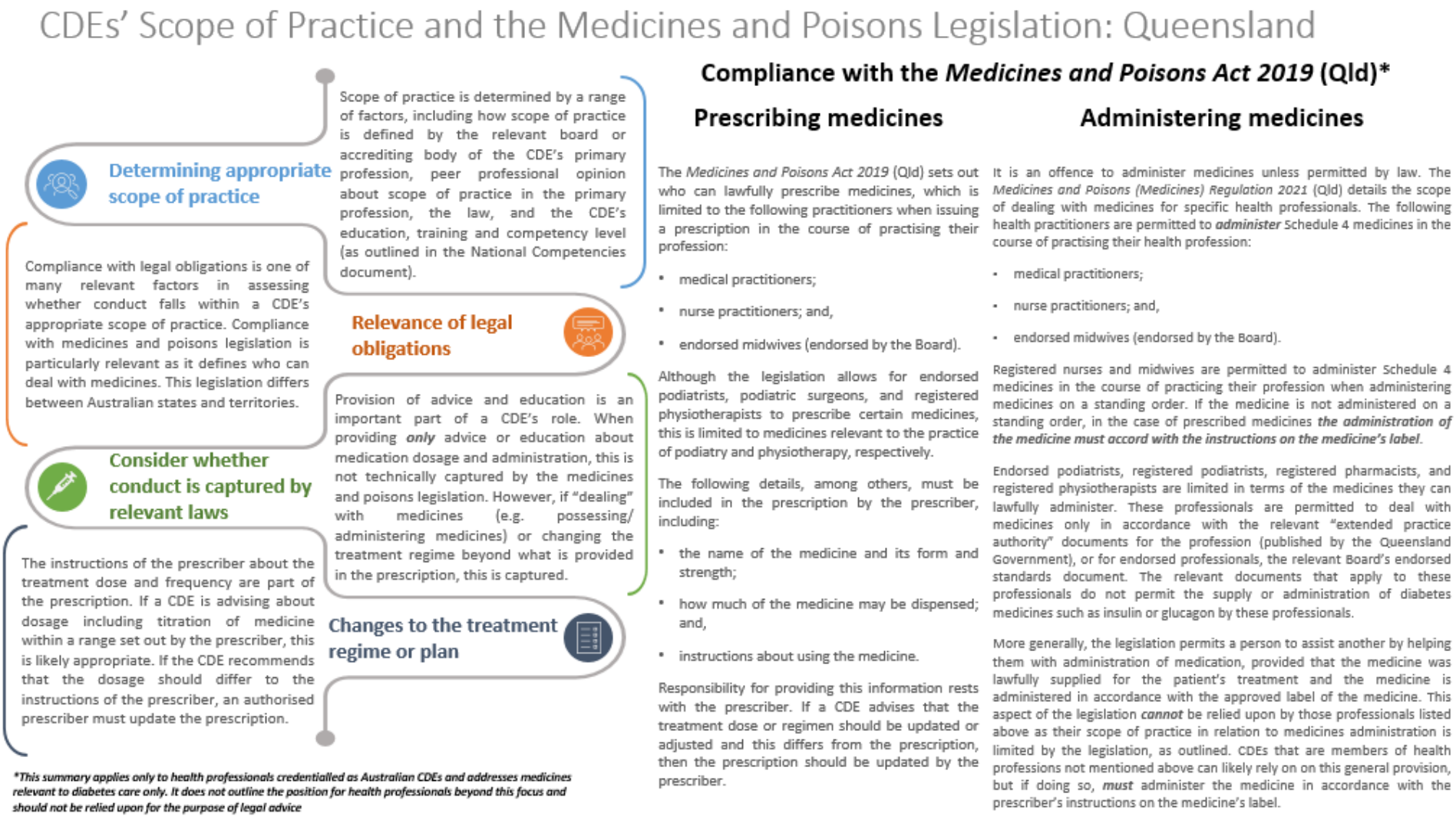
- registered nurses and midwives;
- registered podiatrists; and,
- endorsed health practitioners (endorsed by their board).

An authorised ***prescriber*** can specifically authorise a nurse, midwife or approved ATSI health practitioner to administer a prescription only medicine to a patient/resident in a hospital/residential facility. Such an order ***must*** include the name of the substance, its dose, form and strength to be administered, and the route, frequency and period of administration so that the administration complies with the legislation.

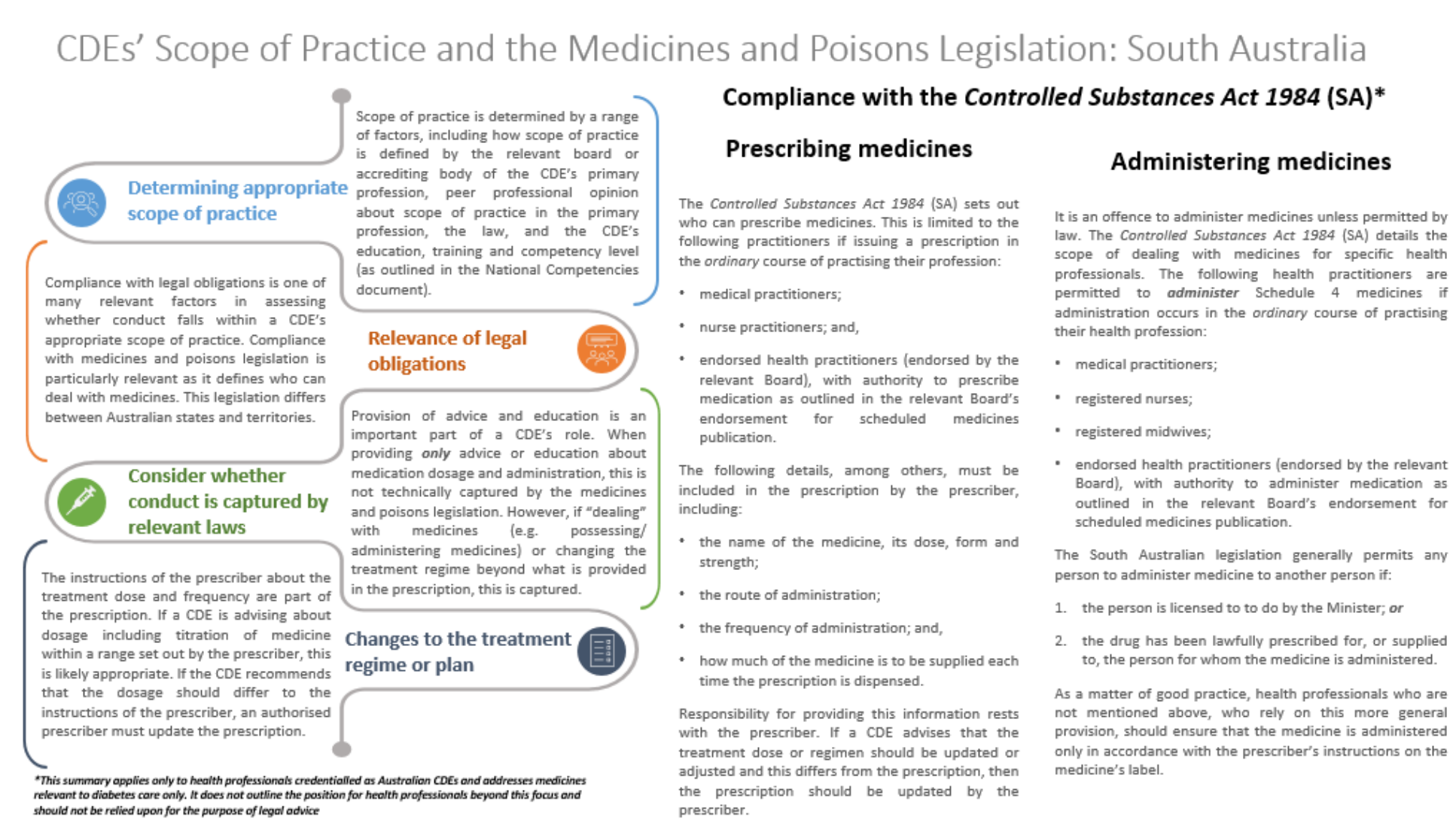
In all cases, if medicines are administered at a hospital, residential facility or "declared place", the substance ***must*** be administered in accordance with the instructions of the prescriber.

Persons not captured by the above are generally permitted to administer prescription medication to a person, but ***only*** in accordance with the instructions of the health practitioner who supplied the person with the medicine.

8.4.4 Queensland Summary



8.4.5 South Australia Summary



8.4.6 Tasmania Summary

CDEs' Scope of Practice and the Medicines and Poisons Legislation: Tasmania*

Determining appropriate scope of practice

Scope of practice is determined by a range of factors, including how scope of practice is defined by the relevant board or accrediting body of the CDE's primary profession, peer professional opinion about scope of practice in the primary profession, the law, and the CDE's education, training and competency level (as outlined in the National Competencies document).

Relevance of legal obligations

Compliance with legal obligations is one of many relevant factors in assessing whether conduct falls within a CDE's appropriate scope of practice. Compliance with medicines and poisons legislation is particularly relevant as it defines who can deal with medicines. This legislation differs between Australian states and territories.

Consider whether conduct is captured by relevant laws

Provision of advice and education is an important part of a CDE's role. When providing ***only*** advice or education about medication dosage and administration, this is not technically captured by the medicines and poisons legislation. However, if "dealing" with medicines (e.g. possessing/ administering medicines) or changing the treatment regime beyond what is provided in the prescription, this is captured.

Changes to the treatment regime or plan

The instructions of the prescriber about the treatment dose and frequency are part of the prescription. If a CDE is advising about dosage including titration of medicine within a range set out by the prescriber, this is likely appropriate. If the CDE recommends that the dosage should differ to the instructions of the prescriber, an authorised prescriber must update the prescription.

This summary applies only to health professionals credentialled as Australian CDEs and addresses medicines relevant to diabetes care only. It does not outline the position for health professionals beyond this focus and should not be relied upon for the purpose of legal advice

Prescribing medicines

The *Poisons Act 1971* (Tas) sets out who can lawfully prescribe medicines. This is limited to the following practitioners when issuing a prescription in the course of practising their profession:

- medical practitioners;
- ***authorised*** nurse practitioners (authorised under the Act);
- endorsed midwives with authority to prescribe medication as outlined in the Board's endorsement for scheduled medicines publication; and,
- endorsed health professionals authorised under the legislation and with authority to prescribe medication as outlined in the relevant Board's endorsement for scheduled medicines publication.

The following details, among others, must be included in the prescription by the prescriber:

- the name and quantity of the restricted substance to be dispensed; and
- adequate directions for use.

If the patient is admitted in a medical institution, other details must also be included in the prescription, such as the dose of the restricted substance, the frequency of administration (or a notation that the medicine is to be used as directed), and the route of administration.

Responsibility for providing this information rests with the prescriber. If a CDE advises that the treatment dose or regimen should be updated or adjusted and this differs from the prescription, then the prescription should be updated by the prescriber.

Administering medicines

It is an offence to administer medicines unless permitted by law. The following health practitioners are permitted to ***administer*** Schedule 4 medicines if administration occurs in the course of practising their health profession:

- medical practitioners;
- nurse practitioners (in accordance with written authorisation for the nurse practitioner provided by the Department of Health); and,
- authorised health professionals (authorised under the legislative framework).

The Tasmanian legislation sets out further requirements, depending on where the medicine is administered.

Any person working in a '**medical institution**' (which is widely defined), who is not captured by the above professions can administer medicines ***only*** if a written authorisation is provided by a medical or authorised nurse practitioner, endorsed mdwife, or authorised health professional. The administration ***must*** accord with the instructions of the authorising health professional.

Registered nurses working in **residential care services** under the ***direct supervision*** of a medical or nurse practitioner are permitted to administer Schedule 4 medicines if the nurse administers the medicine in accordance with the instructions (recorded in the medical record) of a medical or nurse practitioner and the medicine administered is contained within a dose administration aid.

Disability service workers are permitted to administer Schedule 4 medicines to persons not capable of self-administration or require assistance with administration, if they are employed by a service that is approved by or funded by the Department (and the person to whom the medicine is administered is receiving services from such a service), provided that the worker administers in accordance with the directions of a medical or authorised nurse practitioner, endorsed midwife, or other authorised health professional.

Employees of **residential care services**, or **aged care community workers**, who are ***not*** nurses, are permitted to administer Schedule 4 medicines to persons not capable of self-administration or require assistance with administration, if they: (i) are authorised to do so by the person in charge of the service; (ii) are under the general supervision/direction of a registered nurse; (iii) are accredited and trained (under national accreditation requirements) in administration and storage of medicines and maintain competency; and, (iv) act in accordance with relevant guidelines published by the Department. The medicine ***must*** be administered in accordance with the directions of a medical or authorised nurse practitioner, endorsed midwife, or other authorised health professional.

"Carers" are permitted to administer medicines only in circumstances falling outside of the above settings, if they have care and responsibility for the other person, the person is incapable of safely self-administering or requires assistance with administration, if the medicine is lawfully prescribed, and and the carer administers in accordance with the directions of the prescriber.

8.4.7 Victoria Summary

CDEs' Scope of Practice and the Medicines and Poisons Legislation: Victoria

This summary applies only to health professionals credentialled as Australian CDEs and addresses medicines relevant to diabetes care only. It does not outline the position for health professionals beyond this focus and should not be relied upon for the purpose of legal advice

Compliance with the *Drugs, Poisons and Controlled Substances Act 1981* (Vic)*

Prescribing medicines

The *Drugs, Poisons and Controlled Substances Act 1981* (Vic) sets out who can prescribe medicines. For prescribers, there is a legal duty to ensure that all reasonable steps have been taken to ensure a therapeutic need exists for the medicine. The following practitioners are permitted to prescribe for persons under their care:

- medical practitioners;
- nurse practitioners;
- authorised midwifves (prescription must be for midwifery treatment); and,
- authorised podiatrists (prescription must be for podiatric treatment).

The following details must be included, among others, in the prescription by the prescriber:

- full details of the medicine, including its quantity, dose, and frequency of administration; or,
- if it is impracticable to provide the exact details of the dose and frequency of administration due to the complexity of the dosage regimen or use, the prescriber must instead supply the patient with a written instruction or a variable dosage regimen and statement which includes the maximum frequency of administration.

Responsibility for providing this information rests with the prescriber. If a CDE advises that the treatment dose or regimen should be updated or adjusted and this differs from the prescription, then the prescription should be updated by the prescriber.

Administering medicines

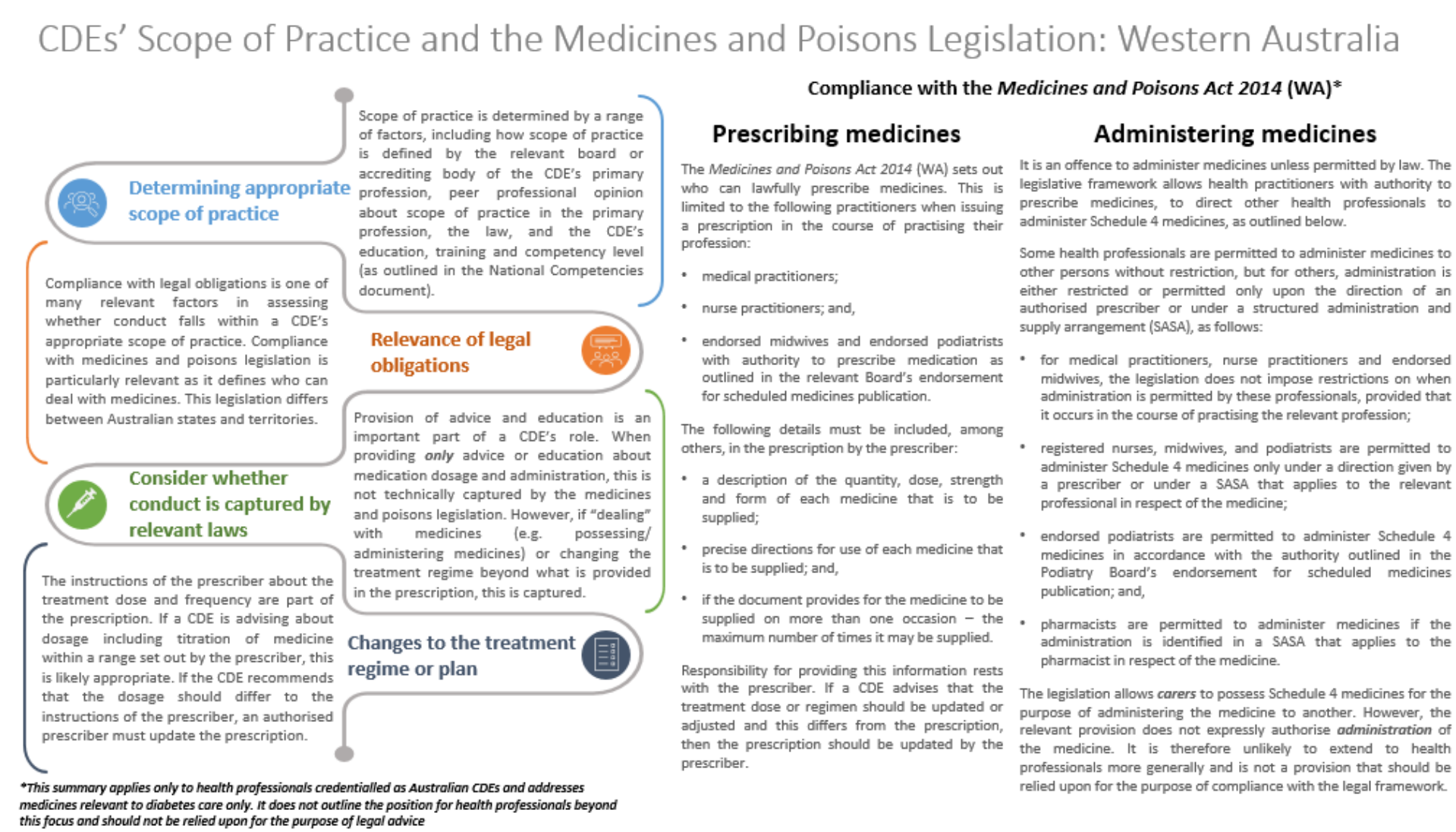
It is an offence to administer medicines unless permitted by law. The Victorian legislative framework allows some health practitioners to authorise other persons to administer medicines, in circumstances where the health practitioner has taken all reasonable steps to ensure a therapeutic need exists for the poison and the person is under the health practitioner's care. This allows medical and nurse practitioners to authorise the administration of medicines by another person (where the administration is for medical treatment), as well as ***authorised*** midwives and podiatrists where the administration is for midwifery/podiatric treatment, respectively.

The legislation also authorises a range of health professionals to administer Schedule 4 medicines to persons under their care, provided that the administration is for the treatment of the other person and the practitioner has taken all reasonable steps to ensure that a therapeutic need exists for the poison. This includes:

- medical practitioners, nurse practitioners, registered nurses, ***authorised*** midwives, and ***authorised*** podiatrists (authorised means authorised under the legislation, and for podiatrists, this allows administration only for podiatric treatment); and,
- nurses (other than registered nurses), midwives (other than authorised midwives), and registered pharmacists, are permitted to administer medicines ***only*** in accordance with the directions on the medicine's label/container (provided that the medicine was supplied by a health practitioner with authority to supply the medicine).

The legislation also includes a general provision that allows persons to administer medicines to another if the medicine was supplied by a registered medical practitioner, nurse practitioner, authorised midwife, authorised podiatrist, authorised registered nurse or pharmacist, and the administration is for the treatment of the other person. As a matter of good practice, the administration should accord with the directions on the medicine's label. Health professionals listed above with authority to administer medicines, cannot rely on this general provision as an additional ground to administer medicines that they are not otherwise permitted to administer.

8.4.8 Western Australia Summary



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