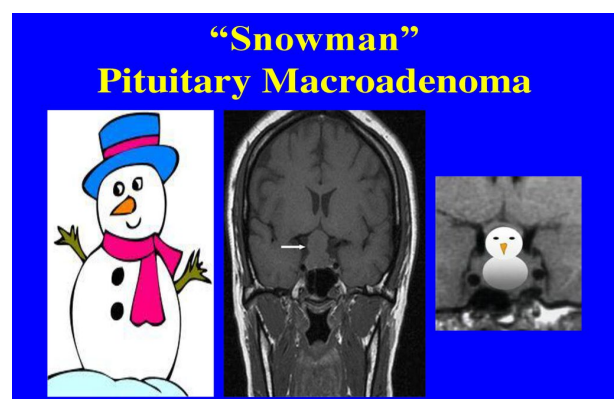
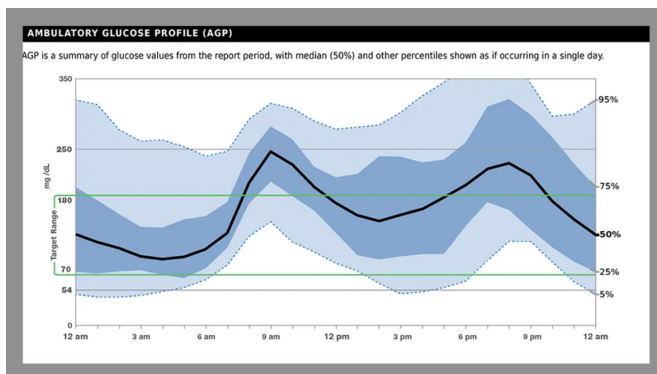


North West Thames Diabetes and Endocrinology Training Handbook

August 2022



Welcome to North West Thames Diabetes and Endocrinology training. The training programme is four years in length, and our clinical facilities are based in the district hospitals and major teaching hospitals listed below. This programme provides excellent training in the clinical and surgical practice of all endocrine disorders, diabetes, and metabolic disorders. The high volume and complexity of cases encountered gives registrars an optimal environment to gain the highest level of training and expertise. The programme also provides the opportunity to work with experienced investigators on basic and/or clinical research projects.

This guide gives an overview of the training set up in the region and the curriculum, with some suggested meetings and courses that you should attend. It then gives you a breakdown of training by hospital. The Imperial Centre for Endocrinology website (www.imperialendo.com) is regularly updated with details of training days and training rotas. You will also find links to the Endo Bible there, and a link to the most updated version of this guide.

We hope that you enjoy your time in North West Thames. Please contact us with any thoughts or suggestions that you have to help improve your training experience.

Wishing you all the very best in your training,

Dr Harriet Esdaile - h.esdaile@nhs.net
Dr Kavita Narula- k.narula@nhs.net
(your trainee programme representatives)

Professor Meeran, Training Programme Director
k.meeran@nhs.net

Useful sources of information

- Hospital guidelines
- NICE guidelines
- Imperial endocrine bible <http://www.imperialendo.com/for-doctors/endocrine-bible>
- Joint British Diabetes Societies for Inpatient Care - guidelines for common diabetes inpatient scenarios and emergencies.
<https://abcd.care/joint-british-diabetes-societies-jbds-inpatient-care-group>
- North West London Diabetes Guidelines.
<https://www.nwlondonccg.nhs.uk/professionals/referral-guidelines-and-clinical-documents/diabetes>
- Society for Endocrinology Clinical Guidelines
<https://www.endocrinology.org/clinical-practice/clinical-guidance/society-for-endocrinology-guidance/>

Overview of rotational schemes

The core training curriculum for training in diabetes and endocrinology specifies that each trainee needs a balance of district general and teaching hospital experience, to obtain the combined CCST in Diabetes & Endocrinology and General (Internal) Medicine. All our posts are approved for training in both D & E and G (I) M.

Teaching Hospitals

Hammersmith Hospital - 3 posts

Charing Cross Hospital - 3 posts
St Mary's Hospital - 3 posts

District General Hospitals

Northwick Park Hospital - 3 posts
Central Middlesex Hospital - 2 posts
Ealing Hospital - 2 posts
West Middlesex Hospital - 1 post/IMT3 post
Barnet Hospital - 1 post
Hillingdon Hospital - 2 posts

The 2022 curriculum

August 2022 sees the introduction of a new specialty training curriculum. A comprehensive guide is found here <https://www.jrcptb.org.uk/sites/default/files/Endocrinology%20and%20Diabetes>. The following information on the curriculum is taken from that guide.

The capabilities in practice (CiPs) describe the professional tasks or work within the scope of endocrinology and diabetes mellitus. Each CiP has a set of descriptors associated with that activity or task. Descriptors are intended to help trainees and trainers recognise the minimum level of knowledge, skills and behaviours which should be demonstrated for an entrustment decision to be made. By the completion of training and award of a CCT, the doctor must demonstrate that they are capable of unsupervised practice in all CiPs.

The CiPs have been mapped to the GMC GPC domains and subsections to reflect the professional generic capabilities required to undertake the clinical tasks. Satisfactory sign off requires demonstration that, for each of the CiPs, the doctor in training's performance meets or exceeds the minimum expected level for completion of training, as defined in the curriculum. The expected levels of performance, mapping to relevant GPCs and the evidence that may be used to make an entrustment decision can be found for each CiP in the main curriculum document on the link above.

The endocrinology and diabetes CiPs comprise seven specialty CiPs, six generic CiPs shared across all physician specialties and eight internal medicine clinical CiPs shared across all group 1 specialties. These are shown below.

Learning outcomes – capabilities in practice (CiPs)	
Generic CiPs	
1.	Able to successfully function within NHS organisational and management systems
2.	Able to deal with ethical and legal issues related to clinical practice
3.	Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4.	Is focused on patient safety and delivers effective quality improvement in patient care
5.	Carrying out research and managing data appropriately
6.	Acting as a clinical teacher and supervisor

Clinical CiPs (Internal Medicine)
<ol style="list-style-type: none"> 1. Managing an acute unselected take 2. Managing the acute care of patients within a medical speciality service 3. Providing continuity of care to medical inpatients, including management of comorbidities and cognitive impairment 4. Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions. 5. Managing medical problems in patients in other specialties and special cases 6. Managing a multidisciplinary team including effective discharge planning 7. Delivering effective resuscitation and managing the acutely deteriorating patient 8. Managing end of life and applying palliative care skills
Specialty CiPs
<ol style="list-style-type: none"> 1. Providing diagnosis, management of diabetes mellitus as a long-term condition in outpatient, ambulatory or community settings 2. Providing diagnosis, support and management for people with diabetic foot disease 3. Providing diagnosis, support and management for women with diabetes and endocrine disorders in the perinatal period 4. Providing diagnosis, support and management of diabetes and endocrine disorders in adolescents and young adults (AYA) 5. Providing diagnosis, support and management for people with endocrine disorders in the outpatient and ambulatory settings 6. Providing support and management of diabetes and endocrine disorders in perioperative period 7. Providing support and management of people with diabetic and endocrine emergencies including management of these conditions during acute illness

Presentations and conditions

The table below details the key presentations and conditions of the specialty but is not exhaustive. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate CiPs and GPCs. In this spiral curriculum, trainees will expand and develop the knowledge, skills and attitudes around managing patients with these conditions and presentations. The patient should always be at the centre of knowledge, learning and care.

Trainees must demonstrate core bedside skills, including information gathering through history and physical examination and information sharing with patients, families and colleagues.

Treatment care and strategy covers how a doctor selects drug treatments or interventions for a patient. It includes discussions and decisions as to whether care is focused mainly on curative intent or whether the main focus is on symptomatic relief. It also covers broader aspects of care, including involvement of other professionals or services.

Particular presentations, conditions and issues are listed either because they are common or serious (having high morbidity, mortality and/or serious implications for treatment or public health).

For each condition/presentation, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management and prognosis. The approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Conditions/ issues	Expectations
Newly diagnosed diabetes	<p>Good understanding of diagnostic criteria for diabetes and managing diagnostic uncertainty/the need to reassess diagnostic category</p> <p>Good understanding of the diagnostic tests available to establish aetiology, including biochemical, immunological and genetic</p> <p>Managing a person with newly diagnosed type 1 diabetes mellitus using an MDT approach</p> <p>Managing a person with newly diagnosed type 2 diabetes in collaboration with primary/community teams and signposting to diabetes remission</p> <p>Arranging specialty input for those with rarer forms of diabetes</p>
Patient education and empowerment	<p>Participation in accredited patient education programs to improve outcomes Obtain formal qualification to lead/ teach on an accredited patient education and empowerment program such as DAFNE or equivalent</p> <p>Use of patient-centred language in verbal and written communication</p>
Diabetes prevention	<p>Understanding of and participation in diabetes prevention programmes</p> <p>Understanding data analysis at a population level and how large-scale diabetes prevention strategies work</p>
Managing diabetes in the ambulatory setting	<p>Using technology to manage diabetes at individual and population levels</p> <p>Competence in technologies to monitor glucose and deliver insulin or other drugs</p> <p>Competence in remote consultation skills</p> <p>Working with and understanding leadership of community-based systems to manage diabetes</p> <p>Screening for and managing complications of diabetes</p>
Managing diabetes in special situations	<p>Managing diabetes before, during and after pregnancy</p> <p>Managing diabetes in young adults</p> <p>Managing diabetes during renal replacement therapies</p>

Managing diabetes in hospital inpatients	<p>Managing diabetic emergencies Managing diabetes during non-diabetic acute illness Leadership of inpatient diabetes MDTs</p> <p>Working in conjunction with community-based services to provide joined up care for inpatients with diabetes</p>
Managing diabetes in frailty	Working with MDTs to optimise diabetes treatments in frailty in the inpatient and community settings including residential/ nursing homes
Managing diabetes towards the end of life	Working with MDTs including palliative care teams to manage diabetes towards the end of life
Race/ethnicity/culture	<p>Understanding of racial variations in diabetes and endocrine disease, including presentation, complications and management</p> <p>Understanding of cultural variations and how cultural differences can impact on diabetes care and endocrine disease; provide culturally appropriate and inclusive care</p>
Disabilities and learning difficulties	<p>Understanding of the impact of disabilities on people living with diabetes and endocrine disorders and providing appropriate care</p> <p>Understanding the impact of learning difficulties on people living with diabetes and endocrine disorders and providing appropriate care</p>

Conditions/ issues	Expectations
Thyroid	<p>Hyperthyroidism – managing hyperthyroid disorders caused by autoimmune disease, nodular goitres, drugs and less common causes</p> <p>Hypothyroidism – managing hypothyroid disorders caused by autoimmunity, iatrogenic causes, drug induced and other systemic disease</p> <p>Managing people with functioning lesions of the thyroid or those that are neoplastic in nature</p>
Pituitary	<p>Managing functioning and non-functioning pituitary and hypothalamic lesions such as developmental lesions, neoplasia and due to other causes, working with MDTs</p> <p>Managing incidentally discovered adrenal lesions</p> <p>Managing pituitary and hypothalamic disorders of functional consequences such as due to treatments of lesions associated with these organs, treatments for other systemic disease including cancers, hypophysitis and other causes such as trauma</p>
Pancreas	<p>Managing pancreatic lesions that are functioning or non-functioning, working with MDTs</p> <p>Managing neuroendocrine disorders of the pancreas, working with MDTs</p>

Adrenal disorders	<p>Managing non-functioning and functioning adrenal lesions including primary aldosteronism, adrenal Cushing syndrome, pheochromocytomas, adrenocortical carcinomas working with MDTs</p> <p>Management of incidentally discovered adrenal lesions</p> <p>Managing functional disorders of adrenal glands including primary and secondary hypoadrenalism</p>
Neuroendocrine tumours	<p>Managing functioning and non-functioning neuroendocrine tumours, working with MDTs</p>
Calcium and metabolic bone disorders	<p>Managing hypercalcaemia due to parathyroid disease, cancers elsewhere, systemic disease and drugs</p> <p>Managing hypocalcaemia due to parathyroid disease, iatrogenic causes and drugs</p> <p>Managing people with parathyroid tumours</p> <p>Managing people with metabolic bone disease including conditions such as congenital disorders affecting bone, mineral disorders, disorders of bone density and Pagets disease</p>
Reproductive and gonadal disorders	<p>Managing female gonadal and reproductive disorders such as- Delayed puberty, Menstrual irregularities Polycystic ovarian syndrome Ovarian tumours of functional significance Chromosomal abnormalities</p> <p>Endocrine causes of subfertility</p> <p>Managing male gonadal and reproductive disorders such as- Delayed puberty, Hypogonadism Chromosomal abnormalities, Subfertility</p>
Disorders of sexual differentiation	<p>Managing people with disorders of sexual differentiation working with MDTsand supporting appropriate hormone treatments</p>
Gender incongruence	<p>Understand the cultural sensitivity of healthcare for trans people including confirming their self-identity and pronouns Develop the knowledge, skills and attitudes to provide appropriate, sensitive, and supportive care for trans people</p> <p>Understand the assessment, prescribing and monitoring processes; the role of endocrinologists as part of the multidisciplinary approach</p> <p>Awareness of fertility options for transgender people</p>

	<p>Signposting recommendations about sexual health and screening for trans people</p> <p>Advising or signposting primary care practitioners about adjustment of cross- sex hormone therapy for transgender individuals after they have completed their gender transition and been discharged from an NHS regional gender services</p>
Obesity	<p>Developing and providing care for people living with obesity that improves metabolic, cardiovascular, mental and physical health outcomes</p> <p>Understanding the widespread nature of obesity stigma and its negative consequences on patients and the doctor-patient relationship</p> <p>Initiating discussions related to obesity; conducting the consultation and management in a non-stigmatising manner</p> <p>Understanding and being able to implement various weight management strategies including lifestyle behavioural interventions, dietary interventions, pharmacotherapy and bariatric surgery, working with MDTs</p>
Underweight disorders or eating disorders	<p>Managing disorders of being underweight due to systemic disease</p> <p>Managing endocrine sequelae of eating disorders such as anorexia and bulimia</p> <p>Managing diabetes in the context of eating disorders</p>
Managing lipid disorders	<p>Investigating and managing primary and secondary lipid disorders</p>
Managing spontaneous hypoglycaemia	<p>Investigating and managing disorders causing hypoglycaemia including hypoadrenalism, hypopituitarism, insulinomas and other rarer disorders</p>
Managing electrolyte abnormalities	<p>Investigating and managing electrolyte abnormalities including disorders of sodium, potassium, magnesium, phosphate in the inpatient and ambulatory settings</p>
Endocrine disorders in people living beyond cancer	<p>Investigating, treating and following up survivors of cancer with endocrine disorders, working with MDTs</p>
Endocrine disease in systemic disorders	<p>Managing endocrine disease in systemic disorders such as SLE, HIV, tuberculosis and sickle cell disease (not limited to these conditions)</p>
Familial disorders and genomics	<p>Managing syndromes/ familial diabetes and endocrine disorders</p> <p>Appropriate history taking in and investigating suspected inherited disorders</p> <p>Selecting appropriate genetic testing for patients</p> <p>Post-test counselling, follow up and family screening</p> <p>Multidisciplinary approach to familial/ syndromic disorders</p> <p>Have a working understanding of the genomic curriculum</p>

Practical procedures

There are no practical procedures that are mandatory for training in Endocrinology and Diabetes Mellitus (but note that there are some required for GIM training sign off).

Teaching and learning methods

- Specialist clinics
- Supervision of endocrine testing
- Inpatients referrals management
- Accredited structure education programmes for diabetes
- Management training
- Conferences
- Reviewing patients with consultants
- Personal ward rounds and provision of ongoing clinical care on specialist medical ward attachments
- Ward round by more senior doctors
- Participating in MDTs
- Formal postgraduate teaching
- Learning with peers
- Independent self directed learning
- Formal study courses

Educational supervisor

The educational supervisor is responsible for the overall supervision and management of your educational progress during a placement or a series of placements and should therefore meet with you at appropriate intervals to help plan training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements. Trainees on a dual training program may have a single educational supervisor responsible for their internal medicine and specialty training, or they may have two educational supervisors, one responsible for internal medicine and one for specialty.

Clinical supervisor

There are consultants responsible for patients that a trainee looks after, providing clinical supervision for you and thereby contributing to your training. They may also contribute to assessment of your performance by completing a 'Multiple Consultant Report (MCR)' and other WPBAs. You may also be allocated (for instance, if they are not working with their educational supervisor in a particular placement) a named clinical supervisor, who is responsible for reviewing your training and progress during a particular placement. It is expected that a named clinical supervisor will provide a MCR for you to inform the Educational Supervisor's report.

Annual Review of Competence Progression (ARCP) guidance

The ARCP is the formal method by which a trainee's progression through their training programme is monitored and recorded as described in the **Gold Guide** (<https://www.copmed.org.uk/gold-guide/>). Deaneries/HEE local offices are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's ePortfolio. Further details can be found in the curriculum guide.

Multidisciplinary team meetings

Multidisciplinary team meetings (MDT) run across the North West Thames Deanery and provide excellent education. This may include local MDT / x-ray meetings or Imperial MDTs. The members of the MDT are experts from different specialities and are involved in decisions about further investigations, diagnosis and treatment. They currently run virtually.

- Pituitary MDT - run at Charing Cross hospital, every Tuesday 12.30 pm. Please refer to the MDT via email to imperial.pituitarymdt@nhs.net
- Adrenal/ MEN MDT - run at Hammersmith hospital, every Wednesday at 8.00 am. Please refer to the MDT via imperial.netcenter.icl@nhs.net

Teaching

General Internal Medicine: Teaching happens on a virtual platform usually every 4-6 weeks for 3-4 hours. Please look out for emails from HEE.

Endocrinology and Diabetes Teaching: Masterclasses in diabetes and endocrine run throughout the year, either on zoom/ f2f or hybrid, and usually on a monday or wednesday afternoon. Look out for updates from Professor Meeran/ or your reps.

Imperial hosts the Pituitary Masterclass every September. This is a half day of interesting or challenging pituitary cases and we encourage you to submit an abstract. It also hosts the Hammersmith Multidisciplinary Endocrine Symposium, held in December.

Journal Club at Imperial:

Thursday at 1pm

Join meeting: by clicking on link <https://zoom.us/j/97106126334>

Research

This rotation offers outstanding research opportunities. It is our aim to help all candidates who wish to obtain a higher degree (MD or PhD) to achieve this. Our internationally renowned institution (Imperial College School of Medicine), and the active and successful research teams at both Hammersmith and St Mary's will assist any applicant to obtain a fellowship. The high quality of laboratory facilities available, advanced research techniques and our outstanding track record make this rotation an ideal place to obtain research training in a supportive and enjoyable environment.

Suggested memberships, conferences and meeting attendances

Diabetes UK

Becoming a professional Diabetes UK member allows you to have access to a range of free resources and information for healthcare professionals. Diabetes UK also provides training and improvement programmes to support everyone working in diabetes care.

What professional membership of Diabetes UK gives you:

- Discounts to the Diabetes UK Professional Conference
- Quarterly professional magazine Diabetes Update, gives you the latest on all diabetes-related developments
- The option of a discounted subscription to Diabetic Medicine – monthly journal publishing reviews and original articles in the fields of diabetes research and practice
- Monthly e-newsletter, gives you the latest updates, news and information on resources, best practice and research
- A discount on selected books

Website: <https://www.diabetes.org.uk/>

Twitter handle: @DiabetesUK or @DiabetesUKProf

Association of British Clinical Diabetologists

The Association of British Clinical Diabetologists (ABCD) provides free on demand contents, webinar series, diabetes masterclass as well as access to Joint British Diabetes Societies (JBDS) inpatient guidelines. Membership also provides opportunities for dedicated registrar sessions at the ABCD annual meeting. The ABCD additionally runs a National Diabetes Consultant Mentorship Programme (NDCMP) that provides newly-appointed consultants with the opportunity to enter into a mentoring relationship with a more experienced colleague.

In addition, ABCD provides a wide range of opportunities for research, audits, education resources for patients living with diabetes, expert views on diabetes and consultant development programme.

Website: <https://abcd.care/>

Twitter handle: @ABCDiab

Young Diabetologists and Endocrinologists' Forum

The Young Diabetologists and Endocrinologists' Forum (YDEF) is the trainee and young consultants' wing of Diabetes UK, and is supported by the Association of Clinical British Diabetologists and the Society for Endocrinology. It serves three core functions for its members: education, advocacy and support. It represents the interests of specialty trainees at a number of national organisations including the Specialty Advisory committee of the Royal Colleges.

In addition, YDEF organises a wide range of national training events and courses every year. These are highlighted in their newsletters and found on their website
YDEF is free to join as a trainee, but you must hold Diabetes UK membership.

Website: <https://www.youngdiabetologists.org.uk/>

Twitter handle: @youngdiab

Diabetes Technology Network UK

Diabetes Technology Network UK (DTN-UK) is an organisation designed to support UK health care professionals who are involved in the delivery of technologies designed to improve the lives of people living with diabetes. Useful webinars on diabetes technology. Hosts the Academy diabetes technology course.

Website: <https://abcd.care/dtn/join>

Twitter handle: @DTN-UK

Society for Endocrinology

The Society for Endocrinology (SfE) is the UK home of endocrinology. SfE brings together the global endocrine community to share ideas, to promote and support the global endocrine community through collaboration. As a membership organisation, SfE supports scientists, clinicians and nurses who work with hormones throughout their careers and support their professional development to advance science and medicine. SfE also engages policy-makers, journalists, patients and the public with hormone science to encourage informed health decisions, and to demonstrate the value of endocrinology to the wider world. In addition, SfE provides a wide range of training opportunities, including BES, Thyroid Ultrasound, Clinical Update, Endocrinology, etc.

Website: <https://www.endocrinology.org/>

Twitter handle: @Soc_Endo

Diabetes Conferences and Meetings

Event	Time of year	Location	Information
Diabetes UK Professionals' Conference https://www.diabetes.org.uk/	Spring 3-5 days	Varies UK wide/online	Diabetes UK's flagship event. Wide ranging and varied programme encompassing multidisciplinary diabetes medicine.
Advanced Technologies and Treatments for Diabetes (ATTD) https://attd.kenes.com/about-attd/	Spring 3 days	Varies worldwide/online	The main purpose of the ATTD meeting is to highlight innovative technologies in diabetes treatment. It brings together developers of new technologies with clinicians.
American Diabetes Association Scientific Sessions https://professional.diabetes.org/	Summer	USA/online	Flagship ADA event.
ABCD Annual Conference https://abcd.care/events	Autumn 1-2 days	UK/online	Professional education, updates, development and networking for clinicians working in diabetes and endocrinology.
North European Young	Usually May	UK/	Opportunity to present your research

Diabetologists Enquire through YDEF	3 days	Netherlands / Denmark on a three year rotation	to ~30 young diabetes researchers (10 from UK/Netherlands/Denmark (15 min oral presentation + 5 min discussion). Small intimate meeting allowing feedback on presentation from peers and senior clinicians, and lively discussion.
European Association for the Study of Diabetes https://www.easd.org/annual-meeting.html	Autumn	Europe	Flagship EASD conference Competitive YDEF-Lilly scholarships available.
Hatter Cardiovascular Institute https://www.hatter-cardiovascular-institute.co.uk/events/	Throughout the year	London	Runs a number of events related to cardiovascular and renal health in the context of diabetes, including excellent SpR case study MDT Grand Rounds that bring together renal, diabetes and cardiology registrars for discussion.

Diabetes Courses

Course	Length	Approximate time of year	Approximate cost
Monogenic Diabetes Training Course https://www.diabetesgenes.org	2 days	Runs three times a year, or complete the modules online.	Free
ABCD Diabetes Masterclass and Diabetes Masterclass Education Series https://abcd.care/abcd-webinars-series	30 mins-1 hours	Online	Free
Diabetes Counselling and Empowerment Course https://www.diabetescounselling.co.uk/	3 day residential course	Summer/Autumn	£750
ABC of Diabetes and Endocrinology YDEF course Aimed at 1st/2nd year registrars. Provides an expert grounding in core diabetes and endocrine topics through plenaries/workshops/case based discussions	2 days	Autumn	Free

YDEF pump course Practical and interactive course providing you with expert education on pump treatment	3 days	Summer	Free (refundable £100 deposit required)
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Endocrinology Conferences and Meetings

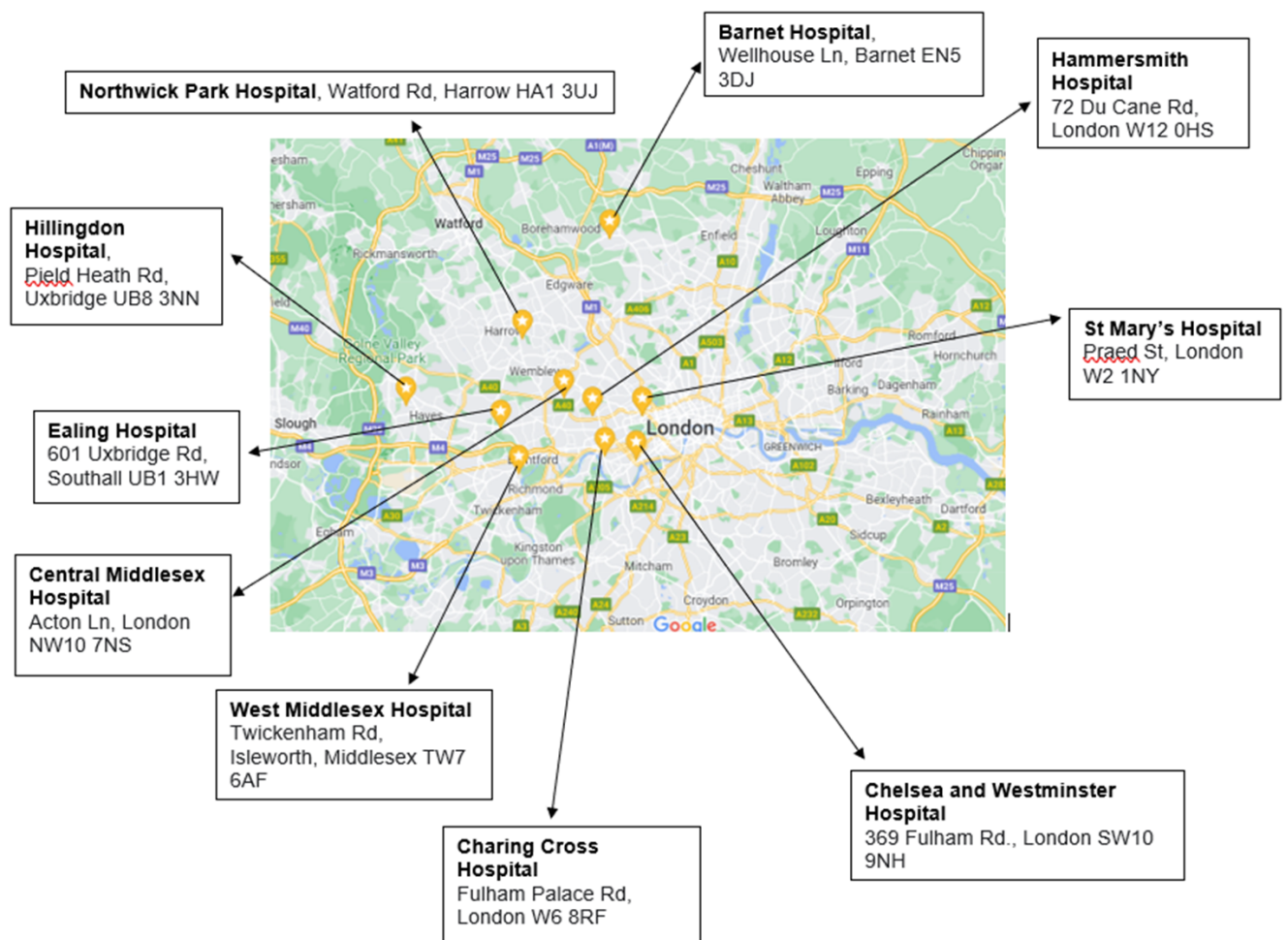
Event	Time of year	Location	Information
Society for Endocrinology (SfE) BES Conference. https://www.endocrinology.org/events/sfe-bes-conference/	3 days November	UK	Flagship SfE event. Mix of basic clinical science and clinical updates.
Sfe National Clinical Cases https://www.endocrinology.org/events/clinical-cases/	½ day Spring	London	A half day of challenging/interesting cases. Great opportunity to do an oral presentation.
European Society for Endocrinology https://www.es-e-hormones.org	3 days Spring/summer	European City	
Endo 2022 https://endo2022.endocrine.org/	3 days Summer	US	
Hammersmith Multidisciplinary Endocrine Symposium Details at: www.imperialendo.com	1 day December, usually first friday	Hammersmith Hospital	Bringing together surgeons and physicians, this unique day facilitates presentation and discussion of tricky endocrine cases, complemented by pertinent clinical updates. Do consider submitting an abstract.
Imperial Pituitary Masterclass (SfE accredited event) Details at: www.imperialendo.com	1 day September	Imperial Campus	A stimulating and interactive day of pituitary cases and lectures. Details of the event found on the training days section of the imperial endo

			website. Do consider submitting an abstract.
Calman training day Details at: www.imperialendo.com	½ day on a friday November	Usually Bart's Hospital	Clinical endocrine symposium (UCH/Bart's/Imperial/ Cambridge). Four interesting cases discussed in pairs

Endocrinology Courses

Clinical update (SfE) 3 day residential course with lectures and interactive workshops. Over a three year period, the programme covers the national curriculum in endocrinology - highly recommended course https://www.endocrinology.org/events/clinical-update/	3 days	Spring/ summer	~ £600
SfE Clinical Skills Webinars Webinars relating to a wide range of endocrine topics https://www.endocrinology.org/events/clinical-skills-webinars/	Online	Online	Free (must be SfE member)
National Training Scheme for the Use of Radioiodine in Benign Thyroid Disease 2022 One day workshop on the use of RAI in benign thyroid disease. Provides an introduction to the national training scheme, aiming to allow for an application for ARSAC certification for iodine-131 administration. See SfE website (events section) for more details.	1 day	September	~ £100

North West Thames Diabetes and Endocrinology Deanery Hospitals



Barnet Hospital

CONSULTANT(S): There are three consultants based at Barnet (Drs Cohen, Katz and Khalid), and three mostly at Chase Farm (Drs Ramli, Russell and Baynes) but between them they also have clinics at Finchley Memorial and Edgware Community Hospitals. This is of some consequence when it comes to following patients up (geographically, as patients come from Barnet, Enfield and Hertfordshire predominantly).

All of these consultants apart from Dr Baynes cover Endocrine and Diabetes inpatients at Barnet - they have two weeks on the wards at a time on rotation.

GENERAL MEDICINE DUTIES: Busy GIM rota (1 in 4/1 in 5) with two night med regs. Take reg 2701 takes all referrals so clerk only if not busy in the day- note can be very busy at times. Specific shifts covering enhanced care unit

CLINICS PER WEEK: SpR lists on Monday pm (Cohen Endocrine) and Wed am (Katz Endocrine). SpR usually helps on Tuesday am diabetes clinic. There used to be SpR lists at Chase Farm, but these are yet to be reinstated.

Antenatal clinics are on tuesday and thursday.

DIABETES EXPERIENCE (anything relevant): Diabetes clinic on Tuesday AM with Dr Katz in Barnet- insulin pump and T1DM. Diabetes clinic in Edgware – Dr Cohen's clinic – very good for complicated T2DM e.g renal diabetes.

ENDOCRINE EXPERIENCE (anything relevant): As the only reg you cover all referrals with plenty of general endocrine cases as well as the ward patients and any questions / issues from the Medical Day Treatment Unit (where Endocrine testing is done) and Ambulatory Care (AEC) as well as external calls from GPs and other specialties.

TEACHING PROVIDED (both GIM and D and E): GIM grand round Friday 8 AM – can attend in person or via Microsoft team. Endo/diabetes Thursday teaching – case presentations 1300

All the consultants, Dr Cohen in particular, loves to teach and I've learnt a huge amount from him.

OPPORTUNITIES TO TEACH: Plenty of opportunities to teach F1, IMTs if interested, thursday departmental online teaching rota – need to book your spot, PACES teaching – join IMT PACES WhatsApp group to organise sessions(s)

RESEARCH OPPORTUNITIES: Nothing specifically – liaise with Dr Cohen or metabolic team

SPECIFIC ATTRACTIONS OF THE POST: Good balance of GIM and specialties, friendly environment

TRANSPORT OPTIONS: High Barnet station -20-minute walk, bus 263 from Finchley might cut it short. Bus 384 from Edgware – 30 minutes

ANY OTHER COMMENTS/ANYTHING ELSE RELEVANT: Think ahead in terms of transport as no close links – driving to work is the best option.

The Endocrine team are currently based in the Anticoagulation office (space is an ongoing issue). This is on the 3rd floor behind the Pathology door next to Palm Ward - you need to make sure you have Pathology access on your ID card (with Security). There has been an IMT3 post in the firm since August 2021 but you will probably find yourself holding the SpR bleep (2454) whenever you are in.

Central Middlesex Hospital

CONSULTANT(S): Dr Wing May Kong, Dr Dan Darko, Dr Camelia Kirollos (Associate Specialist)

GENERAL MEDICINE DUTIES: On call team includes Medical SpR (covers Roundwood Ward (St Mark's IFU)), Anaesthetic SpR (ECU) and Surgical SHO (covers Abbey and Gladstone), Med SpR leads cardiac arrest team which is occasionally called to the GP UTC (closed overnight). The weekday on call is done alongside usual clinic commitments (not cancelled as unlikely to be called before 5pm). Weekend days and weekday/weekend nights usually involve review of St Mark's patients (Gastro SpR WR Sat & Sun pm) and review of deteriorating patients on the surgical wards. On call room provided

CLINICS PER WEEK: 8

DIABETES EXPERIENCE (anything relevant): General diabetes clinics, specialist acute multidisciplinary diabetes foot clinic

ENDOCRINE EXPERIENCE (anything relevant): General endocrinology clinics, opportunity to attend monthly Thyroid Eye Disease clinic with Dr Vickie Lee

TEACHING PROVIDED (both GIM and D and E): Can join NPH Mon pm endocrine teaching remotely. Can also participate in Mon lunchtime Ealing journal club. Pan-London GIM teaching

OPPORTUNITIES TO TEACH: GP trainees rotate through the CMH Jeffrey Kelson Centre – opportunity to teach and supervise them in clinic/discuss cases

RESEARCH OPPORTUNITIES: N/A

SPECIFIC ATTRACTIONS OF THE POST: Opportunity to spend time almost exclusively in clinic, no ward duties except when on call

TRANSPORT OPTIONS: Secure bike park provided (swipe access) upon payment of £40 to cashier at NPH. Bakerloo Line to Harlesden, Central Line to North Acton, Piccadilly Line to Park Royal. Hospital is also well served by multiple bus routes

ANY OTHER COMMENTS/ANYTHING ELSE RELEVANT: Very friendly unit and excellent foot exposure

Charing Cross Hospital

CONSULTANT(S): Dr E Hatfield, Prof K Meeran, Prof W Dhillon, Dr N Martin, Professor N Oliver, Dr T Tan, Dr N Hill.

GENERAL MEDICINE DUTIES: No on call block. Mainly based at Charing Cross but cover some days at Hammersmith (not nights). 2 med regs on overnight at Charing Cross

Over 6 months:

1 take CXH weekend, 1 AMU cover (long day) CXH weekend, 1 ward cover (short day) CXH weekend, 1 Hammersmith Hospital weekend (long day).

3-4 sets of nights (each set of nights being 3-4 NIGHTS)

Total of 10 long days (5 at Charing Cross, 5 at Hammersmith)

CLINICS PER WEEK: 1 x diabetes clinic, 1 x endocrine follow up clinic, 1 x endocrine new patient clinic.

DIABETES EXPERIENCE: Large diabetes clinic (mainly type 1, followed by educational post-clinic meeting) on Monday afternoon and separate insulin pump clinic every week (Thursday am)
Opportunity to gain community diabetes exposure.

ENDOCRINE EXPERIENCE (anything relevant): Experience of the workup and perioperative management of pituitary tumours, including Cushing's disease, macroprolactinomas, and acromegaly is excellent. Charing Cross is the Regional Neurosciences centre. Large general endocrinology clinic on Tuesday, usually with lots of pituitary cases (followed by educational post-clinic meeting) and new patient clinic on Thursday pm. Opportunity to attend reproductive endocrinology clinic on Tuesday am with Dr Jayasena.

TEACHING PROVIDED (both GIM and D and E):

Monday –diabetes post-clinic meeting

Tuesday – pituitary MDT 12:30 to 2pm, endocrine post-clinic meeting

Wednesday – Grand round at lunchtime

Thursday – Journal club at 1pm (lunch provided)

Friday – general medicine cases and presentation at 1pm on zoom

OPPORTUNITIES TO TEACH: Multiple opportunities to teach medical students. Encouraged to teach on Fridays at the lunchtime pan hospital GIM teaching, and present at Grand Round

RESEARCH OPPORTUNITIES: Imperial is the training region's tertiary centre. Array of research opportunities are available. Please speak with Prof Meeran for further advice.

SPECIFIC ATTRACTIONS OF THE POST: Excellent tertiary experience. Excellent experience of general and pituitary endocrinology and diabetes pump clinics. Post-clinic meetings provide case-by-case review and education. The pituitary MDT runs every Tuesday at 12.30pm and is available to dial up to other sites. Pituitary surgery occurs every Thursday and the trainees are directly involved in pre- and postoperative management of patients.

Chelsea & Westminster Hospital

CONSULTANT(S): Prof Kevin Shotliff, Dr Alison Wren, Dr Rebecca Scott, Dr Veronica Greener, Dr Catherine Theodoraki

GENERAL MEDICINE DUTIES: 2 sets of nights (1 x 3 and 1 x 4 nights) and two long day weekends in 17 weeks.

CLINICS PER WEEK: 4 scheduled and opportunity to attend others.

Monday AM – Endocrinology, Tuesday AM – Diabetes, Tuesday PM – Lipids, Thursday AM – general endocrinology

Other clinics that are available for you to attend:

- Paediatric endocrinology (Dr Nicola Bridges)
- Bariatric clinic (Dr Greener)
- CF diabetes at Marsden (Dr Scott)
- Antenatal (Dr Scott)
- Pump clinic
- Diabetes ophthalmology clinic
- NET clinic (Dr Morganstein)
- Diabetes Foot clinic (Dr Theodoraki)

DIABETES EXPERIENCE: Diabetes clinic, CF diabetes clinic once a month at Marsden, insulin pump clinic, transition clinic

ENDOCRINE EXPERIENCE: General endocrine, NET clinic, interpreting dynamic tests for endocrine results meeting

TEACHING PROVIDED (both GIM and D and E): Monday lunchtime – Diabetes MDT, Tuesday lunchtime – Endocrinology results meeting, Friday lunchtime – Radiology MDT meeting

OPPORTUNITIES TO TEACH: Grand Round, providing teaching to Imperial Medical Students, Active postgraduate team, AAU teaching

RESEARCH OPPORTUNITIES: None specifically, enquire with consultants

SPECIFIC ATTRACTIONS OF THE POST: Lots of opportunity to attend a wide range of clinics, friendly team, opportunity to gain experience in specialty clinics – CF

diabetes/lipids/bariatric/paediatric endocrinology TRANSPORT OPTIONS: Nearest tube is Earls Court – 10 minute walk to hospital

ANY OTHER COMMENTS/ANYTHING ELSE RELEVANT: Friendly team. Smaller inpatient bed base and GIM commitments providing opportunity/time to attend speciality clinics

Ealing Hospital

CONSULTANT(S): Dr. Baynes, Dr. Mehta, Dr. Krishnan

GENERAL MEDICINE DUTIES:

Over 6 months will do 2-3 x week on call block..

Each on call block has two sets of nights, long days and weekend cover.

No long days whilst not in the call block.

2 regs on overnight.

CLINICS PER WEEK:

2 General Endocrine clinic with Dr. Baynes on Tuesday and Thursday afternoon

1 Diabetic foot clinic with Dr. Mehta

1 Transition Diabetes clinic with Dr. Baynes every 3rd Friday of the month

DIABETES EXPERIENCE (anything relevant):

1 Diabetic foot clinic with Dr. Mehta

1 Transition Diabetes clinic with Dr. Baynes every 3rd Friday of the month

Optional Diabetes clinic with Dr. Mehta on Monday afternoon

Optional Insulin Pump clinic with Dr. Baynes on Wednesday morning once a month

Optional Lipid clinic with Dr. Baynes on Wednesday morning twice a month

ENDOCRINE EXPERIENCE (anything relevant):

2 General Endocrine clinic with Dr. Baynes on Tuesday and Thursday afternoon

TEACHING PROVIDED (both GIM and D and E):

Firm Endocrine teaching every Tuesday morning

GIM teaching every Friday afternoon

Can join Northwick Park Hospital Morning Report teaching on microsoft teams every Tuesday, 8 am

OPPORTUNITIES TO TEACH:

Good opportunities to do SIMs teaching as well as GIM teaching with acute medical firm (contact Riaz Hosein)

Contact Dr. Baynes for opportunity to do firm teaching - every tuesday morning

Can also get involved in medical student teaching by contacting post-graduate centre

RESEARCH OPPORTUNITIES: None specifically

SPECIFIC ATTRACTIONS OF THE POST:

Good exposure to general endocrine clinics

Multiple inpatient diabetes / diabetic foot patient

Lipid clinic and insulin pump clinic available

Can go to Central Middlesex Hospital for Antenatal clinic, if interested

TRANSPORT OPTIONS:

Central line/Elizabeth line available to Ealing Broadway station, followed by 15 minutes bus ride (lines 427/207/607/207)

Piccadilly line available to Boston Manor station, followed by a short walk or 5 minutes bus ride (line 195)

ANY OTHER COMMENTS/ANYTHING ELSE RELEVANT: Small friendly DGH with good clinic experience- good balance of ward work and clinics. Useful post clinic meeting with consultants.

Hammersmith Hospital

CONSULTANT(S): Endocrinology: Dr Jeannie Todd, Dr Florian Wernig.
Diabetes: Dr Chukwuma Uduku, Professor Anne Dornhorst.

GENERAL MEDICINE DUTIES: There is no acute medicine at HH so SpRs are on the GIM on-call rota shared with CXH (see CXH proforma for details). On-calls at HH site involve ward cover long days Mon-Thur and Fri-Sun. All night shifts are currently based at CXH.

CLINICS PER WEEK:

	AM	PM	
Monday	No clinic Admin, PIU reviews, results meeting prep	No clinic Admin, PIU reviews, results meeting prep	Thyroid MDT 17:00 (Teams)
Tuesday	Thyroid clinic		Pituitary MDT 12:30 (Zoom)
Wednesday	08:00 Adrenal & NETs MDT (Teams) 09:30 Results meeting 11:00 PIU ward round (Dr Wernig)	Endocrine Clinic Post-clinic meeting	
Thursday	Admin, May need to do ITTs on PIU if Debbie away	New patient endocrine clinic (Dr Todd)	IPSS usually take place on Thur – will require 1 SpR to help with sampling
Friday	Diabetes Clinic	Endocrine Clinic (Dr Wernig)	Pre-op phaeo patient reviews on surgical ward – usually see with Dr Wernig after clinic

DIABETES EXPERIENCE (anything relevant): 1 x diabetes clinic on Friday mornings – usually arrive at 08:45 and meet in Prof Dornhorst's clinic room to run through the list before clinic.

Diabetes WR with Dr Uduku and DSNs – Mon and Thur AM.

ENDOCRINE EXPERIENCE (anything relevant): Large variety of endocrine clinics and MDTs provides a great learning opportunity. On first Wednesday of the month the clinic is dedicated to NETs/Phaeo/MEN patients.

TEACHING PROVIDED (both GIM and D and E): GIM – grand round Friday lunchtime (Zoom).
Endocrine – journal club Thur 13:00 (Zoom)

OPPORTUNITIES TO TEACH: Medical student teaching in clinic. OSCE examining for Imperial.

RESEARCH OPPORTUNITIES: Lots of clinical projects to get involved with (discuss with Dr Wernig).

SPECIFIC ATTRACTIONS OF THE POST: High intensity and varied endocrine experience at a tertiary centre.

TRANSPORT OPTIONS: Closest tube stations: White City and East Acton (central line). 272, 72 and 282 buses run from White City to Hammersmith Hospital – approx. journey time 5 min

Hillingdon Hospital

CONSULTANT(S): Dr Catherine Mitchell, Dr Giridhar Tarigopula, Dr Yong Ling, Dr Mustafa Al-Ansari.

GENERAL MEDICINE DUTIES:

Rolling rota of 12 weeks, including:

- 4 weekday take (1 per week for 4 weeks)
- 4 weekday ward cover (1 per week for 4 weeks)
- 7 take nights (Mon – Thurs, following Fri-Sun)
- 7 ward cover nights (Mon – Thurs, following Fri-Sun)
- 1 weekend take (Fri – Sun)
- 1 weekend ward cover (Fri – Sun)
- 1 weekend on AECU (08.00 – 16.00)

On call team:

Day team – Take SpR, SHO and F1, Ward SpR, SHO and F1 (09.00 – 21.30), Late take F1 (17.00 – 21.30), Twilight SHO (13.00 – 23.00)

Night team – Take SpR, Take SHO x2, Ward SpR, Ward F1 (21.00 – 09.30)

Weekend day team - Take SpR, SHO and F1, Ward SpR, long day Ward SHO and long day Ward F1 (09.00 – 21.30), short day Ward SHO, short day ward F1 (09.00 – 17.00), float F1 (09.00 – 21.30), HICU SHO (09.00 – 21.30)

Post take FY1 07.00 – 19.00 daily.

CLINICS PER WEEK:

4 clinics with dedicated registrar list

- Monday PM New patient Endo (with Dr Ling)
- Tuesday PM Antibiotic review foot clinic (with ward consultant)
- Wednesday PM Diabetes Clinic (with Dr Tarigopula)
- Thursday AM General Endo (with Dr Mitchell)

Ward is shared with renal SpR who will be in clinic on Tuesday AM and Wednesday PM, and renal consultant ward round Tuesday PM.

Endocrine and Diabetes clinics may be cancelled if minimum ward staffing is not present.

DIABETES EXPERIENCE (anything relevant):

Clinics available: General diabetes, Insulin Pump, Transition, Antenatal.

Close working with Diabetes Specialist Nurses for inpatient reviews and troubleshooting.

ENDOCRINE EXPERIENCE (anything relevant):

General Endocrine experience through clinic and ward referrals.

Dynamic Endocrine testing and interpretation of results via Endocrine Specialist Nurse.

TEACHING PROVIDED (both GIM and D and E):

Grand Round, AMU teaching

Weekly Endocrine team teaching/journal club (Friday PM)

OPPORTUNITIES TO TEACH:

Grand Round, AMU teaching

MRCP PACES bedside teaching

Medical students and physicians' associate students

Informal bedside teaching during ward rounds

RESEARCH OPPORTUNITIES: Liaise with consultants to get involved in QIP/audit projects

SPECIFIC ATTRACTIONS OF THE POST:

Very friendly hospital!

Ample exposure to Endocrine and Diabetes clinic

A hospital in the process of change and improvement as of summer 2022

Plenty of GIM exposure, a busy acute medical take and unwell ward patients to manage on Acute Respiratory Unit (NIV) and Enhanced Medical Care Unit (peripheral inotropes).

TRANSPORT OPTIONS:

Driving to Hillingdon is the most straightforward mode of transport but parking can be limited depending on time of arrival. Parking permits required.

Bus stop located right outside of hospital (U1, U2, U3, U4, U5, U7)

Closest overground train station is West Drayton, followed by U3 bus to the hospital.

Closest tube station is Uxbridge, followed by bus to the hospital.

Northwick Park Hospital

CONSULTANT(S): Dr Asjid Qureshi (head of department), Dr Mushtaqar Rahman, Dr Shiv Seechurn, Dr Elaine Hui, Dr Ian Seetho, Dr Mahesh Deore

GENERAL MEDICINE DUTIES

NPH Acute Medicine is one of the busiest departments in London and can be intense. However, a great variation of pathologies is seen making this an excellent GIM training opportunity. 2 out of 6 months dedicated to MTC block where only acute medicine is covered in a combination of long days and standard days covering take as either 031 (referrals reg taking referrals from ED if you're on long day) or 003 (reviews reg responsible for reviewing junior patients/complex cases on take and holding the cardiac arrest bleep), nights either on 031/003 or 511 reg (responsible for HDU and MET calls).

NPH HDU is a good learning opportunity as this is a self-sufficient unit managed by medical team with a combination of level 1 and level 2 beds. Level 2 covers NIV including CPAP, BiPAP and Optiflow, 1-2 inotropes. This is a great place to gain expertise on arterial lines and central lines.

4/6 months are called ward blocks where standard duties cover 9-5 on James ward. 1/5 days in a week approximately from 5-9:30PM when you are cover 003 or 511. 1 / 4 weekends are long days covering one of the AMU wards (Crick/Darwin) from 5-9 on Friday and 9-9 on Saturday and Sunday. SpR led rounds are done Saturday/Sunday on patients who have already had a post take, whilst new patients are seen by the consultant. The rest of the day is spent troubleshooting on these wards.

CLINICS PER WEEK:

Monday – No clinics

Tuesday AM – Antenatal Clinic starts usually around 9:30 running up to 12/1pm.. Usually done by Dr Rahman/Dr Hui. You have the option of sitting in with the consultants to see a mix of diabetes and endocrinology in pregnancy.

Tuesday PM – Endocrine Clinic with Dr Qureshi

Wednesday/ Thursday – Ad-Hoc Clinics including AM Thursday type 2 diabetes, endocrine clinics with Dr Qureshi and Dr Seechurn. Occasional pump clinics.

Friday AM – Selected days have Radio-iodine clinics in the morning. Good to see physicist and radio-iodine counselling.

Generally, if 3 SpRs are on the rota for the week – 2 are expected to be in the morning ward rounds while one does AM clinics.

DIABETES EXPERIENCE (anything relevant): Weekly Type 2 and pump clinics as ad-hoc. DSN consultant very happy to hold sessions as agreed on pumps and sensors if needed.

ENDOCRINE EXPERIENCE (anything relevant): Weekly endocrine clinics 1-2 times/week

TEACHING PROVIDED (both GIM and D and E): Weekly department teaching on Monday afternoons. Usually SpR run on audits, journal club and case presentations.

OPPORTUNITIES TO TEACH: Acute Medicine Teaching regularly run by post grad department – At least 2 sessions – F2 and SHO teaching per week with volunteers very welcomed.

Ward teaching in afternoons at least once a week encouraged for ward juniors.

PACES teaching group with opportunities for bedside teaching welcomed.

RESEARCH OPPORTUNITIES: Research grand rounds run 1-2 times a month to describe ongoing research in the hospital. No formal research posts in Endo/Diabetes.

SPECIFIC ATTRACTIONS OF THE POST:

1. Good GIM learning
2. Plenty of opportunities to do case reports with variety of pathologies in endocrine/diabetes

TRANSPORT OPTIONS:

1. By car- please get in touch with post-graduate centre early to get permits. Plenty of parking on site but spots go fast
2. 4-5 minutes walking from Northwick Park Station on the Metropolitan line.
3. Bus stops in the hospital site for 483 (direct to Ealing area), 186/H9/H10 going to Kenton and Harrow

St Mary's Hospital

CONSULTANT(S): Dr H Chahal, Dr V Bravis, Prof J Valabhji, Prof S Robinson, Dr J Cox, Dr T Vakilgilani, Dr R Agha- Jaffar, Dr D Gable, Dr M Yee, Dr M Moriarty, Dr S Misra, Dr M Reddy, Dr A Comminos, Dr C Uduku

GENERAL MEDICINE DUTIES: There is no acute medicine team at SMH. Instead, it is a firm based on call, i.e. you are on take and post take with your speciality consultant and SHO. You then acquire these patients as your own if they are long stayers unless down-streamed to other wards or handed over to another speciality. Approximately 22 nights in 12 months. Approximately 1 in 4 weekends (mixture of take/post take, ward cover and 3rd on discharge registrar).

CLINICS PER WEEK: No set registrar clinic lists. Opportunity to attend various clinics throughout the week when not covering the ward. Specific clinics, where registrar attendance is desired: Monday- thyroid clinic, Tuesday- Diabetes clinic, Thursday- Diabetes and Bone clinic and Friday- General Endocrine clinic. Opportunity to attend specialist diabetes clinic, foot clinic, antenatal, obstetric medicine, bariatric and lipid clinic.

DIABETES EXPERIENCE: wide selection of diabetes exposure both inpatient and outpatient- from general diabetes to specialist pump, adolescent, young adult, liver and specialist MODY clinics. Large diabetic foot department with MDT involvement.

ENDOCRINE EXPERIENCE: Large general endocrine clinic on Fridays followed by endocrine MDT to discuss clinic cases. Also, specialist clinics such as thyroid cancer, bone disease and pre conception clinics.

TEACHING PROVIDED (both GIM and D and E): Weekly MDTs in Endocrine, Diabetes, obstetric medicine and radiology- allows one to discuss own clinic patients and contribute in case based discussions. The consultants are very friendly and approachable- learning opportunities during ward cover and clinics too. SMH has weekly morning report (Tuesday 8am)- specialities take turn to present an interesting case. Keen for audits and QIPs.

OPPORTUNITIES TO TEACH: SMH is part of Imperial trust therefore, can tap into weekly journal club. Medical students from imperial are attached to the firm during term time therefore, can provide bedside teaching as well as present cases during morning report.

RESEARCH OPPORTUNITIES: Various opportunities. Wide selection of interesting cases which can be written up and presented.

SPECIFIC ATTRACTIONS OF THE POST: Firm based take therefore good continuation of patient care. Small inpatient bed base (Manvers ward has only 8 patients under Endocrine at present). Loads of friendly consultants with a variety of specialist interests amongst them therefore can choose from numerous different clinics. No set registrar list so it is more flexible. Usually, 3 registrars are based at SMH at any one time- therefore, rotate amongst each other to cover wards and clinics. Also, quite flexible in terms of booking annual leave.

TRANSPORT OPTIONS: Paddington is a beautiful location especially on sunny days- many nice food places around the hospital. Accessible by underground (hospital is 2mins from Paddington station) and national rail. Has many bus routes too. Parking is free on south wharf road in the evenings and Sundays.

ANY OTHER COMMENTS/ANYTHING ELSE RELEVANT: Highly recommended rotation for tertiary level endocrine and diabetes training.

West Middlesex University Hospital

CONSULTANT(S): Dr Marcus Martineau, Dr Rashmi Kaushal, Dr Sheharyar Qureshi

GENERAL MEDICINE DUTIES: On call team – 1 SpR, 1 FY1, 1 SHO during day. 1SpR and 2 SHOs overnight Additional twilight SHO covers 2-midnight, additional twilight registrar covers 3-11pm.

26 week rolling rota: 1 block midweek nights, 1 block weekend nights, 2 x weekend twilights, 2 x weekend ward cover. 12-15 x long days (normal job in day, evening ward cover after 5). Majority of mid-week take shifts covered by IMT3

CLINICS PER WEEK: 1 x Endocrine 'hot' clinic (list managed by you), 1 x general diabetes, 1 x T1DM with pumps/CGM on alternate weeks. Opportunity for antenatal clinic on alternate weeks when not in T1DM clinic.

DIABETES EXPERIENCE (anything relevant): Diabetes MDT on Friday afternoons.

ENDOCRINE EXPERIENCE (anything relevant): Broad variety through referrals and ambulatory care.

TEACHING PROVIDED (both GIM and D and E): Weekly team lunchtime meeting (registrars sort presentations, sponsored lunch and rota)

OPPORTUNITIES TO TEACH: Active post graduate department. 'Medical Mondays' are weekly lunchtime Medicine teaching

RESEARCH OPPORTUNITIES: None specific

TRANSPORT OPTIONS: Closest train station is Isleworth (1.1km) / Syon Lane (1.2km) – both mainline to Waterloo via Putney/Clapham junction. Well served by bus routes to Hammersmith (287). Picadilly line at Osterley station – 2.6km, Overground and district line at Gunnersbury (4.6km, or 15 min busy)

ANY OTHER COMMENTS/ANYTHING ELSE RELEVANT: Relatively busy post as you are the only Endo SpR. Should be supported by 2 x IMT3 to help cover the ward (if posts filled). Inpatient ward is 28 bed GIM/Care of the Elderly ward.