

# Guiding Principles: Local Credentialing of Registered Nurses and Allied Health Practitioners to Provide Advice on Insulin Dose

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Guiding principles for local credentialing of registered nurses and accredited practising dietitians to provide advice on insulin dose: A guide for Hospital and Health Services.

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### **Guiding principles for local credentialing of registered nurses and allied health professionals to provide advice on insulin dose**

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An electronic version of this document is available at <https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/statewide-clinical-networks/diabetes>

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# 1 Introduction

## 1.1 Purpose

Each Queensland hospital and health service (HHS) is accountable for and has responsibility for implementing, maintaining and monitoring effective clinical governance, to ensure the delivery of safe, effective, and high-quality healthcare through continuous improvement and adherence to best practices and standards for optimal patient outcomes.<sup>1-2</sup>

The purpose of this document is to provide guidance to HHSs regarding the provision of insulin dose advice in Queensland Health, including recommendations regarding credentialing for health practitioners; Accredited Practising Dietitians (APDs), registered nurses (RNs), Credentialed Diabetes Educators® (CDEs), and other relevant allied health practitioners. It also outlines the agreed minimum competencies that should be used for credentialing and the required documentation to assess competency.

## 1.2 Aims

The aim of this document is to support HHSs and health practitioners; Accredited Practising Dietitians (APDs), registered nurses (RNs), Credentialed Diabetes Educators® (CDEs), and other relevant allied health practitioners, currently working with people with diabetes, who wish to develop and maintain the required skills to provide insulin dose advice, by:

1. Assisting HHSs to establish effective processes and mechanisms for local credentialing of suitably qualified and experienced clinicians to provide advice on insulin dose adjustment.
2. Providing clinicians undertaking, or seeking to commence providing advice on insulin dose, including competency-based assessment and practice within HHSs' clinical governance frameworks.

## 1.3 Background

Diabetes mellitus presents a significant health challenge in Queensland with rising prevalence rates and an increasing burden on the healthcare system.<sup>3</sup> This condition imposes substantial costs on individuals, society, and healthcare.<sup>3</sup> With a growing population and increasing diabetes numbers, the constrained workforce faces mounting pressure.<sup>3</sup> To address these issues and deliver on the Australian National Diabetes Strategy 2021-2030<sup>4</sup> and the Department of Health Strategic Plan 2021-2025,<sup>5</sup> ensuring the workforce is enabled to practice to full scope is required. The provision of insulin dose advice by RNs, APDs and other relevant health professionals, including allied health practitioners, facilitates service delivery and alleviates workforce issues, improving patient access, care, and outcomes.<sup>5-7</sup>

The provision of insulin dose advice involves clinicians optimising glycaemic management for individuals with diabetes within the parameters of their prescription dose. Insulin dose advice is based on comprehensive assessments, distinct from titrating insulin as per prescribed tables or instructions from medical officers or nurse practitioners, a routine role for RNs and CDEs®.<sup>8-9</sup> As new service and workforce models evolve through multidisciplinary teams with varying skills, it is important to outline appropriate processes within HHS clinical governance structures to ensure safe, effective, high-quality care for clinicians providing insulin dose advice.<sup>1-2</sup>

## 1.4 Overview

APDs, RNs and CDEs® are ideally positioned to provide insulin dose advice to people with diabetes.<sup>8-9</sup> While these health professionals are well-equipped in diabetes care, providing insulin dose advice is not a core component of their training and they are not automatically authorised to provide insulin dose advice.<sup>8-10</sup> Credentialing these professionals, along with other appropriately skilled allied health professionals, to provide insulin dose advice can increase access to care and enhance the management of intensive insulin therapy.<sup>8-10</sup> This guideline refers to the credentialing process for health practitioners

within their respective HHS and not the credentialing process required by the Australian Diabetes Educators Association (ADEA) to become a Credentialed\* Diabetes Educator, refer to Section 2: [Definition of Terms](#).

## 2. Definitions of terms

The following table outlines the definitions of commonly used words within this document.

Accredited Practicing Dietitians (APDs) <sup>11</sup>	Accredited practicing dietitians (APDs) have the qualifications and skills to provide expert nutrition and dietary advice. APDs are university-qualified professionals that undertake ongoing training and education programs to ensure that they are the most credible source of nutrition information, in line with the Dietitians Australia Professional Standards.
Allied health professionals <sup>10</sup>	A diverse group of independent and distinct professions, including professions that are regulated under the Health Practitioner Regulation National Law (and registered by a relevant National Board), and professions that are self-regulated.
Competency <sup>12</sup>	Demonstrated capacity to apply a set of related knowledge, skills and abilities to successfully perform a task or skill needed to satisfy the special demands or requirements of a particular situation.
Credentialed* Diabetes Educator <sup>®</sup> (CDE <sup>®</sup> ) <sup>9</sup>	<p>The Credentialed* Diabetes Educator<sup>®</sup> (CDE) is a registered trademark allowing the Australian Diabetes Educators Association (ADEA) to define the conditions under which the term is used. CDEs hold a professional health care qualification (and have completed a postgraduate certificate in diabetes education and management. They have demonstrated experience and expertise in diabetes education and are required to undertake ongoing professional development related to diabetes to maintain CDE status. Qualification as a CDE does not automatically allow local credentialing for the provision of insulin dose advice.</p> <p>*According to the Australian Association of Diabetes Educators, the term <i>credentialed</i> is spelt in this manner, when used within the accreditation <i>Credentialed Diabetes Educator<sup>®</sup> (CDE)</i>.</p>
Person with diabetes <sup>13</sup>	People who use, or are potential users, of health services with diabetes, including their family and carers.
DAFNE <sup>14</sup>	Dose Adjustment for Normal Eating (DAFNE) is a 5-day ambulatory group education program for adults with type 1 diabetes that teaches consumers to self-manage insulin dose adjustment according to a flexible diet, while aiming to achieve glycaemic targets. DAFNE facilitators undergo extensive training and ongoing peer review in delivery of education on patient-based insulin dose adjustment.
Health professional <sup>15</sup>	<p>Health professional means:</p> <ul style="list-style-type: none"> <li>(a) a person registered under the Health Practitioner Regulation National Law; or</li> <li>(b) a person who provides a health service, including, for example a dietitian, exercise physiologist, registered nurse, nurse practitioner etc.</li> </ul>
Insulin dose advice	Advice provided by a clinician to a person with diabetes regarding adjustment of the insulin dose within the existing prescribing regime, considering factors such as meal planning, activity, and blood glucose levels.
Insulin titration	Alteration of insulin dose based on a written or verbal prescription that contains a specific structure to guide dosage. This structure may include a table or formula to calculate the dose required.

Credentialing <sup>10</sup>	The formal process used to verify and review the qualifications, experience, professional standing and other relevant professional attributes of health professionals for the purpose of forming a view about their competence, performance and professional suitability to provide a safe, high quality healthcare service within specific environments. Becoming locally credentialed to provide advice on insulin dose does not make the clinician a CDE®. Refer to the definition of Credentialed* Diabetes Educator® (CDE®).
Prescribe <sup>16</sup>	As per Schedule 1 of the <i>Medicines and Poisons Act 2019</i> (Qld) (MP Act) in relation to a medicine, means direct a person, orally or in writing, to administer, dispense or give a treatment dose of the medicine for the treatment of a person. <sup>4</sup>
Medical officer	A medical practitioner (medical specialist or general practitioner) registered with the Medical Board of Australia who is treating the consumer.
Nurse practitioner	A registered nurse whose registration is endorsed under the Health Practitioner Regulation National Law as being qualified to practise as a nurse practitioner.
Prescription <sup>17</sup>	As per Schedule 1 of the <i>Medicines and Poisons Act 2019</i> :  In relation to a medicine, means a direction, orally or in writing, to administer, dispense or give treatment dose of a medicine for the treatment of a person.
Queensland Health	Includes the Department of Health and all Hospital and Health Services
Scope of Clinical Practice (SoCP) <sup>15</sup>	The extent of an individual health professional's approved clinical practice within an organisation based on the individual's credentials, competence, performance and professional suitability and the needs and capability of the organisation to support the health professional's SoCP.

## 3. Scope of Practice

### 3.1 Within Scope

It is a requirement of employment in Queensland Health for health professionals to be credentialed and work within their scope of practice, including adherence to applicable guidelines and policies.<sup>10,16</sup> Scope of practice varies between health practitioners.<sup>15</sup> Scope of practice for a health professional is determined by factors including, but not limited to, their education and qualifications, authorisation under legislation including registration, experience and competence.<sup>15</sup> It may also be influenced by other factors such as the broader healthcare environment, specific settings, policies, standards, and the health needs of the population.<sup>10</sup>

In order to maintain and/or practice to full scope, health professionals may need to update or enhance their knowledge, skills, or competence, especially in tasks relevant to their field of practice.<sup>8-10, 19</sup> Insulin titration which is adjusting insulin dose based upon instruction from a medical officer or nurse practitioner using a dosing table, prescription guideline or written guideline is in the general scope of practice for a RN and CDE®<sup>9</sup> and therefore does not require additional credentialing.

The provision of insulin dose advice falls within the scope of practice of health practitioners where the practitioner has:<sup>8-9,15, 20</sup>

- recent and relevant clinical experience in managing diabetes, including providing insulin dose advice competently and safely; or
- undertaken appropriate training to develop and maintain the necessary knowledge and skills for providing insulin dose advice for their patient population; and
- demonstrated competency for the provision of insulin dose advice for their patient population in accordance with local credentialing processes; and
- an ongoing commitment to comply with relevant policy, including legislation, and local clinical governance arrangements.

Practitioners working in specialised clinical areas such as pregnancy, paediatrics, and insulin pumps are required to have additional knowledge, skills, and regular experience to meet the requirements for credentialing.<sup>9,21-24</sup> They should undertake appropriate training and demonstrate specific competencies in these areas.

The scope of practice for the provision of insulin dose advice is limited to the diabetes population (i.e., children with type 1 diabetes) and local service setting that has been specified in the local credentialing documentation for the clinician.



## 3.2 Out of Scope

The list below is not exhaustive and provides some examples of clinical presentations that would be considered out of scope. Insulin dose advice should not be provided in any situation that is beyond the health practitioner's demonstrated competency level and agreed scope of practice.

- Initiation and insulin prescription
- Blood ketones greater than 3.0mmol/L or ketones  $\geq 1.5$  mmol/L after two supplemental doses of insulin and not decreasing
- Person with diabetes shows signs/symptoms of diabetic ketoacidosis (DKA),
- Person with diabetes shows signs/symptoms of dehydration
- Persons with diabetes outside the diabetes population and/or service setting specified in the local credentialing documentation for the clinician.
- Change to insulin type required (new prescription required)
- Changing to a different regimen (e.g. twice daily/fixed/conventional therapy to basal bolus/multiple daily injections (MDI) or pump)
- Glucagon prescription
- Person with diabetes not engaging in advice/refuses advice/unable to implement advice
- Dementia or other cognitive impairment
- Person with diabetes unsafe to self-monitor or administer insulin
- Intravenous (IV) insulin
- Intraoperative surgery
- During labour and birthing.

### 3.3 Criteria for Escalation

Escalation processes, including criteria for referral to the medical officer or nurse practitioner, are recommended as part of the service model.<sup>10,18</sup> The following criteria may not be exhaustive and are provided as examples. Insulin dose advice should not be provided in any situation that is beyond the health practitioner's demonstrated competency level and agreed scope of practice for the service.<sup>8-10</sup>

- clinical concern on the part of the RN-CDE/RN/APD/allied health practitioner
- severe hypoglycaemia
- unexplained, recurrent hypoglycaemia
- blood glucose dropping with no apparent cause
- change in background insulin greater than 20%
- total daily dose excessive for weight (> 1.0 unit/kg) unless related to high carbohydrate diet
- person with diabetes requires acute medical management for any other condition not related to insulin dose advice
- exacerbation of previous medical conditions or new onset of symptoms/medical condition e.g. gastroparesis
- pregnancy: if not credentialed to provide insulin dose advice in pregnancy or previously providing advice before conception and new pregnancy
- continued unexplained decrease in insulin dose
- disordered eating
- recurrent or persistent vomiting and/or diarrhoea
- glycaemia is not improving or is deteriorating despite adjustments made to insulin or other components of the treatment plan.
- new onset of blood ketones greater than 3 or  $\geq 1.5$  mmol/L that after two supplemental doses of insulin is not decreasing
- new signs/symptoms of DKA
- situations requiring prolonged fasting (e.g. for religious or medical purposes).

### 3.4 Risks

Provision of insulin dose advice carries inherent risks, necessitating appropriate skills and qualifications.<sup>8-9</sup> A robust supervision framework and credentialing system are essential for risk mitigation. It is advisable to establish local protocols defining practice parameters to further minimise risks.<sup>10,18</sup>

## 4. Protocol

The local credentialing process, overseen by clinical governance, evaluates individuals against the criteria outlined in this document<sup>10</sup> and the accompanying *Provision of Advice on Insulin Dose: Final Competency Assessment and Applicant Declaration*. These competencies should be considered in the context of best practice as outlined in evidence-based guidelines, refer to Section 10: [Provision of Advice on Insulin Dose Competencies](#).

Protocols for the governance of the provision of insulin dose advice, including credentialing, are developed and implemented locally in accordance with the HHSs credentialing procedures, and should include the following components:<sup>10,15,18</sup>

- A service-specific defined scope of practice for insulin dose adjustment advice, endorsed by the Service Director
- Supportive practice arrangements during training and on an ongoing basis
- Procedures for requesting, providing advice, and consent processes (obtaining necessary information from referrals, medical records, and the person with diabetes).
- Mechanisms to monitor individual scope of practice
- Criteria and thresholds for insulin adjustments, identification, escalation and ongoing monitoring
- Communication strategies with relevant medical officers/nurse practitioners, including frequency and support-seeking protocols
- A time- limited review of credentialing status e.g., annually, every three to five years.<sup>10</sup>

It is important to note that credentialing to provide advice on insulin dose does not automatically transfer between service settings within an HHS or between HHSs.

It is recommended that workplaces offer professional support for clinicians to develop/maintain competency within their practice settings and/or required scope of practice. It is recommended that clinicians are recredentialled every five years to keep pace with clinical guidelines, ongoing technological advancements and changes in models of service and scope of practice. If appropriate training and support is not available in the local facility, a partnership with another facility should be considered.

HHS's may have specific templates; it is recommended to consult the local credentialing committee. A sample template for the local service protocol is available on the Office of the Chief Allied Health Officer (OCAHO) QHEPS page, in addition to a credentialing application toolkit:

<https://qheps.health.qld.gov.au/alliedhealth/html/clinical-gov-landing-page/credentialing>

For more information on scope of practice and credentialing, refer to:

1. Department of Health Guideline for Credentialing, Defining the Scope of Clinical Practice, and Professional Support for Allied Health Professionals (QH-HSDGDL-034-5:2015)<sup>10</sup> [Guideline for Credentialing, defining the scope of clinical practice and professional support for allied health professionals | Health service directive guideline | Queensland Health](#) is available to assist HHSs to determine if credentialing is required and how to undertake this process.
2. Local Scope of Practice Credentialing policies and procedures, such as those from Metro North and Metro South Health.<sup>25-26</sup>

The Network is available as a resource to provide clinical expertise and assistance if needed. Contact the network coordinator via email ([qlddiabetesnetwork@health.qld.gov.au](mailto:qlddiabetesnetwork@health.qld.gov.au)) for support.

## 5. Legal Implications

Insulin is a Schedule 4 medicine, which is regulated in Queensland under the *Medicines and Poisons Act 2019* (Qld) (MP Act)<sup>16</sup> and the *Medicines and Poisons (Medicines) Regulation 2021* (Qld) (MPMR).<sup>17</sup> The MP Act and MPMR authorise specified classes of persons, detailed in the Schedules of the MPMR, to undertake specific regulated activities such as prescribing, administering, and dispensing medicines, including insulin, which would otherwise be unlawful.

However, clinicians providing advice on insulin dose, where the advice falls within the existing prescribing regime as prescribed by the individual's authorised prescriber, are neither prescribing nor administering insulin, and are not undertaking a regulated activity under the MP Act or MPMR. Therefore, Registered Nurses, Accredited Practising Dietitians [and Allied Health Professionals] who are credentialed to give insulin dose advice to individuals within the existing prescribing regime as prescribed by the individual's authorised prescriber, do not require an authority under the MP Act or MPMR in order to do so.

Advice on insulin dose that falls outside of the existing prescribing regime as prescribed by the individual's authorised prescriber, may be considered 'prescribing' and an authority under the MP Act would be required in these circumstances.

## 6. Indemnity

The process to grant indemnity to an employee for a work-related civil liability is covered under the [Queensland Government Indemnity Guideline](#) and [Queensland Health policies](#) and is an entitlement once the employee notifies the employer and undertakes that they acted in good faith and without gross negligence.

If a clinician has been locally credentialed by a Hospital and Health Service to undertake the task of providing advice on insulin dose as part of their employment role, they will be indemnified on this basis accordingly.

## 7. Acquiring Skills and Demonstration of Competency

There are two components of skill acquisition and demonstration of competency – theoretical knowledge and clinical experience. Guidance for developing and demonstrating the required skills to provide insulin dose advice is provided in the below sections 7.1: [Theoretical Knowledge](#), 7.2: [Clinical Experience](#) and 7.3: [Demonstration of Clinical Competency](#). A commitment to ongoing professional development to maintain knowledge and skill base is required.

It is strongly recommended that theoretical knowledge be accompanied by extensive, relevant, and supervised clinical experience and demonstration of the required competencies. The complete list of competencies is outlined in Provision of Advice on Insulin Dose: Final Competency Assessment and Applicant Declaration Section 10: [Provision of Advice on Insulin Dose Competencies](#).

Clinicians are recommended to have the support of a supervisor, either an endocrinologist, medical staff, nurse practitioner, APD, RN, CDE or other health practitioner credentialed in insulin dose advice and approval by the director of the service. **The attainment of theoretical knowledge alone is not sufficient to commence providing insulin dose advice independently.**

The following essential and desired requirements should be met by the clinician before commencing the process to become credentialed for the provision of insulin dose advice.

### Essential Requirements

#### 1. Relevant qualifications, accreditations/ certifications and registration (as applicable to profession):

- For professions regulated under the National Law e.g. nursing and some allied health professionals: current registration with the appropriate Board.
- If not, a profession regulated under the National Law e.g. dietetics, evidence of accreditation (or eligibility for accreditation) with the appropriate professional practice body (PPB) e.g. Accredited Practising Dietician (APD) status with Dietitians Australia.

### Desired Requirements

1. Possession of a post graduate qualification in diabetes education or related field
2. Credentialed\* Diabetes Educator® (CDE)
3. Completion of training to deliver an accredited program in flexible insulin dose adjustment e.g. DAFNE (dose adjustment for normal eating) for type 1 diabetes or another similar accredited program.<sup>27</sup>

The qualification of CDE is a desirable qualification but not a prerequisite to apply for local credentialing provided the necessary knowledge, skills and experience is demonstrated.

## 7.1 Theoretical Knowledge

The development of knowledge to provide insulin dose advice may be obtained via several avenues, examples are listed in Table 1. To be eligible for credentialing, it is recommended that the clinician is working with people with diabetes.

**Table 1: Opportunities to gain the required knowledge to provide insulin dose advice.**

<b>Queensland Health Online Training Package</b>	<ul style="list-style-type: none"> <li>• OCAHO iLearn: Provision of Advice on Insulin Dose</li> <li>• The iLearn education package on insulin dose advice has been developed to underpin the process of establishing competencies and should be combined with supervision (a supportive practice arrangement) to further develop the clinician’s skill base and enable demonstration of competencies.</li> <li>• Refer to the Competency Checklist: Provision of Advice on Insulin Dose: Final Competency Assessment and Applicant Declaration Section 10: <a href="#">Provision of Advice on Insulin Dose Competencies</a>.</li> </ul>
<b>Dose Adjustment For Normal Eating (DAFNE)<sup>27</sup></b>  <b>Type 1 Diabetes.</b>	<ul style="list-style-type: none"> <li>• 5 Day observation with additional case study work</li> <li>• 2 Day DAFNE Educator Program</li> <li>• DAFNE accreditation should be combined with significant diabetes clinical experience. DAFNE does not provide the clinician with the required knowledge and skills to provide insulin dose advice to pregnant women, children, or those on insulin pumps.</li> </ul>
<b>FlexIT (Flexible Insulin Therapy)</b> <b>Baker Heart &amp; Diabetes Institute</b>	<ul style="list-style-type: none"> <li>• 2 Day program: Flexible insulin therapy principles</li> <li>• 3 Day program: additional day to focus on providing the skills and teaching resources to become an accredited FlexIT group facilitator.</li> <li>• Delivered via Zoom</li> </ul>
<b>Extensive relevant diabetes experience</b>	<ul style="list-style-type: none"> <li>• Experience should include insulin dose advice in conjunction with Diabetes medical staff / nurse practitioner/ clinician credentialed to provide insulin dose advice</li> </ul>

### Minimal mandatory theory/ knowledge requirements:

- Professional standards
- Clinical and pharmacokinetic knowledge
- Meal planning, carbohydrate counting and insulin doses
- Assessment and interpretation of BGL patterns from Continuous/Flash Glucose Monitoring, glucose meters or written records
- Diabetes self-care learning needs
- Communication
- Insulin injection technique and injection site factors
- Insulin schedules and advice on dose adjustment
  - Hypoglycaemia
  - Sick day management
  - Glycaemic factors such as physical activity, alcohol, and other medications
  - Peri-operative care (outpatient only)
  - Shift work
  - Time zone, travel schedules

Additional theory is required for people working in paediatrics, pregnancy, or insulin pumps. <sup>9,21-23</sup>

Refer to the full competency checklist in Section 10: [Provision of Advice on Insulin Dose Competencies](#).

## 7.2 Clinical Experience

The following list has been developed to support clinicians to demonstrate evidence of clinical experience in diabetes care. The clinician requesting local credentialing is responsible for presenting the evidence required by the credentialing body of the relevant HHS to demonstrate they are safe and competent to provide advice on insulin dose.

### **Demonstrated evidence of clinical experience in diabetes care**

Clinical experience to support theoretical knowledge and skill acquisition may be gained through:

- observation of a credentialed, experienced practitioner and/or supervised clinical practice, with follow up case discussion to build clinical reasoning capability
- practice based coaching sessions and case studies with supervisor
- DAFNE for Type 1 Diabetes.<sup>27</sup>

The timeframe required to develop competency and/or frequency of sessions to gain clinical experience will depend upon:

- the learning pace and needs of the clinician
- previous experience and knowledge
- the opportunity for clinical exposure to gain experience in the local area.

Supervision is recommended to continue until competency is satisfactorily demonstrated and signed off by both supervisor and supervisee. Access to ongoing supervision and professional support is required to maintain competency and support clinical reasoning for more complex case management, or to escalate clients that are out of scope for the clinician and/or service.

## 7.3 Demonstration of Clinical Competency

Competency comprises the underpinning knowledge and clinical skills required to safely and proficiently complete each task identified in Section 10: [Provision of Advice on Insulin Dose Competencies](#).

### **1. Demonstrated evidence of competency may be demonstrated via:**

- observation of practice
- DAFNE formal assessment by an accredited DAFNE assessor and ongoing peer review and accreditation<sup>#</sup>
- peer review
- case studies and/or discussions
- joint consultations
- completion of i-Learn modules and accompanying quizzes.

<sup>#</sup>DAFNE accreditation should be combined with significant diabetes clinical experience. DAFNE does not provide the clinician with the required knowledge and skills to provide insulin dose advice to pregnant women, children, or those on insulin pumps or Type 2 Diabetes/ other forms of diabetes.<sup>14,27</sup>

To remain accredited, DAFNE facilitators must participate in an annual, structured peer review.<sup>27</sup> Additionally, ongoing professional development, data collection, benchmarking and reflective practice are all expectations of the annual quality assurance program that clinicians must participate in. This robust, annual quality assurance process could be used as evidence for ongoing credentialing. Those clinicians that are not delivering DAFNE could use a similar framework for annual peer review and quality assurance.<sup>14</sup> A sample peer review check list for insulin dose advice is provided in Appendix 2: Peer Review Checklist.

## 8. Supervision and Professional Support

Professional supervision is the interactions between a more experienced employee (supervisor) and a less experienced employee (supervisee) aimed to enrich and enhance the professional practice of the supervisee. The content and processes of supervision differ depending on context and sessions may vary in their focus on evaluation, reflection, and/or learning. Supervision activities may include the acquisition of skills and knowledge, as well as personal and professional development related to client-therapist interactions.<sup>10</sup>

### **Possible supervision activities include:**

- Individual case reviews
- Clinical skills practice review
- Documentation/ communication review
- Scope of practice review
- Professional development

[Professional support](#) is the mechanism within Queensland Health which ensures health professionals and clinician continue to develop both personally and professionally and maintain their competency within their practice settings and/or scope of practice. Participation in professional support is central to the safety of patients and the quality of services.

For allied health professionals, the [Guideline for credentialing, defining the scope of clinical practice and professional support for allied health professionals](#) provides recommendations for professional support requirements for allied health professionals working within the Queensland Public Health System based on the allied health professional's clinical experience.

The Allied Health Education and Training QHEPS site provides links to [professional support resources](#) and [training activities](#), including supervision documentation that will provide valuable evidence of competency attainment for credentialing. A supervision log and notes should be completed after supervision sessions, documenting; date, content discussed, recommendations, outcomes and agreed actions. The competency checklist can also be completed during supervision to help demonstrate the competencies that have been achieved and identify those requiring additional work.



## 9. Applying for Credentialing

Once the clinician has completed training and demonstrated the required competencies for insulin dose advice in the service they will be working in, they will be required to apply for scope of practice through their local credentialing committee.<sup>10,15,18</sup>

Prior to commencing the process, clinicians should be familiar with the [Credentialing Application Toolkit: Provision of Advice on Insulin Dose](#) recommended documentation.

1. Check local credentialing requirements on local HHS website.
  2. Collate required documentation. This will vary depending upon individual HHS requirements
  3. Through collaboration with the treating team, director of service and line manager, define the local protocol
  4. Ensure the [Provision of Advice on Insulin Dose: Final Competency Assessment and Applicant Declaration Form](#) is completed and signed off by the appropriate supervisor
  5. Submit your application through the local HHS credentialing body.
- There is no cost to apply for local credentialing through the credentialing body in your HHS.
  - The HHS will have local policies in place that determine the renewal process for credentialing, and appeal processes if an application is declined. Refer to the [Guideline for credentialing, defining the scope of clinical practice and professional support for allied health professionals](#).

## 10. Provision of Advice on Insulin Dose Competencies

Demonstrated competencies underpinning insulin dose adjustment such as those articulated in the **Provision of Advice on Insulin Dose Competency Checklist**. Refer to the Department of Health: Allied Health (OCAHO) Credentialing website [Clinical governance \(health.qld.gov.au\)](https://www.health.qld.gov.au/clinical-governance).

These competencies should be considered in the context of best practice as outlined in evidence-based guidelines including:

- NHMRC Clinical Practice Diabetes Guidelines
  - National Evidence Based Guideline for Diagnosis, Prevention and Management of Chronic Kidney Disease in Type 2 Diabetes
  - National Evidence Based Guideline for Case Detection and Diagnosis of Type 2 Diabetes
  - National Evidence Based Guideline for Patient Education in Type 2 Diabetes
  - National Evidence Based Guideline for Blood Glucose Control in Type 2 Diabetes
  - National Evidence Based Guideline for the Primary Prevention of Type 2 Diabetes
- NHMRC National Evidence Based Clinical Care Guidelines for Type 1 Diabetes in Children, Adolescents and Adults
- Australian Diabetes Society Position Statement on the Individualisation of HbA1c targets for Adults with Diabetes Mellitus
- Australian Diabetes Society Peri-Operative Diabetes Management Guidelines
- Assessing Fitness to Drive
- Australian Diabetes Society Diabetes and Ramadan Position Statement
- Managing Type 2 Diabetes with Therapeutic Carbohydrate Reduction (TCR) Endorsed by the Australian Diabetes Society
- Guideline for the Management of Disordered Eating and Eating Disorders in Children, Adolescents and Adults with Type 1 Diabetes.
- Living Evidence for Diabetes Consortium Australian Evidence- Based Clinical Guidelines for Diabetes
- International Society for Pediatric and Adolescent Diabetes Clinical Practice Consensus Guidelines 2022

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## Appendix 1. Resources/Links

- **Department of Health: Guideline for Credentialing, Defining the Scope of Clinical Practice and Professional Support for Allied Health Professionals**  
[Guideline for Credentialing, defining the scope of clinical practice and professional support for allied health professionals | Queensland Health](#)
- **Department of Health: Allied Health (OCAHO): Credentialing**  
[Clinical governance \(health.qld.gov.au\)](#)  
Credentialing for allied health professionals engaging in extended scope practices
  - New application form
  - Mutual recognition application form
  - Re-application form
  - Referee report
  - Supervisor reportProvision of advice on insulin dose - credentialing resources
  - Provision of Advice on Insulin Dose: Final Competency Assessment and Applicant Declaration.
  - Credentialing Application Toolkit: Provision of Advice on Insulin Dose.
- **The Allied Health Office of the Chief Allied Health Officer: Professional Support**  
[Clinical governance \(health.qld.gov.au\)](#)
- **Cunningham Centre: Learning Resources: Allied Health Professional Support**
  - Peer review
  - Professional supervision (including sample supervision log)
  - Work shadowing[Learning resources | Allied Health Education and Training | Cunningham Centre](#)
- **Queensland Health Online Training Package:**  
iLearn: (OCAHO-C) Provision of Advice on Insulin Dose Adjustment Training Package  
<https://ilearn.health.qld.gov.au/d2l/home/7701>
- **Dose Adjustment For Normal Eating in Australia (OzDAFNE)**  
[Health Professionals \(dafne.org.au\)](#)
- **Baker Heart & Diabetes Institute: FlexIT (Flexible Insulin Therapy)**  
[Flexible Insulin Therapy \(FlexIT\) \(baker.edu.au\)](#)

## Appendix 2. Further Reading

The Government of Saskatchewan (Canada) have developed a comprehensive set of diabetes resources for health professionals including.

1. Insulin dose adjustment module
2. Advanced insulin dose adjustment module
3. Advanced insulin dose adjustment module – gestational diabetes.

These resources are available to download here:

<https://www.ehealthsask.ca/services/resources/Resources/September%202016%20SK%20IDA%20Module%20UPDATED.pdf>

[Saskatchewan Advanced Insulin Dose Adjustment Module \(ehealthsask.ca\)](#)

[Saskatchewan Advanced Insulin Dose Adjustment Module Gestational Diabetes \(ehealthsask.ca\)](#)

Insulin Dose Adjustment Decision Support Tool and Competency Framework for Registered Nurses 2021. Fraser Health, British Columbia available here:

[http://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/HHealth-Professionals/Professionals-Resources/Diabetes/2021\\_june1\\_insulin\\_dose\\_adjustment.pdf](http://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/HHealth-Professionals/Professionals-Resources/Diabetes/2021_june1_insulin_dose_adjustment.pdf)