South Wales Geriatric Medicine
Trainees Handbook

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Introduction

Welcome to South Wales Geriatric medicine training, Wales Deanery. This handbook is designed to guide you and provide useful tips to help you settle in as quickly as possible. It has been written by trainees for trainees and talks about practical issues we all faced when we started as ST3. You can find yourself feeling quite lost as an ST3, particularly if you were the only geriatric trainee in your hospital or you end up with another trainee who is also trying to find their feet.

You are expected to lead your own training but knowing what is expected of you can make that process a lot easier. There is a trainee lead on each site who you can meet with to discuss achievable competencies during your post.

This handbook summarises all you need to know but in no way replaces the Geriatric (www.jrcptb.org.uk/12) and GIM (http://www.jrcptb.org.uk/14) curriculum which you should spend time getting familiar with on jrcptb website.

Lastly, Join geriatrics-anonymous as soon as possible, it is how we share relevant information amongst trainees. To join go to yahoo groups and search geriatrics anonymous then click join group or you can email the StR Representative to add you to the group.

Best of luck!
Curriculum

GIM

We usually do not have any problems achieving GIM curriculum competencies as we do enough 'on calls' but you must ensure you are constantly updating this section of your eportfolio. There are some compulsory procedures i.e Knee aspiration, chest drain, cardioversion and abdominal paracentesis.

Geriatrics

You should be able to achieve most of the geriatric medicine core curriculum through your day to day practice. However some of them need a little more attention and may require attending specialist clinics, MDT etc before you can be signed off. The optional higher level curriculum has not been discussed here and full details available in 2010 Geriatric Medicine curriculum.

Core Curriculum Grids for the Specialty of Geriatric Medicine

- **Diagnosis and Management of Acute Illness, Diagnosis and Management of Chronic Disease and Disability:** The above competences can be achieved easily in most of your postings but you have to show evidence around this in your eportfolio so plan your CbD and miniCEX etc to reflect this.

- **Rehabilitation and Multidisciplinary Team Working, Comprehensive Geriatric Assessment, Planning Transfers of Care, Including Discharge:** The above competences can be achieved in most of your postings by attending and leading MDT, case conference and complex discharges. Spend some time with DLN and attend CHC assessment. Also assessing patients for rehabilitation in various settings i.e stroke, surgical, orthogeriatric etc.

- **Delirium and Dementia:** This can be achieved in your day to day practice. If you are in Cardiff & Vale you should arrange to attend memory clinic or you can arrange to attend dementia clinic run by the psychiatrist.

- **Continence:** You need to arrange to attend continence clinic. You usually need a minimum of 8 clinics so contact the continence team early. Also take advantage of the free StR continence meetings that run throughout the year.

- **Falls and Poor Mobility:** Involvement with management of patients with falls and immobility. MDT working with physiotherapy, OT etc. Also attending specialist clinics like falls, syncope tilt and osteoporosis.

- **Nutrition:** Spending some time with the ward dietician is advisable and understanding the screening tools and nutritional support strategies. You will gain experience of PEG feeding on the general medical ward or stroke ward.
• **Tissue Viability:** Attendance at a specialist clinic is advised and spending time with the podiatrist or tissue viability team.

• **Movement Disorders:** Attending a specialist movement disorder clinic and working with PD specialist nurses.

• **Community Practice Including Continuing, Respite and Intermediate Care:** This requires attachment with intermediate care, community hospital, attendance at CHC assessment panel, community services and domiciliary visit.

• **Orthogeriatrics:** This requires working in orthogeriatric or orthopaedic ward. Attendance of osteoporosis clinic is also recommended.

• **Psychiatry of Old Age:** You need to arrange to attend old age psychiatry MDT, clinics and working with the MHSOP liaison specialist nurse.

• **Palliative Care:** You will need to arrange to do a palliative care attachment. It is recommended you attend 1 day per week over a period of 4-5 months. Attendance at specialist palliative care MDT and working within variety of settings i.e hospice, specialist palliative care unit etc.

• **Perioperative Medicine for Older People:** This replaces Homeostasis on the previous curriculum and it is hoped you could achieve this by doing an Orthogeriatric post. Also referrals seen pre and post operatively should count towards this. The ideal situation will be to attend a POPS clinic with anaesthetic and surgeons.

• **Stroke Care:** You should have no difficulty achieving this competency through your acute medical 'on call', attendance at specialist stroke clinics and attachment to acute stroke unit with opportunity for thrombolysis.

**ARCP**

You will usually have two GiM ARCP; one at the start and the next in your penultimate year approximately 12-18 months before your CCT. Your Geriatric ARCP is every year and is used to determine your progression through ST3-7.

The only time your eportfolio really gets scrutinised by the training programme director is around your ARCP or if you consistently fail to engage, so it can easily be forgotten if you find yourself in a busy job. Remember it is the main evidence used to judge your training progression at your annual review so it is worth giving time and attention. My advice is enter your reflections in the eportfolio in real time by downloading the eportfolio app and plan your WPBA (CBD, miniCEX and ACAT) in a timely manner.

Training

GIM training days

The general internal medicine department runs training days for GIM trainees. They are run across multiple sites in South Wales. The focus is often based around various areas of the GIM curriculum. Often covering two areas in the day (e.g., Nephrology in the morning and clinical pharmacology in the afternoon). Lunch is provided but sufficient notice of attendance is expected. The deanery sends out emails with details. Attendance at these are important as they do get checked at ARCP and PYA. A certificate of attendance is only issued after completing an online feedback survey. You will usually get training day notification from Ms Ceri Cook CookCA2@cardiff.ac.uk.

Geriatrics training days

The geriatric department runs training days which occur every two months. The days are designed to cover the main areas of the curriculum and other areas of interest to the geriatric medicine trainee. The format usually involves various speakers some of which may not be directly involved in the geriatric department. In the past the training sessions have even involved demonstrations of equipment and even patient interaction. A trainee led journal club and preparation questions in the format of the specialty certificate examination are incorporated into the training day. A certificate of attendance is issued. The training lead often also includes a state of training section and this is an opportunity within the trainee group to bring up any concerns/problems that you may be having. Details are available through the geriatrics anonymous yahoo group.

These usually take place on the second floor of the Cochrane building, Heath site, Cardiff. If you have difficulty being released for training days then you should contact the training lead (Dr. Butler).

Courses and CPD

The British Geriatric society is a great resource for external CPD. There are national meetings twice a year held around the UK and is a great opportunity for meeting individuals with similar interests and potentially for presenting work as posters. The Welsh branch of the BGS runs two meetings a year (in September and in March) it represents an opportunity for platform presentations and many trainees take the opportunity to do this. The meetings often have one run by the North Wales in Spring and South Wales in the Autumn.

The BGS trainee weekend is a useful resource for those who are planning on taking the SCE and includes a number of presentations on curriculum based subjects and have mock SCE exam questions – this often takes place in the month before the SCE. The BGS also runs conferences, courses and workshops including a management course.

It is worth noting that BGS members get discounts on all these conferences.

The update in geriatric medicine weekend is a local meeting usually pharmaceutical company sponsored with an evening session and meal and then a day meeting on the Saturday.
The Royal College of Physicians runs various meetings of interest and in particular useful for GIM CPD. In particular the RCP and the Welsh Physicians Society run two joint meetings, the Autumn meeting is usually run over two days and takes place in the Hilton hotel in Cardiff. The Spring meeting takes place in Port Meirion and is usually a weekend long affair. The RCP also runs a programme called physicians as educators which is highly regarded and can deliver a diploma or MSc in medical education if you are prepared to invest the time and money. Other areas that workshops and conferences cover include a wide range of topics such as leadership, palliative care and acute medicine.

The Welsh deanery is also an important resource for courses and workshops, also don’t forget to look at local (trust based) courses/conferences. These are great opportunities for network and learning about local services.

On the GIM curriculum they expect an IMPACT or ALERT course – or equivalent to have taken place. Also you are expected to keep up to date with yours ALS and a valid ALS is expected at the time of CCT.

**Royal College Physicians Specialty Certificate Exam in Geriatrics**

This can be taken from your second STR training year. It is currently held once a year in around March. The questions are single best answers and there are two papers sat on the same day lasting three hours each. They are sat in DVLA driving test centres on computers (run by Pearson Vue). There is a blueprint of the curriculum of the exam on the RCP website which gives an indication of the weighting of various parts of the curriculum, in practice this is not that useful as different questions can be mapped across many curriculum areas.

The exam is not intended to create a bottle neck in training thus pass rates thus far have tended to be high. However the exam is not easy and adequate focused revision is necessary. The general consensus amongst trainees is that a lot of the questions are part two style and that sitting the exam early on in training whilst part two is fresh may be beneficial. The rough cost is £900 and it should now be tax deductible. When you decide to sit enter early on (around January and immediately book your slot with Pearson Vue so you are able to sit in your local centre).

**Resources for the exam**

Under the trainees section of the British Geriatrics Society website there are some mock tests which may help with your preparation, it is also worth doing all the questions on the Royal College of Physicians website (including for all the other specialties as a lot of them will be represented in geriatrics). People sitting the exam have tended to find they get higher marks in these test questions than in the exam itself so if you are only scraping a pass on these more work is advised!

Michael Vassallo who is one of the key question writers for the exam has written “Rapid Review of Medicine in Old Age” available on Amazon (or buy it off an old timer!) which is a pretty essential book. Do not buy Mcqs in geriatric medicine by Roger Gabriel it is a terrible book.
It is useful to read the NICE guidance for key conditions in geriatrics, delirium, osteoporosis, stroke and continence.

**Out of Programme Experience OOPE/Training OOPT**

The five year geriatric training can be supplemented with time out of programme doing something else. Depending on its relevance to Geriatrics this may or may not count as time towards your CCT (OOPE or OOPT). Trainees have mainly taken extra time in the form of Clinical Research Fellowships, Clinical Teaching Fellowship or a Fellowship in stroke although clearly it would be possible to apply to do a further degree. Generally Fellowships have been a year.

Clinical Research Fellow jobs tend to be one year usually in Cardiff and Vale UHB and in order to apply you should have an research topic and research supervisor planned. There is now a Clinical Teaching Fellow in Geriatrics job available every year in Cardiff and Vale UHB funded for five sessions teaching, five sessions clinical work. Dr Susan White (Llandough Hospital) and Dr Karl Davis (UHW) are best placed to give information about the role or email Nicky Leopold who has previously done the job LeopoldN@cardiff.ac.uk. There is also a stroke fellowship running each year in Cardiff.

**Less than Full Time Training (LTFT)**

This is an option for male and female trainees with caring responsibilities or illness (children or other) who may find the demands of full time training too great or may wish to improve their work/life balance. Wales Deanery has been voted most family friendly with a well established LTFT service and Geriatrics was one of the leaders in this area. Depending on service need options are from 50-80% of full time equivalent, where there is enough capacity job shares may be created but currently most posts are LTFT in a full time slot. Different Trusts will vary how the on call is organised and it is worth contacting the rota coordinator well in advance to negotiate shifts. The Geriatrics programme director will be very helpful for those looking to train part time and the deanery contact is flexibletrg@cardiff.ac.uk.

There are clear advantages to training LTFT but it is essential to ensure parity in training opportunities especially study leave and SPA. (which tend to be pro rata). A formal meeting with your educational supervisor looking at how you will meet your training requirements is essential especially when LTFT in a full time post to avoid only providing service and not getting training.

Another pitfall to LTFT is perceived lack of progression especially if you have also had time out for illness or maternity leave, the CCT can feel a long way off. Often the percentage you are training at is an underestimate of actual training taken (for example clinics and study days on your usual days off). It is really important to keep accurate records of dates and to keep evidence of extra activities taken outside of scheduled work time as increasingly CCT dates are being shortened to reflect the extra activities taken and competency gained (still minimum 48 months full time equivalent).

**Research**

The BGS website ([www.bgs.org.uk](http://www.bgs.org.uk)) has up to date information on research opportunities. Within Wales there are Clinical Research Fellow posts in geriatrics that are advertised annually based at Llandough.
A research methods course is required for STS. The Cardiff University MSc in Ageing & Health research methods module can be completed as a stand alone module.

**Additional Qualifications**

If you have an interest in Stroke Medicine, a Certificate of Completion of Training (CCT) in Stroke Medicine can be achieved by completing an out of programme year. Posts are currently based in Swansea, Cardiff or Newport. Advertised annually.

- **MSc Ageing**

  This course can be undertaken in Cardiff or Swansea University. The Swansea University MSc Gerontology and Ageing Studies (Available Full Time and Part Time) for more information [Visit website](#). The rest of the information below is on Cardiff University MSc Ageing, Health and Disease (MSc/PgDip/PgCert).

**Location**

All module teaching take place in Academic Centre, University Hospital Llandough.

**Course duration**

1 year(MSc) (Full-time) / 3 years (Part-time)

The taught component is for the duration of two years followed by the completion of a 20,000 word dissertation in year three.

**Course structure**

Core modules:
- Foundations of Geriatric Medicine*
- Research Methods*
- Physical and Mental Health & Age*
- Organisation and Delivery of Care*

Two further modules from:
- Bone Health & Falls
- Stroke
- Neurodegenerative Disease and Dementia.

An MSc is awarded on successful completion of the taught course (120 credits) and acceptance of an approved dissertation (60 credits)

(*compulsory modules)

[Click here to apply](#)

For further information contact:
- Mrs Christine Swetman
- Course Administrator
- MSc in Ageing, Health & Disease

Email: swetmanc@cardiff.ac.uk
Phone: +44 (0)29 2071 6962
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Grants

There is an up to date list of grants and prizes available to geriatrics trainees on the BGS website. Cardiff University also has local grants.

BGS

The British Geriatrics Society (BGS) is the national professional organisation of doctors specialising in geriatric medicine. Membership costs £95 per year but is tax deductible. This gives you a discount on meeting fees, subscription to the BGS journal ‘Age & Ageing’ and newsletter. There are two national conferences per year and two welsh meetings. All welsh trainees are expected to attend at least one BGS meeting a year. The welsh BGS is a friendly forum for presenting service developments, audit projects or research. Abstracts are normally requested a few weeks before the meeting, details advertised on Geriatrics Anonymous. There are cash prizes for the best presentations as well as being a good way to make yourself known to Consultants throughout Wales which is useful when applying for Consultant jobs!

The National BGS is a good forum for presenting work in poster format. Abstract submissions are usually six months before the conference, so you need to be organised. Books of previous accepted poster abstracts are available to download on the BGS website. Many of the Special Interest Groups (SIGS) have meetings and opportunities for presenting work.

Even if you don’t take out membership to the BGS you can sign up to the trainees e-bulletin on the BGS website www.bgs.org.uk. This gives you regular information on courses and current issues.

Training Sites (Hospitals)

UHW

UHW has the biggest geriatrics department in Wales, covering all the subspecialties. Consequently all trainees in South Wales will spend time at least 18 months in Cardiff and Vale to access these opportunities. Usually this will be towards the end of training. There is a weekly well attended Geriatrics meeting.

Subspecialty training includes:

Continence Clinic – let Dr Morse know early as this is very popular and can only accommodate two registrars at a time

Orthogeriatrics – Two posts

FOPAL – Frail Older Persons Advice and Liaison/ Acute geriatrics in the Assessment Unit

ECAS – Elderly Care Assessment Service – Week day, rapid access multidisciplinary clinic

CRT – Community Resource Team – Intermediate Care

Also posts in rehabilitation - FRAME – Focused Rehabilitation and Medical Evaluation and St David’s Hospital which has mixture of rehab, palliative care and continuing healthcare assessment.
Although you will have access to high quality geriatrics training it is essential to have GIM competence signed off for the majority of areas as the take is selected and you are not involved in CCU/HDU/ITU patient care.

**University Hospital Llandough**

UHL has a large geriatrics department with six trainee posts. The Geriatric Medicine section of Cardiff University is based in the hospital academic centre. There is a weekly geriatrics department meeting and monthly geriatrics/old age psychiatry interface meeting.

Specialty clinics include:

- Memory Clinic – Professor Bayer
- Bone Clinic – Dr Stone
- Heart Failure/Chronic Disease Management – Dr Sim
- ECAS – Elderly Care Assessment Service
- TIA/Stroke Rehab – Dr White/Dr Ahmed

Trainees in Cardiff & Vale can access specialty clinics at either the UHL or UHW sites. There is a selected medical take as there is no A&E department or acute surgery.

**Royal Gwent Hospital**

It is a busy DGH situated on the western edge of Newport Town Centre. The medical specialties include are gastroenterology, endocrinology, cardiology, haematology, respiratory and geriatric medicine. The medical take is unselected with offsite consultant cardiologist cover out of hours and a 24hour urgent endoscopy rota for GI bleeds. Out of hours CCU is covered by the medical registrar and there is lots of opportunity to complete your GIM procedures. You will get HDU/ITU experience in this post.

Subspecialty training include:

- Falls and Tilt testing
- Opportunity to do some PD clinics
- Stroke
- Acute geriatrics and rehabilitation
- Intermediate care
- Orthgeriatrics - Liaison

**Ysbyty Ystrad Fawr**
It's a local general hospital in Ystrad Mynach. Medical specialties include endocrinology and geriatric medicine. It runs a selected medical on take and has no HDU/ITU. There is also a nurse-led minor injury unit as there is no A/E.

Subspecialty training include:

- Falls and Bone Health
- Stroke rehabilitation
- Acute geriatrics and rehabilitation
- Intermediate care
- Palliative care
- Psychiatry of old age and dementia clinic
- Nurse led continence clinic

**Nevill Hall Hospital**

It is a district general hospital situated on the western outskirts of Abergavenny. Medical take is unselected with CCU, HDU and ITU experience. It is a 1:8 rota and there are lots of opportunity to complete your geriatric competencies.

Subspecialty experience include:

- Falls and Tilt testing
- Opportunity to do some PD clinics
- Stroke
- Acute geriatrics and rehabilitation
- Intermediate care

**Singleton Hospital**

A DGH located on the seafront in Swansea and adjacent to the Swansea University Campus (thus lots of teaching opportunities). The medical take comes mainly from Gps and occasional direct ambulance referrals thus tends to be much busier in the day and slightly quieter after midnight. There is a small medical HDU on site but level one support involves transfer of patients to Morriston Hospital.

The hospital is a good place to get core geriatrics experience and subspeciality representation includes orthogeriatrics, stroke rehabilitation, teaching, community geriatrics and acute geriatrics ward.

**Morriston Hospital**
Morriston is situated just off the M4 junction 45 and is the tertiary centre for many specialties including cardiology, renal medicine and plastics. The medical take is predominantly via A/E and all acute strokes in the locality attend Morriston. It has an excellent inclusive ITU (which is encouraging of medics gaining extra experience). Geriatric services are evolving across Singleton and Morriston sites with increased community liaison and acute geriatrics services.

**Princess of Wales Hospital, Bridgend**

The Princess of Wales Hospital at Bridgend is a district general hospital. The medical department runs an unselected medical take and includes specialties gastroenterology, chest medicine and cardiology. Working in the COTE department also includes opportunities to do work in orthogeriatrics and movement disorders. There is a community service and a Day Hospital which the trainee will have the opportunity to work in. Uniquely there is a shared care ward which is run between old age psychiatry and general geriatric medicine through which there are links to Community Dementia care – so there are opportunities to explore the old age psychiatry aspect of the curriculum. There is a stroke ward, although this is usually designated for the stroke (out of programme) trainee.

**Withybush hospital**

Withybush Hospital is a 311-bed district general hospital in Haverfordwest, Pembrokeshire, Wales. Situated in the heart of Pembrokeshire with spectacular coastline and great beaches. It is a friendly hospital with a small HDU/ITU, radiology department and CCU. The on calls are team based therefore you will mainly do your on-calls with your supervising consultant and will continue to manage your patients wherever they are in the hospital. The other medical specialties represented in the hospital include respiratory medicine, cardiology, gastroenterology and geriatric medicine. Stroke thrombolysis is run by the medical on call out of hours currently and during 9-5 hours assistance can be sought from an experienced staff grade and stroke CNS. There is an opportunity to work in memory clinic and in the movement disorder clinics as well as a strong focus on the general medical part of your curriculum.

**Prince Philip Hospital**

Prince Philip is a friendly district general hospital. There are ten Consultant physicians including three geriatricians. There is no acute surgery or A&E so all admissions to medicine are direct. There are no GI bleed admissions but otherwise a wide range of presentations. The medical registrar rota is one in nine, consequently the normal day ends at 16.15 to ensure EWTD compliance! Medical Teams continue to look after patients on CCU and HDU/ITU.

Geriatrics experience includes:

Multidisciplinary rapid access frailty clinic twice a week.

Community hospital – Amman Valley.

Acute Stroke Unit and Rehab Unit

TIA clinic

Parkinson’s Clinic.
Nutrition – Nutrition Team, monthly PEG assessment clinic run by gastroenterologist

Wound team – multidisciplinary wound team/podiatry/vascular clinics

There is a weekly geriatrics meeting, Medical Journal Club and Grand Round.

**General Information**

All registrars should have at least one session per week for supported professional activities to allow you to do audit, service development projects or work towards competencies that are not part of your day to day work such as going on attachments to other teams or specialist clinics.

If your next placement is distant from your base hospital you may be eligible for relocation expenses. A fund of up to £3700 per year during your registrar training is available. This can provide assistance for moving house, support rental near your new posting whilst retaining your base residence or assist with the cost of daily commuting. Up to date information is available on the Wales Deanery website.

If you do the ALS refresher before your ALS certificate expires you will save significantly on the cost and time required to keep this mandatory qualification. However the courses are few and far between so book ahead!

A management course is a mandatory training requirement for GIM and Geriatrics. Usually completed in your final year. There is an annual management course run by the anaesthetics department at UHW which is good value and specific to the welsh NHS. They welcome non Cardiff and Vale trainees. Access information via post grad. The BGS also hold an annual management course which is excellent for service development within geriatrics.

*Thanks to everyone who contributed to this document*