



**British Society for
Paediatric Endocrinology
and Diabetes**

BSPED February 2021

Plans for BSPED 2021 - A message from the BSPED Chair, Tabitha Randell

In light of the still very present global pandemic, the BSPED Executive Committee and Programme Organising Committee Chair have made the decision to move the BSPED 2021 Annual Meeting to a virtual format to ensure it can still go ahead.

We understand that it is an ever-evolving situation and we hope circumstances will be very different in the autumn. However, to ensure that we are able to plan and deliver a successful Meeting for our community, we believe it is important to take this decision now to enable us to move forward with certainty.

The Meeting will be online, to ensure that everyone can attend, despite ongoing social distancing measures and concerns over travel. We will still plan a programme incorporating the range, quality and relevance that you would expect from a BSPED Meeting and we are really looking forward to bringing the paediatric endocrine and diabetes community together to share and learn. The Meeting is likely to be held in November and, as always, you as members will be able to attend the Meeting at a discounted rate.

More details and dates will be available soon, once we have been able to shape the virtual Meeting further, and we look forward to receiving your abstracts and welcoming you to the Meeting in due course.

In the meantime, I send you my support and best wishes. I hope you, your colleagues and your families are staying healthy through these continuing challenges.

Kind regards,
Tabitha Randell
BSPED Chair

News from the BSPED Office

Chaperone guidelines and documentation for intimate examinations

The BSPED Executive Committee has discussed current chaperone guidelines with both the GMC and the RCPCH following some historical allegations. While the GMC will not retrospectively apply the current guidance, it is important to follow it now and going forwards. [The guidance can be found here](#). We would like to remind members always to offer a chaperone for intimate examinations, to note that you have done so and to note also if the chaperone is declined. Some trusts are already using a stamp/documentation on notes to record that the relevant conversations have been held. We have uploaded an example from Birmingham Children's Hospital for your use in [Word](#), [Excel](#) and [PowerPoint](#).

Opportunity: BSPED Wales representative for Clinical Studies Group

Professor John Gregory has now stepped down as the Welsh representative for the Paediatric Endocrine Clinical Studies Group (CSG). We wish him a very happy retirement after many years of service to the CSG and to paediatric endocrinology as a whole. This means we are looking for a keen Welsh representative who will make significant contributions to research in paediatric endocrinology through the CSG. We invite interested candidates to apply with a short paragraph to bsped@endocrinology.org.

Last chance to apply: Digital and Information Officer on Clinical Committee

We have a vacancy for a BSPED member to join the Clinical Committee in May 2021, focusing on how BSPED's information and news is communicated. If you're a social media enthusiast and are passionate about disseminating important information in the field, we'd love to hear from you. As a member of the Clinical Committee you would be at the heart of BSPED's activities, whilst also posting and engaging via social media, having an overview of the website and liaising with the wider media as appropriate.



For more information please see the [vacancy on our website](#) or contact the BSPED Office. Application deadline: **1 March 2021**.

The vacancy has arisen due to the end of the extended term of office of Dr Neil Hopper.

BSPED Growth Disorders Special Interest Group – next meeting

The recently created BSPED Growth Disorders Special Interest Group met for the first time in December. The group's 'mission' is to improve the recognition, diagnosis and management of growth disorders in the UK and to coordinate research in this field. Our hope is to provide a focal point for clinical staff, patients and families nationally. The group has already identified several important issues we would like to address. Improving the guidance on how to do accurate growth measurements and monitor growth in children as well as when to refer children with suspected growth problems were identified as particular areas of priority.

The SIG is open to anyone with an interest in this area and we would welcome new members. Our next meeting will be **Friday 5th March at 2pm**. Please contact Helen Storr (h.l.storr@qmul.ac.uk) if you would like to attend or for more details.



Get all the latest endocrine news

Did you know that the BSPED website displays a regularly updated feed of endocrine and paediatric endocrine news from across the media? Visit the BSPED home page or our [dedicated news page](#) to stay up to date with new developments. News from the BSPED is also displayed.

Trainee Update

Association of Children's Diabetes Clinicians Trainee Day

This year's ACDC trainee day will take place on the 18th July 2021 via zoom and will be free of charge. The programme and registration is available at <http://www.a-c-d-c.org/forthcoming-acdc-meetings/>. On registration, joining details will be sent by email prior to the event.

Children and Young People's Diabetes Care (Module)

Birmingham City University, Birmingham Children's Hospital, University College London and Leeds Children's Hospital have collaborated in producing a new multidisciplinary module in children and young people's diabetes care. The team are just drawing to a close the first module which had a great mix of Doctors, Nurses and Dieticians with a range of experience. Evaluations have been excellent and the next module starts in April 2021. More information is available from; <https://www.bcu.ac.uk/courses/children-young-peoples-diabetes-care>. If you have any questions regarding the module please contact Carole - Carole.Gelder2@bcu.ac.uk

Virtual Paediatric Endocrine Teaching (VPET)

The VPET sessions are continuing to run twice a month and now include journal club sessions replacing the previously WhatsApp Journal Club. If you know of other online sessions being run that trainees can join, please email us at bspedtrainerep@gmail.com with the details and we can add them to the online Trello noticeboard. If you would like to be added to the VPET mailing list or would like further information please email vpet.trainees@gmail.com.

COVID and training including SPIN illustrations

The CSAC have looked at the Diabetes SPIN competencies document to provide additional examples of how competencies might be met during the COVID pandemic and this is now available on the BSPED website (under Training > General with an Interest (Secondary) Training). Competencies still need to be met but the CSAC will apply appropriate flexibility in how they are demonstrated. Similarly, for GRID trainees, we would encourage trainees to think broadly and flexibly about how competencies are met and demonstrated. If you have any concerns or questions, please speak to your supervisors initially or members of the CSAC (our contact details are on the Diabetes & Endocrinology CSAC section of the RCPCH website).

BSPED Trainee Mailing List and Noticeboard

We send regular email updates on courses, job opportunities and information on training to trainees who on our mailing list. Updates are also posted on our online noticeboard, which is hosted on Trello (www.trello.com). Please email for further details of how to join or if you have feedback on any training issues

James Law & Rachel Boal
BSPED/ RCPCH CSAC Trainee Representatives bspedtrainerep@gmail.com

News from the Clinical Committee

MHRA Alkindi alert

MHRA have issued advice about warning families regarding the potential risk of acute adrenal insufficiency in children when switching from hydrocortisone tablet formulations to Alkindi granules. [Details are available here.](#)



Continuous glucose monitoring in pregnant women with T1DM

The Scottish Health Technology Group (SHTG), on request from The Scottish Diabetes Group (SDG), has reviewed the evidence surrounding the use of CGM in pregnant women with T1DM, and has provided recommendations for NHSScotland. [Please read these recommendations here and share as appropriate.](#)

New Evorel Patches patient information leaflet

On our website you will find the [newly published BSPED patient information leaflet](#) which details how to correctly use Evorel Patches for female hormone replacement therapy. The leaflet has been put together by the BSPED Clinical Committee. For any enquiries please direct them to bsped@endocrinology.org

All BSPED patient leaflets have been reformatted and print versions made available. You can find all the available patient leaflets in the [Patient Information section of the BSPED website.](#)

Quick survey to complete: Access to CGM/Libre for patients without diabetes

The BSPED would be grateful if you can fill in this very brief (less than 2 min) survey on 'Access to Continuous Glucose Monitoring or Freestyle Libre Flash glucose monitoring for patients without diabetes'.

https://docs.google.com/forms/d/e/1FAIpQLSdEmmphN1HLIFjBlmPzbcORNa2vnjHO5z6PmIR3ocu-9iMW4A/viewform?usp=sf_link

Revised NICE guidelines re DKA



The Clinical Committee of BSPED is aware that NICE has published its revised guidance on the management of Type 1 and Type 2 Diabetes in Children and Young People (CG 18). We are also aware that this revised NICE guidance differs from the current interim BSPED guidance on the website with respect to the fluid management of DKA.

The Clinical Committee plans to review this situation very quickly but does not feel that the current [BSPED DKA guidance](#) needs to be removed from the website while this review and revision takes place.

Meanwhile, the **DKA Flowchart and DKA Calculator** are now available for use via the [BSPED Guidelines web page](#).

Paediatric Steroid Treatment Card for Adrenal Insufficiency

The BSPED Clinical Committee is pleased to announce that the Paediatric Steroid Treatment Card for Adrenal Insufficiency has been reviewed and updated. It provides a succinct steroid management plan for illnesses, emergency injections and blood sugar & electrolyte correction. It is available to [view or download from the website](#). Please encourage your patients to use this – BSPED is keen to encourage uniform practice and improve the care of children and young people with Adrenal Insufficiency.



Declaration of interests for guideline endorsement

If you would like a guideline to be endorsed or supported by the BSPED, we ask that you first complete a [declaration of interests form, which can be found here](#).

Comments regarding guidelines

If you have a query or comment, or would like to raise a concern regarding a BSPED guideline or any guideline on our website, please contact the [BSPED Office](#) who will ensure your message is passed to the BSPED Clinical Guidelines Officer and Clinical Committee.

Surveys

If you would like to include a survey in a BSPED newsletter to encourage responses from BSPED members, please submit it to the BSPED Office. The survey will be reviewed at the next Clinical Committee meeting and included in the newsletter if approved. Survey owners should agree to report their findings back to the Clinical Committee 6 months after the survey closes. The BSPED should be acknowledged in any output (guidelines, publications, presentations, etc) resulting from the survey and the BSPED Office informed of the output.

Submitting items to the Clinical Committee

In order to manage the full agenda of this busy committee we would request that any items that members would like to be reviewed by the Clinical Committee should be submitted to the committee through the BSPED Office in good time. Please see below the deadline dates for submission for the upcoming Clinical Committee meeting:

1 March for Clinical Committee meeting on **10 March 2021**

Announcements

Pubertal induction in Turner syndrome - oral or transdermal 17 β -estradiol?

¹Malcolm Donaldson, ²Debbie Matthews and ³Aneta Gawlik

¹Section of Child Health, Glasgow University School of Medicine

²Department of Child Health, **Newcastle** upon Tyne Hospitals NHS Foundation Trust, UK

³Department of Pediatrics and Pediatric Endocrinology, School of Medicine in Katowice, Poland

Most girls with Turner syndrome require pubertal induction - but the regimen giving the best outcomes is not yet clear. Both the international 2016 “Cincinnati” and the BSPED-led UK 2017 guidelines recommend giving ‘natural’ oestrogen, i.e. 17 β -estradiol, rather than synthetic oestrogens such as Ethinylestradiol, via the oral or transdermal route (1,2).

The Turner Syndrome Working Group (TSWG) of ESPE has proposed a novel strategy whereby clinicians and families are invited to choose one of two agreed regimens – oral or transdermal – and obtain consent for information during the 3-year induction period to be shared (3). This proposal represents a departure from the traditional randomised clinical trial model, which has proved unachievable given the difficulty obtaining funding for rare conditions such as Turner syndrome.

Realising the TSWG proposal has raised two principal challenges - finding the appropriate platform for data collection and sharing; and obtaining the low doses of oral and transdermal 17 β -estradiol recommended by the Cincinnati and BSPED guidelines.

The first challenge is being met by using the registry platform which has been used by the international DSD (I-DSD) and international CAH (I-CAH) Registries for creating a dedicated Turner syndrome registry ([I-TS](#)). The platform, which is run from the Office for Rare Conditions Glasgow, has been in use for over a decade and adheres to the highest standards of data governance. We anticipate that the detailed new module will be operational later this year but in the meantime clinicians can already use the UK ethics approved [information sheet](#) and [consent forms](#) for I-TS to enrol all patients with Turner syndrome including those requiring pubertal induction. A detailed [protocol for the TSWG oral and transdermal regimens](#) is available but clinicians using the BSPED guidelines or similar protocols are also invited to enrol their patients.

The second challenge is more difficult. In the UK, the available 1mg preparations of oral 17 β -estradiol are unsuitable for delivering the low initial doses required. Pharmacies need therefore to order 0.5 mg preparations (e.g. Eustrace, Cetura) which can be halved to 250 mcg, and also make up preparations for girls requiring doses below 250 mcg. There have been problems with supply and manufacture of transdermal preparations over the last 2 years, but these have largely resolved and Evorel 25, Estradot 25 & Estraderm Matrix 25 are currently available in the UK.

The availability problem with suitable oral oestrogen preparations affects not only the UK but other European countries, and is being addressed by Professor Aneta Gawlik from Katowice, Poland on behalf of ESPE. Two questionnaires regarding preparations for pubertal induction in girls with Turner syndrome have been devised. The link for professionals is <https://www.surveymonkey.com/r/TNF3VXT> and the link for patients and families is : <https://www.surveymonkey.com/r/RMNMY2G>

We encourage BSPED members to complete the survey and share the relevant link with their patients and families. We hope that members can start obtaining consent from their patients now for the I-TS registry and enrol these patients in preparation for entering more detailed information on girls undergoing pubertal induction.

References

1. Gravholt CH, Andersen NH, Conway GS et al. Clinical practice guidelines for the care of girls and women with Turner syndrome: proceedings from the 2016 Cincinnati International Turner Syndrome Meeting Eur J Endocrinol. 2017 Sep;177(3):G1-G70.
2. Matthews D, Bath L, Höglér W, Mason A, Smyth A, Skae M. Hormone supplementation for pubertal induction in girls. Arch Dis Child 2017;102 (10): 975-980.
3. Malcolm Donaldson, Berit Kiström, Siska Verlinde, Janielle van Alfen-vanderVelden, Aneta Gawlik and Theo Sas on behalf of the Turner Syndrome Working Group for the European Society for Paediatric Endocrinology. Pubertal induction in girls with Turner syndrome; a proposed modern strategy. Hormone Research in Paediatrics 2019;91(3):153-163.

Vacancy: Consultant in Paediatric Endocrinology – Royal Victoria Infirmary, Newcastle upon Tyne.

We invite applicants for an enthusiastic Consultant Paediatric Endocrinologist to join a team based at a thriving Children's hospital in the North-East of England. We are a cohesive, progressive team that provides tertiary endocrine care to North-East England and North Cumbria. We are a research active unit with many local, national and international collaborations. The service provides numerous specialised clinics that will allow the successful candidate to develop their interests. There will be an opportunity to contribute to the Paediatric Diabetes service if this is an interest of the applicant.

This is a 10 PA post with an on call commitment for Endocrinology and Diabetes. We have been a popular unit with trainees over the years and currently have a GRID trainee in post.

Quality of life is excellent in this area of the UK with a sensible cost of living and easy access to some of the most attractive parts of the UK.

Applicants must be eligible for full registration to practice with the GMC and hold or be within 6 months of CCST or equivalent in Paediatric Endocrinology.

For further information please contact:

Dr Kate Owen, Consultant in Paediatric Endocrinology (sec Tel: 0191 282 4287) (Catherine.owen9@nhs.net) or Tim Cheetham, Reader and honorary consultant (tim.cheetham@nhs.net).

Vacancy: Consultant in Paediatric Endocrinology - Birmingham Women's and Children's Hospital

We invite applicants for an enthusiastic Consultant Paediatric Endocrinologist to join one of the largest Paediatric Endocrine departments in the UK. We are a progressive forward-thinking team and a highly research active department, providing tertiary endocrine care in addition to 4 highly specialised NHSE funded services, and leadership of over 10 national and international clinical studies. We work in close partnership with specialised adult endocrine, bone and diabetes services in Birmingham. Training, experience and research interest in metabolic bone disease is essential. This is a 10 PA post including 2.0 SPA, with a 1 in 5.5 on call commitment for Endocrinology and Diabetes.

Applicants must be eligible for full registration to practice with the GMC and hold or be within 4 months of CCST or equivalent in Paediatric Endocrinology.

NHS Jobs reference: 284-BW003-21

Closing date: 1/3/21

For further information please contact:

Dr Ruth Krone, Consultant in Paediatric Endocrinology (Clinical Lead), BWC Sec Tel: 0121 333 9267

(ruthkrone@nhs.net)

Dr Vrinda Saraff, Consultant in Paediatric Endocrinology (Lead Bone Service), BWC Sec Tel: 0121 333 8188

(Vrinda.saraff@nhs.net)

Consultant in Paediatric and Adolescent Endocrinology UCLH 10PA

We are seeking an energetic, enthusiastic, highly skilled consultant with broad experience in paediatric endocrinology to join our team at University College Hospital (UCLH) in order to provide a General Paediatric Endocrine service. Although we welcome applications from those with a recent CST, this job is particularly suitable for an existing consultant wishing to subspecialise within paediatric endocrinology and develop a highly specialist service.

We would expect the consultant to develop a sub-speciality interest in endocrinology, such as diabetes service and/or the Gender Identity Service (GIDS) or to have a special interest that complements the current interests within our department, such as pituitary disorders or adrenal disorders. The post holder will lead for Education and Training for Paediatric Endocrinology on the UCH site and liaise with the GOSH teaching and training lead. UCLH provides a busy paediatric and adolescent endocrine and diabetes service for local residents, those from London and South East as well as tertiary adolescent referrals. The service interfaces also with the Portland and Tavistock Clinic for those with Gender Dysphoria. Annual outpatient attendances total 3,000 for the Paediatric Diabetes Service and 3,500 for the Endocrine practice and 1000 GIDS attendances. The post will be part of the endocrine on-call rota. The appointee will be part of a dynamic department with great opportunities for training, education and leadership and research. The Paediatric and Adolescent Endocrinology Department at UCLH forms a partnership with the Paediatric Endocrinology Department at Great Ormond Street Hospital to provide a seamless transition of care to children and adolescents. Training and education is developed jointly across the two sites, and there are opportunities to collaborate closely with the Endocrinology team at GOSH in terms of research, education and clinical care.

For further information contact Peter Hindmarsh peter.hindmarsh@nhs.net or Gary Butler

garybutler1@nhs.net

Vacancy: Endocrine Clinical Nurse Specialist, Reading

An exciting opportunity has arisen for a dynamic and enthusiastic registered nurse to join the Royal Berkshire Hospital, Reading Paediatric Endocrinology Team in the role of Endocrine Clinical Nurse Specialist. We would welcome applications from nurses with or without previous CNS experience who could develop from a Band 6 level with education and support. The role involves working independently within the West Berkshire area running nurse led clinics, as well as providing support to health care professionals as needed. The role could involve travel within the community as well as working in inpatient or outpatient settings. Training and support will be provided to successful applicants.

Please contact Claire Lord or Dr Chandan Yaliwal if you would like to discuss this in more detail. Email claire.lord@royalberkshire.nhs.uk or chandan.yaliwal@royalberkshire.nhs.uk Telephone number 01183227480/01183227531.

Link to Job advert: <https://www.jobs.nhs.uk/xi/vacancy/916353832>

Meetings and courses

We have made every effort to check whether meetings have been postponed or cancelled due to Covid-19 and have updated the details below where possible. We would however recommend that you check with the website/organiser of any event you plan to attend this year.

Insulin 100

January – April 2021, online

Presentations released weekly from 1 January.

Live moderated discussions on 15-16 April.

<https://insulin100.com/>

ACDC Special Webinar on Management of DKA & NICE Update

12 March 2021, Online

In view of the NICE NG18 2020 Diabetes Guidelines published recently, ACDC will be holding a special 'on-demand' webinar 'Management of DKA and NICE update' on the 12th March 2021. The speakers are Dr Nicole Glaser, Chief Investigator of the PECARN FLUID trial, followed by Dr Chizo Agwu, Vice Chair of the NICE Diabetes Guideline Committee. This will be followed by a live Q&A session with an expert panel Dr Neil Wright, Dr Rum Thomas, Dr Chizo Agwu and Carole Gelder, chaired by Associate Professor May Ng on the 25th March 2021 at 6.00pm. Please register from our website at <http://www.a-c-d-c.org/forthcoming-acdc-meetings/>.

Clinical update in genetics and endocrinology

4-6 May 2021, Online

This three-part webinar will provide an overview of genetics and endocrinology and feature experts across both of these fields.

In the first webinar, experts in the field of genetics and endocrinology will share their knowledge. Speakers include Professor Sian Ellard, Kevin Colclough, Professor Raj Thakker and Professor Sadaf Farooqi.

This meeting is held in association with **The Society for Endocrinology**.

- **Part 2 - Wednesday 5 May 2021**
- **Part 3 - Thursday 6 May 2021**

A certificate of attendance and CPD certificate with **1 CPD credit(s)** per webinar of this series will be issued to those joining the webinars live.

<https://www.rsm.ac.uk/events/endocrinology-and-diabetes/2020-21/edp53/>

International Congress of Auxology

3-6 June 2021, Croatia

The congress will feature more than 15 scientific sessions covering current research in human growth from conception to maturity. The first 1000 days forms a natural initial focus along with the growth and development implications of infant feeding, exercise in childhood and adolescence, the effects of

environmental pollution, and the diagnosis and treatment of growth disorders. For human biologists, anthropologists, educators, neonatologists, paediatricians, family practitioners and health workers dealing with all aspects of child and adolescent development this congress will be a great opportunity to review your current research and future directions.

<https://isga2020.conventuscredo.hr/>

IFCAH First Scientific Symposium Research Fund on Congenital Adrenal Hyperplasia

14 June 2021, Paris

IFCAH is pleased to welcome all researchers and clinicians to share experiences on IFCAH supported project.

<https://ifcah.com/ifcah-first-scientific-symposium-research-fund-on-congenital-adrenal-hyperplasia/>

World Endocrine & Obesity Conference

8-9 October 2021, Serbia

Theme: Endocrine Care through Innovation and Discovery

<https://endocrine.episirus.org/>

ESPE Science Symposium: ‘Congenital adrenal hyperplasia: from molecular medical research to clinical application’

29-30 October 2021, Netherlands

The ESPE science symposium aims to promote the development of an interactive network between clinicians and researchers, helping to reduce the gap between research and patient care. It will also provide the means to disseminate new scientific knowledge in the community of paediatric endocrinology.

Its focus will be ‘**Congenital adrenal hyperplasia: from molecular medical research to clinical application**’ and it will be supported by the Endo-ERN and the ESPE DSD Working Group.

The symposium will consist of interactive lectures by renowned scientists in the field with the aim of covering the main topics in CAH. We invited top clinical and basic researchers from all over the world with main research focus on CAH. There will also be discussions and networking time in the group.

<https://www.espe-science-symposium-2021.com/>

Update in Obstetrics, Gynecology and Reproductive Medicine

4-5 November 2021, Barcelona

We are delighted to announce that The Dexeus Women’s Health Foundation will host its 45th International Forum focusing on issues in Women’s Health, to be held in Barcelona, Spain, on 4-5 November, 2021.

This Dexeus Forum will follow in the footsteps of the previous highly successful Forums and will update the current knowledge in Obstetrics, Gynecology and Reproductive Medicine with the key international opinion leaders in each field.

<http://dexeus.comtecmed.com/>

11th International Symposium on Diabetes, Hypertension, Metabolic Syndrome and Pregnancy 10-14 November 2021, Dubai

Join us in Dubai, United Arab Emirates, for the 11th edition of the DIP Symposium; a thriving congress bringing together an international community of Maternal Fetal and Neonatal medical specialists.

<http://dip.comtecmed.com/>

2020/21 annual endocrinology meetings

- [23rd European Congress of Endocrinology \(e-ECE\)](#): 22-26 May 2021 (virtual congress)
- [European Society of Paediatric Endocrinology \(ESPE\)](#): 22-26 September 2021 (online)
- [British Society for Paediatric Endocrinology & Diabetes \(BSPED\)](#): Online, dates TBC

See more meetings and Courses on the [Other Meetings](#) page on the BSPED website.

If you have any meetings, courses or events that you'd like to add to this page, please [submit them for review here](#).

Sent by the BSPED Office

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The BSPED would like to thank the following benefactors for their generous support this year:

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