NEWS

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From the desk of the Chairman, Dinesh Nagi

This is my first communication since the June 2019 issue of *BJD*. This is the last year of my tenure as ABCD Chair, with the realisation that there is so much more work to be done and not enough time.

There have been significant developments over 2019 which I would like to bring to your urgent attention. The executive team made a rather difficult decision to cancel the autumn meeting due to poor delegate numbers. There are several reasons for this, but the most important one is the huge congestion of meetings around this time of the year, which means that colleagues have a plethora of meetings they can choose from and, in addition, some of these meetings are free to attend (DPC, UKCDF run by Lilly and, of course, the BES meeting).

We have engaged and collaborated with Diabetes Professional Conference (DPC) this year, leading to our presence at this event which was held at Olympia in London on 29/30 October. This opportunity has provided ABCD to expand its influence to other members of the MDT team in addition to putting up a two-day programme of high quality to help specialists with their CME. We need to analyse the feedback for this meeting to plan ahead.

The ABCD regional meetings which we piloted in 2018 in the Midlands and in 2019 in York have been a great success, both in terms of delegate numbers and feedback on the programme. These meetings are also supported by DUK and the Primary Care Diabetes Society. Chris Askew came to the York meeting and gave the opening talk about the direction of travel of diabetes care. Many delegates asked me if we will run these events on a regular basis. I presented the proposal to the ABCD committee in June and was unanimously supported to draw up a plan and implement regional meetings beginning in 2020. The planning and implementation process has started in October 2019. These meetings will aspire to deliver education and training to multi-professional team members who help us deliver diabetes care on a daily basis, including our colleagues in primary care. Our sponsors are extremely supportive and we would like you to encourage your team members to attend. The dates will be advertised very shortly. We hope to make these meetings free to attend. The executive team sees it as an excellent opportunity to broaden our sphere of influence as an organisation, which wishes to lead and contribute to education and training of multi-professionals. I have always felt that this is our professional responsibility.

ABCD has traditionally held two meetings per year since its inception. However, the executive team and the committee will discuss in detail to finalise our strategy moving forward with this. Alternative ways at our disposal for delivering CME and meeting the needs of individual clinicians need to be explored, and we must make wise use of limited resources.

We have also had a very successful meeting with Ian Russell, the CEO of the Society for Endocrinology (SfE), and Duncan Bassett, the programme organiser for the BES conference meeting with SfE. Preliminary discussions have gone exceptionally well and we have agreement in principle that SfE and ABCD should work together to deliver joint meetings starting from November 2020, which will be extremely valuable to our members as more than 80% of consultants deliver both Diabetes and Endocrine services. We are extremely keen to ensure that members get their CME both in Diabetes and Endocrinology, without having to attend multiple meetings.

Succession planning for the future

One of the fundamental aspects of our future survival is to ensure that we have new members join the ABCD committee, revamp of both our education subgroup and the research subgroup.

Another significant development has been formalisation of the ABCD-Renal Association (RA) working group, and my congratulations go to the new co-chairs, Professor Steve Baines (ABCD) and Dr Indranil Dasgupta (RA), who will lead the group over the next 3–4 years. I would also like to extend sincere thanks to Dr Peter Winocour for leading this group over the last 8 years and the members who have contributed. The next joint ABCD-RA meeting is due in February 2021.

Both groups have been refreshed with new members. Allowing significant input from new academic colleagues into both groups with the appointment of three deputies to the education subgroup will facilitate future succession in a seamless manner.

We continue to make efforts to strengthen our links with the Young Diabetologists and Endocrinologists' Forum (YDEF) as ABCD sees the young members and trainees vital to the future success of ABCD.

We entered a new agreement with our sponsors last year with significant discussions enabling a successful renegotiation of the funding streams, which has allowed the ABCD to deliver on several new initiatives. I would like to thank our gold sponsors, Sanofi Diabetes, Novo Nordisk Ltd and NAPP Pharmaceuticals Ltd, silver sponsors Eli Lilly, Takeda UK Ltd and bronze sponsors AstraZeneca UK, Merck, Sharp & Dohme Ltd, who have shown solidarity and partnership working with the ABCD in successfully delivering what we do.

I am lucky to have the support of a dynamic executive team and the unflinching support they provide. Thanks to all the committee members who give their time generously and contribute immensely to the working of ABCD.

My term as Chair and similarly for the meeting secretary will come to an end in May 2020 and we will be sending a call out for expressions of interest for our replacements over the next few weeks.

ABCD is very well supported by an efficient unit led by Tricia Bryant from Red Hot Irons and I would like to thank them for their invaluable support.

From the desk of the News Editor, Umesh Dashora

Rowan Hillson Inpatient Safety Award 2019 (Ketan Dhatariya)

We are inviting colleagues to submit entries to this year's competition which will be for the 'Best Perioperative Pathway for People with Diabetes'. This JBDS-IP project is being led by Umesh Dashora, Debbie Stanisstreet and Erwin Castro. The submissions will be judged against predetermined criteria by an independent panel chaired by Rowan Hillson, and the winner will be presented with the prestigious annual Rowan Hillson Inpatient Safety Award at the ABCD Spring Meeting 2020. The outcome of this initiative will be published on the ABCD, Diabetes UK and DISN UK Group websites to share excellent practice.

Competitive applications are likely to be those that show hard evidence of benefit, that are translatable to other Trusts, are costed, are relatively simple and sustainable, and which have been commissioned or supported by an Acute Trust. This competition is open to all UK healthcare professionals. Please visit the website via the address below and click on the JBDS Submission form 2019 link, the closing date is 28 February 2010.

https://abcd.care/rowan-hillson-inpatient-safety-award-2019

New guidelines published

New diabetes guidelines have been published from the Joint British Diabetes Societies for Inpatients (JBDS-IP), a good inpatient diabetes service.

https://abcd.care/joint-british-diabetes-societies-jbds-inpatient-care-group

New online education module produced for the Royal College of Midwives

The Royal College of Midwives (RCM) is pleased to have added a new module to their online learning resource (i-learn) on diabetes in pregnancy. This module has been developed with expertise from the Diabetes Care Trust following a learning needs analysis. Dr Umesh Dashora and Dr Dinesh Nagi from ABCD have contributed to the content which was reviewed by Deborah Burns and Jackie Simpson from Belfast trust.

The module explores the fundamentals of diabetes and provides midwives and support workers with guidance on caring for women with diabetes or women who develop diabetes in pregnancy. The module is freely available to all RCM members via www.rcm.org.uk.

https://www.ilearn.rcm.org.uk/course/search.php?search=diabetes

New JBDS-IP chairman Professor Ketan Dhatariya takes charge

Professor Dhatariya is the new chairman of JBDS-IP. He describes his vision of JBDS-IP as follows: "I want to carry on the excellent work done by my predecessor, Mike Sampson. I also want to use the opportunity to revisit many of the guidelines to update them with the new evidence that has been published since they first came out. There remains a lot of work to do because of the work being done with the CQC as well as Diabetes UK, ABCD and the DISN group looking at how we can develop a system of accrediting inpatient diabetes services. There are other exciting developments such as creating a new App where all the guidelines can be accessed and used easily, as well as a new website for the JBDS. There is still a lot to do!"

Interesting recent research
(Umesh Dashora)

A rapid-fire collection of interesting recent developments in diabetes

Authors, Journal	Type of study	Main results
Sargis *et al*, *Diabetologia*	Hypothesis and review	**Endocrine-disrupters are a potentially modifiable risk factor which increases the risk of diabetes** Environmental toxins acting as endocrine-disrupters can increase the risk of diabetes. A number of inorganic and organic molecules of both natural and synthetic origin including arsenic, bisphenol A, phthalates, polychlorinated biphenyls and organochlorine pesticides have been implicated in diabetes pathogenesis. This risk is not only in the generation exposed but has the potential to impact subsequent generations. This remains an underappreciated environmental hazard in most clinical practice guidelines in the world. https://link.springer.com/article/10.1007/s00125-019-4940-z
Nauck *et al*, *Diabetes Care*	LEADER study	**Liraglutide treatment was associated with gall bladder events in Leader** Gallbladder and biliary disease events were higher in the liraglutide group compared to placebo (HR1.60; 95% CI 1.23 to 2.09; p<0.001). The patients had a higher number of cholecystectomies (HR 1.56; 95% CI 1.10 to 2.20; p=0.013) https://care.diabetesjournals.org/content/42/10/1912
Craig *et al*, *Diabetologia*	Hypothesis and review	**Multiple early life factors contribute to the development of type 1 diabetes** Early onset type 1 diabetes has a more aggressive course. It appears that environmental exposure early in life including maternal influences on fetus, neonatal factors and early infancy or childhood factors all contribute to type 1 diabetes risk. Some of the environmental factors might be the weak protective effect of breast feeding, increase in risk with exposure to being overweight pre-conception, in utero or postnatally, association with viral infections particularly enteroviruses and the role of early microbiome and its interaction with islet autoimmunity. This understanding will help us develop preventive strategies for type 1 diabetes. https://link.springer.com/article/10.1007/s00125-019-4942-x

Authors, Journal	Type of study	Main results
Palmer *et al*, *Diabetologia*	New treatment pathway	**Old age diabetes may be due to insulin resistance** Increase in diabetes with advanced age may be due to senescence of cells which become insulin resistant. Novel therapeutic strategies with drugs called senolytics are being developed to act on these cells in target organs to reduce the risk of type 2 diabetes and obesity. https://link.springer.com/article/10.1007/s00125-019-4934-x
Bowes, *Diabetologia*	Review	**Choosing anti-diabetic drugs in patients with diabetes at risk of heart failure** There is increasing need to individualise anti-diabetic treatment based on the metabolic risks posed by the individual. With the publication of CVO trials with various drugs, it is clear that, in the presence of heart failure or in people with a higher risk of heart failure, SGLT-2 inhibitors have the best evidence base of improved outcomes whereas DPP-4 inhibitors should be used with caution and glitazones and insulin might increase the risk. https://link.springer.com/article/10.1007/s00125-019-4958-2
Nathan *et al*, *Diabetologia*	Review	**Prevention of diabetes can reduce the risk of long-term vascular complications of diabetes** It appears that prevention of diabetes by a diabetes prevention programme can lead to a reduction in vascular complications of diabetes such as reduction in cardiovascular events and mortality in some studies, but more longer term data are needed as the conclusion is not consistent in all the studies and for all the complications. Some discrepancy may be due to non-glycaemic pathways leading to cardiovascular complications. https://link.springer.com/article/10.1007/s00125-019-4928-8
Eckel *et al*, *Diabetologia*	Review	**Myokines might be involved in glucose metabolism in people with diabetes** Specific peptides (IL, FGF, IGF and others) released during muscle exercise might have a beneficial effect on insulin resistance, inflammation and obesity through their autocrine and paracrine actions and need further study. https://link.springer.com/article/10.1007/s00125-019-4927-9
Tyndall *et al*, *Diabetologia*	Prospective observational study	**Flash monitoring has the potential to improve HbA1c in people with type 1 diabetes** This study showed that flash monitoring was associated with HbA1c reduction of about 0.7 mmol/mol, with more people achieving HbA1c of <58 mmol/mol (50.9% vs 34.2%, p<0.001), greater benefit in people with higher HbA1c, younger age at diagnosis and lower social deprivation, more people reporting hypoglycaemia, increase in anxiety and depression and reduction in admission with diabetic ketoacidosis. https://link.springer.com/article/10.1007/s00125-019-4894-1
Carlsson *et al*, *Diabetologia*	Registry-based case–control study	**Manufacturing, cleaning and driving jobs are associated with a higher risk of type 2 diabetes** The incidence was lowest among university teachers and physiotherapists in this Swedish study. Life style intervention in the at-risk group may reduce the incidence. http://diabetologia-journal.org/wp-content/uploads/2019/09/Carlsson-1.pdf
Jan Biessels *et al*, *Diabetes Care*	RCT CARMELINA-COG trial	**Linagliptin is not associated with reduction in cognitive decline in people with type 2 diabetes** In this RCT the decline in cognitive function in people with type 2 diabetes was similar in the linagliptin and placebo groups over 2.5 years (28.4% vs 29.3%). https://care.diabetesjournals.org/content/early/2019/08/07/dc19-0783
De Vries *et al*, *Diabetes Care*	Post hoc analysis of Look AHEAD trial	**Effect of intensive weight loss on cardiovascular outcome** Intensive weight loss strategies in obese people with type 2 diabetes reduce cardiovascular events in a selected group of patients but may have no effect or deleterious effect in others. Further studies will be needed to identify the patients who are likely to benefit most. https://care.diabetesjournals.org/content/early/2019/08/13/dc19-0776
Divakaran *et al*, *Diabetes Care*	Partners YOUNG-MI Registry	**Young people with diabetes having MI have the worst outcome** Diabetes was present in 20% of people with MI before the age of 50. Over the subsequent 11 years these patients had higher all-cause mortality (HR 2.30, p<0.001) and cardiovascular mortality (HR 2.68, p<0.001), the associations persisting after adjusting for baseline covariates. https://care.diabetesjournals.org/content/early/2019/09/18/dc19-0998
Nystrom *et al*, *Diabetes Care*	DETO2X-AMI trial	**Supplemental oxygen in acute MI in people with diabetes does not improve outcomes** Patients with diabetes had worse outcomes than those without diabetes but there was no benefit of giving oxygen in these people on all-cause death, readmission with AMI or heart failure at 1 year. https://care.diabetesjournals.org/content/early/2019/09/16/dc19-0590
Rodbard *et al*, *Diabetes Care*	RCT PIONEER2 trial	**Oral semaglutide vs empagliflozin** Oral semaglutide achieved superior reduction in HbA1c but not weight loss vs empagliflozin at week 26 (–14 vs –9 mmol/mol) in people with type 2 diabetes not well controlled on metformin. At week 52, HbA1c and body weight were significantly reduced with oral semaglutide vs empagliflozin (–4.7 vs –3.8 kg). GI side effects were more common with semaglutide. https://care.diabetesjournals.org/content/early/2019/09/13/dc19-0883

Authors, Journal	Type of study	Main results
Segar *et al*, *Diabetes Care*	Original research	**Machine learning can help predict heart failure in people with type 2 diabetes** A new machine learning model has been developed to predict the risk of heart failure in people with type 2 diabetes by looking at a number of data points (clinical, laboratory and ECG) available for the patients. The WATCH-DM (weight, age, hypertension, creatinine, HDL-cholesterol, diabetes control) increment score of 1 unit was associated with a 24% higher risk of heart failure within 5 years. https://care.diabetesjournals.org/content/early/2019/09/11/dc19-0587
Dambha-Miller *et al, Diabetic Medicine*	Community-based prospective cohort study	**Remission of diabetes for up to 5 years with behavioural change** The study shows that, with appropriate lifestyle and behavioural changes without extreme calorie restriction, it is possible to achieve remission of diabetes up to 5 years in 30% of people. Greater than 10% weight loss was significantly associated with a greater chance of remission. https://onlinelibrary.wiley.com/doi/abs/10.1111/dme.14122
Marlow *et al, Diabetic Medicine*	Cross-sectional review of data	**Young girls and women with type 1 diabetes are at higher risk of being overweight or obese** In this Australian study, young adolescent girls and women with type 1 diabetes had a higher prevalence of overweight and obesity compared to boys. Higher BMI and increasing age was associated with longer duration of diabetes and higher blood pressure. https://onlinelibrary.wiley.com/doi/abs/10.1111/dme.14133
Coleman *et al, Diabetic Medicine*	Systematic review and meta-analysis	**ACE inhibition is associated with improved renal outcome but not reduction in mortality** This systematic review seems to suggest that, although ACE inhibitors might reduce doubling of serum creatinine, progression of nephropathy and proteinuria, they do not seem to reduce all-cause and cardiovascular mortality. https://onlinelibrary.wiley.com/doi/abs/10.1111/dme.14107
Leng *et al, Diabetic Medicine*	Population-based study	**Higher TSH is associated with greater risk of gestational diabetes** Higher TSH even within the normal range <3.2 mIU/L in the first trimester was associated with a higher risk of gestational diabetes (OR 1.13), especially in overweight women (OR 1.25). https://onlinelibrary.wiley.com/toc/14645491/0/0
Aminian *et al, Diabetes, Obesity and Metabolism*	Observational study	**People with type 2 diabetes who have undergone bariatric surgery have improved outcome after acute MI and CVA** Mortality rates after acute MI is lower in patients who have had bariatric surgery compared to control groups. In-hospital mortality after CVA was also significantly lower compared to control groups. Length of stay was lower as well. https://onlinelibrary.wiley.com/doi/full/10.1111/dom.13765
Tuccinardi *et al, Diabetes, Obesity and Metabolism*	Randomised cross-over, double-blind, inpatient physiologic study	**Walnut ingestion produces favourable metabolic profile** Walnut ingestion was associated with increase in HDL, reduction in LDL, reduced insulin resistance, increased 10-N glycans, reduction in harmful ceramides, hexosylceramides and sphingomyelins. https://onlinelibrary.wiley.com/doi/full/10.1111/dom.13773

From the desk of Rebecca Reeve (Sanofi)

The NHS has committed to doubling funding for the Diabetes Prevention Programme over the next five years. Government has also announced new measures to tackle obesity including:

- Ending the sale of energy drinks to children under 16
- A new childhood obesity plan – touching on infant feeding, clear labelling, food reformulation and improving the nutritional content of foods.

Study suggests that women with diabetes are at higher risk of heart failure than men

A study published in the journal of the European Association for the Study of Diabetes indicated that women with type 2 diabetes are 9% more likely to suffer heart failure than men. This number increased to 47% more likely for women with type 1 diabetes. The authors of the study suggest that this may be due to women being less able to uphold a healthy lifestyle to keep the condition under control. The study co-author, Dr Sanne Peters and Head of Care at Diabetes UK, Dan Howarth, warned that women are being undertreated for diabetes, are not receiving the same escalation of treatment as men and are less likely to receive intensive care.

https://rd.springer.com/article/10.1007/s00125-019-4926-x

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YDEF NEWS

YOUNG DIABETOLOGISTS & ENDOCRINOLOGISTS
EDUCATION • REPRESENTATION • COMMUNICATION

International Opportunities in Diabetes and Endocrine Training

The UK National Health Service has long benefited from a truly diverse international workforce and the field of Diabetes & Endocrinology is no different. International medical graduates both working and training in the UK bring the benefit of experience in different healthcare settings and working with different patient populations. This varied experience is particularly important as we look to develop new innovative models of diabetes care that can address the rising incidence and complexities of diabetes, alongside an increasing understanding of the varying pathophysiological characteristics of diabetes in people from different ethnic backgrounds. An international workforce further offers important opportunities to build exciting international collaborations and research networks to benefit the people we care for.

Importantly, these international experiences, networks and collaborations can be developed as part of specialist training in the UK. This is an important, and perhaps sometimes overlooked, element of specialist training where there are increasingly varied opportunities for enriching international experiences. The Joint Royal College Training Board in Diabetes & Endocrinology (JRCPTB) Annual Review of Competency Progression (ARCP) Decision Aid makes specific reference to international conferences as an important (but optional) element of specialist training. The Decision Aid states within the footnotes: "Attended either annual DUK or BES meeting (or alternatively a major international Endocrinology or Diabetes Mellitus meeting) during previous year". This allows, if appropriately planned, international experiences to be requested as part of trainee study leave. Alternatively, travel for trainees can be incorporated into out-of-programme activities as part of research, teaching or gaining specific clinical skills. Increasing numbers of junior doctors are taking time out of training between steps in the training pathway, or within training as part of approved out-of-programme activity, which is important in enabling opportunities to gain wider international exposure. We can hope that, in the future, developing international experience will be moved out of JRCPTB "footnotes" and into an expected or strongly encouraged part of training for our future workforce!

There are a myriad of international conferences suitable for trainees. The Young Diabetologists & Endocrinologists' Forum (YDEF) typically runs an annual scholarship scheme to attend the European Association for the Study of Diabetes (EASD) annual congress, which is highly popular amongst trainees. YDEF is also part of the North European Young Diabetologist Association (NEYD), which has a 30+ year tradition for joining exceptional young researchers from the UK, Netherlands/Belgium and Denmark for a 3-day annual international meeting where trainees present and discuss their own research with world renowned senior discussants. Attendance at a NEYD meeting is now part of the scoring criteria for trainees looking to apply for a YDEF EASD scholarship. The smaller meeting is useful preparation for presenting work and networking at the larger EASD Congress.

International conferences and congresses represent only one opportunity for developing international research experience. Each year YDEF awards an annual travel grant to the best trainee presentation at the Diabetes UK Professional Conference, which can be used to build international collaborations. Furthermore, the European Foundation for the Study of Diabetes (EFSD) Albert Renold Fellowship Scheme enables travel research fellowships for up to 3 months, with regular application cycles. I myself have just returned from an Albert Renold Fellowship period, travelling to the Basque Country in Spain to explore their approaches to digital and diabetes care. The observations and experiences have had a significant impact both on my research and ideas for future investigations. International experience can be built into a range of other EFSD Young Investigator Grant Programmes, including for longer periods of travel.

There is a wide range of other funding routes for international travel beyond Diabetes UK, YDEF and EFSD. These include grant funding and industry-based support. It is also important to look beyond the specialty itself in securing funding and travel support. The Winston Churchill Memorial Fellowship Trust (WCMFT) is one such option. The WCMFT represents Sir Winston Churchill's living memorial and supports UK citizens from all parts of society to travel the world in search of innovative solutions for today's most pressing problems. The Trust funds 150 travel grants annually with a number of previous fellowships funded for diabetes-related travel. Indeed, a WCMFT travel award to spend time in Boston, Kansas, Washington and Phoenix was a precursor to my own Albert Renold EFSD Fellowship, and the application process is highly recommended for being simple and not at all time consuming (which is a very important factor for busy clinicians!)

Diabetes & Endocrinology is a truly international specialty in terms of patient populations, workforce, research networks and innovation collaborations. It is vital that the future leaders of the specialty are able to gain international experiences during their training. There is a wide range of opportunities to develop international exposure and it is important these are promoted to trainees. A wider awareness of these opportunities – both from trainers and from those who have benefited from such experiences – may also be important in supporting recruitment of the highest quality professionals to our specialty, both from the UK and internationally.

Funding schemes and awards are subject to change, please check the relevant website for confirmed details, terms and conditions.

Other YDEF News …

YDEF has continued to run a series of training courses and events based around our aims of education, advocacy and support. The events are almost universally oversubscribed and feedback received is very popular.

The ABC of D&E event was again held in the West Midlands this year, organised by Swarupini Ponnampalam and supported by Anne DeBray. The event was held at the

Hilton NEC Metropole. It is a residential course that introduces ST3/ST4 trainees into the key basic knowledge they need to survive and thrive as endocrine SpRs, both in the clinic and when on call for diabetes and endocrinology. There is a growing feeling that this event may be beneficial to all those starting at the SpR level in the specialty, and changes caused by IMT may increase the need for trainees to "hit the ground running". We are therefore looking at options to expand the course, funding permitting, to be able to support more trainees to attend given how oversubscribed the course regularly is. We are particularly grateful to the speakers who gave their time to talk at the event (many of whom were from the West Midlands region including the West Midlands Training Programme Director Dr Ali Karamat). Particular thanks must go to Adnan Agha who spoke this year at the event as a consultant, having started the course when he was a trainee.

The YDEF Retinopathy Course was held again this year, representing another unique course nationally. The course is held at the Heartlands Diabetic Eye Screening Centre and is very kindly hosted by Professor Dodson, a world leader in diabetic eye disease. We are particularly grateful to our sponsors Boehringer Ingelheim without whom the course would not have been possible. Delegates this year stayed at the Aston University Conference Centre with a course dinner on the first evening, adding an important social dimension to the event.

Finally YDEF Wales, which is in its 9th year, was held in Cardiff and was organised by Dr Mohammad Alhadj Ali and Dr Justyna Witczak. Highlights included a pre-dinner talk on the reversibility of type 2 diabetes and the twin hypothesis cycle by Professor Evans, the role of gut microbiota in T1 and an update on congenital adrenal hyperplasia by Professor Gregory. It was also a very modern meeting in that Professor Dayan skyped in to lead a discussion on the cost of diabetes care. The meeting was well attended by SpRs and CMTs alike, and YDEF Wales will hopefully continue to inspire the next generation next year by hosting the taster day!

Many more events on the horizon

Please do check our website for full details (http://www.youngdiabetologists.org.uk/about/). Perhaps the most important event this year will be the YDEF Day with the themes of technology, fertility and gender identity.

Dr Tim Robbins
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YDEF is dedicated to all diabetes and endocrine trainees and is open for new members to register on our website. Take advantage of our regular newsletters and up-to-date advertising of a wide variety of courses and meetings to complement your training.

As always, we are continuously looking to develop and propagate our specialty so do not hesitate to contact us if you have any suggestions or questions!

www.youngdiabetologists.org.uk @youngdiab on twitter

DTN UK collaborate • evolve • support

UPDATE

This has been another busy period for diabetes and technology and, in turn, for the Diabetes Technology Network (DTN). With lots of new technology coming to the market, we have to be on our toes spreading information about the new products and how we can access them and make best use of them. The Diabetes Technology Pathway, created and published in conjunction with a number of partners including Diabetes UK and NHS England, has been helpful in pulling together different guidelines about various technologies into a single pathway.

Following a meeting at the EASD, we are now also working on a position statement around time in range and how we can adopt this in clinical practice.

Diabetes Medical Technology Education Platform

Following on from the success of the DTN Flash Monitoring Education videos, and after encouragement from NHS England prior to the roll-out of continuous glucose monitoring (CGM) for pregnant women with type 1 diabetes, we have been in touch with many of you about this ambitious project. Working in partnership with Glooko and Digibete, the ambition is to create a suite of educational content that can be viewed by healthcare practitioners (HCPs) as well as people with diabetes, to support knowledge, information, uptake and optimal use of different types of diabetes technology ranging from closed loop systems to connected pens and meters. The novel idea is to link this educational content with a platform that can track progress of HCPs through the educational content and allow CPD and certification. This certification can be used by nurses, dietitians and clinicians as part of the CPD and appraisal process, and can be used by payers and service providers to understand and track skill mix and progress within teams.

We have already started filming the first set of videos for this, and will aim to launch the first set of content on CGM by Diabetes UK and the second set of content on sensor-augmented pumps and hybrid closed loops by the national DTN day in April 2020.

DTN regional meetings

This year we decided to try a different type of meeting in East of England led by Sara Hartnell, lead dietitian at Addenbrooke's Hospital. We worked with the regional diabetes network with commissioners and service providers working together to address regional variations in access to technology. We also recently had a very successful tech update in Edinburgh and on 6 December we have an educators only event in London.

2020

We hope everyone has a good time over Christmas because 2020 is going to be a great year with lots of activity from the DTN. If there is anything you want the team to consider, do get in touch and follow us on @DTN-UK.

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