HONG KONG COLLEGE OF PAEDIATRICIANS

WORKING GROUP ON CURRICULUM REVIEW

SYLLABUS PROPOSAL

AREA: Paediatric Endocrinology

Liaison WGCR member: Dr Joanna Yuet-ling Tung

Non-specialist reviewer: Dr Frankie Cheng

**BASIC TRAINING**

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| **TOPICS** | **SUBTOPICS** |
| Common growth disorders | Accurate measurement of height, weight, body proportions and head circumference.Utilization of growth charts and be familiar with the use of local growth standards.Utilization of condition-specific growth charts in children with conditions like Down’s syndrome and Turner’s syndromeDefinition of normal and abnormal growth for local childrenGeneral approach and initial management of: * Short stature/tall stature
* Failure to thrive
* Obesity

Epidemiology of obesity |
| Common pubertal disorders | Assessment of pubertal development Definition of normal and abnormal puberty for local childrenGeneral approach and initial management of: * Precocious/delayed puberty
* Thelarche/adrenarche

Disorders of the ovary/testes and female/male sexual maturation* Recognition and initial workup on common disorders, including Turner syndrome, Klinefelter syndrome, constitutional delay in growth and puberty
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| Diabetes mellitus | Recognition, diagnosis and initial management of type 1 and type 2 diabetesAcute management of diabetic ketoacidosis |
| Hypoglycaemia | Acute management and critical samples in hypoglycaemia in neonates and children |
| Disorders of sex development | Approach and initial management of a neonate with ambiguous genitalia |
| Thyroid problems  | Recognition and initial management on common thyroid problems* Congenital hypothyroidism
* Primary hypothyroidism
* Thyrotoxicosis
* Goitre and thyroiditis

Approach to thyroid nodules |
| Adrenal disorders | Recognition and acute management of adrenal crisisRecognition on the need of stress dose steroid for children with adrenal insufficiency at times of acute illness or perioperatively |
| Disorders of calcium, phosphate and vitamin D metabolism and metabolicbone diseases | Recognition and initial management on hypo/hypercalcaemia, hypo/ hyperphosphatemia, rickets and vitamin D deficiency |
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| Fluid and electrolytes disorders | Recognition and initial management on:* Diabetes insipidus
* Syndrome of inappropriate antidiuretic hormone secretion (SIADH)
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| ~~Neuroendocrine system of hypothalamus and pituitary~~ | ~~Recognition and initial workup on panhypopituitarism~~ |
| ~~Endocrine manifestations and late effect of systemic disease~~ | ~~Risk factors and manifestations of the late effects of systemic diseases, including cancer survivors~~ |
| Lipid disorders | Cardiovascular risks of dyslipidaemiaClinical manifestation of dyslipidaemiaScreening of high-risk children |

Essential skills:

1. Domain 2 – Communication
2. Domain 4 – Patient management

Desirable skills (but optional for General Paediatric Training):

1. Interpretation of common endocrine investigations, namely baseline hormonal tests and and oral glucose tolerance test,

**HIGHER TRAINING**

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| **TOPICS** | **SUBTOPICS** |
| Common growth disorders | Further investigations and appropriate referrals of:* Short stature/tall stature
* Failure to thrive
* Obesity

Simple obesity vs. obesity due to other pathological causesManagement strategies of obesity Screening for obesity related comorbiditiesObesity prevention |
| Common pubertal disorders | Further investigations and appropriate referrals of:* Precocious/delayed puberty
* Thelarche/adrenarche

Disorders of the ovary/testes and female/male sexual maturation* Long term management on common causes, including Turner syndrome, Klinefelter syndrome, constitutional delay in growth and puberty

Initial workup of primary amenorrhea, secondary amenorrhea, and oligomenorrhea |
| Diabetes mellitus | Long term management of type 1 and type 2 diabetesBasic understanding on monogenic diabetes |
| Hypoglycaemia | Participate in the management of: * Hyperinsulinaemic hypoglycaemia

Diagnostic workup in children with hypoglycaemia |
| Disorders of sex development (DSD) | Further investigations and management of common DSD including congenital adrenal hyperplasia and undervirilised male |
| Thyroid problems  | Long term management on common thyroid problems* Congenital hypothyroidism
* Primary hypothyroidism
* Thyrotoxicosis
* Goitre/thyroiditis

Recognition and timely consultation/referral of thyroid storm Further investigation of thyroid nodules |
| Adrenal disorders | Participate in the diagnosis and management of: * Adrenal insufficiency
* Less common adrenal disorders e.g., Adrenal hyperfunction, Cushing syndrome etc.
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| Disorders of calcium, phosphate and vitamin D metabolism and metabolicbone diseases | Participate in further workup and management on disorders of calcium, phosphate and vitamin D metabolism and metabolic bone diseases, including hyperparathyroidism, nutritional rickets and inherited hypophosphatemic ricketsInitial workup of recurrent fractures |
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| Fluid and electrolytes disorders | Participate in the long-term management on:* Diabetes insipidus
* Syndrome of inappropriate antidiuretic hormone secretion (SIADH)
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| Neuroendocrine system of hypothalamus and pituitary | Recognition and initial workup on panhypopituitarismParticipate in the long-term management onpanhypopituitarism, craniopharyngioma and related pituitary disorders |
| Endocrine manifestations and late effect of systemic disease | Risk factors and manifestations of the late effects of systemic diseases, including cancer survivors |
| Lipid disorders | Management of dyslipidaemia |

Essential skills:

1. Domain 2 – Communication
2. Domain 4 – Patient management

Desirable skills (but optional for General Paediatric Training):

Interpretation of common endocrine function tests including water deprivation test, growth hormone stimulation test, LHRH test and low dose short synacthen stimulation tests

Cross reference with:

1. Intensive Care
2. Metabolic Medicine