SPECIALTY TRAINING PROGRAMME DIABETES AND ENDOCRINOLOGY IN THE WESSEX DEANERY

This is a 5 year training programme in Diabetes & Endocrinology commencing at ST3 level aimed at doctors who can demonstrate the essential competencies to enter this level of training. The programme is designed to support training for a CCT in Diabetes & Endocrinology.

Details of essential competences and qualifications are detailed in the MMC person specification for Diabetes & Endocrinology at ST3 which is available from www.mmc.nhs.uk

This 5 year Specialty Training programme will allow the successful applicant to achieve the award of a Certificate of Completion of Training (CCT) in Diabetes & Endocrinology, subject to satisfactory progression.

The programme is based in hospitals in the Wessex Deanery including:

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>North Hampshire Hospital</td>
<td>Basingstoke</td>
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<tr>
<td>The Royal Bournemouth Hospital</td>
<td>Bournemouth</td>
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<td>Dorset County Hospital</td>
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<td>St Ann’s Hospital</td>
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<td>Alderney Hospital</td>
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<td>St Mary’s Hospital</td>
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<td>Poole Hospital</td>
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<td>Queen Alexandra Hospital</td>
<td>Portsmouth</td>
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<td>Southampton General Hospital</td>
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<td>Royal South Hants Hospital</td>
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<td>Princess Anne Hospital</td>
<td>Southampton</td>
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<td>Tatchbury Mount</td>
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<td>Ashurst Hospital</td>
<td>Southampton</td>
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<tr>
<td>Royal Hampshire County Hospital</td>
<td>Winchester</td>
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</table>

Wessex Deanery is a relatively small deanery with a defined geographical area which does lead to there being a single unit of application. In the majority of cases successful candidates will be asked to preference their choice of location for either one or two years. Some specialties will require successful candidates to preference both commencing location and specialty. Future placements will be based, as normal, on individual training and educational needs. Please note that applications are to the Wessex Deanery as a whole. This may mean that you may be allocated to any geographic location within the Wessex Deanery depending on training needs.

The Wessex Deanery covers a geographical area from Basingstoke in North Hampshire to Dorchester in West Dorset and the Isle of Wight to the South; in addition some programmes rotate to Jersey and Chichester in West Sussex. This is a spread of approximately 65 miles
North to South and 76 miles East to West. The Wessex Deanery serves a population of around 2.8 million people.

The Wessex Deanery is part of NHS Education South Central within South Central Strategic Health Authority which covers Berkshire, Buckinghamshire, Oxfordshire in the north (under Oxford Deanery) and Hampshire and Isle of Wight. In addition, Wessex Deanery provides training programmes within Dorset and South Wiltshire under a formal agreement with the South West Strategic Health Authority. The Wessex Deanery is responsible for the training of some 2,500 trainees.

**Rotation information**

Five 12 month posts in any of the locations above. Training sites are chosen dependent upon your training requirements determined at your ARCP and matching them to the training opportunities at each location. At least 12 months training will be spent in Southampton and/or Portsmouth.

**Study and Training**

The primary aim of all posts is the training programme developed and there is a region wide syllabus and minimum standards of education agreed by all Trusts within the rotation. The Deanery is committed to developing postgraduate training programmes as laid down by GMC, Colleges and Faculties and by COPMED - the Postgraduate Deans Network. At local level college/specialty tutors work with the Programme Director and Directors of Medical Education in supervising these programmes. Trainees will be expected to take part in these programmes (including audit) and to attend meetings with their nominated educational supervisor.

All posts within the training programme are recognised for postgraduate training by the General Medical Council (GMC) in accordance with their standards for training. Study leave is granted in accordance with Deanery/Trust policy and are subject to the maintenance of the service.

All posts have a service element and the following covers the majority of duties. There will be minor variations in different hospitals but the list is aimed at covering the majority of duties:

1. Supervise, monitor and assist the House Officer (F1) in the day-to-day management of in-patients in posts with an attached F1.
2. Liaise between nurses, F1 and F2 Doctors, patients, relatives and senior medical staff.
3. Attend and participate in ward rounds as timetabled
4. Attend outpatient clinics.
5. Take part in rostered emergency work.
6. Dictate discharge summaries.
7. Study for higher examination and maintain continued professional development.
8. Attend weekly educational and multidisciplinary sessions.
9. Undertake audit at various times throughout the rotations.
10. Teach medical students as directed.
11. Co-operate with members of the personnel department when monitoring hours of work and other personnel issues.
12. Attend induction in each hospital or new department
13. Comply with all local policies including dress code, annual and study leave

**Trust Generic/Specialty Information**

Details of each training location are summarised below:

**NHS Isle of Wight**

St. Mary’s Hospital/ Newport / Isle of Wight

**Diabetes and Endocrinology**

Outpatient activities are carried out in the Diabetes & Endocrinology Centre within the grounds of the hospital. The Island has an estimated 6,500 patients with diabetes. Primary care diabetes provisions are well developed. Endocrine services have moved to the centre with continued repatriation of patients from tertiary units. Close links exist with mainland endocrine services and the neurosurgery unit in Southampton.

**Activities in the centre include:**

- General Diabetes – largely complex cases and insulin treated.
- Insulin pump service (currently around 60 patients are on pumps- 10% of type 1 diabetes population)
- Structured patient education programmes- X’PERT run by the Diabetes Centre at different locations.
- Outreach community clinics- DNS run.
- Adolescent/transitional clinic- every 3 months
- Joint antenatal diabetes clinic-monthly
- Joint podiatry foot ulcer clinic- weekly.
- Endocrine clinics (2-3 per week)- wide range of conditions including neuroendocrinology.
- Thyroid FNA- undertaken in radiology
- Endocrine dynamic tests (carried out on the medical assessment unit)
- Affiliated clinical trial research clinic (Vectasearch)- largely drug trials.
- Thyroid lump MDT meetings- every 2-3 months.

The post holder is released monthly to the Wessex Endocrine Specialist Registrar/STR training day. Weekly Medical Directorate educational meetings with protected teaching time take place at Education Centre.

**Departmental Staffing**

- Two consultant physicians / Diabetes & Endocrinology
- 3 Diabetes Specialist Nurses- including a dedicated inpatient DNS.
- 1 Dietitian (part time)
- 1 clinic nurse
- 2 podiatrists (part-time)
- 1 Specialist Registrar / ST(yr3-5) - this post
- 1 ST (year 1-2) or FY2
- 1 FY1

General Medical Firm Structure
The Medical Directorate operates a ward-based system; with each ward-based team have 3 consultants/ 2 Specialist Registrars or ST3-5, 2 FY2/ ST1-2, and 2 FY1. The Diabetes and endocrine team is currently based on Appley ward. There is also team for cardiology and stroke/rehabilitation, respectively. Admissions are through a dedicated the Medical Assessment Unit (MAU), with direct admissions to CCU for patients with cardiac chest pain. On call commitment is on 1:10 shift (4 and 3 split). The on call team is dedicated to MAU duties during working hours.

Outline timetable for Endocrine Specialist Registrar/ ST3-5

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Endocrine (&amp; GIM) clinic</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Ward work- including dynamic tests/ or endocrine clinic (1:2 weeks)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Educational meeting –Education Centre</td>
</tr>
<tr>
<td>Thursday</td>
<td>Diabetes clinic</td>
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<tr>
<td>Friday</td>
<td>Diabetes clinic- including foot clinic</td>
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</tbody>
</table>

Duties and responsibilities of the post

- Supervise the management of general medical inpatients
- Perform outpatient duties in GIM, Endocrinology and Diabetes
- Involvement in undergraduate, and FP teachings.
- Take part in audit and clinical governance activities.
- Support the diabetes nurses and other health professionals in the Diabetes Centre.

Basingstoke and North Hampshire Hospital, Basingstoke

Acute Medicine

The acute take is organised around a Medical Admissions Unit, which receives all GP referrals directly, and the majority of those admitted via the Emergency Department. Typically 20-25 patients are admitted per day. The take is supported by a 3-bed High
Dependency Unit offering non-invasive ventilation, and a Coronary Care Unit. The latter has close links with the Brompton cardiology and cardiothoracic services, and the local cardiologists offer on-site angiography and intra-aortic balloon pumping. Tertiary referrals for Neurosurgery are made to Southampton. The hospital has a fully equipped 8-bed Intensive Care Unit, where patient care is shared with the anesthetists. The ST3 would be expected to oversee the work of the CMT / GPVTS and Foundation year doctors during the take, see referrals from other specialist teams and be able to carry out common procedures without supervision. Cardiac pacing is generally undertaken by one of the on-call cardiologists (or Cardiology ST’s).

Triage of appropriate referrals to the medical sub-specialties is decided during the mid- or post-take ward round. Patients are referred on to the relevant specialist team (and prioritised to the corresponding ward) or remain under the admitting consultant either on the MAU or moved to their own ward. The ST3 would thus have continuing in-patient responsibility for all General Medicine and Diabetes / Endocrine patients admitted under their Consultant as well as patients referred from other Consultants’ takes.

**Diabetes & Endocrinology**

The ST3 would be able to benefit from training opportunities in the following main settings:

- A weekly general Diabetes follow-up clinic supervised by both Consultants. The ST3 would be expected to see a short list of patients by themselves and others in a supernumerary capacity (or jointly with a Consultant). The clinic is supported by digital retinal photography, and is run in conjunction with two diabetes nurse specialists, a dietician and podiatrist.
- Weekly new and follow-up Endocrine / General Medicine clinics at which the ST3 would have their own patient list, under Consultant supervision. This would include follow-up of ward-discharges. The Endocrine clinic attracts a wide range of referrals, including pituitary cases. Although cases requiring pituitary surgery are referred to Southampton, we maintain responsibility for ongoing post-operative care.
- A weekly Diabetic Foot clinic to assess new referrals. This is conducted by two podiatrists and a specialist shoe-fitter (orthotic practitioner), and we enjoy a close working relations with the local vascular and orthopaedic surgeons.
- A twice-monthly Diabetes / General Medicine clinic at Alton Community Hospital (~25mins. drive) The ST3 would have their own list and an opportunity to see new referrals under Consultant supervision.
- Supervision of day-case endocrine testing.

Additional experience would be available through attendance at the following:

- A weekly multi-disciplinary clinic for newly-diagnosed diabetic patients, and those referred for assessment by GPs.
- A weekly joint ante-natal clinic with one of the Obstetricians.
- A monthly medical eye clinic. This serves patients with both diabetic and thyroid eye disease.
• Our Type 1 education programme (BIANCA), including an opportunity to teach at one of the sessions.
• Insulin Pump therapy initiation (group sessions).

The Diabetes Specialist Nurses team takes in-patient referrals from a wide range of other specialties, often on matters of glucose control during inter-current illness / surgery, or concerning newly diagnosed patients. An important role of the ST3 would be to provide medical support for this work on a flexible basis, in liaison with the Consultants, as necessary.

Education and Audit

The diabetes service is supported by a computerised electronic patient record / database (Diabeta 3). This offers considerable scope for retrospective analysis and audit of clinical practice. The Medical Directorate provides a regular teaching programme, which includes a weekly journal club and X-ray meeting, and an alternate week “grand round” style meeting of case presentations. These take place in the new ARK centre (a modern post-graduate education and resource centre), which is also the venue for our monthly multi-disciplinary audit meeting. On the wider scene there is a series of monthly away-days for Wessex ST3s for focused training in Diabetes / Endocrinology, based at Salisbury District Hospital.

Appraisal & Assessment

In-house appraisal would be planned in conjunction with the post-holder to take place in protected time every 4 months. This would provide an opportunity to reflect on achievements in the preceding period, and set appropriate goals according to their training needs, based on the core curriculum. Regional appraisal would be conducted via the established ARCP system for Wessex.

Timetable

Derived from the above job description, a proposed weekly schedule is given below:

<table>
<thead>
<tr>
<th>Morning</th>
<th>Lunch</th>
<th>Afternoon</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Consultant WR</td>
<td>Journal Club</td>
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<tr>
<td></td>
<td></td>
<td>Clinic: Endocrine / General Medicine (new pts) OR Diabetic foot clinic</td>
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<tr>
<td>Tuesday</td>
<td>Alton Clinic: Diabetes / Gen Med (new &amp; f/u pts), 2nd &amp; 4th Tues</td>
<td>“Grand Round” (1st, 3rd, 5th Tues)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personal study</td>
</tr>
<tr>
<td>Wednesday</td>
<td>ST3 ward round</td>
<td>Postgraduate meeting OR Diabetes team meeting</td>
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<tr>
<td></td>
<td></td>
<td>Clinic: Diabetes (f/u pts) – sit-in / assess</td>
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<tr>
<td>Thursday</td>
<td>Consultant WR</td>
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<tr>
<td></td>
<td></td>
<td>Consultant WR Ward work / Admin, or</td>
</tr>
</tbody>
</table>
Poole Hospital NHS Trust

The Department of Medicine

The Department of Medicine has a total of 114 beds and at present, there are 11 general physicians with specialist interests in cardiology (3), diabetes / endocrinology (3), gastroenterology / hepatology (2), chest medicine (2), acute medicine (1) and 8 specialist physicians (3 neurologists, 1 brain injury rehabilitation, 2 dermatologists and 2 rheumatologists). The junior staff complement from August 2005 is 9 registrars, 12 SHOs and 12 PRHOs. Many of the SHOs who do not already have MRCP acquire it during their stay in Poole. There is a separate Department of Medicine for the Elderly with 7 consultants and supporting junior staff. The Department holds well-attended multidisciplinary clinical meetings every week and runs regular educational sessions for junior staff. There is a monthly Directorate Clinical Governance meeting. The Postgraduate Medical Centre library is well stocked with computer search facilities and easy access to inter-library loans and photocopies.

Diabetes and Endocrinology Team

- 3 Consultants
- 2 Registrars plus 1 flexible
- 3 SHOs
- 2 PRHOs

There are 2 medical teams (Endo 1 and Endo 2). The consultants rotate the inpatient ward work and the on call so that 1 consultant is off the ward for 4 months in rotation.

Regular Experience for Registrar

- Supervision of acute general medical inpatients, including cardiac care and intensive therapy units.
- Emergency acute intake
- Post take consultant ward rounds
- Supervision of diabetic patients undergoing surgery
- General medical outpatient including endocrine: New and follow-up cases. One clinic per week.
- Diabetic clinic - new and follow-up cases + specialist training (see overleaf).

Education

- Cardiac care unit meeting x 3 per week

Pregnancy Clinic.

<table>
<thead>
<tr>
<th>Day</th>
<th>Clinic (optional):</th>
<th>Clinic: Endocrine / General Medicine (f/u pts) – sit in / review cases.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday</td>
<td>Clinic (optional):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes assessment</td>
<td></td>
</tr>
</tbody>
</table>
- Weekly physicians' grand round
- Weekly x-ray meeting
- Monthly clinical governance
- Monthly diabetic team meeting
- Monthly regional ST3 meeting

Research

- 1 session per week
- Involvement in clinical epidemiology
- Recent Projects:
  - Incidence and prevalence of NIDDM in a defined population
  - Long-term outcome of a cohort of diabetic patients
  - The predictors of diabetic neuropathy

Clinical Governance

Monthly directorate meetings involve general medical and specialty audit programmes. The Department of Diabetes participates in the national diabetes audit programme. It also runs a regular 6-monthly audit of all services.

Department of Diabetes

In Poole, there is a modern purpose-built diabetes centre which provides comprehensive outpatient care for diabetic patients from the local area. All outpatient clinics take place in the centre with personalised lists for each doctor who works with a dedicated clinic nurse. A specialist dietitian and diabetes nurse specialist is available during all clinic sessions to liaise closely with the doctors in clinic. High quality multidisciplinary care is a daily reality in the centre. There is a weekly open-access diabetes education programme for type 2 diabetes run by the diabetes nurse specialist and dietitian. Each year, over 900 patients attend these sessions to learn about diabetes and its care. Twice weekly diabetic foot clinics provide care for people with diabetic foot disease. The 2 podiatrists in the clinic work with the doctor and clinic nurses to provide care. The podiatrist also visits ward patients liaising with the consultant team about daily management.

Specialist Clinics and Training

2 sessions per week will be devoted to specialist training. The registrar will rotate through these specialist areas to gain experience.

- **Diabetic Review Clinic**
  Newly diagnosed patients and new problems in established diabetic patients.
- **Diabetic Follow-up Clinic**
  Regular follow-up of established patients, usually with complications or problems.
- **Joint Retinal Clinic and Eye Recall Clinic**
  Patients with serious retinopathy and those recalled through the screening programme. A consultant ophthalmologist and consultant diabetologist serve the clinic.
- **Diabetic Foot Clinic**
  Patients with established diabetic foot disease, i.e. ulcers or at high risk of neuropathy and/or PVD. 2 podiatrists and consultant diabetologist present in clinic.

- **Joint Obstetric Clinic**
  Women with pre-existing diabetes and with gestational diabetes. Consultant obstetrician, consultant diabetologist, diabetes nurse specialist, specialist midwife and dietician all present in clinic.

- **Endocrine Outpatient Clinic**
  A range of endocrine patients, including pituitary, thyroid and gynaecological. New and follow-up patients. Direct liaison with endocrine surgeon in clinic.

- **Erectile Dysfunction Clinic (MARS)**

- **Young Persons Diabetic Clinic**
  Joint clinic with paediatrician for teenagers.

- **Paediatric Clinic**
  Run by paediatrician, DNS and dietician.

- **Diabetic Education Programme for Type 2 Diabetes**
  A 3 session programme for newly diagnosed patients, run by diabetes nurse specialist, dietician and podiatrist.

- **Diabetes Education Programme for Type 1 Diabetes**
  Involving carbohydrate counting, insulin adjustment and life style management.

- **Training with Diabetes Nurse Specialist**
  Involvement in the work of DNS, including home visits, conversion to insulin, problem solving and counselling patients.

- **Training with Dietician**
  Involvement in the work of specialist dietician, including assessment of new patients, follow-up of established patients and working in liaison with other member of the team.

- **Community Care Service for Diabetes in the Poole area**
  Review the organisational aspects of providing diabetes care for the whole community, liaising closely with primary care. Visit GP clinics.

- **Diabetic Eye Screening Programme in Primary Care utilising optometrists**
  Review overall organisation and deal with optometrist reports and recalled patients. Liaising directly with consultant ophthalmologist.

The length of training on the above specialist areas will be determined according to the individual post-holder’s experience. This will be agreed with the trainee in the regular appraisals during the year. Some areas may require weekly attendance in the relevant clinics for up to 1 year to gain pertinent experience, whereas others may require only a few sessions.

**Commitments**

<table>
<thead>
<tr>
<th>Care</th>
<th>Sessions per week</th>
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<tr>
<td>Acute medical inpatient care</td>
<td>3.5 - 4.0</td>
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</tbody>
</table>

Chair: Dr Geoffrey Harris

Chief Executive: Sir Ian Carruthers OBE
Appraisal

The ST3 will have regular appraisals with their educational supervisor at 2 weeks, 3, 6, 9 and 12 months. A learning agreement will be drawn up and reviewed at each appraisal.

Weekly Timetable for ST3

<table>
<thead>
<tr>
<th><strong>ST3 1</strong></th>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Diabetic Clinic&lt;br&gt;Mainly new patients with few follow up</td>
<td>Consultant Ward Round&lt;br&gt;Young Person’s Clinic monthly*</td>
</tr>
<tr>
<td>Tuesday</td>
<td>8.30 am X-ray Meeting&lt;br&gt;JRC alternate weeks</td>
<td>Diabetic Foot Clinic*&lt;br&gt;Routine Diabetic Clinic*</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Registrar Ward Round&lt;br&gt;Day case endocrine testing*</td>
<td>JOC*&lt;br&gt;Paediatric Diabetic Clinic*</td>
</tr>
<tr>
<td>Thursday</td>
<td>Consultant Ward Round</td>
<td>Medical / Endocrine Clinic&lt;br&gt;Erectile dysfunction clinic monthly*</td>
</tr>
<tr>
<td>Friday</td>
<td>Research/Study</td>
<td>Research/Study</td>
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</tbody>
</table>

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<tr>
<th><strong>ST3 2</strong></th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Day case endocrine testing*</td>
<td>Consultant Ward Round&lt;br&gt;Young Person’s Clinic monthly*</td>
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<td>Research/Study</td>
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</tbody>
</table>

* All clinics marked are for training opportunities not for a regular service commitment

Portsmouth Hospitals NHS Trust

*The Department of Metabolic Medicine*
There is a 15-bedded ITU, 10 bedded HDU and 12-bedded CCU. The Queen Alexandra (QA) site has an established a fully equipped 70 bed Medical Assessment Unit with both a Nurse Practitioner service and medical staffing independent of the general teams. There is a full range of back-up services in pathology, radiology, CT scanning, (MRI and spiral CT), neurophysiology, respiratory medicine, gastroenterology, cardiology and medical physics. This ST3 (#3) in Diabetes and Endocrinology will have inpatient general medical duties at Queen Alexandra Hospital and outpatient clinics at both QA and occasional clinics at community hospitals. The QA site expanded in June 2009 to a 1000 bedded hospital through opening of a brand new PFI development,

**Patient Population**

Given the large population of the district (600,000), there are considerable numbers of local resident patients, both in diabetes and general endocrinology, with a combination of services offered as outreach locality clinics and centralised clinics at the QAH site. In addition, a Consultant performs an endocrinology clinic for the Isle of Wight (population 120,000). Although most cases are dealt with in those clinics, a proportion, with the agreement of the local consultants, are investigated in Portsmouth. This extended patient base has considerable potential in the fields of clinical research.

**Diabetes and Endocrine Unit (Queen Alexandra Hospital)**

Specialist services at Queen Alexandra comprise a major responsibility for diabetes, as well as general endocrinology and metabolism. Provision of diabetic services is based on a multi-disciplinary team approach and is centred upon a designated Diabetes Centre. The Diabetes Centre has been recently expanded and modernised. It is located on the ground floor of the main clinical block and offers consulting, counselling, investigation and teaching facilities with a 16 room unit, and is staffed by the following posts:

**Staffing**

- 4.2 WTE Consultants
- 1-2 Research Fellows
- 3 ST3s
- 1 CT1
- 4 CT2s
- 1 Unit Manager
- 5 Diabetes Advanced Nurse Practitioners (Band 7)
- 2 Diabetes Nurse Specialists (Band 6)
- 2 Diabetes Link Midwives (Band 7, P/T)
- 2 Endocrine Investigation Nurses (Band 7)
- 1 Retinal Screening Nurse Practitioner plus technician
- 1 Diabetes Nurse Technician (Grade D) p/t
- 2 WTE Diabetes Research Nurses
- 2 Clinic Nurses
- 3 Dedicated Reception /Administrative / Secretarial Staff
- 2 Dedicated Dietitians p/t
- 1 Podiatrist p/t
Services within the Diabetes Centre include specialist medical facilities, nurse counselling and education, dietary education, retinal screening and non-mydriatic camera, research opportunities and investigation, regular tutorial and course organisation. Diabetes clinical work through all specialties is recorded and coordinated using the ‘Diabeta3’ Clinical Database. All diabetes clinics are ‘sub-specialty’ based (see below). Diabetic emergencies are admitted to one medical ward (E8) where possible. Portsmouth also has an advanced in-patient prospective diabetes service which all Specialist Registrars are encouraged to participate in.

Other endocrinological services are managed in a number of general and sub-specialty outpatient clinics with programmed endocrine investigations being undertaken within the unit under observation of the endocrine nurses (medically supervised where appropriate). A wide variety of general endocrinological and metabolic disorders are seen.

The Unit enjoys close collaborative links with the following clinical services:

- Ophthalmology Department, Queen Alexandra, 6 Consultants.
- Wessex Regional Renal and Transplant Unit Treatment of renal failure in diabetic patients.
- Obstetrics, 12 consultants. More than 100 deliveries of diabetic patients annually. A joint diabetic/obstetric clinic is held weekly.
- Paediatrics (St Mary’s), 4 consultants including special interest in Special Care Baby Unit, Paediatric A and E.

**Specialist Clinics - Regular weekly clinics in:**

- Diabetes and low renal clearance clinic
- Diabetes and Vascular Risk
- Diabetes (MDT) foot clinic
- Diabetes and pregnancy
- Diabetes and intensive insulin clinic (JIGSAW service)
- Insulin pump service
- Diabetic Erectile Dysfunction
- General Endocrinology

**Less frequent joint clinics are currently held in:**

- Paediatrics and Young Persons Clinics
- Endocrine Fertility
- Monthly thyroid lump clinic (opportunity to learn FNA) with surgeons / radiotherapists
- Neuro-endocrine pituitary MDT Clinic
- District Lipid Service
- Peripheral Vascular Disease Service
- Parathyroid Disease Clinic
- Osteoporosis (in conjunction with Rheumatology)

Optional Clinics

- Weekly thyroid isotope clinic
- Monthly adolescent Diabetes Clinic
- Weekly diabetic retinopathy laser clinic monthly

Teaching – Postgraduate

There are college tutors at both Queen Alexandra and a Director of Education. They produce jointly a programme of educational activities, both for GPs and for hospital staff, senior and juniors. The ST3 would be expected to contribute, as well as training junior staff on the team. Timetabled events include General Medical Speciality Rolling Half-Days, Grand Rounds, joint Biochemistry/Endocrine Meetings, Radiology Tutorials and a Medical Journal Club. There are now established monthly sessions for ST3s in Diabetes / Endocrinology (Salisbury) and medicine (Portsmouth), conducted in protected time.

Teaching - Undergraduate

Final year students from the University of Southampton School of Medicine are attached for six to ten week periods. There are four such attachments each year. In addition, a number of students, both from inside and outside the UK, come for periods of training.

Nursing/PAM

A multi-disciplinary Post-Graduate training course (13 training modules) in diabetes mellitus provided for all Portsmouth HCPs in conjunction with the University of Portsmouth and supported by NESC, is coordinated at the Diabetes Unit, QA.

Research

Ongoing areas of research include:

- The Portsmouth DOVE (Dysglycaemia, Oxidative stress and the Vascular Endothelium). Long term programme with multiple ongoing studies examining the links between the DOVE components. In-house vascular laboratory to examine endothelial function using a forearm blood flow technique (venous plethysmography). Close links with collaborators within the School of Pharmacy, Portsmouth University who have established a laboratory to examine oxidative stress/anti-oxidant defence. Currently, we have 1-2 research fellows at any time studying for MD theses undertaking studies linked to this programme.
- Microalbuminuria and early diabetic nephropathy (The Portsmouth Microalbuminuria Study Group). A longstanding study of microalbuminuria is in progress, initially established by Research Registrar (MD thesis) in 1984. A large cohort of type 1 diabetic patients has been well defined and have been re-studied at regular intervals since initiation of the project. Many publications have resulted
linked to the relevance of microalbuminuria and cardiovascular markers, morbidity and mortality.

- Detection of early coronary artery disease using novel biochemical markers.
- The use of growth hormone in adult growth hormone deficient adults.
- Studies examining the delivery of diabetes care e.g. focused group care, intensive insulin therapy, patient empowerment etc.
- Diabetes and sexual dysfunction – a number of studies have been conducted or are on-going in this area related to health economics, the vascular links between endothelial and erectile dysfunction, and epidemiological studies.
- A number of multi-centred trials e.g. novel pharmaceutical approaches to the management of type 1 and type 2 diabetes, diabetic dyslipidaemia etc.

**Job Plan**

At present, the job plan is divided into 3 four month blocks. These blocks are broadly speaking divided into diabetes, endocrinology and in-patient care. Typically, up to 5 out of the 7-8 clinical sessions are focused around either of the 3 areas (diabetes/endocrine/in-patients). Timetables are generally determined at the beginning of the posts collectively by the Specialist Registrars and consultants to allow as much flexibility as possible and ensure training needs are met. A typical rota whilst in the endocrine block may be:

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Admin/audit/research</td>
</tr>
<tr>
<td>Endocrine fertility clinic (1 in 4)/General endocrine clinic</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>Endocrine test supervision</td>
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<tr>
<td>Young persons clinic (1 in 4)</td>
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<tr>
<td>Wednesday</td>
<td>Admin/audit/research</td>
</tr>
<tr>
<td>Diabetes pregnancy clinic</td>
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</tr>
<tr>
<td>Thursday</td>
<td>In-patient diabetes care</td>
</tr>
<tr>
<td>Endocrine, lip[d or neuro-endocrine pituitary Clinic</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>Endocrine/Parathyroid Clinic/training day</td>
</tr>
<tr>
<td>Admin/audit/research/training day</td>
<td></td>
</tr>
</tbody>
</table>

**Other Educational Opportunities**

<table>
<thead>
<tr>
<th>Monday</th>
<th>ED, Fertility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>Intensified Insulin Rx/Insulin pump service Lunchtime: Monthly Chemical Pathology Meeting, Adolescent clinic</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Paediatric, Obstetric, Osteoporosis, Renal</td>
</tr>
<tr>
<td>Thursday</td>
<td>Thyroid, supervised speciality teaching, neuroendocrine pituitary, lipid clinic</td>
</tr>
</tbody>
</table>
Royal Bournemouth and Christchurch Hospitals NHS Trust

**Duties of the Post**

In addition to a busy general medical workload, the following specialist endocrine and diabetic/metabolism services are offered at the purpose built Diabetes and Endocrine Centre. The centre has a growing reputation for innovation in diabetes care, and in 2000 won the Hospital Doctor Diabetes Team of the year award. All clinics are fully computerised and patient records held on a database to facilitate regular audit:

**Endocrine**

General endocrinology, Gynaecological endocrinology, Calcium metabolism, Thyroid (medical), Thyroid (in conjunction with surgeon and histopathologist – unique in Wessex), Pituitary (in conjunction with neurosurgeon and neuroradiologist), Lipids (in conjunction with biochemist and dietician). These specialist clinics are consultant led, and allow training in specialist areas such as infertility, fine needle aspiration cytology (FNAC) and assessment of goitre, prescription of radio-active iodine directly from clinic, management and follow up of endocrine cancers in a multidisciplinary team, growth hormone replacement and use of somatostatin analogues. The specific training in gynaecological endocrinology including menopause, osteoporosis, anorexia, dysfunctional uterine bleeding and other menstrual disorders including polycystic ovarian disease is recognised throughout the Region is of particular value to ST3s, as it may not be available in many other centres.

**Diabetes**

A number of specialist clinics are available including joint retinal clinic, foot clinic, neuropathy clinic, vascular clinic, young persons clinics for 14-17 and 18-25 age groups, Type 1 clinic, ante-natal clinic and crisis intervention clinic. These clinics are consultant led, offering excellent opportunities for training. The Royal Bournemouth Hospital is a UK leader in the use of Insulin Pumps (CSII), affording training which is not available elsewhere in the Region. In addition there are well-established structured patient education programmes for both Type 1 and Type 2 diabetes, including patients on CSII, and nurse led neuropathy, impotence and hypertension clinics, again unique to the RBH, and offering outstanding training opportunities. The fully computerised management of all patients allows both audit and facilitates research. In addition the centre has a unique experience in the use of computer modelling as a practical educational and management tool for patients with Type 1 diabetes.

There are facilities for routine day case dynamic endocrine/metabolic testing of patients, and of patients participating in research protocols. Over the last 10 years there has been at least one Research Registrar additionally working in the department. There is a weekly research / multidisciplinary education meeting in the department, which has been highly successful in publications and presentations to British and International Diabetic and Endocrine meetings over the last 10 years. Bournemouth also offers CT and MRI scanning.
and a Dexa scanner for the diagnosis of osteoporosis and assessment of patients on treatment. The medical SHOs who are participating in two and half year training rotations between Bournemouth and Poole are attached to the metabolic team in addition to House Physicians.

The Metabolic Team has three Consultants who cover acute takes and ward patients on rotation every three months. The junior medical staff are therefore responsible to different Consultants in line with the rotation arrangements, with the annual and study leave for the team coordinated by the Registrars. At present the two existing diabetic and endocrine Registrars have duties covering the metabolic ward and Diabetes outliers, with general medical and metabolic inpatients, outpatient clinics and cover the Acute Emergency Take on rota with the other junior medical staff. Each ST3 will cover each of the following:

- metabolic/general medicine patients and 3-4 clinics per week
- research and 5-6 clinics per week, including sitting-in clinics for training
- diabetes outreach ward rounds

We hope to ensure that all trainees have excellent experience of acute medicine, ongoing inpatient care, and specialist clinics, as well as developing research interests.

**Sample Timetable**

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Ward Round, Consultant</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Medical Clinic / Joint Thyroid clinic / Joint Retinal Clinic</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Endocrine Clinic</td>
</tr>
<tr>
<td>Thursday</td>
<td>Specialist Diabetes Clinic</td>
</tr>
<tr>
<td>Friday</td>
<td>Research</td>
</tr>
</tbody>
</table>

Clinic commitments are cancelled when the registrar is first on-call and on the post take day.

**Education**

Attendance at National (British Endocrine Society/Diabetes UK) specialist meetings will be encouraged, in addition to the Regional Wessex Diabetic and Endocrine Association meeting. There is a weekly departmental meeting, a directorate x ray meeting and grand round which the registrar will be encouraged to attend.

**Salisbury Health Care NHS Trust**

*Summary of Responsibilities*
• Supervise the admission of unselected general medical emergency patients and to see ward and Accident and Emergency referrals when on take. The acute take is largely integrated between general and elderly care medicine. The ST3 will be on call with the firm SHO and house physician and with an extra SHO to cover certain wards.
• Supervise the management of general medical inpatients.
• Perform outpatient duties in general medicine, diabetes and endocrinology.
• Teach SHOs, House Officers, medical students and nursing staff.
• To undertake training and research.

Both new and follow up patients are seen in all outpatient clinics. Clinical training opportunities in diabetes and endocrinology are also available in the joint Medical/Eye clinic (monthly, largely thyroid eye disease), Community Diabetes clinics, Lipid clinics, Chemical Pathology and in the Renal and Paediatric Diabetes Clinic. Protected study time will be made available for personal professional development; timing will depend on the proposed regional training programme in diabetes and endocrinology. Educational and Training Supervision with regular appraisals, will be provided by a Consultant who has special interests in the molecular genetics of obesity and pituitary disease. Research collaboration with Wessex Regional Centres and St Bartholomew’s and the Royal London Hospitals, (with which links are maintained) will be encouraged.

**General Medicine**

The post offers excellent, comprehensive experience in general medicine. There are 71 acute medical beds shared between the Consultant Physicians. There is also a Coronary Care Unit (4 beds), a High Dependency Unit (4 beds) and an Intensive Care Unit (4 beds).

**Staffing**

- 11 Consultant Physicians
- 9 ST3s in Medicine
- 1 ST3 in Rheumatology
- 6 SHOs in Adult Medicine
- 4 SHOs in Elderly Care
- 1 Staff Grade Physician in Elderly Care
- 7 House Physicians

**In addition there are:**

- 2 Consultant Dermatologists
- 3 Consultants in Rheumatology and Rehabilitation
- 2 Clinical Haematologists
- 2 Consultants in Palliative Care
- Clinical Oncologist and
- Visiting Consultants in Neurology, Renal Medicine and Radiotherapy
A full range of district general hospital facilities are provided, with excellent pathology and radiology services (including 24 hour CT scanning, soon to include spinal CT, and on site MRI scanning), upper and lower endoscopy and ERCP, non invasive cardiology including echocardiography, respiratory function testing and bronchoscopy, and neurophysiology. Many elective procedures are performed in the purpose-built Day Diagnostic Unit including planned endocrine investigations. An Endocrine Specialist Nurse is being sought. A number of phlebotomists and doctors assistants are available to assist with blood sampling and venepuncture. Outpatient facilities are new and purpose built.

**Responsibilities in General Medicine**

General Medical duties of the post will include:

- SHO, House Physician with responsibility for medical emergency admissions, and referrals from other wards and from the Accident and Emergency Department. 15-24 patients are admitted per 24 hours.
- Supervision of the management of general medical inpatient, and endocrine investigations.
- Outpatients x 1 (weekly). Consultant supervised clinic with new and follow up patients.

**Education**

- Weekly hospital grand round
- Weekly Firm tutorial
- Weekly joint medical/x-ray/meeting
- Weekly Journal Club
- Monthly clinical governance meeting

**Teaching**

- SHO MRCP examination candidates
- House Physicians
- Nursing Staff

**Diabetes**

The provision of effective diabetes services requires co-operative efforts of many people, both within and outside medicine. The aim in Salisbury is to promote and support community care in diabetes. This is achieved by supporting GP mini clinics, developing regular professional and patient education, and providing consultant and diabetes nurse based community clinics. The central hospital clinic is largely reserved for new patients, and those with complex problems.

**Staff**
- 2 Consultants
- 1 Associate Specialist in Chemical Pathology
- 1 Clinical Assistant
- 1 ST3 (this post)
- 1 Senior House Officer
- 1 House Physician
- 3 Diabetes Specialist Nurses and Secretary
- 1 Podiatrist (with Orthotist support)
- 1 Dietitian

**Facilities and Organisation**

The following facilities and organisations are available for the provision of diabetes services:

- Outpatient clinics
  - Central hospital diabetes clinic (weekly), (5 new plus 30 follow up patients)
  - With dietitian in clinic. Diabetic Foot Clinic runs in parallel.
  - Young Persons' Clinic prior to Adult Clinic
  - Community Clinics (monthly), in Shaftesbury, Fordingbridge
  - Joint Diabetic/Antenatal Clinic (weekly)
  - (All diabetic outpatient clinics are also attended by a Diabetes Specialist Nurse)
- Diabetes Education Centre (planned to undergo expansion)
- Weekly diabetes team meetings and monthly academic meetings
- Local Diabetes Service Advisory Group
- District Diabetes Club - district-wide meetings for education
- Hospital staff education
- Good laboratory facilities
- Computerised diabetes register - undergoing renovation
- Patient Group education classes
- District retinal screening programme - in development and foot care pathway

**Responsibilities**

The ST3’s responsibilities will be to:

- See new and follow up patients in supervised diabetes outpatient clinics
- Manage inpatients with diabetic emergencies and those undergoing surgery
- See ward referrals
- Implement hospital guidelines on the management of diabetes
- Participate in the development of diabetes services.

**Education and Training**
Education opportunities available in addition to the above include:

- Community, antenatal and adolescent diabetes experience
- Retinal clinic (Ophthalmology Department, archived retinal images)
- Teaching of junior doctors and nurses
- Participate in clinical trials, mini research projects and audit of diabetes service structure and process
- Attendance at, and participation in, regional, national and international meetings and conferences will be actively encouraged.

**Endocrinology**

Comprehensive endocrine services in Salisbury are actively being developed. There is a general endocrine clinic weekly (4 new plus 12 follow up patients). There is a monthly joint medical/ophthalmology clinic (mainly thyroid eye disease and pituitary tumours). A fourth consultant in Gynaecology has just been appointed in Salisbury, with interests in infertility and gynaecological endocrinology. Experience in infertility and gynaecological endocrinology is available.

Other on site facilities available include:

- Dynamic endocrine testing on Day Diagnostic Unit and in Chemical Pathology
- On site MRI scanning for pituitary disease
- 99TC thyroid scanning
- Thyroid fine needle aspiration cytology
- An excellent Chemical Pathology Department providing a wide range of in-house hormone assays.
- Thyroid, parathyroid and other endocrine surgery
- Osteoporosis screening
- Testosterone implant service

Additional facilities include:

- Pituitary surgery
- Diagnostic and therapeutic radio-iodine and other radio-nucleotide imaging (Department of Nuclear Medicine, Southampton)

**Other Clinical Experience**

Experience in lipid clinics is available in Salisbury, but this experience may be reasonably delayed until the appointee moves to Bournemouth or to Bath. Training in Renal Medicine is available in bi-monthly clinics supervised by a visiting Nephrologist. The registrar is rostered to participate in one of these.

**Curriculum for Higher Medical Training in Diabetes and Endocrinology**
The post in Salisbury covers all of the curriculum apart from growth disorders and disorders of sexual development, both of which are generally seen in specialist paediatric endocrine clinics. The whole of the curriculum in diabetes mellitus is covered.

### Weekly Timetable

<table>
<thead>
<tr>
<th>Day</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tr>
<td></td>
<td>8.30: Endocrine Radiology Meeting 2nd and 4th Monday Ward</td>
<td>Weekly Teaching alternating with weekly endocrine case discussion</td>
<td>Diabetic Clinic weekly (new and follow up)</td>
<td>Endocrine Clinic weekly</td>
<td>8.30am: General Radiology Meeting</td>
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<td></td>
<td>Work/Diabetes/Endocrinology 10.30: Antenatal Clinic weekly</td>
<td>Consultant Ward Round</td>
<td>Podiatry Clinic (running in parallel)</td>
<td>Post Clinic discussion</td>
<td>1st Friday: Renal Clinic or Endocrine Tests (after Wards)</td>
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<td></td>
<td>2nd Monday: Joint Endocrine/Eye Clinic, both if Consultant away</td>
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<td>Post Clinic discussion</td>
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<td>3rd Friday: Regional Endocrine Teaching (whole day)</td>
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<td></td>
<td>Diabetic Team Academic Meeting</td>
<td></td>
<td>12.30pm: Grand Round Study Time</td>
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<td>2pm: Foot Ward Round (in patients)</td>
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<td>2.30pm: Twice monthly Foot Clinic (extra)</td>
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<td>Monthly regional G(I)M Teaching (whole day)</td>
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**Southampton University Hospitals NHS Trust**

*The Diabetes and Endocrine Department*

The services in Southampton are provided between two hospitals; the Royal South Hants Hospital (RSH) and Southampton General Hospital (SGH). The Royal South Hants Hospital is predominantly an outpatients’ centre and the diabetes clinics are run from a purpose built Diabetes Resource Centre here. The centre contains the hospital Diabetes Register, two podiatry suites and is a base for the Diabetes Specialist Nurses and dieticians. The Endocrine Clinics are run from the general outpatients at SGH. There are
beds available at Southampton General Hospital for the investigation of complex endocrine disorders, which can be supervised by the Endocrine Specialist Nurse who is also available to arrange simple outpatient tests.

**Staffing**

- 5 Consultants: NHS Staff, 4 hospital based and 1 split between the community and the hospital trust
- 4 ST3s
- 2 Senior House Officers
- 2 Foundation 1 Doctors
- 2 Professors

**Clinical Duties**

During the 2 year period in Southampton, each Registrar will rotate through four six month training blocks. A weekly timetable for the ST3s in the 4 different attachments is enclosed. During their rotations registrars should gain experience in all aspects of Diabetes and Endocrinology. It should be noted that some of the clinics are ‘non service’ and should be regarded as learning opportunities. It will not be necessary for the registrar during an attachment to attend these clinics on every occasion and when these clinics clash with ward duties e.g. ward rounds, attendance should be discussed with the appropriate consultant. Our in-patient base has recently shrunk and the commitment of the Diabetes and Endocrine registrars is limited to covering the ward registrar to one Consultant’s team for absences and when they have attachments to Intensive Care and Coronary Care. The Diabetes and Endocrine Registrars will also rotate through Intensive Care and Coronary Care on a rota basis. It is expected that the registrars will take responsibility for ensuring that holiday absences are covered in an appropriate fashion.

**Academic Department**

The Wellcome Clinical Research Facility is a partnership between the Southampton University Hospitals Trust and the University of Southampton and opened in April 2001. This is one of only five units awarded to Centres of excellence in the UK. The clinical research facility is a fully staffed unit that will provide an excellent area for clinical research. Registrars should take advantage of the Educational / Research opportunities available and discuss any problem with their Educational Supervisor. Registrars will be encouraged to undertake clinical research projects while in Southampton. Opportunities are also be available to pursue more basic research leading to a higher degree if desired.

**Teaching**

ST3s will be attached for teaching purposes to one of the three hospital based NHS Consultants and will provide regular teaching for 3rd year students during their attachments and should also play a major role in the training of the Senior House officer and the Foundation Doctors. One of the registrars will be responsible for the Endocrine modular teaching that occurs for 3rd year students during their term time.
Administration

Administrative duties are mainly to ensure that adequate cover is preserved during absences and to ensure that suitable notice is given for holiday and study leave periods so that clinics can be adjusted.

Sample Weekly Timetable for ST3s

<table>
<thead>
<tr>
<th>AM</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Diabetes Clinic</td>
</tr>
<tr>
<td>Tuesday</td>
<td>General Medicine Clinic 1:2</td>
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<tr>
<td>Wednesday</td>
<td>Endocrinology Clinic</td>
</tr>
<tr>
<td>Thursday</td>
<td>Lymington</td>
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<td></td>
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</tr>
<tr>
<td>Friday</td>
<td>Diabetes Clinic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Thyroid Biopsy 1:2</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Diabetes Clinic</td>
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<tr>
<td>Wednesday</td>
<td>Retinal Screening</td>
</tr>
<tr>
<td>Thursday</td>
<td>Infertility Clinic</td>
</tr>
<tr>
<td></td>
<td>Supernumerary Clinic</td>
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<tr>
<td>Friday</td>
<td>Diabetes Clinic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Ward Round</td>
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<tr>
<td>Tuesday</td>
<td>Ward Round</td>
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<td>Wednesday</td>
<td>Ward Round</td>
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<td>Thursday</td>
<td>Ward Round</td>
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<td>Friday</td>
<td>Ward Round</td>
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<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Paediatric Endocrinology / Diabetes Outreach Team Supernumerary Clinic</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Diabetes Clinic (including monthly nephrology clinic)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Endocrinology Clinic</td>
</tr>
<tr>
<td>Thursday</td>
<td>Diabetes Outreach Team</td>
</tr>
</tbody>
</table>
West Dorset General Hospitals NHS Trust

The Department of Medicine

There are 9 consultant physicians with special interests in gastroenterology, renal medicine, respiratory medicine and diabetes and endocrinology. The junior staff complement is 12 ST3s, 14 SHOs and 8 PRHOs.

There is a separate Care of the Elderly Department with 5 consultants, 2 ST3s and 4.5 SHOs. The Dorset Renal Unit is based in West Dorset and has 5 consultant nephrologists & 3 registrars.

Consultant Team

- 2.5 Consultants
- 1 Registrar
- 2 SHOs
- 2 PRHOs

Diabetes Centre Team includes

- 2.5 wte Diabetes Specialist Nurses
- 1 Diabetes Dietician
- Secondary Care Chiropody services are provided by 5 community chiropodists
- Administration and Secretarial support

Regular Experiences

- Supervision of acute general medical inpatients, including cardiac care and intensive therapy units.
- Supervision of inpatients: general medical, diabetes, endocrinology advice and supervision of care of medical patients on other wards as required.
- Supervision and organisation of day case endocrine investigations.
- General medical outpatients including endocrine problems, both new and follow up cases.
- 1 endocrine/medical clinic per week.
- 1 training clinic in diabetic renal disease per week (up to 3 patients)
- 1 Diabetic clinic per week, new and follow up cases.
- Occasional cover for peripheral clinics, progressing to an alternate week / 3 clinics per month diabetes clinic in Blandford.

Education
• Wednesday afternoon education session includes a full timetable of teaching/presentations by the medical directorate and a monthly audit session. The Registrar will be expected to help organise the meetings and teaching on these afternoons and to participate in the teaching of the SHOs to Membership level and of the pre-registration House Officer Physicians.
• Fortnightly MDT meetings to discuss endocrine cases with the rest of the endocrine team, consultant radiologist and Biochemist.
• Regular journal club.
• Case discussion meetings with diabetes team (1-2/month).
• Monthly diabetes team meeting.
• District and regional educational meetings for Registrars as outlined elsewhere for training in diabetes and endocrinology, general medicine and on generic subjects.
• There is an annual diabetes team away day, which the registrar is expected to take a full role in – including carrying out one of the audits.

Research and Diabetes Audit

The computer based diabetes register includes the annual review data and is the basis of a regular monitoring system of the service, audit and selection of patients requiring additional treatment. It is integral to ongoing research, which includes assessment of intervention for cardiovascular risk factors. The Registrar will be expected to participate in this research and will be encouraged to present results and appropriate case reports at local, regional and national meetings. West Dorset offers a wide range of unselected endocrinology as well as the more usual DGH diabetes – material for case reports & small projects for submission to national meetings are common.

Clinical Experience and Training

The post is designed to provide broad experience in general medicine, diabetes and endocrinology and is based at the Diabetes Centre on the Dorset County Hospital site, which was opened in October 1997. Diabetic clinics are held in the Diabetes Centre and in the community hospitals of Weymouth, Bridport and Blandford. Subspecialty clinics include a Diabetic renal clinic and a Diabetes Foot Clinic, the latter having input from chiropodists, a Diabetes Consultant & Nurse Specialist with an interest in ulcer treatment and an Orthotist. Hospital guidelines and close clinical liaison has been established with the departments of Obstetrics, Vascular Surgery, Ophthalmology and Nephrology. The Dorset Renal Unit, which serves a population of 650,000, is based at Dorset County Hospital and provides an opportunity for specialist training and research in diabetic renal disease. A weekly clinic for patients with diabetes & renal disease is run at the diabetes centre & a list of no more than 3 patients is allocated to the ST3 in diabetes, for training / experience. Within the service requirement there is flexibility for the registrar to develop experience in the management of other sub-groups of patients with diabetes, depending on educational requirement and personal interest. Throughout the attachment, regular reviews of the Registrar’s programme will occur to ensure that progress is being made to fulfil educational requirements. The Registrar will be expected to attend the relevant regional and national meetings such as the Wessex Diabetes and Endocrine Association, Diabetes UK, etc and study leave will be provided for this.
Weekly Timetable for ST3

<table>
<thead>
<tr>
<th></th>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Consultant Ward Round</td>
<td>Admin/On-Call Day</td>
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<td></td>
<td>On-Call Day</td>
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</tr>
<tr>
<td>Tuesday</td>
<td>Post-Take Ward Round</td>
<td>Renal Diabetes clinic (3 pts)</td>
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<td></td>
<td></td>
<td>Ward work / admin as required</td>
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<tr>
<td>Wednesday</td>
<td>Diabetes Clinic</td>
<td>Education afternoon</td>
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<td></td>
<td>Endocrine MDT</td>
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<tr>
<td>Thursday</td>
<td>Endocrine + General Medical Clinic</td>
<td>Consultant Ward round (ST3 study afternoon)</td>
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<td>/ ST3 ward round</td>
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<tr>
<td>Friday</td>
<td>Diabetes Clinic, Bridport</td>
<td>ST3 ward round / Consultant Ward Round</td>
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<td>(1/month) or Blandford (2/month)</td>
<td>(ST3 study afternoon)</td>
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Winchester and Eastleigh NHS Healthcare Trust

Introduction

The ST3 trainee will join the existing 14 NTN holders (ST3s) in the Specialty in Wessex. There is an active ST3 training programme in Wessex in Diabetes and Endocrinology, based on a whole day (one Friday each month) release course at Salisbury Hospital Postgraduate Centre. In the post itself there will be two Educational Supervisors overseeing training, which is both ‘protected time’ and ‘on-the-job-learning’ based on a mixture of training opportunities and service commitments. The ST3 appointee will join the Diabetes Care Team headed by the Consultants, and including 3 Diabetes Nurse Specialists and 1 part time Endocrine nurse, Dietitians and Clinical Psychologist.

The Diabetes/Endocrine Firm Comprises

- 2 Consultants
- 2 F1 doctors
- 2 ST1/2 trainees
- 2 ST3

The main hospital outpatient clinic is the site for the Diabetes and General Medical Clinics in Winchester. In alternate weeks each Consultant does a Diabetic Clinic at the Eastleigh Health Centre and clinics are also held at Andover Hospital. There will be opportunities to be involved in newly set up community diabetes clinics.

Division of Medicine and Elderly Care Staffing
- 17 Consultants
- 10 ST3s
- 10 ST1/2 including those of GPVTS scheme
- 14 F1

The Diabetes Care Team has 2 WTE Diabetes Specialist Nurses, and clinic support from a Podiatrist, Dietitian and Clinical Psychologist.

**Weekly Job Plan/Timetable**

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<thead>
<tr>
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<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Consultant led Ward Round</td>
<td>Outpatient Clinic (DM alt Endo/ G(I)M) Andover</td>
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<tr>
<td>Tuesday</td>
<td>Joint Antenatal/Diabetic Clinic (1½ hours)</td>
<td>General Medical/ Endocrine Clinic (New and Follow up) Once monthly Joint Young People's Diabetic Clinic</td>
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<tr>
<td>Wednesday</td>
<td>Ward Round</td>
<td>Private Study and Education</td>
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<tr>
<td></td>
<td>Acute Diabetic Foot Clinic</td>
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<tr>
<td>Thursday</td>
<td>Consultant Ward Round</td>
<td>Insulin Pump Diabetic Clinic</td>
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<tr>
<td>Friday</td>
<td>Diabetic Review Clinic</td>
<td>Private Study and Education 4th Friday All Day Regional Training Programme</td>
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**Training Opportunities**

The Specialist Joint Antenatal/Diabetic Clinic, Acute Diabetic Foot Clinic, Young People's Diabetic Clinic and New Patient Diabetic Clinic, are all Consultant led, and the ST3 Trainee's attendance is specifically for training. These will also lead to Audit and Clinical Research opportunities. We provide an insulin pump service and have a teaching programme (WITIE) whereby patients are taught carbohydrate counting and insulin dose adjustments. The General Medical, Endocrine and Diabetic Review Clinics are all Consultant led with ST3 assistance. There will be the opportunity to learn about thyroid ultrasound which is carried out in Endocrine clinics and FNA of thyroid nodules under ultrasound guidance. On-the-Job Teaching will always be available from the Consultant, plus specific discussion of diagnosis and management of new patients seen. A wide range of clinical patients are seen in Winchester, Eastleigh and Andover. There will be opportunities to be involved in newly set up community diabetes clinics and Type 1 and Type 2 diabetes education programmes for patients.

**Regional Training Programmes**

There is a monthly, whole day (Friday) Regional Training day in Endocrinology and Diabetes in Salisbury, which the ST3 will attend.
In-House Training Opportunities

There is a weekly "Grand Round" G(I)M meeting which the ST3 will attend and participate in. There is a monthly Clinical Governance/Audit meeting within the Division of Medicine and Elderly Care, which the ST3 will attend. Radiology meetings to discuss "hot cases" are also held every 2 weeks. The ST3 will also join the Diabetes Care Team monthly Team Meetings, and promote a 'Journal Club' session. There are opportunities for bedside teaching of Southampton University Medical Students (Third and Final year) and SHO colleagues.

Specialty Group Clinical and Scientific Meetings

The ST3 will be encouraged, and supported, to attend National and Regional Specialty group meetings, e.g. Diabetes (UK); British Endocrine Societies; Wessex Diabetes and Endocrine Association.

Multidisciplinary Team Working

The Diabetes Care service is based on a valued multi-disciplinary team approach to patients' needs and education. Working within, and appreciation of the value of, a team made up of Health Care Professionals with various talents and approaches to their work, is essential for Trainees to function and learn effectively in Diabetes and Endocrinology.

Appraisal and Assessment

The Consultant Physician Trainers are committed to a high quality Educational Supervisors training. Both have attended training courses on Appraisal, Assessment and Teaching. There will be regular, monthly appraisal sessions, leading to appropriate levels of assessment.

Supporting Services

The RHCH has all the diagnostic services expected in a modern district general hospital, including a new MR and spiral CT scanning suite, CT scanning and interventional radiology, and excellent biochemistry, haematology, microbiology and pathology services. There is a ready exchange of clinical diagnostic information within the hospital.

Clinical Research

An approach to clinical practice based on current evidence and experience is encouraged. We have audit and clinical research interests in older age group patients with diabetes, and Gestational Diabetes. The Biochemistry Department is very supportive in clinical trials and more basic research studies.

Curriculum

As per national guidance, summarised on the website:
Teaching

As described under descriptions for each hospital involved in the training scheme. In addition Specialist Registrars are released once a month (Friday all day) emergency cover allowing to attend specialist training, co-ordinated and run at Salisbury District Hospital.

Main Conditions of Service

The posts are whole-time and the appointments are subject to:
1. The Terms and Conditions of Service (TCS) for Hospital Medical and Dental Staff (England and Wales)
2. Satisfactory registration with the General Medical Council
3. Medical Fitness – You may be required to undergo a medical examination and chest x-ray. Potential applicants should be aware of the Department of Health and GMC/GDC requirements with regards to HIV/AIDS and Hepatitis viruses. Candidates must be immune to Hepatitis B. You will be required to provide, in advance of appointment, evidence of immunity or have a local blood test (as deemed necessary by the Occupational Health Department)
4. Right to work in the UK
5. Criminal Records Check/POCA check carried out by the Trust Medical HR department.
6. Pre-employment checks carried out by the Trust Medical HR department.

Hours

The working hours for junior doctors in training are now 48-hours (or 52-hours if working on a derogated rota) averaged over 26 weeks (six months). Doctors in training also have an individual right to opt-out if they choose to do so, but they cannot opt-out of rest break or leave requirements. However, the contracts for doctors in training make clear that overall hours must not exceed 56 hours in a week (New Deal Contract requirements) across all their employments and any locum work they do.

Pay

You should be paid monthly at the rates set out in the national terms and conditions of service for hospital medical and dental staff and doctors in public health medicine and the community health service (England and Wales), “the TCS”, as amended from time to time. The payscales are reviewed annually. Current rates of pay may be viewed at http://www.nhsemployers.org/PayAndContracts/Pay%20circulars/Pages/PayCircularsMedicalandDental.aspx
Part-time posts will be paid pro-rata.

Pay supplement
Depending upon the working pattern and hours of duty you are contracted to undertake by the employer you should be paid a monthly additional pay supplement at the rates set out in paragraph 22 of the TCS. The current payscales may be viewed at xx. The pay supplement is not reckonable for NHS pension purposes. The pay supplement will be determined by the employer and should be made clear in their offer of employment and subject to monitoring.

**Pension**

You will be entitled to join or continue as a member of the NHS Pension Scheme, subject to its terms and rules, which may be amended from time to time.

**Annual leave**

Your entitlement to annual leave will be five or six weeks per annum depending upon your previous service/incremental point, as set out in paragraphs 205 – 206 of the TCS.

The TCS may be viewed at [http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/JuniorDoctorsDentistsGPReq/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx](http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/JuniorDoctorsDentistsGPReq/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx)

**Sick pay**

Entitlements are outlined in paragraphs 255-240 of the TCS.

**Notice**

You will be required to give your employer and entitled to receive from them notice in accordance with paragraphs 195 – 196 of the TCS.

**Study leave**

The employer is expected to offer study leave in accordance with paragraphs 250 – 254 of the TCS. Local policy and procedure will be explained at your induction.

**Travel expenses**

The employer is expected to offer travel expenses in accordance with paragraphs 277 – 308 of the TCS for journeys incurred in performing your duties. Local policy and procedure will be explained at induction.

**Subsistence expenses**

The employer is expected to offer subsistence expenses in accordance with paragraph 311 of the TCS. Local policy and procedure will be explained at induction.

**Relocation expenses**
The employer will have a local policy for relocation expenses based on paragraphs 314 – 315 of the TCS and national guidance at http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx
You are advised to check eligibility and confirm any entitlement with the employer before incurring any expenditure. In addition to local policy there is Deanery guidance which can be viewed on www.wessexdeanery.nhs.uk

**Pre-employment checks**

All NHS employers are required to undertake pre-employment checks. The employer will confirm their local arrangements expected to be in line with national guidance at http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Pages/Employment-checks.aspx

**Professional registration**

It will be a requirement of employment that you have professional registration with the GMC for the duration of your employment.

**Health and safety**

All employers have a duty to protect their workers from harm. You will be advised by the employer of local policies and procedures intended to protect your health and safety and to comply with these.

**Disciplinary and grievance procedures**

The employer will have local policies and procedures for dealing with any disciplinary concerns or grievances you may have. They will advise you how to access these, not later than eight weeks after commencement of employment.

**Educational supervisor**

The employer will confirm your supervisor on commencement.

**General information**

The Deanery’s management of Specialty Training programmes, including issues such as taking time out of programme and dealing with concerns or complaints, is available at www.wessexdeanery.nhs.uk and in the national ‘Gold guide’ to Specialty Training at http://www.mmc.nhs.uk/specialty_training_2010/gold_guide.aspx