

Type 1 Diabetes: Less guesswork.
More freedom. Better health.



DAFNE Doctor Programme Application Form

DAFNE Doctor Programme Application Form

As a member of an established DAFNE centre and after discussions with your DAFNE Lead Doctor and/or Lead Educator, this form is to be completed once funding has been secured for training.

This form is supported by a DAFNE Training Information document. Fact Sheets detailing what is involved in becoming a DAFNE Doctor and the costs can be obtained from the DAFNE website

<http://www.dafne.uk.com/362.html>

or from Central DAFNE. It is recommended you read these documents before completing the form.

All sections of the form must be completed; this can then be faxed or emailed but the original signed copy must be posted to the following address:

Central DAFNE
Diabetes Resource Centre
North Tyneside General Hospital
Rake Lane
North Shields
NE29 8NH

Email: Dafne@nhct.nhs.uk

Fax: 0191 293 4276

Places will only be confirmed upon receipt of **full** payment. Places are non transferrable and non refundable. There will be an additional administration fee to transfer to another course date. The payment can be made by:

- Cheque - made payable to Northumbria Healthcare NHS Foundation Trust
- Your official purchase order
- Invoice without purchase order
- Visa payment – contact for further details if this is the preferred method

Once payment has been made you will then receive:

- Letter confirming training place
- Detailed training plan and DEP file with Doctor supplement prior to observation week
- Observation pack on Monday of observation week
- Certificate

Section A: Centre Details

Centre Name:
This **must** be the name by which your centre is known.

Address:
.....
.....
.....
.....
.....
.....

Post Code:

Central DAFNE use only

Payment method:

Date payment received:

Centre training confirmation letter sent:

DAFNE Centre number:

Date Centre number allocated:

Date resources issued:

Section B: Invoicing and Delivery Details

The following details are required for invoicing and delivery of training materials and training costs. To ensure safe delivery and monitoring of invoices, could you please provide correct contact details.

Invoice details

Invoice name:

Position:

Address:

.....

.....

.....

Post Code:

Telephone number:.....

Delivery details

Name:

Position:

Address:

.....

.....

.....

Post Code:

Telephone number:.....

Section C: Identified Staff Details

Notes:

The nominated staff will be put forward to complete the DAFNE Doctor Programme (DDP) as appropriate.

It is essential that the identified staff have read the DAFNE Training Information document and Fact Sheets as mentioned in Section A to ensure all staff are fully aware of the commitment they and their service are making.

DAFNE Doctors as Educators

DAFNE are currently developing an additional 1-day workshop for the small number of DAFNE Doctors that wish to deliver sessions from the DAFNE patient course. This 1-day workshop will be broadly based upon day 2 of the DAFNE Educator Programme 3-day workshop, which focuses on adult learning principles and educator skills.

Some doctors are keen to take part in the delivery of certain sessions of the DAFNE curriculum, this is fine so long as the doctor is adequately trained to do so.

If a doctor wants to participate in the Introduction and Question and Answer sessions they can do so and only need to complete the DDP. However, if a doctor wants to deliver additional sessions they must be assessed by a trained Peer Reviewer to ensure they are meeting DAFNE Educator competencies. The following rules therefore apply depending upon the number of sessions the doctor plans to deliver.

1. Delivery of Annual Review
Step 1 – Complete the DDP
Step 2 – Peer review assessment of sessions delivering to ensure that competencies are met.

If competencies are met the doctor will be registered to deliver this session only. The doctor will be provided with a Professional Development file and will be expected to fully participate in their centre's internal QA process which will consist of 3 yearly external audit.

If competencies are not met the doctor cannot deliver this session. If the doctor is keen to do so they can take remedial action consisting of:

- Attendance at day 2 of the next 3-day DEP workshop to cover adult learning principles followed by
- Re-assessment of the delivery of the session by a Peer Reviewer.

Please note Step 2 and both remedial steps incur additional training costs above the cost of the DDP.

Section C: Identified Staff Details

2. Delivery of Annual Review PLUS other sessions.

Step 1 – Complete the DDP.

Step 2 – Complete day 2 of a 3-day DEP workshop.

Step 3 – Be successfully assessed delivering all sessions by a trained Peer Reviewer.

Please note Steps 2 and 3 will incur additional training costs to the DDP.

If the doctor does not demonstrate the required competencies during peer review they cannot deliver any sessions, although they will be offered further support and remedial training including reassessment if they wish to pursue Educator status.

If a doctor wishes to train as an Educator they **must** complete the DAFNE Educator Programme Application Form.

Section D: Physician Details

Contact details and address are required to send pre course information.

Name:

Position:

Telephone number:.....

Fax number:

Email address:

Postal address if different from Section A:

.....

.....

.....

Dietary requirements:

Are you the identified Lead DAFNE Doctor?

Yes

No

Training dates

The following information is required by Central DAFNE. You must be certain you can commit to the dates.

Date of DDP:

Venue of DDP:

If external observation venue is required, please contact Central DAFNE for assistance.

Date of observation week:

Venue of observation week:

Declaration

I the undersigned have read the notes for Section B and understand the time commitment involved and I confirm that our Diabetes Service will:

- Release staff for training
- Participate in the DAFNE Quality Assurance
- Take part in the DAFNE training for other diabetes services, once experienced

Signed: Date: