

Diabetes Education in Australia

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Diabetes education was established in Australia in 1970s. A professional education organisation, the Australian Diabetes Educators Association was then established in 1982 and membership was open to all health disciplines. It currently has 1200 members. With time a credentialing process was introduced and since 1996 this has been at the level of a post graduate certificate. To become a credentialed diabetes educator the person from any health discipline needs to not only complete the post-graduate program but to undertake 1000 hours in the field of diabetes education and to be mentored for 12 months. Diabetes educators do not need to be credentialed, but being a CDE does bring with it clinical privileges such as the ability to dispense and to work in private practice. DEs must work within their scope of practice but the work done can vary widely. DEs can work at a variety of levels; some may do very traditional and limited education role of teaching patients about their diabetes, teaching tasks such as self-blood glucose monitoring or commencing injectable therapy. Others may be involved in some clinical work such as insulin stabilisation programs. Whilst others, such as the model of care in which I work, have an advanced clinical roles. In the last decade diabetes nurse practitioners have played an increasing role in diabetes management with a much broader scope of practice to prescribe, diagnose and order investigations. In more recent years as funding for hospital-based diabetes services has been harder to obtain, there has been an increase in the number of endocrinologists and CDEs working in private practice. The CDE can register with the government sponsored medical insurance scheme and be reimbursed for their work. The increasing use of technology in diabetes management has meant that many CDEs and NPs can now make quite a good income in this area if they are formal pump trainers. Significant leadership opportunities exist for DEs in not only informing local diabetes health care but also nationally and internationally. Sitting on hospital boards and pharmaceutical expert panels, DEs can have a major positive impact on health care delivery, health care systems, management guidelines and related outcomes.