

Provision of Advice on Insulin Dose: Final Competency Assessment and Applicant Declaration

This form should be completed by a nominated health professional experienced in the provision of advice on insulin dose. It should be used to assess a registered nurse or accredited practising dietitian undertaking competency in the provision of advice on insulin dose. This competency sign off is designed to be used in conjunction with a signed individual agreement as part of the local credentialing process.

Name of applicant	Declaration	Signature of applicant	Date
	I confirm that the evidence provided is true and correct.		

Name of assessor	Position of assessor	Signature of assessor	Date

I am satisfied that the applicant has demonstrated competency in the provision of advice on insulin dose. [Refer to full document and attachments for detail if required]	Competent (Y/N)
1. Professional standards: <i>works within professional and organisation standards</i>	
2. Clinical and pharmacokinetic knowledge - <i>demonstrates current clinical and pharmacokinetic knowledge relevant to provision of advice on insulin dose</i>	
3. Meal planning carbohydrate counting and insulin doses - <i>understands meal planning principles and carbohydrate counting in relation to insulin and uses these in assessment, education, and recommendations on insulin dose</i>	
4. Assessment and interpretation of blood glucose levels - <i>assesses blood glucose and appropriately interprets information to provide advice on insulin dose(s) or other components of diabetes treatment plan</i>	
5. Insulin schedules and advice on dose adjustments - <i>understands various insulin schedules and principles for provision of advice on insulin dose for conventional or intensive therapy</i> <ul style="list-style-type: none"> • Hypoglycaemia - <i>understands principles for prevention and management of hypoglycaemia.</i> • Sick day management - <i>understands various insulin schedules and principles for providing advice on insulin dose for sick day management.</i> • Physical activity- <i>understands principles for providing advice on insulin dose to ensure safe activity.</i> • Peri-operative care-<i>understands principles to provide advice on insulin dose to optimise blood glucose levels prior to surgery (outpatient only).</i> • Shift work - <i>understands various insulin schedules and principles for providing advice on insulin dose for shift work and assesses and implements an alternate insulin schedule for shift work.</i> • Time-zone travel schedules - <i>understands various insulin schedules and principles for providing advice on insulin dose for travel across time zones</i> 	
6. Diabetes self-care learning needs - <i>Assesses and addresses diabetes self-care learning needs and readiness to learn insulin dose adjustment.</i>	
7. Communication - <i>Communicates with the person with diabetes and other team members towards the goal of appropriate insulin adjustment.</i>	

Provision of Advice on Insulin Dose Competency Checklist

This completed competency checklist provides a record of evidence demonstrating the applicant is competent to provide advice on insulin dose.

Training that can contribute to demonstrating competency includes:

- **Provision of advice on insulin dose online training package** (iLearn) which provides good theoretical knowledge. Additional evidence of practical application in the workplace is recommended.
- Completion of the **registered DAFNE program** provides good theoretical knowledge and assessed practical application. This course includes a requirement for annual peer assessment and delivery of two courses per year to maintain accreditation.
- Workplace based activities, case studies and observational assessment.

Instructions

1. The competency checklist can be completed progressively as part of a training program.
2. For each competency element the supervisor should review the competency statements against the evidence provided and any additional observations.
3. Evidence that contributes to the competency assessment should be attached to the checklist. This may include case studies or certificates related to the above training.
4. The supervisor should record in the relevant column the evidence used to support assessment of competency for that element and then initial and date the competency element.
5. Once all the competencies have been completed the final competency assessment and applicant declaration should be completed and signed by both the applicant and supervisor.

1. Professional Standards - <i>Works within professional and organisation standards.</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Accepts responsibility for providing advice on insulin dose and understands the professional and legal implications.						Comments:	
Identifies and works within scope of practice and the guidelines of the employing health agency / organisation.							
Identifies limits of own knowledge and skill and works within them.							
Demonstrates initiative to advance and maintain knowledge and skills needed for safe provision of advice on insulin dose.							
Ongoing and regular experience in providing advice on insulin dose to maintain confidence and competence.							
Uses evidence- based guidelines, where they exist, to offer direction to management.							
Records accurate, clear and timely clinical notes of insulin dose adjustments and related education or advice							

2. Clinical and Pharmacokinetic Knowledge - <i>Demonstrates current clinical and pharmacokinetic knowledge relevant to provision of advice on insulin dose.</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Describes the major types of diabetes including basic physiology, pathophysiology, distinguishing characteristics, and rationale for different treatment plans according to type of diabetes.						Comments:	
Identifies non-pharmacological and pharmacological approaches to treating different types of diabetes including pharmacology of oral agents and other injectables and how these may influence advice on insulin dose application.							
Describes the pharmacokinetics and action time of all available insulins in use within Queensland including onset, peak, duration, method of action, excretion, and how these may be altered (e.g. by weight, lipohypertrophy, age, pregnancy, renal impairment etc.).							
Identifies drugs that may inhibit or potentiate the action of insulin.							
Identifies potential side effects of insulin therapy and how to avoid/minimise and manage them (e.g. hypoglycaemia, lipohypertrophy, weight gain, in rare cases allergy).							
Identifies and describes appropriate storage and disposal of insulin.							
Describes basic physiologic insulin requirements in type 1 and type 2 diabetes in adults.							

3. Meal planning carbohydrate counting and insulin doses - <i>Understands meal planning principles and carbohydrate counting in relation to insulin and uses these in assessment, education, and recommendations on insulin dose</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Basic digestion and metabolism							
Describes glycaemic responses to different food groups / types.							
Identifies carbohydrate content of common foods (including indigenous foods where this is relevant)							
Describes the purposes of consistent carbohydrate (CHO) use and or CHO counting and identifies potential advantages/disadvantages of each, according to the person's situation.							
Provides advice as to whether a set dose of insulin with consistent CHO intake or a flexible insulin regimen with flexible CHO intake is recommended based upon the person with diabetes skills, preferences, and lifestyle.							
Identifies the different approaches to CHO counting (grams/10g portions/15g portions/exchanges) and the potential advantages/disadvantages according to the person's situation.							
Applies and teaches CHO intake guidelines for periods of illness.							
Identifies age appropriate dietary, activity, and / or advice on insulin dose that can be made to improve blood glucose excursions associated with food.							
Calculates, uses, and evaluates insulin: carbohydrate ratios.							
Calculates, uses, and evaluates insulin sensitivity factor (ISF), correction doses/or insulin scales.							
Identifies dietary, activity and/or advice on insulin dose for high carbohydrate, high fat and/or high protein meals.							
Identifies dietary and/or advice on insulin dose for snacks.							
Identifies strategies to decrease risk of hypoglycaemia and identifies management strategies.							
Identifies dietary and/or advice on insulin dose for physical activity.							
Identifies effect of alcohol consumption on blood glucose values and provides education and advice to minimise risk of hypoglycaemia.							
Works collaboratively with multidisciplinary team and makes appropriate referrals for nutrition education and support.							

Comments:

4. Assessment and interpretation of blood glucose levels - <i>Assesses blood glucose and appropriately interprets information to provide advice on insulin dose(s) or other components of diabetes treatment plan</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Identifies appropriate frequency, timing, and recording of blood glucose monitoring and interprets results.							
Can explain to the person with diabetes the rationale for monitoring and provide education regarding interpretation of results and advice on insulin dose.							
Describes strategies to enhance accuracy of self-monitoring of blood glucose (SMBG).							
Identifies age-appropriate blood glucose goals and rationale for these.							
Identifies situations in which standard blood glucose goals may need to be modified.							
Perform a comprehensive assessment of blood glucose, including assessment of SMBG, Flash Glucose Monitoring (FGM) and Continuous Glucose Monitoring (CGM) (e.g., interpretation of the ambulatory glucose profile, glucose pattern summary data, daily glucose profiles).							
Obtains pertinent information regarding CHO intake, activity, illness, stress, hormonal changes, Dawn phenomenon, insulin, other medications, exercise, alcohol, weight changes and any other factors which may be influencing blood glucose and identifies appropriate intervention and follow up assessment plan.							
Identifies strategies to assess basal and bolus doses.							
Interprets assessment data and plans appropriate intervention based on data.							
Identifies patterns of hyperglycaemia or hypoglycaemia, or changes in routines which require adjustment of insulin and/ or other components of treatment plan.							
Identifies when, why and how to assess for nocturnal hypoglycaemia.							
Describes the pathogenesis and management of impaired hypoglycaemia awareness (IHA).							
Describes factors that increase the risk of IHA.							
Identifies when to check for ketones and can interpret results and provide appropriate advice							
Communicates assessment findings to relevant team members as appropriate.							
						Comments:	

5. Insulin schedules and advice on dose adjustments - <i>Understands various insulin schedules and principles for provision of advice on insulin dose for conventional or intensive therapy</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Uses established principles and guidelines for providing advice on insulin dose based on patterns.							
Identifies situations when an insulin scale or correction dose needs to be used and/ or adjusted.							
Describes principles and concepts of Single dose insulin (e.g. type 2) Twice (BID) or three (TID) times per day insulin doses Multiple daily injections (MDI) Basal- bolus (BB) Continuous subcutaneous insulin infusion (CSII) Automatic insulin delivery (AID)							
Identifies which insulin regimen is most appropriate for the person with diabetes and recommends changes to medical staff if required.						Comments:	
Uses pattern management principles to establish, adjust and evaluate basal and bolus doses for different insulin schedules: Single dose insulin (e.g. type 2) Twice (BID) or three (TID) times per day insulin doses Multiple daily injections (MDI) Basal- bolus (BB) Continuous subcutaneous insulin infusion (CSII) Automatic insulin delivery (AID)							
Identifies when a change in the time of insulin administration would be appropriate.							
Identifies multiple factors that are individual to the person with diabetes and adjusts advice on insulin dose accordingly.							
Applies exercise guidelines appropriate to the person with diabetes and their insulin schedule.							
Applies guidelines appropriate to the person with diabetes and provides advice on insulin dose for a test or procedure.							
Calculates and applies insulin sensitivity factors, correction doses and/or insulin scales.							
Calculates and uses insulin to carbohydrate ratios.							
Identifies factors related to insulin injection technique (administration) and injection sites which may impact on the absorption and action of insulin (lipohypertrophy).							
Identifies when a change in the type, time, or device							

(syringe/pen/CSII/AID) of insulin administration would be appropriate.							
Provides appropriate recommendations when a person with diabetes has made an error in their usual insulin dose.							
5.2 Hypoglycaemia - <i>Understands principles for prevention and management of hypoglycaemia</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Provides the person with diabetes with appropriate advice on insulin dose following severe hypoglycaemia.							
Identifies patterns of hyperglycaemia or hypoglycaemia, or changes in routines which require adjustment of insulin and/ or other components of treatment plan.						Comments:	
Identifies when, why and how to assess for nocturnal hypoglycaemia and potential rebound hyperglycaemia.							
5.3 Sick day management - <i>Understands various insulin schedules and principles for providing advice on insulin dose for sick day management.</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Identifies the importance of sick day management plans							
Uses recognised guidelines to create a person specific sick day management plan						Comments:	
Knows when to check for ketones, how to interpret and appropriate action including escalation to medical officer/ nurse practitioner if required							
Identifies situations that require referral to medical care or hospital							
Review and amend sick day management plans where appropriate							
5.4 Physical activity - <i>understands principles for providing advice on insulin dose to ensure safe activity.</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Explains the importance of regular monitoring to guide insulin adjustment for exercise						Comments:	
Discusses strategies for adjusting insulin related to physical activity type and duration							

5.5 Peri-operative care- <i>understands principles to provide advice on insulin dose to enhance blood glucose levels prior to surgery (outpatient only)</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Understands the importance of pre- and post- surgical management of diabetes						Comments:	
5.6 Shift work - <i>Understands various insulin schedules and principles for providing advice on insulin dose for shift work and assesses and implements an alternate insulin schedule for shift work.</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Identifies high risk working situations that require alternative insulin schedule(s).							Comments:
Identifies times of greater hypoglycaemia risk based on insulin action and when requirements are different for wakefulness and sleep.							
Uses pattern management principles to establish, adjust and evaluate basal and bolus doses for different insulin schedules: Single dose insulin (type 2), BID or TID daily insulin MDI CSII AID							
Analyses relationship of matching insulin action with possible irregular timing of carbohydrate intake and activity levels and identifies appropriate adjustments / action.							
Identifies when a change in the type, time, or device (syringe/pen/CSII/AID) of insulin administration would be appropriate for shift work and notifies Medical Officer (MO) or Nurse Practitioner (NP).							
Identifies and discusses the need to introduce alternative insulin schedules if greater flexibility is required and subsequently describes principles and concepts of these regimens.							

5.7 Time-zone travel schedules - <i>Understands various insulin schedules and principles for providing advice on insulin dose for travel across time zones.</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Casestudy				
Identifies situations that require adjustments to insulin dose, timing, or type for travel across time zones.							
Identifies information needed to prepare and advise a travel plan.							
Provides information and advice on insulin dose changes required for travel across time zones taking into account the person's current insulin regimen and delivery method, flight distance, length of travel and time changes for: outbound trips return trips						Comments:	
Explains travel plan to the person with diabetes and assesses understanding.							
Teaches principles for travelling safely across time zones with insulin, taking into consideration their learning needs and level.							
Identifies when a change in the type, time, or device (syringe/pen/CSII/AID) of insulin administration would be appropriate and consults with MO or NP as required by organisation policy.							

6. Diabetes self-care learning needs - <i>Assesses and addresses diabetes self-care learning needs and readiness to learn insulin dose adjustment.</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFN E	iLearn	Other e.g. Case study				
Assesses knowledge, ability, and readiness to learn: basic changes to insulin dose according to blood glucose patterns. intensive therapy with MDI, CSII or AID.						Comments:	
Completes comprehensive assessment of learning needs and provides timely, person centred education on insulin dose.							
Provides education, as appropriate, using sound educational theories and principles.							
Identifies specific learning needs and formulates a learning plan with the person with diabetes to address basic insulin dose adjustment.							
Evaluates learning and plans follow-up as appropriate to needs and circumstances.							
Confirms understanding of instruction or advice provided.							
7. Communication - <i>Communicates with the person with diabetes and other team members towards the goal of appropriate insulin adjustment.</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
DAFN E	iLearn	Other e.g. Case study					
Involves the person with diabetes in reviewing and interpreting blood glucose values to make informed decisions about adjustments to the treatment plan.						Comments:	
Demonstrates sensitivity and empathy when addressing the person with diabetes questions, emotions, and concerns.							
Assesses learning needs and provides clear, relevant instructions to the person with diabetes about insulin and changes to insulin dose (e.g., what insulin(s) to change, specific doses, and expected outcomes).							
Confirms understanding of instruction or advice provided.							
Builds relationships with the person with diabetes to promote self-care and learning and does not encourage ongoing dependence on health professionals for advice on insulin dose.							
Negotiates learning plan to assist the person with diabetes in developing knowledge, skills, and confidence for self-adjusting insulin doses.							
Notifies and/or consults with other team members as appropriate.							
Records relevant data on the appropriate records and consults with MO or NP as required by organisation policy.							

Notifies the person with diabetes and their MO or NP if a safety risk related to driving is identified as per QLD government guidelines.

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Additional competencies for specific groups and insulin pumps

*Complete competencies 8-10 if required for the model of care in which they are providing advice on insulin dose or indicate not applicable.

8. Paediatrics - <i>Identifies unique and additional considerations for paediatrics</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Identifies recommended blood glucose targets for children and adolescents, compares these to adults, explains rationale; and identifies situations in which these goals may need to be modified.							
Identifies insulin schedules that are appropriate to the unique schedules of children and adolescents at different ages and developmental stages.							
Collaborates with family and multidisciplinary team in planning insulin schedules appropriate for home, community, and school settings.						Comments:	
Identifies growth and developmental issues that may impact insulin requirements and glucose control and formulates appropriate plan of action and dose adjustments.							
Recognises high risk situations which have implications for safe use of insulin and insulin dosing in children (e.g., recurrent DKA, eating disorders, drug, and alcohol use).							
Identifies age appropriate amounts to adjust insulin and reasons for differences in insulin sensitivity.							
Provides family centred and age-appropriate communication and education advice on insulin dose.							
Assists the family in the development of a school plan, considering the child's individual requirements.							

9. Pregnancy - <i>Identifies unique and additional considerations for diabetes management in pregnancy</i>	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Differentiates between type 1, type 2, gestational diabetes mellitus (GDM) and Impaired Glucose Tolerance (IGT) including risks specific to each group.							
Describes hormonal changes of pregnancy and postpartum period and expected changes in insulin requirements; identifies unexpected changes, their significance and when to notify physician/nurse practitioner.							
Completes comprehensive assessment of learning needs re: diabetes management for pregnancy and provides timely, person centred education on insulin dose.							
Describes maternal, foetal and neonatal implications of suboptimal blood glucose control in pregnancy.						Comments:	
Identifies recommended blood glucose goals for pregnancy and explains rationale; identifies situations in which these may need to be modified.							
Applies principles of intensive therapy to diabetes management in pregnancy.							
Identifies blood glucose monitoring and insulin schedules appropriate for pregnancy and describes rationale.							
Identifies appropriate amounts and frequency for changes to insulin dose during pregnancy and describes rationale.							
Identifies situations where it may be more appropriate to adjust components of the treatment plan, other than the insulin dose.							
Differentiates between starvation ketosis and ketosis as a sign of decompensated metabolic control.							
Completes comprehensive assessment of learning needs re: diabetes management for pregnancy and provides timely, person centred education on insulin dose.							

Pregnancy: Gestational diabetes mellitus (GDM)	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Other e.g. Case study				
Identifies gestational hormonal influence in diabetes management.							
Describes SMBG monitoring schedule and glycaemic targets for GDM.							
Identifies variables in the glycaemic management in pregnancy.							
Uses recognised principles and guidelines to assist and or teach insulin dose adjustment for people with diabetes.						Comments:	
Provides education about pregnancy and diabetes: diagnosis, management, glycaemic management, and advice on insulin dose pattern management; postpartum screen and follow-up.							
Describe the advantages of and encourages NDSS registration.							
Makes appropriate referral to physician/ nurse practitioner when titrating insulin doses.							
Identifies variables in diabetes management and the person's capacity which may affect self-management in pregnancy.							
Assists the person with diabetes with CHO and insulin balance to achieve target glucose levels.							

10. Insulin pumps - Identifies unique and additional considerations for diabetes management for continuous subcutaneous insulin infusion (CSII) and automated insulin devices (AID)	Evidence (tick all that apply):			Observed	N/A	Supervisor Initials	Date
	DAFNE	iLearn	Case study				
Describes principles and concepts of basal-bolus insulin therapy and identifies differences and similarities between basal-bolus with MDI and CSII.							
Describes the advantages and disadvantages of MDI vs CSII and AID.							
Describes how the bolus calculator of each of the insulin pumps works and how to calculate bolus doses using this feature.							
Describes the three components of AID systems, the algorithm of each of the AID models and system limitations							
Describes strategies to evaluate appropriateness of bolus calculator settings (insulin: carb ratio, sensitivity, BG target, active insulin, and active insulin time (AIT)).							
Describes how to calculate bolus doses using insulin: carb ratio, sensitivity when not using a bolus calculator (e.g., remote control or in the event of failure of bolus calculator).							
Calculates, evaluates, and provides advice on insulin basal doses.							
Applies principles of basal-bolus therapy with CSII and AID to enhance blood glucose management and / or quality of life (e.g. increased flexibility).							
Identifies risk of DKA associated with CSII, AID and describes steps for prevention.							
Trouble shoots for PUMP errors/unexplained BGL elevations e.g., blocked line, need to re-site, infusion set failures, pump failures.							
Identifies how and when to use temporary basal rates for CSII.							
Identifies how and when to use advanced features of AID relevant to the specific pump model. For example, temporary basal rates, profile changes, temporary targets, activity and sleep features, Boost and Ease off.							
Identifies how and when to revert to manual mode (no automations) on AID models (ketosis, steroid use).							
Identifies how and when to use advanced bolus features of AID: standard bolus, extended, dual or combination bolus applicable to specific pump model.							
Demonstrates application of appropriate guidelines for							
						Comments:	

temporary pump removal.						
Provides family centred and age appropriate communication and education on insulin dose advice with CSII and AID						
Describe how pump data can be downloaded, uploaded, and cloud-enabled sharing for each of the insulin pumps.						
Describe the implications of using a linked vs non-linked continuous glucose monitor to enter BG data into the pump.						
Describes the implications of using AID vs manual mode to enter BG data into the pump.						
Understands insulin infusion site factors, lipohypertrophy, lipotrophy and skin irritation and appropriate rotation technique, barriers and makes appropriate referrals.						
Understands and can provide education for prevention and management of hypoglycaemia.						
Understands and can provide person centred diabetes education around behavioural aspects of care that impact effective AID use.						
Understands and can provide person centred and age appropriate education for the features required to optimise AID. (timing of bolus, adjustments to hypoglycaemia treatment, frequency of infusion set changes, association between frequency of sensor wear, time in automated modes and glycaemic targets).						
Understand and provide education for sensor application, capabilities and system pairing and transmitter characteristics.						
Understand and provide education for the system capabilities for remote monitoring and cloud- based sharing.						
Completion of online modules and Telehealth/ face to face training and attainment of certification from respective manufacturers of AID systems.						

Appendix 1. Credentialing Application Toolkit: Provision of Advice on Insulin Dose

Each HHS has its own specific requirements and templates for credentialing. Please check your HHS website.

The following checklist provides some examples of documentation that maybe required to support your application:

- New Application form – credentialing for allied health professionals engaging in extended scope practices <http://qheps.health.qld.gov.au/alliedhealth/html/clinical-gov-landing-page.htm>
- Application for new intervention/service form: Service endorsement (refer to example template)
- Local protocol (this encompasses the supervision agreement and individual agreement on scope of practice) (refer to example template)

Evidence portfolio (attach all documents where relevant)

- Completed competency checklist
 - Supervisor's report
- <http://qheps.health.qld.gov.au/alliedhealth/html/clinical-gov-landing-page.htm>
- Proof of current registration as a registered nurse with the Australian Health Practitioner Regulation Agency (APHRA) OR proof of current status as an accredited practising dietitian with Dietitians Australia (DA)
 - Evidence of currency of clinical practice
 - CV (full details of employment history including descriptions of current and previous relevant roles)
 - Evidence of other relevant qualifications including iLearn training course (certificates of completion), DAFNE course completion or completed post-graduate study (if applicable)
 - Evidence of status as a Credentialed Diabetes Educator® (CDE) (if applicable)
 - Evidence of continuing professional development relevant to the provision of advice on insulin dose
 - Any other documents the clinician feels may be appropriate, for example a reference or supporting letter.

Appendix 2. Peer Review Checklist

Any/all items from the competency check list or the abridged list below can be used for annual peer review.

Possible check list for peer review

- Negotiates management goals with the person with diabetes
- Engage the person with diabetes in self -management
- Negotiates BGL targets
- Checks BGL monitoring technique and provides education as required
- Checks carbohydrate counting
- Provides education regarding carbohydrate counting
- Identifies insulin to carbohydrate ratio
- Identifies insulin sensitivity factor
- Considers action profile of insulin
- Identifies insulin stacking
- Interprets BGL records appropriately
- Identifies BGL out of target
- Identifies hypos
- Looks for causes of hypos
- Provides appropriate advice for hypo prevention
- Provides appropriate advice for management of hypos
- Can identify and provide strategies to increase hypo awareness
- Looks for patterns before adjusting doses
- Excludes causes other than insulin dose, including other medications
- Considers 'Dawn phenomenon'
- Identifies insulin responsible for blood glucose levels out of target
- Structured approach to assessing and adjusting morning background insulin
- Structured approach to assess and adjusting evening background insulin
- Adjusts Basal Insulin (BI) appropriately/according to local protocol
- Adjusts ratios appropriately/according to local protocol
- Structured approach to assessing and adjusting meal ratios
- Provides advice regarding dosing for snacks
- Examines impact of exercise and provides appropriate management strategy
- Can identify when exercise should not be undertaken
- Examines impact of alcohol and provides appropriate management strategy
- Discusses alcoholic drinks which contain carbohydrate

- Identifies that glucagon may not work for a severe hypo if the person with diabetes has been drinking alcohol
- Can provide sick day management advice
- Identifies signs and symptoms of diabetic ketoacidosis
- Advises ketone testing when required
- Provides guidelines for management of elevated ketones
- Checks sites
- Checks technique
- Provides advice regarding appropriate insulin storage, administration and disposal.
- Provides appropriate strategies for shift work
- Provides strategies for travel
- Demonstrates appropriate clinical reasoning
- Documents intervention appropriately
- Effective collaboration with multidisciplinary team
- Communicates with person with diabetes and team
- Provides clear, comprehensive and accurate records
- Identifies when to escalate care
- Works within scope of practice
- Identifies professional development opportunities
- Identifies and implements quality assurance strategies
- Adjusts education according to the individual's goals, abilities, health literacy and desires.
- Assesses effectiveness of management

See full competency check list for paediatrics, pregnancy and insulin pumps

Appendix 3. Resources/Links

1. Provision of advice on Insulin Dose: Final Competency assessment and applicant declaration.
<https://qheps.health.qld.gov.au/alliedhealth/html/clinical-gov-landing-page>.
2. iLearn: (OCAHO-C) Provision of Advice on Insulin Dose Adjustment Training Package
<https://ilearn.health.qld.gov.au/d2l/home/7701>
3. Cunningham Centre:
<https://qheps.health.qld.gov.au/cunningham-centre/html/ah-resources>
4. The Allied Health Professional Support, Professional Supervision
https://qheps.health.qld.gov.au/_data/assets/pdf_file/0018/2174301/gde-prof-sup.pdf
5. Guidelines for work shadowing:
https://qheps.health.qld.gov.au/_data/assets/pdf_file/0021/2202177/cc0087-work-shadow.pdf
6. Sample supervision log:
<https://qheps.health.qld.gov.au/cunningham-centre/html/ah-resources>
7. Peer Review Guidelines and resources:
https://qheps.health.qld.gov.au/_data/assets/pdf_file/0026/2201957/cc0082-peer-review-guide.pdf
8. Metro North Health Extended Scope of Practice; Supervision and Development:
<https://qheps.health.qld.gov.au/metronorth/allied-health/credentialing>
9. 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](#)