

Assessment Blueprint for Endocrinology and Diabetes Mellitus

Curriculum area	Competence	Specialist Exam	Mini-CEX	CBD	MSF
1. Diagnosis and general management of diabetes					
Objective - Provide care and manage patients with established diabetes. Communicate the implications and consequences of the diagnosis in the longer term.					
K	Define the diagnostic criteria for diabetes and identify the different types.	•	•	•	
	Describe the principles of life style management.		•	•	
	Describe the available oral hypoglycaemic agents and define their use.	•	•	•	
	Describe the range of available insulins and insulin delivery systems (including pumps) and define their use.	•	•	•	
	Describe the range of monitoring systems for home blood and urine glucose monitoring.		•	•	
	Demonstrate awareness of structured education programmes such as DAFNE and DESMOND.		•	•	
S	Educate patients in the appropriate use of insulin syringes, injection pens, home blood glucose monitoring & urinalysis.		•		•
	Give advice about the avoidance, recognition, correction and implications of hypoglycaemia.		•	•	
	Give advice about the appropriate use of oral hypoglycaemic agents individually and in combination.		•	•	
	Give advice on the indication for insulin initiation, different regimen options, and dose adjustment.		•	•	
	Advise about employment, driving, exercise, weight control, smoking and family planning.		•	•	
	Give preventative advice with regard to microvascular, neurological and macrovascular complications.		•	•	
	Detect complications of diabetes and their associated risk factors.		•	•	
	Personalise treatment goals based upon national therapeutic targets whilst recognising individual patients' circumstances.		•	•	
	Refer for structured education appropriately.		•	•	•
A	Understand concerns arising from the diagnosis and provide advice in a non-judgemental manner.				•
	Recognise the central role of the patient in managing their disease.		•	•	•
	Recognise the role of carers and carer education in diabetes management.		•	•	•
2. Management of delivery of diabetes care					
Objective - Understand different models of delivery of diabetes care.					
K	Describe different settings in which diabetes care can be delivered.		•	•	
	Understand the factors which influence commissioning diabetes care within the NHS.			•	
	Describe which aspects of clinical diabetes care can appropriately be delivered in different clinical settings.		•	•	
	Understand the role of local initiatives in delivering integrated diabetes care.			•	

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S	Discuss different models of diabetes care delivery, e.g. in primary care and secondary care.			•	
	Describe the commissioning process for diabetes care and its relationship to other NHS initiatives.			•	
	Select appropriate patient groups for management in different settings, e.g. primary care, secondary care and multidisciplinary subspecialty clinics.		•	•	
	Describe the processes required to develop local initiatives, e.g. diabetes databases, managed clinical networks and diabetes advisory groups.			•	
A	Recognise the importance of multidisciplinary team working.		•	•	•
	Recognise the value of working across the primary/ secondary care interface in diabetes management.		•	•	•
3. Diabetic Emergencies					
Objective - Manage hypoglycaemic and hyperglycaemic metabolic decompensation and advise about future prevention.					
K	Diagnose and distinguish between the types of diabetic hyperglycaemic metabolic emergency.	•		•	
	Identify patients with hypoglycaemia unawareness and advise them accordingly.		•	•	
	Diagnose and manage severe hypoglycaemia and advise about future prevention.			•	
S	Diagnose, distinguish and institute appropriate management for the main types of hyper and hypoglycaemic metabolic emergency.	•		•	
	Give advice about future prevention of hyper and hypoglycaemic metabolic emergencies.		•	•	
	Evaluate hypoglycaemia unawareness and advise patients accordingly.		•	•	
A	Recognise the urgency of hyper and hypoglycaemic metabolic emergencies.			•	
	Recognise patient factors which may contribute to recurrent hyper or hypoglycaemic metabolic emergencies.		•	•	
	Recognise the impact of hypoglycaemia and hypoglycaemia unawareness on the lifestyle of patients and their families and carers.		•	•	

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4. Management of diabetic patients during acute illness or surgery					
Objective - Manage diabetic patients during acute illness or surgery.					
K	Describe the impact of acute illness and / or surgery on glycaemia and the implications /effects on current diabetes management.		•	•	
S	Demonstrate how to manage the different types of diabetes peri-operatively and during acute illness.		•	•	
	Supervise and advise other medical teams in the management of all types of diabetes peri-operatively and during acute illness.				•
A	Recognise the need for specialist diabetes care in different clinical environments.			•	
5. Conception and pregnancy in diabetes					
Objective - Manage pre-conception, conception and pregnancy in the diabetic woman in order to optimise the outcome.					
K	Describe the importance of pre-conceptual preparation for pregnancy in the pre-gestational diabetic woman.		•	•	
	Define the effect of diabetes on the pregnant woman and her foetus.	•	•		
	Describe the effect of pregnancy on diabetes management and glycaemia.	•	•		
	Recognise the risk factors for and define the diagnosis of gestational diabetes based upon current criteria.	•	•		
S	Discuss the importance of diabetes in pregnancy and the need for family planning in fertile women of all ages.	•		•	
	Advise women about the potential risks of diabetic pregnancy, including progression of complications.		•	•	
	Optimise glycaemic and blood pressure control prior to and throughout pregnancy.		•	•	
	Manage other aspects of pregnancy such as folic acid supplementation and rubella vaccination.	•	•	•	
	Diagnose and manage gestational diabetes.	•	•	•	
	Deliver ante-natal care in the setting of a joint diabetes obstetric clinic.		•	•	
	Manage glycaemia during labour and delivery.			•	
A	Manage intercurrent illness and events such as administration of steroids in order to mature foetal lungs.			•	
	Recognise that many women have difficulty in achieving glycaemic targets prior to conception.			•	
	Exhibit a non judgemental attitude on women who present in established pregnancy with no pre-conceptual care.			•	
	Consult and work with obstetric and midwifery colleagues in the joint management of diabetic pregnancy.			•	•

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6. Age related conditions and diabetes					
6.1. Young people					
Objective - Demonstrate awareness of how diabetes affects children. Provide care to young persons with diabetes in transition to the adult service. Respond to the physiological, psychological and social problems of maintaining glycaemic control in adolescence.					
K	Outline the effect of diabetes on normal growth and development in young children.			•	
	Describe the physiological, psychological and social factors affecting glycaemic control in adolescence.	•		•	
S	Provide care to young persons with diabetes before and during transition to the adult service.		•	•	
	Identify common risk taking behaviour in young persons and its effects on diabetes.			•	
A	Recognise the potentially negative effects of adolescent behaviour on diabetes and the potential impact it may have on family and personal relationships.			•	
	Exhibit a non judgemental attitude in addressing these problems.				•
6.2. Elderly people					
Objective - Provide care and manage elderly patients with diabetes.					
K	Identify the potential effects of co-morbidities associated with ageing on diabetes treatments and control.		•	•	
S	Adapt therapeutic targets and diabetes treatment regimens to the individual patient taking account of co-morbidities.		•	•	
	Manage the specific social and medical needs of elderly patients with diabetes in the community.			•	
	Advise about the care of old people in residential care.			•	
A	Recognise that diabetes management and therapeutic targets may need adjustment in elderly patients with co-morbidities.		•	•	
7. Complications of diabetes					
7.1. Screening					
Objective - Understand the principles and practice of screening for diabetic complications.					
K	Describe the principles and practice of screening.	•		•	
S	Practise effective strategies in order to implement a screening programme for diabetes complications.			•	
A	Recognise the criteria for urgent referral for diabetes complications when identified.	•	•	•	

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7.2. Macrovascular disease					
Objective - Identify and manage risk factors for macroangiopathy. Identify, investigate, treat and make appropriate referrals for patients with macrovascular disease. Manage diabetic patients suffering acute myocardial infarction or stroke. Diagnose and manage heart failure in diabetes.					
K	Define the importance of hyperglycaemia as a risk factor for macro-angiopathy.			•	
	Identify other risk factors for macro-angiopathy including elements of the so called metabolic syndrome.	•	•	•	
	Describe the available treatments for non-glycaemic risk factors for macro-angiopathy.	•	•	•	
	Describe the presenting features of cerebrovascular, cardiovascular and peripheral vascular disease.		•	•	
S	Manage glycaemia and other modifiable risk factors for macro-angiopathy.		•	•	
	Investigate and manage diabetic patients with established macrovascular disease.		•	•	
	Manage diabetic patients suffering acute myocardial infarction and stroke.	•		•	
A	Recognise when to refer patients for further specialist investigation and treatment (eg Cardiology, Vascular Surgery).	•		•	
7.3. Eye disease in diabetes					
Practise primary prevention of diabetic eye disease. Diagnose cataract, and all grades of severity of retinopathy using direct ophthalmoscopy. Interpret retinal photographs. Identify other ocular disorders associated with diabetes. Perform and interpret visual acuity testing. Refer the appropriate patients for ophthalmological assessment.					
K	Describe how diabetes can affect different parts of the eye.	•	•	•	
	Describe the pathogenesis and different stages of diabetic retinopathy.	•	•	•	
	Explain the importance of visual acuity testing and retinal screening.			•	
	Explain the available treatments for eye complications.	•	•	•	
	Explains the implications of eye complications on driving and employment.	•	•	•	
	Outline the structure of a retinopathy screening programme.			•	
S	Discuss the importance of glycaemic control and blood pressure management on diabetic eye disease.		•	•	
	Diagnose cataract, the different stages of retinopathy and other ocular disorders associated with diabetes using a direct ophthalmoscope.		•		
	Interpret retinal photographs.	•			

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	Perform and interpret visual acuity testing.		•		
	Communicate the treatments available for eye complications to patients and communicate the implications of eye complications on driving / employment, and advise patients accordingly.		•		
A	Recognise the importance of retinopathy screening and contribute to local diabetic retinopathy screening programmes.			•	
	Recognise the impact of diabetes eye complications on patients' lifestyle.		•	•	
	Recognise the types of diabetic eye complications which need urgent ophthalmology referral.		•	•	
7.4. Renal disease and hypertension in diabetes					
Objective - Diagnose nephropathy and distinguish between microalbuminuria and clinical nephropathy. Advise/counsel patients about the significance of nephropathy. Demonstrate understanding of: a) The role of blood pressure in the pathogenesis and progression of nephropathy b) The significance of proteinuria in the increased incidence of macro-angiopathy. Manage hypertension according to current guidelines. Manage glycaemia in patients with renal impairment. Refer patients appropriately to a nephrology service.					
K	Describe how diabetes can affect different parts of the kidney.	•			
	Describe the pathogenesis and different stages of diabetic nephropathy.	•			
	Describe the effect of hypertension on diabetic nephropathy.	•		•	
	Define the treatment thresholds of blood pressure in patients with diabetes and nephropathy.	•			
	Describe the available tests for diagnosing nephropathy, explain the importance of screening for early nephropathy and explain the treatments available for diabetic nephropathy and hypertension.	•	•	•	
S	Diagnose nephropathy and distinguish between its different stages (early / late).	•	•	•	
	Communicate the significance of a diagnosis of nephropathy to patients.		•		
	Communicate the importance of blood pressure and glycaemic management in the prevention and slowing of progression of nephropathy.		•		
	Manage hypertension according to current guidelines.	•	•	•	
	Manage glycaemia in patients with renal impairment.		•	•	
	Evaluate other macrovascular risk factors in patients with diabetic nephropathy.			•	
A	Recognise the importance of early referral to nephrology services for multidisciplinary team assessment in preparation for renal replacement therapy.		•	•	
	Recognise the implications of a diagnosis of diabetic nephropathy on patients, their carers and families.		•	•	

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7.5. Neuropathy, foot disease and erectile dysfunction in diabetes:					
Objective - Diagnose the different patterns of autonomic and somatic poly- and mononeuropathies. Manage the neuropathies, including neurogenic pain and the manifestations of autonomic neuropathy. Assess vascular supply and neurological status of the lower limb. Identify patients at risk of foot problems and advise on prevention. Manage established diabetic foot problems. Investigate and manage erectile dysfunction in diabetic men. Care for patients with foot problems in a multi-disciplinary setting.					
K	Describe how diabetes can affect different parts of the nervous system.	•	•	•	
	Describe the pathogenesis and different manifestations of diabetic neuropathy.	•	•	•	
	Identify the different patterns of autonomic and somatic poly and mono neuropathies.	•	•	•	
	Identify patients at risk of foot problems.		•	•	
S	Perform an appropriate examination in order to diagnose the different patterns of neuropathy.		•		
	Select appropriate treatment particularly for neurogenic pain and manifestations of autonomic neuropathy.	•	•	•	
	Assess vascular supply and neurological status of the lower limb.		•		
	Communicate advice on prevention of foot ulceration.		•		
	Demonstrate effective management of established diabetic foot problems.		•	•	
	Evaluate erectile function in diabetic men and communicate the available range of therapies.	•	•	•	
A	Recognise the importance of the multidisciplinary team in the prevention and management of diabetic foot problems.			•	•
	Recognise when to refer patients for specialist foot care.		•	•	•
	Exhibit appropriate behaviours when discussing erectile dysfunction.		•		•
	Recognise the impact of amputation on patients and their carers and the importance of effective rehabilitation.		•		•
7.6. Subject matter related to lipid disease					
Objective - Select appropriate patients to screen for dyslipidaemia. Assess cardiovascular risk in relation to the lipid profile. Diagnose and manage patients with primary and secondary lipid disorders.					
K	Describe the pattern of lipid abnormalities seen in patients with diabetes.	•		•	
S	Explain the importance of screening for lipid abnormalities in diabetes.		•	•	
	Describe the range of treatments available for managing lipid abnormalities in diabetes.	•	•	•	
	Assess macrovascular risk in relation to individual patients lipid profile.		•		
	Communicate the cardiovascular risk of hyperlipidaemia to patients.		•		
	Select appropriate treatment for individual patients.	•	•	•	

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A	Recognise the need to refer patients with atypical or severe dyslipidaemia to specialist services.	•	•	•	
8 Subject matter related to endocrine disease					
8.1. Disorders of the hypothalamus and pituitary					
Objective - Diagnose, manage and provide care for patients with disorder of the hypothalamus/pituitary.					
K	Identify causes, investigations and treatments for disorders of the hypothalamus and pituitary.	•	•	•	
S	Perform and interpret basal and dynamic tests of pituitary function.	•	•	•	
	Demonstrate an ability to diagnose and provide first line management of functioning and non functioning pituitary tumours.		•	•	
	Demonstrate an ability to diagnose and monitor optic nerve compression.		•		
	Provide immediate and long term care to patients with mass effects from pituitary enlargement.		•	•	
	Demonstrate ability to diagnose and manage hypopituitarism.	•	•	•	
	Demonstrate ability to diagnose and manage diabetes insipidus.	•		•	
	Demonstrate ability to manage patients during and after surgery for pituitary tumours.		•	•	
	Demonstrate ability to diagnose and manage patients with SIADH, thirst dysregulation and other disorders of water balance.	•		•	
A	Recognise the need for appropriate referral for pituitary surgery and radiotherapy.			•	
	Recognise the role of the multidisciplinary team in the management of pituitary tumours.			•	•
	Recognise the need for urgent referral of patients presenting with symptoms of optic nerve compression.			•	
	Recognise the impact of hypothalamic/pituitary disorders on patients and their families and carers.			•	•
8.2. Growth & Development					
Objective - Assess normal growth & development by the use of growth charts and assessment of pubertal stage.					
K	Outline methods of assessment of normal growth and development by the use of growth charts and assessment of pubertal stage.	•		•	
S	Demonstrate ability to diagnose and manage disorders of growth and maturation, particularly constitutional delay in growth in puberty.	•		•	
A	Recognise the impact of growth and pubertal disorders on the patient and his / her family.		•		•

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8.3. Disorders of the thyroid gland					
Objective - Understand disease states in terms of disorders of the physiology and biochemistry of thyroid hormone. Diagnose and manage simple non-toxic goitre, multinodular goitre and solitary thyroid nodules. Diagnose and manage thyroid eye disease. Diagnose and manage thyroid disease associated with pregnancy.					
K	Explain disease states in terms of disorders of physiology and biochemistry of thyroid hormones and TSH.	•	•	•	
	State causes of thyroid dysfunction and goiter.	•	•	•	
	Recall the required processes for later application for a personal licence to administer radioactive iodine for benign thyroid disease.	•	•		•
	Recall methods of diagnosis and treatment of thyroid eye disease.	•			
	Describe the influence of pregnancy on tests of thyroid function and their interpretation.	•		•	
	Describe the implications of pregnancy for the management of thyroid disease.	•		•	
S	Interpret thyroid function test results in diagnosing and excluding thyroid disease and recognise assay interferences.	•		•	
	Demonstrate ability to diagnose and manage simple non-toxic goitre and solitary thyroid nodules.		•	•	
	Use, and /or refer for the use of, radio-isotopes in the treatment of hyperthyroidism and goitre		•	•	
	Demonstrate the ability to diagnose and manage primary and secondary hypothyroidism.	•	•	•	
	Demonstrate the ability to manage thyroid emergencies, including thyroid patients in intensive care.	•		•	
	Provide peri-operative care for patients undergoing thyroid surgery (particularly pre-operative preparation).		•	•	
	Demonstrate the ability to investigate and manage patients with thyroid eye disease.	•	•	•	
	Demonstrate the ability to manage thyroid disorders during and after pregnancy.	•		•	
A	Refer appropriate patients with hyperthyroidism or benign goitre for treatment with radio-iodine or surgery.		•	•	
	Understand the role of multidisciplinary care in the management of patients with thyroid cancer.			•	
	Understand the need to refer selected patients with thyroid eye disease for ophthalmological review.	•		•	
8.4. Disorders of the Adrenal Glands					
Objective - Diagnose, manage and provide care for patients with adrenal disease.					
K	Outline causes, investigations and treatments for disorders of the adrenal glands.	•			
S	Perform and interpret tests of adrenal function.	•			

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	Demonstrate ability to investigate and provide first line management of Cushing's Syndrome.	•		•	
	Demonstrate ability to investigate suspected endocrine hypertension and provide first line management for pheochromocytoma and adrenocortical hypertension.	•		•	
	Demonstrate ability to investigate and manage suspected primary and secondary adrenal failure, including acute presentations.	•	•		
	Demonstrate the ability to diagnose and manage non- classical congenital adrenal hyperplasia (CAH) and provide first-line management for classical CAH in adolescence and adulthood.	•	•	•	
	Demonstrate the ability to investigate and manage patients with suspected adrenal tumours.	•		•	
	Provide peri-operative care for patients with suspected or proven adrenal insufficiency.		•	•	
	Explain importance of steroid replacement during intercurrent illness.		•	•	•
A	Recognise the urgency of managing adrenal insufficiency.		•		
	Recognise complex management issues in congenital adrenal hyperplasia, especially in females and adolescents.	•		•	
	Recognise the role of referral of those with adrenal diseases to appropriate specialists.			•	
	Recognise the role of education for patients and their carers in the long term management of adrenal insufficiency.			•	•
8.5. Disorders of the gonads					
Objective - Diagnose, manage and provide care for patients with gonadal disorders.					
K	Outline the causes of primary and secondary gonadal failure and menstrual irregularity.	•			
	State treatment strategies for gonadal failure, hirsutism / virilisation, gynaecomastia, polycystic ovarian syndrome and infertility.	•		•	
S	Perform and interpret test of the hypothalamo-pituitary-gonadal axis.	•			
	Demonstrate the ability to investigate and manage primary and secondary gonadal failure.	•		•	
	Prescribe appropriately sex hormone replacement therapy to men and women.		•	•	
	Assess investigate and manage women with hirsutism / virilism.				
	Assess, investigate and manage women with menstrual disturbance.	•	•		
	Management polycystic ovarian syndrome.		•		
	Demonstrate ability to investigate and manage men with gynaecomastia.	•			
	Demonstrate ability to provide first line assessment and management to an infertile couple.	•			
	Demonstrate ability to investigate and manage common chromosomal disorders, such as Turner's and Klinefelter's syndromes.	•		•	
A	Recognise the role of multidisciplinary teams and other services, including genetic services, in disorders of fertility and chromosome disorders.	•		•	

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	Recognise the impact of infertility on the patient and their family.			•	•
	Demonstrate a non judgemental approach to patients with gender dysphoria.			•	
8.6. Disorders of parathyroid glands, calcium metabolism and bone					
Objective - Diagnose, manage and provide care for patients with disorders of the parathyroid glands, calcium metabolism and bone.					
K	Identify causes of hypercalcaemia and hypocalcaemia and their treatments.	•			
	Outline screening and treatment strategies for osteoporosis.	•			
	Recall diagnostic methods and treatments for vitamin D deficient states and Paget's Disease.	•			
S	Demonstrate ability to diagnose and manage hypercalcaemia including emergency presentations.	•		•	
	Demonstrate ability to diagnose and manage hyperparathyroidism.		•		
	Provide peri-operative care for patients undergoing parathyroid surgery.		•	•	
	Demonstrate ability to investigate and manage hypocalcaemia.	•		•	
	Describe risk factors for vitamin D deficiency, including dietary factors and ethnicity.	•		•	
	Demonstrate ability to diagnose and manage vitamin D deficient states.			•	
	Describe risk factors for osteoporosis.	•	•	•	
	Provide preventive care against osteoporosis.		•		
	Assess and manage established osteoporosis.	•	•		
	Assess and manage Paget's Disease of bone.		•		
	Select appropriate patients for bone biopsy.	•			
A	Make appropriate referrals for bone densitometry and understand its value and limitations.	•	•		
	Recognise which patients with hyperparathyroidism require referral to for parathyroid surgery.	•	•		
8.7. Disorders of appetite and weight					
Objective - Diagnose, manage and provide care for patients with disorders of appetite and weight.					
K	Define obesity and overweight.	•	•		
	Describe endocrine and other secondary causes of obesity.	•	•		

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	Describe the endocrine consequences of anorexia nervosa, bulimia and obesity.	•		•	
	Outline medical and surgical treatment options for obesity.	•	•		
S	Recognise and manage the endocrine consequences of anorexia nervosa, bulimia and obesity.	•			
	Demonstrate the ability to investigate the obese patient in order to exclude endocrine causes.		•		
	Demonstrate the ability to initiate management of the obese patient.		•		
A	Recognise which patients require consideration for referral for surgery for management of obesity.		•		
	Recognise the importance of multidisciplinary team management of patients with eating disorders.		•		
	Exhibit non judgemental attitudes to patients with obesity and eating disorders.		•		•
8.8. Miscellaneous endocrine and metabolic disorders					
Objective - Diagnose and provide first line care for patients with rarer endocrine conditions such as hypoglycaemia, neuroendocrine tumours and ectopic hormone production.					
K	Recall causes and investigations for possible hypoglycaemia, neuroendocrine tumours and ectopic hormone production.	•			
	Identify causes and investigations of electrolyte disturbances.	•	•	•	
	Identify features of multiple endocrine neoplasia syndromes.	•		•	
	Identify possible long term endocrine consequences of treatments for cancer.	•			
S	Demonstrate the ability to investigate patients with suspected hypoglycaemia.	•			
	Demonstrate the ability to diagnose and provide first line care for peptide secreting tumours, e.g. of the gastro-intestinal tract.	•			
	Demonstrate ability to investigate and manage acute and chronic hypo and hypernatraemia.	•	•	•	
	Demonstrate ability to investigate and manage disorders of potassium and magnesium homeostasis.	•	•	•	
	Demonstrate ability to diagnose and manage syndromes of ectopic hormone production (PTHrP, ACTH, ADH).	•		•	
	Demonstrate ability to diagnose and manage syndromes of multiple endocrine neoplasia (MEN 1, 2a, 2b) - including an understanding of genetic testing and strategies for long term monitoring.	•		•	
	Demonstrate ability to investigate and manage the 'late endocrine effects' of treatment for cancer.			•	
	Recognise, investigate and manage disorders of insulin resistance.	•			
A	Recognise the need to refer to specialist services for complex endocrine disorders (such services would include genetic services in potentially inherited endocrine disorders).	•		•	
	Recognise the role of multidisciplinary teams in managing complex endocrine disorders, e.g. ectopic hormone production and neuroendocrine tumours	•		•	•
8.9. Imaging techniques in endocrinology					

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	Demonstrate understanding of the role and interpretation of imaging techniques in the diagnosis and management of endocrine disease.				
K	Identify the role of imaging in the investigation and management of a wide spectrum of endocrine disorders.	•			
S	Interpret CT and MRI scans of pituitary, adrenals, orbits and other organs.		•		
	Make appropriate referrals for ultrasonography of the ovaries and thyroid.			•	
	Make appropriate referrals for and interpret radioisotope scans of the thyroid (technetium, iodine) and adrenals (MIBG).			•	
A	Consult colleagues about the interpretation of radiological investigations and utilise specialist reports arising from imaging modalities.			•	