Welcome to Diabetes and Endocrinology

Specialty Induction Guide

OPD2
Royal Infirmary of Edinburgh
51, Little France Crescent
Edinburgh EH16 4SA

Metabolic Unit
Anne Ferguson Building
Western General Hospital
Crewe Road
Edinburgh EH4 2XU

Aug 2023

ENDOCRINOLOGY AND DIABETES IN EDINBURGH

INTRODUCTION

Welcome to the departments of endocrinology and diabetes in Edinburgh. Training for StRs takes place mainly in the Royal Infirmary (RIE) and the Western General Hospitals (WGH) in Edinburgh, but you will rotate to St John's Hospital (SJH) in West Lothian, Victoria Infirmary in Kirkcaldy or the Borders General Hospital for general medicine placements. If you are doing an IMT placement you will be based at the metabolic unit at WGH, but may also spend some time at RIE.

The diabetes and endocrine units at RIE, WGH and SJH function as a single unit: the Edinburgh Centre for Endocrinology and Diabetes (ECED). There is a shared administrative structure and integration of clinical services in endocrinology across the three sites. There are agreed management protocols for diabetes and endocrinology that are used in both RIE and WGH. These are all available on ECED website at http://www.edinburghdiabetes.com/ Please take some time to read these protocols.

GENERAL INFORMATION

Meetings and Teaching

- Morning Teaching takes place daily from 08:30-09:00 on Microsoft Teams (with a break in July and August)
- GIM teaching days run through RCPE approximately every 6 weeks – you should be contacted with the programme for this
- Scotland Wide D&E teaching takes place monthly on Microsoft Teams
- ECED meetings take place every Monday (except July and August) from 4 to 5pm on Microsoft Teams.
    - The thyroid/endocrine pathology MDT runs monthly from this (generally 4th Monday of the month).
    - ECED meetings are coordinated by Dr Fraser Gibb.
- The monthly pituitary MDT meeting runs separately on first Friday of the month at 1pm at RIE. This is on Microsoft Teams and Dr Stuart Ritchie can add you to the invite list for this.

Speciality/Subspecialty Blocks

In SES we completely split our time in specialty and our time in general medicine (although you contribute to the HAN general medicine rota in both). Discussion on when you do your general medicine and Diabetes/Endocrine blocks happen with Dr Anna Dover. Everyone does these in a different order depending on what you/other registrars need. There is a separate subspecialty clinic document that will also be sent to you. Arranging attendance at the subspecialty clinics is up to you. Dr Catriona Kyle coordinates who should go to which clinic and you should email her with your requirements. Generally the more senior trainees get priority for subspecialty clinics as they have less time remaining to complete them.

Annual/Study Leave

Previously, registrars were entitled to two additional public holidays in May and September. As of 1/8/21, this has changed. Registrars now get the same 8 public holidays as consultants (Good Friday, Easter Monday, May Day, September, 25/12, 26/12, 1/1 and 2/1) and their total annual leave allowance has been increased by 3 days to 33 days per year. It is important to request annual leave throughout the year so you are not struggling to take it all at the end. Please discuss leave with the other registrars at your site so you can all get some of the leave you want. Each site needs a minimum of one registrar at anyone time to cover the weekday on call.

StRs are entitled to up to 30 days of study leave per year, and have an allocated annual study leave budget of £600. Study leave must be requested and approved using the Turas online system (refer to the NES Study Leave Policy and Turas User Guide for further details). In general however, you must ensure that for any eligible study leave, you first seek approval to be released from clinical duties for the event, and then you may make a formal application on Turas which will be approved where appropriate by Dr Anna Dover as TPD.

There are a range of good conferences/courses that you might want to go on. At least one registrar must remain at each site to cover the oncall work. You should discuss which conferences you want to attend with the other registrars at your site at the start of the year. Everyone should be able to attend one of the big conferences (BES, DUK and Clinical Update) per year if you coordinate between yourselves.

DAFNE

http://www.dafne.uk.com/

This carbohydrate counting course is 5 days long and designed for people with type 1 diabetes. It is the education course used in Lothian and we strongly encourage you to attend this as an observer in your first 6-12 month of specialty training. It allows you to use the principles taught on the course with your patients in clinic and helps reduce the amount of conflicting advice they can sometimes be given. Following this observation course you will attend a DAFNE Doctor course and then be able to teach on the course. Since COVID there is an option to do this online as a remote DAFNE education course. Emails will be sent by the DAFNE team and circulated by Dr Dover about this. You should request study leave to sit in on a DAFNE course

YDEF Pump Course

http://www.youngdiabetologists.org.uk/

Traditionally this has been completed by more senior trainees but we would encourage you to try and attend this course early in your training to improve your understanding on insulin pumps and be able to fully participate in the T1DM clinic in RIE and review pump patients safely in WGH clinics. It is an annual and very popular course that happens in the Springtime.

Diabetes UK

https://www.diabetes.org.uk/Diabetes-UK-Professional-Conference

Attending this 3 day conference (happens annually in March) on at least one occasion is mandated in the curriculum. Try and use it as an opportunity to present posters. Generally you are eligible to use your study budget for this conference and book early as it's much cheaper!

BES

https://www.endocrinology.org/events/sfe-bes-conference/

This is an annual Endocrine conference that takes place in November and you should try to attend at least once during your training. Again there are opportunities to present and display posters at this conference. Early bird discounted rates also apply for BES.

Clinical Update

https://www.endocrinology.org/events/clinical-update/

This annual conference is aimed at Endocrine trainees. It covers all aspects of the endocrine curriculum on a three yearly rotation so by attending 3 years in a row you could cover the whole course. It is a platform to present audits and clinical cases in a slightly more protected environment than some of the larger national conferences. It also gives you the opportunity to meet other trainees and the guidance given is very useful particularly when thinking about the SCE exam.

CALSOC (Caledonian Society for Endocrinology and Diabetes)

http://www.edinburghdiabetes.com/calsocmeetinginformation/

This annual meeting is generally held in the autumn at Crieff Hydro and invites all Diabetes and Endocrinology specialists in Scotland to attend and share their latest research and audit information. Registrars are invited to present interesting clinical cases audit work. The meeting usually takes place on a Friday afternoon with a meal in the evening and continues until lunchtime on the Saturday.

Support Structures

It is important that you know who you can contact if you need help. Below is a brief overview of the support structures in place. However, if you are not sure, need a small bit of advice or just a chat, please do speak to any member of the team- we will be happy to listen.

Training Support and Supervision

Clinical and Educational Supervisor

- These are normally the same person
- This will be your point of call for day to day training support. They will be responsible for your training meetings, although it is your responsibility to organise the meetings. As a minimum, you should have a formal start and end of placement meeting with your supervisor. A midpoint meeting is recommended and we expect frequent informal contact between registrar and supervisor.

Training Programme Directors

- The TPD oversees training to make sure your training needs are met.
- They lead the ARCP process and support careers management
- This is the person to contact for Study Leave
- Currently Dr Anna Dover is TPD for Diabetes and Endocrinology; and Dr Dr Jane Rimer and Dr Cat Harley share the TPD role for IMS2

Training Programme Administrator

- This is a good port of call for admin questions regarding training, ARCP, syllabus deadlines and national teaching etc.
- Currently Kerry Anne Ferrie (kerryanne.ferrie@nhs.scot) is the TPA

More information on deanery support can be found at www.nes.scot.nhs.uk

Broader Support

There is a SpR Trainee Representative for Diabetes and Endocrinology who is responsible for representing the trainee cohort at local and regional training meetings. They are also happy to act as liaison for queries and concerns that arise. Currently this role is held by Dr Laura Reid but this is shared around the registrars from year to year.

Support can also come from the other D&E registrars-we hope we are a friendly and approachable group! Please do chat to trainees, and make sure you get added to the SpR whats-app group. We have all 'phoned a friend' at times – and are happy to be that friend to be phoned also.

Please look on the intranet/ staff room/ staff health and wellbeing for additional resources

Sickness Reporting

If you are unwell and unable to come to work, it is important you let the team know. While a text, Email or Whatsapp can be a convenient way of conveying information, HR policy is that you should report your sickness by telephone, to ensure that the relevant staff are aware. Out of hours, please call the oncall consultant for the day via switchboard to let them know. During working hours, please let the clinical lead for the site know (Dr Zammitt at RIE and Dr McMurray at WGH – contactable via switchboard on mobiles. At RIE you can also ring Sue Veitch, secretarial team lead on 0131 242 1464). If you are unwell and unable to cover night shift please call the consultant for medicine on call at whichever site you are supposed to be covering via switchboard and also please let Dr Arunagirinathan know. Occasionally you may be asked to cover nights at short notice if one of our registrars is off sick, or asked to cover the other site (RIE/WGH) if all registrars are unavailable at one site. There will be separate arrangements for sickness reporting whilst attached to general medicine. You can self certify for up to 7 calendar days off work, after which you will need a Fit Note from your GP. Sick leave of more than 15 days over a year will need to be fed back to the training programme administrator and will be discussed at your next ARCP. Full details of the attendance policy can be round on the HR online webpages on the following link: Attendance Management (scot.nhs.uk)

Cover for colleagues on sick leave

NHS Lothian policy is that all staff have a contractual obligation to provide prospective cover for the first 72h that a colleague is off sick. Additional cover beyond 72h will be paid at staff bank rates.

Out of hours on-call

There is a diabetes/endocrine out of hours cross-city on call rota, currently coordinated by Dr Nives Gattazzo (nives.gattazzo@nhs.scot). Specialty on call cover runs from 5-8pm Mon-Fri and 9am – 5pm Saturday, Sunday, and public holidays, using your own mobile phone. Scottish Government regulations do not allow junior doctors to work more than 7 days in a row. You will therefore generally get a Friday off before a weekend on call (this could be changed to the following Monday depending on clinic rota requirements).

The oncall rota should come out at least six weeks before the start of the month to allow the clinic rota coordinators time to allocate the necessary Fridays off pre weekends. Please make sure you get any annual or study leave requests to Siobhan before this. Any requests made after the rota is out generally need to be arranged as a swap by you.

While much of the specialty on call consists of phone advice, you are expected to review patients in person in either hospital if needed, particularly any pregnant diabetic patients or any neurosurgical patients with endocrine issues. You may occasionally get phone calls from SJH for advice but are not expected to review patients there. The excel spreadsheets that are used during the week form the weekend handover-please highlight those patients needing a weekend review in a different colour on the sheet and give a brief note on what needs done. If there is a more complex handover then you could email the registrar on call on their nhslothian email (or phone but generally they are off pre a weekend).

There is a consultant on-call rota so that specialist advice is always available to you. The consultant will also offer diabetes and endocrine advice outwith your on call times **to medical or nursing staff only**. If a patient calls asking for advice outwith the usual registrar hours, switchboard will advise them to contact NHS 24 in the first instance. The only patient calls that will be put through to the consultant are those where a woman identifies herself as being pregnant or if the patient has been given special dispensation to call the consultant. Such patients will identify themselves to the switchboard operator. Therefore, if a patient you have been involved with is likely to need consultant input out of hours, it is vital that you hand this over to the consultant.

In addition, the D&E reg Whatsapp group is a good source of informal advice or logistical advice. We have all used this for advice and usually someone will respond to a message in half an hour or less! For the new registrars, you will be buddies with another trainee who will be available for phone advice for your first weekend if you are unsure about anything.

You are likely to need to enter both OPD2 at RIE and MU at WGH out of hours. A list of access codes to rooms/key lockers will be emailed to you separately for these. It is a good idea to visit the site that you do not normally work at prior to your first weekend on call so you know where everything is if you need diabetes supplies out of hours. This can be done in your first week in post when you are supernumerary in clinics or on an admin/SPA session when you are not rota'ed into clinic.

The metabolic unit is locked out of hours but can be accessed using the keypad on the door by the reception desk. There are also key pads to enter the registrars' and secretaries' rooms. You can also ask security to let you in if you forget how to access the unit (you will obviously need your ID badge).

OPD 2 is locked out of hours. It can be accessed by walking through OPD 3, which is usually open on the weekends. Additionally it can be accessed by taking the lift at the back of ward 102 down to the ground floor, this will bring you out near the back diabetes waiting room. If you cannot access OPD 2 either of these ways, security will be able to let you in (you will need to show your ID badge).

You might need to see outpatients out of hours (for example new gestational diabetes or new TIDM) for safety do not see these patients in either OPD2 or MU out of hours as you will be the only person in the unit! Generally you can find some space in either AMU or MAU.

Handovers must be done appropriately, either in person, by phone or via a secure Email account. Whilst it is secure and permissible to send patient specific information between e-mail addresses within the NHS Lothian system or on nhs.scot Emails, exchange of such information with an e-mail address outwith this system is forbidden (**including University of Edinburgh accounts**) and monitoring systems are in place to pick up any security breaches.

You will also contribute to Hospital At Night (HAN) on call. D&E registrars cover SJH, WGH and RIE rotas, with shifts allocated by Dr Ganesh Arunagirinathan. You get Mon/Tues off after a HAN weekend plus an additional zero day (usually Thursday pre-HAN weekend). Dr Arunagirinathan does the HAN rota twice a year for each six month block, please ensure you let him know of your annual and study leave plans.

Portfolio Hints and Tips

You are required to have 3 (and ideally 5) ES meetings each year, the last of which needs to be BEFORE ARCP. We recommend you pre-book all these meetings with your ES at the start of the year.

Starting a new portfolio and training syllabus can be exceptionally daunting. We suggest below a few ideas to try to help get you started. Please talk to your ES if there is anything you are not sure about.

- Try to undertake 2-3 SLEs per month
    - This should spread out the workload and provide you with more than ample evidence for your portfolio by the end of the year
    - If you undertake a subspeciality block or see anything unusual- make sure you get an SLE for it!
- It is a requirement of the new syllabus that we keep a logbook of teaching attended, clinics, acute unselected take and deteriorating patients seen
- Look at the syllabus and what can be linked to provide evidence for each section (we have given indicative ideas for each CIP from the D+E presentations section – clearly for some of the generic and internal medicine competencies, evidence from GIM presentations will be applicable too)
- Look at the syllabus and the decision aid (https://www.jrcptb.org.uk/specialties/endocrinology-and-diabetes-mellitus) and plan what you need to complete each year.

Generic CiPs

- Able to successfully function within NHS organisational and management systems
- Able to deal with ethical and legal issues related to clinical practice
- Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
- Is focussed on patient safety and delivers effective quality improvement in patient care
- Carrying out research and managing data appropriately
- Acting as a clinical teacher and clinical supervisor

Internal Medicine CiPs

- Managing an acute unselected take
- Managing an acute specialty-related take
- Providing continuity of care to medical inpatients, including management of comorbidities and cognitive impairment
    - *Managing diabetes in hospital inpatients*
    - *Managing diabetes in frailty*
- Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions
    - *All speciality links appropriate here*

- Managing medical problems in patients in other specialties and special cases
    - *All inpatient on-call work links appropriate here*
- Managing a multi-disciplinary team including effective discharge planning
- Delivering effective resuscitation and managing the acutely deteriorating patient
    - *Managing diabetes in hospital inpatients – managing diabetic emergencies*
- Managing end of life and applying palliative care skills
    - *Managing diabetes in frailty*
    - *Managing diabetes towards the end of life*

Speciality CiPs and conditions/issues links

- Providing diagnosis, management of diabetes mellitus as a long-term condition in outpatient, ambulatory or community settings
    - *Newly Diagnosed diabetes*
    - *Patient education and empowerment*
    - *Diabetes prevention*
    - *Managing diabetes in the ambulatory setting*
    - *Managing diabetes in hospital inpatients – working in conjunction with community-based services*
    - *Race/ethnicity/culture*
    - *Disabilities and learning difficulties*
    - *Underweight disorders or eating disorders*
- Providing diagnosis, support and management for people with diabetic foot disease
- Providing diagnosis, support and management for women with diabetes and endocrine disorders in the perinatal period
    - *Managing diabetes in special situations*
- Providing diagnosis, support and management of diabetes and endocrine disorders in adolescents and young adults (AYA)
    - *Managing diabetes in special situations*
- Providing diagnosis, support and management for people with endocrine disorders in the outpatient and ambulatory settings
    - *Thyroid*
    - *Pituitary*
    - *Pancreas*
    - *Neuroendocrine tumours*
    - *Calcium and metabolic bone disorders*
    - *Reproductive disorders*
    - *Sexual differentiation and gender dysphoria*
    - *Obesity*
    - *Managing lipid disorders*

    - *Managing spontaneous hypoglycaemia*
    - *Managing electrolyte abnormalities*
    - *Endocrine disorders in people living beyond cancer*
    - *Endocrine disease in systemic disorders*
    - *Familial disorders and genomics*
    - *Underweight disorders or eating disorders*
    - *Race/ethnicity/cuture*
    - *Disabilities and learning difficulties*
- Providing support and management of diabetes and endocrine disorders in perioperative period
    - *Managing diabetes in hospital inpatients*
    - *Thyroid*
    - *Pituitary*
    - *Pancreas*
    - *Calcium and metabolic bone disorders*
- Providing support and management of people with diabetic and endocrine emergencies including management of these conditions during acute illness
    - *Managing diabetes in special situations including RRT*
    - *Managing diabetes in hospital inpatients*
    - *Managing diabetes in frailty*
    - *Thyroid*
    - *Pituitary*
    - *Pancreas*
    - *Calcium and metabolic bone disorders*

Computer Systems

We use a variety of IT systems in the diabetes service and it is important that you are familiar with them and have log ins. You will need access to SCI-Diabetes (including WGH/RIE/ELCH/LCTC/Diabetes Inpatient populations). Trak and HEPMA passwords (online prescribing) should be given to you at your hospital induction. Access to all of these systems can also be requested using the NHS Lothian User ID request form on page 25 of the Induction IT guide. You will also need access to the diabetes shared drive (F drive: this can be requested by our directorate assistants Rebecca Smithor Jack Ferrary), which has the inpatient spreadsheet for each site and the folder for requesting bloods in OPD2. Site access to Libreview, Glooko, Carelink and Dexcom clarity will be arranged at your unit inductions. Under GDPR regulations, we must each use our own logins. As shared logins are not acceptable ways of accessing patient data. As a new registrar you should be given logins to all of these for your current site but you may need to get access to other sites when you rotate.

ROYAL INFIRMARY OF EDINBURGH (RIE)

Who's Who at RIE

You will find a list of permanent staff in OPD2 below. Sue Veitch, who is head of A&C, can organise passwords for SCI-Diabetes (diabetes IT system) as well as general computer passwords if you do not already have one. Dr Nicola Zammitt coordinates the clinic rota, along with Sue Veitch.

CONSULTANTS – (D) = Diabetes (E) = Endocrinology

CLINICAL STAFF
Dr Alan Patrick (D)
Dr Matthew Young (D)
Dr Alan Jaap (D)
Dr Nicola Zammitt (D+E)
Dr Fraser Gibb (D+E)
Dr Anna Dover (D+E)
Dr Pauline Jones (D)
Dr Scott MacKenzie (D+E)
Dr Marcus Lyall (D+E)
Dr Nyo Nyo Tun (D+E)
Dr Kathryn Linton (D+E)

ACADEMIC STAFF
Prof Jonathan Seckl (E)
Prof Rebecca Reynolds (D+E)
Dr Roger W Brown (E)
Prof Shareen Forbes (D)
Prof Roland Stimson (D+E)
Prof Rob Semple (D+E)

SPECIALTY DOCTORS
Dr Helen Barker (ELCH Tues, RIE Thurs)
Dr Maria Flinn (RIE Thurs)
Dr Berit Inkster (RIE Mon, Tues, Wed)

RESEARCH NURSES
Karen Coombe
Liz MacKay

CLINIC NURSING STAFF

STAFF NURSES
Colin Wilson (C/N)
Tara Wilson (S/N)

DIABETES SPECIALIST NURSES

Janet Barclay	Lead DSN, inpatients
Mike Richards	DSN, Thurs/Fri
Joan Grant	Pregnancy, insulin pumps, Mon/Tues
Vida Heaney	Adolescent diabetes, DAFNE , pumps, ELCH
Lindsay Aniello	DAFNE, RECLAIM, pumps, learning difficulties, ELCH
Susan Johnston	Pregnancy, DAFNE, RECLAIM
Lynn Gourlay	GLP-1 group starts, pumps
Dominique Wyckoff	GLP-1 group starts
Kay Malloch	Home visits
Katie Suggett	Inpatients
Alison Sudworth	Pregnancy
Naomi Baker	Inpatients
Jenna Adamson	Inpatients
Denise Watson	Clinical Support Worker
Areli Rivera-Morales	Clinical Support Worker

ALLIED HEALTH CARE PROFESSIONALS

DIETETIC STAFF
Debbie Anderson
Hema Campbell
Alicja Szewczyk
Renny McAllister
Hanne Luxon

DIABETES SPECIALIST PODIATRISTS
Emma Brewin
Steph Magill
Chris Jones
Nasrin Khosravi

A&C STAFF

SECRETARIES
Sue Veitch (Team lead, JRS, RKS, RSt) – ext 21464
Lynne Campbell (MJY, feet incl PJJ and KL, NNT) - 21478
Briony Chalmers (FWG, MJL, TNC) – ext 21435
Karen Newitt (NNZ, RWB, Thyroid MDT, JDRC) - 21480
Konnie Armstrong (ARD, SDM, AJJ, RMR) – 21479
Amy Saunders (PJJ, BEI, DSN work, junior docs) - 21465

CLERICAL OFFICERS
Karen Robson (Endo)
Linda MacNeill (Diabetes)
Charlie McGillivray (Endo)
Tanya Paterson (Diabetes)
Eden Noon (Diabetes)
Hazel Graham (Diabetes)

Unit Meetings

- In-patient diabetes meeting Wednesday 1pm registrars' room, OPD2 and on Teams (IPDM).
- In-patient endocrine meeting Thursday 1pm registrars' room OPD2 and on Teams (IPDM).
- Journal club run by Dr Fraser Gibb Tuesdays 12.45 – 13.30 in registrars room, OPD2
- Friday 12.45-13.30: unit meeting via MS Teams (link shared with weekly minutes).

Clinics

The clinic timetable is given overleaf. Most of the clinics run weekly with the following exceptions:

Diabetes/renal clinic: 2nd and 4th Monday of the month

Late effects clinic: 1st Wed of the month

ELCH: adolescent diabetes clinics approximately every 6 weeks

RIE adolescent diabetes clinic: Every 6 weeks on a Friday afternoon

Registrars will be allocated to RIE clinics depending on their training needs and service requirements (including antenatal and renal clinics).

Passwords and computer access

Sue Veitch (team lead) can provide forms and submit requests to eHealth for SCI Diabetes access or other general IT access

Denise Watson (CSW) is the admin for Glooko, Libreview, Carelink and Dexcom Clarity and can arrange access to RIE patients on these systems.

Sample RIE Weekly Diabetes/Endocrine Clinic Timetable

		Monday	Tuesday	Wednesday	Thursday	Friday
		Registrar on call – XX				
	Date	**RKS/RSt**	**4th KL/BEI/JRS**	**5th MJL/ARD/NNT**	**6th FWG/RWB**	**7th NNZ/SDM**
Week 1	AM	**DM** AWP BI Reg **Islet cells** SF/NNT (OPD1) **Feet** MJY	**DM** PJJ KL BI Reg **ELCH DM** SMAC CM	**Endo** ARD RKS **Feet** MJY **Late effects** NNZ	**DM** MJY FWG HB NNZ **Feet** PJJ **ELCH** MJL Reg	**DM** MJY Reg Reg
	PM	**ANC** AWP ARD **Thyroid Ca** MJL/FWG Reg	**Metabolic ANC** AWP **Endo** JRS FWG NNT KL **Thyroid eyes** NNZ (PAEP)	**Intensive T1DM** RS FWG ARD Reg DA/DSN	**ANC** NNZ Reg **ELCH** MJL	**Endo** RWB NNZ RS SMAC
		Registrar on call – XX				
	Date	**10th RKS/RSt**	**11th KL/BEI/JRS**	**12th MJL/ARD/NNT**	**13th FWG/RWB**	**14th NNZ/SDM**
Week 2	AM	**DM** AJJ BI **Renal** AWP Reg **Feet** MJY **Islets** SF/NNT	**DM** PJJ RKS BI Reg **ELCH DM** SMAC CM	**Endo** ARD **Feet** MJY	**DM** MJY FWG HB MF **Feet** KL **ELCH** NNT Reg	**DM** MJY Reg Reg
	PM	**ANC** NNT ARD **Thyroid Ca** MJL/FWG Reg **ECE meeting** 4pm	**Metabolic ANC** KL **Endo** JRS FWG NNT Reg **Thyroid eyes** ARD (PAEP)	**Intensive T1DM** RS FWG BI Reg DA/DSN	**ANC** AJJ Reg **ELCH** NNT	**Endo** RWB NNZ RS SMAC
		Registrar on call – XX				
	Date	**17th RKS/RSt**	**18th KL/BEI/JRS**	**19th MJL/ARD/NNT**	**20th FWG/RWB**	**21st NNZ/SDM**
Week 3	AM	**DM** AWP BI Reg Reg **Islet cells** SF/NNT (OPD1) **Feet** MJY **WGH endo** PJJ	**DM** PJJ BI Reg Reg **ELCH DM** SMAC CM	**Endo** RKS ARD RMR **Feet** MJY	**DM** MJY FWG HB NNZ **Feet** PJJ **ELCH** MJL Reg	**DM** MJY Reg Reg
	PM	**ANC** AWP ARD **Thyroid Ca** MJL/FWG Reg **Thyroid MDT** 4pm	**Metabolic ANC** AWP **Endo** JRS FWG KL Reg **Thyroid eyes** NNZ (PAEP)	**Intensive T1DM** RS FWG ARD Reg DA/DSN	**ANC** NNZ Reg **ELCH** MJL	**Endo** RWB NNZ RS SMAC
		Registrar on call – XX				
	Date	**24th RKS/RSt**	**25th KL/BEI/JRS**	**26th MJL/ARD/NNT**	**27th FWG/RWB**	**28th NNZ/SDM**
Week 4	AM	**DM** AWP BI **Renal** AJJ Reg **CV risk** AC **Feet** MJY **Islet cells** SF/NNT (OPD1)	**DM** PJJ RKS BI Reg **ELCH DM** SMAC CM	**Endo** ARD **Feet** MJY	**DM** MJY FWG HB MF **Feet** KL **ELCH** NNT Reg	**DM** MJY Reg Reg
	PM	**ANC** NNT ARD **Thyroid Ca** MJL/FWG Reg **ECE meeting** 4pm	**Metabolic ANC** RR **Endo** JRS FWG KL NNT **Thyroid eyes** ARD (PAEP)	**Intensive T1DM** RS FWG BI Reg DA/DSN	**ELCH** NNT **ANC** AJJ Reg	**Endo** RWB NNZ RS SMAC *** Adol DM** (every 6/52) NNZ FWG/ARD RHSCx2

AJJ – Alan Jaap
AWP – Alan Patrick
ARD – Anna Dover
AC – Alison Cockburn
Bi – Berit Inkster
FWG – Fraser Gibb
HB – Helen Barker
JRS – Jonathan Seckl
KL – Kathryn Linton
MJL – Marcus Lyall
MJY – Matthew Young
MF – Maria Flinn
NNZ - Nicola Zammitt
NNT – Nyo Nyo Tun
PJJ – Pauline Jones
RWB – Roger Brown
RR – Rebecca Reynolds
RSt – Roland Stimson
RKS – Rob Semple
SF – Shareen Forbes
SMAC – Scott MacKenzie
DA – Debbie Anderson

- * When the adolescent diabetes clinic is on, the endocrine clinic is cut to just the RWB list

Out Patient Department 2 (OPD2)

Diabetes and endocrine clinics take place in OPD2. Diabetes has a designated entrance and reception area while the north entrance via the mall is the reception area for all other clinics. Useful paperwork is kept in the grey filing cabinet next to the endocrine reception area. Since the Covid pandemic, clinics have been a mix of phone and face to face (F2F) appointments.

Diabetes clinics

Clinic nurses/support workers will check patients' weight and BP and take clinic bloods (either annual review venous bloods or a capillary sample for HbA1c). People with type 1 diabetes also get a lab glucose checked with their annual review bloods to assist with interpretation of C peptide measurements. Please see the protocol on the ECED website for C peptide testing. Nurses will create a clinic episode on SCI Diabetes and enter the patient's weight and BP on SCI. HbA1c results will appear on trak in real time. Other blood samples are routinely processed in the hospital labs. Patients are asked to bring a urine sample to all clinic visits. You should send this to the lab along with any venous bloods. Blood tests should be requested electronically on Trak. There are pre-specified trak order sets for type 1 and type 2 diabetes (type 1 includes C peptide and TFTs; both include urine ACR). These are visible when you select the patient from the trak clinic list in order to request their bloods. Where patients are monitoring blood glucose, clinic nurses will download their data on Glooko. For patients using Libre, results can also be checked on Librevew. Please speak to Dr Gibb to arrange log-in details for Libreview, and Dr Zammitt for a Glooko login.

Telephone patients should have been booked into the monitoring clinic at Lauriston beforehand, so there should be up to date bloods, ACR, weight, BP and foot exam on SCI Diabetes to support the consultation. If the patient DNA'ed their monitoring appointment, please do the phone consultation and, if necessary, patients can be brought back to OPD2 for bloods (see section on doing bloods outwith clinics). Please consider whether patients are suitable for a phone appointment when selecting their follow up (see section on Outcoming)

Due to waiting list pressures, we **can only offer 6 or 12 month appointments, with annual review being the default.** Patients needing early review can be referred to DSNs by emailing diabetesclinic.rie@nhslothian.scot.nhs.uk. If you wish the patient to be seen by a specific DSN, please mark this in the email subject box. To refer to a dietician, send them a copy of your clinic letter. DSNs have limited time to phone patients as they receive over 50 phone calls a day via the helpline. Before referring a patient for phone follow-up, check whether they are willing to engage with this. Patients can call the DSNs on 0131 242 1471.

Referrals to DAFNE

Information on DAFNE courses can be found on the ECED website. Patients can be referred to DAFNE by sending their details to emailed to the pump admin team directly on WGH.CSII@nhslothian.scot.nhs.uk. Please stipulate whether the patient would prefer face to face or Remote DAFNE. There is no need to refer to the DSNs or dieticians.

Criteria:
- Type 1 diabetes
- Diagnosed for >6 months &/or post honeymoon
- On MDI (basal bolus) or willing to be
- HbA1c < 12% (107mmol)
- Can communicate in English
- Appropriate for group education
- Over 17 years of age

For those who do not fit the criteria but need further education then please refer to nursing or dietetics as appropriate (any specific CHO counting referrals should go directly to the dietetic team).

Endocrine clinics

Patients will be weighed by nurses on arrival, with data entered on Trak. Blood tests should be undertaken by doctors and requested on Trak. For short synacthen tests (SST), take baseline bloods but do not seal the blood form. Prescribe 250mcg synacthen im on a prescription sheet (available in grey filing cabinet) and give this to one of the clinic nurses along with the baseline blood samples and a patient sticker. They will do the synacthen injection and 30 minute blood sample. Please ensure that you outcome the endocrine clinics.

There is a post-clinic discussion after all endocrine clinics.

Requesting bloods outwith clinics

Patients can be brought back to OPD2 for SSTs, acromegaly GTTs and routine bloods (e.g. early morning testosterone). More complex tests and procedures (e.g. water deprivation tests, annual iv zoledronate infusions, Cushing's and Conn's protocols) should be arranged at the WGH metabolic unit by emailing metabolicunitnurses@nhslothian.scot.nhs.uk. Blood forms (and signed synacthen prescriptions) should be passed onto Cristina (OPD2 clerk) and the tests requested on the shared F drive (Blood requests -> OPD2 blood requests)

East Lothian Community Hospital Haddington (ELCH)

Dr Mackenzie, Dr Lyall and Dr Tun run diabetes clinics at ELCH every Tuesday and Thursday morning and Thursday afternoon. One registrar from RIE helps with clinic each Thursday morning and a specialty doctor works on the Tuesday morning. Approximately every 6 weeks, there is an adolescent diabetes clinic on a Thursday afternoon. Drs Lyall and Mackenzie do these themselves. You will need SCI-Diabetes access for ELCH and this should be organised with Abbi Thomson, before you attend clinic. There is parking provided for medical staff at ELCH. During diabetes clinic, HbA1c results are available but the remaining clinical chemistry results will not be available till you sign your letters. Abbi Thomson will email you when your letters are ready for reviewing. Check them electronically on Trak/G2 and then reply to Abbi to let her know they are ready to send.

Parking at RIE

Detailed information can be found on the relevant intranet pages on this link:
Parking Provision for Staff at RIE, RHCYP, DCN and CAMHS (scot.nhs.uk)

Car Park 2C (staff car park) is ONLY accessible to permit holders until 11.30am, after which any staff member can park there. All other car parks across the campus are restricted to patients and visitors. The barriers will be staffed, and entry will only be given to staff on the production of a permit. Permits need to be renewed annually subject to strict criteria. Application forms can be found on the above link. You must include copies of your driver's licence and a current utility bill. All completed applications should be sent to: rie.parkingpermitapplications@nhslothian.scot.nhs.uk It is also possible to apply for on call parking permits.

If you are not given a parking permit, you can park at Sheriffhall park and ride. There is a free NHS Lothian staff shuttlebus service to transport you to RIE. You can find the shuttle timetable on the following link: NHS shuttlebus timetable.pdf (scot.nhs.uk) At present it runs every 30 minutes from 5.45 to 8.45 and again from 1615 to 2015 back to Sheriffhall.

Inpatients and the role of the on call registrar

RIE is a busy site with multiple sub-specialties, including obstetrics, neurosurgery and orthopaedics. As such, the inpatient D&E experience at RIE is one of the strong points of this rotation and you can expect multiple opportunities to complete SLEs when on call. The on call is highly supported, with a consultant on each day and lunchtime meetings on Wed, Thurs and Friday for patient discussion. Each week, there is a registrar on call for D&E (shown on clinic rota). The Reg carries the mobile (07870 158298) from 09.00-17.00 and takes calls from GPs and other specialties within the hospital. The Reg on call is not routinely rostered for clinic so they are freed up to work with the in-patient DSNs (Naomi Baker, Katie Suggett and Janet Barclay), under the supervision of the in-patient consultant of the day. A list of active patients for review is kept on the diabetes shared (F) drive in the Diabetes In patient folder. This should be updated daily as it also forms the OOH weekend handover. Appropriate in-patient referrals to DSN include: insulin education, district nurse support post discharge, hypoglycaemia, sick day rules education and blood glucose monitoring.

Junior doctors in Lothian have access to the Right Decisions app. Please familiarise yourself with the diabetes content of this App. Junior doctors who make referrals on the on-call phone can be directed to this for basic support. The link to the app is given below.
NHS Lothian diabetes | Right Decisions (scot.nhs.uk)

AMU

The in-patient DSN and consultant will do a daily ward round on AMU with the on call registrar. Consultants cover diabetes patients on wards 207/8. Complex cases on other wards can also be reviewed if required. There is a weekly meeting at 1pm in Registrars room on a Wednesday to discuss diabetes inpatients, and on a Thursday at 1pm to discuss Endocrine inpatients. Any patient can be discussed at the Friday unit meeting.

Urgent new referrals

There is a daily 11am slot to see any new diabetes patients or those needing an urgent insulin start jointly with a DSN, and sometimes dietician. You need to let the DSN on for that day know and also let the reception staff know to expect the patient.

Neurosurgery preoperative assessment

A few days a month, there is neurosurgery pre-operative assessment clinic, held in OPD7, in DCN building. The clinic coordinators will email you in advance to let you know of any pituitary patients coming. Patients are seen by the neurosurgery consultant, anaesthetist, nursing staff and clerked by junior doctor. Pituitary profile bloods will be taken as standard. Your role is to answer any endocrine questions the patient may have, and ensure their perioperative hydrocortisone is written up on their kardex. There is a protocol for this on the Edinburgh Diabetes website. You chase their pituitary profile bloods. Patients are seen by several members of staff so it is usually best to go across late morning.

When post-op patients are discharged from DCN please ensure you dictate a letter to their local endocrine consultant. You need to ensure that the patient has an appointment at their local service 6 weeks after the operation for pituitary function tests. For RIE patients please add their details to the Blood Requests spreadsheet on the shared drive. For WGH patients please email MetabolicUnitNurses@nhslothian.scot.nhs.uk. For patients seen in other health boards, it is easiest to email their consultant directly (other registrars may know the emails or call their secretaries) in case there is a delay with the formal letter being dictated/sent.

Podiatry

From time to time, you may be asked to see patients by the Podiatrists in the OPD2 foot clinic. There are some oral antibiotics stocked in podiatry clinic. If a patient requires admission from clinic, you should handover to the Interface medical registrar, located in Pod D A&E.

Documenting on call work

When on-call, please ensure that any advice (including verbal/Email) provided to GPs is included in the correspondence in TRAK. Emails can be copied and pasted, or manually typed in. If there has been a significant change to an existing patient's management then please dictate a letter (cc'ing the responsible consultant). This should always be done if a patient is being referred to clinic as a new patient. For telephone advice to the wards (requiring subsequent routine OP review) then a copy of the IDL should suffice.

WESTERN GENERAL HOSPITAL (WGH)
Who's Who in the Metabolic Unit at WGH

Consultants – (D) = Diabetes (E) = Endocrinology
Prof Mark W J Strachan (D+E)
Prof Rebecca Reynolds (D)
Dr Stuart Ritchie (D+E)
Dr Roger W Brown (E)
Dr Emily McMurray (D+E)
Dr Ganesan Arunagirinathan (D+E)
Dr Debbie Wake (D)
Dr Catriona Kyle (D+E)
Dr Tom Chambers (D+E)
Dr Sadiq Jeeyavudeen (D+E)
Dr Sheila Grecian (D+E)

Specialty doctors
Dr Jo Duncan

MU Nursing Staff
Alison McLean (C/N)
Sandra Walker (S/N)
Dean Amos (S/N)

Clinical Support Workers
Joanne Price
Audrey Nelson

Diabetes Liaison Nurses
Suzanne Dillon (lead)

Katherine Drummond
Emily Carrigan
Beth Stewart
Julie McCaskey
Jyothi Mullooparambil

Karen Allan (CSW)

Secretaries
Bethany Goddard (GA, SR)(Lead)
Claire Chappell (TC)
Amy Cuthbert (MWJS, SJ, EMH)
Madeleine Page (CK, ANC)
Ruth Henderson (EMM, SG)
Elisa Giudice (RR, RWB, IM, SM)

Admin Assistant
Amy Hunter

Dietician
Lorna Wyllie
Hanne Luxton

Podiatrist
Lorna Jarrett

Pharmacists
Lubna Kerr
Alison Cockburn

Unit Meetings

- Tuesday 1-1.30pm journal club in the Padfield room. Registrars and IMT doctors take it in turns to present papers for discussion.
- Wednesday 1-2pm hospital grand round via Microsoft Teams.
- Thursday 1-1.30pm: unit meeting MU seminar room. The on-call registrar for the week should present any complex inpatients patients, and all urgent new diabetes patients seen outwith clinic. Other team members can also present complex outpatients for discussion.
- 2nd Monday of each month: Neuroendocrine MDT 8.30am, Oncology seminar room.

Clinics

The clinic rota is made up by Beth Goddard (Bethany.goddard@nhslothian.scot.nhs.uk) and Dr Sheila Grecian and they should be informed of any annual or study leave requirements with at least 6 week's notice. Annual and study leave should be discussed as soon as possible. The clinic timetable is given overleaf. Most of the clinics run weekly with the exceptions below. Arrangements will be made for you to sit in on at least one clinic before you start seeing your own patients. On your first day in the metabolic unit, you should have an induction to the unit and see Beth Goddard, to organize computer passwords. You should also ask the consultant you sit in with to show you how our diabetes IT system, SCI-Diabetes, works.

WGH Weekly Clinic Timetable

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM 09.00- 12.30		DIABETES NEW/RETURN Prof Reynolds Dr Grecian + 1-2 Registrars DIABETES/RENAL CLINIC *every 2/52 Dr King/ Dr Kerr (renal) + 1Spr/Dr Kyle* MODY Prof Strachan/ Dr Arunagirinathan – (week 1) PHARMACIST LED DIABETES CARDIOVASCULAR RISK CLINIC Alison Cockburn	CARDIOVASCULAR RISK CLINIC Dr Brown Dr MacIntyre Prof Simon Maxwell +/- 1 Registrar PHARMACIST LED DIABETES CARDIOVASCULAR RISK CLINIC Lubna Kerr	DIABETES NEW/RETURN Dr Chambers Prof Strachan + 2-3 Registrars	LEITH CTC Dr Kyle/Dr Wake DIABETES NEW/RETURN Dr Jeeyavudeen + 2 registrars
PM 13.30- 17.00	ENDOCRINE NEW/RETURN PATIENTS Dr Ritchie (weeks4,5) Dr Arunagirinathan (weeks 1 and 3) Dr Chambers Dr Kyle Dr Grecian (weeks 2,4,5) ENDO/ONCOLOGY JOINT CLINIC Prof Strachan/Dr Ritchie/Dr Wall every 2 months	ANTENATAL/DIABETES /Dr Ritchie/Dr Duncan/ Dr Chambers/ Dr Grecian	DIABETES NEW/RETURN Dr Arunagirinathan Dr McMurray + 2 Registrars DIABETES/CF CLINIC EVERY 3MONTHS Dr Ritchie/Dr Arunagirinathan	ENDOCRINE NEW/RETURN Dr Ritchie Prof Strachan Dr McMurray Dr Jeeyavudeen Dr Arunagirinathan (week 1) Dr Brown + 1 Registrars	ADOLESCENT DIABETES/ 18-30 clinic 1400-1700 every 4-6 weeks (Check with secretary) Dr Kyle/ Dr McMurray / Dr Ritchie + 1 Registrar

WGH On Call

Each week, there is a registrar on call for diabetes and endocrinology and this is indicated on the monthly rota. The registrar can be contacted on 07976977402 from 09.00-17.00 and takes call from GPs and other specialties within the hospital. There is a consultant led inpatient diabetes wardround which occurs daily at 09:00 commencing in the registrar room. Close liaison is advised with the inpatient diabetes specialist nurse first thing in the morning to co-ordinate patients for review. A list of active patients for review is kept on the diabetes shared drive in the Diabetes In patient folder. This should be kept up to date on a daily basis and also forms the OOH weekend handover. Complex cases should be discussed with a consultant and/or be brought to the Thursday unit meeting.

Throughout the week, patients will be admitted to the day-bed area of the Metabolic Unit for dynamic endocrine tests. You may be asked by the nurses to prescribe or administer some of the drugs required for these tests and determine when tests should be terminated e.g. water deprivation tests. Please consult the metabolic unit protocols or discuss with a consultant if in doubt about what to do. Protocols are all held in a folder in the nurses' prep room and on the ECED website: www.edinburghdiabetes.com.

On Monday mornings there will usually be a thyroid cancer patient to clerk-in, who will be admitted for inpatient radioiodine to the oncology unit. Please ensure they are aware of what will happen (this will have been discussed in their clinic appointment), and they are fit for radioactive iodine. Please also put their drugs onto HEPMA. They do not need a review as routine when they are in, only if you are contacted by the oncology team (very rare). Prof Strachan leads on the thyroid cancer service and will do a quick letter when they are discharged and will organise their uptake scan post RAI.

When on-call – please ensure that any advice provided to GPs is included in the correspondence in TRAK – this should include both verbal and email advice. Emails can be copied and pasted in, or manually typed in. If there has been a significant change to an existing diabetes /endocrine patient's management then please dictate a letter (including the responsible consultant). This should always be done if a patient is being referred to clinic as a new patient (following personal review) to ensure the outpatient appointment is carried out in a timely manner. For telephone advice to the wards (requiring subsequent OP review) then a copy of the IDL should suffice. If it is a more urgent or complex then please dictate a referral letter as often IDL / FDL coming from the wards can be erratic.

Occasionally the consultant will be at another site in NHS Lothian for clinics / meetings – please contact them on their mobile phone via switchboard for advice. Alternatively, you can ask advice from any other consultant in the unit that day.

Junior doctors in Lothian have access to the Right Decisions app. Please familiarise yourself with the diabetes content of this App. Junior doctors who make referrals on the on-call phone can be directed to this for basic support. The link to the app is given below.

NHS Lothian diabetes | Right Decisions (scot.nhs.uk)

Clinic Processes

Diabetes clinics:

Patients who attend the clinic will have their weight/BP taken and glucose meter downloaded by the clinic nurse. They will also have urine sent for ACR if provided and bloods sent for routine diabetes screening. HbA1c will be available at clinic but the rest will need review after. They can have their eye screening done on the day by discussion with the eye screener in clinic if it is due.

If a telephone patient requires diabetes blood tests these should be arranged at the hospital by filling in a pink form (found in the clinic folder or from the clinic nurse). These results will then come back to you for review. Unless the patient is physically unable to come to the hospital for bloods, then we should not ask GPs to do these routine tests.

If a diabetes nurse specialist review is required on a separate day after clinic, then fill in a yellow referral form which can be found in the clinic folder or in the DSN office. Please ask the on-call DSN attached to the clinic if there are any queries.

Information on DAFNE courses can be found on the ECED website. Patients can be referred to DAFNE by sending their details to emailed to the pump admin team directly on WGH.CSII@nhslothian.scot.nhs.uk. Please stipulate whether the patient would prefer face to face or Remote DAFNE. There is no need to refer to the DSNs or dieticians.

Criteria:

- Type 1 diabetes
- Diagnosed for >6 months &/or post honeymoon
- On MDI (basal bolus) or willing to be
- HbA1c < 12% (107mmol)
- Can communicate in English
- Appropriate for group education
- Over 17 years of age

For those who do not fit the criteria but need further education then please refer to nursing or dietetics (specific CHO counting referrals should go directly to the dietetic team).

We proactively use Glooko to download and interpret patients' blood glucose readings, so please ensure you are familiar with this. The diabetes folders have a significant amount of information in them. Please make sure you familiarise yourself with them.

Endocrine clinics:

We use the blue sheets for requesting blood tests at the endocrine clinics, and other dynamic tests. Simple blood tests (eg TFTs, calcium checks) should be done by yourself in clinic. If you are requesting complex or unusual tests, then please let the nursing team know.

The bottom line is please ask if you are unsure about any of the processes – we are more than happy to help. A quick question answered can be time well invested!!

Information for IMT Doctors

During your placement at WGH, you will do a range of diabetes and endocrine clinics. Caitlin Hamilton-Jones will issue you with a SCI-DC password for WGH. Your annual leave requests should go to Kelly Black, medical secretary (Kelly.Black@nhslothian.scot.nhs.uk) with a copy of the request sent to Sheila Grecian and Beth Goddard. Once you are familiar with the unit, you will be expected to take the on-call bleep and it is useful training to assist the on call registrar with in-patient reviews under supervision. You will be expected to contribute to the journal club rota and attend "morning prayers" with the registrars. Wednesday mornings can be spent at the lipid clinic at RIE – Dr Jonathan Malo is the contact for this.

You do not contribute to the D&E OOH on call but to the general medicine oncall. The general medicine team will give you further information on this. If you are on call for general medicine in the evening, you are expected to hold the cardiac arrest bleep during the day too- please pick this up from AMU first thing.

HYPOADRENALISM AND DIABETES INSPIPIDUS: TRAK ALERTS, SAFETY AND SOPS

Following an MDT discussion on 24/2/20, there was pan-Lothian agreement to adopt a standard safety protocol for patients with adrenal insufficiency to ensure that all parties are aware of their condition and that the patient is appropriately educated. While this induction guide focuses on operational issues rather than clinical management, this is an extremely important safety issue which requires highlighting at induction and on a regular basis. Similarly, patients with diabetes insipidus need appropriate education. Both patient groups should be highlighted by a system of Trak alerts and information on their Key Information Summary (KIS). Updates to the KIS have to be done via GPs.

In July 2020, the GP Sub-committee agreed to do a search for all patients on Hydrocortisone and vasopressin and put an adrenal alert and DI alert on their KIS as appropriate. There will then be a link to RefHelp. Any new patients will need to be requested individually – when dictating clinic letters we should ask GPs to add this information to the KIS. The automatic update to the KIS will only apply to NHS Lothian patients, so any patients from other Health Boards need to have an individualised request to their GP.

Please see the full protocol on the ECED website, but the key features of the adrenal insufficiency protocol is as follows:

1. Ensure the SAS form is completed and sent (see ECED website)
2. Ensure their KIS includes details on their condition. If not, ask the GP to add the info using the standard text in the protocol
3. Ensure that there is a general alert on Trak using the standard text in the protocol
4. Ensure that patients have been given the Pituitary Foundation sick day rules leaflet and revisit the rules at each consultation
5. Highlight the importance of giving parenteral hydrocortisone if unwell (and better to err on the side of giving it unnecessarily than avoiding it inappropriately)

Sick day rules information sheets for patients with adrenal insufficiency and Diabetes Insipidus are available on the ECED website under 'Information for Health Care Professionals >> endocrine protocols' (Additional patient leaflets are also available, including treatment for male hypogonadism and prolactinomas. It is recommended that you use these resources in consultation with patients).

MONITORING

RIE and WGH registrars will undertake monitoring twice a year, at the same time as each other (as both groups of registrars contribute to the registrar D&E out of hours rota). The next 3 pages reproduce the new deal monitoring guidance for doctors in training issued in October 2016 by the Scottish Government. The specifics of our diabetes and endocrine rota are outlined below and this information should be kept in mind when completing monitoring returns. If you are not working for part/all of the monitoring period, please state if this is Annual Leave, Study Leave or rota'd time off.

D&E registrar rota (Rota code MD 0432; Band 1A)

1. Standard days are 8.30-5pm
2. Evenings on call for D&E are partial shift (not full shift) – you class the whole day as a partial shift 08.30 to 20.00h. You are meant to get 2h rest during the out of hours component ie between 5pm and 8pm. If that is not manageable, the shift is still new deal compliant if you get 1h rest, but you would have to lose an hour of work during the day to keep your overall hours within the rota limits. So that might mean coming in an hour late and missing morning teaching then working through till 8pm, or being off between 4 and 5pm before turning on the on call bleep. Neither of those options is ideal and in the past, registrars have generally had 2h rest during the 5-8pm block. Please do not wait for a period of monitoring to let Dr Zammitt know if the shift has become a lot busier, as we would then need to consider one of the above options to shorten the working day. For monitoring purposes, you only count time doing on-call work. So if you are on the phone and seeing patients from 5 to 5.45pm then quiet till 7.30 when you are on the phone for 10 minutes, you would mark on your diary that you have had 2h and 5 minutes rest (total work 55 minutes). If there is a period of time when there are no calls and no patients are being seen, that is not a work episode, even if you are sitting by your bleep or choosing to remain on site during that time.
3. Weekend days (9-5) and HAN (21.00 to 09.00) are full shift. You should get one natural break on a weekend day and 2 on a HAN shift (see below)
4. Natural breaks: This is an uninterrupted break of at least 30 minutes. Natural breaks must be separate 30 minute breaks. A natural break must begin no later than 5 hours from your start time (eg lunch time). Minimum number of breaks are:

   5hrs 1min to 9hr shift = 1 break

   9hrs 1min to 13hr shift = 2 breaks
5. Junior docs are not allowed to work more than 7 days in a row. We therefore roster a zero day either the Friday before or the Monday after a weekend on call to avoid more than 7 consecutive days of work

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ANNEX A
DOCTORS IN TRAINING – NEW DEAL MONITORING GUIDANCE

Pre Monitoring

1. All NHS Boards should inform doctors in training of the local monitoring systems and obligations at induction, or other such events soon thereafter. It is important that medical staffing representatives ensure that doctors have access to all of the documents and information required for the monitoring process.
2. Each employer should develop local arrangements for notifying doctors in training of monitoring taking place. Doctors in training must be notified adequately in advance of the monitoring period. Ideally one to two weeks' notice should be given of monitoring taking place, with an opportunity to provide information or feedback on any known or upcoming issues. There is no one size fits all system and it should be determined locally what works best. It is good practice for pre-monitoring meetings to take place, and these should be arranged wherever possible.
3. Information on doctors in training working hours must be collated using agreed local recording methods which align with national framework principles. If paper based systems are used, there should be agreement on how forms will be distributed and collected.
4. NHS Health Boards in Scotland, as employers, have a contractual responsibility to monitor regularly the hours of work of junior doctors. Doctors in training and their employers have a mutual contractual obligation to co-operate with monitoring arrangements. Any monitoring process should have full buy-in from consultant and management staff who should actively encourage doctors in training to participate in monitoring, and accurately record their hours and rest/ breaks.

Monitoring

5. Monitoring should happen twice a year, February to July and August to January, but can be requested any time, in writing, or verbally by any doctor on the rota. Monitoring may be done once a year, but only with agreement of the Scottish Government and local doctors in training representatives.
6. Monitoring will be for a minimum of two weeks. Longer periods may be required where necessary to obtain a representative sample of the rota.
7. All doctors in training should be monitored. There is no requirement to monitor non-training grades. However, custom and practice is that all participants on a rota should be asked to monitor, including non-training grades, and where this is the case, then all information should be included for analysis. However, the return rate will be based on the percentage of doctors in training shifts monitored and monitoring outcomes should not be affected by non-participation of non-training grades.

8. Monitoring should take place at a time which is considered typical and representative, and is likely to give a result which fits with the normal everyday routine of the junior doctors.
9. Previous advice has been to avoid monitoring the first six weeks post the February and August rotation, and during public holidays. Given that rotations and the way in which many areas work has changed, it can be determined locally exactly when a rota should be monitored in the six month period.
10. Once monitoring has commenced, it should only be curtailed in exceptional circumstances with the agreement of the doctors in training being monitored and the Scottish Government. An example of this may be a major incident, eg an outbreak of norovirus.

Post Monitoring

13. Doctors in training should ensure all their monitoring data is completed and returned a maximum of two weeks after the completion of the monitoring period. Data may be accepted after this time depending on individual circumstances and with agreement of the employer. For example, someone may be on leave and therefore unable to return their data by the deadline. Doctors in training are required to sign a declaration/counter fraud statement that the information provided on their monitoring form is correct and complete.
14. The absence of a consultant signature/approval code will not discount or invalidate a monitoring form. Employers are able to query any part of the monitoring return including contacting the relevant Junior Doctor for further information if required.
15. A return rate of 75% of forms and at least 75% of shifts is required for an exercise to be considered valid. This 75% return rate refers to doctors in training and the shifts that they do, and is not impacted by a lack of returns from non-training grades. There may be times where, following discussion and agreement from the Scottish Government, this can be relaxed slightly e.g. where there may be a full return but only 70% of a particular shift. An example of this may be a rota which has a short shift at the weekend such as 9am – 3pm. There may be 19 out of 20 forms returned but the one missing has done two of these weekend shifts, this would mean only two of four shifts have been returned. In such a circumstance, given an almost 100% return, the Scottish Government may decide to relax the 75% rule for this one shift in order to avoid 20 doctors having to re-monitor, when 19 of them have fully participated in the original request.

16. Where this return rate is not achieved, monitoring must be repeated in the same six month period. If this repeat exercise does not yield a valid result, then employers should use the available information to band on best available evidence. This will include the returns received, combined with the agreed template rota to give an indication of how the results may look. Results should be made available to all parties, including directly to the doctors in training concerned and the Scottish Government, within 15 working days of the adequate receipt of monitoring returns. Feedback and analysis of the monitoring results should comply with the minimum data set as per the agreed monitoring summary feedback form. Feedback should include the completion/return rate of the monitoring exercise and results should be published regardless of the return rate(s), even if this is less than 75%.

17. Monitoring can be declared unrepresentative where there are valid and agreed reasons as to why the outcome of the exercise differs from the expected outcome. This must be agreed by all parties involved, and re-monitoring should take place as soon as possible within the same six month period. Use of post-monitoring meetings will support to facilitate this process and ensure there is accurate and robust monitoring of doctors in training working hours

To All Hospital Doctors:

Regarding: Examinations involving ionising radiation: entitlement as a "Referrer" and "Operator for Evaluation"

IR(ME)R17 is the legislation governing exposures of patients to ionising radiations. It requires all referrers and operators to be made aware of their entitlement and its scope.

To understand the basics of IRMER and reduce or avoid inappropriate or incorrect referrals, you **must** complete the IRMER module of your online training. This **must** be repeated every two years.

NHS Lothian's Employers Procedures are available on the intranet should you wish to read further (http://intranet.lothian.scot.nhs.uk/Directory/IRMER/Pages/default.aspx)

Referrer

In your role as a hospital doctor you are entitled as a Referrer under IR(ME)R. Your scope of entitlement is for the following medical exposures involving ionising radiation:

- Diagnostic x-ray examinations
- Interventional x-ray procedures
- Diagnostic nuclear medicine examinations
- DEXA examinations

Prior to referring for any exposure you are encouraged to consult iRefer for guidance as to what the most appropriate examination is. If you are still unsure, please contact the department you are referring to and discuss your referral prior to submission on TRAK.

When making a referral, it is your responsibility to give enough clinical information to allow the practitioner (generally a Radiologist or Radiographer) to understand why the benefit of this examination for your patient will outweigh the radiological risk.

As a referrer, please ensure you have mentioned potential radiological risk to your patient when consenting them for the examination or procedure. For further information on risks of exposure to ionising radiations, the following information is available:

- Risk Posters: http://intranet.lothian.scot.nhs.uk/Directory/IRMER/Pages/RiskPosters.aspx
- Patient dose information:
    - https://rie-qpulse.luht.scot.nhs.uk/QPulseDocumentServiceMedicalPhysics/Documents.svc/documents/active/attachment?number=IRR-SOP-41

Prior to submitting your referral, please ensure the following information has been double-checked:

- Is this the correct patient?
- Have I asked for the right examination?
- Has the correct side been chosen?
- Does the patient need this exposure now or at some later date?

You must put your name and a contact number on TRAK. Please include “Doctor” or “Dr” in this field as only named non-medical referrers are allowed to refer. If the radiographers don’t know you’re a doctor and you’re not on the non-medical referrer list they will have to try and contact you to ensure your referral is from an entitled referrer.

Operator for Evaluation

In your role as a hospital doctor you are also entitled as an Operator for Evaluation under IR(ME)R.

Your scope of entitlement is for the following medical exposures involving ionising radiation depending on your area and level of expertise:

Category of Doctor	**Entitlement to evaluate/act on images**
Pre-registration doctors	All plain film radiographs.
Post registration doctors not employed as ST registrars	As above, plus fluoroscopic images confined to the speciality in which they practice.
Post registration doctors employed as ST registrars	As above, plus CT images confined to the specialty in which they practice.
Consultants	All images relevant to specialty as indicated above.

The responsibility to evaluate or act on medical images before a Radiology report is received should be undertaken only following training and for examinations within the scope of entitlement as detailed above. As a GMC registered doctor you must acknowledge the limits of your own expertise with regards to image evaluation and refer to a colleague for advice when you reach the bounds of your competence.

If you move category or speciality then your entitlement automatically maps to your current job role.

Kind Regards

Caroline Whitworth, NHS Lothian IRMER Policy Lead

Date Issued: 01/01/2022	Version No. 1.1	Author: IRMER MPE	Authorised by: IRMER Policy Lead	Date of Last Review: 10/07/2022	Next Review Date: 01/01/2024