

College News

Spring/Summer 2012

My College • Your College • Our College

International Influence



Inverness to Otahuhu



E&T in the UAE



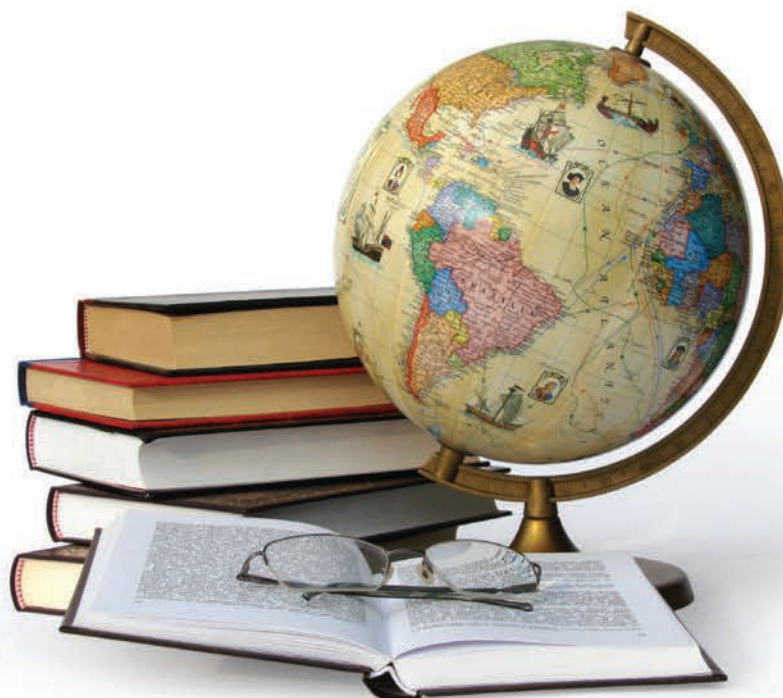
Kiwi composites



Firm foundations



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



College Scholarships & Awards

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

College Travelling Fellowship *Travel to a centre of excellence*

Open to	All Fellows and Members of the College in training grades
Specialty	All specialties
Value	£2,000 maximum per award
Closing date	3 August 2012

David Murdoch Memorial Travelling Fellowship *Further your cardiology skills and knowledge*

Open to	Cardiologists in a training grade
Specialty	Cardiology
Value	£2,000 maximum per award
Closing date	3 August 2012

Aileen Lynn Bequest Fund *Gain skills in cancer research*

Open to	All Fellows and Members of the College the Dental Faculty
Specialty	Cancer Research
Value	£5,000 maximum per award
Closing date	3 August 2012

European School of Internal Medicine *Attend the school in Kusadasi, Turkey 2-8 Sep 2012*

Open to	Members of the College in specialty training
Specialty	Internal Medicine
Value	Registration fees, accommodation & travel
Closing date	4 June 2012

For further information and full eligibility criteria on all College travelling fellowships, research and external awards contact:

Scholarship Committee Administrator

T: +44 (0)141 221 6072 | E: scholarships@rcpsg.ac.uk

W: <http://rcp.sg/scholarships>



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

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If you are interested in contributing to our next edition of *College News* please email publications@rcpsg.ac.uk – submission deadline 6 July 2012.

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From the President's Office

As a result of a ballot, Dr Frank Dunn was appointed President Elect at the Spring General Meeting on 11th May. He will take over as President at the Annual General Meeting on 7th December 2012. We all wish him every success in his appointment.

Many Fellows and Members will be reading this edition of College News on their PC, laptop, tablet or smartphone. We have finally come of age with a new website as the first part of College's overhaul of IT. The initial responses to the website have been both complimentary and constructive, a far cry from the legitimate complaints of the past. It is very important that everyone feels part of our new IT profile by contributing to the website as often as they wish.

The heated debate about the Health and Social Care Bill in England has subsided now that it has passed into law. The UK Academy tried valiantly to reach a consensus in reply to the Government, but to no avail. It brought little credit to the profession that it failed to speak with one voice and did so at the eleventh hour. The real test for everyone will be in turning the legislation into a practical and affordable reality. It will be a daunting task.

Many will question the wisdom of the GMC's proposals to bring in Revalidation of Clinical Supervisors and Educational Supervisors. Hot on the heels of Revalidation for all doctors, it does seem that the GMC risk the dangers facing all organisations, namely overstretch. I fear that the traditional duty of clinical teaching accepted as a foundation of our profession, may be seen to involve avoidable risk to maintaining a licence to practise and that many may steer clear. It's beginning to not feel too much like self-regulation of the profession and that will create tensions which should be avoided.

I attended the American College of Physicians conference in New Orleans in April. As ever, it was an enormous meeting with an attendance equivalent to the population of an average Scottish town descending on one of only seven cities in the States which can house such a meeting. The current President is an Australian, Dr Virginia L Hood and in her address, she bemoaned the "broken healthcare system in the USA". The fight surrounding the Obama health reforms make our own difficulties look like Toy Town. For a nation which spends 20% of its GDP on healthcare

and has such intractable problems, this should serve as a grave warning to the profession and to our politicians in the UK.

The debate continues to rage about the merits and drawbacks of generalism versus specialism both in the world of Surgery and in the world of Medicine. In recent years, the word "generalist" has almost taken on a pejorative label with no recognition that in many specialties, 80% of clinical workload can be more than competently performed by a generalist. Specialism in recent years has been synonymous with expense, high technology and often reputational enhancement. The first two of which are now being called into question throughout the western world and including nearer home.

At recent meetings both in the Federation of Medical Royal Colleges and the Surgical Forum, there has been much discussion about what is the most appropriate level of specialism in a healthcare environment which can only look forward to a diminished resource base. One of the most important aspects of the debate is just how the service copes with emergency care in the broadest terms. Some disciplines have no choice other than to embrace specialism, eg, Neurosurgery and Plastic Surgery. Royal Colleges, including our own, have to take a lead in advising and guiding the service and Government in what is best for societal requirements. The debate is now increasingly focusing on the thorny political issue of reconfiguration of secondary care services.

We continue to progress setting up a Skills Centre in partnership with the

University of Glasgow. It has taken some patience in negotiating between lawyers representing both sides whilst clinicians have been itching to get going with equipment purchase and planning exciting new courses with new techniques in simulation. It is timely, as all 10 surgical SACs have incorporated simulation into current curricula for training. It is hoped that many of the medical SACs will plan likewise. Many diagnostic and therapeutic techniques in medicine do require simulation competence to allow the transition to clinical competence.

Many of our Fellows and Members overseas will be pleased to hear that preparations to run FRCS Specialty Examinations continue apace. There is great enthusiasm for the programme in many centres and I hope to be able to give clearer details of the roll out in the next edition of College News.

In March, Scotland recorded temperatures of 22°C with glorious sunshine. The locals paraded in shorts and tee shirts as is their custom. The following week, it snowed and the roads needed gritting. As summer hopefully approaches, I wish you all sincere best wishes from your College.

View the President's video at <http://rcpsg.collegenewswelcome2>

Mr Ian W R Anderson

Health Award

We extend congratulations to the President, who was recently awarded the Lord Provost of Glasgow Health Award in recognition of his contributions to improving the health of the people of Glasgow and keeping the city at the forefront of postgraduate medical education.

President Elect Named

Francis Dunn FRCP(Glasg) was voted in as the new President Elect of the College following an election held prior to the Spring General Meeting on 11 May.



The President Elect will join the Council for a period of six months and then, at the Annual General Meeting in December, Dr Dunn will officially be sworn in as the new President of College when the current president, Mr Ian Anderson, completes his three year term in the post.



Announcements

Faculty of Podiatric Medicine. The continuing growth and success of the College will see the establishment of a new Faculty of Podiatric Medicine. Following a significant body of work and preparation, support for the new Faculty was granted at the Spring General Meeting on 11 May. Steps towards establishing the Faculty in College will now commence.

AoMRC Survey: The AoMRC Flexible Careers Committee, has produced an electronic survey for doctors aimed at identifying issues and concerns (not related to terms and conditions) of doctors working less than full time. The survey can be accessed here: <https://www.rcpworkforce.com/se.ashx?s=253122AC3FC24E78>

College website. Our new College website is now live. It is a vast improvement on the previous site and marks the first stage in the revamping of IT services across the College.

College Closures: Monday 4 June, Tuesday 5 June 2012.

Skoosh: A new membership benefit; up to 50% off a range of 2 to 5 star hotels in the UK and more than 120 destinations worldwide. For more information visit <http://rcp.sg/skoosh>

Hotel Indigo: Discounted rate (£99 B&B) at this boutique hotel in Glasgow now available for members. **Please contact:** reservations@hotelindigoglasgow.com or +44 (0)141 226 7710.



Events for All

All events listed are being held in the College unless otherwise stated.

29 May
Celebrating Lister:
The Goodall Symposium

18.00-20.30, including refreshments

CPD: 2 non-clinical credits (code 73706)

Reserve your place by emailing library@rcpsg.ac.uk

6 June
Admission Ceremony, Glasgow University



To book your place at any of these events, call your College on +44 (0)141 221 6072



or email us at events@rcpsg.ac.uk

Recruitment

UK Regional Advisors

We are currently reviewing and expanding our network of UK-wide regional advisors. The regional advisor will normally be a Fellow of the College in good standing.

If you have the drive and enthusiasm to help build recognition and knowledge of the College, while also supporting existing members in your local area, then please contact us.

More details about the post, along with a role specification, is available from muir.brown@rcpsg.ac.uk

International Associate Directors



We are currently recruiting International Associate Directors for various international localities.

As an International Associate Director you will act as the bridge between College and our International Advisors. Expressions of interest are sought from Fellows working in the UK who have strong professional links to an international region. These links might relate to teaching, examining, research, or previous experience of working in the region. Regular professional travel to the region would be an advantage.

Interested UK-based Fellows should apply by submitting a short curriculum vitae, outlining the geographical region with which they have professional involvement, and detailing the previous and continuing nature of their professional connections there.

Informal enquiries can be made by emailing international@rcpsg.ac.uk

Hairy Haggis Relay

We have entered a team in this year's Edinburgh Marathon Hairy Haggis Relay on Sunday 27th May to raise money for Erskine.

This all-Dental team will each run a 'leg' of the race. Most are experienced runners (some more so than others!) so we are hopeful that we will make it round without requiring the services of any of our Fellows or Members!

We hope to complete in around five hours and our fundraising target is £500.

To sponsor us, please visit our JustGiving web page at <https://www.justgiving.com/RoyalCollegeRelay>.



(L to R) Rosemary Coia, Alyson Wray, Kirsty Fleming and Jennifer Lambe.

Keeping the Belly at Bay

A physical and mental challenge and a break from constant contact with emails and mobile phones. Brothers Tim and Dave Barlow, both MRCS(Glasg), describe an escape from the daily grind that even fits in with shift patterns.

After qualifying from medical school we found it difficult to reconcile a busy working life with leisure activities. In particular it was difficult to keep the "orthopaedic belly" at bay; useful for reducing ankle fractures, but a sign of an unhealthy lifestyle. Team sports were difficult to combine with shift patterns, so an alternative was required.

Mountain marathons are two-day events with teams of two members carrying all clothing, tent, sleeping bag and food and drink for 36 hours. Once across the start line, competitors are handed a map and some grid references.

There are a number of different events run throughout the UK and internationally,

with distances ranging from approximately 40km to over 70km. No GPS or outside support is allowed during the event and no checks are made on teams not arriving at the overnight camp – teams are self-reliant in terms of safety.

We have enjoyed several mountain marathons and have met many other likeminded people with medical backgrounds on the mountains.

Although there is clearly a wealth of transferable skills relevant to medicine (the authors have yet to convince the Trust that study leave is appropriate) the most rewarding aspects of the events are self-reliance, a physical and mental challenge and a break

from constant contact with emails and mobile phones.

Keeping the belly at bay is an added benefit.



Mountain Marathon Events:
www.theomm.com, www.darkandwhite.co.uk

College Art on the BBC

We have one of the largest collections of oil paintings outside the major museums in Glasgow and this Spring ninety-three paintings from the College's art collection will be published on the BBC Your Paintings website.

This is part of a joint initiative by the Public Catalogue Foundation (PCF) and the BBC to enable the whole of the United Kingdom's oil paintings in public collections to be available on the web.

Many of the paintings in our art collection are portraits, the majority of these being of past presidents. The oldest and most valuable portrait is that of King James VI and I which is painted on wood (pictured). The art collection has been much enhanced in recent years by the sponsorship of a prize at the annual Royal

Glasgow Institute of Fine Arts Exhibition, with the College usually purchasing the prizewinning work of art.

The PCF/BBC initiative will greatly enhance understanding and knowledge of the oil paintings in public collections and we are very pleased to be part of this initiative.

The College's oil paintings will be made available on the BBC Your Paintings website at <http://www.bbc.co.uk/arts/yourpaintings/>





Admissions in Dubai

We recently held an Admission Ceremony in Dubai to confer diplomas on International Fellows. **John McGregor FRCS(Glasg) Vice-President (Surgical)** attended the event which was held at the magnificent Meydan Hotel in Dubai, United Arab Emirates. This venue was chosen as it was the location of the first Asia and Middle East Surgical Conference at which several of our Fellows including the President and the two Surgical Vice-Presidents were participating.

The Ceremony took place in the ballroom of the hotel, a two year old building constructed on the site of the Meydan racecourse – the venue for the richest horse race in the world which was held two weeks later.

The President welcomed three Honorary Fellows qua Surgeon in honour of their outstanding services to the College:

- Mr Subash Gautam, Senior Consultant Surgeon in Fujairah, UAE,
- Professor Mahesh Misra, Head of the Department of Surgical Disciplines and Chief of the JPN Apex Trauma Center, All India Institute of Medical Sciences, New Delhi, and
- Mr Vijay Arora, Chairman of the Department of Surgery, Sir Ganga Ram Hospital, New Delhi.

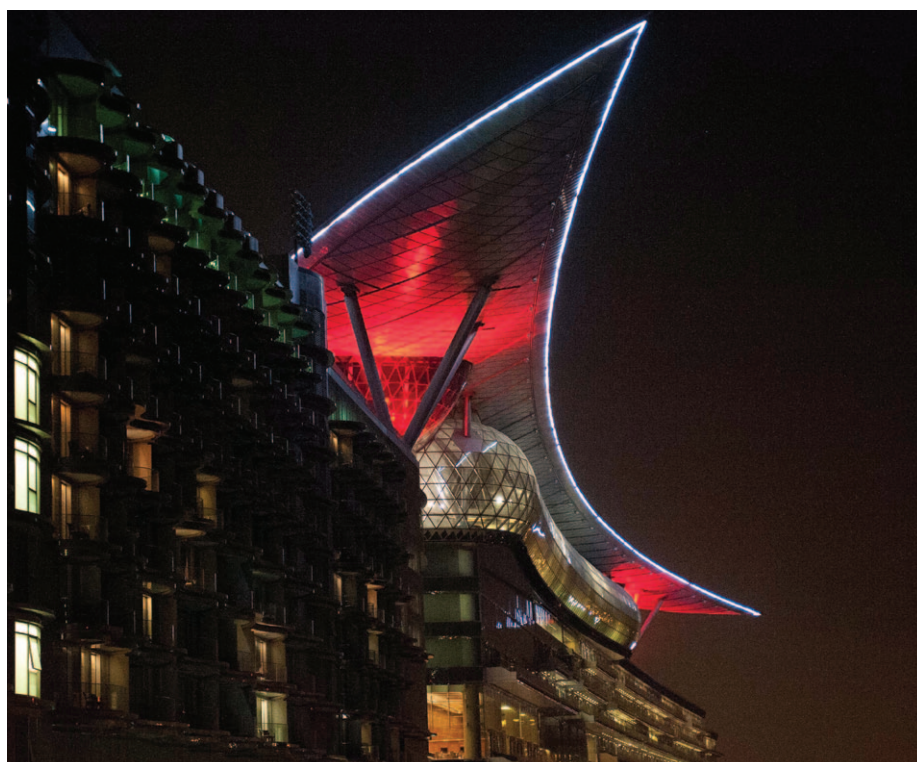
In addition, nine individuals were admitted as Fellow qua Surgeon without examination and five as Fellow qua Physician without Examination in recognition of their contributions to College examinations and other international activities.

The new diplomates and their guests were treated to the traditional College Procession led by Ms Joanne Woollard carrying the travel mace and followed by the President, the two Surgical Vice-Presidents, and members of Council, past and present. The event was very ably organised by Mrs May Lovell who even managed to arrange a piper dressed in traditional Scottish Highlandwear to welcome guests and accompany the Council processions.

Immediately following the formal ceremony, diplomates and their guests joined the College party for a memorable reception and buffet meal on the outdoor terrace of the hotel directly overlooking the racecourse. An enjoyable and memorable evening was had by all.



(L-R) Mr Ian Anderson (President) and Mr Subash Chander Gautam Hon FRCS(Glasg)



The Meydan Hotel, Dubai



Rebuilding Egypt

Amr Gohar FRCP(Glasg) is the lead physician at Gohar's Skin and Sexual Health Clinic in Greater Cairo. He writes about his hopes for an Egyptian Royal College.

There have been dramatic changes in Egypt over the past few years and, although my country is facing uncertain times, I do hope for the best.

Currently in Egypt, there are plans to introduce a national medical licensing exam with a scoring system for all medical graduates on finishing the internship year. I have been actively promoting the need to improve the variable standards of Egyptian medical practice, and exploring how to reach the required standards and maintain them.

I believe that Egyptian Colleges should be established as soon as possible and have provided examples of how an Egyptian College of Physicians could be formed.

I have also highlighted the need for major law changes in order to replace the current MSc exam with a national membership exam. I envisage, in the future, membership of the Egyptian Colleges will be considered a mark of excellence replacing the old variable standards in Egypt. A national certificate of completion of training should also be introduced and continuing professional development credits awarded for ongoing training, as is the case in the UK and other nations.

I have recommended that the Egyptian Medical Syndicate should be renamed the Egyptian Medical Council or that the Council should be established independently. Likewise, there is a need

for an independent medical protection society to provide the best possible protection and peace of mind for medical professionals throughout their careers. This role is currently partially played by the Egyptian Medical Syndicate.

My hope is that an Egyptian College of Physicians will one day be established and become a sister College of my Royal College.



The Glasgow Influence – in Albania

*Glasgow, both the College and the University Medical Faculty, are well known for their international connections and their common commitment to assisting the development of Medical training and indeed the broad sweep of healthcare in countries poorer and more deprived than our own, observes **Patrick McNally FRCS(Glasg)**.*

This normally brings to mind the Indian sub-continent, Africa, and also the Middle East, but there is another connection, perhaps a little less known, and that is with Albania.

Albania was, until 1990, one of the most isolated and poorest countries in Europe. Despite being just a short ferry trip across the Adriatic from Italy and adjacent to Greece, it was literally surrounded by a wire fence as part of the isolationist regime of the dictator Hoxha.

When this isolation was broken following his death and more normal international contacts developed, the EU launched a range of programmes to help bring the country into the wider world, and more specifically funded a range of projects to try to improve and upgrade Albania's healthcare system.

The first stage was to try to upgrade clinical skills - a major challenge because no new medical textbooks had been available in the country since approximately the early 1970's when Albania broke off relations with Russia.

I was invited to help deliver this and, with the help of the Tirana Medical Faculty, chose some 24 doctors to bring to Glasgow for a six month tailored training programme to not only upgrade their clinical skill, but also to develop them as "trainers" in Primary Health Care (PHC). On their return, their aim was to set up four training centres across Albania which would – over a period of several years – retrain 25% of Albania's current doctors to become the key new PHC doctors for the country.

This training programme in Glasgow involved three months in General Practice, arranged with the invaluable assistance of former professor of General Practice, Professor Stuart Murray, and a range of clinicians. The focus was on General Medicine, Obstetrics/Gynaecology, Paediatrics, and Geriatrics and our immediate past president Brian Williams was a major force in the success of the enterprise.

This was an overwhelming success, and perhaps not enough recognition has been given to all the clinicians who contributed,

but it is still remembered in Albania. The planned roll-out of training was unfortunately disrupted by the outbreak of civil war over the pyramid selling scandal, but in recent years has resumed in a limited way.

Since then the link with Glasgow has continued with a delegation from Albania visiting the college in 2009 to learn about Clinical Quality Assurance issues, Audit, and Examinations.

More recently I have been delivering a rationalisation plan for Albanian hospitals (does that sound familiar!) and they are asking – how is it happening in Scotland? The Glasgow influence – it goes far and into unexpected realms!





A New Medical School in Zambia

Kasonde Bowa FRCS(Glasg) is the first Dean of a new medical and dental school in Zambia. He describes the challenges of starting a new school.

Zambia is a south Central African country with a population of 12 million. There are about 800 physicians practicing in Zambia - the physician to population ratio is 1:15,000, well below the 1:5,000 recommended by the World Health Organisation (WHO).

For the last 45 years the University of Zambia School of Medicine has been the only Medical School training doctors in Zambia. The school, located in the capital city, Lusaka, has produced over 1,200 doctors, but the high attrition rate of 40% and low annual output of about 50 doctors per annum has been unable to keep pace with a population growth of about 1.8%. When the medical school was first opened the population was just under four million. Current health indices show an HIV prevalence of 14.3%, a maternal mortality ratio of 729 per 100,000, an infant mortality ratio of 95 per 1,000 and a child mortality ratio of 168 per 1,000.

The Copperbelt University School of Medicine (CBU SOM), located within the Ndola Central Hospital, is a newly established public university in Zambia. Inaugurated in June 2011, it is located in Ndola in the Copperbelt Province about 400 km from Lusaka. With 1,000 beds,

Ndola Central Hospital is the second largest hospital in Zambia and is the regional referral centre for three provinces in the north of the country.

CBU SOM took in its first intake of 72 students in November 2011. The school runs two programmes: the Medical degree (MBChB) and the Dental degree (BDS).

The new school faced several challenges before opening, top of which were lack of funding, staffing, infrastructure, curriculum structure and governance. A committee constituted two years earlier by the government had fortunately already set about redressing some of these matters. I was co-opted into the committee three months earlier as Dean designate for the school. A road map by the WHO consultant for the school was already in place but badly behind schedule. To compound matters, September 2011 was an election month for Zambia and the new medical school was fair ground for political battles between the competing parties. In addition the school faced stinging criticism from the media and change-averse physicians.

Once opened, a number of hospital consultants acted as part time lecturers for term one. The greatest challenge was

finding staff to teach basic sciences. We used innovative techniques like Moodle, Virtual Microscopy, Problem Based Learning and early clinical exposure to enhance and supplement the teaching of students.

The first few months have brought several challenges, but much joy. Challenges remain, but with the ongoing support of a professional network I believe these can be achieved and our school will play an important role in the improvement of health in Africa.



An Immigrant's Experience – What to Expect

The decision to move to another country marks an exciting time in a professional's life. But the process can be time consuming and involve a lot of paperwork! Eugene Wacławski FRCP(Glasg) provides some perspective following his recent move to Canada.

Stage 1

Get the job offer: Expect one-to-one meetings, presentations and a formal interview.

Stage 2

Prove nobody else can do the job: Some countries require a Labour Market Opinion to ensure a native can't do the job.

Stage 3

Get a visa: You will most likely require a work visa.

Get a medical: You may be required to pass a medical examination. In Canada this includes a HIV test and chest x-ray.

Expect a criminal record check:

The Canadian visa system also required a criminal record check.

Stage 4

Register to practice: Once you enter the country you will need to register to practice.

Stage 5

Get to work: My visa permits me to work for my employer and no other organisation. Don't expect the work to be the same as home.

Opportunities exist for doctors in a range of medical specialties to work in Canada, and indeed other countries around the world. I hope my experience of moving is of help to other Fellows and Members considering such a move.

Read the full version of this article at <http://rcp.sg/cn02canada>

My College: Inverness to Otahuhu

Pramod Srivastava FRCP(Glasg) is a retired consultant physician in the Department of Medicine for the Elderly, Raigmore Hospital, Inverness. Retirement has been busy! Dr Srivastava writes about the cultural experience a post-retirement trip to New Zealand brought.



After working as a consultant geriatrician for 21 years, I retired in 2007 at the age of 65. After my retirement I had an opportunity to work as a medical officer for geriatric specialist services from late 2007 until early 2008 at Middlemore Hospital, Otahuhu near Auckland in New Zealand.

The hospital serves a variety of ethnicities including the Pacific population, Maori, Asian and others. Because of such diversity, the health board has an 'Ethnic Specific Needs Health Policy' and the hospital itself has a dedicated 'Maori Health Provider' service.

To achieve the maximum benefit of modern medicine in a place such as Middlemore Hospital, clinical practice needs to take account of local traditions. This is done very effectively at Middlemore.

To assist in my working practice I participated in cultural awareness sessions to learn about the Maori and other indigenous populations. This made my communication with the local people and medical practice much easier.

The geriatric specialist services at the hospital and, in fact, the whole health service in New Zealand, are committed to the idea of cultural safety with regard to the health of older people. This reflects the Treaty of Waitangi, considered to be the founding document of New Zealand.

The hospital provides a patient centred and family oriented service. There is a good bond between secondary and primary care services. There are robust guidelines and protocols which are updated regularly and which are adhered to. Audits of working practice are a norm and standards are set regularly. A daily triage meeting is very effective in planning the work of the day.

Every patient is offered a family meeting with a high acceptance rate. It is conducted in a strict format and is usually attended by the whole family, with members of the multidisciplinary team and is chaired by a doctor, usually a consultant. It is a very important aspect of patient care in the ward and deals with many surface and subsurface issues.

The bereavement service is based at the hospital and an interpreter service is readily available. Educational activities are well structured and well attended. Every step is taken to establish strong professional bonding and to raise the morale of staff and the quality of patient care.

At all times, staff give high regard to providing a medical service that takes into account cultural values and works with the



Event Calendar

All events listed are being held in the College unless otherwise indicated.

May:

21-22 May 2012

IMPACT (Ill medical patients, acute care and treatment)

30 May 2012

The Patients Perspective
Morning Session:
Communication with Emotional Patients and Relatives

Afternoon Session:
Handling Difficult People
and Conflicting Situations

June:

11-12 June 2012

IMPACT (Ill medical patients, acute care and treatment)

Date TBC

MRCP(UK) Part 1

July:

4 July 2012

Acute NIV for Physicians

For further information and bookings visit <http://rcpsg.ac.uk/physicians>

local population to produce a very friendly, simple and well organised health service. It was an honour to work in such an interesting and rewarding environment.

If you would like to be featured in our next My College, please let us know at publications@rcpsg.ac.uk

From the Journals...

McPherson A, Benson G & **Forrest EH (2012)**. Appraisal of the Glasgow assessment and management of alcohol guideline: a comprehensive alcohol management protocol for use in general hospitals. QJM Feb 2012

Morris H, Ryan C, Lauchlan D & **Field M (2012)**. Do medical student attitudes towards patients with chronic low back

pain improve during training? A cross-sectional study. BMC Med Educ 12(1): 10

This is a snapshot of recent publications by some of our members. If you have a recently published article you would like to share with your colleagues, please let us know by emailing publications@rcpsg.ac.uk

Call For Interest

SAS Doctors

We are in the process of setting up a focus group of SAS doctors. Our aim is to better understand, and be able to respond to, your specific needs.

If you are interested in getting involved, please contact membership@rcpsg.ac.uk

SURGEONS

Examination and Training in the UAE

We were recently involved in a week-long programme of MRCS examinations and educational activities in the United Arab Emirates.

The standard overseas MRCS format for all Colleges, previously called Part 3 and now termed Part B OCC (oral, clinical, and communication skills), ran in the Dubai Hospital between Sunday 11th and Tuesday 13th March using a team of locally based examiners and the travelling party from the UK.

However, as many Fellows and Members will be aware, this format of the examination has been superseded in the UK by the Part B OSCE examination, and the continued international delivery of the MRCS will almost certainly require the universal adoption of the OSCE.

As a pilot exercise, the two Surgical Vice-Presidents, John McGregor and Ian Colquhoun, Mr John Drury (past Director of Surgical Examinations), Mr Subash Gautam (Examiner based in Fujairah, UAE) and Ms Joanne Woollard (Coordinator for Surgical Examinations) were involved in the first overseas OSCE in conjunction with the Royal College of Surgeons of England.

This took place in the University of Sharjah on Friday 9th March immediately prior to the Dubai examination and was historic in that it marked the first time that two Surgical Royal Colleges had joined forces in the delivery of an overseas surgical examination.

Once the examinations had been completed, the team were active in a number of other ways;

- Faculty and Speakers at the inaugural Asia Middle East Surgical Conference held in Dubai between 14th and 17th March (President, the two Surgical Vice-Presidents, Mr Mike McKirdy and Mr Carl Davis)
- Delivery of a Basic Surgical Skills course in the Sharjah Surgical Institute (Mr John Drury, Mr Chris Morran, Mr Andrew Hendry and Mr Carl Davis)
- MRCS examiner training and candidate preparation (Mr John McGregor and Mr Ian Colquhoun)
- Admission Ceremony (read our report on page seven)

Participation by committed College faculty in the educational and training events was well received. Indeed the administrative team in the University of Sharjah stated that they had not previously experienced such high candidate evaluations. All members of the travelling party were back in the UK by Saturday 17th March satisfied that the College's presence at the Conference and related activities had been very well received and will contribute to our further growth and development.

CONFERENCE REPORT ASiT 2012

Introductory member Justice Reilly reports on the recent Association of Surgeons in Training 2012 Conference, in Cardiff.

The annual ASiT conference was a fantastic event with a huge turnout including roughly 700 people. In excess of 1,100 abstracts were submitted and the quality of research was highly impressive. There were several projects presented from the West of Scotland, showcasing the quality of training we receive.

Professor Norman Williams (President, RCSEng), Mr Ian Ritchie (Vice-President, RCSEd) and our very own Mr Ian Anderson (President, RCPsG) sparred publically and

thought-provokingly over our futures, while several others delivered fascinating talks on a broad range of subjects very relevant to us as trainees.

The feedback from the wide selection of pre-conference courses was excellent. These were fully subscribed and will continue to form a key part of the conference.

To see what sort of courses are on offer as well what ASiT bursaries and awards are available, have a look at the website (www.asit.org) or follow on Twitter @ASiTofficial.



Event Calendar

All events listed are being held in the College unless otherwise indicated.

May:

30 May 2012

FRCS (Ophthalmology) Part 3

30 May 2012

Surgical Anastomosis Techniques

30 May

The Patients Perspective

Morning Session: Communication with Emotional Patients and Relatives

Afternoon Session: Handling Difficult People and Conflicting Situations

June:

12 June 2012

FRCS (Ophthalmology) Part 3

20 June 2012

Soft Tissue & Bone Repair – Core Skills Course

September:

04 September 2012

Intercollegiate Diploma in Otolaryngology - Head and Neck Surgery – DOHNS

Closing date: 22 June 2012

10 September 2012

MRCS (Intercollegiate) – Part 3

Closing date: 02 July 2012

10 September 2012

MRCS Intercollegiate – Part A & B (oral, clinical, communication skills)

Closing date: 02 July 2012

11 September 2012

MRCS (Intercollegiate) – Part A & B OSCE

Closing date: 22 June 2012

24 September 2012

FRCS (Ophthalmology) Part 3

Closing date: 03 August 2012

October:

October 2012

MRCS Intercollegiate – Part A & B (oral, clinical, communication skills)

Closing date: 01 July 2012

4 October 2012

FRCS (Ophthalmology) – Part 1

Closing date: 04 July 2012

4 October 2012

FRCS (Ophthalmology) – Part 2

Closing date: 04 July 2012

For further information and bookings visit <http://rcp.sg/surgeons>

Kiwi Composites

Composites are likely to replace amalgam in tooth restoration. Jamie Dickie describes a new technique developed in New Zealand.

In modern dentistry, patients are increasingly seeking an aesthetic alternative to amalgam for restoring posterior teeth.

Composite is widely recognised as a material that can be used for posterior restorations to give superior aesthetics, and there has been an increase in the teaching of posterior composites worldwide. However, the placement of composite in posterior interproximal cavities can be difficult.

A new system which may be of interest to many dentists is described in detail on the online version of College News, along with a useful supporting video.

Jamie Dickie MFDS RCPS(Glasg) is a Senior House Officer in Restorative Dentistry, Glasgow Dental Hospital and School.

Read the complete article here - <http://rcp.sg/cn02kiwicomposites>

[Click here to view a video demonstration.](#)

MFDS Examination

Applications Now Open;
The MFDS examination is open to anyone who holds a primary dental qualification. It is a nationally and internationally recognised qualification. Successful candidates are eligible to become full members of the Faculty of Dental Surgery and the award of the professional designation MFDS RCPSG(Glasg).

New graduates... watch this space!

A new MFDS package for dental students graduating this summer will be revealed soon.

DENTAL MEMBERSHIP SERVICES BOARD

Join us

Closing date: 15 June 2012

The Dental Membership Services Board (DMSB) is seeking to recruit two enthusiastic, creative individuals.

As a member of the DMSB you will be involved in developing innovative ideas and concepts to enhance and promote membership of the Faculty.

These are voluntary positions (travel expenses are reimbursed) open to current Members and Fellows of the Dental Faculty. You must be able to attend approximately four meetings per year (normally lasting four hours).

The post is for a four-year period.

Interested candidates should send a CV with references and a covering letter stating why you would like to join to: dental@rcpsg.ac.uk



Event Calendar

All events listed are being held in the College unless otherwise indicated.

May:

30 May 2012

Oral Surgery examination

30 May

The Patients Perspective

Morning Session:

Communication with Emotional Patients and Relatives

Afternoon Session:

Handling Difficult People and Conflicting Situations

June:

15 June 2012

TC White Symposium

26-27 June 2012

Specialty Membership examinations

Closing date: 27 April 2012

September:

17 September 2012

Orthodontics examination

Closing date: 25 May 2012

27 September 2012

Oral Medicine examination

Closing date: 08 June 2012

October:

01 October 2012

MFDS Examination Part 1

Closing date: 20 July 2012

08 October 2012

Paediatric Dentistry

Closing date: 15 June 2012

18 October 2012

Dental Public Health examination

Closing date: 22 June 2012

November:

06 November 2012

Restorative Dentistry

Closing date: 13 July 2012

22-23 November 2012

MFDS Examination Part 2

Closing date: 07 September 2012

For further information and bookings visit <http://rcp.sg/dentists>

From the Journals...

Shaw D, McCluskey K, Linden W & Goodall C (2012) Reducing the harmful effects of alcohol misuse: the ethics of sobriety testing in criminal justice. J Med Ethics Apr 2012.

Ainsworth G (2012). Super-EBA and IRM for retrograde root filling. Evid Based Dent

13(1): 20. This is a snapshot of recent publications by some of our members.

If you have a recently published article you would like to share with your colleagues, please let us know by emailing publications@rcpsg.ac.uk

Nordic Partnership

The Foundation Course in Travel Medicine will be run outside of the UK for the first time. The course will be offered in partnership with the Nordic Initiative on Travel Medicine Education (NITME) and is an opportunity for professionals working in the Nordic region to progress their travel medicine practice.

The course comprises distance learning over five months with an initial two-day residential period followed by assignments. The first residential days will be held on 21 and 22 September in Bergen, Norway. A special introductory day will also be held on 20 September for those with little or no experience of travel medicine.

The course is available to healthcare professionals with a bachelor degree in a health profession who are working in a relevant field, or have a special interest in travel medicine.

More information about the course is available from Pål Voltersvik:
pv@nitme.org



Foundation Course in Travel Medicine

Putting career development first for doctors, nurses and pharmacists.

The Foundation Course in Travel Medicine is a six month e-learning course suitable for those working in the field of Travel Medicine.

The course includes:

- Introductory educational training session in Glasgow (two days, attendance required)
- Four e-learning units with assignments

All students have a personal advisor and access to TRAVAX and e-library.

The next course will be held on 12-13 November 2012.

For more information and applications, please contact:

Lesley Haldane, Course Coordinator
E: lesley.haldane@rcpsg.ac.uk
T: +44 (0)141 221 6072
www.travelcourses.hps.scot.nhs.uk

From the Journals...

Bauer I (2012). Australian senior adventure travellers to Peru: Maximising older tourists' travel health experience.

"Taking Australian senior adventure travellers to Peru as an example, travel health preparations need to take into account the phenomenon 'senior traveller', the destination with its attractions and challenges, and age-related changes and restrictions..."

This is a snapshot of a recent publication by some of our members.

If you have a recently published article you would like to share with your colleagues, please let us know by emailing **publications@rcpsg.ac.uk**



Event Calendar

All events listed are being held in the College unless otherwise indicated.

May:

24 May 2012

MFTM examination

30 May

The Patients Perspective

Morning Session: Communication with Emotional Patients and Relatives

Afternoon Session: Handling Difficult People and Conflicting Situations

June:

06-08 June 2012

4th Northern European Conference in Travel Medicine (NECTM4) • Dublin

September:

03 September 2012

Diploma in Travel Medicine examination

October:

18 October 2012

Symposium: Travel Medicine in Olympic Year

November:

14-15 November 2012

Foundation course in Travel Medicine

For further information and bookings visit <http://rcp.sg/travelmedicine>

Good Luck

The Dean of the Faculty, Professor Peter Chiodini, wishes good luck to all those sitting the first Membership of the Faculty of Travel Medicine examination on 24 May. We hope to welcome you as full members of the Faculty soon.

A New Look for the Lock

The display cases in the Lock Room have been given a makeover with a new exhibition based on the extensive material in College's historical collections related to travel medicine.

The exhibition was researched by two undergraduates from the University of Glasgow, Rachael Egan and Ianto Jocks, who undertook work experience with the College Library and Archive as part of the University of Glasgow's Club 21 scheme. Assistance and advice was given by Dr Jonathan Cossar FFTM RCPS(Glasg) who is a member of the Library and Heritage Committee.

The exhibition covers diseases such as scurvy, syphilis and smallpox as well as

medical travellers such as the African explorer and missionary, David Livingstone and Dr Alexander Finlayson, whose Demerara case-book (1880-1882) is in the College archive. Although the majority of items or images on display originate from our own historical collections, one item, a pottery replica of an ancient Ecuadorian artefact displaying pathological characteristics (pictured), is on loan from the pre-Columbian collection of the late Mr Stan Hall.



The Lock Room is often used for meetings so if you wish to view the new exhibition or wish to find out more about items from our historical collections please email library@rcpsg.ac.uk.

Online Resources: Point of Care

The library plays an important role in supporting the learning and information needs of all members and we are committed to improving access to our modern resources. How we deliver our services continues to evolve and many of our resources are now available online.

This second in a series of articles discussing online library resources looks at point of care services.

Point of care resources

Point of care resources offer summarised, validated clinical evidence and guidance which aims to support clinical decisions made during interaction with patients or service users. Through the Knowledge Network, our members can access resources such as:

- Dynamed
- Evidence into Practice
- BNF
- TRIP Questions and Answers
- NHS Inform

You can choose to search across multiple point of care resources by using the evidence and guidance search facility on the Knowledge Network, or you can simply access each individual resource.

Dynamed

The primary point of care resource within the Knowledge Network is Dynamed. Dynamed provides summaries of evidence on approximately 4,000 clinical topics and includes links to many full-text international guidelines, Cochrane systematic reviews, research and review articles, PubMed abstracts and patient information. Dynamed is updated daily to ensure clinicians get the most relevant

evidence and guidelines. It has easy-to-interpret Levels of Evidence labels so users can quickly find the best available evidence and determine the quality of the best available evidence.

How to access point of care resources

To access point of care resources via the Knowledge Network, you must have an Athens Account. Every member of the College is eligible for an Athens account, simply contact us at library@rcpsg.ac.uk and we will send you details of how to apply.

The Knowledge Network can be accessed at www.knowledge.scot.nhs.uk

International Media Update

In addition to the Media Update email, which is sent daily to Fellows and Members in the UK, the library now sends an International Media Update to overseas Fellows and Members.

This weekly email is delivered as a membership benefit and features health stories from news sources around the world. As well as the biggest international headlines in health, it covers health-related subjects such as Business, Politics, Science & Technology and Public Health.

Contact newsletter@rcpsg.ac.uk for more details or to subscribe.





Travel Medicine in Olympic Year

Citius Altius Fortius

Faculty of Travel Medicine Annual Symposium

Date & Time: 18 October 2012, 09:00

Venue: Royal College of Physicians and Surgeons of Glasgow

Topics covered include:

Undertaking Clinical Research in Travel Medicine

Bernadette Carroll, Senior Research Nurse, Travel Unit, Hospital for Tropical Diseases, London

Public Health Microbiology from the London Olympics

*Dr Meera Chand, Specialist Registrar in Microbiology,
Health Protection Agency, Colindale/University College London Hospitals*

UK Travel Medicine 2012

*Dr Vanessa Field and Dr Dipti Patel
Joint Directors of the National Travel Health Network and Centre (NaTHNaC)*

The Work of the World Health Organization Travel Unit

Dr Gilles Pomeroy, Medical Officer at the World Health Organization, Switzerland

Routes of Vaccination

*Dr Leo G. Visser, Department of Infectious Diseases and Head of the Centre for Travel
Medicine and Vaccination at the Leiden University Medical Centre, The Netherlands*

For a complete programme and registration information, contact Donna Johnston:
E donna.johnston@rcpsg.ac.uk | T +44 (0)141 227 3212 | www.rcpsg.ac.uk



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