

# Medical Trainees' Conference 2017

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The Medical Trainees' Conference was held on 5 February 2017 at the Life Science Centre, Newcastle upon Tyne

**Declaration of interests** No conflicts of interest declared

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This year, for the first time in 20 years, the Medical Trainees' Conference was held outside of Edinburgh. In total, 115 delegates representing a broad range of specialties and grades came to the Life Centre in Newcastle to take part. The conference focused on all aspects of a patient's journey through the hospital from the first 24 hours to the outpatient clinic. Delegates had the chance to discuss the future challenges for medical training with a panel of experts. Clinical challenges and the role of the medical trainee made this an engaging interactive conference.

## The first 24 hours

The first speaker was Dr Stuart McPherson (Newcastle), who discussed management of the patient with alcohol dependence. He encouraged us to consider using the British Gastroenterology Society Decompensated Cirrhosis care bundle in the first 24 hours of admission. This has been shown to improve all aspects of care and reduce length of stay.<sup>1</sup> This was followed by Dr Anita Banerjee (London) discussing medical problems during pregnancy. Throughout her discussion of sepsis, pulmonary embolism and diabetes she encouraged us to think 'beyond the bump' and manage the pregnant woman along the same clinical lines as the non-pregnant woman. This session concluded with Professor Simon Thomas (Newcastle) discussing the patient with unknown overdose. Although a wide range of poisons were discussed, the necessity of getting the basics right with resuscitation, history and careful examination was emphasised. He ended the talk looking past the first 24 hours to when the patient would need mental health assessment.

## What does the future of our hospitals hold?

Mr Jim Mackey, CEO of NHS Improvement, London, delivered the keynote lecture on the role of the medical trainee and changes to hospital care in the next decade. After a brief

review of the history of the NHS he reflected on current challenges in healthcare. Looking towards the future he encouraged trainees not to accept lower standards, keep challenging and keep improving. This was followed by a spirited debate about the current role of trainees within the NHS, setting the scene for our panel discussion on reinvigorating the role of the medical trainee. The panel answered a diverse range of questions on working conditions, retention of trainees and the future of training.

## Croom Lecture

Dr David Ripley (North Shields) was awarded the Croom medal following his lecture on the use of cardiovascular magnetic resonance imaging (MRI) in coronary artery disease. Cardiac MR is a versatile imaging modality with high diagnostic accuracy for detection of stable coronary artery disease. This method can be used to reduce the need for unnecessary angiography as seen in a trial comparing MRI and myocardial perfusion scan with current NICE guidelines.<sup>2</sup>

## Ward round conundrums/The outpatient clinic

The ward round conundrums sessions started off with a talk on heart failure and chronic kidney disease by Dr Brian Murphy (Greenock). In patients with heart failure, some decline in renal function must sometimes be accepted to accommodate cardiac drugs. Dr Alison Brown (Newcastle) followed with a talk on proteinuria reminding us that urinalysis is essential for a complete clinical examination.

Difficult to manage hypertension started the session on the outpatient clinic. Professor Maciej Tomaszewski (Manchester) emphasised the need to carefully assess for non-adherence to medication and ensure adequate treatment before investigation for secondary causes. This session was finished

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by Professor Claire Foster (Southampton) discussing the challenges of surviving cancer and the long term impact this can have on patients' lives.

## Clinical Lessons

The three presentations given by trainees were chosen by the Trainees and Members' Committee following abstract submission. The cases covered a diverse range of conditions including Group A streptococcus infection, venous thromboembolism in the context of heavy menstrual bleeding and myasthenia gravis.

## RCPE College Journal Prize

Dr Alastair Rankin presented on behalf of himself and his co-author Dr Tran on short runs of atrial tachycardia and stroke risk. Following a European-wide survey of stroke physicians and cardiologists it became apparent that these two specialties do not always agree on diagnosis and management of this clinical conundrum.<sup>3</sup>

## Take home message

The conference covered not only a wide range of medical problems but also the current issues that trainees are facing in the NHS. Helpful tips on management of the pregnant patient<sup>4</sup> and decompensated cirrhosis<sup>1</sup> will be taken back to acute units to be used immediately whereas the discussion of atrial tachycardia and stroke risk gave food for thought.<sup>3</sup> The highlight for me was the discussion around the future of hospital care and how trainees are perceived. The passion for working within medicine was clearly seen in the conference audience along with the drive to shape the future of the health service.

## References

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- 2 Ripley DP, Brown JM, Everett C et al. Rationale and design of the Clinical Evaluation of Magnetic Resonance Imaging in Coronary heart disease 2 trial (CE-MARC 2): A prospective, multicenter, randomized trial of diagnostic strategies in suspected coronary heart disease. *Am Heart J* 2015; 169: 17–24.e1.
- 3 Tran RT, Rankin AJ, Abdul-Rahim AH et al. Short runs of atrial arrhythmia and stroke risk: a European-wide online survey among stroke physicians and cardiologists. *J R Coll Physicians Edinb* 2016; 46: 87–92.
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