

# Successful and effective lay educators in diabetes - can a formal recruitment and selection process help you find them?

ME Carey<sup>1</sup>, P Mandalia<sup>1</sup>, H Daly<sup>1</sup>, S Craddock<sup>2</sup>, Y Doherty<sup>3</sup>, R Hale<sup>4</sup>, S Heller<sup>5</sup>, K Khunti<sup>6</sup>, J Phillips<sup>7</sup>, M Stone<sup>6</sup> & MJ Davies<sup>8</sup>

<sup>1</sup>University Hospitals of Leicester NHS Trust, Leicester, <sup>2</sup>Portsmouth Hospitals NHS Trust/ Portsmouth City PCT, Portsmouth, Hants <sup>3</sup>Northumbria Diabetes Service, North Tyneside General Hospital, Tyne & Wear <sup>4</sup>Diabetes UK, Fareham Group, Hampshire <sup>5</sup>Department of Medicine, University of Sheffield, Sheffield <sup>6</sup>Department of Health Sciences, University of Leicester, Leicester <sup>7</sup>Expert Patients Programme CIC, London <sup>8</sup>Department of Cardiovascular Sciences, University of Leicester, Leicester

**Aims/Objectives:** To describe a formal recruitment and selection strategy for prospective lay educators (LEs) delivering structured diabetes education in partnership with trained health care professionals (HCP), as part of the DESMOND Lay Educator study (Fig. 1).

**Methods:** An action research study reporting in 2006 concluded that ad hoc recruitment was not effective for identifying individuals likely to make successful lay educators in diabetes. Building on its recommendations, a task group of the DESMOND Lay Educator Study developed a formal strategy for recruiting and selecting lay educators, based on procedures currently existing in the UK National Health Service. Advertising, recruitment, short listing, selection and appointment of lay educators took place over 12 weeks in the 6 Primary Care Trusts (PCTs) taking part in the study.

In 2 PCTs with a significant ethnic minority population (Gujerati speaking in Leicester City, and Mirpuri Punjabi speaking in Peterborough), it was necessary to enlist the support of community workers and non-health agencies in order to contact prospective lay educators in these hard-to-reach groups. Recruitment advertising used a variety of methods: nationally, awareness raising conducted through the national patient organisation, Diabetes UK; locally, through pharmacies, GP practices, diabetes clinics, community centres, libraries, and local media.

**Results:** 179 people expressed an interest in the lay educator role, of whom 108 were ineligible (e.g. incomplete contact data, outside required geographical area). A total of 71 people received application packs and 29 returned these completed. Reasons for not making an application were generally linked to appreciation of the level of commitment required, and how this was prioritised against existing commitments. Of those completing an application: 72% were female; 41% were in the 45-59 age group; 38% had higher education qualifications; 66% described themselves as working, and 79% either had diabetes themselves, or had a family member with diabetes.

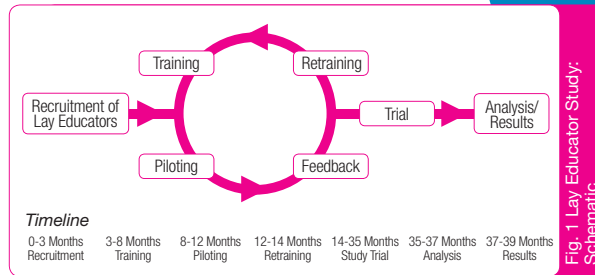


Fig. 1 Lay Educator Study Schematic

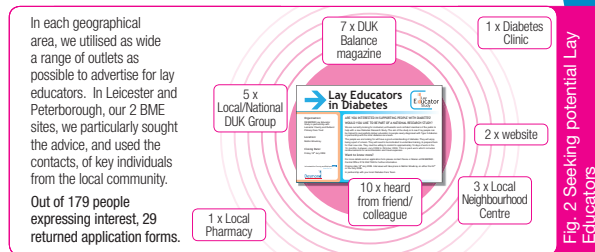


Fig. 2 Seeking potential Lay Educators

	Gloucestershire	Hampshire	Leicester City	Leicester County & Rutland	Peterborough	West Lothian
Interest expressed and application form sent	9	11	16	9	12	14
Completed application form returned	3	5	7	5	2	7
Shortlisted and invited for interview	3	5	5 (1 DNA)	4	2	5
Recruited	2	2	2	2	2	2

Table 1 Attracting potential Lay Educators

Gender		Age group				Education				Group education or teaching experience		Employment history			Diabetes history			
Male	Female	18-24	25-34	35-44	45+	1st degree	A level or equivalent	GCSE or equivalent	Other	Not mentioned	Yes	No	Retired	Working	Other	Family member with diabetes	Family member with diabetes	
8	21	1	3	4	21	3	10	7	4	3	2	18	5	6	19	4	16	7

**Conclusion:** Although the recruitment process was limited by time and other restrictions, it nevertheless identified a substantial number of applicants who met the shortlisting criteria. These were diverse in their backgrounds, life and employment experiences. However, there were some common factors: most people coming forward were either retired or self employed, and the majority were women. The level of educational attainment in over a third of the applicants was at first degree level or above. A high proportion of shortlisted applicants either had diabetes themselves or had a personal 'connection' with diabetes. This phase of our study has demonstrated that a formal recruitment process is a positive tool for identifying high calibre candidates to be lay educators.

