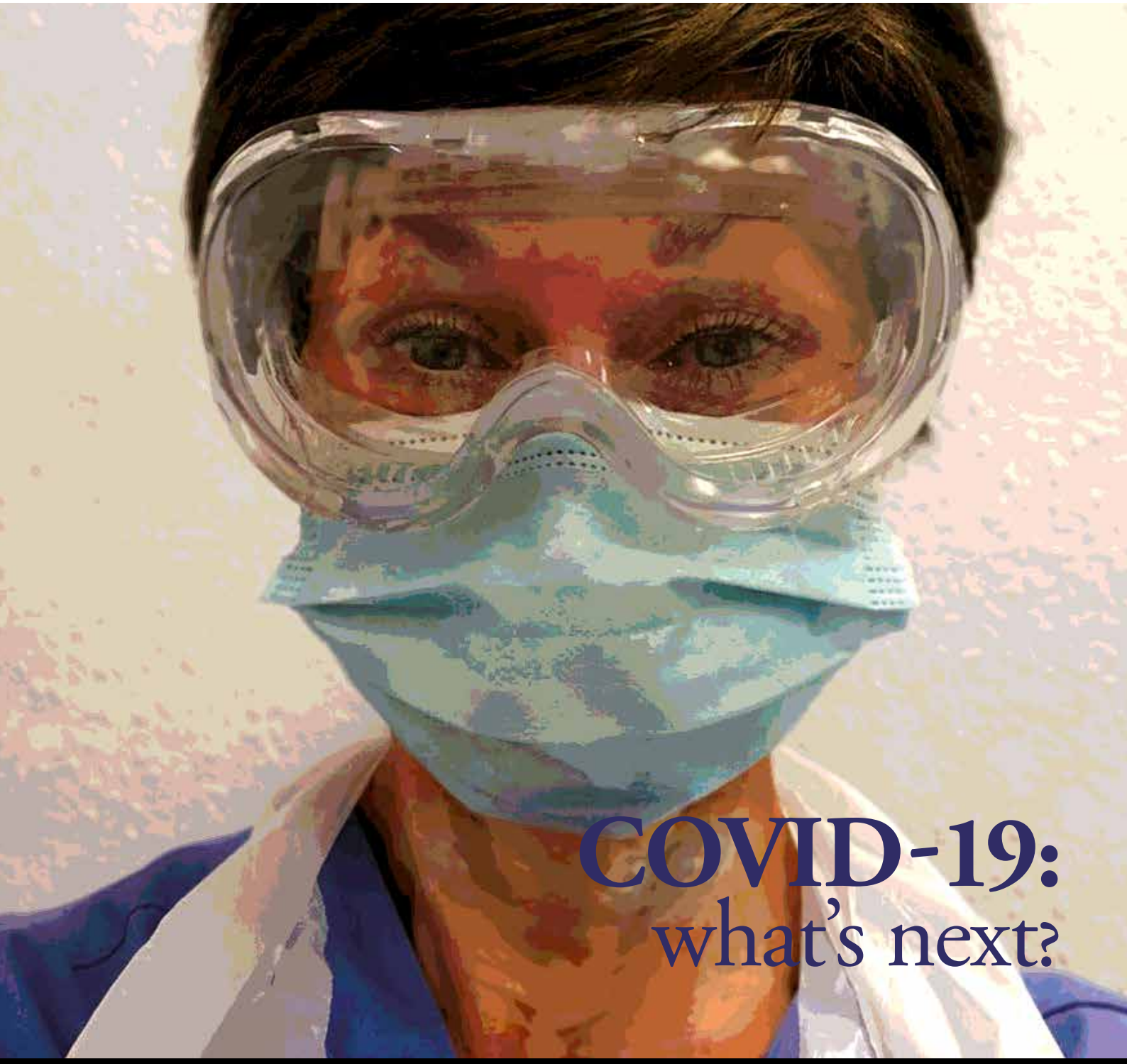
COLLEGE

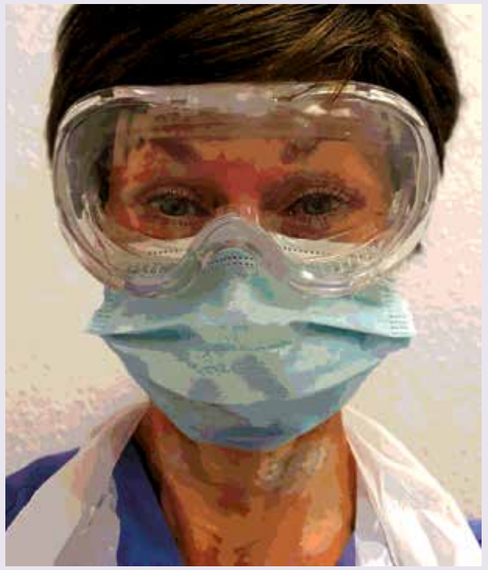
voice



COVID-19: what's next?

FOR MEMBERS OF THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW SUMMER 2020

voice EDITION 7



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FROM THE PRESIDENT

College President Professor Jackie Taylor writes for voice.

> “A geopolitical crisis, major global recession or cataclysmic pandemic will be the most likely driver of change.

Our world has changed since the last edition of “Voice”, and it has probably changed forever. The COVID-19 pandemic has been a global phenomenon which is still marching inexorably around our world. We are all at different phases of impact and recovery, but we have all been touched by its course personally and professionally. Ironically the statement ***“a geopolitical crisis, major global recession or cataclysmic pandemic will be the most likely driver of change”*** appeared in the recent Future Doctor call for evidence - what an alarmingly prescient statement.

From a healthcare perspective all countries have had to rapidly change how they deliver services. There have been innumerable examples of innovation, team working and digital transformation, combined with a healthy dose of the rolling up of sleeves and getting on with the task in hand. “We are all in it together” is a phrase which may sound familiar (!) but within healthcare that has without doubt been the dominant philosophy and staff of all grades, from all disciplines have worked tirelessly together for the common good. The response has been outstanding and I would like to express my gratitude to staff for showing such professionalism, commitment and selflessness. We have had a great sense of purpose and of belonging. We need to hold onto those important factors as we move forwarded.

As a College of almost 15,000 members from 92 countries we are acutely aware of the global impact of the pandemic and of how important it is to share the learning from different environments. Those shared experiences, supported by digital technology, give us the opportunity to be connected and to learn from each other as never before. Within college our digital transformation is underway. I hope you will have had the chance to participate in some of our webinars which give a taste of what can be achieved. It has taken a travel ban to teach us that we can engage with our members very effectively, without jumping on a plane and travelling thousands of miles. That sense of being connected and part of a “virtual” college has been very powerful. Under the leadership of our International Director and Vice President (Medical) Professor Hany Eteiba and supported by our Global Engagement Team I am confident it will flourish.

Our College has always recognised the importance of being part of a global health community. Many of you will remember the excellent report on Global Citizenship, produced by Director of Global Health Mr Mike McKirdy and Stuart Fergusson, then our clinical leadership fellow. We continue to play an active role in advocacy and more practically in the development and support of postgraduate medical and surgical education and training in Malawi in particular. Professor Jeremy Bagg, working with University of Glasgow and Scottish Government has also led the foundation of Malawi’s first Dental School, an achievement which we are extremely proud of.

Immediate Past President Professor David Galloway, who was pivotal in developing our Global Health strategy, travelled to Zambia last year and with his daughter Jenni spent several weeks operating in a rural area of the country. As many of you know, David is a wonderful writer and he and Jenni have written a book about their experiences entitled “Controlled Chaos: Surgical Adventures in Chitokoloki Mission Hospital". All proceeds for the book sales go to the hospital - you can find out more elsewhere in this edition of voice.

The last couple of weeks have witnessed some other seismic events. The death of George Floyd in terrible circumstances has ignited worldwide condemnation of discrimination. As a College we denounce injustice in all its forms. One of the priorities which I chose for my presidency was to make us a more inclusive college. We have recently been developing a new Equality and Diversity Policy. We have a very clear set of values and behaviours which speak of community, inclusivity and integrity. The response to our call out to you as College members to tell us about yourselves, your stories, what motivates you, has been overwhelming and has built that sense of community from the ground up. It is by building communities and partnerships that we will eventually overcome unfairness and discrimination. Everyone matters, and everyone matters equally.

Public Health England has published its report on the impact of COVID-19 on the BAME community. Sadly this report highlights once again the link between inequality in our society and health outcomes. Health inequalities are likely to be magnified as a result of COVID-19 and our restoration and recovery phase must urgently address these. What is particularly disturbing is the fact that BAME health and social care workers did not feel that measures to mitigate the risks to staff were applied equally across ethnic groups i.e. that there was evidence of discrimination within the workplace. We have called on the UK Governments to rapidly develop robust plans to implement the recommendations of the report, and commit to tackling wider health inequalities as a matter of national importance.

As each country in turn moves from crisis management to restoration of services. it’s important that we have a vision of what the “new norm” will be. We are currently asking members to send in their examples of good practice, so that we can all learn from them. In many countries there will be a significant number of patients waiting for elective activity which will have to be addressed. New ways of working and use of digital technologies will play an important role, but our actual capacity to see patients will be significantly impaired. It is vital that the messaging to the public begins now and is both compassionate and clear.

COVID-19 has brought the wellbeing of the workforce into sharp relief. As you know, this too has been one of my priorities over the last 18 months. I am encouraged that we are making progress here. “Wellbeing” is well and truly on the agenda as it should be. Staff are fatigued and traumatised by the COVID-19 pandemic, and now face a period of “catch up” activity. It will be essential over coming months that all staff feel supported. We have called for a national approach, and in Scotland we have been able to influence this. Due to our lobbying and support of other stakeholders a new Wellbeing Division has been commissioned within the Scottish Government Workforce Unit, and a practitioner health service, which will focus on staff with mental health issues is being urgently developed. Our own website offers many useful resources and our annual “Making Life Work Better” conference has a fantastic programme and will go ahead on 17 September and will be delivered virtually.

It will be essential for the wellbeing of staff that short term rotas are stepped down and that staff have the chance to recuperate before any potential second wave. The desperate requirement to restart planned care cannot be achieved by asking doctors to work in an unsustainable way. There are huge workforce, recruitment and retention issues to resolve and we are actively involved in trying to address these.

Just as now is the time to remobilise and restore healthcare, it is also the time to prioritise all of our other professional responsibilities. Time must be available for teaching, education, continuing professional development to ensure that we can help our doctors in training through their career progression. Without that dedicated time in the working week for these important tasks, we risk failing our trainees and jeopardising the availability of our future consultant workforce.

COVID-19 has been a global phenomenon which has resulted in great loss, sorrow and hardship. There will be many lessons to learn and so it’s vital that we review our actions and processes in a positive and constructive way. As we enter the recovery phase, the focus now must be on building on the positive attitudes and many rapid developments we have seen to ensure we can deliver the best possible care to patients now and in the future.

Presenting the President's Medal: (left to right) Hany Eteiba, Consul General Hitesh Rajpal, Professor Jackie Taylor, Professor Balgram Bhargava, Mrs Bhalgarva , Dr Rajan Madhok

PROFESSOR BALRAM BHARGAVA AWARDED THE PRESIDENT'S MEDAL

Our College awards the President's Medal each year to mark outstanding work by one of our Members or Fellows. This year's recipient was Balram Bhargava, Professor of Cardiology at All India Institute of Medical Sciences.

All India Institute of Medical Sciences

To celebrate this success, Professor Bhargava was invited to deliver a lecture at the College in February about his programme of 'Frugal Innovation', and how others can learn from India's achievements in this area. This novel concept aims to design affordable medical innovations to improve health in low income countries.

Introducing Professor Bhargava's presentation, College President Professor Jackie Taylor acknowledged the huge contribution made by our members across the world in developing and delivering healthcare. "We are, of course a global community which shares the same challenges, the increasing needs and complexity of patients, finite resources, workforce challenges and concerns about the health and wellbeing of our workforce" she said. "These things unite us, and we are tied together with our purpose of ensuring the very best health care for patients. Professor Bhargava epitomises the qualities of dedication, professionalism, integrity and leadership that we hoped to recognise with this award."

Dr Rajan Madhok, the College's Honorary Treasurer and former colleague of Professor Bhargava, delivered the citation, declaring that "our College isn't just a building on St Vincent Street. It is so much more. It has an ideological goal. It's a group of dedicated clinicians determined to create new and better treatment standards for patients of all backgrounds. It is appropriate that the recipient of this medal be someone who embodies this vision."

Professor Bhargava's links to Glasgow were also highlighted by Dr Madhok. "Balram was awarded no less than nine awards for academic excellence, including the award for best all round student for 1979 and 1980. He worked for a year as a registrar in Stobhill Hospital. The late Stewart Hillis was your mentor, and I recalled he said of you, "he's nae dafty"."

It was following his time living and working in Glasgow, while working at the Royal Brompton Hospital in London, that he began the transition into the field of innovation, developing the design for a low cost platinum-iridium coil as a coronary stent. This was his first success in developing medical devices to be cheaper and more widely available to patients in low and middle income countries.

"It isn't just this unquestionable academic prowess or innovations in the field of cardiology or public health which has brought you to the attention of our College once again" concluded Dr Madhok, "it has been your determination to bring your work to those most in need. Put simply, there are people alive today who would not have been so if it had not been for his work and philosophy."

Addressing the assembled Fellows, Members, former colleagues and staff, Professor Bhargava welcomed this opportunity to return to the city of Glasgow. "It is indeed a pleasure and a joy to come back to Glasgow and to come back to the College. This College has contributed immensely to medicine in the world for several centuries, and that contribution is immeasurable. When I think Glasgow, I think of the training that I got here under the tutelage of the late Stewart Hillis, on how to be a good doctor, a good human being and a good family person – that has helped me tremendously throughout my career."

He went on to set out the progress that India has made in the 70 years since gaining its independence from the UK, and discussed his work at the School of International Biodesign before giving some examples of "frugal innovations" which are now in the development process.

INDIAN PROGRESS

Professor Bhargava set out his view that the progress that India has made over the past few decades has been under-recognised. "When I've talked about India and I ask my audience about what has India done well, they say India has done well in IT and mobile technology. And they stop there. I ask again, what else can they can think of? Then someone would get up and say, India has done well in IT, mobile and cricket! What they don't talk about is our progress in space, with nuclear technology or the Green Revolution."

"I grew up in an Indian generation when food grains were being supplied from Australia and the United States. We were asked to miss a meal by the Prime Minister at that time, Chidambaram Subramaniam. Now, thanks to our Green Revolution India is supplying grain to countries across the world."

According to the Professor, the one area where India's progress has been under-valued is in the field of medicine.

"India is now the world's largest exporter of generic drugs, while we also treat around four million medical tourists who visit India to get excellent treatment at low cost.

"My cardiology outpatients clinic treats about 3.5 million patients a year. It is a government-run facility with about 3,000 beds, and we operate at a cost of one dollar per day. At the same time, have the same level of infection rates as any similar facility across the world. This was one of the reasons that our hospital featured in a cover story in Newsweek magazine on the medical meccas of the world."

This work doesn't diminish the challenges that India's healthcare system faces, especially given that on the country's own estimates it has around 40 million people who fall below the poverty line.

The proportion of Indian GDP spent on healthcare also ranks behind other countries. For example, Canada spends about 11% of its GDP in health, and the UK invests 9%. In India, only 4% of total GDP is spent on health, with government expenditure making up only 1% of this.

"Because of this," says Professor Bhargava, "our mind set is frugal. Providing high quality healthcare at low cost is at the forefront of our thinking."

That's why he believes that there are two key challenges facing Indian healthcare: providing universal health coverage and the provision of high quality emergency medicine.

This is one of the areas where the College could play a part. "I would like to hold discussions between Indian representatives and this College, on how we can develop our emergency medicine systems in India. I can think of no better example than the United Kingdom as far as the provision of emergency medicine is concerned."

The professor has high stock in India's present government, who he believes has put his country on the global map. "We have a large engineering services sector alongside our technology and science industry, and the government has realised the relevance of these sectors. I believe that Indians have a naturally innovative mind set. I do not know whether they are genetically endowed, but I like to think that! We also see more cases than any physician in the world, endowing us with great experience and large amounts of data."

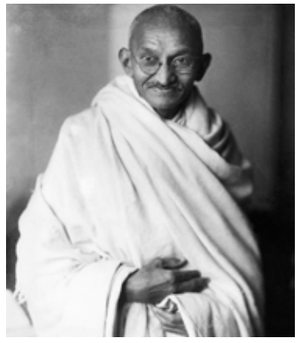
> "Providing high quality healthcare at low cost is at the forefront of our thinking

But despite these advantages, there are two issues which the cardiologist believes is holding the country back – a tendency to wait until our problems reach a critical mass, and a reliance on imports to serve the health service. "When we solve problems, we solve them very elegantly "he states proudly, "cheaper, better, faster than others and in a scalable way."

"In the area of pharmaceuticals, India has done well, but 80% of the medical devices currently used in India are imported. These are often expensive, so many of our patients cannot afford them."

It's for these reasons he started the School of International Biodesign in 2008 with the help of Stanford University and the Indian Institute of Technology in order to "ignite the medical device ecosystem in the country".

"Our vision for this programme is that it will deliver value conscious innovation, which is underpinned by our deep commitment for serving the underserved. We will always face challenges in this type of work, and you have to work within a range of constraints, but my experience is that by working in an environment like this we can be more innovative.



A Ghandian approach: "where innovation provides enough to satisfy every man's need, but not every man's greed."

THE PHILOSOPHY OF THIS WORK IS ALSO KEY TO ITS SUCCESS.

"More importantly we focus on people, not just shareholders' wealth and profits. That is why we have this high people value conscious innovation, because the paradigm is social inclusion, that affordability, availability and accessibility. When we talk about innovation from Silicon Valley, then they see innovation as market-led. I won't invest what I can't sell. Proof of utility is success. But there is a different view. I call it the Ghandian approach, where innovation provides enough to satisfy every man's need, but not every man's greed."

"In today's world, I think we have to strike a delicate balance between these two approaches. That is what is what we are trying to do at our centre."

Building on this philosophy, the institute builds small teams in order to develop and deliver innovative ideas. Teams typically consist of a doctor, two engineers and a designer, and sometimes include an entrepreneur. They put together five or six such teams every year, and encourage them to become immersed in the clinical environment around them.

The professor explains:

"The team talk to the ward boys, the cleaners, the nurses, the junior doctors, the consultants, and they work out the unmet clinical needs.

"For example, a neurosurgeon might say "I have been operating with forceps which are bent at an angle of 40 degrees, but I've always wanted them to be bent at 70 degrees." This is how we identify the clinical needs."

Over the course of three months each team can identify up to 500 or 600 unmet medical needs. Then they filter and prioritise their results based on a range of factors, including the competitive landscape, what their individual skills and interests are, and what's practical and achievable given the available resources. When they've narrowed their shortlist down to between eight or ten of their identified needs, they then begin to come up with proposals to solve these challenges.

"This includes IP regulatory research, development of a clinical strategy, then further clinical testing" Professor Bhargava stated. Once the strategy has been finalised, each project looks for funding to bring it to fruition.

"We have had funding from various agencies, including national governments and international agencies, the Gates Foundation, the Grand Challenges Canada and the Pfizer Foundation, not to mention private investment from angel investors and others" the Professor confirmed.

Over the last ten years the Institute has been able to train 125 fellows and several more interns. 41 innovations have been developed to 12 start-up companies, and more than 60 patents have been registered. At the same time, a wide range of technologies have been transferred to industry with several trademarks and design patents. The professor is proud of the progress to date. "Our designs have been approved by the US FDA and by authorities in Singapore and Japan."

One simple device the Institute has developed is designed to support trauma patients.

"We have about 15 million road traffic accidents in India every year out of which five million are lower limb fractures" the professor explained." With this sort of injury, patients are stabilised then transported to hospital, before going for x-rays or a CT scan."

"But in the course of this patient's journey, they may have to have a splint fitted at the scene then removed by the ambulance team on arrival at the hospital, then hospital staff may put on a Thomas's knee splint, which will be removed before the CT scan and replaced again afterwards." This level of mobilisation is not ideal from the patients' perspective. "So to improve this process we took a cue from our national sport and looked to develop a simple device which looks something like a cricket bat. This is made out of simple cardboard, coated with special plastic, and has velcro tapes to hold it in place. It can be placed on the left leg or the right leg. To make fitting straightforward we've added a simple red marker to indicate where the knee has to be. This disposable device can now be used for a mobilisation for up to six hours, and given its simplicity and effectiveness it can be stored in police vans and ambulances so it's on hand at any critical accidents.

It costs only five dollars, and so this innovation is now being adopted in nine states in the country. It has also featured in The New England Journal of Medicine as one of the major frugal innovations from India.

This is just one example of many new devices developed and adopted by the Institute under Professor Bhargava.

"Overall, these are simple devices" he concludes. "These are simple ideas rather than great ideas, but they have low costs and they are helping large number of patients."

Finalising his remarks, Professor Bhargava called for greater collaboration between health bodies, facilitated through the College.

"I hope we can build on the discussions we've started today, and look to work together to share our knowledge and understanding of this way of working with the college and the NHS here in Scotland and the UK".

NEWSBITES

COVID-19

OBESITY AND COVID-19: ARE THEY LINKED?

Our College joined with Obesity Action Scotland to publish a joint briefing on the links between obesity and COVID-19 in June 2020.

Early research on COVID-19 highlighted a range of factors associated with the severity of the virus including obesity. NHS Inform in Scotland, Public Health England, and the US Centers for Disease Control and Prevention all state that those with a body mass index (BMI) of 40kg/m2 or above have a higher risk of severe illness in COVID-19. Despite this and the emerging research implicating obesity as a risk factor, obesity has not been formally recognised by the WHO as an independent risk factor for COVID-19.

Researchers have nonetheless found links between having a higher BMI and an increased risk of hospitalisation, more serious complications and, in some studies, death in COVID-19 patients. In the UK, a report was published by the Intensive Care National Audit and Research Centre on 15 May of 8699 patients in critical care units with confirmed COVID-19 in England, Wales and Northern Ireland. Where BMI was recorded, 73.8% were classed as overweight and 38.6% of these patients had obesity. Patients with overweight or obesity were far more likely to require respiratory or renal support than those without.

It is increasingly likely that obesity may be an independent risk factor in COVID-19 severity however, there is a need for more research and a standardised approach to collecting information on BMI. There are known links between socio-economic status (SES) and obesity and evidence is emerging for an association between obesity, SES and COVID-19, with poorer outcomes for those from more deprived areas. By collecting better data on patients with confirmed COVID-19, risk factors can be determined and groups most at risk from the virus can be identified clearly. This information can be used to tailor prevention measures toward groups who require the most protection.

The full briefing is available online at **rcp.sg/obesitycovid**

THE DISPROPORTIONATE IMPACT OF COVID-19 ON BAME PEOPLE IN THE UK

Following the publication of "COVID-19: review of disparities in risks and outcomes", a report by Public Health England published in June 2020, our college called on government and NHS bodies to develop plans to understand and address this critical susceptibility as a matter of urgency.

About this, our College's Honorary Secretary, Dr Richard Hull said:

"We are deeply concerned by the new research published by Public Health England yesterday which shows, amongst other issues, the disproportionate effect the COVID-19 pandemic has had on BAME people.

Our College has already expressed our concern about this matter, and in particular the disproportionate impact that this crisis has had on the health of our BAME members and colleagues throughout the NHS. Now the facts are clearer, governments and NHS bodies across the UK must work urgently to develop a plan of action to address this critical issue. It is vital that this emerging health and occupational inequality is treated with the upmost importance. We are ready and willing to play our part in these efforts.

The review was commissioned by GMC in 2018, as part of its commitment to support a profession under pressure. In the coming months it will work with organisations from across the four countries of the UK, to discuss how they can take forward the recommendations together."

OTHER NEWS

CALLS FOR GOVERNMENT TO IMPLEMENT NEW HEALTH INEQUALITIES REPORT IN FULL

College President Professor Jackie Taylor joined other health leaders in February to call on the Prime Minister to accept in full the recommendations set out in "Health Equity in England: The Marmot Review 10 Years On", published by the Institute for Health Equity and the Health Foundation.

In a joint letter to the Prime Minister, the group called for action to address this growing gap:

Life expectancy has stalled for the first time in at least 120 years. We are sure you know that there is a 15-20 year difference in healthy life expectancy between some of the new seats represented by the Conservatives, and others that your party has traditionally held. These disparities directly impact on NHS services and emergency attendances doubling in the areas of lowest life expectancy.

We hope you recognise the urgency and earnestness of this request. Our professions are keeping the NHS going as demand rises, but what we really want is for that demand to full. The UK has the resources to make that happen, and quickly. There is simply no need, no justification for delay.

You can read the full letter at **rcp.sg/healthinequalities**

Speaking after the publication of the letter, Professor Taylor committed the college to further action to address this issue.

"Since the publication of this review, we've taken the decision to join with Royal Colleges and others to form the Inequalities in Health Alliance. This new group will allow us to join forces with other like-minded bodies in the health sector to campaign on this issue together, and help to deliver the changes required to address the growing inequalities within the UK. We're absolutely committed to playing our part to ensure that every individual or group in the UK receives the health care that they require."

DAME DENISE COIA

President Jackie Taylor expressed her sadness at the passing of Dame Denise Coia, who died on 8 April.

Professor Taylor said:

"Dame Denise Coia's contribution, both to psychiatry and to the wider medical profession, will leave behind a significant and substantial legacy. In particular our profession has recognised the huge contribution she made in recent years to promote the wellbeing of her colleagues through her work with Professor Michael West. The ground-breaking report that emerged from their work last year perfectly encapsulates the challenges we all face, and set out a clear framework for action to address this critical challenge.

"Dame Denise knew that protecting doctors' own wellbeing is essential to securing the safety of our patients, a message which resonates with us all at the current time. I'm grateful for her commitment and her service to the medical community, which will continue to benefit us all for years to come."

CLINICAL LEADERSHIP AWARDS

Our Clinical Leadership Award recognises senior clinicians annually across the College who demonstrate outstanding clinical leadership skills and competence.

This year's awards have been made to Professor Peter Brennan and Dr Colin Perry.

Professor Peter Brennan is a Consultant Surgeon in Oral and Maxillofacial Surgery at Queen Alexandra Hospital Portsmouth. His work delivered in the field of Human Factors and Assessment.

On receiving this award, Professor Brennan said:

"I didn't think I would have a chance given the competition and prestige of this accolade. I am deeply humbled and flattered to receive a College Clinical Leadership Award, and so proud to be part of such a friendly and forward thinking Royal College. Thank you so much."

Dr Perry is a Consultant Physician in General Medicine at Queen Elizabeth University Hospital Glasgow. He showed outstanding leadership running acute medicine at Europe's largest acute hospital in the face of a global pandemic.

On receiving a Clinical Leadership Award, Dr Perry said:

"I am absolutely delighted to receive the Royal College of Physicians and Surgeons of Glasgow Clinical Leadership award. I am particularly pleased that I believe the nomination came in part from the trainees within the Queen Elizabeth University Hospital, and I hope it reflects the work that we are all doing, continually improving medical training in our Sector.

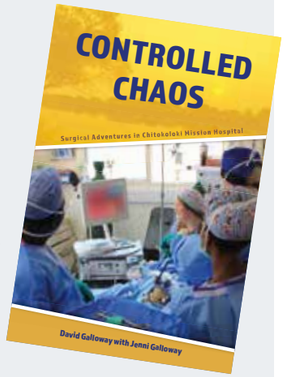
"The trainees have been an incredible source of invention, enthusiasm and professionalism in the last three years and in particular during the COVID-19 pandemic. It is a pleasure to work with them."

You can find out more about this award and others at: **rcp.sg/awards**

TALES FROM SURGERY IN RURAL ZAMBIA

Former College President Professor David Galloway has joined with his daughter to publish a book on their experiences of working in Zambia. "Crontrolled Chaos: Surgical Adventures in Chitokoloki Mission Hospital" is their personal insight into working at the frontline of a busy missionary hospital on the banks of the Zambezi River in the North-Western Province of Zambia, Central Africa.

> One afternoon, I returned to the hospital at about 2:45pm to see some patients in the clinic. Some had come for scans, some for consideration for surgery. At that point an emergency case was admitted - a young man with a strangulated hernia. Everything else stopped while we took him off to theatre. Such are the responsibilities that crowd into the available time it was about 7pm before we managed to get him into theatre. Jenni did a spinal anaesthetic and I went ahead with the operation to explore the hernia. Partly as a result of the unintentional delay some of the bowel within the hernia itself was already gangrenous and had to be removed. By far the safest option was to abandon the small local incision and make a proper 'maximal access' operation by means of a laparotomy. This allowed us to sort the problem out by removing the dead bowel and choosing two healthy segments of gut to join together again. This was all fine until we were just about finished and there was an unannounced complete power failure. I was hand tying a suture and we were plunged into the blackest darkness. The contrast to complete darkness was probably accentuated because we had been working under the bright lights. Anyway we completed the operation using the lights from two iPhones! They produced enough light (just) to finish off the procedure. Just as we finished, the generators kicked in and normal service resumed.
>
> From "Crontrolled Chaos: Surgical Adventures in Chitokoloki Mission Hospital", David and Jenni Galloway, published by John Ritchie Ltd



Proceeds from the sale of the book will be donated to the hospital. The book is available to purchase now on Amazon.

COLLEGE WELCOMES FIRST FEMALE DEAN OF PODIATRIC MEDICINE

Christine Skinner has taken up her post as Dean of the Faculty of Podiatric Medicine within the Royal College of Physicians and Surgeons of Glasgow following the faculty's Annual General Meeting on 24 June 2020. She is the first female Dean of the Faculty to be elected by its membership.

Ms Skinner, who was previously Vice-Dean and Honorary Clinical Registrar of the Faculty, was previously a Senior Lecturer and Programme Lead in Podiatric Medicine at Glasgow Caledonian University and was involved in the development of the Membership of the Faculty of Podiatric Medicine (MFPM) exam which began in 2018.

> Speaking after taking office, Ms Skinner said:
>
> "I am delighted to start work as Dean following my election last year. This is a crucial time for all health professionals, and so I look forward to playing my part in protecting the interests of our membership and promoting our profession over the months and years ahead.
>
> "I'd like to thank my predecessor Professor Robert Ashford for his work in leading the faculty during his time in office, and wish him well for the future.
>
> "I look forward to setting out my aspirations for my time in office to our membership in due course."

Share your views and experience, contact our policy team **policynetwork@rcpsg.ac.uk**

OBESITY ACTION SCOTLAND CHANGING LIFESTYLES UNDER COVID-19

Writing for voice, Lorraine Tulloch, Programme Lead at Obesity Action Scotland examines new research into the social impact of lockdown.

Obesity Action Scotland
Healthy weight for all

Earlier this year Obesity Action Scotland commissioned Mark Diffley Consultancy and Research to carry out a representative poll among adults in Scotland, to understand the effects of the coronavirus outbreak on lifestyle, especially on diet and physical activity. The polling fieldwork was carried out online between 7th and 13th May 2020. The survey was conducted among 2079 adults (aged 16+) in Scotland.

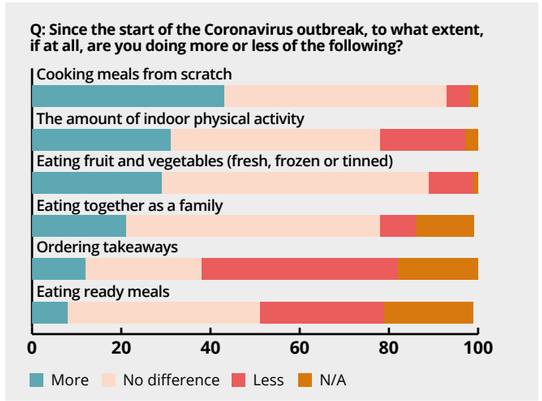
This research asked people in Scotland how their lifestyles had changed since the coronavirus outbreak began, timing the survey at around 7 weeks after the lockdown measures were announced by Scottish government. We were particularly interested in diet and physical activity, as both are important determinants of body weight. We also asked about mental wellbeing.

The results are clear: the coronavirus outbreak has changed the lifestyles of people in Scotland in both positive and negative ways. These changes demonstrate how quickly a modified environment can change people's behaviour.

Overall, lifestyles of younger people and women seem to have been more affected by the changes brought about by the response to the coronavirus outbreak. These groups are also more concerned about lifestyle changes related to the outbreak of the virus, as well as their implications.

FAVOURABLE CHANGES

Since the coronavirus outbreak 43% of people in Scotland are cooking from scratch more, 44% are eating fewer takeaways and 28% are eating fewer ready meals. 21% are eating together as a family more and 29% are eating more fruit and vegetables. Around a third of people in Scotland have also increased the amount of indoor physical activity they do.

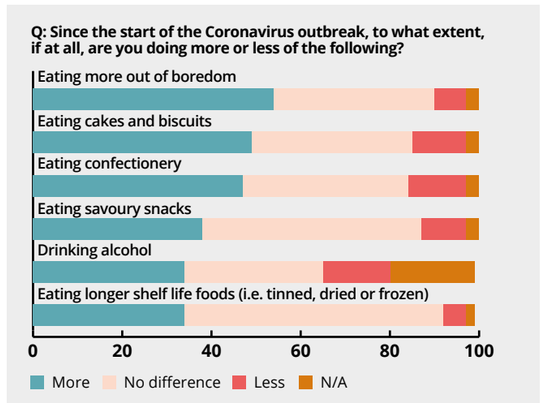


Some of these favourable changes are more pronounced in certain groups of people. For example, women, people from younger age groups and those living in urban areas report cooking meals from scratch more than others. Also, women and younger people report increasing their indoor exercise more than others.

UNFAVOURABLE CHANGES

There are, however, a few areas in which lifestyles among people in Scotland have got worse since the coronavirus outbreak. The majority of people in Scotland (54%) are eating more out of boredom.

Specifically, 49% report eating more cakes and biscuits, 47% eating more confectionery, 38% eating more savoury snacks, and 34% eating more long-shelf-life foods. Over a third of the respondents (34%) admit to drinking more alcohol compared to before the outbreak.

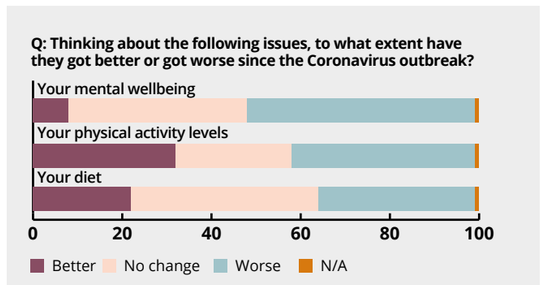


People from younger age groups report making the above unfavourable changes to their diets much more often than older age groups. For example, 65% of people aged 16-24 report eating more confectionery since the outbreak of the virus, while only 34% of those over 65 report such a change.

Similarly, 71% of 16-24-year-olds say they have been eating more out of boredom, compared to 45% of those over 65.

WHAT DO PEOPLE IN SCOTLAND THINK ABOUT THEIR LIFESTYLES?

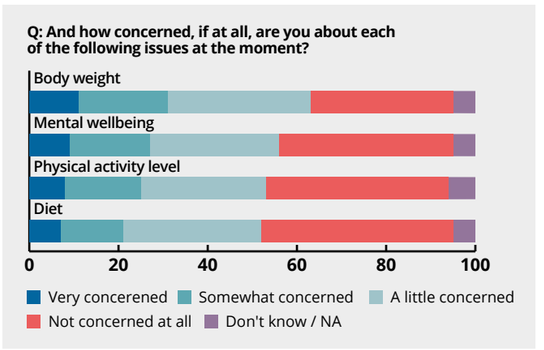
A considerable proportion of people in Scotland think that, since the coronavirus outbreak, important aspects of their lifestyles have worsened. 51% think that their mental wellbeing has worsened, 41% that their physical activity levels have worsened and 35% that their diet has worsened. While for some there has been no change, these aspects have improved only for smaller proportions of people in Scotland.



The respondents also tend to think that the diets of people in their families are a little worse (27% worse and 21% better). However, they think that physical activity levels of people from their families have not changed.

CONCERN ABOUT LIFESTYLE

The majority of people are concerned to some degree about their body weight (63%), mental wellbeing (56%), physical activity (53%) and diet (51%).



IMPLICATIONS

It has been suggested that the outbreak of coronavirus and the resulting changes to the way we live may cause increases in weight, if they last for a longer period of time. The current survey shows that people in Scotland have been eating more unhealthy foods since the beginning of the outbreak.

Additionally, more people think that their diet, mental wellbeing and physical activity have got worse, rather than better. The survey also shows that the majority are concerned about their body weight. These findings suggest that some weight gain in the Scottish population may be expected.

A few favourable changes related to food culture are reported: people have been cooking from scratch more, eating together as a family more and eating fewer takeaways and ready meals. These may be related to the dramatic changes within the out of home sector, namely closed restaurants, cafes, bars etc. While it is clear that these positive changes do not outweigh the negative impact of the coronavirus outbreak, it is important to nurture the new good habits as we move out of lockdown, and the out of home sector starts operating again.

The urgency to prevent obesity and reduce obesity levels in Scotland has never been so high. The current survey indicates that people in Scotland have had worse diet since the coronavirus outbreak and we know that undernourished people have weaker immune systems and may be at greater risk of severe illness due to the virus.

The response to COVID-19 needs to include actions to help people in Scotland eat healthier diets. The economic recovery from COVID-19 needs to ensure obesity prevention is at its heart. Such progress would not only help to address obesity and other diet related diseases, but also is key for improving immunity and increasing resilience to COVID-19 or other communicable diseases.

The Scottish government published their Diet and Healthy Weight Delivery Plan in 2018 with the aim to improve the health of people in Scotland. The outbreak of coronavirus has highlighted how important healthy weight is. Therefore, the existing plan should be adapted to the current situation and integrated into the COVID-19 response. It is crucial that both treatment and prevention policies for obesity and other diet-related diseases are a key part of our recovery.

THE PANDEMIC AND THE COLLEGE'S HERITAGE

Writing for voice, our College's Deputy Head of Heritage, Ross McGregor discusses how the work of our Heritage team has adapted during lockdown.

While the life of the College has remained busy and dynamic during the COVID-19 pandemic and lockdown - supporting members and adapting to digital delivery of education for example - the College's headquarters in the centre of Glasgow has closed its doors. The Heritage team's job is to care for and provide access to the College's amazingly rich history and collections, so much of which is connected to, and stored within, the buildings on St Vincent Street. So how have we dealt with this unexpected challenge?

The most important element of our role is to ensure our heritage is safe and preserved for future generations. So when it became clear that the country was about to enter a lockdown in mid-March 2020, the team had to quickly prepare the collections for a prolonged period of closure. This meant ensuring the College's collections would be as safe as possible during an unspecified period of very limited monitoring or access.

In the collections stores (of which there are three) all work areas were tidied, with any material awaiting consultation or as part of work in progress returned to boxes and shelved. Vulnerable items were covered for additional protection. In our exhibition spaces, any rare book or archive material was closed over, covered, and lighting switched off. In our historic rooms, which contain books, instruments or artwork, all blinds and curtains were fully drawn to avoid unnecessary exposure to light and heat.

During the subsequent lockdown period we have been able to carry out regular visits to monitor conditions and check for any areas of risk to the collections. As always, we're working closely with the Operations team who are also regularly checking security and safety issues within the buildings. It has been strange but comforting wandering the empty building to check on the collections we usually look after on a daily basis!

WORKING REMOTELY

After hastily grabbing handfuls of key reference books to help us deal with enquiries and research, the team began to work from home. One of our priorities has been to continue to provide a digital library service to our fellows and members. This has included contributing to the College's COVID-19 web pages, and continuously monitoring the constantly evolving range of pandemic-related information resources.

Enquiries continued to come to us via email, relating to our library services, our archive and museum collections, family history, and medical heritage more widely. While many enquiries require us to consult our physical collections, we have been able to access thousands of items in digitized format. This has made remote working much easier and more productive than it otherwise could have been.

ENGAGING PEOPLE WITH OUR HERITAGE

For the past four years the College has been strongly committed to providing digital access to its heritage. Digitisation and digital visualization of our collections has become embedded in our heritage practice, and the College has been commended for its innovative and ambitious approach by national museum authorities. This approach enabled us to continue to engage people with our heritage in interesting ways during lockdown – fellows and members, academics, and the simply curious.

Our Heritage website contains around 1400 digitised collection items, and over 60 animations and digital 3-D models. It has been great to be able to share these collections as widely as possible. But we haven't stopped there. The team continued to create and share new content from home, for example, our new bitesize heritage videos featuring Digital Heritage Officer Kirsty Earley explaining key parts of our collections in an accessible way. We shaped much of this content around social media campaigns such as #MuseumFromHome and #CultureInQuarantine, as museums and archives around the world joined together to provide access to heritage during difficult times.

Our approach to digital heritage will continue to evolve this year, as we continue to face uncertainty and limitations in physical access. We're continuing to develop virtual access to our buildings and collections so that more people, in more places, can enjoy our history and participate in our heritage.

PRESERVING THE PANDEMIC EXPERIENCE

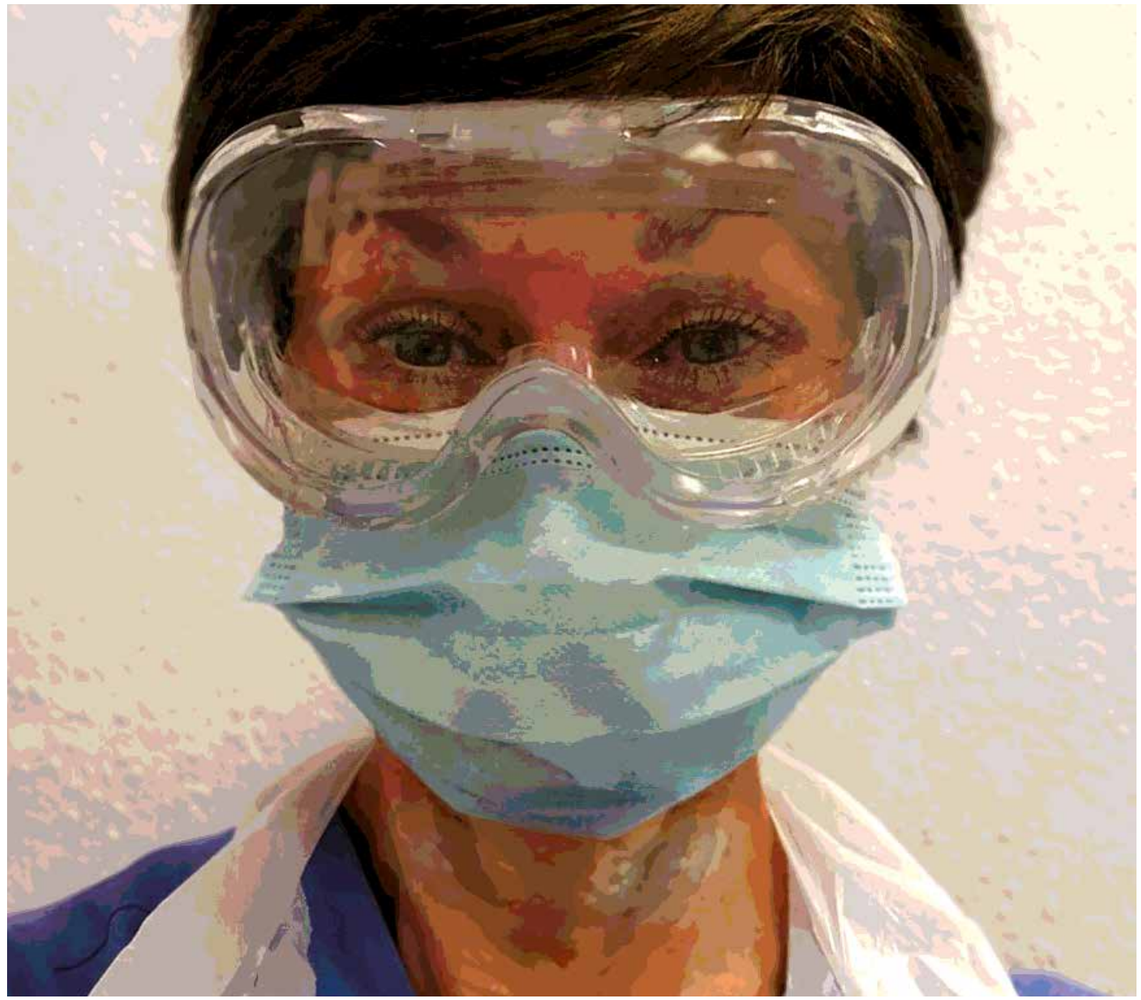
This has, and continues to be, a moment in history that will be looked back upon for generations to come. The pandemic has affected everyone, in healthcare and in our communities around the world. As heritage professionals we are acutely aware of the need to preserve a record of this time, to capture what it has meant for the College and for our community of fellows and members. So, one of our key priorities during the next nine months will be to ensure that the College's response to the pandemic, from meeting notes to webinars, is preserved for future generations.

In addition, we are actively collecting material from our fellows and members that captures individual experiences of the pandemic. The College's heritage has always been created by its community of fellows and members, whose working lives and experiences contribute so much to the legacy of this ancient institution. The pandemic will be another chapter in the story of the College, as told though its heritage collections.

If you are interested in donating any COVID-19-related material to the College's collections, please email us at library@rcpsg.ac.uk

COVID-19
WHAT'S NEXT?

Although the COVID-19 pandemic continues to spread in some parts of the world, health services in the UK are now looking to the future. What lessons have we learned so far, and what should healthcare professionals expect to see in the short, medium and long term?



A TIMELINE OF THE OUTBREAK

In our News Blog, we've been documenting COVID-19 throughout 2020. Here are the major news features:

31 January

There have been **7,818** cases globally, of which, **7,736** were confirmed in China.

In the UK, it was regarded our governments should plan and prepare for a widespread outbreak.

14-28 February

The disease is now known as **COVID-19** and is spreading globally. By late February, there were **82,294** cases globally, with **16** cases in the UK

12-16 March

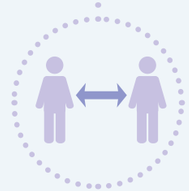
College conferences, courses and exams are postponed.

COVID-19 is now a pandemic with **4,613** deaths in **117** countries.

23-25 March

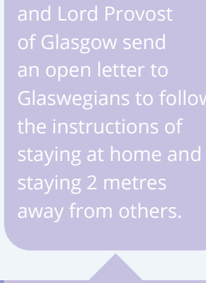
UK lockdown begins on 23 March.

There are almost **500,000** cases worldwide – **11,658** of those are from the UK, with **578** UK deaths.



26 March

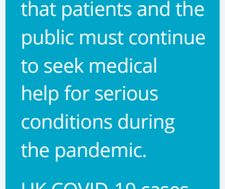
In a response to the lockdown rules, College President and Lord Provost of Glasgow send an open letter to Glaswegians to follow the instructions of staying at home and staying 2 metres away from others.



7-9 April

Statement published that patients and the public must continue to seek medical help for serious conditions during the pandemic.

UK COVID-19 cases have reached **65,077** with **7,978** deaths.



20 April

Concerns about potential shortages of Personal Protective Equipment.

There have now been **18,738** hospital deaths from COVID-19 in the UK.

29 April

Three-point plan published to keep Scotland's doctors and health professionals healthy as we reach the peak of the pandemic in the UK.

14 May

Colleges plan to resume surgical exams in September 2020.

COVID-19 peak appears to be over in the UK but the death toll is **33,614**.

4-7 June

Disproportionate impact of the disease on BAME people in the UK.

Some lockdown measures in the UK have been lifted.

Globally there have been **397,388** deaths.

All our News Blog articles can be read on news.rcpsg.ac.uk

COVID-19: WHAT'S NEXT?

In a series of webinars, our college has examined what the impact of COVID-19 will be on the operation of NHS services, and what secondary public health challenges are emerging from this crisis. John Fellows reports.

(Clockwise) Dr Alison Tedstone, Professor Ewan Forrest, Professor Jackie Taylor and Alison Lannigan discuss secondary harms at a recent webinar

Since the initial spread of the coronavirus COVID-19 at the beginning of this year, health care systems across the globe have been engaged with their response to a critical, and at times fast moving public health emergency.

In the UK, the four health services were quickly mobilised against this deadly virus to an extent that few would have thought possible only months before. Former employees were re-employed, hospitals were re-configured and NHS systems re-designed in a mere matter of weeks in an extraordinary co-ordinated effort to ensure that the system would not be overwhelmed with what was at one point an exponentially rising number of patients requiring critical care.

At the time of writing, while the pandemic continues to grow across the world, the number of cases in the UK are slowly decreasing. Although the threat of a "second wave" of new cases here has ensured that public health advice remains in place to limit the spread of the virus, health services are increasingly turning their attention to the future. Over the past few weeks there's been a new focus on how we can restart urgent, planned and elective care in the NHS, one in which our college is playing its part in working with governments and other royal colleges and health bodies to ensure that robust planning is in place to help us transition safely to the next phase of this crisis.

REOPENING HEALTH SERVICES

The primary concern of our membership remains ensuring that our patients are safe, and that they feel secure in seeking medical support. We know that in addition to the cancellation of planned and elective care, less patients have been seeking the advice of their GP or visiting the local Accident and Emergency Unit, often because they felt it was unsafe to do so while the county was in the midst of a public health crisis.

In the past couple of months many members and fellows have highlighted the positive role that the increased number of virtual and remote consultations have played in patient care (it was a key feature in our recent membership survey) but for many health care professionals face to face contact will continue to form an essential part of their work. As services are restarted, there will be an ongoing need for infection prevention and control measures and social distancing rules. Not only do patients need to be reassured that these measures are effective and in place, but their implementation will have a significant impact on our services' capacity to provide inpatient and outpatient activity.

At the same time, it's clear that the public health measures which have been put in place, in addition to the suspension of many NHS services, will have a knock-on effect on the health of the population for some considerable time to come. In our recent series of webinars and bite-sized online learning, our college has sought to bring together experts in a range of fields to try to better understand these secondary effects of COVID-19.

ALCOHOL

At a recent webinar hosted by the college, consultant hepatologist Professor Ewan Forrest noted that the research company Nielsen projected that global sales of alcohol have increased by 291% during the pandemic, while the UK's Office for National Statistics have published research which shows that while UK supermarkets increased sales by 10% over this time, specialist alcohol retailers saw their sales increase by almost a third in the same period. This increase has been reflected in the results of the Global Drug Survey which reported the results from a survey of 40,000 people in the early part of lockdown. This survey reported that a significant number of people had reported an increase in their drinking habits at this time. This is significant for a number of reasons.

The immediate impact of this worrying trend on our health service can be seen in the number of people presenting at hospital with the effects of alcohol withdrawal, and the adverse impact that increased alcohol consumption can have on the development of Adult Respiratory Distress Syndrome, which would increase the risk of COVID-19 in these patients. We have also seen increased levels of depression, anxiety and stress felt by those with alcohol use disorder when faced with the additional challenges of coping with isolation and a reduced level of specialist medical support.

Professor Forrest also predicts a delayed effect of the current crisis on patients with alcohol-related conditions. Recent research from the US has also shown that the number of patients who have been hospitalised by alcohol- related liver disease significantly dropped at the beginning of lockdown, a problem which has been exacerbated by the fact that those who have presented are those who have more serious cases of the disease. We can expect that those who have been reluctant to seek urgent medical help at this time may also develop more serious conditions over time.

Finally, the long-term implications of COVID-19 on alcohol-related disease may present an even greater challenge given the overall increase in problem drinking and the health problems associated with this.

MENTAL HEALTH

The mental health effects of COVID-19 were discussed in a recent piece of e-learning led by Dr John Mitchell, a Consultant Psychiatrist and Principal Medical Officer Psychiatric Adviser in the Scottish Government. During this crisis the Scottish Government has published a series of briefings on this topic to inform policymaking in this area, and this has shown that levels of public anxiety and low wellbeing have declined and stabilised after peaking near the start of the lockdown process.

A further concern of government and others is that the impact of change has not been evenly distributed throughout the population, and have exacerbated existing health inequalities.

"These impacts will not be evenly distributed" says Dr Mitchell. "There are similarities between those groups most affected by COVID-19 and the mitigation strategies and those where mental health problems are more prevalent, including those with a long-term condition or who live in poverty and deprivation".

Prior to the pandemic rising public awareness of mental health issues meant that demand for these services already outstripped supply, a situation which could deteriorate as formal anxiety and depressive disorders caused by the current public health situation emerge, alongside higher expected rates of substance misuse, traumatic reactions, self-harm and suicide. While suicide rates are expected to decrease in the short-term as a result of the social cohesion created by the collective stress faced by our society in dealing with the pandemic, they are expected to rise in the long term.

"For example, in times of war suicide rates drop. But suicide rates go up when people feel separated or anonymous, when they feel fearful, anxious and hopeless."

As a result of these factors, government will require to develop a response to this which has a joint focus on population wellbeing and mental ill health, and which is designed to have a population approach alongside targeted support for at risk and vulnerable groups. This will not be without challenges, but Dr Mitchell is hopeful that developing a more effective multiagency approach, along with increased use of digital technology to meet with patients outside the more traditional clinical environment will be seen as positive steps.

WHAT'S NEXT?

As our societies readjust to the "new normal" of life with COVID-19, at least in the short-term, health care services in the UK and beyond will need to ensure that their work is ready to deliver in this updated reality. Though our networks of members our college will continue to play our part in highlighting key learning, sharing best practice and standing up for the profession as we get down to the job in hand.

For more information on how the COVID-19 pandemic is impacting your role and the work of your college, please visit the dedicated section on our website at **rcp.sg/covid19**.

Full details of our COVID-19 education resources, including recordings of all our webinars on the topics described in this article can be found at **rcp.sg/digitaleducation**.

POLICY NETWORK

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

Policy Network

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

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

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

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

COLLEGE ENGAGES ON PROHIBITING SMOKING, ALCOHOL HARM AND REMOTE CONSULTATIONS

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 months we have responded to consultations on topics and issues affecting clinicians and patients including prohibiting smoking outside hospital buildings, alcohol harm and remote consultations and prescribing by telephone, video-link or line.

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

PROHIBITING SMOKING OUTSIDE HOSPITAL BUILDINGS

In our response to this Scottish Government consultation, we gave our support to the proposal that the distance from hospital buildings, which will form a perimeter of no-smoking outside a hospital building, should be 15 metres. We do nonetheless recognise difficulties in policing this restriction and also regarded that all buildings on a hospital site should be considered the same.

COMMISSION ON ALCOHOL HARM

We provided evidence to the Alcohol Health Alliance UK on reducing alcohol harm including the impact alcohol has on the NHS and people. We noted that while there have been some improvements, there are still concerns including Scotland having a higher death rate than England and Wales. We suggested policy changes that would help to reduce the level of harm including pricing, advertising, availability and alcohol's position within a supermarket.

REMOTE CONSULTATIONS AND PRESCRIBING BY TELEPHONE, VIDEO-LINK OR ONLINE

In this consultation from the General Medical Council, we explained the risks of prescribing controlled or scheduled drugs are higher for remote prescribing. There is evidence of drugs for chronic pain has increased inappropriately and this many have been potentiated by prescribing over the phone. We also highlighted that remote prescribing can be done safely and effectively in geographically remote areas but this safety depends on personal knowledge and understanding, which has to relate to a long standing personal relationship.

You can read the College's full responses to a range of consultation exercises on our website at rcp.sg/consultations

REFLECTIONS ON A PANDEMIC

Throughout 2020, Jane Chiodini, Dean of the Faculty of Travel Medicine, has featured the growth and impact of COVID-19 in our News Blog. Writing now for voice, Jane reflects on what has happened and to give perspective to the pandemic.

As we move into a new 'normal' way of living I thought it would be interesting to reflect on the way life has changed over the past six months.

Living in central London, I've travelled up to Glasgow for College meetings on a regular basis since becoming Dean of the Faculty of Travel Medicine (FTM) in October 2018. I was in attendance for our FTM Executive Board meeting mid-January when there was some news coverage of this 'novel coronavirus' which at that point in time was named Coronavirus (2019-nCoV). On the 30 January the World Health Organization declared it a Public Health Emergency of International Concern (PHEIC) and that day our President asked if I would consider making a regular information video clip for social media. I suggested a blog, not least to be able to share interesting resources. The first was published the following day and the rest is history! In that initial blog (31.01.20) I noted 7,818 cases reported globally, of which 7,736 were confirmed in China. Of these, 1,370 were severe and 170 deaths had occurred. Outside China there were 82 cases in 18 countries. In early February the WHO renamed the disease 'coronavirus disease 2019' or 'COVID-19' for short. The virus causing COVID-19 was named 'severe acute respiratory syndrome coronavirus 2' or SARS-COV-2 for short. On 11 March COVID-19 was declared a Pandemic.

Writing this article on the longest day of 2020, there are now 8,815,743 confirmed cases and 464,895 deaths in 188 countries or regions. My preferred site for updates on global data is that of the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). Over the past months, many countries in Europe have been acutely affected by the virus including the United Kingdom, the situation was and still is immense in the United States and other countries such as Brazil and India are struggling right now. In the Times yesterday they reported a new Delhi hangar had become a medical centre as cases surge. The hangar on the outskirts of the capital as big as 20 football fields, is claimed to be the world's largest quarantine centre. It will have 10,000 biodegradable beds stretching as far as the eye can see: each with a bin under it, a plastic chair and a bottle of water.

Many countries are seeing a resurgence of cases and then there are countries where the recorded figures appear low, but news and documentary programmes reveal in many cases, truly tragic situations unfolding in these locations, where perhaps they do not have such robust reporting systems. The true situation will never really be known. Other countries for example in Africa, are possibly behind in terms of experiencing the impact of the disease and only time will inform us of the unfolding picture.

But time will also help us to learn more and more. Increasingly, new drug treatments will hopefully be found and the race to develop effective vaccines won. Journals are awash with research papers; it's hard to keep up. Just yesterday the Program for Monitoring Emerging Diseases (ProMED) which is a programme of the International Society for Infectious Diseases (ISID) alerted us to a paper stating that the coronavirus was already present in northern Italy in December 2019, more than two months before the first case was detected, evidence coming from a national health institute study of sewage waste water, and similarly there is evidence of the virus being present in France and Spain, long before the first diagnoses were made.

Time has passed since January and despite all the restrictions we've been living under, the weeks have strangely flown past. I continue to have days when it all feels surreal and I'm shocked and saddened by all that's happened, others frustrated to the limit with political rhetoric, but also amazed at how compliant most have been here in the UK and how we've adapted to the rules and regulations. Great pleasure is taken in small things in life, it's perhaps slowed many people down and allowed them to reflect, change their behaviours and appreciate more. Some of my blog reflections covered mental health issues, well-being, impact on the children of healthcare workers, PPE concerns, increasing awareness of the impact of the disease on the BAME communities and much more. To view the series go to **rcp.sg/blogTM**

As we move into a new way of living for the foreseeable future, the important measures of infection control remain, and with concerns over future outbreaks and a second wave, everyone needs to continue to follow the guidance and not become complacent. For the medical profession, we know the crisis is not over, indeed many of you will find your workloads continue with perhaps even more pressure as you try to catch up on the routine work that was 'put on hold' during the critical period. The health impact this pandemic had both on delayed treatments, social and psychological issues and distress is immeasruable. The financial impact will resonate for many years to come, to say nothing of the situation of those most in need, especially from poorer backgrounds where education has been delayed, with more hardship to come as unemployment rises and this is just in the UK, a country of great wealth.

For those of you in training, the challenge of new ways of assessment within the social distancing rules is immense but it's crucial that your progress continues, not only for your professional lives, but for continuity of care of our patients as well. In my own field of travel medicine, uncertainty remains whilst the topic of international travel remains quite unsure, but it will return and history tells us it will be stronger than ever. And so this leads me into reflect on the opportunities we realise in the situation we find ourselves in.

Back in February the CEO of the College, Dr Steve Graham asked me to join the COVID management team meetings which were held daily for many weeks, but are now just weekly. It's hard to convey just how well all the staff have adapted to this new way of working, how important Microsoft Teams has been as a communication tool, the impact technology has had on enabling everyone to work from home and keep the business thriving. It feels like we have been on the Starship Enterprise travelling at warp speed from one Galaxy to another and the world we're living in is unrecognisable to that one when I was last in College. Our President, Professor Jackie Taylor has faced immense challenges on this steep learning curve and our female 'Captain Kirk' has done the most amazing job. Of course, we're still really only midway through this journey, but I feel immensely proud to be a 'crew member'. Despite all the sadness and shock so many of us have experienced during this time, there is hope and light at the end of the tunnel. One day I trust we'll look back on it with great wisdom, that the world will be more tolerant, inclusive and there will be increased kindness, compassion and empathy.

In many respects we've rallied together and the messages and 'funnies' circulating certainly help at times. There was one from a friend that really stood out for me (the author unknown). It said:

For a small amount of perspective at this moment, imagine you were born in 1900. When you are 14, World War I starts and ends on your 18th birthday with 22 million people killed. Later in the year, a Spanish Flu Pandemic hits the planet and runs until you are 20. Fifty million people die from it in those two years. When you're 29, the Great Depression begins. Unemployment hits 25%, global GDP drops 27%. That runs until you are 33. The country nearly collapses along with the world economy. When you turn 39, World War II starts. Between your 39th and 45th birthday, 75 million people perish in the war and the Holocaust kills six million. At 52, the Korean War starts, and five million perish. Approaching your 62nd birthday you have the Cuban Missile Crisis, a tipping point in the Cold War. Life on our planet, as we know it, could well have ended. Great leaders prevented that from happening. At 64 the Vietnam War begins, and it doesn't end for many years. Four million people die in that conflict. As you turn 75, the Vietnam War finally ends. Think of everyone on the planet born in 1900. How do you survive all of that? A kid in 1985 didn't think their 85-year-old grandparent understood how hard school was. Yet those grandparents survived through everything listed above. Perspective is an amazing art. Let's try and keep things in perspective. Let's be smart, help each other out, and we will get through all of this. In the history of the world, there has never been a storm that lasted. This too shall pass.

Continue to stay safe and be positive.
Jane Chiodini

MEMBERS'AREA

NEW OPHTHALMOLOGY CHIEF EXAMINER

The College has appointed Mr Vasant Raman as the Chief Examiner for Ophthalmology. Mr Raman has been an examiner for the College since 2014 and the lead examiner for the Jordan diet of the Exams.

He is a Consultant Ophthalmic Surgeon specialising in vitreoretinal surgery and medical retina. He is also the lead clinician for research and the diabetic retina service at the Royal Eye Infirmary, Plymouth.

Mr Raman graduated from MGM Medical College, Indore, India. He did a 3 year residency in Ophthalmology involving research leading to the award of a Master's Degree in Ophthalmology. He is also a Diplomate of the national board certified by the national board of examinations in Ophthalmology in India and completed his FRCS (Glasg) Ophthalmology in 1997.

He underwent higher surgical training in south west England and completed a two year Fellowship in medical and surgical retina in Detroit, Michigan, USA. He has also completed a postgraduate certificate in medical education.

Mr Raman is actively involved in undergraduate and postgraduate teaching. He is the lead instructor for the ophthalmic section of the MRCP PACES course in Derriford Hospital, Plymouth. He organises regional symposia and is an invited guest speaker for talks in retinal diseases locally and internationally.

He is actively involved in research and has a number of publications to his credit and has also contributed to chapters in textbooks. He is the principal investigator for many collaborative and locally initiated clinical studies and trials. He has valuable involvement as a panel member for the national selection of trainees and is the regional educational advisor for the Royal College of Ophthalmologists.

NEIL MACKENZIE QC – LAY ADVISORY REPRESENTATIVE, SURGICAL EXAMINATIONS BOARD

Mr Neil MacKenzie was nominated as the Lay Advisor Representative for the Surgical Examinations Board in April 2020.

Neil specialises in the areas of professional negligence and industrial disease, predominantly in complex, high value medical negligence actions for both pursuers and defendants. Neil also deals with a large volume of other reparation claims, in particular concerning asbestos. He has extensive experience of the Outer and Inner Houses of the Court of Session and a recent appearance in the UK Supreme Court. He is also presently the Director of Training and Education at the Faculty of Advocates, with responsibility for the learning and development of devils (trainee advocates) and Members of Faculty.

COLLEGE'S FIRST DIRECTOR OF PROFESSIONAL EDUCATION

The College has appointed David Wylie as our new Director of Professional Education.

David is Head of Podiatry for NHS Greater Glasgow and Clyde and he became a Fellow of the Faculty of Podiatric Medicine in 2013. In addition, he has completed two postgraduate healthcare degrees.

David has as a strong academic profile and is an Honorary Fellow of Glasgow Caledonian University. He is experienced in coordinating and managing research and audit activities in partnership with Higher Education Institutions and within his NHS role he works in partnership with Glasgow Caledonian University to deliver practice placements and is a member of undergraduate and post graduate Programme Boards.

Upon his appointment, David said:

"It is a real privilege to be invited to work with the education team at the college to develop a portfolio of non-clinical learning opportunities for our fellows and members."

"It is my hope that by providing cross faculty educational support in areas such as leadership, coaching, mentorship, resilience, self-awareness and organisational culture, we will be able to learn with and from each other in order to more fully support clinicians' personal and professional development".

Providing certainty in uncertain times - Innovating our education delivery

We are redesigning all of our courses and conferences to meet the changing needs of our members. Our approach means that you can still benefit from high-quality College CPD education with minimal risk to everyone attending or teaching the course. Innovations include:

Delivering our conferences online

- Our conferences are moving online - ranging from one-day events, to 'festivals of learning' over several days
- If you sign up you can choose to join the sessions live or receive recorded content for the parts you cannot attend
- The format will be interactive - with networking and discussion opportunities

Delivering non-clinical and teaching courses online

- We are redesigning our non-clinical and teaching courses to adapt to new learning requirements
- They will be converted into short, blended learning courses
- Most courses will consist of online, small-group learning with interactive discussion and feedback

Risk-assessing our procedural skills courses

- There are some skills that cannot be taught remotely
- We are risk-assessing our procedural skills courses to adapt them to the best format
- We will provide guidance on PPE and instructions on reduced physical interaction to minimise the risk to everyone attending or teaching the course

If you're looking for the latest COVID-19 updates, be sure and check our COVID-19 webpages where we're collating as much information as we can for our Fellows and Members **rcp.sg/covid19**

COVID-19 digital education

Events for all | Physicians | Surgeons | Dentistry | Travel Medicine | Podiatric Medicine

Clinical Courses

Managing the Emergency Dental Patient during COVID-19

This webinar took place on 21 April and features the Deans of the Dental Faculties and guests. This digital learning provides answers to common questions about emergency dental treatment during the pandemic.

Clinical decision making during COVID-19

In this webinar, you will hear from experts in their fields on the decision making process in relation to when to escalate respiratory patients, when ITU should be called and optimal palliation during COVID-19.

Aerosols and Patient Safety - Where are we now?

This webinar took place on 19 May, and reviewed the risks of aerosol generating procedures, the ways in which practice may have to change, and the management of patients as a result of these changes.

Managing diabetic patients during the COVID-19 pandemic

Dr Steve Cleland discusses issues relating to diabetes surrounding the current COVID-19 crisis. He discusses the steps taken from the patient being admitted with possible COVID-19 infection to discharge planning and follow up.

Post-ICU Complications and their management

Dr Tara Quasim, is the co-founder of InS:PIRE programme (Intensive Care Syndrome: Promoting Independence and Return to Employment). In this bite-sized video she discusses with Dr Niamh Thompson this five-week recovery programme, and its impact on the management of post-ICU complications.

Stroke services and COVID-19

Dr Fiona Wright provides an overview of the impact that COVID-19 has had on stroke services. She covers the impact on treatments and interventions, ways of working and the legacy the pandemic is likely to leave.

COVID-19: A Podiatry Perspective

The College of Podiatry

formthotics UK

This webinar addressed many of the issues facing the practice of podiatry during this crisis. An international group of podiatrists offered their perspective on issues facing podiatry at this time: all of whom are Fellows of the College. All these podiatrists are either delivering front-line care to COVID-19 patients and/or collecting data that will inform future podiatric practice.

Beyond the open lung: Emerging therapies in ARDS

Dr Johnny Millar recorded this talk in January 2020, looking at emerging therapies in ARDS. Dr Millar covers heterogeneity and complexity vs deep phenotyping, basic cellular therapy as a first step, and evolving technology, diagnostics and genome editing.

Tracheostomies in critical care: Evidence, indication and safety

Dr Black recorded this talk in January 2020 looking the indications and problems associated with tracheostomies. Dr Black also covers the evidence, reports and audits for tracheostomies and the risk of harm to the patient, if not looked after properly.

COVID-19 in Neurology

In this bite-sized learning Dr Danielle Leighton will discuss neurological manifestations and the management of some common neurological conditions in the context of the current COVID-19 pandemic.

Integrating Foot Protection

The webinar starts with a talk from Professor David Armstrong on how to keep high risk patients active and intact whilst at home during a pandemic. Following this you'll hear from Mr Bilal Jamal, Consultant Orthopaedic Foot and Ankle Surgeon, on limb reconstruction in the presence of infection using bone transport. The third speaker is Ms Stella Vig, Consultant Vascular and General Surgeon and Clinical Director at Croydon University Hospital.

End of life care

End of Life Care in COVID-19: Ethics and Communication

Dr Paul Keeley identifies the ethical difficulties encountered in this unique situation and considers the strategies you might develop for communication to those affected and their families.

End of Life Care in COVID-19: Symptoms

Dr Paul Keeley provides guidance on communication of common symptoms encountered at the end of life in COVID-19 and how to manage them. He also discusses prescribing for such patients in a hospital setting.

Difficult Discussions at 3am

This digital learning package explores some of the challenging professional issues facing hospital clinicians in modern medicine, particularly around death, dying and uncertainty.

Using RED-MAP - Talking about Planning Care, Death and Dying

Dr Kirsty Boyd introduces RED-MAP, a clinical six step communication guide to assist with discussions with individuals and their families about planning treatment and care, death and dying.

Sedation and end of life care

Dr Jennifer Cuthill recorded this Critical Care talk in June 2018, considering sedation in the Intensive Care Unit. She discusses guidelines and recommendations in relation to sedation, and this content may be of use to those working in the ICU during COVID-19.

Wellbeing

Caring for the workforce - a focus on wellbeing

This webinar recording focuses on two of our President's Priorities - Wellbeing and Workforce. President Jackie Taylor will host this session in which we will hear from key speakers sharing their experiences of practical ways that individuals and organisations can enhance wellbeing for healthcare professionals, providing support both in the current pandemic and beyond.

Self-care for health professionals during COVID-19

Dr Paul Keeley covers self-care and emotional issues for health professionals in this presentation. Caring for yourself during this period will have a positive impact on you, your family, your colleagues and ultimately your patients.

Self-care in self-isolation

Dr Paul Keeley provides practical guidance for you, your family or patients in a self-isolation situation. His hints and tips focus on physical and mental wellbeing, and on remaining positive during difficult times.

COVID-19 Health and Wellbeing

In this webinar, which was hosted on the 5 May, the Deans of the Dental Faculties discussed the extreme pressures that the pandemic has brought, which has threatening the health and wellbeing of dental professionals, and the ways in which we can combat stress and burnout.

More COVID digital learning

COVID-19: Informing our practice

Hear from leading experts across the globe about the epidemiology of COVID-19, lessons from Hong Kong and South Korea and how we in the UK are learning from the experience of others.

COVID-19 Q&A with the Deans of the Dental Faculties

Professor Michael Escudier, Dean, Royal College of Surgeons of England was joined by the Deans of the Dental Faculties for an interactive webinar on Tuesday 7 April. The session consisted of a Q&A on how dental practice and dental surgery is coping with the COVID-19 pandemic.

Testing for SARS-CoV-2 infection: the Science

Professor Peter Chiodini, Consultant Parasitologist from Hospital for Tropical Diseases, outlines the structure of the SARS-CoV-2, how it interacts with the host cell and how it can be diagnosed.

COVID-19: How do we re-mobilise the health service?

Dr Alastair McKinlay, Dr Carey Lunan and Mr Nigel Mercer explore ways in which the NHS can use this recovery phase as an opportunity to transform and enhance patient care.

COVID-19 - Preparing for the challenges ahead

In this webinar, hosted by the Deans of the Dental Faculties of the UK, the Panel discussed the challenges facing dental professionals in the coming months as we move through the COVID-19 pandemic. This webinar was delivered live on 2 June.

The new normal: sustainable leadership lessons from lockdown

During this pandemic great leadership has been exemplified at all levels. This webinar focused on the lessons learned and how we can take these forward to enhance our clinical practice. In these excellent recorded webinar lectures you can hear from Professor Michael West, Helen Bevan and Professor Jason Leitch.

Dealing with medical law and ethics regarding COVID-19

COVID-19 is posing new and complex ethical questions, which doctors are having to work their way through on the job. Lauren Sutherland QC talks through the national guidance that already exists, ethics and law regarding COVID-19 and the importance of taking notes.

The Seven Questions - a leadership tool to take the stress out of planning

Dr Neil Heath, a former reserve army officer, gives an overview to the modified military technique 'Seven Questions' and explains how it can be used for planning in COVID-19 exceptional circumstances.

COVID-19 - Dentistry - where are we now?

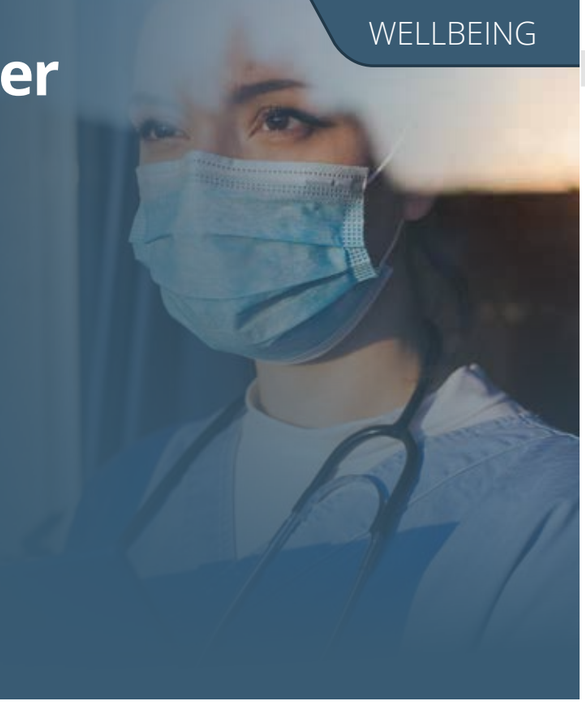
Things have evolved since the start of COVID-19 for Dental Surgery. Join the Deans of the Dental Faculties for an interactive webinar on guidance for dentistry, training, education and assessments.

For the latest COVID-19 updates, visit **rcp.sg/covid19**

Making Life Work Better

Thursday 17 September 2020

Digital Conference



The development of burnout, post trauma symptoms and mental illness, are increasingly recognised as hazards associated with working in the medical profession. In 2018, 1 in 4 trainees and 1 in 5 medical trainers reported features of burnout - GMC National Training Survey 2018.

Making Life Work Better 2020 is the third in a line of conferences continuing to address physician wellbeing. This year our focus will be on management and systems based solutions. We extend our collegiate involvement to include GP speakers, and a community based perspective.

The conference programme will include:

- Mentorship and Fatigue
- Medics Against Violence
- Improving wellbeing in Primary Care
- Dealing with difficult consultations
- Vicarious Trauma

For more information visit **rcp.sg/MLWB**

#MLWB

MEDICS AGAINST VIOLENCE

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

Glasgow Gastro Digital

Conference 2020

Monday 7, Wednesday 9, Monday 14 and Wednesday 16 September 2020

Now in its third year, we are proud to announce that Glasgow Gastro will be delivered digitally! For ease and convenience, the programme will be delivered online over four evenings. All four evenings will consist of interactive presentations, case based learning and state of the art lectures. The webinars will cover a wide range of Gastroenterology, Hepatology and Endoscopy topics with up to 8 CPD credits available for the whole series which can be viewed live or on-demand.

#GGDigital

BSG BRITISH SOCIETY OF GASTROENTEROLOGY EDUCATION

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW PHYSICIANS

Examinations

Due to the ongoing COVID-19 situation we are currently working as a College, and in conjunction with our Intercollegiate partners, to identify ways to continue to deliver examinations, whilst adhering to the relevant Government guidance. The safety of our candidates, examiners and staff is our key priority.

Updates on examination delivery methods and formats will be published on each of the examinations as they become available. Please visit the appropriate examination pages on our website for updates on the exam you are interested in. Any enquiries should be directed to the relevant examination email address shown on the web pages, or to exams@rcpsg.ac.uk.

PHYSICIANS

MRCP(UK) Part 1

Exam date: 12 Jan
UK registration: 12 Oct - 22 Oct
Glasgow, Belfast, Leeds, Liverpool

MRCP(UK) Part 2

Exam date: 1 Oct
UK registration: 10 Aug - 23 Aug
Glasgow, Belfast

MRCP(UK) PACES

Exam period: Sep - Dec
UK registration: 20 Jul - 5 Aug

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

Focus on neurology for PACES candidates

27 Jan

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: 11 Nov
UK registration: 22 Jul - 14 Oct
Various locations

Dermatology

Exam date: 8 Oct
UK registration: 18 Jun - 10 Sep
Various locations

Endocrinology and Diabetes

Exam date: 9 Dec
UK registration: 19 Aug - 14 Oct
Various locations

European Specialty Examination in Gastroenterology and Hepatology (ESEGH)

Exam date: 16 Sep
UK registration: 27 May - 22 Jul
Various locations

Geriatric Medicine

Exam date: 26 Feb
UK registration: 6 Nov - 29 Jan
Various locations

Medical Oncology

Exam date: 9 Sep
UK registration: 13 May - 5 Aug
Various locations

European Specialty Examination in Nephrology (ESENeph)

Exam date: 26 Feb
UK registration: 6 Nov - 29 Jan
Various locations

Neurology

Exam date: 18 Nov
UK registration: 29 Jul - 23 Sep
Various locations

Palliative Medicine

Exam date: 11 Nov
UK registration: 22 Jul - 14 Oct
Various locations

Respiratory Medicine

Exam date: 30 Sep
UK registration: 3 Jun - 26 Aug
Various locations

SURGEONS

MRCS Part A

Exam date: 15 - 16 Sep
Closing date: 3 Jul
Various UK and International

MRCS Part B OSCE

Exam date: 13 - 14 Oct

Closing date: 17 Jul

MRCS Part B OSCE Preparation Modules

rcp.sg/osceonline

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

MRCS Part B OSCE preparation course

2 - 3 Sep

rcp.sg/osceprep

£440

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: 9 Mar
Closing date: 16 Nov
Various UK and International

FRCS Ophthalmology – Part 2

Exam date: 9 Mar
Closing date: 16 Nov
Various UK and International

FRCS Ophthalmology – Part 3

Exam date: TBC

DO-HNS - Part 1

Exam date: 11 Jan
Closing date: 6 Nov
Amman, Dubai, Glasgow, Muscat

DO-HNS - Part 2 OSCE

Exam date: 20 - 22 Oct
Closing date: 7 Aug
Glasgow

DENTAL

MFDS Part 1

Exam date: 5 Oct
Closing date: 24 Jul
Various UK and International

MFDS Part 1 Revision Modules

rcp.sg/mfds1revision

Question Bank

rcp.sg/mfds1questions

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

MFDS Part 2

Exam date: 19 - 20 Nov
Closing date: 11 Sep
Glasgow, Manchester

MFDS Part 2 Preparation Course

Exam date: 12 Oct
Glasgow

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.

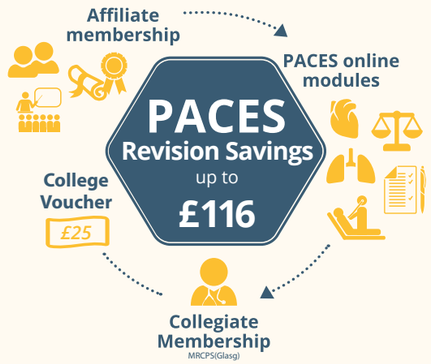
PACES Revision Savings

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

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.

rcp.sg/PACESsavings



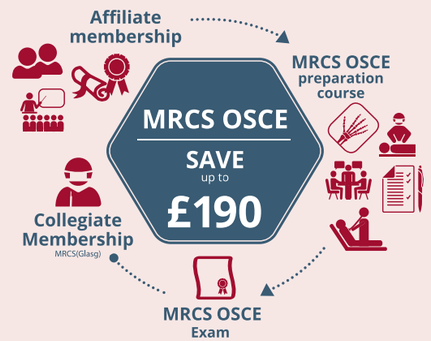
MRCS Part B OSCE Savings

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

For a detailed explanation of the exam refer to the video by Mr Eng Ong, Associate Director of Surgical Exams, visit **rcp.sg/MRCSsavings**



MFDS Part 1 Revision Savings

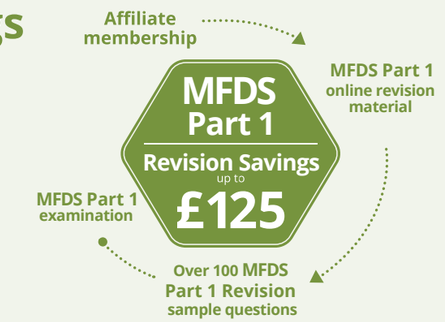
The MFDS Part 1 Revision Savings incorporates access to our MFDS Part 1 online revision material, over 100 sample questions, and Affiliate Membership of the Faculty of Dental Surgery while you work towards the exam.

For a total fee of £85 you will receive:

BENEFIT	VALUE
Sample Questions	£100
Online Revision Material	£80
Affiliate Membership	£30

The MFDS Part 1 Revision Savings is only available to Royal College of Physicians and Surgeons of Glasgow candidates of the MFDS Part 1 examination.

rcp.sg/mfds1savings



Exam date: 5 Oct | Closing date: 24 Jul
Various UK and International

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.

WELCOME TO ALL OUR NEW MEMBERS

DECEMBER 2019 - MAY 2020

PHYSICIANS

Fellow qua Physician
Muhammad Sajid Rafiq **Abbasi**
Wamda Babiker **Abuelhassan**
Dhiyaa **Ahmed**
Rami M. Adil **Al-Hayali**
Shereen **Alshaikh**
Raju **Amaloor Gopal**
Muhammed Fassaludeen **Anchamparathiyil Saifudeen**
Shakeel **Anjum**
Jawad **Bashir**
Venkata Nagabhushanarao **Bhavana**
Balaram **Biswakumar**
Wai Chung **Chan**
Hon Wai Benjamin **Cheng**
Tet Tun **Chit**
Yim Pui **Chu**
Jonathan Richard **Dalzell**
Joyabrata **Das**
Sundeep **Dhillon**
Wassam El Din Hadad **El Shafey**
Sherif **Fayed**
A.H.M **Feroz**
Wael **Gabr**
Ravindra Kumar **Garg**
Imran Ahmed Khan **Ghouri**
Bushra **Ghouri**
Virendra Kumar **Goyal**
Taimur **Gulfam**
Vipul **Gupta**
Cho Mar **Hlaing**
Min **Htut**
Lap Shun **Ip**
Sheikh Jahangir **Iqbal**
Tanweer **Iqbal**
Rajesh Shankar **Iyer**
Muhammad **Jan**
Attique ur Rehman **Jehangiri**
Elaine Christina **Jolly**
Hasan Jasim **Kadhim**
Subrahmanyam **Karuturi**
Saiful **Kassim**
Nang San Kyauk **Kaw**
Wahid **Khan**
Kyi **Khine**
Girish **Khurana**
Suresh **Kumar**
Tint Tint **Kyi**
Htin Aung **Latt**
Ka Wah **Lee**
Mark **Leong**
Moon Ho Alexander **Leung**
Ernest Han Fai **Li**
Htet Htet **Lin**
Min **Lwin**
Stephen **Makin**
Pranab Kanti **Mallick**
Usman **Maqsood**
Nyan Lin **Maung**
Ramendra Nath **Mazumder**
Abu Jafar **Md. Shahidul Hoq**
Razia **Mele Vallopra**
Muayad **Merza**
Htet Htet **Min**
Min **Min**
Naveed Shehzad **Mirza**
Walter Chibundu **Mmeka**
Ismail Hassan Abdelrahman **Mohamed**
Abdel Gaffar Abdel Allah Abdel Rahim **Mohammed**
Velu **Nair**
Muhammad Talha **Nazir**
David **Ng**
Yiu Ping **Ng**
Sin Ngai **Ng**
Nay Myo **Oo**
May Kyi **Oo**
Hin Ting **Pang**
Yusuf **Parvez**
Soe Wai **Phyo**
Cho Thae **Phyu**
Swayam **Prakash**
Rajesh **Pramanik**
Mohan Lal **Pursnani**
Sandar **Pyone**
Lakshmi Narasimhan **Ranganathan**
Iqbal Ur **Rehman**
Prakash **Roshan**
Abazar **Saeed**
Elmutaz Elamin Ahmed Mohammed **Salih**
Naveen Sulakshan **Salins Santara**
Nasir **Siddique**
Ka Fai Danny **Siu**
Subramanian **Sivarajan**
Lyan Win **Soe**
Jonathan Gabriel **Sung**
Lai Bun **Tai**
Kin Leong **Tan**
Kok Seng **Teng**
Kamlesh **Tewary**
Muralidharan **Thoddi Ramamurthy**
Aung **Thwin**
Kai Fung **Tsang**
Thi Thi **Tun**
Zar Chi **Wai Linn**
Oi Fung **Wong**
Kyaw Thu **Yaa**
Golam **Yahia**
Abdul Wahab **Yousafzai**
Syed Muhammad Hussain Mehdi **Zaidi**

Member of the College
Mohamed Abdalazize Mohamed **Abdalrahman**
Abdalla Eltayeb Abdalla **Abdelkader**
Atif Fadl Elhassan **Ageeb**
Ayman Abdulaziz Abdelwahab **Ali**
Amjad **Ali**
Maamoun **Alsermani**
Muhammad Usman **Anwar**
Aruna Udayakumar **Arunkumar**
Amber Donia **Askarieh**
Mustafa **Attaelfadel**
M Farhan **Bashir**
Dinesh **Deepak**
Abdel Hameed Mirghani **Dirar**
Mohamed **Elbishlawy**
Wael **El-Maghraby**
Shehla **Farrukh**
Ahmed Abdelrhman Elsadig **Gabir**
Abubaker **Gabouga**
Muhammad **Ghaznain**
Ehtesham **Haider**
Siddig Ali **Hassan Ali**
Hafiz Muhammad Khizer **Hayyat**
Ahmed **Henady**
Muhammad Sajid **Hussain**
Mohamed Omer **Ibrahim**
Mohammad Rezaul **Islam**
Nkemdirim Ernest **Jacob**
Amal **John**
Muhammad Raheel **Khan**
Muhammad Rizwan Ishaq **Khan**
Rahul **Krishna Bhavan Krishnankutty Pillai**
Dinakantha Suramya **Kumararatne**
Lubna **Meraj**
Mohamed Moustafa Abd Ellatif **Mohamed**
Ezaldeen Hassan Omer **Mohammedelameen**
Iram **Rashid**
Kamran Muddasar **Saeed**
Kaushik **Saha**
Naveed **Sarwar**
Maaz **Seerat**
Naresh **Sen**
Sumayya **Shabbir**
Divya **Sharma**
Muhammad Zeeshan **Siddiqui**
Touqeer Ahmed **Siddiqui**
Kulmeet Singh **Soin**
Noor Ul Islam **Syed**
Mutaz Abdalhakam Abdalazez **Taha**
Mohammed Zeeshan **Zameer**
Member qua Physician
Abdul Aziz **Afridi**
Sandip **Agarwal**
Vikram **Bohra**
Muhammad Tahir **Chohan**
Dalugama Arachchige Chamara Lakmal **Dalugama**
Thomas Stephen McShannon **Downs**
Catriona **Gribbin**
Rachel Ann **Henery**
Khizer **Iqbal**
Mohamed Mehraz **Jaleel**
Dr. Arshad **Jamil**
Rohini B **Jayakumar**
Mohammad Adil Usman **Khan**

Irfan Iqbal **Khan**
Muhammad Javed Iqbal **Khan**
Caroline **Lavery**
Chukwuemeka **Lekwa**
Puo Nen **Lim**
Hala Abdelrahman Nurein **Mohmad**
Josh **Palmer**
Junaid **Riaz**
Arindam **Roy**
Sadia **Saber**
Syed Wasib Hussain **Shah**
Sarita **Sinkha**
Harrison **Stubbs**
Nishanthe Pradeep Dhammike **Waidyanayake**

SURGEONS

Fellow qua Surgeon
Mirza Kamran **Abbas**
Malik **Abdul**
Vasitha **Abeysuriya**
Zia **Aftab**
Prateek **Agarwal**
Nadeem **Ahmad**
Abbas **Al Jabur**
Khalid **Al Jebaie**
Ridha **Al Ruhaimi**
Ammar **Al-Azzawi**
Noori Hanoon Jasim **Alechrish**
Bamidele **Alegbeleye**
Ehab Taha Yaseen **Al-Falahi**
Mohammad Idrish **Ali**
Nooraddin Ismail Allahquolli **Allahwerdi**
Hatem Dhiyab **Al-Saadi**
Wisam Hamza Abbas **Alsewadi**
Raafat **Alturfi**
Prem Kumar **Anandan**
Rekha **Arcot**
Yaseen Hammoodi **Assaf**
Somprakas **Basu**
Kaushik **Bhattacharya**
Md.Jahangir Hossan **Bhuiyan**
Ajay **Boppana**
Mohammad Abul Kalam **Chowdhury**
Pinaki Ranjan **Debnath**
Craig Hamilton **Gerrand**
Asem **Ghasoup**
Alessandro **Giardino**
Emmanouil **Giorgakis**
Amit **Gupta**
Enis **Guryel**
Md Zakir **Hossain**
Jason **Howard**
Nay Aung **Htun**
Niaz **Hussain**
Md Ashraful **Islam**
Muhammad **Jamil**
Terrence Jose **Jerome**
Sheikh Firoj **Kabir**
Jaithilak **Kailathuvalapil**
Govindaraj **Kanagaraj**
Md Abdul **Karim**
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