



Hello and welcome back to another exciting edition of The Murmur!

The Summer 2024 edition brings together a variety of unique and captivating articles, written by some of our very own wonderful trainees. A running theme within this summer's Murmur includes 'The Portfolio GP', and we hear about the activities our trainees have been involved in outside the world of Barnet VTS.

We also say 'Adios' to our ST3s who are graduating this summer (and beyond for the LTFT) and wish them the very best of luck in the future careers!

We hope you enjoy it, and have a lovely remainder of the summer! (Here's to praying for some actual sunshine...)



*'Hydrangea with a visiting bee'*

*Photo credit: Mike Wyndham*

Avi Korman & Simon McKenzie  
Editors, The Murmur

# 'The Portfolio GP'

## 'Oh, So You're the Team Physio...'

*Written by Albert Koomson*

So what is SEM and why these days does it seem like the world and it's wife are interested in it? Sports and Exercise Medicine is a specialty which focuses on the diagnosis and management of sport and musculoskeletal injuries. It also involves using exercise and physical activity to prevent and manage a variety of chronic medical conditions. This means your patient population is vast and can be anyone from professional athletes to weekend-warriors to patients diagnosed with cancer.

SEM can be broken down into 3 main domains:

- Musculoskeletal (MSK)
- Team care
- Exercise medicine

Many SEM doctors tend to hone in on one or two of the domains but depending on your interests you may try and juggle all three.

GPs have a few ways of entering the specialty. One way is via the relatively new dedicated 4-year specialty training scheme (ST4-ST8). However, places across the country are scarce making it incredibly oversubscribed. Another option involves gathering necessary supervised experience and qualifications to eventually be able to demonstrate having a special interest in SEM and becoming a GP with an Extended Role.

I am currently doing a distance part-time masters in SEM which has enhanced my knowledge and ability to manage common MSK conditions including those we see in primary care. I am developing a greater understanding of the benefits physical activity can have on the population and contribute to the management of patients with long term conditions. Finally, it has also given me the opportunity to gain experience by volunteering in big sporting events like the London Marathon and also shadow SEM consultants in their swanky Central London MSK clinics.

Overall, pursuing a GP career which involves SEM made a lot of sense to me based on my personal sporting background and lifelong interests in sports and exercise. It is a wide and dynamic field which has the potential to shape and improve the overall health of professional athletes and the general population.

*(Editors Note: If you're interested in pursuing something similar, feel free to contact us or Albert in person)*



## Aesthetics by Doctors

*Written by Thuls Manivannan*

Whilst I was on psych liaison at Barnet, my registrar did a career planning session with me and I quickly realised that the job fulfilment of my future was looking very bleak. I enjoyed medicine however did not enjoy working in the current system as I felt it did not cater to the variety I wanted in life.

I decided I had to do something about it sooner rather than later and started looking into careers outside of medicine. This is where I came across aesthetics as a career.

I did some research and joined a course where I learnt procedures such as botox and fillers. I set up my business 'Aesthetics by Doctors' which was a challenge in itself and learnt marketing techniques, using Instagram and Tiktok as my main marketing platforms.

It's early days but I now have a few clients and I am really enjoying it. It's something very different to being a GP and I am learning a lot of new skills. It breaks up my week and is a breath of fresh air from the intensity of the NHS. I hope to continue building this as a career, learning new skills and broadening the company for the future.

## Junior Doctors on Strike

*Written by Malinga Ratwatte*

In England, resident doctors, including GP registrars, have been engaged in ongoing strike action throughout 2023 and into 2024, over a dispute regarding pay and working conditions. The British Medical Association (BMA) has been at the forefront, advocating for a significant pay increase to offset a 26% real-terms reduction in pay over the past decade and a half. The BMA secured a third 6-month mandate for industrial action in England in March 2024. Talks with the government were seemingly moving in a positive direction until a surprise announcement of a general election made on 22nd May 2024 by the Prime Minister. The ensuing 'purdah' period of pre-election sensitivity precluded any deal from being reached.



The discontent has resulted in 11 rounds of strikes in England so far, including the longest walkout in NHS history. The BMA continues with its strategic plan to keep healthcare issues in the spotlight. The BMA has called for a public commitment to full pay restoration and expressed willingness to work with any future government to resolve the pay dispute, emphasising that resident doctors' demands must be addressed in order to prevent further industrial action.

*(Editors Note: A fluid situation has moved swiftly on since the new Labour government was voted in. Further strikes are now on hold pending further talks)*

## Reviews

### 'Nye'

*Written by Simon McKenzie*

'Nye', a recent production at the National Theatre, explores the life and legacy of Aneurin 'Nye' Bevan, the Welsh politician instrumental in founding the NHS. It explores his journey from childhood and early mining days to his political battles in Parliament, including confrontations with Winston Churchill. The narrative is framed through Bevan's memories as he drifts between past and present while being treated in hospital.

The staging and movement direction are typical of National Theatre, using ensemble-based, stylised methods to transition between scenes and add interest to the visuals. One particular scene included patients being held by the covers in their hospital beds while the bed frames were tipped on their sides.

The story is a compelling portrayal of a man who left an enduring mark on British society. The blend of historical drama and innovative theatre ensures a fitting tribute to Bevan's legacy; in the opening scene, a scared post-op Bevan is wheeled through the Nightingale Ward and he looks around comforted: 'Look at what we built!' Although no longer live at the National, performances are ongoing at NT live cinema screens.



## Knowledge Corner

### AKT Question

*Written by Avi Korman*

A 68-year-old man has heart failure and is treated with bisoprolol 10 mg and lisinopril 10 mg daily. He is struggling with a persistent dry cough and requests a change of treatment.

According to the National Institute for Health and Care Excellence (NICE) guidelines, which is the SINGLE MOST appropriate drug to switch this patient to INSTEAD of lisinopril? Select ONE option only.

- 1) Captopril
- 2) Candesartan
- 3) Nicorandil
- 4) Amlodipine
- 5) Spironolactone

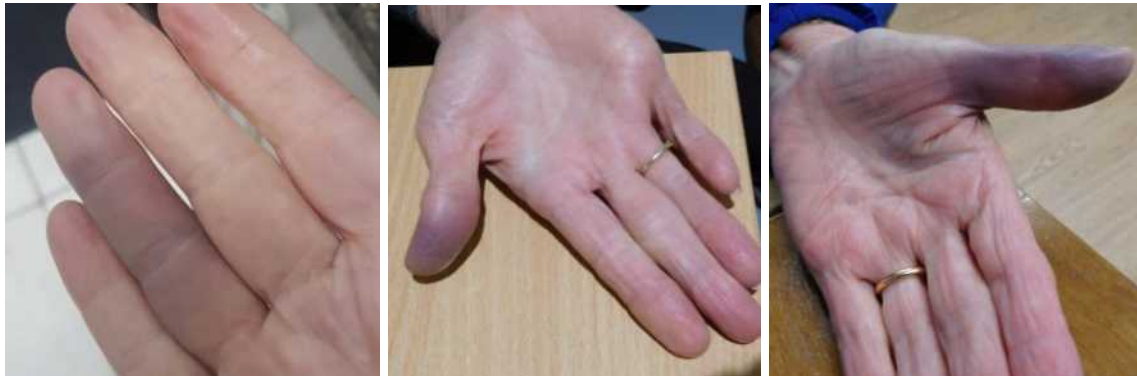
*(see later in the edition for answer, explanation and references)*

## Achenbach Syndrome – Knowledge Bite

*Written by Sinan Malley*

I was recently flicking through a pile of back issues of the BMJ (said nobody ever) when I stumbled across a case of unusual bruising presented in the Minerva section<sup>1</sup>.

The case related to a woman in her late 30s who presented with a short history of spontaneous bruising of both hands, progressing to purpura, swelling, and mild pain. All investigations including FBC, clotting screen, autoantibody screen, and ultrasound doppler were normal. The patient was ultimately diagnosed with **Achenbach syndrome**.



*Images above from PCDS website<sup>2</sup> used for teaching purposes*

**Achenbach syndrome** (also known as paroxysmal finger haematoma) is a benign, self-limiting condition that can affect palms, fingers, and toes (occasionally)<sup>2</sup>. The subcutaneous bruising is probably related to fragility of capillaries or a small vein in the palmar skin. There may be a history of preceding minor trauma.

It usually presents with acute onset of pain progressing (within minutes-to-hours) to blue-purple discolouration<sup>3</sup>. Other presentations include swelling, itching, burning, or numbness. Examination reveals normal pulses, skin perfusion, and skin temperature.

It is not associated with drugs, bleeding disorders, or rheumatological conditions. Moreover, Achenbach syndrome is diagnosed clinically based on suggestive history and examination<sup>3</sup>. Differential diagnoses may include Raynaud's phenomenon, acute limb ischaemia, microemboli, chilblains, and acrocyanosis<sup>1</sup>.

There is no specific treatment. The condition resolves spontaneously within 3-6 days, without going through the colour changes usually seen with a resolving bruise<sup>2</sup>.

There are no associated long-term sequelae, although some patients experience recurrent episodes<sup>3</sup>.

### References

1. BMJ 2024;385:e079018
2. <https://www.pcds.org.uk/clinical-guidance/achenbach-syndrome#:~:text=Achenbach%20syndrome%20is%20a%20self,associated%20with%20serious%20underlying%20conditions.>
3. <https://dermnetz.org/topics/achenbach-syndrome>



## AKT Answer

The correct answer is candesartan.

### Explanation

According to NICE guidelines, patients with Heart Failure with Reduced Ejection Fraction (HFrEF) (EF >50%) who are intolerant of an ACE should be switched to an ARB.

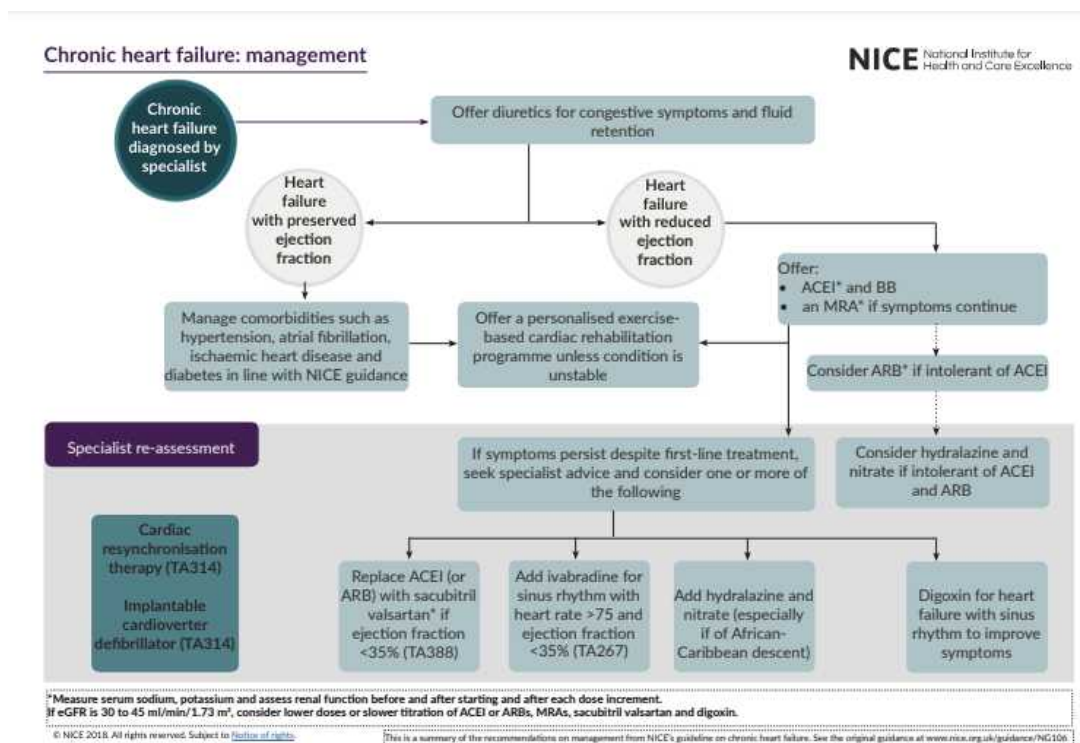
Candesartan, losartan and valsartan are all licensed for the first-line treatment of heart failure if an ACE inhibitor is unsuitable or not tolerated. Neither telmisartan nor olmesartan are currently licensed for treatment of patients with heart failure.

MRA such as Spironolactone can be considered if remaining symptomatic.

It should be noted that many cardiology societies including AHA talk about the 4 pillars of treatment in chronic heart failure, 1) ACE/ARB 2) B-blocker 3) Spironolactone / Eplerenone 4) SGLT-2 (Dapagliflozin/Empagliflozin) and would initiate all 4 medications.

Patients diagnosed with Heart Failure with Preserved Ejection Fraction (HFpEF) (HF <40%) should have cardiac risk factors managed.

As an extra, remember that 25% of patients admitted to hospital due to chronic heart failure will die within 1 year! Advanced Care Planning (ACP) conversations should be a routine part of the subsequent consultations.



## Key Dates

VTS dates to be aware of

**Thursday 15<sup>th</sup> August 2024** – VTS welcome session for all new ST1s + mentors

**Thursday 22<sup>nd</sup> August 2024** – First teaching session for all VTS trainees

**Thursday 12<sup>th</sup> – Friday 13<sup>th</sup> September** – VTS residential away days

AKT dates 2024

	Reservations close	Booking period	AKT test date	Results published* (all 17:00 hours)
<b>AKT October 2024</b>	1 September 2024 (reservations close 23:59)	11 - 13 September 2024	30 October 2024	28 November 2024

SCA dates 2024-25

	Reservations close	Booking period	SCA test date	Results published* (all 17:00 hours)
<b>SCA October 2024</b>	4 August 2024	12 - 16 August 2024	8 - 11 October 2024	12 November 2024
<b>SCA November 2024</b>	1 September 2024	9 - 13 September 2024	5 - 8 November 2024	10 December 2024
<b>SCA January 2025</b>	3 November 2024	11 - 17 November 2024	7 - 10 January 2025	11 February 2025
<b>SCA February 2025</b>	1 December 2024	9 - 14 December 2024	4 - 7 February 2025	11 March 2025
<b>SCA March 2025</b>	5 January 2025	13 - 19 January 2025	4 - 7 March 2025	8 April 2025
<b>SCA April 2025</b>	2 February 2025	10 - 16 February 2025	1 - 4 April 2025	13 May 2025
<b>SCA May 2025</b>	2 March 2025	10 - 16 March 2025	6 - 9 May 2025	10 June 2025
<b>SCA June 2025</b>	6 April 2025	14 - 20 April 2025	3 - 6 June 2025	8 July 2025

Thank you for reading this edition of The Murmur.

We wish you a lovely remainder of summer, and looking forward to seeing everyone again in the new academic year!