



From the desktop

Registrar education on type 2 diabetes: Throwing them in the deep end and ensuring no one drowns

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About this series

The aim of the “From the desktop” series is to provide practical expert opinion and comment from the clinic. In this issue, Suzane Ryan shares the diabetes education provided to registrars at the surgery where she practices.

Working in a busy inner-city family practice in Newcastle, NSW, diabetes is a large topic to discuss with GP registrars. Diabetes management can be daunting for registrars; throwing them in the deep end and ensuring no one drowns requires thorough training and a solid education base from which to develop. At our practice, initial education about diabetes includes the following:

- Developing a systematic approach to a person with type 2 diabetes, including diagnosis, medicines and management.
- Being familiar with patient education material and resources.
- Developing a primary care team with particular focus of the practice nurse and other allied health professionals.
- Understanding Medicare requirements of care plans and reviews, and the diabetes cycle of care.
- Having a working knowledge of the Royal Australian College of General Practice (2014) diabetes guidelines as an educational base that can be built on over time.

Education sessions on diabetes with registrars take the form of a series of questions leading to further discussion. For example, “*You have a newly diagnosed individual with type 2 diabetes – how did you make the diagnosis?*” In this way, we discuss the use of HbA_{1c}, fasting glucose and glucose tolerance tests to diagnose and also touch on the

role of diabetes screening at this point. For registrars, it is important to remember that the Royal Australian College of General Practice (2014) diabetes guidelines is the “go-to” resource. We recommend that it is always on the desktop for easy access.

What should be covered in the initial consultation?

The sessions also include discussion on what to include at the initial diabetes diagnosis appointment.

- *Let’s assume our newly diagnosed person with diabetes has an appointment to discuss the new diagnosis. What do you say to the patient?*
- *Can you discuss diabetes in a way that is easily understandable to the patient?*
- *Do you have relevant printed or online information to give the patient? Are these readily available in your practice?*

When providing education for registrars, it is important that an attempt is made to cover the following in the initial consultation with a person with diabetes:

- Diabetes as a chronic, progressive multi-system condition.
- The concept of the pancreas not producing enough insulin, and addressing the individual’s requirements.
- The importance of lifestyle modification, especially diet and exercise.
- Assessment and management of co-morbidities and complications.

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- Discussion about medications – why they are required, how they work and when they should be introduced.
- The concept of a team approach – introducing the practice nurse and discussing the GP management plan and diabetes cycle of care.

This is usually a good time to discuss with registrars whether it is better to plan one long consultation or provide all the relevant information over several patient visits. Discussion about the importance of involving the practice nurse early in management to support the patient and prescribed treatment is essential. It is important that the practice nurse develops a good relationship with those with newly diagnosed diabetes because the nurse will often be their main point of contact at the practice and will spend additional time with the patient reinforcing diabetes education and lifestyle modifications.

Time should be allocated to discuss Medicare and PBS regulations and how these can be utilised to provide effective care. Registrars should be aware that National Diabetes Services Scheme (NDSS) enrolment may provide additional resources to the patient, and this should be encouraged to be completed early in the management plan. They also need to remind patients that if they hold a driver's licence, they must notify the driver licensing authorities in their respective state or territory of the diagnosis, even if they are treated with diet and exercise only. This will subsequently result in periodic medical examinations prior to re-issuing of their licence. Conditions may be attached to a driver's licence, such as requiring a medical certificate for particular anti-diabetes medicines.

Physical examination

Registrars should be comfortable with completing physical examinations, especially to assess cardiovascular health and exclude existing complications of diabetes. Appropriate investigations should be initiated as clinically appropriate, or referred to a specialist. These

should include those required as part of the diabetes cycle of care.

Primary care diabetes team

Adequate time should be allocated to discuss the primary care diabetes team, and how the various members can be accessed. Does the registrar understand how to refer to the local diabetes service and when it is appropriate? Are they aware of how dietitians, diabetes educators, podiatrists and exercise physiologists can be accessed under an Enhanced Primary Care program? Having relationships with allied health professionals in the local area is very helpful, and knowing out-of-pocket costs for allied health services is essential.

Anti-diabetes medication

Once the basis of diagnosis and referral are understood, the next topic of discussion tends to be anti-diabetes medicines and initiation. Case-based learning can be useful to illustrate teaching points. It can be easily altered and using practice patients as examples can highlight real-world decision-making and clinical outcomes.

Final thoughts

Registrars need to gain experience over time of varying presentations of people with type 2 diabetes, from new diagnosis to making end-of-life decisions. Hopefully gaining experience and confidence will allow type 2 diabetes management to remain firmly in the domain of primary care. ■

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The Royal Australian College of General Practitioners, Diabetes Australia (2014) *General practice management of type 2 diabetes – 2014–15*. RACGP, Melbourne, Vic