County Durham and Darlington NHS Foundation Trust

Diabetes & Endocrinology Specialist Registrar Handover & Induction Book
July 2019
Diabetes & Endocrine Unit

Every SpR attending The County Durham and Darlington FT should be prepared to abide and strive to deliver the vision and mission statements of our department.

**Our Vision**

- To provide every patient and their carers prompt, high quality evidence based care as close to home as possible across the whole of County Durham and Darlington.

**Our Mission**

- To ensure that every person with diabetes admitted to the acute trust is seen *within 48 hrs* of attending the hospital irrespective of the reason for initial admission.
- To ensure that good communication is established early on admission and maintained at discharge for *as long as it is required* with all the relevant carers in the community at least for the first 30 days post discharge.
- To provide 24/7, 365 day diabetes advisory service *for clinicians* across County Durham to ensure that prompt appropriate treatment is made available to everyone in County Durham.

**University Hospital of North Durham**

**General information**

- 591 bedded acute hospital providing diabetes and endocrine services to 300,000 populations.
- 2 full-time consultants: Dr Kamal Abougilia (Pump, Pregnancy and Research lead) and Dr Srikanth Mada (Diabetes and Endocrine Program Director, Clinical Governance, IP Diabetes, Renal and Diabetic Foot lead, Royal College Tutor and Foundation Programme Tutor)
- Based mostly at UHND, but weekly clinics at Chester-le- street community hospital (CLS) and Shortly Bridge community hospital (SBH).
- In-patient diabetes and Medical ward (11), shared base ward with cardiology.
**Diabetes and Endocrinology experience**

With a catchment area of over 600000, catering to 82 practices across county Durham and Darlington, CDDFT is the largest Trust in the Northeast. We therefore have the unique opportunity to diagnose a wide variety of pathologies in patients referred for endocrine and diabetes.

The timetable for the SpR will be adjusted according to the skill and period of training of the SpR. The general trend is to ensure that the SpR does 4 to 5 clinics a week. It is also timed in such a way that most clinics are based on site at UHND, in the beginning of the week while the ward rounds, MDT and CPD form the bulk of the latter part of the week. One general diabetes and general endocrine clinic is mandatory while the rest is decided following regular meetings with the educational supervisor.

The SpR will have various training opportunities, which include Antenatal diabetes, High Risk Medical foot clinic, General Endocrine clinics, Insulin pumps, lipid and renal clinic combined with the renal team from Sunderland. In addition there will be the opportunity to link in with Bariatric services, which are fully developed at DMH.

The diabetes and endocrine unit in CDDFT has 6 consultants. Being a young and dynamic unit, the team understands the need for SpR to be guided and encouraged to develop their interests as well as skills in endocrinology and Diabetes.

**System One (S1) Integration**

CDDFT diabetes is a community based diabetes service. All the district nursing services, podiatry and dietetics are attached to the Foundation Trust. Given that all these community-based services are on System One- a GP based IT system, it made sense to integrate all our services with S1. CDDFT is probably the only trust in the North East where all clinics (both Endocrinology and Diabetes) are on S1. The SpR will be trained in the use of S1 and will have the opportunity to directly enter data into the system or digitally dictate for secretaries to type into the respective templates.

**Research, audit and Data entry department:**

There is a dedicated Diabetes research nurse at both Darlington and University Hospital North Durham (UHND) who will help any SpR keen to take an active part in the research programmes. The research lead for Darlington is Dr Partha and for UHND it is Dr Abougila.

The Audit department works closely with the registrars and will help with the collection of data for audit purposes.
# Available Clinics

## Weekly Rota

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<thead>
<tr>
<th></th>
<th>UHND AM</th>
<th>UHND PM</th>
<th>Chester le street</th>
<th>SBH AM</th>
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<tbody>
<tr>
<td><strong>Mon</strong></td>
<td>Dr Mada WR. Dr Abouglila Endocrine clinic. SPR Endocrine clinic with Dr Abouglila.</td>
<td>Dr Abouglila WR Dr Mada Endocrine clinic SPR Endocrine clinic with Dr Mada Weekly Lunch time Medical Directorate teaching</td>
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<tr>
<td><strong>Tue</strong></td>
<td>SPR Diabetic Inpatient WR</td>
<td>Dr Abouglila Antenatal Clinic SPR Antenatal Clinic with Dr Abouglila Weekly Lunch time Medical Directorate teaching</td>
<td>Dr Abouglila General Diabetes &amp; Endocrine clinic</td>
<td>Dr Mada General Diabetes clinic</td>
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<tr>
<td><strong>Wed</strong></td>
<td>SPR WR/Referrals with DSN Dr Abouglila Insulin pump/DAFNE/Preconception clinic</td>
<td>Dr Mada Renal clinic Once a month SpR Admin session</td>
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<td><strong>Thur</strong></td>
<td>Dr Abouglila WR SPR Diabetic High Risk Foot Clinic Dr Mada Diabetic Foot clinic alternative week.</td>
<td>Dr Mada WR Dr Abouglila General Diabetes clinic SPR Diabetic Inpatient WR. Diabetes Division Lunch teaching on alternative week.</td>
<td>Dr Mada General Diabetes clinic on alternative week.</td>
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<td><strong>Fri</strong></td>
<td>Dr Mada /SPR General diabetes clinic</td>
<td>SPR weekend plan/MDT Darlington/ Admin</td>
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**Other opportunities**

**Community Clinics:**
CDDFT has an effective community based consultant led, DSN delivered diabetes clinic on Tuesday and Thursday pm. The SpR would be encouraged to attend a few sessions to familiarise with the intricacies of joint working at these clinics.

**Lipid clinics:**
Dr S Mada, Consultant Biochemist runs the lipid clinics within CDDFT and would welcome any diabetes registrar to join him at these clinics on Wednesday or Thursday pm. These could be arranged through discussions at induction meeting with the Educational supervisor.

**Bariatric service:**
CDDFT is part of the TEES Collaborative Bariatric service. The endocrinologist is the bariatric physician and this gives ample opportunity for the SpR to develop his knowledge in the delivery and management of a Diabetes service.

**Renal clinics:**
At both UHND and DMH we have visiting nephrologists who hold joint diabetes renal clinics, SpRs are encouraged to attend a few of these clinics to understand the nature of these clinics within diabetes.

**Other services:**
Gastric pacing for gastroparesis, Erectile dysfunction and daily foot clinics are all available for SpRs to get engaged and actively involved.

**Diabetes & Endocrinology inpatient work**
The diabetes In-patient ward round starts at 0900 every morning. This is an effort to see every patient with diabetes in the first 24-48 hours of admission and at least once during his or her hospital stay. The consultant based on the wards/SpR and the diabetes specialist nurse assigned to the wards for that day go to the medical admissions unit at the start of the day and identify any new patients admitted with a diabetes-related problem or with co-existing diabetes. Whilst the IP specialist nurse ensures that all patients with diabetes are seen within 24 hrs, the SpR takes part in the assessment of complicated patient’s referred by the IP nurse.

The SpR is expected to do an unsupervised ward round on Tuesday am.

**Diabetes specialist nurses**
There are 6 specialist nurses in the North of the trust.

The nurses have their own specialty interest but are all trained in most modalities like DAFNE, Insulin Pumps and antenatal. There is a dedicated full
time inpatient nurse. Their Office extension is 32209 (UNHD), which is available for the general public and clinicians in the community. The trust maintains a diabetes help line service throughout the day at both sites via this number.

**Secretaries**

**Dr Kamal Abougila** – Debra Potts (Based at UHND), x32482  
debrapotts@nhs.net

**Dr Srikanth Mada** – Gail Smurthwaite (Based at UHND), x32597,  
gail.smurthwaite@nhs.uk

**Meetings**

**Diabetes team meeting – Alternate Thursday: lunchtime 12.30-14.00**  
Diabetes Education room, Diabetes centre.

Lunch usually provided by drug rep, open to all medical staff, DSNs, podiatrists, pharmacists. Largely informal meeting to provide opportunity for diabetes team to discuss any issues, but a formal time table will be organised by the incoming SpR as part of his development of organisational skills.

**Endocrine MDT – Friday: 14.00-16.00,** Darlington.

Late lunch usually provided by drug rep. Attended by consultants, SPR, occasionally junior doctors and biochemists. SPR has to prepare and present cases for discussion (Notes for the cases that consultants want to be discussed will be left in the MDT drawer in Linda Bowden’s office). Sometimes computer facilities may be unavailable and so cases will have to be summarised onto an MDT form with relevant history and results. It is the SPR’s duty to put into action any plans decided by MDT and dictate any relevant letters.

**Junior doctors forum meeting:**

Normally arranged once every two month. Opportunity for junior doctors to discuss different problems in regard to their training & on calls duties. Junior doctor training lead, clinical director & hospital floor coordinator joins the Forum. Action plan is formulated after every meeting & task is given to relevant person for execution.

**General Medicine**

- Base ward is ward 11. Current staffing: 2x F1, 1 x F2, 3 x CMT. All junior staff shares Ward care for all patients although they may be
nominally allocated to either cardiology or endocrinology. The CMT doctors will be expected to attend some clinics in their respective specialities.

- There are educational meetings in the education centre on Monday and Tuesday lunchtimes, with lunch provided, and you will be expected to present at these from time to time.
- Acute medicine teaching on Thursday lunchtime. This is mostly aimed at the junior doctors, but you may be asked to provide some teaching.
- The Trust is embarking on electronic document management systems (ECDM) so as to enable all notes to be made available electronically. Digital dictation is available throughout the trust sites and it is hoped that all dictated letters would be transported electronically directly into the ECDM system. ECDM also integrates with the pathology systems (iCM) and very soon a Clinical portal will be made available which will allow single sign on to the different IT systems available in the trust with good access into community services.

All in all CDDFT will provide an excellent opportunity for any registrar wishing to develop skills in both Endocrinology and diabetes while helping to develop good all round general medical experience. The SpR will have the unique opportunity to work in a closely knit, well resourced, effective endocrine and diabetes unit, which maintains very close contact with all its community, based services. Through meetings at the Clinical advisory group, local diabetes meetings and the MDT, the SpR will also be able to develop managerial skills that are so essential for a consultant in the UK.