



Getting started:

Management of Insulin Pump Therapy (IPT) and Continuous Glucose Monitoring (CGM)

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Wendy Bryant, RN CDE

Paola Cotugno, RN CDE

Beth Knight, APD CDE

Lena Lim, RN CDE

Natalie Smith, RN CDE, Diabetes Nurse Practitioner

Anne Marks, Diabetes Nurse Practitioner

Michele Martin, Clinical Nurse Consultant

Maggie Stewart, RN CDE

Sue Wyatt, RN CDE

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Wendy Bryant, RN CDE

Beth Knight, APD CDE

Lena Lim, RN CDE

Natalie Smith, RN CDE, Diabetes Nurse Practitioner

Rachel Freeman, APD CDE

2023 update:

Michelle Robins, RN (NP) CDE

Wendy Bryant, RN CDE

Sue Wyatt, RN CDE

Peta Tauchman, RN (NP) CDE

Elise Hoyer, AEP, CDE

Kate Marsh, APD, CDE

Disclaimer

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Acronyms/Abbreviations

ADEA	Australian Diabetes Educators Association
AID	Automated Insulin Delivery system
CDE	Credentialed Diabetes Educator
CGM	Continuous Glucose Monitoring
CSII	Continuous Subcutaneous Insulin Infusions
CPT	Certified Pump Trainer
IPT	Insulin Pump Therapy
IT	Information Technology
NDSS	National Diabetes Services Scheme
PII	Professional Indemnity Insurance

Definition of terms

CGM	Continuous Glucose Monitoring in this document refers to both real-time continuous and flash glucose monitoring
CSII	Continuous Subcutaneous Insulin Infusion is also referred to as an insulin pump therapy (IPT) and will be referred to as such throughout this document. This incorporates automated insulin delivery (AID) systems.

Introduction

The optimal diabetes management for a person using insulin pump therapy (IPT) and continuous glucose monitoring (CGM) is complex, requiring the skills of an experienced diabetes health care team. ADEA highly recommends that CDEs new to technology in diabetes read this resource and also complete the ADEA insulin pump therapy and continuous glucose monitoring microcredential courses, available on the ADEA Learning Management System.

This guide has been designed to support CDEs to:

1. Understand the members of the diabetes health care team and their roles and responsibilities when supporting a person with diabetes on IPT and CGM.
2. Understand the recommended referral pathway and process for people with diabetes using technology.
3. Understand the scope of practice of CDEs when supporting a person with diabetes using IPT and CGM.
4. Recognise the importance of workplace policies, procedures and reporting lines when a person with diabetes using IPT and CGM is in their care.
5. Identify education opportunities to increase knowledge and skills in the use of IPT and CGM.
6. Understand the importance of mentoring and supervision when expanding scope of practice to incorporate IPT and CGM.

CDEs who do not have current experience/training/competence in a specific area of diabetes education requiring expertise, should not practice autonomously in these areas. For example:

- Insulin pump therapy initiation and education including interpretation of CGM and IPT data.
- Children with type 1 diabetes.
- Diabetes in pregnancy.
- Support for dose adjustment and insulin.

Section 1 - Diabetes health care team and roles

Optimal diabetes management for a person with diabetes using IPT and CGM therapy is complex and requires access to a diabetes health care team. The person with diabetes should be at the centre of the care and involved in all decision making.

The following table outlines the roles of the diabetes health care team members supporting the management of IPT and CGM.

Professional	Role in IPT management	Role in CGMS management
Medical practitioner: E.g., endocrinologist, paediatrician	<ul style="list-style-type: none"> Assess person with diabetes to determine their suitability for IPT Write letter of clinical need for health fund Complete/update NDSS registration for IPT (can also be completed by CDE) Determine initial pump settings in collaboration with CDE Review pump records and adjust pump settings in collaboration with CDE Provide ongoing care and monitoring. 	<ul style="list-style-type: none"> Assess person with diabetes to determine their suitability for CGM Review CGM records and adjust management plan as required (including insulin pump settings where relevant) Complete/update NDSS registration for CGM (can also be completed by CDE) Provide ongoing care and monitoring.
General Practitioner Dependent upon the experience of the general practitioner	<ul style="list-style-type: none"> Organise referral to IPT/CGM health care specialist (endocrinologist or paediatrician, CDE and dietitian) Assist with intercurrent illness and overall health management. 	<ul style="list-style-type: none"> Provide support following initiation of CGM, dependent upon experience Assist with intercurrent illness and overall health management.

Professional	Role in IPT management	Role in CGMS management
<p>Credentialed Diabetes Educator (CDE)</p> <p>If they have the necessary training and experience in IPT and CGM</p>	<ul style="list-style-type: none"> • Assess person with diabetes to determine their suitability for IPT • Discuss the currently available pump options and help the person with diabetes select the right device to meet their needs • Explain the process for insulin pump initiation and requirements of the person with diabetes • Coordinate the pump order including organising letter of clinical need from endocrinologist • Complete/update NDSS registration for IPT • Organise education appointments and pump start date • Provide education and IPT commencement • Review pump records and adjust pump settings in collaboration with endocrinologist • Advise on how to download reports and communicate with health care team • Provide education on how to review and use IPT data • Provide ongoing education and monitoring • Assist with pump upgrades and education regarding new technology • Provide emotional support before and after commencement of IPT and refer to psychologist for further support where indicated. 	<ul style="list-style-type: none"> • Assess person with diabetes to determine their suitability for CGM • Discuss the available CGM options and support the person with diabetes to select the right device to meet their needs • Explain the process for CGM initiation and steps the person with diabetes will need to undertake • Complete/update NDSS registration for CGM • Coordinate CGM education and CGM commencement • Advise on how to download reports and communicate with health care team • Review CGM records and provide further education and/or discuss changes in management plan with medical practitioner • Provide education on how to review and use CGM data • Provide ongoing education and monitoring support • Assist with CGM upgrades and education regarding new technology • Provide emotional support before and after commencement of CGM and refer to psychologist for further support where indicated.

Professional	Role in IPT management	Role in CGMS management
<p>Nurse Practitioner CDE</p> <p>If they have the necessary training and experience in IPT and CGM</p>	<p>Provide all services listed under CDE plus:</p> <ul style="list-style-type: none"> • Write letter of clinical need for health fund • Advise on initial pump settings. 	<p>Provide all services listed under CDE plus:</p> <ul style="list-style-type: none"> • Review CGM records and adjust management plan as required (including insulin pump settings where relevant).
<p>Accredited Practising Dietitian (APD)</p>	<ul style="list-style-type: none"> • Provide nutrition assessment and carbohydrate counting education pre and post pump commencement • Provide education on the impact of index, fat and protein on glucose levels and, where relevant, use of different bolus types • Provide ongoing review and education. 	<ul style="list-style-type: none"> • Provide nutrition assessment and carbohydrate counting education pre and post CGM commencement • Provide education on matching carbohydrate intake to diabetes treatment • Provide education on the impact of glycaemic index, fat and protein on glucose levels • Provide ongoing review and education.

Health professionals should always work within their scope of practice. Scope of practice will be covered in detail in Section 2.

Links to team members

CDEs practice in various settings, such as private practice, general practice, community health centres, specialist diabetes centres and public and private hospitals. Access to, and good working relationships with, members of the diabetes health care team, as well as suitable referral pathways, are essential to best practice management with devices such as IPT and CGM for a person with diabetes. This is particularly important for CDEs working independently in private practice who are not part of a multidisciplinary team. It is essential that private practitioners establish good working relationships and work closely with other members of the diabetes health care team to support individuals with diabetes using IPT and CGM.

CDEs working in areas where the management of IPT and CGM is not routine, should refer individuals with diabetes starting IPT and/or CGM to other CDEs who are experienced in this field. They are also encouraged to establish links with these experienced CDEs and form a mentoring partnership should they wish to learn about IPT and CGM and expand their scope of practice.

Diabetes Referral Pathways: Diabetes technologies

The Diabetes Referral Pathways have been developed by ADEA. They provide guidance for GPs and other health professionals to ensure the best health care for people living with diabetes. There are eight pathways, including a pathway for diabetes technologies. This pathway highlights the important role of the GP and CDE, as well as other health professionals, in supporting the person with diabetes moving onto technology.

The diabetes technologies referral pathway:

- assists people with diabetes to understand when to access diabetes education
- assists health care providers to understand when to refer a person with diabetes for specialist diabetes education
- provides recommendations for the frequency and timing of diabetes education and medical reviews.

This resource will assist the health professional to understand initial and follow-up consults and at what point to review knowledge and skills.

Access the pathway here: adea.com.au/resources/diabetes-referral-pathways/

Section 2 – Scope of practice

Scope of practice can be defined as *the procedures, actions and processes in which a health professional is authorised, educated and competent to perform.*¹

When discussing the scope of practice for diabetes educators, it is important to acknowledge the eligible health professionals who meet the criteria identified by ADEA to become a CDE.

The eligible health professions include:

- registered nurses including nurse practitioner
- accredited practising dietitian
- pharmacist
- medical practitioner
- podiatrist
- accredited exercise physiologist
- physiotherapist
- midwife
- Aboriginal and Torres Strait Islander health practitioner.

CDEs are a unique professional group because they include health professionals from a range of primary health disciplines. CDEs remain individually accountable to the standards set by their primary health discipline and by national, state, local, and institutional laws, regulations and policies that define and guide professional practice.¹ Links to the scope of practice and competency standard documents for each of the professions above are included in Appendix 1.

Role and Scope of Practice for Credentialed Diabetes Educators

The [Role and Scope of Practice for Credentialed Diabetes Educators](#) was developed by ADEA to articulate the role and scope of practice of CDEs and the factors that contribute to the scope of practice of CDEs.¹ This document was updated in 2022.

CDEs work in a variety of practice settings and roles and across the intervention and care continuum.

CDEs have the unique opportunity to work closely with people with diabetes to:

- listen to and understand their priorities, health literacy and needs
- tailor education and clinical advice to their situation, their culture and where they are on their diabetes pathway
- provide in-depth knowledge across all key areas of diabetes care and management
- recommend other specialists and allied health professionals where needed.

The practice of a CDE is underpinned by a core body of knowledge, skills and activity in the following domains:

- clinical practice, diabetes education and counselling
- research and evidence-based practice
- management, administration and leadership.

CDE's practice in, and maintain professional development across all three domains, although at any one time their practice may focus more on particular domains depending on their employment setting or role.

An individual CDE must determine their own scope of practice and the services they provide within this scope of practice by taking account of:

- legislation (including medicine and poisons legislation)
- the clinical context
- professional indemnity coverage
- individual experience, training, professional competencies and qualifications
- available supervision, mentoring and support
- service policies and role descriptions
- ADEA code of conduct and professional practice standards
- the needs of the local community and the person with diabetes.
- service model of care and available resources e.g., Information Technology (IT) support.

For those who are employed, scope of practice and service provision should be decided in conjunction with their management team.

Each individual CDE has an obligation to consider these variables to make informed judgements about their own scope of practice.

Requirements for a CDE working with diabetes technologies

CDEs working within a diabetes health care team should be working in close collaboration with a physician, endocrinologist or paediatrician. Private practitioners who are working independently should establish good working relationships with these health professionals prior to providing IPT and CGM services.

Other requirements include:

- Ensuring that clinical skills and knowledge in IPT and CGM are current and up to date to ensure safe and effective care for individuals with diabetes using IPT and/or CGM (including commencing and upgrading devices). This includes completion of the ADEA IPT and CGM microcredential

courses and training with each device company. If working in this area of diabetes management, maintaining up-to-date knowledge and skills should form part of your annual continuing professional development plan.

- Seeking supervision with a CDE with skills and experience in the relevant technology, or the device representative when first delivering diabetes technology services.
- Understanding the process for referral, assessment and implementation of IPT and/or CGM for clients with diabetes, according to the policies and procedures of the CDE's workplace.
- Ensuring their position description accurately reflects their role and duties required (this is important for professional indemnity insurance).
- Forming a mentoring relationship with a CDE experienced in supporting people with diabetes using IPT and CGM. This is different to the mentoring component of initial CDE credentialling.

Issues around Scope of Practice and IPT and CGM

This is an area of much interest to CDEs. ADEA is working towards greater clarity and guidance.

There are often issues around scope of practice in the management of people with diabetes on IPT particularly around the **prescribing and titration of insulin**.

The ADEA acknowledges that the diabetes self-management education interventions include understanding pump rates and adjustment around food, exercise, sick days and patterns of glucose levels. Clinicians providing advice on insulin doses are neither prescribing nor administering insulin. Pump adjustment advice depends on experience, support and direction by a medical practitioner.

All health care professionals are required to practice within

- regulatory frameworks, the role and scope of practice and codes of conduct of their primary discipline (see Appendix 1)
- employing organisation policies and procedures
- relevant legislation such as State and Territory medicines and poisons legislation, and/or therapeutic goods/controlled substances legislation (including regulations).

ADEA continues to monitor amendments made by state and territory governments to legislation that will enable changes to prescribing practices. For further information, refer to the ADEA document: [Role and Scope of Practice for Credentialed Diabetes Educators in Australia](#).¹

Tools to assess Scope of Practice

To assist CDEs in considering their individual scope of practice in the management of a person with diabetes, a **decision pathway document** (Figure 1) has been developed. This decision pathway is available in the 2022 ADEA publication the [Role and Scope of Practice for Credentialed Diabetes Educators in Australia](#).¹

The decision pathway tool has been adapted from the [Dietitians Association of Australia Scope of Practice Decision Tool](#) and was developed considering the [Nursing and Midwifery Board of Australia Nursing Practice Decision Flowchart](#).

Professional indemnity insurance

CDEs must ensure they are covered by adequate Professional Indemnity Insurance (PII), as per the requirements of their primary profession. They should also ensure that their professional indemnity insurance includes cover for providing education on IPT and CGM.

If you are employed, and you only work for an employer, your employer is likely to provide PII cover for your practice and the risks involved in your work. However, this will only provide cover for activities you carry out as part of your duties during your employment, so if you do any other working outside your employed role, for example part-time private practice, you will need additional PII for this.

Arrangements can vary between different employers, so it is best to check with your employer that you have appropriate cover.

Figure 1 - Decision Pathway



Decision pathway case histories

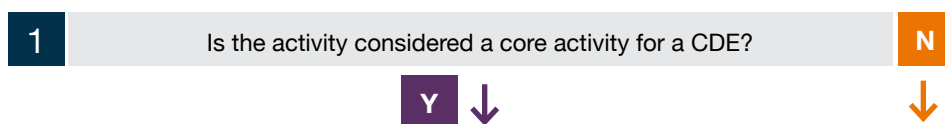
The following case histories provide examples of using the decision pathway.

Case history 1

Chris is a 28-year-old man with type 1 diabetes on IPT for 2 years. He visited his local hospital diabetes centre to see a diabetes educator for review of his pump settings as his HbA1c was 9.9%. He was educated and commenced on IPT at another health care facility. He has not had any follow up for the last 18 months.

The diabetes educator, Mark, is a CDE who has been working at the diabetes centre for the past 12 months. He has recently completed the ADEA pump microcredential but has very little experience in IPT and insulin adjustment on a pump.

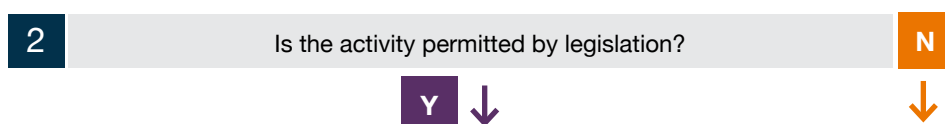
Mark looks at the upload and makes adjustment to the pump settings with no consultation with an experienced IPT trained educator and no written authority from the endocrinologist.



Educating people with diabetes on insulin pump selection, education, commencement and management is within the core activities of a CDE **experienced and educated** in the management of IPT.

Mark is not experienced and educated in the management of IPT so he should **NOT** proceed with this activity.

There are several other trigger points within the decision pathway which should lead Mark to decide that he should **NOT** proceed with this activity in particular the fact that Mark has no written order from a doctor.



Mark is **NOT** authorised by legislation to adjust to the pump settings without a written authority from a medical practitioner (in this case an endocrinologist).

Titrating insulin doses and pump settings without written orders from the endocrinologist is outside the scope of practice for any CDE.

Information on scope of practice was covered in Section 2.

Mark should **NOT** proceed with this activity.

If Mark is interested in increasing his knowledge and skills in insulin pump therapy, he should complete a certified pump trainer course (provided by the pump companies) for each of the currently available devices. He should also undertake a period of supervised practice with a CDE experienced in insulin pump therapy.

Case history 2

Cathy is a RN CDE working two days a week in a private practice with two endocrinologists. On Thursdays Cathy conducts an insulin pump clinic. The endocrinologists refer individuals with diabetes to Cathy for education, initiation of IPT and ongoing management including education on insulin pump selection, initiation and follow up including titrating pump settings (the endocrinologist provides Cathy with written instructions for the pump settings). Over 60% of Cathy's appointments are related to IPT.

Cathy can use the decision pathway to decide if this activity is within her scope of practice.

1 Is the activity considered a core activity for a CDE?



Educating people with diabetes on pump selection, education and insulin pump commencement is within the core activities of a CDE RN **experienced and educated** in the management of IPT.

Cathy could answer YES for Q1.

2 Is the activity permitted by legislation?



YES - this activity is permitted by legislation.

The endocrinologist provides Cathy with written instructions for the pump settings.

3 Is this activity consistent with the ADEA Code of Conduct?



YES - this is an activity consistent with the ADEA Code of Conduct.

4 Would it be reasonable for a CDE to undertake?
Is the activity consistent with the "National Standards of Practice for Credentialed Diabetes Educators"?



YES - this activity is consistent with the [ADEA National Standards of Practice for Credentialed Diabetes Educators](#).

5 Will be performing the activity often enough to maintain my skills and competence?



YES - over 60% of Cathy's appointments are related to IPT.
She is able to maintain her skills and competence.

6

Is it covered by organisational, jurisdictional, national guidelines and standards, or regulations? e.g. institution job description, organisation accrediting /credentialling standards, CDE practice guidelines/clinical recommendations.

Y ↓

YES - the management of people with diabetes on IPT is clearly articulated in Cathy's position description.

7

Do I have the authority from my employer to undertake the activity?
Is the activity or service consistent with following my job description?
(You are the employer if self-employed).

Y ↓

YES - the endocrinologists are fully supportive of the role.

8

Do I have the knowledge, skills and demonstrated competence needed?
Have I acquired the depth and/or breadth of knowledge, skills and competence needed to safely and effectively perform this activity or service through recognised training, self study or mentoring?

Y ↓

YES – Cathy maintains her professional development requirements as both a Registered Nurse (Division 1) and as a CDE.

9

Can I demonstrate the knowledge, skill and competence through participation in a recognised accreditation / certification program?
eg. ozDAFNE, Certified Pump Trainer program

Y ↓

YES – Cathy has completed a Certified Pump Trainer program for each of the devices she provides education and training on.

10

Do I accept responsibility and accountability for my actions?
Am I personally prepared to accept the consequences of my actions?

Y ↓

YES - Cathy understands her obligations as a health professional and is accountable for her actions.

9

Can I demonstrate the knowledge, skill and competence through participation in a recognised accreditation / certification program?
eg. ozDAFNE, Certified Pump Trainer program

Y ↓

YES - the Clinic employer indemnity insurance covers Cathy as an employee.

12

Proceed with supporting evidence documented and consider a strategy to maintain competence

Cathy can proceed with the activity and will set goals in her Continuing Professional Development plan. This will ensure she keeps up to date with the latest advances in IPT. It is essential that she continues to act within the range prescribed by the endocrinologist and the endocrinologist's specific instructions for the relevant client and/or using standing orders. Cathy will need to ensure she (or her employer) has appropriate Professional Indemnity Insurance.

Consequences and risks of working outside your scope of practice

Throughout this section which has explored the scope of practice, we have referred to legislation, professional and workplace standards, regulations and guidelines and all of which are in place to minimise harm and ensure safe, quality evidence-based care in clinical settings.

CDEs who, deliberately or by oversight, work outside their scope of practice are in breach of legislation or regulatory standards. This leaves them at risk of heavy fines and facing disciplinary action by the regulator for their primary profession, which could lead to a loss of registration or accreditation. In addition, this may result in a loss of credentialing status as a CDE. There are also potential consequences to health practitioners if they engage in professional misconduct. Negligence or civil liability may also follow in relation to such conduct, as well as penalties for the employing organisation for failing to adhere to legal standards and obligations.

Of critical importance is the potential harm which could be done to the person with diabetes if the CDE is not educated, competent or authorised to undertake the required activities.

Section 3 – Policies and procedures

CDEs should comply with their workplace policies/procedures for the use of IPT and CGM. Policies and procedures should reflect current best practice. Depending on their workplace, CDEs can use their professional knowledge to develop and/or advocate and contribute to the development and maintenance of these policies and procedures.

IPT and CGM are complex technologies and appropriate management requires access to care that is provided by a team of diabetes health professionals with experience in the use of this technology, as indicated in Section 1. For CDEs who work alone in a private practice, it is important that they build a strong working relationship with other relevant members of the diabetes team.

Workplace policies/procedures should incorporate:

- pre pump screening/assessment
- initiation
- follow up
- upgrade.

The following resources may help in developing and/or updating your workplace policies and procedures for the use of diabetes technology:

[Continuous Subcutaneous Insulin Infusion \(CSII\) for patients with diabetes in the community setting \(SA Health Rural Support Service - Diabetes Service, 2020\)](#)

[Continuous Subcutaneous Insulin Infusion \(CSII\) in People with Diabetes in the Inpatient Setting \(SA Health Rural Support Service - Diabetes Service, 2021\)](#)

[Insulin infusion pump management Inpatient guidelines \(QLD Health Statewide Diabetes Clinical Network, 2016\)](#)

[Guidelines for managing continuous subcutaneous insulin infusion \(CSII, or 'insulin pump'\) therapy in hospitalised patients \(ABCD Diabetes Technology Network UK, 2021\)](#)

[Continuous subcutaneous insulin infusion \(CSII\) A clinical guide for adult diabetes services \(ABCD](#)

[Diabetes Technology Network UK, 2018\)](#)

[Continuous subcutaneous insulin infusion \(CSII\) - A guide to service requirements \(ABCD Diabetes Technology Network UK, 2018\)](#)

[Using diabetes technology in pregnancy \(ABCD Diabetes Technology Network UK, 2020\)](#)

Disclosure of third-party payments

Insulin pump companies may provide payment to CDEs to start a person with diabetes on their device, to cover the time involved in providing education and training. As per the ADEA Code of Conduct, CDEs must disclose this payment to their clients. Disclosure of payments should form part of your policies and procedures.

ADEA members must disclose, verbally or in writing, to their clients the receipt of any third-party payments provided to the ADEA member in the course of clinical treatment which results in any form of financial benefit to the member. If disclosed verbally, the client's consent must be recorded in the ADEA member's clinical records.²

Section 4 – Education and training

Before supporting people with diabetes in the use of IPT and CGM, it is important that you undergo further education and training in this area of diabetes education and management. This section outlines currently available opportunities for education and training in the use of diabetes technologies.

ADEA Microcredential courses

ADEA have developed two microcredential courses, designed to give CDEs a theoretical and practical understanding of IPT and CGM. These courses provide both general information around IPT and CGM and specific details for each of the currently available devices in Australia, including links to further information and training opportunities for each of the device companies. They provide a good starting point for CDEs who are interested in building their knowledge and skills in IPT and CGM.

Device company training

The companies which manufacture and/or distribute insulin pumps and CGM in Australia offer specific training on their devices. It is essential that you undergo specific training for any insulin pump or CGM before you assist a person living with diabetes in using the device.

It is also important that you have an understanding of each of the currently available devices, and how they differ, so that you are able to support a person with diabetes decide on the device that best meets their individual needs. Details of the currently available devices in Australia are included in Appendix 2.

Each company provides the opportunity to become a certified pump trainer (CPT) to provide education and training on their devices. For hybrid closed-loop pumps (the majority of currently available pumps in Australia) this includes training on the CGM device that forms part of the closed-loop system.

Becoming a CPT generally includes:

- completing online education/training modules or in-person education/training sessions
- observation of one or more insulin pump starts by one of their representatives, to ensure you have the technical competency required to safely provide education and training on the device to people with diabetes
- ongoing education and training and periodic review of insulin pump starts, particularly as new devices or updates become available.

However, the specific requirements for certification may differ between the companies. You can find out more by contacting the individual companies, using the contact details provided in Appendix 3.

If a person with diabetes chooses to start an insulin pump or CGM device that you are not familiar with and haven't undergone training in, it is important that you refer them to another diabetes health professional who has training and experience in the use of the specific device.

Other resources

ADEA have recordings of several past webinars relevant to diabetes technology on the Learning Management System: <https://learning.adea.com.au/lms/>

[Continuous Subcutaneous Insulin Infusion \(IPT\) Without and With Sensor Integration \(ADCES, 2021\)](#)

[The Diabetes Care and Education Specialist's Role in Continuous Glucose Monitoring \(ADCES, 2021\)](#)

[Living Evidence Guidelines in Diabetes: Medical device technology for the management of type 1 diabetes \(Living Evidence for Diabetes Consortium\)](#)

Education/training and the Capability Framework for Diabetes Care

When completing education and training in the use of IPT and CGM, consider referring to the [Capability Framework for Diabetes Care](#) to reflect on your strengths and weaknesses and align your professional development with the capabilities. Practice levels 5-7 are relevant to CGM and IPT and list performance cues for each level relevant to use of diabetes technologies.

Section 5 – Mentoring and supervision

To expand their scope of practice to include IPT and CGM, CDEs are encouraged to combine continuing professional development with mentoring and/or supervision. The mentor or supervisor should be experienced in IPT and CGM.

A mentoring relationship can be formal or informal, with the mentor sharing their knowledge, expertise and experiences to support skill development in IPT and CGM. More information about mentoring can be found at www.adea.com.au/credentialling/mentoring-program/

Supervision is a structured and formal process where the supervisor oversees your work and provides guidance, evaluation and feedback. A supervisor may be a CDE with experience in IPT and CGM inside or outside your workplace. Supervision in the technical aspects of IPT and CGM can also be provided by device company representatives. CDEs are strongly encouraged to deliver several supervised IPT and/or CGM trainings before working alone.

Key Points

- The primary concern is the safety of the person with diabetes – the right care is provided by the right person at the right time.
- Supporting a person with diabetes using IPT and CGMS must be provided by a diabetes health care team.
- CDEs must:
 - Work within their scope of practice (which considers the scope of practice of their primary discipline) and level of competency.
 - Ensure their skills and knowledge are up to date.
 - Ensure they provide information on all the available diabetes technology devices and support the person with diabetes to decide on the device(s) best suited to their needs.
 - Not be influenced by one device company and must disclose all potential and actual conflicts of interest, including grants, sponsorship or commercial considerations.
 - Know and adhere to current legislation relevant to their role and jurisdiction.
 - Ensure they are covered by adequate PII.

Getting started checklist

The checklist below lists the essential tasks that CDEs new to IPT and CGM should complete prior to practicing autonomously in this clinical area:

- Complete ADEA microcredential.
- Complete insulin pump company certification training.
- Determine or develop workplace policies and procedures.
- Seek a mentor(s) to assist with policies/procedures and clinical aspects of diabetes technology.
- Learn about the pros and cons of each available device to support choice for clients.
- Establish a non-biased relationship with device company representatives to ensure consumer choice.
- Develop specialised knowledge in particular devices and referral pathways to other health professionals with knowledge in alternate devices as necessary.
- Practice within individually determined Scope of Practice and decision pathway when delivering services.
- Complete ongoing continuing education relevant to IPT and CGM including updating knowledge and skills regarding newly-available devices and updates to current devices.

Appendix 1: Scope of practice documents

Discipline	Relevant documents
Registered Nurse	Code of Conduct for Nurses Nursing and Midwifery Board of Australia - Professional standards (nursing-midwiferyboard.gov.au)
Accredited Practising Dietitian	Dietitiansaustralia.org.au/maintaining-professional-standards/dietitian-scope-of-practice/
Pharmacist	Professional Practice Standards - Pharmaceutical Society of Australia (psa.org.au)
Medical practitioner	Medical Board of Australia - Obligations on Medical Practitioners
Podiatrist	Podiatry Board of Australia - Code of conduct Podiatry Board of Australia - Podiatry competency standards
Accredited Exercise Physiologist	ESSA scope of practice documents
Physiotherapist	http://www.physiotherapy.asn.au/DocumentsFolder/Advocacy_Position_Scope_of_Practice_2009.pdf

Appendix 2: Currently available insulin pumps and CGM devices in Australia

Currently available pumps are:

- Medtronic MiniMed 780G (Medtronic)
- Tandem T: Slim X2 with Basal IQ (AMSL)
- Tandem T: Slim X2 with Control IQ (AMSL)
- Ypsomed MyLife insulin pump (Ypsomed)
- Omnipod DASH (Insulet Australia).

There are several older pumps which are no longer available for purchase but which may still be in use by some individuals with diabetes:

- Medtronic MiniMed 770G, 670G and 640G (Medtronic)
- Medtronic Paradigm and Veo (Medtronic)
- Accu-Chek Combo (Roche Diabetes Care)
- Dana R and RS (Managing Diabetes).

Currently available CGM devices are:

- Dexcom G6
- Freestyle Libre 2
- Medtronic Guardian Connect 3
- Medtronic Guardian Link 3
- Medtronic Bluetooth Guardian Link 3
- Medtronic Guardian 4.

More information about these devices can be obtained from the companies who make/distribute them.

For information on compatibility of CGM devices with insulin pumps and smart phones/smart devices, see the [NDSS CGM and Flash GM device summary and compatibility chart](#)

Last updated: March 2024

Appendix 3: Contact details for diabetes technology device companies

Medtronic Australia

Medtronic pumps and CGM

1800 777 808

www.medtronic-diabetes.com.au

Health Professional Portal: <https://hcp.medtronic-diabetes.com.au/>

AMSL Diabetes

Tandem Tslim:X2 insulin pump and Dexcom G6 CGM

1300 851 056

www.amsldiabetes.com.au

Health professional resources can be accessed via MyInteract

Ypsomed Australia

mylife YpsoPump

1800 447 042

www.mylife-diabetescare.com/en-AU/

No dedicated health professional portal/website

Insulet Corporation

OmniPod DASH system

1800 954 074

www.omnipod.com/en-au

Health professional website: www.omnipod.com/en-au/hcp

Abbott Diabetes Care

FreeStyle Libre 2 flash glucose monitor

1800 801 478

www.freestylelibre.com.au/contact

Health professional resources can be accessed via MyInteract

References

1. Australian Diabetes Educators Association. (2022). Role and Scope of Practice for Credentialed Diabetes Educators in Australia. <https://www.adea.com.au/wp-content/uploads/2022/08/Role-and-Scope-of-Practice-of-Credentialed-Diabetes-Educators-in-Australia-2022.pdf>
2. Australian Diabetes Educators Association (2022). Code of Conduct. <https://www.adea.com.au/about-us/governance/code-of-conduct/>