
CURRICULUM
International Clinical
Fellowship in Endocrine
Medicine & CDM 2023

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ICGP International Clinical Fellowship Programme in Endocrine Medicine and CDM (Chronic Disease Management)

Introduction to the Programme

Irish College of General Practitioners (ICGP)

The ICGP is the recognised body for the accreditation of specialist training in general practice in Ireland and is recognised by the Irish Medical Council as the representative academic body for the specialty of general practice.

Aims

The ICGP Clinical Fellowship Programme (ICGP-CFP) provides a route for overseas doctors wishing to undergo structured and advanced postgraduate medical training in Ireland. The ICGP-CFP enables suitably qualified overseas postgraduate doctors to undertake a fixed period of active training in clinical services in Ireland. The programme is normally offered over one or two years of clinical training. Currently the Clinical Fellowship in Endocrine Medicine & CDM is offered over one year.

Objectives

The purpose of the ICGP-CFP is to enable overseas Clinical Fellowship Doctors to gain access to structured training in active clinical environments that they may not have access to in their own country, with a view to

- enhancing and improving the individual's medical training and learning,
- empowering them to become clinical leaders in their chosen career pathway in their own healthcare environment and, ultimately,
- enhancing the delivery of health services and clinical care to their own communities.

Eligibility Requirements

Standard entry requirements apply across all our Clinical Fellowship programmes.

The successful Clinical Fellowship applicants must demonstrate the following characteristics and qualifications:

- studied basic medical degree through English
- completed postgraduate specialty training program in Family Medicine
- completed minimum one further year working full time in the specialty of Family Medicine
- passed all examinations that are appropriate for doctors in Family Medicine in own country
- confirmed government sponsorship in own country
- achieved overall band score of 7.0 or greater in the IELTS and minimum score of 6.5 in each of the four domains. The IELTS test taken must be 'Academic' and must have been completed within the last two years.
- be a highly motivated clinician with a strong desire to develop new skills and to become a clinical leader in the chosen specialist area

Programme Structure

2.5 days/week in General Practice with a GP supervisor who has a special interest in endocrine medicine and CDM

AND

2 days/week in a hospital setting with an endocrine specialist consultant supervisor

AND

0.5 days/week self-directed study and courses relevant to endocrine medicine and CDM.

Curriculum & Assessment

In keeping with the ICGPs' use of Entrustable Professional Activities (EPA), facilitated by workplace-based assessments, as our primary means of assessing competence, a review has been conducted of the Endocrine Medicine & CDM Fellowship Curriculum and assessment structures. The curriculum for the international fellowship was generated by subject matter experts, via an iterative process of identifying key learning outcomes, adapting, and adding to the relevant learning outcomes from the ICGP curriculum for GP training. It has retained the WONCA¹ framework, which reflects the speciality of primary care, and further details on this structure and the learning outcomes is available below. An online ICGP platform will support both formative and summative assessment.

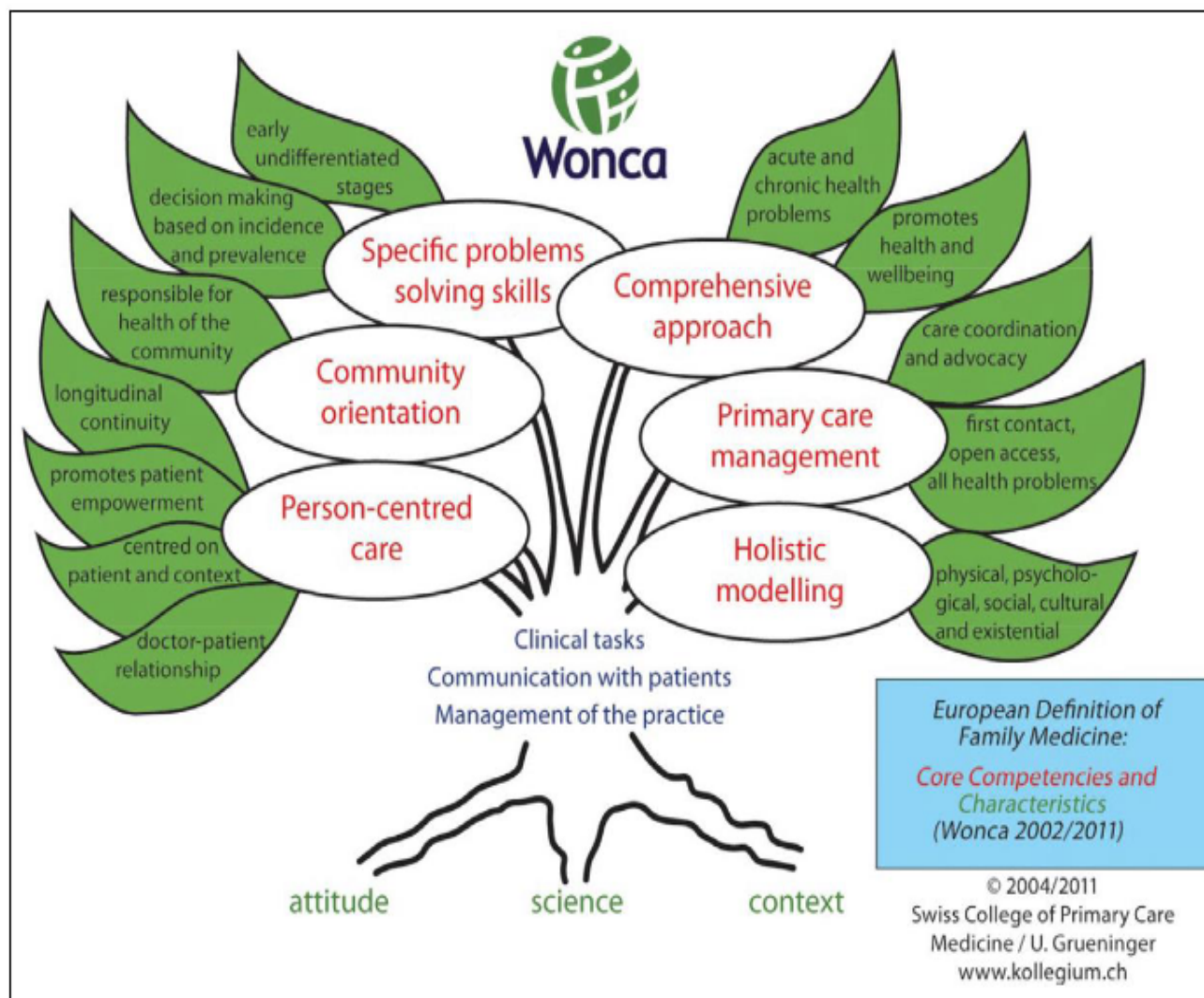
Conclusion

Doctors who complete Clinical Fellowships will return to their own health system as leaders in the provision of care in their chosen fellowship area, ready to become involved in enhancing services and care of their own community in their specialist clinical area, within the larger specialty of Family Medicine.

¹ World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians

Curriculum Framework and Development

WONCA Curriculum framework



This curriculum is based on the original framework statement for the discipline of general practice that was developed by WONCA Europe (World Organization of National Colleges and Academies of General Practice/Family Medicine) and formally launched during its meeting in London in 2002 and revised in 2005 and again in 2011. The WONCA framework describes the fundamental characteristics of general practice, a role description of the specialist in family medicine, and the competencies required. These characteristics of the discipline of general practice relate to the abilities that every family doctor should master and are the basis of developing the curriculum for training in Irish

general practice. They have been used here to develop a curriculum specific to endocrine medicine and CDM fellowship training, within the overarching general practice framework.

The core competencies which you will need to master to be awarded a clinical fellowship in endocrine medicine and CDM are grouped into six areas of competence and three essential features of you as a doctor. In the curriculum these are further divided into specific learning outcomes.

This framework is designed to support the premise of lifelong learning as a necessary pre-requisite for doctors to sustain their capacity to practice effectively in an environment of changing expectations about appropriate practice. It is an approach that also recognises that individuals learn at different rates using different styles and, typically, that learning is enhanced when individuals are actively involved in identifying their learning needs and contribute to planning, implementing, and evaluating their programme of learning.

The core competencies are:

1. Primary care management

This is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you and coordinating their care using resources appropriately. (This area of competence is not limited to dealing with the management of the practice.)

2. Person-centred care

This is about understanding and developing an effective doctor patient relationship.

3. Specific problem-solving skills

This is about the context-specific aspects of general practice: Selective history taking, physical examination and investigations leading to an appropriate management plan. It is about how you deal with early and undifferentiated illness and the skills you need to tolerate uncertainty, without medicalising normality.

4. Comprehensive approach

This is about how you must be able to manage co-morbidity, multiple complaints and pathologies, both acute and chronic health problems in the individual, and also applying health promotion and disease prevention strategies.

5. Community Orientation

This entails reconciling the health needs of individual patients and the health needs of the community in which they live in balance with available resources.

6. Holistic Approach

This requires taking into account clinical factors, but also any psychological, social, economic, or cultural factors that are important and understanding the ways in which these will affect the experience and management of illness and health.

Applying Core Skills

In applying these core skills in practice, three personal features are important. These personal features relate to factors which have an impact on your ability to deliver the competencies in real life in your work setting:

7. Contextual aspects of care.

The environment in which you work; working conditions, community, culture, financial and regulatory frameworks; the impact of workload and the practice facilities and how that may influence the quality of care you provide to your patients.

8. Attitudinal aspects of care.

Your awareness of your attitudes and capabilities; ethical aspects of clinical practice; achieving a good balance between work and private life.

9. Scientific aspects of care.

Adopting a critical and evidence-based approach to your practice and maintaining this through continued learning.

Key Endocrine Medicine & CDM related topics

While following the principles of the framework detailed above, achieving core competencies and applying core skills, and demonstrating this by attaining curriculum learning outcomes (detailed in Appendix A below), fellows must ensure that the focus of their clinical learning is on key areas of endocrine medicine and CDM, listed below.

1. DIABETES

Prevention & Diagnosis

- Pre diabetes/diabetes prevention programmes
- Type 2 Diabetes diagnosis/diagnostic criteria/methods of diagnosis
- Differentiating between Type 1 and type 2 diabetes
- Diagnosis of gestational diabetes
- Rare forms of diabetes

Clinical Management

- Diabetes Self-management - dietary advice/physical activity and exercise/structured education programmes
- Treatment of diabetes – therapeutics/ pharmacology, use of insulin in type 2 diabetes
- Technology in diabetes – glucose monitoring , pumps , CGM , Closed loop systems
- Emergencies and hypoglycaemia
- Sick Day rules
- Driving and diabetes
- Monitoring of diabetes - structured review and care in community, to include immunisations, treatment targets , compliance, and mental health

Risks & Complications

- Managing cardiovascular risk factors - lipids, BP
- Complications including foot disease , eye disease
- Renal disease – diagnosis and management

2. THYROID DYSFUNCTION

- Interpretation of thyroid function tests (TFTs)

Investigate, diagnose, and manage common conditions:

- Hypothyroidism
- Subclinical hypothyroidism
- Thyroid dysfunction pre, during and post pregnancy
- Hyperthyroidism - initial diagnosis and investigation

3. Bone Health

- Investigation and management of bone conditions e.g. osteoporosis

4. Rare Endocrine Disorders

Awareness of diagnosis and referral pathways for these diagnoses

- Sex hormone-based conditions
- Adrenal conditions
- Unusual bone conditions
- Pituitary conditions

APPENDIX A

Curriculum Learning Outcomes

1. Primary care management

PTLPM3A Demonstrate the ability to coordinate a team-based approach to the care of patients

PTLPM4A Demonstrate the ability to be an effective member and leader of a team

PTLPM6A Describe strategies for effective communication within the practice

PTLPM7A Evaluate your own preference for a role within teams and in interaction with others

PSLPM3A Demonstrate use of a call/recall system within the practice to the benefit of patient care

PSLPM4A Demonstrate the use of the practice computer system to improve the quality and usefulness of the medical record e.g. through audit

CVLPM4A Outline the association between hypertension & hyperlipidaemia and CVD

CVLPM5A Assess the importance of screening for diabetes in such cases

CVLPM7A Demonstrate an understanding of the importance of risk factors, including chronic kidney disease, in the diagnosis and management of cardiovascular problems

CVLPM8A Apply concepts such as the “stages of change” (Carlo C. DiClemente and J. O. Prochaska) in the management of smoking cessation

EMLPM1A Demonstrate a knowledge of the use and limitations of the investigations available in Primary Care

EMLPM2A Apply an understanding of the cycle of change to lifestyle interventions

EMLPM3A Diagnose and manage Endocrine emergencies in the Primary Care setting, e.g. hypoglycaemia, DKA, HONC and Addisonian Crisis

EMLPM4A Organise members of the multidisciplinary team in a patient focused manner

EMLPM5A Demonstrate the ability to communicate effectively with colleagues from a variety of health and social care professions

EMLPM6A Outline the National Screening programmes relevant to endocrine disorders

EMLPM8A Explain the importance of the multidisciplinary approach to managing endocrine disorders

EMLPM9A Perform consultations and communicate effectively with patients, presenting information on complex endocrine disorders in an accessible manner

SHLPM3A Understand the specific needs of and barriers to accessing primary healthcare for marginalized groups including:

- SHLPM3.1A Homeless people
- SHLPM3.2A Drug users
- SHLPM3.3A Travellers
- SHLPM3.4A New communities
- SHLPM3.5A LGBT community members
- SHLPM4A People with mental health problems, etc.

2. Person-centred care

CCLPC1A Recognise that patients are diverse: that their behaviour and attitudes vary as individuals and with age, gender, ethnicity, and social background, and that you should not discriminate against people because of those differences

CCLPC2A Explore the patient's health understanding and to be aware of the range of values that may influence your patient's behaviour or decision-making in relation to his or her illness

CCLPC5A Explain the problem or diagnosis in appropriate language and share any information with patients in an honest and unbiased manner

CCLPC6A Allow the patient the opportunity to be involved in significant management decisions

CCLPC7A Negotiate a shared understanding of the problem and its management with patients, so that they are empowered to look after their own health

PTLPC1A Encourage patient involvement in their health and provide information on patient support groups

PTLPC2A Act as an advocate for the patient which includes negotiating effectively with colleagues on behalf of them and provide appropriate choices for patients in relation to their future healthcare

PTLPC4A Be aware of the expectations that patients, carers and families have of their practice and local primary care services

EBLPC1A Communicate the evidence for management, diagnosis, or screening to patients in a manner that is both understandable to the patient and is patient-centred

EBLPC2A Involve the patient in the decision-making process about their health and acknowledge the informed patient's right to choose to accept or decline new interventions based on research evidence

EMLPC1A Assess the impact of endocrine disorders on a patient's daily life

EMLPC2A Explain the importance of patient motivation in addressing endocrine disorders, especially type 2 diabetes

EMLPC5A Adopt practices that encourage patient autonomy and empowerment

3. Specific problem-solving skills

CCLSP2A Base treatment and referral decisions on the best available evidence

CVLSP10A Calculate eGFR

CVLSP15A Implement the calculation of cardiovascular risk using an electronic cardiovascular risk calculator

RNLSP1A Demonstrate the knowledge of the different stages of CKD, their presentations, and their appropriate management

EMLSP1A Intervene urgently when patients present with a metabolic emergency, e.g. hypoglycaemia and hyperglycaemic conditions.

EMLSP2A Recognise that patients with metabolic problems are frequently asymptomatic or have nonspecific symptoms, and that diagnosis is often made by screening or recognising symptom complexes and arranging appropriate investigations.

EMLSP4A Combine available evidence-based treatments to manage diabetes, including knowledge of the medications used such as insulin, DPP 4 inhibitors, SGLT2 inhibitors, GLP 1 agonists, along with treatments for cholesterol and hypertension

4. Comprehensive approach

CCLCA1A Demonstrate the use of available healthcare resources in a prudent manner, balancing individual patient needs with fairness to other patients

CCLCA5A Understand how ethnic and cultural diversity of your practice population impact on the range and presentation of illness in the individual consultation

CVLCA1A Be aware that cultural backgrounds may influence patient's attitudes towards health and cardiovascular risk factor management

EMLCA1A Appraise the GP's role in lifestyle modification and disease prevention, in the context of the individual and in society

EMLCA4A Recognise that patients with diabetes often have multiple co-morbidities and consequently polypharmacy is common

EMLCA5A Develop strategies to simplify medication regimes and encourage concordance with treatment

EMLCA6A Advise patients appropriately regarding lifestyle interventions for obesity, diabetes mellitus, hyperlipidaemia, and hyperuricaemia

5. Community Orientation

PTLCO3A Understand the variety of ways in which healthcare and health promotion may be appropriately delivered in the community.

PSLCO1A Outline characteristics of effective practice-based teams and primary care teams (if relevant)

PSLCO2A Outline strategies for quality improvement in general practice.

PSLCO9A Recognise the difference between effective leadership and the ability to take direction and work within teams when necessary.

EMLCO3A Recognise that public health interventions are likely to have the largest impact on obesity and diabetes mellitus, and support such programmes where possible, e.g. fit clubs and walks

6. Holistic Approach

PTLHO1A Recognise the positive benefits of involving patients in their care and in the systems of healthcare provision and quality improvement.

CVLHA1A Initiate discussion with patients smoking, weight, exercise, & diet and the link between these lifestyle issues and health

CVLHA2A Be aware of the impact of socio-economic status on attitudes to lifestyle modification and cardiovascular risk factor prevention

EMLHA3A Recognise long-term metabolic problems, e.g. the risk of depression, sexual dysfunction, restrictions on employment and driving for diabetes

7. Contextual aspects of care

PSLAC5A Describe how to locate information about standards, clinical guidelines, and databases

PSLAC6A Analyse the appropriate use of clinical guidelines and protocols

EMLAC2A Empower patients to self-manage their condition, as far as is practicable

8. Attitudinal aspects of care

CVLAA5A Adopt and demonstrate a non-judgmental, caring, and professional consulting style to minimise embarrassing patients with lifestyle issues e.g. the obese patient

CVLAA12A Be aware that cultural backgrounds may influence patient's attitudes towards health and cardiovascular risk factor management.

EMLAA1A Adapt a consultation style to respond to patient needs that also encourage patient autonomy and empowerment

EMLAA2A Adopt an active role in disease prevention

9. Scientific aspects of care

EBLAS1A Demonstrate the use of clinical guidelines and recent evidence to guide patient care decisions

EMLAS1A Practice an evidence-based approach to patient care

EMLAS1A Be aware of the advantages and limitations of a multidisciplinary approach