Working together for a just culture in medicine

POLICY NETWORK UPDATE
SOCIAL MEDIA INFLUENCERS AND WEIGHT LOSS
ADDRESSING THE CHALLENGES OF DIABETES IN INDIA
WORKING TOGETHER FOR A JUST CULTURE IN MEDICINE

College Honorary Secretary Richard Hull asks what’s next for the profession following the recent Independent Review into Gross Negligence Manslaughter and Culpable Homicide.
In my first column as President in December last year I reflected on my aspiration for our institution to become the “Go-To” college. I want to use my privileged position as your President to build on the good work done by many individuals over the past few years to ensure that our world-class efforts in education, training and support for our members is translated into greater influence in our working environment and in the wider medical community.

I’m pleased to have been invited to represent our College on a new working group on clinical leadership which has been established by the Scottish Cabinet Secretary for Health and Sport. This will explore how to positively address the issue of bullying by promoting the correct culture and leadership in our workplaces. This is an important problem for many, and I look forward to the opportunity to contribute directly to this important piece of work on your behalf.

June has also seen the establishment of four college working groups around my priorities of workforce, wellbeing, inclusivity and engagement. These groups will ensure that our College Council members and staff are working together to develop a college-wide plan to address the challenges faced by our members in each of these areas.

Within the NHS, it’s clear to me that workforce shortages are currently a bigger threat to healthcare in the UK than funding challenges. I personally chaired the first meeting of the workforce group. We discussed the forthcoming UK based Physicians’ Census, which we undertake annually with the other UK physician colleges, and examined what we could do to improve the balance of time our members spend between direct clinical care and supporting professional activities. We all know that freeing up time away from direct patient care has benefits for clinicians, patients and the organisations we work for, and I hope to be able to report back on progress on this issue later in the year.

Another critical issue for College Fellows and Members is NHS consultants’ pensions. In this era of staff shortages and rota gaps, sadly I’ve heard of many stories of colleagues who have chosen to retire or leave the NHS as a result of the punitive changes to pension conditions which have been introduced over the last couple of years. It’s essential that the government acts now if we’re to retain our most experienced NHS staff within the workforce. While you can be assured that we’ll continue to raise our concerns directly with politicians and government (I have already written to the Chancellor of the Exchequer) I also hope that our College will be able to provide some practical advice to those who have been directly affected by these ill-thought-out changes.

In May the Sturrock Review into allegations of bullying in NHS Highland highlighted what many of us unfortunately know to be true. Despite the diligent care and dedication of health care professionals, bullying behaviour within the health service still blights the working lives of many of our members. I’m pleased to have been invited to represent our College on a new working group on clinical leadership which has been established by the Scottish Cabinet Secretary for Health and Sport. This will explore how to positively address the issue of bullying by promoting the correct culture and leadership in our workplaces. This is an important problem for many, and I look forward to the opportunity to contribute directly to this important piece of work on your behalf.

June has also seen the establishment of four college working groups around my priorities of workforce, wellbeing, inclusivity and engagement. These groups will ensure that our College Council members and staff are working together to develop a college-wide plan to address the challenges faced by our members in each of these areas. Given the seriousness of the workforce crisis that our UK-based members currently face within the NHS, it’s clear to me that workforce shortages are currently a bigger threat to healthcare in the UK than funding challenges. I personally chaired the first meeting of the workforce group. We discussed the forthcoming UK based Physicians’ Census, which we undertake annually with the other UK physician colleges, and examined what we could do to improve the balance of time our members spend between direct clinical care and supporting professional activities. We all know that freeing up time away from direct patient care has benefits for clinicians, patients and the organisations we work for, and I hope to be able to report back on progress on this issue later in the year.

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I’ll keep you posted as this issue develops over the coming weeks and months.

We’re also making significant advances in other areas. Elsewhere in this edition you’ll find more details of the new leadership development programme we’ve launched in partnership with the University of Glasgow, which is designed to help to nurture female leadership in medicine and academia. I think it’s vital that we take positive action to address the clear gender disparity that remains in our profession. I’d ask all our members to encourage your female colleagues to apply. The closing date for applications is 15 August 2019 and full details are available on the College website.

Finally, our Admissions Ceremony on 5 June was a fantastic celebration of our College and the achievements of our new Fellows and Members. It was a huge personal privilege to welcome Dame Parveen Kumar to our ranks as an Honorary Fellow. Parveen is one of the leading figures in our profession worldwide and has held numerous senior positions including President of the BMA, President of the Royal Society of Medicine, and President of the Medical Women’s Federation. We were also fortunate to be able to hear her thoughts on the development of our profession in her President’s Lecture on the previous evening. I’d encourage you to find time to watch the recording of this important lecture which is still available on our Facebook page. Congratulations also to our other Honorary Fellows, whose significant achievements spanned contributions to transplant surgery, medical history and biomechanics to name but three.

As an international organisation which promotes excellence in medicine, our college is honoured to confirm our association with this distinguished range of medical professionals and thought leaders from around the world. It was an honour to admit these distinguished individuals to our College.

Overall it was a superb day, Glasgow even managed to conjure up some sunshine! I know how hard our staff worked to make sure that the event was a resounding success. So many of the delegates commented to me on the impressive organisation and friendly, welcoming approach, which is a fantastic balance to strike.

Everyone in the College, whether directly involved or not, worked incredibly hard to deliver this memorable occasion, and that shows what great commitment and professionalism we have amongst our support team here. I am proud of all of our College staff, and remain deeply grateful and appreciative of all their efforts.

As we press on with our work programme over the months ahead, I look forward to working with you to ensure that the full potential of our College is met.
Diabetes has become a huge public health problem in India. With over 72 million individuals with diabetes already in 2011, this number is predicted to increase to 134 million by the year 2045. Thus, India is all set to become the ‘Diabetes Capital of the World’!

It is not just the magnitude of the problem of diabetes in India that is worrisome. There are several other challenges including lack of adequate specialised manpower and the inability of the health system to provide optimal health care to millions of people who are at risk of developing end stage complications of diabetes like blindness, renal failure, amputations, heart attacks and stroke. Finally, the fact that for 70 - 80% of patients in India, healthcare is provided by private medicine meaning out of pocket expenditure. It is against these challenges that our work in the field of diabetes in India must be viewed.

A brief walk down memory lane will introduce readers to our work. Thanks to my father Professor M Viswanathan who is considered as the ‘Father of Diabetology in India’, I was privileged to start working in the field of diabetes even as an undergraduate medical student. Remarkable, even as a first year medical student, I got the opportunity to help my father set up the first private diabetes centre at Chennai in 1971. After completing my undergraduate and postgraduate medical education, I worked as a Wellcome Research Fellow at the Royal Postgraduate Medical School and Hammersmith Hospital, London, doing research on diabetes in South Asians living in the UK and comparing them with White Caucasians. My work helped to understand (at least partly), the reasons for increased susceptibility to diabetes in the South Asian community.

After returning to India, I found that the prevalence of diabetes was growing rapidly in India, first in the cities and later in rural areas as well. For example, in the city of Chennai, the prevalence of diabetes which was 2% in the 1970s, climbed steadily and today it affects over 24% of the adult population of Chennai. The ICMR-INDIAB study, which is the largest national study on diabetes, as well as the Global Burden of Diseases study in India showed that diabetes has now increased in all 31 states and Union Territories of India with highest prevalence rates in the more affluent five southern states and in Goa. The other epidemiological trend that we noticed recently is that in urban areas of the more affluent states in India, diabetes now affects poor people more than affluent. There are two other worrisome aspects about the epidemiological transition of diabetes in India. Firstly, diabetes, once considered a disease of middle and old age, soon started affecting young adults and today it even affects children. Secondly, diabetes which was until recently a disease of urban India, is now rapidly moving to its villages. This has serious health implications, as in many rural areas specialised diabetes care is not available.
IN ORDER TO TACKLE THE DIABETES EPIDEMIC IN INDIA, WE HAVE TAKEN UP SEVERAL LEADERSHIP INITIATIVES:

1. Capacity building: We have started several training programs including Fellowship in Diabetes, Post-Doctoral Fellowship in Diabetes and Certificate Courses in Diabetes, reaching out to several thousand physicians across the country and even in neighbouring countries.

2. Setting up of specialised diabetes clinics under the brand of ‘Dr. Mohan’s Diabetes Specialities Centre’: Over 50 clinics have been set-up in 10 states of the country, serving over 450,000 patients with diabetes, one of the largest in the world. This has helped to take specialised healthcare to various parts of the country.

3. India’s first Rural Diabetes Model: The Chunampet Rural Diabetes Project was set up using telemedicine as a tool to reach out to the rural poor in India (n = 50,000). The population (n ~50,000) living in 42 villages in Tamil Nadu were screened for diabetes and its complications using a mobile van fitted with all equipment for screening for diabetes and its complications. This program also provided employment to the rural people. The results were very encouraging. Within a year, the HbA1c of people in the villages could be brought down significantly using low cost generic drugs. Only 2% of patients needed to be referred to the city for specialised diabetes treatment.

4. Precision Diabetes: An Indo-Scottish joint project on Precision Diabetes called INdia-Scotland Partnership for pRecision mEdicine in Diabetes (INSPIRED) funded by the National Institute for Health Research (NIHR) has been set up in collaboration with the University of Dundee in Scotland with the aim of studying the heterogeneity between diabetes in India and Scotland and also to study the pharmacogenomics of response to various anti-diabetic agents. A rural model is also being developed in villages in Tamil Nadu to improve the healthcare of the rural people. Dr Colin Palmer and his team from the University of Dundee are heading this project in Scotland while my colleagues Dr Naveed Sattar from the University of Glasgow is also a collaborator on this project.

SOME OF OUR INNOVATIONS WHICH HAVE HELPED TO IMPROVE DIABETES CARE IN INDIA INCLUDE THE FOLLOWING:

1. Development of Asia’s first Diabetes Electronic Medical Record system (DEMR).
2. Innovation and production of a high fibre low glycemic index white rice which has now been successfully commercialised.
3. Use of Artificial Intelligence in screening and diagnosing diabetic retinopathy.
4. A low cost rural model for diabetes prevention and care in rural areas.
5. Successful testing of a life style modification program for diabetes control, we now have a large number of people with diabetes now living for 60 years or more without any complications of diabetes.
6. Through 3000 free diabetes camps 277,000 people in 10 states of India have benefitted.

In summary, it is satisfying to note that by providing the right leadership to initiatives involving healthcare, research, education and charity in India, we were able to develop successful programs which if scaled up can help to tackle the diabetes epidemic in India.
MAKING LIFE WORK BETTER

Emotional exhaustion, depersonalisation, vicarious trauma and low sense of personal achievement are all factors which contribute to burnout, intent to leave, ill health and workplace error. Then there are the negative effects upon our personal and professional relationships.

Healthcare professionals increasingly report such symptoms. Indeed, the GMC National Training Survey 2018 noted that 1 in 4 trainees and 1 in 5 medical trainers reported features of burnout.

The Making Life Work Better event aims to be an impactful and entertaining one day conference, which addresses areas where we can all make a difference to our own health and wellbeing in the workplace, and that of our colleagues.

It shall build upon the success of our 2018 event, with a focus on how fostering a ‘well’ workplace culture, has a direct effect on patient safety and quality of care. It promises to be an impactful programme which leaves attendees inspired to make changes within their own organisations.

To book a place or for more information, please go to: rcp.sg/MLWB

WELLBEING SURVEY

The College has been working in collaboration with trainees, NHS Greater Glasgow and Clyde NHS Board, NHS Education Scotland, and the General Medical Council to carry out research into how to improve the wellbeing of doctors at work. Working in partnership, our organisations have issued a survey to all doctors working in the west of Scotland below consultant level including those in non-training positions. Results are due later this year, and will be used by the partners to help us understand the issues affecting your wellbeing at work.

NEW WELLBEING SURVEY

WELLBEING

GMC MUST WORK TO RESTORE REPUTATION FOLLOWING BAWA-GARBA CASE

The College has called on the General Medical Council (GMC) to work hard to rebuild trust between the organisation and the medical professions. The call came in response to the publication of the “Independent review of gross negligence manslaughter and culpable homicide”, which was commissioned by the GMC following the tragic death of Jack Adcock and the subsequent prosecution of Dr Hadiza Bawa-Garba.

Speaking when the report was published in early June, Professor Jackie Taylor welcomed the publication of the report, but called for urgent action by government and NHS bodies to ensure that medical professionals have faith that justice will be served when tragic mistakes are made.

Speaking as the report was published, Professor Taylor said:

“I’m glad that this report recognises that the actions of the GMC in this case undermined the trust that the medical profession has in our regulator. It will not be an easy task to rebuild this damaged relationship, but it’s vital that action is taken to build on the positive progress that has begun over the past year.

Developing a truly just ethos within the NHS means that we must all work together to create a learning environment, not a blame culture. We agree with the report that the GMC’s processes have been shown to be inadequate, and so we welcome the calls to update the legislation which underpins this. This must be brought forward by government as a matter of urgency. We also welcome the recommendation that action is required to ensure that reflective practice should be given legal protection. This would ensure the full transparency that is required to aid learning and improve the care that we all provide to our patients.

Lessons must be learned from this case. The time for action is now.

ACTION ON NHS PENSIONS REQUIRED FOLLOWING NEW WORKFORCE REPORT

The College welcomed the publication of the “Interim NHS People Plan” in June, but called for the report to be backed with urgent action to address the workforce crisis within the health care system.

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

“We welcome the publication of NHS England’s Interim People Plan. It’s definitely a move in the right direction. We wholeheartedly support the proposals it contains to improve the working lives of medical professionals, and the recognition that much more needs to be done to retain experienced staff within the health service. These must be taken forward without delay. Now that we’ve taken these first steps, this report must also be backed with urgent action to address the serious issues it raises, including the expansion of medical schools across the UK.

It’s also vital that we address the issue of pension reform for senior consultants if we’re to retain our most experienced NHS staff. I hope that the consultation exercise proposed in this paper will be brought forward now so that we can find a solution to this problem which benefits both staff and the wider interests of the health service.

KEEPING WORKFORCE ISSUES ON THE POLITICAL AGENDA

At the beginning of May our President and Public Affairs Manager attended the Scottish Conservative and Unionist Party’s annual conference in Aberdeen to host a fringe event for attendees about the workforce challenges we are all currently facing within the NHS. Working in partnership with the Royal College of Physicians of Edinburgh we set out our analysis to an audience including the Shadow Cabinet Secretary for Health and Sport, Miles Briggs MSP (pictured above with Public Affairs Manager, John Fellows). Our presentations went on to make our case for what action is required to address the workforce crisis in the NHS, including an expansion of medical schools and an increase in the number of UK visas available to doctors from outside the UK.

This event followed on from previous events that the College has attended at Labour Party and Scottish National Party conferences in Scotland last year, and is part of our plan to raise awareness of the issues facing our membership and how government and parliament in Edinburgh and London can effectively address these.
GLASGOW'S LEADING THE WAY IN REDUCING MEDICINE'S GENDER GAP

Glasgow is leading the way in closing medicine’s gender gap, thanks to a new joint initiative by the Royal College of Physicians and Surgeons of Glasgow and the University of Glasgow.

Despite over half the UK’s medical graduates being women, a significant gender gap remains in senior medical leadership roles. Currently only around 25% of medical directors and 36% of NHS Chief Executives are female, while women only represent approximately 40% of lecturers, 30% of senior lecturers, and only 15% of professors in UK medical schools.

That’s why these institutions have joined forces to launch a new leadership development programme to help to nurture female leadership in the medical field – the Developing Female Medical and Academic Leaders Scholarship Programme.

Speaking at the launch of the programme at an event at the University of Glasgow, Professor Jackie Taylor, President of the Royal College of Physicians and Surgeons of Glasgow said:

“I’m proud that our College is taking action today to help close medicine’s gender gap and assist women to reach their full potential as leaders. Our NHS is currently facing a range of significant challenges, so it’s essential that we tap into the widest possible pool of talent and utilise the skills that women have.

“This isn’t just the right thing to do for women, equality benefits everyone in our health service. Research has shown that greater gender diversity can improve financial and organisational performance and decision making and increase productivity.

I look forward to working with our successful applicants when they are announced later this year.”

Professor Anna Dominiczak, Vice Principal and Head of College, College of Medical, Veterinary & Life Sciences at the University of Glasgow said:

The University of Glasgow is pleased and proud to be involved in this scheme with the College to reduce medicine’s gender gap. Gender equality is an issue of great importance to the College of Medical, Veterinary and Life Sciences. 50 percent of our medical graduates are women, and yet they are underrepresented in leadership roles within our health service, to the detriment of the public and profession alike.

We look forward to welcoming applicants to this very important and exciting initiative as we strive to redress the gender gap in our health system. Hopefully, with the right support and guidance, we can nurture talented female clinical academics into the world-changing healthcare leaders of tomorrow.

Full details of the scheme, including how to apply, can be found on our website. The closing date for applications is 15 August 2019.

rcp.sg/supportingfemaleleaders

NEW HONORARY FELLOWSHIPS AWARDED BY OUR ROYAL COLLEGE

Six new Honorary Fellowships were conferred to a range of senior medical professionals and other leading figures from across the world at our June Admission Ceremony in Glasgow.

Receiving the award were:

Dame Parveen Kumar was Academic Sub-Dean at Barts and the first Director of Postgraduate Medical Education. She co-founded and co-edited the textbook Clinical Medicine, which is now a standard classic work, used worldwide and in its 9th edition. In 1999, Professor Kumar was the first recipient of the Asian Women of the Year (Professional) award. In 2000 she was awarded Commander of the Order of the British Empire (CBE) in recognition of her services to medicine.

Professor Peter Cavanagh is an Emeritus Professor in the Department of Orthopaedics and Sports Medicine at the University of Washington in Seattle, Washington, USA. He is President of both the American Society of Biomechanics and the International Society of Biomechanics and has received the Borelli Award and the Mayo Bridge Medal for these societies. Professor Cavanagh has published more than 200 referred papers, 7 books and 33 book chapters.

Dr Steven Wexner is the Director of the Digestive Disease Center and has been a key person at Cleveland Clinic, Florida since 1988. He has been the Chairman of Colorectal Surgery since 1993. Dr Wexner was the first surgeon in North America to popularise the colonic J-pouch for rectal cancer. Due to the study in which he participated and published, that procedure is now an acceptable standard of care for patient care for patients with rectal carcinoma.

Professor Mehmet Haberal is the Founder and President of the Executive Supreme Board of Baskent University Ankara. He is also Chair of the University’s Division of Transplantation, President of the Transplantation Society and President of the Burn and Fire Disaster Institute. He was the first to perform a successful cadaveric liver transplant in Turkey and was responsible for the first European paediatric living related donor liver transplant and the first adult segmental living related liver transplantation in the world.

Dr Steven Wexner is the Director of the Digestive Disease Center and has been a key person at Cleveland Clinic, Florida since 1988. He has been the Chairman of Colorectal Surgery since 1993. Dr Wexner was the first surgeon in North America to popularise the colonic J-pouch for rectal cancer. Due to the study in which he participated and published, that procedure is now an acceptable standard of care for patient care for patients with rectal carcinoma.

The Very Reverend Kelvin Holdsworth is a senior priest in a very busy city centre cathedral where regular congregations have almost doubled in 11 years. In that role he has contributed significantly to the dialogue in Scotland and the UK surrounding the opening of marriage to same-sex couples and for this he is most widely known, campaigning firstly for changes in Scots Law to allow such marriages and then changes to Canon Law to allow them to take place in church.

Speaking at the ceremony, College President Professor Jackie Taylor said:

“...”

“Theyir significant and substantial contributions range from scholarship which serves as a benchmark for medical education throughout the world, telling the proud history of medicine, providing spiritual leadership, to producing world class research in biomechanics. It is a privilege to admit these distinguished individuals to our College.”

RCPSG.AC.UK

SUMMER 2019 EDITION 4
What do you mean by ‘social media influencers’?” asked my supervisors in the first meeting for my masters research project. I began to explain…

Back in 2017, I started the Masters of Medical Science course in Human Nutrition at the University of Glasgow, choosing to specialise in obesity and weight management. The last three months of the course consisted of an individual research project, followed by a dissertation. Presented with a list of options, I picked out a recipe analysis of celebrity cookbooks. I wanted to add my own twist, however, and as I was interested in the impact social media influencers might have on marketing, diet and obesity, I proposed a new project, which was accepted. I wanted to examine the attributes and characteristics of social media influencers, and their blogs, in the weight management sphere, while also assessing their credibility.

Fast forward to April 2019. My project supervisors had encouraged me to submit two abstracts to the 26th European Congress on Obesity, which in 2019 was to be held in Glasgow at the SEC on 30 April to 3 May. Both abstracts had been accepted and here I was, preparing to present my findings to an international audience – easily the most nerve-wracking and exciting presentation of my life so far. I had been told that my research had been chosen to be included in the ECO press release, and so I was invited to present at a press conference the day before my ‘real’ presentation. Although I knew that this meant there would likely be some media reports the following day, I could not have predicted the scale of the response that was to follow.

WHY DID I WANT TO STUDY SOCIAL MEDIA INFLUENCERS?
I noticed an apparent rise in ‘healthy eating’/weight loss blogs and social media influencers positioning themselves in the weight loss field. Alongside the widespread use of social media in the UK, and people turning to the internet for diet and weight loss advice, I really wanted to find out whether social media influencers weight management blogs could be considered appropriate resources for people trying to lose weight. I also wanted to evaluate the nutritional quality of the meals these influencers were providing on their blogs to check if they were in line with UK nutritional criteria.

WHY ARE SOCIAL MEDIA INFLUENCERS POTENTIALLY PROBLEMATIC IN WEIGHT MANAGEMENT?
As the name suggests, social media influencers can be extremely influential; they are able to connect with their followers and shape their attitudes and behaviours. In weight management, this could be a problem as there is no requirement for them to be qualified in any way. They could be spreading opinion-based advice, rather than evidence-based, which could encourage the spread of misinformation. This misinformation could act to undermine efforts of evidence-based campaigns by, for example, public health organisations. Also, if they provide recipes that are high in calories but claim to help with weight loss, this might hinder any weight loss attempts by those following the blogs (and I found very high calorie recipes)!

In April this year research by Christina Sabbagh from Obesity Action Scotland on the dangers of “social media influencers” on weight loss hit the front pages in the UK and across the world. Her research showed that a significant proportion of the information found online which claimed to assist weight management was inaccurate or misleading.

Here’s her account of her work, and the worldwide media storm which followed the presentation of the reports abstract in Spring 2019.
PHOTO "Social media influencers offer inaccurate or biased diet advice!"

I identified UK-based weight management influencers through a series of comprehensive online searches, narrowing it down to those who fit our inclusion criteria; for example, they were required to have an active weight management blog with more than 50% physical activity or nutrition-related content. They were also required to be ‘verified’ on at least two social media networks and have over 80,000 followers. I then assessed each influencer and blog against twelve credibility indicators, under the themes of ‘transparency’, ‘use of other resources’, ‘trustworthiness and adherence to nutritional criteria’ and ‘bias’.

WHAT DID I FIND?

Only two of the nine were adequately qualified, and only one had a formal degree in nutrition. This influencer was the only one to go on to pass the checklist, with 83%. Many of the recipes were very high in calories, for example, one influencer had a breakfast of over 1062kcal and an evening meal recipe of over 1500kcal, and their FAQs stated that this plan would help someone lose weight. Five influencers also failed to provide evidence-based references for nutrition claims or presented opinion as fact, whilst five failed to provide a disclaimer, even after the onset of GDPR.

Overall, the study results suggested that social media influencers blogs are not always credible resources for weight management. Popularity and impact of social media in the context of the obesity epidemic suggests that all influencers should be required to meet accepted scientifically or medically justified criteria for the provision of weight management advice online.

The study results suggested that social media influencers’ blogs are not always credible resources for weight management.

**RESULTS**

2 Influencers deemed 'adequately qualified'
5 Failed to provide a disclaimer
2 Provided evidence-based references

WHAT’S NEXT?

I am currently working on finalising one of the manuscripts of the research, alongside my co-authors, Drs Alison Parrett, Catherine Hankey and Emma Boyland, with the aim to start the publication process as soon as possible. It now seems to have been given a second-wind, and in June I completed filming for a TV show that will air across 35 TV channels in the US! I am currently on part-secondment from Obesity Action Scotland to ASH Scotland where I work in Policy and Communications. When I complete the secondment at the end of the month, I will continue my work in Policy and Communications with Obesity Action Scotland, alongside looking for PhD opportunities.

**Diets Move Too Slowly for Weight Loss, Study Finds!**

The response was completely overwhelming, and I could not have predicted the scale of it. It was a series of firsts for me: my first academic conference, my first time presenting in front of so many people, my first time giving interviews and dealing with the press. I hadn’t received any media training previously, so it really was a case of learning on the job! As far as the media reports went, I did see the irony in some of the inaccurate reporting, considering the topic of the research. It also shows just how quickly information can spread over social media. I had to contend with a few Twitter trolls along the way, but overall, the response was extremely positive, and the experience rewarding.

Going forward, I would like to see some stricter regulations surrounding social media influencer output, particularly in weight management. Social media moves so quickly, and regulations have not kept up. Although the online environment is very difficult to regulate, we need to be including it in all policy discussions, making sure that any policy and regulatory changes made offline are reflected online, so that we are not just displacing the problems.
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.

UPDATES

COLLEGE WELCOMES POSITIVE REPORT ON VISA RULES FOR MEDICAL PRACTITIONERS

The College has welcomed a recent report by the Migration Advisory Committee in which it made the recommendation to the UK Government that all medical roles should be added to the shortage occupation list. Such a move would increase the number of visas to medical professionals seeking to work in the UK.

The report referenced evidence provided jointly by our College, the Royal College of Physicians of London and the Royal College of Physicians of Edinburgh which set out the current workforce shortages our membership currently have to face within the NHS, and which called for an increase in visas as a short-term solution to this vital issue.

A joint statement issued by the three Physician colleges, welcomed the findings and recommendations, saying:

“We welcome this report, and its recommendation that the category of Medical Practitioners is added to the Shortage Occupation List. This is a step in the right direction if we're to begin to address the current NHS workforce shortages throughout the UK. What is also clear from this report, and the evidence submitted to it from a range of health sector bodies, is that workforce planning remains a critical issue for our health service, and that further urgent action is required from government if we're to ensure that the NHS is sufficiently staffed to meet the demands of a twenty-first century service.”

NHS SCOTLAND "ONCE FOR SCOTLAND" WORKFORCE POLICIES PROGRAMME

With input from the Policy Network and our College Council, the college submitted evidence to the recent consultation run by the Scottish Government around the implementation of a range of workforce policies. Our College welcomed the development of these comprehensive policies, but called for additional action to prevent bullying in the NHS workplace.
A DISTINCTLY SCOTTISH SURGEON?
UNCOVERING POLICE SURGERY IN 19TH CENTURY SCOTLAND

Writing for voice, our College’s Deputy Head of Engagement – Heritage, Ross McGregor on our recent work with the University of Glasgow to uncover the city’s criminal past.

The College Heritage team has recently been collaborating with Dr Cheryl McGeachan of the University of Glasgow’s School of Geographical and Earth Sciences, on a Carnegie Trust-funded Research Incentive Grant project. The project completed in May 2019. Cheryl works in the field of historical geography, and was initially drawn to our collection of casebooks and other archives recording William Macewen’s time as Glasgow police surgeon in the 1870s.

WHAT WERE THE PROJECT AIMS?
‘A Distinctly Scottish Surgeon’ undertook the first scoping project of its kind on police surgery in nineteenth century Scotland. In doing so, the work identified a distinctive Scottish dimension to the under-examined figure of the police surgeon and therefore this project has developed a new use for such collections.

A range of archival materials used included personal notes and diaries by the selected police surgeons, court records, lecture notes, newspaper articles, postmortem reports, police records, letters, photographs and museum objects. Many of the sources used had never been examined in relation to the police surgeon and therefore this project has developed a new use for such collections.

WHAT WERE THE KEY FINDINGS?
This project has uncovered a set of previously unknown practices relating to the police surgeon in the nineteenth century. These practices have highlighted the mobility of the police surgeon and the variety of work that they undertook. Important connections have been made in relation to the practices of the police surgeon in relation to crime and the development of medical knowledge in the period, culminating in new histories of science emerging. Attention to unearthing criminal-medical histories has resulted in showing the potential of the police surgeon for uncovering new geographies of violence in urban space. Overall, the results from this project demonstrate the importance of the police surgeon for developing new criminal-medical historical geographies.

RESEARCH NETWORKS AND ENGAGEMENT
A key aspect of the project was to use the topic of the police surgeon to bring together different disciplines interested in investigating criminal-medical histories. This was achieved through the running of a networking workshop at the University of Glasgow in January 2019. This workshop brought together key figures in the history of medicine, historical geography, legal studies and collections managers from across Glasgow and Edinburgh to share reflections on developing the key findings from the project.

The project had a great deal of interest from both academic and public audiences that we did not necessarily expect. Due to this interest we were invited to attend a number of events and conferences to showcase the work in different formats. These included events, talks and presentations across the UK and Europe.

From the strength of the results we are keen to develop this work further, for example developing the work around the geographies of violence and the histories of forensic science.
**Working Together for a Just Culture in Medicine**

Our Honorary Secretary Richard Hull leads the College’s response to public issues.

In this piece he reviews the work of the Independent Review into Gross Negligence Manslaughter and Culpable Homicide, which was chaired by Mr Leslie Hamilton commissioned by the General Medical Council. The review was established following the tragic death of six year old Jack Adcock at Leicester Royal Infirmary in 2011. This case led to the subsequent conviction for gross negligence manslaughter of Dr Hadiza Bawa-Garba, the senior paediatric trainee involved in his case.

The review’s final report was published in June 2019.

There is much to learn for everyone from this important report. While it is true that there are few cases which have developed into full prosecutions for gross negligence manslaughter, those that have reached the public domain have created clear often vociferous camps with opposing interests. This has created, as the report states, a situation of toxic fear amongst the medical profession and trainee doctors in particular, where they feel that whatever they do they will be blamed for any mistakes. The medical profession which is dedicated to caring for the public has felt very vulnerable. It is clear that often situational and personal circumstances, otherwise known as human factors have not been taken into account by health trusts and boards and the regulator, the General Medical Council (GMC) itself. In one recent case it was only a late intervention by the Court of Appeal which recognised the importance of looking at the whole environment around an incident.

It is also clear that the environment is different in parts of the United Kingdom. In Scotland, where there is the same toxic fear of being made accountable for factors beyond the individual doctor’s control, the threshold for prosecution for the offence of culpable conicide is different from gross negligence manslaughter in the English, Welsh and Northern Irish jurisdictions. There is a requirement for a “mens rea” - that is a mental intent to do malice and not just the physical act - which is not present in the other definitions. While out of the scope of the enquiry, it is clear that this issue needs to be considered at a higher level. Both Sir Robert Francis and Professor Sir Ian Kennedy are on record for supporting this view as did this review’s independent research on public confidence.

The practice of medicine is becoming even more complicated. It is no longer dependant on the skills and experience of one individual, but depends on a group of individuals with different regulators, or sometimes even no regulator, all working in a complicated health environment dealing with financial and commissioning constraints. Individuals’ performance may vary depending on many human factors, such as lack of sleep, poor nutrition or hydration. Work patterns, incomplete rotas, lack of handover and failure of support systems such as computers may add to the development of errors. In educational terms, doctors are now invited to reflect and learn from errors in a no blame culture. This is the way to promote good practice and reduce mistakes as has been shown in other arenas such as air travel. This is the way to promote education within its own organisation and within the profession. It needs to understand how errors can occur and how we can prevent them. It should promote education within its own organisation and within the medical profession. It needs to understand how errors can occur and how we can prevent them.

Corporate bodies should also be held responsible if a potentially dangerous situation occurs. Corporate manslaughter in contrast has a much higher threshold for prosecution than gross negligence manslaughter. It is rarely used in medical situations. It is of note that there is no immediate formal societal response if a dangerous situation arises. Duties reporting can be a slow process and while it can be effective, it depends on the attitude of the Health Trust or Board. While organisations such as the Care Quality Commission or the Care Inspectorate review hospitals and health providers, this is often well after the event, so has little impact and too late to rectify processes. There is a need for formal regulation of Health Providers and Commissioners who will take immediate action. There’s also a need for regulation of non-medically qualified managers.

The report is clear that the way forward for individuals doctors is for reflection and discussion of mistakes aimed at prevention or reducing them. There is a plea to make such reflections in portfolios and appraisal documents to be legally privileged with which we would concur. Working for a just culture is the way to go.

The GMC’s role should be to support doctors. In the past it appears that it has sought to punish them. It should promote education within its own organisation and within the medical profession. It needs to understand how errors can occur and how we can prevent them. It should lose its right to judge doctors. That is the role of the Medical Practitioners Tribunal (MPT) Service and we agree with both this review’s independent research on public confidence. The report is clear that the way forward for individual doctors is for reflection and discussion of mistakes aimed at prevention or reducing them. There is a plea to make such reflections in portfolios and appraisal documents to be legally privileged with which we would concur. Working for a just culture is the way to go.

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and that of Sir Norman Williams Report to the Secretary of State for Health and Social Care that it should lose its right of appeal to decisions of the MPT. Key is the principle of a no blame culture. The report is clear that the previous attitude of the GMC has at least been unhelpful, and at worst has compounded the situation of distrust by the public and the profession. The GMC will need to learn from its mistakes.

We also need to develop a more inclusive culture within the NHS as a whole and in the regulator in particular. BAME groups have felt particularly vulnerable, isolated and unsupported in these circumstances, and so better support needs to be put in place for these colleagues. When events do occur, they should be investigated promptly internally with appropriate and independent experts. The report discusses the choice and responsibilities of these experts at this and other stages. Once the report is concluded, the conclusions should be embraced with an action plan.

The coronial service may be involved where death has occurred unexpectedly. It is vital that properly trained experts with good oversight are instructed. There is varying practice across coronial areas and the Chief Coroner will need to advise and make sure the service is delivered uniformly. Police investigations and the Crown Prosecution Service also need expert independent advice. In Scotland the Procurator Fiscal Service is seen to have developed a more constructive relationship with the medical profession, and so there is scope for other parts of the UK to learn from this approach.

At the same time, there is also a need for better training of medical expert witness and consideration given to accreditation. The royal colleges are well placed to develop this, but given the.

strains on the NHS, doctors should be allowed time to train and perform the work. Health employers often restrict their consultants and will not allow them to do this vitally important task. Although the report suggests Responsible Officers may be the right person to advise on experts, they too may have vested interests and may not be independent as they represent the employer.

Our college recognises the considerable amount of work that Leslie Hamilton and his group has put into this document. There are lessons for us all. However, the GMC in particular needs to take a new path to support doctors to make healthcare in this country worthy and fit for the public. It should not be seen to punish doctors but must support them through training and lifelong education once trained. It needs to be particularly aware of equality and diversity factors. If there is need for an enquiry, the GMC should support the doctor during that enquiry, then ensure that remedial action is taken if fault is found so that they can return to effective safe practice. Recourse to the Medical Practitioner Tribunal Service and the courts should be only used rarely and sparingly. Intent to do harm, that is malice, is a key requirement for prosecution, and the public consultation supported this approach. The current definition of gross negligence manslaughter is not fit for purpose when used in relation to medical issues, and so requires urgent reform.

The GMC must now immediately start to forge a new symbiotic relationship working with the medical profession and repair its past shortfalls. The GMC is not only responsible for maintaining the public trust in the provision of medical care but also for the trust of doctors in helping them to provide that care. They must start work now to regain that trust.

SUPPORT FOR TRAINEES AND CONSULTANTS

What can be done to better support trainees and consultants in this situation?

Here are some practical suggestions:

TRAINEES

• If you feel exposed by the level of staffing, availability of support, IT functionality or other systemic issues, you should immediately make that known to the consultant in charge.

• Please be aware of any additional relevant local reporting mechanisms that may apply and make sure you have the relevant contact details to hand.

• In as much as it is possible, compose a careful and balanced written account of the risks in the situation and report that to senior clinicians and management.

• Consider reporting the concern directly to the College – specifically to the office of the President. Some doctors may be reluctant to directly involve their consultant in case they imply that they are unable to cope. The College is independent and will endeavour to respond quickly with appropriate suggestions, discussion and advice.

• In the meantime, if you do choose to write a reflective report, ensure that it is fully anonymised. Ensure that portfolio reflections contain no patient identifiable information. This will minimise but not eliminate the risk to patient confidentiality. Avoid emotive language, any suggestion of culpability or judgmental statements about any patient or staff who may be involved.

• Seek advice from senior colleagues or defence union representatives in cases considered to be potentially serious.

CONSULTANTS

• Consultants should take a proactive role to ensure their trainees feel safe and supported and able to report incidents and clinical concerns. Reflective practice should still occur without trainees being exposed to legal action.

• Make an opportunity to discuss these issues with trainees you supervise in your role as an Educational Supervisor or Clinical Supervisor.

FINALLY FOR NOW

• Consider becoming involved with the West of Scotland Buddy Scheme where you can be paired with another trainee in the same or similar specialty.

Wellbeing events

with the Royal College of Physicians and Surgeons of Glasgow

MAKING LIFE WORK BETTER 2019

Thursday 12 September 2019

Emotional exhaustion, depersonalisation, vicarious trauma, and low sense of personal achievement are all factors which contribute to burnout, intent to leave, ill health and workplace error, not to mention the negative effects upon our personal and professional relationships.

Healthcare professionals increasingly report such symptoms, and indeed, the GMC National Training Survey 2018, noted that 1 in 4 trainees, and 1 in 5 medical trainers reported features of burnout. ‘Making Life Work Better’ aims to be an impactful and entertaining one day conference, which addresses areas where we can all make a difference to our own health and wellbeing in the workplace, and that of our colleagues.

HUMAN FACTORS

Thursday 21 November 2019

Medical errors are common and largely preventable. Taking a lead from other high risk organisations including aviation and air traffic services this conference will examine human factors, their relevance to mistakes and help attendees learn about methods of reducing mistakes.

FOR MORE INFORMATION VISIT rcp.sg/events

OR CALL +44 (0)141 221 6072
MEMBERS’ AREA

COLLEGE FELLOWS WALK FOR HOPE

Congratulations to College Fellows Mike McKirdy, Rob McErlean, Jeremy Bagg and Richard Weilbury who walked the 23 miles of this year’s Glasgow Kiltwalk to raise funds for the College’s HOPE Foundation. HOPE supports charitable health initiatives and has given grants to the Glasgow City Mission Night Shelter, Medics against Violence, Resurge Africa, diabetic foot training in Malawi and surgical training in the Democratic Republic of Congo. You can find out more about the work of HOPE, including how to donate at hope.rcpsg.ac.uk

PROFESSOR AWARDED ONE OF THE MOST PRESTIGIOUS MEDICAL PRIZES

College Fellow Professor Iain McInnes has been awarded the prestigious Carol Nachman Prize for Rheumatology 2019, the world’s highest honour awarded to a rheumatologist. Iain is Murihead Professor of Medicine and Director of the Institute for Infection Immunity and Inflammation at the College of Medical, Veterinary and Life Sciences at Glasgow University, he also provides clinical sessions at Glasgow Royal Infirmary. The Carol Nachman Prize serves to promote clinical, therapeutic and experimental research in the field of rheumatology.

MRCS PART B – CHENNAI

The MRCS Part B examination was held for the first time at the Sri Ramachandra Institute of Higher Education and Research in March 2019. The examining team, led by Dr Alison Lannigan, were warmly welcomed by Senior International Regional Advisor Professor Siva Davamani and the team at Sri Ramachandra. The examination ran very successfully and the College appreciates the excellent support and outstanding clinical facilities provided by the local team.

CBE HONOURS FOR COLLEGE FELLOWS

The College congratulates two of our senior Fellows, who were recognised in the Queen’s Birthday Honours List at the beginning of June. Professor Richard Weilbury (pictured left), the former Dean of our Dental Faculty from 2013 to 2016, was awarded a CBE for services to Paediatric Dentistry, Dental Education and Safeguarding of Children. The College also congratulates Dental Faculty Fellow Professor Jason Leitch, who has been awarded a CBE for services to healthcare and charity.

RETIRING? JOIN OUR SENIOR FELLOWS’ CLUB

When the all-too transient pleasures of summer come to a close, at least retired College members can look forward to a new session of the Club. The Club was formed in 1976 under the chairmanship of Sir Charles Illingworth, and has been going strong ever since. The current Chair is Mr David Smith, a former consultant surgeon. Annual membership, costing £5, yields access to seven monthly meetings in the College, from October to April. The central focus on each occasion is a lecture by one of the SFC’s members, and four meetings offer (for the bargain price of £15) the added attraction of an excellent lunch preceded by a drinks reception. The Club had 145 members in the 2018-19 session.

We are all familiar with – and perhaps may take for granted – our College’s uniqueness in being home to physicians and surgeons alike, as well as to dental, podiatric and travel medicine professionals. The benefits arising from that are arguably never more visible than within the SFC. Old friendships are nurtured and new ones forged, within and across disciplines and specialties. The sound and sight of 100 or so members talking, smiling and laughing together over lunch in the College Hall is an unfailing uplifting sign of the fellowship and sense of continued belonging which the Club provides. The lectures and ensuing discussions give a fascinating insight to colleagues’ ‘hinterlands’, and a vast range of subjects has been covered over the years. Drawing from speakers’ interests, knowledge and personal experiences, the 2019-20 programme will take members to the worlds of medical, literary and Scottish history, music, art, maritime architecture, and medical service at sea. The session starts on 2 October, and the meetings will be held on the first Wednesday of each month through to 1 April 2020 (except for the January meeting, which will be on the second Wednesday).

I hope that those who have previously been members of the Club will join again for the new session, that other retired College members will be keen to sign up, and that others contemplating or approaching retirement will make a mental note to become SFC members in due course.

If you are not already on the SFC Contacts list but are interested in joining the Club or finding out more or please, contact Julia McKerzie at the College (seniorfellowsclub@rcpsg.ac.uk or 0141 221 6072).

Dr Andrew Tannahill, Honorary Secretary, Senior Fellows’ Club (pictured above)

FRCS OPHTHALMOLOGY EXAMINER RECEPTION

We were delighted to welcome current and potential examiners to College in May. Dr Tim Levy (Honorary Clinical Registrar for FRCS (Ophthalmology), Mr Vikas Chadha and Mr Adam Booth presented their perspectives on being an examiner for the College.

Tim Levy gave an overview of the history of the exam in the Glasgow College, Vikas Chadha spoke about the professional and personal benefits of acting as an examiner, and Adam Booth shared his experience of standard setting written exams and acting as Lead Examiner at international exam centres.

Dr Alison Lannigan, Vice President Surgical, expressed her appreciation for the engagement and support of our Ophthalmology examiners in enabling the continuation of our global examination activities.

DAVID WILKIN IS THE NEW DIRECTOR OF ACE

The College is pleased to confirm that Dr David Wilkin has been appointed the new Director of Academy of Clinical Educators (ACE). Dr Wilkin is a Consultant in Acute Medicine and has wide experience in both undergraduate and postgraduate medical education. Within the College, Dr Wilkin sits on the Medical Education and Postgraduate Training Board and has directed conferences and courses. Moving forward, Dr Wilkin aims to build on the early successes of ACE and will develop a community of College educators to deliver the highest standard of education and training to our Fellows and Members.

To find out more about ACE, please visit rcp.sg/collegeace
PRESIDENT’S ADDRESS TO THE COLLEGE ADMISSION CEREMONY
WEDNESDAY 5 JUNE 2019

This is a high point in the College calendar, where we welcome new Fellows and Members, and which helps us to remember what a global community we are. We all have memorable days in our lives I’m sure many of you can remember events like graduation, passing a driving test, getting engaged, married, first child and I hope that this day, this special day will be one that you look back on with the same happiness.

Why is it special? Well it signifies the culmination of your work, effort and sacrifice. You have been successful in gaining qualifications which are gold standard and recognised around the world, or you have been elevated to Fellowship as recognition of your position and professional standing. These qualifications and post nominals set you apart within the profession as being the best of the best.

Achievement takes effort- the Brazilian footballer Pele said: “Success is no accident. It is hard work, perseverance, learning, studying, sacrifice and most of all of love what you are doing.”

There is no short cut to success, but you have shown that you have not only the ability, but the motivation and dedication to succeed.

None of this happens in isolation, we all work, we have families, we live outside medicine and healthy work life balance isn’t a luxury, it’s a necessity. Your parents, partner and children have all had an important part to play in supporting you, and this is an opportunity for you to show your appreciation so now I would like the diplomats to stand, turn around and applaud your families.

Many of you are at an exciting early phase of your career, perhaps not yet fully decided on where your path will take you. Some of you are already established in clinical practice, some are in senior positions. Whichever stage you are at it is likely that you will have faced challenges and there will be more ahead- but then as the American politician Frank A Clark said: “If you can find a path with no obstacles it probably doesn’t lead anywhere”.

The key thing here is perseverance. The root of the word perseverance is Latin “per very seveus strict”, “continue steadfastly” and that’s what I’d encourage you to do. As the saying goes, “Challenges are what make life interesting, and overcoming them is what makes life meaningful”.

We all have disappointments, we all suffer setbacks, but what defines us is how we respond. The great Nelson Mandela said: “Do not judge me by my successes. Judge me by how I handle my failures and how I deal with adversity.”

So persevere, continue steadfastly and you will overcome.

All of you who have become Fellows and Collegiate Members are now connected. What unites us?
First we are all part of the College. Ours is a unique College – the only multidisciplinary College where we have physicians, surgeons, dentists and specialists in Podiatric Medicine and Travel Medicine all under one umbrella. Many of you are at an exciting early phase of your career, perhaps not yet fully decided on where your path will take you. Some of you are already established in clinical practice, some are in senior positions. Whichever stage you are at it is likely that you will have faced challenges and there will be more ahead- but then as the American politician Frank A Clark said: “If you can find a path with no obstacles it probably doesn’t lead anywhere”.

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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.

DEVELOPING THE CLINICAL TRAINER - TEACHING SKILLS FOR EARLY STAGE TRAINEES
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

MAKING LIFE WORK BETTER
12 Sep
0900 - 1700
Free
‘Making Life Work Better’ aims to be an impactful and entertaining one day conference, which addresses areas where we can all make a difference to our own health and wellbeing in the workplace, and that of our colleagues. rcp.sg/workbetter

ROYAL COLLEGE ADVANCED CERTIFICATE IN CLINICAL EDUCATION
Glasgow
16 - 17 Sep, 2 - 3 Dec
Leeds
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

PRACTICAL ADVICE FOR NEW CONSULTANTS
17 Sep
0900 - 1630
£82.50
5 CPD Credits
This informal half day course offers 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

TRAINING THE CLINICAL TRAINER
23-24 Sep, 18-19 Nov
0830 - 1700
£395
12 CPD Credits
This course aims to enhance your knowledge of, and skills in, educational practice within a clinical setting. rcp.sg/trainthetrainer

CLINICAL TRAINER DEVELOPMENT: AN OVERVIEW
1 Nov
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

HUMAN FACTORS
21 Nov
Medical errors are common and largely preventable. Taking a lead from other high risk organisations including aviation and air traffic services this conference will examine human factors, their relevance to mistakes and help attendees learn about methods of reducing mistakes. rcp.sg/humanfactors

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/environment

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

RENAI RYPSI CADAVER COURSE
15 Aug
Deedline date: 18 Jul
300
6 CPD Credits
Run by two consultant nephrologists, a 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

CONEN BEAM CT COURSE - LEVEL 2 CERTIFICATION
23 Aug
0845 - 1700
£225
6 CPD Credits
Following on from the Level 2A Certification course, this 1-day course offers an interactive, decentralised course of learning. We deliver this further CBTC imaging course to enable the delegate to maintain the safe operation and interpretation of CBCTs. rcp.sg/conebeam

BASIC SURGICAL SKILLS COURSE
5 - 6 Sep, 24 - 25 Sep, 17 - 18 Oct, 6 - 7 Nov, 14 - 15 Nov, 28 - 29 Nov
0830 - 1700
£50
The course teaches safe operating techniques and stresses the importance of precautions for safe theatre practice. rcp.sg/bss

CORE ENDOSCOPIC UROLOGY AND PENO-SCROTAL SURGERY (CADAVERIC COURSE)
12 Sep
Deedline date: 15 Aug
0845 - 1700
Clinical Anatomy Skills Centre, Glasgow
£275
Suitable for new entrants to Urology (CT1/2 - ST3) this one day course will offer an introduction to common core urological procedures. rcp.sg/urology

EMERGENCY UROLOGICAL SURGERY (CADAVERIC COURSE)
13 Sep
Deedline date: 17 Aug
0845 - 1700
Clinical Anatomy Skills Centre, Glasgow
£320
Aim is to modify and strengthen the barrier present to the emergency equipment. Essential knowledge and clinical knowledge. rcp.sg/emergencyurology

GI ANATOMOSIS TECHNIQUES
2 Oct
0845 - 1700
£165
A hands-on practical course designed for surgeons training to develop their anastomosis techniques. rcp.sg/gianatomosis

VASCULAR ANATOMOSIS
3 Oct
0830 - 1630
£165
6 CPD Credits
This one day course provides exposure to the theoretical principles and practical techniques of vascular anastomosis. rcp.sg/vascularanatomosis

BASIC FRACTURE FIXATION DAY (CADAVER COURSE)
3 Oct
Deedline date: 5 Sep
0845 - 1700
Clinical Anatomy Skills Centre, Glasgow
£300
This course will be held in the Clinical Anatomy Skills Centre (CASC) and is ideally suited to core trainees with an orthopaedic interest at ST3 level.

PRINCIPLES OF CASTING FOR ORTHOPAEDIC TRAUMA (CADAVER COURSE)
10 Oct
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/goot

NASHAL TIP RHINOPLASTY (CADAVER COURSE) (AESTHETIC SURGERY OF THE NASAL TIP)
10 - 11 Oct
Deedline date: 12 Sep
0830 - 1615
Clinical Anatomy Skills Centre, Glasgow
£320
This course gives hands-on refresh training for consultants and senior trainees in ENT that occur in areas outside their sub-specialty using fresh cadaveric material. Non-consultant career grade doctors might also wish to register. rcp.sg/nosaltp

BASIC ORTHOPAEDIC PROCEDURAL SKILLS COURSE
15 Oct, 11 Dec
0830 - 1700
£90
By attending this course you will learn the principles of skin suturing, digital nerve blocks, joint aspiration, emergency fracture treatment and spinal immobilisation. rcp.sg/bosp

EMERGENCY HEAD AND NECK SURGERY CADAVER COURSE
9 Oct
0800 - 1715
Clinical Anatomy Skills Centre, Glasgow
£300
12 CPD Credits
The course gives hands-on refresh training for consultants and senior trainees in ENT emergencies that occur in areas outside their sub-specialty using fresh cadaveric material. Non-consultant career grade doctors might also wish to register. rcp.sg/headneck

FOUNATION SKILLS IN SURGERY
19 Oct
0830 - 1700
£61.20/£67.50
6 CPD Credits
This interactive course provides an introduction to the essential skills of early stages of surgery. It is suitable for foundation doctors, final year medical students or those considering a career in surgery. rcp.sg/fsis

CAUDA EQUINA TIPS AND TRICKS (CADAVER COURSE)
24 Oct
0830 - 1700
Clinical Anatomy Skills Centre, Glasgow
£295
6 CPD Credits
Aimed at healthcare professionals and their trainees, this course provides great opportunity to pair higher surgical trainees with early years so that the former can teach the latter. rcp.sg/cauda

BASIC LAPAROSCOPIC SKILLS (CADAVER COURSE)
28 Oct, 25 Nov
0845 - 1645
£320
The aim of the course is to familiarise the delegate with the equipment and instruments used in laparoscopic surgery, to allow simulation of manipulation of objects within a laparoscopic environment and to have the opportunity to practice simulated operations using the back-up gallbladder and appendix laparoscopic training model. rcp.sg/slaparoscopy

SURGICAL SKILLS FOR THE EMERGENCY IN PATIENT RESUSCITATION ROOM
31 Oct - 1 Nov
Deedline date: 3 Oct
0830 - 1700
Clinical Anatomy Skills Centre, Glasgow
£295
12 CPD Credits
This innovative course provides practical training on the surgical techniques that can save lives when waiting for assistance is not an option. rcp.sg/resusitation

SURGICAL APPROACHES TO THE UPPER LIMIT FOR TRAUMA (CADAVER COURSE)
5 Nov
Deedline date: 1 Oct
0830 - 1700
Clinical Anatomy Skills Centre, Glasgow
£320
6 CPD Credits
An intensive, one day, cadaveric course covering surgical approaches to the upper limit with a focus on the management of trauma. rcp.sg/upperlim

IMPACT COURSE
18 - 19 Nov, 16 - 17 Dec
0830 - 1700
£472
This course will cover the most common acute medical care and acute medical emergencies that 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

TRAVEL MEDICINE ROADSHOW
10 Sep
The MAC Belfast
26 Sep
Arlington Conference Centre, London
1300 - 1700
£50
4 CPD Credits
Each of these half day events will provide delegates with an update on many topics, including vaccines, malaria, tropical medicine and the latest developments in travel medicine. It will also give you the opportunity for networking with other health care professionals. rcp.sg/tmroadshow

SUMMER 2019 EDITION 4
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

MRCP(UK) PACES SPECIALTY EXAMINATIONS

ACUTE MEDICINE
Exam date: 13 Nov
Opening date: 29 Oct
Closing date: 16 Nov
Various locations

DERMATOLOGY
Exam date: 10 Oct
Opening date: 20 Oct
Closing date: 12 Oct
Various locations

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

PALLIATIVE CARE
Exam date: 13 Nov
Opening date: 24 Jul
Closing date: 16 Oct
Various locations

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

MRCP(UK) PACES
Exam date: 14 Jan
Closing date: 25 Nov
Various locations

MRCS PART A
Exam date: 14 Jan
Closing date: 25 Nov
Various UK and International

MRCS PART B OSCE
Exam date: 22 Oct
Opening date: 22 Jul
Exam period: 28 Sep - 8 Dec

Exam date: 22 Oct
Exam date: 7 Jan
Closing date: 7 Oct
Opening date: 20 Oct
Glasgow, Belfast, Leeds, Liverpool

Closing date: 20 Oct
Opening date: 7 Oct
Glasgow, Belfast, Leeds, Liverpool

Closing date: 15 Oct
Opening date: 16 Oct
Various locations

For £120 you will receive:
- Free Affiliation membership (save £30)
- PACES online revision modules (worth £100 if purchased separately)
- No joining fee for Collegiate Membership (save £180)
- No Membership subscription fees to pay for up to 12 months after passing MRCP(UK) (save £80)
- College voucher worth £25 on passing MRCP(UK) PACES

Total savings up to £190

MFDS Part 1 Package
- Free one year Affiliation membership (save £30)
- MFDS Part 1 lecture revision material
- Over 100 MFDS Part 1 sample questions
- MFDS Part 1 examination

Total savings of £125

MFDS Part 2 Package
- Affiliation membership for up to 12 months (save £30)
- £50 discount on our MFDS Part 2 Preparation Course
- Early booking on MFDS Part 2 examination
- A personalised monthly direct debit plan
- 50% discount on your first year’s membership subscription, after passing your MFDS exams (save £80)

Total savings of £160

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.

MFDS Part 1
Exam date: 22 - 24 Oct
Closing date: 2 Aug
Glasgow

MFDS Part 2
Exam dates: 27 - 29 Sep
Closing date: 7 Jul
Glasgow, Manchester

DO-HNS - PART 1
Dates TBC

MFDS PART 1
Exam date: 7 Oct
Closing date: 18 Aug
Various UK and International

MFDS PART 2
Exam date: 14 Jan
Glasgow

DENTAL

MFDS PART 1
Exam date: 7 Oct
Closing date: 18 Aug
Various UK and International

MFDS PART 2
Exam date: Dates TBC

FRCS OPTHALMOLOGY – PART 1
Exam date: 3 Mar
Glasgow

FRCS OPTHALMOLOGY – PART 2
Exam date: 3 Mar
Various UK and International

FRCS OPTHALMOLOGY – PART 3
Date: Dates TBC

MFDS Part 2 Package includes:
- Affiliation membership for up to 12 months (save £30)
- £50 discount on our MFDS Part 2 Preparation Course
- A personalised monthly direct debit plan
- 50% discount on your first year’s membership subscription, after passing your MFDS exams (save £80)

Total savings of £160

For £125 you will receive:
- Over 100 MFDS Part 1 sample questions
- MFDS Part 1 lecture revision material
- Preparation Modules
- Over 100 MFDS Part 1 sample questions
- MFDS Part 2 Preparation Course

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

MRCS Exam candidates can also access:
- Free Affiliation membership (save £30)
- MRCS Part B OSCE exam preparation course (save up to £80)
- No Membership subscription fees for up to 12 months after passing MRCS (save up to £80)

Total saving up to £190

MRCS Part B OSCE
Exam date: 22 Oct
Opening date: 20 Jun
Closing date: 12 Sep
Various locations

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 2
Exam date: Dates TBC

VOCABULARY

Question Bank
rcp.sg/questionbank

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

MRCS Exam candidates can also access:
- Free Affiliation membership (save £30)
- A personalised monthly direct debit plan
- 50% discount on your first year’s membership subscription, after passing your MFDS exams (save £80)

Total savings of £160

For £25 you will receive:
- College voucher worth £25 on passing MRCP(UK) PACES

Total saving up to £295

RCPSG.AC.UK
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MARCH 2019 - MAY 2019

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Tasleehwee Uthmanhadi Adzine
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SankaraNabhaRamana Anand
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Would you support a ban on junk food advertising? The majority of Scottish adults would. Obesity Action Scotland have recently commissioned polling which showed that 74% of Scots would support a ban on junk food adverts shown on TV before 9pm. This ban is commonly called a ‘9pm watershed’. Similar polling on the UK level also showed strong support (72%).

Although unhealthy food advertising is globally omnipresent - think TV, radio, online, games, outdoor digital screens and billboards, public transport, sports events from grassroots to international and even school activities – it’s only now that comprehensive regulatory measures to restrict it are being considered.

The NOURISHING database of implemented polices to promote healthy diets & reduce obesity shows that only a few countries around the world have implemented regulations restricting junk food advertising. It also shows that most of these restrictions are partial, i.e. they only apply at certain times or when certain proportion of audience are children or only on certain types of media. Moreover, the definition of ‘junk food’ or unhealthy food is not uniform and countries adopt different criteria.

There is unequivocal evidence that childhood obesity is influenced by marketing of foods and non-alcoholic beverages high in saturated fat, salt and/or free sugars (HFSS). Therefore, the WHO Commission on Ending Childhood Obesity as well as the WHO as an organisation have called on Member States to introduce restrictions on marketing of HFSS foods to children, covering all media, including digital, and closing any regulatory loopholes.

Although the evidence is there, public support for such measures is very important for policymakers. Adults across Scotland and the UK have indicated their strong support for such action. A recent public consultation on junk food advertising restrictions in the UK have asked all stakeholders for their views. If the UK Government acts in agreement with the current evidence and public opinion, then we should see a 9pm watershed on junk food adverts introduced in the UK. Watch this space!

**POLLING RESULTS**

<table>
<thead>
<tr>
<th>Advertising Medium</th>
<th>Support (%)</th>
<th>Oppose (%)</th>
<th>Don’t know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV before 9pm</td>
<td>41</td>
<td>46</td>
<td>13</td>
</tr>
<tr>
<td>Online before 9pm</td>
<td>48</td>
<td>40</td>
<td>12</td>
</tr>
<tr>
<td>Outdoor before 9pm</td>
<td>40</td>
<td>48</td>
<td>12</td>
</tr>
</tbody>
</table>

*Lorraine Tulloch*
Obesity Action Scotland’s Programme Lead
If you are searching for a venue to host your next conference, we have made it easy for our Fellows and Members to plan and host an event in the College.

Our all-inclusive day delegate rate (DDR) packages, exclusive to fellows and members make it simple to book, plan and budget for your upcoming conference or meeting. These prices are calculated per person to enable you to accurately set your ticket fees offering a convenient solution for conference organisers, meaning that you can concentrate on the content and programme.

<table>
<thead>
<tr>
<th>Package</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room hire</td>
<td>A/V facilities and support</td>
</tr>
<tr>
<td>Tea, coffee and biscuits on arrival</td>
<td>Mid-morning serving of tea, coffee and biscuits</td>
</tr>
<tr>
<td>Lunch served with tea, coffee and fruit juice</td>
<td>Afternoon serving of tea, coffee and biscuits</td>
</tr>
<tr>
<td>Venue management support</td>
<td>Wi-Fi access</td>
</tr>
</tbody>
</table>

Fellow and Member DDR

From £30 + VAT per person

*Prices are subject to availability and further terms and conditions

To discuss your upcoming event requirements in more detail, please contact:

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