

COLLEGE

# voice

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**SOCIAL MEDIA INFLUENCERS AND WEIGHT LOSS**  
**ADDRESSING THE CHALLENGES OF DIABETES IN INDIA**



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PHYSICIANS

# voice EDITION 4

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# PRESIDENT'S UPDATE

College President Professor Jackie Taylor writes for voice



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 say that in the last couple of months our college has taken some significant steps towards achieving this goal.

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

“ 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. 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.



# ADDRESSING THE CHALLENGES OF DIABETES IN INDIA



**Dr V Mohan, MD, FRCP, Ph.D. D.Sc**  
is the Chairman and Chief Diabetologist,  
Dr. Mohan's Diabetes Specialities Centre  
Director, Madras Diabetes Research  
Foundation, Chennai, India.

**Dr Mohan is the first recipient of the  
College's Clinical Leadership Award  
which was awarded in May 2019.**

**You can get more details on a range  
of Awards and Scholarships at  
[rcp.sg/awardsandscholarships](http://rcp.sg/awardsandscholarships)**



**D**iabetes 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. Remarkably, 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 South India 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 the 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 to date 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 and I head the project in India. Dr Naveed Sattar from the University of Glasgow is also a collaborator on this project.



Dr. V. Mohan receiving the Harold Rifkin Award from Dr. Jane Reusch, President, American Diabetes Association

### 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 prevention of diabetes.
- 6** Using low cost generic medicines to improve diabetes control, we now have a large number of people with diabetes now living for 60 years or more without any complications of diabetes.
- 7** 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.



# Medical events

with the Royal College of Physicians and Surgeons of Glasgow

## STROKE 2019

Thursday 3 October 2019

The Royal College of Physicians and Surgeons of Glasgow's eighth annual stroke conference will provide an opportunity for practicing clinicians to update their knowledge of the rapidly changing field of stroke care.

[rcp.sg/stroke](http://rcp.sg/stroke)



## GLASGOW GASTRO CONFERENCE 2019

Friday 4 October 2019

Following the success of 2018's inaugural Glasgow Gastro Conference, this event will return for 2019 and looks set to be another sell-out day with a mix of keynote lectures, state of the art presentations and interactive sessions.

[rcp.sg/gastro](http://rcp.sg/gastro)

6 CPD CREDITS APPROVED



bsg  
BRITISH SOCIETY OF GASTROENTEROLOGY

## CRITICAL CARE UPDATES

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.

**12 September 2019** Cardiology  
**10 October 2019** Critical care and the ageing population  
**14 November 2019** Bedside monitoring  
**12 December 2019** Transplant  
**9 January 2020** Respiratory and ventilation  
**13 February 2020** Paediatrics

**12 March 2020** The ABCs of critical care  
**9 April 2020** Mechanical support devices  
**14 May 2020** Simple things: getting the basics right  
**11 June 2020** Outcomes and endpoints

[rcp.sg/criticalcareupdates](http://rcp.sg/criticalcareupdates)

2 CPD CREDITS APPROVED



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[rcp.sg/events](http://rcp.sg/events)

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ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW  
PHYSICIANS



# NEWSBITES

## WELLBEING

### 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](http://rcp.sg/MLWB)



### NEW 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.



### PRESIDENT'S LEADERSHIP LECTURE WITH DAME PARVEEN KUMAR

On 4 June, the second President's Lecture of 2019 took place with Dame Parveen Kumar discussing how medicine has changed over the past five decades. To begin with, diseases now travel faster. Using SARS as an example, this started in Hong Kong and within 24 hours had reached Toronto. Starting with very low numbers in 1960, the amount of women in medicine has increased and had reached a 50/50 male/female intake by 2010. While progress has been made, there are still too few female consultants. Being a doctor has become more challenging at a younger age. As President of the Royal Medical Benevolent Fund, Dame Parveen found doctors only used to ask for help in their 60s and 70s. Now, doctors are coming for help in their 20s and 30s. Patients are becoming more informed and educated due to media influences. This has developed into patients wanting more control and choice, which can result in some being more demanding.

To view the full recording of this lecture, please go to [rcp.sg/C4NdL](http://rcp.sg/C4NdL)

## WORKFORCE

### 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.**



### 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.

### 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.**



## INCLUSIVITY

## 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](http://rcp.sg/supportingfemaleleaders)

## OTHERNEWS

## 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 later 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 Malcolm Nicolson** has been an instrumental part of the University of Glasgow since 1990 and for 29 years has fostered the closest relationships between the Centre for the History of Medicine and the College. Professor Nicholson's prolific output of work has reflected the history of medicine in Scotland and has contributed significantly to historical scholarship in a number of areas.



**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 Muybridge Medal for these societies. Professor Cavanagh has published more than 200 referred papers, 7 books and 33 book chapters.



**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:

**Their 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.**

# SOCIAL MEDIA INFLUENCERS AND WEIGHT LOSS



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.



**"What do you mean by 'social media influencers'?" asked my supervisors in the first meeting for my masters research project. I began to explain...**

**B**ack 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-racking 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)!



### WHAT DID I DO?

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'. These were set as yes and no questions, with yes a 'pass' and no a 'fail'. These were then reported as a percentage, with an acceptable pass rate of >70% chosen to ensure those who passed achieved most indicators. I also evaluated ten meals from each influencer against Public Health England's (PHE) 'One You' calorie reduction campaign and the UK Food Standards Agency's Traffic Light Scheme (2016).

### 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 in 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 RESPONSE

Immediately after the press conference, I was asked to give a video interview to MedScape. Other journalists who had been at the press conference then contacted me to ask follow-up questions and arrange further interviews. At the same time, I received an email from the press officer telling me to prepare myself for what was to come.

By the afternoon, I had given written interviews to several media outlets, as well as voice interviews to be aired across almost every radio station in Scotland, and some in the wider UK. As would be expected, by the time I got home that evening I was completely exhausted. I had also been ill throughout and, until the day before the press conference, had completely lost my voice. By the end of the night it had gone again, and I hadn't even presented my research yet!

The next day was the day of my presentation. I had set my alarm for 6am so that I could get some practice in; however, this wasn't to happen.

More media requests began flooding in. I spent the early morning answering questions by email and phone, until I had to leave my Air BnB to get to the SEC. As soon as I arrived I checked my Twitter account and saw that many people were tagging me to say that my research had made the front-page of the Metro!

By the time I arrived at the SEC I had found out that it was also front page of the Daily Express and was being reported by almost all UK media outlets, including Sky News and the BBC. It even went 'viral' on Twitter! Celebrities were posting it alongside their views. Well-known faces in the field of nutrition and dietetics were sharing it, alongside their own tips on what to avoid online.

While all of this was happening here in the UK, through the social media coverage I started to get requests through from other countries, from students, academics and media outlets asking for interviews, collaborations and help with research. Soon, it had gone global, with my findings being reported online and on TV all over Europe, Canada, US, Mexico, Brazil and the Middle East.

“The study results suggested that social media influencers' blogs are not always credible resources for weight management”

### RESULTS



Influencers deemed 'adequately qualified'



Failed to provide a disclaimer



Provided evidence-based references



### AFTERMATH

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.

### 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.

# Surgical training

with the Royal College of Physicians  
and Surgeons of Glasgow

## Core Endoscopic Urology and Peno-Scrotal Surgery

12 September Closing date: 15 August

## Emergency Urological Surgery

13 September Closing date: 17 August

## Basic Fracture Fixation Day

3 October Closing date: 5 September

## Endoscopic Ear Surgery

7 - 8 October Closing date: 9 September

## Emergency Head and Neck Surgery

9 October Closing date: 11 September

## Nasal Tip Rhinoplasty Cadaver Course (Aesthetic Surgery of the Nasal Tip)

10 - 11 October Closing date: 12 September

## Cauda Equina Tips and Tricks

24 October Closing date: 26 September

## Surgical Skills for the Emergency Department Resuscitation Room

31 October - 1 November Closing date: 3 October

## Surgical Approaches to the Upper Limb for Trauma

5 November Closing date: 8 October

## Advanced Surgery Cadaver Skills in GI Surgery (ASiCS) Course

12 - 13 December Closing date: 14 November

### Venue

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

These courses will be held in the Clinical Anatomy Skills Centre (CASC).

It is a facility designed to provide innovative physicians, surgeons, dentists and other allied health professionals.

CASC is a joint venture with the University of Glasgow and is based in the Anatomy Facility at the University.



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# 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 inquires, 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](http://rcp.sg/policy).



Policy  
Network

## 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?

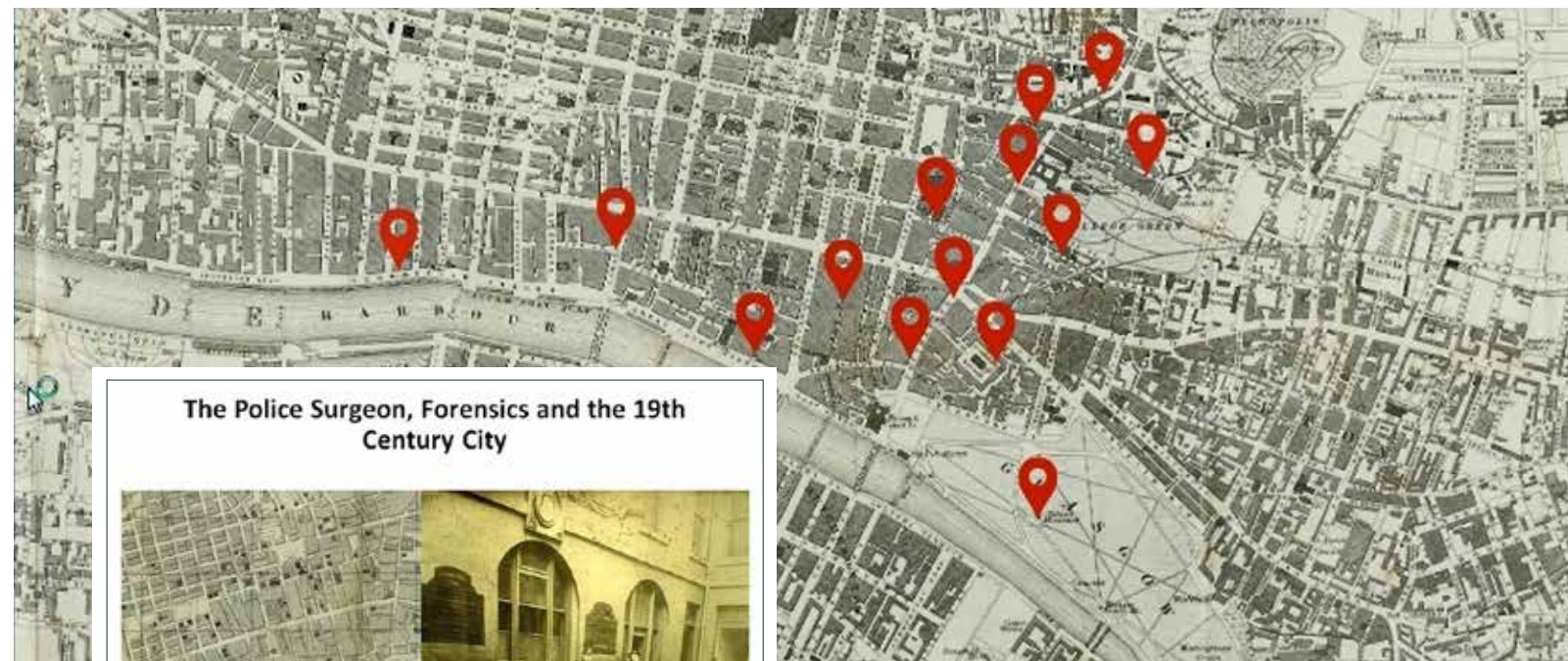
'A Distinctly Scottish Surgeon' undertook the first scoping project of its kind on police surgery in nineteenth century Scotland. In doing so, the work identified a distinctive Scottish dimension to the under-examined figure of the police surgeon and its uncharted histories and geographies. The precursor to the forensic medical officer, the police surgeon played a significant role in fusing medical and legal worlds during the nineteenth century, yet very little was previously known about its practice. Through in-depth archival research, the project has uncovered the unknown practices of the 19th century police surgeon in three key cities across Scotland using three

pioneering Scottish surgeons as case study examples - Francis Ogston (Aberdeen), Henry Littlejohn (Edinburgh) and William Macewen (Glasgow).

Working with archive material from nine institutions in addition to the College's collections, this project has developed a ground-breaking understanding of the key practices of Scottish police surgery and has begun to uncover the geographies of the practice in Scotland.

## THE PROJECT ENGAGED WITH FOUR KEY RESEARCH QUESTIONS:

- What are the key practices of police surgery in Scotland in the nineteenth century?
- To what extent does a regional specificity of police surgeon practice emerge throughout the period?
- To what extent is there a distinctly Scottish dimension to police surgeon practice in the period?
- What connections can be drawn between a Scottish history of the police surgeon and wider histories concerning the emergence of forensic science in Scotland?



Interactive map of police surgeon cases in 1870s Glasgow

Digital visualisation of one of Macewen's cases

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.

Given this project was running concurrently with the College's Visualising Medical Heritage project, it was inevitable that the work would cross-over! An unexpected outcome of the project was our ability to experiment with the findings and produce digital resources, for example, an interactive map of police surgeon cases in 1870s Glasgow and a digital visualisation of one of Macewen's cases based on his notes [rcp.sg/macewencase](http://rcp.sg/macewencase).

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. The project is a fantastic example of the amazing potential for original research and public engagement using the College's unique collections.





# 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 (GNM) of Dr Hadiza Bawa-Garba, the senior paediatric trainee involved in his case.**

**The review's final report was published in June 2019.**



**T**here 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 homicide 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.

It is clear that in most instances no one individual is to blame for medical mistakes. It is more that circumstances lead to an environment where mistakes occur. Prevention must be better than prosecution.

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. Datix 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 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.

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

## TIMELINE OF EVENTS

- Jack Adcock died from sepsis on 18 February 2011, after being admitted to Leicester Royal Infirmary earlier that day.
- Following a police investigation into this tragic death, the Crown Prosecution Service initially decided not to charge Dr Bawa-Garba and two nurses who were responsible for Jack's care. This decision was re-examined after the subsequent inquest, and the three members of staff were charged with gross negligence manslaughter.
- The jury in the trial found Dr Bawa-Garba and one of the nurses guilty, and Dr Bawa-Garba was given a two-year suspended sentence. She lost her appeal in December 2016.
- Following the appeal, the Medical Practitioners Tribunal (MPT) heard Dr Bawa-Garba's fitness to practise case and in June 2017 found her fitness to practise impaired as a result of her conviction, determining that she should be suspended from practice for 12 months and a review hearing should be held before her 12 months suspension expired.
- The GMC then appealed those findings. The Divisional Court upheld that appeal in January 2018, substituting the original suspension with erasure from the medical register. Dr Bawa-Garba appealed the Divisional Court's judgment, which resulted in a ruling by the Court of Appeal that the Divisional Court's decision was incorrect, and determined that the original 12-month suspension should stand.



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 deliver this, but given the

strains on the NHS, doctors should be allowed time to train and perform this work. Health employers often restrict their consultants and will not allow them to do this vitally important task. Although the report suggest 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 health care in this country worthy and fit for the public. It should not be seen to punish doctors but more to 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 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 this implies 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 ePortfolio 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 defense 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.

[rcp.sg/workbetter](http://rcp.sg/workbetter)



## 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

[rcp.sg/humanfactors](http://rcp.sg/humanfactors)

FOR MORE INFORMATION VISIT  
[rcp.sg/events](http://rcp.sg/events)

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# MEMBERS' AREA



## COLLEGE FELLOWS WALK FOR HOPE

Congratulations to College Fellows Mike McKirdy, Rob McKerlie, Jeremy Bagg and Richard Welbury 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](http://hope.rcpsg.ac.uk)



ROYAL COLLEGE OF PHYSICIANS  
AND SURGEONS OF GLASGOW

HOPE  
FOUNDATION



## 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 Welbury (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.



## 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 Muirhead 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.



## 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 a time) 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 unfailingly 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 McKenzie at the College ([seniorfellowsclub@rcpsg.ac.uk](mailto: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 Lavy (Honorary Clinical Registrar for FRCS Ophthalmology), Mr Vikas Chadha and Mr Adam Booth presented their perspectives on being an examiner for the College.

Tim Lavy 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](http://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 the world over, 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 love of 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 have lives outside medicine and healthy work life balance isn't a luxury, it's a necessity. Your parents, partners 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 diplomates 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 many times I fell down and got back up again".

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.



There's no doubt that a sense of belonging, of community is one of the most fundamental human needs. In the UK in particular now, with shift patterns and rotations, sometimes it can be hard to feel part of a team. Wherever you are in the world, Ayr or Abu Dhabi, Chester or Chennai, Morpeth or Mandalay you belong to our community and I encourage you to be an active member of that community, get involved, stay connected, and be the life blood of the College and the College will support you throughout your career. If you have collected your MRCP(UK) diploma and decided not to become a Collegiate member, then do think again.

The second thing that unites us is that we share wonderful caring professions. We are privileged to be with people at some of the best and worst times of their lives. We have a responsibility to continue to develop our knowledge and our skills, to be the very best healthcare professionals that we can be and that without doubt is a lifelong process. To be the best remember the importance of developing your non-clinical skills. It's not enough to know the latest in genomics investigations, drugs and devices and artificial intelligence, you must remember the human factors- communication, team working, leadership, managing uncertainty are of equal importance.

The great William Osler, known as the Father of Modern Medicine, states this beautifully: "the good physician treats the disease, the great physician treats the patient who has the disease". And through our education and training, and e-learning, nowhere is too far away anymore and the College will help you with crucial human factors training.



Life these days is incredibly fast paced, work and training are demanding, patients have high expectations, communications are instantaneous, no sooner has something happened than it's on Twitter and Instagram. The workplace while very rewarding has an unrelenting pressure, an emotional cost that can at times prove too much and lead to burnout and ill health. I urge you therefore to be self-aware,

to be kind to yourself, to care for yourself and be concerned for the wellbeing of your colleagues.

Talk with your peers, share experiences, do something that makes you happy – I will repeat, a good work life balance isn't a luxury, it's a necessity so that you can play the long game. Your wellbeing is another of the priorities for my term of office-and again there are many ways in which the College can support you.

In closing, to provide the highest standards of healthcare, we need to be the best version of ourselves that we can be-in terms of professional ability and our own wellbeing. We've all been inspired today by the incredible achievements of our Honorary Fellows -sitting in this hall are the inspirational Honorary Fellows of the future.

I leave you with the words of the author Roy T Bennett. "Believe in your infinite potential. Your only limitations are those you set upon yourself". Not all of us will do great things, but it's important that we do the small things to the best of our ability. That is the secret of a happy and fulfilling career.

“be self-aware, be kind to yourself, care for yourself and be concerned for the wellbeing of your colleagues”



# 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.

### 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](http://rcp.sg/teachingskills)

### MAKING LIFE WORK BETTER

WELLBEING

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](http://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](http://rcp.sg/clinedgla)

### 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](http://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](http://rcp.sg/trainthetrainer)

### 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](http://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](http://rcp.sg/clenvironment)

### 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](http://rcp.sg/ctdoverview)

### HUMAN FACTORS

WELLBEING

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](http://rcp.sg/humanfactors)

For more information on our non-clinical skills courses, please visit

[rcp.sg/nonclinical](http://rcp.sg/nonclinical)





Events for all Physicians Surgeons Dentistry Travel Medicine Podiatric Medicine

## Clinical Courses

### RENAL BIOPSY CADAVERIC 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](http://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](http://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  
£505

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

[rcp.sg/bss](http://rcp.sg/bss)

### CORE ENDOSCOPIC UROLOGY AND PENO-SCROTAL SURGERY (CADAVERIC COURSE)

**12 Sep**  
*Deadline 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](http://rcp.sg/urology)

### EMERGENCY UROLOGICAL SURGERY (CADAVER COURSE)

**13 Sep**  
*Deadline date: 17 Aug*  
0845 - 1700  
Clinical Anatomy Skills Centre,  
Glasgow  
£320

6 CPD Credits  
Aimed at middle years and senior trainees (ST4 to 7), this one day course will offer hands on experience and the opportunity to perform essential open urological emergency procedures using fresh cadaveric material.

[rcp.sg/emergencyurology](http://rcp.sg/emergencyurology)

### GI ANASTOMOSIS TECHNIQUES

**2 Oct**  
0830 - 1700  
£165  
A hands-on practical course designed for surgical trainees wishing to develop their anastomosis techniques.

[rcp.sg/gianastomosis](http://rcp.sg/gianastomosis)

### VASCULAR ANASTOMOSIS

**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/vascularanastomosis](http://rcp.sg/vascularanastomosis)

### BASIC FRACTURE FIXATION DAY (CADAVER COURSE)

**3 Oct**  
*Deadline 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 ST1-3 level.

[rcp.sg/fracturefixation](http://rcp.sg/fracturefixation)

### ENDOSCOPIC EAR SURGERY CADAVER COURSE



**7 - 8 Oct**  
*Deadline date: 9 Sep*  
0845 - 1700  
Clinical Anatomy Skills Centre,  
Glasgow  
£800  
12 CPD Credits

This is an advanced hands-on endoscopic ear surgery dissection course using fresh frozen cadaveric specimens. The course is suitable for consultants and senior otolaryngology trainees and will be delivered by international and national experts.

[rcp.sg/earsurgery](http://rcp.sg/earsurgery)

### EMERGENCY HEAD AND NECK SURGERY CADAVER COURSE

**9 Oct**  
*Deadline date: 11 Sep*  
0800 - 1715  
Clinical Anatomy Skills Centre,  
Glasgow  
£350  
6 CPD Credits

The course gives hands-on refresher training for consultants and senior trainees in ENT emergencies that occur in areas outside their sub-specialty using fresh frozen cadavers. Non-consultant career grade doctors might also wish to register.

[rcp.sg/headandneck](http://rcp.sg/headandneck)

### PRINCIPLES OF CASTING FOR ORTHOPAEDIC TRAINEES

**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/pcot](http://rcp.sg/pcot)

### NASAL TIP RHINOPLASTY CADAVERIC COURSE (AESTHETIC SURGERY OF THE NASAL TIP)

**10 - 11 Oct**  
*Deadline date: 12 Sep*  
0830 - 1615  
Clinical Anatomy Skills Centre,  
Glasgow  
£520

The course gives hands-on refresher training for consultants and senior trainees in ENT emergencies that occur in areas outside their sub-specialty using fresh frozen cadavers. Non-consultant career grade doctors might also wish to register.

[rcp.sg/nasaltip](http://rcp.sg/nasaltip)

### BASIC ORTHOPAEDIC PROCEDURAL SKILLS COURSE

**15 Oct, 11 Dec**  
0830 - 1700  
£90  
By attending this course you will learn the principles of skin suturing, plastering, digital nerve blocks, joint aspiration, emergency fracture treatment and spinal immobilisation.

[rcp.sg/bops](http://rcp.sg/bops)

### FOUNDATION SKILLS IN SURGERY

**19 Oct**  
0830 - 1700  
£61.20/£67.50  
This interactive course provides an introduction to the specific skills of early stages of surgery. It is suitable for foundation year doctors and final year medical students considering a career in surgery.

[rcp.sg/fss](http://rcp.sg/fss)

### CAUDA EQUINA TIPS AND TRICKS (CADAVERIC COURSE)

**24 Oct**  
0830 - 1700  
Clinical Anatomy Skills Centre,  
Glasgow  
£295  
6 CPD Credits

Aimed at higher and early years neurosurgical trainees, this course provides great opportunity to pair higher surgical trainees with early years so that the former can teach the later.

[rcp.sg/cauda](http://rcp.sg/cauda)

### BASIC LAPAROSCOPIC SKILLS

**28 Oct, 25 Nov**  
0845 - 1645  
£85  
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 a gallbladder and appendix laparoscopic training model.

[rcp.sg/laparoscopy](http://rcp.sg/laparoscopy)

### SURGICAL SKILLS FOR THE EMERGENCY DEPARTMENT RESUSCITATION ROOM



**31 Oct - 1 Nov**  
*Deadline date: 3 Oct*  
0830 - 1700  
Clinical Anatomy Skills Centre,  
Glasgow  
£795  
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/resuscitation](http://rcp.sg/resuscitation)

### SURGICAL APPROACHES TO THE UPPER LIMB FOR TRAUMA (CADAVERIC COURSE)



**5 Nov**  
*Deadline date: 1 Oct*  
0830 - 1700  
Clinical Anatomy Skills Centre,  
Glasgow  
£350  
6 CPD Credits

An intensive, one day, cadaveric course covering surgical approaches to the upper limb with a focus on the management of trauma.

[rcp.sg/upperlimb](http://rcp.sg/upperlimb)

### IMPACT COURSE



**18 - 19 Nov, 16 - 17 Dec**  
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](http://rcp.sg/impact)

### ADVANCED SURGERY CADAVER SKILLS IN GI SURGERY (ASICS) COURSE

**12 - 13 Dec**  
*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](http://rcp.sg/asics)

## Clinical Conferences

### 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](http://rcp.sg/med24voice)

### TRAVEL MEDICINE ROADSHOW



**10 Sep**  
**The MAC Belfast**  
**25 Sep**  
**Arlington Conference Centre, London**  
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](http://rcp.sg/tmroadshow)

### CRITICAL CARE UPDATES

**12 Sep, 10 Oct, 14 Nov, 12 Dec**  
1830 - 2000  
College and various web streaming locations  
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](http://rcp.sg/criticalcare)

### STROKE 2019

**3 Oct**  
0830 - 1615  
£82.50

This year's conference will include expert advice on managing diabetes and kidney disease after stroke, the importance of assessing frailty, when to refer to neurosurgery (and when not to), recent advances in using robots in rehabilitation and how best to provide follow up after a stroke. Masterclasses will include assessing capacity in stroke patients and case based discussions around vasculitis investigation and management.

[rcp.sg/stroke](http://rcp.sg/stroke)

### GLASGOW GASTRO CONFERENCE 2019

**4 Oct**  
0830 - 1700  
£82.50  
6 CPD Credits  
The conference will focus on a wide range of GI and liver topics and will provide a useful update on issues facing gastroenterology and hepatology in the UK.

[rcp.sg/gastro](http://rcp.sg/gastro)

### FACULTY OF TRAVEL MEDICINE ANNUAL SYMPOSIUM

**9 Oct**  
0830 - 1700  
£82.50  
Our 2019 annual educational day will be of interest to all practitioners working in travel health and related specialties. The conference is an opportunity for delegates to come together, hear about and discuss a wide range of current topics of interest within the field of travel health.

[rcp.sg/tmfuture](http://rcp.sg/tmfuture)

## Examinations

### PHYSICIANS

#### MRCP(UK) PART 1

Exam date: 7 Jan  
Opening date: 7 Oct  
Closing date: 20 Oct

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](http://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



2 Sep  
[rcp.sg/pacesneuro](http://rcp.sg/pacesneuro)  
£75

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

#### ACUTE MEDICINE

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

#### DERMATOLOGY

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

### SURGEONS



#### MRCS PART A

Exam date: 14 Jan  
Closing date: 25 Nov  
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](http://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](http://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: 3 Mar  
Closing date: 25 Nov  
Various UK and International

#### FRCS OPHTHALMOLOGY - PART 2

Exam date: 3 Mar  
Closing date: 25 Nov  
Various UK and International

#### FRCS OPHTHALMOLOGY - PART 3

Dates TBC

#### DO-HNS - PART 1

Dates TBC

#### 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](http://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](http://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](http://rcp.sg/deevents)

Exam date: TBC  
Manchester  
[rcp.sg/deevents](http://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.

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.

### MEMBERSHIP IN SPECIAL CARE DENTISTRY

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

### ISFE RESTORATIVE DENTISTRY

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



### PACES Package

#### For £120 you will receive:

- Affiliate membership for up to 12 months (worth £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

Save up to £295



### MRCS Part B OSCE

#### MRCS exam candidates can also access:

- Free Affiliate 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

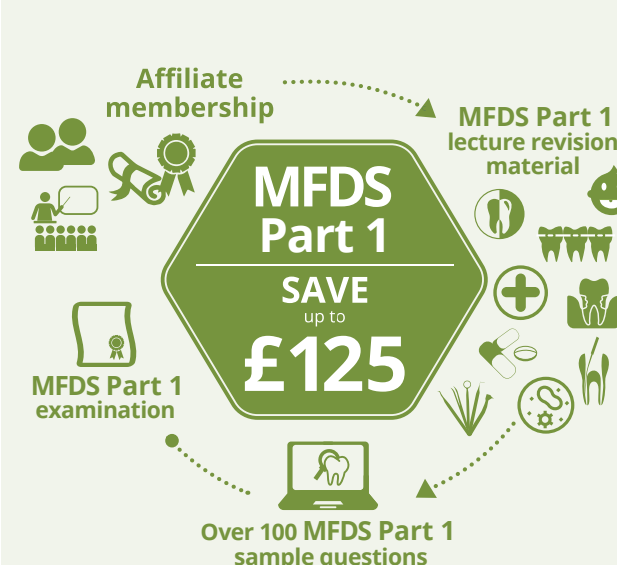


### MFDS Part 1 Package

#### The MFDS Part 1 Package includes:

- Free one year Affiliate 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

#### The MFDS Part 2 Package includes:

- Affiliate 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





# WELCOME TO ALL OUR NEW MEMBERS

MARCH 2019 - MAY 2019

PHYSICIANS

Fellow qua Physician

Shafaq Abbas  
Hussein Yousif Abdulla Sinjari Abdaky  
Mohammad Abdul Naeem  
Tochuwkw Uzodinma Adizie  
Muzaffar Ahmad  
Sankarasubramanian Anandan  
June Myo Aung  
Hein Yarzar Aung  
Shaik Altaf Basha  
Nedal Bukhari  
Priya Chandrasekhar  
Mohamed Asif Ali Chinnaratha  
Mohamedashrafali  
Aye Aye Chit  
Paul Collini  
Sriram Damal Kandadai  
Osman Ebrahim  
Tariq Ghafoor  
Abdul Hameed  
Saw Myat Thu Han  
Krishna Hari  
Natraj Setty Huliyyurdurga Srinivasa  
Ashfaq Hussain  
Amith Kumar I V  
Mostafa Ibrahim  
Muhammad Osama Rehman Khalid  
Puneet Khanna  
Naveed Aslam Lashari  
Ting Lam Lee  
Raj Mohan Lekshmi Narayanan  
Bainara Mahendra Kumar  
Yasir Raheem Malik  
Mohamed Ahmed Mohamed Fathi  
Aye Myitzu  
Sastry Nadiminty Ganapathi  
Ramesh Nair N  
Jabbar Puthiyaveettill  
P D Rath  
Saeed-Ur Rehman  
Mrinal Kanti Roy  
Harsh Sapra  
Manjunath Shetty  
Ashish Sinha  
Jeffrey Soon Min Tet  
Sabina Sultana  
Sangeetha Thanaraj  
Minal Vohra  
Ka Kei Wu  
Member of the College  
Kabir Ali  
Maryam Abdulrahman Sayed Ibrahim Alsada

Charan Bale  
Adeline Chiaw Leng Chia  
Chaudhry Adeel Ebad  
Taha Gomaa Abdelaziz Elsayh  
Sidrah Farooq  
Hamed M Abousaree Hamed  
Rachael Louise Harte  
Sana Hasan  
Rimaz Hassan  
Sandeep Gopinath Huilgol  
Muhammad Azhar Hussain  
Sadaqat Hussain  
Mazen Esmaeil Sharief Ibraheim  
Prince Soneill Iqbal  
Syed Ahmed Murtaza Jafri  
Fakhar Jahangir  
Kumar Lal  
Muddassar Mahboob  
Asim Ali Malik  
Ihtisham Malik  
Mahanth Manuel  
Ngozi Obi  
Joanna Osmanska  
Diana Park  
Taha Ahmed Qaradaghi  
Sobimeena Ramu  
Muhammad Rashid  
Maysa Salman  
Joseph Sebastian  
Sayed Yakoob Moulana Seyed Fahim Moulana  
Pei Chiek Teh

SURGEONS

Fellow qua Surgeon

Alaa Abdelrahman  
Islam Fathy Soliman Abdelrahman  
Issam Al-Azzawi  
Ahmed Alani  
Ravi Angral  
Murtuza Kabir Izharul Quayyum Choudhury  
Adel A.M. El-Shair  
Lucio Fernandes  
Martin Galea  
Zafar Iqbal Gondal  
Jawad Abd Al-Kadum Hassan  
Hayder Jawad  
Ashok Sunil Gavaskar Kumaresan  
Venkatramana Manda  
Maeyane Stephens Moeng  
Hosadurga Vijaya Pai  
Joan Palou Redorta  
Sheela Prince  
Wasif Raza

Syed Sheeraz Rehman  
Feng Yi Soh  
John Thayyil John Thayyil  
Tirouaroul Tirougnanassambandamourty  
Mohammad Saief Uddin  
Yat Hin Ian Wong  
Fellow in Cardiothoracic Surgery  
Khaled Ahmed Ali Hummed Alhawri  
Fellow in General Surgery  
Laura Margaret Arthur  
Mahua Chakrabarti  
Abhilash Joseph Paily  
Laura Isobel Smith  
Fellow in Oral & Maxillofacial Surgery  
Peter McAllister  
Fellow in Plastic Surgery  
Bernard Robertson  
Fellow in Surgical Neurology  
Raj Vikesh Tiwari  
Fellow in Trauma & Orthopaedics  
Katharine Hamlin  
Nanjundappa Somasekhar Harshavardhana  
Fellow in Urology  
Adeel Anwar  
Jane Hendry  
Lynne Catherine Kerr  
Fellow qua Surgeon in Ophthalmology  
Aktham Badia Abdulelah  
Komal Agarwal  
Al Yaqdhan Sulaiman Ali Al-Ghafri  
Israa Muwafaq Bduloqader Al-Hamid  
Mumtaz Alam  
Talal Asad  
Tariq Zeyad Mohammad Ayoub  
Ichrek Benouaa  
Krystal Clarissa Bharath  
Sabyasachi Chakrabarty  
Anjali Chandrasekharan  
Gaurav Chowdhury  
Dharmil Chandreshbhai Doshi  
Eman Samir Muhammed Edrees  
Mahmoud Medhat Mahmoud Khalil El Gammal  
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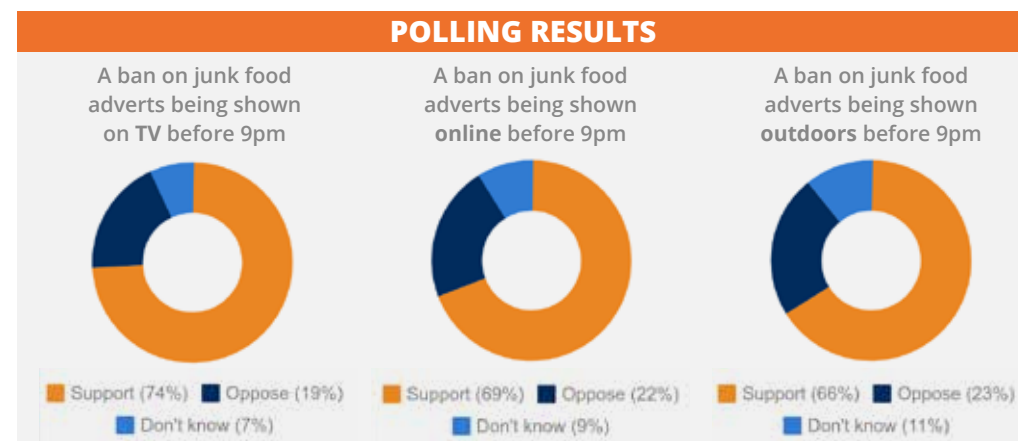
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Andrew Robert Henry Hill  
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# IT'S TIME TO PROTECT CHILDREN FROM JUNK FOOD ADVERTS



**Lorraine Tulloch**  
Obesity Action Scotland's  
Programme Lead

**W**ould 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 policies 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!

## Medical Heritage Events

September – December 2019

### CRUSH HALL EXHIBITION

September 2019 – July 2020

**Great Minds: The Brain in Medicine, Surgery and Psychiatry**

### Glasgow History of Medicine Seminars

Dates and the line-up of speakers will be announced soon – please check our website for details.

In partnership with



### Creative genius and mental health in the lives of Robert Burns and Robert Lowell

11 September 2019 | 5:30pm-8pm | Adults

In partnership with



### Doors Open Day

22 September 2019 | 10am - 4pm | All welcome

### Writers' Workshop with Kaite Welsh

17 October 2019 | 6pm-9pm | Adults | £5

### Tell me, how do I feel?

7 November 2019 | 6:30pm - 9pm | Adults

In partnership with



**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/heritage19](http://rcp.sg/heritage19) or call 0141 221 6072



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# Conference

## packages



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