

COLLEGE

voice

Leadership

Dame Clare Marx on the future
of our profession



POLICY NETWORK UPDATE
SCOTTISH OBESITY ALLIANCE
SUPPORTING DENTISTRY IN TANZANIA



OPTIMAL MANAGEMENT OF THE ACUTELY ILL PATIENT
THE FIRST 24 HOURS



9-10 September 2019

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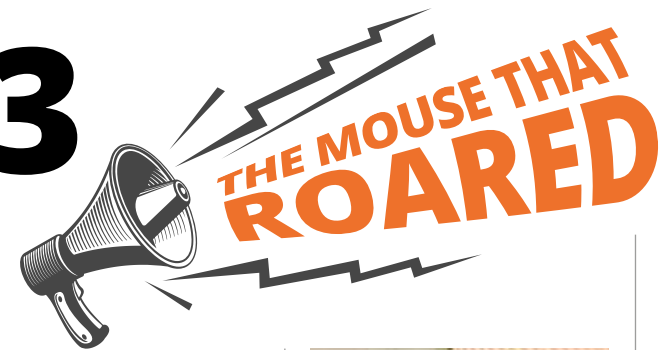
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ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW
PHYSICIANS

voice

EDITION 3



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PRESIDENT'S UPDATE

College President Professor Jackie Taylor writes for voice



As I write this piece for College Voice, I have just completed a weekend on call. Over the last 48 hours I have as always been impressed by the professionalism of the medical and nursing staff, by the cheerfulness in challenging circumstances and by the sheer hard work and goodwill which keeps the NHS afloat. I have been equally daunted by the volume of work, the shortages of staff, the inability to get the right patients in the right beds, the clunkiness of our steam driven IT systems and the increasing complexity of patients. My decision making capacity is nearing its limit, and having seen my glazed expression, the family knows better than to ask me a difficult question such as “tea or coffee?”!

So what else have I been doing since my investiture? Despite having been involved in College in a variety of roles for 20 years, the learning curve is still a steep one. From the intercollegiate perspective, all three physician colleges have signed a new Memorandum of Agreement (MoA). This will, I believe, provide a much more stable platform for future collaboration, with much more transparency and greater recognition of our contribution to Federation activities. In April the Chair of the Joint Surgical Colleges meeting will rotate to me: this will be an interesting experience for a physician but I will be ably supported by our two Surgical Vice President's.

In early February our International Director Professor Hany Eteiba and I did a whistle stop tour of India, Sri Lanka

and Dubai. We both delivered lectures at the Association of Physicians of India Conference in a College session, and participated in CPD at Sri Ramachandra University, where I also had the pleasure of officially opening the education and examination centre which has been generously given to us by the Chancellor. We were warmly welcomed and hosted by the past and current Presidents of the College of Surgeons of Sri Lanka and had a wonderful evening meeting some of our new members. The subsequent terrorist attacks in the country have shocked us all, and I have since been in touch with our colleges there to offer our condolences and support.

On our way home we stopped in Dubai to visit the Tri-C Education Centre, an excellent facility with which we would be very keen to work in future.

It's clear that while we may be smaller than some of the other institutions, our College is held in very high regard. It's a great privilege to connect with members and it is very apparent that there is no substitute for personal contact. Everywhere we visited there is a real desire for us to assist with provision of educational events and exam preparatory courses, the challenges being to provide offerings which are deliverable and sustainable. This is a good time to welcome Fiona Winter our new Head of Education. Fiona who has a background in Accountancy previously led the Education Department of The Institute of Chartered Accountants of Scotland (ICAS), and the College is looking forward to learning from her expertise, particularly in the development of e-learning.

Closer to home there have been a number of highlights. On the eve of International Women's Day 2019, it was very appropriate that the first Leadership Lecture of my presidency was given by Dame Clare Marx, recently appointed Chair of the GMC and Past President of the Royal College of Surgeons of England, the first woman ever to hold this office. Entitled “Clinical Leaders-your patients need you!”, her lecture was inspiring, uplifting and was a real call to action. You can read more on Dame Clare's lecture on pages 24 to 29. This College is committed to helping our members to develop their leadership potential, and will be

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I have as always been impressed by the professionalism of the medical and nursing staff, by the cheerfulness in challenging circumstances and by the sheer hard work and goodwill which keeps the NHS afloat.

running a number of courses in partnership with the Faculty of Medical and Leadership Management. In collaboration with the University of Glasgow, our College will also be offering four annual development scholarships to encourage diversity within leadership roles. In year one this will be open to women and in subsequent years other groups which are currently under represented.

I have managed so far to avoid the Brexit word, but would like to report on an event hosted by Queens University, Belfast, at which the Colleges of Glasgow, Edinburgh, London and Ireland explored the impact of Brexit on NHS, and in particular on healthcare in the Republic of Ireland and Northern Ireland. It was good to see the Colleges working together, and ultimately a joint letter has been published which you can access here rcp.sg/irelandandbrexit. Further collaboration and cooperation is planned.

In terms of the priorities I have outlined, namely Workforce, Wellbeing and Inclusivity, I am very grateful to Council and Executive Board members for supporting these domains and the task and finish groups to progress them are currently being constituted. A fourth priority has been added, that of recruitment, engagement and retention of UK Members and Fellows. While it is wonderful to develop an international profile, it is absolutely crucial that we are connected to our membership in the UK and this will be concentrating our minds for the foreseeable future. How do we attract and retain UK doctors in what can be a challenging environment? There is no magic bullet, but we must prove that the College is dynamic, listening, responsive, relevant, caring, influential and willing to defend the profession.

In closing, I would like to thank everyone for their good wishes and in particular to express my gratitude to the Office Bearers and College staff for their advice and support over the last few months and for assisting me to keep those plates spinning. It's important now that we harness the skills within the College to focus on our priority areas and keep the momentum going! I'm looking forward to the challenge.

SUPPORTING DENTISTRY IN TANZANIA



A Volunteering Award of just £2500 from the College helped to train six Tanzanian rural clinical officers in emergency dentistry and oral health promotion within Chato District, and helped directly provide dental treatment for over a thousand patients in the space of just two weeks. Andrew Paterson from Bridge2Aid tells us more.



Dental clinic in Chato, Autumn 2018

Chato District has a population of 365,000 people. In this area there are two fully trained dental staff, the district dental officer and a dental therapist. Additionally there are five clinical officers who provide oral health education and emergency dentistry. The district dental officer and the dental therapist have no functioning dental drills and no access to any restorative materials. In rural parts of the developing world like Chato, lack of access to emergency dental care leaves many with constant debilitating pain and infection which can affect livelihoods and lives. With significant inequality, access to safe dental care is almost non-existent in rural areas in many sub-Saharan African countries like Tanzania. The World Health Organisation (WHO) recognises oral disease as a major public health problem.

In addition, oral health is worsened in rural areas as multinational companies such as CocaCola provide cheap sugared carbonated drinks where there is lack of access to safe drinking water. UNICEF statistics indicate that basic safe drinking water is available to only 50% of Tanzanians and 37% of rural Tanzanians. Patients in rural areas are in most instances unaware of the benefits of tooth brushing and use of a fluoride toothpaste. There is thus a dire need to train rural health workers in the delivery of appropriate oral health education and emergency dentistry to their rural communities.

The main aim of this programme was to train six Tanzanian rural clinical officers in emergency dentistry and oral health promotion. In this instance one of the six clinical officers was the clinical officer for Chato Prison. The additional benefit of this was that, with the training of this clinical officer, for the first time prisoners in the district would have access to emergency dentistry and oral health promotion.

The secondary aim of our project was to provide relief of pain for the patients who attended the programme. In Chato District access to safe, basic dental care for the majority of the rural population is impossible unless they happen to live next to a health centre or dispensary where a clinical officer has been previously trained. These largely subsistence farmers simply do not have the means to travel to areas where access to care is possible. Many patients present to the programme for treatment having suffered with dental pain for over 10 years.

Lastly, we wanted to provide a positive volunteering experience for team members and to give them additional problem solving skills for use in their day to day work.

It is recognised that individuals who volunteer can acquire personal and professional skills that are transferable to the NHS. For example, a recent policy report by the College, Global Citizenship in the Scottish Health Service, indicates that volunteers in developing countries return to the UK with

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Basic safe drinking
water is available to only
50% of Tanzanians
and
37% of rural
Tanzanians



Our award to Bridge2Aid helped them train rural Clinical officers in dentistry, and supported over 1000 local dental patients in the visit in Autumn 2018.



a wide range of skills and a better ability to work in challenging environments for a minimal cost to the organisation. These benefits include building enhanced leadership skills, cultural competence, and a greater understanding of social and cultural diversity and of global health issues. For the full report visit rcp.sg/globalcitizen.

Bridge2Aid is considering putting the Tanzanian training model into Malawi in 2020 so this programme was also important to help us develop our strategy around the advisability of a pilot programme to Malawi.

TRAINING CLINICAL OFFICERS

Bridge2Aid has a Memorandum of Understanding with the Tanzanian Ministry of Health to support Tanzanian regional and district dental officers to train rural clinical officers in the WHO's Basic Package of Oral Care. This includes training in oral urgent treatment including simple tooth extractions carried out by the clinical officers who are non-dental personnel, and oral health promotion. They were also trained in the care, decontamination and sterilisation of dental instruments via a WHO approved method. This requires significant "task shifting" and training of the clinical officers.

As the site clinical lead I taught, led teaching and assessed

a competency based training programme which trained the clinical officers alongside of their district dental officer. The overall team consisted of seven UK and US dentists and three members of the oral health team together with two Tanzanian staff. This programme was located in two remote and rural clinics (Nyambugera Dispensary and Kachwamba Health Centre) within Chato district with access problems to the clinics, poor communications and supplies and lack of basic facilities such as clean running water and electricity which necessitated ongoing problem solving to deliver a successful programme.

Following the training, all six clinical officers were deemed competent by the district dental officer, myself and the team so they received a basic instrument kit to provide the basic package of oral care to their community. They will now receive follow up for eighteen months from Bridge2Aid's Tanzanian team and their district dental officer after which they will be the sole responsibility of the district dental officer.

In addition to providing this training support, 1,021 patients received dental care through the programme. This is

“
1021
patients received
dental care through
the Programme



the highest number in 94 Bridge2Aid programmes over 14 years. All patients received group and individual oral health education and free toothbrush/fluoride toothpaste. 514 patients at Nyambugera Dispensary also received education in TB and HIV prevention from a local health worker.

During the course of the nine days of the Programme, which consisted of one day of theory delivered by the district dental officer and eight days of clinical training, the 6 clinical officers extracted an average of 122 teeth each. It is worthy of note that a UK dental graduate extracts an average of 31 teeth during 5 years of training.

During our time in Tanzania we also found time to build relationships with host governments and communities, allowing us to raise the profile of oral health with the local District Executive Director, District Commissioner, District Medical Officer and the head of the prison service for North-West Tanzania. This is important as oral health has been seen as a lesser health priority in many low and middle income countries.

One of the clinical officers was based at Chato prison and with this clinical officer being deemed competent this now also enables access to safe emergency dental care and oral health education for inmates at the local prison service for the first time.

WHAT THIS PROJECT ACHIEVED

The 6 rural clinical officers who were trained have already commenced providing emergency dentistry and oral health education to their communities in the Tanzanian wards of Kibumba, Kasenga, Kachwamba, Katete, Kinsabe and Mkiu/Chato prison within Chato District. These areas have an average population of 10,000 people and are mentored by their district dental officer.

All the volunteers who participated in the programme rated their experience positively.

Since the programme finished in September 2018 one volunteer has agreed to become a trustee of Bridge2Aid and two to help develop their communications strategy. Another volunteer has signed up to return to Tanzania in 2019 as an assistant site clinical lead. One volunteer has decided to change career from being a private cosmetic dentist to dealing with dental emergencies in a deprived area of England as a direct result of seeing the health inequality in Tanzania.

Undoubtedly this programme improved my problem solving and leadership skills which I can take back to the University of Dundee and NHS Tayside as a Senior Clinical Lecturer/Honorary Consultant.

In particular I hope that it will inspire others, including undergraduates considering electives, to consider volunteering in sustainable programmes in low and middle income communities to be part of their social responsibility as ethical clinicians.

Awards and Scholarships for Fellows and Members

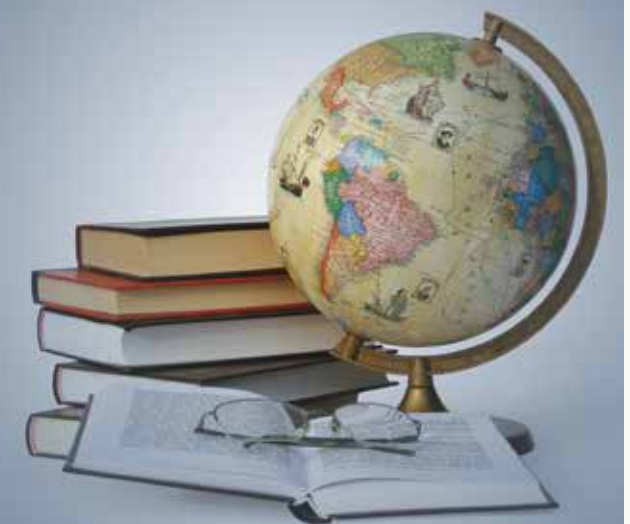
Gaining an award or scholarship is one way to develop your professional skills and advance your career.

As a member of the Royal College of Physicians and Surgeons of Glasgow you have the opportunity to apply for a number of awards to help you progress your research, improve your knowledge and skills or widen your experience by visiting other countries and / or specialist centres.

Access to the scholarships, awards and fellowships we offer is one of the many and varied benefits of College membership.

You can see the full details of the awards and scholarships that are available, including details of deadlines and how to apply on our website at

rcp.sg/awardsandscholarships



NEWSBITES

WELLBEING



COLLEGE ENDORSES NEW ONLINE COURSE TO PREVENT SUICIDE



A new, free online course has been developed to allow healthcare professionals, and those working with at-risk or vulnerable individuals, to gain a better understanding of suicide and ways to prevent it.

The University of Glasgow-developed course - titled 'Understanding Suicide and Suicide Prevention Strategies in a Global Context' - allows users to learn about the complex set of factors linked to suicide and explores suicide prevention strategies.

The educational tool has been endorsed by NHS Breathing Space, Samaritans, the British Psychological Society, and our College.

The course, which officially launched in March 2019, tackles some of the myths that exist around the topic of suicide and offers students an opportunity to explore data and trends in their own community. The scale of suicide and self-harm are outlined and consideration given to how stigma influences risk. The impact of suicide at a personal and societal level are considered, with a particular focus on legislation and media coverage. For more details please visit www.futurelearn.com/courses/suicide-prevention

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We've put together this course to empower those who engage in the course to have open conversations about suicide risk and prevention, with the hope that together we can reduce suicide rates.

Dr Laura Sharp,
Co-Course Developer, from the University of Glasgow

The Royal College of Physicians and Surgeons of Glasgow is delighted to be able to support this important work. It's vital that we provide all the support we can to those in need, and this innovative approach will add to the resources available in this vital area.

Professor Jackie Taylor,
President of the Royal College of Physicians and Surgeons of Glasgow

Understanding suicide and suicidal behaviour is a key part of suicide prevention. Finding effective ways to support individuals and sharing best practice will help those working in the field to save lives.

Ruth Sutherland, Samaritans CEO



ACADEMY LAUNCHES ONLINE SUPPORT FOR DOCTORS' WELLBEING

The Academy of Medical Royal Colleges has launched a new online resource for doctors that signposts different organisations that can provide support for those working in healthcare.

The guide is designed to act as a one-stop-shop for sources of information and advice for healthcare workers who are suffering from stress. It's hosted on the Academy website, and can be found at rcp.sg/supportfordoctors.

Chair of the Academy, Professor Carrie MacEwen has written for voice explaining the thinking behind this initiative. You can find her article on [page 42](#) of this edition.

'THE CHANGING FACE OF MEDICINE'

Dame Parveen Kumar will deliver the College's next President's Leadership Lecture on the 4 June 2019. At this free event, Dame Kumar will discuss her work with the Royal Medical Benevolent Foundation, and why caring for the profession should now be top of the agenda for all medical organisations. She'll also set out how medicine has changed over the past five decades, and how the medical professions have had to adapt to changes in society and advancement in technology.

This event is free, and CPD has been applied for. Tickets are available now on the College website at rcp.sg/dameparveenkumar.

WORKFORCE

COLLEGES JOIN TO CALL FOR INCREASE IN VISAS FOR PHYSICIANS

The Federation of the Royal Colleges of Physicians has called on the UK government to make special provision to increase the number of doctors from outside the EEA. The call comes in response to staff shortages across the NHS, and as the health service makes preparations for when the UK leaves the EU.

In evidence to the recent consultation by the Migration Advisory Committee (MAC) on what occupations and job titles should be included in their Shortage Occupation List (SOL), the Federation has called for the inclusion of all physician posts across the NHS on the list to ensure that vacant posts can be filled as the UK leaves the EU.

In addition, the partner organisations have called for the MAC to:

- Recognise the case that Acute Internal Medicine and Geriatric Medicine physician posts should be added to the SOL in their own right based on the significant evidence that these specialties are in national shortage.
- Consider the role it could play in making a recommendation that Junior doctor foundation year 1 and year 2 posts are added to the SOL.
- Consider the skilled roles undertaken across the health and social care professions that currently are not included on the SOL and are unlikely to meet the MACs recommendation for the skilled workers salary threshold of £30,000.
- If these roles remain in shortage the workload for physicians increases which further exacerbates workforce shortages.

The Federation is a partnership between the Royal College of Physicians of London, the Royal College of Physicians of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow.



COLLEGE WARNS OF WINTER CRISIS IMPACT ON TRAINING

College President Professor Jackie Taylor has written to Jeane Freeman MSP, the Scottish Government's Cabinet Secretary for Health and Sport, to warn that the annual winter crisis in the NHS could have a knock on effect on consultant numbers unless urgent action is taken.

In her letter, Professor Taylor sets out the College's concern that doctors and surgeons in training could be diverted from their substantive training roles to help address short-term demand in the health service. If junior doctors do not undertake enough training hours, they would be delayed in taking up consultancy posts in the future at a time when consultant shortages are having a material impact on NHS services in Scotland.

In the letter, the senior doctor sets out a set of principles which should underpin the deployment of doctors in training when hospitals adopt plans to address peaks in demand over the winter period.

The College has worked with other royal medical colleges to develop a set of principles which should underpin the deployment of doctors in training in these circumstances. We've called on the Cabinet Secretary to use her influence to ensure that Health Boards and other NHS Organisations adopt the best practice in this area, namely:

- a) Clinical supervision in the workplace must be clear and agreed to by all parties and must recognise the lower levels of experience and expertise that trainees may have if working outside their usual specialty.
- b) Senior clinical management within the service provider (Medical Director, Clinical Director) must agree to the arrangements
- c) Trainees participating in such arrangements must receive due recognition for their work in a form that can be included in their training portfolios
- d) There is clear communication from senior hospital management to the trainee and consultants concerned.
- e) Arrangements must be agreed with the Local Postgraduate Dean

A full copy of the President's letter can be found on our website at rcp.sg/wintercrisistraining

COLLEGE RESPONDS TO PUBLICATION OF NHS LONG TERM PLAN

Following the publication of NHS England's Long Term Plan in January 2019, College President



Professor Jackie Taylor welcomed the publication of the document, but called for further action to ensure that the NHS is equipped with the necessary levels of staffing to be able to deliver on its ambition.

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Speaking after the launch of the report, College President Professor Jackie Taylor said:

What we need to accompany this ambition is a practical, long-term workforce plan. We must ensure that we have sufficient levels of qualified, well-supported staff within the NHS to deliver the positive difference we all want to see. With a recent joint report from the Nuffield Trust, The King's Fund and Health Foundation predicting a shortfall of 250,000 staff by 2030, it's clear that we need action now if we're to build an NHS workforce which can deliver on the government's worthy ambitions.

INCLUSIVITY



COLLEGE CELEBRATES INTERNATIONAL WOMEN'S DAY 2019

Leading women in medicine from across Scotland and the UK gathered in the historic College Hall on Thursday 7th March, the eve of International Women's Day.

Guests including Scotland's Chief Medical Officer Dr Catherine Calderwood and the Chair of the General Medical Council Dame Clare Marx joined College President Professor Jackie Taylor and female guests from across the world of medicine to celebrate the increasing leadership role played by women in medicine. The event marked the beginning of the work of the College plans for the coming three years around promoting inclusivity in the College and throughout healthcare, which is a priority area of action for the current President.

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Speaking at the event, Professor Taylor called for more action to support the development of women into leadership roles within medicine and academia, and pledged action on the issue from the College. She said:

I'm delighted to welcome so many inspirational women from the world of medicine to our College this evening to celebrate International Women's Day. As a College we're very fortunate to have so many strong women in leadership roles, but we know that there's much more to do over the months and years ahead to achieve full equality across the healthcare sector. As our most recent physicians' census demonstrated, while the proportion of female consultants overall is growing, in some specialties there is still a significant gap, and women are underrepresented in senior management and leadership roles.

That's why it's important that we do all we can to recognise the achievements of women, and take action to ensure that we close the gender gap without delay.

WOMEN IN SURGERY CONFERENCE

Alison Lannigan represented our College at the Surgical Scousers' "Women in Surgery" conference in Liverpool in March. This full day conference featured a range of inspirational talks from multiple female surgeons in a wide range of specialties.

In her contribution, our College's Vice President (Surgical) discussed the options available within surgical training, including academic posts.



CLINICAL EDUCATORS DISCUSS DIVERSITY

Diversity was at the top of the agenda at our recent conference for our Academy of Clinical Educators (ACE) which took place in the College on the 15th March. Delegates, who included a range of health professionals involved in teaching, training and learning first heard from intercollegiate research fellow and specialty trainee Dr Duncan Scrimgeour present his lecture "Differential attainment: which factors predict success?" on the demographic factors which influence performance in the MRCS exams. Dr Neil Croll, Head of Widening Participation at the University of Glasgow then discussed the successful work that the university has been undertaking to remove the barriers which prevent capable students who have faced a range of disadvantages from pursuing a career in medicine. With a focus on supporting the training and professional development of trainers and educators specifically, the ACE programme is designed for those holding a named trainer role in secondary care, or who wish to enhance their career development as trainers.

You can find out more about the work of ACE, including details on how to apply to join, at rcp.sg/ace.

OTHERNEWS



PHYSICIAN COLLEGES SIGN NEW PARTNERSHIP DEAL

The presidents of the three Royal Colleges of Physicians of the United Kingdom have signed a Memorandum of Agreement (MoA) which sets out how the colleges will continue to collaborate on key education, training and assessment activities through their working relationship - known as the Federation of the Royal Colleges of Physicians of the UK.

These activities include the development and delivery of MRCP(UK) written examinations, international clinical examinations (known as PACES) and specialty certificate examinations (SCEs), the development and monitoring of training curricula through the JRCPTB, and continuing professional development (CPD).

The MoA became effective on 1 January 2019.

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Signing the deal, Professor Jackie Taylor, President of the Royal College of Physicians and Surgeons of Glasgow, said:

The MoA between the Colleges marks a new chapter in the life of the Federation. It will provide a stable platform for collaboration and I believe it will re-energise our activities, allowing us to focus on what we do best- providing the highest standards of education, training and assessment. The MoA is a clear statement of our commitment to continue to work together.

Professor Derek Bell, President of the Royal College of Physicians of Edinburgh said:

This renewal of our partnership brings great opportunities to enhance the services offered to trainees and their trainers and of course to all physicians as they plan and record their CPD. I am pleased to mark the extension of our collaboration in a 3 college initiative which has brought such benefits to date.

Professor Andrew Goddard, President of the Royal College of Physicians of London, added:

The close working of the 3 colleges is crucial to the success of each of us and this MoA is a strong and clear commitment by us all to each other. I am delighted that we have 'renewed our vows' to each other to improve training and support for physicians across the UK and globally.

2
CPD
CREDITS*

CRITICAL CARE UPDATES

FREE EVENTS

This evening tutorial series, run in partnership with the West of Scotland Intensive Care Society, follows the Fellowship of the Faculty of Intensive Care curriculum offering themed nights covering all the major areas of Intensive Care Medicine.

Cardiac 3: Adult Congenital Disease and Cardiac Arrest
9 May 2019

Burns, Skin and Ethical Dilemmas
13 June 2019

rcp.sg/criticalcare

Venue

Royal College of Physicians and Surgeons of Glasgow
18.30 - Registration
19.00 - Topic Discussions

*You must register online in advance to receive CPD Points



ROYAL COLLEGE OF
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INTERNATIONAL DIPLOMA IN EXPEDITION AND WILDERNESS MEDICINE

Structured in conjunction with the Oxford Handbook of Expedition and Wilderness Medicine, the International Diploma in Expedition and Wilderness offer students the chance to gain a fully recognised qualification, with postgraduate diploma equivalence through Glasgow Caledonian University, while also having the opportunity to travel to challenging locations both in the UK and Morocco.

FOR MORE INFORMATION, INCLUDING THE COURSE STRUCTURE AND FEES, PLEASE VISIT rcp.sg/expedition

Blended learning 18 month course

Suitable for

Foundation doctors with an interest in formally developing their skills in expedition medicine.



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THE GLASGOW INTERNATIONAL ORTHOPAEDIC AND TRAUMA MEETING

The Glasgow International Orthopaedic and Trauma Meeting is a key event in our educational calendar for 2019. Covering a wide range of subjects, it is relevant for everyone involved in orthopaedics and trauma, including consultants, orthopaedic training and non-training grade doctors, medical students, physiotherapy colleagues and orthopaedic and trauma nurses.

BOOK NOW rcp.sg/orthotrauma
steven.shanahan@rcpsg.ac.uk
+44 (0)141 221 6072

Friday 17 May 2019

Royal College of Physicians and Surgeons of Glasgow

Who should attend?

Consultants | Medical students | Orthopaedic
training and non-training grade doctors
Physiotherapists | Orthopaedic and trauma nurses



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW
SURGEONS



Obesity Action Scotland's Programme Lead Lorraine Tulloch writes for this edition of voice



Despite being small as a mouse Obesity Action Scotland, an independent advocacy group based in the Royal College of Physicians and Surgeons of Glasgow, has had significant impact in its almost four years of existence. The policy environment around obesity prevention has been moving at lightning speed over this time and we have had to be resourceful, flexible and innovative to respond and have influence.

On our creation as an independent advocacy organisation we were challenged with making a difference in the biggest public health threat of modern times. The health consequences and impact on individuals of overweight and obesity are significant and you most likely observe them and deal with them in your everyday work.

As health advocates we focused on the environment that surrounds us every day to ensure that we improve it to stack the odds in favour of staying a healthy weight. That meant our top priorities quickly became changing the food environment and tackling the actions of the food industry which have resulted in our every-day lives being bombarded with the advertising and promotion of junk food. Only when these are rebalanced will we start to enable everyone

to make healthier choices. At the moment the element of choice is skewed in favour of unhealthy food through its price, positioning and pervasive advertising.

The last four years have brought exciting changes in obesity policy. We worked through Scottish Parliamentary elections, policy commitments and policy development to ensure that the key priorities we have identified featured as action in the Diet and Healthy Weight Delivery Plan from Scottish Government. We worked with UK partners to influence the childhood obesity work of UK Government. We have seen that work translate into commitments and consultations from UK and Scottish Government on ways they can change the food environment for the better. We have seen pledges to tackle price and location promotions in retail and out of home eating settings. We have seen commitments to restrict advertising. We have seen commitments to ensure calories are displayed in out of home settings and wider improvement in that sector is achieved. We now need to make sure those commitments turn into effective, fully implemented policy and legislation.

Our work is not done, far from it. We have a long way to go to not only ensure that healthy food is affordable, accessible and acceptable but to also tackle the many other environmental drivers of overweight and obesity. But the mouse that is Obesity Action Scotland has roared and will continue to roar until we see the change needed to ensure we all have the very best odds of staying a healthy weight.

Why is the out of home sector so important in tackling obesity?

Eating out of home has become a regular part of our modern lives.



An average person in the UK visits the out of home sector 199 times a year.



In the UK we eat 20-25% of our total calories out of home.



There has been 53% increase in places to eat out of home in the last 10 years



Children consume unhealthy food and drink out of home more often than adults in Scotland



There were 948 million visits to out of home establishments in Scotland in 2015, up by 3% on 2014



An average portion of chips in Glasgow has 1000kcal which is the equivalent of half the daily calorie intake for an adult woman

Change is needed

We call for the following action to be taken:



#1 Portion sizes

- Regulation to control portion sizes
- Calorie capped options
- Half portion options



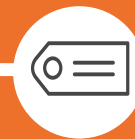
#2 Reformulation

- Reductions in fat, sugar and salt
- Improved fruit, vegetable and wholegrain content



#3 Promotions

- Regulation to restrict promotions on products high in fat, sugar and salt
- Promoting healthy food and drink choices



#4 Labelling

- Mandatory calorie information on menus at point of choice



#5 Planning

- Planning and licensing decisions made on health grounds

obesityactionscotland.org

Source: <http://www.obesityactionscotland.org/briefings/>

NEW ALLIANCE LAUNCHES TO TACKLE OBESITY IN SCOTLAND

A new alliance of agencies and organisations have come together to tackle obesity.

The Scottish Obesity Alliance launched on Wednesday 5 December. This new alliance will provide a unified, influential and independent voice on one of the most significant public health challenges of our time. Today the majority of the Scottish population have excess weight. 29% of adults and 13% of children aged 2 to 15 years old have obesity, and even more are overweight and at high of risk of obesity later in life¹.

Being overweight and obese can negatively impact on quality of life, affect productivity and lead to serious chronic conditions such as type 2 diabetes, stroke, cardiovascular disease and some form of cancers. And while figures in Scotland are no longer rising as in previous decades, we still have some of the highest rates of obesity in the world².

An alliance could have a significant impact on progressing policy on tackling obesity through a collaborative approach. We have seen success in other priority areas where alliances have been formed for alcohol and tobacco, bringing added value to the public health campaign.

The Scottish Obesity Alliance will bring together leading national health charities, medical royal colleges, campaign groups and membership bodies with an interest in health and public health working on this issue in Scotland. It will create a forum for organisations to collaborate to influence policy and practice on obesity prevention, and work with the Scottish and UK Governments to influence policy and practice to tackle overweight and obesity.

Working together the alliance seeks to create a Scotland where healthy food and physical activity are easy, acceptable, affordable and sustainable for all.

Announced as Chair of the Scottish Obesity Alliance at the launch in December, Elma Murray OBE said,

“As a long-serving public servant I have seen all too clearly the impact of unhealthy weight on our people and communities.

However lasting change will only come if we create supportive and enabling environments for people to make the best choices. I am excited at the potential that this new Alliance will give us. I look forward to working with members to create a strong policy influence for change in Scotland.”

Elma Murray has been Chair of Young Scot (Scotland's youth information and citizenship charity) since June 2017.

She was previously Chief Executive of North Ayrshire Council from 2009 to 2018 and has a local government career spanning around 35 years and has held several senior positions. She is passionate about public sector services and their vital role in supporting local people and the most vulnerable in our communities.

The Scottish Obesity Alliance launched in December 2018 with 12 founding members, including the Royal College of Physicians and Surgeons of Glasgow, together with a Manifesto Outline. The Manifesto Outline shares a vision for a Scotland which promotes health and wellbeing, and identifies key areas where urgent action is required.

These include:

- protect our young
- make healthy choices easy
- create healthy environments
- workforce support
- tackle inequalities in obesity

Members will collectively identify priority policy calls for action in 2019-20 in the spring, which will inform an annual work plan.

Significant action is now needed to tackle overweight and obesity in Scotland. This is a key time for organisations working on this important issue to come together.

The Scottish Obesity Alliance is situated within Obesity Action Scotland.

“Lasting change will only come if we create supportive and enabling environments for people to make the best choices”

For further information about the Scottish Obesity Alliance please contact Shruti Jain, Alliance Co-ordinator at shruti.jain@rcpsg.ac.uk

Follow the Scottish Obesity Alliance on Twitter @SOA_tweets



Obesity Action Scotland

Healthy weight for all

¹ The Scottish Government. (2018) Obesity indicators, progress report - October.

² OECD (2017). Obesity Update 2017 <http://www.oecd.org/health/health-systems/Obesity-Update-2017.pdf>

GROWING OUR SUPPORT FOR TRAINEES

Credentialing and improving the wellbeing of clinical trainees is top of the agenda



Jack Fairweather
Vice-Chair, Trainees' Committee

The Trainees' Committee has been enjoying a period of exciting growth and development over the last six months. The College Council approved an expansion of the Committee and we were delighted to welcome a large number of new members to the group, including dental trainee and international representatives. Following our first meeting in December, our new Education and Welfare and Support subgroups set to work in February.

EDUCATION GROUP

The education group has continued to lead planning for the College's CV bootcamp educational event, planned for 21 September this year. In addition, we're exploring possibilities to initiate and contribute to a number of new activities, including CPD for non-training 'FY3 Fellow jobs'; Quality improvement through the RSM; regular PACES teaching with mock exam; international medical graduate event to support living and working in the UK; widening access including primary school outreach; as well as considering new technology possibilities such as gaming apps for exam preparation and virtual/augmented reality to support training.

WELFARE AND SUPPORT GROUP

The Welfare and Support group is working on developing the College Buddy Scheme, to enhance the pastoral and peer support aspects for buddies, as well as increasing numbers involved in the programme. In addition, the group is linking in with exciting work being coordinated across Scotland by the GMC and NES Wellbeing Advisory Group. Following on from work in NHS Lothian with a survey of doctors in training, we're working with the health boards in the West of Scotland to launch a similar survey of junior doctors, evaluating wellbeing and identifying where we can focus efforts to influence improvements in working conditions for doctors in training.

Alongside these exciting new developments, the Trainees' Committee has been active on other fronts. With our partners on the Royal College of Physicians of Edinburgh (RCPE) Trainees and Members Committee and the Royal College of Physicians of London (RCPL) Trainees' Committee, we submitted detailed feedback to the General Medical Council (GMC) in their consultation on credentialing. Whilst we considered that credentialing had the potential to bring benefit and answer some unmet needs, we voiced serious concerns about the framework proposed by the GMC and some of the fundamental, as yet undefined, aspects of credentialing. With our colleagues in the Academy Trainee Doctors' Group and the BMA, we've raised further concerns with the GMC about the consultation process itself, and are calling on the GMC to pause their current strategy with credentialing, and publish in a transparent and meaningful way the results of the consultation process so far and re-engage with trainee representative bodies in a genuine and constructive dialogue.

In further collaborative work with the RCPE and RCPL Trainee committees, we've worked on establishing a network of trainee representatives on Specialist Advisory Committees. Given the large body of work going on just now with medical specialty curriculum developments, we were keen for the trainee representative voice to be heard and supported, and maintain the role of our trainees' committees in curriculum development.

We've also begun work with RCPE trainees in developing a Scottish network of Chief Registrars, and are developing a framework to share best practice and support this group of trainee representatives and leaders.

If you'd like to hear more or to contribute, please get in touch traineecommittee@rcpsg.ac.uk

DENTAL WEBINARS

TRAUMATIC DENTAL INJURIES DISPLACEMENTS

Thursday 23 May 2019, 13:00 - 14:00

Our series of monthly dental webinars focus on current topics of relevance to dental practitioners. Topics include traumatic dental injuries, infection control, health inequalities, periodontal surgery and CoCr partial dentures.

Each webinar (including aims and learning outcomes) can be accessed on the website. Webinars that have already taken place are made available as CPD e-learning modules.

Suitable for the whole dental team

FREE FOR MEMBERS

DCPs can join as Associate Members of the Faculty for just £30 a year to access all webinars free of charge. Other benefits for DCPs include DCP Update and 40% off Dental Nursing Journal.

Non-members of the College can purchase access to the webinars: £25 for each webinar and £60 for the series of six.

1
CPD
CREDIT

Other events in this series

Infection Control and Decontamination Update for the Dental Team

Thursday 26 September 2019, 13:00 - 14:00

Health inequalities

Wednesday 16 October 2019, 13:00 - 14:00

Periodontal surgery

Thursday 14 November 2019, 13:00 - 14:00

CoCr partial dentures

Thursday 5 December 2019, 13:00 - 14:00

FOR MORE INFORMATION VISIT
rcp.sg/dentalwebinars

CONTACT e-learning@rcpsg.ac.uk

CALL +44 (0)141 221 6072



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW
DENTISTRY

POLICY NETWORK

The College offers our membership an opportunity to play a part in shaping the institution's policies as part of our Policy Network.

The Network is open to our wider membership, and gives members an opportunity to contribute to the preparation of the College's response to consultation exercises and inquiries, as well as taking a proactive role in developing the College's position on a range of key issues for our membership.

Along with opportunities to contribute to consultations, members of the Policy Network will:

- Receive an invitation to attend complimentary, CPD-accredited, College policy events
- Be eligible to receive personal CPD-accredited media and social media training
- Receive quarterly email updates on the College's public affairs and PR activity, including our participation in consultation responses and opportunities to contribute

Members who wish to join the Network are required to complete an application form, which is available on our website at rcp.sg/policy.



Policy
Network

UPDATES

SCOTTISH GOVERNMENT CONSULTATION ON FEMALE GENITAL MUTILATION

Our Faculty of Travel Medicine has submitted evidence to the recent consultation exercise run by the Scottish Government on their proposals to combat Female Genital Mutilation (FGM) in Scotland.

In our response the College supported the proposal that Scotland should introduce an offence so that individuals can be prosecuted if they fail to protect a person they have caring responsibilities for being subjected to FGM, and called on the Scottish Government to introduce a duty to notify police of FGM, which is in line with the existing law in England and Wales.

Our full response to this consultation exercise can be found on our website at rcp.sg/FGMconsultation.



HEALTH HAZARDS IN THE HEALTHCARE ENVIRONMENT

Scottish Parliament's Health and Sport Committee opened a short enquiry on Health Hazards in the Healthcare Environment at the beginning of this year following a series of incidents at the Queen Elizabeth Hospital in Glasgow. Several issues have arisen at the hospital since it opened regarding water hygiene, external cladding, the ventilation system and glazing failures which have raised concerns regarding patient safety. Concerns have centred around the instance of Cryptococcus Infection at the hospital and the mucoraceous mould infection.

While the Scottish Government are setting up an independent review of this situation, the Scottish Parliament have agreed to undertake their own short inquiry to identify the scale of any health problems acquired from the healthcare environment in Scotland, whilst also considering the wider implications for health facilities across Scotland.

In order to help shape the College's response to this inquiry, members of the Policy Network were asked for contributions around the three main questions posed by the Committee:

1. What is the scale of health problems acquired from the healthcare environment in Scotland?
2. What/where are the main risks?
3. Are the current systems and processes in Scotland adequate for monitoring, reporting, eliminating or controlling these hazards?

Our full response to the committee can be found on our website at rcp.sg/HHHE

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ROYAL COLLEGE OF
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COLLEGE HERITAGE AND ENGAGING WITH PEOPLE

During the past 12 months we have been using our incredible heritage to connect with more people in our home city of Glasgow. Although the College's amazing community is truly global, our connection to Glasgow is fundamental to our identity and purpose.

Writing for voice, our College's Deputy Head of Engagement – Heritage, Ross McGregor asks, why do we use our heritage to engage with people?

Since our foundation in 1599, the College has grown and evolved, while retaining its core purpose of helping our members improve standards of care for patients. We see our heritage as a dynamic interaction, created by the College's community over hundreds of years and continually being created each day. Within this there are thousands of people, stories, and connections to Glasgow, Scotland and the world.

Our heritage is both inspiring and accessible. It helps people understand what the College's purpose is, and is an entry point for partners, collaborators, and public audiences. It can break down barriers and help us develop partnerships across the healthcare, public, political, academic and cultural domains. Heritage places our identity and purpose firmly within the life of the city, past and present.

The College is a part of the city and the city is a part of the College. For both, people are at the heart of everything.

Key to reaching more people has been working with partners and collaborators. Working with Glasgow Science Centre has enabled us to reach thousands of people with an interest in science and health, young and old, local and international. Since June 2018 we have been taking part in Glasgow Science Centre's Curiosity Live and Meet the Experts events, regularly attracting around 1200 people per day. At these events we can showcase our innovative digital heritage work, with pop-up displays of our collections, and most importantly, talk to people about what the College is and what it does.

As part of our Visualising Medical Heritage project, we are collaborating with the University of Glasgow's Anatomy Facility. So far we have worked with the Anatomy Facility on two extremely popular engagement events within their wonderful Museum of Anatomy. Attracting over 200 people, these events allowed us to showcase digital heritage work and collections that highlight the role of anatomy in surgical innovation over the centuries. Visitors were also able to see how Glasgow's history of anatomy teaching and learning connects to current medical training and the Clinical Anatomy Skills Centre (CASC), itself a successful collaboration between the College and the University.

Another collaboration that is allowing us to engage with more people is our work with Glasgow School of Art's School of Simulation and Visualisation. The School of SimVis is at the cutting edge of digital visualisation, with students and researchers developing augmented-reality (AR) and virtual-reality (VR) experience for real-world uses, including for the health sector. We are applying these technologies to how we make our heritage more accessible. SimVis will join us at our Visualising Medical Heritage and VR event on 27 May. Our collaborations are continuing to expand, with exciting opportunities ahead for improving the quality, diversity and inclusivity of our outreach, for example with Historic Environment Scotland and Glasgow Women's Library. We are raising the profile of the College within the city and beyond – we have much to share!

Leadership

Dame Clare Marx on the future of our profession

On 7 March Dame Clare Marx, the current chair of the GMC delivered our first President's Leadership Lecture of the year on the subject of clinical leadership. In this edited transcript of her lecture, Dame Clare sets out what she sees as the increasing demands placed on the medical profession, and how leadership can make a tangible difference to patient care.

“My themes for this evening are the challenges of quantity and quality with which our profession is being met. I'll give some evidence of the benefits of clinical leadership, then show you some examples of what I would call 'clinical leadership in practice'. I'll then explore my thoughts about what professional bodies and regulators can contribute to this space, before giving you some thoughts about how we, as individuals can develop.

So, what is the landscape which we are facing? I don't have to explain to anyone who reads the paper every day that the financial constraints of the service across the nation are very considerable. We are constantly hearing of cuts, of difficulties, of people trying to struggle with providing services when there simply isn't enough resource. These are often financial constraints, but also include pressures on our human resources.

We know that we're facing the challenge of an ageing population. We know that many of our population are not willing to take on the burden of doing the healthy thing for themselves. Families are spread across the world, and this loss of family cohesion means that the extended family, which traditionally may have looked after some of these ageing people, are not so available. There is also an increase in expectations from the people we serve, both in terms of the quality and the quantity of healthcare services to which they're entitled. There is also growing belief of the people who work in healthcare that they can have what we would describe as 'normal lives', as opposed to the sort of life that means being in hospital almost every day of our lives.

We've seen an erosion of hierarchy. People are more questioning of us a profession.

INCREASING DEMAND FOR HEALTHCARE

And along with all this we've seen an extraordinary increase in demand for healthcare. For example, if you look at the attendances and admissions at the major A&E departments in England from 2003 to 2016, attendances have increased by around 20%, while admissions have increased by 70%.

It's extraordinary that we're seeing this increase in the number of admissions through A&E despite the fact that we're providing an increased level of healthcare.

At the same time, there's also an increasing demand for 'elective surgery', or planned surgery. From 2003 to 2016 in England we've seen a rise in planned surgical admissions from 0.8 million to about 1.4 million. This is over a period of around 12 years.

So this enormous change in what we're doing in the service. And in that time, the number of beds have reduced, the number of doctor and nurses has increased, the length of stay has come down, but we are doing more and more within the service.

So that's the quantity side of this equation, what about the quality?

If we compare levels of 30 day mortality following emergency laparotomy between populations in the United States of America and the United Kingdom where we match procedures, demographics, and where the risk of surgeries have been matched, there is a clear difference between the risk of surgery in each country. You are more than twice as likely to die within 30 days of this procedure in the UK as if you were in the US.

There is something very different in these services. Now I know that you will all think that this is due to the fact that United States spends twice as much on healthcare as we do. Well, just listen up a little bit longer.

We can also compare the mortality rate for, England, Australia and the United States. If we look at the seven day and thirty day level mortality for admissions, the relative risk of dying shows there is a marked difference between results in England and Australia and the United States. The US does best, then Australia, then England. Does Australia spend a lot more than us?

Answer – yes. They spend quite a bit more than us.

But this difference in care is not simply about spending on health care. A paper published in the British Medical Journal in 2017 gives us some more insight. This paper showed that there was a 5% cumulative improvement in survival for every additional intensive care bed per hundred beds in the hospital, but also a 33% improvement in post-operative survival when a consultant is on site.

I think that this is a really interesting observation, and here's another one: there is a 22% improvement in the length of stay when a consultant is free of all other duties.

There is something we can do within the resource we already have which potentially could make a huge difference to our patients. And that is something that as a clinical community we have to take on board.

OUR PROFESSIONAL STANDARDS

And here is something else that I think we need to pay close attention to. And that is that there is huge individual professional variation in the standards of care we provide.

A study, published in the New England Journal of Medicine in 2013, showed risk adjusted complications against a peer-reviewed skill rating for bariatric surgery. What they found is that the people observing these surgeons and rating their skills in all sorts of parameters were able to actually give them a score which related absolutely to the way that the patients did. So the bottom line is, and this has been a conversation that we've had in the medical fraternity for a long time, we know who the good surgeons are, and we know who the not so good surgeons are.

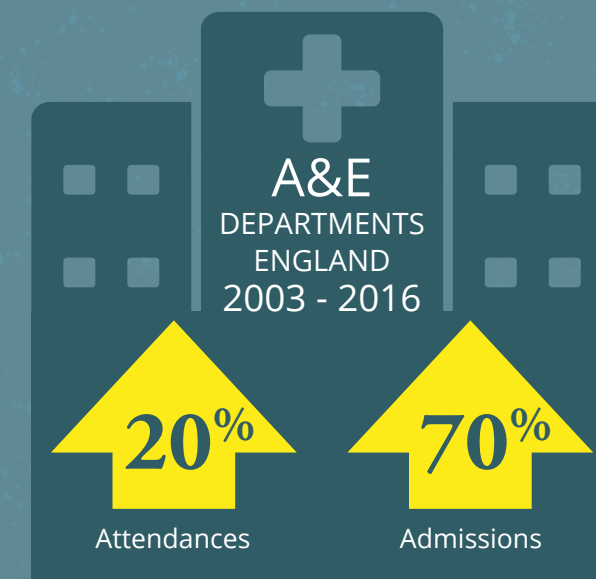
What are we in the community doing about the people who are not so good?

So there is a big demand for us to do something as a community, to change what we're doing and the way we're doing it, and to have some conversations with the people responsible.

And all of this is before we even get into the power of big data, artificial intelligence, or the genomic revolution. And if we are to make the best of these new things that are coming down the line, then I think we have to be prepared to really do something about the things which are already within our control.

It's important because we hear it every day, "can't you do a bit more?" And the question is, should we just do more of the same, or can we actually do more with the resource we already have by changing? And that is why we need clinical leadership.

INCREASING DEMAND FOR HEALTHCARE



THE IMPORTANCE OF LEADERSHIP

So here's my hypothesis. It's from Michael West, a senior Fellow at the King's Fund, and he's currently doing some work for the GMC on welfare.

"Leadership is the most important influence in culture - every interaction by every leader in healthcare shapes the culture of their organisations"

Is it culture which is going to make the difference? Well I want to give you some evidence.

Firstly, some evidence that clinical leadership actually does something for patients.

Now, not many of us in medicine will find ourselves reading the International Journal of Human Resources Management, I suspect. But, if we did, we would find that Michael and his co-authors, back in 2002, pointed out that good team working in English hospitals is associated with lower mortality rates.

I doubt that it's any different in any country in the entire world. He also said that good executive leadership is associated with fewer complaints.

In another study, this time from America, entitled "Clinical leadership and hospital performance", they looked at some evidence, and what they basically found was that, in general, clinical leadership in a hospital had a positive impact on the quality of healthcare, the hospital's social performance and in the financial and operation resources.

What about the impact of clinical leadership on employees within healthcare? I think this is particularly pertinent in our environment at the moment, because it's not just the UK who are noticing that doctors are feeling stressed, they're feeling undervalued and some of them are thinking that they don't want to continue in the profession. It is actually an international issue. I was over in the States last year and I heard that burnout in the clinicians over there is really getting up to epidemic proportions, and the same is the case in Australia and Europe.

"MAGIC CONVERSATIONS"

So, what can we do with our employees that might make a difference?

A study from the Mayo Clinic published in 2015 showed the impact of organisational leadership on physician burnout and satisfaction.

The study polled nearly four thousand physicians and they had nearly three thousands of them respond - better than most of the polls that we can get done in this country. What they found was that if they asked people to assess their leadership on a 12 point composite scale, the higher the leadership score, the less likelihood of burnout and the greater in the job satisfaction of respondents. That was statistically significant.

So there is a direct relationship between the quality of the leadership and the employees' welfare, and that has to be really important for us to think about.

What was interesting in this particular case was that it transpired that these clinical leaders were having "magic conversations" with their employees (See page 27).

You don't have to be a member of the 'Magic Circle' to actually have these 'magic conversations'. They are within the power of everybody in this room. They don't cost anything, and you could do it tomorrow.

CLINICIANS LEADING CHANGE

I want to now have a look at examples of clinicians leading change.

The first example is from Nottingham, where John Abercrombie, a colleague of mine on the College Council of the Royal College of Surgeons of England actually said "I want to try being a clinician at the front door".

He organised his organisation so that the consultant was at the front door. John was a surgeon who deals with a pretty rare subsection of bowel surgery, and so for him to go from this sub-section of bowel surgery to just being at the front door is quite a big change, but he led his colleagues to do the same. They also took phone calls from GPs, so when you rang in to speak to a surgeon you spoke to a consultant.

After a year, what they found was that there was a 15% decrease in attendances for inappropriate referrals, there was a 57% increase in the number of same day discharges, reducing unnecessary admissions, the length of stay came down, and there was a reduction in the need for beds, a saving in bed days of 2635 days per year.

That was just by having a senior surgeon taking the first call from the GP and being the first person to see patients.

But there's something more than that, and we were talking about complaints. We all know how much energy and efforts complaints take. There was an 85% reduction in complaints to that service, and there was near universal satisfaction in terms of everyone who worked there. They were able to train people, they were able to be mentoring within the emergency department, and there were significant improvements in the patient experience metrics.

Now we are all in this to do something for our patients, so what's not to like about this sort of initiative?

I know that there are people who will say "well couldn't he be better employed doing his sub-specialty?", well, maybe he could, but this means that we have an alternative view of what a service might look like which might actually be of benefit to our patients.

“
Leadership is the most important influence in culture - every interaction by every leader in healthcare shapes the culture of their organisations

"MAGIC CONVERSATIONS" IN CLINICAL LEADERSHIP

They hold career development conversations with me

They inspire me to do my best

They empower me to do my job

They are interested in my opinion

They encourage me to suggest ideas for improvement

They treat me with dignity

They provide helpful feedback and coaching on my performance

They recognise me for a job well done

They keep me informed about changes taking place at Mayo Clinic

They encourage me to develop my talents and skills

From research published by the Mayo Clinic (2015)

Some of you will also have heard about the Getting It Right First Time (GIRFT) initiative, which is being led by Tim Briggs in England. It started off in orthopaedics and it was based around asking simple questions like - "why at the age of 70 do we not all put in a hip which costs £600 and has a 30 year, excellent clinical record as opposed to one which costs £5500 and has only been around for 5 years? What is the purpose of this?"

And they looked at all the metrics, and the GIRFT pilot then looked at things like length of stay and infection rates and litigation costs and re-admission rates,

What they showed us is that there was huge variety within the service. And the variation in the service, a lot of it, was down to clinical choice. "I choose to do this operation", "I always use this stitch to sew up", "I always put in two drains", or whatever it is.

There is a lot of information available to us on best practice, and when that information was shown to surgeons, and it was shown that perhaps their infection rates were higher, or their re-admission rates were higher, then it challenged the individual clinicians to think hard about their practice, make enquiries about where best practice was, and actually make some changes which delivered patient benefit.

So we know that there is enormous scope, led by clinicians to make changes in the system.

WOMEN IN MEDICINE

Women currently account for over half of all graduates from medical schools in the UK.

But if you look at some of the recent work from the King's Fund in this area, what they show is that at present women are really still markedly underrepresented in the medical leadership work space. They are also underrepresented in academic roles, and of course in surgery in particular they are grossly underrepresented. But if we look at NHS Trusts in England, only 24% of Medical Directors are women. It's not a pipeline issue.

There are plenty of women in our profession now, there have been plenty of women around for a long time. What is it that we're not doing, either to encourage or grow these women, or to make the role possible for these women, because essentially, we have a service that was designed when it was mainly men? Maybe the challenge now is to run the service that now has 50% women in its medical workforce.

It's important, because as the King's Fund also pointed out, having women at the top of an organisation, particularly if you can get three or more, is likely to change the culture and improve organisational performance. So I think it's vitally important that we apply our minds to the challenge of how we nurture and grow more women to come into the clinical leadership space.

PROMOTING LEADERSHIP

I think it is important to do it for both men and women, but there will be different offers for different sections of our community.

Now, in terms of promoting leadership, I think that there are things that we can do. I'd like to just say what we might be able to do as the General Medical Council, the regulator that regulates all doctors within the UK. We already set some outcomes for undergraduate medicine and we set standards for the post-graduate curricula.

Our aim is to set excellence as a standard, and develop the profession across the lifetime of their careers, starting with undergraduate education, though foundation, through specialty or general practice training, and then throughout their working lives. And the way that in part we can do that is by having some influence in the curricula that are set. I would recommend that for any of you that are involved in undergraduate education, to have a look at the document "Medical leadership and management", which was produced by the faculty of Medical Leadership and Management.

It's been endorsed by the Medical Schools Councils and by the GMC, by all the health services and the NHS Leadership Academy. It was launched back in October last year, and it gives guidance to medical schools preparing students for a lifelong career, in medical leadership. Unless we actually get people into the habit of not only recognising that they've been brought into medical school great leadership potential, but it is their duty, and it will be an enduring duty, to develop themselves as leaders for the benefit of their patients.

“
You can't do a good job unless you're prepared to involve yourself in the leadership of the service that you deliver

Unless we can actually get them to understand the competencies which are mapped out in this document, and are mapped against the outcomes for graduates, then we will have missed a really rich opportunity right at the beginning of their careers to enthuse that ethos of the importance of clinical leadership.

Too often we hear people later in their careers being so negative about leadership as part of their career, they say "Oh I've given up, I'm just going to go and see my patients and do a good job".

My hypothesis is that you can't do a good job unless you're prepared to involve yourself in the leadership of the service that you deliver.

The General Medical Council can, through its General Professional Capabilities (which include Leadership) challenge the profession to develop themselves and continue to do that throughout their career.

We have produced some documentation on this topic, "Leadership and management for doctors". Clinicians might want to look at the "My GMP" app from the GMC, because you will find this guidance there, and it is, like all the documents that we produce, both for the profession and the public, to look at.

In this what we say is:

"It is essential for good and safe patient care that doctors work effectively with colleagues from other health and social care disciplines both within and between organisations."

"Leading by example, you should promote and encourage a culture that allows all staff to contribute and give constructive feedback on individual and team performance."

The word "culture" comes up time and time again, but how often do we see from Colleges yet another survey talking about bullying and harassment. Who is doing that?

We are doing it.

If you go onto the wards, you hear people being shouted at down the phone by their colleagues.

If we were working in a service industry, and I know you're going to say we have many more stresses and strains, but those who do so are polite, and they are helpful.

YOUR PATIENTS NEED YOU

So in conclusion, here are some of my thoughts going forward.

One of the best developments in the latter part of my career was when I saw a senior surgeon actually inviting in younger surgeons so that they could learn new techniques, and then the younger surgeons asking in the older surgeons because they would really just like to know a little bit more of something or other.

So, that business of peer-to-peer coaching could be such a wonderful part of your career if you do it properly, and there is also some work around on video based coaching, if it's not just done on a peer-to-peer level.



Dame Clare Marx and Professor Jackie Taylor

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"Impact of organisational leadership on Physician burnout and satisfaction"

Shanafelt, Gorringer, Menaker, *Mayo Clinic Proc* 2015;90:432-40

"Medical Leadership and Management"

Faculty of Medical Leadership and Management, 2019

"Leadership and Management for all doctors"

General Medical Council, 2018

"Personal Best: Top athletes and singers have coaches. Should you?"

Atul Gawande, *Annals of Medicine* October 3, 2011 Issue

I think we shouldn't be proud about this, we should actually understand that we need to develop our clinical leaders in the same way, because we can't expect that they should just be born, they don't just come out of the womb like that. That is going to take time for education and coaching, and the fact is that many leadership competencies are actually things that we can develop.

And these are some of the really important leadership competencies which we can reflect on:

- Altruism
- Effective communication
- Teamwork
- Emotional intelligence
- Adeptness at situational awareness

We can actually learn some of them, we can work at ones on which we're not good if we can actually get good feedback and develop it. It is something that some people find more difficult than others, and there are some bits of this that people have more of than others, but all of it is something that we can work at, but you have to be able to have some help.

We've got a serious job ahead of us. We are going to need to develop the clinical leaders with skills, training and support.

I know these things cost money and take time, but I would challenge you all just to have a little bit of a go tomorrow by going out there and asking some of those magic questions of your teams that we heard about, and just see how much of a difference that might make.

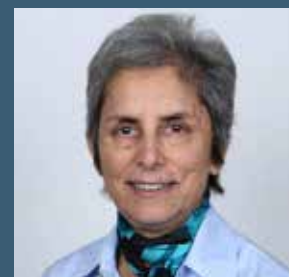
The profession is going to need to show leadership and make change possible for the benefit of our patients and citizens, despite the current squeeze on resources. We're being challenged by everything that's coming down the line from the future to make those changes.

We need to do this because clinical leadership really, really matters, and it is for everyone.

And if you're not medical, if you're a patient, then getting patient feedback is going to be important for those of us as well.

Your patients need you!

PRESIDENT'S LEADERSHIP LECTURES



Dame Parveen Kumar
'The changing face of medicine'

Tuesday 4 June 2019, 1800 to 1930

In this lecture Dame Parveen Kumar will discuss her work with the Royal Medical Benevolent Foundation and why caring for the profession should now be top of the agenda for all medical organisations.

She'll discuss how medicine has changed over the past five decades, and how the medical professions have had to adapt to changes in society and advancement in technology.

To register please visit rcp.sg/pll



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



1599
at the
Royal College

FREE
EVENT



CADAVERIC COURSES

Advanced Surgery Cadaver Skills in
GI surgery (ASiCS) Course

Thursday 13 and Friday 14 June 2019
Closing Date: Thursday 16 May 2019

Core Endoscopic Urology and
Peno-Scrotal Surgery

Thursday 12 September 2019
Closing Date: Thursday 15 August 2019

Emergency Urological Surgery

Friday 13 September 2019
Closing Date: Friday 16 August 2019

Basic Fracture Fixation Day

Thursday 3 October 2019
Closing Date: Thursday 5 September 2019

Endoscopic Ear Surgery Cadaver Course

Monday 7 and Tuesday 8 October 2019
Closing Date: Monday 9 September 2019

Emergency Head and Neck Surgery
Cadaver Course

Wednesday 9 October 2019
Closing Date: Wednesday 11 September 2019

Nasal Tip Rhinoplasty
Aesthetic Surgery Of The Nasal Tip

Thursday 10 and Friday 11 October 2019
Closing Date: Thursday 12 September 2019

Venue

Clinical Anatomy Skills Centre, University of Glasgow,
Thomson Building, G12 8QQ

BOOK NOW rcp.sg/suevents
or call +44 (0)141 221 6072



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SURGEONS OF GLASGOW
SURGEONS

MEMBERS' AREA



NEW FELLOWSHIP PIN

A design for the new Fellowship Pin for the College has been selected following a design competition run in partnership with the Glasgow School of Art. Our new pin has been designed by Rachel Hetherington, and was chosen by a panel of senior staff and members from an extensive range of entries submitted by design students. Speaking about her winning design, Rachel said:

"My main source of visual inspiration came from the books in the College's library; I found them incredibly beautiful and felt that they encompassed a lot of the themes I wanted to express in my design, such as the passing on of knowledge through generations and the long, rich history that is still an important part of the institution today.

"I chose to put the College's motto 'conjurat amice' on the back of the pin. For me this is a very important aspect of the design as it is my way of contrasting the fellow's pin from the existing college pin which bears the crest on the front. I wanted the pin to be unmistakable as a symbol of the wearer's relationship with the college, but also be something that is for the wearer personally; a tribute to their achievement in becoming a fellow. It makes for a more subtle design, a counterpart to the existing pin's immediately recognisable look. Having the motto on the back is an expression of the messaging becoming something that a fellow carries with them, close to the heart."

NEW LIFETIME FELLOWSHIP PACKAGE LAUNCHED

The College has launched a new deal for members who wish to take out Lifetime Fellowship. Available to all Fellows who are retired from clinical practice, over the age of 60, and have at least 10 years' membership in good standing with the College, this new deal offers senior members the opportunity to pay a one-off subscription fee rather than an annual subscription. The package has been introduced at a price of £799, in return for which you will retain all your existing membership benefits plus gain additional incentives as part of your membership of this elite group of senior Fellows. This includes: our new fellowship pin, designed by a student at the Glasgow School of Art; priority booking at College events; a certificate confirming your enhanced status and contribution to the College; and the opportunity to contribute to College-led consultations within our Policy Network.

If you would like to take up this introductory offer, please contact our Membership Team at membership@rcpsg.ac.uk.



FIONA WINTER JOINS THE COLLEGE AS HEAD OF EDUCATION, TRAINING AND PROFESSIONAL DEVELOPMENT

Mrs Fiona Winter has been appointed to the role of Head of Education, Training and Professional Development for the College.

Fiona joins us from ICAS, the leading membership and professional development body for Accountancy with 21,000 members across the UK. As Director of Executive Education and Learning within ICAS, Fiona brings over 20 years' experience in providing education, training and professional development towards supporting the membership of ICAS. She also recently led the transformation of their online e-learning programme and will bring strong business acumen to the role.

Announcing the appointment, the College's Chief Executive Officer Dr Steve Graham said:

"We are absolutely delighted with this appointment and are confident that Fiona will make a major impact in taking our education and e-learning programmes forward in pursuit of our strategy. I'm sure you'll join me in giving Fiona the very warmest of welcomes in joining our College."

Fiona Winter added:

"I'm delighted to have joined the College's team. We've clearly got amazing people across our membership and our staff, and some fantastic facilities both here in the College and at our Clinical Anatomy Skills Centre which we operate in partnership with the University of Glasgow. I'm particularly looking forward to building on our strengths as a multidisciplinary organisation, bringing the best of the College together for the benefit of all."



Mike McKirdy, Chairman of the HOPE Foundation and Professor Jeremy Bagg, Vice Dean of the Faculty of Dental Surgery at the College, are leading the charge for the HOPE Foundation at the Kiltwalk in Glasgow on 28th April 2019.

Along with colleagues, they'll be raising funds for the HOPE Foundation, the charitable fund of the

College by participating in The Mighty Stride event taking in 23 miles around Glasgow. Fellows and Members who would like to find out how to join in this event can find more details on our website at rcp.sg/hope.

MR SANJIV MANJURE

MS, MCh, FRCS, FRCS (Trauma & Orthopaedics)
Consultant Orthopaedic Surgeon Specialist
Knee & Hip Surgeon

Luton and Dunstable University hospital and
NHS Foundation Trust



Mr Sanjiv Manjure was appointed as Associate Director of Surgical Examinations in August 2018, following a term of 5 years as an MRCS examiner. He assisted in leading the MRCS Part B OSCE diets in Glasgow in October and February and has also established a written examination centre in Luton.

He is a Consultant Orthopaedic Surgeon specialising in hip and knee conditions. His areas of interest are sports injuries, complex and revision knee and hip arthroplasty.

Sanjiv was appointed Consultant Orthopaedic Surgeon at The Luton and Dunstable University Hospitals NHS Trust in 2005 and has built up a comprehensive knee and hip service for the local population.

His practice is based in the three counties around Hertfordshire, Bedfordshire and Buckinghamshire. He has vast experience in his field of expertise and has been practising orthopaedics from 1991.

He plays an important role in appraisal and revalidation as a Deputy Responsible Officer/Lead Appraiser for the Trust.

TRAINING

Mr Manjure graduated from The M.S. University, Baroda, India in 1990. He underwent a four year postgraduate residency in orthopaedics, a structured intensive training programme which involved research, publication and also hands-on surgical experience and training. This culminated in a master's degree in orthopaedics (M.S. Orthopaedics)

In the UK, he underwent higher surgical training in the South East Thames Region (Guy's and St. Thomas' rotation). During this period, he completed MCh (Liverpool), FRCS (Gen Surgery Glasgow) and FRCS (Trauma and Orthopaedics). He spent a year of advanced surgical training at the Guy's Hospital London, Knee Unit and furthered his skills in knee sports injuries, revision arthroplasty and complex knee surgery.

TEACHING AND ACADEMIC INTERESTS

A keen interest in academics and teaching drives Mr Manjure to organise several courses which have a clinical relevance. These courses have received excellent feedback.

Mr Manjure is firmly committed to teaching undergraduate and postgraduate students and considers this an important role as a consultant.

Mr Manjure provides valuable contribution in his role as the 'Regional Advisor for Surgeons in East of England' and 'Director of CPD and Revalidation' for our College.

MFDS PART 2 EXAMINER DAY

On 8 February, we welcomed 24 of our MFDS Part 2 examiners to the College to take part in a meeting to enhance their scenario writing skills and learn more about the quality assurance processes which underpins the success of this examination.

The examiners were thanked for their contribution by Professor Graham Ogden, Vice-President Dental and the session was facilitated by Mr Andrew Edwards, Director of Dental Exams and Dean Elect who provided an excellent overview of the principles of exam design and best practice in writing good quality scenarios. Presentations were also delivered by Dr Siobhan Kyle, MFDS Part 2 Convenor for Glasgow and Dr Sarah Pollington, MFDS Part 2 Deputy Convenor for the North-West.

This was a productive day with over 35 new scenarios being written, to be added to the intercollegiate question bank. The feedback received from those who attended was overwhelmingly positive, indicating similar events will take place in future.

Our thanks to everyone who attended and those who delivered presentations and training.

If you are interested in joining the MFDS examiner panel, we would welcome your application: please contact mfds@rcpsg.ac.uk



FRCS OPHTHALMOLOGY PART 3 – NEW CENTRE

The Part 3 oral and clinical examinations were held for the first time at Narayana Nethralaya, Bangalore in February 2019.

The examining team, led by Professor Faruque Ghanchi, were warmly welcomed by our host Dr Rohit Shetty and his team. The examination ran very successfully and the College appreciates the warm welcome, excellent clinical facilities and organisational support provided by the local team.

MRCP(UK) PACES EXAMINER MEETING – JANUARY 2019

On 25 January, we welcomed 80 of our MRCP(UK) PACES examiners to the College for our annual PACES examiner meeting.

The programme for this year's meeting centred around the confirmed changes to the MRCP(UK) PACES examination which will be introduced during 2020. The delegates were welcomed to the College by the President, Professor Jackie Taylor and Vice-President (Medical), Professor Hany Eteiba. Speakers included Dr Ken Dagg MRCP(UK) Medical Director of Assessment who spoke on the confirmed changes to the examination and Professor Chris McManus, MRCP(UK) Educational Advisor who spoke on how the changes would affect standard setting and the PACES mark scheme. Other topics discussed were writing new scenarios, training and communication for stakeholders, as well as the outcome of the PACES 2020 pilot exams run in 2018.

If you are interested in becoming a MRCP(UK) PACES examiner, we would welcome your application: please contact Pacesexaminers@rcpsg.ac.uk



MRCP(UK) PACES – NEW CENTRE

The MRCP(UK) PACES examination was held for the first time for the Glasgow College at Tameside and Glossop Integrated Care NHS Foundation Trust on 9 and 10 March 2019. This new centre was launched to support the growing Glasgow candidate numbers and enabled us to examine a further 30 trainees.

The examination ran successfully and the College would like to thank Dr Khan and the local team for their support in hosting this examination.

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Want to teach acute medicine?
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- Networking opportunities
- Quarterly newsletter

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ROYAL COLLEGE OF
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PHYSICIANS

EDUCATION AND EXAMINATIONS CALENDAR

Leading the way in non-clinical skills training

The Royal College of Physicians and Surgeons of Glasgow’s comprehensive non-clinical skills training programme enables healthcare professionals to develop skills in teaching and education, leadership and management, and professional competencies.

CLINICAL TRAINER DEVELOPMENT: AN OVERVIEW

9 May
1300 - 1700
£40
4 CPD Credits
This course will provide you with learning and teaching skills, communication, coaching and dealing with difficult students.
rcp.sg/ctdoverview

ROYAL COLLEGE ADVANCED CERTIFICATE IN CLINICAL EDUCATION



Glasgow
13 - 14 May, 16 - 17 Sep, 2 - 3 Dec
Leeds
27 - 28 Jun, 7 - 8 Nov
London
21 - 22 Nov
0815 - 1700
£1,058
This course covers all essential trainer prerequisites and provides learning opportunities specifically tailored to suit the needs of all clinical trainers from first time teachers to experienced course managers.
rcp.sg/clinedgla

TRAINING THE CLINICAL TRAINER

20 - 21 May, 17 - 18 Jun, 23 - 24 Sep, 18 - 19 Nov
0830 - 1700
£395
6 CPD Credits
This course aims to enhance your knowledge of, and skills in, educational practice within a clinical setting.
rcp.sg/trainthetrainer

DEVELOPING THE CLINICAL TRAINER - TEACHING SKILLS FOR EARLY STAGE TRAINEES

24 May, 5 Sep, 13 Dec
0830 - 1700
£70
6 CPD Credits
This one day course will provide foundation doctors and medical students with an overview of teaching, learning and feedback in the clinical environment.
rcp.sg/teachingskills

PREPARATION FOR CORE TRAINING INTERVIEW SEMINAR

22 Jun
1300 - 1700
£10
6 CPD Credits
This half day seminar will guide you through the application process for surgical core training posts.
rcp.sg/ctinterview

PRACTICAL ADVICE FOR NEW CONSULTANTS

17 Sep
0900 - 1630
£82.50
5 CPD Credits
This informal day guides newly appointed consultants, or those who are about to be appointed, through the major issues they will encounter in the first years following appointment.
rcp.sg/panc

CV BOOTCAMP

21 Sep
0900 - 1630
£15
This one day event will provide invaluable advice in non-clinical skills for undergraduates, foundation and core trainees.
rcp.sg/cvbootcamp

CLINICAL TRAINER DEVELOPMENT: PERFORMANCE SUPPORT FOR DOCTORS IN TRAINING

26 Sep, 27 Nov
1300 - 1630
£75
4 CPD Credits
This half day course is for senior clinicians, responsible officers, clinical directors, medical directors and clinical leads, and focuses on managing doctors in difficulty and difficult doctors.
rcp.sg/performancesupport

THE CLINICAL LEARNING ENVIRONMENT

10 Oct
0830 - 1230
£75
3 CPD Credits
This half day course aims to develop participants’ understanding of current thinking on learning in the workplace and focuses directly on the nature and distinctive characteristics of the clinical learning environment.
rcp.sg/clenvironment

For more information on our non-clinical skills courses, please visit
rcp.sg/nonclinical



Events for all Physicians Surgeons Dentistry Travel Medicine Podiatric Medicine

Clinical Courses

PRINCIPLES OF INTRAMEDULLARY NAILING



1 May
0830 - 1700
£95

This practical, one day course introduces the principles of intramedullary nail fixation for fractures of the tibial and femoral shaft.

rcp.sg/intranailing

PRINCIPLES OF CASTING FOR ORTHOPAEDIC TRAINEES

3 May
0830 - 1700
£50

Taught by experienced clinicians and plaster technicians, this course will provide you with skills for upper and lower body casting.

rcp.sg/pcot

BASIC SURGICAL SKILLS COURSE

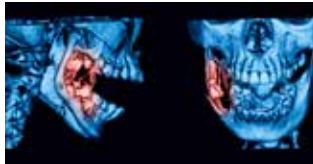


9 - 10 May, 5 - 6 Sep, 24 - 25 Sep, 17 - 18 Oct, 6 - 7 Nov, 14 - 15 Nov, 28 - 29 Nov
0830 - 1700
£505

This course teaches safe operating techniques and stresses the importance of precautions for safe theatre practice.

rcp.sg/bss

DENTAL CONE BEAM 2A CERTIFICATION



9 - 10 May
0845 - 1600
£695

10 CPD Credits
An initial Level 2A certificate is issued at the end of 2 day course. This allows delegates to begin safely interpreting their own CBCT scans having been introduced to what normal 3D anatomy looks like.

rcp.sg/conebeam

GLASGOW INTERNATIONAL ORTHOPAEDIC AND TRAUMA MEETING - TRAINEE INSTRUCTIONAL CADAVERIC COURSE



16 May
Deadline date: 18 Apr
0900 - 1615

Clinical Anatomy Skills Centre, Glasgow

£350

6 CPD Credits

Our cadaveric course allows for unparalleled hands on experience which allow participants to develop their operative skills.

rcp.sg/traineeoandt

GLASGOW INTERNATIONAL ORTHOPAEDIC AND TRAUMA MEETING - CONSULTANT MASTERCLASS

16 May
Deadline date: 18 Apr
0900 - 1700
£350

6 CPD Credits

Our cadaveric course allows for unparalleled hands on experience which allow participants to develop their operative skills.

rcp.sg/consultantoandt

LAPAROSCOPIC COLORECTAL SURGERY CADAVER COURSE

30 - 31 May
Deadline date: 3 May
0830 - 1700

Clinical Anatomy Skills Centre, Glasgow

£350

12 CPD Credits

This two day cadaver course provides hands-on experience in laparoscopic colorectal procedures using fresh/frozen cadaveric material.

rcp.sg/colorectalsurgery

IMPACT COURSE



10 - 11 Jun
0830 - 1700
£472

The IMPACT course is a two day course introducing the principles and practice of acute medical care and related knowledge, skills, understanding and attitudes.

rcp.sg/impact

ADVANCED SURGERY CADAVER SKILLS IN GI SURGERY (ASICS) COURSE

13 - 14 Jun
Deadline date: 16 May
0845 - 1700

Clinical Anatomy Skills Centre, Glasgow

£625

12 CPD Credits

This two day cadaver course provides intense hands-on practical training in upper and lower gastrointestinal surgery for surgical trainees.

rcp.sg/asics

GI ANASTOMOSIS TECHNIQUES

19 Jun
0830 - 1700
£165

A hands-on practical course designed for surgical trainees wishing to develop their anastomosis techniques.

rcp.sg/gianastomosis

VASCULAR ANASTOMOSIS

20 Jun
0830 - 1630
£165

This one day course provides exposure to the theoretical principles and practical techniques of vascular anastomosis.

rcp.sg/vascularanastomosis

RENAL BIOPSY CADAVER COURSE

15 Aug
Deadline date: 18 Jul
0900 - 1700

Clinical Anatomy Skills Centre, Glasgow

£350

6 CPD Credits

Run by two consultant nephrologists, a consultant radiologist and a consultant renal pathologist, this course is ideally suited to trainees who will be expected to carry out renal biopsies or core medical trainees intending to apply for renal specialty training.

rcp.sg/renalbiopsy

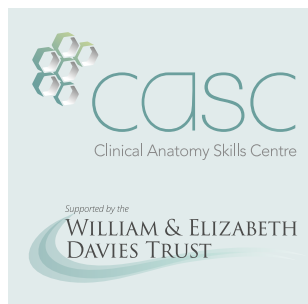
CONE BEAM CT COURSE - LEVEL 2B CERTIFICATION

23 Aug
0845 - 1615
£225

6 CPDA Credits

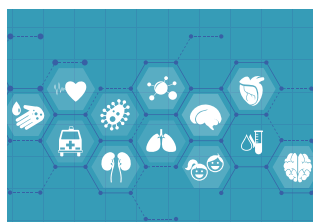
Following on from the Level 2A Certification course; this 1 day course offers an interactive, delegate centred approach to learning. We deliver this further CBCT imaging course to enable the delegate to maintain the safe operation and interpretation of CBCTs.

rcp.sg/conebeam



Clinical Conferences

CRITICAL CARE UPDATES



9 May, 13 Jun
1830 - 2000
FREE

2 CPD Credits

This evening tutorial series, run in partnership with the West of Scotland Intensive Care Society, follows the Fellowship of the Faculty of Intensive Care curriculum offering themed nights covering all the major areas of Intensive Care Medicine.

rcp.sg/criticalcare

MAKING THE MOST OF MEDICINES: BUILDING CONFIDENCE IN PRESCRIBING AND POMS



10 May
0930 - 1600
Manchester Conference Centre
£82.50

6 CPD Credits

This event will provide encouragement and confidence building for those using medicines within podiatry; providing a framework of understanding for expanding use of medicines within podiatric practice.

rcp.sg/poms

TRAVEL MEDICINE ROADSHOW



14 May
The Nowgen Centre, Manchester

22 May
International Centre for Life, Newcastle

12 Jun
Birmingham Repertory Centre

28 Jun
Southampton Solent University

10 Sep
The MAC Belfast
1230 - 1700

£50

4 CPD Credits

Each of these half day events will provide delegates with an update on many topics, including vaccines, malaria, professional issues and the very latest developments in travel medicine. It will also give an opportunity for networking with other health care professionals.

rcp.sg/tmroadshow

MEDICINE FOR ALL: NEUROLOGY



16 May
0830 - 1230
£40

3 CPD Credits

This half day will address neurology. This will be particularly relevant for all healthcare professionals involved in the acute medical take or managing patients with co-morbidities.

rcp.sg/mfaneuro

MEDICINE FOR ALL: ENDOCRINOLOGY

16 May
1300 - 1700
£40

3 CPD Credits

This half day will address endocrinology. This will be particularly relevant for all healthcare professionals involved in the acute medical take or managing patients with co-morbidities.

rcp.sg/mfaendo

GLASGOW INTERNATIONAL ORTHOPAEDIC AND TRAUMA MEETING

17 May
0830 - 1700
£90 / £100

6 CPD Credits

Covering a wide range of subjects, this conference is relevant for everyone involved in orthopaedics and trauma, including consultants, orthopaedic trainees and non-training grade doctors, medical students, physiotherapy colleagues and orthopaedic and trauma nurses.

rcp.sg/orthoandtrauma

TOP TIPS FOR GDPS

31 May
0845 - 1710
£82.50

6 CPD Credits

As in previous years, a range of topics will be introduced, based in primary care practice, to provide participants with new strategies to improve the quality of care for their patients, and address some of the challenging and stressful situations which arise in General Practice.

rcp.sg/gdp

MEDICINE FOR ALL: PALLIATIVE MEDICINE

14 Jun
0830 - 1230
£40

3 CPD Credits

This half day will address palliative medicine. This will be particularly relevant for

all healthcare professionals involved in the acute medical take or managing patients with co-morbidities.

rcp.sg/mfapal

MEDICINE FOR ALL: CARDIOLOGY

14 Jun
1300 - 1700
£40

3 CPD Credits

This half day will address cardiology. This will be particularly relevant for all healthcare professionals involved in the acute medical take or managing patients with co-morbidities.

rcp.sg/mfocardio

SKIN DEEP: EXPLORING PODIATRIC DERMATOLOGY

26 Jun
0900 - 1700
£82.50

5 CPD Credits

This dynamic and interactive programme will cover a variety of dermatology aspects relevant to the podiatry field.

rcp.sg/pmderm

MEDICINE24



9 - 10 Sep
0900 - 1700
£238

12 CPD Credits

Medicine24 is our flagship medical conference. This two day conference provides up to date information on the optimal management of acutely ill patients within the first 24 hours of admission. Now in its fifth year, Medicine24 2019 will cover the most common situations that present in busy receiving wards, and will include updates in a range of medical specialties.

rcp.sg/med24voice

Examinations

PHYSICIANS

MRCP(UK) PART 1

Exam date: 3 Sep
Opening date: 3 Jun
Closing date: 16 Jun

Glasgow, Belfast, Leeds,
Liverpool

MRCP(UK) PART 2

Exam date: 22 Oct
Opening date: 19 Aug
Closing date: 1 Sep

Glasgow, Belfast

MRCP(UK) PACES

Exam period: 28 Sep - 8 Dec
Opening date: 22 Jul
Closing date: 5 Aug
Various locations

MRCP(UK) PACES Revision Modules

rcp.sg/pacesonline

Each of our five PACES revision modules focuses on one exam station and includes an introduction to the station, top tips on that station, examiner calibration and an example of a satisfactory pass.

Focus on neurology for PACES candidates



13 May

rcp.sg/pacesneuro
£25

This half day course, taught by neurology registrars, will help candidates to prepare for the neurology station, and potential neurology cases encountered in the MRCP(UK) PACES examination.

MRCP(UK) SPECIALTY EXAMINATIONS

DERMATOLOGY

Exam date: 10 Oct
Opening date: 20 Jun
Closing date: 12 Sep
Various locations

ENDOCRINOLOGY AND DIABETES

Exam date: 12 Jun
Opening date: 20 Feb
Closing date: 15 May
Various locations

MEDICAL ONCOLOGY

Exam date: 4 Sep
Opening date: 15 May
Closing date: 7 Aug
Various locations

RESPIRATORY MEDICINE

Exam date: 25 Sep
Opening date: 5 Jun
Closing date: 28 Aug
Various locations

RHEUMATOLOGY

Exam date: 26 Jun
Opening date: 6 Mar
Closing date: 29 May
Various locations

SURGEONS

MRCS PART A

Exam date: 3 Sep
Closing date: 21 Jun
Various UK and International

MRCS PART B OSCE

Exam dates: 15-16 Oct
Closing date: 19 Jul

Glasgow

MRCS Part B OSCE
Preparation Modules
rcp.sg/osceonline

Each module focuses on one element of the MRCS Part B OSCE preparation. The modules include thorough introductions from examiners and demonstrations of how stations work and are to be completed.

MRCS Part B OSCE
preparation course

29-30 Aug
rcp.sg/osceprep
£395

This accessible course prepares you for the MRCS Part B OSCE Exam. The course combines online, flexible and

independent learning with classroom based scenarios and preparation that benefit from direct interaction and feedback from faculty.

FRCS OPHTHALMOLOGY – PART 1

Exam date: 1 Oct
Closing date: 21 Jun
Various UK and International

FRCS OPHTHALMOLOGY – PART 2

Exam date: 1 Oct
Closing date: 21 Jun
Various UK and International

FRCS OPHTHALMOLOGY – PART 3

Dates TBC

DO-HNS - PART 1

Exam date: 2 Sep
Closing date: 21 Jun
Amman, Dubai, Glasgow, Muscat

DO-HNS - PART 2 OSCE

Exam dates: 22-24 Oct
Closing date: 2 Aug
Glasgow

DENTAL

MFDS PART 1

Exam date: 7 Oct
Closing date: 18 Aug
Various UK and International

MFDS Part 1 Revision Modules

rcp.sg/mfds1revision

These modules have been developed to give candidates the necessary knowledge about key areas of the exam.

Question Bank

rcp.sg/mfds1questions

The Example Question Bank is designed to prepare candidates for the exam.

MFDS PART 2

Exam dates: 27-29 Sep
Closing date: 7 Jul
Glasgow, Manchester

MFDS Part 2
Preparation Course

Exam date: TBC
Glasgow
rcp.sg/deevents

Exam date: TBC
Manchester
rcp.sg/deevents

£425

Designed for those intending to sit the MFDS part 2 exam, our one day revision course includes interactive lectures and practical skills stations, as well as an afternoon of mock OSCEs.

MEMBERSHIP IN SPECIAL CARE DENTISTRY

Exam dates: 28-29 Nov
Closing date: 8 Aug
Glasgow

ISFE DENTAL PUBLIC HEALTH

Exam dates: 24-25 Oct
Closing date: 5 Jul
Glasgow

ISFE ORAL MEDICINE

Exam dates: 19-20 Sep
Closing date: 31 May
Dublin

ISFE ORAL SURGERY

Exam dates: 31 Oct – 1 Nov
Closing date: 12 July
Glasgow

ISFE ORTHODONTICS

Exam dates: 9-11 Sep
Closing date: 21 May
Edinburgh

ISFE PAEDIATRIC DENTISTRY

Exam dates: 17-18 Oct
Closing date: 28 Jun
Dublin

ISFE RESTORATIVE DENTISTRY

Exam dates: 11-12 Nov
Closing date: 23 Jul
Dublin

Unless otherwise stated, all events are held in the College's St Vincent Street building in Glasgow. Lunch is provided at all our full day courses and conferences. If you have any dietary requirements, please let us know in advance of your event. The vast majority of our events are available to book online. Where this is not the case, full details of how to reserve your place will be available at the appropriate links.

PACES Package

For £120 you will receive:

- Affiliate membership for up to 12 months (£30)
- PACES online revision modules (£100 if purchased separately)
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- College voucher worth £25 on passing MRCP(UK) PACES

Save up to £265

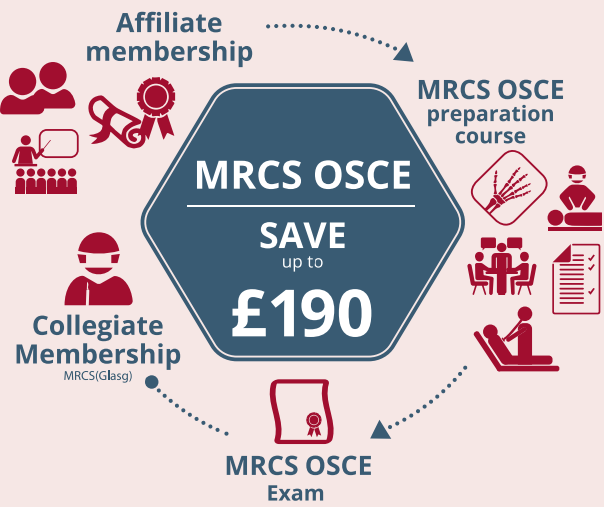


MRCS Part B OSCE

MRCS exam candidates can also access:

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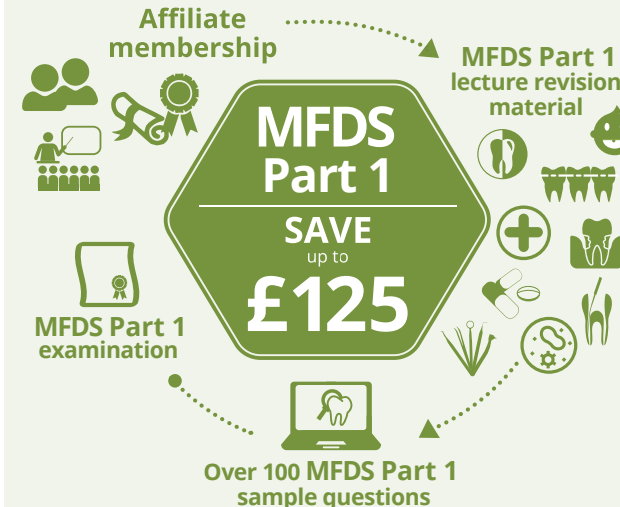


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PROTECTING YOUR WELLBEING SUPPORT FOR DOCTORS

Working in the NHS can be very challenging, writes Professor Carrie MacEwan, the Chair of the Academy of Medical Royal Colleges.



The day to day job can be emotionally draining, workload has increased due to more demand compounded by high vacancy rates and while targets may not be reached, they do not go away – adding to the stress.

In these difficult times it is vital that we support one another to make sure that patients receive the best care and management possible. This is also important because the wellbeing of staff is diminished by being overworked and feeling undervalued, which seems to be increasingly the case in today's NHS. We owe it to ourselves to be happy, healthy staff. The recent GMC report on The State of Medical Education and Practice illustrates this point in several ways, showing that doctors are leaving the workforce and feeling that their work/life balance has deteriorated as they work beyond their contracted hours. Nearly one quarter of the workforce report feeling unsupported by immediate

colleagues and accept that working under pressure is the new norm.

Stress affects doctors of all grades and in all specialties. The local department is usually the first port of call as people there will understand specific problems and be in a position to provide solutions and support. For doctors in training the Clinical and Educational Supervisors, College Tutors or Training Programme Directors through the Deanery and College structures offer practical and independent advice. These networks are set up to provide support and pastoral care, as well as educational objectives. Similarly, the Speak up Guardians in Trusts in England. Permanent members of staff have colleagues or mentors (locally and nationally) and the Medical Director to look to.

We know that some doctors, however, may feel inhibited to access help locally, for personal reasons or concerns over confidentiality, which may be unfounded, but have a negative effect on seeking help or referral. This may in particular relate to concerns not specifically about work such as mental health, addiction or financial worries.

Commonly sources of support are not well recognised, especially by those who are in critical need of help. It is important that doctors know about support networks before they are needed, so that they are both aware of the help that exists and how to access it.

Workforce across all colleges and faculties have experienced issues of wellbeing and have needed support in times of crisis. Therefore, following requests by colleges and faculties, the Academy has drawn up a list of organisations and resources that can be of support for doctors when they need it.

If you or a colleague is looking for support there are a range of organisations, services and websites which can offer help. Visit aomrc.org.uk for more information.

British Medical Association
Doctor Support Service
Tel: 02073 836 707
Email: doctorsupportservice@bma.org.uk

Practitioner Health Services
Tel: 020 3049 4504 Email: gp.health@nhs.net

Medical Defence Unions
Tel: 0800 716 646
Email: advisory@themdu.com

DocHealth

DocHealth is a confidential, not for profit service giving doctors an opportunity to explore difficulties, both professional and personal, with senior clinicians. This service is delivered by Consultant Medical Psychotherapists based at BMA House in London.

Tel: 020 7383 6533 Email: enquiries@dochealth.org.uk

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Visualising Medical Heritage and Virtual Reality



23 May 2019 | 6:30pm-8:30pm | 12+ | FREE

The Goodall Symposium Great Minds: Innovations in Brain Surgery

13 June 2019 | 6:30pm-9pm | Adults | £5.00

Visit the Royal College of Physicians and Surgeons of Glasgow

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Please Note: Unless otherwise stated all our events take place at the Royal College of Physicians and Surgeons of Glasgow, 232-242 St Vincent Street, Glasgow, G2 5RJ.

To book your place please visit rcp.sg/heritage or call 0141 221 6072



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