

# Role of the specialist diabetologist

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# What is a specialist?

‘A person who is highly skilled or knowledgeable in a particular field’

(Shorter Oxford English Dictionary)

# What types of Diabetes Specialists are there?

Consultants

Registrars

Non-career grades

Clinical Assistants

GPwSI's

Diabetes specialist nurses

Nurse consultants

# And...

Practice nurses

District nurses

Community matrons

Dietitians

Podiatrists

Pharmacists

Expert patients



*"Nothing personal, Dr Knight, but I was hoping to speak to one of the others."*

Whats different about a  
consultant diabetologist?

Answer:

He's the only one with a proper  
specialist diabetes qualification

# What does a consultant diabetologist do?

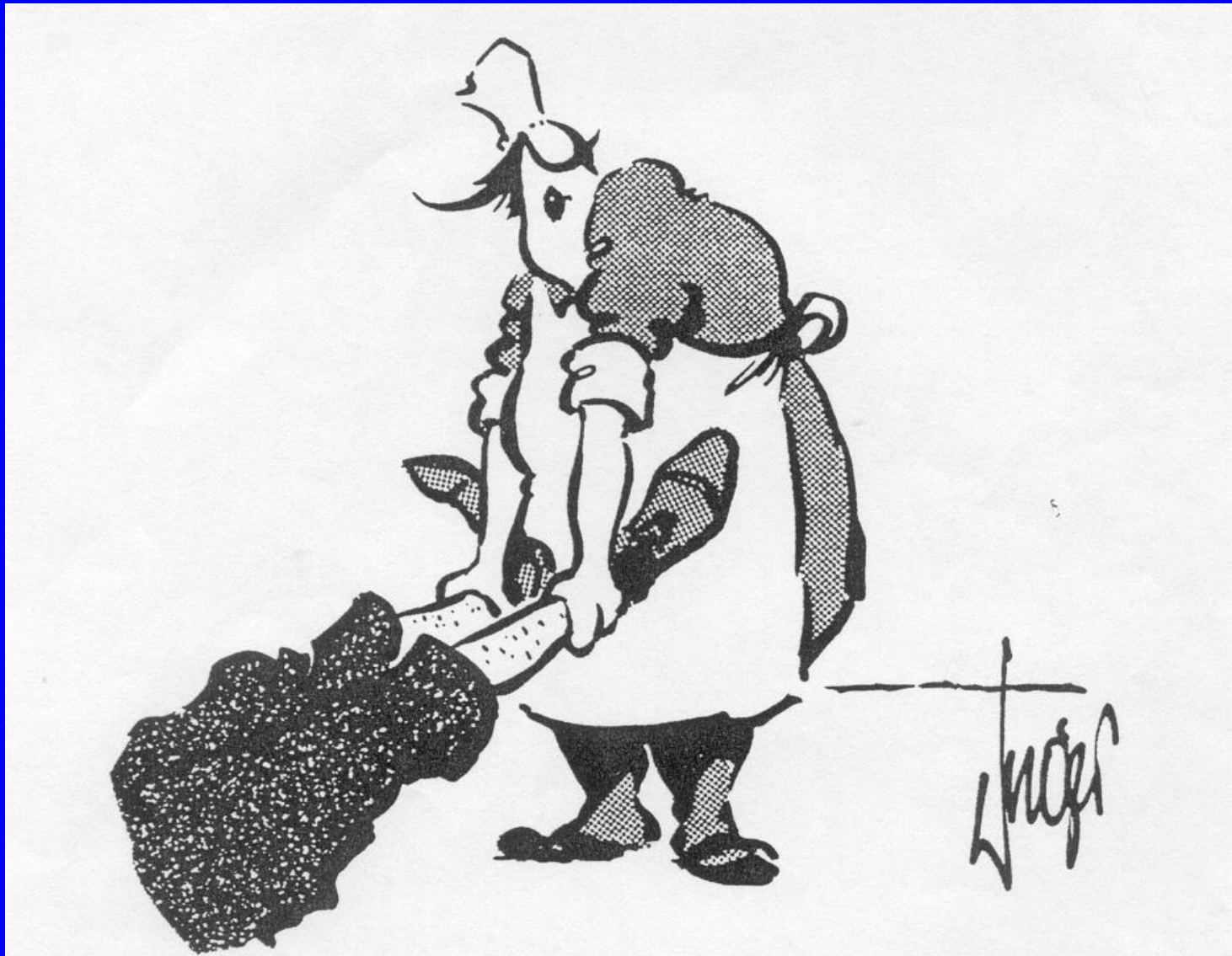
- Leads a multidisciplinary team
- Initiates appropriate treatment, especially insulin
- Organises/provides educational and psychological support
- Agrees treatment targets/goals
- Monitors control
- Screens for complications
- Collaborates with other specialities to manage complications
- Deals with the acute complications of diabetes e.g. DKA, feet
- Manages diabetes in pregnancy
- Manages diabetes in teenagers

# And...

- Keeps up to date with latest developments
- Educates hospital staff/students/trainees
- Produces clinical/management guidelines
- Supports clinical governance and audit
- Provides outreach services in primary care
- Leads district services e.g. retinal screening
- Supports community staff e.g. GP and PN education
- Supports patient groups e.g. Diabetes UK
- Leads charitable fundraising campaigns
- Undertakes diabetes-related research



'Mr. White is here for his annual check-up, doctor'



# What else do most diabetologists do?

- Provide specialist endocrinology
- Support acute general medicine

# What about GPwSI's?

Diabetologist involved in implementing GPwSI scheme reports:

- 'No definite plans from PCT's on exact future role of GPwSI prior to appointment'
- 'None of the 3 GPwSI's had any recent experience in a hospital diabetes service'
- 'I do not think our local GPwSI's have sufficient expertise to offer support to our community DSN's'
- 'Locally the GPwSI is looking for a precise role within the community nursing/dietetic/podiatry team'
- 'I think the money being used to pay for the GPwSI's locally could be better used for other staff'

# What else is happening out there?

- A primary care led NHS
- 'Our health, our care, our say'
- Practice based commissioning
- Payment by results
- Potential financial 'meltdown'

*“Let me through  
– I’m a doctor!”*



# PAYMENT BY RESULTS

## NEW/OLD OUTPATIENT TARIFFS (£)

<u>SPECIALITY</u>	<u>OCT 2004</u>	<u>JAN 2006</u>	<u>MAR 2006</u>
DIABETES	152/61	236/87	241/88
ENDOCRINOLOGY	207/92	206/87	210/88
GENERAL MEDICINE	213/94	211/91	215/92
GERIATRICS	267/122	276/125	281/126
GASTROENTEROLOGY	174/88	184/92	188/93
THORACIC MEDICINE	214/109	192/97	196/99

# Survival Tips

- Evolution is the key
- Don't look/act like a dinosaur
- Love thy neighbour (especially if a GP)
- Help GP's meet GMS QOF targets
- Do lots of outreach clinics
- Provide a high quality in-patient diabetes service
- Make sure your trust knows what you do
- Make sure your patients understand the issues
- Hang on to general medicine at all costs!



**Association of British Clinical Diabetologists**



