**Paediatric Endocrinology and Diabetes**

**CSAC Supervision: Higher Specialist Training**

The aim of the CSAC progression form is to provide an external overview of your training and progression in specialist training. It also collects information about paediatric endocrinology and diabetes centres. This form will not be shown directly to consultants at any individual centre.

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| --- | --- |
| 1. **Details** |  |
| Name |  |
| Mobile Number |  |
| Email |  |
| GMC Number |  |
| NTN Number |  |
| Training Centre (s) |  |
|  |  |
| Year Appointed |  |
| Part-time / Full time  *Clarify dates of any status changes* |  |
|  |  |
| Year of Grid Training (FTE) |  |
| Expected CCT date |  |
| Educational Supervisor |  |

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| --- | --- | --- | --- |
| 1. **General Information about post** | Yes | No | Comments |
| Number of Endocrinologists & diabetologists in hospital (FTE) |  |  | Endo -  Diabetes - |
| Other medical staff attached to D&E service (FY / ST / lecturer / researcher) |  |  |  |
| Is it a combined diabetes and endocrine service? |  |  |  |
| Access to consultant supervision at all times |  |  |  |
| Access to secretarial time |  |  |  |
| Access to on-site medical library / texts |  |  |  |
| Access to current relevant journals |  |  | Specify |
| Designated office space and desk |  |  |  |
| Ability to offer higher degree training |  |  |  |

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| 1. **Training Opportunities** | Yes | No | Comments |
| Regular timetabled education sessions  eg  - Endocrine teaching  - MDTs (eg genetics / oncology)  - Biochemistry results  - Radiology (X-ray / MRI meetings) |  |  | Specify type and frequency:- |
| Academic endocrinology meetings |  |  |  |
| Academic paediatric meetings |  |  |  |
| Training in teaching skills |  |  |  |
| Training in management skills |  |  |  |
| Training in critical appraisal of data / research methodology |  |  |  |
| At least one audit project per year |  |  |  |
| Other meetings (specify) |  |  |  |

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| 1. **Allied Professionals** | Yes | No | Comments |
| Specialist Nurse (Endocrine / Diabetes / Bone / Other) |  |  | Endo -  Diabetes - |
| Dietician |  |  |  |
| Psychologist |  |  |  |
| Social Worker |  |  |  |
| Biochemist |  |  |  |
| Other |  |  |  |

1. **Endocrinology & Diabetes Training**

How many outpatient clinics are you timetabled for per week? (please tick)

General Endocrinology (new) 1 2 3 4 5

General Endocrinology (review) 1 2 3 4 5

Diabetes 1 2 3 4 5

Speciality Clinic, eg Bone, Turners etc 1 2 3 4 5

What is the approximate split between diabetes and endocrinology clinics?

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| On average what percentage of clinics do you get to? And provide reasons for non-attendance if relevant. |

Do you have the opportunity for case presentation and discussion with the consultant during or after clinic (please tick):

*Always Mostly Occasionally Never*

Do you have the opportunity to attend speciality and/or combined clinics (with another specialty consultant) in (tick as many as that apply)

* Adolescent / transition clinics
* Young adult clinics
* Metabolic Bone
* DSD
* Genetics
* Gynaecology
* Turners
* Oncology Late Effects
* Retinopathy clinics
* Foot clinics
* Insulin Pump clinics
* Other - specify

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| What percentage of your time is spent in general paediatrics as opposed to your speciality?   1. During the day - 2. Out of hours - |

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| --- |
| How often do you have the opportunity to have regular meetings with your educational supervisor? Please add any extra comments about educational supervision |

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| How are you keeping a record of your training? (Logbook / E portfolio)?  Add any comments about E portfolio / competency based assessments: |

Do you have the opportunity for:

1. At least one teaching ward round with the consultant per week

Yes No N/A

1. At least one trainee-led ward round per week

Yes No N/A

1. Review of endocrinology / diabetes patients on a day case facility

Yes No N/A

1. To learn from MDT members (specialist nurse, therapists)

Yes No N/A

1. To work within shared care networks within your region

Yes No N/A

1. To participate in research projects?

Yes No N/A

|  |
| --- |
| **6. Clinical Governance Activities:** Please comment on your involvement in these |

|  |
| --- |
| **7. Management Responsibilities:** |

|  |
| --- |
| **8. Research Activities / Presentations / Publications:** This record will be used in the CSAC progression form. |

Any other comments about your training

|  |
| --- |
| **9. Teaching Activities:** This record will be used in the CSAC progression form. |

**Study leave**

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| **10. List your Study Leave in last 12 months:** Provide brief details regarding usefulness for training.  Please list any study leave you have planned for the forthcoming 12 months:  Do you have any difficulty obtaining appropriate study leave? If so what are the barriers |

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| **11. General Comments:** Highlights/strengths of training in your current placement:  Would you recommend your current centre to another trainee? |

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| **12. Areas for development that you feel you need in the forthcoming year. (Targets)**  Please consider any gaps in your knowledge or competencies that you feel important to highlight here for discussion at the meeting |

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| **13. Please outline strengths and your achievements this year:** This record will be used in the CSAC progression form |

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| **14. START:** Date planned?  Or Date taken?  Please use this box for reflection comments of START & Please note any plans for development from you START feedback |

**Please could all completed forms be emailed to guftar.shaikh@nhs.net by 30th April**

**As we would like to fill in your CSAC progression forms prior to the meeting**