



Established 1981

**Australian Diabetes Educators Association**

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**National  
Core Competencies  
for  
Credentialled  
Diabetes Educators**

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Published February 2008 by the  
**Australian Diabetes Educators Association**  
ABN 65 008 656 522  
Grant Cameron Community Centre  
27 Mulley Street  
HOLDER ACT 2611

National Library of Australia  
Cataloguing-in-Publication data  
Australian Diabetes Educators Association  
National Core Competencies for Credentialed Diabetes Educators

Rev. ed.  
Bibliography.  
Includes index.  
ISBN 978 0 9750 790 2 7(pbk.)

1. Health education – Australia.
2. Patient education – Australia.
3. Diabetes – Study and teaching – Australia.
- I Australian Diabetes Educators Association.

616.4620071

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# Foreword

The *National Core Competencies for Diabetes Educators* was first published by the Australian Diabetes Educators Association (ADEA) in 1996. The competencies were developed by Ruth Colagiuri on behalf of ADEA over an eighteen month period and involved extensive review of the relevant literature and wide consultation with the ADEA Membership, other professional bodies and consumers to ascertain the roles, training and qualifications of practising diabetes educators, and to explore issues pertaining to the development of competencies. At that time, the publication of the competencies signaled a clear commitment on the part of the ADEA, to establishing clear and transparent processes and standards for identifying what could be expected of diabetes educators by their clients, peers and employers.

The competencies provided a reference and framework for guiding policy on the training and credentialling of diabetes educators for the next five years. They were reviewed and republished in 2001. The practice of diabetes education and the role of the Credentialed Diabetes Educator have evolved significantly over the ensuing years. The process, structure and expected outcomes of diabetes education have been more clearly articulated. In an era of burgeoning chronic disease and a focus on the central role of the person with diabetes in managing their condition, the integral role of diabetes self management education has been clearly identified as a core component of effective diabetes care systems.

In recent years Credentialed Diabetes Educators have been granted authorisation for a number of significant diabetes education and care processes. These include:

- Authorisation of registrations on the National Diabetes Services Scheme (NDSS)
- Authorisation for NDSS registration to access insulin pump consumables
- Provision of an initial supply of insulin in some states and territories
- Recognition by the Health Insurance Commission (HIC) as the providers of Medicare rebated diabetes education services
- Recognition by the Department of Veterans Affairs (DVA) as the providers of diabetes education services
- Recognition by private health insurance industry as the providers of diabetes education services.

Increased recognition of the credential as the quality assured credential for the provision of these services has led to increased value of the credential and a concomitant rise in the number of Credentialed Diabetes Educators.

The evolving practice of diabetes self management education and of the role of the Credentialed Diabetes Educator led to a comprehensive review of the ADEA publication *The Role of the Diabetes Educator in Australia*. In 2007 the ADEA published *The Credentialed Diabetes Educator in Australia: Role and Scope of Practice*.

This publication affirmed ADEA's commitment to promoting the Credentialed Diabetes Educator as the recognised credential for the provision of diabetes self management education services. The publication of the *National Core Competencies for Credentialed Diabetes Educators* highlights the ADEA's commitment to transparent and best practice processes for the recognition of health professionals who hold the credential.

The Credentialed Diabetes Educator has a unique and integral role in enabling people with diabetes to successfully manage their condition. The *National Core Competencies for Credentialed Diabetes Educators* provides a framework for professional review and outlines standards that consumers and employers can expect of Credentialed Diabetes Educators. They reaffirm the ADEA's commitment to continuous improvement of professional standards and optimal client centred service provision for people affected by diabetes.

A handwritten signature in black ink, reading "Jane Giles". The signature is written in a cursive, flowing style.

**Jane Giles RN CDE**  
**ADEA President**

# Acknowledgements

Many ADEA members have given generously of their time in the development of previous editions of ADEA core competency documents. These have provided the foundation on which the *National Core Competencies for Credentialled Diabetes Educators* has been developed.

Development of the current document was guided by a dedicated steering group. Many ADEA members have provided input and feedback.

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# Introduction

The Australian Diabetes Educators Association (ADEA) is the professional association of health care providers who specialise in the provision of diabetes self management education and care for people with diabetes.

The ADEA benchmarks excellence in the practice of diabetes education and care and supports a cycle of best practice by:

- Promoting and disseminating research findings in diabetes education and care
- Establishing evidence based standards for diabetes education and care
- Facilitating planned and systematic education and training programs for health care providers
- Advocating for equitable access for all people affected by diabetes to best practice diabetes education and care services.

The core competencies set out in this document contribute to this cycle and describe the skills, knowledge and attitudes required to effectively perform the role of a Credentialed Diabetes Educator.

‘Credentialed Diabetes Educator’ is the nationally recognised credential for the quality assured provision of diabetes self management education. Diabetes self management education is a specialty area of practice and is both a therapeutic and educational intervention.

## Credentialed Diabetes Educators

Credentialed Diabetes Educators promote optimal health and well being for individuals (or their carers), communities and populations at risk of, or affected by, diabetes using a range of specialised knowledge and skills. They integrate diabetes self management education with clinical care as part of a therapeutic intervention to promote physical, social and psychological well being.

Credentialed Diabetes Educators work in a variety of practice settings and roles and across the intervention and care continuum. Their practice is underpinned by a core body of knowledge, skills and activity in the following domains.<sup>1</sup>

- Clinical Practice
- Research
- Education
- Counselling
- Leadership and Management.

<sup>1</sup> Australian Diabetes Educators Association (ADEA). (2007), *The Credentialed Diabetes Educator in Australia: Role and Scope of Practice*. ADEA, Canberra.

Credentialed Diabetes Educators practice in, and maintain professional development across all domains, although at any one time their practice may focus more on particular domains depending on their employment setting or role.

The role and full scope of practice of the Credentialed Diabetes Educator is described in the ADEA document *The Credentialed Diabetes Educator in Australia: Role and Scope of Practice*.

## **Competency standards**

This document serves to guide Credentialed Diabetes Educators' practice regardless of their foundation health professional discipline and aims to reflect the competencies that underpin all areas of diabetes self management education and care.

An underlying assumption in the development of these competencies is that Credentialed Diabetes Educators also remain individually accountable to their discipline specific professional organisation and provide clinical care consistent with the standards set by their discipline and by national, state, local and institutional regulations and guidelines that guide their professional practice.

The document describes the core competencies that would be expected of all Credentialed Diabetes Educators. It does not attempt to describe the breadth and depth of skill that exists amongst experienced practitioners or reflect all competencies required by diabetes educators working in specialty areas such as paediatrics, obstetrics, gerontology or other specialist clinical areas or management roles.

## **Purpose of competency standards**

Competency standards describe the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance in a professional or occupational area.<sup>2</sup>

The purpose of the *National Core Competencies for Credentialed Diabetes Educators* is to:

- Define the core competencies required of Credentialed Diabetes Educators
- Provide an outcomes oriented focus and guide for tertiary institutions providing entry level training for the specialty practice of diabetes self management education that can be used to demonstrate how courses submitted for ADEA accreditation build competence
- Provide entry level practitioners with a framework for identifying their professional development and practice needs in order to meet requirements for recognition as a Credentialed Diabetes Educator
- Provide Credentialed Diabetes Educators with a framework for continually assessing their competence and professional development needs

<sup>2</sup> Australian Nursing and Midwifery Council (ANMC). (2004), *Common competencies for registered nurses in Western Pacific and South East Asian Region*. ANMC, Canberra



- Describe the performance standards consumers and employers can expect of Credentialed Diabetes Educators.

The *National Core Competencies for Credentialed Diabetes Educators* provides a professional framework for assessing competence and supporting performance development. The document has been informed by, and should be used in conjunction with other ADEA documents including:

- *The Credentialed Diabetes Educator in Australia: Role and Scope of Practice*
- *National Standards of Practice for Diabetes Educators*
- *National Standards for Diabetes Education Programs*
- *ADEA Code of Conduct for Diabetes Educators*
- ADEA Position Statements and Guidelines.

## Development of the core competencies

The revision of the core competencies was overseen by a steering group appointed by the ADEA Board and undertaken in consultation with the Chairs of the ADEA Research, Credentialling and Course Accreditation Committees.

ADEA members were consulted to ascertain their views on the relevance, appropriateness and usefulness of 2001 version<sup>3</sup> of the core competencies. Feedback from members indicated that the document was a relevant and useful document. As a result of member feedback it was determined that the 2001 format should be maintained and adapted to reflect the evolving role of the Credentialed Diabetes Educator.

A desk review of core competencies literature was undertaken and a discussion document developed that aimed to align the core competencies with the recently revised *The Credentialed Diabetes Educator in Australia: Role and Scope of Practice*.

The discussion document was circulated to the steering group and draft competencies developed. All ADEA members were invited to complete a feedback survey on the draft competencies. Comments and suggestions were reviewed by the Steering Group and incorporated into the final document as appropriate.

## Format of competency standards

The format of the *National Core Competencies for Credentialed Diabetes Educators* is consistent with the Australian standards for documenting competencies as outlined in the Australian Qualifications Framework (AQF).<sup>4</sup> The framework requires competencies to be expressed as:

<sup>3</sup> Colagiuri, R. (2001), *National Core Competencies for Diabetes Educators* Australian Diabetes Educators Association, Canberra

<sup>4</sup> Department of Employment, Education and Training. (2005), *Training Package Development Handbook*, Australian Government, Canberra

- **units of competency** – A unit of competency is a statement of a key function or role. Units of competency comprise the specification of knowledge and skill and the application of that knowledge and skill to the standard of performance required in the workplace.
- **elements for each competency** – elements of competency are the basic building blocks of the unit of competency.
- **performance criteria** – the performance criteria specify the required performance in relevant tasks, roles, skills and in the applied knowledge that enables competent performance.

Five units of competency have been identified that reflect the contemporary role and scope of practice of a Credentialed Diabetes Educator. These are:

- UNIT 1: Provides safe, effective, client centred, and clinical care to people with diabetes.
- UNIT 2: Provides safe, effective, client centred diabetes self management education.
- UNIT 3: Organises and manages a diabetes service.
- UNIT 4: Demonstrates professional responsibility and accountability in planning and delivering diabetes self management education and clinical care.
- UNIT 5: Demonstrates leadership and acts as an advocate for diabetes education and care.

# UNIT 1 Provides safe, effective, client centred, clinical care to people with diabetes.

**CONTEXT: Credentialed Diabetes Educators provide direct clinical care and interventions according to the scope of practice of their primary health discipline. In addition to advanced knowledge within their primary health discipline, they apply knowledge of current and interdisciplinary best practice diabetes management to guide client centred clinical decision making, referral and care.**

Elements	Performance Criteria
1.1 Applies best practice principles to the clinical care of people with diabetes within his/her respective discipline	<ul style="list-style-type: none"><li>1.1.1 Demonstrates an understanding of and integrates professional practice guidelines when providing clinical care</li><li>1.1.2 Seeks, applies and continually reviews clinical effectiveness, clinical practice guidelines and documented expert consensus in providing and recommending clinical interventions for people with diabetes</li><li>1.1.3 Assesses and acts on the need to refer for clinical care outside the expertise of the educator's own clinical discipline, in consultation with the client and his/her relevant health care provider</li><li>1.1.4 Maintains and applies advanced clinical knowledge and skills appropriate to the educator's clinical discipline and specialist function</li></ul>
1.2 Informs and advises clients what they are entitled to expect in the quality and availability of clinical care for diabetes	<ul style="list-style-type: none"><li>1.2.1 Applies current knowledge of best practice diabetes management across the range of disciplines involved in diabetes care to undertake a comprehensive assessment of the client's health status and risk profile for the development of diabetes complications</li><li>1.2.2 Extracts, evaluates and interprets information from relevant sources to provide clients with information to enable them to seek appropriate quality of diabetes care and monitoring</li><li>1.2.3 Provides current information about the availability of and access to health services and resources relevant to people with diabetes</li></ul>
1.3 Provides clinical care consistent with the regulatory framework governing the educator's clinical discipline	<ul style="list-style-type: none"><li>1.3.1 Demonstrates knowledge of the regulatory and decision making frameworks within which he/she and other members of the diabetes team practice</li><li>1.3.2 Refers, delegates and accepts delegation of clinical care according to his/her scope of practice and level of competence</li></ul>

1.4 Applies a systematic and comprehensive client centered approach to clinical care to achieve agreed clinical goals	1.4.1 Assesses, interprets and monitors clinical indicators of general health status and metabolic control and utilises the information to guide clinical decision making and referral 1.4.2 Works collaboratively with the referring practitioner, other members of the diabetes care team and the client to establish agreed clinical targets and incorporates these into a documented care plan 1.4.3 Actively participates in and promotes multidisciplinary team care whilst ensuring that care remains client centred 1.4.4 Ensures that care is planned and delivered consistent with client's priorities and preferences
1.5 Plans for continuity of care to achieve client goals	1.5.1 Coordinates care, identifies unmet needs and refers (or recommends referral) to other health professionals as appropriate 1.5.2 Collaboratively supports the therapeutic interventions of other health team members within and across agencies 1.5.3 Initiates necessary contact and referrals to external agencies or programs 1.5.4 Ensures appropriate discharge planning and arrangements for ongoing client support are in place 1.5.5 Undertakes a care coordination and case management role where appropriate
1.6 Maintains accurate and confidential records of clinical care	1.6.1 Documents the outcomes of the clinical assessment and subsequent care recommendations for each client 1.6.2 Makes the assessment and care planning information available to the client 1.6.3 Ensures client information is made available to relevant health care providers in a timely manner and within the prescribed bounds of confidentiality 1.6.4 Stores all records in accordance with national privacy laws

## UNIT 2 Provides safe, effective, client centred diabetes self management education.

**CONTEXT: Credentialed Diabetes Educators acknowledge the central role of the person with diabetes in the management of their condition and their right to self determination in their lifestyle and treatment choices. They have expert knowledge of diabetes management and use client centred and evidenced based approaches to support the person with diabetes to acquire the knowledge, skills and confidence to become effective self managers and pro-active members of their diabetes care team.**

Elements	Performance Criteria
2.1 Promotes effective communication and learning and respects confidentiality	<p>2.1.1 Applies exploratory questioning techniques and reflective listening to gain an understanding of clients' knowledge, past experiences and concerns about living with diabetes</p> <p>2.1.2 Ensures the priorities and concerns of clients are identified and addressed within each episode of care</p> <p>2.1.3 Establishes and works with the client's understanding of diabetes to plan self care education and is able to offer alternative interpretations for their consideration in areas where beliefs or concepts may adversely affect diabetes self care</p> <p>2.1.4 Assesses client needs and develops an education plan in consultation with the client that is tailored to the client's intellectual, social, psychological, spiritual, cultural and geographical status and the requirements of their self care regimen</p> <p>2.1.5 Conducts education in a suitable, private physical environment and ensures client confidentiality</p> <p>2.1.6 Involves relevant support people with client's consent and where appropriate in the education and management plan</p>
2.2 Facilitates informed decision making by the person with diabetes	<p>2.2.1 Assesses the client's understanding of the relevant clinical and self management options available to them</p> <p>2.2.2 Integrates clinical management and the attainment of agreed clinical targets throughout the diabetes education process</p> <p>2.2.3 Provides clients with complete and up-to-date information about the health risks based on the available clinical evidence</p> <p>2.2.4 Facilitates self reflection by clients to enable them to make optimal decisions about their diabetes self management and available treatment options</p> <p>2.2.5 Ensures the educator and the client have a common understanding of any decisions the client makes as a result of their interaction at the end of each episode of care</p> <p>2.2.6 Demonstrates respect for clients who choose a care option inconsistent with that recommended</p>

2.3 Facilitates client self management	2.3.1 Acknowledges the central role of the client in the day to day management of their condition and supports clients to take an active part in the management of their condition
	2.3.2 Assesses client's capability for self management
	2.3.3 Regularly assesses the client's self management behaviour in all recognised self care domains and uses the information as the basis for developing education interventions in collaboration with the client
	2.3.4 Identifies and documents behavioural goals developed collaboratively with the client, assesses progress toward achieving these goals and modifies education interventions accordingly
	2.3.5 Applies evidence about generic chronic disease self management to support the client to develop generic and diabetes specific self management skills
	2.3.6 Provides appropriate information so that clients can access identified resources required to support their self management
2.4 Applies health behaviour and education theory to inform, motivate and support clients to adopt diabetes self care behaviours	2.4.1 Uses health behaviour education and theory as the conceptual framework for all diabetes self management education interventions, including developing education programs and educational material
	2.4.2 Assesses readiness to learn and uses recognised counselling and coaching techniques to facilitate and support behaviour change
	2.4.3 Encourages a problem solving approach to self care by creating a non-judgemental learning environment that enables the client to ask questions, explore options, express concerns and use experience, including mistakes, to consolidate learning
	2.4.4 Uses experiential learning techniques to enable clients to develop self care skills
2.5 Utilises counselling knowledge and skills to provide psychosocial support and support self management	2.5.1 Acknowledges the importance of emotional and spiritual issues and provides an environment that encourages the client to discuss these areas of living with diabetes
	2.5.2 Demonstrates knowledge and understanding of the relationship between chronic disease, depression and the impact of an individual's psychological state on their capacity to self manage
	2.5.3 Uses valid tools to assess psychological status as a routine part of diabetes education interventions
	2.5.4 Communicates the results of psychological assessments to clients, discusses the options available to them and when appropriate refers the client to professionally qualified counsellors
	2.5.5 Identifies, promotes and (where possible) provides opportunities for peer support
2.6 Facilitates client access to resources, supplies, services and equipment	2.6.1 Refers clients to appropriate agencies to access resources, supplies, services and equipment necessary for diabetes self care
	2.6.2 Advises about costs and available subsidies and reimbursements
	2.6.3 Provides information about diabetes and related services, resources and lay organisations available locally and throughout Australia

## UNIT 3 Organises and manages a diabetes service

**CONTEXT: Credentialed Diabetes Educators work in a variety of practice settings, including publicly funded diabetes centres and community health services, general practice and private practice. They may work as part of an established multidisciplinary team or in solo practice. Irrespective of their practice setting, Credentialed Diabetes Educators apply systematic approaches to service planning, delivery and evaluation in order to ensure their service is efficient, effective and meets community and individual client needs.**

Elements	Performance Criteria
3.1 Demonstrates knowledge of and complies with organisational, legal and business requirements	<ul style="list-style-type: none"><li>3.1.1 Demonstrates awareness of the organisational structures required to provide an effective diabetes service that complies with legal and ethical standards</li><li>3.1.2 Operates within professional lines of responsibility and communication and accepts accountability for own actions</li><li>3.1.3 Where applicable reports appropriately through the designated lines of responsibility and communication</li></ul>
3.2 Applies a systematic approach to planning and evaluating services and performance	<ul style="list-style-type: none"><li>3.2.1 Applies a population based approach to service planning including systematic assessment of community needs</li><li>3.2.2 Collaborates with relevant stakeholders to identify and document overall diabetes service goals and targets and strategies to achieve these goals</li><li>3.2.3 Uses a continuous review process to assess progress against these goals and revises services according to the results</li><li>3.2.4 Maintains records of relevant aspects of the service and applies the information to plan and prioritise and allocate time, human, financial and other resources to relevant activities</li><li>3.2.5 Solicits and utilises consumer input to evaluate the accessibility and quality of the care offered and plan and improve access and appropriateness of services</li><li>3.2.6 Maintains accurate records of referral to and utilisation of the service provided and reports to relevant authorities</li><li>3.2.7 Reviews information to identify barriers to health service access and equity of service provision</li><li>3.2.8 Identifies high risk groups and groups with special needs and adapts the service to accommodate those needs</li></ul>



3.3 Initiates and/or contributes to the development of policies and procedures	3.3.1 Takes timely and active responsibility for developing, reviewing and revising diabetes policies, protocols and procedures 3.3.2 Participates in assessing the implementation of policies, protocols and procedures relevant to diabetes education practice
3.4 Selects and maintains resource material	3.4.1 Reviews, identifies and evaluates resource material and new diabetes products on a continuing basis 3.4.2 Identifies resource material and equipment needs, and prioritises needs according to available funds
3.5 Works co-operatively within the diabetes team and broader health care system	3.5.1 Supports an integrated, multidisciplinary team approach to the care and support of clients, families and communities 3.5.2 Co-operates and communicates with other health professionals in the full range of health care settings and other agencies to promote and provide comprehensive, integrated diabetes services across the diabetes care continuum 3.5.3 Represents the diabetes service on relevant committees
3.6 Implements and maintains a quality management program	3.6.1 Develops or contributes to a documented quality management program to monitor and evaluate the outcomes of the education and care provided at the individual, program and, where possible, at the population level 3.6.2 Assesses consumer access to, and satisfaction with the services provided and uses findings to improve/or modify services 3.6.3 Benchmarks services and service outcomes against appropriate indicators and other services to achieve best practice 3.6.4 Implements remedial action to overcome deficits 3.6.5 Regularly communicates activities and outcomes of the service as appropriate through designated channels to the employer and, where possible, to local health professionals and consumers
3.7 Facilitates access to the diabetes services	3.7.1 Disseminates accurate information about the function and role of the diabetes educator and the service to consumers, other health professionals and health service providers and the wider community as appropriate to the practice context



# UNIT 4 Demonstrates professional responsibility and accountability in planning and delivering diabetes self management education and clinical care

**CONTEXT: Credentialed Diabetes Educators provide evidence based education and care and practise according to recognised professional standards. They continuously evaluate the outcomes of their practice and review their practice against the available evidence base to ensure the delivery of current best practice diabetes education and care.**

Elements	Performance Criteria
4.1 Practices professionally	<p>4.1.1 Complies with professional, ethical and legal laws, regulations, policies and guidelines generally and according to their professional discipline</p> <p>4.1.2 Recognises and practices within own areas of skill and expertise</p> <p>4.1.3 Recognises unsafe or unprofessional practice in self and others and responds appropriately according to professional codes of practice or organisational requirements</p> <p>4.1.4 Complies with the ADEA <i>Code of Conduct for Diabetes Educators</i> and other relevant Codes</p> <p>4.1.5 Practices according to the ADEA <i>National Standards of Practice for Diabetes Educators</i> and other relevant ADEA Standards</p>
4.2 Sustains the capacity to perform to identified standards	<p>4.2.1 Critically appraise own knowledge, skills and work practices and develops a professional development plan to address deficiencies</p> <p>4.2.2 Undertakes continuing education to supplement and sustain the ability to perform to identified standards</p> <p>4.2.3 Reflects on own practice and appraises professional development activities and outcomes to continuously revise a personal professional development plan</p> <p>4.2.4 Actively seeks critical appraisal of own performance from peers within own discipline and across the range of disciplines involved in diabetes care</p>
4.3 Applies research knowledge and skills to identify and critically evaluate the available evidence for all aspects of diabetes management and education	<p>4.3.1 Identifies, critically evaluates, and utilises relevant information from the scientific, education and related literature to plan, develop, deliver and evaluate diabetes education and management services</p> <p>4.3.2 Regularly reads peer reviewed and relevant non-peer reviewed literature to inform and guide diabetes education practice</p>
4.4 Identifies and utilises opportunities to contribute to the evidence base for diabetes education and care	<p>4.4.1 Demonstrates a knowledge of ethical practice for conducting research</p> <p>4.4.2 Utilises appropriate methodology when undertaking research</p> <p>4.4.3 Participates or collaborates in research relevant to opportunity and research expertise and competence</p>

## UNIT 5 Demonstrates leadership and acts as an advocate for diabetes education and care

**CONTEXT:** Credentialed Diabetes Educators advocate for best practice diabetes education and care. They contribute to the capacity of the health workforce to provide best practice diabetes care through fulfilling a consultancy role, providing training and acting as mentors. They develop partnerships to advocate for health promoting environments that support healthy lifestyles for those with, and those at risk of developing diabetes.

Elements	Performance Criteria
5.1 Acts as an advocate for diabetes, prevention, education and care	5.1.1 Creates and utilises opportunities to enhance public awareness of diabetes and choices conducive to general health and well being 5.1.2 Links with community agencies where possible to advocate for community services that support self management and healthy lifestyles for people with diabetes and the general community 5.1.3 Accesses opportunities to create partnerships with health and community organisations to promote the dissemination of diabetes awareness and healthy lifestyle information
5.2 Acts as a consultant and resource to colleagues, other agencies, policy and decision makers	5.2.1 Participates in and contributes to the work of relevant committees 5.2.2 Disseminates research findings and best practice guidelines to continually advocate for best practice diabetes education and care
5.3 Builds the capacity of the health workforce to provide best practice diabetes care	5.3.1 Provides a diabetes resource and information service to other health professionals 5.3.2 Develops and delivers diabetes training programs for generalist health care providers at a variety of levels
5.4 Supports the professional development of novice diabetes educators and peers	5.4.1 Provides professional support and acts as a mentor for entry level diabetes educators, peers and other members of the diabetes team 5.4.2 Acts as a resource and provides ongoing professional development in the educator's own area of clinical expertise for other members of the multidisciplinary care team



