

THE ENDOCRINOLOGIST

THE MAGAZINE OF THE SOCIETY FOR ENDOCRINOLOGY

Teaching and learning IN ENDOCRINOLOGY

Special features
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IN HARROGATE**
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A word from THE EDITOR...



This issue of *The Endocrinologist* is particularly close to my heart as, this year, I have started lecturing properly for the first time. If you want to do them effectively, teaching and learning in endocrinology are far more complex than I first thought. And both are made even more important by the realisation that this is how we inspire the next generation to continue our work. The articles in this issue discuss how we can achieve this across the specialties, including research, clinical practice and medicine.

One of the running themes is the importance of appropriate communication. Dominic D-C Lai and Jonathan Wolf Mueller describe a need for **'decluttering endocrine teaching'** and highlight how the traditional reliance on 'alphabet soup' jargon and cryptic abbreviations often alienates students. They suggest that, by focusing on the inherent logic of these systems rather than lists of facts, we can help ensure that endocrine teaching remains both effective and inspiring for the next generation.

A different type of communication is highlighted by Anjali Amin, who discusses the importance of **language in patient engagement** and how this is a core clinical tool that should be adapted to each patient's individual needs. Incorrect language can affect compliance and health outcomes, whereas communication centred around partnership, motivation and mutual goals is more likely to result in patient engagement and sustained behavioural changes.

The Society has just held the SfE BES conference 2026 in Harrogate, during which we celebrated the achievements of many people, including Ketan Dhatariya, the recipient of the 2026 Outstanding Teacher Award. **Our interview with Professor Dhatariya** reveals his advice that 'everyone has potential'. This seems a fitting statement for us all to remember when we are teaching and learning, throughout our careers in endocrinology.

With best wishes

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The Society welcomes news items, contributions, article suggestions and letters to the Editor. We would also like to hear your feedback on this issue of the magazine.

Deadline for articles for the SUMMER 2026 issue: **10 April 2026.**

Front cover image: ©Shutterstock

HOT TOPICS



Hot Topics is written by Victoria Chatzimavridou Grigoriadou, John Hough, Zin Htut, Kate Lines, Edouard Mills and Bhavna Sharma

SOCIETY FOR ENDOCRINOLOGY OFFICIAL JOURNALS

Society members have free access to the current content of *Journal of Endocrinology*, *Journal of Molecular Endocrinology*, *Endocrine-Related Cancer* and *Clinical Endocrinology* via the **Members' Area of the Society website** [↗](#). *Endocrine Connections*, *Endocrine Oncology* and *Endocrinology, Diabetes & Metabolism Case Reports* are open access and free to all. Publishing in *Endocrine Oncology* is currently free.



JOURNAL OF ENDOCRINOLOGY

Strength training reprogrammes hydroxymethylation

DNA methylation is an important epigenetic mechanism for repressing gene expression. However, the recent discovery of hydroxymethylation, which is associated with active gene expression, indicates the complexity of the process. It is also known that obesity affects DNA methylation, resulting in expression changes that cause inflammation, which in turn can promote the development of cardiometabolic syndrome – both of which are currently significant clinical problems.

Gomes de Melo *et al.* have used a Swiss mouse model to investigate whether exercise can reprogramme DNA methylation changes in adipose tissue. They compared three different groups: lean mice, obese mice and obese mice performing daily climbing. In adipose tissue obtained from these mice, obesity

increased DNA hydroxymethylation at the promotor of multiple inflammation-associated genes, including the master inflammatory regulator *Nfkb*, and this resulted in their increased expression. This increased hydroxymethylation and inflammatory gene expression could be significantly ameliorated after strength training.

This study therefore suggests that simple interventions, such as strength training, may attenuate the abnormal epigenetic changes observed in obesity, and improve adipocyte health.

Read the full article in *Journal of Endocrinology*
<https://doi.org/10.1530/JOE-25-0283>

JOURNAL OF MOLECULAR ENDOCRINOLOGY

An ovine model of PCOS

Wang *et al.* describe a preclinical model of polycystic ovary syndrome (PCOS) developed using prenatally androgenised sheep. This model has been found to have dysfunctional subcutaneous adipose tissue, with reduced adipogenesis in adolescence and enlarged adipocytes with increased inflammation in adulthood. Ingenuity pathway analysis highlighted upregulation of fibrotic pathways in the subcutaneous adipose tissue of prenatally androgenised sheep.

The authors conclude that a fibrotic barrier to healthy adipocyte expansion may have a mechanistic role in the development of inflammation in PCOS, offering valuable insights into dysregulation in PCOS.

Read the full article in *Journal of Molecular Endocrinology*
<https://doi.org/10.1530/JME-25-0106>

ENDOCRINE-RELATED CANCER

Adrenal tumours in later life: ageing matters

Adrenal tumours are increasingly identified in ageing populations, yet the biological links between adrenal ageing and tumour behaviour remain incompletely understood. In this review, Decmann *et al.* have brought together clinical observations and molecular and immunological insights, to examine how ageing reshapes the adrenal gland and influences neoplastic disease.

The authors describe age-related changes in the adrenal cortex and medulla, including cortical thinning, focal hyperplasia, altered steroidogenesis and immune infiltration. They discuss how these processes create a biological context in which adrenal nodules and tumours may emerge. The review then focuses on adrenocortical carcinoma (ACC), highlighting consistently poorer outcomes in older adults, and synthesising recent experimental evidence implicating cellular

senescence, inflammation and sex-specific immune responses in disease evolution. Notably, senescence-associated mechanisms are presented as having context-dependent effects, with early tumour-suppressive roles that may later give way to pro-tumorigenic signalling and metastatic potential.

Beyond ACC, the review draws attention to the limited and fragmented evidence base for other adrenal tumours, including functional adenomas and pheochromocytomas, particularly in older patients. By framing adrenal neoplasia through the biology of ageing rather than age alone, this article offers a compelling perspective for both clinicians and researchers.

Read the full article in *Endocrine-Related Cancer*
<https://doi.org/10.1530/ERC-25-0150>

CLINICAL ENDOCRINOLOGY

Increased cumulative cortisol exposure during university exam periods

University exams are well-established stressors that can provoke psychosocial strain and physiological endocrine responses in students, including increased cortisol release.

Borghi *et al.* have examined the short- and long-term effects of exam-related stress on hypothalamic-pituitary-adrenal (HPA) axis activity by simultaneously assessing cumulative cortisol (from hair samples) and diurnal cortisol patterns (from saliva).

In their study of 27 undergraduate students, they show significantly higher hair cortisol concentrations during an exam month compared with the preceding month, suggesting sustained HPA axis activation throughout the exam period.

By contrast, salivary cortisol samples collected over three consecutive weekdays during the final examination week displayed a normal diurnal rhythm and a stable cortisol awakening response. Although morning cortisol levels showed a non-significant increase across days, overall daily cortisol output remained unchanged.

Based on these findings, the authors conclude that exam periods are associated with increased cumulative cortisol exposure, while short-term HPA axis rhythmicity remains preserved. The authors propose that hair cortisol measurement may help identify students experiencing chronic stress accumulation, even when daily functioning appears preserved.

Read the full article in *Clinical Endocrinology* <https://doi.org/10.1111/cen.70083>

ENDOCRINOLOGY, DIABETES & METABOLISM CASE REPORTS

GH deficiency masquerading as post-bariatric hypoglycaemia

Post-bariatric hypoglycaemia is increasingly recognised, usually attributed to hyperinsulinaemic mechanisms driven by altered incretin physiology. When insulin and C-peptide are suppressed, however, clinicians need to reconsider counter-regulatory failure.

In this case report, Hakami *et al.* describe a young woman presenting several years after sleeve gastrectomy, with recurrent postprandial and fasting hypoglycaemia that proved non-insulin-mediated. Detailed biochemical evaluation during a supervised fast demonstrated ketotic hypoglycaemia with appropriate cortisol responses but inappropriately low growth hormone (GH) secretion. Profound reductions in insulin-like growth factor-1 (IGF-1) and IGF-binding protein-3, failure to respond to glucagon stimulation, and a normal pituitary magnetic resonance imaging scan confirmed severe adult GH deficiency.

Crucially, recombinant human GH replacement led to complete resolution of hypoglycaemia and restoration of fasting tolerance.

Although adult GH deficiency rarely presents with hypoglycaemia, this report highlights how bariatric surgery may act as a metabolic stress test, unmasking previously compensated deficiencies. Profound weight loss, depleted hepatic glycogen reserves, enhanced insulin sensitivity and impaired lipolysis together remove key glucose-buffering mechanisms. For endocrinologists, this paper reframes a paediatric concept in a post-bariatric context, and encourages broader evaluation of counter-regulatory failure in adult hypoglycaemia.

Read the full article in *Endocrinology, Diabetes & Metabolism Case Reports* <https://doi.org/10.1530/EDM-25-0068>

ENDOCRINE CONNECTIONS



Dynamic testing of cortisol in suspected adrenal disorders

Arguably, with increased testing, the prevalence of adrenal incidentalomas and drug-induced adrenal insufficiency has been increasing. Laugesen and colleagues compared the Elecsys Cortisol II immunoassay (ElecsysCort II) with liquid chromatography–tandem mass spectrometry during dynamic testing, and evaluated the diagnostic performance of baseline cortisol cutoffs (0-min cortisol during a short Synacthen test).

The study included 547 overnight dexamethasone suppression tests (44% abnormal), mainly performed in patients with adrenal incidentaloma (69%), and 519 Synacthen tests (32% abnormal).

The findings support the use of ElecsysCort II in general and baseline cortisol as a screening tool for adrenal insufficiency. The authors suggest that the high proportion of abnormal overnight dexamethasone suppression tests among patients with incidentaloma warrants further study.

Read the full article in *Endocrine Connections* <https://doi.org/10.1530/EC-25-0600>

ENDOCRINE ONCOLOGY

Individualised pharmacokinetics of mitotane in paediatric adrenocortical carcinoma

This international, multicentre, retrospective study by Riedmeier and colleagues evaluated the relationship between mitotane dosage, plasma concentrations and anthropometric parameters in children with adrenocortical carcinoma.

It included 50 paediatric patients who were treated between 2004 and 2023 across 18 centres. Mitotane plasma levels and dosing data were analysed, focusing on measurements within the therapeutic target range (≥ 14 mg/l). The median mitotane dose required to achieve target levels was 87 mg/kg/day, with no significant difference compared with doses used when plasma levels were below target. While body weight and body surface area correlated with absolute daily dose, they did not significantly influence weight- or surface-adjusted

dosing. In contrast, body mass index had a significant impact: patients who were underweight or of a healthy weight required substantially higher doses (mg/kg/day) than those who were overweight or obese, in order to maintain therapeutic plasma levels. These findings probably reflect mitotane's lipophilic properties and accumulation in adipose tissue. Overall survival remained poor, reflecting advanced disease stages in most patients.

The study highlights the highly individualised pharmacokinetics of mitotane in paediatric patients and emphasises the need for frequent therapeutic drug monitoring and management at specialised centres to optimise efficacy while minimising toxicity.

Read the full article in *Endocrine Oncology* <https://doi.org/10.1530/EO-24-0081>

ENDOCRINE HIGHLIGHTS

A summary of papers from around the endocrine community that have got you talking.

Insights from 3D imaging of islets of Langerhans in type 1 diabetes

The islets of Langerhans in the pancreas play a central role in glucose homeostasis, and are therefore critical to the pathophysiology of diabetes. However, the size, endocrine cell composition and number of islets in healthy individuals and those with diabetes (type 1 and type 2) have not been fully documented. Rippla and colleagues addressed this gap by performing 3D analyses of pancreata from non-diabetic individuals, those with short-duration type 1 diabetes and those at risk of type 1 diabetes.

These analyses revealed that approximately 50% of islets in non-diabetic pancreata are insulin-positive (INS⁺) and glucagon-negative (GCG⁻). Notably, despite their increased risk of developing type 1 diabetes, individuals without diabetes who are positive for a single glutamic acid decarboxylase autoantibody (GADA⁺) display endocrine features (including total islet volume and cellular composition) that closely resemble those of age-matched non-diabetic controls. In contrast, pancreata from individuals with short-duration type 1 diabetes exhibit a marked reduction in islet density, accompanied by a substantial loss of INS⁺GCG⁻ islets and relative preservation of larger INS⁺GCG⁺ islets.

Collectively, these findings suggest that pancreatic islet size and endocrine cell composition are key determinants of β cell vulnerability and loss during the progression of type 1 diabetes.

Read the full article in *Nature Communications* <https://doi.org/10.1038/s41467-025-66198-6>



DECLUTTERING ENDOCRINE TEACHING AND WHY THE 'F-WORD' SHOULD GO

WRITTEN BY DOMINIC D-C LAI AND JONATHAN WOLF MUELLER



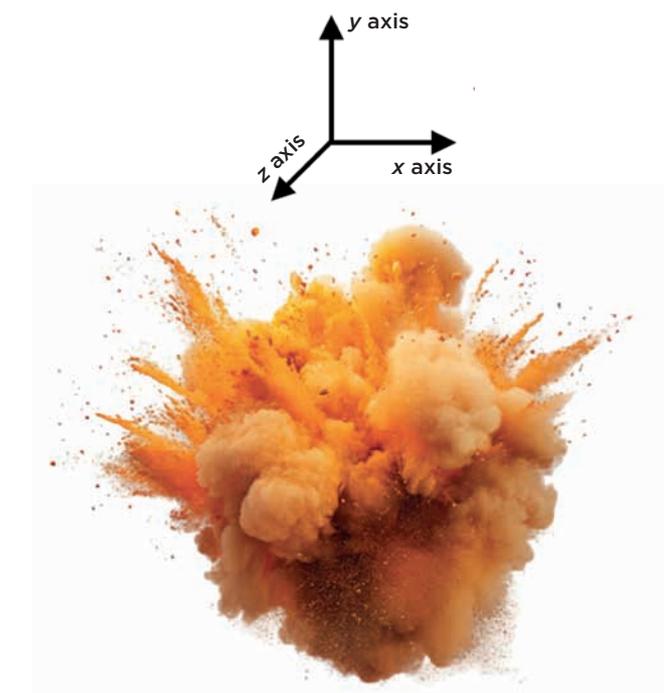
Teaching endocrinology across medical and life-science programmes is challenging, as a lot of the content is information-rich and perceived as difficult by students. Technical jargon and non-helpful abbreviations are part of the problem. Here, we invite you to revisit concepts, and maybe replace some of these with more helpful terms, metaphors and analogies, in line with cognitive load theory,¹ to make space for the content that matters.

AXES AND AVALANCHES

Quite some effort goes into teaching students about hierarchies of hormones. Some releasing hormones will kick off the production of some targeting or tropic hormones, for final glands then to secrete vast amounts of endogenous hormones. For no apparent reason, we call these relay systems 'axes'.

Less often taught, but maybe more useful to remember, is the gigantic signal amplification that such hierarchical hormonal systems can achieve. For cortisol secretion, it all starts with a thought – let's assume this is one 'thing', one particle dissolved in 5l of serum, resulting in a tiny concentration of $0.35 \times 10^{-24} \text{ mol/l}$.² Let's compare that then to an average morning blood cortisol, taken at 08.00–10.00, which is $0.35 \mu\text{mol/l}$ or higher.

Conveniently for our comparison, the two '0.35' values cancel each other out. So, this comparison is all about setting two concentrations



Teaching about the many axes of endocrinology can be confusing, due to the many meanings of the word 'axis'. Importantly, this 'axial focus' often misses the point of the enormous, near-explosive signal amplification inherent to hypothalamic-pituitary-adrenal signalling and similar systems. ©tohamina at www.freepik.com

into perspective: the one above, 10^{-24} mol/l (for fans: this is a yoctomole) and a cortisol concentration of 10^{-6} mol/l . It is noteworthy that the final concentration of cortisol would be 10^{18} -fold higher than the initial value (that's an amplification of a million \times a million \times a million).

Such a system might be better described as an avalanche, a water cascade, or something similar to a photon-multiplier tube, all of which are more helpful concepts than speaking of axes. Once this connection is made clear, the need for efficient negative feedback might be better understood.

EATING ALPHABET SOUP

The problem with the alphabet soup of endocrinology is that it highlights cryptic abbreviations, at times without any framing, severely hampering engagement and understanding. Think of a multiple-choice question that gives you T1, T2, T3 and T4 as alternatives. The first two might be linked to β cells in the pancreas, while T3 and T4 could refer to thyroid hormones. The issue goes on, with G cells, K cells and I cells.

It is, however, best encapsulated by the 'F word'. Imagine, being taught this equation: $E = F$

Imagine also that this is the one and only thing you are presented with around pre-receptor regulation of the stress hormone cortisol. Nothing else. No mentioning that E stands for 'compound E', and should be avoided as it is regarded as too close to 'vitamin E'. It is taken for granted that you know that F represents 'compound F' and is also known as cortisol. And no historical framing to mention that all of this happened to Edward Kendall, an early hero of endocrine research history.

'Teaching endocrine content as mere lists of facts might not transport the inherent logic of these intricate systems.'

In this specific case, we would recommend considering using the words 'cortisone' and 'cortisol' throughout, making clear that one is a ketone and the other an alcohol. Maybe even enrich this further with chemical formulae, indicating that the two are, indeed, a redox couple. As long as you don't plan to provide a lecture on the history of endocrinology featuring Dr Kendall, it may be best not to mention E and the 'F-word' at all.

GETTING TO GRIPS WITH APPLIED ENDOCRINOLOGY

Why not teach applied or clinical endocrinology earlier on, maybe by inviting clinical pharmacologists into dedicated teaching sessions? The interaction between the anticoagulant warfarin and albumin is one of the links that might be taught better. Warfarin binds tightly to albumin, but it is active only as a free drug. Hence, any changes in blood albumin content may have implications for the effective dosing of warfarin.³

At the same time, it is clinical routine in a global setting that brings local colloquialisms with it, and associated difficulties in understanding. These include transatlantically divergent names for the catecholamines (epinephrine in North America and adrenaline in Europe), the pronunciation of the word 'vitamin', and the use of different units of measurement, such as blood sugar in mmol/l or mg/dl .

A MATTER OF TIME

Hormones are secreted more dynamically than we might think.⁴ There are rhythmical variations over the day (diurnally), overlaid with

higher-frequency secretion patterns, as well as short bursts of hormone secretion.

Also, on the receptor side, hormones act over different biological timescales. There are fast-acting, short-duration hormones that target ion channels or G protein-coupled receptors, such as glucagon-like peptide-1, calcitonin, thyrotrophin and adrenocorticotrophin, and slow-onset, long-duration hormones targeting nuclear receptor hormones, such as steroid hormones, thyroid hormones and vitamin D. And there are combinations thereof, hormones that target several different receptor classes, or those that have natural or pharmacological analogues, with strikingly different pharmacokinetics, such as different insulin analogues.

LISTS VERSUS LOGIC

Teaching endocrine content as mere lists of facts might not transport the inherent logic of these intricate systems. Why did this or that signalling system evolve in the first place, and what do our very hormones actually do in (distantly) related animals?

This is the realm of comparative endocrinology, and Peter Medawar's famous quote,⁵ 'For "endocrine evolution" is not an evolution of hormones but an evolution of the use to which they are put.' Admittedly, this approach can only be realised to some extent, due to the vast amount of content in most (bio)medical curricula.

LESSONS TO BE LEARNT

Do you feel inspired? Please be mindful in your teaching. Do not assume that all the technical vocabulary and abbreviations that you have mastered will be well known within the student cohort in front of you. And, finally, be honest. It doesn't help to teach this rule and that rule, only to present 20 exceptions to these rules thereafter.

DOMINIC D-C LAI AND JONATHAN WOLF MUELLER

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HIGHER SPECIALIST TRAINING: CHALLENGES AND OPPORTUNITIES

WRITTEN BY NEERA AGARWAL



Many challenges remain in improving training provision in our field. How can they be addressed, and what opportunities should we investigate?

The introduction of the revised 2022 General Medical Council-approved curriculum represented a significant step forward for endocrinology and diabetes training, embedding capabilities in practice (CiPs), dual accreditation with internal medicine, and a more holistic approach to assessment.

However, for many trainees and educational supervisors, the reality of training has not fully reflected the aspirations of curriculum reform. Increasing service pressures, escalating clinical demand and a finite workforce capacity have combined with rising curricular expectations to create tension between service provision and high-quality training. While perspectives differ, there is broad consensus that current training structures do not consistently allow trainees to receive, or trainers to deliver, training in the way originally envisaged.

Persistent challenges remain, including workforce uncertainty, service pressures and variability in training opportunities across the UK. Addressing these requires a shared understanding of constraints, alongside joint ownership of pragmatic solutions that support high-quality training for a skilled future workforce, while maintaining safe and sustainable services.

WORKFORCE PRESSURES AND CAREER UNCERTAINTY

One of the most pressing concerns for our trainees is the increasing mismatch between the growing clinical burden of diabetes and endocrine disease and the availability of substantive specialty consultant posts. Despite rising demand, consultant expansion has not kept pace with trainee output. As a result, some doctors face a period of post-Certificate of Completion of Training (CCT) uncertainty, taking up locum, non-substantive roles or seeking opportunities abroad.

'For many trainees and educational supervisors, the reality of training has not fully reflected the aspirations of curriculum reform.'

This bottleneck risks undermining morale and recruitment at a time when the specialty can least afford it. Better national workforce planning is required, aligned with population need and evolving models of care. Expansion of hybrid consultant roles, for example combining diabetes with obesity medicine, peri-operative care or community diabetes services, would better reflect modern practice and create more flexible career pathways.

SERVICE PROVISION VERSUS SPECIALTY TRAINING

Diabetes and endocrinology is predominantly an outpatient specialty, with much of the most valuable learning occurring in clinics, multidisciplinary team (MDT) meetings and longitudinal patient follow-up.

However, trainees consistently report that general internal medicine (GIM) service commitments frequently encroach on specialty training time. While GIM remains a vital component of training, excessive service pressure risks diluting specialty experience, particularly in later years, when advanced competencies should be consolidated.

Protecting specialty clinics and MDT exposure is therefore essential. Nationally agreed minimum clinic benchmarks aligned with curricular CiPs could help ensure that training outcomes are achievable across all regions.

‘Despite its breadth and relevance, diabetes and endocrinology remains underrepresented in undergraduate and early postgraduate training.’

VARIABILITY AND INEQUITY IN TRAINING EXPERIENCE

Variation in training experience across deaneries remains another significant challenge. Access to specialist clinics such as diabetes technology, pregnancy, transition, obesity or rare endocrine services often depends on geography rather than training need. Teaching provision, and access to simulation-based training and research opportunities, also vary widely, creating inequity in preparation for consultancy.

Less-than-full-time trainees can be particularly affected, therefore expanding high-quality hybrid and recorded teaching alongside invaluable in-person sessions can help reduce regional variation and improve accessibility. Consideration should also be given to cross-deanery educational opportunities.

RECRUITMENT AND EARLY EXPOSURE

Despite its breadth and relevance, diabetes and endocrinology remains underrepresented in undergraduate and early postgraduate training. Many doctors have limited exposure beyond inpatient diabetes care, which can perpetuate misconceptions about the specialty being service-heavy or lacking career progression.

Guaranteed exposure during foundation and internal medicine training, national taster programmes and structured mentorship would help attract high-quality applicants. Showcasing portfolio careers, leadership opportunities and work-life balance may also help challenge outdated perceptions of the specialty.

THE WIDER MULTIDISCIPLINARY CONTEXT

Training quality does not exist in isolation. Shortages within the wider MDT, particularly specialist nurses, place additional pressure on services and reduce opportunities for shared learning. Investment in MDT staffing should be viewed as a parallel investment in training quality and future workforce sustainability.

OPPORTUNITIES FOR MODERNISATION AND INNOVATION

There is considerable opportunity to future-proof diabetes and endocrinology training. Formal recognition of subspecialty interests

within training such as diabetes technology, obesity medicine, reproductive endocrinology and endocrine oncology would better reflect current and future service needs.

Greater curricular emphasis on digital health, remote monitoring, population health and service redesign would equip trainees with skills increasingly required in consultant practice. Funded post-CCT fellowships or credentialing pathways could support this development, while enhancing workforce flexibility.

SUPPORTING WELL-BEING AND FLEXIBLE CAREERS

Trainee well-being and retention must be central to any training reform. Normalising less-than-full-time training, ensuring transparent rota design and guaranteeing equitable access to clinics, courses and research time are essential steps. Strong trainee representation through forums such as the Young Diabetologists and Endocrinologists’ Forum plays a vital role in ensuring that training evolves in response to real-world experience.

SHARED CHALLENGES FOR THE TRAINEE AND TRAINER

Many of the pressures facing trainees and trainers are shared. Trainees cite reduced access to specialty clinics, high GIM workloads and uncertainty about post-CCT employment. Trainers highlight increasing clinical demand, rota gaps and limited job-planned time for education.

These are not competing priorities but interconnected challenges. When service pressures intensify, training quality suffers, undermining future workforce capacity and morale. Meaningful solutions must operate at organisational and national levels, rather than relying solely on local adaptation.

‘Curriculum reform has laid strong foundations, but further structural change is required to ensure training is equitable, sustainable and aligned with modern clinical practice.’

LOOKING FORWARD

UK diabetes and endocrinology training stands at a pivotal moment. Curriculum reform has laid strong foundations, but further structural change is required to ensure training is equitable, sustainable and aligned with modern clinical practice. Improving workforce planning, protecting specialty training time, reducing regional variation and embracing flexible, future-focused career pathways would not only enhance trainee experiences, but also strengthen the specialty as a whole.

As the burden of diabetes and endocrine disease continues to grow, investing in high-quality training is essential to securing the future of patient care.

NEERA AGARWAL

Chair of the Specialist Advisory Committee UK (Diabetes and Endocrinology), and Clinical Director for Diabetes, Cardiff and Vale University Health Board



An interview with...

KETAN DHATARIYA

RECIPIENT OF THE SOCIETY'S OUTSTANDING TEACHER AWARD

Professor Ketan Dhatariya is a Consultant in Diabetes and Endocrinology at Norfolk and Norwich University Hospitals NHS Foundation Trust, Honorary Professor of Medicine at the University of East Anglia and Chair of the Association for British Clinical Diabetologists (ABCD). He recently received the Society for Endocrinology 2026 Outstanding Teacher Award. *The Endocrinologist's* Associate Editor, Bhavna Sharma, asked him about his career and the advice he would offer current and future enthusiasts in endocrinology and diabetes.

What led you to the field of diabetes and endocrinology?

I began my medical career on the Isle of Wight, where Dr Arun Bakshi guided me towards a job in diabetes, as a long-term career. Later, during my training, Professor Margot Umpleby (a non-clinical scientist at St Thomas') suggested I emailed Dr K Sreekumaran Nair at the Mayo Clinic in Rochester, MN, USA, for advice, when she was helping me plan a grant application. To my astonishment, the very next day he phoned saying, 'I have a job for you!'

I am eternally grateful to him and the Mayo Clinic for taking a chance on me as a complete unknown. Sree changed my life, and I would never be doing what I do now if I hadn't been at the Mayo Clinic. I got my Certificate of Completion of Training on 1 September 2001 and went to the USA on 8 September – just three days before the whole world changed.

What are the biggest differences in our field between the UK and the USA?

I have to say that I don't like the way the system is set up in the USA, and the disparity between those who have and those who have not, based on money.

Training in the USA is very different. You are exposed to different things and can choose your specialty quite quickly, and your experience is determined by where you are and who you are with. This is similar to the UK, but in the UK training involves some specialist experience and time in a teaching hospital.

It's the opportunities that are different between the USA and the UK. If you get to a big centre, you will often have the opportunity to do some research if you want to. But research funding is easier to obtain in the USA, and the UK does not have enough centres where trainees can do the work they want to do.

As Chair of the ABCD, I have always recognised the lack of research opportunities for UK trainees who find themselves in District General Hospitals (DGHs) rather than big centres. This is why the ABCD set up Dragons' Den funding, to give trainees in DGHs more research opportunities. If they have a good idea and want some funds, there's no reason why they shouldn't apply and get a small pot of money.

Despite this, I do like the UK training; it is much more structured. You experience a number of clinics and multidisciplinary teams, and are trained in diabetes **and** endocrinology, so that later you can choose to apply for jobs in either or even both areas.

How could a young UK registrar become a voice in diabetes or develop a leadership role?

The important thing to understand is that being a voice and doing research are two different things. You certainly do not have to be a researcher to be a leader. I'd encourage residents to get away from the idea that research is everything, because it's not. I didn't publish my first paper until I was a fourth-year registrar.

To be a leader, you must put your head above the parapet, and you have to want to make a difference. Look out for every opportunity to start making

a voice for yourself. This might be at a regional level, e.g. as the person who leads regional training, or you could be a member of the Young Diabetologists and Endocrinologists' Forum, a Society for Endocrinology committee, the ABCD, a Royal College, etc.

One thing I would always emphasise is not to expect things to land in your lap. Put yourself forward for committees and other opportunities. Don't worry if it doesn't work first time, apply again next time.

How can a trainee develop their skills?

You need to read. I always ask the residents, 'How many of you read journals?' and, other than for the BMJ (which comes to the front door), almost nobody puts their hand up. If you don't know what's going on in our specialty, how can you be a leader?

Google the top 15 journals in diabetes and endocrinology, and then subscribe to the e-tables of contents. Of course, don't forget the big general medical journals as well, such as the *New England Journal of Medicine* and *JAMA*. Journals where all the 'big stuff' is published are places to start.

What would you say to trainees (or even consultants) with imposter syndrome?

Welcome to the club! Every day I think of myself as a small boy in short trousers being allowed to play at the top table. But you have to accept that maybe you are being invited to take part in activities because people want to listen to what you have to say. Be brave!

What impact is artificial intelligence (AI) having on you as an educator?

I haven't had to change my role because of AI yet. That's because, in my opinion, I do not believe that AI is currently at the level of maturity to be sure that everything that it tells you is correct. On the other hand, one of my colleagues recently told me about an AI app to make the latest research papers into a short podcast. They listen to the podcast when they're walking into work – and that's brilliant. Every generation needs to adapt, but I do still like reading papers!

Will more online appointments and automated technologies mean we lose touch with our patients?

Not in the near future in my opinion because, whatever technology can do, there is no substitute for laying your hand on a patient. There is no substitute for seeing somebody who's got a visual field defect in a clinic, there is no substitute for examining a diabetic foot. I still think there's going to be a role for individual touch and that element of empathy.

What is your advice for someone early in their training?

Never take no for an answer! When I was a registrar on the Isle of Wight, I applied for over 125 jobs and was never shortlisted. There was one individual at that time who just said to me, 'We're actually looking for high flyers,' and put the phone down. Every day I think about that individual, because they drive me, they lit a fire underneath me. I learnt two things from that phone call: first, I'll never speak to people that way, and, secondly, to never underestimate people, because people can flourish. Everybody has potential.

THE IMPORTANCE OF LANGUAGE IN PATIENT ENGAGEMENT



WRITTEN BY ANJALI AMIN

Language is just one of the many clinical tools available to the endocrinologist but, as with all tools, its careful use needs to be learnt.

Endocrinology is a specialty characterised by complexity, chronicity and long-term therapeutic relationships. Clinicians care for a wide and diverse patient population, many of whom attend regular follow-up appointments, undergo repeated investigations and remain on treatment for prolonged periods, sometimes lifelong.

In this setting, and to engage patients effectively, communication should not be considered a ‘soft’ skill, but as a core clinical competency. Language plays a central role in fostering trust and supporting collaborative partnerships that underpin effective care. Successful communication extends beyond word choice alone, encompassing how clinicians listen, respond to non-verbal cues, convey tone and demonstrate empathy.¹

Although effective communication is fundamental to clinical practice, evidence suggests that doctors elicit the patient’s agenda in only a small minority of consultations.² Failing to explore concerns fully can lead to patient frustration, disengagement and reduced trust.

THE EXAMPLE OF BODY WEIGHT

Discussions around body weight illustrate particularly clearly how language can influence engagement. Many endocrine conditions, including type 2 diabetes, polycystic ovary syndrome, hypothyroidism and Cushing’s syndrome, involve difficult conversations about weight.

Patients may already carry a sense of self-blame, and those living with overweight or obesity frequently experience prejudice, ambivalence and suboptimal care within healthcare settings. Negative stereotypes about obesity remain prevalent among healthcare professionals,^{3,4} and patients often perceive such attitudes as ‘fat-shaming’.

Weight stigma can harm both physical and mental health⁵ and act as a barrier to diabetes care, contributing to patient disengagement.⁶ Importantly, its impact is not confined to obesity-related conditions. In thyroid disease, for example, weight stigma has been linked to reduced adherence to treatment, diminished trust in clinicians, lower perceived empathy and weaker therapeutic relationships.⁷ Together, these findings underline the need for careful, considered communication when addressing weight-related issues in endocrine practice.³

ADOPTING EFFECTIVE APPROACHES

Traditional directive language risks reinforcing disengagement and undermining the doctor–patient relationship.⁸ In contrast, communication approaches that emphasise partnership, motivation and mutual goals are more likely to support engagement and sustained behaviour change. Open-ended questions, acknowledgement of progress and setbacks, and collaborative problem-solving enable patients to feel supported and involved in decisions that are achievable and acceptable.⁹

A first step is recognising that certain terms and phrases may be experienced as damaging, regardless of intent. Words such as ‘compliance’, for example, imply failure and reinforce a hierarchical model of care in which responsibility rests solely with the patient.

Framing conversations around partnership and shared decision-making, rather than instruction and blame, aligns with contemporary models of patient-centred care relevant in endocrinology, where patients may present with vague symptoms such as fatigue, ‘brain fog’ or mood disturbance. Actively listening, exploring concerns without judgement and validating

patients’ lived experience, even when investigations appear normal, are central to maintaining trust and engagement.¹

ADAPTING LANGUAGE TO PATIENTS’ NEEDS

Language should be regarded as a clinical tool, used with awareness and adapted to each patient’s needs. This includes accounting for health literacy, a key social determinant of health, and ensuring communication is clear and accessible for patients with varying literacy levels.³

Cultural background and language proficiency also influence engagement, and patients for whom English is not a first language often experience poorer health outcomes.³ In such cases, professional interpreters should be used proactively, together with plain, jargon-free language. Avoiding metaphors and idioms and checking understanding through open questions helps ensure messages are received as intended.

DIGITAL INFORMATION AS A ROUTE TO DISCUSSION

Alongside these longstanding communication challenges, the digital information landscape has introduced new complexities into clinical consultations. In an era shaped by artificial intelligence and social media, patients increasingly consult online sources, including ‘Dr Google’ and, more recently, tools such as ChatGPT.

While clinicians may have concerns regarding misinformation and unnecessary health anxiety, many patients use online information to explore and supplement their understanding of symptoms and diagnoses.¹⁰ When addressed openly and without judgement, these discussions allow clinicians to clarify misconceptions, answer questions and strengthen the therapeutic alliance. The digital world has the potential to transform patient engagement from a traditionally passive model into a more collaborative partnership.

BREAKING DOWN THE HIERARCHY

Ultimately, breaking down hierarchy within the doctor–patient relationship is key to engaging patients in endocrinology. Moving away from paternalistic models towards collaboration and shared understanding reflects the realities of modern endocrine practice. Acknowledging the complexity of the endocrine system and working alongside patients to navigate it may help them feel less overwhelmed, more informed and more engaged in their care.

ANJALI AMIN

Consultant in Diabetes and Endocrinology, Imperial College Healthcare NHS Trust and Honorary Clinical Senior Lecturer, Imperial College London

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Although the condition might be rare...



...the features are common

Perhaps it's Cushing's syndrome, perhaps it's something else? If you connect any of these dots within a patient, consider referring them to a specialist endocrinologist.

For a clinician's guide to recognising Cushing's syndrome's signs and features, email cushings@connectthedots.health and help shine a light on this rare condition.

ESTEVE
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the
dots**

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TRAINING COURSES ON THYROID DISORDERS FROM YOUR SOCIETY

WRITTEN BY SAMANTHA ANANDAPPA, ANAND VELUSAMY, NIKI KARAVITAKI AND KRISTIEN BOELAERT

Adequate training for the next generation of endocrinologists is crucial to maintain delivery of state-of-the-art care for patients with endocrine diseases. The Society collaborates in the delivery of two national training courses on thyroid disorders.

NATIONAL THYROID ULTRASOUND COURSE FOR ENDOCRINOLOGY TRAINEES

Led by Samantha Anadappa and Anand Velusamy

Thyroid nodules are a common finding in endocrinology, with studies demonstrating a prevalence of up to 67% on high-resolution ultrasound examination.¹ Amongst the nodules detected on ultrasound, only 3–7% are palpable on clinical examination,² and approximately 5–15% of all thyroid nodules are malignant.³

In the UK, the incidence of thyroid cancer continues to rise, with approximately 3900 new cases diagnosed each year. This is predicted to increase to 11 cases per 100,000 of the population by 2035.⁴

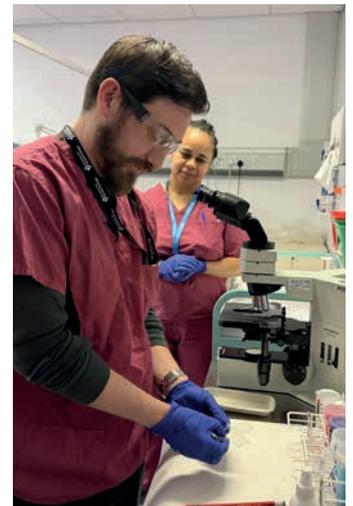
There are both modifiable and non-modifiable risk factors for thyroid cancer. Endocrinologists can identify patients at higher risk through a thorough clinical history, physical examination and appropriate investigations. It is therefore essential that clinicians understand both the appropriate use and the limitations of thyroid ultrasound in clinical practice. In our centre, we run a one-stop thyroid clinic with endocrinologists, endocrine surgeons and thyroid ultrasound, offering fine-needle aspiration with rapid on-site evaluation by our biomedical scientists.

The Thyroid Ultrasound Course, delivered in collaboration with the Society for Endocrinology, has been running since 2022. It was established to equip endocrinologists with the knowledge required to appropriately utilise and interpret thyroid ultrasound, enhance clinical practice, and provide an initial step for clinicians wishing to further develop their skills in thyroid ultrasonography.

Through a combination of lecture-based teaching and practical hands-on experience, the course provides both a theoretical foundation and an



Demonstrating the technique of fine needle aspiration on a training model.



Slide fixation and rapid on-site evaluation.

‘The course provides both a theoretical foundation and an introduction to the technical skills required to initiate training towards competence in thyroid ultrasonography. Candidates rotate through a series of practical sessions, including the use of different ultrasound machines and their settings, practising fine-needle aspiration on training models, and gaining experience in slide preparation and fixation.’

introduction to the technical skills required to initiate training towards competence in thyroid ultrasonography. Candidates rotate through a series of practical sessions, including the use of different ultrasound machines and their settings, practising fine-needle aspiration on training models, and gaining experience in slide preparation and fixation. The course has received outstanding feedback and has been fully booked each year.

Ensuring that thyroid ultrasound remains within the clinical remit of endocrinologists is essential. This course enables clinicians to critically appraise imaging reports and actively contribute to multidisciplinary team discussions, ultimately facilitating gold-standard patient care.



One-stop thyroid clinic team at Guy's and St Thomas' NHS Foundation Trust.

NATIONAL TRAINING SCHEME FOR THE USE OF RADIOIODINE IN BENIGN THYROID DISEASE

Led by Niki Karavitaki and Kristien Boelaert

Treatment with the radioactive isotope ^{131}I has been used for the management of patients with thyroid disorders for more than 80 years. Radioiodine is used to ablate the thyroid gland in people with hyperthyroidism,⁵ benign euthyroid goitre⁶ and differentiated thyroid cancer.⁷ Current NICE guidelines recommend the use of ^{131}I as first-line in most patients with Graves' disease, relapsed hyperthyroidism and toxic nodular disease.⁸

Radioiodine is given as a capsule which is rapidly absorbed in the gastrointestinal tract and concentrated in follicular thyroid cells through uptake via the sodium-iodide symporter. It is a highly effective treatment, with cure rates for hyperthyroidism of up to 90%: a significant improvement on remission rates with antithyroid drugs.⁵ In patients with large non-toxic goitres, it is used to shrink the thyroid gland, especially if thyroid surgery is contraindicated.⁶

The administration of a radioactive substance such as ^{131}I requires a practitioner licence from the Administration of Radioactive Substances Advisory Committee (ARSAC). Traditionally, radioiodine was administered for benign thyroid conditions by oncologists but, with a significant increase in patients with cancer diagnoses, this was no longer felt to be within the remit of clinical oncologists. In 2006, the National Training Scheme for the Use of Radioiodine in Benign Thyroid Disease was set up as a joint venture between the Royal College of Physicians and Royal College of Radiologists. Since 2019, the course has been run in collaboration with the Society for Endocrinology.

In order to apply for an ARSAC practitioner licence, candidates need to demonstrate adequate training and experience to ensure safe delivery of a radioactive substance and good understanding of radiation protection guidance. This is usually in the form of (i) a certificate of attendance of the National Radioiodine Training Scheme, (ii) evidence of self-study relating to radiation protection guidance, and (iii) a logbook of mentored cases.

The National Training Scheme consists of two parts:

- The morning session focuses on reviewing the legislation around ^{131}I administration, the nuclear physics aspects of the process, challenging cases from a physicist's perspective and feedback on the pre-course multiple choice questions. Attendees are required to prepare for the course using e-learning modules focused on nuclear physics and to complete a questionnaire. Those who fail to pass the questionnaire will be given a second chance after the course, during which expert nuclear physicists discuss the cases.
- The afternoon session of the course focuses on the clinical indications for radioiodine administration, and provides an overview of the Radioiodine Service in Birmingham as an example of how a busy thyroid clinic may function effectively. Since caution needs to be employed when administering radioiodine to patients with thyroid eye disease, an expert session is delivered by Ms Reena Kumari, Consultant Orbital Surgeon in Birmingham, highlighting safe practice in relation to patients with Graves' ophthalmopathy. The final session of the day is a case-based discussion of challenging cases of radioiodine administration, emphasising evidence-based and individualised decision making to patients.



Female patient with a goitre. ©Shutterstock

More than 800 attendees have participated in the course since its inception, including a variety of professionals, such as specialist trainees and consultants in endocrinology, endocrine specialist nurses and nuclear physicists. More than 100 people have successfully applied for an ARSAC licence following the course and completion of a mentored logbook. The course continues to receive excellent feedback and is a glowing example of multidisciplinary working between endocrinologists, nuclear physicists and ophthalmologists.

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SELF-DISCOVERY AND YOUR CAREER IN ENDOCRINOLOGY

WRITTEN BY FEDERICA BEGALLI



Federica Begalli asked herself five questions to get to the heart of what really mattered to her about her chosen career. Perhaps you could try it too...?

What was your dream job when you were growing up? Mine was to wear a white lab coat and be surrounded by flasks brimming with coloured solutions. I am Federica Begalli, and I am a Lecturer in Endocrinology at Queen Mary University, Barts and the London Medical School.

My dream was to be a scientist but, when I was choosing my university degree, I also considered medicine, as I am drawn to building and fixing things. But my interest in tumour biology compelled me to go for my dream – white(ish) lab coat and all.

After a BSc in biotechnology and an MSc in medical, molecular and cellular biotechnology, working on medulloblastoma and glioblastoma, I wanted a more translational approach to science. I completed a PhD in biomedical technologies in clinical medicine. This took me from Rome, Italy, to Imperial College London, where I spent over a year working on colon cancer. Then I stayed for a post-doc on therapeutic approaches in diffuse large B cell lymphoma.

This experience suggested that perhaps I could have it all – combine fundamental research with medicine. In endocrinology, I found what I was looking for.

‘You cannot go into science expecting everything to be perfect. Failure is part of the process; you can’t avoid it.’

My second post-doc at Queen Mary University of London, in the lab of Professor Márta Korbonits, sparked my love for the field, and I’m grateful to (or ‘blame’, depending on your point of view!) Professors Korbonits and Ashley Grossman for their passion, lively discussions and dedication, which they have managed to infuse me with. I am particularly grateful to have found a friend and a mentor in Professor Korbonits, who always listens to my craziest ideas (and trust me, I have plenty).

Being a Lecturer in Endocrinology means I get to teach and conduct research in endocrine tumour biology, with a particular focus on translational applications – and that dream job is everything I imagined it would be and more.

But how can you tell if your job is ‘the one’ for you? Despite a plethora of crazy ideas, I am practical to the core and, knowing how tough academia can be, I found myself wondering if it was ‘a game worth playing’ (as we say in Italian). As a scientist, I defaulted to making lists and setting thresholds.

Every journey is different, but there are **five questions** everyone should ask before stepping into this world.

THE FIVE QUESTIONS YOU SHOULD ASK

1. Do I really love research to a point that I am willing to make sacrifices?

I waivered a bit here. You might be thinking, ‘It’s just the first question!’ – but it’s the hardest and most important. For me, the answer was yes. This journey is not a dream anymore, and the road is steep. Imagine yourself tyre flipping for a few years. (Full disclosure: I’m Italian, so perhaps I am being overly dramatic.)

2. What am I willing to sacrifice for my dream job?

I love travelling, nights out with friends, eating and drinking (particularly keen on the eating). Moving to London meant tough choices: leaving my family in Italy and asking my partner (now husband – surprisingly, he stuck around) and friends to stand by me while I spent 15-hour days in the lab.

3. What am I NOT willing to sacrifice for my dream job?

I’m willing to sacrifice a lot to achieve my goals, but not my integrity. Setting limits allows me to stay true to who I am. For example, living too far from my family – for instance in the USA – was not an option for me. Also, my priorities changed over time. Meeting incredible colleagues made me realise I would not compromise on the work environment; supportive colleagues became one of my priorities.

4. What is that you really, really love in your job?

Over the years, I have realised that I love teaching and supervising. I enjoy the challenges students bring, the discussions and the questions they ask. Seeing them succeed is deeply rewarding (although I do sneak into the lab when I miss working at the bench). You don’t have to rush up the academic ladder. Once you know what you want, go for a job where you’re more likely to get it.

5. What are you missing that you need to get ‘The Job’?

My PhD and post-docs gave me a lot, but not everything I needed to qualify for this job. Once you know what ‘The Job’ is for you, figure out what you’re missing – and go get it! Start preparing at least 6 months in advance, do not wait until it’s too late. I obtained my teaching fellowship years before I started job hunting.

If it sounds tough, that’s because it is. But it’s worth it. I love my job. I love my colleagues, and while I’m still working on finding my balance (occasionally I still feel like an elephant on a tightrope), I can unequivocally say that I am happy.

AND ABOUT THOSE QUESTIONS...

It’s OK if you get them wrong. It’s OK to change your mind. I worked in many different fields and, through trial and error, I discovered what I truly enjoy. You cannot go into science expecting everything to be perfect. Failure is part of the process; you can’t avoid it. What matters most is that you worked hard, you did your best, you did what you think is right, so you can be proud of yourself – regardless of the results.

FEDERICA BEGALLI

Lecturer in Endocrinology, William Harvey Research Institute, Barts and the London School of Medicine and Dentistry

MY NURSING JOURNEY TO A LEADERSHIP AND DEVELOPMENT AWARD

WRITTEN BY ALDONS CHUA



Aldons Chua shares the inspirational story of his career, which recently saw him receive a Society for Endocrinology Leadership Development Award. The Award is designed to recognise and nurture emerging talent, to help create the future leaders of endocrinology.

I am humbled by being the first nurse to receive a Leadership and Development Award from the Society for Endocrinology. This recognition is for my mentors, colleagues and patients who have supported and inspired me during my career.

REFLECTING ON MY JOURNEY

My journey in endocrinology has been both challenging and rewarding.

As an overseas nurse in the UK in 2016, I was uncertain about my career path. After a year in acute care, I learnt that, as a nurse, you could specialise in endocrinology. This was thanks to my colleague and friend, who encouraged me to do a bank shift in the endocrine day unit. From my first shift, I was captivated by the complexity of hormones and how this impacts our daily lives.

I became an Endocrine Specialist Nurse at East Sussex NHS Trust in 2018. I joined the Society for Endocrinology and the European Society of Endocrinology, and attended any educational meetings I could. I remember my first travel grant application for the European Congress of Endocrinology in Lyon, France, in 2019. At that conference, I met my amazing mentor, who has been instrumental in my endocrine nursing development.

Over the years, I've focused on developing my professional qualifications, such as independent nurse prescribing and a Master's in clinical research. I have also encouraged a spirit of collaboration and mentorship among my peers.

EMPHASISING MENTORSHIP

I believe that nurturing the next generation of endocrine nurses is vital for the advancement of our field. The Leadership and Development Award will be instrumental in honing my leadership skills and empowering early-career nurses through guidance, support and collaborative opportunities. As someone who benefited from a strong mentor-mentee relationship, I hugely advocate this approach. I should mention our London and Southeast Regional Network, where we ensure that nurses feel included, as many endocrine nurses are lone workers in their respective organisations.

CONTRIBUTING TO RESEARCH AND COMMUNITY

My research area of interest has been adrenal diseases, primarily adrenal insufficiency and hyperaldosteronism. This has allowed me to collaborate with leading experts to explore innovative treatments and improve patient care. I am eager to deepen my knowledge and to contribute to the field through these collaborative efforts as part of this programme.

Beyond the academic realm, I have sought to engage with the community to raise awareness about endocrine disorders. Through organising endocrine disease awareness days and speaking engagements at patient support group meetings, I have contributed to educating the public and colleagues outside endocrinology on the importance of hormonal health, emphasising prevention and early intervention, especially regarding endocrine emergencies such as adrenal crisis. This aspect of my work is incredibly fulfilling, as it allows me to connect my research with real-world situations.

LOOKING FORWARD

To me, leadership is not just about guiding others, it is also about continuous learning and being resilient. Through this Award, I aim to further cultivate an inclusive and supportive environment, exemplifying these values in every aspect of my endocrinology nursing practice. As I move forward, I am excited about the opportunities that lie ahead. I plan to continue my involvement in promoting professional development, and seek to create collaborative research initiatives that will push the boundaries in endocrine nursing.

ADVICE TO MY FELLOW ASPIRING NURSES

The application process may sound daunting at first, but it was rather straightforward. You just have to be clear and honest about why you want to be part of the programme, in accordance with your professional and personal goals. Don't be afraid to seek guidance from your mentor and colleagues, and especially from people at the Society for Endocrinology, to ensure you have completed the application properly.

ALDONS CHUA

Clinical Nurse Specialist - Endocrinology, St Bartholomew's Hospital, London

I thank my colleague and friend Maria Ravelo, for introducing me to endocrinology, and the Birmingham endocrinology team, led by Sherwin Criseno, for welcoming me during my first months. I'm deeply grateful to Professor William Drake for his support and to my mentor Dr Sofia Llahana for her unwavering guidance. Lastly, I'm thankful to all my patients who inspire and drive me every day.

Apply now for a **Leadership and Development Award** 
Closing date: **13 April 2026**

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Register for Endocrine Nurse Update



ADVANCING ENDOCRINE NURSING THROUGH TRAINING AND EDUCATION

WRITTEN BY LOUISE BREEN



Make sure you and your colleagues access all the support that is available to endocrine nurses through the Society for Endocrinology.

In the last 30 years, we have seen exponential growth in the Society for Endocrinology's training and development portfolio for nursing. The 1990s kicked off many firsts for the Society's nurse membership, with the formation of the Nurse Committee, Endocrine Nurse Training Course (which evolved into the Endocrine Nurse Update) and Nurses Sessions at the SfE BES conference.

The importance of training and developing endocrine nurses is highlighted in the GIRFT report, in particular the importance of attending Society for Endocrinology academic events.¹

COMPETENCY FRAMEWORK FOR ADULT ENDOCRINE NURSING

The Society's Nurse Committee has continued to push the nursing agenda forward and created a plethora of opportunities for endocrine nurses. One of the most significant and globally endorsed is the **Society for Endocrinology Competency Framework for Adult Endocrine Nursing** (CFAEN). This was launched in 2013, with the second edition in 2015, under the leadership of Endocrine Specialist Nurse Nikki Kieffer.

The current, third edition of the CFAEN has built on the legacy of our peers, evolving to include novice and advanced beginner competencies for nursing support workers, along with tools to demonstrate competence in practice (e.g. an evidence log). Eighteen clinical competencies have been added and updated to reflect current practice. Core clinical and safety competencies for endocrine nursing are highlighted, guiding priorities for learning and development for those new to endocrine nursing. Core nurse-led service competencies reflect the common nurse-led services.² The addition of research, education, and leadership and management

competencies has aligned the CFAEN with the four pillars of advanced clinical practice.³

ONLINE LEARNING PLATFORM

The Society for Endocrinology Online Learning Platform (OLP) has been available to the Society's nursing membership since February 2025. This coincided with the launch of the third edition of the CFAEN, and it hosts the CFAEN's online version. This version provides improved accessibility and efficiency for updating and the addition of new competencies, without the associated printing costs. Relevant resources for all competencies, including evidence logs, with examples of how to evidence practice, are welcome additions. Translation into multiple languages is planned for the CFAEN, giving this valuable resource a wider reach.

While the endocrine nursing community continues to grow, many members continue to work in isolation. The OLP offers mentorship as a mentor/mentee, with training and education to support mentorship. Mentors and mentees can message, arrange meetings, set goals and share files via the platform. The 'My Groups' function allows members to network and share expertise with the endocrine nursing community. The OLP Working Group is in place to review and update resources for the OLP.

If you are a Society member and have not yet signed up to the OLP, please do so now:

[Mentees](#)

[Mentors](#)

OTHER TRAINING, DEVELOPMENT AND EDUCATIONAL OPPORTUNITIES

The **Master's level module in endocrine nursing** was championed and developed in conjunction with Oxford Brookes University by Anne Marland, Consultant Endocrine Nurse. To date, 28 nurses have completed this Level 7 module (40 credits).

Working Group for the 3rd Edition of the CFAEN: L-R Phillip Yeoh, Kate Davies, Lisa Shepherd, Louise Breen, Sofia Llahana and Anne Marland.



Patient support groups (PSGs) provide a wealth of information to support healthcare professionals and patients alike. The majority have a nursing representative who works closely with them. Engagement and familiarity with PSGs are essential to the endocrine nursing role. **Many PSGs are affiliated to the Society** [↗](#)

You can find upcoming **Society events online** [↗](#), including webinars and PSG-led online training. The Members' Area of the Society website provides additional resources, such as access to oral presentations, policies and guidelines.

The Society for Endocrinology also supports Regional Network Endocrine Nursing Groups (see Table). There are currently eight in the UK. The Network Groups have been going from strength to strength, and meet virtually or face to face. The Nursing Support Workers Network was launched in 2025; we are working with our newest member group to shape their role in endocrinology. If you would like to sign up to any of these networks please email nurses@endocrinology.org.

Regional Network Endocrine Nursing Group	Network Lead(s)
North East England	Jane Craig
North West England	Chloe Clayton, Joanne Brown
Wessex	Sirbrina Ramharack
East of England	August Palma
London and South East England	Sylvia Michael, Aldons Chua
English Midlands	Sherwin Criseno, Lisa Shepherd
South West England/South Wales	TBC
Scotland	Claire Stirling

AWARDS AND GRANTS

The Society for Endocrinology offers a number of awards, grants and prizes. These include the **Leadership and Development Awards Programme** [↗](#) and the **Nikki Kieffer Medal** [↗](#). You could also apply for a **Society grant** [↗](#). These provide funding for numerous activities, including meeting attendance and research.

Accessing funding and study leave to attend relevant meetings remains a challenge. The OLP has relevant information on potential avenues to funding. Service managers and clinical leads play an essential role in enabling the endocrine nursing community to be involved in research and development and, importantly, to attend relevant training and educational events.

If your nursing team colleagues are not members of the Society for Endocrinology, please encourage and support them to apply and reap the benefits of membership.

LOUISE BREEN

Past Chair, Society for Endocrinology Nurse Committee and Advanced Nurse Practitioner – Endocrine, Guy's and St Thomas' NHS Foundation Trust, London

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2. Davies K *et al.* 2023 *Endocrine Abstracts* <https://doi.org/10.1530/endoabs.94.P155>.
3. NHS 2017 *Multi-Professional Framework for Advanced Clinical Practice in England* <https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>.

HOW COULD THE YDEF SUPPORT YOUR TRAINING AND EDUCATION?

WRITTEN BY AMY COULDEN



The Young Diabetologists and Endocrinologists' Forum (YDEF) is the trainee and young consultants' wing of the Society for Endocrinology, with an important role in education, advocacy and support.

WHO ARE THE YDEF?

Our committee is made up of specialty trainees and young consultants in diabetes and endocrinology from all over the country. Last year, after 25 years at Diabetes UK, we relocated to the Society for Endocrinology. We still have strong links with Diabetes UK, and are excited about our new partnership with the Society.

We serve three functions for our members: education, advocacy and support.

WHAT DOES THE YDEF DO?

We educate

We organise a wide variety of national educational events in line with the diabetes and endocrinology curriculum for trainees within the specialty, as well as budding diabetologists and endocrinologists who have not yet joined the programme.

We advocate

As well as our unique and highly regarded courses, we offer a voice for trainees across a range of committees and organisations that we have a seat on, including the Specialty Advisory Committee (SAC).

We support

We organise webinars, such as those aimed at providing internal medicine trainees (IMTs) with advice on how to apply and be competitive for training



Some YDEF committee members at our winter get together.

positions in diabetes and endocrinology. We also provide financial support for conferences (such as meetings of the European Association for the Study of Diabetes, Society for Endocrinology BES, and Diabetes UK), and for the Specialty Certificate Examination in diabetes and endocrinology.

WHAT EVENTS DO THE YDEF ORGANISE?

We organise one- or two-day in-person events across the country, as well as virtual webinars and educational events. All our courses are free of charge, but we ask for a small booking fee that is reimbursed upon attendance. Given the popularity of our courses, we often sell out in minutes and have a long waiting list, so ensuring attendance is key, to allow everybody the chance to benefit.

Below is a list of our courses for 2026 (dates will be confirmed via our newsletter closer to the time). For courses that are longer one day, accommodation is provided.

All courses are free to members of the Society for Endocrinology.

HOW CAN YOU JOIN THE YDEF?

It's easy! Visit our website to **become a YDEF member** , which is free of charge. You will also be able to see what we have on offer. For regular updates, including course sign-up release dates, be sure to subscribe to the YDEF newsletter! You can also follow us on social media at:



AMY COULDEN

Committee Member, on behalf of the YDEF Committee
Academic Clinical Lecturer, University of Birmingham, and ST6
Endocrinology and Diabetes Registrar, Queen Elizabeth Hospital,
Birmingham

Course	Description
SPRING	
Diabetic Foot	A one-day course on all things 'diabetic foot'. Excellent reviews, and attracts highly renowned speakers in this important area of the trainee curriculum.
Northern Europe Young Diabetologists (NEYD)	A small three-day joint meeting between delegates from the UK, Denmark and The Netherlands, providing an opportunity to present their research. A three-yearly cycle within the countries: Denmark is due to host in 2026.
YDEF Day	A one-day event for up to 80 delegates. An opportunity for attendees to present their work and hear from experts in cutting edge and topical research. Previously held with Diabetes UK, but in 2026 will be a stand-alone event.
SUMMER	
Obesity and Metabolism	A two-day course focused on obesity and on metabolic disorder caused by obesity. A fascinating and popular course which is becoming more and more topical and important for training.
Technology	A twice yearly, three-day course for all things 'diabetes tech', aimed at ST6-7 trainees, held in Leicester. Tickets sell quicker than Glastonbury!
AUTUMN	
IMT Webinars	A series of webinars aimed at IMTs who are considering or aiming to start/apply for training in diabetes and endocrinology. Each webinar has a different focus, from clinical scenarios to application/interview preparation.
Type 1 Diabetes Prevention	A one-day joint course, co-badged and run with paediatric trainees, held in Birmingham. It made its debut last year with excellent success.
Maternal Medicine	A one-day course on diabetes and endocrinology in pregnancy. Highly popular with excellent feedback. Not to be missed for 2026!
Starter Tech	New this year! Aimed at ST4 and ST5 trainees for an introduction into diabetes technology. Details to follow...
YDEF Wales	Co-badged and run with our Welsh trainee colleagues, usually in the autumn, with excellent attendance and feedback.
WINTER	
Technology	This course is held twice a year (summer and winter). See above for details.
ABC of D&E	A two-day course aimed at ST4 trainees as a whistle-stop tour of everything you need to know as a new starter in diabetes and endocrinology, held in Nottingham. Highly regarded and very popular.
Dynamic Functioning	New course coming soon! Focused on dynamic functioning tests used in endocrine diagnostics. Aimed at ST4-ST5 trainees. Details to be released later in the year.

Celebrating 80 years SUCCESS FOR SfE BES 2026



In early March, we welcomed endocrinologists from around the world for SfE BES 2026 in the ever-stunning Harrogate!

We thank our members and everyone else involved for their energy, curiosity and enthusiasm, which made it yet another conference to remember. It was wonderful to see the community come together again at our landmark event, and to celebrate the start of a very special year for the Society - our 80th anniversary!

Kicking off our packed Monday schedule, we began with a range of Endocrine Network sessions, followed by the first of our Plenary discussions and the Society's Annual General Meeting. Here, our former President, Márta Korbonits, stepped down, passing

the torch to our newly appointed President, Kristien Boelaert.

The second day featured a full programme of Nurses Sessions, exciting talks from our latest award winners, Meet the Expert sessions and oral poster presentations showcasing new endocrine research. The day highlighted the spirit of celebration and collaboration that defines SfE BES, as we recognised endocrinologists whose work continues to advance research and care across the field. At the Conference Dinner, the 80th anniversary celebrations continued, with a fabulous cake cut by our outgoing President and newly appointed President.

As we wrapped up the conference on Wednesday, we had the pleasure of welcoming local schools to discover more about endocrinology. We also heard from more legends in the field, and gave out prizes for some of the

best posters - what a way to end three amazing days!

Once again, a huge thank you to everyone who attended, presented and contributed across the three days. The SfE BES conference wouldn't be the inspiring event it is without you, our members. Congratulations to all our prize and award winners; your work in endocrinology continues to inspire us all.

SfE BES 2026 was a fantastic way to start our 80th anniversary celebrations in style. As we look to the future of endocrinology, we're excited to continue showcasing developments in the field and supporting our members to thrive in their roles.



SAVE THE DATE
SfE BES 2027
8-10 March 2027
in Harrogate

Disclaimer: Sponsorship by pharmaceutical companies covers the exhibition space at Society for Endocrinology meetings, with no influence over the agenda or arrangements. This excludes the sponsored symposia sessions, where the programme is developed and speakers identified by the sponsor (<https://bit.ly/434gEVB>).

Welcoming new Board members

BASIC SCIENCE BOOST AT THE ENDOCRINOLOGIST

The Endocrinologist is created by the Society's members. It's led by a team of volunteers who choose the themes, commission the features and write the Hot Topics. In December, we bade farewell to several Editorial Board members who had completed their terms, and welcomed four new recruits.

After this change, which included the departure of basic scientist Angela Taylor, the Board was left with just one non-clinical member (Editor Kate

Lines), so we were delighted when three basic scientists responded to our last recruitment round. This – alongside welcoming a specialist nurse to replace Cosmina Schiteanu – has enabled us to secure a good balance of skills and interests, helping us to commission content that appeals across the membership.

We're delighted to introduce Cecilia Dunsterville, Aqfan Jamaluddin, Debbie Papadopoulou and Sharmilee Vetrivel, who all joined the team from January 2026.

Our huge thanks go to departing team members Gareth Nye, Greg Panayiotou, Cosmina Schiteanu, Vincent Simpson and Angela Taylor for contributing great energy and ideas.



“I am a postdoctoral research assistant at Imperial College London. My work focuses on using contrast-enhanced ultrasound as a non-invasive imaging technique to study appetite regulation and metabolic homeostasis. As a member of the Editorial Board, I look forward to connecting with endocrinologists across diverse research areas, and using the magazine to foster a strong sense of community and collaboration within the field.

Cecilia Dunsterville

“I am based at the University of Birmingham, where I carry out postdoctoral research into receptor pharmacology and metabolism. My research focuses on understanding the signalling mechanisms of hypothalamic G protein-coupled receptors involved in the regulation (and dysregulation) of metabolism and energy balance. I look forward to working with the Editorial Board to showcase more of the basic science research being done in endocrinology.

Aqfan Jamaluddin



“I am an endocrine specialist nurse at Imperial College Healthcare in London. After starting my role in 2006, I never looked back! I can honestly say that I learn something new every day, and am always amazed at how our hormones have an effect on all aspects of our being. I feel blessed to work with great colleagues, patients and their families. I'm excited to join *The Endocrinologist* and look forward to sharing ideas, learning and celebrating the latest in our amazing field.

Debbie Papadopoulou

“I am a basic scientist and postdoctoral researcher based at LMU Munich, within the Medizinische Klinik und Poliklinik IV. My research focuses on the molecular and epigenetic mechanisms underlying adrenal and endocrine pathologies, specifically hypercortisolism and adrenocortical tumours. I am looking forward to collaborating with the Editorial Board and contributing to strengthening the growing network of endocrinologists!

Sharmilee Vetrivel



Society journals SUPPORTING YOUR TRAINING AND EDUCATION

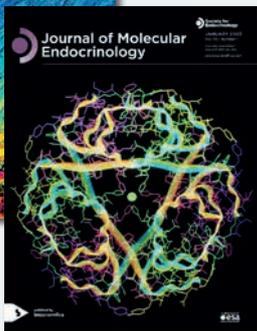
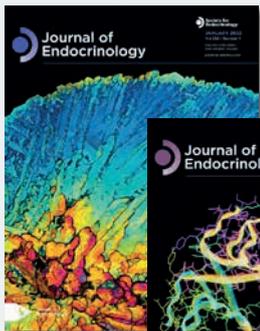
Society journals nurture emerging researchers and embrace fresh perspectives. Read on to discover a range of current journal initiatives relevant to early-career researchers. These extend from dedicated Special Collections to roles as Early-Career Editors. The opportunities provide hands-on training and mentorship that shape careers and bring fresh insight to the journals.

DID YOU KNOW ABOUT EARLY-CAREER EDITORS?

Our journals offer Early-Career Editor roles, which give researchers practical experience of the full manuscript publication process beyond peer review. Through mentorship by senior Editorial Board members, Early-Career Editors gain hands-on understanding of journal publishing and editorial responsibilities. Meet our current Early-Career Editors further down the page.

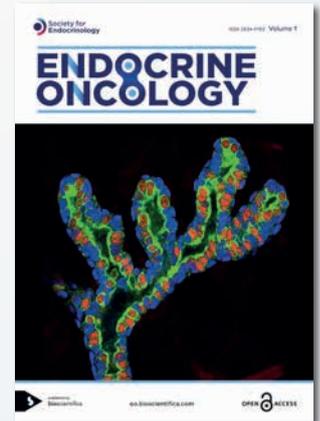
FIND OUT ABOUT OUR EARLY-CAREER SPECIAL COLLECTIONS

Dedicated Special Collections across the Society's journals showcase the research produced by outstanding early-career researchers. Make sure you explore the latest collections for each journal below.



MARK NIXON
(Edinburgh) started 2025

KARLA SUCHAKI
(Edinburgh) started 2024



Browse the Rising Stars Collection [↗](#)

Email joe@bioscientifica.com to nominate a Rising Star to contribute to this collection.

Browse the Early-Career Collection [↗](#)

Find out how to **contribute to the collection** [↗](#)



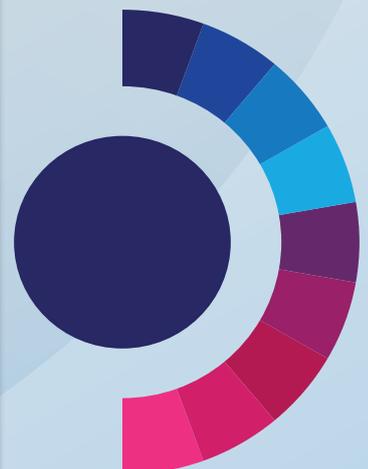
BEN LOUGHREY
(Belfast) started 2026

STEFAN PREKOVIC
(Utrecht) started 2026



Browse the Emerging Leaders Collection [↗](#)

Nominate an Emerging Leader [↗](#) to contribute to this collection.



Coming soon!

OSTEOPOROSIS CONFERENCE 2026



Returning on 9–10 September 2026, the Osteoporosis Conference is poised to be the UK's unmissable gathering for anyone committed to bone health. Join us at Manchester Metropolitan University to connect, learn and shape the future of patient care.

This flagship event will unite healthcare professionals from across the spectrum to explore cutting-edge research, breakthrough innovations, and best-practice approaches in the diagnosis, treatment and long-term management of osteoporosis.

WHY SHOULD YOU ATTEND THE OSTEOPOROSIS CONFERENCE?

- **Learn from leading experts:** hear from top clinicians, researchers and specialists shaping the future of osteoporosis care.
- **Be part of the conversation:** share your insights, discuss clinical challenges, and receive valuable feedback from peers.

- **Discover cutting-edge content:** stay up to date with the newest research, innovations and best-practice approaches in osteoporosis.
- **Forge new collaborations:** build meaningful connections with professionals from across disciplines and sectors.

The Osteoporosis Conference 2026 will be run by the Society for Endocrinology, supported by the Royal Osteoporosis Society, and in collaboration with other professional groups across the bone health community. [Register your interest today!](#)

CALL FOR ABSTRACTS

Are you working on anything related to bone health that others could learn from?

Send 350 words describing your current project to us by Wednesday 22 April.

[Find out more](#)

Expert views on hypoparathyroidism

A NEW THOUGHT LEADERSHIP SERIES



This series of articles addresses the challenges in managing hypoparathyroidism, offering healthcare professionals clear and actionable insights.

We're delighted to highlight a new series of articles written by experts on hypoparathyroidism. This initiative brings together leading voices to share evidence-based perspectives, practical guidance and emerging research aimed at improving patient outcomes and advancing best practice regarding this rare and challenging endocrine condition.

Hypoparathyroidism is often under-recognised, yet its impact on quality of life can be profound. Beyond the biochemical markers, patients can face fluctuating symptoms, long-term complications and gaps in care pathways that require a nuanced, multidisciplinary approach.

YOU CAN FIND IT ONLINE NOW

Whether you're looking to deepen your expertise or stay informed about current developments, this series is a valuable resource for clinicians, researchers and allied health professionals. By engaging with these articles, you will gain practical tools and fresh perspectives to support your work and enhance patient care.

Access [the full series](#) and join the conversation shaping the future of endocrine care.

These articles have been supported and funded by Ascendis Pharma UK Ltd. Seeds of Change is a disease awareness initiative developed and funded by Ascendis Pharma UK Ltd and supported by Parathyroid UK and Society for Endocrinology.

FEATURED ARTICLES

- **Dr Zaki Hassan-Smith** (Birmingham) explores common myths and misconceptions, highlighting why a holistic view of patient well-being matters as much as lab results.
- **Dr Afroze Abbas** (Leeds) focuses on the often-overlooked long-term complications of the disease and examines strategies for monitoring and mitigating them.
- **Dr Victoria Stokes** (Cambridge) sheds light on the challenges faced by women living with hypoparathyroidism, and advocates for more dynamic, patient-centred approaches.
- **Professor Peter Selby** (Manchester) highlights gaps in the patient pathway for people with hypoparathyroidism, emphasising the need for regular monitoring, multidisciplinary collaboration, and patient empowerment to prevent long-term complications.
- **Helen Loo** (Oxford) explores why biochemical stability alone does not fully reflect the lived experience of people with hypoparathyroidism, and discusses how formal quality-of-life tools can support more meaningful, consistent assessment.

Introducing the ENDOEXCHANGE MENTORING PROGRAMME



The Society for Endocrinology is excited to introduce **EndoExchange**. This informal mentoring scheme is designed to help members navigate career challenges and share expertise.

Whether you're seeking advice about navigating research or clinical pathways, career progression or your work-life balance, EndoExchange offers a simple, flexible way to learn from experienced peers.

We are currently open to applications from mentors. Mentee applications will follow soon.

HOW IT WILL WORK FOR MENTEES

- 1. Choose your mentor:** browse our list of volunteer mentors and select up to three who match your needs. We will then identify who has the best fit with your needs and availability.
- 2. Define your challenge:** tell us what you'd like to discuss – anything from grant applications to building networks.
- 3. Connect and chat:** we'll introduce you to your mentor for an initial 30- to 60-minute conversation. If it's helpful, you can arrange up to two more meetings.

Please note, these are standalone guidance meetings, designed to discuss a specific problem or challenge.

WHY JOIN ENDOEXCHANGE?

- You can gain practical insights from experienced members.
- You'll build connections across the endocrinology community.
- It's flexible, informal and focused on your needs.

GET INVOLVED

Sign up to become a mentor to share your experience and help the next generation. You can sign up as a mentor now.

To sign up as a mentee **watch our website to see when mentee applications open**. Meanwhile, you can read all the latest information. When you apply online, your EndoExchange journey will begin!

WHO SHOULD BECOME A MENTOR?

You don't need decades of experience or a senior title to be a great mentor: EndoExchange is about sharing real-world experience, practical insight and perspective. If you're a step ahead and willing to have an open, supportive conversation, you have something valuable to offer.

- **Early- and mid-career professionals:** your recent experience of training choices, transitions and progression is especially relevant and relatable.
- **Clinicians, researchers, nurses and allied professionals:** different roles and pathways enrich the scheme – there's no single model of success.
- **Those who've navigated challenges or change:** insights from career breaks, managing work-life balance, setbacks or changing direction can be incredibly helpful.
- **People who enjoy supporting others:** you don't need all the answers, just a willingness to listen, reflect and share honestly.
- **Anyone who's a step ahead:** if you've been where someone else is now, your perspective matters.

WHY BECOME A MENTOR?

- **Share what you've learned:** turn your experience into practical guidance, helping others navigate career decisions, challenges and next steps.
- **Build meaningful professional connections:** connect with colleagues across career stages and pathways, strengthening your network and the wider endocrinology community.
- **Grow your mentoring and leadership skills:** gain experience in focused, time-limited mentoring that sharpens your communication, coaching and reflective practice.

CALL FOR CASES

RSM ENDOCRINOLOGY AND DIABETES ANNUAL CLINICAL CASES MEETING

The Royal Society of Medicine (RSM) Endocrinology and Diabetes Annual Clinical Cases Meeting will take place on Thursday 2 July 2026.

This is a collaborative and interactive full-day event. It will bring together leading experts in the field to critically examine a broad range of clinical case presentations, led by the trainees, students and juniors who submit exceptional abstract submissions. As well as addressing the appetite for honest clinical conversations, the event will provide a forum for trainees who are less senior to present cases.

This year's meeting is designed to place trainees and medical students at the forefront, giving them the opportunity to lead the presentation of interesting cases and to drive knowledge-sharing discussions, while senior colleagues listen, challenge assumptions and provide reflective insights as audience members.

Whether you are senior or junior in the field, you should make the most of this excellent opportunity. It will enable you to:

- gain a deeper specialist understanding of the investigation and management of complex cases
- gain updates in aetiology, genetics, imaging and treatment options that can be integrated into your own practice
- celebrate the winners of the clinical case prizes.



The ROYAL SOCIETY of MEDICINE

ARE YOU INTERESTED IN SUBMITTING A CLINICAL CASE?

Select your specialty to find out more, and submit by 7 May 2026

[Endocrinology case submissions](#) ↗

[Diabetes case submissions](#) ↗

BOOK YOUR PLACE

Benefit from Early Bird pricing until 20 May 2026

[Make your booking](#) ↗

IMPROVING SUPPORT FOR PATIENTS WITH ADRENAL INSUFFICIENCY



FREE CARDS TO SIGNPOST HELP

The Addison's Disease Self-Help Group (ADSHG) is offering free pocket-sized cards to help you signpost patients to trusted support. The cards can be included with clinical letters, added to emergency injection kits, or handed out during appointments. They support a shared aim to help steroid-dependent patients be aware, be prepared and be understood.



The cards were created in response to your feedback! At the Endocrine Academy Clinical Update in November 2025, many of you visiting the ADSHG stand asked, 'How can I more easily signpost my patients to the charity and share the benefits of a membership with the ADSHG?' So, ADSHG has created this simple card, which is easy to keep on hand in clinics and offices.

To order your **free bundle of 50 cards**, email shop@addisons.org.uk, and they will be posted to you at no cost. The ADSHG is here to help provide emotional and practical support to patients in the gap between appointments, so please do get in touch to place your free order!

INTRODUCING ADSHG CONNECTION

Last year we launched *ADSHG Connection*: a quarterly e-newsletter, especially for healthcare professionals.

Each issue shares key updates and practical information, ensuring you feel equipped to support your patients in the best way possible. Recent issues have included updates on ADSHG's work with the Royal College of Emergency Medicine on time-critical medications, as well as in-person emergency hydrocortisone injection training sessions, at-home practice kits, and more.

Make sure you **subscribe to *ADSHG Connection*** ↗ to receive the latest adrenal insufficiency and Addison's disease news, straight to your inbox.

BARBARA JEAN WHITEHOUSE

1942–2025

WRITTEN BY ROBERT ABAYASEKARA

It is with great sadness that we report the death of Dr Barbara Jean Whitehouse, who passed away peacefully in December 2025 at the age of 83.

Barbara was born in Chislehurst on 24 March 1942, the first child of Pat and Bill Bentley. Her early years were spent in post-war Europe, where she developed a lifelong affinity for languages and a love of skiing. Following her return to England in 1954, she attended Rochester Girls' Grammar School until 1961, when she began studying chemistry at the University of London. She soon realised that chemistry was not the discipline in which she wished to pursue her career, and made the pivotal decision to transfer to the University of Sheffield to read physiology and zoology.

While in Sheffield, Barbara met Mike Whitehouse, whom she married in 1965. Their marriage endured for more than 60 years and remained a central source of support and companionship throughout her life. In Sheffield, she also met Professor Gavin Vinson, who became her PhD supervisor and a lifelong mentor, collaborator and friend. Under his supervision, Barbara investigated adrenal steroid synthesis across a variety of species. This work initiated a sustained academic interest in adrenocortical steroidogenesis that remained the foundation of her scientific curiosity and research throughout her career.

Following completion of her PhD, Barbara was appointed Assistant Lecturer in Zoology at the University of Sheffield in 1967. Her association with Sheffield concluded in 1969 when she moved to take up a Lectureship in Physiology at Queen Elizabeth College, University of London. The College, later incorporated into King's College London, remained her academic home until her retirement in 2001.

During her time at Queen Elizabeth College, Barbara continued her research in adrenal physiology in close collaboration with Gavin Vinson and other colleagues. She produced a steady body of publications that contributed to understanding the biochemical and cellular processes underlying steroid hormone synthesis. In the later stages of her career, her interests expanded to include the cellular mechanisms regulating hormone secretion, leading to productive collaborations with Peter Jones and others. Alongside her research achievements, Barbara successfully balanced a demanding academic career with family life, raising her daughter while maintaining an active presence in teaching and research.

Barbara was also a dedicated and highly respected teacher. She played a central role in developing and delivering the widely appreciated 'Topics in Endocrinology' module for undergraduate students at Queen Elizabeth College and subsequently at King's College London. As a PhD supervisor, she was known for encouraging intellectual independence among her students, giving them the time and space to develop their own ideas, while remaining available for thoughtful guidance and support. Many of her students benefited from her patient mentorship, and continued to value her advice and friendship throughout their careers.

Barbara contributed actively to the wider endocrine research community. A committed member of the Society for Endocrinology, she served on the Society's Council and for several years was a member of the Editorial Board of *Journal of Endocrinology*. She was also a regular and valued participant at the annual SfE BES conferences.

In 2012, Barbara and Mike moved to Leeds to be closer to their family. Environmental concerns had long been important to her, reflecting both her scientific training and her lifelong interest in the natural world. Soon



after relocating she became involved with the Roundhay Environmental Action Project (REAP), where she served as Treasurer. Her reliability, attention to detail and sense of responsibility made her exceptionally well suited to the role, which she continued until declining health required her to step down.

Barbara is survived by her husband Mike, her daughter Katie and her much-loved grandsons. She will be remembered by family, friends, colleagues and former students for her intellectual curiosity, integrity, generosity and quiet kindness.

ROBERT ABAYASEKARA
Fitzwilliam College, University of Cambridge