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>
</tr>
</thead>
<tbody>
<tr>
<td>North Hampshire Hospital</td>
<td>Basingstoke</td>
</tr>
<tr>
<td>The Royal Bournemouth Hospital</td>
<td>Bournemouth</td>
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<tr>
<td>Dorset County Hospital</td>
<td>Dorset</td>
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<tr>
<td>St Ann’s Hospital</td>
<td>Dorset</td>
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<tr>
<td>Alderney Hospital</td>
<td>Dorset</td>
</tr>
<tr>
<td>St Mary’s Hospital</td>
<td>Isle of Wight</td>
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<tr>
<td>Poole Hospital</td>
<td>Poole</td>
</tr>
<tr>
<td>Queen Alexandra Hospital</td>
<td>Portsmouth</td>
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<tr>
<td>Salisbury District Hospital</td>
<td>Salisbury</td>
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<tr>
<td>Southampton General Hospital</td>
<td>Southampton</td>
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<tr>
<td>Royal South Hants Hospital</td>
<td>Southampton</td>
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<tr>
<td>Princess Anne Hospital</td>
<td>Southampton</td>
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<tr>
<td>Tatchbury Mount</td>
<td>Southampton</td>
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<tr>
<td>Ashurst Hospital</td>
<td>Southampton</td>
</tr>
<tr>
<td>Royal Hampshire County Hospital</td>
<td>Winchester</td>
</tr>
</tbody>
</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 South of England, comprising South Central, South East Coast and South West Strategic Health Authorities. The Wessex Deanery currently covers the health communities of South Wiltshire, Dorset, and Hampshire and the Isle of Wight. 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:

**Isle of Wight NHS Trust**
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 7000 patients with diabetes. Primary care diabetes provisions are well developed. Close links exist with mainland endocrine services and the neurosurgery unit in Southampton.

Activities in the centre include:

- General Diabetes – largely complex cases.
- Insulin pump service (currently around 70 patients are on pumps - 10% of type 1 diabetes population)
- Structured patient education programmes- X’PERT for both type 1 and 2 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 (Dr. M. Al-Mrayat & Dr. V. Lawrence)
- 3 Diabetes Specialist Nurses - including a dedicated inpatient DNS.
- 1 Dietitian (part time)
- 1 clinic nurse
- 2 podiatrists
- 1 Specialist Registrar / ST(yr3-5) - this post
- 1 CT (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 ST3-5, 2 FY2 or CT1-2, and 2 FY1.

- The Diabetes and endocrine team is currently based on Colwell 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 and direct admissions to acute stroke unit. 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 indicative timetable for Endocrine Specialist Registrar/ ST3-5

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Consultant WR</td>
</tr>
<tr>
<td>Diabetes Clinic (ALM) Endocrine</td>
<td>Consultant WR</td>
</tr>
<tr>
<td>clinic (VL)</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>Administration / ward work</td>
</tr>
<tr>
<td>Endocrine clinic (ALM)</td>
<td>Registrar Ward round</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Ward work and educational meetings in</td>
</tr>
<tr>
<td>Ward work and educational</td>
<td>the Education Centre</td>
</tr>
<tr>
<td>meetings in the Education Centre</td>
<td>Registrar Ward round</td>
</tr>
<tr>
<td>Thursday</td>
<td>Consultant WR</td>
</tr>
<tr>
<td>Endocrine clinic (ALM) and foot</td>
<td></td>
</tr>
<tr>
<td>clinic (VL)</td>
<td>Admin / study / ward</td>
</tr>
<tr>
<td></td>
<td>(once monthly all day at ST</td>
</tr>
<tr>
<td></td>
<td>teaching day)/ MDT</td>
</tr>
<tr>
<td>Friday</td>
<td>Diabetes clinic (ALM &amp; VL)</td>
</tr>
</tbody>
</table>

Duties and opportunities 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
- Opportunities to present at Endocrine case conference held annually with Expert Panel from Bart’s.
- Opportunities to attend retinal clinic, osteoporosis and lipid clinics run by other specialist colleagues.
- Opportunities to attend GP practice visits with consultants and Diabetes network meetings.

Hampshire Hospitals NHS Foundation trust

Hampshire Hospitals is a new Trust which has been created from two smaller Trusts, centered in Basingstoke and Winchester. The Hampshire Hospitals NHS Foundation Trust serves a catchment population of about 550,000 people.

The 3 Specialty registrars will rotate through 3 four month blocks between the Royal Hampshire Co Hospital in Winchester and North Hampshire hospital in Basingstoke.

The Diabetes/Endocrine Firm Comprises

- 4 Consultants
- 4 F1 doctors
- 4 ST1/2 trainees
- 3 ST3 and above trainees

Time tables

SPR1 (Winchester) On call at RHCH
<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
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<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>Inpatient diabetes WR</td>
<td>SPR led WR</td>
<td>SPR led WR</td>
<td>Cons WR</td>
<td>Insulin pump /Endo clinic Chandlers ford</td>
</tr>
<tr>
<td>Andover Endo Alt with Antenatal diabetes clinic</td>
<td>Endo clinic (RHCH)</td>
<td>Research</td>
<td>Thyroid nodule FNA clinic/Endo clinic</td>
<td>Admin/private study</td>
</tr>
</tbody>
</table>

**SPR 2 (Basingstoke) On Call at Basingstoke**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cons Ward round (Guy)</td>
<td>Ward Round OR Alton Clinic DM / Endo / GIM – 2nd &amp; 4th Tues</td>
<td>SPR led WR</td>
<td>Cons Ward round (BT)</td>
<td>Diab clinic – except 3rd Fri; alternate with SpR 3</td>
</tr>
<tr>
<td>Endo &amp; GIM clinic (Turner); alternate with SpR 3 OR Foot clinic (Turner)</td>
<td>Admin / Private study / Audit</td>
<td>Diabetes clinic (General review / Pump / Transition; 5 FU)</td>
<td>Antenatal (sit in, or cover Cons leave with experience).</td>
<td>Pre-weekend ward reviews OR Endo Clinic (Turner) Alternate with SpR 3</td>
</tr>
</tbody>
</table>

**SPR 3 (combined) - No in-patient commitment but will be on call at RHCH**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-pt Diab WR Basingstoke (BT)</td>
<td>Antenatal clinic (RHCH)</td>
<td>Foot clinic (RHCH)</td>
<td>Inpt Diab WR RHCH</td>
<td>B’stoke Diab clinic – except 3rd Fri; alternate with SpR 2 OR Admin.</td>
</tr>
<tr>
<td>Endo &amp; GIM clinic B’stoke (Turner); alternate with SpR 2 OR Audit</td>
<td>Endo clinic (RHCH) – Monthly Neuroendocrine tumour clinic (Basingstoke) 5 to 8 pm:</td>
<td>Admin / Private study Research</td>
<td>Insulin pump clinic (RHCH) Monthly Young adult diabetes clinic</td>
<td>Endo clinic Basingstoke (Turner); alternate with SpR 2</td>
</tr>
</tbody>
</table>
Acute Medicine

The acute take is organised around an Acute Admissions Unit on both sites, which receives all GP referrals directly, and a proportion of those admitted via the Emergency Department. Typically 20-25 patients are admitted per day, and both sites are served by Acute Medicine physicians. The take is supported by High Dependency Units offering non-invasive ventilation, and Coronary Care. Basingstoke has close links with the Brompton cardiology and cardiothoracic services, and the local cardiologists offer acute PCI and intra-aortic balloon pumping. Cardiac pacing is also generally undertaken by one of the on-call cardiologists (or Cardiology ST’s). Neurosurgical referrals are made to Southampton. The ST3 is expected to oversee the work of the lower grade doctors during the take, be available to take referrals from non-medical teams and be able to carry out common procedures without supervision.

Triage of appropriate referrals to the medical sub-specialties is decided during the mid- or post-take ward round. In Basingstoke patients are referred directly on to the relevant specialist team, and in Winchester triaged by specialist ward for ongoing care (or remain under the Acute Physicians on AAU until ward placement).

Diabetes & Endocrinology

In Basingstoke the Specialist Trainee has training opportunities in the following main settings:

- A weekly general Diabetes follow-up clinic supervised by both Consultants. The ST has a short list of their own patients and may see others in a supernumerary capacity. 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 ST has their own patient list, under Consultant supervision. This includes follow-up of ward discharges. Patients requiring pituitary surgery are referred to Southampton, although 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). This provides additional opportunities in Diabetes / Endo and GIM, where the trainee may see new referrals under Consultant supervision.
- Supervision of day-case endocrine testing (Lyford Ward).

Additional experience is available through attendance at the following:

- A weekly multi-disciplinary Diabetic clinic for newly-diagnosed and newly-referred patients.
- A weekly Joint Ante-natal Clinic with Dr Turner and an Obstetrician.
- 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 ST is 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 (Vector / Diabeta 3 in Basingstoke, Diamond in Winchester). This offers considerable scope for retrospective analysis and audit of clinical practice. There is a regular teaching programme, including journal club, case presentation and radiology meetings. On the wider scene is the monthly away-days for Wessex STs for focused training in Diabetes / Endocrinology, based at Salisbury District Hospital.

- **Appraisal & Assessment**

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

**Poole Hospital NHS Trust**

**The Department of Medicine**

The Department of Medicine has a total of 114 beds and at present, there are 16 general physicians with specialist interests in cardiology (4), diabetes / endocrinology (3), gastroenterology / hepatology (4), chest medicine (3), acute medicine (2) and 12 specialist physicians (3 neurologists, 1 brain injury rehabilitation, 4 dermatologists and 4 rheumatologists). The junior staff complement from August 2013 is 9 registrars, 4 Core Medical trainees, 4 Acute Medicine / ACCS trainees, 2 GP trainees, 2 FY2 doctors and 12 FY1 doctors. There is a separate Department of Medicine for the Elderly with 8 consultants and supporting junior staff. The Department holds well-attended multi-disciplinary 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**

- 4 Consultants – 1 working part-time
- 2 Registrars 1 CMT2 trainee, 1 GP trainee, 1 FY2 doctor3 FY1 doctors

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
• Weekly physicians’ grand round
• Weekly x-ray meeting
• Monthly clinical governance
• Monthly diabetic team meeting
• Monthly endocrine 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 are courses on intensive insulin therapy and carbohydrate counting for patients with type 1 diabetes, and there is a weekly open-access diabetes education programme for type 2 diabetes run by the diabetes nurse specialist and dietitian. Daily 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.

• Diabetes Clinic
  Newly diagnosed patients and new problems in established diabetic patients.
• **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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</thead>
<tbody>
<tr>
<td>Acute medical inpatient care</td>
<td>3.5 - 4.0</td>
</tr>
<tr>
<td>General medical/endocrine clinic</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes clinic</td>
<td>1</td>
</tr>
<tr>
<td>Specialist clinics</td>
<td>2</td>
</tr>
</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.

### Sample Weekly Timetable for SpRs

<table>
<thead>
<tr>
<th>Endo 1 AM</th>
<th>Endo 1 PM</th>
<th>Endo 2 AM</th>
<th>Endo 2 PM</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Diabetes Clinic</td>
<td>Monday</td>
<td>Day case endocrine testing*</td>
</tr>
<tr>
<td></td>
<td>Mainly new patients with few follow up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>8.30 am X-ray Meeting</td>
<td>Tuesday</td>
<td>8.30 am X-ray Meeting</td>
</tr>
<tr>
<td></td>
<td>Joint Retinal Clinic alternate weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>Registrar Ward Round</td>
<td>Wednesday</td>
<td>Diabetes Clinic</td>
</tr>
<tr>
<td></td>
<td>Day case endocrine testing*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>Consultant Ward Round</td>
<td>Thursday</td>
<td>Joint Retinal Clinic alternate weeks</td>
</tr>
<tr>
<td></td>
<td>Medical / Endocrine Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>Diabetes Antenatal Clinic</td>
<td>Friday</td>
<td>Consultant Ward Round</td>
</tr>
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</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 multidisciplinary 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-mydriatric 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-speciality’ 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 Specialty 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 ongoing 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></th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Admin/audit/research</td>
<td>Endocrine fertility clinic (1 in 4)/General endocrine clinic</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Endocrine test supervision</td>
<td>Young persons clinic (1 in 4)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Admin/audit/research</td>
<td>Diabetes pregnancy clinic</td>
</tr>
<tr>
<td>Thursday</td>
<td>In-patient diabetes care</td>
<td>Endocrine, lip[d or neuro-endocrine pituitary Clinic</td>
</tr>
<tr>
<td>Friday</td>
<td>Endocrine/Parathyroid Clinic/training day</td>
<td>Admin/audit/research/training day</td>
</tr>
</tbody>
</table>

**Other Educational Opportunities**

<table>
<thead>
<tr>
<th></th>
<th>ED, Fertility</th>
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</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>
<tr>
<td>Friday</td>
<td>Monthly Wessex Training Day, Vascular Medicine Parathyroid,</td>
</tr>
</tbody>
</table>

**Royal Bournemouth and Christchurch Hospitals NHS Trust**

In addition to a busy general medical workload, the centre offers specialist training in endocrinology and diabetic/metabolism. We have a national reputation for innovation and new technologies in diabetes care.

**Diabetes and Endocrinology Team**

- 3 WTE Consultants
- 2 Registrars, 1 CMT trainee, 1 GP trainee, 1 FY1

The consultants rotate the inpatient ward work and outreach ward rounds, as well as cover a weekly vascular ward round review vascular patients with diabetes.

**Regular Experience for Registrar**

- Supervision of acute general medical inpatients, including intensive therapy unit.
- Emergency acute intake
- Post take consultant ward rounds
- Supervision of diabetic patients undergoing surgery
- Specialist Clinics
Education

- Weekly physicians' grand round
- Weekly case-based clinical teaching
- Weekly x-ray meeting
- Weekly Endocrine Journal club
- Bi-annual clinical governance
- Weekly diabetic team meeting
- Weekly endocrine meeting
- Monthly regional ST3 meeting

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

Research

1 session per week- Prof Kerr has a long history of supervising clinical fellows and there are many research opportunities within the department

Clinical Governance

The department participates in the national diabetes audit programmes and runs 3 monthly audit of mortality & morbidity.

Available Clinics

All clinics are fully computerised and patient records held on a database to facilitate regular audit:

Endocrine

Specialist Clinics:

In addition to 2 ‘General’ Endocrine clinics per week, we run >11 specialist clinics a week:

- General endocrinology
- Gynaecological endocrinology
- Male Hypogonadism
- Calcium metabolism/ Parathyroid Clinic
- Thyroid (medical)
- Surgical Thyroid (with thyroid specialist surgeon)
- Pituitary (in conjunction with neurosurgeon and neuroradiologist)
- Lipids (in conjunction with biochemist)
- Endocrinology in Pregnancy

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, 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:

- Diabetes Review Clinic
- Joint Retinal Clinic
- Diabetic Foot Clinic
- Neuropathy Clinic
- Joint Obstetric Clinic
- Young Persons Diabetic Clinic
- Paediatric Clinic
- Diabetic Education Programme for Type 2 Diabetes
- Diabetes Education Programme for Type 1 Diabetes
- Training with Diabetes Nurse Specialist
- Community Care Service for Diabetes

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. 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.

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. At present the 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:

- specialist clinics ~3-4 per week (plus sitting-in training clinics)
- diabetes outreach ward rounds
- registrar-led 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 Consultant Ward Round</td>
<td>Admin</td>
</tr>
<tr>
<td>Tuesday Medical Clinic/ Joint Thyroid clinic</td>
<td>Diabetes/ Endocrine Clinic</td>
</tr>
<tr>
<td>Wednesday Endocrine Clinic</td>
<td>Registrar Ward Round</td>
</tr>
<tr>
<td>Thursday PTWR then Consultant WR</td>
<td>Research</td>
</tr>
</tbody>
</table>
Clinic commitments are cancelled when the registrar is first on-call and on the post take day.

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

**The Diabetes and Endocrine Department**

The services in Southampton are provided between two hospitals; the Royal South Hants Hospital (RSH) and University Hospital Southampton (UHS). The Royal South Hants Hospital is predominantly an outpatients’ centre, with dyslipidaemia, obesity, diabetic renal and a general diabetes clinic run from here. There are podiatry suites here also and the community Diabetes Specialist Nurses and dieticians are based locally. The Endocrine Clinics are run from the general outpatients department at UHS. There are beds available at UHS 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 (2 of whom have roles in acute medicine) and 1 split between the community and the hospital trust
- 4 ST3 trainees
- 2 CMT trainees

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Chair: Dr Geoffrey Harris

Chief Executive: Sir Ian Carruthers OBE
Clinical Duties

During a year period in Southampton, each Registrar will rotate through four 3-month training blocks, which are broadly divided into diabetes, endocrinology, inpatient and outpatient care. 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. The general internal medicine commitment of the Diabetes and Endocrine post is in covering the ward inpatients and being on the emergency medical take rota with other junior medical staff. It is expected that the registrars will take responsibility for ensuring that holiday absences are covered appropriately.

Southampton is the tertiary referral centre for pituitary surgery in the region with approximately 70 pituitary surgeries performed annually. Endocrine trainees will have the opportunity to be involved in the pituitary MDT, joint pituitary clinics, and in the perioperative management of pituitary patients.

Southampton is also currently a regional referral centre for patients with metastatic carcinoid/neuroendocrine disease jointly managed by endocrinologists, hepatobiliary/pancreatic surgeons, interventional radiologists, oncologists and nuclear medicine specialists – This is an expanding service and trainees will be exposed to the multidisciplinary and multimodal management of patients with complex neuroendocrine disease.

During the year, trainees will be exposed to the full range of dynamic endocrine investigations including inferior petrosal sinus sampling and adrenal vein sampling. Dynamic investigation results and difficult cases are reviewed and discussed in our weekly endocrine meeting and trainees would be expected to become familiar and confident in the indications and interpretation of endocrine investigations by the end of the attachment.

There is also the opportunity to gain experience in the investigation and management of patients with thyroid lumps and thyroid malignancy via the thyroid FNA clinic, thyroid MDT and the optional thyroid oncology clinic. Trainees are also expected to gain experience via optional clinics and activities – e.g. paediatric endocrinology, joint fertility/reproductive endocrinology, radiiodine clinic, endocrine/genetics MDT, carcinoid clinic

Trainees will also be expected to support the inpatient diabetes service, which in addition to general medical and surgical specialities also covers cardiothoracic and pancreatic surgery, as Southampton is the regional centre for these latter 2 surgical specialties.

Academic Department

The Wellcome Trust Clinical Research Facility is a partnership between UHS NHS Foundation Trust and the University of Southampton and opened in April 2001. 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 problems 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 five hospital based NHS Consultants and will provide regular teaching for 3rd year and final year students during their attachments and should also play a major role in the training of CMT, GP and foundation trainee doctors. One of the registrars will be responsible for the Endocrine modular teaching that occurs for 3rd year students during their term time.

**Education**

- Weekly Education for Physicians in Training
- Weekly case-based clinical teaching
- Weekly academic diabetes/endocrine seminars during University terms
- Monthly regional ST3 training days
- Quarterly clinical governance/morbidity and mortality meetings

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

**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**

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<thead>
<tr>
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<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td><strong>Monday</strong></td>
<td>Thyroid FNA/ Radioiodine /Thyroid Oncology</td>
<td>Pituitary MDT and clinic (1st week of the month)</td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td>Endocrine clinic</td>
<td>2pm Thyroid MDT (alt weeks) 3pm Data interpretation</td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>Endocrine clinic</td>
<td>Admin/private study</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>Endocrine clinic</td>
<td>Carcinoid MDT / clinic (alt weeks) Infertility clinic (once/month)</td>
</tr>
<tr>
<td><strong>Friday</strong></td>
<td>Admin/private study</td>
<td>3rd year student module teaching</td>
</tr>
</tbody>
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<thead>
<tr>
<th></th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
<td>Diabetes Outreach</td>
<td>Ward referrals</td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td>Endo Day case investigations</td>
<td>3pm Data interpretation</td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>Paediatric Endocrine clinic</td>
<td>Pituitary/Endo WR</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>Diabetes Outreach</td>
<td>Ward referrals</td>
</tr>
<tr>
<td><strong>Friday</strong></td>
<td>Eye clinic</td>
<td></td>
</tr>
</tbody>
</table>

Chair: Dr Geoffrey Harris                     Chief Executive: Sir Ian Carruthers OBE
<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Lipid clinic RSH</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Monthly Renal/Diab RSH clinic</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Endocrine clinic</td>
</tr>
<tr>
<td>Thursday</td>
<td>Lymington Endo/DM clinic</td>
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<tr>
<td>Friday</td>
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<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Monday</td>
<td>General medical WR</td>
</tr>
<tr>
<td>Tuesday</td>
<td>General medical WR</td>
</tr>
<tr>
<td></td>
<td>Endocrine Teaching clinic (1st and 3rd Tuesdays)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Adolescent diabetes</td>
</tr>
<tr>
<td>Thursday</td>
<td>General medical WR</td>
</tr>
<tr>
<td>Friday</td>
<td>General medical WR</td>
</tr>
</tbody>
</table>

**Dorset County Hospital Foundation Trust**

*The Department of Medicine*

There are 13 consultant general physicians with special interests in gastroenterology, renal medicine, respiratory medicine and diabetes and endocrinology, plus 4 cardiologists.

The junior staff complement is 12 ST3s, 14 SHOs and 13 F1s.

There is a separate Care of the Elderly Department with 5 consultants. The Dorset Renal Unit is based in West Dorset and has 5 consultant nephrologists.

**Consultant Team**

- 2.5 Consultants
- 1 Registrar
- 2 SHOs (1 CT1, 1 F2)
- 1 F1

**Diabetes Centre Team includes**

- 2.5 wte Diabetes Specialist Nurses
- 1 Diabetes Dietician
- Secondary Care Chiropody services are provided by a sessional chiropodist.
- Administration and Secretarial support
- The intermediate care diabetes nurse team shares educational activity.
**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.
- Antenatal diabetes patients are seen during the endocrine clinic.
- 1 clinic in diabetic renal disease per month - specifically for training.
- 1 Diabetic clinic per week, new and follow up cases.
- Peripheral clinics: 3 clinics per month diabetes clinic in Blandford/Bridport.

**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 (Diabeta) includes the clinical activity & biochemical data and is the basis of a regular monitoring system of the service, audit and selection of patients requiring additional treatment. The unit is expanding it’s research activity & has a pioneering role in joining research activity in primary & secondary care. The Registrar will be expected to participate in local 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 monthly clinic for patients with diabetes & renal disease is run at the diabetes centre & a selected list 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>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Admin/On-Call Day</td>
</tr>
<tr>
<td>Consultant Ward Round</td>
<td>Renal Diabetes clinic (monthly)</td>
</tr>
<tr>
<td>On-Call Day</td>
<td>Ward work / admin as required</td>
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<tr>
<td>Tuesday</td>
<td>Education afternoon</td>
</tr>
<tr>
<td>Post-Take Ward Round</td>
<td>Endocrine MDT</td>
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<tr>
<td>Wednesday</td>
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<tr>
<td>Diabetes Clinic</td>
<td></td>
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<tr>
<td>Wednesday</td>
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</tr>
<tr>
<td>Thursday</td>
<td>Consultant Ward round (or ST3 study afternoon / ST3 ward round)</td>
</tr>
<tr>
<td>Endocrine + General Medical Clinic</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>ST3 ward round / Consultant Ward Round (ST3 study day on 3rd week of month)</td>
</tr>
<tr>
<td>Diabetes Clinic, Bridport (1/month) or Blandford (2/month) (ST3 study day on 3rd week of month)</td>
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</table>

Curriculum

As per national guidance, summarised on the website: http://www.jrcptb.org.uk/specialties/ST3-SpR/Pages/Endocrinology-And-Diabetes-Mellitus.aspx

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 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.

[http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/EWTD/Pages/EWTD.aspx](http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/EWTD/Pages/EWTD.aspx)

**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](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: [http://www.nhsemployers.org/](http://www.nhsemployers.org/) . 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/JuniorDoctorsDentistsGPRReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx](http://www.nhsemployers.org/PayAndContracts/MedicalAndDentalContracts/JuniorDoctorsDentistsGPRReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx)
**Sick pay**

Entitlements are outlined in paragraphs 225-240 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/JuniorDoctorsDentistsGPRReg/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