

QISMET

Quality Institute for Self Management Education & Training



THE
DIABETES
SELF-MANAGEMENT
EDUCATION
QUALITY
STANDARD
2016

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Introduction

By Phil Baker, QISMET Chair

QISMET is an independent not-for-profit body. It was created in 2008 as a result of the shared recognition of self-management organisations across the statutory and voluntary sectors that national quality standards and approval of organisations to those standards were essential to secure the quality and consistency of service provision across the UK.

On behalf of QISMET, I am delighted to introduce the Diabetes Self-Management Education Standard (DSME) 2016 - the national quality standard for diabetes self-management programme providers that wish to demonstrate that they meet the NICE Guidelines published in 2015.

The original QISMET DSME Standard published in 2012 was the culmination of unique and close collaboration between people with diabetes and professionals with experience in developing and delivering local and national diabetes education programmes; together with those with expertise in lay-led self-management programmes; in assessing excellence in education; and in developing standards and quality control procedures.

This Standard complements our other standards - Stepping Stones to Quality (SS2Q) (originally published in 2007 and a revised edition due in 2017) and the Diabetes Self-Management Education (DSME) Standard (originally published in 2011 and a revised edition in 2016).

Development of the DSME Standard has been undertaken to ensure that it fully and explicitly aligns with the latest NICE Guidelines published in 2015. Providers being certificated to this revised Standard, and their funders/commissioners, can be assured that they fully meet those Guidelines.

The QISMET ethos, that people living with long term conditions must be at the heart of any health and care initiative which is proposed for them, has been embedded in every element of the development of the DSME Standard.

Above all, this Standard is a practical tool with clear, observable and measurable requirements. It enables providers to benchmark themselves and, by being certificated against the Standard, to demonstrate they are providing a high quality service and seek to continually improve.

Commissioners are increasingly looking for, and relying on, registered and 'qualified' providers who can demonstrate the required outcomes. QISMET certification against the DSME Standard affords both commissioners and providers of self-management support the most effective way to demonstrate that the management and delivery of structured interventions are of a high quality.

Independent external verification - which as an auditing body QISMET provides via its unique skills, expertise and certification process - undoubtedly provides greater benefits than either self-assessment or peer review of quality assurance.

It is worth noting that in some areas commissioners have required providers to achieve QISMET certification as a part of the commissioning contract, recognising that this is a practical and positive lever for attaining high quality self-management support services provision locally.

Requirements in the Standard explicitly address evaluation of outcomes, continual learning and improvement, which mean that we now have a mechanism which will significantly accelerate the improvement in the quality of health management and behaviour change interventions available to people living with - or at risk of developing - a long-term condition in succeeding years.

The development of the DSME Standard has been made possible by the collaboration with and involvement of a wide cross-section of the self-management community and we would like to acknowledge all those who have freely contributed their valuable time, expert knowledge, guidance and advice. In particular, this Standard builds on the work of the original project team, reference group and pilot sites.

Scope and overview of this quality standard

This Quality Standard is for providers of structured diabetes self-management education interventions delivered by trained educators. The key requirement of the Standard is that the intervention is delivered as part of a structured care pathway for the user.

It should be noted that QISMET has two other Standards. One is a 'universal' Standard that covers all types of structured self-management interventions for all conditions, including on-line interventions (QIS 2015). The other is for a specific type of programme - Stanford University licensed group programmes (Stepping Stones to Quality or SS2Q). Details of both of these can be found at www.qismet.org.uk

This Standard contains 5 overarching topics or themes. These are:

- **Theme 1 - Management.** This covers the leadership, management and organisational elements dealing with the delivery of Diabetes Self-Management Education (DSME) programmes. This includes how the provider is set up, structured and managed.
- **Theme 2 - Evidence-based programmes that suit the needs of the person.** This deals with referrals, programme information and special needs of participants.
- **Theme 3 - Structured theory-driven curriculum with aims and learning objectives.** The programme itself – its design, delivery, philosophy and review
- **Theme 4 - Delivery by trained educators.** This covers the recruitment, training and evaluation of the educators who deliver the programme
- **Theme 5 - Performance management, including regular audits of outcomes.** Monitoring, audit, outcomes, performance indicators and improvement

Each Theme contains specific detailed requirements.

The Standard can either be used as a good practice checklist by those starting out who want to develop an educator-led diabetes self-management programme; or for those who already have such a programme and wish to apply for certification; these are the requirements that have to be met in order to be approved by QISMET.

QISMET certification

QISMET provides a certification service to providers.

Certification (sometimes referred to as accreditation) is the formal approval by QISMET of a provider against the requirements of a Quality Standard such as this one. It requires a desktop review of documents followed by a site visit to check that all the requirements have in fact been met. It is an in-depth analysis of all relevant activities of the provider that provides a deep level of assurance of the quality of their output. The provider must have already delivered the intervention successfully a number of times to achieve Certification.

QISMET Certification is available to all present providers of an intervention against this Standard. Please note that it is the provider and their management system that is certificated for delivery of a particular intervention, not the actual intervention itself.

Full details of the certification process and how to prepare yourself for it can be found on our website, www.qismet.org.uk



The Diabetes Self- Management Education Quality Standard 2016

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Theme 1 - Management

1.1 Leadership and management

- a) There is a lead person for DSME who has the defined responsibility for the organisation and administration of programme provision
- b) There are documents in place that describe the administration processes carried out, such as procedures or flowcharts
- c) The costs of programme provision are known
- d) All venues used for programme delivery are suitable for the type of programme delivered. There are defined documented criteria for such venues. These are used to assess the proposed venue before the first delivery of a programme there and compliance with the criteria is regularly checked, with records kept of the checks
- e) All enquiries from potential participants are dealt with promptly within defined time limits and records of the enquiries kept.

1.2 Document control

- a) All documents such as policies, procedures and flowcharts are kept up-to-date, easily accessible to all those that require access to them, understood by the relevant staff/volunteers, and followed
- b) Written procedures are in place to ensure that the requirements of the Data Protection Act are met.

1.3 Dealing with complaints

- a) There is a procedure for dealing with complaints from participants which is made easily available to them, and full records are kept of complaints, including any actions taken.

1.4 Conformity with licences or other relevant national requirements

- a) If the programme is part of a licensed, national or copyrighted programme, this is stated in the material associated with the programme
- b) The provider of such a programme complies with any requirements that are needed for ongoing permission to deliver it, such as the use of approved up-to-date materials and/or approved educators.

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Theme 2 - Evidence-based programmes that suit the needs of the person

2.1 Referrers of participants

- a) Any referrer of potential participants is made aware of the content and philosophy of the programme that they are referring to, so that referrals are appropriate for the person and the programme
- b) All referrers are informed of participant attendance after the programme so that future care delivery can be congruent with the programme content and philosophy

2.2 Programme evidence and information

- a) The programme is kept up to date with the latest evidence base for diabetes
- b) Information about the programme is:
 - produced in formats and media that reflect the needs of potential participants
 - accurate, easily accessible to and understandable by the target population
 - kept up-to-date and made widely available.

2.3 The special needs of participants

- a) Any special needs of participants are identified beforehand and wherever possible these needs are met.

Theme 3 - Structured theory-driven curriculum with aims and learning objectives

3.1 Programme philosophy

- a) The provider has a written statement that describes the person-centred philosophy of the programme and includes the roles and responsibilities of participants and educators so that self-management is supported
- b) The philosophy of the programme is shared with the participants within the programme.

3.2 Programme design

- a) The provider defines the overall aims, target group(s) and desired outcomes for the programme
- b) The programme has a structured written curriculum
- c) Individual sessions within the programme have defined aims, learning outcomes, content and materials
- d) The programme is underpinned by, and based on, educational theories which have been used in the design of the learning activities within the programme
- e) The programme has been evaluated against the desired outcomes prior to programme roll-out.

3.3 Programme delivery

- a) The programme is delivered in accordance with the programme's aims, philosophy and current curriculum
- b) The programme is only delivered by educators who have been trained to deliver the programme
- c) Records are kept of each programme delivery, including the venue, names of participants and which sessions they attended, and names of educators
- d) There is a procedure for dealing with emergencies during programme delivery which is made available to all educators.

3.4 Design, development and use of materials

- a) The programme uses a range of teaching methods and materials that are cultural, age and maturity appropriate, so that individual learning styles can be accommodated
- b) All materials are updated appropriately as required, especially when the programme curriculum is updated, and only the most recent version of the materials is used in accordance with programme requirements.

3.5 Programme review

- a) The programme and materials, and delivery of the programme, are formally reviewed biennially, incorporating feedback from participants and educators, evaluations and any new research evidence about diabetes. Improvements are identified from this review and implemented
- b) Within 3 months of this review, all educators attend a programme update, where they are informed about any improvements made, discuss the programme generally and improve their understanding of it
- c) Records are kept of these reviews and programme update sessions, including any improvements identified and actions taken after them.

Theme 4 - Delivery by trained educators

4.1 Recruitment of educators

- a) The necessary experience and qualifications to be an **educator are defined and recorded, and are used in the recruitment process for new educators**
- b) There is an induction procedure for new educators
- c) New educators are given a contract or agreement for carrying out their functions, which may be subject to passing initial training or demonstrating competence in practice.

4.2 Training of educators

- a) All educators receive initial and ongoing training in the programme, which is described in a training procedure
- b) The initial training includes the programme's philosophy, educational theories and activities, desired overall outcomes, session learning outcomes, content and delivery skills
- c) All initial training uses approved materials and takes place with a defined curriculum
- d) As part of the initial training process, new educators first observe delivery of a programme and then are observed delivering a programme by an experienced educator, in order to assess their competencies in practice
- e) The provider gives written feedback to new educators after this observed programme delivery and ensures that any necessary improvements are made as a result of this feedback.
- f) Ongoing training or other learning opportunities are provided in order to improve the competency of educators within a programme of continuous professional development
- g) Records are kept of all DSME training provided

4.3 Evaluation and appraisal of educators

- a) There is a procedure for the ongoing evaluation of the performance and competence of educators, including regular observation of their programme delivery by another educator: these observations are recorded
- b) Where an evaluation demonstrates that an educator does not meet the required performance or competence levels, improvement action is defined, taken and recorded, including follow-up evaluations of their performance.

Theme 5 - Performance management, including regular audits of outcomes

5.1 Monitoring and audit

- a) There is a procedure which defines the monitoring and evaluation to be undertaken by the provider, including the data to be collected after each delivery of the programme and when and how it is collected, recorded, analysed and used
- b) Feedback is sought from all participants on programmes
- c) The results of monitoring (including feedback) are evaluated, analysed and used to improve the effectiveness of the provider's programme provision
- d) Complaints and suggestions are used to improve programme provision
- e) An internal audit of compliance with the requirements of this Standard is undertaken biennially: any areas of non-compliance with the requirements are identified and recorded, and improvements made in order to ensure compliance.

5.2 Outcomes, performance indicators and improvement

- a) Success in meeting aims and desired outcomes is regularly measured using defined key performance indicators for the important outputs and outcomes
- b) Appropriate performance targets are set by the provider for the key performance indicators
- c) Action is taken to improve performance when targets are not met or where other improvements are identified as being necessary
- d) The reporting requirements of referral agencies and/or commissioners are met.

Glossary of Terms

Audit - a systematic review to determine whether agreed requirements have been met

Curriculum - the content of a programme and its learning outcomes

Diabetes Self-Management Education (DSME) - a process by which people with diabetes, their family and/or significant social contacts are engaged as active participants in the acquisition and application of the knowledge and practical problem-solving and coping skills needed to achieve optimal health outcomes (*source - International Diabetes Federation Standards for Diabetes Education*)

Educator - the person who delivers a programme (also called a trainer, tutor or facilitator)

Key performance indicator - a critical measurement of the performance of essential processes that relate to organisational goals

Materials - the physical resources used by educators during programme delivery, such as handouts

Provider - the infrastructure (people, resources and processes) used to deliver DSME programmes

Outcome - the changes, benefits, learning or other effects that happen as a result of programme provision, such as improvement in wellbeing for participants

Output - the amount of activities undertaken by the provider, such as the number of programmes provided or number of participants on the programmes

Participant - someone undertaking a DSME programme

Policy - a document that provides an overview and statement of principles in a specific area

Procedure - a written description of how a process or activity is carried out

Programme - a discrete structured intervention used to support the development of self-confidence and skills of someone living with diabetes

QISMET - (Quality Institute for Self-Management Education and Training) The independent organisation created to develop standards and certification processes to ensure that people living with long term conditions have access to high quality self-management education and training services delivered by a plurality of certificated providers working within the agreed quality standards

Quality Standard - a documented set of requirements that specify good or best practice

Self-management - the actions individuals and carers take for themselves, their children, their families and others to stay fit and maintain good physical and mental

health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital (*source: Department of Health*)