

SPECIAL REPORT

Improving Expertise in Diabetes Management Through Post Graduate Training



**Improving Expertise in Diabetes Management
Through Post Graduate Training**
Improving Healthcare in Different Countries
Cardiff University MSc in Advanced Diabetes Studies
A Growing Healthcare Priority
After Teaching Comes Learning
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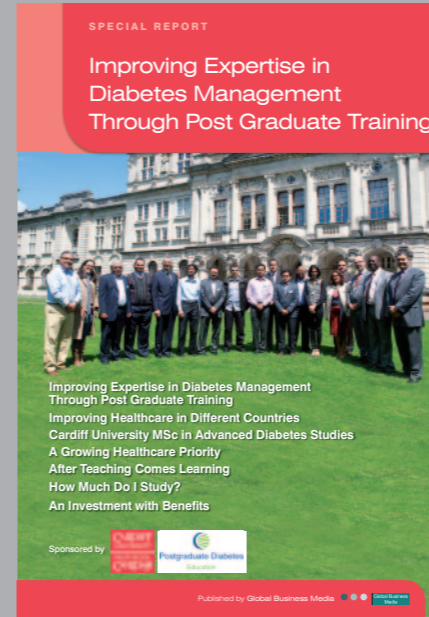
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Foreword

It is generally agreed that diabetes is not only a massive challenge to UK healthcare now but will be an enormously greater challenge in the future. According to statistics collected by Diabetes UK, the number of people in the UK diagnosed with diabetes has grown from 1.4 million in 1996 to 2.5 million today. Moreover, it is estimated that number will have grown to 5 million by 2025 – mainly from the growth in incidence of type 2 diabetes, which is associated with an aging population and increasing numbers of overweight and obese people.

This Special Report opens with four articles from Cardiff University looking at improving expertise in diabetes management. The first two of these look at the advantages of diabetes management through post graduate training and online learning as an aid to practicing health care commissioners. The third piece surveys the part played by Cardiff University in improving health in different countries, while fourth article provides an overview of online courses in Advanced Diabetes Studies run by Cardiff University.

As if the statistics were not sufficient cause for thought, it is also estimated that there are some 850,000 people with diabetes in the UK who remain undiagnosed. The management of diabetes,

as with most conditions, will benefit from early diagnosis and implementation of a management and care plan. The later patients present and are diagnosed, the more likely they are to suffer some of the conditions associated with diabetes, the less the quality of their likely outcomes and the more the cost to the healthcare system – the NHS in the UK.

If this impending health crisis is to be met and managed, it is essential that healthcare professional and clinicians are better educated in the care and management of diabetes. One especially good way of achieving this is through postgraduate study, building a more specialised understanding of this particular condition onto the broader clinical foundations with which clinicians qualify.

In this Report we consider the background to a healthcare challenge, why postgraduate training will be of value and for whom, how students can study in the best way to suit their circumstances and the benefits that will accrue all round from application of the additional knowledge that will be gained.

John Hancock
Editor

John Hancock has been Editor of Primary Care Reports since its launch. A journalist for nearly 25 years, John has written and edited articles, papers and books on a range of medical and management topics. Subjects have included management of long-term conditions, elective and non-elective surgery, Schizophrenia, health risks of travel, local health management and NHS management and reforms – including current changes.

Improving Expertise in Diabetes Management Through Post Graduate Training

Professor Colin Dayan, Director of the Institute of Molecular and Experimental Medicine and Sophie Fuller, Postgraduate Course Co-ordinator – Diploma in Diabetes Institute of Molecular & Experimental Medicine



PROFESSOR COLIN DAYAN,
COURSE DIRECTOR

“When I joined the postgraduate diploma in Diabetes, I was only thinking of increasing my knowledge and enhancing my skills when treating the increased number of people with Diabetes in my practice, but the impact was much bigger than I thought. Not only did the Diploma improve my analytical thinking and evidence based practice, it also enhanced my job satisfaction...”

Dr Noma Salman, Diploma Graduate and current Diploma Tutor.

THERE ARE now several courses available, such as Cardiff University’s School of Medicine’s two year Diploma in Diabetes, that are specifically tailored to the management of diabetes through an intensive distance learning programme. The course offers insight into the evidence base behind the management of the many forms and complications of Diabetes. Not only does the course broaden student’s knowledge on the subject, but it prepares them with the skills needed to implement real change into their practice.

Under the continual guidance of an expert tutor (a practising specialist in diabetes), students discuss the real issues which they face in their practices with other students from the UK and around the world. Not only does this open the conversation up to improvements based on others’ experiences, but it forces a critical approach to clarifying guidelines and, subsequently, implementing and revising them.

Graduates report increased confidence to understand and critically interpret protocols for the benefit of their practice, and more importantly, their patients. This is in keeping with one of the main aims of the Diploma, which is to provide Health Care Professionals with the ability to become leaders in Diabetes management in their local setting, which may be a primary care practice or a service in secondary care.

“Doing this diploma has really changed the way I practice – I have a lot more confidence to question therapy decisions and to stand my ground with my opinions. I have also learnt how to research issues I am still not familiar with and to critically look at the possible answers I find in various studies and protocols. I found interacting with so many other participants absolutely invigorating as we all work in such diverse economic climates and patients settings. This also allows us all to re-examine the way we may put everyone under


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In addition to improving confidence in managing common issues in diabetes care, students have an opportunity to extend their knowledge into areas of practice that they might have formerly had to refer to specialist colleagues.

the same treatment umbrella without due regard to their wants and needs (possibly medically, socially and religiously)." **Fiona Prins, Diabetes Specialist Nurse, Diploma Graduate, South Africa.**

In addition to improving confidence in managing common issues in diabetes care, students have an opportunity to extend their knowledge into areas of practice that they might have formerly had to refer to specialist colleagues.

"The extensive nature of the diploma forces the candidates to review areas of diabetes care that they may not encounter in daily clinical practice. This increases knowledge of these more uncommon areas. They also get to exchange views and ideas with others who may have more specialist experience or knowledge in those areas." **Dr Richard Chudleigh, Consultant in Diabetes Module Lead, United Kingdom.**

A key element of the learning format for the Diploma is that it has been designed to be highly interactive. The module work centres on groups discussing weekly clinical case scenarios, using evidence that they draw from the literature, current guidelines and other resources, in an interactive forum. This format provides the opportunity to develop individual ideas and discuss aspects of the scenario which are of particular relevance to the students in each group. This is actively encouraged by the faculty of international experts who continually support and guide the discussion, and add contributions from their extensive experience in the field of clinical diabetes.

"The interactive nature of the course allows students to debate and critically analyse best practice...this, I think, is the best part of the course." **Dr Naveed Younis, Consultant Physician & Endocrinologist, Diploma Tutor, United Kingdom.**

Based on the comprehensive International Diabetes Federation (IDF) syllabus the Diploma in Diabetes not only covers a wide range of topics to give a more holistic picture of Diabetes but is also an invaluable asset when gathering the information necessary for appraisals and can contribute towards Continuous Professional Development.

Online Learning and the Needs of Practising Healthcare Practitioners

Professor Colin Dayan, Director of the Institute of Molecular and Experimental Medicine and Sophie Fuller, Postgraduate Course Co-ordinator – Diploma in Diabetes Institute of Molecular & Experimental Medicine

ONLINE POSTGRADUATE courses in Diabetes present a unique way of studying to fit around the complex current commitments of health care staff. The flexibility the online courses offer is highly compatible with hectic work schedules and allows staff the chance to help maintain a healthy work/life balance. During modules, students need to log-on for 30-60mins daily, but this can be at any time over the 24hr period, with some students picking up the discussion early in the morning before work, and others contributing in the evening, perhaps after the children have gone to bed. And this can be done from any location with internet access, whether it be the comfort of their own home or the convenience of their office.

"I think the online learning was suitable because of the flexibility really that it gives you and also with laptops and iPads, I find that it fits in quite well with the working week. Or if you're going away for the weekend you can log on quite easily wherever you are really." – **Dr Jane Roberts, GP Partner, Diploma Student, United Kingdom.**

The distance learning Diploma course requires a high level of commitment, and weekly participation. This level of compulsory work would be impossible for most health care staff were it a campus-based qualification.

"The online nature of the diploma allows it to be flexible and therefore possible to do alongside busy clinical commitments." – **Dr Richard Chudleigh, Consultant in Diabetes, Module Lead, United Kingdom.**

An additional benefit to studying online is that it opens up the possibility of working alongside people from all over the world. This is particularly advantageous, as learning how your colleagues respond to diabetes differently

deepens understanding of the disease and its treatments.

"The online teaching experience was unique because it enabled me to know many people from different countries. Now, I have a supportive network of expert colleagues, working world-wide, in the field of diabetes..." – **Dr Noma Salman, Diabetologist, Diploma Graduate and current Diploma Tutor, United Arab Emirates.**

The regular participation required by the course also means that, despite working remotely, students share an experience not dissimilar to campus-based learning. There is a strong support culture amongst students which reappears year after year and is actively encouraged by the faculty.

"I have made friends for a life time with some of my group participants and will always value the support and privileges they afforded me." – **Fiona Prins, Diabetes Specialist Nurse, Diploma Graduate, South Africa.**

Wider Benefits of Postgraduate Learning

For many healthcare practitioners, taking the diploma is their first opportunity for in-depth reflection on their clinical practice since basic training. The opportunity to do this in a group context, exchanging experience with others, can be invigorating with benefits on professional practice that go far beyond diabetes care.

"You change, not just in terms of diabetes, but as a doctor... for me it has been life-changing. I think I've become a better doctor, from just the last year... and the confidence to treat patients is massive. It just changes everything in terms of how you see your patients to how you feel about them." – **Dr Neville Wellington, Primary Care Practitioner, Diploma Student, South Africa.**

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Improving Healthcare in Different Countries

Dr Mohamed Hassanein, CU-PGDE, Associate Course Director



DR MOHAMED HASSANEIN,
ASSOCIATE COURSE DIRECTOR

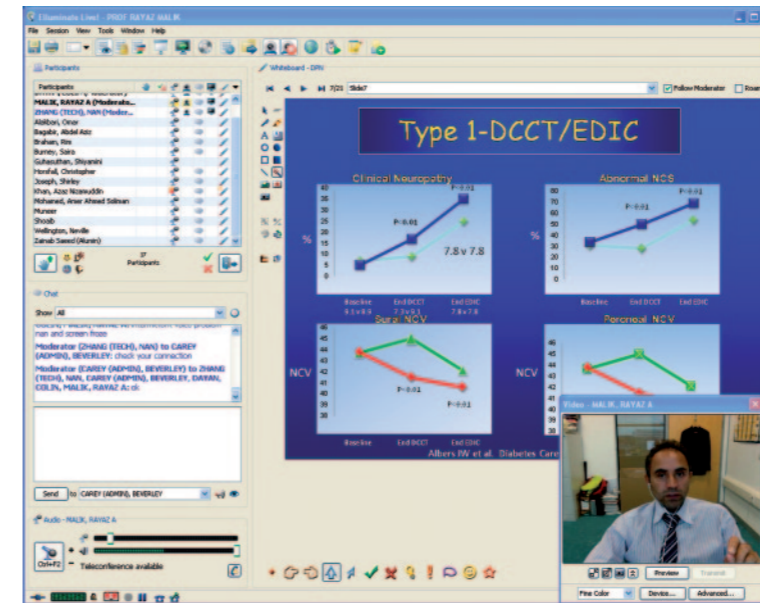
Many of us can find an hour here and there but might not be able to dedicate a day or two weekly to travel to a nearby university for face-to-face lectures, let alone the necessary studying afterwards.

THE DIABETES Department of Cardiff University has, since 2008, championed postgraduate diabetes education in the UK and globally. In January 2008, when the diabetes diploma started, the first intake was 120 students from all over the globe. About 50% of the postgraduate students were from UK and Europe. This indeed reflected the demand for such an innovative way in diabetes postgraduate education where there were only 2 days per year of face-to-face contact and the rest of the time was online activities. While we were very proud with the first intake, we are honoured with the confidence that many UK and international postgraduate students place on us, as the intake over the following years was either higher or sustained at that level. This is a very strong vote of confidence that this degree meets the demands of many healthcare professionals who are busy in their clinical work but also very keen to expand their knowledge in diabetes and, eventually, to have the title of Diploma of Diabetes, Cardiff University.

I once asked a doctor who was working as lecturer in a university in Egypt and at the time had just finished his PhD from the USA, how the diploma had helped him after all the studies he had done. His answer was that this degree allowed him to know and learn clinical diabetes from an international faculty while the PhD was a research-based degree

which wouldn't necessarily increase his overall clinical knowledge in diabetes. This was also echoed by many primary care colleagues who were able to maintain their busy schedules, and the online degree was flexible enough for them to learn more about diabetes and at the same time maintain their work. The nature of the course is such that the focus is on clinical matters as well as the interaction with the faculty and the group that every student belongs to, which enriches this experience.

We often learn from online sites, but the structured modules of the diploma and the interactive nature of it, as well as the access to Cardiff University online library, make it easier and more comprehensive. I recall one GP, emailing her photo working on her laptop while camping. Many of us can find an hour here and there but might not be able to dedicate a day or two weekly to travel to a nearby university for face-to-face lectures, let alone the necessary studying afterwards. Online education certainly is a very cost effective way of learning as it entails no travel cost and there is no need to reduce working hours or take time off work. To further expand the learning process for our students, we invited some eminent speakers in diabetes to give lectures and these were made available as a video for our students and for some of them there was the chance of live interaction with the speaker – our "Expert Webinar" series.



A SCREENSHOT FROM THE CARDIFF UNIVERSITY EXPERT WEBINAR SERIES WITH PROFESSOR RAYAZ MALIK, 2012

Over the years, the confidence in Cardiff University diabetes education has grown and this year we have seen many international doctors attending bespoke courses and workshops in diabetes at Cardiff University. Indeed, some of these workshops have taken place in other countries such as India and the UAE. Those who attended enjoyed the welcoming atmosphere of Cardiff University and the high quality teaching as well as their stay in Cardiff and the UK in general. The interaction with the teaching faculty enriches their own experience beyond the standard teaching and enables them to return to their home country with a fresh idea to apply.

The department is now planning to start soon the MSc for those who completed the diploma and we also have plans for some new modules to meet the demand of the ever – expanding clinical diabetes. So, whatever your clinical needs, whether a single module, a diploma or an MSc, your diabetes learning needs will be met by Cardiff University-Diabetes Department.

Those who attended enjoyed the welcoming atmosphere of Cardiff University and the high quality teaching as well as their stay in Cardiff and the UK in general.

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Cardiff University MSc in Advanced Diabetes Studies

Dr Neera Agarwal, Module Lead



DR NEERA AGARWAL,
MODULE LEAD

Report and guideline writing are key elements of any diabetes service as well as being core skills in research.

THE MSc in Advanced Diabetes Studies follows on from the hugely successful Diploma in Diabetes, and will appeal to all who wish to pursue careers as experts, leaders and innovators in the field of diabetes. Most diploma graduates highly value the regular interaction during this online course and make enduring friendships. The MSc not only offers the opportunity for healthcare professionals to remain part of this clinical community, but also to continue to develop the ability to pursue life-long personal and professional development. The academic programme caters for individuals committed to delivering excellence in clinical care whilst also laying a foundation for those who wish to further develop their ability to critically evaluate the evidence behind current diabetes clinical practice, develop new or local guidelines,

analyse local audits, quality improvement projects and datasets, or undertake research in diabetes.

The part-time, distant learning course begins in March each year and runs over a period of 12 months. In keeping with the diploma design, this programme is also delivered entirely online to allow individuals to flexibly tailor learning to their individual needs. The course commences with an initial taught section based where candidates will develop their knowledge and skills in analysis methodologies, critical appraisal and scientific writing as well as a short (two week) project. As in the Diploma, teaching will be based around interactive small group discussion fora, focussing on a weekly topic and facilitated by an expert faculty member. During this period, students also have a chance to choose their main (dissertation) project from a large range on offer or make arrangements to study a dataset that they may have collected themselves.

The second stage focuses on preparing, researching and writing a dissertation under close guidance from a faculty tutor. Report and guideline writing are key elements of any diabetes service as well as being core skills in research. To develop these skills, students are encouraged to build their dissertation work around analysis of a dataset that has already been collected (e.g. from audit or research) or a systematic review of the latest evidence on a key clinical problem. Expert statistical advice will be available if required as well as access to Cardiff University's library and online resources.

The faculty invite you to join this exciting programme and become part of an expanding international clinical network committed to delivering the highest standards of care in diabetes.



PREVIEW OF THE STUDENT WEBSITE FROM WHERE ALL WORK AND COMMUNICATION TAKE PLACE

A Growing Healthcare Priority

Peter Dunwell, Medical Correspondent

Diabetes rates are rising so clinicians need to be properly prepared and up-to-date

WHEN A condition such as Swine Flu or Bird Flu is flagged up as a global health crisis, there are often hundreds, sometimes even thousands affected during the condition's brief flurry on the world's consciousness. But a condition whose global prevalence is estimated to affect 366 million people today and is projected to affect 552 million by 2030, perhaps because those who are affected are able, with careful management, to continue with normal living and perhaps because it cannot be acquired through exposure, rarely hits the headlines. And yet, those statistics for global prevalence of Diabetes are the latest estimates from the International Diabetes Federation (IDF)¹.

Prevalence of Diabetes

UK health statistics are collected and published by the NHS Quality and Outcomes Framework (QOF) which records Diabetes prevalence rates for the UK and each of its constituent parts². In the UK, it is estimated that one in 20 people has diabetes (diagnosed or undiagnosed). The statistics are quite sobering.

Prevalence of Diabetes in the UK

Country	Prevalence	No of people
England	5.5 per cent	2,455,937
Northern Ireland	3.8 per cent	72,693
Scotland	4.3 per cent	223,494
Wales	5.0 per cent	160,533
UK total	5.3 per cent*	2,912,657*

Source: Diabetes UK from QOF returns except *extrapolated by author

The figures cover two types of diabetic condition defined by Diabetes UK as:

1. Type 1 diabetes develops if the body cannot produce any insulin, a hormone which helps glucose to enter the cells where it is used as fuel by the body. Type 1 diabetes usually appears before the age of 40. It is the less common of the two main types and accounts for around 10 per cent of all people with diabetes.

2. Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). In most cases this is linked with being overweight.

It is estimated that the current figure of 2.9 million diabetics in the UK (one in 20) will grow to 5 million by 2025; a growth rate of...

- More than 400 people every day;
- Over 17 people every hour;
- Around three people every ten minutes.

According to 'Diabetes in the UK 2012' (see above for reference), a report from Diabetes UK...

"Most health experts agree that the UK is facing a huge increase in the number of people with diabetes. Since 1996 the number of people diagnosed with diabetes has increased from 1.4 million to 2.9 million. By 2025 it is estimated that five million people will have diabetes. Most of these cases will be Type 2 diabetes, because of our ageing population and rapidly rising numbers of overweight and obese people.

"The figures are alarming and confirm that diabetes is one of the biggest health challenges facing the UK today. If we are to curb this growing health crisis and see a reduction in the number of people dying from diabetes and its complications, we need to increase awareness of the risks, bring about wholesale changes in lifestyle, improve self-management among people with diabetes and improve access to integrated diabetes care services."

Perhaps the other most sobering estimate is that, in addition to the known statistics assembled by QOF, it is believed that there are around 850,000 in the UK whose diabetes has not been diagnosed.

A Multiple Health Issue

As with most long-term health conditions, Diabetes is often associated with or leads to other health issues: the list is lengthy and includes:

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Most health experts agree that the UK is facing a huge increase in the number of people with diabetes. Since 1996 the number of people diagnosed with diabetes has increased from 1.4 million to 2.9 million. By 2025 it is estimated that five million people will have diabetes.

- Obesity;
- Cardiovascular disease;
- Kidney disease;
- Eye disease;
- Depression;
- Neuropathy; leading to...
- Amputation;
- Sexual dysfunction;
- Complications in pregnancy and Gestational Diabetes.

The simple list above hides some very real human and societal issues. Reduced life expectancy (and higher mortality rates) means that people with Type 1 Diabetes may see their life expectancy reduced by 20 years on average while Type 2 Diabetes can, on average, reduce life expectancy by 10 years.

The Cost of Diabetes

There is also a financial cost to healthcare systems. For instance, again from the excellent Diabetes UK report...

"It is currently estimated that about £10 billion is spent by the NHS on diabetes. This works out at around 10 per cent of the NHS budget (with a 2010/2011 budget for the NHS of approximately £103 billion). Or:

- £192 million a week;
- £27 million a day;
- £1 million an hour;

"The total cost (direct care and indirect costs) associated with diabetes in the UK currently stands at £23.7 billion and is predicted to rise to £39.8 billion by 2035/6."

People with diabetes are twice as likely to be admitted to hospital and, at any given time, at least one in ten people in hospital has diabetes. Diabetes also generates more prolonged stays in hospital, with patients occupying about 80,000 bed days per year. The presence of diabetic complications increases NHS costs more than five-fold, and increases by five the chance of a person needing hospital admission. Beyond that, one in 20 people with diabetes incurs social services costs. More than three-quarters of these costs are associated with residential and nursing care, while home help services accounts for a

further one-fifth. The presence of complications increases social services costs four-fold.

More Knowledge Needed

These are reasons enough for clinicians and healthcare professionals to consider improving their understanding of and skills in dealing with Diabetes. The numbers and projected numbers alone suggest that this will be an increasingly significant part of most clinical practices. All of the above are facts or estimates based on facts but one thing that statistics do not reveal is that Diabetes is an eminently manageable condition. However, in order to manage it, clinicians must first have a high quality understanding of the condition and best, latest clinical practice.

Among the many available routes to learning more about Diabetes care and management is the Royal College of General Practitioners (RCGP) course 'One-Day Essentials | Diabetes', described as, "A one-day conference providing expert specialist clinical training and essential information on diabetes."⁹

By acquiring a better and more up-to-date knowledge of Diabetes, a clinician or healthcare professional will be able to impact on several levels. A greater awareness of symptoms will ensure that more of that scandalously high number of undiagnosed Diabetes cases will be detected which will, in turn, help to avoid or delay some of the many associated conditions and improve life expectancy. Those human considerations alone offer sufficient reason for clinicians to strive for greater understanding of how to manage the condition.

But there is also the matter of cost which, if it can be reduced within a finite healthcare budget, will free up funds to address other health matters and further improve the outcomes for a whole range of people. And, in the wider economy, the productivity of well managed diabetics will add value.

All-in-all, management of Diabetes is one of the healthcare areas where additional learning and networking beyond the usual qualifications will bring massive benefits all round and deliver clinicians a real type of job satisfaction.

After Teaching Comes Learning

Camilla Slade, Staff Writer

Undergraduate studies impart knowledge in breadth, postgraduate studies empower students to mine depths of knowledge



INTRODUCTORY LECTURES, JOHANNESBURG 2012

IN ITS 'Recommendation 18' 'Training and professional development' NICE (National Institute for Health and Clinical Excellence) suggests that; "Managers of type 2 diabetes risk assessment and prevention services should provide opportunities at least every three years for staff to attend accredited training and refresher courses on how to deliver an intensive lifestyle-change programme."¹⁴

However, given the cost of study today and especially of postgraduate courses, students have to know that the benefits will justify the cost. In this article, we'll consider the nature of postgraduate study, why it is a good way to learn at the higher levels, how it works and for whom it would be appropriate, focusing on postgraduate studies in the management of Diabetes.

Costs and Benefits

Realistically, cost will always have to be a consideration for most students. In the UK, postgraduate courses charge tuition fees typically between £3,000 and £10,000 for UK students and double those for overseas students: significant numbers in any cost-benefit equation. As Prospects website puts it; "Before making the step into postgraduate study you should know exactly what you wish to accomplish."¹⁵

For prospective students undertaking postgraduate studies in the management of Diabetes care, those accomplishments are set out elsewhere in this Report but amount to greater understanding of a condition which, already prevalent, will become an even greater issue for most clinicians in future decades. That greater understanding will deliver professional, patient relationship and financial values on an increasing scale into the future.

Why Postgraduate Studies?

The many postgraduate courses in this discipline offer the advantages of a more focused subject concentration with a great deal more student exploration of the topic than would be the case for graduates. Inevitably, and medicine is no exception, the more generic degrees studied by those who wish to be GPs and even those who wish to specialise, have to cover a lot of ground. They aim to develop better than competent abilities in students who will need to address conditions from across the board and they do that very well. But they cannot extend to specialist levels of understanding about any particular condition. Because of their tightly focused nature, postgraduate studies can do that.

However, having already completed up to seven years of study to get where they are, clinicians

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Postgraduate courses

in this discipline offer

the advantages of a

more focused subject

concentration with a

great deal more student

exploration of the topic

than would be the case

for graduates.

might think twice about embarking on yet another one or two year full-time course or an even longer time if studies are combined with work. And, of course, these days, a great deal of information is available online and in journals so it might seem easier to keep up-to-date using these means of continual professional development (CPD) rather than the more structured environment of postgraduate studies. Indeed, the UK Department of Health (DH) publishes a number of guides for healthcare professionals, including excellent publications on the management of long term conditions such as Diabetes⁶. However, proper and accredited courses offer many advantages.

A Supportive Structure

A structured syllabus ensures that all of the learning follows a proven sequence to maximise the value of this week's study topic as a precursor to next week's. It will also ensure that all the subject 'bases' are covered while the opportunity to formally interact and network with fellow students, through joint research and study projects, or informally, through general networking and exchange of ideas, introduces an enormous value into the learning process. This will be especially true for Diabetes management where recommended techniques regularly evolve and where the condition's impact varies from patient to patient.

Additionally, the involvement of a course leader or lecturer means that questions that might take days to answer in a pure CPD environment, or where a range of possible answers have to be sought from other users of the same online sites, can be dealt with quickly and authoritatively by someone who has sufficient knowledge and experience to recognise the real question that might lay behind an initial enquiry. Probably the greatest benefit of a structured course as opposed to unstructured CPD reading is just that, the structure, the discipline of following

a proven study path which has been developed in light of experience and subject knowledge.

But, while postgraduate study will be organised as to its syllabus and content, it does not have to be inflexible as to the manner of its delivery. A brief search of the main providers will identify several ways of accessing postgraduate learning. These can range from a full-time programme to part-time courses and, for those who cannot afford the time to take out for an institution-based course or who would like to blend study more closely with work, there are distance learning programmes. Another article in this Report covers delivery systems in greater detail.

Who Would Benefit?

Almost any clinician and health care professional likely to encounter people with Diabetes would benefit from following a course of postgraduate study. The newly qualified will extend their knowledge and support a specialisation, professionals in practice will gain an ability to better cope with the rising tide of Diabetes care needs, while research doctors and scientists will be able to keep up-to-date. And they will all improve the skill and effectiveness with which they manage a patient's condition and ability to contribute to management of their own condition. As the University of Chester puts it, this type of study is suitable for "those working in primary care, the community, and specialist care, the programme will advance your understanding of the disease and of its growing impact on the population."⁷

Perhaps we should leave the last word on the value of postgraduate study to Postgrad.com. "Undergraduate study teaches, postgraduate study helps you to learn. The difference is illuminating. Working towards postgraduate qualifications provides a deeper understanding of your subject, highly portable skills and an international network of professional contacts."⁸

How Much Do I Study?

John Hancock, Editor

Postgraduate course structures vary to suit the preferences and, more often, the circumstances of students

www.diabetesdiploma.cf.ac.uk

WHILE THE majority studying for graduate level qualifications will be happy to submit to a 'one-size-fits-all' course structure, for postgraduate students there are factors that can influence what type of programme will best suit them. Principle among these would be cost and available time, and the two are often linked. The costs of tuition fees for postgraduate study can range from £3,000 to £10,000 which makes them invariably significant. As far as available time is concerned, some might take the view that it is best to get all study completed before embarking on their working career while others will believe that experience gained in practice will bring a rich dimension of reality to their studies. Both are correct as long as their decision is informed by their own circumstances and career plans. Fortunately, postgraduate studies are usually available in a range of programme structures and Diabetes management is no exception to that rule.

Although Diabetes UK does not accredit any professional courses or qualifications, the organisation has compiled a list of courses

for healthcare professional wishing to improve their skills in different aspects of Diabetes care and management.⁹

The list of 19 programmes, while not all Postgraduate studies, covers a range of delivery systems from full time through part time to distance learning.

Timing the Learning

For instance, Glasgow University offers a full time, one year postgraduate course in 'Diabetes Care and Management', "aimed at medical doctors and allied health professionals who want to improve their knowledge of diabetes care and management. It will be of particular interest to overseas students for whom this specialist field of study is often not available in their country of origin."¹⁰ There are points for and against a full time course. It does get the qualification sooner and, for the duration of the course, the work and research can be very intense plus the fellowship with other students will forge lifelong professional relationships. On the other side of the coin, some would say that too much time immersed

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- MSc
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in academia can foster an 'ivory tower' dislocation from the normal world; and, while attending a full time course, a student cannot be embarking on a career in practice; but a better knowledge of Diabetes care will serve them well when they do go into practice.

In another example, Leicester University is one institution offering a similar programme 'Diabetes MSc/Postgraduate Diploma/Postgraduate Certificate' but which can be undertaken full-time in one year or part-time in two/six years. The part-time option enables students to spread modules and dissertation over a six-year period, allowing maximum flexibility for those with clinical and personal commitments.¹¹ Again, there are advantages and disadvantages to this approach. On the plus side, students can continue to work and earn to pay for the course. Also, they can incorporate real cases into their study and can immediately benefit their practice. On the other side, it does take longer and there might be some conflict when working between two quite different environments.

Learning at a Distance

Other universities offer a further option of distance learning and, again, there are positive and cautionary aspects to this. It is ideal for those in practice or working overseas who, for reasons of practice and private commitments, would prefer to schedule their learning within the course timetable but at times of their own choosing. It can offer the best of all worlds with the ability, within reason, to fit learning around work commitments while still enjoying the benefits of a qualified course leader and fellow students with whom to share experience.

One student on Cardiff University's postgraduate distance learning programme on Diabetes management said, "Under the continual guidance of an expert tutor... students discuss the real issues which they face in their practices with other students from the UK and around the world. Not only does this open the conversation up to improvements based on others' experiences, but it forces a critical approach to clarifying guidelines and, subsequently, implementing and revising them." While another says of the

distance learning course that he is taking, "The online nature of the diploma allows it to be flexible and therefore possible to do alongside busy clinical commitments."

The alternative view for distance learners is nicely summed up on Distance-Learning-College-Guide.com¹² where issues such as the reliance on technology and the need for self-discipline are highlighted among the disadvantages – a fair approach from a site whose purpose is to tell potential students about distance learning possibilities.

Taught Course or Research Degree?

Having decided the structure of course, the other big choice is what specific topics to study and whether to undertake a taught course or a research degree. Prospects¹³ offers the following guide to help with the latter decision.

Should I do a taught course or research degree?

This choice can depend on which subject you wish to study or which career path you want to pursue. The main differences between a taught course and a research degree are:

- Taught courses are led by a tutor, and students attend weekly seminars and lectures. There is also some emphasis on independent learning but not as much as on a research degree. The two main types of taught courses are Masters degrees and postgraduate diplomas. These are divided into modules like undergraduate degrees and usually take one year full-time or two years part-time to complete, with students assessed via exam or dissertation;
- Research degrees rely on independent study with support a few hours a week from an academic. The best known research degree is the PhD, which can last three to four years full-time or six years part-time. Students are asked to present new knowledge in a research project or thesis, typically 40,000 words or more.

An Investment with Benefits

Peter Dunwell, Medical Correspondent

Postgraduate learning may make for demanding study but it delivers significant returns



INTRODUCTORY LECTURES, CARDIFF 2012

An Investment

Postgraduate study represents a lot of work for an already busy healthcare professional but the time given to such training could correctly be termed an investment. There are many reasons for doing postgraduate study, the most prominent of which are listed by Prospects¹⁴, including...

- Pursue a passion for a particular subject – you can explore your personal interests, as most taught courses will let you select modules. Research courses will allow you to pursue interests in greater depth;
- Study flexibly – many courses are designed to fit around careers or parenting, with more than half of UK students choosing part-time postgraduate degrees, according to The Postgraduate Taught Experience Survey 2011. In the particular case of training for Diabetes care and management, it is an investment from which the dividends are enjoyed by many.

Patients

Diabetes UK has identified 15 healthcare essential checks and care programmes that diabetics should receive¹⁵ but which are all too often observed more in the breach. Equally,

while money is not denied for Diabetes care, Baroness Young (Barbara Young), current Chief Executive of Diabetes UK, speaking on the BBC ahead of a February 2012 edition of Radio 4's 'File on 4' on Diabetes care said; "Perhaps the most frustrating thing is that this is one of the few problems facing the government that does not require more investment. A colossal amount of money is already being spent on Diabetes – about 10 per cent of the NHS budget – but too much of it is being used to treat the complications of Diabetes rather than to prevent those complications developing in the first place."¹⁶

The National Diabetes Audit 2010¹⁷ includes key findings about the quality of care for people with Diabetes in England and Wales. Among its findings are that "Two thirds of people with Type 1 diabetes and almost half of people with Type 2 diabetes in England and Wales do not receive all nine annual health checks to manage their Diabetes effectively."

Most of these issues relate not to poor attitudes on the behalf of clinicians and healthcare professionals but rather to a lack of knowledge about an area of practice in which great strides are being made in the development of increasingly

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The programme aims

to equip graduates

with the knowledge

and skills to engage

positively in a wide

spectrum of activities

relating to the prevention

and management of

Diabetes. It will provide

a firm foundation in the

design, implementation

and evaluation of

research activity.



PROFESSOR DAYAN PRESENTING
THE DIPLOMA TO A GRADUATE, DUBAI 2012

effective care and management programmes. In order to be able to deploy these programmes, professionals themselves need to understand the new and evolved ideas: postgraduate study is an excellent way to acquire that knowledge now and to gain the ability to better assimilate and put into practice future developments.

Healthcare Professionals

As a result of the latest NHS reforms, GPs are being placed at the centre of the care commissioning process which means that they will need all the knowledge they can acquire about complex conditions such as Diabetes in order to ensure that their decisions are well reasoned. Postgraduate study not only equips them with a greater range and depth of knowledge but also places them in a network of practitioners who face similar challenges when dealing with the management of Diabetes patients.

In addition to improved confidence managing issues in Diabetes care, including commissioning, postgraduate students have the opportunity to extend their knowledge into areas of practice where they might formerly have had to refer to a specialist. Also, for many healthcare professionals, postgraduate study will be their first opportunity, since basic training, for in-depth reflection on their clinical practice. The chance to do this in a group context, exchanging experience with others, can be invigorating with benefits on professional practice that go far beyond Diabetes care.

As the course specification for postgraduate study in 'Diabetes Management' at Chester University¹⁸ puts it; "The MSc in Diabetes

Management provides a course dedicated to Diabetes for those wishing to specialise. It aims to give hospital doctors, GPs, specialist nurses, podiatrists, nutritionists and dieticians, and other health professionals involved in the care of people with Diabetes, the necessary knowledge and skills for practice. The programme aims to equip graduates with the knowledge and skills to engage positively in a wide spectrum of activities relating to the prevention and management of Diabetes. It will provide a firm foundation in the design, implementation and evaluation of research activity in practice settings."

As a measure of the importance of study, even for qualified practitioners, the Royal College of General Practitioners (RCGP) runs a number of regular study days to help members keep up with the latest practices including its 'Diabetes Study Day'¹⁹

NHS Diabetes also recognises the value of further training with its programme of 'Online Diabetes training for junior doctors'²⁰ in which the professed aim is to, "give all junior doctors the knowledge and confidence to treat patients with Diabetes safely and effectively, whether their admission was a Diabetes emergency (diabetic ketoacidosis) or whether an insulin-treated patient was admitted with an unrelated medical emergency (e.g. pneumonia or gastroenteritis)."

Healthcare Systems

It is clear from above that postgraduate study benefits Diabetes patients and healthcare professionals in, respectively, the quality of care they receive and the quality of care they deliver plus, for practitioners, an enhancement to their professional standing and career development. But healthcare systems such as the NHS also benefit from healthcare professionals and practitioners receiving postgraduate training in Diabetes management which will improve the efficiency and outcomes of patients by improving early diagnosis and, in turn, improving the cost effectiveness of diabetic care programmes.

The case for healthcare professionals undertaking further training in Diabetes management is unarguable: the case for postgraduate study is strong if a practitioner wishes to be able to offer a first-class service to people with Diabetes so that not only their primary condition but also the conditions associated with Diabetes can be treated well in the practice.

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