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Endo diabology

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NORTHEAST NEWSLETTER
for TRAINEES, TRAINERS

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RVI

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Su Ann Tee- ST6 (LTFT)
Waqar Ahmed ST4
Yasir Ishan ST5
Hady Gad ST3

JCUH

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Razi Ahmed ST3/4

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Muhammed Chohan ST3

Gateshead

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Darlington

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Durham

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Kerri Devine

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STC trainee representative

Kerri Devine, Usman Javaid

Management forum

Su Ann Tee, Ramesh Vanka,
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Yasir Ishan, Mona Abouzaid,
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Owain Leng

WELCOME

There have been many achievements from across the region over the last few months, and I hope that this newsletter is an opportunity to celebrate some of these. With the spread of COVID-19, these coming months are set to truly challenge the systems in which we all work. I feel lucky to have worked in this region for eight years, for I know of the huge dedication, expertise and compassion within our teams across the region, from which we can draw much confidence. Our strengths in teamworking, communication, and organization mean we will have much to contribute to the efforts to tackle this coming health crisis, and I know also that we will continue to do our best to support our patients, colleagues and each other in the difficult times ahead. At a time like this, I am especially grateful to be here in this region, and to be a part of this team. Lets look after each other, and stay well.

Owain

Keep up to date

follow us on Twitter and check in with the regional website



@EndocrineNE



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An Update from the TPD

Srikanth Mada

COVID19: Dear Trainees, I am sure some of you are feeling very anxious about the impact of COVID19 on training and progress over the next few months. This issues has been discussed at the highest possible level, and there has been ongoing communication issued from National and Deans office at HEE NE. I am well aware that a number of you wrote to me individually asking for some clarity. I can only say that the impact of COVID 19 on training will be taken into consideration at your ARCP. The training opportunities lost and ways to create tailor-made opportunities will be discussed with each of you. Individual targets will be set over 12 to 24 months giving trainees time and opportunity to achieve the required competencies. Please be reassured that I will do my best to provide any support you need over the next few months. Your ARCP will be virtual this time and won't be face to face. I will contact you on an individual basis (virtually) to convey the panel's feedback.

Necessity is the mother of innovation: At times of national crisis you will be asked to support the service to provide safe patient care. No one will be asked to do any clinical activity beyond their competency. I am well aware that each units are coming up with various plans to provide safe care via virtual platforms. Why don't you get involved in planning, implementing and evaluating any aspect of new models of care delivery? Do not overlook opportunities such as crisis management/ planning of OP activity/ supporting DSN/Jr docs/ being role models to Jr Docs/ virtual clinics/health promotion/ managing difficult communication/ working in new teams/ stress management/ resilience / team work / leadership / innovative skills etc... a few to say the least.

Self care: At times of crisis, it is everyone's responsibility to look after one's self and each other. Please be safe and support each other. Regular rest periods, quality time with family, virtual meetings with friends will help to de-stress. Being positive and self-praise for the good job you are doing is vital and should be a large part of your daily activity. Do not be critical of self, or others, or the situation. Stay away from negative media and unverified gossip. Confidentiality is a must and being respectful is fundamental. It is easy to talk about things that went wrong and caught individual attention, often masking the great job you all are doing on a daily basis. Please be mindful of this all the time.

Rotations: I will send out an email asking for your preference of rotations once I have more info. This will be towards the end of April or early May. I will also communicate to you all about Trainee and Trainers (T&T) meeting nearer the time.

Recruitments: Unfortunately, the scheduled NE hub Round 1 recruitment plans have been stood down due to the COVID crisis. I am awaiting further information from the national teams.

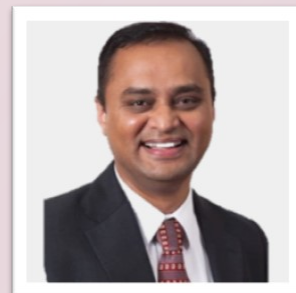
ARCP: ARCP's will go ahead as scheduled but will be with smaller panels and in virtual form, as decided by the head of school. None of the trainees need to attend their ARCP. I will write to individual trainees who are due to have their PYA's soon with more details.

Supervision: I request you all to schedule virtual meetings with your CS and ES (over a virtual coffee) to make sure you are working in safe environment and any urgent issues need to be escalated. Of course I am happy to be contacted if you need any advice.

Stay safe and work safe.

THANK YOU for all your hard work and you all are doing a great job.

M. Srikanth



A Message

From Shaz Wahid

Dear Colleagues,

It has been almost a year since I gave my specialty practice up all together whilst being labelled an Acute Physician on Monday mornings with the rest of the week filled with Medical Director duties. Colleagues who I have worked with and rubbed shoulders with at this current time are in my thoughts, and hence I thank Owain for giving me an opportunity to put this message out there to you all—I don't do social media, despite even Richard Quinton's efforts for me to use whatsapp.

We live in unprecedented times is an understatement. Not only are we managing a surge in patient activity that is increasing every day, we are doing this on a background of thinking about our loved ones, e.g. my relief was evident for all when my pregnant daughter Teacher was sent home from school—I have not seen her for a fortnight other than through a window or FaceTime. She still sent work in and is still doing so.

10th-20th March 2020 is a period that I will never forget and will become the norm for me. 12-14 hour days and planning and implementing at a level I thought not possible. I have been on the shop floor, been in Bronze, been in silver and taken regional calls all that have pushed me to the limit. I have taken comments on the chin with a smile only to be vindicated with realisation from the other that I am right to plan and enact. The one thing that I made sure was to always say a kind word to colleagues and staff. Furthermore, where I have seen someone struggling I have acted to support. I implore you all to be kind, civil and support each other. Be vigilant for cracks and colleagues struggling. Very importantly, look after yourself. As my daughter told her mother "*tell Rocky to stop being Rocky sometimes*". Hence this weekend has been about treadmill, walking (while we can), watching box sets and reading. Look after you and your loved ones whilst you step up to deliver the patient care that is required of all of us. Be safe and make sure you rest yourself and look after each other.

Dr Shaz Wahid
Medical Director
South Tyneside & Sunderland NHSFT



A Message from Arut:

A Geordie by Choice



Tough times never last...But tough people do!

-Robert H. Schuller

Hope you all are keeping yourselves and your significant others safe and healthy.

This is an unprecedented situation. Surely I have not experienced a situation like this in my life time. Some of you who happened to live in a war zone might have experienced it!

The challenge has just started. The name of a challenge is a virus, but what is being challenged is... our integrity, our character, our ability to make judgement calls, and everything we signed up to be a doctor. But as Gail Sheehy said, *"To be tested is good. The challenged life may be the best therapist."* The coming days will let us learn a lot about our own strength and character.

In the next few weeks to months, all of us including the trainees and the senior colleagues will face many ethical dilemmas, which we never had to answer in the past. Some of these dilemmas may be personal (for example assessing the risks of self-isolating against the risk of patients not getting the care due to staff shortage)

No one will be able to give a clear-cut answer to us, but at this moment I rely a lot on my own moral compass!

I can share some of the domains I consider as priorities:

1. Look after us!

To look after all our staff, colleagues and everyone working with us. This really is important. We shall follow all the guidelines the government has issued. I will look after my health and the health of my family carefully

2. Look after our own speciality patients!

We shall look after the speciality patient cohort with sincere care. The diabetes and endocrinology patients have handed their health in our hands with a lot of trust and hope. Despite being extremely busy with the demands of the care for the viral illness, we shall try not to take our eyes off the patients who really need *our* attention (for example, the person who was referred with a pituitary macro-adenoma with visual field defect, the person with Graves' disease having all the symptoms).

We shall cancel all our electives, review the referrals and clinic list carefully every day, choose people suitable for telephone consults and arrange a system to see all the patients who need our attention. Services like antenatal medical care, Type 1 Diabetes with poor control and acute foot care should be considered as essential services. Use technology wherever possible. Being prepared towards this end will help us to balance the services when we have to get re-deployed

3. To serve the country and humanity!

We shall raise up to the challenge to serve our country. This country needs us at this stage as a health care professional. We are in a privileged position where we could help the system in such a way that our efforts could save a few lives directly or indirectly. Our government and the world community are doing their best to contain this problem. We shall be determined to go beyond our normal ability to serve the purpose. This country has given everything to us. This is the time we could pay some of that gratitude back. Personally I am get determined to go a long way to serve the country. I consider this as my biggest opportunity to serve the human kind and to make a difference. I will remain keen and motivated until a solution is found by the researchers. I am sure that will happen.

4. Care for trainees!

The trainees particularly will have concerns. The Newcastle Endocrinology and Diabetes Training Program has always been a great unit which looked after the trainees. I can say this with a lot of confidence and gratitude, as a person who trained in this region and enjoyed that care at every stage of my career. That is the reason I have not left the region since the day I put my foot in in the North East, 20 years ago. (Though I was torn between choosing between Newcastle United and Middlesbrough Football Club.) I am confident that in this crisis situation the training program will have your back. Hence I would reassure you, not to worry about the training aspects at the moment, but to focus on addressing this disaster together. Managing this crisis is the biggest training we could ever experience!

Be very prepared to get re-deployed if your Trust and your patients need. Be prepared to help the Trusts to work as one single big unit. Let them know that you are quite happy to support every effort each Trust is taking. For the next few months we are not simply physicians or diabetes and endocrinology doctors! We are patriotic citizens and more importantly compassionate human beings... With the strength and privilege to serve humanity.

Let perseverance be your engine and hope your fuel!

Tough times don't last...Tough people do!

See you all soon! Keep well!

Training opportunities in Diabetes and Endocrinology in Newcastle upon Tyne NHS Hospitals

It is a time of change for the Diabetes and Endocrinology department in Newcastle. A number of our long standing senior friends and colleagues have retired from clinical practice over the past couple of years leaving some rather big shoes for the rest of us to fill. However we've been delighted to welcome Catherine Napier, Yaasir Mamoojee and Anna Mitchell to the team and as a newly combined department we're looking forward to developing the training opportunities we can offer. Catherine Napier is taking on the role of lead for specialist training and is representing the team on the STC. Stuart Little has taken on role as head of the new combined team.

As a training unit, we run all of the usual specialist diabetes and endocrine clinics in addition to a large number of sub-specialty clinics. As with other units we now use an opt in system, where trainees are responsible for identifying their own learning needs and priorities. Trainees are welcomed in all of the diabetes and endocrinology clinics offered in NUTH (please see boxes below). NUTH also offers a number of unique training opportunities, detailed on the next page.

Endocrinology

- **Thyroid cancer** clinic: weekly, multidisciplinary – endocrinology, endocrine surgery, oncology (linked to the fortnightly endocrine MDT)
- **Pituitary clinic:** fortnightly, multidisciplinary – endocrinology, ENT and neurosurgery, oncology (linked to the fortnightly pituitary MDT)
- **Thyroid clinic:** weekly
- **Pituitary clinic:** weekly
- **Adrenal clinic** (including adrenal cancer): weekly
- **Reproductive endocrinology clinic:** weekly
- **Joint thyroid eye clinic:** 2/3 times per month, multidisciplinary – endocrinology and oculoplastic surgery
- **Rapid access clinic:** weekly, run by the endocrinologist on call
- **Neuroendocrine tumour clinic:** fortnightly, multidisciplinary – endocrinology and hepatopancreatobiliary surgeons (linked to the fortnightly NET MDT)
- **Paediatric neuro-oncology transition clinic:** monthly, multidisciplinary – endocrinology, paediatric oncologists
- **Late endocrine effects of childhood cancer treatment:** monthly, (linked to the monthly paediatric neurooncology MDT)
- **Endocrine transition:** monthly, multidisciplinary – endocrinology, paediatrics
- **Joint endocrine genetics:** every 3 months, multidisciplinary – endocrinology and clinical geneticist
- **Endocrine family clinic:** every 2 months, multidisciplinary – endocrinology, paediatric endocrinologist
- **Gender dysphoria service:** every X months, multidisciplinary – endocrinology
- **Diabetes and endocrine joint obstetric clinic:** weekly, multidisciplinary
- **Adult Turner Syndrome**
- **Young Osteoporosis**
- **Reproductive Endocrinology**
- **Disorders of Sexual Differentiation**
- **TransGender medicine**

Diabetes

- **CF diabetes:** fortnightly
- **Complex type 2 diabetes clinics:** weekly
- **Combined transplant clinic:** monthly
- **DAFNE** courses
- **DESMOND** courses
- **Diagnostic clinic incorporating genetic diabetes:** twice monthly
- **GLP1 and insulin start** groups for primary care direct referral: monthly
- **Insulin pump awareness groups :** alternate months
- **Joint medical foot /vascular clinic and MDT:** monthly
- **Joint medical foot / orthopaedic clinic:** monthly
- **Multidisciplinary foot clinic:** twice weekly
- **Quarterly diabetes masterclass** for primary care
- **Renal diabetes:** weekly
- **Transition clinic:** quarterly
- **Type 1 diabetes** clinics incorporating diabetes technology: twice weekly
- **Urgent access community clinic:** weekly
- **Visits to every Newcastle GP practice:** monthly
- **Well woman / preconception care clinic :** twice monthly
- **Young adult clinic:** weekly
- **Diabetes inpatient inreach:** daily across Freeman and RVI

Why not send an update in to the next issue of Endodiabology about developments in your Unit? It is a great way to advertise the excellent services and training in the region.

Unique training opportunities in NUTH

We offer a number of clinical services at NUTH that we hope can inspire the next generation of budding specialists, and a few of these are highlighted below.

⇒ *Late effects of childhood cancer treatment clinic*

There is growing recognition that individuals receiving cancer treatment in childhood commonly experience health problems later on in life. Our "late effects" clinic for these patients is linked to the joint neuro-oncology transition clinic which we run with colleagues from paediatric oncology to offer a holistic assessment of the patients' general health and wellbeing.

⇒ *The neuroendocrine tumour (NET) service*

The NET service has been awarded the prestigious ENETS Centre of Excellence, with endocrinology working collaboratively with a NET nurse specialist, hepatopancreatobiliary surgeons, pathologists, radiologists, medical physicists and oncologists to provide high quality, cutting edge care including Peptide Receptor Radionuclide Therapy (PRRT; lutetium) to patients with NETs from all across the region.

⇒ *Inherited endocrine conditions*

Endocrinology within NUTH look after many patients with inherited endocrine conditions. We run a joint clinic run in conjunction with Paul Brennan, consultant clinical geneticist where patients with suspected inherited conditions and those who are newly diagnosed (often through cascade testing) are seen. In addition, each week we run a follow up clinic comprising predominantly patients with inherited endocrine conditions including patients with MEN1, MEN2, VHL and with SDH mutations. To enhance patient care further we have set up a "family clinic", in collaboration with paediatric endocrinologist Tim Cheetham, for families where a parent and one or more of their children has an inherited tumour predisposition syndrome, so that families can be seen in the same clinic setting.

⇒ *Cystic fibrosis diabetes*

NUTH is the regional centre for people with cystic fibrosis and we run a fortnightly CF diabetes clinic which links closely with other specialists managing CF including respiratory physicians and specialist CF dietitians. Managing diabetes in these individuals has some unique challenges.

⇒ *Beta cell transplant service*

NUTH is one of the very few UK sites providing an autologous and allogeneic islet transplant service as well as a whole organ pancreatic transplant service. This involves close working with the hepatobiliary and renal teams and trainees are welcome to attend the combined transplant clinic and grand rounds at the Freeman.

⇒ *Reproductive Endocrinology*

This includes the management of male & female hypogonadism,

induction of spermatogenesis medical treatment of hypogonadism-related cryptorchidism

⇒ *PIU*

We are lucky to have a programmed investigation unit where patients requiring dynamic endocrine testing can be assessed. PIU is a nurse-led unit, though a trainee is allocated to PIU to gain experience of interpreting the results of dynamic tests. There is a weekly PIU ward round where all trainees and consultants bring interesting cases (from PIU, clinic and from ward referrals) for discussion and often lively debate!

⇒ *Thyroid Eye clinic*

Our MDT clinic sees cases from around the region to assess and manage a spectrum of thyroid eye disease. Patients are seen by an endocrinologist and undergo detailed ophthalmological assessment. The most severely affected patients can receive treatment with intravenous methylprednisolone or rituximab on our programmed investigation unit, or go on to have rehabilitative surgery after a period of stability.

⇒ *Multidisciplinary vascular and orthopaedics foot clinics*

The orthodiabetes clinic provides a unique opportunity to see a spectrum of diabetes foot disorders with a foot and ankle surgeon who loves to teach! There is opportunity to learn about biomechanics and imaging with discussion of Xray and MRI and to gain insight into the role of orthopaedics in management of charcot and diabetic foot deformity.

The joint vascular MDT facilitates case based discussion and decisions around revascularisation.

⇒ *The Diabetes diagnostic service and genetic diabetes clinic*

Patients in whom the specific diagnosis is not clear can be referred to this service where there is structured approach to diagnostic testing including genetics. This is run alongside the genetics diabetes clinic providing an opportunity to learn about MODY diabetes, lipodystrophies and mitochondrial diabetes.

⇒ *GIM in NUTH*

The diabetes and endocrinology consultants no longer have responsibility for an inpatient general medical ward so there are no weekly GIM ward rounds for our trainees. All specialty ward consults are directed to the consultant of the week for endocrinology, and to the inpatient diabetes MDT, who are keen to alert trainees to interesting referrals on the wards. The general medical training component for trainees is therefore whilst on the acute take which is always peppered with patients with interesting conditions and provides an opportunity to stimulate junior doctors' interest in our specialty.

When colleagues retire, they take years of clinical experience and wisdom with them. Therefore, times of change pose a challenge. Nevertheless, the team here are embracing change with a unified and collegiate approach. We are working together collaboratively and are supportive of each other, and we are all passionate about delivering the very best care to our patients. We welcome trainees as core, and valued, members of our team and look forward to an exciting future of D&E training in Newcastle!

Updates from across the region

Many congratulations to Ahmed Al-Sharefi, who has recently joined the **Joint British Diabetes Societies for Inpatient Care (JBDS)** as a junior member of the committee. He will be working alongside the authors of the original guidelines to systematically examine the literature and revise the guidelines where appropriate. This is an excellent example of the opportunities available to trainees to not only develop their own skills and experience but also to influence practice on a national level.



Ahmed Al-Sharefi will also be contributing to the update of the diabetes and lipids chapter in the second edition of the famous '**Best of Five MCQs for the Endocrinology and Diabetes SCE**', aiming for publication in January 2022 by Oxford University Press. This book has been an invaluable resource in preparation for the specialty certificate examination for countless trainees, and it is great to see representation from our region in its further development.

Sharing Bariatric Expertise at JCUH

This year Middleborough welcomed two D&E trainees from Northern Ireland. They undertook a placement at JCUH under the supervision of Dr Arutchelvam to gain experience in weight management and bariatric medicine. A great example of our region sharing our expertise and training opportunities!



Appointments

A warm welcome to **Zoe Bond** and **Greg Panagiotou**, in their roles as clinical fellows in Diabetes & Endocrinology at Newcastle Foundation Trust, and also to **Hady Gad** and **Pan Sint** who have joined the specialty training programme and are currently posted to Newcastle and South Tyneside respectively.

Owain Leng is also delighted to be joining the consultant body at Northumbria later this year.



Many congratulations to Professor Brian Walker on his appointment as Chair of the MRC Population & Systems Medicine Board

NERRAG Update

NERRAG 2019 was again a fantastic success, showcasing a great range of high quality audits, research and case presentations from across the region, as well as an outstanding guest lecture from Liverpool's Prof Dan Cuthbertson.

The NERRAG organising committee is looking forward to building on this continued success in the future, and is very pleased to welcome Dr Catherine Napier (Newcastle) to the organising committee.

Sadly, NERRAG 2020 has been cancelled to allow for the needed prioritisation of the response to the COVID-19 pandemic, but we look forward to meeting as a region again on the other side of this pandemic to share our work, achievements and enthusiasm.



Training Update

Important Dates

D&E ARCP—5th & 6th May

D&E Portfolio Evidence Deadline—28th April

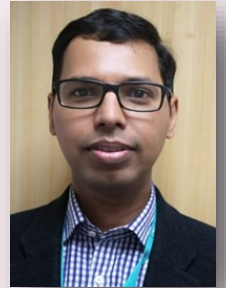
GIM ARCP—13th May

Excellent Feedback from January CME

A huge thank you to the excellent speakers at our January CME event, including Catherine Napier, Yaasir Mamoojee, Suart Little, Sony Anthony, Peter Carey, Vijayaraman Arutchelvam, and Birmingham's Niki Karavitaki. The day was a great success with very positive feedback from attendees.

Appointment of Suhel Ashraff to CME Committee

The CME committee is excited to welcome Dr Suhel Ashraff (James Cook University Hospital) as a new consultant member, joining Dr Ashwin Joshi and the trainee representatives Owain Leng, Mudassir Ali, Yasir Ishan, Mona Abouzaid, and Waqar Ahmed.



Suspension of Regional Training Events

Unfortunately, despite an exciting and varied programme planned, the CME committee has taken the decision to cancel the June CME in light of the COVID-19 pandemic and the requirement to prioritise clinical work at this time. The CME committee would like to thank all the presenters who had kindly agreed to present at the training day.

Similarly, the regional rotating MERIT programme is also currently suspended.

We look forward to being able to recommence our excellent regional teaching programme when the situation allows.

Congratulations



Well done to Su Ann Tee for her prize-winning case presentation at the regional January CME!

COVID-19 Resources

The COVID-19 pandemic is a fast moving and rapidly changing situation. Here are some links to resources that may be useful in the coming weeks. Of particular use is the patient advice regarding diabetes and steroid safety.

- **Society of Endocrinology: Advice for patients who take replacement steroids** : <https://www.endocrinology.org/news/item/14050/Coronavirus-advice-statement-for-patients-with-adrenal%2fpituitary-insufficiency>
- **COVID-19 resources for managing endocrine conditions**: <https://www.endocrinology.org/clinical-practice/covid-19-resources-for-managing-endocrine-conditions/>
- **Diabetes UK: Update for those vulnerable to**
- **Coronavirus**: <https://www.diabetes.co.uk/news/2020/mar/update-for-those-vulnerable-to-coronavirus.html>
- **NICE COVID-19 Guidelines** <https://www.nice.org.uk/news/article/nice-publishes-first-rapid-covid-19-guidelines>
- **The Lancet –COVID 19 Resource Centre**: <https://www.thelancet.com/coronavirus>
- **COVID-19 Online training and simulation**: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/>
- **HEE NE's update page**: <https://madeinheene.hee.nhs.uk/PG-Dean/COVID-19-HEE-NE-Information>
- Check out **Professor Simon Pearce's** excellent video on steroid sick day rules for COVID-19 at <https://twitter.com/AddisonsUK/>

Publications from across the Region

- **Al-Sharefi A, Mohammed A, Abdalaziz A**, Jayasena CN. Androgens and Anemia: Current Trends and Future Prospects. *Front Endocrinol (Lausanne)*. 2019 Nov 14;10:754
- **Al-Sharefi A**, Wilkes S, Jayasena CN and **Quinton R**. What do I do with low testosterone? *British Journal of General practice*. Nov 2019 (in Press)
- **Al-Sharefi A** and Aldibbiat A. Do benefits outweigh risks for corticosteroid therapy in acute exacerbation of chronic obstructive pulmonary disease in people with Diabetes Mellitus?. *Int Journal of COPD*. Feb 2020 (In Press)
- **Ahmad W**, Ventress L, **Artham S**. Carbamazepine toxicity - keep an eye on interaction with clarithromycin. *Clin Med (Lond)*. 2019;19(Suppl 3):13.
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Please do continue to send details of any news, announcements, letters, or publications to me at: o.leng@nhs.net

The next edition of **ENDODIABOLOGY** will be out in October 2020.

Thank you, and stay well!