

# Tomorrow's **DIABETOLOGIST**

News and viewpoints from the Young Diabetologists' Forum



## Concerns over the 'exit' exam for diabetes trainees

Emma Wilmot provides an update, page 4



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In association with

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**Partha Kar**  
Editor

## Young diabetologists: Time to shape our own future

**'Individuals don't have outcomes. An individual is an outcome. If you can understand this, you are in the right specialty, and doing the right job'**

– E.A. Gale

It is with great pleasure that I offer a very warm welcome to the readers of the first edition of *Tomorrow's Diabetologist* – a supplement supporting the interests of specialist trainees and new-to-post consultants involved in diabetes care or research, produced on behalf of the Young Diabetologists' Forum (YDF), the 'trainee' wing of Diabetes UK.

I tried hard to find an apt quote to begin this editorial, before coming across the above in a recent issue of *Diabetologia* (Gale, 2008). There is no denying the poignance of the statement – we, as diabetologists and trainees, aspire to treat people with diabetes as individuals, first and foremost. It is just a shame that this aspect of our role does not have a quantifiable element to it, which in our financially orientated health service would make the 'bean-counting folk' happy!

### **Uncertainty ahead: The role of the YDF**

There should be no argument regarding the observation that the 'landscape' of diabetes care in the UK has changed in recent years – in some ways for the good, but, in other aspects, the results have been questionable at best. Among trainees in diabetes, the fallout from this is a growing uncertainty about what lies ahead, in terms of both unease regarding future recruitment prospects and palpable frustration about the emerging model of care.

As it has grown in stature, the YDF has attempted to engender debate on such issues, and, on page 3, Chairperson Pratik Choudhary discusses the growth of the Forum, the projects it has been involved in, its plans for the future and the important part the organisation is playing in the future of trainees.

Another major issue on the horizon for trainees is the introduction of 'exit' exams. With the Modernising Medical Careers fiasco (Hawkes and Smith, 2006) still a vivid memory, for many the worry is that this particular project also seems to have the same feel of being 'rushed through'. There seem to be many variables and unanswered questions, and the YDF has been attempting to convey trainees' concerns to the relevant bodies. Emma Wilmot provides an update on the latest developments, and outlines the YDF's contribution to the debate (page 4).

These issues aside, what does the future hold for trainees and new-to-post diabetologists? Links with acute medicine teams? Or perhaps work out in the community? In this issue, we highlight the viewpoint of Tristan Richardson (page 6), a consultant physician who manages to combine work in both acute medicine and diabetes and endocrinology. His article provides a good insight into this new type of 'cocktail' job and makes interesting reading.

### **The future: An exciting prospect**

I have come across many trainees who feel worried about where we are heading as a specialty. It is probably the eternal optimist in me, but I think the future is anything but depressing. The chance for us to make a significant impact truly exists; one could sit and wonder what might have been, but alternatively we could take this opportunity to mould something fresh and exciting. As the American philosopher Ralph Waldo Emerson said: 'Do not go where the path may lead, go instead where there is no path and leave a trail.' Is it time to create our own future? Watch this space.

Gale E (2008) Who needs the diabetes specialist physician? *Diabetologia* 51: 700–2

Hawkes N, Smith L (2006) Pick a doctor by computer 'fiasco' *The Times* March 4. Available at: <http://www.timesonline.co.uk/tol/news/uk/article737259.ece> (accessed 21.05.2008)

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## Young Diabetologists' Forum: Much achieved, but still more to do

The Young Diabetologists' Forum (YDF) was set up in 2002 under the auspices of the Professional Support and Development Working Group of Diabetes UK, and received funding from the pharmaceutical industry. The original remit of the Forum was to represent and support the interests of trainees and new-to-post consultants involved in diabetes care or research by delivering education and training that may not be available elsewhere. Furthermore, the YDF Committee was tasked with providing opportunities for its members to network and develop new contacts across the country. Today, the YDF Committee can reflect with pride upon our achievements during the first 5 years of the Forum.

### YDF Annual Training Day

Our flagship event – the YDF Annual Training Day, which is held immediately prior to the Diabetes UK Annual Professional Conference – provides a unique opportunity for more than 100 registrars with an interest in diabetes from across the country to congregate for a day of fun-filled learning. Lectures, predominantly covering topical issues in service delivery or training, are followed by workshops on a combination of clinical, managerial and generic topics. The highlight of the meeting is the YDF debate, which offers a lively and entertaining look at the most contemporary issues, and the day is capped with a vibrant social event.

### Educational support

One of the biggest transitions trainees have to make as they step up to consultant posts is the huge increase in managerial responsibility. As registrars, we often focus on getting to grips with clinical training; management is one of the areas commonly overlooked until our final-year assessments. The recent success of the King's Fund diabetes leadership

course for consultants led the YDF to approach the organisation with the aim of a similar course tailored to the needs of diabetes registrars. With the backing of the current and previous National Clinical Directors for Diabetes, and sponsorship from the Association of British Clinical Diabetologists, the inaugural King's Fund diabetes management course for registrars will take place in mid-July of this year.

The YDF is also working with the Oxford Centre for Diabetes, Endocrinology and Metabolism (OCDEM) to establish the YDF–OCDEM Diabetes State of the Art Course. This will run at the end of October 2008, and is aimed at fourth- and fifth-year trainees.

At the other end of the training spectrum, the YDF Committee is working with Dr Gerry Rayman at Ipswich Diabetes Centre to develop a diabetes foundation course for trainees in their first or second year of training.

Finally, the Forum is currently engaged in developing an 'e-learning' tool to assist trainees in preparing for the impending 'exit' exam (see page 4).

### More to do

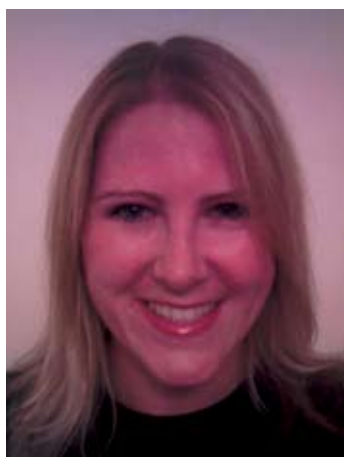
These are early days in the life of the Forum, though, and we have ambitions to further develop the YDF into a tool for exchanging ideas and information within the trainee and new-to-post diabetologist community. At a time when both service provision and training arrangements are evolving at a frenetic pace, we envisage that this work can only help our members navigate these challenges.

As chairperson of the YDF Committee it has been great fun and a fantastic learning experience to convert these ideas into realities. We have had fantastic support from the leading figures in academe and in the industry. There is still lots to do and the YDF 'looks back' towards the current trainees for their ideas and support.



**Pratik Choudhary**  
Chairperson, Young  
Diabetologists' Forum

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**Emma Wilmot**  
*Young Diabetologists' Forum  
Committee Member*

## Knowledge-based assessment: What does it mean for trainees in diabetes and endocrinology?

Just as the healthcare community gets to grips with the various methods of assessing trainee doctors – such as MSF, DOP, mini-CEX, and CBD (see *Box 1* for definitions) – a new form of specialist trainee evaluation has been introduced, along with another acronym, in the form of the Specialty Knowledge-Based Assessment ('the KBA', or 'exit' exam).

### Background

The KBA has been developed in a collaboration between the Specialist Societies and the Federation of Royal Colleges of Physicians of the UK, with the aim of ensuring that certified specialists are ready to work 'safely and competently as consultants' (Membership of the Royal Colleges of Physicians of the UK [MRCP(UK)], 2008). The MRCP(UK) web site notes that: 'A Specialty KBA is now a compulsory component of assessment for Certificate of Completion of Training (CCT) for all UK trainees whose specialist training began in or after August 2007' (MRCP(UK), 2008). Each KBA will aim to assess trainees' knowledge and understanding of a relevant curriculum, and the KBA for diabetes and endocrinology is scheduled to be introduced in the autumn of 2009.

#### Box 1. Abbreviations and acronyms of trainee doctor assessment methods.

CBD	Case-based discussion
DOP	Directly observed procedure
KBA	Knowledge-based assessment
MSF	Multisource feedback
Mini-CEX	Mini-clinical evaluation exercise

### Details

As suggested above, the requirement to pass the KBA applies only to those trainees who enrolled on the new 'ST' (specialist trainee) curricula in 2007 or later; it will not be compulsory for those currently in the old 'SpR' (specialist registrar) system, although many of these trainees may opt to sit the exam given the current high level of competition for consultant posts. Trainees will be expected to pass the KBA prior to their penultimate-year assessment, with the examination most likely to be taken in year ST4 or ST5 (equivalent to SpR year 2 or 3).

The exam will be computer-based and conducted under invigilated conditions at a number of specialist centres across the country. It will comprise two 3-hour 'best-of-five' exams (i.e. multiple-choice questions each with five possible answers to pick from), with 200 questions in total. Although there is no specific reading list for this exam, the questions will be based on the diabetes and endocrinology curriculum, which is available from the web site of the Joint Royal Colleges of Physicians Training Board (JRCPTB, 2007).

### Concerns from the Young Diabetologists' Forum

At the Young Diabetologists' Forum (YDF) Annual Training Day earlier this year, 115 diabetes and endocrinology SpRs had the opportunity to discuss the KBA. Given the recent fiasco regarding the Medical Training Application Service, the group were concerned about the KBA, as it could have a significant impact on trainee careers.

The status of the exam as a hot topic among diabetes and endocrinology trainees is reflected in the 500 visits to the KBA page of the YDF web site (Wilmot, 2008). In

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a dialogue with the YDF, the MRCP(UK) has communicated that, as the exam is to be designed for advanced trainees, anticipated pass rates are high (>90%), and there should only be a minimal need for re-sits (Sturridge, 2008).

One source of concern for this author is the fact that no pilot KBA has been run for diabetes and endocrinology. Indeed, from comments posted on the YDF web site ([www.youngdiabetologists.org](http://www.youngdiabetologists.org)), there is a feeling among SpRs that endocrinology is, in some ways, more an art than a science; often, there is no single 'correct answer'. One wonders how this variation in practice will be reflected in the exam.

While the YDF has been assured that successful pilots have been run in gastroenterology, cardiology, neurology and geriatric medicine (Sturridge, 2008), the outcome data from these pilot exams are unsettling. The pilot cardiology KBA had a predetermined pass mark of 83%, which took into account how well participants were expected to perform. However, only 4.8% of 303 participants passed (Joint Committee on Higher Medical Training, 2006). Thus, it appears that standard setting for a KBA is difficult; the YDF Committee is concerned that, without a pilot exam for diabetes and endocrinology, trainees in this field could encounter problems similar to those observed in the cardiology KBA pilot.

## Cost of the exam

A further cause for disquiet is the financial impact of the KBA. It will cost a candidate £800 for the first attempt, while the cost of re-sits has still to be discussed (Sturridge, 2008). In view of the cutbacks in study budgets, combined with 'down-banding' of jobs in preparation for the 48-hour-week restriction for trainees (as a result of the European Working Time Directive; Horrocks, 2006), doctors may struggle to pay for courses and education in addition to the KBA.

## Role of the YDF

The YDF has conveyed trainees' concerns to

both the Specialist Advisory Committee and the Royal College of Physicians, and we look forward to bringing you the latest information as we get it. The YDF Committee is also developing a web-based training portal to help trainees prepare for exam.

At the Forum, we recognise the increasing financial burden on trainees, and are currently working to provide as many low-cost education and revision opportunities as possible. Examples include the YDF-OCDEM (Oxford Centre for Diabetes, Endocrinology and Metabolism) Diabetes State of the Art Course mentioned in Pratik Choudhary's report on page 3, and, of course, the YDF Annual Training Day, which will continue to provide education relevant to both the diabetes and endocrinology curriculum and the KBA.

The organisers of the KBAs are keen for feedback from trainees. If you have any views, please contact us through the YDF web site so we can continue to communicate with the Royal Colleges on your behalf.

Horrocks N (2006) *Designing safer rotas for junior doctors in the 48-hour week*. Available at: <http://www.rcplondon.ac.uk/pubs/contents/09446ffc-7f46-4f18-a1d0-fb5b8607b0c4.pdf> (accessed 28.05.2008)

Joint Committee on Higher Medical Training (2006) *Knowledge-Based Assessment Pilot Project. Final Project Report*. Available at: [www.jrcptb.org.uk/SiteCollectionDocuments/KBA%20Project%20Final%20Report.pdf](http://www.jrcptb.org.uk/SiteCollectionDocuments/KBA%20Project%20Final%20Report.pdf) (accessed 23.05.2008)

Joint Royal Colleges of Physicians Training Board (2007) *Specialty Training Curriculum for Endocrinology & Diabetes Mellitus*. Available at: <http://www.jrcptb.org.uk/Specialty/Documents/Endocrinology%20Diabetes%20Mellitus%20Specialty%20Training%20Curriculum%20May%202007.pdf> (accessed 23.05.2008)

Membership of the Royal Colleges of Physicians of the UK (2008) *Specialty KBA Home*. Available at: <http://www.mrcpuk.org/KBA/Pages/Home.aspx> (accessed 23.05.08)

Sturridge (2008) [MRCP(UK) letter of response to the YDF]. Available at: [http://www.youngdiabetologists.org/documents/RCP\\_Response\\_to\\_Young\\_Diabetologists.pdf](http://www.youngdiabetologists.org/documents/RCP_Response_to_Young_Diabetologists.pdf) (accessed 23.05.2008)

Wilmot E (2008) *MRCP Diabetes and Endocrinology: RCP responds to YDF letter*. Available at: <http://www.youngdiabetologists.org/content/view/95/9/> (accessed 23.05.2008)

**'One source of concern is that no pilot exam has been run for diabetes and endocrinology.'**

**'The Young Diabetologists' Forum Committee is concerned that, without a pilot exam, trainees in diabetes and endocrinology could encounter problems.'**



**Tristan Richardson**

## Diabetes, endocrinology and acute medicine: An intoxicating mixture?

There is little need to regurgitate the fact that jobs in diabetes care are changing – it is unlikely that new posts in this field will resemble what trainee doctors are used to. Additionally, from perusing the *BMJ*'s job section, it is clear that there are great difficulties for trainees in finding any vacant posts at all.

This situation has led to the emergence of various job permutations. My own post, for example, involves 4 days per week of 'specialty medicine' (focusing on diabetes and endocrinology [D&E]) with 1 day per week of 'acute medicine'. There are various conceivable configurations of such mixed roles, including specialising mainly in acute medicine with one or two sessions per week of D&E.

### The good...

So, are there any benefits from joint posts combining D&E with acute medicine, or are we just putting a brave face on a situation in which there is little chance of a full-time role on our 'chosen' career pathway? There are positives of course – firstly, the excitement of hands-on management of acutely ill patients, which makes a refreshing change from chronic disease management. The management of such patients necessitates drawing on many interesting areas of medicine, including neurology and tropical medicine and infectious diseases, and requires liaison with colleagues from many different specialties.

Furthermore, ongoing clinical learning opportunities are more readily available for juniors and seniors alike, and there is the potential for continuity of care with clinic follow-up – something that has been missing from ward-based medicine for the last few years.

Many diabetes centres, such as mine, are already streamlined and beautifully organised. The current processes in acute medicine are,

as yet, not, and that in itself is an exciting prospect – providing the opportunity of change and service development. Young consultants beginning jobs in other areas may not face such challenges. Additionally, the acutely ill are a group often at their most vulnerable, and small improvements in their condition are rewarding for the clinician.

With the reality of diabetes management moving towards care in the community, specialists with 'an interest in acute medicine' are, in my view, more 'indispensable' than their peers – particularly as emergency medicine admissions are on the increase.

### The bad...

Of course, there are also downsides to such roles. Reputations are felt to be important in medicine – are diabetologists involved in acute medicine seen as being 'less expert' than their 'super-specialised' peers?

In my own experience, splitting myself between diabetes, endocrinology and acute medicine within the time constraints of the working week can be difficult. That may be more about time management than the mixed nature of the job, but 'giving 100%' to each of the three specialties is a difficult balancing act.

### The verdict

Whatever the pros and cons of a job, our work is what we make of it. Job plans change with time, and what starts as a post within these different specialties will no doubt evolve, by necessity or default. Personally, I recommend a job with an acute medicine element attached, and would advise trainees who follow this route not to be disheartened that this was not their first choice of career. It can be interesting and rewarding, and enable service development in an area relatively ripe for maturation. So, grab your stethoscope – you may actually need to use it!

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## News from the Young Diabetologists' Forum

### Diabetes Inpatient National Network conference: YDF member discount

Members of the Young Diabetologists' Forum (YDF) will be able to attend the second national conference of the Diabetes Inpatient National Network (DINN) at the special discounted rate of £125 (including VAT).

Entitled *Taking inpatient care forward – consensus approach*, the conference will be held on 15 December 2008 at the Hotel Ibis, Earls Court, London. It aims to equip delegates with an exciting package of state-of-the-art in-hospital guidelines and expert witness discussions in key areas of inpatient care.

The conference will be chaired by David Kerr (Consultant Physician,

Bournemouth) and Maggie Hammersley (Consultant Physician and Acute Care Diabetologist, Oxford), and topics include the inpatient management of hypoglycaemia, the diabetic foot and diabetic ketoacidosis.

For the first time, the event will also incorporate a poster exhibition. The posters will acknowledge new ideas and innovations within secondary care diabetes and will allow individuals to share information and to network; abstracts are now being accepted.

For more information, please visit [www.sbcommunicationsgroup.com/events](http://www.sbcommunicationsgroup.com/events), or call 020 7627 1510.

### ABCD King's Fund diabetes management course for SpRs

In the wake of the highly regarded King's Fund diabetes management course for consultants, the Young Diabetologists' Forum (YDF) Committee has collaborated with the Fund on an analogous programme solely for specialist registrars (SpRs) in their fourth and fifth years of training.

The Association of British Clinical Diabetologists (ABCD)

has kindly sponsored the course, which will be held on 14–18 July 2008 at Blenheim Palace, Oxfordshire.

All the available delegate places for the event have now been taken, but the YDF aims to organise this course on an annual basis; please visit [www.youngdiabetologists.org](http://www.youngdiabetologists.org) for further details and updates.

### YDF–OCDEM State of the Art Diabetes Course announced

The Young Diabetologists' Forum (YDF) is proud to unveil the details of a 2-day diabetes course, developed in collaboration with the Oxford Centre for Diabetes, Endocrinology and Metabolism (OCDEM).

The event, which is designed to meet the educational needs of those in their fourth or fifth year of specialist registrar training, will take place on 30–31 October 2008 at Eynshaw Hall, North Leigh, Oxfordshire.

The programme will include sessions on managing juniors as a new-to-post diabetologist, acute diabetes situations, new drugs, and 'surviving as a new consultant'.

The course is to be chaired by Professor Rury Holman (OCDEM, Oxford) and Professor Sir George Alberti (Imperial College, London).

For more information, or to book a place, please visit the YDF web site at [www.youngdiabetologists.org](http://www.youngdiabetologists.org).

### Welcoming a new generation of diabetologists



As a diabetologist who was himself once young, I am delighted that the Young Diabetologists' Forum (YDF) has chosen *Diabetes Digest* as the vehicle to facilitate the sharing of its news and views with peers and colleagues.

It is a vociferous and active group that provides education and training not always available to its members elsewhere. I very much look forward to an ongoing relationship with the YDF and with the new generation of diabetologists it represents.

David Kerr  
Editor, *Diabetes Digest*

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