

RCGP Curriculum

Supercondensed Curriculum Guide

METABOLIC PROBLEMS AND ENDOCRINOLOGY

Role of the GP

- Diagnose and manage common disorders such as diabetes mellitus
- Recognise and manage metabolic and endocrine emergencies
- Arrange and interpret appropriate biochemical test
- Understand the relationship between endocrine disorders and other physical and psychological disorders.

Knowledge and Skills Self-Assessment Guide

Symptoms and Signs



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| <ul style="list-style-type: none">• Changes in reproductive and sexual function• Collapse and coma• Falls and Fractures• Gastrointestinal symptoms• Headache and visual problems• High blood pressure• Joint pains and muscle problems | <ul style="list-style-type: none">• Mood changes• Polydipsia and polyuria• Pruritus• Skin changes• Tiredness and lethargy• Weight gain/weight loss. |
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Knowledge and Skills Self-Assessment Guide

Common and Important Conditions



- Adrenal diseases
- Adverse metabolic effects of prescribed drugs (e.g., hypokalaemia with diuretics)
- Being overweight or living with obesity
- Carcinoid syndrome, multiple endocrine neoplasia
- Diabetes mellitus - including diagnosis, acute complications and management
- Disorders of calcium metabolism
- Disorders of sex hormones
- Endocrine manifestations of non-endocrine diseases
- Haemochromatosis
- Hyperlipidaemia
- Hyperprolactinaemia
- Hyperuricaemia
- Hypothalamic causes of hormonal disturbances
- Inherited metabolic diseases
- Metabolic causes of unconsciousness
- Non-alcoholic fatty liver disease
- Osteoporosis
- Pituitary diseases.

METABOLIC PROBLEMS AND ENDOCRINOLOGY

Knowledge and Skills Self-Assessment Guide

Common and Important Conditions



- Psychogenic polydipsia
- Replacement and therapeutic intervention steroid therapy
- Thyroid diseases
- Vitamin D deficiency.

Knowledge and Skills Self-Assessment Guide

Examinations and Procedures



- Specific examinations (e.g. assessment of neuropathy in diabetes, examination of a neck lump, visual field testing).

Knowledge and Skills Self-Assessment Guide

Investigations



- Common primary care tests to investigate and monitor metabolic/ endocrine disease including normal parameters
- Other laboratory investigations such as renal, liver, pancreatic, adrenal, pituitary, hypothalamic, ovarian, and testicular function, antibody tests
- Imaging and tests of endocrine and metabolic dynamic function
- Screening of asymptomatic individuals to diagnose metabolic conditions.

METABOLIC PROBLEMS AND ENDOCRINOLOGY

How this might be tested in MRCGP

AKT



- Drug management of Type 2 Diabetes Mellitus
- Interpreting common electrolyte results
- Investigation of hypercalcaemia.

SCA

- Airline pilot with type 2 diabetes is on maximum oral hypoglycaemic drugs and has an increasing HbA1c which is now 68 mmol/mol
- A young woman living with obesity is struggling to lose weight having tried a variety of different diets. Her recent blood results (provided) suggest PCOS
- Middle aged man attends to discuss a recent scan, arranged after blood tests showed mildly abnormal LFTs. The scan shows fatty infiltration of the liver.



WPBA



- Consultation Observation Tool (COT) about a patient requesting levothyroxine to lose weight despite normal thyroid function
- Log entry about observing a patient being taught how to start insulin
- Clinical Examination and Procedural Skills (CEPS) on examining a diabetic patient with neuropathy.

LEARNING OPPORTUNITIES (Examples)

Core Content

- **Communication and Consultation**
 - Explaining a diagnosis in terms the patient can understand (e.g., diabetes, hypothalamic pituitary axis diseases)
- **Prescribing**
 - Types of insulin and dose titration
 - Adherence (e.g., reviewing abnormal TFTs)
 - Sick day rules on long-term steroid therapy and steroid emergency cards (e.g., Addison's disease)
- **Comorbidity**
 - Considering the psychological impact of endocrine disease
 - Metabolic syndrome
 - Multiple Endocrine Neoplasia (MEN) syndromes
 - Autoimmune conditions
- **Holistic Care**
 - Impact of diagnosis on daily activities (e.g., work, diet, exercise)
- **Teamworking**
 - Good communication with other healthcare professionals in the care of complex patients
- **Prevention**
 - Supporting lifestyle changes
- **Medico-legal/ Ethics**
 - Impact on fitness to drive, employment and insurance.

Primary Care



- Daily practice and out-of-hours care
- Nurse-led diabetes review
- Diabetic ulcer management
- Cardiovascular risk management (e.g., in diabetes, thyroid disease)
- Interpreting laboratory results (e.g., TFTs, testosterone).

Acute Care



- Endocrine emergencies presenting to primary and secondary care, for example:
 - Hypo/ hyper-glycaemia (e.g., diabetic ketoacidosis, first presentation of diabetes in a child)
 - High/ low potassium, sodium and calcium
 - Thyroid storm
 - Addisonian crisis.

Community

- Community-based diabetes and endocrinology clinics
- Podiatry
- District nurse (e.g., ulcer dressing)
- Optometrist (e.g., diabetes eye screening programmes).

Multidisciplinary Team

- Dietician-led clinics
- Bariatric surgeons
- Joint endocrine and vascular diabetic foot clinics
- ENT surgeons (e.g., pituitary adenoma)
- Oncology (e.g., MEN syndrome).

