

NSQF QUALIFICATION FILE

Approved in 22nd NSQC dated 19th December 2018

CONTACT DETAILS OF THE BODY SUBMITTING THE QUALIFICATION FILE Name and address of submitting body:

Ministry of Health and Family Welfare

Nirman Bhawan, Maulana Azad Road, New Delhi, Delhi 110011

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List of documents submitted in support of the Qualifications File

1. *Model Curriculum standardized by MoHFW (Annexure I)*
2. *Minutes of the consultation with experts for developing standards (Annexure II)*
3. *Schematic of overall Skills based training roll out in the country (Annexure III)*
4. *Evidence of need for Skill based courses (Annexure IV)*
5. *Policy (standards) for Skill courses as finalised by MoHFW (Annexure V)*

SUMMARY

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| 1. | Qualification Title | Diabetes Educator (DE) |
| 2. | Qualification Code, if any | Not applicable |
| 3. | NCO code and occupation | 3253.010 1 |
| 4. | Nature and purpose of the qualification (Please specify whether qualification is short term or long term) | <p>The Diabetes Educator program is a short duration upskilling certification training program, for the professionals with experience in the patient care such as graduates in Public Health, Nutrition, Nursing, Pharmacology, Occupational and Physiotherapy, etc. These healthcare professionals need to have a sound clinical understanding of the condition if they are to provide high quality diabetes education. Thus, diabetes education delivered by well-trained healthcare professionals becomes integrated with clinical care, forming the key to successful self-management on the part of person with diabetes.</p> <p>A Diabetes Educator (DE) can be defined as a health professional who possesses comprehensive knowledge of and experience in prediabetes, diabetes prevention, and management. DE are an integral part of the diabetes management teams. The DE educates and supports people affected by diabetes to understand and manage the condition. A DE promotes self-management to achieve individualized behavioral and treatment goals that optimize health outcomes. While diabetes educator may come from a variety of health professions, each member of the diabetic team is expected to integrate the role into their professional practice.</p> |
| 5. | Body/bodies which will award the qualification | IGNOU (Indira Gandhi National Open University) |
| 6. | Body which will accredit providers to offer courses | National Accreditation Board for Hospitals and Healthcare (NABH) hospitals Providers accredited or ISO 9001 certified hospitals under NABCB accreditation and those affiliated with |

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| | <p>leading to the qualification</p> | <p>National Board of Examination (NBE) to be directly approved as training sites, including - Government hospitals such as functional First Referral Units (FRU), District Hospitals and above, Central Government Health Scheme (CGHS) empanelled hospitals and other Institutes of National Importance (INI), across the country.</p> <p>Training institutions that do not have affiliation with any University as approved under UGC/deemed university/ autonomous institutes/INI or not recognized by an appropriate health care statutory body, to be accredited by appropriate mechanisms under</p> |
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| | | the National Accreditation Board for Certification Bodies (NABCB under QCI) . |
| 7. | Whether accreditation/ affiliation norms are already in place or not, if applicable (if yes, attach a copy) | Accreditation norms will be as developed/ followed by NABCB, QCI for the same purpose. |
| 8. | Occupation(s) to which the qualification gives access | <p>This course will prepare personnel having existing healthcare related background and who desire to be employed as a 'Diabetes Educator' in a diagnostic/ health care facility.</p> <p>This course opens new avenues of specialization for exiting allied and healthcare professionals (upskilling) and would offer better work opportunities in the field. It will enable an individual to avail of jobs at government, community and private hospitals, community and private clinics, pharmaceutical and nutraceutical companies as a diabetes educator.</p> |
| 9. | Job description of trained the occupation | <p>The objective of the training program is to develop a pool of workforce which can be employed by diagnostic/healthcare service providers to provide diabetes education integrated with clinical care, forming the key to successful self-management on part of person with diabetes.</p> <p><i>As per the training modules at the end of the training, the candidate would be certified to perform following activities–</i></p> <ol style="list-style-type: none"> 1. Describe Diabetes, its various types and broad management plan 2. Educate diabetic or pre diabetic patients, including warning signs and symptoms of various complications associated with diabetes viz. Retinopathy, Neuropathy, Nephropathy etc. and modes of their prevention 3. Describe Medical Nutrition Therapy principles, calculation of BMI, BMR, calorific consumption and diet etc. 4. Perform detailed evaluation of the patient as per clinical protocols set by the Endocrinologist (with whom attached or the institution where DE is employed) |

5. Apply the foot care assessments and procedures in areas such as wound etiology for the diabetic foot, wound care assessments, venous and neuropathic ulcer, infection, inflammation control and moisture control.
 6. Classify and apply staging system for the diabetic foot ulcer
 7. Recognize how sensory motor autonomic neuropathy affects development of a diabetic ulcer.
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| | | <p>Perform foot care for the patients including saline</p> <p>8. dressings, trimming and removing of callus etc. (for nursing cadre/ professional with authority for minor surgical interventions).</p> <p>9. Practice infection control measures.</p> <p>10 . Evaluate performance of the treatment plan in various situations.</p> <p>11. Undertake documentation, reporting and follow up activities of the patients in collaboration with the health team.</p> <p>12 . Demonstrate Basic Life Support, Cardio Pulmonary Resuscitation and other actions in event of medical and facility emergencies.</p> <p>13 . Work in close collaboration with the health team, patient and their relatives for the better results and treatment of the patients.</p> <p>14 Demonstrate professional behavior, personal qualities and characteristics of a Diabetes Educator.</p> <p>15 . Apply principles of patient rights in a various simulated situations.</p> <p>16 Discuss the expanding clinical role of DE, population based screening and preventive care.</p> |
| 10. | Licensing requirements | Not applicable at the current moment, however, once a statutory body is established by MoHFW this may be explored at a later time. |
| 11. | Statutory and regulatory requirement of the relevant sector (Documentary evidence to be provided) | Not applicable, please refer to point 10. |
| 12. | Level of the qualification in the NSQF | Level 5 |
| 13. | Anticipated volume of | It is recommended that any programme developed from this curriculum should have a minimum of the 500 hours duration to |

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| | <p>training/learning required to complete the qualification</p> | <p>qualify as an entry level professional in the field of diabetes educator. This includes 100 hours of theory, 100 hours of practical/ skill and 300 hours of internship based training provided to the candidates.</p> |
| 14. | <p>Indicative list of training tools required to deliver</p> | <p>Classrooms should be equipped with the following arrangements: interactive lectures, brain storming, charts and models, activity video presentations. The skill lab need to be equipped with</p> |

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| | this qualification | equipments so as to enable practical demonstration of various functions, role play, case studies etc. |
| 15. | Entry requirements and/or recommendations and minimum age | <p>Graduates in Public Health, Nutrition, Nursing, Pharmacology, Occupational and Physiotherapy etc.</p> <p><i>(No minimum age has been specified in the Curriculum as entry criteria)</i></p> |
| 16. | Progression from the qualification (Please show professional and academic progression) | <p>Professional progression</p> <p>After the due certification on qualifying all the desired skills, it is expected that the candidate will attain employment as a “Diabetes Educator” in a diagnostic/ health care facility. The candidate may further attain supervisory role as he/she progresses in their careers professionally after gaining adequate experience.</p> <p>However, it is recommended that other than supervisory provisions- no true change in the scope of practice or responsibility maybe accorded.</p> <p>Academic progression <i>Not applicable as this is only an upskilling program.</i></p> |
| 17. | Arrangements for the Recognition of Prior learning (RPL) | RPL arrangements are not planned under this course. |
| 18. | International comparability where known (research evidence to be provided) | <p>The curriculum guidelines framed by MoHFW comprises of the skills needed for a Diabetes Educator to effectively provide education and guidance related to Diabetes as per standards. The National Occupational Standards of UK, Australia, Canada and other countries were also reviewed for applicability and were deliberated upon by the subject experts.</p> <p>In the future if the curriculum standards have to be specifically customized for certain target countries where such workforce might find employability, these shall also be facilitated by the</p> |

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| | <p>relevant bodies.</p> <p>International documentation reviewed for the same include the following-</p> <p>Global strategy on human resources for health: Workforce 2030 http://www.who.int/hrh/resources/global_strategy_workforce2030_14_print.pdf?ua=1</p> <p>Health Employment and Economic Growth: An Evidence Base, WHO Report 2017 http://www.who.int/hrh/resources/WHO-HLC-</p> |
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| | | <p style="text-align: center;">Report_web.pdf</p> <p>http://planningcommission.nic.in/reports/genrep/rep_uhc0812.pdf</p> <p>http://www.jobmarkets.com.au/doc/ANZSCO%20first%20edition%20revision%201.pdf</p> <p>http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/949C4A31B32126A4CA257B9500131148?opendocument</p> <p>https://www.ukstandards.org.uk/PublishedNos/SFHDia bIPT05.pdf#search=diabetic</p> <p>https://www.ukstandards.org.uk/PublishedNos/SFHDia bDF01.pdf#search=diabetic</p> <p>https://www.ukstandards.org.uk/PublishedNos/SFHDia bGA1.pdf#search=diabetic</p> <p>https://www.ukstandards.org.uk/PublishedNos/SFHDia bTPA01.pdf#search=diabetic</p> <p>https://www.ukstandards.org.uk/PublishedNos/SFHDia bHA9.pdf#search=diabetic</p> <p>https://qualifications.pearson.com/content/dam/pdf/btec-specialist/BA029551-BTEC-L3-Working-with-Individuals-with-Diabetes-spec.pdf</p> |
| <p>19.</p> | <p>Date of planned review of the qualification</p> | <p>Considering the rapid advancement in the technology and techniques in healthcare, it is proposed that the qualification to be reviewed every three years. (Next review to be conducted in Year 2021)</p> |

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| 20. | Formal structure of the qualification | | |
| | Mandatory components | | |
| | Title of component and identification code/NOSs/Learning outcomes | Estimated size (learning hours) | Level |
| i. | Introductory/ Foundation module | 83 | 5 |
| ii. | Planning and setting goals, implementing and evaluating treatment plans for diabetic and pre-diabetic patients | 60 | 5 |
| iii. | Short term and chronic complications associated with diabetes | 37 | 5 |
| iv. | Professional conduct, counselling and communication skills | 20 | 5 |
| | Total Duration (Didactic + Practicum) | 200 | |
| | Internship Duration | 300 | |
| | Sub Total (A) TOTAL DURATION OF THE PROGRAM (Including Internship) | 500 | |
| | Optional components | | |
| | Title of component and identification code/NOSs/Learning outcomes | Estimated size (learning hours) | Level |
| | Not applicable | | |
| | Sub Total (B) | Not applicable | |
| | Total A+ B | 500 | |

Curriculum attached at Annexure I

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SECTION 1
ASSESSMENT

21. Body/Bodies which will carry out assessment:

It is proposed IGNOU will be conducting assessment of the candidates, and the overall monitoring of the same will be executed by the monitoring committee. The monitoring committee will include representation from National Institute of Health and Family Welfare (NIHFW), All India Institute of Medical Sciences (AIIMS) or other INI, NBE, State institutes and Collaborating Training Institutes (CTIs) as applicable regionally and other subject experts for individual courses.

22. How will RPL assessment be managed and who will carry it out?

There is an existing process of upskilling and refresher training for the existing workforce but not a formal policy for recognition of prior learning for the public sector employees. However, for the RPL assessments of fresh candidates with prior work exposure, an appropriate body will be designated with the work of pre-assessments and will be done before any training is undertaken.

The following thorough process will be followed for the RPLs-

Registration: Candidates will be expected to submit registration form online along with uploading of scanned copies of some mandatory documents including basic education and prior work experience if any. The applications will be screened on the basis of the eligibility criteria and approved candidates will be duly informed.

Pre-assessment: The shortlisted candidates will then undergo a pre-assessment of skills and knowledge on the basis of the existing modules of the respective course. The pre-assessment will be focused on the clinical skills of the candidate and there may be short knowledge based assessment with definite marking by MoHFW empaneled and notified assessor. The assessments will be coordinated and monitored by the MoHFW's State Health and Family Welfare Institutions/ collaborating training institutions (CTI), or authorized body as notified by MoHFW. The assessments will be undertaken in clusters and will be batch wise, however for the skills test each candidate will have to individually demonstrate on mannequins/or through role plays or as applicable based on the skill.

Training: The skills and knowledge gap in each of the candidate will be recorded and a performance chart will be developed. The candidate will then be rendered training as per the gaps identified and will be aligned with the classes planned for the regular students of the course, in order to make this more cost effective model.

Training Partners: It is further proposed that the training partners will be evaluated and accredited by NABCB, as applicable per the policy document.

23. Describe the overall assessment strategy and specific arrangements which have been put in place to ensure that assessment is always valid, reliable and fair and show that these

are in line with the requirements of the NSQF.

Given that the effective healthcare services are dependent on the people's knowledge and skills pertaining to healthcare delivery techniques, it is imperative to create a transparent and equitable model in order to avert any conflict of interest in rendering the desired skill sets. It has thus been decided that different institutions will be notified for various responsibilities as stated above.

The main roles involved in this process include the following: 1) Training (and its related administrative processes including student enrolment etc.) examination and skill assessment of trainees, 2) Accreditation of clinical sites willing to partner for practical training, 3) Final certification of the candidate and 4) Overall process monitoring and evaluation at each level (national, state, district and local levels). The specified bodies will have standardized protocol for respective responsibilities such as that of accreditation, registration and training of candidates and assessments for the award of the certification.

For State level monitoring of the programme, a sub-committee authorized by the national monitoring committee will be established having representation from all the notified implementers of the programme. This committee will help to identify and solve the implementation problems of the region, monitor the programme for quality assurance and help towards recognition of the programme by the State.

1) For the Student's training and assessment protocol, a robust framework has been envisioned:

1.1 Didactic training Component

The didactic training sessions will be conducted through identified trainers at Programme Study Centre and Skill laboratories. These will be linked to Medical Colleges and District Level Hospitals (Skill Development Centres) identified by IGNOU and monitoring team for this programme. At Skill labs, candidates will be demonstrated practical skills and given opportunity to clear their doubts where they would practice the skills for gaining competence.

In addition to the District hospitals, a skill development centre could also be a First Referral Unit (FRU) or a private set up (may be a large private hospital/nursing home) with a minimum patient turn over (as per policy note), availability of subject experts and the facilities as per the guideline mentioned set by the MoHFW and accreditation NABCB. The Skill development centre will be identified and allotted to the candidates as per proximity and definite student-supervisor ratio.

1.2 Practical Component

Every theory course has a related practical course. The skills that the candidate will learn is listed in the following table highlighting the following structure of qualification. The students

will be assessed on each of the skill, which will be recorded and will be part of the learning exercise.

Please refer to **Annexure I (Curriculum)** that summarizes the hours that the candidate will need to spend in practical component of each module of the course. The time allotment at will be used for demonstration of skills and follow up practice. To ensure that the candidate has understood the steps involved in each of the skills demonstrated, one would practice the skills on mannequin/ through role plays or simulations initially for a recommended number of times as per the session plan in a skill lab and would be eventually asked to practice the same skill under supervision on live cases. The candidate will be internally evaluated on each of the skill and will be graded accordingly. The number of cases that one would handle for each skill will be mentioned in the logbooks (*as stated in following section 1.3*).

As per the curriculum, the duration of practical component will be mentioned against each course. The practical manuals provided for each course would provide information in details about the skills that the candidate need to perform. The manual will guide the candidate in carrying out the procedures both under supervision and later on for self-practice. Please note this entire process may be managed electronically as well.

1.3 Log-book/E-log book Maintenance

Log-book is meant for maintaining the records of all the activities/cases that the candidates will be performing as a part of the programme at various training sites. ***The skill based case handled by the candidate will be recorded in the log book and will be countersigned by the***

respective trainers/ internal assessors. As attendance of all the spells vis-à-vis completion of all skills is compulsory, this record will be on objective proof of actual performance and learning. If a particular activity is not duly signed, then it would not be considered for internal assessment and hence will fetch the candidate overall low scoring. ***The log-book will also be evaluated by the external examiner in the term-end practical*** examination to tally the skills that has been attained by the candidate during the training program. Please note this entire process of assessment may be managed electronically.

1.4 Method of Evaluation of Theory Courses

1.4.1 Internal Assessment(Assignments)

The internal assessment for theory will be carried out by providing one assignment for every two theory blocks. These assignments will have to be answered by the candidates either electronically or in hard copy. The candidate will have to secure an aggregate of minimum marks to pass. If one fails to secure passing marks, he/she will have to repeat the assignment/(s) in which he/she has scored less than minimum marks.

Submission of assignments is a pre-requisite for appearing in theory examination, which may be paper based or electronic. If someone appears in the term-end theory

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not be reflected in the grade card. The internal assessments would carry 30% weightage in the total grading of the candidate to qualify the skills course.

1.4.2 Term-end Examination

There will be a standardized exit examination, held in select time of the year in authorized testing centres as notified by the assessment body, in which every candidate will have to pass both online/ written didactic examination and a skill test at one of the skill testing centres. Details specific to each course will be as per the assessment body's discretion.

1.5 Method of Evaluation of Practical Courses

1.5.1 Internal Assessment

Like the theory courses, the practical courses will have 30% weightage from internal assessment. The internal assessment of the practical component will be done by identified assessors as notified. There will be no formal question papers to assess this component. The assessors will make a subjective assessment of candidate's understanding and performance on every skill. The marks on internal assessment will be given to the assessor as well for verification.

Passing in internal assessment of the practical is a prerequisite for appearing in the Term-end Practical examination. A student will have to secure minimum marks to be declared as pass in the internal assessment component. If a student fails to secure pass marks, he/she will have to repeat all the practical activities of related courses **after paying the required fees at the regional centre.** The fees will be same as that applicable for readmission to practical Courses.

1.5.2 Term-end Examination

For term-end practical examination, there will be definite number of internal and external examiners. The internal examiners will be from the same programme study centre and the external examiners will be from same programme but of other States. Proper mapping of the assessor will be done to avoid any bias and at times an Observer from the monitoring team may also participate in the activities. The practical term-end examination will be held as per the duration of the program.

The examination pattern will be uniform across the whole country. A student will have to score definite minimum marks to pass successfully in each module separately for theory as well as practical, otherwise, he/she will have to repeat the respective course.

24. ASSESSMENT EVIDENCE

| Outcomes to be assessed/ NOSs to be assessed | Assessment criteria for the outcome | Viva/ Theory | Skills Practical | Total for each component |
|---|--|-----------------|---------------------|--------------------------|
| INTRODUCTORY/ FOUNDATION MODULE | Explain the role of a diabetes educator | 10 | 0 | 10 |
| | Describe the ethical considerations of his/her job as a diabetes educator | 10 | 0 | 10 |
| | Describe the need for customer service and service excellence in Medical service | 5 | 0 | 5 |
| | Describe the blended and overlapping nature of roles in a fully integrated team for diabetes management | 5 | 0 | 5 |
| | Discuss the role of advocacy and communication skills in influencing policy making for diabetes | 5 | 0 | 5 |
| | Discuss the major research methods and their application | 5 | 5 | 10 |
| | Describe and demonstrate how to communicate with patient with impaired hearing/ vision/ speech/ memory | 5 | 25 | 30 |
| | Enumerate the changes in the patient with abnormal behaviour | 5 | 0 | 5 |
| | Identify the various contents of First Aid Kit | 0 | 20 | 20 |
| | Demonstrate Heimlich Maneuver | 0 | 10 | 10 |
| | Demonstrate the immediate action to be taken for a patient with nosebleed/ minor burns/ asthma attack/fainting/ sprain/ hypothermia/ bites – bee sting or snake bite | 0 | 30 | 30 |
| | Explain the importance of treating confidential information correctly | 10 | 0 | 10 |

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| | Demonstrate basic first aid and CPR | 0 | 30 | 30 |
| | Describe precautions in the event of a disaster | 5 | 5 | 10 |
| | Demonstrate the basic use of computers and aspects related to data handling | 0 | 10 | 10 |
| Total | | 65 | 135 | 200 |
| PLANNING AND SETTING GOALS, IMPLEMENTING AND EVALUATING TREATMENT PLANS FOR DIABETIC AND PRE-DIABETIC PATIENTS | Describe Type-I, Type-II and other specific types of diabetes and identify difference between them in their clinical presentation | 25 | 25 | 50 |
| | Describe the relationship between blood glucose and insulin in healthy people including gluconeogenesis, glycogenolysis, lipolysis and ketogenesis | 10 | 0 | 10 |
| | Identify various blood glucose lowering agents and describe the precautions and specific contraindications to the use of various types of blood glucose-lowering agents | 25 | 25 | 50 |
| | Describe barriers to self-care, including psychosocial concerns and issues | 20 | 0 | 20 |

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| Outcomes to be assessed/ NOSs to be assessed | Assessment criteria for the outcome | Viva/ Theory | Skills Practical | Total for each component |
|--|---|-----------------|---------------------|--------------------------|
| | Describe the importance of exercise and physical activities required in the management of Type-I and Type-II diabetes | 20 | 0 | 20 |
| | Enlist how to recognize diagnostic criteria for gestational diabetes | 10 | 20 | 30 |
| | Describe nutrition and its role in gestational diabetes | 10 | 0 | 10 |
| | TOTAL | 130 | 70 | 200 |
| SHORT TERM AND CHRONIC COMPLICATIONS ASSOCIATED WITH DIABETES | State the signs and symptoms of hypoglycaemia | 5 | 25 | 30 |
| | Discuss the treatment of mild and severe hypoglycaemia | 5 | 25 | 30 |
| | Discuss the treatment for DKA (Diabetic ketoacidosis) | 5 | 25 | 30 |
| | Discuss the treatment for HHS | 5 | 25 | 30 |
| | Identify assessment techniques for foot problems | 0 | 25 | 25 |
| | Identify various foot wears and enumerate their importance | 10 | 20 | 30 |
| | Indicate steps for screening cases for Diabetes | 0 | 25 | 25 |
| | TOTAL | 30 | 170 | 200 |
| PROFESSIONAL CONDUCT, COUNSELLING AND COMMUNICATION SKILLS | Explain the importance of observing and reporting the patient condition and demonstrate how to take consent while assisting the patient | 10 | 30 | 40 |
| | Demonstrate how to counsel a patient/care-giver (ensure points for disease related information, lifestyle modification including dietary control and physical activity, medications, complications and self-monitoring) | 0 | 50 | 50 |
| | Enumerate patient rights | 10 | 0 | 10 |
| | TOTAL | 20 | 80 | 100 |
| | GRAND TOTAL | 245 | 455 | 700 |

Means of assessment 1 Viva/ Theory examination : Total marks – 245

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SECTION 2
25. EVIDENCE OF LEVEL
OPTION A

| Title/Name of qualification/component: Diabetes Educator | | Level: 5 | |
|--|--|--|------------|
| NSQF Domain | Outcomes of the Qualification/Component | How the outcomes relates to the NSQF level descriptors | NSQF Level |
| Process | <p>The course equips individuals with knowledge on the subject and intensive hands-on training thus providing the required experience, and bridging the gap between doctors and people with diabetes.</p> <p>This course opens new avenues of specialization for allied and healthcare professionals and would offer better work opportunities in the field. It will enable an individual to avail of jobs at government, community and private hospitals, community and private clinics, pharmaceutical and nutraceutical companies as a diabetes educator.</p> | <p>The expected outcomes prepare the candidate to carry out process that are repetitive on regular basis with little application of understanding and more of practice. Diabetes educators are healthcare professionals who have experience in the care of people with diabetes and have achieved a core body of knowledge and skills in the biological and social sciences, communication, counselling, and education. Mastery of the knowledge and skills to become a diabetes educator is obtained through formal, practical and continuing education, individual study, and mentorship. The role of the diabetes educator can be assumed by professionals from a variety of health disciplines, including, but not limited to, registered nurses, registered dietitians, registered pharmacists, physicians, mental health professionals, podiatrists, optometrists, and</p> | Level 5 |

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| | | exercise physiologists. | |
| Professional | Understand the healthcare scenario in India | The primary goal of diabetes education is to provide | |

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| Title/Name of qualification/component: Diabetes Educator | | Level: 5 | |
|--|---|---|------------|
| NSQF Domain | Outcomes of the Qualification/Component | How the outcomes relates to the NSQF level descriptors | NSQF Level |
| knowledge | <p>Understand the duties and responsibilities of a Diabetes Educator</p> <p>Learn the scope of work for a Diabetes Educator</p> <p>Adhere to legislation, protocols and guidelines relevant to one's role and field of practice</p> <p>Learn about warning signs and symptoms of various complications associated with diabetes viz. Retinopathy, Neuropathy, Nephropathy etc. and modes of their prevention</p> <p>Learn to evaluate the patient having diabetes in details as per clinical protocols set by the Endocrinologist (with whom attached) or the institution where he/she is employed</p> <p>Understand his/her role in disaster preparedness and management</p> | <p>knowledge and skill training that help individuals identify barriers and to facilitate problem-solving and coping skills to achieve effective self-care behaviour and behaviour change.</p> <p>The diabetes educator is an integral partner in the diabetes care team. The diabetes educator understands the impact of acute or chronic problems on a person's health behaviors and lifestyle and on the teaching/learning process</p> | |
| Professional skill | <p>Diagnosis, classification and presentation of diabetes</p> <p>Self-management of diabetes</p> <p>Treatment plan for type-I diabetes</p> <p>Treatment plan for type-II diabetes</p> <p>Treatment plan for Gestational diabetes</p> <p>Counselling of Diabetic and pre-diabetic patients</p> <p>Patients' rights, consent, observing, recording and</p> | <p>Diabetes Educator is expected to perform limited set of activities which are repetitive in nature using select set of tool and modalities.</p> | Level 5 |

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| Title/Name of qualification/component: Diabetes Educator | | Level: 5 | |
|--|--|--|------------|
| NSQF Domain | Outcomes of the Qualification/Component | How the outcomes relates to the NSQF level descriptors | NSQF Level |
| | documentation | | |
| Core skill | <p>Develop basic concepts of diabetes management and care of individual suffering from this disease</p> <p>Hold sound knowledge of the different metabolic disorders of glucose metabolism, their pathogenesis, their clinical characteristics and diagnostic criteria</p> <p>Understand normal pathophysiology and the defects that lead to abnormal glucose metabolism in diabetic patients</p> <p>Knowledge about investigation methods for the diagnosis of diabetes</p> <p>Observing and reporting the conditions of diabetic patient</p> | <p>Diabetes Educator should possess adequate understanding of diabetes management, different metabolic disorders, glucose metabolism in diabetic patients, diagnosis of diabetes and management of diabetes.</p> | |
| Responsibility | <p>A Diabetes Educator is responsible for promoting self-management of diabetes to achieve individualized behavioural and treatment goals that optimize health outcomes.</p> | <p>A Diabetes Educator (DE) is a health professional who possesses comprehensive knowledge of and experience in prediabetes, diabetes prevention, and management. DE are an integral part of the diabetes management teams. The DE educates and supports people affected by diabetes to understand and manage the condition.</p> | |

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SECTION 3
EVIDENCE OF NEED

26. What evidence is there that the qualification is needed?

Diabetes educators are healthcare professionals who have experience in the care of people with diabetes and have achieved a core body of knowledge and skills in the biological and social sciences, communication, counseling, and education. Mastery of the knowledge and skills to become a diabetes educator is obtained through formal, practical and continuing education, individual study, and mentorship. The role of the diabetes educator can be assumed by professionals from a variety of health disciplines, including, but not limited to, registered nurses, registered dietitians, registered pharmacists, behavioral health professionals, podiatrists, optometrists, and exercise physiologists.

India is slated to soon become the diabetes capital of the world with almost 70 million diabetics in the country. Recent reports reveal more than 1 million deaths attributable to diabetes. Endocrinologists and diabetologists, the medical specialists responsible for diabetes diagnosis and treatment are still way below the norms in terms of availability. Further, diabetes is a condition where multiple organs could be affected badly, commonly such as eyes due to diabetic retinopathy, nerves due to diabetic neuropathy and the kidneys leading to renal failure. It is therefore critical to prevent where possible, but accurately diagnose and treat this disease.

The role of a diabetes educator is critical in educating the patient and helping him/her manage this disease through lifestyle modifications and strict adherence to the prescribed medication schedule. In addition, constant and regular monitoring of blood sugar is also essential. This forms a major part of the diabetes care which a well-qualified diabetes educator can perform.

Further, the Ministry of Health and Family Welfare also aims to prioritize on short term skilling courses, which are in huge demand in the market and also provide ample opportunity to the candidates to undergo a progressive career pathway. The course equips individuals with knowledge on the subject and intensive hands-on training thus providing the required experience, and bridging the gap between doctors and people with diabetes. This course opens new avenues of specialization for allied and healthcare professionals and would offer better work opportunities in the field.

Industry relevance – Minutes of the industry consultation refer to Annexure II and For additional evidence on the need of such qualifications, refer to Annexure IV

What is the estimated uptake of this qualification and what is the basis of this estimate?

As per the Healthcare sector report, workforce requirements for the Healthcare sector is expected to grow to 74 lakh in 2022 which is more than double its existing workforce to meet the market demand. Additionally the major percentage of the requirement is of allied and healthcare professionals (A&HP) apart from nursing and medical doctors. It is essential to also realign the existing workforce with the required course, so that their skills can be tested and adequate knowledge and skills can be rendered for them to be called as a qualified Diabetes Educators.

Report: Human resource and skill requirement in Health sector is available at <https://www.ugc.ac.in/skill/SectorReport/Healthcare.pdf>

27. Recommendation from the concerned Line Ministry of the Government/Regulatory Body. To be supported by documentary evidences

Since the MoHFW is the Nodal Ministry for all healthcare and related professions (except for AYUSH) and no regulatory body exists for the stated profession, the statement above is not applicable. Further, the NSQFs and Curriculum have been approved by the highest competent authority in the Nodal Ministry.

28. What steps were taken to ensure that the qualification(s) does (do) not duplicate already existing or planned qualifications in the NSQF? Give justification for presenting a duplicate qualification.

As discussed with the NSDA and MSDE, the skill courses to be focused and as finalised by Ministry of Health and Family Welfare have already been informed to the respective bodies. In addition a policy note has been formulated for all skill courses in the health sector and thereby all the other approved qualifications may be aligned to the standards set by this Ministry.

29. What arrangements are in place to monitor and review the qualification(s)? What data will be used and at what point will the qualification(s) be revised or updated? Specify the review process here.

A robust monitoring framework will be set up and will include representation from National Institute of Health and Family Welfare (NIHFW), All India Institute of Medical Sciences (AIIMS) or other INI, NBE, State institutes and Collaborating Training Institutes (CTIs) as applicable regionally and other subject experts for individual courses, who will decide on the indicators to be monitored on regular basis.

A team will be responsible to review the indicators, identify the issues and undertake appropriate consultations with the key players and market experts as deem fit. Additionally, the monitoring team will work in close coordination with the State institutes, trainers, recruiters and State Government leadership to ensure that the qualification meets the demand and fulfils the requirements. Feedback mechanism will also be established and a formal review will be done once every three years.

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SECTION 4
EVIDENCE OF PROGRESSION

- 30. What steps have been taken in the design of this or other qualifications to ensure that there is a clear path to other qualifications in this sector? Show the career map here to reflect the clear progression**

Diabetes Educator course is intended to be an “**upskilling certification**” for the professionals with experience in the patient care such as graduates in Public Health, Nutrition, Nursing, Pharmacology, Occupational and Physiotherapy etc. Considering that the Diabetes Educator is already a graduate (bachelor degree) in Health Sciences, the cadre has been placed at Level 5, with a possibility to reach higher levels only if they undergo relevant post graduate courses and attain required qualification to reach at Level 6. If a candidate is already at Level 6 as per the qualification of post-graduation, the candidate will remain at Level 6 and will attain Level 7 based on the experience as defined in the respective professional course curriculum as notified by the Ministry of Health and Family Welfare.