

COLLEGE

# voice



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FOR THE PROFESSION**

FOR MEMBERS OF THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW AUTUMN 2019



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ROYAL COLLEGE OF  
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# voice

# EDITION 5



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Voice is the magazine of the Royal College of Physicians and Surgeons of Glasgow. If you are interested in contributing to Voice please email [media@rcpsg.ac.uk](mailto:media@rcpsg.ac.uk)

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ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

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# PRESIDENT'S UPDATE

**College President Professor Jackie Taylor writes for voice**



**W**elcome to the Autumn 2019 edition of our College magazine, voice.

As we approach the end of my first year in office as your College President, I've been reflecting how much progress we've made over the space of ten short months. When I took office last December I promised to focus our work on the key issues which affect our membership, and use our voice to stand up for our profession across the UK and beyond.

It's a sad reflection of the working conditions within our modern health service that 1 in 4 doctors in training and 1 in 5 trainers in the UK are experiencing burnout at work. Every three weeks a doctor here commits suicide. This is unacceptable and unsustainable, it simply cannot be allowed to continue. So in this context, what does "speaking up for the profession" mean in practice? It means, for example, working in partnership with others to run the fantastic "Making Life Work Better" conference that I had the pleasure to attend in college. Rather than focusing on the challenges that we all face in our day to day work, this sold out event was a celebration of solidarity and good practice where we heard from a range of speakers and contributors on how to improve our wellbeing and work/life balance.

You can read more about the conference, and in particular the contribution of Professor Michael West's on the role clinical leadership can play in improving the wellbeing of your team in our key feature in this issue. What stood out for me in his presentation was his insight that "leaders who listen to

those they lead, listen with fascination, empathise, and take intelligent action to help us be the best we can be", which I think is a lesson for us all. Those of us who lead others have a responsibility to embed compassionate leadership in our approach, and to make sure that we don't forget the power of small acts of kindness which can really make a difference to the day to day lives of our colleagues.

While the college is already working on how we build on last month's event to provide additional practical support for our membership, I'll continue to use my influence over the weeks and months ahead to speak up for our profession and make the point to health boards, other employers and government that improving our wellbeing needs a system wide approach.

At the same time I know that there is much more work to be done to address the root cause of much of this distress – the chronic workforce shortages which blight our health service. Over the past few years I'm proud of the work we've carried out in partnership with other health organisations and Royal Colleges to highlight this issue. From running the annual census of UK physicians to playing our part in highlighting the growing number of vacancies in the Scottish NHS we've been vocal about this issue in order to keep it on the political agenda.

I believe that if we're really to stand up and speak up for the best interests of our membership and the wider profession, we need to be engaged in finding a solution rather than just pointing out what's going wrong. That's why over the past few months we've also been leading the work by the Academy of Royal Medical Colleges in Scotland to produce a blueprint to combat our workforce crisis. In this document – which is detailed on page 15 – we've set out a series of practical and deliverable proposals which, if adopted, would improve flexibility of contracts, boost retention of both doctors in training and our most experienced consultants, and set in place a set of firm foundations for securing a stable and sustainable workforce in future.

As I approach my first anniversary in post, I'm proud of how much work has gone on to address the priorities that I've set out from everyone across our college community. With your support I look forward to being able to report on the progress we're making over the months ahead.

# Clinical education

with the Royal College of Physicians  
and Surgeons of Glasgow

## FREE EVENTS

### 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.

Bedside Monitoring	14 Nov 2019
Transplant	12 Dec 2019
Respiratory and Ventilation	9 Jan 2020
Paediatrics	13 Feb 2020
The ABCs of Critical Care	12 Mar 2020

Mechanical Support Devices	9 Apr 2020
Simple Things: Getting the Basics Right	14 May 2020
Outcomes and Endpoints	11 June 2020

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

WOSICS

## WELLBEING

### Human Factors

Thursday 21 November 2019

Medical errors are common and largely preventable. In the UK, 1 in 10 hospital admissions has some form of human error, ranging from relatively minor incidents, to never events and death estimated to be up to 5,000 patients per year. Analysis of so called never events has found that human factors are responsible for the majority of these mistakes. The President's priorities for her term include Wellbeing and Workforce. A healthy and content workforce will reduce medical mistakes. It will also add to retention of staff.

Taking a lead from other high risk organisations including aviation and air traffic services this conference will examine human factors and their relevance to mistakes in an innovative and engaging way. It will highlight the importance of looking after ourselves, interpersonal relationships, flattening hierarchies and how to ensure adoption of a no blame culture to give the attendee insight into the subject and to learn methods of reducing mistakes.

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

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ROYAL COLLEGE OF  
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# COLLEGE PROVIDES HOPE FOR THE GLASGOW WINTER NIGHT SHELTER

The HOPE Foundation supports the principles of volunteerism and philanthropy shown by the Fellows and Members of the Royal College of Physicians and Surgeons of Glasgow since its formation in 1599.



**T**he HOPE foundation aims to make a positive difference to the health of people living in challenging circumstances where access to quality healthcare is, for whatever reason, limited. It does this through fundraising, grant-making and disseminating learning from our funded projects to our membership.

In 2018 the Foundation made a grant of £10,000 to the Glasgow City Mission to help support the Glasgow Winter Night Shelter. This financial support has helped to improve the health and wellbeing of some of the most vulnerable men and women in Glasgow.

### ABOUT THE NIGHT SHELTER

The Glasgow Night Shelter is a partnership initiative led by Glasgow City Mission, which operates from the Lodging House Mission's building on East Campbell Street in Glasgow's east end. Other partners in the shelter include Simon Community Scotland, Police Scotland, and NHS Greater Glasgow and Clyde.

The night shelter runs from December to March and provides a warm and welcoming place to sleep for those who would otherwise have been sleeping rough during the coldest winter months. Each year it saves lives and helps people move into suitable accommodation.



### OVERVIEW OF THIS YEAR'S SERVICE

Last winter saw more people stay at the night shelter than ever before, with a total of 691 people staying over the four months – an increase of 16% from the previous winter. In total these guests stayed for a total of 2,452 bed nights, which is a 36% reduction on last year.

This significant reduction in bed nights is thanks to providing a joined up approach to support the needs of the shelter's guests. For example, Glasgow City Council's homelessness casework team came to the night shelter five evenings a week. The team were then able to check the status of a homeless application, whether any accommodation is immediately available, or when a flat is due to be ready. This work helped to support 510 people to move into supported accommodation or another positive destination, and helped to reduce the number of nights that guests needed to stay in the shelter. Last winter 70% of guests stayed for three nights or fewer.

Images courtesy of Glasgow City Mission

Staff and volunteers also work hard to care for the guests to ensure they feel valued and listened to. Graeme, one of the regular volunteers, recalls that one night a guest came in who was extremely dirty and in a bad way. Graeme and a staff member cleaned him up and got him a change of clothes. He wasn't even able to stand, so they got a chair for him. The guest started to cry, because it was so unusual for him to receive such kindness.

Another staff member, Elyse, tells a story of a lady who had stayed at the night shelter for the last two winters. Last year, Elyse needed to ask her to leave, as she had been causing problems and was being disruptive. However, she was worried about the woman being on the streets as she was very vulnerable, and called the police. When this lady returned to the shelter last winter the lady thanked Elyse for saving her life. The police had found her that night and taken her to supported accommodation where she received the help she needed.

### IMPROVING HEALTH OUTCOMES

Staff and regular volunteers receive extensive training to help improve the health of guests at the shelter. This training includes how to spot the signs of overdose, CPR, and how to administer naloxone.

In addition, staff check on the guests every half hour through the night. If they are concerned about the health of any guests, for example if they seem to have taken a lot of drugs before entering the night shelter, they assign them a mattress at the front of the night shelter where they are checked on every 10 minutes.

Lorna, Night Shelter Manager, says,

"Gordon came to us in a bad way and we suspected that he had taken drugs before entering the night shelter. I said to him, 'I want you to keep breathing through the night. I want you to be alive in the morning'. We checked him every 10 minutes through the night. He was sick in his sleep and we put him into the recovery position so he didn't choke. If he had been sleeping in the street, he could have choked and died."

Nurses from Hunter Street Homeless Services attended the night shelter in the mornings. Lorna says,

"The nurses from Hunter Street are great at chatting to the guests – and it helps them to feel looked after."





The nurses are able to use their experience and expertise to identify the specific health needs of the guests and encourage them to attend the clinic at Hunter Street in Glasgow for specialist support. For many of the Shelter's guests looking after their health is low down their priority lists, and they can often be reluctant to seek help. To help overcome this challenge, volunteers from Simon Community Scotland attend the night shelter in the mornings and can walk with guests to Hunter Street, which is just round the corner.

The care which guests receive at the night shelter from staff, volunteers and the nurses helps them to see that they are valued and worth caring for. This, and the fact that Simon Community staff are on hand to walk with them to Hunter Streets, helps them to receive vital health interventions they otherwise would be missing out on. Thanks to staying at the night shelter and the intervention of the nurses, guests have received help with, for example, infected wounds, abscesses, symptoms of withdrawal, and mental health assessments.

### **RUNNING THE NIGHT SHELTER**

Along with the HOPE Foundation, the service received support from the Rangers Charity Foundation, the Urban Potential Fund and the Baird Trust.

The night shelter cost £97,748 to run last winter, this was an increase from previous years. This increase was due to employing an additional staff member. This new member of staff was someone who had themselves experienced homelessness, and so

## **OUR PRINCIPLES**

**The principles of the HOPE Foundation closely reflect the values of the College:**

### **PARTNERSHIP**

We work in partnership with experts and organisations to ensure that maximum benefit is achieved.

### **CARE AND COMPASSION**

We ensure that every project undertaken or supported has clear and relevant objectives. Our Members and supporters want to make a difference and we will always seek evidence of how this has been achieved.

### **LEARNING**

We aspire to mutual learning between our Members and our collaborators. We aim to share all the learning from projects with our Members and partners to enhance their expertise and knowledge.

### **INFLUENTIAL AND INSPIRATIONAL**

We support new and focused activity that will inspire others and takes a new approach to breaking down barriers to quality healthcare

### **INTEGRITY**

We ensure that every project we support is monitored and truly in the best interests of the donors and beneficiaries.



was able to relate to the guests, and encourage them that life could get better. They had also recovered from addictions, and so were well placed to understand some of the addiction-related health needs of the guests and could quickly spot signs of overdose.

In addition, the shelter was awarded £15,000 from the Rayne Foundation to start two new pieces of work around mapping rough sleeping sites out with Glasgow City Centre, and providing mental health support to guests. The mental health support took the form of increasing the hours of a Pastoral Support Coordinator to enable her to attend the night shelter once a week, and securing the services of a local counselling service called Healing for the Heart.

Healing for the Heart's trained counsellors attended the night shelter 19 times in February and March, for two hours a night each time. The counsellors chatted with the guests over tea and toast before the guests settled down. The staff described this support as, 'providing psychological CPR.' They were able to spend time with guests, helping them untangle their thoughts

so they felt more in control of their situations and able to make good decisions. Many of the night shelter guests have fallen through the cracks and have missed out on mental health provision, so had the night shelter not been there, they would not have had the opportunity to receive this assistance.

### THANK YOU

Thanks to funding from the HOPE Foundation and others which contributed to the running costs of the night shelter, lives have been saved, and some of the most vulnerable and chaotic homeless men and women in Glasgow have had the opportunity to have both their physical and mental health needs met. This vital care would not have been possible without the night shelter.

On behalf of the Glasgow City Mission and the Night Shelter, we'd like to thank our Fellows, Members and donors for their support for the HOPE Foundation, which has made such a positive difference to the lives of their night shelter guests.

## Supporting projects that overcome barriers to healthcare locally and worldwide



**Our purpose** is to make a positive difference to the health of people living in challenging circumstances where access to quality healthcare is, for whatever reason, limited.

The HOPE Foundation, a fund of the College, promotes the collective power of our community to make a real difference to health related projects locally, nationally and internationally. We fulfil our purpose through fundraising, grant-making and building partnerships.

### To make your donation

Go online: [rcp.sg/hope](http://rcp.sg/hope) to make an online payment or download a donation form.

By post: donation cheques made payable to RCPSG.

The HOPE Foundation is administered by the College ensuring that 100% of your donation goes to projects.

To discuss your donation, please contact  
0141 221 6072 or email [hope@rcpsg.ac.uk](mailto:hope@rcpsg.ac.uk)

HOPE Foundation is a fund of the Royal College of Physicians and Surgeons of Glasgow, 232-242 St Vincent Street, Glasgow, G2 5RJ  
A charity registered in Scotland, charity number SC000847.

Image courtesy of King's Sierra Leone Partnership



**What is hope? "It is a motion by the which the heart desireth the good future."**

Maister Peter Lowe, founder of The Royal College of Physicians and Surgeons of Glasgow, quoted from his book *The Whole Course of Chirurgerie* published in 1597.



ROYAL COLLEGE OF  
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# NEWSBITES

## INTERNATIONAL DISTINGUISHED SCIENTIST AWARD FOR COLLEGE'S SENIOR DENTIST

Professor Graham Ogden, the College's most senior dentist, has been awarded the 2019 IADR Distinguished Scientist Award in Oral Medicine & Pathology Research, one of the highest awards in dental research.

Professor Ogden has been presented with the award at the International Association for Dental Research (IADR) 97th General Session & Exhibition of the IADR, held in Vancouver in conjunction with the 48th Annual Meeting of the American Association for Dental Research (AADR) and the 43rd Annual Meeting of the Canadian Association for Dental Research (CADR).

Professor Ogden is Dean of the Dental Faculty in the Royal College of Physicians and Surgeons in Glasgow, and Chair in Oral Surgery at the University of Dundee. He completed his PhD on 'cytoskeletal and nuclear morphology of normal and malignant oral epithelium' at the University of Dundee and his post-doctoral research focused on effect of alcohol on cell function and morphology.

The Oral Medicine & Pathology Research Award is one of the highest honours bestowed by IADR. The Award recognises outstanding and sustained peer-reviewed research that has contributed to the understanding of the mechanisms governing the health and disease of the oral cavity and associated structures, principally encompassing skin, bone and the oral soft tissue. The award consists of a monetary prize and a plaque.



“

Professor Ogden said:

I am deeply honoured to have received this award from IADR, which represents colleagues from around the world. It is obviously very nice to be the focus of such recognition from one's peers. It also shows the impact Dundee has made in dental research and the international reputation we hold.

## NEW REPORT SHOWS SCOTTISH RECRUITMENT CHALLENGES

The Academy of Medical Royal Colleges and Faculties in Scotland compiles and maintains a list of External Advisers to sit on all consultant appointment panels in Scotland. They also compile an annual snapshot of the current recruitment issues faced by NHS Scotland.

This year's report states there were 525 requests for external advisers to attend consultant interview panels in Scotland in 2018. Of these, 337 (64%) panels were completed with 402 posts appointed. However, 188 panels were cancelled. Out of these, 165 panels were applicant related. This means there were no applicants, no suitable applicants or that the applicants withdrew prior to an interview.

In addition, the report states:

*There has been an increase in the proportion of cancellations due to no applicants from 50% (2015) to 64% (2018) as a percentage of the total number of cancellations. There is an overall increase in applicant related reasons for cancellation increasing gradually from 73% to 88% in 2018. This is on a landscape of a reduced number of Consultant interview panels.*

To read the full report, please go to [rcp.sg/RecruitChallenge](http://rcp.sg/RecruitChallenge)

## THE UK GOVERNMENT SHOULD CONFIRM ITS COMMITMENT THAT BREXIT SHOULD DO NO HARM TO PUBLIC HEALTH

Our College joined with a range of health organisations to publish a public letter calling on the UK government to confirm its commitment that Brexit should do no harm to public health, and that it should publish assessments for the impact of Brexit on health and establish a monitoring system for health impacts. This letter states:

*In May 2018, after a campaign led by the Faculty of Public Health and supported by other medical royal colleges, faculties and health organisations, the government confirmed that the current European Union public health duty to ensure a high level of health in all policies would remain after the UK leaves the EU. Translated into the context of Brexit, this duty to "do no harm" guaranteed that there would be no rollback of public health protections and standards now or in the future.*

*Brexit is proceeding at a time when the long-term improvement in life expectancy has slowed and, for some age groups, gone into reverse, while the most vulnerable in our population face growing insecurity of income, employment and even food. We believe that all of these would be exacerbated by a no-deal Brexit.*

The full letter was printed in the Guardian and can be read on [rcp.sg/PublicHealth](http://rcp.sg/PublicHealth)



## UNITED VOICES TO TACKLE JUNK FOOD PROMOTIONS IN SCOTLAND

As a key founding member and host of the Scottish Obesity Alliance we were delighted to join with 19 other signatories in a recent letter to First Minister Nicola Sturgeon to urge the Scottish Government to restrict price promotions on food and drink products high in fat, sugar and salt.

The letter, co-signed by 20 leading national health charities, medical royal colleges, campaign groups and professional bodies with an interest in health and public health working in Scotland, calls on the First Minister to take action and commit to legislation to regulate multi-buy price promotions of food and drink high in fat, sugar and salt in Scotland in this autumn's Programme for Government.

In the letter the Alliance highlighted how we are bombarded by promotions on food and drink products that contain excessive amounts of calories, fat, sugar and salt. Multi-buy, temporary price reductions and extra free promotions all alter price perceptions and encourage people to buy a greater number of unhealthy products. Displays at checkouts prompt further impulse buys.

In the subsequently released Programme for Government the Scottish Government committed to bring forward a Bill on Restricting Foods Promotions for introduction in next year's legislative programme. We anticipate this Bill being laid in September 2020.

To read the full letter, please go to [rcp.sg/JunkFood](http://rcp.sg/JunkFood)



## PRESIDENT'S LEADERSHIP LECTURE WITH PROFESSOR CARRIE MACEWEN

On 23 October 2019, we will be holding the latest President's Leadership Lecture. In this lecture, the Chair of the Academy of Medical Royal Colleges, Professor Carrie MacEwen, will discuss the current workforce challenges in the NHS and healthcare. Carrie will explore some solutions and options on providing safe health services for the population. Professor MacEwen is immediate past President of the Royal College of Ophthalmologists (2014-17) and a Consultant Ophthalmologist at Ninewells Hospital, Dundee.

To book a free place on this lecture, please go to [rcp.sg/PLLCM](http://rcp.sg/PLLCM)

## NHS PENSIONS UPDATE

A new consultation on proposals to give senior NHS doctors and nurses access to more flexible pensions has been launched by the UK's Department of Health and Social Care. The new consultation replaces a previous attempt to reform NHS pensions which was abandoned in August.

Announced on 11 September, the new proposals include:

- Giving clinicians the ability to choose a personalised pension growth level at the start of each tax year and pay correspondingly lower contributions – the level chosen would be a percentage of the normal scheme contribution in 10% increments, for example 50%, 30%, or 70% of the full accrual level.
- The option to fine-tune pension growth towards the end of the tax year when they are clearer on total earnings – this will allow them to 'top-up' their pension pot to the maximum amount without hitting their tapered annual allowance limit.
- Where an individual has a large increase in pensionable pay, phasing over a number of years the amount by which the new pay level contributes towards their pension – this smooths any spike in pension growth that can cause sudden pensions tax charges.

“

College President Jackie Taylor said:

Each day our membership face working in an NHS which is chronically understaffed. That's why we need urgent action to address this pensions crisis, which is serving as a disincentive for senior consultants to cover additional shifts, while increasing numbers are choosing to retire early.

While we have concerns about the potential complexity of this scheme, we'll need time to consider in detail how this new proposal could operate, but we nevertheless welcome the further steps taken by the Department of Health to seek a deliverable solution to this critical issue for the NHS and our membership. We'll also be seeking the views of our Fellows and Members as we prepare our evidence to this consultation exercise before its deadline on the 1 November 2019.

Share your views and experience, contact our policy team [polycynetwork@rcpsg.ac.uk](mailto:polycynetwork@rcpsg.ac.uk)

# Surgical training

with the Royal College of Physicians  
and Surgeons of Glasgow

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

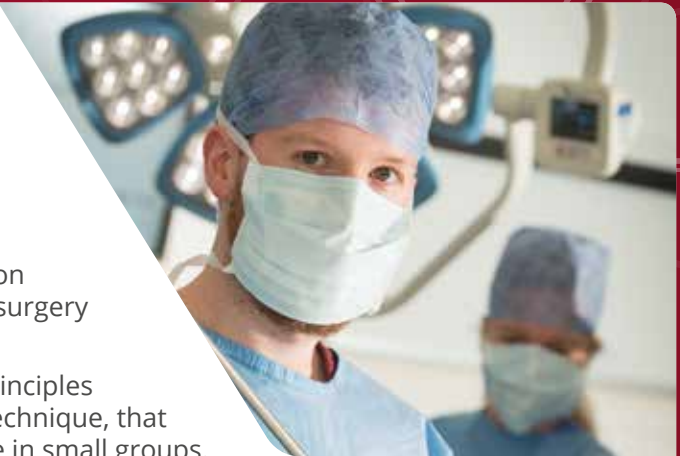
**12 - 13 December**

*Closing date: 14 November*

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

The course leads each trainee into the background principles of each operation using short lectures on operative technique, that are then reinforced by hands on cadaveric experience in small groups.

The faculty includes colorectal and upper gastrointestinal surgeons, allowing the trainee easy interaction to maximise their learning opportunities. In addition, a clinical anatomist may be on hand to explain the anatomical principles behind each operation.



## Head and Neck / Emergency ENT Dissection Course

**30 - 31 January**

*Closing date: 3 January*

This two day hands-on dissection course aimed at ST level trainees in Otolaryngology. The main aim of the course is to teach the surgical anatomy and steps of important head and neck procedures.

There will be an optional emergency ENT procedures component on the afternoon session of the second day. Using fresh/frozen cadavers, two trainees will be allocated to each table working in pairs.

### Venue

These courses will be held in the Clinical Anatomy Skills Centre (CASC), University of Glasgow, Thomson Building, G12 8QQ

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.



FOR MORE INFORMATION VISIT

**[rcp.sg/suevents](http://rcp.sg/suevents)**

OR CALL +44 (0)141 221 6072



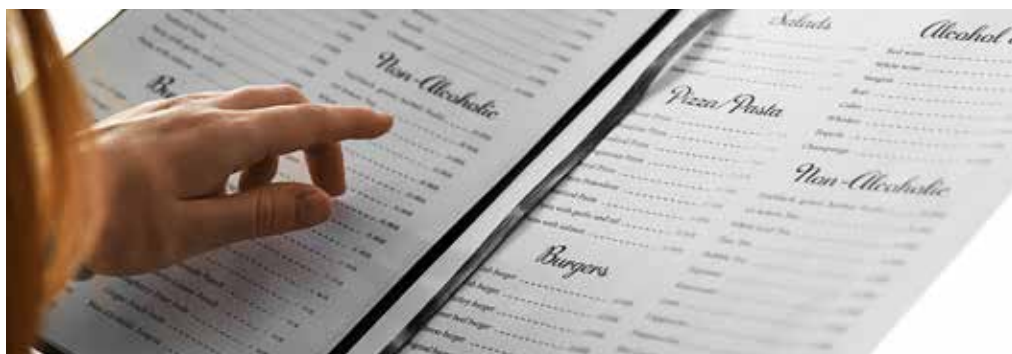
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**SURGEONS**



# WILL CALORIE INFORMATION APPEAR ON ALL THE MENUS IN THE UK?



**Dr Anna Gryka-MacPhail**  
Policy Officer,  
Obesity Action Scotland



**V**ery likely! In the near future, when you eat out in the UK, as you choose from the menu, you will see how many calories there are in each item of food and drink. This includes a plate of oysters in a fancy restaurant, a fish supper from a fish & chip shop, a box of popcorn in the cinema as well as pizza ordered online or through an app.

## HOW WILL IT HAPPEN?

Both Scotland and England held public consultations asking what the public, businesses, health professionals and everyone else thought about putting calories on all menus, boards and shelves in cafes, and on the websites where food is sold. In other words, at the point of purchase of ready-made food. In Scotland most respondents were for this move, highlighting a general support around informed choice. Food Standards Scotland have therefore advised Scottish Ministers to make menu calorie labelling mandatory. The UK Government have committed to setting out details of the consultation outcome and their proposed action for England soon.

## WHY WILL IT HAPPEN?

We have tried a voluntary approach in the past and it did not work. Voluntary initiatives have been around since 2011 in the UK and so far only a quarter of out of home businesses display calories. It could be safely assumed that unless calorie labelling is made mandatory, this situation will not change.

Overweight and obesity levels in the UK have now reached 65% of adult population. This is mostly due to the type and amount of food that we consume. It is very common to eat food that is ready-made and we eat around a quarter of our calories out of home. The problem is that when we buy ready-made food, we have no control over portion size, ingredients used or calorie content. Unsurprisingly, habitual consumption of meals out of home in the UK is associated with higher calorie consumption. In the context of the increasing burden of obesity and diet related diseases changes to the out of home food environment are necessary.

There is evidence that calorie information on the menus may help people make healthier choices.

## WHAT DO WE THINK?

We, in Obesity Action Scotland, think this is great progress. While it is only a small step towards reducing levels of obesity in the UK, if taken together with other steps to improve diet and health, it is likely to change things for the better.

# Clinical education

with the Royal College of Physicians  
and Surgeons of Glasgow

## Medicine for all

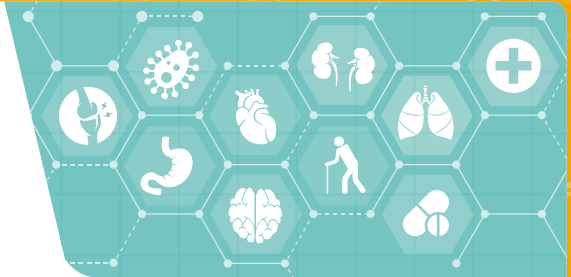
AN UPDATE ON GENERAL INTERNAL MEDICINE  
FOR NON-SPECIALISTS 2019/20

Physicians working across all areas of medicine will now encounter patients on wards with co-morbidities. This presents new challenges for clinicians and the need for an understanding of general internal medicine over a range of specialties.

Infectious Disease	12 Nov 2019 (AM)
Gastroenterology	12 Nov 2019 (PM)
Acute/Emergency Medicine	19 Feb 2020 (AM)
Rheumatology	19 Feb 2020 (PM)

Clinical Pharmacology and Therapeutics	19 Mar 2020 (AM)
Neurology	19 Mar 2020 (PM)
Geriatric Medicine	29 May 2020 (AM)
Cardiology	29 May 2020 (PM)

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



## Neurology 2020

Friday 6 March 2020

This conference will cover a wide range of topics relevant to neurology, and will review practical issues faced by the busy clinician. The programme will consist of presentations, videos, and interactive discussions, delivered by a team of expert speakers.

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



## Medicine24

Thursday 29 and Friday 30 October 2020

Medicine24 is the flagship medical conference of the Royal College of Physicians and Surgeons of Glasgow. This two-day conference provides up-to-date information on the optimal management of acutely ill patients within the first 24 hours of admission.

[rcp.sg/medicine24](http://rcp.sg/medicine24)

EARLY BIRD  
DISCOUNT  
AVAILABLE  
NOW\*



\*Early bird registration available until 31 October 2019.

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Academy of Medical Royal Colleges and Faculties in Scotland

# ADDRESSING THE NHS WORKFORCE CRISIS

**Workforce shortages continue to be one of the greatest challenges faced by our Fellows and Members working within the NHS, writes John Fellows, Public Affairs Manager at the College. That's why our College has teamed up with the Scottish Academy of Medical Royal Colleges to develop and publish a comprehensive plan to address this growing crisis.**

**T**he workforce challenges facing the NHS are now the greatest current threat to the provision of quality health care in the UK. While the number of consultant posts in NHS Scotland has increased by about 15% in the past 5 years, these posts remain unfilled due to a shortage of doctors.

A recent report by the Scottish Academy of Medical Royal Colleges showed that in 2018, 38% of advisory appointments panels for vacant consultant posts were cancelled. The vast majority of these – 88% – were cancelled because there was no suitable applicant. In addition, figures from NHS Scotland's Information Services Division (ISD) show that of the 428.6 whole time equivalent vacancies for medical consultants in June 2018, 62% were vacant for over six months.

That's why our College has worked with the Scottish Academy to produce a plan for addressing this growing crisis. Our recommendations, which are detailed below, are an attempt to explain and address the multiple factors that are combining to create the current unsustainable situation where growing workforce shortages are in turn creating unbearable workload pressures on health care professionals in the NHS.

Our report evaluates the current situation, what processes and policies are already in place, and what changes are required to effectively join up the various career stages in the working life of health professionals. We conclude that we need to ensure that the transitions between University and the foundation stage, foundation and core training/specialty training and between trainee and career grades are managed

effectively and efficiently. We also make some suggestions and recommendations which we believe would help us better understand the Scottish medical workforce and the choices that individuals make better than we do now and to use this to think about improvements to our systems and processes which will aid workforce planning.

One of the key challenges we had in completing this report is that some elements of workforce planning are based on incomplete data and assumptions. This raises real concerns about their accuracy, and has a knock-on impact on the effectiveness of planning. We need better information at our disposal if we're to effectively address this situation in the long-term.

Our first and key recommendation is that the Scottish Government establishes a single planning group with representation from the Universities, Deaneries, NHS Employers, BMA, Colleges, Faculties and Specialist Societies to advise on and oversee medical workforce planning in Scotland. Only by adopting a coordinated, whole-system approach can we hope to collate accurate and complete data, and plan and provide a medical workforce which is fit for the future. It is also clear that a more sophisticated and cohesive approach to workforce planning is required if we are to fully realise the opportunities to develop flexibility into the system; incorporate less traditional training routes; and cover the full spectrum of the medical workforce from undergraduate to consultant.

## MEDICAL SCHOOLS

While the workforce challenges that face the NHS are acute, it is vital that we take action now to build solid foundations for the NHS workforce in Scotland.

In 2018, 7,129 medical students graduated from UK medical schools, including 774 in Scotland. This number is set to rise by about 1500 across the UK and by 190 in Scotland each year over the next five years. Of these students, most will apply for one of the 7,500 Foundation places. The number of Foundation places is aligned to medical school output because it is a requirement to ensure that there are places in programmes to enable students to complete full registration with the GMC after FY1.

The Scottish Medical Career Cohort Study (SMCCS) data has shown that approximately 95% of Scottish domiciled students – including students from widening access programmes and those who gained graduate entry to medical school - intended to pursue further medical training in Scotland, while 40% of non-Scottish domiciled students planned to go to other UK countries for Foundation training.

SMCCS further predicted that 90% of the Scottish-domiciled group of the cohort would stay in Scotland for core training/specialty training with attrition of those from outside Scotland rising to 60%.

This data also shows that the rate of retention for overseas graduates staying in Scotland almost equates to Scottish-domiciled students. Without this group of doctors, it would be very hard to approach fill in Foundation and later programmes in Scotland.

That's why although we believe that it's vital that while the number of medical school places should be further increased, we also need to grow the proportion of Scottish domiciled entrants to medical school, including those who gain their place through widening access programmes and graduate entry programmes.

## FOUNDATION PROGRAMMES

The numbers of foundation programme doctors progressing directly into training has dropped from 83% in 2010 to 38% in 2018. Although those not entering formal training schemes follow a variety of paths, the vast majority return to specialty training within three years.

Many of those who choose not to progress to core or specialty training remain within the health profession, but the reasons for these rates of deferment and return to training are not fully understood. Family duties, further studies, desire to travel or volunteer and increased flexibility are all cited as possible factors in this.

It's with this in mind that our report concludes that further research is required to gain a better understanding of why foundation programme doctors do not directly progress to further training, while recognising that more flexibility is required during the early stages of medical careers in order to attract and retain staff more effectively within the training system.

We understand that the desire for flexibility and autonomy may limit the enthusiasm of junior doctors to be tracked and proper data collected and so we recommend that the NHS looks at a combinations of different ways to address this issue, from access to an ePortfolio; allowing deferment of appointments to training posts; more flexible recruitment; shortened recruitment time frames; creating a centralised resource for advertising suitable roles and coordinating applications and appointments, including for overseas posts.

## CORE AND SPECIALTY TRAINING

In 2018 there were 9,376 first year Specialty Training posts advertised across the UK, compared to 7,563 doctors completing their foundation training the same year.

This issue is particularly challenging in that a comparison by specialty of ISD data with specialty-collected figures has highlighted significant discrepancies, largely due to coding issues. For example, posts coded as general physician in the past may now be in reality acute medicine, general internal medicine, and a variety of other specialties dealing with acutely ill patients.

Some data are simply inaccurate - investigations by the Scottish Specialty Training Boards in Diagnostics and Anaesthesia, Emergency Medicine and Intensive Care Medicine showed discrepancies of up to 100%. This poses issues for workforce planning that rely on an accurate baseline for future predictions.

We are also concerned that there is no inbuilt capacity to increase posts in line with service demand in the current system. Specialties which count activity like histopathology can show that whilst specimen numbers increase by around 2% per year, sampling of specimens increases by twice that number and slide

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The workforce challenges facing the NHS are now the greatest current threat to the provision of quality health care in the UK



numbers by twice that. This vastly increased workload is a result of compliance with national best practice guidelines and is set to increase further because of the linkage of laboratory findings to specific gene targeted therapy. Other research has also showed that the information conveyed in reports doubled between 1991 and 2001 and again between 2001 and 2011. This is reflected neither in trainee nor consultant establishment in the specialty.

That's why we believe that individual specialties should have access to robust data in order to allow them to contribute their expertise to workforce planning.

## INTERNATIONAL RECRUITMENT

While increasing the number of doctors in the system by increasing medical school places is a viable long-term solution to address workforce shortages, in the short term the NHS will still be required to fill vacant posts with candidates from outside the UK. While we welcome the removal of the cap on Tier 2 visas to facilitate migration of international doctors to work in the NHS, from outside EU, we remain concerned that the removal of freedom of movement for health professionals coming to the UK following the UK's exit from the EU will have a negative impact on the number of doctors from the EU coming to work in the UK - currently around 10% of doctors working in NHS are EU nationals. Improvements to the operation of the Medical Training Initiative (MTI) – which allows doctors to enter the UK from overseas for a maximum of 24 months, so that they can benefit from training and development in NHS services before returning to their home countries - could also help improve international recruitment challenges.

At the same time, we support the re-establishment of permit free training, which was abolished in 2006. This would allow postgraduate deans to provide 2-year visas and a structured training offer to international graduates.

## WORKING CONDITIONS AND WELLBEING

It is in the interest of both doctors and the patients they care for to ensure working and training environments which promote positive wellbeing amongst NHS staff. Developing the right type of workplace requires a multifaceted approach involving clinical leadership, educational governance and an improved physical environment.

Health professionals should feel valued and part of a team and have rotas that are predictable, produced well in advance and without gaps. Other basic factors can contribute significantly to workplace wellbeing, including availability of workstations and reliable IT, access to secure lockers, changing facilities, access to food and refreshments (including out of hours), sufficient car parking provision and good transport links to hospitals and other places of work.

Ensuring positive workplace culture and wellbeing of medical staff should be a priority action for all, which is why we've called for NHS employers to appoint two Non-Executive Directors – one with responsibility for workplace culture and wellbeing and one for educational governance.

We recognise the professional research that has already taken place on this area, and so we believe that that the findings from

the GMC Wellbeing Advisory Group should be implemented in full, while access to less than full time and flexible training and working opportunities should be expanded.

## RETAINING CONSULTANTS IN THE NHS

At a time when consultant recruitment is limited, as highlighted above, it becomes all the more important that consultant staff are retained in the workforce.

In a recent BMA survey of 4,000 consultants, 58% over 50, 10% over 60, 83% working full time, highlighted that 60% intended to retire before the age of 60. If realised, this situation would greatly exacerbate the critical workforce shortages that the NHS in Scotland currently faces.

For 70% of those who responded to this particular survey, work/life balance was the most important factor influencing their decision.

That's why we need to address the issue where some health boards continue to advertise contracts which do not allow for sufficient professional development or training opportunities. This practice creates additional stress on doctors. It is in direct contradiction to the Consultant contract and letter of advice from Chief Medical Officers and creates a tier of unattractive posts which are harder to fill. No consultant post should be advertised as a 9:1 contract.

The second most important factor in those seeking early retirement is the current pension regulations as they impact on the NHS pensions scheme. Because of the potential punitive financial penalties on NHS consultants as a result of changes to pensions rules 50% of consultants are less likely to take up or have already given up doing extra PAs. The significant scale of recent tax bills has contributed to decisions about staying in work and decisions to retire, sometimes very prematurely. We welcome moves by the UK Government to address this issue, but full reform is required to undo the serious unintended consequences of previous changes.

A growing proportion of consultants will seek to "retire and return" to ensure their pensions do not shrink while their tax burden increases. This provides a mechanism for retaining their expertise in the workforce. They require continuing annual appraisal and a Responsible Officer for revalidation which may be difficult to access.

## CONCLUSION

Recent research has shown that NHS activity in the UK is growing at around 3.6% per year. We believe that the medical workforce in Scotland must reflect this growth. While we recognise the value of multidisciplinary working and of emerging roles, it is essential that we have adequate numbers of doctors with appropriate training, skills and experience if we are to maintain patient safety and provide the world-class service demanded of us.

Our recommendations provide a routemap to addressing this crisis.

This is what our public and patients expect, and what everyone in the health professions wants to provide.

You can read the full report online at [rcp.sg/workforcepolicy](http://rcp.sg/workforcepolicy)

# Dental training

with the Royal College of Physicians  
and Surgeons of Glasgow

## TC White Conference

**Friday 8 November 2019**

Focusing on the field of dental implantology for the very first time, this conference will discuss current hot topics within the field. The event is set to be another sell-out day and will feature lectures and interactive panel sessions featuring speakers from all over the UK.



## An Agnostics Guide To Oral Cancers

**Thursday 28 November 2019** FREE EVENT

**Join us for the biennial Ben Walton Lecture**

This evening lecture will provide an update on the terminology and classification of "oral cancer". It will explore the importance of terminology and will explain the latest WHO classification and its relevance to clinical practice. Finally, it will introduce the concept of "tumour agnostics", whereby tumours may be defined and classified independent of (agnostic to) their site or pathology, but rather classified by molecular changes that can be targeted by specific drugs.

## Scottish Orthodontic Conference

**Friday 17 January 2020**

Building upon the success of previous years, Mr Iain Buchanan and Mr Peter McCallum invite you join them for the 5th annual Scottish Orthodontic Conference.

This event will provide an update on current topics and will give orthodontic teams an opportunity to get together and to focus on areas of fundamental importance to the delivery of contemporary orthodontics.

## DENTAL WEBINARS

### Periodontal Surgery

14 November, 1300 - 1400

This webinar will give a better understanding of the periodontal patient assessment, surgery and tissue regeneration.

### CoCr Partial Dentures

5 December, 1300 - 1400

This webinar will ensure you understand the indications for and contra-indications to providing CoCr dentures.

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



FOR MORE INFORMATION VISIT

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

OR CALL +44 (0)141 221 6072



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW  
**DENTISTRY**

# POLICY NETWORK

**The College offers our membership an opportunity to play a part in shaping our policies as part of our Policy Network.**

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

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

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

Members who wish to join the Network are required to complete an application form, which is available on the member dashboard.



## Policy Network

## UPDATES

### COLLEGE SUBMITS CONSULTATION RESPONSES

The College regularly represents the views and best interests of our Fellows and Members to government and regulators across a range of consultation exercises and inquiries. Over the past three months we have responded to consultations on a range of prominent healthcare topics including cannabis-based medicinal products, flu vaccination and rheumatoid arthritis in over 16s. Each of these consultations was held by the National Institute for Health and Excellence.

Our Honorary Secretary, Dr Richard Hull, leads on our response and is assisted by the contributions from Fellows and Members who are experts in these topic areas.



#### CANNABIS-BASED MEDICINAL PRODUCTS

In our response, the College welcomed the draft guidance for cannabis-based medicinal products. We also stated the view that given the possibility of multiple drug misuse and the inherent uncertainty over active moieties in illicit drugs, there should be explicit guidance to desist from ingestion of all illicit drugs rather than just those which may contain cannabis.

#### RHEUMATOID ARTHRITIS UPDATE

The consultation of draft quality standard for rheumatoid arthritis in over 16s was supported by the College. In particular, we noted that referral to rheumatology within three days is an aspirational target, but is achievable. The key point in the process is making the decision that referral is indicated. This depends on the knowledge and skills of the health professional involved. Although the referrer will usually be the general practitioner, the patient may be seen by a nurse, physician assistant or physiotherapist.



#### FLU VACCINATION: INCREASING UPTAKE

Our College believes that in order to increase the uptake of the flu vaccination, the NHS needs to actively search out those who may most benefit from Influenza immunisation and make sure they receive it. Many individuals were vaccinated late last year because of poor supplies of vaccine and slow primary care service. They therefore did not get full benefit of vaccination, and so supply issues must also be effectively addressed.

You can read the College's full responses to these consultations on our website at [rcp.sg/consultations](http://rcp.sg/consultations)





## Writing for voice, our Deputy Head of Heritage Ross McGregor explains the College's new exhibition.



**O**ur new exhibition 'Great Minds: the brain in medicine, surgery and psychiatry' shows how doctors have treated the brain over hundreds of years of learning, practice and innovation. Using our amazing historical collections we show how the College's community and the city of Glasgow have contributed to our understanding of the brain over centuries.

The exhibition was inspired by the 140th anniversary of a special moment in surgical history. In Glasgow in 1879, young surgeon and fellow of our College William Macewen performed the first ever successful removal of a brain tumour. The patient was fourteen year old Barbara Watson. Our collections contain

Macewen's notes describing the patient's condition, diagnosis and treatment. Watson visited Macewen in his ward at Glasgow Royal Infirmary in the years following the operation, allowing Macewen to assess her progress and photograph her as part of the record of her treatment. This detailed and historic record, including the photographs, is preserved in his book of surgical cases.

This notebook, one of many in our archive collection, is the centre-piece of our exhibition. Its significance sums up the tremendous value of these collections, and the importance of showcasing them to a wide audience. The College's collections include notebooks, letters, instruments, books, pieces of equipment, lecture notes, and much more, all donated by our community of members and their families. It is a unique collection telling the stories of clinical practice, research, teaching and caring. As with the Macewen notebook, the patient is often at the centre of this work. Our physicians and

Brain was also "enlarged" to  
 the tumour. Extensive superficial  
 area of about 2 1/2 inches  
 detached from the scalp. &  
 the bone, after which the  
 right & left hemispheres  
 were exposed. Of course the whole  
 performed antiseptically,  
 wearing the temperature  
 was perfectly conscious,  
 & answered questions intelligently  
 & calmly.



## the brain in medicine, surgery and psychiatry

William Macewen performed  
 the first ever successful  
 removal of a brain tumour in  
 1879 in Glasgow. The patient,  
 14 year old Barbara Watson,  
 was presented to a gathering of  
 clinicians here at the College.

surgeons have been striving to improve the health of patients for hundreds of years, and our collections are the tangible record of this learning, practice and innovation.

The exhibition covers the very broad areas of medicine linked to the brain - from anatomical investigation, to emergency surgery, phrenology to electrical stimulation, asylums to mental health. This reflects the broad range of interests and specialisms of the College's community of physicians and surgeons over the past 400 years. Our heritage collections are created by our community. This exhibition provides a snapshot of how our community has treated the brain since our foundation in 1599.

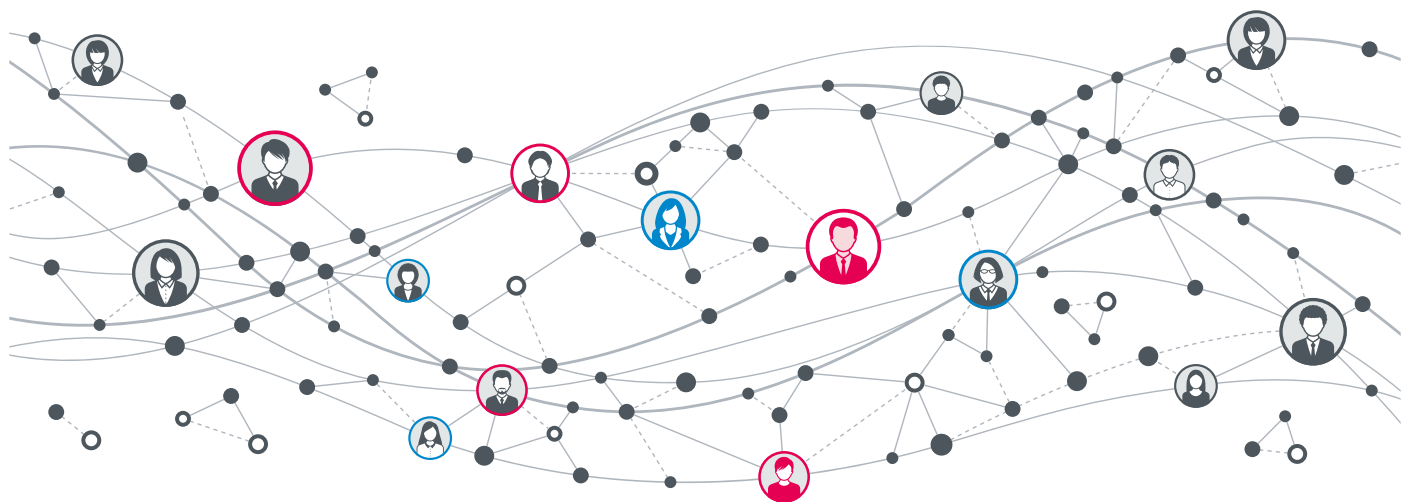
By far the most well-known is the development of Glasgow Coma Scale in the 1970s, by former



College president Professor Sir Graham Teasdale and Professor Bryan Jennett, which is used in hospitals around the world. Much less well known are the mid-20th century innovations in neuroscience by surgeons such as Sloan Robertson and Joseph Schorstein, both connected to famous psychiatrist R.D. Laing. These lesser known items are great examples of how we can use an exhibition theme to really uncover relatively 'hidden' collections and encourage further research into them.

In the 16th century College founder Peter Lowe wrote about both the practical treatment and surgery of the head, and of the "perturbations and passions of the minde." Improving knowledge and care of our great minds is central to our health and wellbeing. To reflect this we have collaborated with Samaritans Scotland for part of the exhibition, and will programme events next year focused on mental health awareness.

The exhibition will run from September 2019 to July 2020. During this time we will develop digital content that will enhance the exhibition and provide further access to collections via our website ([heritage.rcpsg.ac.uk](http://heritage.rcpsg.ac.uk)). We will also continue to explore these and more collections relating to the brain, encouraging research and public engagement with this fascinating subject.



# FOCUS ON PHYSICIANS

**College President Professor Jackie Taylor introduces the latest results from our annual physicians' census, and sets out what these findings mean for patient care and future government policy.**

## INTRODUCTION

Each year the Royal College of Physicians and Surgeons of Glasgow partners with the Royal College of Physicians of London (RCPL) and the Royal College of Physicians of Edinburgh (RCPE) to conduct a census of the UK's physician workforce. The aim of the census, which is carried out by the RCP London's Medical Workforce Unit, is to provide the three colleges, our partners and others with robust data on the state of the consultant and higher specialty trainee (HST) physician workforce in the UK.

This year's census reveals the increasing challenges that many of our members are facing in the course of their work. This workforce crisis isn't just a problem for NHS boards and trusts, it's a serious issue for everyone who relies on or works in the health service. Staff shortages and welfare issues have a direct impact on the quality of care that we are able to provide to patients within the health service. This pressure is demonstrated by ongoing problems with gaps in team rotas, unfilled posts and high levels of reported sickness absence. These issues are present in every part of the UK, and impact on every grade of doctor. Fundamentally the census shows that, across the UK, the number of posts needed across the system significantly outnumbers the supply of physicians.

We are now reaching a critical stage where the additional pressure created by the shortage of doctors in the NHS is

placing intolerable strain on the remaining workforce. More doctors are dropping out of our profession, reducing their hours or considering early retirement, which is in itself exacerbating the problem. This is simply unsustainable.

We need action now from government and NHS employers if we're to improve the working lives of physicians in the UK and allow us to continue to provide the world-class care that our patients need and deserve.

While there is clearly a need for a significant expansion of medical school places across the UK, this will provide no short-term respite to those of us who have had to take on the responsibilities of more than one doctor within our ward or clinic this week. With the UK seemingly set to leave the EU in the very near future, we urgently need to see new initiatives from governments to ensure that we remain an attractive prospect for doctors who are considering coming to work in the UK. Action is also required to address the NHS pensions crisis, which is driving more and more of our most experienced consultants out of the NHS due to punitive and disproportionate tax charges.

Our members joined the medical profession to make a positive difference to the health of others. We are standing up for our profession today because unless governments and NHS employers address the fundamental challenges highlighted by this survey, we fear that the declining wellbeing of our membership will have far-reaching consequences for them and for the whole NHS.





## KEY FINDINGS

The census reveals the continuing pressure on the medical workforce and the systems in which we work. This pressure is demonstrated by ongoing problems with rota gaps, unfilled posts and high levels of reported sickness absence. Once again, the census shows that the number of posts needed across the system significantly outnumbers the supply of physicians.

- > **Close to half (43%)** of advertised consultant posts with an advisory appointments committee (AAC) went unfilled due to a lack of suitable applicants. However, this year the number of consultant posts advertised with an AAC also fell by **33%**.
- > **40%** of consultants and **63%** of HSTs said that rota gaps occurred on a daily or weekly basis. Only 7% and 12% respectively said such gaps did not lead to significant patient safety issues.
- > The ratio of consultant physicians to population served varies widely across the UK and regions with fewer consultants also have the highest rates of unfilled advertised posts.
- > **45%** of consultants and **61%** of HSTs reported that a trainee was absent due to sick leave during their last on-call shift, particularly foundation year 2 (FY2) and core medical trainee (CMT) doctors.
- > **55%** of HSTs reported they had felt pressured to cover rota gaps and 26% said they were encouraged to take on the work of more than one doctor almost always or most of the time when covering a gap.
- > **59%** of consultants and **46%** of HSTs reported that as a consequence of rota gaps, adequate work-life balance was most commonly affected.

- > **Over half (52%)** of trainees with partners and/ or children reported that work had affected their relationship with them during the past year.
- > Consultants and HSTs continue to find their general internal medicine (GIM) work much less satisfying than their specialty work.
- > **32%** of HSTs reported that their morale was worse compared with a year ago and only 20% reported that it was better, with 69% reporting that working conditions affected their morale. However, 38% of HSTs felt they had achieved more over the past year, with only 20% reporting they had achieved less.
- > **36%** of consultants will reach their planned retirement age in the next 10 years.

The pressure all physicians are under appears to be the main factor behind the negative experiences documented by the 8,656 doctors who contributed to this year's census. Reducing rota gaps, filling vacant consultant posts and improving consultant and trainee experiences of GIM are crucial if we are to improve the working lives of physicians in the UK and care better for the population we serve.

## HOW TO TAKE PART IN THE 2019 CENSUS

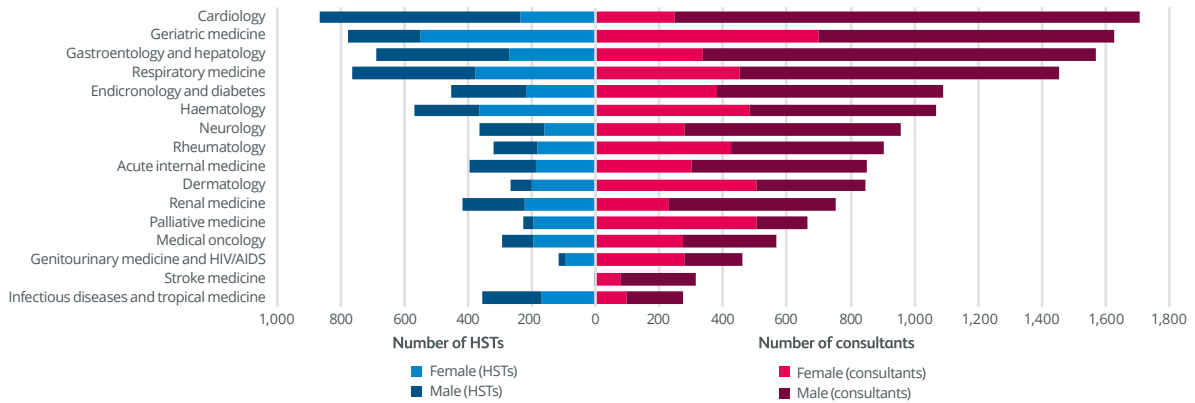
Physicians working in the UK should already have received your personalised email from the three Royal Colleges of Physicians which will allow you to access your personalised form.

To thank you for your time we will enter all respondents who complete the census in a draw for a number of Apple iPads.

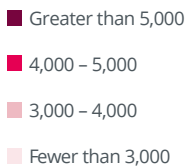
If you haven't received your email, or are having difficulties accessing your form, please contact **[mwucensus@rcplondon.ac.uk](mailto:mwucensus@rcplondon.ac.uk)**

## CONSULTANT WORKFORCE

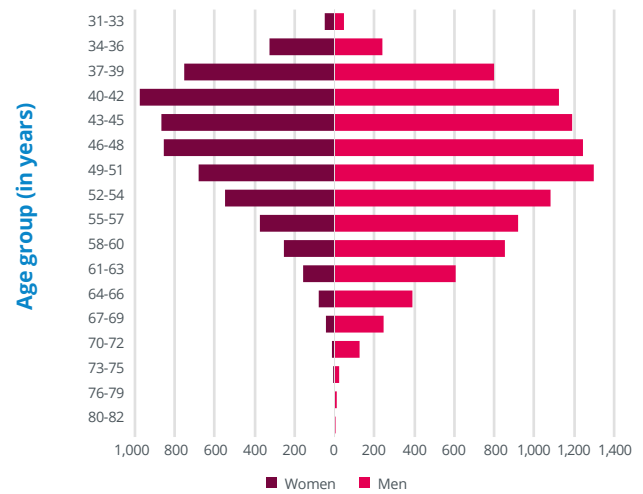
The consultant and HST workforce | By specialty and gender (larger specialties)



### Population per FTE consultant

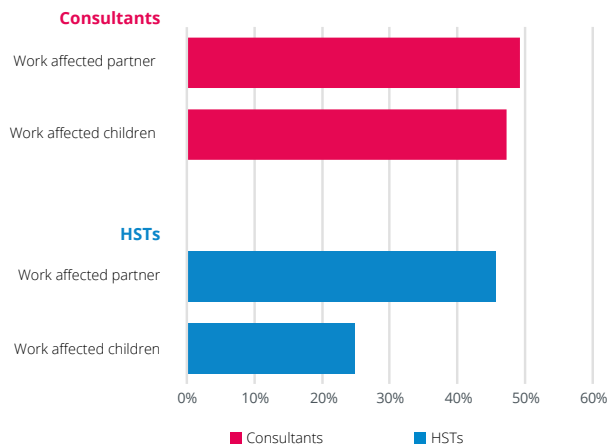


### Age and gender breakdown of the consultant workforce

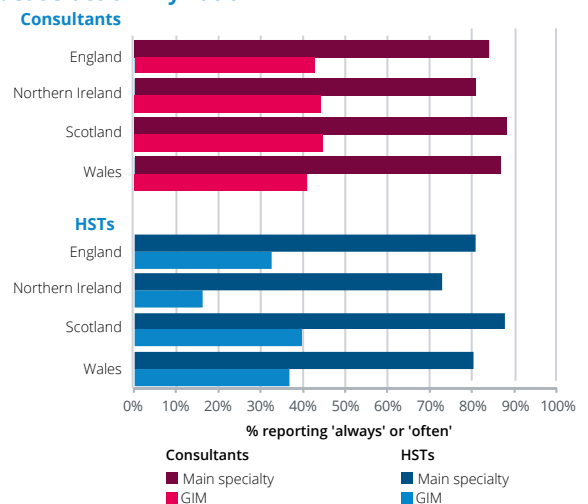


## CONSULTANT APPOINTMENTS

Has work negatively affected consultants and HSTs in the last year?



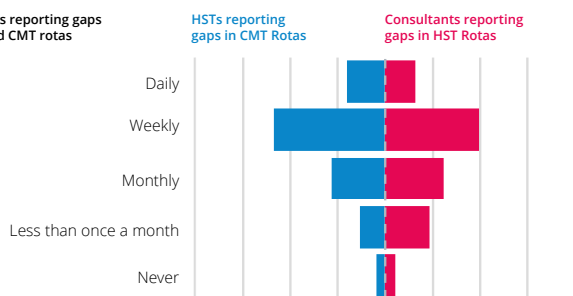
Job satisfaction | By nation



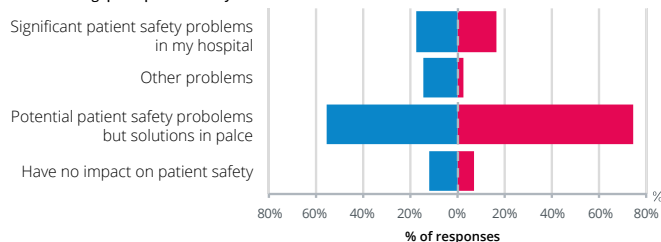
# ROTA GAPS

## Rota Gaps

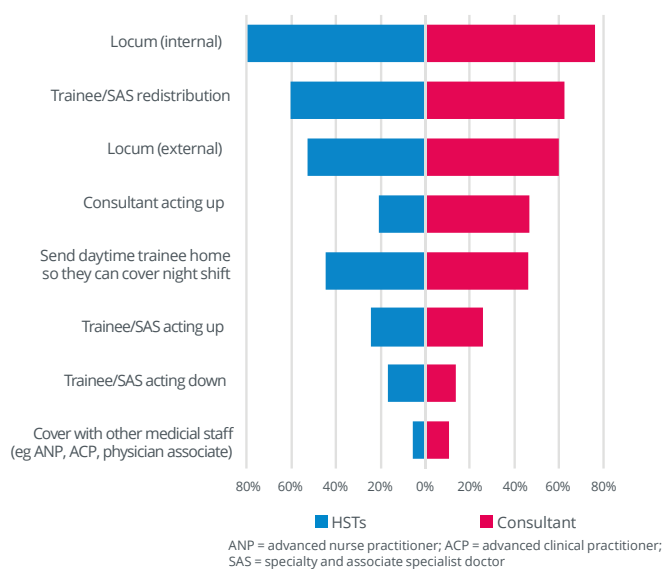
### i. Respondents reporting gaps in the HST and CMT rotas



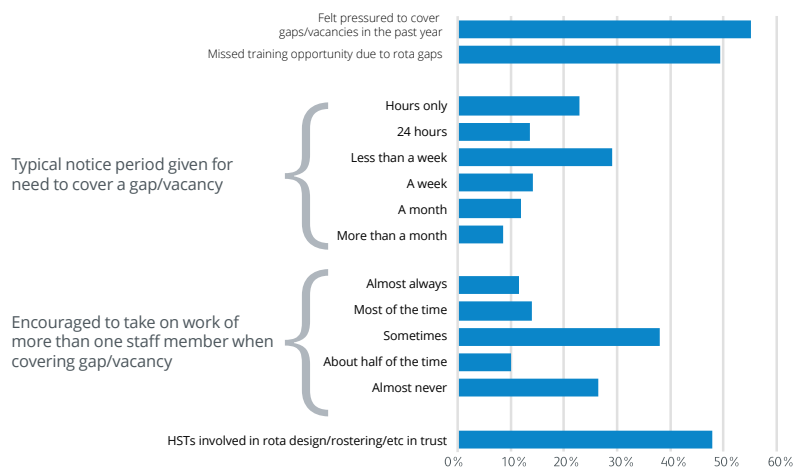
### ii. Effects of rota gaps on patient safety



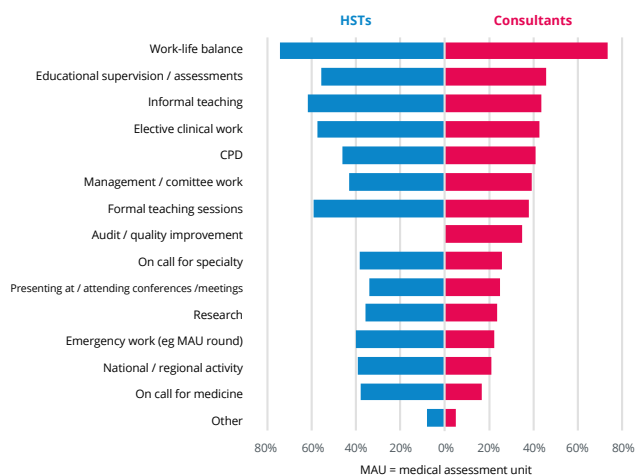
## In-hospital solutions to rota gaps / vacancies



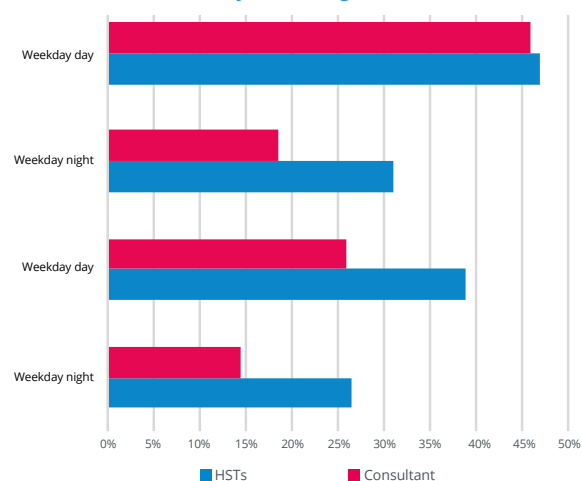
## HSTs reporting rota gaps



## Work affected by HST rota gaps or consultant vacancies



## Last time you were on call, was at least one junior doctor absent due to illness? If yes, what grade and shift?





## NEXT STEPS

Our colleges will use the census data in our discussions with governments about the current pressures on the NHS. The data will also inform our colleagues' work with the NHS in England to develop the People Plan that supports its Long Term Plan. The primary focus must be managing and reducing demand. We need more investment in public health initiatives, including the public health workforce. Indeed, prevention should be the basis of our health and care system. If we are to improve population health, we must recognise and accept the link between poverty and ill health. Government must act to tackle the significant and growing health inequalities that exist in our society. While individuals have a responsibility to look after themselves, the structure of our society also clearly contributes to this imbalance.

- > We will continue to call for a significant increase in the number of medical school places across the UK with the aim of a small surplus of supply. We will estimate the costs of such an expansion and explore how it could help regions with lower numbers of doctors.
- > We will continue work to identify ways of encouraging doctors in training to take up posts in specialties and locations with the largest recruitment gaps. Our colleges' chief registrar and chief resident schemes and portfolio careers project are examples of how we can meet the needs of doctors and their employers, while improving patient safety.
- > With the UK set to leave the EU in October, more than ever we need the UK to be more accessible to doctors and other professionals from countries outside the UK. We continue to call for a substantial increase in the number of the Medical Training Initiative places, but more importantly we need to make sure we are a welcome prospect for doctors looking to work in another country. The recent recommendation by the Migration Advisory Committee to add 'medical practitioner' to the shortage occupation list is the first of many steps that will support international recruitment.
- > The NHS is slowly becoming more flexible in terms of working patterns, regulation, moving between training programmes, moving between specialties, and meeting the aspirations of current and future professionals. This year's report on the experiences of doctors 1 year after gaining their certificate of completion of training (CCT) shows it is possible for people who want that flexibility to pursue a medical career.\* We will work with the NHS across the UK to make sure it is an option for everyone who wants it.

“

Our colleges will use the census data in our discussions with governments about the current pressures on the NHS. The data will also inform our colleagues' work with the NHS in England to develop the People Plan that supports its Long Term Plan

- > We are pleased that Health Education England is developing the single, robust source of data that we need to plan for the long term. We will work with these data to make sure our assumptions and recommendations are based as much as possible in the real world, taking into account the demographic changes the UK will undergo in the next 15 years. We will also work with NHS Education for Scotland and Health Education England and Wales to ensure that the implementation of its new health and social care workforce strategy is informed by data from this census.

\* [www.rcplondon.ac.uk/projects/outputs/2018-survey-medical-certificate-completion-training-cct-holders-career-progression](http://www.rcplondon.ac.uk/projects/outputs/2018-survey-medical-certificate-completion-training-cct-holders-career-progression)

## METHODOLOGY

The census was compiled by the RCP's MWU. Forms were sent electronically on 30 September 2018 to all substantive UK consultants and all HSTs on the Joint Royal Colleges of Physicians Training Board (JRCPTB) database. The

MWU verified consultant numbers by working in partnership with the General Medical Council (GMC) to check data for those UK consultants who are members or fellows of the RCP, RCPE or RCPSG. Additional consultant data were checked with representatives of each medical subspecialty, and finally each trust was telephoned to confirm data at a trust level. Data on total consultant numbers, specialty, workplace, gender and age are therefore as accurate as possible. Data on total HST numbers, specialty, location, gender and age are derived from the JRCPTB's database of all registered HSTs.

The census form was sent to 15,891 consultants and 5,826 (37%) responded. Removing consultants who were no longer working in the UK and adding new consultant appointments gave a total of 16,406 consultant physicians in the UK. For data from those who responded to the census, 5,638 eligible UK responses allows 99% confidence with a 1.4% error margin when extrapolating to the whole consultant physician workforce. The census form was sent to 7,363 HSTs and 3,018 (41%) responded, allowing 99% confidence with a 1.8% error margin, when extrapolating to the whole HST workforce.

Our College would like to thank Nina Newbery, Darin Nagamootoo and the team from the Royal College of Physicians Medical Workforce Unit for their work in producing this report on behalf of the three partners, and Nigel Trudgill, Sushee Dunn, Lisa Rooke from the Royal College of Physicians and Royal College of Physicians of Edinburgh for their work on this joint project.

A full copy of the results can be found online at  
[rcp.sg/census2018](http://rcp.sg/census2018)

# MEMBERS' AREA

## MEMBERSHIP IN ORTHODONTICS PART 2 GOES TO CHENNAI

Due to outstanding candidate demand, the College held a diet of Membership in Orthodontics Part 2 at the Saveetha Dental School in Chennai in June 2019. A highly experienced team of examiners, including the Dean Elect, attended three full days of examination for 37 candidates.

To facilitate in the future growth of the examination in this area, three local Fellows were also trained as Membership in Orthodontics examiners.

We would like to extend our thanks to Saveetha Dental School, the local examiners and the UK team who gave their time to attend this examination.

If you are interested in joining the Membership in Orthodontics examiner panel or would like more information about the exam in general please contact [morth@rcpsg.ac.uk](mailto:morth@rcpsg.ac.uk). The examinations team has made two appointments:



John Camilleri-Brennan MD (Melit), MD (Dundee), PgDCE(Glas), MFSTEd, FRCS(Glasg), FRCSEd, FRCSEd(Surg)  
Mr Camilleri-Brennan has been appointed as Associate Director for Surgical Examinations. He is a Consultant in General and Colorectal Surgery at Forth Valley Royal Hospital, specialising in laparoscopic surgical resection for cancer and pelvic floor surgery. Mr Camilleri-Brennan has been active for many years within the College. He is the Surgical College Tutor for NHS Forth Valley. For the past nine years he has been an examiner for the MRCS examination, both locally and overseas. In December 2016 he was elected as Regional Councillor on the College Council.



Nicola Cross BDS MFDS RCPSG(Glasg) MSc PGDip  
Nicola Cross has been appointed as Director of Dental Examinations and will provide the clinical leadership role in all dental examinations offer by the College. Nicola is a Public Dental Service Specialist in Oral Surgery and Honorary Clinical University Teacher, Glasgow Dental Hospital and School Locum Consultant in Oral Surgery Edinburgh Dental Institute. She began examining MFDS Part 2 in 2013 and has examined both in the UK and internationally. Nicola was appointed as co-convenor for the MFDS Part 1 examination in 2015 and has successfully overseen seven diets of the examination.

## COULD YOU BE A NICE FELLOW?

Recruitment for the 2020 intake of NICE fellows and scholars is now open. The programmes recognise the achievements and promise of individuals from health, public health and social care who are working to improve the quality of care.

NICE appoints up to 10 fellows and 10 scholars per year. Fellows and scholars benefit from development opportunities and get to work with like-minded colleagues from different disciplines across the UK.

NICE fellows are senior health and social care leaders who are ambassadors for the Institute at regional and national levels and among their professional groups and peers. Over the course of their 3-year fellowship they are expected to dedicate around 1 day per month to using their networks and influence to support NICE in the implementation of its guidance.

NICE scholarships are 1-year opportunities for individuals working in health and social care to find out about the inner workings of NICE and undertake an improvement project, related to NICE products, within their local area. Scholars are expected to dedicate approximately 1 day per week to their scholarship activities.

Both roles are unpaid and undertaken alongside successful candidates existing jobs.

Applications close on 28 October. More information can be found at: [nice.org.uk/fellows](http://nice.org.uk/fellows) and [www.nice.org.uk/scholars](http://www.nice.org.uk/scholars)

## NEW DEAN OF THE DENTAL FACULTY

Andrew Edwards, FDS RCPS(Glasg) FRCSGlasg(OMFS) will take up his new post as the Dean of the College's Faculty of Dental Surgery at the Faculty's Annual General Meeting on 8 November.

Mr Edwards is also the Director of Dental Examinations, International Associate Director establishing international education and training and a Regional Advisor for the North West of England.

Mr Edwards was born in Dundee where he qualified in dentistry in 1987. A period of junior positions in Oral & Maxillofacial Surgery followed before he gained FDS from the Royal College of Physicians and Surgeons of Glasgow in 1993. He went to medical school qualifying MBChB from the University of Aberdeen in 1998.

Basic surgical training was in the West of Scotland gaining FRCS in general surgery of the Royal College of Physicians and Surgeons of Glasgow in 1993. He went on to his higher surgical training in Oral and Maxillofacial Surgery in the North West of England gaining the Intercollegiate Fellowship in Oral and Maxillofacial Surgery in 2006. He is currently Consultant Oral & Maxillofacial Surgeon at The Royal Preston Hospital specialising in the surgical correction of facial deformity and facial trauma.



Andrew Edwards FDS RCPS(Glasg) FRCSGlasg(OMFS) is pictured with the Dean, Graham Ogden BDS, MSc, PhD, FDS RCPS, FDS RCS, FHEA, FRSA.

# Conference

## support



**O**ur College has over 400 years of experience in helping medical professionals to work together to advance our profession and improve patient care. Last year we delivered an extensive clinical and non-clinical programme of education, training and professional development. This work delivered:

- 138 Courses and conferences attended by 4,643 people
- 21,758 CPD points awarded
- Over 1,000 speakers and teachers delivered our courses and conferences

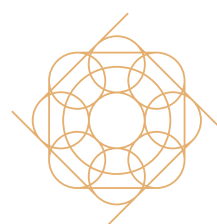
In addition to running our own educational portfolio, our door is always open to our Fellows and Members to

help you bring your own conferences to Glasgow and our beautiful College headquarters.

Earlier this year a report issued by meetings industry body the International Congress and Convention Association showed that Glasgow attracted more international delegates in the 2018 calendar year than major competitors including Melbourne, Milan, Chicago, Geneva and Washington DC.

The number of conference events held annually in Glasgow has increased by 153% over the past decade from 213 in 2009/10, while the number of delegates has risen 90% in the same period from 84,000, while delegate spend has increased 70% from £88m.





**1599**  
at the  
*Royal College*

The 1599 team at our College already works with the Glasgow Convention Bureau to attract conference business, along with other partners at the Scottish Event Campus, NHS Greater Glasgow and Clyde, the city's academic community, local transport operators and businesses across Glasgow's tourism and hospitality industry.

Most Fellows and Members already know that our own College offers a variety of rooms to suit different types of occasions; we have two modern lecture theatres with AV facilities, meeting rooms, dining rooms, and beautiful traditional function rooms. Our newly refurbished basement area also offers a clinical skills area with a fully equipped clinical wet lab and purpose built clinical training area.

Now we're looking to build on our record of success to provide additional support to our wider College membership to bring even more conferences to our city.



### GLASGOW CONVENTION BUREAU

**Aileen Crawford**, the Head of the Glasgow Convention Bureau, knows what it takes to support cutting edge medical conferences. She believes that Glasgow's success in attracting an increasing number of medical conferences and delegates is down to a range of factors:

"Glasgow is a natural hub for medical meetings, having long been at the centre of medical innovation. Today, approximately 50% of conferences held in Glasgow are in the field of medical and life sciences, invited by Glasgow's Conference Ambassadors from across the healthcare profession."

Announcing our new partnership, Aileen Crawford said:

"The Convention Bureau will bring their winning bid strategy experience to support College Members in their ambition to attract national and international conferences to the city, offering support throughout the process, from securing the conference, through to the delivery of a successful and memorable conference.

The free and impartial city support suits all budgets and conference sizes, saving College Members valuable time and money."

This new partnership allows us to build on our existing provision to Fellows and Members. 1599 at the Royal College already offers an end to end service for events including everything you need to plan your meeting and on the day, including attendee registration, catering and refreshments throughout the day, AV equipment and full technical support, and accommodation with preferential hotel rates.

College President Professor Jackie Taylor said: "Our College has a long history of running successful, cutting edge medical education, and this partnership will help us to build on our previous success by harnessing the skills, experience and networks of our 14,000 members from across the world. I know that a large number of our senior members are already involved in running conferences in their own specialty, and so now our College is fully equipped to be able to support them to bring their events to Glasgow. I know from my personal experience Medicine24, our College's flagship medical conference, what a fantastic experience it was to organise and run a large-scale conference here in this wonderful city. I want to make sure that as many of our Fellows and Members as possible have the same opportunity to support their colleagues, improve their career prospects and raise awareness nationally and internationally of what Glasgow and our College has to offer medical education."

College Fellow David Koppel has recently won a high profile international bid to host the International Conference on Oral and Maxillofacial Surgery in 2021. He said: "The reasons to host the meeting were multiple, but in our field of Oral and Maxillofacial Surgery Glasgow, has, over the years had a leading role in education and training and the meeting will allow us to welcome many old friends and colleagues back to the city and provide a superlative scientific meeting and fantastic social events to the wider Oral & Maxillofacial community - and we wanted to showcase the best that Scotland and the UK has to offer.

Without the support and guidance of the Convention Bureau the bid and subsequent preparation for the meeting would not have been possible."

If you'd like to know more about the expert support available to you as a Fellow or Member of the College to bring your future event to Glasgow, please contact our 1599 Events team at the College on **0141 221 6072**, or email **bookings@1599.co.uk**

# 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.

### MENTORSHIP COURSE

**24 Oct, 26 Nov, 11 Dec**  
(all three dates must be attended)

0830 - 1700

£75

18 CPD Credits

Access to the Mentorship Programme is open to College Fellows and Members who are seeking mentoring, with established, trained College mentors.

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

### 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)

### ROYAL COLLEGE ADVANCED CERTIFICATE IN CLINICAL EDUCATION

Leeds

**7 - 8 Nov**

Glasgow

**2 - 3 Dec, 18 - 19 May**

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)



ACADEMY  
OF CLINICAL  
EDUCATORS

### TRAINING THE CLINICAL TRAINER

**18 - 19 Nov, 3 Feb, 16 Mar**

0830 - 1700

£395

12 CPD Credits

This course will enhance your knowledge of, and skills in, educational practice within a clinical setting.

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

### LEADERSHIP FOR SENIOR TRAINEES AND CONSULTANTS

**19 - 20 Nov**

0830 - 1700

£395

12 CPD Credits

An intense two day programme will allow participants to explore the fundamentals of self-awareness, personal leadership skills, and team working. It will also provide an opportunity for participants to gain insights from senior healthcare leaders.

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

### HUMAN FACTORS

**21 Nov**

0830 - 1610

£82.50

6 CPD Credits

Taking a lead from other high risk organisations including aviation and air traffic services this conference will examine human factors and their relevance to mistakes in an innovative and engaging way.

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

WELLBEING

### PERFORMANCE SUPPORT FOR DOCTORS IN TRAINING

**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)

### DEVELOPING THE CLINICAL TRAINER - TEACHING SKILLS FOR EARLY STAGE TRAINEES

**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)

### THE CLINICAL LEARNING ENVIRONMENT

**23 Jan, 11 Mar**

0830 - 1230

£75

3 CPD Credits

This half day course will 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)



LEADERSHIP

MENTORSHIP

TEACHING

PROGRESSION

TRAINING

MANAGEMENT

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

### BASIC LAPAROSCOPIC SKILLS

28 Oct, 25 Nov

0845 - 1645

£85

This course will familiarise you with the equipment and instruments used in laparoscopic surgery, allow simulation of manipulation of objects within a laparoscopic environment and have the opportunity to practice simulated operations using a gallbladder and appendix laparoscopic training model.

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

### PROCEDURAL SKILLS OF MEDICAL TRAINEES



29 Oct, 26 Nov, 30 Jan  
(South East Scotland only)  
2 Mar, 17 Mar, 31 Mar

1000 - 1620

£105

This course is an excellent opportunity to develop your practical skills and gain knowledge in common CMT and IMT procedures.

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

### BASIC SURGICAL SKILLS COURSE

6 - 7 Nov, 14 - 15 Nov,  
28 - 29 Nov, 15 - 16 Jan,  
13 - 14 Feb, 25 - 26 Mar,  
15 - 16 Apr, 30 Apr - 1 May

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)

### EMERGENCY DENTAL PATIENT



12 Nov

0830 - 1715

6 CPDA

£125

This course will provide useful hints and tips on the assessment, diagnosis and treatment of dental emergencies within a busy practice schedule.

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

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



12 - 13 Dec

Deadline date: 14 Nov

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)

### IMPACT COURSE



16 - 17 Dec, 20 - 21 Jan,  
3 - 4 Feb, 9 - 10 Mar,  
5 - 6 May, 8 - 9 Jun

0830 - 1700

£472

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

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

### HEAD AND NECK / EMERGENCY ENT DISSECTION COURSE

30 - 31 Jan

Deadline date: 3 Jan

CADAVERIC

Clinical Anatomy Skills Centre, Glasgow

£575

12 CPD Credits applied for This is a two day, hands-on dissection course suitable for ST level trainees in Otolaryngology. The main aim of the course is to teach the surgical anatomy and steps of important head and neck procedures.

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

### PRINCIPLES OF CASTING FOR ORTHOPAEDIC TRAINEES

6 Feb, 7 May

0845 - 1700

£125

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)

### GI ANASTOMOSIS TECHNIQUES



4 Mar, 27 May

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

5 Mar, 28 May

0830 - 1630

£165

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

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

### PRINCIPLES OF INTRAMEDULLARY NAILING

18 Mar

0830 - 1715

£125

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

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

### FOUNDATION SKILLS IN SURGERY



21 Mar

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)

### BASIC ORTHOPAEDIC PROCEDURAL SKILLS COURSE

23 Apr

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)





## Webinars

### PERIODONTAL SURGERY

14 November

1300 - 1400

FREE

1 CPDA

This webinar will give a better understanding of the periodontal patient assessment, surgery and tissue regeneration.

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

### COCR PARTIAL DENTURES

5 December

1300 - 1400

FREE

1 CPDA

This webinar will ensure you understand the indications for and contra-indications to providing CoCr dentures.

## Conferences

### TC WHITE CONFERENCE 2019



8 Nov

0815 - 1715

£82.50

6 CPDA

The 2019 TC White Symposium will focus on the field of dental implantology for the first time, with a program of UK based speakers covering a wide range of topics.

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

### CRITICAL CARE UPDATES



14 Nov, 12 Dec,  
9 Jan, 13 Feb, 12 Mar,  
9 Apr, 14 May, 11 Jun

College and various web  
streaming locations

1830 - 2000

Free

2 CPD Credits

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

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

### BEN WALTON LECTURE - AN AGNOSTICS GUIDE TO ORAL CANCERS



28 Nov

1800 - 1930

Free

1 CPDA

This evening lecture will provide an update on the terminology and classification of "oral cancer". It will explore the importance of terminology and will explain the latest WHO classification and its relevance to clinical practice.

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

### SCOTTISH ORTHODONTICS CONFERENCE

17 Jan

0830 - 1700

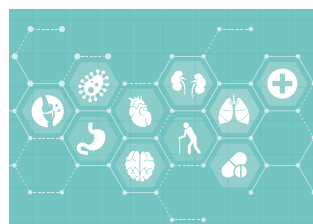
£82.50

6 CPDA

Building upon the success of previous years, Mr Iain Buchanan and Mr Peter McCallum invite you join them for the 5th annual Scottish Orthodontic Conference.

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

### MEDICINE FOR ALL: RHEUMATOLOGY



19 Feb

1230 - 1700

£40

3 CPD Credits

Physicians working across all areas of medicine will now encounter patients on wards with co-morbidities. This presents new challenges for clinicians and the need for an understanding of general internal medicine over a range of specialties. This half day will address rheumatology medicine.

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

### MEDICINE FOR ALL: ACUTE/ EMERGENCY MEDICINE

19 Feb

0830 - 1200

£40

3 CPD Credits

Physicians working across all areas of medicine will now encounter patients on wards with co-morbidities. This presents new challenges for clinicians and the need for an understanding of general internal medicine over a range of specialties. This half day will address acute and emergency medicine.

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

## 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: 24 Mar

Opening date: 6 Jan

Closing date: 19 Jan

Glasgow, Belfast

#### MRCP(UK) PACES

Exam period: TBC

#### MRCP(UK) PACES

Revision Modules

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.

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

#### Focus on neurology for PACES candidates

27 January

[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 exam.

### MRCP(UK) SPECIALTY EXAMINATIONS

#### ACUTE MEDICINE

Exam date: 13 Nov

Opening date: 24 Jul

Closing date: 16 Oct

Various locations

#### PALLIATIVE CARE

Exam date: 13 Nov

Opening date: 24 Jul

Closing date: 16 Oct

Various locations

#### EUROPEAN SPECIALTY EXAMINATION IN GASTROENTEROLOGY AND HEPATOLOGY

Exam date: 22 Apr

Opening date: 18 Dec

Closing date: 11 Mar

Various locations

#### GERIATRIC MEDICINE

Exam date: 26 Feb

Opening date: 6 Nov

Closing date: 29 Jan

Various locations

#### NEPHROLOGY

Exam date: 26 Feb

Opening date: 6 Nov

Closing date: 29 Jan

Various locations

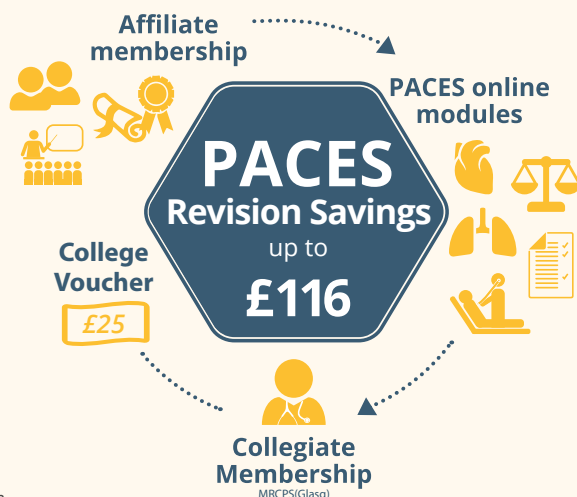
## PACES Revision Savings

For a total fee of £99 you will receive:

Benefit	Value
Affiliate membership for up to 12 months	£30
PACES online revision modules	£80
Collegiate membership subscription for up to 12 months after passing MRCP(UK)	£80
College voucher after joining as a Collegiate Member	£25

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

*The cost of the examination is not included. Candidates must apply and pay for the MRCP(UK) PACES examination separately. For more information please visit our website.*



### SURGEONS

#### MRCS PART A

Exam date: 14 Jan  
Closing date: 25 Oct

Various UK and International

#### MRCS PART B OSCE

Exam dates: 20 - 21 Feb  
Closing date: 15 Nov

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

23 - 24 Jan

[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 AND PART 2 OSCE

Dates TBC

## MRCS Part B OSCE Savings

MRCS exam candidates can also access:

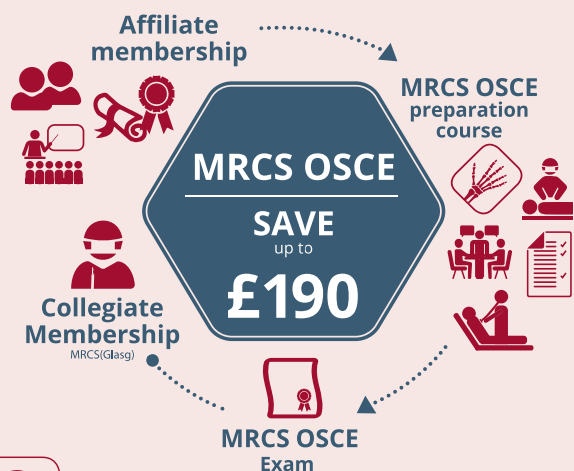
- Free Affiliate membership (save £30)
- MRCS Part B OSCE exam preparation course (save up to £80)
- No Membership subscription fees for up to 12 months after passing MRCS (save up to £80)

Total saving up to £190

Preparation course dates: 23 - 24 Jan

Exam dates: 20 - 21 Feb | Closing date: 15 Nov | Glasgow

For a detailed explanation of the exam refer to the video by Mr Eng Ong, Associate Director of Surgical Exams, visit [rcp.sg/MRCSsavings](http://rcp.sg/MRCSsavings)



**DENTAL****MFDS PART 1**

Exam date: 6 Apr  
Closing date: 24 Jan

Various UK and  
International

**MFDS Part 1  
Revision Modules**  
[rcp.sg/mfds1revision](http://rcp.sg/mfds1revision)

**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: TBC

**MFDS Part 2  
Preparation Course**

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

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

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.

## 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**

Exam date: 6 Apr | Closing date: 24 Jan  
Various UK and International

**The MFDS Part 1 revision modules**

As part of our commitment to provide education and examination support to our candidates, we have created online Revision Modules for MFDS Part 1.

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

[rcp.sg/mfds1package](http://rcp.sg/mfds1package)



Restoration



Orthodontics



Endodontics



Dento - Alveolar  
Trauma



Drugs



Oral Surgery



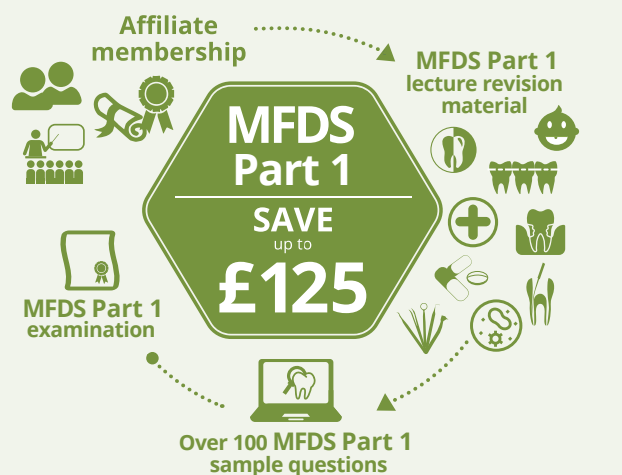
Caries



Periodontal  
Disease



Oral mucosal  
diseases



## 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**

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# WELCOME TO ALL OUR NEW MEMBERS

JUNE - AUGUST 2019

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Kelvin Holdsworth

# NHS PENSION SCHEME CONSIDERATIONS AND CONSULTATIONS

Graham MacLeod, financial planner at Tilney writes for voice.



**I**n 2006 the government launched “pension simplification” which aimed to reduce complexity and encourage the public to save for their retirement. The new pension rules included an Annual Allowance (AA) limit of £215,000 and a Lifetime Allowance (LTA) that was initially set at £1.5m and quickly increased to £1.8m. A decade later the Lifetime Allowance had been cut to £1m and the government announced their intention to cut pensions tax relief for high earners by introducing a Tapered Annual Allowance (TAA) for those with adjusted incomes of over £150,000.

At this level of income the standard £40,000 AA is tapered by £1 for every £2 of income above this threshold. The maximum reduction in the AA will be £30,000 and leave those individuals with an AA of £10,000 for the tax year (excess taxed at your highest marginal rate).

The LTA has since increased to £1.055m, and will continue to rise in line with inflation at the beginning of every tax year. This means you could face a significant tax bill in the future if your pension is valued above £1.055 million when you retire, if no LTA protection in place. For most people, any excess will be taxed at 55%.

In 2017 the Financial Times wrote “Horrific, nightmarish, nasty and pernicious” and not much has changed. However, despite continued criticism, tax relief on pension contributions remains one of the most expensive reliefs costing the Exchequer £50 billion per annum according to Government Actuary’s Department. They also estimate the NHS Scheme to have liabilities of over £526 billion. It therefore looks unlikely the government will make major pension tax rules reform any time soon.

At a personal level, the immediate need is to identify if you have a TAA and if you owe tax for previous years. The NHS scheme administrator must automatically notify you if you exceed the standard annual allowance of £40,000, but this is per scheme 1995, 2008 or 2015 sections and they only know about your NHS income.

The TAA is personal to you depending on your overall income. If your pension input amount is more than your personal TAA, you could have tax to pay without knowing or being informed by the scheme! It is imperative you know and understand your own individual position.

The next decision you face is how you pay any tax due, and there are two methods; either directly via your self-assessment or Scheme Pays Election. If you elect for Scheme Pays your final benefits will be permanently reduced. The reduction will be based on the amount paid to HMRC for Scheme Pays and then subject to interest until the benefits are paid at retirement.

Once you have declared any tax owing plus potential late submission or interest, the next stage is to look forward and understand the full implications for your own retirement. The focus to-date has been on the more immediate AA, but there is a second potential tax at retirement that should not be overlooked, the Lifetime Allowance.

Electing for Scheme Pays for any AA tax charge, the accrued debt will reduce your lifetime capital value at retirement and therefore reduce your exposure to the LTA. It is important that both taxes are considered when assessing your pension options today and should not be looked at in isolation.

The government is also proposing to help increase flexibility and introduce other measures which have been outlined in the Department of Health & Social Care’s latest consultation document – NHS Pension Scheme: pension flexibility 11 September 2019. The proposals (not exhaustive list below) are intended to address stakeholder concerns around “the need for wider flexibility to avoid perverse incentives which can cause senior medical staff to reconsider whether or not they can afford to provide additional patient care”

- Choose a personal accrual level and pay correspondingly lower employee contributions. For example, 50% accrual with 50% contributions, 30%:30% or 70%:70%.
- Fine tune this during the pension year, updating the chosen accrual when clearer on total income.
- Ancillary benefits such as ‘death in service’ life assurance and survivor benefits would continue in full.
- Phasing the ‘pensionability’ of large pay increases for high-earners.
- Make the impact of Scheme Pays election clearer by including the pension debit on Annual Pension Statements so that members can see the adjustment to their pension at retirement.
- Provide access to high quality education and information (do not constitute as financial advice).

The Department of Health & Social Care intends that this support will be available from the end of this calendar year, subject to the outcome of this consultation, for introduction of the new NHS pension scheme flexibilities by April 2020.

Looking forward together we can help you to navigate these complexities, potentially work to your desired retirement age, increasing sessions as required, apply for discretionary points and be appropriately rewarded for your outstanding patient work.

At Tilney we have specialist Financial Planners who help NHS professionals with the unique challenges they face when it comes to their pensions and retirement planning. To find out how we can help you, contact your dedicated contacts **Graham MacLeod on 0141 227 8018** [graham.macleod@tilney.co.uk](mailto:graham.macleod@tilney.co.uk) or **Chris Tait on 0141 227 8005** [chris.tait@tilney.co.uk](mailto:chris.tait@tilney.co.uk)

Prevailing tax rates and reliefs depend on your individual circumstances and are subject to change.

# Medical Heritage Events

**FREE  
EVENTS**

## CRUSH HALL EXHIBITION

September 2019 - July 2020

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

## Writers' Workshop with Kaite Welsh

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

Hone your creative writing skills and find inspiration in our amazing collections at this special writers' workshop. Kaite Welsh, author of the Victorian medical thrillers *The Wages of Sin* and *The Unquiet Heart*, will lead the workshop sharing her tips, tricks and expertise to help you bring your writing to life.

## Tell me, how do I feel?

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

A special screening of films from the LUX and Cinenova collections, exploring the affect that medical procedures and social norms have on women's bodies and their experiences of pain. This screening forms part of artist Annie Crabtree's ongoing research into the construction of knowledge in medicine and how medical practice is informed by (and informs) cultural norms, behaviours and assumptions.

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



ROYAL COLLEGE OF  
PHYSICIANS AND  
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# Conference

support



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Mid-morning serving of tea, coffee and biscuits

Lunch served with tea, coffee and fruit juice

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Venue management support

Wi-Fi access

From **£30**  
+ VAT per person

\*prices are subject to availability and further terms and conditions

As a valued Fellow or Member, we have made it easy for you to host a conference or event at the College.

Our experienced events team will support you through the planning to deliver a successful event. Your membership entitles you to exclusive Fellow and Member rates, making the College the venue of choice for your next conference, meeting, dinner or private event.

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

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