

Integrated Training Post in General Practice and Endocrinology West Lakes GP Training Scheme

Post Description

Endocrinology is an important learning area for GPStRs. This six month post, which will be available to commence in August and February each year, gives the opportunity for deeper learning in endocrinology with a particular focus on topics commonly encountered in general practice.

The GPStR will spend 3 sessions per week based at Workington Community and West Cumberland Hospitals, working alongside Dr. Chandi Idampitiya, Consultant Endocrinologist, West Cumberland Hospital (clinical supervisor in endocrinology). There will also be the opportunity to attend periodic extra sessions covering additional specific endocrinology topics. The endocrinology component of the post includes a regular departmental education session.

6 sessions per week will be spent in the training practice, and the weekly Half Day Release GP training session will be attended on Wednesday afternoons.

The out of hours commitment will be 6 CHOC shifts per 6 months, supervised by the GP trainer or appropriate deputy.

Learning Outcomes

The resources to guide learning outcomes for the post are the 'Care of People with Metabolic Problems' section of the RCGP GP curriculum (section 3.17) and the endocrinology record of achievement (see below). The GPStR and clinical supervisor in endocrinology are expected to have an initial educational meeting to define learning needs, with midpoint and end of post review meetings for follow up. It will be the GPStR's responsibility to complete the record of achievement helped by the clinical supervisor in endocrinology.

WEST CUMBRIA GP TRAINING SCHEME

**Integrated Endocrinology Post
RECORD OF ACHIEVEMENT**

	Initial Assessment		Final Assessment	
	Confident	Not Confident	Confident	Not Confident
Understanding of common and/or important conditions				
Obesity				
Diabetes mellitus Type 1				
Diabetes mellitus Type 2				
Impaired glucose tolerance				
Hypothyroidism				
Hyperthyroidism				
Goitre				
Thyroid nodules				
Hyperlipidaemia				
Hyperuricaemia				
Prolactinoma				
Acromegaly				
Diabetes insipidus				
Cushing's syndrome				
Hyperaldosteronism				
Addison's disease				
Phaeochromocytoma				
Parathyroid disease				
Investigations				
Body Mass Index calculation				
Diagnostic criteria for diabetes mellitus (e.g. WHO)				
Near patient capillary glucose measurement (including patient self-monitoring)				
HbA1c and fructosamine to assess glycaemic control				
Albumin: creatinine ratio or dipstick for microalbuminuria				
Interpret serum electrolyte and urate results				
Interpret thyroid function tests and understand their limitations – TSH, T4, free T4, T3, auto-antibodies				
Interpret lipid profile tests – total cholesterol, HDL, LDL, triglycerides				
	Initial Assessment		Final Assessment	
	Confident	Not Confident	Confident	Not Confident
Visual acuity and retinal photography				
Knowledge of secondary care investigations including the glucose tolerance test, thyroid ultrasound and fine needle aspiration, specialised endocrine tests.				
Principles of treatment for common conditions managed largely in primary care				
Obesity				

Diabetes mellitus				
Hypothyroidism				
Hyperlipidaemia				
Hyperuricaemia				
Emergency care				
Hypoglycaemia				
Hyperglycaemic ketoacidosis				
hyperglycaemic hyperosmolar non-ketotic coma				
Myxoedema coma				
Hyperthyroid crisis				
Addisonian crisis				
Health prevention activities				
Dietary modification				
Exercise advice				
Appreciation of roles of others				
Endocrinologist				
Diabetes specialist nurse				
Dietician				
Chiropodist				
Optician				