Supplementary Material

Enhancing the capacity of the health workforce to deliver best practice diabetes care

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Figure 1: Delphi technique used to develop the Capability Framework for Diabetes Care

Method:

Phase 2 – Round 2

- Stage I: A pre-Delphi survey consultation.
- Stage II: An online Delphi survey, which encompassed two phases.
- Stage III: A post-Delphi survey stakeholder appraisal process.

Sampling: Participant sampling included Australian nurses and allied health who were a Credentialled Diabetes Educator (CDE) or in a position whose focus was diabetes education and care or research for 5 years or more.

Stage 1 – Pre-Delphi Consultation						
Data collection methods	Participants numbers	Data analysis	Outcome			
Consultation Group	15 CDEs (8 nurses, 4 pharmacists, 3 dietitians); 87% with >20 years' experience	Qualitative content analysis using an inductive approach and emergent coding.	- Findings to inform the Delphi survey questions, framework development and policy.			
Pilot of Delphi survey	7 CDEs (3 nurses, midwife, academic, podiatrist and dietitian); 80% with >20 years' experience	Similar reoccurring issues were grouped, and the list was then forwarded to 3 researchers for independent feedback.	 Refinement of Delphi survey questions. Improvement in flow and design of the online survey. 			

		Stage 2 – Delphi	
Data collection methods	Participants numbers	Data analy	
Expert Advisory Group (EAG)	5 CDEs (4 nurses, 1 midwife), a dietitian and a clinical psychologist; 5 were academics; 75% with >20 years' experience.	Cross coding and pee obtain unbiased, balar objective evaluations technical and explana	
Delphi survey Phase 1 – Round 1	50 CDEs (39 nurses and 11 allied [including pharmacists, dietitian, podiatrist, exercise physiologist, psychologist]); 88% with >15 years' experience.	Qualitative content and inductive approach and coding.	
Delphi survey Phase 1 – Round 2	44 CDEs (33 nurses and 11 allied health); 86% with >15 years' experience.	Descriptive statistics, in measures of central termean, medium, stand (SD) and variance, and percentages, were calc	
Delphi survey Phase 2 – Round 1	40 CDEs (29 nurses and 11 allied health); 86% with >15 years' experience.	describe responses to preferred positioning a consensus for the mod practice levels.	
Delphi survey	37 CDEs (27 nurses and 10 allied health); 84% with		

>15 years' experience

survey ysis Outcome r debriefing to Validation in conjunction with the researcher's nced, and supervisory team to appraise assumptions made and identify biases. hrough Consensus regarding the study's findings. tory guidance. Delphi survey Phase 1 34 individual models, initially merged into 8 models due to similarities and later 4 by adding an additional level following EAG consultation. alysis using an Model 1 (nursing focus), Model 2 (AHPRAd emergent focused), Model 3 (Multidisciplinary focused) and Model 4 (Work setting focus) were ranked and Model 3 achieved consensus. Identification of 7 health professional diabetes ncluding practice levels signifying a progressive change endency i.e., in the level of skills or knowledge required to ard deviation deliver safe quality care and 7 corresponding d accumulative stages of diabetes clinical competence. culated to ranking and Delphi survey Phase 2 Identification of 9 broad capabilities health and to identify del to describe professionals require to deliver diabetes Acceptance of 259 capability statements i.e., 2

to 16 for each capability.

the diabetes capabilities

Identification of 3 sets of attributes underpinning

Stage 3 – Post-Delphi appraisal						
Data collection methods	Participants numbers	Data analysis	Outcome			
Focus Group	4 CDEs, all of whom had >20 years' experience.	Similar reoccurring issues were grouped, and the list reviewed by 3 researchers independently in alignment with the focus group purpose. To identify the: 1. Usefulness of the framework and any unhelpful aspects. 2. Practicality of the framework to support professional development and health professional training curricula in diabetes.	 Findings to inform the framework, explicitly guiding information for the introduction. Findings to inform workplace or policy advice regarding how the framework could be used by health professionals, training organisations, health industry and the Government. Other elements to consider for an online version of the framework to facilitate professional development. 			
Qualtrics Survey	Purposeful sample of 33 health professional organisations (nursing, allied health, dietitian, Aboriginal and Torres Strait Islander health, midwife, exercise physiology, pharmacy, podiatry, physiotherapy, university, and TAFE.	As above, in alignment with two foci: 1. Are there any framework features that could impede practice or safe care? 2. Does the framework support the development of a competent, adaptive, and flexible diabetes workforce?	 10 responses (30% response rate) from 7 health professional peer organisations (allied health, midwives, nurse practitioners, dietitians, exercise physiologists, [pharmacists) and 3 education provider organisations (universities). Appraisal by health professional training, peer, and regulatory organisation. Oversights addressed relating to the use of certain terminology or inclusion of health professionals that may impede practice. 			