

## Clinical and scientific letters

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

### Do diabetes trainees have an appetite for bariatric medicine?

In an attempt to address the tidal wave of obesity in the UK, the development of bariatric medicine as a distinct subspecialty has been suggested, and should be run by bariatric physicians, most likely to be diabetologists. The role of these individuals would be to lead surgical and medical bariatric multidisciplinary teams (MDTs) and be a champion for bariatric medicine within their trust.<sup>1</sup> They will co-ordinate treatment strategies involving lifestyle changes, medication, psychological interventions and surgery<sup>2</sup> and along with other members of the MDT should be trained in motivational interviewing and behaviour change.<sup>1</sup> We conducted a survey of diabetes and endocrine trainees in the UK to determine whether current training was sufficient to produce such specialists. Trainees were asked to complete an online questionnaire detailing the number of specialist bariatric clinics and MDT meetings they had attended and if they had been involved with patients perioperatively. They were also asked about their confidence when discussing surgical interventions, whether they had received training in motivational interviewing, had considered sub-specialising in bariatric medicine and if they would like more training in this area.

### Results

In total, 85/458 (19%) trainees throughout the UK responded to the survey, of which 38 (45%) had not attended a specialist bariatric clinic so far in their training, with only 19 (22%) also having attended a bariatric MDT. 50 (59%) had not received any training (formal or informal) in motivational interviewing and 73 (86%) would like more training in bariatric medicine while only 32 (38%) had considered specialising in this field. Analysis of the responses per deanery demonstrated a wide variation in training throughout the UK. Deaneries such as the North Western (NW), West Midlands (WM), South West Peninsula (SWP), Severn, Yorkshire and the Humber, and London achieved high attendance at specialist clinics (range 60–88%) and at MDT meetings (33–60%). Regarding motivational interviewing training, strong performing deaneries, such as NW and WM, were poor in this regard with 0% and 17% receiving some form of training respectively, whereas Severn (100%) and SWP (88%) continued to perform well, along with East Midlands (60%) and East of England (80%). The responses from Wales and Scotland trainees

were perhaps the most concerning with only 1/14 having attended a specialist clinic and 0/14 having attended a MDT meeting.

### Discussion

The provision of bariatric services within the UK needs improvement and the results of this survey suggest that the training of doctors required to deliver this care is also in need of attention. To achieve the goal of bariatric medicine as a distinct speciality, increased emphasis will be needed on obesity within the curricula of specialties, such as diabetes and endocrinology. A framework for such a curriculum has already been developed in a report prepared by the Royal College of Physicians for the government's Foresight review,<sup>3</sup> and this could form the foundation of a specialist bariatric medicine curriculum.<sup>4</sup> Until this comes to fruition, interested trainees will need to supplement clinical exposure with continued professional development. There are numerous resources available to this end, including the Specialist Certification of Obesity Professional Education (SCOPE) qualification from the World Obesity Federation. The provision of post-Certificate of Completion of Training (CCT) fellowships in established specialist obesity centres has also been mooted in an attempt to fill current deficiencies in training. A concerted effort is urgently required to develop this burgeoning speciality and to ensure the generation of sufficient numbers of physicians that are appropriately trained to best manage this complex condition and achieve the best outcomes for patients. ■

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### References

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- 3 Foresight. *Tackling obesities: future choices*. London: Foresight, 2007. Available online at [www.foresight.gov.uk/Obesity/17.pdf](http://www.foresight.gov.uk/Obesity/17.pdf) [Accessed 24 December 2014].
- 4 Report prepared for Foresight by the Royal College of Physicians. *The training of health professionals for the prevention and treatment of overweight and obesity*. London: RCP, 2010. Available online at [www.rcplondon.ac.uk/sites/default/files/obesity-report-2010.pdf](http://www.rcplondon.ac.uk/sites/default/files/obesity-report-2010.pdf) [Accessed 24 December 2014].