# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAFNE Mission Statement</td>
<td>3</td>
</tr>
<tr>
<td>What is DAFNE?</td>
<td>3</td>
</tr>
<tr>
<td>Considerations for implementing the DAFNE approach into Local Service</td>
<td>4</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>6</td>
</tr>
<tr>
<td>On-going Internal QA</td>
<td>6</td>
</tr>
<tr>
<td>External Audit</td>
<td>7</td>
</tr>
<tr>
<td>The Audit System</td>
<td>7</td>
</tr>
<tr>
<td>Requirements of a new DAFNE Centre</td>
<td>8</td>
</tr>
<tr>
<td>The DAFNE Educator Programme (DEP)</td>
<td>9</td>
</tr>
<tr>
<td>Specification to become a DAFNE Educator</td>
<td>10</td>
</tr>
<tr>
<td>The DAFNE Doctor Programme (DDP)</td>
<td>12</td>
</tr>
<tr>
<td>DAFNE Doctors as Educators</td>
<td>13</td>
</tr>
</tbody>
</table>
DAFNE Mission statement

Our vision is to improve outcomes for people with Type 1 diabetes through high quality structured education which is embedded in the Health Service. We will use the DAFNE programme, including the DAFNE Educator Programme (DEP), DAFNE Doctor Programme (DDP), Peer Review, Quality Assurance (QA) and audit as a framework in which to develop this patient centred model of care. We will continue to improve and develop DAFNE through Research and Development (R&D) and collaboration with other groups, to understand the determinants of success.

What is DAFNE?

DAFNE is a robust, evidence-based structured education programme for people with Type 1 diabetes. The European evidence base (including a full RCT) for DAFNE, which spans more than 20 years, was complemented here in the UK with a feasibility study, including a further RCT, which fully met the MRC criteria for complex interventions. DAFNE has also been the subject of an economic evaluation which showed that reduced complications means DAFNE pays for itself within 5 years.

In addition DAFNE:

- Is recommended by NICE in Health Technical Appraisal #60.
- Has a robust ‘training the trainers’ programme, including a comprehensive learning outcome-based curriculum and peer review.
- Has a fully developed QA programme with elements of internal and external QA and audit.

As such, DAFNE already meets all of the Department of Health key criteria for Type 1 structured education.

DAFNE is a programme for Type 1 diabetes which is available ‘off the peg’ for any diabetes unit wishing to offer it as part of their service.

The DAFNE Collaborative believes that DAFNE provides a gold standard against which other structured education programmes for Type 1 diabetes may be compared.
Considerations for implementing the DAFNE approach into Local Service

From experience we know that implementing the DAFNE approach involves:
A commitment to the DAFNE approach from the entire diabetes team, not just the staff trained as DAFNE educators and DAFNE aware physicians.

There may be a need for a change in culture within the diabetes team to accept, what may be to some, radical changes in attitudes to their approach to diabetes/patient management.

Post DAFNE, patients should be more autonomous. Potentially, patients may know more about their diabetes than the healthcare professionals they come into contact with. It is therefore important that all staff within the diabetes unit is made aware of the DAFNE principles.

A time commitment from staff to enable the training of identified staff to become DAFNE educators.

Approximately 2 weeks (whole time equivalent) are required for the planning (including pre-course data collection)/delivery/reporting and follow-up of each DAFNE course. Due to the intensive nature of the course, it is not possible for just 1 educator to run an entire course. We have found that 2 educators – ideally 1 DSN and 1 diabetes dietitian - are required to deliver the 5-day course.

To accommodate sickness/unplanned leave and prevent the decline of clinical skills in the staff delivering the DAFNE patient courses, it is advisable to have at least 4 DAFNE trained educators per centre. This will allow 2 educator pairs to alternate between DAFNE courses and routine clinical work.

In order for a diabetes unit to implement DAFNE, they must have a minimum of 2 members of staff trained as DAFNE educators and have at least 1 DAFNE-aware physician. It should be noted that educators do not necessarily have to be full-time employed; part-time educators may be used. Also, educators may come from the community or other hospitals within a Trust, Ideally educators should meet the educators’ specification found on page 9.

A diabetes unit can only offer the DAFNE approach to their patients if they have staff that have successfully completed a DAFNE Educator Programme (DEP) and DAFNE Doctor Programme (DDP) and are DAFNE registered educators and doctors.

Incorporating DAFNE into routine service delivery.

After a course, most DAFNE patients find conventional clinics no longer suitable to their needs and work is required to reorganise the service. The DAFNE Collaborative and Central DAFNE can provide assistance with this.

We have also come to appreciate that post course follow-up is an important aspect of DAFNE. DAFNE should be seen as an outpatient course with structured follow-up within each centre.
DAFNE specific resources and designated area (room) for the patient courses to be held.
There are specific resources required in order to run a DAFNE course. These can be purchased from Central DAFNE. Each centre must also be able to provide an overhead projector and allocate a specific room for the running of the courses. This room must be large enough to accommodate up to 8 patients (seated around a table), 2 educators and have room for up to 3 additional observers (ie Peer support / review educators, new trainee educators or other members of your diabetes team).

Willingness to be fully involved in the DEP and training of new DAFNE centres.
Once a diabetes unit has DAFNE experienced educators running patient courses, the centre must also agree to their DAFNE staff being actively involved in future DEPs. This will involve allowing patient courses to be observed by other staff (from other diabetes units, ie part 3 of the DEP) and participating in preparatory and follow-up workshops (parts 5 and 7 of the DEP), and allowing DAFNE educators with additional training to take on the peer reviewer role.
Quality Assurance
The purpose of the DAFNE Quality Assurance programme is to ensure that all DAFNE Educators deliver DAFNE patient courses to a consistently high standard. In order to do this, DAFNE Educators must be committed to a system of continual professional development with regard to their DAFNE skills and QA.

The QA programme for DAFNE has two elements:
- On-going internal QA.
- 3-yearly external audit.

How the DEP Peer Supported course ties into QA
All DAFNE Educators trained via the DEP will have a DAFNE Professional Development Plan (PDP) produced following the completion of their DEP Peer Supported course. The PDP will be developed by the DEP Trainee and the DEP Reviewer and will contain areas for continued development as highlighted during the peer supported course. The PDP will be further developed during the process of internal QA at a local level.

On-going Internal QA
Purpose
To ensure that:
- DAFNE patient courses delivered within a centre are of a consistently high quality.
- DAFNE patient course curriculum is being delivered.
- DAFNE principles and philosophy are being used by all Educators within the centre.
- DAFNE educators continually develop and improve their DAFNE skills using the DAFNE PDP.

How will this be achieved?
Each centre must ensure that there is a system in place whereby all their DAFNE Educators are observed delivering their usual sessions by another local DAFNE colleague every 3 years. The purpose of the observation is to ensure that:
- DAFNE Educators are delivering the learning outcomes of the DAFNE patient curriculum using DAFNE principles and philosophy.
- Existing learning objectives from the DAFNE Educator’s PDP have been achieved and new learning objectives have been added to facilitate continuous development.

It is essential that the Lead DAFNE Educator at each centre ensures that all DAFNE Educators:
- Deliver at least 1 patient course every 6 months.
- Have all the sessions that they usually deliver observed by a colleague every 3 years and that all the relevant documentation is completed.

They will be required to show evidence of their procedure/plans for observation during the 3-yearly external audit of the centres.
External Audit

Purpose
The external QA audit is not about observing the skills of the individual DAFNE Educators at the centre, but rather checking and collecting evidence that the centre:

- Has successfully implemented DAFNE into their service.
- Delivers DAFNE patient courses according to the DAFNE philosophy and principles.
- Delivers sufficient courses to ensure that the skills of their DAFNE Educators are maintained.
- Has implemented a robust system of on-going Internal QA.

The System
The DAFNE Auditor will be an experienced DAFNE Educator and DEP Reviewer from another DAFNE centre. Each centre will be subjected to a 1-day audit every 3 years.

The audit will include:

- The lead Physician/Educator from the centre completing a questionnaire about service issues and supplying audit data; individual Educators will complete a form detailing the number of patient courses they have delivered.
- The Auditor checking and collating evidence that there is a functioning system of internal QA as previously described.
- Observing part of a patient course. Both medical and nutritional sessions should be delivered and the patients on the course should have had a chance to settle in and to begin using their skills. Dose adjustment and lunchtime sessions must also be observed.

It is the overall responsibility of the lead Physician and Educator to ensure that all the documentation is completed and ready for the auditor visit.
Requirements of a new DAFNE centre
In order for a diabetes service to become a DAFNE centre they must be able to:

- Identify at least 2 individuals (1 Diabetes Specialist Nurse and 1 Diabetes Dietitian) to complete the DAFNE Educator Programme (DEP). It should be noted that educators:
  - Do not necessarily have to be full-time. Part-time educators can be used, provided they have flexibility in their work/home schedule to enable them to present the necessary modules of the course.
  - May come from the community or other hospitals within a Trust. In some circumstances, several Trusts are pooling resources – the 2 educators could come from any of the Trusts resulting in an ‘educator pool’.

- Identify at least 1 doctor to attend the DAFNE Dr Programme (DDP).
- Make the identified educators and doctor(s) available for training.
- Take part in the QA programme and national meetings.
- Identify a lead individual as a point of contact with Central DAFNE.
- Identify space to run courses.
- Take part in the training of other diabetes units once experienced.
- Ensure that post course patients have access to structured follow-up and appropriate clinics.

All DSNs and diabetes dietitians wishing to deliver DAFNE courses must first agree a learning contract and successfully complete the DAFNE Educator Programme (DEP). Likewise all doctors involved in DAFNE are required to complete the short DAFNE Doctor Programme (DDP).
The DAFNE Educator Programme (DEP)
The DEP is delivered by experienced DAFNE educators. There is a curriculum for the DEP along with specific training resources. All DEP trainees receive a comprehensive training information file prior to commencing training. This file clearly sets out the learning objectives, which teaching resources are provided and the expectations for participants.

The DEP is a seven part course. A brief outline of each is given below.

**Step 1 (1 hour)**
- Know what is expected and commit to the process.
- Read the DEP file prior to commencing Step 3.
- Agree a learning contract.

**Step 2 (prior to commencing Step 3 (3 to 5 hours)**
- Complete background reading.
- Use questions and Attitude 15 Questionnaire to clarify understanding.

**Step 3 (5 days)**
- Observe a complete 5-day DAFNE patient course.
- Complete observation sheets as detailed in the DEP file.
- Identify and prepare a case study using predefined guidelines provided in the DEP file.

**Step 4 (3 days)**
- Attend each day of the 3-day workshop.
- Develop a personal plan for the delivery of your peer supported course.

**Step 5 (25½ – 32½ hours)**
- Recruitment and preparation of patients.
- Personal preparation, familiarisation with the DAFNE curriculum and resources, production of lesson plans and additional resources.

**Step 6 (5 days)**
- Prepare for and deliver sessions as part of a local DAFNE patient course, which will be observed by a DEP Reviewer.
- Agree areas for ongoing professional development with the DEP Reviewer

**Step 7 (1-day)**
- Attend the 1-day follow-up workshop.

All seven parts of the DEP must be successfully completed in sequence, in order for DAFNE educator registration to be obtained.

Current DAFNE educators have stated that in order to maintain DAFNE skills, educators should deliver at least 1 DAFNE course every 6 months. This is a requirement to retain DAFNE educator status.
The DAFNE Collaborative annually works towards the accreditation of the DEP. Currently, the British Dietetics Association has accepted the DEP as evidence of Criterion 4 of the Diploma in Advanced Dietetic Practice.

**Specification to become a DAFNE Educator**
The following specification is seen as including the qualities for a DAFNE educator, in order to maintain consistently high quality:

**Qualities/competences**
- Understanding of aetiology of Type 1 diabetes.
- Desire to work in patient centre behavioural approach – communication and facilitation.
- Empathy with DAFNE philosophy.
- Enthusiasm for working with people with Type 1 diabetes.
- Open-mindedness.
- Being open to and expect constructive feedback.
- Being able to relate to people on a personal level.

**Essential**
- To be open-minded about new ways of managing Type 1 diabetes which would include a philosophy of self-management.
- To be actively involved in the management of people with Type 1 diabetes over the last year.
- To have worked as part of a specialist diabetes team for a minimum of 1 year.
- To have ongoing responsibility for/exposure to Type 1 patients.

**Desirable**
- To have a relevant teaching qualification in adult learning or equivalent experience.
- To have experience in teaching groups.
- To have expertise in teaching methods that encourages maximum group participation.
- To demonstrate a willingness to take on skills normally outside the traditional role of a dietitian or a nurse.

**In order to become a DAFNE educator you will have to be successfully assessed on:**
- Delivery of the essential learning outcomes from the DAFNE curriculum.
- Planning the session:
  - Development of personal lesson plans
  - Using a range of teaching strategies for adult learning
  - Identification and use of resources
● Managing the session:
  o Being able to manage a group
  o Involve participants
  o Problem solving
  o Experiential learning

● Adult education and interpersonal skills:
  o Good communication skills
  o Encouraging participant problem solving
  o Encouraging group interaction and involvement
  o Non threatening and non judgemental

Please bear in mind that if you do not exactly meet the specification, this does not necessarily mean you are not suitable, although you may find the DEP more demanding.

Proposed DAFNE educators must be aware of the necessary time commitments to complete the DEP and QA requirements of DAFNE.
The DAFNE Doctor Programme (DDP)
The general role of the doctor is to provide the management and clinical support which enables a diabetes service to:

- Train in and be able to apply DAFNE principles of diabetes self-management.
- Incorporate DAFNE into routine service delivery (including crucial administrative support).
- Support the DAFNE educators in individual treatment goals and dealing with patient-specific clinical issues in each course
- Conduct the Quality Assurance programme.
- Decide how best to contribute to the DAFNE Collaborative.

More specifically, the doctor's level of knowledge will include the following learning outcomes:

- Know what the core principles and evidence base are for DAFNE.
- Understand principles and problems in counting carbohydrate equivalents and using algorithms.
- Be aware of the DAFNE Educators' role, and how to support it.
- Be aware of organisational issues (DAFNE Centre Manual) in running DAFNE.
- Have ideas/options for the role of the doctor during a DAFNE course.
- Have ideas/options for how a service follows up DAFNE patients.
- Have ideas/options for DAFNE awareness training for primary and secondary care staff.

The DDP has been designed to achieve the above learning outcomes whilst taking into consideration the variation of local circumstances. The DDP has the following components:

- Read Supplement for Doctors section of the DEP file.
- Observe a DAFNE patient course. As evidence of attendance, a DAFNE Course Observation Record for Doctors form (F04.040) must be completed at the end of each day of observation by one of the Educators delivering the course. This must be retained in their CPD folder and produced on submission of application for the DDP.
- Attend a 1-day workshop which builds on familiarity with the patient course to understand the implications of embedding DAFNE into the service and how best to support and facilitate this.
- Upon completion of the DDP you must observe at least one morning dose adjustment sessions during a DAFNE course every year and recorded. This will be checked during audit.
- The DDP consists of 43 hours of training including 35 hours of observation. All training materials required for the DDP are included in the costs. Each DDP trainee receives:

- A copy of the DEP training file which defines the learning objectives, teaching resources provided, and expectations for and of the trainee. The DEP file also acts as a training portfolio.
• A patient course pack including
  o Patient course handbook
  o Carbohydrate counting booklet
  o Blood glucose monitoring diary

**DAFNE Doctors as Educators**

DAFNE Doctors who wish to deliver sessions from the DAFNE patient course must attend 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 wishes to participate in the Introduction and Question and Answer sessions they can do so by completing the DDP. However, if a doctor wishes 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 Annual Review session delivered 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.

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.

   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.