Aotearoa College of Diabetes Nurses

Guideline to Accreditation

for Nurses

in the Speciality of Diabetes

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The Aotearoa College of Diabetes Nurses of the New Zealand Nurses Organisation (ACDN[NZNO]) is dedicated to ensuring its members provide the best possible service and education to people with diabetes in New Zealand. This can only be achieved with suitably qualified, experienced nurses. The accreditation programme is intended to promote this excellence.

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INTRODUCTION

The goal of accreditation is to provide a framework by which nurses can be recognised for having attained the knowledge and skills, as defined by the National Diabetes Nurses Knowledge and Skills Framework (2018) within a specialty area of practice and have demonstrated continued maintenance and development of knowledge and skills through a systematic and regular review process.

The Aotearoa College of Diabetes Nurses of the New Zealand Nurses Organisation (ACDN^{NZNO}) fosters professional accountability for nurses working in the specialty of diabetes. An important component to accountability is the ongoing maintenance and development of professional knowledge and skills within the focus of practice. Accreditation is one way by which registered nurses may receive professional recognition of their advancing knowledge and skills within this specialty area of nursing practice.

Accreditation is proactive and provides positive direction. It is not intended as a punitive process.

The purpose of this document is to provide information and guidance to applicants through the process of accreditation.

PRE-REQUISITES

Accreditation is a voluntary process to gain professional recognition for meeting predetermined competencies of nursing practice within the specialty field of diabetes. However, some employers and/or services, especially those in secondary care settings, have linked accreditation requirements to the position description.

Accreditation recognises competency within the speciality at level three (Proficient) and level four (Expert/Senior Nurse) as defined by the National Framework and Evidential Requirements: New Zealand Nursing and Professional Development and Recognition Programmes for Registered and Enrolled Nurses (2017) and Proficient and Specialist Diabetes Nurses responsibilities and activities within the National Diabetes Nursing Knowledge and Skills Framework (2018).

Target Group:

- Registered Nurses and Nurse Practitioners who hold a current annual practising certificate, who work in diabetes and/or a related field and meet the requirements of the NDNKSF.

Note:

Accredited Specialist Diabetes Nurses who attain registration as a Nurse Practitioner with the Nursing Council of New Zealand within the period of their current accreditation shall, on receipt of a formal letter of application to the Accreditation Programme Coordinator together with evidence of their Nurse Practitioner registration with the Nursing Council, be granted accreditation as “Nurse Practitioner - Specialist Diabetes Nurse” for the remainder of the accreditation period. There will be no additional cost to the applicant. Applications for 3-yearly re-accreditation should follow the requirements outlined on page 13 of this guideline.

ACCREDITATION FRAMEWORK

New Zealand standards of practice for nurses specialising in diabetes were developed in the late 1990's to provide a benchmark for quality care. Closely linked to the development of standards of practice was the establishment of an accreditation process to enable nurses working in this field the opportunity to demonstrate their development of clinical expertise in diabetes and to have this expertise acknowledged by their peers.

In the ensuing years, legislation and health policy have rendered enormous change within nursing and health care delivery.

The National Diabetes Nursing Knowledge and Skills Framework (NDNKSF) (2018) is a professional practice framework utilised by many employing organisations throughout Aotearoa/New Zealand. This framework articulates the knowledge and skills required through levels of practice within the specialty of diabetes in a New Zealand context. It is endorsed by the Aotearoa College of Diabetes Nurses, NZNO, and the New Zealand Society for the Study of Diabetes and is supported by the College of Nurses Aotearoa. The framework aligns to Nursing Council requirements for professional development & recognition programmes though it is not interchangeable with PDRP. This is because PDRP provides a framework for generic RN competency whilst accreditation recognises professional development of knowledge and skills unique to diabetes nursing.

The NDNKSF provides a measurable means of evaluating practice and guides the development of individual nurses. The NDNKSF also provides guidance in the development of other resources including self-assessment tools, orientation programmes to the specialty of diabetes, job descriptions, and curriculum for education programmes. Collectively, these improve the quality of nursing care and ultimately have a direct impact on outcomes for people with diabetes. Its structure and substance are a critical component of the accreditation process

Accreditation continues to offer a unique opportunity for registered nurses to be recognised within the specialty. However, the accreditation process needs to accurately reflect the diversity of settings in which nurses' practice and provide assurance of its robustness and credibility through a clear definition of skills and competency.

Accreditation exists as the endorsement or recognition of, rather than the process of, professional development. Accreditation occurs at two levels of practice:

- Proficient diabetes nurse – Level 3 / Proficient nurse
- Specialist diabetes nurse - Expert/Senior Nurse or Nurse Practitioner

Applicants at either level are encouraged to use the NDNKSF as a living document; to be used to shape and evaluate practice and guide development and learning over time. Doing so would result not only in improved patient outcomes but in the development of evidence over time that can then be used for an application for accreditation, as opposed to a process that is only considered at the time of application. Accreditation is therefore an outcome of using the framework

NATIONAL DIABETES NURSING KNOWLEDGE AND SKILLS FRAMEWORK

Accreditation is linked to and based on the National Diabetes Nursing Knowledge and Skills Framework (2018). You will need to obtain a copy of this document before you start the accreditation process. Copies can be downloaded from:
http://www.nzno.org.nz/groups/colleges_sections/colleges/aotearoa_college_of_diabetes_nurses/education

Areas of Practice (Taken from pages 10-11 NDNKSF, 2018)

Regardless of practice setting, nurses are required to work in partnership with the person with diabetes to address their health needs. At all stages of life, and at several points across the health continuum, people with diabetes will require services from nurses in generalist settings such as general practice, diagnostic services and general medical/surgical services. People with diabetes may also have co-morbidities requiring identification, treatment and monitoring. Nurses may participate either frequently, or for short intensive periods of time, in the care of people with diabetes. The nurses may have expertise in other health conditions but require generalist diabetes knowledge and skills to support people with diabetes who have predictable health care needs.

All nurses, regardless of their area of practice, are likely to have contact with people with diabetes and will therefore require baseline knowledge and skills for the safe care and management of risk reduction, early identification and diagnosis of pre-diabetes and diabetes, and supporting ongoing predictable health needs for people with diabetes. Therefore, **All Nurses** need to be capable of applying generic diabetes nursing knowledge and skills to meet the health needs of these individuals.

Nurses practicing at a **proficient level** in diabetes care require speciality diabetes knowledge and skills to enable them to provide care for adults with diabetes who are at high risk for disease progression and complication development. It is expected that as their practice advances, proficient diabetes nurses will demonstrate more effective integration of theory, practice and experience along with increasing degrees of autonomy in their judgements and interventions for people with diabetes.

Nurses practicing at a **specialist** level in diabetes care require advanced knowledge and skills of diabetes, as their practice requires them to respond to children, youth, adolescents, pregnant women and adults with diabetes who have highly complex clinical needs and require episodic care or longer-term oversight of their diabetes management. Nurses at a specialist level also require clinical leadership and expert management of interpersonal relationships across disciplines and at a high organisational level. These nurses are typically clinical nurse specialists who have developed expert diabetes practice through additional experience and postgraduate education towards a Master of Nursing.

Nurses demonstrating diabetes knowledge and skills at proficient and specialist level may apply to the ACDN for national accreditation as a Proficient or Specialist Diabetes Nurse

Accreditation is granted for a period of 3 years and is valid from the month in which it was approved, ie, May and October of each year.

EVIDENCE REQUIREMENTS

All evidence submitted must be relevant to the last 3 years of practice.
Note: this requirement does not apply to the undertaking of PG study

It is acknowledged that applicants will come from different practice settings and therefore have variable exposure to the aspects of care. In applying for accreditation, it is expected that all applicants will have completed a self-assessment of **competence in the following core aspects of care from the NDNKSF (2018):**

- Diabetes; glycaemic control; monitoring of glycaemic control; nutritional plan and weight management; promoting self-management; hypoglycaemia; hyperglycaemia; complications; hypertension; cardiovascular and peripheral vascular disease; retinopathy; high risk feet; neuropathy; nephropathy; oral health; & concurrent illness.
- Competence in the other aspects of care may be related to the applicants job role and setting

Initial Application

The requirements for an initial application are:

- Completion of the relevant pages (Proficient Nurse pages 45-46; Specialist Nurse, pages 63-65) from the NDNKSF (2018), signed off by your nurse manager or an accredited diabetes nurse specialist.

AND:

- A description AND supporting clinical evidence of how your practice contributes towards the following eight outcomes:
    - Risk reduction
    - Screening/detection
    - Management
    - Assessment/care plans
    - Education
    - Treatment
    - Collaboration
    - Improving equity and equality
- Evidence of post graduate study, or equivalent (for specialist DN applications only, see below)
- A printed copy of your annual practising certificate (APC) taken from the Nursing Council Public register (see note on pg 10)

Maintenance Application

The requirements for an application for a maintenance portfolio are:

- Write a report of approximately 1500 words. The report should include:
    - A brief description (not more than 100 words) of your work and role to provide context for the assessor (this will not be assessed).
    - How your practice has changed in the last 3 years, including any growth in your role and reflection.
    - A description AND supporting clinical evidence of how your practice contributes towards the following eight outcomes:
        - Risk reduction
        - Screening/detection
        - Management
        - Assessment/care plans
        - Education
        - Treatment
        - Collaboration
        - Improving equity and equality

- Your involvement in additional professional activities (see example on page 13 and use the template in application pack).

AND:

- Supporting clinical evidence (see below). This **must** include evidence and reflection on at least one (1) diabetes focussed learning activity in the last 3 years and its application to your practice (see example on page 13 and use the template in application pack).
- A printed copy of your annual practising certificate (APC) taken from the Nursing Council Public register (see note on pg 10)

Supporting Clinical Evidence:

Evidence to support your application must be included. The evidence must demonstrate knowledge and skill development and clinical practice experiences, linked to the aspects of care and patient outcomes defined in the NDNKSF (2018, p9). Relevant evidence may be taken from what you have previously produced for other portfolios, such as PDRP assessment or post-graduate education/prescribing practicum. It should be interchangeable. Evidence could, for example, be: a comprehensive assessment and care plan; a comprehensive case review; an exemplar/attestation; a presentation with outcomes, feedback from recipients and personal reflection; reflection on practice.

If applying for **proficient diabetes nurse** accreditation (Section 9, pg 45-46), the clinical evidence needs to demonstrate how you work with those **people with diabetes with predictable health needs** moving towards those with high risk or socially complex needs.

If applying for **specialist diabetes nurse** accreditation (Section 10, pg 63-65), the clinical evidence needs to demonstrate how you work with **people with diabetes who are high risk and have complex medical needs.**

Nurses not working in direct patient care:

ACDN recognises that there will be nurses who are not working in direct patient care settings, that is in management, education policy and/or research, who may wish to seek accreditation. Nurses working in these areas need to demonstrate how they contribute to the management of care by others and how they contribute to the achievement of patient outcomes. This could be through, for example,

- co-design of care and management plans with some evaluation and reflection on outcomes;
- how they promote a learning environment and the use of evidence-based practice;
- how they integrate evidence-based theory and best practice into education activities;
- how, through their role in research, they promote research utilisation that contributes to outcomes;
- how they contribute to the development or utilisation of policy or guidelines that contribute to the patient outcomes.

Post-graduate Study:

For an **initial** application for accreditation as a **specialist diabetes nurse** there is an expectation that the applicant can demonstrate advanced critical thinking and reasoning in clinical decision making and reflective evaluation of care provision. To achieve this, you may have undertaken or be currently engaged in post-graduate study, or an equivalent, with a focus on diabetes. This may not have occurred in the 3 years prior to making the application.

- Evidence of PG study needs to **demonstrate the focus on diabetes** as well as some reflection of the learning and its application to practice development. Suitable evidence of PG study would include:
    - A copy of your official academic transcript OR an attestation from your nurse manager, AND
    - A copy of an assignment OR case study demonstrating diabetes related content.

- If you have not engaged in post graduate study, then the clinical evidence provided to support your application needs to be strong.

Confidentiality:
Maintaining confidentiality for the people you work with and your patient/client is paramount. Please refer to NZNO practice guideline titled **Privacy, Confidentiality and Consent in the Use of Exemplars of Practice, Case Studies and Journaling, 2016**. This can be accessed from the NZNO website in Publications at the following link: **http://www.nzno.org.nz/resources/nzno_publications** and can be found under the section titled Practice

Any breach in confidentiality is unacceptable.

If a breach is found at the time of assessment then the assessment will stop, and the portfolio returned to the applicant, via NZNO, for review and resubmission. If this can be achieved within the requisite timeframes then the assessment will continue, but if not, then the portfolio will be held over until the next accreditation round.

Assessor expectations:
When assessing your application, the assessor is looking for key elements and for evidence to support those elements. They are required to indicate if the element has been 'met' or 'not met', to indicate where the evidence is in the portfolio, and to provide feedback to you, the applicant. A copy of the assessment tool is appended at the end of the guideline (Appendix 1)
When checking your application, has it covered the following points:

- All evidence has been de-identified and you have not breached confidentiality.
- It is organised coherently with a table of contents if required

Initial application:

- completed and signed relevant section from the NDNKSF (2018)
- evidence of PG study with a focus on diabetes (initial application at Specialist level)

Maintenance application:

- You have provided a report that:
    - describes your role and setting
    - how your practice has changed over the last 3 years
    - how your practice has contributed to the 8 patient outcomes:
        - reducing risk
        - screening / detection
        - management
        - assessment / care planning
        - education
        - treatment
        - collaboration
        - improving equity and equality

For all applications:

- that you have provided supporting clinical evidence, that is easy to locate and is referenced in your application or report
- Your evidence is current and dated within the last 3 years
- The Declaration is completed and signed
- The Verification is completed and signed
- You have provided a print out of your APC

If you are unsure of any aspect, then please contact the Accreditation Programme Coordinator for advice.

GUIDELINES FOR PREPARING YOUR APPLICATION

- Applications for accreditation are invited twice yearly, with closing dates in mid-March and mid-August. A calendar of dates for each year can be found on the ACDN website.

- Applications must be received at NZNO Wellington office by midday on closing date. Late applications will be held over to the following accreditation round.

- The Accreditation Guideline, initial application and maintenance application packs can to be downloaded free from the ACDN website. Your name and the date of application should be added to the header of any downloaded documents that will be submitted.

- All applications must include the relevant pages (Proficient, p45-46; Specialist, p63-65) from the NDNKSF (2018). This must be signed by the applicant's nurse manager or an accredited diabetes nurse specialist. Sign-off does not imply accreditation.

- Declaration and verification documents MUST be completed and submitted within the portfolio.

- **Patient and colleague confidentiality and privacy MUST be maintained** throughout the application. Any breach of confidentiality will result in the portfolio being returned to the applicant to correct and resubmit.

- Word processing MUST be used throughout the application. Hand written notes/material are not acceptable

- A professional presentation of material is required. Applications should be organised coherently; include a table of contents, and work should be spell-checked. Portfolios should be submitted within a flexible folder. Lever arch files are not recommended.

- Include all supporting clinical evidence required, such as clinical case studies or exemplars, presentations with feedback and reflection, etc.

- **Evidence submitted must be within the last 3 years**. Evidence that has previously been submitted as part of PDRP assessment process **MAY** be used within the accreditation portfolio. Excessive amounts of evidence are unnecessary.

- **Annual Practicing Certificate**. Please provide a printed copy of your APC taken from the Nursing Council Public register.

- A receipt for the application fee acknowledges receipt of portfolio.

- **All care will be taken to ensure the safety of portfolios however applicants must make copies (do not send originals) of all documents, in the event of loss beyond our control.**

- **Include your street/physical address, NOT A PO BOX, for return of your portfolio**

- The completed portfolio must be forwarded to:
  The Accreditation Programme of ACDN
  New Zealand Nurses' Organisation
  Level 3, Willbank House
  57 Willis Street
  Wellington, 6011

APPLICATION REQUIREMENTS INITIAL APPLICATION

	Level 3 Proficient Diabetes Nurse	**Level 4 Specialist Diabetes Nurse**	**Nurse Practitioner (may apply for Proficient or Specialist level)**
Completion of Section 9 NDNKSF (p45-46)	✓		Complete either Section 9 or 10 of NDNKSF dependent of whether applying for Proficient or Specialist Level
Completion of Section 10 NDNKSF (p63-65)		✓	
Evidence of postgraduate education at level 8 with a focus on diabetes (see page 9)		✓	✓
Supporting Evidence	✓	✓	✓
Declaration of Applicant (see application pack)	✓	✓	✓
Verification of Application (see application pack)	✓	✓	✓
Current Annual Practising Certificate (see page 11)	✓	✓	✓
Accreditation Fee (see page 19)	✓	✓	✓

APPLICATION REQUIREMENTS MAINTENANCE OF ACCREDITATION

	Level 3 Proficient Diabetes Nurse	**Level 4 Specialist Diabetes Nurse**	**Nurse Practitioner (may be at Proficient or Specialist level dependent on previous application)**
Professional Report	✓	✓	✓
Supporting Evidence	✓	✓	✓
Evidence and reflection on at least one (1) diabetes focussed learning activity in the last 3 years (see page 17 and use template in application pack)	✓	✓	✓
Declaration of Applicant (see application pack)	✓	✓	✓
Verification of Application (see application pack)	✓	✓	✓
Current Annual Practising Certificate (see page 11)	✓	✓	✓
Accreditation Fee (see page 19)	✓	✓	✓

PROFESSIONAL REPORT EXEMPLAR

The following is an example only. Please use the blank template contained in the relevant application pack. It should be completed electronically and printed out for inclusion in the portfolio

In 2007 I chose to leave the comfort of my previous workplace as a senior registered nurse in and began working as a specialist diabetes nurse at hospital. Now 11 years down the track my knowledge has grown within this specialty and I work as an experienced specialist nurse in this role.

Based at I support adults with all types of diabetes who have complex needs as inpatients or outpatients. I support families with children and adolescents with type 1 diabetes. I am experienced in supporting people with insulin pumps and continuous glucose monitoring.

In I submitted my initial application for accreditation. At that time, I was a National Committee Member for the Aoteoroa College of Diabetes Nurses and filled the role of (section 7 a). It was a busy and challenging time, but I enjoyed the opportunity to contribute to diabetes at a national level and collaborate with other specialist nurses around the country.

Towards the end of I made a decision to recommence study and work towards meeting the new requirements for Registered Nurse prescribing ('Registered nurse prescribing in primary health and specialty teams / Nurse Prescribing / Nurses / Home - Nursing Council of New Zealand', n.d.). Unfortunately, I had to step down early in my term from the national committee role as the workload was too heavy with post graduate study. I commenced study in .

I had previously completed a post graduate diploma in nursing studies through . My goal was to complete the clinical papers required for registered nurse prescribing. On reflection it made sense to finish my clinical master's degree. This qualification would provide the skills needed for the prescribing roll and enable me to continue with other advanced practice roles if I chose to in the future. I enrolled and completed my dissertation with a research project in , graduating in August . (Section 7 b: academic transcript).

My advanced assessment skills were consolidated in . The advanced nursing practice and clinical practicum required me to step up and practice my learning supported by a clinical supervisor. Completion of clinical logs and case study assignments assisted to consolidate knowledge particularly using a systematic assessment framework. This study gave me greater confidence in my skills which has enhanced my ability to make a comprehensive patient assessment. The practicum included submission of a professional portfolio to meet 2012 Nursing Council of New Zealand competencies for nurse practitioners (Nursing Council of New Zealand, 2012) which were current at the time.

In April I applied to the Nursing Council of New Zealand for Registered Nurse Prescribing in a specialty team. This was successful, and I have been prescribing for months (section 6: practicing certificate). My practice has been enhanced by the ability to prescribe and titrate the doses of diabetes medication and insulin without the use of standing orders or asking a medical practitioner to prescribe insulins. It has increased my confidence in decision making and made diabetes medications more accessible to those in my care.

My studies continued through and I completed a research project for my dissertation. This was the most challenging year of study as it took me out of my comfort zone of clinical practice exposing me to the reality of clinical research. It was a stressful year both professionally and personally. However, on reflection I learnt a vast amount about research which was the purpose of the study.

I developed an interest in needle fear in people with diabetes. Particularly children who develop this fear which can persist into adulthood and impact significantly in their ability to manage their diabetes. After looking at the literature it was not clear people with this fear are necessarily identified. I came back to the question of how are health practitioners identifying people with needle fear? This formed the basis of the qualitative research project I completed ( ).

A focus group was chosen as the best way to explore this topic in an area of very little research. Recruitment was very difficult, but I managed to run one small focus group that provided enough dialogue to complete the research project. I learnt about the process of submitting a research proposal, the ethics committee application and resubmission when initially deferred. I consulted with Māori during the design of the project to ensure the research was designed to be inclusive and represent the needs of Māori. I was also exposed to the barriers nurses face to complete research in a health system dominated by medicine.

In my role as a specialist nurse I deliver education to those in my care and to other health professionals. This year I have delivered diabetes educational sessions to staff and practice nurses (section 7 c: study day programs). I try to participate in opportunities to make submissions on national diabetes related topics such as my feedback to the 2018 NDNKSF development committee (section 7 d) and the Aoteoroa College of Diabetes Nurses 'On Target' newsletter (section 7 e). Professionally I have attended the prescribing meeting (section 7: f/g) and pumps and CGM special interest group (PACSIG) (section 7:h).

Annually the diabetes service has an audit day which I participate in. This year my focus has been around my prescribing practice. As a RN prescriber I am required to audit my practice ('Registered nurse prescribing in primary health and specialty teams / Nurse Prescribing / Nurses / Home - Nursing Council of New Zealand', n.d.).

I chose to review all the prescriptions I wrote over a 12-month period to gain insight as to what I was prescribing. Most prescriptions were for test strips and insulin. This reflects the population of people with diabetes I care for who generally have type 1 diabetes. Prompted by the example in the accreditation guide, I used an educational session I attended at the Diabetes Nurse Prescribing meeting in March 2018 on the new 2018 Cardiovascular Risk Guidelines as an audit topic. Dr Paul Drury presented this session and outlined the changes and additional groups now considered high risk (section 7: f/g).

Looking back over 12 months I chose to look at the clinical notes of 14 people with type 2 diabetes I worked with and review if I calculated the cardiovascular (CVD) disease risk, if they were meeting blood pressure and lipid targets and if I documented the CVD risk in the clinical notes and general practitioner letter. While I know I always look at the CVD risk when I assess someone, I am not using a CVD risk calculator very often and not routinely documenting this or alerting GPs (section i: audit).

Prior to completing this audit, I did not feel competent in my audit skills. I completed some reading around this before choosing my topic ('All About Audit', n.d.; Rashid, 2016). This assisted me to clarify what audit is and set the audit standard. The results of the audit have enabled me to look critically at my practice and devise ways to improve on this, so I can assist to improve CVD risk in my patients. I hope other staff will also look at the results and apply them to their practice.

I completed the 2009 National Diabetes Nursing Knowledge and Skills Framework (NDNKSF) (MidCentral District Health Board, 2009) as I worked towards initial accreditation in . Since that time, I have used the framework as a tool to guide nurses as they learn skills specific to diabetes nursing. This has been for Nurse Entry to Practice education and student nurses on placement. I have not specifically used the NDNKSF in my ongoing education other than for my initial accreditation. Learning over the past two years, prior to the 2018 NDNKSF (Aoteoroa College of Diabetes Nurses NZNO, 2018) publication has been guided by academic study to meet advanced nursing practice competencies. However, while completing this accreditation maintenance project, the competencies have been a useful checklist to self-assess current practice and consider further practice development particularly with the expanded aspects of care that were not present in the 2009 document. I have discussed this with my nurse manager and will use the NDNKSF to guide goal setting for my next performance appraisal.

Included is a case study completed during my practicum in (section 7: j). This demonstrates advanced nursing practice skills and patient outcomes of risk reduction, screening, management, assessment, education, treatment, collaboration and equity as detailed in the NDNKSF.

Looking forward after a full two years of study, my goal is to consolidate my learning and build on the skills I have learnt. The audit and NDNKSF has identified areas I can work on to improve the care I deliver.

LEARNING ACTIVITY - EXAMPLE

When applying for maintenance of accreditation, please provide some reflection on one (1) learning activity that is diabetes focused. Describe what knowledge was gained and how this has influenced your practice, such as changes you may have made. This activity should address an area of development from your self-assessment against the aspects of care from the NDNKSF (2018).

The following is an example only. Please use the blank template contained in the relevant application pack. It should be completed electronically and printed out for inclusion in the portfolio.

Aspect of Care – *cardiovascular and peripheral vascular disease*	***Learning Topic*** - *Cardiovascular Disease Risk Assessment and Management for Primary Care clinicians – 20/03/2018* *A Goodfellow unit webinar* *(provide certificate of attendance or similar as verification)*
What knowledge was gained	In February 2018, the Ministry of Health published a Consensus Statement on Cardiovascular Disease Risk Assessment and Management for Primary Care to update and refresh the CVD guidelines in the New Zealand Primary Care Handbook 2012. The Consensus Statement references the New Zealand Primary Prevention Equations from the New Zealand PREDICT study. The Ministry of Health is looking at how to integrate the new equations into usual practice. Management recommendations can be applied now using current CVD risk assessments identifying high, intermediate and low-risk individuals. Encouraging a healthy lifestyle (smoking cessation, healthy diet, regular physical activity, optimal weight) remains a key foundation to the management of everyone regardless of CVD risk. Communicating risk to individuals as part of shared decision making and CVD risk management is recommended. I noted that the emphasis is now on early identification and treatment: • For Māori, Pacific and South-Asian populations, and individuals with known significant CVD risk factors, screening should begin at age 30 years for men and 40 years for women, 15 years earlier than other populations. • Individuals with severe mental illness (schizophrenia, major depressive disorder, bipolar disorder, schizoaffective disorder) are a high-risk group and screening from age 25 years is recommended. Annual risk management reviews are recommended for all high-risk individuals and for individuals at intermediate risk on pharmacotherapy. <u>New clinical high-risk groups</u> Individuals with Heart Failure, a Glomerular Filtration Rate (e GFR) less than 30 ml/min (chronic kidney disease) and where available, a diagnosis of asymptomatic carotid disease or coronary disease (including coronary artery calcium score greater than 400 or plaque identified on CT angiography) are regarded as high risk for CVD and require intensive risk management. <u>Lipid management</u> Statins are the lipid-lowering agent of choice. For high-risk individuals a LDL-C target of 1.8mmol/L or lower is recommended. For intermediate-risk individuals the benefits and harms of lipid-lowering drugs should be presented and discussed to allow an individualised informed decision about whether to start treatment. A target LDL-C reduction of 40% or greater is recommended if drug treatment is commenced. <u>Blood Pressure</u>

	For high-risk individuals with persistent office BP 130/80mmHg or greater, or an equivalent level from ambulatory or home blood pressure monitoring, drug treatment in addition to lifestyle changes, is strongly recommended. For intermediate risk individuals with persistent office BP of 140/90mmHg or greater, or an equivalent level from ambulatory or home BP monitoring, the benefits and harms of BP-lowering drugs should be presented and discussed to allow an individualised informed decision about whether drug treatment is commenced. In all individuals if drug treatment is commenced, a target office BP less than 130/80mmHg is recommended. Caution is recommended in lowering BP in elderly and comorbid individuals who may be at risk of treatment-related harms. <u>Aspirin</u> The benefits of the use of aspirin need to be carefully weighed up against the risks of bleeding and, in general, should only be considered in high-risk individuals under the age of 70 for primary CVD prevention alone.
How has this knowledge/learning influenced or changed your practice?	I found this webinar especially helpful in refreshing my knowledge in CVD risk management considering the new recommended treatment guidelines, but it will also present some challenges to my practice. It is concerning to note that, compared to the European population, the age for risk assessment is now 15 years lower for those from Maori, Pacific and South-Asian ethnicities. It is good that this is now a priority area for focus as this will help reduce the health impacts of CVD, improve health outcomes for these populations and help address the health inequities in these populations. I have carried out a database search to identify those patients from our service who identify as being from these ethnicities to get a sense of the total numbers we are working with. I plan to then highlight the new CVD risk assessment and management guidelines with my colleagues in order to stress the importance of annual risk review and assessment. People with significant mental illness are a newly identified group within the guidelines. I have several patients who have mental health issues in addition to diabetes and am aware that this is a group that is at increased risk of developing diabetes and of having poorer health outcomes so again this is a timely reminder for me to be looking more closely at their CVD risk to ensure they are appropriately managed as per the new recommendations. As a prescriber, the recommendation of a LDL-C of less than 1.8 mmol/L, or a 40% reduction at least, will mean that I will need to have more comprehensive discussions with my patients about the risks and benefits of statin therapy. Many patients are reluctant to take more medication, and this is understandable for those with polypharmacy. However, I often find that there is a lot of misunderstanding about statins that has come from anecdotal evidence or from the press. I use different risk engines to help calculate risk, including the NZSSD CVD risk engine, the NHF 'Your Heart Forecast' engine and for those with type 1 diabetes I use the Steno1 risk engine. If the calculated risk of a CV event is high, then it's important to have the discussion with the patient so they understand the risk and can make an informed decision. Being able to inform them that the new recommendations are based in New Zealand data will be helpful. I will look at the cohort of patients I care for and carry out an audit to identify those people that have an LDL of greater than 1.8 mmol/L and who are not on statin therapy or who need their therapy intensified to meet the recommended targets. I hope that this will improve or contribute to positive outcomes in CVD risk reduction in my patient caseload.

FEES

When you submit your application, choose your method of payment (electronic payment preferred):

- By internet banking.
  - ACDN account number: 01-0505-0097303-02
  - The payment must be referenced with the applicant's surname, first letter of their first name, first letter of their second name and the reason for their payment (i.e. accreditation).

Applicants who are members of ACDN can apply for an ACDN Professional Development Grant to support their application for accreditation. Application forms can be found on the ACDN website: https://www.nzno.org.nz/groups/colleges_sections/colleges/aotearoa_college_of_diabetes_nurses/scholarships

	Level 3 Proficient Diabetes Nurse	**Level 4 Specialist Diabetes Nurse**	**Nurse Practitioner**
New or lapsed application NZNO Member	**$175**	**$175**	**$175**
New or lapsed application non NZNO member	**$350**	**$350**	**$350**
Maintenance application NZNO member	**$125**	**$125**	**$125**
Maintenance non NZNO member	**$300**	**$300**	**$300**
Appeal application NZNO member	**$75**	**$75**	**$75**
Appeal application non-NZNO member	**$150**	**$150**	**$150**

APPEAL PROCESS

Appeal Process

The unsuccessful applicant may apply for reconsideration of their application for accreditation.

All applicants are notified of the outcome of their application within 12 weeks of the closing date.

1. Applicants have 30 days from receipt of notification to notify the Coordinator of the Accreditation Programme, in writing, of wishes to proceed with appeal process. The application must state the grounds for appeal. It must be either based on the process or an incorrect decision. The fee for appeal must be forwarded at this time.

2. The Aotearoa College of Diabetes Nurses convenes an appeal panel comprising the Accreditation Programme Coordinator, Professional Nursing Advisor – NZNO and one (1) assessor not involved in the initial assessment of application, to review the appealed application/s. The panel will not consider any new information/material. Where the Accreditation Programme Coordinator has been the assessor he/she will excuse themselves from the Appeal Board and a suitable replacement found

3. The decision of the Appeal Panel will be made, and the applicant informed within 28 days from the time the appeal was lodged.

4. The decision of the panel is final. No further correspondence will be entered in to.

- Requests for appeal must be forwarded to:

  The Accreditation Programme Coordinator of ACDN
  New Zealand Nurses' Organisation
  Level 3, Crowe Horwath House
  57 Willis Street
  Wellington 6011

REFERENCES & BIBLIOGRAPHY

Aotearoa College of Diabetes Nurses. (2018). *National Diabetes Nursing Knowledge and Skills Framework*. Wellington: Author

Nurse Executives of New Zealand Incorporated. (2017). *National Framework and Evidential Requirements: New Zealand Professional Development and Recognition Programmes for Registered and Enrolled Nurses.* Report from the PDRP document review project team; 10 April 2017. Retrieved from https://www.nzno.org.nz/Portals/0/Files/Documents/Support/Professional%20development/2017-04%20PDRP%20National%20Framework%20and%20Evidential%20Requirements%20FINAL.pdf

New Zealand Nurses Organisation (2010) *Professional Development and Recognition Programme for PHC Nurses: Guidelines and templates.* Wellington. NZNO. 2010 - 7th edition. Amended August 2011.

New Zealand Nurses Organisation. (2016). *Privacy, Confidentiality and Consent in the Use of Exemplars of Practice, Case Studies and Journaling.* Retrieved from **http://www.nzno.org.nz/resources/nzno_publications**

APPENDIX 1 – ASSESSMENT TOOL

Aotearoa College of Diabetes Nurses NZNO

Assessment Tool

Applicant Name: **Date:**

NZNO member/other indemnity:

Application Type (please select [x] one)
- ☐ Initial Application for accreditation
- ☐ Maintenance of Accreditation

Application Category (please select [x] one)
- ☐ Proficient Diabetes Nurse
- ☐ Specialist Diabetes Nurse
- ☐ Specialist DN – Nurse Practitioner

Scope of Practice (please select [x] one)
- ☐ Registered Nurse
- ☐ Nurse Practitioner

Evidence	Met	Not Met	N/A	Assessor Comments Please provide comprehensive feedback for the applicant
1. Application Form				
2. Declaration of applicant				
3. Verification of applicant				
4. Printed copy of current Practising Certificate taken from Nursing Council Public Register				

5A. - **Initial Application:** Completed and signed front section: • Section 9 - Proficient • Section 10 – Specialist **OR** 5B - **Maintenance Application:** • One copy of a Professional report (on the template) of approximately 1500 words Report demonstrates: • How their practice has changed • Additional professional activity				
6. **Initial application Specialist DN (only)** • Evidence of content and completion of postgraduate education at level 8 with a focus on diabetes				
7. All applications: • Supporting clinical evidence showing how the applicant contributes to the 8 patient outcomes:				**Evidence could be in the form of the following: assessment and care plan; case review; exemplars/attestation; presentation with outcomes, feedback from recipient and personal reflection; reflection on practice. Specify the relevant portfolio page number for supporting evidence**
a) risk reduction				
b) screening/detection				
c) management				
d) assessment/care plans				

e) education				
f) treatment				
g) collaboration				
h) Improving equity and equality				
8. Supporting evidence within 3 years provided at relevant level				
9. Patient and colleague confidentiality and privacy has been maintained throughout the portfolio				

Assessment Summary:

☐ **Accreditation Awarded: comments/commendation:**

☐ **Accreditation Not Awarded: which criteria have not been met? What further information is required?**