



Royal College of Physicians and Surgeons of Glasgow

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# Annual Review 2009/10



# Contents

## CONTENTS

President's Review .....	2
Looking Back, Going Forward .....	5
Chief Operating Officer .....	
Registrar's Review .....	6
Treasurer's Report .....	8

## COLLEGE UNITS

Delivering Excellence .....	10
Education and Professional Development .....	
Setting Standards .....	12
Examinations and Assessment .....	
Quality Services .....	14
Membership Services .....	

## SPECIAL FOCUS

Changing Lives .....	21
----------------------	----

## SUPPORTING DISCIPLINES

Physicians .....	22
Surgeons .....	23
Dental .....	24
Travel Medicine .....	26

## WORKING TOGETHER

Intercollegiate Involvement .....	28
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## LEADING HEALTHCARE

33

## COLLEGE FOCUS

College Council .....	36
Organisational Structure .....	36

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## President's Review

Mr Ian WR Anderson

It is a challenge for any President to draft an end of his first year's Review in autumn. Such is the pace of change nowadays that any message delivered may be rendered redundant by winter. Nor is it reasonable to be candid and say it has been a very busy job in a very busy post because, after all, that should have been obvious to the incumbent. Equally, the fact that College life has had its ups and downs should have been easily predicted by someone who has been round the block for some time.

In terms of the highlights, we have welcomed some new faces to College, which is always a healthy development, and they have made valuable contributions. Our new Chief Operating Officer, Mr John Cooper, clearly relishes his new civilian role with its many challenges, only some of which have been as exciting and unpredictable as those he found in his previous military life. He remains remarkably resilient and measured dealing with everyone both within and outwith our College.

There have been disappointments. Our joint venture with Glasgow School of Art and its Digital Design Studio has proved to be an increasing and unsustainable pressure on our ability to single-handedly fund such an ambitious project to its full conclusion. We have reached an amicable agreement to cease the funding stream whilst retaining our share of the joint intellectual property in the project so far. I must pay tribute to the enormous hard work and dedication of Mr George Gray who was our Clinical Lead in the project. We have offered the Glasgow School of Art continued clinical input if their efforts to find an alternative funding source bear fruit. We wish them every success in that venture.

Our College did not jump headlong into what can only be described as a revalidation circus. Many Colleges did not share our caution and are now beginning to regret the time, effort and expense involved in setting up what became a bewilderingly complex, expensive and time-consuming solution to what would seem to be a fairly straightforward task. There is now general

consensus that any form of revalidation has to be cheap and cheerful but also fit for purpose. It is regrettable that the change of heart needed the interaction of others, including politicians, to bring about such a sea change.

At a recent meeting I attended, I was amused when a former high ranking official in the General Medical Council commented that in the past he doubted that revalidation would come in during his professional lifetime. He has now amended that prediction to doubting whether revalidation would ever come in during his time on earth. I can report that the individual remains a very sprightly physical and mental specimen to date.

The new Faculty of Intensive Care Medicine is about to become a reality and, as a sponsored supporter of that project, we wish it every success. I would, however, urge caution about the scale, size and number of proliferating Colleges and Faculties within the UK. I doubt whether such a development will add to the strength of the profession and indeed, may have the reverse effect of giving rise to a divided weakness. Other countries have retained a smaller number of Colleges but incorporated in-house Chapters encompassing Specialties without any apparent loss or strength of each Specialty's individual voice and representation. I rather doubt that all current and prospective Colleges and Faculties can be assured of long term viability as individual organisations, particularly during the current, and likely to be continuing, period of austerity which is obvious to all.

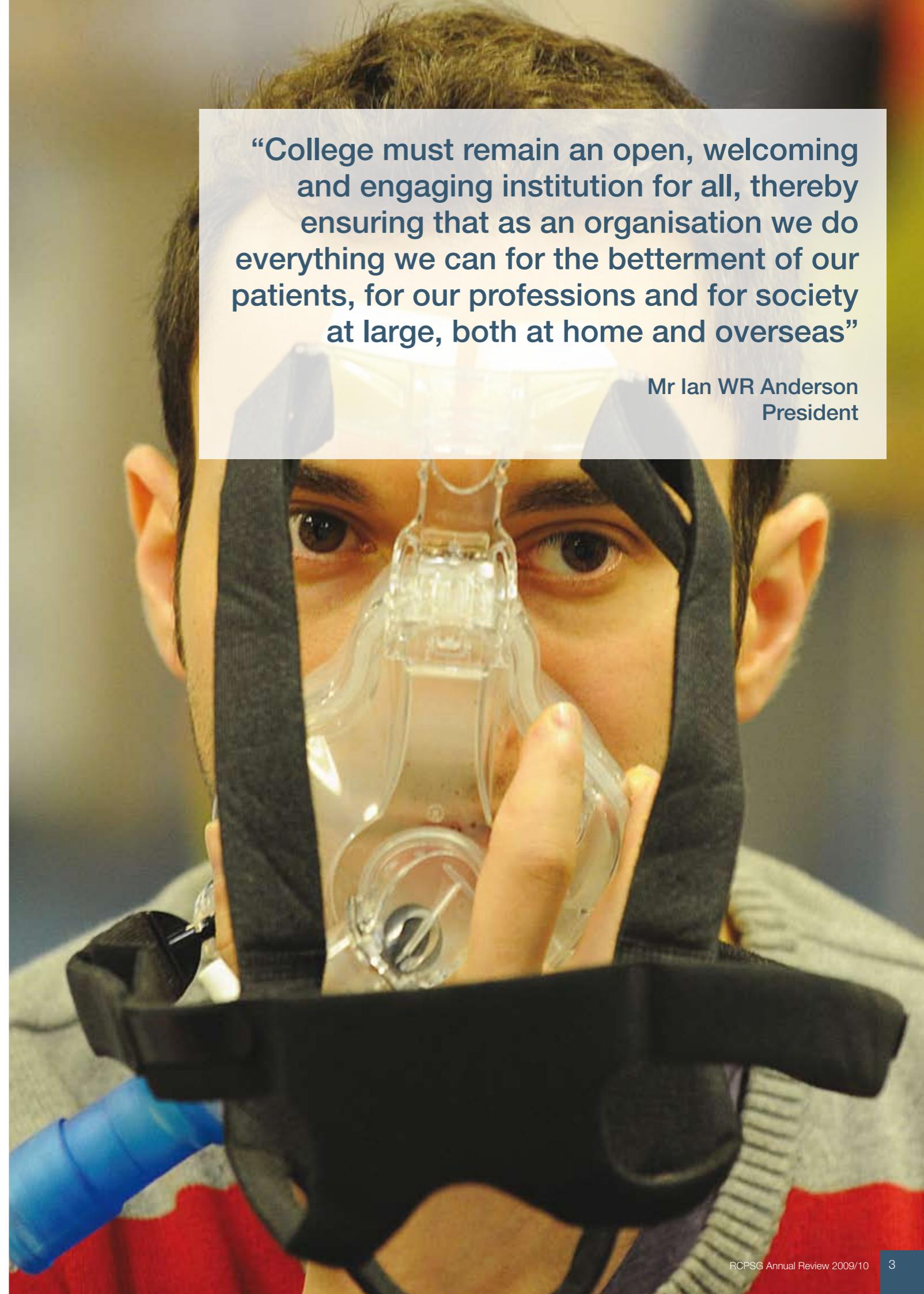
Fellows and Members can be assured that, despite a healthy degree of intercollegiate co-operation, particularly among the three Scottish Colleges, your College will continue to adopt an independent position and robust engagement in all Collegiate matters both in the UK and overseas. I see no reason for either our College or sister Colleges' positions to be subsumed by any other organisation, including the UK Academy of Medical Royal Colleges.

I would like to pay tribute to the Council, Office Bearers and staff of our College for the energy, dedication and support during this first year of my post as your President. Above all, I wish to formally thank Dr Frank Dunn, who retires as Vice-President at the AGM. Frank has been a reliable anchor in difficult times and I have both relied on and respected his wise counsel. I wish him every happiness in retirement. Professor Mike Lewis completed his term as Vice-President (Dental) in October and I am deeply indebted for all his hard work towards the continuing success of the Dental Faculty.

My final remarks remain a rallying call to all Fellows and Members to each play a part in the life of College in all its activities. College must remain an open, welcoming and engaging institution for all, thereby ensuring that as an organisation we do everything we can for the betterment of our patients, for our professions and for society at large, both at home and overseas. Everyone deserves a basic human right of physical, mental and social wellbeing.

**"College must remain an open, welcoming and engaging institution for all, thereby ensuring that as an organisation we do everything we can for the betterment of our patients, for our professions and for society at large, both at home and overseas"**

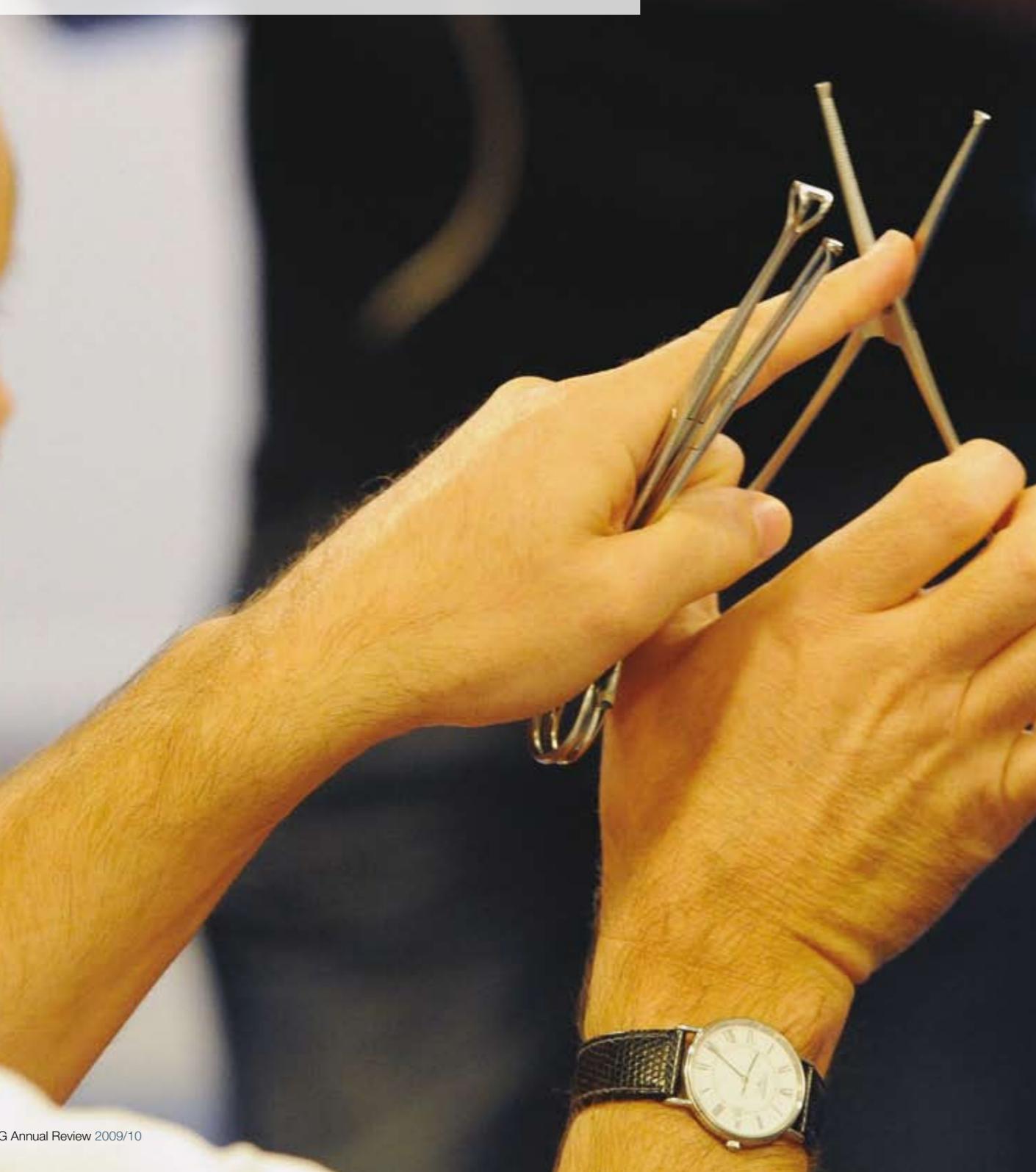
**Mr Ian WR Anderson  
President**





**“We shall place our membership at the centre of our activities, because we are above all, a membership organisation”**

**John Cooper  
Chief Operating Officer**



## **Looking Back, Going Forward**

John Cooper, Chief Operating Officer

**The theme of this Annual Review is ‘Looking Back, Going Forward’ and I see real potential for the future for our great College.**

I assumed the post of Chief Operating Officer in May 2010 and I find the College in rude good health. We made an operating surplus and all of the various elements of College performed above expectations to contribute to the success of this year. We increased the number of educational, training and professional development events, while the Examinations and Assessment Unit continued to generate significant activity for the College; the details of these uplifts are given elsewhere in this Review.

We have continued to act at international, UK, Scottish and local levels across our range of operations. We have sustained our involvement in local charities through our contribution to public lectures, both within and outwith the College building; we have also continued our involvement in the Men’s Health Initiative. We continue to support scholarships for our younger members to travel and develop their clinical skills and we have a firm footing in the international arena with strong examination performance in the Middle East and the sub-continent of India. Furthermore, we continue to play an active part across the spectrum and at all levels of intercollegiate activities.

As a newcomer, it seems to me that College does punch above its weight in many areas.

However, as Churchill said “take change by the hand or it will take you by the throat” and thus we need to ensure that College is fit for the demands of the second decade of the 21st Century. As directed by the Office Bearers, we have carried out an analysis of the College’s current and future aims, objectives and priorities. This analysis is set against an acknowledged more difficult economic situation in the next twelve months for which we must prepare and adjust. From this analysis, we have laid out a forward-looking direction for the College. We shall place our membership at the centre

**We have redefined our mission as:**

**“To provide career support to the membership by delivering education, training, CPD, examination and assessment, whilst acting as a charity and leading voice on health issues in order to set the highest possible standards of health care.”**

of our activities, because we are above all, a membership organisation. We shall continue to carry out the core functions of career support, education and professional development and examinations and assessment for members. We shall seek to be a leading voice on medical issues. All of this will be with the enduring unifying purpose of raising standards – wherever the College operates. Explicit within this is a continuing commitment to charitable causes at local, Scottish and international level.

In the difficult economic times of today, we need to ensure that we are as commercially strong as we can be. This will involve reviewing our strategy and policies across the College in order to ensure that we are meeting the needs of the membership and potential membership. We shall review and confirm our international and charitable objectives. We shall focus on business development and marketing to optimise our returns in terms of membership, core activities and income.

We need to be able to contact and interact with you, our members, more easily and to understand your views so that we can identify and meet your needs. Accordingly, the College website and IT system is the subject of a review that will result in a brand new system reflecting the requirements and needs of members. In line

with this, a comprehensive survey of members’ website requirements is currently being undertaken. This project will be useful in and of itself to improve outputs and process, but the real benefit will be to make contact with the College membership much easier, more flexible and more responsive to their needs.

Additionally, we shall review policies across all College activities to ensure that we are meeting the needs of existing and potential members. We shall report the details of these various studies in next year’s Annual Review. We have much on which to build and I look forward to informing our membership of the outcomes next year.

Let me close by saying how much I have enjoyed my introduction to College. I have been made so very welcome by everyone: the whole membership, Office Bearers and staff. I look forward to a long and happy time with the College.



# Registrar's Review

Dr Robin J Northcote, College Registrar

As the Annual General Meeting in December approaches, I can reflect upon a busy and challenging year as College Registrar.

Many Fellows and Members will wonder what the role of the Registrar is. In taking up the position I regarded this as something akin to a "Minister without Portfolio". In the course of the year I have found myself responsible for a vast array of tasks, in addition to being the official Keeper of the Rolls. The Registrar has a formal responsibility to maintain the College Register and formally review Regulations and Byelaws in a regular fashion to reflect changes to medical practice and society in general. There is a wider responsibility as an aide to the President and his Office Bearers in the day-to-day management of College affairs.

Over the course of the last few years, the College has evolved into a professionally managed organisation with a clear administrative structure and governance process. We must never become complacent on the back of such success. College needs to be progressive in its outlook, adapting its systems and becoming more responsive to the external working environment if it is to meet the needs of Fellows and Members, regardless of their professional position, geographical location or discipline.

The development of a new IT system is now in hand and will go some way to transforming the way we communicate and interact with the professional services and education offered by the College. The President and Office Bearers have placed a great deal of commitment behind this and other College investments, and I am encouraged by those Fellows and Members who have taken the time to provide feedback and support on this and other activities. We have embarked on a review of the services which we currently provide and may provide in the future.

Since coming into office at the beginning of the year, I have taken time to review and acquaint myself with the governance procedures and standards as they relate to the College's electoral system, and governing Byelaws and Regulations. Out of this assessment came a significant piece of work which I am sure will be refined in the forthcoming year – the re-design of College nomination and electoral voting papers, undertaken by Membership Services, has improved the standard to that available in external agencies recognised as "standard setting". In conjunction with this, the written form and governing practices articulated in the College Byelaws and Regulations are under review with the aim of modernising and simplifying practice and will be presented to Fellows and Members at the AGM.

Since the foundation of College in 1599, we have continually modernised and evolved, revising these documents to make them fit for contemporary medical practice. In doing so, I trust we have recognised the proud traditions and heritage of College.

Revalidation has, and will continue to generate a substantial body of work. As the Revalidation Lead for College, I have been tasked with taking forward College's views with intercollegiate fora and the Scottish Academy. I am pleased to say that our efforts have been positioned wisely having gained agreement from the GMC to develop a streamlined revalidation system which will be both measured and proportionate. The "common sense" approach is supported by members of the newly formed College Revalidation Working Group. The expertise of this group will be invaluable in delivering the aspirations for revalidation to our Fellows and Members in the coming years.

Throughout the year I have been supported by the dedicated staff within College, my fellow Office Bearers, Council Members, and other Fellows whom I have called upon from time to time. Without this support I would have been unable to achieve what has been achieved to date. I wish to give all of these individuals enormous thanks for their assistance.

In the coming year, we will be exploring the option of creating a lounge in College, with the aim of providing a welcoming facility for use by Members and Fellows, and a meeting point, at a time when opportunities for meeting our colleagues are declining in NHS practice.

I also aim to promote College's participation in the twentieth Commonwealth Games in 2014, when we will explore opportunities for collaboration with the agencies responsible for delivering the games. This will be a wonderful opportunity for College to promote its activities on an international stage.



**"College needs to be progressive in its outlook, adapting its systems and becoming more responsive to the external working environment if it is to meet the needs of Fellows and Members, regardless of their professional position, geographical location or discipline"**

**Dr Robin J Northcote  
College Registrar**



# Treasurer's Report

Mr Paul N Rogers, Treasurer

**In my first year as Treasurer I am pleased to be able to report that the College has recorded an operating surplus.**

This surplus is solely due to the receipt of restricted grant monies. College received £525,910 from the William and Elizabeth Davies Foundation Trust in support of College educational events and £66,000 and £80,000 from the Academy of Medical Royal Colleges relating to the College's SIGN and Revalidation projects.

For the third year in a row, Council agreed to a freeze in subscription rates.

Income from Examinations and Assessment increased by 68% in the year. This excellent performance is due to the College being able to accommodate overflow candidates in intercollegiate exams and a significant contribution from the joint MRCP(UK) examinations. Mr David Galloway, Valerie Hogg and her team have delivered these increases whilst controlling costs.

Whilst income from Education and CPD has fallen, the number of activities has not. College has increased the number of free events open to its Members and Fellows and the wider community. Dr Frank Dunn, Kay Rennie and her team have produced this programme and managed to reduce costs.

Unrestricted operating activities in the year did produce a surplus, but this was cancelled by the impairment of the College's investment in a joint project with The Glasgow School of Art. In 2008/09, the College undertook a joint venture with GSA to produce a 3D computerised image of the human body. The costs associated with this project were capitalised. During the year, Council reviewed College participation in the project. Whilst it is undoubtedly a worthwhile project with potential for commercial development, Council came to the conclusion that the College did not have the necessary resources to continue funding it. As a result, £522,770 has been written off in this year's accounts. However, College retains a significant interest in the Intellectual Property rights and should commercial exploitation emerge in the future, College would benefit.

In recent years, College has relied on investment income to support its operating activities. This cushion cannot be relied upon in the current financial climate. Investment income in the year dropped by 34% and it will be some time before income returns attain the level reached in the 2008 accounts. The investment strategy devised by my predecessor and Mike Wilson CA of Speirs and Jeffrey has been successful in protecting our capital base. I wish to express the College's gratitude to Mike Wilson and his partners, who have given prudent advice to the College on a pro-bono basis.



My thanks go to Mr Kevin Sweeney and his colleagues on the Audit & Remuneration Committee for their thoughtful guidance on Governance, enabling us to comply with the ever increasing regulatory requirements facing charities. As an example, the College is introducing an Internal Audit process at the suggestion of the Committee.

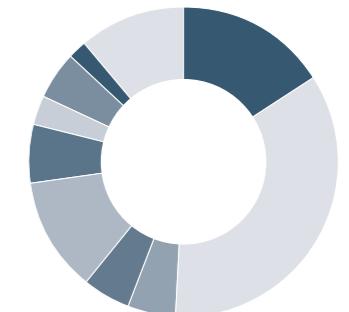
My thanks also go to the College Auditors, Wylie & Bisset LLP, and especially to their Audit Partner Jenny Simpson ACA and her team, for provision of an efficient audit service during the past year.

Finally, looking to the future, the College is moving to a 3 year budgeting cycle reflecting a focus on business development. It is anticipated that within this approach 2010/11 will return a deficit because of the wider economic situation, but we aim to at least break even in 2011/12 and plan to return to surplus in 2012/13.

**2009/10 Income (£5,209,897)**



**2009/10 Expenditure (£4,232,667)**



The summary information shown here has been extracted from the full annual accounts for the year ended 31 March 2010. It is intended to give an indication of the breakdown of the type of income received and expenditure incurred by the College. The full accounts have been audited and copies can be obtained from the College offices in St Vincent Street, Glasgow.





# Delivering Excellence

Education and Professional Development

Dr Frank G Dunn, Vice-President (Medical),  
Chair of the Education and Professional Development Board

## The year in review

This year has seen both consolidation of a number of new initiatives from the previous year and a further expansion of our educational programme. The figures reveal a 10% increase in the number of symposia and collaborative events with other medical constituencies. Our priority is to ensure innovative, high quality and well balanced education for Members and Fellows.

Our lectures to the general public have now been taken on the road and we are hopeful that this will expand the numbers receiving educational advice regarding matters of health. The Glasgow Leadership lectures have attracted much interest within and outwith the College Membership and the most recent lecture from Lord Patten attracted our biggest attendance to date.

The IMPACT course, founded in the Glasgow College and with its administrative base there, continues to expand throughout the UK. In addition, we continue to provide a diverse programme of events both for school pupils, undergraduates and trainees at all levels.

Finally, as I come to the end of my time as Chair I would like to acknowledge the outstanding work of the staff in the Education and Professional Development Unit, and particularly to Kay Rennie for stepping in so effectively to the role of Acting Head of Unit.

### In Education and Training:

- We delivered over 80 educational events (an increase of 10 over the previous year) including collaborative events with other Medical Royal Colleges and special interest events for healthcare providers.
- We saw a significant increase in attendance at College events, with approximately 3250 delegates attending various events over the course of the year.
- We held the inaugural 'Glasgow University Surgical Society' symposium for undergraduates and included this target group in Foundation Skills in Surgery Courses and 'What Specialty's for Me?' career events.
- We met trainees' requirements by introducing PACES Demonstration Evenings, re-designing Preparing for the MRCS series, continuing to run MRCP(UK) Preparatory Course, MFDS Preparatory Courses for Part 1 and Part 2 examinations, briefing sessions for foundation and specialty trainees and Careers evenings.
- We ensured College continues to influence the strategic development of curricula by representations on collaborative bodies such as JRCPTB, JCST and JCSTD.
- We continued the MSc Degree in Clinical Leadership – Year 2 for the first cohort of students and Year 1 for the second cohort of students.



### In extending health education and learning to the wider community:

- We continued to engage with those interested in medical sciences at secondary school via The Young People's Lecture, National Science Week and 'So You Want to be a Doctor?' symposium.
- We added to the prestige of the Glasgow Leadership Lecture Series with lectures from Lord Advocate Elish Angiolini and The Right Honourable Lord Patten of Barnes, CH.
- We engaged with members of the public by delivering lectures in College on various medical topics including Rheumatology, Obesity, Diabetes, Epilepsy and Travel Medicine and also taking some of these lectures 'on the road' to venues in Easterhouse and Cardonald.
- We held a successful 'Question Time' event in collaboration with Membership Services and Lay Advisory Boards.



### In improving the use of e-methods:

- We re-introduced College's provision of video-linked meetings to remote and rural areas in North of Scotland, MRCP(UK) examinations centres throughout the UK and dental centres in other parts of the UK.

## Going Forward

Our priorities for the next year are to ensure continued quality of education to Members and Fellows as we prepare for our role in revalidation and to expand the broad base of education to allied health groups. We also plan to maximise use of both the educational and clinical skills facilities within College and to develop an e-learning programme that matches the quality of our in-house educational activities.

## Highlights

### Supporting Medical Trainees and Undergraduates

College recognises the importance of increasing its profile to medical trainees and undergraduates. With this in mind we have launched initiatives to assist both constituencies.

We are delighted to have hosted the Inaugural Glasgow University Surgical Society Symposium and to provide The Foundation Skills in Surgery Course and What Specialty's for Me? career events, both of which have been well supported.

For our medical trainees the PACES Demonstration Evenings led by Colin Perry and Lawrence McAlpine have been greatly appreciated by all who attended, both in College and in examination centres throughout the UK, to which the sessions were video-linked.

We have also redesigned the Preparing for the MRCS series and expanded the preparatory courses for the MFDS (parts 1 and 2).

### Increasing our profile

College also recognises the importance of increasing its profile in other areas and, in collaboration with Membership Services, the first of the College Regional Advisers' events was held in Belfast in May 2010. The theme for the day was 'Maternal Health'. There was an excellent turnout and the presentations were well received. This was the first of a number of events that our Regional Advisers will be co-ordinating.



# Setting Standards

Examinations and Assessment

Mr David J Galloway, Vice-President (Surgical),  
Chair of the Examinations and Assessment Board

## The year in review

The Examinations and Assessment Board has the responsibility to oversee the strategic and operational delivery of College examinations. Historically this has been one of the most significant areas of College activity and has provided an important basis for interaction with clinicians in specialist training.

We continue to develop a programme of improvement and expansion and are actively exploring a number of new examination and assessment opportunities.

The training environment has changed radically over the last few years and this, together with the explicit demands now made of College assessment activity, has brought a need to really focus and foster a constructively critical view of the examination portfolio.

We have developed increasingly close collaboration with sister Colleges, have endeavoured to respond to feedback from several sources, including trainees, lay and medical examiners and assessors in order to ensure that assessments remain appropriate and retain educational validity.

### In improving the facilities, arrangements and cost-effectiveness of delivery for written and clinical examinations:

- We, supported by College Fellows, established additional examination centres in England for MFDS and MRCS examinations respectively to facilitate access for candidates.
- We enhanced collaboration with the Education and Professional Development Unit by:
  - informing educational needs and enhancement of training through provision of examiner input and candidate feedback,
  - scheduling courses in alignment with examination entry dates.

### In introducing new qualifications:

- We launched the College's restructured surgical examination in Ophthalmology, training examiners in multiple centres while implementing quality assurance measures to assess the performance of candidates, examiners and test items.
- We responded to candidate and examiner feedback by reducing the number of written test items while maintaining the robustness and reliability of outcomes, as informed by formal psychometric evidence.
- In collaboration with the UK Colleges of Surgeons:
  - We obtained approval from the Postgraduate Medical Education and Training Board (PMETB) for structural and content changes to the IMRCS further to feedback and consideration of statistical evidence, and
  - We obtained approval from the GMC for the curriculum and assessment system for Otolaryngology.



### In ensuring that examinations and assessments reflect changes in career paths:

- We refined the Membership in Oral Surgery and Membership in Paediatric Dentistry examination regulations, nominating College Fellows to the panel of examiners, in collaboration with sister Colleges.
- We collaborated with sister colleges to establish the Specialty Board tasked with development of a new Membership examination in Special Care Dentistry.
- We initiated peer review of the Diploma in Geriatric Medicine at the invitation of the Royal College of Physicians of London.
- We contributed to development of the restructured PACES examination and trained MRCP(UK) examiners in Glasgow, linking to sites in Altnagelvin, Dumfries, Hull, Inverness, Leeds, Oban and Sheffield, as well as training examiners in Belfast.

### In increasing the number seeking College qualifications:

- We trained new MRCS examiners in Dubai to meet increasing demand from candidates.
- We advanced development of assessment opportunities for allied health professions in accordance with College's aim to extend its portfolio of provision.

## Highlights

### Surgical Ophthalmology Examination

The Examinations and Assessment Board is pleased to report the successful launch of the revised surgical examination in Ophthalmology in November 2009 following a period of concentrated effort by a group of College Fellows who have devoted a lot of time to aligning the nature of the examination to fit current thinking in assessment methodology. The result has been an increase in demand from candidates: a total of four diets of the written examinations were held in an increased number of overseas locations, as well as delivery of structured oral and clinical examinations in collaboration with partner hospitals in Glasgow, India (Hyderabad and New Delhi), Jordan and Oman.

The College has a debt of gratitude to those Fellows, hospitals, staff and patients who continue to support our activities in this way and we look forward to continuing collaboration and success.

## Going Forward

Our priority for the next year is to continue to develop relevant assessments and examinations. These are essential elements of our College's commitment to ensuring highest possible international standards of healthcare.

It is fair to say that the recent changes to career structure and dynamics may leave a sense of uncertainty in relation to the ongoing applicability, relevance, academic level and style of various assessments. We have seen a need for some additional work to take advantage of opportunities created by the interests and training needs of clinicians in various specialties. Junior clinicians are by nature a high achieving competitive group and there is likely to be a continuing appetite for additional qualifications which will add gloss and value to job applications in an oversubscribed marketplace.



# Quality Services

Membership Services

Dr Jackie Taylor, Honorary Secretary,  
Chair of the Membership Services Board

## The year in review

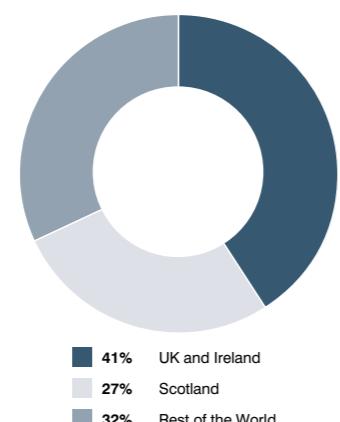
Membership Services is the most diverse of College operations. Accountable to the Membership Services Board its remit includes: the administration of admissions for fellowship and membership, subscriptions, awards and scholarships, verifications, administration for the Dental Faculty and Faculty of Travel Medicine, Library and Heritage, Policy Consultations, Special Projects, SMJ, College and Faculty elections, Lay Advisory Board, communications, and marketing and business development. Though the breadth of remit continues to be a challenge, the team, working alongside other units, is committed to developing and delivering services for Fellows and Members.

Last year great strides were made in providing benefits and services to meet the needs of Fellows and Members at critical stages in their careers. The initiation of a programme to train mentors for consultants, extending our support to trainees choosing their specialty careers, and the establishment of a Regional Advisers' network to increase engagement with the membership across the UK were some of the highlights.

This year has been one of consolidation for Membership Services during which we have focussed on improving service quality. We have however delivered a number of key results.

Finally, I would like to record my thanks to all members of the Membership Services Board, to Caryn Nicolson, and to all staff in the Membership Services Unit for their continued hard work and support without which we could not function.

### Membership by Location



### In continuing to improve the quality and range of high value services and benefits to Fellows and Members:

- We completed training of the first cohort of mentors and matching with mentees is planned.
- We introduced a new triennial scholarship award for the Faculty of Travel Medicine, with the first award being granted in 2011.
- We undertook an in-depth review of the elections process with best practice guidelines being adopted for the 2010 College elections.

### In enhancing communication to improve engagement and access:

- We extended the Regional Advisers' network with six advisers now covering the length and breadth of the UK.
- The Regional Adviser for Northern Ireland, with the support of Membership Services and the Education and Professional Development Unit, delivered a successful educational event on Maternal Health in Belfast. Plans for delivering other regional events in 2010-11 are being developed.
- We established a new communications post dedicated to improving the quality of current provision of print and e-communications. Work completed to date includes a range of promotional flyers, improvements to membership application forms, re-vamped Faculty newsletters and election papers.
- Library and Heritage delivered the event: 'Medical History Comes Alive', a College tour for over 150 participants, both members and non-members. Given its popularity this event will be repeated in 2010-11.



### In working collaboratively across the College to increase the number of newly recruited Fellows and Members admitted annually and retaining the level of membership to sustain organisational growth:

- We attended a number of undergraduate career fairs and conferences across Scotland. As a result College's Introductory Membership has increased across all disciplines.
- We welcomed 15 new Honorary Fellows.
- College representatives attended the 37th Annual International Congress of the Egyptian Society of Cardiology in Cairo. To mark this special occasion, College Fellows and Members across Egypt came together to honour the conferment of Fellow *qua Physician ad eundem* on Ali Ramzy Abdel-Magid, one of Egypt's eminent Professors of Cardiology and President of the Egyptian Cardiac Society.

## Awards and Scholarships

This has been another successful year for the Awards and Scholarships Committee. The quality and number of award applicants has increased yet again with a total of £58,050 being granted to 22 individual Fellows and Members from 01 October 2009 to 30 September 2010. As part of the College's focus on developing high value benefit packages for its membership, this year the Awards and Scholarships Committee, working along side the Faculty of Travel Medicine, initiated a new one-year research fellowship award of £2,000. The award is open to all members of the Faculty and will be granted every three years to support individuals in taking forward a small scale travel medicine project. The Committee is eager to promote the value of this new award and other college awards in the forthcoming year.

## Going Forward

Time for consolidation has resulted in a firm foundation for existing services. To ensure that we are responsive to the current and future needs of our Fellows and Members, Membership Services must take every opportunity to gain formal and informal feedback on service delivery. We will be utilising information from the Training Needs Analysis and Website/IT survey and also embarking on a competitor analysis project. Our aim is to provide the right 'package' of benefits and services at each stage of a doctor's career, and by so doing to recruit, retain, involve and grow the Membership.

## Trainees' Committee

Juliette Murray, Convenor of the Trainees' Committee

The Trainees' Committee meets four times a year. The Committee represents trainee opinions and concerns at all levels of College work and new members are always welcome to get involved.

### This year, the Trainees' Committee has:

- Worked hard to strengthen links between other trainee groups in the Royal Colleges and Academy and other bodies involved in the training of junior doctors and dentists.
- Helped to arrange several events for trainees. This includes evenings offering advice about choosing a specialty and events offering advice on a range of issues, including the application process, specialty training and surgical and medical update seminars.
- Been involved in helping to generate ideas for new colloquia and seminars and in helping to put together the programmes for some of these events, such as the anatomy programme and parts of the triennial meeting.
- Worked to get trainees and junior consultants involved in all areas of College work such as teaching on courses and the examination process.
- If trainees have ideas about educational events that they would like to see the College running please get in touch or get involved.



# Broadening Knowledge

Library and Heritage Services

Dr Elaine Morrison, Honorary Librarian

## The year in review

This has been a busy and productive year for the Library and Heritage service. The team are committed to widening access to College's modern information resources and historic collections, and to education and training. We continue to establish important collaborations with other institutions and to increase our out-reach activities. Special tribute is due to our Library Volunteers, without whose support and expertise some of this work would not be possible.

## In extending the Library and Information service to Fellows and Members:

- We saw use of the SHELCAT library system by Fellows and Members steadily increase. Members and Fellows can apply for an Athens password to access the online resources on NHS Scotland's Knowledge Network. The Library aims to provide a swift delivery service for those journal articles not available online.
- We continued to prepare and distribute the daily Media Update and the President's newsletter.

## In widening access to College's library, archives and art collection:

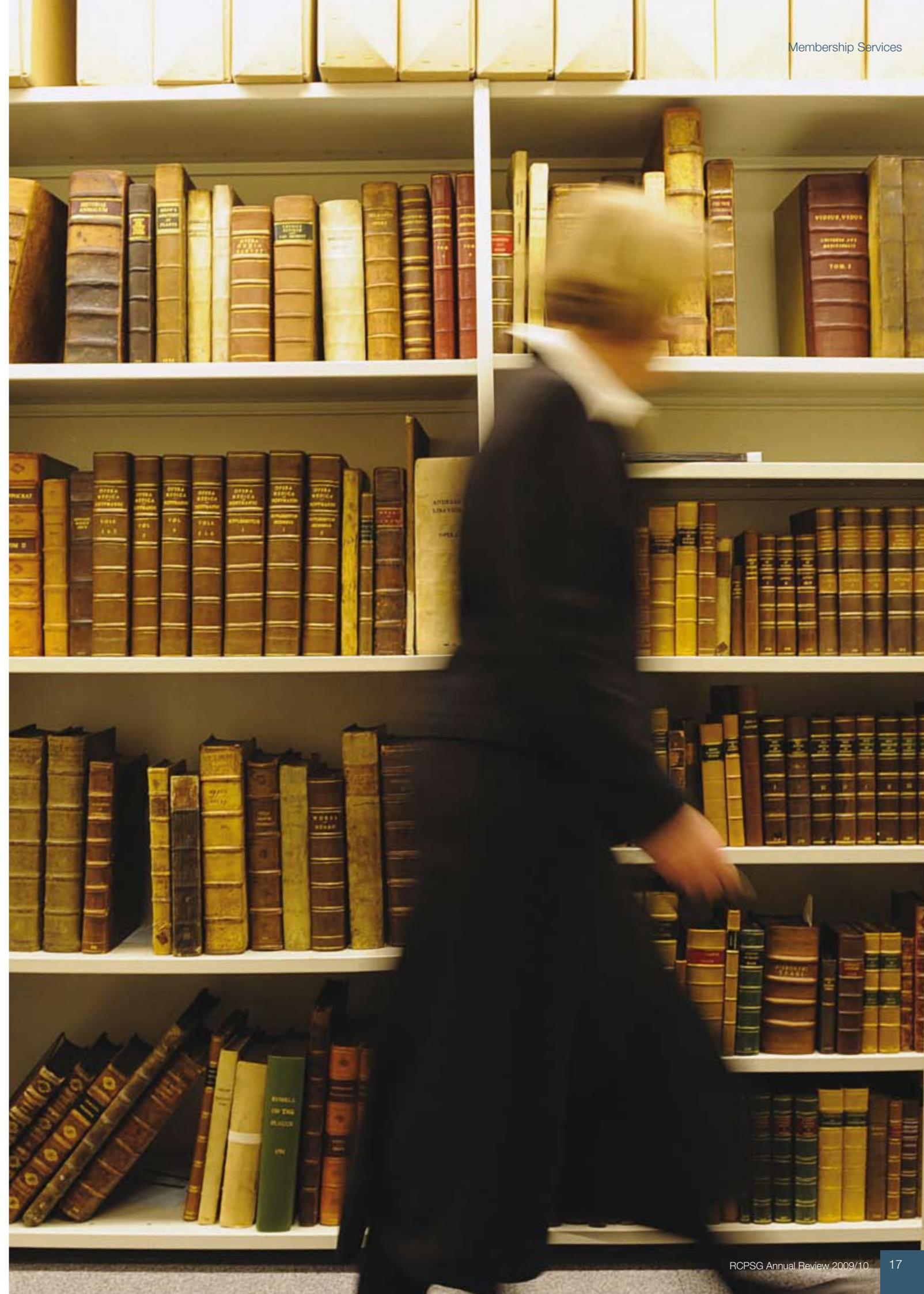
- We held Library Conversations, open to all, on Wednesday mornings in the Library Reading Room.
- We delivered successful teaching and training sessions, including a Medical History course in collaboration with the Department of Adult and Continuing Education (DACE), Glasgow University. We delivered historical resource sessions to Glasgow University medical students and to post-graduate students from all three Glasgow universities. Faculty of Travel Medicine students received on-line resource training.
- We delivered the Livingstone Lecture, which was given by Gp Capt Andrew Monaghan, maxillofacial surgeon, who recounted his experiences on active service in Afghanistan.
- We loaned Audubon's Birds of America (Vol 1) for an exhibition to Temple Newsam House, Leeds. A display on Audubon and his work was mounted in the Lower Library.
- We continued the Adopt a Book scheme and delivered the annual College Concert to contribute much needed funds for conservation.

## In offering work opportunities within the heritage sector:

- We worked with Glasgow University's Club 21, a student work experience scheme, to enable two students to research and plan an exhibition on Travel Medicine for the Lock Room. Work was also given to two young unemployed people as Library and Heritage Assistants under the Government's Future Jobs Fund Scheme.

## Going Forward

We aim to provide an easy to access, up to date information resource to Fellows and Members. As a marker of excellence, we are pursuing museum accreditation for the College's historical collections.





## Senior Fellows Club

Dr J Douglas Briggs, Honorary Secretary

**The 2009/10 session has continued the traditions of the Senior Fellows Club, the vital ingredient, of course, being the willingness of members to offer topics for presentation to the membership.**

As usual, there were seven meetings in the session, starting off with the fourth in a series of six talks on 'The History of Glasgow through the Post' by Ian Evans, the topic of this one being The Edwardian Era. This talk was fascinating, as have been the previous ones, and the depth of knowledge as indicated by the number of talks in the series is impressive.

The February talk also was one of a series, on this occasion the sixth and last on 'Doctors in Opera' delivered by Ian Robertson. This has been a remarkable series in its demonstration of Ian's knowledge of opera and hopefully he will find the time to publish the information and anecdotes on which the series is based.

The November talk was by Robert Cumming on the subject of photography and the examples of his own work which he showed clearly indicated his high standing as a photographer.

The December talk was unique in that it was given by an Honorary Fellow of the College, Professor Arnold Maran, Past President of the Royal College of Surgeons of Edinburgh. He has lived in and travelled to Italy over the past 50 years and he took us on a fascinating journey touching on the topics of 'Berlusconi and the Mafia'.

David Hamilton is both a medical and a golf historian of high standing and his talk in this session related to the prominent position which both doctors and ministers occupied among the ranks of golfers of former years with plenty of anecdotes and items of information.

The penultimate talk of the session was by Sir Kenneth Calman. He pointed out the ways in which the acquisition of the skills provided by training in clinical medicine could be of value in walks of life other than as a clinician, this

theme being illustrated by his own varied and highly successful career. Kenneth also provided interesting insights into the personalities of some of the politicians with whom he had come into contact.

The final talk of the session was a fascinating account by John Calder of his experiences as a doctor in Africa, initially as a medical officer in Malawi and later as a radiologist in Kenya.

In the past session we arranged to have a lunch prior to three of the meetings instead of two, as the lunches give our members the opportunity to have a chat with their friends. This proved popular and we plan to repeat this in future years.

## Lay Advisory Board

John Breckenridge,  
Chair of the Lay Advisory Board

The work of the Lay Advisory Board (LAB) has been wide ranging and reflects a stronger sense of direction this year. This is largely due to the updating and redefinition of the LAB's Constitution and Terms of Reference, clarifying the ways in which we support the College's activities.

A number of members stood down in the early part of the year and we are grateful for their contribution over the years. We have been very fortunate in being able to recruit new members with strong backgrounds in medical jurisprudence and ethics. Virtually all members have now assumed Lay Advisory roles on the other medical boards with which the College interacts.

Our highlight this year has been the organisation of a stimulating and successful Question Time event in College. The topic was 'Is the NHS Value for Money?' This was chaired by Professor Ken Patterson, with panel members:

Mr Jim Martin: *Scottish Public Services Ombudsman*

Ms Susan Douglas-Scott: *Chief Executive of LTCAS*

Mr Charles McGee: *Retired Editor The Herald*

Dr Alan Rodgers: *Retired Oncology Clinician*

Dr Charles Winstanley: *Chair of NHS Lothian Health Board*

Turnout was excellent and the ensuing debate was notable for the frankness of the discussion and the range of topics covered. We plan to repeat this exercise.

We have modified the way we respond to consultation requests with a view to improving the quality and coherence of the response. Wherever time permits, the consultation document is discussed at our meetings and the consensus view of the meeting is put forward as the response. On complex matters such as the recent Nuffield Council on Bioethics consultation on Human Bodies in Medicine and Research, a sub-committee drafts an initial response which is finalised and ratified at the next LAB meeting. On other major or complex issues such as the College's response to the End of Life Assistance (Scotland) Bill, Members join the College's working party in developing the response.

My thanks go to all members of our Board for the time and effort they have put into our work, with special thanks to Carolyn Capps who keeps us on track. Many thanks also go to the Membership Services Board, to Caryn Nicolson and the staff of the Membership Services Unit for their continued hard work and support without which we could not function.

## Fellowship

Dr Colin G Semple,  
Chair of the Fellowship Committee

The Fellowship Committee continues to process an increasing number of applications to join College and this year the Fellowship Committee considered over 300 applications with 240 of these being accepted for either Fellowship or Membership. We continue to be encouraged by the interest in joining the College from members and non-members at home and overseas.

We would remind our Fellows and Members of their right to promote others for advancement. Those who are interested in sponsoring colleagues to the Membership/Fellowship may seek further information from the 'Join Us' area of our website at the following address: [www.rcpsg.ac.uk](http://www.rcpsg.ac.uk) Over the coming year, we hope to use our website as a more effective tool to provide information about the different membership categories and to make the application process more straightforward. I would like to take this opportunity to thank our overseas advisers and committee members for their continued support and commitment.

Over the past year College has conferred its Honorary Fellowships on a number of distinguished individuals who have contributed to healthcare and society. We are pleased to welcome the following individuals, recognising their positions at the time of their formal admission.

### The Fellowship *Honoris Causa*

The Rt Hon The Lord Provost of Glasgow, Councillor Bob Winter

### The Fellowship *qua Physician ad eundem*

Professor Ali Ramzy Abdel-Magid Ramzy

Dr John Francis Donohoe

Profesor Jean Marco

Professor Joseph Michael Muscat-Baron

### The Fellowship *qua Surgeon ad eundem*

Dr Edward B Diethrich

Professor Arnold DK Hill

Professor Francis Brian Vincent Keane

Dr Peter W Marcello

Professor Per-Olof Nyström

Mr Peter M Sagar

Dr Rakesh Prasad Srivastava

### The Fellowship *in Dental Surgery ad eundem*

Professor Jonathan George Cowpe

Professor John Joseph Sauk

Dr Marie Ewart Watt

# Maximising Potential

## Mentoring

### Over the past 12 months, we have made significant progress:

College has a strong commitment to supporting its Fellows and Members in all aspects of their career. We are in the process of developing the RCPSG Mentorship Programme to provide our Fellows and Members with the skills needed to help colleagues manage their career opportunities and challenges effectively. With more focus than ever on continuing professional development, College hopes to assist by matching mentees with suitable mentors who will help them to maximise their potential, develop their skills and improve their performance. In the initial stages of this programme, we will be focusing on newly appointed consultants who will be linked with more experienced colleagues for support and guidance.

Membership Services thank Dr Graeme Macphee and Dr Nancy Redfern for leading the mentorship training programme.



### Going Forward

- In November 2009 and May 2010 we delivered two introductory mentor training days in College.
- To date, 14 experienced Consultants have attended the initial 'Introduction to Mentoring' training. This group will constitute our first cohort of mentors.
- This group will be invited to attend additional training sessions to learn and apply necessary mentoring skills before being matched with a mentee at a stage in the near future.
- College is also developing a Mentoring Pack which will include a manual and additional information to support all mentors and mentees throughout the process.
- We have received expressions of interest from a number of potential mentees. We will be introducing them to the scheme and matching them to our trained mentors during the 2010/2011 session.

# Changing Lives

## Malawi

The College has historic links with Malawi dating back to Honorary Fellow, Dr David Livingstone. Today, many of our Fellows and Members are active in charity work in regions across Malawi. In 2009, College embarked on a series of activities with the aim of helping to improve medical education and training in Malawi. This included the delivery of a Basic Surgical Skills Course in Kamuzu Central Hospital in the capital city of Lilongwe.

### This year, we have:

- Completed the installation of 10 PCs in an interactive learning centre in Kamuzu Central Hospital. We sourced and shipped PCs via Glasgow City Council's Lord Provost and International Office and installed these PCs in a learning centre using GCC's IT support team who had travelled to Malawi on Council business.
- Sent medical texts and equipment to Kamuzu Central Hospital (in the same shipment as the PCs). These books were the building blocks for what we hope will become an extensive and useful medical library. We continue to receive book donations and hope to continue to send more texts in future to keep growing this resource.
- Paid for the first 12 months internet connection for the learning centre to help establish use of this interactive facility. Feedback from the hospital has been extremely positive and they have found both resources to be invaluable.

### Going Forward

Activities in Malawi will continue to be considered as part of the College's wider international and charitable work strategies.

## Men's Health

In 2007, College formed a partnership with Celtic and Rangers Football Clubs to run a pilot health programme for male football fans aged 40 to 60 in Glasgow. The aim of the programme was to educate and encourage men to adopt a healthier lifestyle, look after their health, eat healthier and be more active. We also aimed to address the national clinical priorities of coronary heart disease, diabetes, stroke, cancer and alcohol/drug addiction. In total, between 2007 and 2009, 128 men successfully completed the programme. In 2009, the SPL approached College to discuss the potential for running a similar programme at all SPL clubs.

### This year, we have:

- Reported the final evaluation from cohorts 1-3 (completed during 2007-2009). This was submitted to the Scottish Government Health Department in January 2010.
- Provided clinical results which showed significant reduction in cholesterol, weight and BMI for those that completed the programme.
- Reported sustained improvements in the recalled participants who attended the pilot and previous courses, showing the programme was being maintained.
- SPL have secured funding from the Football Pools and the Scottish Government to offer a similar programme across all SPL football clubs.
- In September 2010, SPL will be launching Football Fans in Training (FFIT) which is an adapted model of the College programme being rolled out across SPL clubs.
- College continues to be involved in supporting this programme.

### Going Forward

College will continue to work with the SPL where possible to facilitate the delivery and support for this programme across the 12 Scottish football clubs in the SPL. The programme also has potential for growth into other sporting arenas.



# Supporting Physicians

Dr Frank G Dunn, Vice-President (Medical)

The College is well aware of the substantial time pressures that Fellows and Members are under and recent proposed changes to the contract have increased these pressures further. We view the proposed reduction in SPAs with much concern and are, with the other Colleges, making representation in regard to this and, indeed, into the clear need for an expansion in consultant numbers as a consequence of changes in Junior Doctor hours, appraisal, revalidation and a reduction in new contracts from 48 to 40 hours.

While College recognises the important role played by specialist societies in the delivery of educational meetings, we are confident that we will continue to provide relevant and up-to-date symposia with continued excellent feedback for Fellows and Members. The introduction of Leadership lectures has been a major success and further well-known national figures will be gracing the College in the year ahead.

Our programme for trainees goes from strength to strength with the continued success of IMPACT and the recently well-received training evenings for MRCP(UK) PACES. In addition, we now have excellent physician representation on the clinical skills group and further programmes will emerge from that.

Our Faculty of Travel Medicine has been a success story and we plan to look to ways of expanding this model into other disciplines. We continue to foster links with medical students, especially in regard to educational meetings, and will continue to increase the number of introductory members so that from an early stage they may identify with our College.

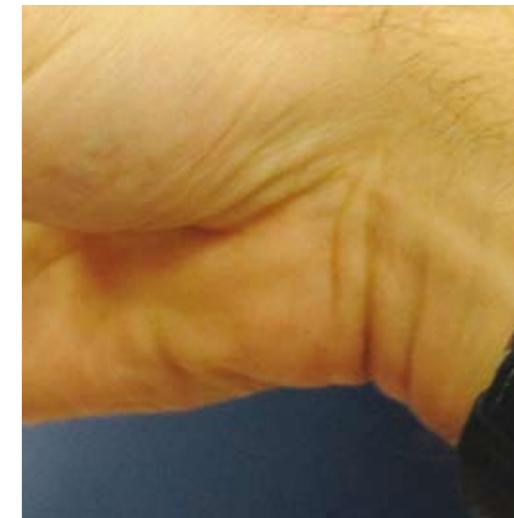
Recruitment of examiners for PACES remains of paramount importance and for most is an opportunity to meet with colleagues and to benefit from their expertise as well as refreshing our examining skills. We remain indebted to all our examiners and especially to Host examiners at so many different centres.

College continues through a number of channels to influence thinking regarding the whole revalidation process. Hopefully common sense and an appreciation of the practical aspects will lead to a compact and workable system that assists in ongoing development and does not stifle the profession.

College recognises the importance of improved communication and to this end we are conducting a complete overhaul of our IT systems including the website. We are confident this will be of considerable help to Fellows and Members.

The success of our College is totally dependent on involvement of and interaction with Fellows and Members and in this there can be no complacency on our part. We hope that Fellows and Members will find a way to become more involved and we would be delighted for you to contact us if you feel there are any areas you would like to be involved.

Our Faculty of Travel Medicine has been a success story and we plan to look to ways of expanding this model into other disciplines. We continue to foster links with medical students, especially in regard to educational meetings, and will continue to increase the number of introductory members so that from an early stage they may identify with our College.



# Supporting Surgeons

Mr David J Galloway, Vice-President (Surgical)

**The College is fully engaged with the other three ancient surgical Colleges in the British Isles in driving forward common interests and supporting Fellows and Members in professional matters, education and assessment. It is a real encouragement that there is so much co-operative effort and diminishing tension between the Colleges when it comes to matters of common concern.**

In Glasgow we have taken the view that surgical interests should be fostered early and we offer several good sources of support for undergraduates with a surgical interest. Some of these are web-based but medical students can now become introductory members of the College - free until qualification.

We have been keen to support the Glasgow University Surgical Society and will once again host their annual conference in November 2010. This year's event was oversubscribed and drew students from across the UK. There is also a good deal of web-based support for developing a surgical career, advice about specialties, logbooks and the surgical curriculum as well of course as the examinations which are such important waymarkers for career progression. In particular, the Intercollegiate Surgical Curriculum Programme now used daily by trainees and

consultants alike is certainly coming of age and proving its value to trainers and trainees alike.

For established trainees there is a range of relevant courses and educational events. The Surgical Forum, which is held in the College in early November each year, again promises to maintain its excellent reputation with an internationally acclaimed faculty and a stimulating but intensely practical programme.

For surgeons in all career grades, we continue to be politically active and have campaigned on such issues as working time, workforce planning, job descriptions and revalidation. Specific developments on the examination front are summarised in the Examinations and Assessment report. There is a growing interest in the possibility that the intercollegiate surgical Fellowship examinations might once again

become accessible for surgeons working in different parts of the globe and in the mainstream surgical specialties. It is a testimony to the esteem in which a Fellowship of one of the UK Colleges of Surgeons is held that there is such demand from surgeons to measure their knowledge and clinical skills against the international benchmark represented by the 'exit' Fellowship. We are actively exploring ways in which we might address some of that demand.

There is more to be done - web developments and enhancements, improved communication and better membership support. Maybe more than anything else we crave more both active interest and involvement from our surgical Fellowship to enhance our influence and effectiveness.



# Whole Team Approach

The Dental Faculty

Professor Michael AO Lewis, Vice-President (Dental),  
Dean of the Dental Faculty

## The year in review

The Dental Faculty has maintained a high level of activity during the past 12 months and I am extremely grateful to all those individuals who have served on Dental Council and its three subsidiary boards, without whose efforts the achievements outlined below would not have been possible.

I am particularly indebted to Mrs Lyn Cranwell for her sustained and faultless administrative support during a time when she had the additional workload due to my role as Chair of Joint Meeting of Dental Faculties.

This is my last Annual Review as Dean of the Dental Faculty and I wish my successor, Dr Alyson Wray, all the best for the future.

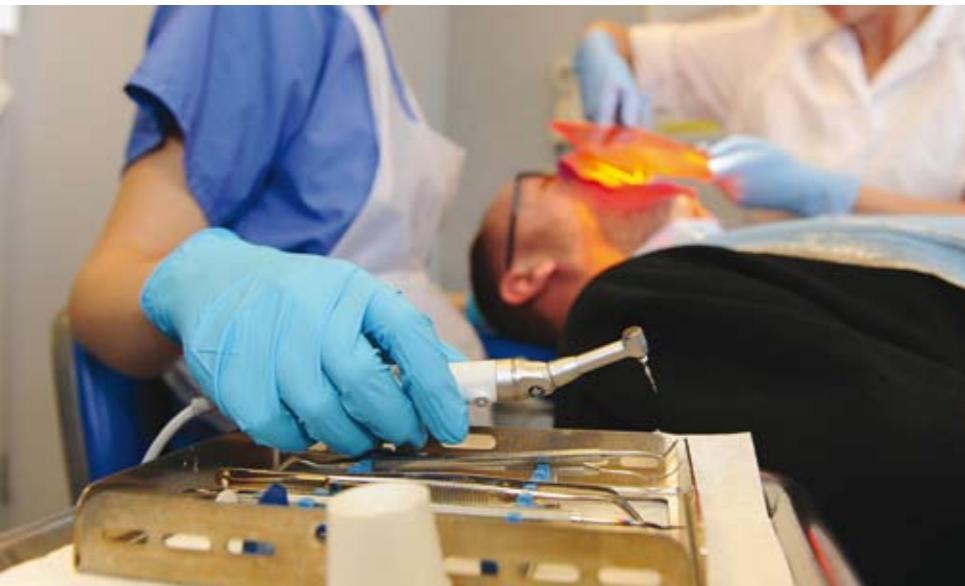


### The aims for the future must be to:

- Continue to attract new Fellows and Members.
- Develop appropriate involvement at UK dental events.
- Extend provision of 'Dental Update' to other professional groups.
- Include representation of Dental Care Professionals (DCPs) on Dental Council.
- Develop additional sites in the UK for the Faculty Membership examination.
- Provide education and professional development of dental care workers throughout the world.
- Promote the Dental Faculty at RCPSG as a UK and international professional home for all members of the Dental Healthcare Team.

### In increasing the membership of the Faculty:

- We attended the Dental Undergraduate Trade Fair in November 2009, which resulted in a record number of almost 200 applications for Introductory Membership.
- We held the Dental Careers Evening for Final Year Dental students from Glasgow and Dundee in the College in December 2009 to generate further applications.
- We have placed Dental Faculty Liaison Officers in the Dental Schools in Glasgow and Dundee in order to enhance engagement with dental professionals at an early stage of their professional journey.
- We have progressed the newly-formed Associate Membership for Dental Care Professionals (DCPs) and to this end a Working Group with representation from DCPs has been established. The Faculty has held a stand at the annual meeting of the British Dental Association and the triennial meeting of the International Symposium on Dental Hygiene. Both events provided invaluable information on ways in which the Faculty can engage with the dental profession.



### In enhancing membership benefits:

- We continued to deliver two membership benefits that have proved to be particularly attractive to members and potential members. These are the complimentary provision of the professional journal 'Dental Update' and access to funding from the T C White Awards.
- We have successfully secured a further three year exclusive deal with 'Dental Update'. The journal provides an excellent forum for the promotion of examinations and educational events through the medium of 'Grace'.
- We saw a record number of applications for the T C White Awards and there was strong competition for many of the categories.
- We saw the inclusion of a Lay Member in the September meeting of Dental Council. In addition, trainee or non-consultant representation is being introduced into the subsidiary boards.

### In developing educational events:

- We continued to deliver extremely popular revision courses for both parts of the MFDS examination. These have been revised further in response to feedback from the participants.
- We have been exploring contemporary methods of delivering education and were delighted with the success of the web streaming of the T C White lecture on facial transplantation to approximately 100 individuals in the MANDEC facility in Manchester.

### In providing quality examinations relevant to the profession:

- We are particularly pleased to report that the outcome of the external educational assessment of the dental Specialty Fellowship examinations has shown them to be of high quality.

#### A new look for Grace

Grace has become a well-known and much-loved member of the Dental Faculty. This year, she was given a new look by the well-known political cartoonist Iain Greene. Over the coming year we will follow her progress as she continues to work towards her dream of becoming a fully-qualified dentist.



## Going Forward

The Dental Faculty needs to address the misconception held by many dental professions that the RCPSG Dental Faculty is purely for specialist dental surgeons in the West of Scotland.

The College is in an ideal position to provide professional support for all members of the dental profession at any location.

### Dental Council 2009/2010

<b>Professor MAO Lewis</b>	Dean and Vice-President (Dental)
<b>Dr APM Wray</b>	Dean Elect
<b>Dr JR Pilley</b>	Secretary to the Dental Faculty
<b>Mr IWR Anderson</b>	College President
<b>Dr R Northcote</b>	College Registrar
<b>Mr IS Holland</b>	Ordinary Councillor
<b>Dr J Leitch</b>	Ordinary Councillor
<b>Mr PCM Benington</b>	Ordinary Councillor
<b>Mr A Walker</b>	Ordinary Councillor
<b>Dr J Gibson</b>	Co-opted Member Director Dental E&PD Board
<b>Mr L Savarrio</b>	Co-opted Member Director Dental MS Board
<b>Mr HA Critchlow</b>	Co-opted Member Director Dental E&A Board
<b>Dr SC Barclay</b>	Regional Councillor: UK outwith Scotland
<b>Dr C Irwin</b>	Regional Councillor: UK outwith Scotland
<b>Mr S Hislop</b>	Regional Councillor (Clyde and Argyllshire area)
<b>Dr E Connor</b>	Regional Councillor (Grampian, Highlands & Islands, Tayside)
<b>Dr C Jones</b>	Regional Councillor (South East Scotland)
<b>Ms L Crane</b>	Fellow or Member with less than 10 years GDC registration



# Pushing Boundaries

The Faculty of Travel Medicine

Professor Peter L Chiodini,  
Dean of the Faculty of Travel Medicine

## The year in review

My report begins with congratulations to Dr Eric Walker, who was Dean of the Faculty of Travel Medicine from 2006 to 2009, on being awarded an MBE in the Queen's Birthday Honours list of June 2010.

As I look back over my first year in office as Dean, I have pleasure in recording a number of key achievements which demonstrate considerable enthusiasm and energy on the part of Faculty members of all grades. The Faculty has delivered on a number of fronts. We have worked hard on a new standards document for Travel Medicine, which we hope will be taken up by all practitioners working in the field. We have had a strong presence at a number of conferences and events, and run many of our own events to promote the Faculty and the field of travel medicine. We have also improved the benefits for our members and introduced a new Affiliate Membership category.

### In improving communication and promotion:

- We delivered well-supported academic meetings. The Autumn Symposium of 2009 entitled 'Travel Medicine - Communicating the Message', challenged us to think more about communication skills and their central role in travel medicine practice.
- We were gratified by the audience response to a public lecture given at the college, entitled 'Keeping Travellers Healthy – It's not just the Sun Block'.

### In developing educational events:

- We held our laboratory-based hands-on meeting 'Travel Medicine the Nets and Bolts', which rotates to a different city each year, in Glasgow in 2010. The chance to test an insect repellent against live mosquitoes and to see at first hand the snail hosts of schistosomiasis was exciting even for experienced practitioners.
- We shall continue to hold joint scientific meetings with other Royal Colleges and their Faculties. This year, our joint meeting was with the Scottish Branch of the Royal College of General Practitioners. This generated a great deal of goodwill on both sides and bodes well for future collaboration, not least because a great many travel health services are provided in primary care.

- The Faculty CPD scheme is now agreed and will go live from April 2011.

- A particularly exciting development is the future transfer of responsibility for the Diploma and Foundation courses in Travel Medicine from Health Protection Scotland (HPS) to the College. These courses, which HPS has provided with distinction, are highly regarded internationally and we look forward to sustaining their current success and nurturing their future development.

### In leading standards in Travel Medicine:

- We have now completed our document 'Standards for the Practice of Travel Medicine' which is out to consultation with relevant stakeholders and is due to be published by the College in 2011.

### In enhancing membership benefits and meeting the needs of all those working in travel medicine:

- We have continued to deliver the regular Dean's email news bulletin which is designed to highlight upcoming events and important developments.
- We recognised a need for a more lengthy and detailed information source and are delighted to report that the first edition of 'Emporiatics', the FTM's biannual newsletter, was published in September 2010.



### In increasing our international profile:

- We adopted the journal 'Travel Medicine and Infectious Disease', published by Elsevier, as the journal of the Faculty of Travel Medicine. The journal is available in electronic form as a membership benefit to Associates, Members and Fellows without their paying an additional subscription.
- We launched a new category of Affiliate. Entry as an Affiliate does not require an examination and confers no post-nominals, but gives Affiliates the opportunity to receive our newsletter 'Emporiatics', a reduction in registration fees for our scientific meetings, and the chance to join our thriving travel health community.
- We are planning a survey of our membership for the coming Winter, better to inform our forward planning.

### Travel Medicine Executive Board 2009/10

#### Professor PL Chiodini

Dean

#### Dr ME Jones

Vice-Dean

#### Mrs JH Chiodini

Secretary

#### Mr IWR Anderson

College President

#### Dr R Northcote

College Registrar

#### Mrs CM Driver

Ordinary Executive Board Member

#### Dr VK Field

Ordinary Executive Board Member

#### Dr AM Grieve

Ordinary Executive Board Member

#### Dr GT Flaherty

Ordinary Executive Board Member

#### Dr E Anderson

Associate of the Faculty

#### Mrs AC McDonald

Associate of the Faculty

## Going Forward

Over the coming year, our objective is to promote and help to raise professional standards for the practice of Travel Medicine. After publication of our professional standards document, we shall proceed to development of a training curriculum as the next step towards speciality recognition for Travel Medicine.

We hope to see many more practitioners join our Faculty, whether as an Affiliate or via the examination route to become an Associate or a Member. In return, we shall do our best to look after their professional development needs throughout their careers.



# Working Together

As part of our intercollegiate involvement, RCPSG plays a leading role within a number of important organisations that develop education and training, examinations and assessment standards. Reviews of activity from these organisations are presented here.

## Joint Royal Colleges of Physicians Training Board (JRCPTB)

The Joint Royal Colleges of Physicians Training Board is the Federation body responsible for delivering the three Royal Colleges' remit, supporting the national authorities in the setting and maintaining of standards for specialist physician training in the UK.



### This year, the JRCPTB has:

- Completed and implemented 30 new specialty and sub-specialty curricula incorporating 5 new assessment methods and 6 quality standards. Each curriculum received GMC approval and was ready for implementation on 01 August 2010 and updated the ePortfolio.
- Introduced a transfer process to the new General Internal Medicine (GIM) curriculum to allow trainees to achieve Certificates of Completion of Training (CCTs) in their specialty and GIM.
- Developed a process for implementing curricula based on feedback from educational supervisors, trainees and proactively seeking input from patients and the service.
- Launched a new and greatly improved JRCPTB website.
- Produced a process for delivering external advice on assessing training programmes for the deaneries (externality).
- Developed the idea of an academic ePortfolio to provide the facility for academic trainees to record their training and to ensure it is being delivered effectively.
- Liaised closely with training programme directors to capture unique information about the career progress of trainees awarded a CCT. This provided valuable data about the job market in the medical specialties and the movement of doctors out of the UK.

[www.jrcptb.org.uk](http://www.jrcptb.org.uk)

### Going Forward

Plans for the future include embedding the externality process to improve the quality of training supervision and oversight and embedding the curriculum review process to ensure that patient and service focus is on the agenda of specialist committees. JRCPTB also plans to raise awareness of the process of workforce planning allowing the specialties to give advice to workforce planners and trainees. The academic ePortfolio will be used to ensure the quality of academic training is consistent throughout the UK.

## Joint Committee on Surgical Training (JCST)

Chaired by cardiothoracic surgeon Chris Munsch, the JCST works with the four surgical colleges of the UK and Ireland and the specialty associations to enhance the quality of surgical training. JCST is the parent body for the Intercollegiate Surgical Curriculum Programme (ISCP). JCST and the nine Specialty Advisory Committees (SACs) enrol and monitor trainees and make recommendations to the regulator when they are ready for the award of the CCT. On the regulator's behalf, JCST also evaluates applications for the Certificate confirming Eligibility for Specialist Registration (CESR).

### This year, the JCST has:

- Conducted a major review of the JCST curriculum and syllabuses, now approved by the regulator and in use since August 2010. In particular, there is now a specific syllabus for core surgical training. During the review period the GMC assumed responsibility for the regulation of postgraduate training, and working with the new regulator is a major priority for us. Many trainees and others were alarmed by guidance on the timing of assessments, issued by the GMC in April 2010, and we were pleased to be able to work with other bodies in negotiating a pragmatic solution to the problems posed by the guidance.
- Improved the functionality of the ISCP website.
- Worked to incorporate the Orthopaedic Competence Assessment Programme (OCAP).
- Appointed urologist Ian Eardley as ISCP Surgical Director.
- Completed a best practice toolkit for selection, now available on the JCST website, and many of our SACs have contributed to successful national recruitment exercises.
- Delivered interface fellowships, offering advanced training in areas straddling more than one specialty, which have also gone from strength to strength.

[www.jcst.org](http://www.jcst.org)  
[www.iscp.ac.uk](http://www.iscp.ac.uk)

### Going forward

Priorities for the coming year include establishing a 'light touch' intercollegiate committee to oversee core surgical training and reviewing the quality enhancement strategy and the way in which the organisation works with deaneries and schools of surgery.

The JCST shall continue to press for proper support and resources for those who train future surgeons and shall support moves towards the accreditation of trainers. With the European Working Time Directive (EWTD) fully implemented, the JCST shall also be looking at how to make the most of limited time by maximising the use of technology such as simulation. The JCST shall continue to improve the functionality of the ISCP and welcome all suggestions and feedback from those who use it. Please get in touch if you have any suggestions.

## Continuing Professional Development

The Colleges operate a continuing professional development (CPD) programme for consultant physicians. Work involves developing the role of CPD in the revalidation of doctors, as recommended in the 2007 white paper 'Trust, assurance and safety – the regulation of health professionals in the 21st century' and the 2008 report of the Chief Medical Officer 'Medical revalidation: principles and next steps'.

CPD is the postgraduate educational programme physicians must undertake to stay up-to-date in their field, maintain and demonstrate competence, and enhance their medical knowledge and skills. The CPD approval processes maintain the quality and educational value of CPD live events and distance-learning materials, using robust guidelines and specialist feedback.

### This year, CPD has:

- Carried out a detailed five-year data analysis to establish the nature of CPD activities among registrants.
- Completed enhancements of the CPD system for revalidation.
- Reviewed and revised the event approval fee structure.
- Managed and enhanced the distance-learning application process.
- Reviewed CPD credit categories to inform changes.
- Agreed and implemented credit category changes.
- Achieved funding from the Academy of Medical Royal Colleges for enhancing the CPD system for revalidation.
- Processed a high volume of event-approval applications.
- Achieved an increase in the number of registrants on the CPD scheme.
- Completed the study of the effectiveness of CPD with the College of Emergency Medicine (CEM).

<http://cpd.rcplondon.ac.uk/>

### Going forward

Plans for the future include implementing an online-only approval application system and communicating regularly with fellows, members and the Patient and Carer Network about developments for revalidation. There are also plans to improve the management of the transition of JRCPTB trainees to the Consultant CPD Diary scheme.

Facilitating online payments for CPD event providers, introducing further methods to quality assure the CPD event approval process and introducing a method to provide direct feedback to organisers of College-run CPD events are also objectives for the future.



## Membership of the Royal Colleges of Physicians of the United Kingdom (MRCP(UK))

The Federation of Royal Colleges of Physicians brings together the expertise of the three Royal Colleges of Physicians of the UK. Working together, the three colleges develop and deliver membership and specialty examinations that are recognised around the world as quality benchmarks. At the end of 2009 Dr Neil Dewhurst demitted as MRCP(UK) medical director. Professor Jane Dacre was appointed and took over the role from 01 January 2010.

### Key developments this year include:

- Recognition of the MRCP(UK) Diploma as a requirement for entrance into specialist training.
- UK and international roll-out of an enhanced version of PACES (Practical Assessment of Clinical Examination Skills), the clinical element of the MRCP(UK) Diploma.
- Launch of additional Specialty Certificate Examinations (SCEs).
- Introduction of a 'zero tolerance' campaign against cheating through transparent processes to remove opportunities for dishonest conduct and ensure fairness.
- Appointment of a new Associate International Medical Director to lead promotion and expansion of the examinations overseas to ensure our successful international programme remains a priority.

[www.mrcuk.org](http://www.mrcuk.org)

## Intercollegiate Committee for Basic Surgical Examinations (ICBSE)

ICBSE is the intercollegiate committee responsible for the membership examination of the Surgical Royal Colleges of Great Britain and Ireland (MRCS) and the Diploma in Otolaryngology - Head and Neck Surgery (DO-HNS). It comprises members from each of the four Surgical Royal Colleges and trainee and patient representatives. ICBSE is chaired by Mr Chris Oliver, a Consultant Orthopaedic and Trauma Surgeon, and its secretariat is based at the Royal College of Surgeons of England.

ICBSE has three main activities:

- maintaining the quality and standard of its examinations;
- delivering incremental improvements in service;
- developing its examinations to meet internal and external requirements.

As part of the assessment system for the Intercollegiate Surgical Curriculum Programme the MRCS examination was significantly revised in 2008 and an Objective Structured Clinical Examination (Part B OSCE) was introduced. The main focus of the ICBSE's work in the past year has been the conduct of an evidence-based evaluation of the first three OSCE diets, the preparation and submission of proposals for change to the GMC and their implementation. The revised OSCE was introduced in May 2010. A further major review will take place following the February 2011 diet.

Part A of the MRCS is a multiple choice examination. During the year, ICBSE established a number of working parties to review and expand its computerised item bank. Work has continued to quality assure the MRCS and DO-HNS examinations including the creation of an archive of examination materials and the publication of a 'Fair access by design' booklet for all examiners. ICBSE has also conducted a major review of the security arrangements for all of the examinations within its remit.

The MRCS continues to be available outside the UK and Ireland. The structure of that examination has been reviewed and amended with effect from 2011; new Regulations and associated documentation have been issued.

[www.intercollegiatemrcs.org.uk](http://www.intercollegiatemrcs.org.uk)

### Going forward

The ICBSE continues to review and further develop the MRCS examination based on the evidence available and is committed to undertaking a further review of the examination following the February 2011 diet.

## Joint Committee on Intercollegiate Examinations (JCIE)

The JCIE supported by its nine Intercollegiate Specialty Boards is responsible to the four Surgical Royal Colleges (RCPsG, RCSEd, RCSEng, and RCSI) for the conduct, content and quality control of the Intercollegiate Specialty Examinations (Specialty FRCS). These examinations continue to be a feature of the training regime and passing the examination remains a mandatory requirement for any surgeon in the UK and Ireland completing training and seeking entry to the UK or Irish Specialist Register.

The ISB Secretariat manages 40 examinations a year conducted throughout the UK and Ireland. It provides support to the JCIE, its nine Specialty Boards, Panels of Examiners and Panels of Question Writers for both MCQs and Orals. The organisation's efficiency is highly acclaimed and in 2009 it was awarded the Investors in People Gold Standard for excellence.

There are many developments ongoing within the Central Administration Office of the Intercollegiate Specialty Boards including the following:

- Psychometric analysis of both the Section 1 and Section 2 examinations continues and has demonstrated high levels of reliability and content validity.
- The on-line application and payment system [Candidate Management System] and interactive website went live in October 2009. This is working extremely well and has proved to be a great success for both applicants and candidates. Candidates are now able to access their examination results via their personal profile, guaranteeing that each one of them receives the results at the same time.
- The Joint Committee on Intercollegiate Examinations has formally announced that, from January 2011, the Section 1 examinations will move from paper based to computer based testing (CBT). Candidates will be able to sit the Section 1 examination in one of over 150 Pearson VUE professional test centres in the UK and Ireland. A pilot examination was conducted using the specialty of Urology. A number of Examiners (Urologists and General Surgeons), some early year Urology trainees and members of the ISB Secretariat participated in the pilot to assist with the look and feel of the test delivery and, whilst there was no standard setting process to set a pass mark, the questions certainly discriminated well! Feedback from the pilot was most encouraging and reaffirmed that the move to computer based testing was definitely the way forward and would be a much more convenient method of testing for all candidates.

[www.intercollegiate.org.uk](http://www.intercollegiate.org.uk)

### Going Forward

New examination regulations will be implemented on 01 January 2012. The new Regulations will restrict the number of attempts at both sections of the Examination. The Regulation changes were approved by the GMC Postgraduate Board and in July 2010, the four Surgical Royal Colleges approved their implementation with effect from 01 January 2012. Information on the transition from the current Regulations and implementation of the new 2012 Regulations has now been posted on the Intercollegiate Specialty Board website.

# Working Together

The College operates alongside external faculties, including the Faculty of Public Health and the Faculty of Pharmaceutical Medicine. Reviews of activity from these faculties are presented here.

## Faculty of Pharmaceutical Medicine

The Faculty of Pharmaceutical Medicine is a Faculty of the three Royal Colleges of Physicians of the United Kingdom and this year is 21 years old. Pharmaceutical Medicine is a medical specialty concerned with the discovery, development, evaluation and monitoring of medicines and the medical aspects of their marketing. The Faculty has 1400 members, a third of which work outside the UK.

- In November 2009, the Faculty's new governance structure was launched. The effect of this is to make the Board much smaller and separate its activities from the major committees of the Faculty. This change puts a greater responsibility on Board members who are all Trustees and each of the parent Colleges has a representative on the Board.
- In 2002, Pharmaceutical Medicine was recognised as a specialty in its own right and awarded its own Certificate of Completed Training (CCT) via the Faculty. In December 2009, a team from the Postgraduate Medicine Education Training Board (PMETB) made its first inspection of the Faculty and its associated Deanery. The final report was very satisfactory and although there were a few recommendations, it was clear that the PMETB team were pleased with the progress being made in supporting trainees in the specialty.
- Revalidation remains an issue for the Faculty and it has a working group looking at what will be required by the GMC for its members. In November 2009, the GMC introduced the licence to practise and the Faculty has recommended that pharmaceutical physicians should have such a licence in the UK. This means that they will need to revalidate and the Faculty has been designated in the legislation on Responsible Officers(RO). The Faculty's RO will be available to all pharmaceutical physicians who do not have a RO in their company and to those physicians who act as consultants to pharmaceutical companies.

[www.fpm.org.uk](http://www.fpm.org.uk)

### Going forward

The Faculty will be taking part in a tri-Faculty pilot of revalidation over the next 12 months, in conjunction with the Faculties of Public Legislation.

The Faculty's Annual Symposium and AGM will take place on 19 November 2010 at the RCP London. One of the issues to be discussed will be whether to admit non-medical pharmaceutical scientists to membership.

## Faculty of Public Health

The Faculty of Public Health is a Faculty of the three Royal Colleges of Physicians of the United Kingdom. It is the leading professional body for public health specialists in the UK. It aims to promote and protect the health of the population, and improve health services by maintaining professional and educational standards, advocating on key public health issues, and providing practical guidance for public health professionals.

This year, the Faculty:

- Launched the FPH e-portfolio system for all individuals involved in public health training.
- Strengthened our international function by establishing an International Development Department and increased partnership working with both WHO and PAHO.
- Held a successful three day membership conference in Scarborough in June.
- Produced a guide on tackling climate change aimed at getting the NHS to reduce its carbon emissions.
- Played an active part in the development of a robust and appropriate system of revalidation for all members.
- Took forward the membership's desire to achieve Royal College status.
- Introduced new working practices to ensure that FPH increases its sustainability.
- Updated the curriculum and assessment systems to fulfil the requirements of the GMC.
- Established a prize for 'Excellence in Educational Supervision' in Public Health.
- Reviewed training and induction frameworks for specialist assessors.

### Going forward

Future plans are to progress work to consolidate FPH's position as a leading voice on public health issues; oversee and manage the re-launch of the FPH websites and quarterly magazine; produce a manifesto on public health; produce guidance of mental health and green space; continue to work towards Royal College status; launch an online membership area with new services for members; diversify the income base by identifying new supporters and sponsors; review and encourage public health skills and capabilities in other specialties; develop criteria for advanced learning and practice in public health training through the development of Optional Special Interest Learning Outcomes; continue to develop our international focus.

# Leading Healthcare

RCPSG is a leading UK and international body in the provision of medical education, examination and support services to physicians, surgeons, dental and travel medicine practitioners. The College also has a role and responsibility in the greater healthcare arena by providing a professional voice on a range of policy issues. Dr Jackie Taylor, Honorary Secretary, oversees policy consultations.

Throughout the year, governments and other health bodies regularly request College consultation on a variety of issues. Responses are formed by Fellows, Members and the College Lay Advisory Board.

Key consultations requested and responded to in the past year include:

Consultations	Requesting Body	Consultations	Requesting Body
Project on the health professional regulators' registers	CHRE	Draft National DNA CPR	Scottish Government
The Framework for Responsible Officers and their duties relating to the Medical profession	Department of Health	Review of the future regulation of medical education and training	PMETB
Cardiff Discussion Document	N/A	Distributed Regulation	CHRE
PFPI Strategy Consultation	NHS	Revised Performance Review Process and Standards of Good Regulation	CHRE
Draft Clinical Standards for COPD	QIS	Social Security (Disability Living Allowance) (Amendment) Regulations 2010	DWP
Draft CEL guidance: Introduction & Availability of new medicines in the NHS Scotland	AoRMC	North Review of Drink/Drug Driving Law	Scottish Government
Proposed framework for quality accounts	AoRMC	Nicotine Containing Products	MHRA
Inquiry into out-of-hours health care: provision in rural areas	Scottish Parliament	MHRA Publication of MLX 367	MHRA
GMC/PMETB merger	AoRMC	Revalidation	GMC
The Healthcare Quality Strategy for Scotland	SGHD	Scottish Foundation Programmes Review	Scottish Government
Consultation - The NHS Confederation - Making Clinical Research Less of a trial	NHS	Patient consent for transfusion	Government (UK)
Age Equality in Health and Social Care Consultation	DoH	End of Life Assistance (Scotland) Bill	Scottish Government
Transplant Poll	Transplant2010	Give and take - human bodies in medicine and research	Nuffield Bioethics
Inquiry into Alcohol etc (Scotland) Bill	Scottish Parliament	Access to NHS by foreign nationals	Department of Health
Wider discussion of death/dying/bereavement	Palliative Care	Strategic Review of Health Inequalities in England Post 2010 (Marmot Review)	AoRMC
Screening for stomach cancer screening services in Wales	UK National Screening Committee	Call for evidence, Palliative Care Bill	Scottish Parliament
		Specialist services for children and young people in the DGH	RCPCH
		Specialty training numbers for 2011-2015	Scottish Government
		Equality Scheme 2011 - 2014 consultation	GMC

# Leading Healthcare

Summaries of some of the consultation responses by the College this year are shown below.

## Call for Evidence for the Minimum Pricing for Alcohol Bill

In November 2009, the Scottish Parliament called for views on minimum pricing of alcohol, off-sales discounts and raising the alcohol sales age to 21. An edited version of the response from the College is provided below:

The adverse affects of alcohol on health, health service related and societal outcomes are indisputable. Reducing alcohol consumption across the board but particularly in under-age drinkers, binge-drinkers and harmful drinkers is essential.

There is strong evidence to suggest that price increases and taxation have a significant effect in reducing demand for alcohol. The specific evidence for minimum pricing is less robust. However, in terms of public health policy, minimum pricing might be used to specifically reduce the consumption of cheap drinks as these are more likely to be consumed by under-age and harmful drinkers.

One disadvantage of minimum pricing may be a small impact on moderate consumers of alcohol. However, this may be out-weighed by the potential advantages of reducing the consumption of under-age, binge and harmful drinkers.

The level of minimum pricing per unit of alcohol requires further consideration. It would appear that in the range of 40-50p per unit might be reasonable. One point worthy of consideration is that the Department of Health in England is considering a 50p per unit price and the Scottish Government must consider the potential impact of establishing a lower minimum price in Scotland.

The Sheffield study suggested that under-age drinkers and young binge-drinkers were particularly sensitive to the price of alcohol as they tend to have lower disposable income. Minimum pricing may be more effective in these groups than in others.

Alternatives include raising prices and increased taxation. The concern here is that this would adversely impact on more moderate drinkers. Also it is likely that problem drinkers would simply switch to a cheaper form of alcohol rather than reducing their consumption. As there is some evidence that advertising is associated with alcohol consumption generally but particularly in young people and that promotions at the point of purchase influence overall consumption, review of policy around these areas is necessary.

In terms of legal alcohol purchase age we feel that it is important for there to be a uniform policy across Scotland and that proper enforcement of the current law and in particular proof of age might be more effective than further increase in the legal age for purchase.

## Special Project: SIGN CPD

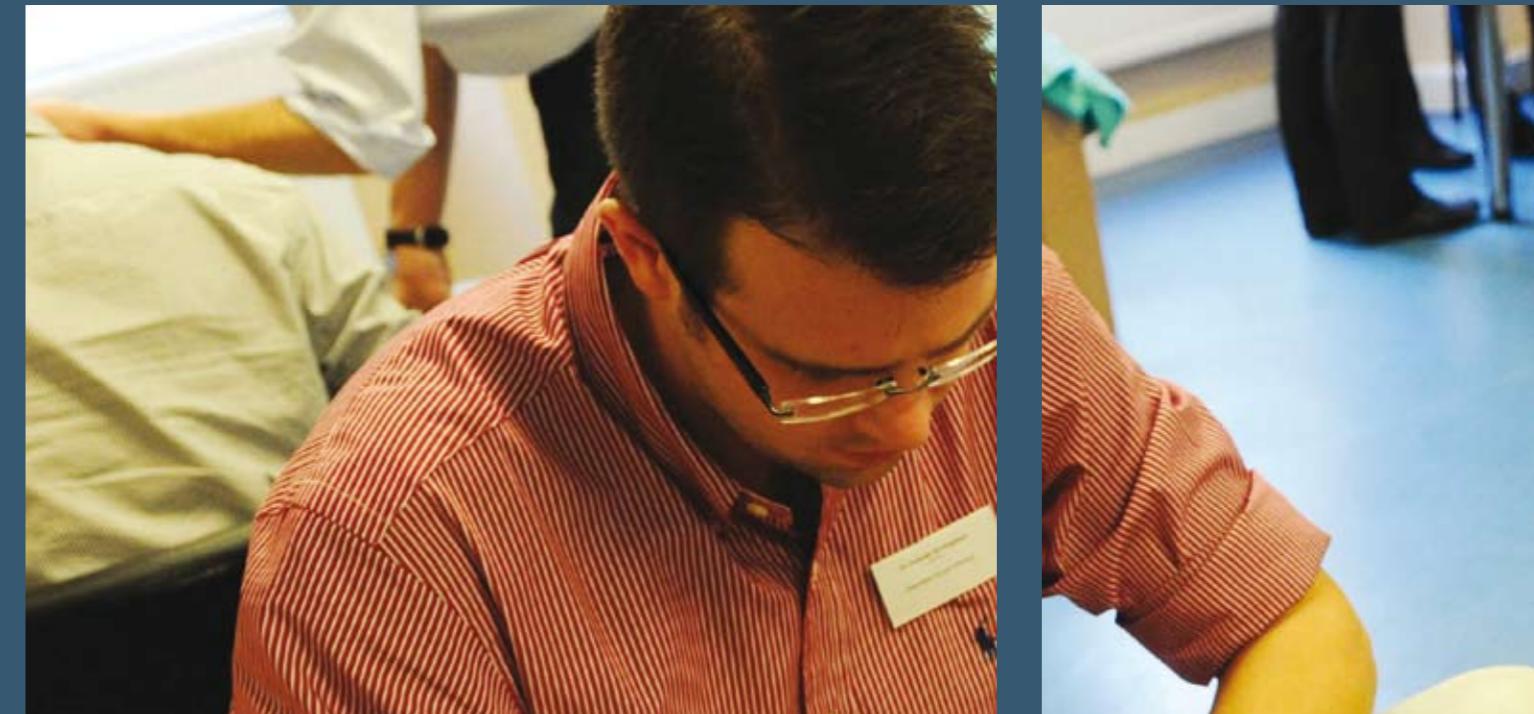
In 2008, College secured funding from the Academy of Medical Royal Colleges to develop an online e-CPD system which utilises SIGN Guidelines for CPD and revalidation purposes. Two guidelines selected for the pilot project were 'SIGN 95: Management of Chronic Heart Failure' and 'SIGN 98: Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders'. Development of an online assessment system was commissioned, which will be the e-platform for completing online CPD. Assessment will be in the format of multiple choice test and users will access the 'SIGN CPD' system via the College website. The system will be approved for CPD credits which can be used for maintaining personal CPD and revalidation.

### Going forward

This pilot project will be reviewed in summer 2011 and options for further development of the system with other SIGN guidelines will be considered.

#### This year, we have made considerable progress:

- Throughout 2009, both guideline writing groups, supported by an Educational Consultant, developed multiple choice questions which form the content of the online assessments.
- Over 100 MCQs have now been produced for each guideline.
- Additional annotations were also written and will be added to the existing guidelines to supplement and enhance learning as well as encouraging users to relate guidelines to their own personal clinical practice.
- Development of the online assessment system is in its final stages and will be launched in Autumn 2010.
- Application for CPD accreditation has been submitted to the Federation of Colleges of Physicians and approval is pending.
- SIGN 98 assessment and guideline will be launched first, with SIGN 95 to follow in January 2011.



## Response to the End of Life Assistance (Scotland) Bill

The End of Life Assistance (Scotland) Bill was introduced in the Scottish Parliament on 20 January 2010. It is currently being considered. In May 2010 the College submitted a response. An edited version is provided below. College also held a seminar to discuss implications of the Bill.

This Bill raises complex ethical, moral and personal issues and the College is not able to represent institutionally the individual views of all Members and Fellows. However we wish to express strong opposition to the principles upon which this Bill is founded, and the practicalities of its introduction to society in general, and health care in particular.

We do not dispute sound evidence of poor care, but contend that this should prompt further research and investment in palliative care provision.

It is surprising and disappointing that the medical profession in general, and psychiatrists in particular, have not been formally or specifically consulted in the drafting of this Bill.

The majority of doctors oppose assisted suicide and euthanasia, and opposition is particularly strong amongst those who

are closely involved with care at the end of life. Lack of prior consultation with the General Medical Council about this Bill is further evidence of how the significance and implications of this Bill have been misjudged.

We consider the absence of any conscience clause to be a serious omission.

This Bill assumes that doctors will provide for euthanasia and assisted suicide, but makes no mention of training or competence. The specific assumption that doctors have the expertise to deliberately end life is groundless. There is no basis in the UK for training in the deliberate ending of life, and it would take time for training programmes to be established at undergraduate and postgraduate levels.

Highest standards are expected in every other area of medical practice, but this Bill demonstrates no concept of this in regard to its requirements. The Bill does not provide for an independent second medical opinion and seems to view prognostication as relatively straightforward, but this is not the case.

This Bill does not contain criteria which are sufficiently robust and watertight for such a momentous outcome as the deliberate ending of human life.

Doctors are neither qualified nor skilled in conducting the background searches which would be necessary to establish eligibility of all participating personnel. We are concerned about the level of legal protection which would apply EU-wide to participating doctors. Whilst the Bill would require documentation at various stages of the procedures, there is no indication about the format of such documentation.

The Bill anticipates that the cost of assisted dying would be less than the cost of care. Yet, it makes scant reference to the involvement of the legal profession, which is likely to involve significant cost for the applicant. The implication on Life Assurance policies has not been considered.

This Bill misjudges its implications for doctors in Scotland, and is an inappropriate response to instances of poor clinical care. For these reasons we oppose its introduction to statute.

# College Council and Structure

## Office Bearers

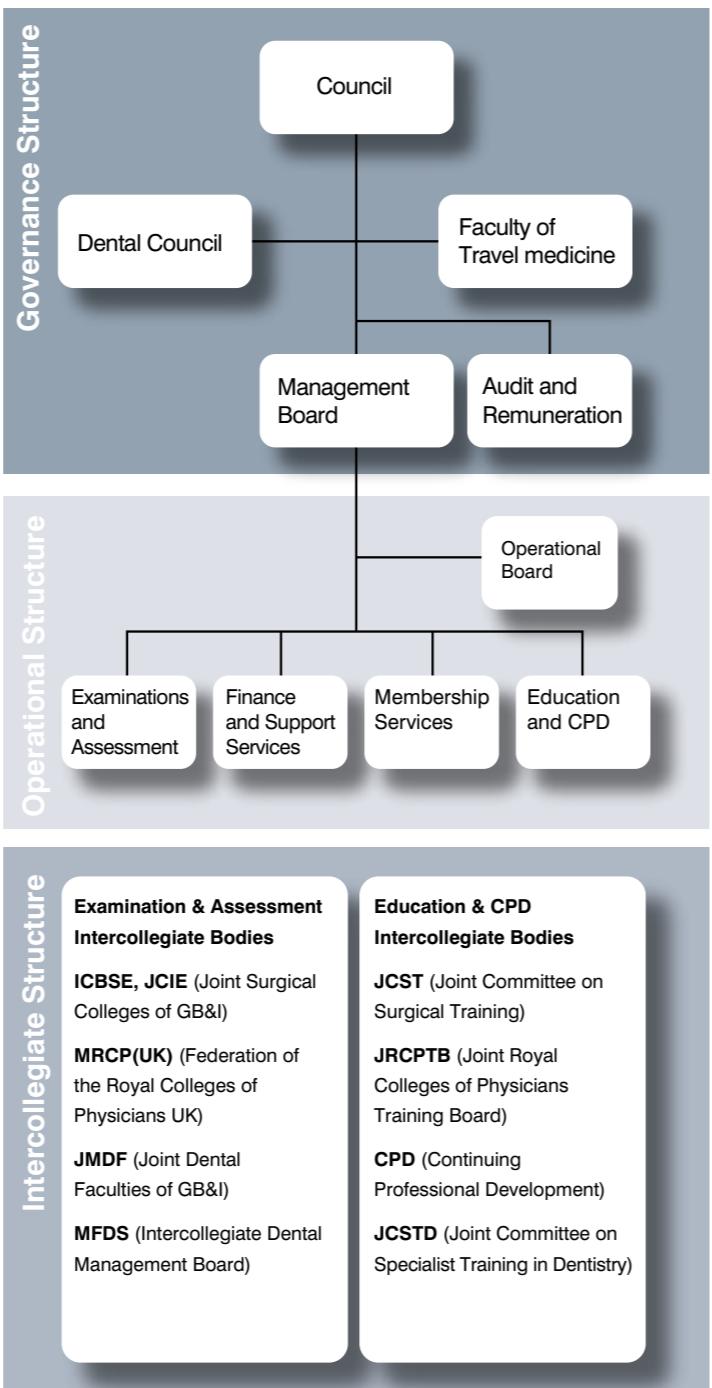
<b>Mr Ian WR Anderson</b>	President
<b>Dr Frank G Dunn</b>	Vice-President (Medical)
<b>Mr David J Galloway</b>	Vice-President (Surgical)
<b>Professor Michael AO Lewis</b>	Vice-President (Dental)
<b>Dr Jackie Taylor</b>	Honorary Secretary
<b>Mr Paul N Rogers</b>	Honorary Treasurer
<b>Dr Elaine Morrison</b>	Honorary Librarian
<b>Dr Robin J Northcote</b>	Registrar
<b>Professor Peter L Chiodini</b>	Dean of the Faculty of Travel Medicine

## Ordinary Councillors

<b>Dr Ruth McKee</b>	Surgeon
<b>Mr Ian Graeme Conn</b>	Surgeon
<b>Mr Marc Bransby-Zachary</b>	Surgeon
<b>Mr John R McGregor</b>	Surgeon
<b>Ms Jennifer McIlhenny</b>	Surgeon (<10 years)
<b>Dr Rajan Madhok</b>	Physician
<b>Dr Roderick Neilson</b>	Physician
<b>Dr Hilary Dobson</b>	Physician
<b>Dr Adrian Brady</b>	Physician
<b>Dr Morven McElroy</b>	Physician (<10 years)

## Regional Councillors

<b>Dr Gordon Cook</b>	(Physician) working outwith Scotland
<b>Dr Arthur Dunk</b>	(Physician) working outwith Scotland
<b>Mr Andrew D Henry</b>	(Surgeon) working outwith Scotland
<b>Position vacant</b>	(Surgeon) working outwith Scotland
<b>Professor Sandra MacRury</b>	Grampian, Highland and Islands and Tayside
<b>Mr James Watson</b>	South East Scotland
<b>Mr Michael J McKirdy</b>	Clyde and the Argyll areas





ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

232-242 St Vincent Street

Glasgow, G2 5RJ

T +44 (0)141 221 6072

F +44 (0)141 221 1804

[www.rcpsg.ac.uk](http://www.rcpsg.ac.uk)

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