

DIABETES SCREENING SERVICE COMPETENCY CHECKLIST AND SIGN OFF

Staff Name: _____ Date of Assessment: _____

	ACTION	COMPLETED
1	Able to demonstrate an awareness of the signs and symptoms associated with diabetes	
2	Able to demonstrate an awareness of the risk factors associated with diabetes	
3	Able to identify clients who are able to take part in the service and what actions to take for those unsuitable for inclusion	
4	Able to describe the service and demonstrate ability to gain written consent	
5	Able to demonstrate competence in undertaking a blood glucose finger prick test	
6	Able to demonstrate ability to interpret results accurately	
7	Able to demonstrate understanding of appropriate lifestyle advice and recommendations	
8	Has read and signed the diabetes screening service SOP	
9	Has read and understood the diabetes screening service workbook	
10	Is able to demonstrate ability to deal with customers in a sensitive and confidential manner	
11	Able to appropriately refer customers to other healthcare professionals and support organisations where necessary	

Staff member to sign: I confirm that I have read and understood how to deliver the diabetes screening service and am competent to do so:

Signed: _____

Print name: _____

Dated: _____

Supervising Pharmacist to sign: I confirm that the above person has demonstrated competency to deliver the diabetes screening service:

Signed: _____

Print name: _____

Dated: _____