ABCD response to the Future Hospital Commission

In response to the RCP Future Hospital commission document the ABCD committee is of the view that consultants in diabetes/endocrinology have the skills that will be required to benefit patients in the future, particularly in an era where there is an epidemic not just of diabetes but of multiple long term conditions.

To ensure the maximum impact they

(1) Should provide in-patient diabetes care for diabetic emergencies (including diabetic ketoacidosis, hypoglycaemia, hyerosmolar hyperglycaemic syndrome and diabetic foot emergencies to which key performance indicators are attached)

(2)Should contribute to the care of those in-patients throughout the hospital with diabetes or hyperglycaemia, where glycaemic issues or foot problems are not the primary reason for admission.

(3) Should provide the specialist medical direct care for diabetic patients with complex needs as part of a locally-agreed integrated model of care.

(4) Should provide specialist leadership for the local health economy in designing a high quality and cost-effective integrated model of diabetes care.

(5)Should provide, as part of a broader endocrine team an endocrinology, lipid and metabolic service, both within the hospital and for outpatients

(6) Will usually contribute to the Acute/GIM rota for being on call.

(7) Can make an important contribution by having a GIM bed base depending upon local arrangement of services/resources available. Wherever possible these beds should be used for patients with diabetes-related problems. ABCD would be happy to support Consultant appointments which had joint diabetes/GIM job descriptions provided adequate time is allocated to speciality work

In making this statement consideration has been taken of the professional duty of care responsibilities of diabetes physicians. Only a Consultant trained in diabetes and endocrinology can fulfill the first five functions However the committee understands that as part of a broader group of physicians trained in GIM there is a collective responsibility to provide a high quality modern GIM service in a hospital. *Too often the pool of physicians involved in GIM care and the acute take has been diminished by deals between trusts and individual specialist groups who have negotiated withdrawal from involvement in general medicine without adequately rewarding those specialties who continue to contribute. Either this trend must be reversed or new jointly accredited posts must be created involving those specialties who remain within GIM in any hospital.*

Mindful of the above trainees in diabetes/endocrinology should continue towards dual accreditation, but their contribution to GIM on call should not be at the expense of specialty training, as only properly trained diabetes specialists can ensure that the health care needs arising from the diabetes epidemic are fully serviced. Ensuring that specialist training is not compromised and revitalising the role of RMO may require all specialties contributing 1 year of training to GIM with consequent extension of specialty training programmes.