

# ENDODIABOLOGY

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### NORTHEAST NEWSLETTER FOR SPECIALTY TRAINEES AND BOSSSES IN THE NORTH EAST

JUNE 2018

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#### StR PLACEMENTS (from September 2018)

##### RVI

Vacancy

Altayeb Abdalaziz ST5

Ramesh Vanka ST5

U Javed ST5 ( LTFT 80%)

Vacancy until S Tee- LTFT-ST5 joins from May 2019

C Napier –LTFT-ST7( ?03.10.18, thereafter Vacancy)

Yasir Mamoojee (Post CCT, LTFT 60%- grace period, thereafter Vacancy)

##### James Cook University Hospital

Owain Leng – ST6

M Azmi – ST6 S Ashraff- ST7 (until 28/11/18)

##### Friarage

Vacant

##### Northumbria

Mona A (ST4)

Vacancy

Vacancy (community)

##### Gateshead

Mavin MaCauley ST7 (04.01.19)

##### Darlington

Vacancy

##### Durham

Yasir Ishan ( ST4)

##### South Tyneside

V Lal

##### Sunderland

Ahmed Al-Sharefi ST6

Vacancy

##### North Tees

S Artham ST7 ( CCT31.12.18)

Vacancy

##### Research with numbers

Sviatlana Zhyzhneuskaya

Kerri Devine

##### Trainees on North east Endocrine website development committee

Owain Leng

Ahmed Al Sharifi

##### Trainees on Northern endocrine network

Sue Anne Tee

Owain Leng

##### Trainee representative at STC

Suhel Ashraff

Kerri Devine

##### Trainee lead on management forum

Suhel Ashraff

Tamiur Gulfam

Satish Artham

Trainee lead on CME committee

Murali Ganguri

Suhel Ashraff

Vikram Lal

Trainee lead on MERIT programme

Suhel Ashraff

Kerri Devine

Trainee lead on Annual research day

Earn Gan

#### MEETINGS / LECTRES / ANNOUNCEMENTS

- **May 2018:** Dr Wahid met HM The Queen at her Garden Party
- **11<sup>th</sup> July 2018** ½ day SpR G(I)M teaching, Freeman Hospital. Contact Sue Archibald 0191 223 1247 [sue.archibald@nuth.nhs.uk](mailto:sue.archibald@nuth.nhs.uk)
- **12<sup>th</sup> September 2018** ½ day SpR G(I)M teaching, Freeman Hospital. Contact Sue Archibald 0191 223 1247 [sue.archibald@nuth.nhs.uk](mailto:sue.archibald@nuth.nhs.uk)
- **15<sup>th</sup>-18<sup>th</sup> September 2018** 41<sup>st</sup> European Thyroid Association, Newcastle upon Tyne. <http://www.eta2018.org/>
- **1<sup>st</sup>-5<sup>th</sup> October 2018** 53<sup>rd</sup> EASD annual meeting, Berlin, Germany. Contact [www.easd.org](http://www.easd.org)
- **10<sup>th</sup> October 2018** Northern Endocrine and Diabetes CME, JCUH. Contact [drsuhelashraff@gmail.com](mailto:drsuhelashraff@gmail.com)
- **17<sup>th</sup> October 2018** Northern Endocrine Region Research and Audit Group meeting, Lumley Castle, Chester-le-street. Contact [shahid.wahid@stft.nhs.uk](mailto:shahid.wahid@stft.nhs.uk)
- **7<sup>th</sup> November 2018** ½ day SpR G(I)M teaching, Freeman Hospital. Contact Sue Archibald 0191 223 1247 [sue.archibald@nuth.nhs.uk](mailto:sue.archibald@nuth.nhs.uk)
- **19<sup>th</sup> – 20<sup>th</sup> November 2018** BES 2018. Glasgow SEC. Contact [www.endocrinology.org/meetings](http://www.endocrinology.org/meetings)
- **20th November 2018** RCP Updates in Medicine, Centre for life. Contact Sue Archibald 0191 223 1247 [sue.archibald@nuth.nhs.uk](mailto:sue.archibald@nuth.nhs.uk)

#### TRAINING ISSUES

**Documenting CCU and ITU experience** It is essential that trainees document their CCU and ITU experience. This is best done by keeping a summary log of the cases seen on CCU and ITU and linking it with reflection or assessment. This should then be signed off by your Educational Supervisor to be of any use at the G(I)M PYAs.

**MRCP Diabetes & Endocrinology** This exam has to be completed and passed by all trainees appointed after August 2007 before their PYA. We recommend sitting it ASAP and well before your PYA.

**The Kelly-Young MRCP Diabetes & Endocrinology Prize** This prize is awarded annually at NERRAG to the youngest in terms of training year StR passing the MRCP Diabetes & endocrinology exam. Richard Quinton secures the funding of £400 and it is named after 2 distinguished former Endocrinologists in the region, Bill Kelly and Eric Young.

**Critical incident/complaint** If you are involved in a critical incident or if reporting an incident concerning training issues please inform your supervisor and the TPD. Ensure they are reflected upon in your portfolio

**Portfolio Completion** It is essential for trainees to engage with their portfolio on a regular basis and record learning. It is also essential to record the numbers of patients seen as news or reviews for clinics, on-call, ambulatory care. It is essential to record the number of specialty clinics undertaken. Undertaking this activity means that your Educational Supervisor should be able to engage with the portfolio so as to provide you that assessment for ARCP purposes.

**Management Training** A regional management programme is in place for StRs. The committee is Sviatlana Zhyzhneuskaya, Suhel Ashraff, and Satish Artham.

[From the TPD](#)

**ARCP update:** Thank you for all the ARCP Panel members who supported the ARCP process. 100% of the trainees managed to achieve successful outcome 1 and progress to next year of training. Two of the trainees are signed off as outcome 6 and two as outcome 8. Three have had their PYA with excellent feedback from the external advisor. I am pleased to say that trainees are performing exceptionally well and engaging with all the training activities which is highly commendable. Feedback from consultant colleagues who attended for the first time has been very positive and going forward I will invite all the ES to consider attending ARCP panel on a regular basis.

**Education and Clinical supervision:** Thank you to all the educational and clinical supervisors for your ongoing support to the trainees. Education supervision has been of very high standard and the quality of ES reports keep improving every year. Trainees do appreciate the support they receive all the time. The detailed ES reports was quite helpful on G(I)M panels and was positively commented by the G(I)M panel chair.

**Trainees:** Good luck to all the trainees who sat the SCE exam recently. I look forward to hearing from you all about the positive outcome. It was highlighted at G(I)M panel that some of you are yet to carry out G(I)M audit or QIP. You will need to carry out a minimum of one high quality G(I)M audit / QIP during your training period. I would recommend considering this in ST3/ST4 stage itself. Few of you are due for your ALS revalidation in next 12 months and again meticulous planning is key to avoid unnecessary issues.

**Recruitment:** It is very disheartening to say that we have had no recruits in the first round of interviews in spite of 21 appointable trainees at the end of interview day. This only highlights the challenges we face in spite of a high quality training programme and dedicated trainers. We will be going out for the second round in November. Recruitment to our training programme depends up on CMT fill rates which are almost 100%. It is important we all try together to attract CMT trainees to attend OP clinics where we do all our core business. New ways of meeting the demands of acute medicine in every trust will only expose our G(I)M role and not the most enjoyable intellectual part of our job. It is important we constantly work together to enthuse the trainees to join our speciality.

#### Dates for the diary:

Speciality ARCP 2019: May 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup>

G(I)M ARCP 2019: May 14<sup>th</sup>

STC and T&T meeting 2019: June 4<sup>th</sup>

STC: 14.00

T and T meeting: 16.00

**Training Committee Programme Director-** Srikanth Mada [srikanth.mada@nhs.net](mailto:srikanth.mada@nhs.net); Education CME Leads Ashwin Joshi [Ashwin.Joshi@chsft.nhs.uk](mailto:Ashwin.Joshi@chsft.nhs.uk) and Andy James [andy.james@newcastle.ac.uk](mailto:andy.james@newcastle.ac.uk); Quality Management lead-Dr Peter Carey [Peter.Carey2@chs.northy.nhs.uk](mailto:Peter.Carey2@chs.northy.nhs.uk); Consultant member- Richard Quinton, [Richard.Quinton@nuth.nhs.uk](mailto:Richard.Quinton@nuth.nhs.uk); Consultant member-Jean MacLeod, [Jean.Macleod@nth.nhs.uk](mailto:Jean.Macleod@nth.nhs.uk); Consultant member-Simon Eaton, [simon.eaton@northumbria-healthcare.nhs.uk](mailto:simon.eaton@northumbria-healthcare.nhs.uk); Consultant member-Salman Razvi [salman.razvi@ghnt.nhs.uk](mailto:salman.razvi@ghnt.nhs.uk); Consultant member-Paul Peter [paul.peter@cddah.nhs.uk](mailto:paul.peter@cddah.nhs.uk); Consultant Member-Sath Nag [sath.nag@stees.nhs.uk](mailto:sath.nag@stees.nhs.uk); Consultant member-Stuart Little [stuart.little@nuth.northy.nhs.uk](mailto:stuart.little@nuth.northy.nhs.uk); StR representative- Suhel Ashraff; StR representative- Kerri Devine

#### NEWS FROM THE NORTHEAST

- Congratulations to Alison Heggie who has been appointed as consultant Endocrinologist at South Tyneside general hospital
- Congratulations to Hassan Khal who has been appointed as consultant Endocrinologist at County Durham and Darlington FT
- Congratulations to Suhel Ashraff who has been appointed as consultant Endocrinologist at James Cook University Hospital

- Congratulations to Steve Jones on his appointment as Head of The School of Medical Education at Newcastle University and Professor of Medical Education Leadership

#### LETTERS

*NERRAG 17<sup>th</sup> October 2018-Shaz Wahid*

This year the NERRAG committee has lined up 3 internationally renowned speakers for the NERRAG annual conference. They are:

- Alan Rogol, Emeritus Professor of Endocrinology, University of Virginia, USA. He will speak on "Doping in athletes-what an Endocrinologist needs to know"
- Stephen Atkin, Professor of Medicine, Weill Cornell Medicine Qatar. He will speak on "Endocrine disruptors"
- Anna Stears, lead consultant for the National Severe Insulin Resistance Service, Cambridge, UK. She will present an update on severe insulin resistance.

I am sure you will agree that this is an exciting line up. Please advertise the meeting in your departments.

*Training and future challenges-Shaz Wahid*

At a recent Oversight Scrutiny Committee where I was in the hot site presenting a case for change to 20 counsellors (believe me they do feel like senate and parliament hearings), one of the counsellors remarked that "Shaz you look as though you have been in the NHS for a long time" before launching into her question. My initial reply was "Yes, 23 years as a doctor and 5 years as a medical student". It has had me thinking about training and the future challenges. Now that I am banned from both the DM&ENDO and AIM STC meetings due to being MD I have not been able to share my views that some will believe are controversial and that of a dinosaur.

When extolling the virtues of telephone and e-mail consultations along with choose and book for advice as well as actually practicing them, to reduce the ever growing demand on hospital services and indeed to move *out-patient* medicine into the 21<sup>st</sup> century, I have thought back to my first day as a consultant and thought was I prepared then to do what I do now? Did my training program prepare me for the latter? I would say not. It was the experience I built as a consultant in the first 5-years and learning from my errors in the last 15-years that has really prepared me to practice the above. Hence, my challenge to me and colleagues is to think how can we make sure our trainees are trained to undertake non-facing patient consultations for patients and GPs. This is something I shall put my thoughts into the new trainee at STFT from September.

Now my big bug bear! I remember as TPD back in 2005-2007 and being in the thick of MTAS and MMC and indeed the visa changes back then. What I advised all at the time is that we are storing up trouble for the future and guess what the chickens have come home to roost. I am fed up with hearing put the senior at the front. The patient sees the senior first. Senior delivered care is the best. Again, where is the trainee in all of this? As a house officer, SHO, senior SHO and SpR seeing patients first with the safety net of senior support is what grew my diagnostician skills. Yes one learnt from errors, but they were far less than the good stuff I did. Also, if the senior sees everything first what does this leave the trainee with "action my plan". We seem to be sleep walking into generation of deskilling our trainees or at least lengthening the time that they will require to grow their experiential skills as a consultant. We need to be innovative in how we make sure our trainees continue to see the range of acute presentations early and learn in a safe environment. By all means have me at the front end, but I will make sure I direct and train with a smile. If I am miserable everyone is miserable. Besides those of you who have seen me lately will note the silver lining I have with grey hairs on top and in the beard. So, when I hang up my boots it is essential that I make sure I effectively train the generation who will look after me. I voice these concerns at all the improvement events I have attended.

I agree the above is controversial and like I said I am prepared to be called a dinosaur, however I have been pretty good at crystal ball gazing over the years.

#### RECENT PUBLICATIONS FROM THE NORTHEAST

- Hill NE, Deighton K, Matu J, Misra S, Oliver NS, Newman C, Mellor A, O'Hara J, Woods D. Continuous Glucose Monitoring at High Altitude-Effects on Glucose Homeostasis. *Med Sci Sports Exerc.* 2018 Apr 27. doi: 10.1249/MSS.0000000000001624. [Epub ahead of print]
- Mark Cooke, Richard Cruttenden, Adrian Mellor, Andrew Lumb, Stewart Pattman, Anne Burnett, Chris Boot, Louise Burnip, Christopher Boos, John O'Hara, David Woods. A pilot investigation into the effects of acute normobaric hypoxia, high altitude exposure and exercise on serum ACE, aldosterone and cortisol. *J Renin Angiotensin Aldosterone Syst*, in press
- Boos CJ, Lamb CM, Midwinter M, Mellor A, Woods DR, Howley M, Stansfield T, Foster M, O'hara JP. The effects of acute hypoxia on tissue oxygenation and circulating alarmins in healthy adults. *Physiol Res.* 2018 May 10. [Epub ahead of print]
- Boos CJ, Bye K, Sevier L, Bakker-Dyos J, Woods DR, Sullivan M, Quinlan T, Mellor A. High Altitude Affects Nocturnal Non-linear Heart Rate Variability: PATCH-HA Study. *Front Physiol.* 2018 Apr 16;9:390. doi: 10.3389/fphys.2018.00390
- Cassatella D, Howard S, Acierno J, Xu C, Papadakis G, Santoni FA, Dwyer A, Santini S, Sykiotis G, Chambion C, Meylan J, Marino L, Favre L, Li J, Liu X, Zhang JG, Bouloux P-MG, De Geyter C, De Paepe A, Dhillon WS, Ferrara J-M, Hauschild M, Lang-Muritano M, Lemke J, Flück CE, Nemeth A, Phan-Hug F, Pignatelli D, Popovic V, Pekic S, Quinton R, Szinnai G, l'Allemand D, Konrad D, Sharif S, Turhanlyidir Ö, Stevenson BJ, Yang H, Dunkel L & Pitteloud N. Congenital hypogonadotropic hypogonadism and constitutional delay of growth and puberty have distinct genetic architectures. *European Journal of Endocrinology.* 2018; 178: 377-388.
- Dwyer AA & Quinton R. The metabolic syndrome in central hypogonadotropic hypogonadism. *Frontiers in Hormone Research.* 2018; 41 (Metabolic Syndrome Consequent to Endocrine Disorders): 188-195.
- Al-Sharifi A & Quinton R. Male hypogonadism, a treatable yet forgotten cause of unexplained anaemia. *Blood.* 2017; 131. 505 [<http://www.bloodjournal.org/content/131/5/505/tab-e-letters>].

**NEXT NEWSLETTER** Due out October 2018 so keep the gossip coming.

