

Section 3a: Programme Assessment

Programme Name: **DAFNE**

Educator Lead:

Target Patient Group: **Adults with Type 1 Diabetes**

If this is a national programme (e.g. **DAFNE**, DESMOND, X-Pert) has it been modified in any way?

No – the DAFNE programme is not modified in anyway between centres; any unauthorised modifications to the programme would result in the ‘programme’ no longer being registered as DAFNE and therefore not being able to be called DAFNE.

If yes, in what ways? E.g. duration, timing, content, resources:

See above.

Details of changes: **Not applicable**

Philosophy	Box for Completion	Evidence
3.1 What is your philosophy for structured self management education? (see note)	Reference DAFNE Philosophy document P03.001, Issue 1.	Agreed written statement containing the philosophy
3.2 Describe how this philosophy has been developed.	Philosophy from German Intensive Insulin Therapy programme; teased out in 2006 by a group of educators and psychologists (meetings not minuted). Draft philosophy shared with Educator Group and Executive group and then shared with all pre existing educators at a number of workshops delivered at the end of 2006 and beginning of 2007. Since Nov 2006 the philosophy is shared with new educators and Drs during the DAFNE Educator and Dr Programme (DEP and DDP) and since 2009 the DAFNE Advisor Programme (DAP). Delivery within the DAFNE philosophy is assessed during educator training and also during internal QA and external audit.	Written record of the development process (e.g. meeting minutes)
3.3 What are the identified roles and responsibilities of those with diabetes and health care professionals that are derived from the philosophy, so that self management is supported?	<p>The DAFNE philosophy (P03.001, Issue 1) recognises that the sharing of ideas between people with diabetes and health care professionals is a two way process that can facilitate improvements in both service delivery and outcomes for people with diabetes.</p> <p>Person with diabetes</p> <ul style="list-style-type: none"> • responsibility <u>for</u> self-management • become activated self- managers, building on their own experience and expertise within the framework of skills and guidance that DAFNE principles provide. • drives the decision- making process <p>Clinician</p> <ul style="list-style-type: none"> • have responsibility <i>to</i> but not <i>for</i> people with diabetes. • provide open and honest dialogue regarding optimising self-management. • facilitate optimal exploration of values, beliefs and barriers each individual has in relation to his/her diabetes and to provide honest and accurate information about risks and eventualities. 	Written statement defining the roles and responsibilities of all involved

Philosophy	Box for Completion	Evidence
<p>3.4 Explain how users contribute to the ongoing development of the programme</p>	<p>There is an established DAFNE User Group and a functioning DAFNE User Action Group (DUAG).</p> <p>The DUAG is voted by and represents the larger DAFNE User Group; DUAG has representatives on all national DAFNE organisational groups, feeding in to all aspects of DAFNE including development and research; in addition DUAG meet 3 times annually, minutes from these meetings can be obtained from Central DAFNE.</p> <p>The DUAG have representatives allocated to each of the 7 DAFNE regional Educator Networks (refer to Section 3.28) enabling input at a more local level.</p> <p>All DAFNE centres gather feedback/evaluation from patients upon completion of the 5-day course. Completed forms can be obtained from individual DAFNE centres</p> <p>The DAFNE Collaborative supported the development of and provision of dafneonline a user developed and run support and information website with features including online diaries which can be shared with HCPs, access to the DAFNE handbook and CP guide. dafneonline is also accessible from internet enabled mobile phones.</p>	<p>Written evidence of user contribution (e.g. patient experience questionnaires, report and future actions)</p>

Curriculum	Box for Completion	Evidence
<p>3.5 Give an example of a group that is unsuitable for this programme</p>	<p>Unsuitable:</p> <ul style="list-style-type: none"> • Type 2 diabetes • Under 17 years old <p>The following would be assessed on an individual basis, but not excluded outright:</p> <ul style="list-style-type: none"> • Newly diagnosed with Type 1 diabetes and still in 'honeymoon' period • HbA_{1c} >12% • Not motivated to improve diabetes control • Not in need of flexibility of eating/insulin regimen • Not willing to inject and test at least 5 times a day • Not able to speak / understand / read English • Presence of 'end-stage' diabetes complications, eg renal failure • Not able to attend for a full 5 days course and follow-up sessions <p>Guidelines for people who are suitable / could benefit from DAFNE are provided to DAFNE centres in their DAFNE Central Manual</p>	<p>Written evidence from the curriculum and the needs assessment highlighting who is suitable or unsuitable</p>
<p>3.6 Explain how this programme identifies and incorporates the learning needs of the individuals undertaking the course</p>	<p>Each patient is asked, during the first curriculum session of the DAFNE course, to identify their own expectations of the programme and their personal goals relating to their diabetes / glycaemic control / health. Educators facilitating the course ensure (as learning outcomes from various sections throughout the curriculum) that patients reflect on these goals throughout the week and incorporate action-planning on a daily basis.</p> <p>DAFNE Educators are trained and experienced in Adult Education principles which are applied to each session and include clarification of patients' previous knowledge / experiences</p>	<p>Written evidence from the curriculum</p>
<p>3.7 Are there specific aims and learning objectives (or learning outcomes) for each section of this programme?</p>	<p>Yes. Each section of the curriculum details the learning outcomes for each session; as evidenced by the DAFNE curriculum</p>	<p>Written evidence from the curriculum</p>
<p>3.8 How are these shared and with whom?</p>	<p>All DAFNE Educators are provided with an up to date version of DAFNE patient curriculum (three yearly review and updated). Central version control and external audit ensures all Educators are using the most up to date version at all times. Session learning outcomes are shared with patients at beginning of each session.</p>	<p>Written evidence of this process</p>

Curriculum	Box for Completion	Evidence
3.9 Provide examples of how the curriculum has been assessed to be relevant and comprehensive to the needs of the group it has been designed for	<ul style="list-style-type: none"> • Peer review visit by leading Nurse Educator from Düsseldorf to assess that the curriculum and the course delivered reflected that delivered in Düsseldorf Germany, upon which DAFNE was based (and hence the evidence base for the programme). Written report available from Central DAFNE. • Educationalists, from the Universities of Durham and Newcastle, assessed the original curriculum and course delivery during the feasibility study to ensure that Adult Education principles were used. • The curriculum is on a rolling 3-year review programme; all Educators, via the DAFNE Educator Networks, can raise potential changes at any time; these will be discussed by the DAFNE Educator and Executive groups; decisions regarding any contentious changes approved by the entire Collaborative. Discussions from these meetings are minuted and can be obtained from Central DAFNE. 	Written evidence of the assessment process (e.g. meeting papers, minutes etc.)
3.10 Provide dates of the last time the written curriculum was assessed for its reliability, validity, relevance and comprehensiveness	September 2010; next due for assessment 2013.	Written evidence of the assessment process (e.g. report)
3.11 What changes were made to the curriculum, as a result of its assessment (as stated in 3.9)?	<ul style="list-style-type: none"> • Ground rules now a desirable outcome • BG targets for hypo unawareness/renal impairment included/amended • Treat and eat guidelines added • HbA1c updated • BG driving levels amended • Dose adjustment examples now illustrate CP free and new essential learning outcomes • Pregnancy BG ranges added • New essential learning outcomes added for DAFNE User Group and dafneonline 	Written statement of the changes or copies of the original and revised curricula
3.12 What are the underpinning theories of the programme? (see note)	<ul style="list-style-type: none"> • Therapeutic Patient Education (Assal), that incorporates elements of all the following: • Social Learning Theory (Bandura) • Andragogy Learning Theory (Knowles) • Experiential Learning Theory (Kolb) 	Agreed written statement containing the theories
3.13 How were these agreed upon?	These theories were embedded in the original German programme, upon which DAFNE is based.	Written evidence of the decision-making process (e.g. meeting papers, minutes etc.)

Curriculum	Box for Completion	Evidence
<p>3.14 What are the key processes in the programme that demonstrate that this/these theories are being implemented? Please provide an example of how each theory is being implemented, stating the theory and an activity that arises from this in each case</p>	<p>New Educators are assessed for 'Core Skills' as part of their peer assessment during training. All Educators are continually assessed and must demonstrate these core skills during on-going internal QA within the local DAFNE centre; internal QA is documented. External audit checks the documentation from the internal QA to ensure a robust internal QA process is in place and the auditor also validates this process by external observation.</p> <p>Evidence that theories are being used may be:</p> <ul style="list-style-type: none"> • Social Learning Theory: Educator using open questions to encourage patients to draw on previous positive experiences and transfer these skills to new situations. Use of action planning to set goals and plan strategies. • Andragogy Learning Theory: Educator facilitating problem-solving strategies to enable patients to become autonomous in their decision-making. • Experiential Learning Theory: Educator providing opportunities for patients to reflect on previous experiences and also test out new skills and knowledge within the clear framework provided by the curriculum around CHO counting and insulin dose adjustment theory. 	<p>Written evidence from the curriculum</p>
<p>3.15 What is the evidence base for the design and content of your programme? (see note)</p>	<p>European work during 1980s; DAFNE Feasibility study 2000 – 2001. Refer to DAFNE Fact Sheet 2 available on the DAFNE website (www.dafne.uk.com) for relevant references.</p>	<p>Written document containing the evidence</p>
<p>3.16 Give 2 examples to illustrate how your programme is flexible and responds to the needs of the individual participants</p>	<p>Within the recommended 5-day 'timetable', session order and timings are adapted according to local requirements and patient needs</p> <p>Patients are offered the option of participating in either a theoretical or practical session on exercise management.</p>	<p>Written evidence from the curriculum</p>
<p>3.17 Give 2 examples of how your programme is able to cope with diverse groups of participants (e.g. hearing impaired, learning disability, depressed)</p>	<p>Patients that have either impaired vision or hearing have completed a DAFNE course. Patient resources (handbook, diaries and CP booklets) are provided in larger print or are made available electronically for use with an electronic reading aid. Patients can bring carers / signers to the course.</p> <p>Educators are trained to be skilled at working with diverse groups and have adaptive teaching methods to be able to assess when an individual is struggling and they will provide the individual with the appropriate support.</p>	<p>Written evidence from the curriculum</p>

Curriculum	Box for Completion	Evidence
3.18 List at least 3 different teaching methods that are used within the programme and can be identified within the curriculum.	<ul style="list-style-type: none"> • Case studies / scenarios around exercise or alcohol management • Problem-solving exercises around insulin dose adjustment • Practical Group work/work stations around carbohydrate counting 	
3.19 Describe two ways that demonstrate effective use of human and financial resources (See note)	<p>Based directly upon evidence based European work and UK RCT and health economic evaluation.</p> <p>Infrastructure - All DAFNE centres are part of the DAFNE Collaborative with regional DAFNE Educator Networks and national co-ordination of training, QA, audit, distribution and QC of all DAFNE materials.</p>	Written evidence from the curriculum
3.20 What support materials do you provide for those attending the programme?	DAFNE course workbook (including quiz and information on joining the DAFNE User Group and dafneonline for on-going peer support), validated carbohydrate portion (CP) list and CP/BG diary. All specifically developed to support the DAFNE programme and on a rolling 3-yearly review process.	Copies of materials used
3.21 Who is responsible for holding and updating the curriculum?	<p>Central DAFNE hold the curriculum, the DAFNE Educator group are responsible for updating the curriculum with input from all Educators/Drs via the regional network meetings (and Central DAFNE).</p> <p>Central DAFNE makes the agreed amendments which are signed off by the Educator group.</p>	Written account containing the information
3.22 What training have the educators received to enable them to be proficient in the <u>educator role</u> ?	<p>The DAFNE Educator Programme (DEP) accounts for around 143.5 hours of training, including a significant element on Adult Education principles.</p> <p>Central DAFNE holds a register of all certificated DAFNE Educators.</p>	Written account of the training process and a list of trained educators with dates of training
3.23 How are the educators <u>trained to deliver this programme</u> in the style of the underpinning theories as stated above?	<p>Trainee Educators complete a structured observation of experienced DAFNE Educators delivering a full 5-day course and prepare a case study, prior to attending a 3-day preparatory workshop that includes a full day on learning theories, curriculum, lesson planning and adult education.</p> <p>An overview of the DAFNE Educator Programme (DEP) can be found in DAFNE Fact Sheet 4 (available on the DAFNE website www.dafne.uk.com)</p>	Written account of the training process

Trained Educators	Box for Completion	Evidence
<p>3.24 How is the educator's <u>understanding</u> of the theories underpinning the programme <u>assessed</u>?</p>	<p>Through group work during the 3-day DEP workshop, trainees are asked to reflect on their observational course and provide examples of how the theories are applied in the DAFNE programme.</p> <p>Understanding and successful application are assessed during the Peer Review assessment of trainee Educator's first DAFNE patient course, as part of the DEP.</p> <p>Assessment of Educator's lesson plans and session delivery is documented on Core Skills QA forms. If required competencies are not observed during the assessment the trainee educator is unable to proceed further with their training. A remedial action plan is devised detailing the areas requiring further development and the trainee reassessed. If competencies are not observed at reassessment, the trainee would not be recommended to continue with their training and would not be certified and registered as a DAFNE Educator.</p> <p>Trainee Educators also attend a 1-day consolidation workshop following their Peer Reviewed week, where theories may be further discussed.</p>	<p>Written account of the assessment process</p>
<p>3.25 How is the educator competency to <u>deliver this programme</u>, in the style of the underpinning theories as stated above, assessed?</p>	<p>Through Peer Review assessment of trainee Educator's first DAFNE patient course, as part of the DEP</p> <p>A Core Skills QA form is completed by the Peer Reviewer to document evidence of how the Educator meets adult education competencies and theories.</p> <p>If required competencies are not observed during the assessment the trainee educator is unable to proceed further with their training. A remedial action plan is devised detailing the areas requiring further development and the trainee reassessed. If competencies are not observed at reassessment, the trainee would not be recommended to continue with their training and would not be certified and registered as a DAFNE Educator.</p>	<p>Written account of the assessment process</p>

Trained Educators	Box for Completion	Evidence
<p>3.26 How is the educator competence in relation to <u>content</u> delivery of this programme assessed?</p>	<p>Through Peer review assessment of trainee Educator's first DAFNE patient course as part of the DEP.</p> <p>Session-specific QA forms list the learning outcomes for each session; the Peer Reviewer documents evidence of how each of these was achieved.</p> <p>If required competencies are not observed during the assessment the trainee educator is unable to proceed further with their training. A remedial action plan is devised detailing the areas requiring further development and the trainee reassessed. If competencies are not observed at reassessment, the trainee would not be recommended to continue with their training and would not be certified and registered as a DAFNE Educator.</p>	<p>Written account of the assessment process</p>
<p>3.27 What are the arrangements for ongoing review and competency development of the educators?</p>	<p>A Professional Development Plan (PDP) is produced at the end of the peer reviewed course and becomes the responsibility of each individual Educator. Internal QA within each centre ensures PDP development objectives are achieved and new objectives set over a 3-year period.</p> <p>Central DAFNE maintains records of Educator course delivery to ensure that all Educators deliver the minimum of 1 course every 26 weeks to maintain their skills.</p>	<p>Written account of the ongoing review and competency development process</p>
<p>3.28 What are the arrangements for training educators as the programme is updated?</p>	<p>There are 7 regional educator networks which each meet twice a year, and are used as an opportunity for on-going support, introduction to new and/or updated resources and training updates. Best practice workshops are run at each annual national Collaborative meeting. If appropriate, all educators will be provided with addition training (eg goal setting and action planning training was provided to all 161 active educators when introduced formally in Nov 2006; physical activity workshop October 2010 to which all centres were invited to extend training on dose adjustment for physical activity). Network, Best Practice and Collaborative meetings and ad hoc training are provided free of charge. The Collaborative, Best Practice meet rings and training events (not network meetings) have CPD accreditation (BDA and/or RCP).</p>	<p>Written account of the ongoing training process</p>

Trained Educators**Box for Completion****Evidence**

<p>3.29 Provide an example of a recent training event attended by your educators. Provide an example of a completed personal educator development plan as a result of the training event.</p>	<p>DEP Peer Review Best Practice workshop June 2010. Focussing on providing constructive feedback.</p> <p>Workshop Agenda</p> <ul style="list-style-type: none">• Welcome / Housekeeping• Table introductions• Ground rules and Expectations• Aims / format of the workshop• DEP Review documentation revisited• Audit criteria and results• Strategies for identifying and recording evidence• Linking evidence to Summaries and PDPs• Re-check expectations• Experiences of <u>giving</u> feedback in DEP Reviews• How do I <u>receive</u> feedback?• Barriers to giving feedback• Theories underpinning processes of feedback• Steps of feedback (DEP Reviewer handbook)• Strategies for dealing with common scenarios• ‘Bright Ideas’• Summary <p>PDPs are the property and responsibility of each individual DAFNE Educator</p>	<p>Written evidence of the event (e.g. an agenda or copy of the programme) and a copy of the personal development plan</p>
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Be Quality Assured	Box for Completion	Evidence
<p>3.30 Describe the internal (personal and peer review) and external components of your quality assurance/improvement programme.</p>	<p>Internal Each DAFNE Educator receives a DAFNE Professional Development File containing their completed DEP Peer Review documentation, certificate and initial PDP and all paperwork required for the internal QA programme.</p> <p>To maintain DAFNE Educator status they must deliver a minimum of 1 patient course per 26 week period and participate in the internal DAFNE QA programme.</p> <p>The internal QA involves each DAFNE Educator within a service being observed and assessed delivering each session of the DAFNE curriculum which they usually deliver within a 3 year period. This involves completion of outstanding development objectives on their DAFNE PDP and the development of a new DAFNE PDP, in addition to the completion of specially developed QA documentation assessing the delivery of the session learning outcomes and the core adult learning skills.</p> <p>Central DAFNE provides a separate training programme developed to train Educators on how to complete the QA documentation and how to provide feedback to colleagues; this is provided free of charge.</p> <p>External Refer to section 3.32 – 3.39 below for detail.</p>	<p>Written statement describing the quality assurance process</p>
<p>3.31 How often does internal quality assurance/improvement take place?</p>	<p>This should happen on an on-going basis in each centre. External audit every 3 years checks that this process is in place and is robust.</p>	<p>Written evidence to support this (e.g. report from the last review)</p>
<p>3.32 How were the criteria for internal/external assessment agreed?</p>	<p>The purpose of QA is to ensure that the DAFNE programme's session learning outcomes are achieved, that the programme is being delivered using Adult Education principles and consistent with the DAFNE philosophy to ensure consistency of delivery between DAFNE Educators and across DAFNE centres.</p> <p>Based upon this purpose and with advice and input from professional educationalists trained in OFSTED inspection, objective documentation was developed to ensure this consistency and to highlight areas for Educator development. The process of the development can be mapped from minutes held by Central DAFNE.</p>	<p>Written evidence of the decision-making process (e.g. meeting papers, minutes etc.)</p>

Be Quality Assured	Box for Completion	Evidence
<p>3.33 What tools were used to objectively assess these criteria? (see note)</p>	<p>Each session of the curriculum has a specific QA form, detailing the learning outcomes for that session, whereby evidence can be documented as to whether each outcome has been achieved fully, partially or not at all. Evidence that 'core educator skills' are demonstrated during delivery of the course is also recorded on a separate Core Skills form.</p>	<p>Copy of the tools used</p>
<p>3.34 When was the last external quality assurance review undertaken? (see note)</p>	<p>Each trainee Educator is assessed by DEP Peer Reviewer delivering their first patient course; only trainees that meet the required standard are signed off as a DAFNE Educator.</p> <p>Following this initial peer review and feedback the trainee develops a Professional Development Plan (PDP) and receives a DAFNE Professional Development File which contains all the documentation required to participate in their local centre's internal QA process. Each Educator is then internally assessed by their DAFNE Educator colleagues delivering their usual sessions ensuring existing professional development objectives are met and new objectives highlighted and recorded.</p> <p>Details of internal QA are recorded in the individual's DAFNE Professional Development File. These files are assessed during external audit to ensure the robustness of the internal QA system employed by the centre.</p> <p>3-yearly audits run continually, as centres are due, e.g.:</p> <ul style="list-style-type: none"> 17 audits completed in 2008 19 audits completed in 2009 25 audits are due in 2010 24 audits are due in 2011 	<p>Written evidence to support this (e.g. report from the last review)</p>

Be Quality Assured**Box for Completion****Evidence**

<p>3.35 How was the trained, competent, independent external assessor identified?</p>	<p>All DEP peer reviewers are active experienced DAFNE Educators (delivered a minimum of 4 patient courses) who have completed a 1-day training QA workshop, covering how to complete the QA documentation and how to provide constructive feedback.</p> <p>Each DEP Reviewer will have the first set of a peer review documentation audited (using a traffic light system) by the Chair of the Educator group and then a random sample of their completed documentation audited a minimum of every 3 years. To continue as a DEP Reviewer they must receive no more than 2 amber scores for this audit. The DEP Reviewer receives an audit outcome report which details areas for development for the areas which were scored amber, which will be monitored by review of the next set of completed documentation for that DEP Reviewer.</p> <p>This audit is then repeated a minimum of every 3 years for all DEP Reviewers to ensure that they maintain the required standards.</p> <p>In addition to maintain their skills the DEP Reviewer must deliver a minimum of one DEP review every 12 months and attend a DEP Reviewer Best Practice workshop once every 3 years. These workshops are provided annually to provide on going training and support and are offered free of charge. Peer Reviewer Best Practice workshops are offered to maintain and improve practice and DEP reviewers must attend a minimum.</p> <p>Central DAFNE also provide all trainee educators with the opportunity to provide feedback on their DEP review and the level of feedback and support provided by their DEP Reviewer. This feedback is reviewed to identify any problems which are related back (anonymously) to all DEP Reviewers to highlight and reinforce best practice. Any major or continued problems will be feedback directly to the DEP Reviewer concerned, who will be offered support to improve their practice, which will be monitored.</p> <p>In summary in order to maintain DEP Reviewer status, individuals must:</p> <ul style="list-style-type: none"> • be delivering a minimum of 1 DAFNE patient course every 26 weeks • have attended a 1-day DEP Reviewer training workshop • have satisfactory audits (i.e. no more than 2 amber scores) of their completed review documentation. • completing a minimum of 1 DEP Review every 52 weeks • attend a peer reviewer Best practice workshop once every 2 years 	<p>Written evidence of the identification process (e.g. meeting papers, minutes etc.)</p>
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Be Quality Assured**Box for Completion****Evidence**

<p>3.36 Provide examples of</p> <ul style="list-style-type: none">a) positive feedback andb) areas for improvements, with actions taken, from the external review.	<p>All trainee educators receive daily feedback from their DEP Reviewer, when delivering their first patient course. This feedback is backed up by the evidence that the DEP Reviewer has recorded on Session Learning outcome and Core Skills forms during the day.</p> <p>At the end of this first 5-day patient course the trainee will receive summary feedback from their DEP Reviewer and together the trainee and DEP Reviewer will develop the trainee's first DAFNE Professional Development Plan.</p> <p>All DEP Reviewers receive training on how to provide constructive feedback. All trainee educators are asked to feedback on the quality of the feedback that they received from their DEP Reviewer; this feedback is used to monitor DEP Reviewer standards and highlight any areas for on-going development of all DEP Reviewers and the training they are provided with (refer to section 3.35).</p>	<p>Copy of the document produced by the external reviewer and copy of the document produced in response</p>
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Be audited	Box for Completion	Evidence
<p>3.37 What specific audit data are collected in relation to the specific aims and objectives of the programme?</p> <ul style="list-style-type: none"> • Biomedical • Quality of Life • Patient experience • Degree of self management • Skills/knowledge 	<p>Until October 2008 all DAFNE centres completed the following dataset at baseline and post course:</p> <ul style="list-style-type: none"> ○ DAFNE Biomedical and hypo questionnaire ○ HADS ○ PAID ○ EQ-5D <p>In October 2008, all centres bar 10 (see below) started to complete a reduced data set comprising the Core biomedical and hypo data at baseline and annually post course.</p> <p>The remaining 10 centres commenced, as part of a programme of research to enhance the level of data on the DAFNE database complete the following dataset on patients consenting to the study:</p> <ul style="list-style-type: none"> ○ DAFNE Biomedical and hypo questionnaire ○ HADS ○ PAID ○ EQ-5D ○ SF-12 ○ DSQoL ○ DAFNE Self-care Behaviours (post course only) <p>In addition to these biomedical data, each centre is audited in the provision and delivery of the current, evidence-based, 5-day curriculum, including provision of follow-up arrangements for 'graduates'</p>	<p>Written evidence of the audit data collection (e.g. completed forms, report)</p>

Be audited	Box for Completion	Evidence
<p>3.38 How often is this data collected and on what percentage of patients who attend the programme?</p>	<p>Data is collected pre-course (circa 3 weeks pre course) and then on an on-going annual basis post course. Aim for 100% of patients.</p> <p>Each DAFNE centre is able to run an audit report from the national DAFNE database which details biomedical outcomes for that centre in addition to the number of:</p> <ul style="list-style-type: none"> • courses delivered • patients that have completed a DAFNE course • % of baseline and post course data collected • Biomedical outcomes trained <p>National attainment 81% (range 75% - 88%) at baseline and 26% (range 31 – 21%) 1 year post course.</p> <p>The reduced attainment post course may in part be due to patients returning to primary care or non-DAFNE centres post course. Recent research funding is being used to improve the attainment of post course data collection in the 10 centres that have the greater patient numbers. These 10 centres are also completing an expanded data set.</p>	<p>Written, dated evidence of the data collection process, incorporating the total number of patients included in the process and the percentage of total programme participants they represent (e.g. completed forms, report)</p>
<p>3.39 What arrangements are in place to compare/benchmark this data with other centres providing similar programmes?</p>	<p>All DAFNE centres enter patient audit data onto the secure web-base DAFNE Audit database. Centres are able to run reports to compare their centre outcome data against the national DAFNE outcomes (i.e. all other centres).</p> <p>The database also generates QA reports used as part of the external audit process.</p> <p>An example of a database QA report can be obtained from Central DAFNE or actual reports can be obtained directly from a DAFNE centre.</p> <p>The database also sends month data due and data overdue reports to each centre listing patients (using unique DAFNE patient numbers) of all local Graduates that will be due for post course data collection within the next 3 months and all those Graduates that are overdue for post course data collection.</p>	<p>Written evidence that any arrangements listed are in place</p>