

**BGS. Regional Meeting  
19 March 2009**

**Brighton and Sussex Medical School  
University of Sussex campus**

**Programme**

- 14:00 – 14:05 Introduction: Dr Finbarr Martin
- 14:05 – 14:35 Dr Graham Dewhurst  
Associate Dean/Head of School Medicine - KSS
- 14:35 – 14:50 Trainees Perspective: Dr Jim Milton  
Regional Trainees representative
- 14:50 – 15:10 Dr Stuart Bruce  
Chair, South-East geriatrics speciality training  
committee
- 15.10 – 15.30 Discussion
- 15.30 – 16.15 **Lecture I**  
**Update in dementia – diagnostics and new  
treatments: Dr Dennis Chan**
- 16.15 – 16.30 **Tea and Meet the Sponsors**
- 16.30 – 16.45 **SpR abstract presentation**  
*Variation between consultant vs peer assessment in  
SpR presentations at regional meetings*  
Dr U Umasankar, Dr A Abdulla, Princess Royal  
University Hospital, Bromley
- 16.45 – 17.15 **Regional Business Meeting**
- 17.15 – 18.00 **Lecture II**  
**HIV in Older Adults:**  
**Dr Martin Fisher**
- 19.00 Memories of India. Brighton Marina

**Minutes of the Meeting**

## **In attendance**

Dr K Kelleher,	... Queen Mary's
Dr G Yu,	... Queen Mary's
Dr L Pack	... Homerton
Dr J Hawkins	... William Harvey
Dr D Wilson	... King's
Dr Gunathilagan	... QEQM
Dr M Chellappah	... Kent & Sussex
Dr B Al-Saffar	... Queen Mary's
Dr M Jones	... Princess Royal
Dr K Rudra	... East Kent
Dr M Patel	... Lewisham
Dr J Dennison	... Conquest
Dr P Reynolds	... Tunbridge Wells
Dr P Tsang	... Tunbridge Wells
Dr G Dewhurst	... St Richards
Stuart Bruce	... Conquest
Dr A Harper	... Brighton
Dr H Alexandra	... Brighton
Dr I Starke	... UHL
Dr F Mukhtar	... UHL
Dr S Jackson	... King's

## **SpRs**

Dr P Brighton	... William Harvey
Dr C Morrison	... Brighton
Dr D Siva	... Brighton
Dr C Steves	... GSTT
Dr T Clark	... King's
Dr M Sweeting	... St Thomas'
Dr B Bwogo	... King's
Dr T Rajeevan	... Lewisham
Dr R Yadav	... Lewisham
Dr T Sealy	... Conquest
Dr I Balogun	... King's
Dr C Liang	... King's
Dr M Yeung	... Queen Elizabeth
Dr N Khan	... Brighton
Dr E Mucci	... Kent & Sussex
Dr J Fleet	... Queen Mary's
Dr A Qureshi	... Conquest
Dr L Gbadamoshi	... Queen Mary's
Dr R Rangasamy	... Princess Royal
Dr A Abras	... QEQM
Dr J Kukanesen	... Princess Royal
Dr U Umasankar	... Princess Royal
Dr J Davis	... Canterbury
Dr P Reddy	... Lewisham
Dr M Ganeshananthan	... Brighton
Dr A Whittle	... QEQM
Dr P McAvinia	... QEQM
Dr P Thompson	... Kent & Sussex
Dr T Elias	... Brighton

## **Apologies**

Andrew Heller, Dr M Toth, Dr M Kierons, Dr C Bryant, Prof D Blac

## **Educational Meeting**

The theme of the educational meeting was Regional SpR training. This was highlighted in the previous Regional Meeting (18<sup>th</sup> September 2008) at GSST and taken forward for discussion with presentations from the Chair for regional training, Chair of School of Medicine at KSS who was invited, and the regional trainee representative. Hence the format of this meeting was different from our previous Regional meetings.

Dr Finbarr Martin welcomed all those in attendance and alerted those present to the nature of the meeting being concentrated around trainee education and the new curriculum for geriatric training.

### **Dr Graeme Dewhurst, Associate Dean/Head at School of Medicine at KSS Deanery gave the first presentation entitled 'Training in Geriatric Medicine - What's the Future.'**

He started by giving a historic overview of the training in geriatric medicine over the years, highlighting the fact that there was no appraisal or assessment and very little quality control. He described that the 'older' models of elderly care (integrated care, age related or needs related) have moved to sub-specialisation of geriatric medicine with acute physicians, triage systems, orthogeriatrics, continence, falls and stroke etc., subspecialties all being part of 'new' geriatrics as we understand it. He then went on to describe the requirements for the new system for training in geriatrics within the context of demographic challenges, reconfiguration of hospital trusts, and the blurring of boundaries between primary and secondary care. He also explained the political imperatives that have contributed to these challenges including your EWTD for junior doctors and workforce demographics.

Dr Dewhurst then identified the new curriculum for Geriatrics, which has recently been published, as a well-defined curriculum with training requirements that have been well laid out. He envisaged the future of medicine especially in regards to avoidance of admissions and a more proactive service of anticipating illnesses with services in place that would monitor or catch these patients early on. This type of service has brought on a need for community geriatricians and elderly care specialists in primary care. Similarly Care home medicine, Day hospitals, palliative care services, mental health services and social services interface are all areas which need to be factored in within the 'New' geriatrics. Furthermore professionalism in medicine, quality assurance and the increasing role of medical education have all been incorporated and were driving forces in the new curriculum. It was important for trainees to realise, Graeme maintained, that they need to get acquainted in leadership training, medical management and professionalism in depth. There was also a new academic pathway which helps trainees go through this educational process.

Dr Dewhurst then explained how KSS plans to meet the new curriculum. This will essentially be through 2 strands:

- 1 Mapping the curriculum in Geriatric Medicine to be provided at Trust units and their facilities.
- 2 Providing access to training in secondary care, primary care and community geriatrics, academia, formal medical education training, MSc/MA programmes, Management and Leadership skills

The aim is to have a balanced programme that is tailored to each trainee's ambition and aspirations.

He also stressed the importance of monitoring these changes by establishing Quality Management Systems through Deanery visits, PMETB surveys, and local faculty groups (LFGs) in each trust. Trainee involvement is important as well as the ARCP to assess progress of training. Local feedback will also be an essential component of the monitoring system. At the end the aim is to provide a well-rounded geriatrician who will be well-equipped to provide the care needed for his patients.

The second presentation was by **Jim Milton, the trainees' representative for the region.**

Jim started by highlighting the current issues which the regional SpR's have identified.

1. Training Days: the monthly training days (10 days per year) were not well structured for educational content and often contained considerable subject repetition. The trainees also felt they were given a lot of general medical lectures some of which were not necessary for geriatric training. With the repetition there was a tendency to overlook some important topics acknowledged as part of the curriculum. As an example Jim cited that the SpRs had received four lectures on mental capacity over the previous year which, although important and interesting as a topic, was probably unnecessary in this degree.

It was generally acknowledged that there was no central co-ordination of SpR training days and content of the lectures and that it was felt important to have in place a process for central coordination to deliver the curriculum and training requirements but with help of the trainees in the Trusts. The feeling was that the local SpRs in the Trust should help in organising and planning the training day and participate in preparation of the presentations. It would also be educationally helpful to make the presentations and lectures available on-line since all the SpRs cannot attend every study day.

Another proposal was to have on average 2 topics per training day delivered with multidisciplinary involvement including occupational and physiotherapists. It was also agreed that evidence-based medicine (EBM) was important and should be part of the training.

The SpRs were keen to continue the current system of rotating the training days between Trusts but this raises the potential problem of possible lack of local expertise to cover the curriculum especially in the smaller Trusts. There was the question whether more training days should be allocated?

2. Another point which was highlighted by the trainees was the allocation of SpRs to the next post in their rotation. This, in their view, was left rather late in the day; currently requests are made at the RITA meetings held in May but the SpRs are only told of their allocation in August, a month or so before the next rotation leaving little time to sort things out.

3. Current SpRs were not keen on the idea of Formation of South Coast Deanery (19/20), many of whom stated that they would not have applied to this rotation had they known beforehand.

4. The SpR's felt that opportunities for training at present were weighted in favour of General Medicine therefore reducing training in Geriatrics.

The third presentation was by **Stuart Bruce as the Chair South-East Geriatric Specialty Training Committee.**

Stuart gave a presentation about the training requirements and the importance of having training supervised by adequately placed consultants. He highlighted that the management of training in London had changed and that there was now in place Pan-London STC training programme management groups in place (TPMGs). These were South-East, South-West, South Coast (KSS STC) groups.

A discussion about the amount of Deanery support that can be provided took place and it was felt that greater input and central co-ordination were needed. Stuart informed the meeting that Geriatrics was the second most popular choice among ST CMT trainees and that it was the first choice for run-through matching in London this year. He also stated that the South-east scheme was equally the most popular first choice for successful candidates.

Stuart then went on to give examples of good practice in the region and evidence of "Training beyond the curriculum ". Particular examples were; each trainee has a nominated consultant research advisor and there was a good uptake for higher degrees MSc/PhD within the region. Furthermore the annual report produced following PMETB survey last year showed that the trainees overall reported good supervision and support. However it also showed that a proportion of trainees had not had formal assessment of performance but this will be addressed through STC. The short term plan is to have training days formally mapped to curriculum and to arrange training updates for consultant trainers. In the long term Stuart stated that the aim is defining the role of the medical registrar both from training service points of view.

The presentations were followed by discussions around many of the points raised by the speakers. Flexibility in training was highlighted by some trainees. Stuart acknowledged that the feedback he had received favoured flexibility but if SpRs want to cover the curriculum in its entirety, which is a requirement, they will need to compromise. There was a feeling among the trainees that breaking up the SpRs in the South-east into two groups will lose the opportunity for group training (currently 25 SpRs), and they may miss out. The modified South-east/KSS rotation model was discussed and it was felt that rotation through Brighton

especially as 2 new SpR posts have been created (increasingly their total number to 5), should allow more protected time for research and training in academia and even more time for training flexibly if needed.

The interface between GIM and Geriatrics was discussed and it was acknowledged that trainees may need to have time off from acute medicine for Geriatrics.

The point on different work patterns among the SpRs in different trusts was raised, especially in regards to the inequity among trainees in different sub-specialties in some trusts. It was agreed that this needs to be discussed in the Training Committee and then highlighted to the individual trusts. Clinical and Medical Directors need to be more explicit about the duties and responsibilities of the SpRs in different specialties. Stuart agreed to take this forward and liaise with Graham Dewhurst on the matter and a way forward. It was also agreed to take the points raised by the trainee representative forward through TMPG which Stuart Bruce identified as the new group looking at implementing the curriculum and training in Geriatrics across the region

### **Lecture 1: Update in dementia -- diagnostic and new treatments** **Dr Dennis Chan, Consultant Neurologist, BSUH**

Dr Chan gave an up-to-date presentation on Dementia highlighting that it is a biological disease rather than mental illness and this needed to be emphasized, especially as implications would mean that it required a culture shift. Only 33 - 50% of patients ever receive a formal diagnosis of dementia yet early diagnosis is cost-effective and only a clear diagnosis reduces the length of acute hospital stay. Dennis highlighted that dementia services available at the present are not delivering value for money and that too few patients are being diagnosed early thereby limiting efficiency of available services. The methodology for establishing a diagnosis, including the different brain imaging modalities and the limitations of CT scans, was also discussed as was the use of PET scans and functional MRI as a probable diagnostic alternative in the future. Dr Chan highlighted the importance of drugs with potential disease modifying capabilities. Some of these drugs (anti-amyloid immunotherapy) are now in phase III trials (bapineumab). The current drug is a monoclonal antibody against the N-terminus of AB42 and works in mild to moderate AD. If the trials are successful and drugs are made widely available, it would not only help patients with dementia but also aid in increasing our knowledge of the pathobiology of AD and inform the development of future treatments.

The need to identify dementia early is of paramount importance to geriatricians. A copy of Dr Chan's presentation is available on request

The lecture was then followed by an **SpR presentation by Dr Umasankar from Princess Royal University Hospital, Bromley Hospital NHS Trust**. The topic was variation between consultants and peer assessment in the SpR presentations at Regional Meeting.

The presentation was essentially on a small study conducted over the last 18 months within the educational programme of our regional meetings. Consultants and SpR's attending the meetings were invited to assess the SpR presentations. Assessors scored each abstract presentation on a Likert scale from 1 to 5 (1=Very poor, 5=Very good) on: relevance to geriatrics, educational content, presentation technique and structure and whether was intellectually stimulating.

The aim was to demonstrate if any variation existed between consultant and SpR scoring of SpR abstract presentations. Only data from 2 meetings was presented here. There were 55 assessors and 11 SpR presenters in all. 22 of the assessors were consultants and 25 were SpR's. 8 assessment sheets were unmarked and discarded. The average scores by SpR peers ranged from 17 - 20.6 with a mean of  $19.2 \pm 1.02$  (95% CI 18.17 - 20.21). The average scores by consultants ranged from 16.64 - 19.73 with a mean of  $18.43 \pm 1.12$  (95% CI 18.23 - 18.65). The scoring between consultants and SpR's were significant as evidenced by the paired student t-test ( $t = -2.686$ ,  $DF = 10$ ,  $p \leq 0.02477$ ).

The study raises the question as to whether junior doctors are lenient or are less experienced in assessing their peers. They might benefit in undertaking peer assessment skills teaching. We currently are running a workshop for Work Based Assessments and how to give feedback, which is aimed at training our colleagues on assessments such as Mini-CEX, DOPS and CBD.

The educational programme was concluded by a **lecture on HIV in Older Adults given by Dr Martin Fisher, Consultant Physician in HIV/GUM at BSUH**. The presentation highlighted this increasingly important disease coming of age with the help of combination therapy available nowadays increasing longevity of HIV patients into older age. A copy of Dr Fisher's presentation is available on request

# **Business Meeting**

**The Business Meeting followed the educational meeting.**

## **MINUTES OF PREVIOUS MEETING**

The minutes from the last meeting on the 18 September 08 at GSST were acknowledged by those who were in attendance as a fair record of the meeting.

## **NEW MEMBERS/APPOINTMENTS/Movements**

Dr Tak Yan Li - Consultant Maidstone  
Dr Belinda McCall – Consultant Lewisham Hospital  
Louise Pack – Consultant Brighton  
Dr Isle Burger – Consultant Kent & Canterbury  
Dr Prasanna Aghoram, Consultant Darent Valley  
Dr A J Bhalla – Consultant Guy's Hospital

It was noted that Dr Roger Lewis, previous chair of SE Thames BGS has retired, and that Dr Jonathan Potter will be retiring from his clinical commitments at but continue as CEU chair at the RCP

## **BGS REGIONAL ADMINISTRATION**

The financial position was read out. It was noted that the balance of our SE region (as of 28 February 09) was £ 5,506.59.

Discussion around how best to utilize our funds took place. Among the proposals were

1. allocation of some funds for a prize for best study
2. bursary to support travel costs for SpR presentations at National meetings
3. given the changing landscape regarding pharmaceutical company sponsorship of our future meetings, an alternative view was expressed to hold on to the funds until we have a clearer picture.

The decision to continue with the prize of £100 for the best SpR presentation at our Regional meeting was to continue.

## **REPORT FROM THE BGS ENGLAND COUNCIL MEETINGS**

Dr Patel provided a written report of the previous 2 council meetings dated 19<sup>th</sup> November 08 and 11 February 09 (attached). He highlighted the relevant points at the meeting

## **ANY OTHER BUSINESS**

It was announced that both Aza Abdulla, Regional Secretary will be demitting office having served 5 years in post and Mahool Patel, Regional Representative on England Council will step down after 4 years following his appointment as Deputy Chair for Council.

The vacancies will be advertised throughout the region by email.

## **DATE OF NEXT MEETING**

The next regional meeting will be at Medway Hospital on 17<sup>th</sup> September.

**This meeting was awarded 4 CMEs**