

## 2.5-day PITstop diabetes advanced course

### Embedding the skills learnt

#### Accreditation

The 2.5-day PITstop advanced course is non-bias and currently accredited with the RCGP accreditation until June 2025. The RCGP accreditation has ceased their service so we are unable to renew with them. We are in the process of applying for the Personalised Care Institute (PCI) accreditation to take over.

#### Embedding the skills learnt and mentorship

It is important to embed the skills learnt on 2.5-day PITstop diabetes advanced course safely in clinical practice and ideally gain a local mentor to do so. Here are some example of how Healthcare professionals can embed the skills learnt.

#### Recommended audits encouraging practice-based learning to embed the PITstop skills

Audits to identify people with type 2 diabetes requiring treatment escalation onto an injectable, intensification of insulin or a GLP-1, or de-escalation of their treatment regimen:

- on two or three oral agents with an HbA1c > 58mmol/mol
- Creatinine > 180mmol/l or eGFR < 30 on Metformin
- on insulin with an HbA1c of < 48mmol/mol or > 58mmol/mol
- on GLP-1s with an HbA1c of > 58mmol/mol

ARDENS EMIS and SystemOne have PITstop audits

#### Embedding the skills using the PITstop Competency Tool

Having attended the PITstop course, we recommend you complete the self-assessment stage of the PITstop competency assessment, recognise any gaps and actively work towards filling the gaps. We advise you to work with a local mentor to help embed the skills safely.

[Click here to view the PITstop competency assessment](#)

#### Completing the competency assessment. Examples how to achieve the competencies:

- Being observed in the clinical setting (including video with patient consent)
- Case study discussions
- Reflective practice (writing and discussion).

Example: reflect on a patient who started a GLP-1 years ago. Note their HbA1c and weight at the time and the trend before their start date. Note their current diabetes medications (including concordance issues), any record of current eating pattern, any relevant past medical history, the need for blood glucose monitoring. Note which GLP-1 was prescribed, number/ frequency / type of follow-up, side-effects, dose requirement and when it was increased. Also note changes to other diabetes medications, HbA1c and weight outcomes at 3 and 6 months (and ongoing trend), any patient feedback about their treatment regimen and the service provision when the GLP-1 was initiated? What would you do differently now you have the PITstop GLP-1 care pathway?

- Observing other healthcare professionals
- Exploring literature and guidelines.
- Role play
- Participating in clinical supervision where diabetes management is included

[Click here for information for the role of a mentor](#)