

Rheumatology Training Opportunities in UK



Dr S Venkatachalam

Consultant Rheumatologist,
Cannock, UK

Vice Chair Rheumatology
Speciality Advisory Committee,
UK

Chair Rheumatology Speciality
Training Committee, West
Midlands, UK

Outline

WHY do we need training in UK?

WHAT are the training opportunities?

WHAT are the benefits of UK training?

HOW do we go about the process?

Background

Rheumatology training in India -
Limited opportunities

30 places for 1.3 billion population

DM (22), DNB (8) - MCI recognised

Highly competitive

Gradually increasing - Fellowships and
certificate courses

Increasing demand for Rheumatology
services

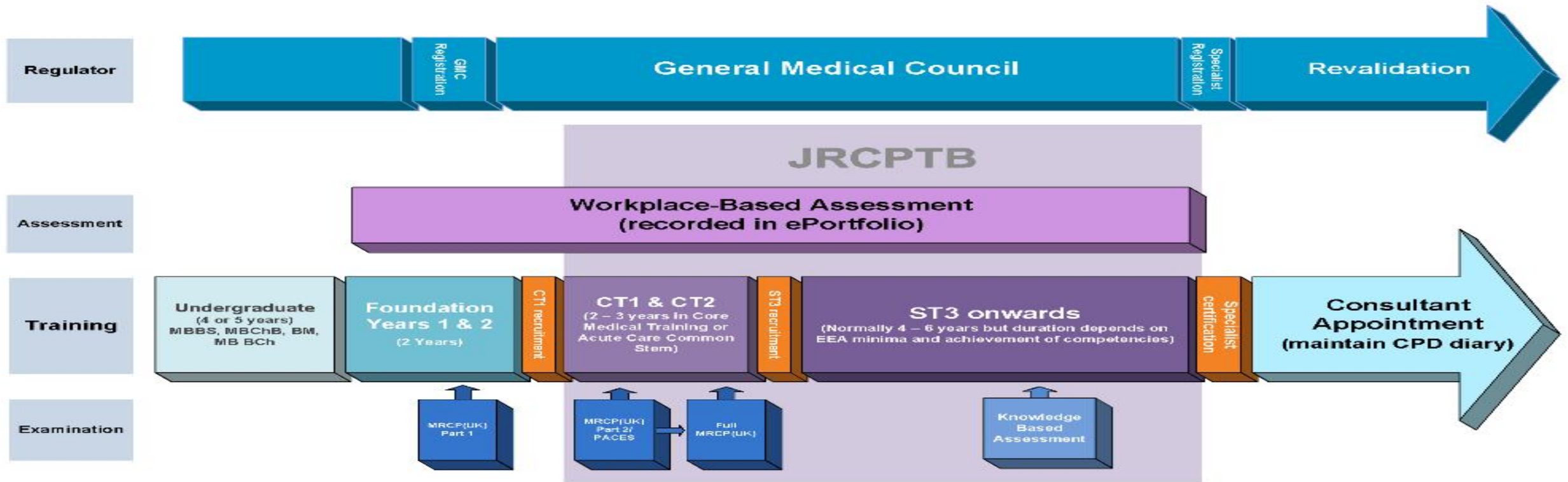
Background

- Rheumatologists 0.7 - 3.5 /100,000 population - varies depending on the burden of musculoskeletal disease & case mix
- UK < 1.0/100,000 - aspiration 1 Rheumatologist /86,000 population
- UK National audit of RA standard of care better if more Rheumatologists/100,000 population
- India < 1 Rheumatologist /million (0.1 /100,000)

Disruptive Innovation

- UBER - no fleet, no staff
- Air B&B - no properties
- Deliveroo - no kitchens
- Think outside the box!
- Expand the pool of Rheumatology practitioners - Internists, Allied Health Professionals - Nurse Specialists, Physiotherapists
- Core Rheumatology Skills
- Online training or Distance Learning

Training Pathway



UK Medical Training Timeline

UK - Rheumatology

- District General Hospitals (DGH) have Rheumatology Departments with at least 2 Rheumatologists, Nurse Specialist, Physio & Occupational therapist
- Predominantly Outpatient or Day cases
- Research- University hospitals & sub-regional centres
- Nationally funded Health Service - free at the point of care
- Universal coverage

UK - Rheumatology

- BSR & National Institute of Health & Clinical Excellence - Guidelines on Disease management, high cost drugs - technology appraisal
- Major role of allied health professionals in patient management
- Multidisciplinary team (MDT) approach
- Disease specific clinics - Early RA, CTD, PsA, spondyloarthritis
- Paediatric Rheumatology
- Osteoporosis

UK Rheumatology training Scenario

- Integrated Rheumatology & Internal Medicine - 5 year Training Programmes - 270 trainees (Less than full time - 20%)
- 870 consultants (30% LTFT) - 60 million population
- Flexible training -Gaps in training places
- Out of Programme for Research
- Out of Programme Career Break (maternity leave)
- Plenty of Training Opportunities with clinical material and educational supervision

UK Rheumatology training

- Structured training programme
- Curriculum of capabilities/competences in practice
- E-Portfolio for documenting training
- Workplace-based assessments -
 - mini CEX - Clinical examination,
 - CBD - case based discussion
 - DOPS -Directly Observed Procedural Skills
 - MSF -Multisource feedback

UK Rheumatology training

- Accredited Educational and Clinical supervisors
- Time for your personal development
- Log book for procedures
- Simulation training - Human factor training
- Role play, ethical scenarios
- Mortality & Morbidity audit
- Quality assurance
- Peer Review

UK training

Long term training
opportunities

Short term training
opportunities

Long-term training opportunities

- Medical training initiative (MTI) Programme
- Royal College of Physicians, London
- Opportunity to get experience for 6 months to 2 years
- GMC registration- RCP offers sponsorship
- Access to e-portfolio - evidence of training can be recorded
- Opportunity to complete Masters level programme in Clinical medicine
- Opportunity to participate in various RCP training programme

MTI - International fellow

- Induction - to NHS practice 4-6 weeks observer
- study leave budget for CPD to attend various meetings
- Regular training day for the trainees once a month
- Departmental educational meetings
- 3-4 Outpatient clinics/week
- 6 new patients or 12 Follow up patients in each clinic
- Time to discuss patients with the consultant

MTI - International fellow

- Rota for inpatient referrals
- Rheumatology day cases - infusions, procedures
- Research time - to work on a project
- Involvement in Clinical Trials - Good Clinical Practice training, Assessment, Consent

Other training opportunities

- BSR conference - Spring & Autumn
- BSR led training courses- e.g. Myositis Masterclass
Core Course, Advanced Course, MSKUS course
- Regional meetings
- Educational meetings organised by various disease organizations
(National Osteoporosis Society)
- Regional training days - once a month

MTI eligibility criteria

- MBBS recognised by the GMC (General Medical Council)
- PG qualification - MRCP(UK) part 1, MD or equivalent
- at least 3 years of full-time PG training (1 year's internship and at least 1 year in the specialty)
- in clinical practice for 3 out of the last 5 years including the last year prior to GMC registration
- no gaps in employment - remain in clinical practice during the application process
- the skills, competencies and understanding of medicine - equivalent to a UK trainee finishing Core Medical Training

IELTS - Academic

- International English Language Testing System (IELTS) examination
- Listening, Reading, Writing, Speaking
- minimum overall score of 7.5
- minimum scores of 7.0 in all categories
- obtained in one sitting
- valid for 2 years
- Monthly slots available at centres all over India
- British Council or IDP
- ieltsidpindia.com
- <https://www.britishcouncil.in/exam/ielts>

Other Requirements - CGS

- certificate of good standing (CGS) from the State Medical Council (where you have practised in the last 5 years) and MCI
- Confirms the following:
- You are authorised to practise medicine in the relevant country
- You have not at any stage been disqualified, suspended or prohibited from practising medicine
- The regulatory authority is not aware of any matters that raise doubts about your good standing
- The CGS must be no more than 3 months old when you submit it and when you register at the GMC

Requirements for MTI

- All relevant certificates in English mentioning full name (important for GMC registration)
- No objection letter from your current institute confirming that you will be employed back.
- Two referees who endorse your training
- RCP contacts them independently before giving you the certificate of sponsorship

Requirements for MTI

- Approximately around £1000 (Rs 84,000) are needed for the whole process
- Duration for process about 3-6 months once you have the IELTS score
- Visa Fees is extra and will take another 3-4 weeks
- Pay - Registrar scale commensurate with experience £3000/month after tax - more than adequate to support living costs of a family

MMed Programme

- Edge Hill University
- Structured Programme
- Research opportunities
- Weekend teaching on Research module, Critical appraisal, Clinical topics
- Need to complete a project
- 2 year with an additional year for Research
- Work permit
- Cost £12,500/ year for 2 years (less expensive than some DM programmes)
- Pay at Reg scale commensurate with experience £3000/month



edgehill.ac.uk



Study With Us

[Undergraduate Courses](#)

[Postgraduate Courses](#)

[Why Study At Edge Hill?](#)

[Visit Us](#)

[How to Apply](#)

[Campus and Facilities](#)

[Accommodation](#)

[Money Matters](#)

[Student Experience](#)

[North West England](#)

[Guide for Parents](#)

MMed Medicine

Overview

Course In Depth

Modules

En

Careers and Employability

Finance

Apply

Rela

Overview

Course Length: 2-3 Years Part-Time

Start Dates: September 2018

DOWNLOAD COURSE LEAFLET

First Name

Last Name

Overview

Course Length: 2-3 Years Part-Time

Start Dates: September 2018

Department: Faculty of Health and Social Care

Location:

DOWNLOAD COURSE LEAFLET

First Name

Last Name

Email Address

Year of entry

Careers and Employability

Finance

Apply

Related Courses

Modules

Expand All

HEA4065 Clinical Research Part 1: Critical Appraisal (30 credits)

HEA4066 Clinical Research Part 2: Developing a Research Proposal (30 credits)

HEA4067 Evidence Based Clinical Practice (20 credits)

HEA4081 Dissertation for Health and Social Care Professionals (60 credits)

HEA4194 Biomedical Sciences (20 credits)

You will study the following additional module on the generic MMed Medicine pathway. We will discuss the options for the subspeciality that will form the focus of this module with you at interview.

HEA4034 Negotiated Learning Shell (20 credits)

You will study the following additional module on the Cardiology pathway:

HEA4188 Evidence Based Practice in Cardiology (20 credits)

You will study the following additional module on the Elderly Medicine pathway:

Paediatric Rheumatology -UK

- Not enough Paediatric Rheumatologists!
- Only in the last 15-20 years Paediatric Rheumatology has expanded out of London & Birmingham.
- Paediatric trainees at the end of specialist training take up dedicated Paediatric Rheumatology Grid posts - 2 years
- Paediatrician with special interest in Paediatric Rheumatology - 1 year training

Institutional Links

- Bristol Children's Hospital - Prof A V Ramanan & PGI Chandigarh - DM Paediatric Rheumatology Programme
- Paediatric musculoskeletal matters (PMM) - an online evidence based information resource for paediatric musculoskeletal medicine
- Pmmonline.org - Newcastle University

This website used cookies to give you the best experience. By continuing to use this website you are consenting to cookies being used. You can delete and block cookies from within your browsers settings. For more information please refer to our [privacy and cookie policy](#) page.

[Continue >](#)



Search site

Doctors & Clinicians ▼
Nurses & Student
Nurses

[Help](#)

[log in/register >](#)

[Approach to Clinical Assessment](#) ▼

[Investigation & Management](#) ▼

[Limping Child](#) ▼

[Pain by Site](#) ▼

[Swollen Joint\(s\)](#) ▼

[Resources](#)



Understand | diagnose | change

Whether you are looking to learn more about paediatric musculoskeletal problems, or are involved in the care of children, then pmm and pmm-nursing will help you change your clinical practice for the better

[find out more about us >](#)

Training for Allied Health Professionals

- ASPIRE course -Rheumatology modules for Nurses- Keele University
- MSc in Rheumatology Nursing
- Prescribers Course for Nurses

- British Society for Health Professionals in Rheumatology - BHPR

- British Association for Paediatric and Adolescent Rheumatology - BSPAR - Modules for Nurses

Travelling Fellowships

- APLAR - 6 months \$2000/month
- Indo-UK Rheumatology Travelling Fellowship £1250/ 6 weeks
- IRA- BSR - UK Exchange Fellowship (Rs 1,00,000)/ 2-4 weeks
- Application & Interview

IRA-BSR Fellows exchange program

- IRA in collaboration with the BSR - bursary of £1,200 (maximum Rs 1 lakh) for senior trainees in adult or paediatric rheumatology to spend a 2 - 4 weeks at a centre of excellence in Rheumatology
- a unique experience of observing the practice of rheumatology in Britain for a period of 2-4 weeks
- Candidates will have to be IRA member either enrolled or within five years of their training.
- summary CV and a statement of not more than 250 words in support of their application
- identify two areas/institutions

Faculty Development

- Training the Trainers
- Educational Supervision
- Mentoring
- Assessment
- Curriculum
- Supporting trainees in difficulty

Assessment - I

- Annual Review of Competence Progression
- Educational Supervisor Report
- Multi Consultant Report
- Minimum Work place based assessments
- Summative vs Formative

ARCP Decision Aid

jrcptb.org.uk

Rheumatology ARCP Decision Aid – November 2014

The table that follows includes a column for each training year which documents the targets that have to be achieved for a satisfactory ARCP outcome at the end of the training year. This document replaces previous versions from November 2014.

Assessment / Evidence	ARCP year 3 (End of ST3)	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5 = PYA)	ARCP year 6 (End of ST6 = CCT)
Expected competence	Trainees should be competent in the initial assessment of patients presenting with a common rheumatological problem. They should be competent in the management of a patient presenting with an acute "hot" joint. Trainees must demonstrate appropriate professional behaviours throughout	Trainees should be competent in the assessment of patients presenting with any of the common rheumatological conditions. Trainees should be competent in the assessment and management of all common rheumatological emergencies. Trainees must demonstrate appropriate professional behaviours throughout	Trainees should be autonomously competent in the assessment and management of patients presenting with all common rheumatological conditions. Trainees must demonstrate appropriate professional behaviours throughout	Trainees should be autonomously competent in the assessment and management of patients presenting with all core rheumatological conditions – ie, those that are common but also those that a non sub-specialised rheumatologist would expect to see in a typical year's practice. Trainees must demonstrate appropriate professional behaviours throughout
Rheumatology Specialty Clinical Examination		Opportunity to attempt at this stage	Must have attempted	Must have passed to obtain CCT
MSF	Satisfactory	Satisfactory	Satisfactory	Satisfactory
DOPS	Have demonstrated competence by DOPS in 2 core techniques	Have demonstrated competence by DOPS in 3 further core techniques	Have demonstrated competence by DOPS in 3 further core techniques (+/- specialist techniques)	Competence should have been demonstrated in the full spectrum of core techniques, covering all types of core injection, but not necessarily every site.
Patient Survey		Satisfactory*	Satisfactory*	
ALS	Must have valid ALS	Must have valid ALS	Must have valid ALS	Must have valid ALS

Assessment / Evidence	ARCP year 3 (End of ST3)	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5 = PYA)	ARCP year 6 (End of ST6 = CCT)
SLEs: mini-CEX	4 mini-CEX where the emphasis is on history/exam in common conditions - 1 mini-CEX or CBD must be on acute hot joint.	4 mini-CEX where the emphasis is on the assessment and management of patients with common rheumatological conditions	4 mini-CEX on the assessment and management of patients with common conditions and patients with more complex rheumatological conditions	4 mini-CEX on the assessment and management of patients with all core rheumatological conditions, with the emphasis on complex conditions
SLEs: CbD	4 CBD where the emphasis is on history/exam in common conditions - 1 CbD or mini-CEX must be on acute hot joint	4 CbD where the emphasis is on the assessment and management of patients with common rheumatological conditions	4 CbD on the assessment and management of patients with common conditions and patients with more complex rheumatological conditions	4 CbDs on the assessment and management of patients with all core rheumatological conditions, with the emphasis on complex conditions
Supervised learning events (SLEs) should be performed proportionately throughout each training year by a number of different assessors and should include structured feedback and actions plans to aid the trainees' personal development				
Audit		Evidence of participation in an audit. Indicative evidence would include an audit proposal, audit report, evidence of involvement in the design and/or implementation of an audit.	Evidence of completion of an audit – with major involvement in design, implementation, analysis and presentation of results and recommendations. Such evidence may be publication or presentation at formal meetings. Evidence may also include audit assessment tool.	Satisfactory portfolio of audit involvement,
Research		Evidence of critical thinking around relevant clinical questions. Such evidence might be via a formal research proposal, formal written work, participation within an existing research group.	Evidence of developing research awareness and competence – participation in research studies, completion of "Good Clinical Practice" module, critical reviews, presentation at relevant research meetings or participation in (assessed) courses.	Satisfactory academic portfolio with evidence of research awareness and competence. Evidence might include a completed study with presentations/publication, a completed higher degree with research component (e.g. Masters) or a research degree (MD or PhD). Trainees should have completed a recognised

Assessment - II

- Multisource (360 degree) Feedback
 - Patient Survey
 - Quality improvement / Audit
 - Teaching feedback
-
- Speciality Certificate Examination - MCQs - 2 papers - 120 questions each

Other Routes to train in UK

- Eligible for GMC Registration - MRCP (UK) or PLAB
- National Recruitment for Higher Specialist Training in Rheumatology - 5 year dual programme with Internal Medicine - Round 2 in Sept
- Rotate through 3-5 different training centres in a region
- Work permit - Limited opportunity

Research Fellowships

- Academic trainees
- MD (Research)/PhD
- Basic science with some clinical exposure

- Work Permit

Benefits of UK training

- Additional opportunity - at least 10 MTI and 2 M Med seats yearly
- Broadens the horizon
- Share best practice
- Mutually beneficial
- Travel
- Cultural exchange

Useful links

- MMed Rheumatology - Edge Hill University (Course Director - Dr Gladstone Chelliah) www.edgehill.ac.uk
- MTI - RCP London <https://www.rcplondon.ac.uk/education-practice/advice/medical-training-initiative>
- AoMRC - Academy of medical Royal colleges www.aomrc.org.uk/medical-training-initiative/
- JRCPTB <https://www.jrcptb.org.uk/>
- GMC - <https://www.gmc-uk.org/>
- UK Home Office - visa

Summary

- We need training in UK
- The training opportunities
- Benefits of UK training
- The process

Conclusion

- UK has many training opportunities for budding Indian Rheumatologists
- Plan ahead to succeed
- Seek information about the process
- S.Venkatachalam@nhs.net

THANK YOU

