FPM Meeting Abstracts 2019

Speaker abstracts

1 OSLER AND THE FELLOWSHIP OF POSTGRADUATE MEDICINEDonald Singer. *President, FPM*

10.1136/postgradmedj-2019-FPM.1

Sir William Osler's legacy lives on through the Fellowship of Postgraduate Medicine (FPM). Osler was in 1911 founding President both of the Postgraduate Medical Association and on 1981 of the Inter-allied Fellowship of Medicine. These societies merged later in 1919, with Osler as President until his death at the end of that year. This joint organization was initially called the Fellowship of Medicine and Post-Graduate Medical Association and continues to this day as the Fellowship of Postgraduate Medicine. In the 1880s, in his role as medical leader in North America, Osler pioneered hospital residency programmes for junior trainee doctors. As Regius Professor of medicine in Oxford from 1905, Osler wished early postgraduate teaching in the UK, and in London in particular, to include access to 'the wealth of material at all the hospitals'. He also saw medical societies as important for providing reliable continuous medical develop for senior doctors.

Under Osler's leadership, the Fellowship of Medicine responded to demand for postgraduate civilian medical training after the First World War, supported by a general committee of 73 senior medical figures, with representatives from the British Army Medical Service, Medical Services of the Dominions of the United Kingdom, of America and of the British Colleges and major medical Schools. Some fifty general and specialist hospitals were initially affiliated with the Fellowship, which provided sustained support of postgraduate training well into the 1920s, including publication of a weekly bulletin of clinics, ward rounds, special lectures and organized training courses for men and women of all nationalities. In 1925, in response to expanding interest in postgraduate education, the Fellowship developed the bulletin into the Postgraduate Medical Journal, which continues as a monthly international publication. Stimulated by discussions at meetings of the FPM, through its Fellows, the FPM was influential in encouraging London and regional teaching hospitals to develop and maintain postgraduate training courses. The FPM and its Fellows also were important in supporting the creation of a purely postgraduate medical school, which was eventually founded at the Hammersmith Hospital in West London as the British, then Royal Postgraduate Medical School.

At the end of the Second World War, there was a major development in provision of postgraduate medical education with the founding in 1945 of the British Postgraduate Medical Federation, which was supported by government, the University Grants Committee and the universities. There was also a marked post-war increase in general provision of postgraduate training at individual hospitals and within the medical Royal Colleges. Postgraduate Centres were established at many hospitals.

Nonetheless the FPM continued some involvement in postgraduate courses until 1975. Since then the FPM has maintained a national and international role in postgraduate education through its journals, the Postgraduate Medical

Journal and Health Policy and Technology (founded in 2012) and by affiliations with other organisations and institutes.

Osler was an avid supporter of engagement between medicine and the humanities, chiding humanists for ignorance of modern science and fellow scientists for neglecting the humanities. The FPM has over much of the past decade supported this theme of Osler by being a major patron of the Hippocrates Prize for Poetry and Medicine, which has achieved significant international interest, with over 10,000 entries from over 70 countries.

2 ADVANCES IN ORAL AND INSULIN TREATMENTS FOR DIABETES

Tahseen A Chowdhury.

10.1136/postgradmedj-2019-FPM.2

Prevalence of type 2 diabetes is rising worldwide, and adding significant burdens of morbidity, mortality and financial costs to healthcare systems worldwide. Whilst cardiovascular risk reduction is central to diabetes management, improved glycaemic control remains an important aim of management, in order to reduce the risk of microvascular complications.

In this presentation, I hope to remind the audience why diabetes is such an important condition, to review the evidence behind tight glucose control, and to assess the options and evidence behind newer oral and injectable therapies in the management of glucose in type 2 diabetes. I will also discuss recent studies concerning the prevention and remission of type 2 diabetes.

Finally, I hope to highlight the huge potential value of new technology in the management of Type 1 diabetes, which is set to change the treatment of this condition completely in the next few years.

3 ADVANCES IN TREATING HEART FAILURE

^{1,2}Martin Cowie. ¹Professor of Cardiology, Imperial College and the Royal; ²Brompton and Harefield NHS Foundation Trust

10.1136/postgradmedj-2019-FPM.3

The average age of a person with a new diagnosis of heart failure in the UK is now 80, and such a person is as likely to be female as male, to have 5–6 co-morbidities, and to be frail.¹ Delivering appropriate care is a challenge, particularly where the evidence from clinical trials may be in patients who are typically 20 years younger and with less complex medical and social needs. Increased awareness of the need for a more holistic approach, with shared decision making, and advance care planning, is improving the experience and outcome of care, but there is marked variation across the NHS.^{2,3}

This talk will briefly summarise some of the recent advances in treating heart failure – particularly for those with systolic impairment of the left ventricle, and for those with valve disease. Mechanical circulatory support has improved greatly in recent years but is only ever an option for a tiny minority of patients. Treatment of co-morbidities, such as atrial fibrillation and diabetes, have also improved the outcome for those with heart failure. Despite much effort, cellular and genetic

therapies remain a distant prospect. Digital approaches to care, and self-management, show considerable promise but integrating such approaches into a traditional healthcare system has proven challenging.

The prognosis of heart failure has improved dramatically for many patients over the past 30 years –but the residual risk of mortality and urgent hospitalisation means that there is much work to be done.

REFERENCES

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2. Chronic heart failure in adults: diagnosis and management (NG106). National Institute for Health and Care Excellence, September 2018. Available at: <https://www.nice.org.uk/guidance/ng106>
3. Failure to Function: a review of the care received by patients who died in hospital following an admission with acute heart failure. National Confidential Enquiry into Perioperative Deaths, November 2019. Available at: <https://www.ncepod.org.uk/2018report2/AHF%20full%20report.pdf>

4 ADVANCES IN PALLIATIVE CARE

Ros Taylor. *Former Clinical Director at Hospice UK*

10.1136/postgradmedj-2019-FPM.4

Palliative care is at a pivotal point in its trajectory. For the last 50 years there has been a focus on service development for the new specialty, the safer use of opioids and obtaining the evidence that palliative care makes a difference, the earlier the better.

However the next 50 years will be a massive challenge, but also an opportunity. There will be a shortage of all physicians, not just palliative physicians and this is a perfect storm with our increased longevity, frailty and comorbidities.

The lecture will focus on potential solutions, drawing on global innovation and imagination. Having braver conversations about the future is all very well but we also need practical options to improve the care of dying people in all settings not just five-star hospices, and we need to be less risk-averse about supporting patient and family goals of care in a culture dominated by compliance rather than comfort and care!

5 NEW GUIDELINES FOR MANAGING TUBERCULOSIS

Paul Nunn. *Director, Global Infectious Diseases Consulting Ltd*

10.1136/postgradmedj-2019-FPM.5

In 2018, tuberculosis (TB) was still among the top 10 leading causes of death, and the leading infectious agent, above HIV/AIDS. An estimated 10 million cases occurred in 2018, with 1.2 million deaths in people uninfected with HIV, and another 250,000 cases of HIV-associated TB. Among all TB cases, 8–6% were HIV infected; 57% were men, 32% women and 11% children (<15 years). About 500,000 cases of rifampicin resistant RR-TB also occurred. Between 2000 and 2018 TB incidence fell on average about 1.6% annually, and 2% between 2017 and 2018. The new global control targets will be presented and recent changes to guidelines positioned in this new scenario.

Guidelines for TB management from the UK, US and WHO were reviewed for recent changes. NICE's 2016

guidance not to screen contacts of non-pulmonary TB met with widespread criticism, but has recently been supported by a cost-effectiveness analysis. A 2019 meta-analysis of the seminal 2014 studies, OFLOTUB, ReMOX and RIFAQUIN trials showed that while none of those trials showed non-inferiority of a four month fluoroquinolone-containing regimen in all patients, those with low smear grade or no cavitation may be treated with 4-month rifampicin containing regimens. ATS/CDC/IDSA guidelines reflect this, but had not been accepted in the UK by October 2019. WHO has recently recommended the use of new agents in the treatment of rifampicin and multi-drug resistant TB. The rapidly-evolving picture of treatment recommendations for MDR-TB will be explained.

6 TRANSLATING GENOMICS FOR CLINICAL BENEFIT

^{1,2}Mark Caulfield. ¹Chief Executive and Chief Scientific Officer, Genomics UK; ²Co-Director and Professor of Clinical Pharmacology, William Harvey Research Institute, Barts and the London

10.1136/postgradmedj-2019-FPM.6

The UK 100,000 Genomes Project has focussed on transforming genomic medicine in the National Health Service using whole genome sequencing in rare disease, cancer and infection. Genomics England partnering with the NHS established 13 Genomic Medicine Centres, the NHS whole genome sequencing centre and the Genomics England Clinical Interpretation Partnership (3337 researchers from 24 countries). We sequenced the 100,000th genome on the 5th December 2019 and completed an initial analysis for participants in July 2019. Alongside these genomes we have assembled a longitudinal life course dataset for research and diagnosis including 2.6 billion clinical data points for the 3000 plus researchers to work on to drive up the value of the genomes for direct healthcare. In parallel we have partnered the NHS to establish one of the world's most advanced Genomic Medicine Service where we re-evaluated 300,000 genomic tests and upgraded 25% of tests to newer technologies with an annual review. The Department of Health have announced the ambition to undertake 5 million genome analyses over the next 5 years focused on new areas tractable to health gain.

Poster presenter abstracts

7 ASSESSING MELANOMA BRAF STATUS THROUGH DDPCR OF CFDNA

Lauren Passy, Shobha Silva, Ian Brock, Greg Wells, Angela Cox, Sarah Danson. *University of Sheffield*

10.1136/postgradmedj-2019-FPM.7

Introduction Treatment of recurrent and metastatic melanoma has been revolutionised by targeted therapy. Inhibitors of mutant BRAF are a systemic treatment offered for patients with stage III/IV melanoma who are known to carry a mutation in BRAF. Currently patients' BRAF mutation status is assessed through molecular analysis of tissue specimens.

Cell-free DNA (cfDNA) released from tumours can be used to non-invasively detect active disease and predict survival in