

BRINGING THE LATEST IN PAEDIATRIC ENDOCRINOLOGY TO YOU

Let ESPE support your training

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Welcome

This issue includes our annual celebration of ESPE Award winners for 2023 (see pages 4–5). You will have had the chance to enjoy talks by many of these talented colleagues if you attended the recent, very successful, ESPE Meeting in The Hague. Congratulations are due to them all. Remember to nominate next year’s recipients by 10 December!

Education and training are of fundamental importance in developing successful careers in paediatric endocrinology. In this issue of *ESPE News*, we look at some of the ways in which your Society will support you in reaching your full potential in the field.

We begin on **page 7**, with an interview with ESPE Education and Training Committee Chair Rasha Hamza. Rasha talks about her passion for education and the wide range of ESPE initiatives that are available, before giving us an insight into exciting new developments that are planned for the future.

On **pages 8 and 9**, we hear from a group of authors who have been involved in updating the European Training Syllabus. The syllabus harmonises training in paediatric endocrinology and diabetes across Europe, enabling trainees to monitor their progress and map their competence in specialty-specific areas and general skills.

ESPE Schools provide valuable educational support, targeted at a range of geographic areas, career stages or specialties. On **page 9**, Hoda Yaseen reflects on how the ESPE Diabetes, Obesity and Metabolism School helped refine her knowledge and skills. Then, on **page 10**, Meghna Chawla gives an insight into how an ESPE Clinical Fellowship could help boost your career.

The ESPE–ISPAD e-Learning programme provides accessible, interactive training on topics across the breadth of our discipline. It is free to use and currently has 22 000 users from over 150 countries. On **page 10**, ESPE e-Learning Chair May Ng talks about its importance, the latest developments, and future plans.

As usual, *ESPE News* is also full of the latest news stories, including the 2025 Joint Congress of ESPE with the European Society of Endocrinology, and a call for you to join the ESPE Volunteers. Importantly, please make sure to tell us what you would like to read about in your newsletter, by completing **the new ESPE News survey**.

Happy reading!

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Follow ESPE online...

Keep an eye on the latest ESPE news and activities at www.eurospe.org

You can also follow ESPE on Facebook and Twitter



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YOUR SOCIETY

New ESPE Committee Chairs

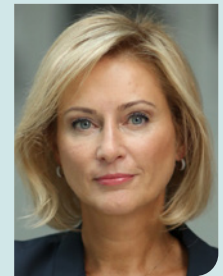
We welcome the following new Chairs to the ESPE Committees, following the Annual Business Meeting at ESPE 2023.



Peter Kühnen
(Germany)
Programme
Organising
Committee



Mohamad Maghnie
(Italy)
Corporate
Liaison Board



Rasa Verkauskiene
(Lithuania)
Strategic and
Finance Committee

Indi Banerjee was re-elected for a second term as Chair of the Communications Committee. Our thanks go to retiring Committee Chairs Nils Krone, Michel Polak and Agnès Linglart for their hard work and valuable contributions.

Complete the ESPE News survey

We want to know what you think about your newsletter. Complete a short survey to tell us what you would like to read in *ESPE News*, and **have the chance to win a €20 Amazon voucher**.



Please tell us what you think

View the survey

IFCAH 2024 Call for projects on CAH



IFCAH (International Fundraising for Congenital Adrenal Hyperplasia) seeks to promote research into congenital adrenal hyperplasia (CAH).

In partnership with ESPE and ESE (the European Society of Endocrinology), IFCAH is launching its 2024 call for research proposals. A total of €350 000 is available, and you are invited to apply for up to €150 000 for research relevant to CAH.



Submit letters of intent (LOI) by **15 January 2024**

Full applications for accepted LOIs are due in **April 2024**



Find full details at

www.ifcah.com/call-for-projects

YOUR SOCIETY

Could you be an ESPE Volunteer?



YOU CAN MAKE THE DIFFERENCE!

ESPE
European Society for Paediatric Endocrinology

We are looking for enthusiastic volunteers who are interested in working with us on our upcoming programmes for the paediatric endocrinologist community.

REGISTER NOW!

Everything ESPE does is strengthened by the participation of the paediatric endocrine community. We are looking for dynamic and enthusiastic members, across a diversity of backgrounds, to get involved as ESPE Volunteers.

If you are a keen clinician, nurse, scientist or trainee in paediatric endocrinology who would like to help push the boundaries of the Society, if you have good communication skills and innovative ideas to bring ESPE members together, or if you want to be at the forefront of knowledge and best practice in paediatric endocrinology, please sign up to join the ESPE Volunteer community!

Find out more about applying at www.eurospe.org/volunteer-with-espe

EVENTS

The 7th ESPE Caucasus & Central Asia School took place in Yerevan, Armenia, on 19–22 April 2023. It was the first time the School had been held since 2019. The picture shows the faculty at the Monastery of Gheghard.



Read the full report at www.eurospe.org/caucasus-central-asia-school

RESOURCES

Test yourself with e-Learning



The ESPE–ISPAD (International Society for Adolescent and Pediatric Diabetes) e-Learning web portal is an interactive resource on paediatric endocrinology and diabetes mellitus. Use it, free of charge, to expand your knowledge of paediatric endocrinology.



For more details, see www.eurospe.org/education/e-learning



Register for free access at www.espe-elearning.org

This issue's clinical case highlight

Why does Benny have hypertension? Benny is a 16-year-old boy in the outpatient clinic for a follow-up visit, recovering from *Mycoplasma pneumoniae*. He has no complaints. You measure his blood pressure (three times): 170/90 mmHg. Physical examination is unremarkable, showing a normally proportioned, pubertal boy (G4P5; testes 16ml bilaterally), height 187.7cm, weight 89.7kg.

What could be the underlying cause?

Tick all that apply

- Renovascular pathology (e.g. renal stenosis, Takayasu arteritis)
- Endocrine disorders
- Essential familial hypertension
- Cardiac disease
- Non-vascular renal pathology

For the answer, see **page 11**.



89stocker/Shutterstock

ESPE Award Winners 2023

We congratulate the many award winners who received their prizes at the ESPE Annual Meeting in The Hague, The Netherlands, in September.

ESPE Andrea Prader Prize



George P Chrousos (Athens, Greece) received the ESPE Andrea Prader Prize, in recognition of his lifetime achievement in teaching and research, outstanding leadership and overall contribution to the field of paediatric endocrinology.

ESPE Outstanding Clinician Award



Nataliya Zelinska (Kyiv, Ukraine) was presented with the ESPE Outstanding Clinician Award, in recognition of her outstanding clinical contribution to the practice of paediatric endocrinology.

ESPE International Outstanding Clinician Award



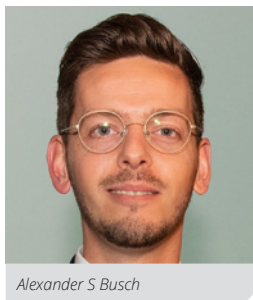
Maryam Razzaghy-Azar (Tehran, Iran) received the ESPE International Outstanding Clinician Award, in recognition of her contribution and commitment to clinical paediatric endocrinology in a country outside Europe and the Mediterranean basin.

ESPE Research Award



Tadej Battelino (Ljubljana, Slovenia) received the ESPE Research Award, in recognition of research achievements of outstanding quality in basic endocrine science or clinical paediatric endocrinology.

ESPE Young Investigator Awards



These awards for paediatricians who are still in training or who have been in a senior (principal investigator) role for no more than 5 years were presented to the following, in recognition of their scientific publications:

- **Alexander S Busch** (Münster, Germany/Copenhagen, Denmark), whose award lecture was entitled 'Ups and downs of the HPG axis'
- **Éloïse Giabicani** (Paris, France), whose award lecture was entitled 'Fetal growth restriction: a long-lasting imprint in life'.

Nominations are now open for our 2024 Awards



Nominate your colleagues by
10 December 2023



www.europe.org/awards

ESPE awards

ESPE Clinical Fellowship

The following have been awarded an ESPE Clinical Fellowship in 2023–2024: **Manojkumar Agrawal** (India), **Muzna Arif** (Pakistan), **Kashan Arshad** (Pakistan), **Emrullah Arslan** (Turkey), **Eshita Bhowmik** (India), **Sirisha Kusuma Boddu** (India), **Emine Ayça Cimbek** (Turkey), **Berna Eroğlu Filibeli** (Turkey), **Andra Ionescu** (Romania), **Arzu Jalilova** (Turkey), **Menbere Gebreanania Kahssay** (Kenya), **Esin Karakiliç Özturan** (Turkey), **Anzhelika Kardava** (Georgia), **Elbek Mamatkulov Abdumonnanovich** (Uzbekistan), **Fozia Memon** (Pakistan), **Shruti Arvind Mondkar** (India), **Emre Özer** (Turkey), **Kakali Roy** (India), **Todor Ruskov** (Bulgaria), **Ragna Wolf** (Suriname), **Kübra Yüksek Acinikli** (Turkey) and **Aliya Zetova** (Kazakhstan).

Henning Andersen Prizes (supported by Novo Nordisk)

These awards for the most highly rated abstracts were presented to:

- **John Achermann** (London, UK) for 'An integrated roadmap of human fetal adrenal gland development'
- **Nancy Elbarbary** (Cairo, Egypt) for 'Effect of omega-3 fatty acid supplementation on renal glomerular and tubular integrity and subclinical atherosclerosis in children and adolescents with type 1 diabetes'.



John Achermann



Nancy Elbarbary

ESPE Hormone Research in Paediatrics Prizes (supported by Karger)

These prizes for the best original papers published in *Hormone Research in Paediatrics* were presented to:

- **Alice Maguolo** *et al.* (Verona, Italy) for 'Cardiovascular risk factors in children and adolescents with type 1 diabetes mellitus: the role of insulin resistance and associated genetic variants' *Hormone Research in Paediatrics* 2023 **96** 306–315 (best original paper)
- **Sandra Walton-Betancourth** *et al.* (Cambridge, UK) for 'Early postnatal use of glibenclamide in permanent neonatal diabetes secondary to antenatally diagnosed *KCN11* mutation' *Hormone Research in Paediatrics* 2022 **95** 476–483 (best 'Novel Insights from Clinical Practice' paper).



Alice Maguolo



Sandra Walton-Betancourth

IFCAH-ESPE Grants

The following awards were presented for research into congenital adrenal hyperplasia (CAH):

- **Therina du Toit** (Bern, Switzerland) for 'Mapping the hepatic metabolism of adrenal C11-oxy androgens in the developing CAH fetus and thereafter; the 'Hep-Oxy-Map' Study' (€100 000 for 2 years)
- **Lea Isabel Tschaidse** (Munich, Germany) for 'Comparison of glucose metabolism in patients with CAH under different steroid regimens and after switching to modified-release hydrocortisone (Efmody®) compared to healthy control subjects' (€41 500 for 18 months).

Meeting Host's Poster Awards

This year's prizes for the best posters at the meeting were awarded for the following abstracts:

- 'Clinical relevance of findings of the NGS panel for the paediatric patient with papillary carcinoma' by **Noelia Dujovne** *et al.* (Argentina)
- 'Pretreatment blood transcriptome predicts growth response to somapacitan treatment in children born small for gestational age' by **Terence Garner** *et al.* (UK/Denmark)
- 'Hyperparathyroidism is associated with inferior event free survival in lymphatic childhood malignancies in a single center retrospective analysis' by **Corinna Grasemann** *et al.* (Germany/USA)
- 'Single-nuclei RNA sequencing reveals potential mechanisms of ovarian insufficiency in 45,X Turner syndrome' by **Sinead M McGlacken-Byrne** *et al.* (UK)
- 'Molecular and clinical studies in 84 patients with pseudohypoparathyroidism type 1B' by **Tatsuki Urakawa** *et al.* (Japan).



Noelia Dujovne



Terence Garner



Corinna Grasemann



Sinead M
McGlacken-Byrne



Tatsuki Urakawa

ESPE Research Unit

Julia Rohayem (Münster, Germany) has been awarded the ESPE Research Unit, which supports collaborative research among members, for her project entitled: 'Gonadotropin therapy to restore mini-puberty for male infants with congenital hypogonadotropic hypogonadism – a multicenter international endeavour to optimize reproductive outcomes' (€100 000).

Early Career Scientific Development Grant

The following recipients have each received a grant of €2500 to fund a visit to gain experience on a specific research issue or laboratory technique:

- **Francesco D'Aniello** (Rome, Italy)
- **Elisa Sala** (Milan, Italy).

ESPE Research Fellowship (supported by Novo Nordisk)

This Fellowship, which enables talented young scientists, investigators and paediatric endocrinologists to conduct research at leading institutions worldwide, has been awarded to **Doğuş Vurali Karaoğlan** (Ankara, Turkey) for 'Congenital hypopituitarism: genetic and clinical characterisation of a large nationwide cohort' (€140 000 for 2 years).



European Society for
Paediatric Endocrinology

Bringing you recent highlights from the world of research

Alternative triglyceride biosynthesis pathway

Triacylglycerides (TAGs) are used for energy storage. They are the body's main energy source during times of nutrient starvation and when there is an increased energy demand, e.g. during periods of rapid growth. In humans, the last step of TAG synthesis is carried out by diacylglycerol *O*-acyltransferases (DGAT) using coenzyme A-conjugated fatty acids and diacylglycerols.

McLelland *et al.* have identified an alternative TAG biosynthesis pathway by disrupting the DGAT pathway in haploid human cells and use of iterative genetic screens. They found an acyltransferase of previously unknown function termed DIESTL and its regulator transmembrane thioredoxin 1 (TMX1). These work independently from DGATs and are important for supplying TAGs under conditions when there is a low availability of extracellular free fatty acids.

Disrupting DIESTL function in mice led to impairments in postnatal growth and an attenuated switch from carbohydrate to lipid usage in adult mice under fasting conditions.



Read the full article at McLelland *et al.* 2023
Nature 621 171–178

Weekly somapacitan in GH deficiency

An extension of the REAL 3 multicentre, controlled, phase 2 trial was performed across 11 countries to assess the efficacy and safety of once-weekly somapacitan in growth hormone (GH) deficiency after either 4 years of treatment or 3 years of treatment with daily GH followed by a switch to somapacitan for 1 year.

The patient group that completed 4 years with somapacitan received 0.04, 0.08 or 0.16mg/kg/week for 1 year followed by 0.16 mg/kg/week for 3 years. In comparison, the switched group received daily GH at a dose of 0.034mg/kg/day for 3 years followed by somapacitan at a dose of 0.16mg/kg/week for 1 year.

Sävendahl *et al.* concluded that, in year 4, height-related outcomes and safety profiles were similar in the two groups. In addition, a reduced treatment burden was observed among the patients and the parents/guardians with long-acting GH when compared with the daily therapy, thus resulting in improved treatment adherence.



Read the full article at Sävendahl *et al.* 2023
Journal of Clinical Endocrinology & Metabolism 108
2569–2578

Semaglutide in early type 1 diabetes

There are many ongoing trials with several drugs among patients with new-onset type 1 diabetes mellitus (T1DM). These trials are being conducted on the premise of salvaging a substantial intact β -cell reserve at the onset of the disease.

Dandona *et al.* have reported their results on the efficacy of semaglutide (a glucagon-like peptide-1 analogue) in patients with a new-onset T1DM. Over a 3-year study period, 10 adult patients who had initiated semaglutide treatment (weekly injections) within 3 months of a diagnosis of T1DM were analysed retrospectively for metabolic outcomes at 1 year.

It was possible to stop the basal insulin in 7 patients within 6 months, and bolus insulin was eliminated in all the patients within 3 months. This reduced insulin requirement was sustained at 1 year as well. The mean glycated haemoglobin level fell from 11.7% to 5.9% in 6 months and to 5.7% in 12 months. The mean fasting C-peptide level increased from 0.65±0.33ng/ml to 1.05±0.40ng/ml, and the mean time-in-range was 89±3% at 1 year.

Although this is a retrospective study with a very small sample size, the results are very encouraging. The well designed randomised controlled trials may give real evidence regarding the efficacy of semaglutide in early-onset T1DM.



Read the full article at Dandona *et al.* 2023
New England Journal of Medicine 389 958–959

UK guidelines for paediatric craniopharyngioma

Paediatric craniopharyngiomas are rare, but account for up to 80% of paediatric tumours in the hypothalamic–pituitary area. Due to their slow growth rate, diagnosis is often delayed. The optimum management strategy is undefined, with management largely consisting of neurosurgical resection, radiotherapy or a combination of the two. Multiple relapses and interventions contribute to substantial long term morbidity.

Recognising these challenges, Gan *et al.* have set out evidence-based and consensus-based UK guidelines for best practice in the management of paediatric craniopharyngiomas, including post-treatment follow-up and management of recurrence, which remains a considerable challenge.

They emphasise the importance of multidisciplinary management, with access to national expertise. They identify a lack of high quality evidence relating to current management strategies, specifically the long term outcomes of proton beam therapy, the optimum timing of radiotherapy, the efficacy of intracystic therapies, the management of tumour progression and the treatment of hypothalamic dysfunction.



Read the full article at Gan *et al.* 2023
Lancet Diabetes & Endocrinology 11 694–706

An interview with Rasha Hamza

We talk to Rasha Hamza about ESPE's work in education and training.

“

I am really enjoying my role, because it has allowed me to take a closer look at the education of young paediatric endocrinologists”

Professor Rasha Hamza is the Chair of the ESPE Education and Training Committee. She is also the Head of the Pediatric Endocrinology and Obesity Unit at Ain Shams University, Cairo, Egypt. Her interests in paediatric endocrinology focus on childhood and adolescent obesity, growth, puberty and differences of sex development.

Why did you become Chair of the Education and Training Committee?

Over the years, I have been engaged in various educational activities and contributed to the promotion and development of paediatric endocrinology within ESPE and elsewhere. I hosted two ESPE Winter Schools and have been a steering committee member for the ASPED-ESPE Endocrine Academy since 2015. I also delivered interactive lectures for the ESPE e-Learning and Paediatric Endocrine Training Centres for Africa (PETCA) programmes. You could say I have a long-standing passion for education!

How does ESPE support the development of its members?

One of the main missions of ESPE is to promote the education and training of young paediatric endocrinologists, which is the focus of the Education and Training Committee. Winter School is designed for delegates who are intending to establish a career in paediatric endocrinology. In contrast, Summer School is a higher level school for advanced trainees. We also offer educational activities for particular geographical areas, such as the ASPED-ESPE Endocrine Academy, Maghreb School, Caucasus & Central Asia School and PETCA for Central African early career fellows. In addition, great opportunities are provided through the e-Learning and Clinical Fellowship programmes, the high quality ESPE Connect webinar series and the updated European Training Syllabus (see [page 8](#)).

What is your advice for early career paediatric endocrinologists?

I sincerely advise them to apply for ESPE Schools and Clinical Fellowships and to explore the free e-Learning programme, to upgrade their knowledge and serve as a future link to ESPE's many activities. ESPE Schools provide an excellent opportunity for networking and collaboration, importantly including sharing thoughts and research ideas with senior mentors and colleagues.



Rasha Hamza

How does ESPE support the education of more established endocrinologists?

For people with an established career in paediatric endocrinology, we offer the advanced level Summer School and the specialised Diabetes, Obesity and Metabolism School. The Clinical Fellowship provides a 3-month visit to a European centre of excellence under the supervision of a paediatric endocrine expert in the field.

What new developments should members look out for?

Future plans include a Transition Course, Therapy Area Masterclasses (advanced level, high quality courses focusing on topics in depth), ESPE Snippets (bulletins detailing the latest publications in our field, aimed at early career colleagues) and a Bone School.

What has excited you most about your role as Chair?

I am really enjoying my role as Chair of the ESPE Education and Training Committee, because it has allowed me to take a closer look at the education of young paediatric endocrinologists. It has also given me the great opportunity to be part of the Young ESPE (YES) Group, which was launched in September 2022 and is growing with a fantastic speed. The YES group aims to get the young paediatric endocrinologists engaged in various ESPE activities.

Is there anything else that you would like to add?

It is gratifying that the feedback we receive from most students says they will always stay attached to ESPE and its activities.

Find out more at www.eurospe.org/education

Here you will learn about all ESPE's educational activities including:

- ESPE Schools
- ESPE Connect webinars
- ESPE-ISPAD e-Learning
- ASPED-ESPE Endocrine Academy
- PETCA
- European Training Syllabus



You can find out about ESPE Clinical Fellowships and other ESPE grants at www.eurospe.org/grants
Join the YES Group at www.eurospe.org/yes-group

It's all in the Syllabus!

Learn about the European Training Syllabus and its role in unifying practice across Europe.



John Schulga

The European Training Requirements in Paediatric Endocrinology and Diabetes (ETRs) provide standards for training centres, trainers and trainees, in order to harmonise training programmes in paediatric endocrinology and diabetes (PED) between different European countries. It includes the specialty-specific core syllabus in PED and a range of non-technical skills (Table).

The ETRs were updated by ESPE in 2021 and approved by the European Academy of Paediatrics, European Board of Paediatrics and the Union of European Medical Specialists (UEMS).

Additional aims of the ETRs are:

- to foster the development of a network of competent tertiary care centres for PED in Europe and globally
- to improve the quality of care for children and adolescents requiring PED services.

Why is a syllabus important?

The syllabus provides clearly defined standards for core knowledge, skills and clinical reasoning that trainees are expected to achieve in order to practice independently at the tertiary care level in PED. Thus, it provides clarity for what is required to be a fully trained specialist.

What does the syllabus include?

The syllabus/content is categorised within logical sections (Table). Each item within these sections is labelled as follows.

B for basic knowledge: concepts in physiology, biochemistry and pathology that underpin the deeper understanding of conditions encountered in PED. Trainees will have acquired these during undergraduate studies and common trunk paediatric training. They will need to revisit these during their training in PED.

C for core and essential clinical knowledge, skills and reasoning: for problems that are routinely encountered in PED.

D for desirable clinical knowledge, skills and reasoning: for problems that are rare and therefore may not be encountered during PED training.

Trainees are expected to assimilate and integrate these from their training experiences and different modes of learning. References to consensus guidelines and statements produced and/or endorsed by ESPE and seminal papers relevant for trainees and practising clinicians are included.

How is competence measured?

It is important to refer to the descriptions of the levels of competence during self-assessment. There are seven components of clinical competence:

- knowledge base
- clinical assessment
- management and follow-up
- clinical reasoning: diagnostic, clinical judgement and decision-making skills
- clinical communication and team working
- medical record keeping and written communication
- reflective practice.

The UEMS has defined five levels of clinical competence for evaluating trainees as they progress from novice to competent independent clinician. These five levels have been adapted for the seven components of clinical competence for PED.

How can progress be monitored?

The syllabus tracker and self-assessment tool accompanies the 2021 ETRs. It is designed as a live tool and enables trainees to monitor their progress throughout their training in PED.

It comprises the detailed syllabus/content from the ETRs. Trainees can document clinical experience and self-assess their level of competence for each item in the syllabus. When completed at regular intervals, it allows trainees, along with their trainers/educational supervisors, to track their progress in achieving the



The syllabus provides clarity for what is required to be a fully trained specialist

Table. Content of the European Training Requirements in Paediatric Endocrinology and Diabetes.

Content: what a trainee needs to learn			
Cross-cutting and non-technical skills		Subspecialty-specific syllabus	
A. Professionalism (attitudes)	B. Basic knowledge A. Biomedical knowledge B. Procedural skills C. Emergencies D. Growth – short stature E. Growth – tall stature and overgrowth F. Puberty G. Weight disorders	C. Core/essential clinical knowledge, skills and reasoning, for problems that are routinely encountered H. Pituitary, hypothalamus, central nervous system I. Thyroid J. Parathyroid, metabolic bone and mineral disorders K. Adrenal glands L. Sex development, gender M. Disorders of testes, male reproductive tract	D. Desirable clinical knowledge, skills and reasoning, for problems that are rare N. Disorders of ovaries, female reproductive tract O. Glucose and lipid metabolism – diabetes P. Glucose and lipid metabolism – hypoglycaemia Q. Salt and water regulation R. Conditions with endocrine features
B. Communication			
C. Situation awareness			
D. Decision making			
E. Safeguarding			
F. Leadership			
G. Team working			
H. Time and task management			
I. Health economics and service provision			
J. Science and biostatistics			
K. Self-directed learning			
L. Generic teaching/education skills			

Continued on page 9

Continued from page 8

B. PROCEDURAL SKILLS IN PAEDIATRIC ENDOCRINOLOGY AND DIABETES

Enter the self-assessments using the dropdown list for the level of competence in the dates column.
To clear a box, use the delete or backspace key.
Red and orange indicate what the trainee needs to focus on. Over time, all the boxes should be dark green, i.e. competence level 5 achieved.

	Content Domain	Dates for self-assessment					Date	Date
		01/05/2021	01/08/2021	01/11/2021	01/02/2022			
1	Use anthropometry and puberty monitoring equipment (e.g. wall mounted stadiometer for standing height, table mounted stadiometer for sitting height, orchidometer), population and disease-specific growth charts or standards for clinical assessment.	C	L3 - Can do but may need assistance	L4 - Competent to do without assistance	L5 - Independent without assistance or need for advice			
2	Assessment of skeletal maturation from hand and knee radiographs.	C	L0 - No evidence	L1 - Has observed	L3 - Can do but may need assistance	L4 - Competent to do without assistance		
3	Prediction of adult height.	C	L1 - Has observed	L4 - Competent to do without assistance	L5 - Independent without assistance or need for advice			
4	Assess appearance of the external genitalia using validated methods, such as external genital score (EGS).	C	L1 - Has observed	L3 - Can do but may need assistance	L4 - Competent to do without assistance	L5 - Independent without assistance or need for advice		
5	Perform dynamic function tests (e.g. growth hormone stimulation tests)	D	L1 - Has observed	L3 - Can do but may need assistance	L4 - Competent to do without assistance	L5 - Independent without assistance or need for advice		
6	Use blood glucose monitoring technologies (e.g. glucometers, ambulatory continuous glucose monitoring (CGM) devices).	C	L0 - No evidence	L2 - Can do with assistance	L3 - Can do but may need assistance	L4 - Competent to do without assistance		
7	Use available injectable hormone administration technologies (e.g. insulin pen devices, insulin pump, growth hormone pen devices).	C	L0 - No evidence	L2 - Can do with assistance	L3 - Can do but may need assistance	L4 - Competent to do without assistance		
8	Perform ultrasound examination of thyroid and testes (not essential and will be country-specific depending on the resources available and local needs).	D	L0 - No evidence	L1 - Has observed	L3 - Can do but may need assistance	L3 - Can do but may need assistance		

Figure. Example of how the syllabus tracker is completed for Section B: Procedural skills.

required competencies. In this way, it complements formal and informal workplace-based assessments. In addition to promoting the trainee’s professional development, it also contributes to quality assurance. See the Figure for an example of the tracker.

Where can you find the ETRs?

The ETRs are available at: www.eurospe.org/education/european-training-syllabus

The tracker can be downloaded at: www.eurospe.org/education/european-training-syllabus/syllabus-tracker

John Schulga, Gianluca Tornese, Yasmine Ouarezki, Kanatee Busiah, Aleksandr Peet, Leena Patel and Rasha Hamza

The authors of this article were involved in reviewing and commenting on drafts of the syllabus, prior to its finalisation and approval by UEMS.

Don't miss out on ESPE Schools

Hoda Yaseen explains why the experience is so valuable.

Find out more about ESPE Schools at www.eurospe.org/espe-schools

I had the privilege of being chosen to attend the ESPE Diabetes, Obesity and Metabolism (DOM) School in Torgiano, Italy, in September 2022. The timing could not have been better, as I had just completed my paediatric specialty training with a special interest in diabetes. Here was an opportunity for me to consolidate my knowledge and learn about rarer cases of diabetes from people around the world at the same level as me, and with the same interest and passion for diabetes.

The programme was well structured and varied. It had a mixture of case presentations by the candidates



The packed days full of learning have motivated me to read more and ensure I keep up to date"



Attendees at DOM School

and up-to-date, evidence-based sessions on diabetes and obesity by the most notable names in the field. We were also split into small groups where we had the chance to sit with our mentors, discuss our cases in more depth, and share our experiences. The packed, 8-hour days full of learning have motivated me to read more and ensure I keep up to date with my practice. I also made friends, with whom I keep in touch regularly and we contact each other to meet at other diabetes meetings and conferences!

I cannot deny how much fun the extracurricular activities were. We had an activity every day, enjoying the breathtaking Italian countryside in the most beautiful weather. We got to visit the Basilica of Saint Francis of Assisi among other activities, and trotted down the atmospheric alleys of Perugia. Each day ended with dinner, so we could unwind, sit, and chat with the faculty and candidates over succulent Italian cuisine.

Overall, this was a fabulous experience. It was beyond my expectations, from both learning and leisure perspectives. The whole programme was very well thought out. When I applied, I was nervous that I would not have enough experience. However, especially for me as a diabetes trainee, this was the perfect setting to refine my skills and knowledge gained during my training.

Hoda Yaseen

Consultant Paediatrician with Special Interest in Diabetes, Royal Manchester Children's Hospital, Manchester, UK

How ESPE helped launch my career

An ESPE Clinical Fellowship can make a real difference to you too, as Meghna Chawla explains.

My ESPE Clinical Fellowship at Royal Manchester Children's Hospital, UK, in 2016 was the opportunity of a lifetime. It enabled me to learn from world-renowned experts in the field of paediatric endocrinology, under the expert supervision of Professor Leena Patel. She is my mentor and a true inspiration.

I got a chance to study, learn, think and grow in this field, and got to see some of the rarest disorders in this rapidly evolving discipline.

After completing my Fellowship and returning to my home country, India, I was fortunate to be employed by Ruby Hall Clinic Hospitals Group. It was the vision of Dr Purvez Grant, an astute cardiologist and the Chief Managing Trustee, and is one of the foremost hospitals here. Dr Grant helped me establish paediatric endocrinology as a new specialty for the hospital. It has advanced technologies and amazing infrastructure to diagnose and treat the entire spectrum of endocrine disorders.



Meghna Chawla



I got to see some of the rarest disorders in this rapidly evolving discipline"

With fantastic management support, spearheaded by Dr Simon Grant, we have been able to reach out to every corner of Western India and change the life of hundreds of children who required paediatric endocrinology care. Currently, it is a high volume centre, especially for growth and pubertal disorders, with advanced endocrinology labs and imaging. I am now a Senior Consultant in this hospital in the Division of Paediatric Endocrinology.

Meghna Chawla

Consultant Paediatric Endocrinologist,
Ruby Hall Clinic Hospitals Group, Pune, India

Find out more about ESPE Clinical Fellowships at
www.eurospe.org/clinical-fellowship

Make the most of e-Learning

May Ng describes the value of ESPE-ISPAD e-Learning in providing accessible training.

If you have never used the ESPE-ISPAD (International Society for Adolescent and Pediatric Diabetes) e-Learning website, you are missing an important opportunity to advance your knowledge and keep up to date. This interactive environment includes topics from across paediatric endocrinology and diabetes mellitus. It is currently used by 22,000 users from 154 countries.

The e-Learning chapters are based on learning categories of paediatric endocrinology and diabetes. It contains more than 250 core and advanced level learning modules authored by global experts, and provides an opportunity to expand or tailor educational activities for learners according to their differing needs.

In the last 12 months, accreditation by the European Accreditation Council for Continuing Medical Education means that we can provide free international certification for CME. A total of 30 hours of core modules are accredited on the platform; they are freely available to any learner. We have also recently developed interactive on-demand video masterclasses on growth, puberty and diabetes.

e-Learning is just as effective as other educational approaches for the acquisition of knowledge and skills. It serves as an effective adjunct to conventional teaching due to the ease of access online, the ability to quickly revise and update educational materials, and the ability to serve numerous students at a relatively low cost. This is especially



May Ng



We have also recently developed interactive on-demand video masterclasses on growth, puberty and diabetes"

important and valuable in resource limited settings. I hope to see a further expansion of the e-Learning platform to cover the depths of the paediatric and endocrinology curriculum. In the future, it could also be used by nurses and allied health professionals.

Authors from all over the world can submit case modules for inclusion on the e-Learning platform, subject to independent peer review. An ESPE-ISPAD author certification will be provided on acceptance of publication.

I have been a member of the e-Learning Committee since its inception in 2015 and became Chair in 2021. The Committee is passionate about further developing e-Learning as a global, freely accessible initiative, with translation from English into French, Spanish, Swahili and Chinese for Resource Limited Countries.

I strongly encourage tutors, trainees and fellows with an interest in paediatric endocrinology and diabetes to register freely on the site.

May Ng

Professor and Consultant in Paediatric Endocrinology
Chair, ESPE e-Learning Committee

Find out more at www.espe-elearning.org
To submit cases contact info@espe-elearning.org



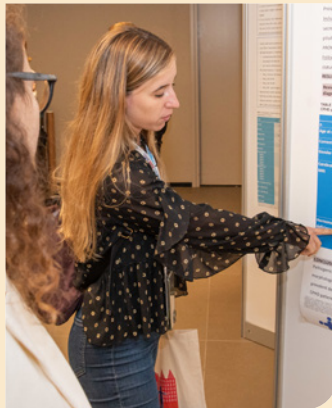
ESPE 2023 meets with success!

21–23 September 2023
The Hague, The Netherlands

Thank you to everyone who attended or contributed to the 61st Annual Meeting of ESPE, so ensuring its great success.

Special thanks are due to Paul van Trotsenburg (Meeting Host), Sabine Hannema (Vice-Meeting Host), Nils Krone (Programme Organising Committee (POC) Chair) and all members of the POC for their commitment and enthusiasm.

Remember, ESPE Members who attended ESPE 2023 can access the meeting content via ESPE 2023 Virtual On-Demand for 6 months.



Joint ESPE/ESE Meeting in 2025



The first joint Congress between ESPE and the European Society of Endocrinology (ESE) will take place on 10–13 May 2025 in Copenhagen, Denmark.

Entitled 'Connecting Endocrinology Across the Life Course' it will bring together paediatric and adult endocrine specialists from across Europe and beyond. We anticipate more than 6000 delegates from over 100 countries, to participate in a programme compiled by the joint Programme Organising Committee.

This unique opportunity to hear new perspectives and benefit from extensive networking opportunities will help our international endocrine community grow and flourish.

Register your interest and save the date now!

Anita Hokken-Koelega, ESPE President

Jérôme Bertherat, ESE President



Register your interest at

www.espe-ese-congress2025.org



ESPE Connect Webinar Early, genetic and environmental influences on puberty

13 December 2023,
16.00–17.30 CET; 15.00–16.30 GMT

- **Introduction** Anne Rochtus (Belgium)
- **Genetic influences on pubertal timing** Sasha Howard (UK)
- **Environmental impact on pubertal timing** Anne-Simone Parent (Belgium)
- **Impact of mini-puberty on fertility** Anna Nordenström (Sweden)
- **Panel discussion and Q&A**



For more details see www.eurospe.org/espe-connect-webinar-series

ESPE e-Learning

Answer to the case query on [page 3](#)

Possible diagnoses for Benny's hypertension

- Renovascular pathology (e.g. renal stenosis, Takayasu arteritis)
- Endocrine disorders
- Essential familial hypertension

Non-vascular renal pathology and cardiac disease seem unlikely. In view of the severely elevated blood pressure, he was referred to the paediatric nephrologist. In order to exclude renovascular disorders, magnetic resonance imaging/magnetic resonance angiography was performed, revealing a normal renal artery system. He was then referred to a paediatric endocrinologist who noticed that his skin was slightly hyperpigmented. Further investigations established the diagnosis of primary hyperaldosteronism.

Future meetings

See www.eurospe.org for details of all future meetings



62nd Annual ESPE Meeting

16–18 November 2024
Liverpool, UK



Joint Congress of ESPE and ESE 2025

10–13 May 2025
Copenhagen, Denmark



64th Annual ESPE Meeting

2026
Marseilles, France



OTHER EVENTS

ESPE Connect Webinar: Early, genetic and environmental influences on puberty

13 December 2023
Online

ESPE Winter School

24–28 February 2024
Cairo, Egypt

ESPE Caucasus & Central Asia School

Spring 2024
Uzbekistan

2nd Postgraduate Course in DSD and 11th I-DSD Symposium

24–26 June 2024
Stockholm, Sweden

DEADLINES

DECEMBER

ESPE Awards 2024 nominations – 10 December 2023

JANUARY

IFCAH Call for Projects 2024 submission of letters of intent – 15 January 2024

Early Career Scientific Development Grant applications – 31 January 2024

2nd Postgraduate Course in DSD applications – 31 January 2024

APRIL

IFCAH Call for Projects 2024 full applications – April 2024 (date to be confirmed)

MAY

Early Career Scientific Development Grant applications – 31 May 2024

To stay up to date, follow ESPE on social media (see right) and read the ESPE News Alerts.

For more information about vacancies on ESPE Committees and how to apply, see www.eurospe.org/vacancies

ESPE NEWS ARCHIVE

You will find previous newsletters in the archive at www.eurospe.org/newsletter



ESPE

European Society for
Paediatric Endocrinology

Improving care of children with
endocrine diseases by promoting
knowledge and research

President

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ESPE Newsletter

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*The views expressed by the contributors are
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