# ACM response to the 'Capability Framework for Diabetes Care: A guide for practice for nurses, allied health professionals, Aboriginal and Torres Strait Islander health practitioners and health assistants'

**Response provider details**

- Ruth King, Midwifery Advisor
- On behalf of Australian College of Midwives
- Professional body for Australian Midwives
- We have read the Framework.

1. **How easy was it to read the Framework?**

- The Framework was well set out and easy to follow – even though it was long.
- The Framework does create a consistent structure and set of expectations for expected capabilities at the different Tiers identified.
- The Capabilities were easy to follow and a logical progression of skills building as each Tier was achieved.
- There are a number of typographical changes required which we have provided in the accompanying PDF version of the Framework, marked up with comments. Fixing these will strengthen the document.

- Allied health professional is used broadly and it is not clear whether this is meant to include Midwives, who are specifically defined elsewhere. If the intention is to include midwives with Allied Health Professionals this would need to be defined/described. If, however it is just that midwives were not seen to be able to work across the higher Tiers (after Tier 2) then we believe this needs to be reviewed as Midwives are able to work as Credentialled Diabetes Educators (Tier 5 and 6) and as such would meet the requirements for skills for the tiers below if they are specialising as Diabetes educators in their place of work (underpinned by the required educational requirements).

2. **How relevant is the content of the Framework to your health professional group?**

- Midwives provide care for women across number of Tiers as indicated by the Framework and as such this Framework is relevant to midwives practice. However, the Framework needs amending so that all the different types of midwives that work across different sections of the childbirth trajectory are accounted for.
    - For example: What tier does Extended Postnatal Care midwives fit into because they have a unique autonomous opportunity to follow up women post GDM? The same for midwives that work autonomously as lactation consultants or in maternal and child health (e.g. as a maternal child and family health nurse/midwife). They are in a unique position of following up women post a pregnancy impacted by diabetes and as such the level of care that they provide would be higher than Tier 2 allocated for Midwives working in hospitals with Obstetricians and Endocrinologists.
- The Background section there is initially no mention of midwives, just nurses. There is a requirement to include midwives.
- There also needs to be clearer explanation of the differences between a CDE or diabetes educator who is a Midwife or a Registered Nurse/Midwifes because from a diabetes perspective there is a difference in the level of care they are recognised to provide differs. The Midwives are trained differently to the Registered Nurse/Midwives and there is usually a perception or restriction of Midwives without nursing to only provide care to women with GDM, whereas the RN/M has an unrestricted ability to provide care to women with GMD/T1/T2 pregnancies.

3. **Do you think any items may impede the practice of the health assistant or professional?**

- **Yes**

*If yes, please describe what impedes practice and your reasons why.*

- Midwives are not identified across the range of Tiers. Not recognizing/identifying midwives has in the past led to organisations, employers etc. misunderstanding that midwives can have the required skills to work across the Tiers. It is possible that adequate representation of midwives did not occur from each of the tiers as formal recognition by ADEA for midwives, without a nursing qualification to be credentialled diabetes educators has only occurred in the last few years, and the cohort involved did not have at least 5 years of 'recognized' experience in this space. However, Midwives have been working in these roles even though the formal recognition and associated full development/career opportunities are only just being realized.
- See comments in response to Q1 & Q2 in regards to midwives working in diabetes related/focused care.
- There is not enough focus on the GDM population. The framework is mostly targeting care of those with T1/T2. This is important to recognise and acknowledge as the GDM population is one of the biggest clinics in maternity clinics now. On page 6 under Purpose of Framework it needs to be better highlighted that midwives are to upskilled to take on board more support of women with GDM as a way of providing more continuity of midwifery care.
- On page 6, under the workforce development section, there is a perfect opportunity to identify that midwives are able to follow up women post a GDM pregnancy as diabetes educators aren't funded to follow this cohort. Midwives have capacity to promote public health messages during their postnatal care schedule so as to reduce T2 risk post birth.

Adding this will ensure that the Framework supports Midwives scope of practice alongside Nurses and the Allied Health Professionals and also captures women who fall out of scope of the diabetes educator due to budgetary constraints.

4. **Do you think any broad capabilities or their competencies may affect safe practice?**

- No

*If yes, please list which capability or competency may affect safe practice and your reasons why.*

- We can only see positive impacts to safe practice with the implementation of this framework as long as midwifery is recognised to allow for safe and effective deployment/engagement of suitable/qualified health professionals in the perinatal space.

5. **Do you think the Framework supports the development of a competent, flexible and adaptive workforce for diabetes care? Please explain your answer.**

Yes

- Noting previous feedback abut recognition of midwives across the Framework.
- We believe the details provided for the different tiers of competence are clearly explained.
- The only note (potential concern) that we have is that as the Tier increases (and the skill in diabetes management increases) the more specific/specialised the role becomes – which results in less flexibility or adaptability in the role.
- From a midwifery perspective, there needs a little work within the tiers in relation to skill set and capabilities of:
    - Midwife compared to Registered Nurse/Midwife
    - Midwife-CDEs compared to Registered Nurse/Midwife-CDEs.
- From an ADEA perspective a Midwife-CDE can only work with women during pregnancy, with a focus on GDM but an understanding that women in pregnancy will also present with T1 or T2 diabetes. Whereas, a Registered Nurse/Midwife-CDE has the capacity to work with the entire GDM/T1/T2 cohort. The current Framework does not differentiate between these cohorts. We can see 2 potential options at this stage:
    - In the Framework these differently trained midwives and midwife-CDEs would be identified in different tiers and education requirements at the entry to practice level would remain the same.
    - The Framework requires the university pathways to midwifery having a stronger focus on diabetes education such that all midwives regardless of how they are trained would be able to educate and care all women with all diabetes types. Noting that the level of diabetes education (whilst it has a focus on GDM) does already cover T1 and T2 and a mapping exercise of what is covered in the RN curriculum is likely required to determine the areas required for development. ACM would prefer the latter as women want to have a known midwife across their care during the perinatal period and ensuring midwives have the capacity to provide the required level of diabetes care would enable this.

6. **How helpful is the structure that describes the Framework?**

- Overall the Structure is clear and easy to follow.
- You have created a colour code for the Tiers on Page 9 (suggest making the text for the 1st Tier darker so it is easier to read)

**Table 1: The minimum level of clinical competence in diabetes care required for specific roles**

| TIER 1 | TIER 2 | TIER 3 | TIER 4 | TIER 5 | TIER 6 | TIER 7 |
|---|---|---|---|---|---|---|
| Foundational | Practised | Experienced | Proficient | Advanced | Expert | Master |
| • Assistant in Nursing | • Generalist nurse | • Primary healthcare | • Diabetes Educator | • Credentialled Diabetes | • Specialist Credentialled | • Advanced Management |

- But then it is not used again until page 19 for the beginning of the Tier 1 detail break out.

| Practice Level | Tier 1 |
|---|---|
| Clinical competence in diabetes | Foundational |
| Roles | • Assistant in Nursing<br>• Personal Care Assistant<br>• Allied Health Assistant<br>• Personal Carer<br>• Pharmacy Assistant |
| An unregulated health assistant role, that involves at minimum completion of a certificate II to IV at TAFE or equivalent level. The individual | |

- We would suggest that the designated colours for each Tier should also be used for the Tier Flow diagram which is 1st introduced on Page 11 as Diagram 2. This will provide constancy in the message.


**7. Is there anything else that needs addressing in the final Framework?**

- Page 14 Diagram 3- It would be beneficial to see another sub-heading 'connect' added or consider expanding the role details for the Relationship section. It is important to highlight that a big role for those working with people with diabetes is to connect everyone in the family unit affected by diabetes so everyone can support each other.
    - For example, how midwives work is an example of the expansion of the 'Builds therapeutic relationships' section in that midwives develop connections between health professionals, individuals AND family because individuals cannot live with diabetes without support of their family.
- Page 15 'supports counselling'- consider adding that the '*health professional creates counselling opportunities not just for person with diabetes but also for their partner/family because there are unique emotional needs for not just the person with diabetes, but also for the support people surrounding the person with diabetes'.*

- On p22, Tier 2 under pregnancy, why has the following point been singled out – with different health professionals identified (the dot point should be listed with the ones above as they are all linked):

When providing care in partnership with women, at risk of GDM, who are living with diabetes and are planning a pregnancy or are currently pregnant, the midwife, nurse and, Aboriginal and Torres Strait Islander:

☐ Engages in antenatal and post-natal care related to a pregnancy complicated by diabetes

- Further, is the term Aboriginal and Torres Strait Islander: supposed to state Aboriginal and Torres Strait Islander health worker (it seems incomplete).
- In addition diabetes also has implications for intrapartum care and thus midwives providing intrapartum care for women with diabetes or GDM and so this needs to be included/factored in. This change also needs to be made in Tier 6.
- None of the tiers factor in medication management for pregnancy – e.g. gestational diabetes.
- Nor do they identify the ability/reality of midwives to be across this space (even where medication management is defined specifically in the higher tiers).
- The requirements for care during pregnancy do not change across the Tiers, from Tier 2 until Tier 6. We would suggest that as Midwives can and do work as CDE (as credentialed by ADEA) that there needs to be recognition of their advanced role in Tier 5 as a minimum.
- Page 45 consider changing "support good communication" to "support therapeutic communication".
- Page 45 - add 'empowering' and 'connect others' to the "attributes to support good communication".

**8. Please add any other comments for the Framework.**

- We are unsure of the rationale behind Table 1 and Diagram 1 – they provide the same information but in a different display. For consistency consider picking one (e.g. Table 1)
- The Term 'PT' or protected title is used on page 8, but it is not defined until page 21. Define this term with first use.
- Page 20, Tier 1 Capabilities is displayed in a table whereas the remainder of the Tiers are broken out. Suggest for consistency that all are in the same format.
- On Page 7 the sub title under the Introduction states 'For whom is the framework?' This would read better as 'Who is the framework for?"
- On Page 13 consider using a different term than provided as 'intuitive reflectivity' as this is not clear (although we understood what you were trying to achieve)
- On Page 45 in the table, section 'Attributes to strive for excellence:', Ethics would not be an attribute – suggest 'ethical practice'