DTN-UK statement on the roles of industry and clinical teams in onboarding people with type 1 diabetes to hybrid closed loop systems

Introduction

Following discussions with industry partners, we have been made aware of occasions where industry educators have been placed in unsafe situations. These include being asked to educate individuals who are high risk, without appropriate clinical support, without access to pump settings, and without a clearly documented clinical plan or follow-up pathway. This lack of structure creates risk for people with diabetes, both NHS and industry educators, and services.

Safe and effective initiation of hybrid closed loop (HCL) systems within the NHS relies on clear role boundaries, strong clinical governance, and close collaboration between clinical teams and industry. While industry plays an important supporting role, all clinical responsibility must remain with NHS clinical teams.

Clinical Accountability and Role Boundaries

Insulin pump initiation requires a structured partnership. Industry provides technical expertise, device education, and logistical support. Clinical teams retain full responsibility for clinical assessment, insulin management, education, optimisation, and follow-up. Clear separation of roles is essential to ensure safety for people with diabetes, equity of access, and effective use of diabetes technology.

This statement should be read alongside our previously published Remote Start Standard Operating Procedure (SOP), available on our website: https://abcd.care/sites/default/files/site_uploads/Resources/DTN/DTN-Remote-Start-SOP.pdf

Pre-Pump Phase

Clinical Team Responsibilities

- Identify and assess people suitable for HCL systems in line with NICE TA943.
- Assess readiness and support shared decision-making based on clinical need.

- Provide clinical education on treatment pathways and locally available systems.
- Lead all discussions about risks, benefits, and expectations.

Industry Responsibilities

- Provide opportunities for people with diabetes and clinicians to view devices.
- Supply demonstration pumps, apps, and non-clinical materials.
- Support “show and tell” events focused on technical understanding only.

Pre-Onboarding Phase

Clinical Team Responsibilities

- Confirm clinical eligibility and support selection of the appropriate pump and CGM.
- Complete prescriptions, clinical documentation, and governance requirements.
- Schedule pump starts once clinical readiness is confirmed.
- Deliver all clinical education related to safety, self-management, such as DAFNE closed loop essentials module (if appropriate) and discuss expectations.

Industry Responsibilities

- Support pump ordering and administration when requested by services.
- Offer flexibility around practical scheduling of pump starts.
- Provide pre-start technical education/links to support device readiness-aligned with the agreed clinical plan.

Onboarding Phase

Clinical Team Responsibilities

- Set all pump parameters and complete risk assessments.
- Manage insulin initiation, including dosing, sick-day rules, and hypoglycaemia management.
- Retain sole responsibility for all clinical decisions and safety.

Industry Responsibilities

- Provide technical support for device set-up, remotely or in person.

- Maintain strict boundaries: no insulin dosing advice and no adjustment of pump clinical settings.
- Escalate all safety concerns directly to the clinical team.

Follow-Up Phase

Clinical Team Responsibilities

- Provide guidance on settings in light of the patient characteristics
- Review glucose and device data and make all therapy adjustments.
- Provide ongoing clinical support, optimisation, and behavioural coaching.
- Monitor safety, suitability, and long-term outcomes.

Industry Responsibilities

- Contribute technical input to optimisation sessions when invited by the clinical team.
- Provide refresher training, device updates, and technical support.
- Ensure reliable customer service, including delivery of consumables and replacements.

Pump Trials and Industry

Some companies offer short-term “try before you buy” insulin pump trials, typically lasting one month. While DTN does not discourage this approach, it is important to recognise that pump trials require the same level of administrative input, clinical education, pump setup, insulin adjustment, and follow-up as a full pump start.

Given the current pressures on services, including the need to onboard large numbers of people, routine pump trials are not considered feasible for most services at this time, however we recognise that these are really valuable in certain scenarios. Until services have sufficient capacity and infrastructure, pump trials should be reserved for specific clinical circumstances, such as:

- Documented allergy or intolerance to insulin, adhesives or consumables
- Individuals assessed as high risk where a trial is clinically justified

DTN have a strong preference that patients are not automatically locked into a four-year warranty. Where possible, patients should have clarity and flexibility regarding exit options from long-term contracts and are keen to work with all industry partners so that this is achievable.

Education and Training of Healthcare Professionals

Clinical Team Responsibilities

- Maintain competence through engagement with device-related training.
- Apply technical knowledge within clinical governance frameworks (Ref).
- Include diabetes technology as part of HCP job descriptions and job plans, complete yearly self-assessment of diabetes technology competencies as part of appraisal discussions (DTN-UK Competency tool available via our Website)
- Retain full responsibility for all clinical advice, insulin management, and care decisions.

Industry Responsibilities

- Provide high-quality technical education, including:
    - Face-to-face and hands-on training
    - Virtual sessions and webinars
    - On-demand resources (videos, guides)
    - Accredited training pathways
- Ensure all education remains technical and device-focused, with no clinical or dosing instruction.

Summary

The DTN believe initiation and ongoing management of insulin pump and HCL therapy within the NHS must operate under a collaborative but clearly defined model. Clinical teams retain ultimate responsibility for clinical decision-making, insulin management, education, and safety. Industry partners provide essential technical and operational support but do not participate in clinical care. Clear boundaries protect patients, staff, and educators, and ensure safe, equitable, and effective access to diabetes technology.

Author: Geraldine Gallen, Nurse Consultant – Diabetes, Kings College Hospital, Vice Chair ABCD DTN-UK
Published: March 2026