

# College

SUMMER 2017

NEWS



## Global citizenship in the Scottish Health Service

INSIDE



NEW IM CURRICULUM  
RUN THROUGH TRAINING  
REWARDING TERM OF OFFICE  
GLOBAL DISEASE MAPPING  
WELCOME NEW DEAN



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW



Our goal is simple. We want to make a positive difference to the health of people living in challenging circumstances where access to healthcare is, for whatever reason, limited.

By working together in partnership with others locally, nationally, and internationally, we want to strengthen vital healthcare services to those people most in need by breaking down barriers and bringing people together to improve care and live well together.

We believe we can build on our reputation and proven track record and achieve this by creating a new charitable fund,  
**HOPE-The Royal College Foundation.**

**We want you to help us shape our thinking around HOPE**

To have your say, please visit: <http://rcp.sg/HOPE>

To find out more, please email: [hope@rcpsg.ac.uk](mailto:hope@rcpsg.ac.uk)



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW



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ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

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-and-surgeons-of-glasgow**

College News is the magazine of  
the Royal College of Physicians and  
Surgeons of Glasgow.

# FROM THE PRESIDENT'S OFFICE

 Watch the President's video at  
<http://rcp.sg/cnsummer17video>



The months of May and June are, for many of us, the run in to summer. Any hope that the intensity of College activity might ease off was ill-founded. During May we were focused on the final preparations for our international triennial conference, Excellence in Healthcare, which brings different specialties together and culminates in a grand social event in the form of the Triennial Ball. This year our dental colleagues were also in the throes of a significant event to celebrate 50 years of dental Fellowship and it was apt that their chosen educational topic for the coincident conference was on dental trauma – it took place just after the terrorist attack in the Manchester arena where several of our Fellows and Members were involved in treating patients with dental, facial and general trauma – some with life threatening and life altering injuries.

Our triennial events were well supported and the feedback has been encouraging. We enjoyed an exceptional programme across Medicine, Surgery, Travel Medicine and Podiatry and the underlying theme of Global Citizenship was given an enormous boost, not least by a speech from HRH the Princess Royal. All in all a memorable series of events!

I make no apology for emphasising the importance of promoting healthcare in resource poor settings around the world. We have a particular concern for Malawi and as I write this from sub-Saharan Africa, we have just completed a series

of visits to provide clinical support, education and to strengthen relationships with colleagues in Lilongwe and the rural north of the country in particular. There are many opportunities for us to raise and deploy both human and financial resource to great benefit in Malawi and you will hear more about this in the next few months. You can read our recent publication on Global Citizenship in the Scottish Health Service and find out more on our website. [rcp.sg/globalcitizenship](http://rcp.sg/globalcitizenship)

One important initiative that will help to underpin this activity is HOPE, The Royal College Foundation. This is an ambitious plan to encourage philanthropic giving which we plan to channel in specific areas to make a positive difference to people living in challenging circumstances where healthcare is limited. We are ever-mindful of the desperate need that exists even in our own home city of Glasgow, and are carefully considering how to deploy some of the charitable resource to make a real difference to the healthcare needs on our own doorstep, as well as further afield. Find out more about HOPE on the website: [rcp.sg/HOPE](http://rcp.sg/HOPE)

In Glasgow, our College base is now in the midst of major renovations. I estimate that at the time of writing we are about half way towards our target of completely altering the basement level to develop the Macewen Clinical Skills Suite, named after Sir William Macewen, our great surgical innovator. Also being developed is a new Davies eLearning Centre. We are thrilled to have the support

of the William and Elizabeth Davies Trust, without whose resources our ambitious plans would not be possible. There are further alterations being made to our St Vincent Street building, with renovations to our office space and kitchen, and significant improvements to our collections display in both Crush Hall and the Library Reading Room, which is being funded by a grant from Museums Galleries Scotland. We are planning a grand re-opening of the College building when works are complete, sometime in the autumn.

There are lots of changes taking place within our organisation; more staff will be joining us, our plans with the other UK Colleges of Physicians to launch the Academy of Physicians Colleges UK is on schedule to take place in January 2018, and we are endeavouring to streamline some of our activity and the way we connect with other Royal Colleges. I am pleased to say that our collaborative work with both the other Royal Colleges of Physicians and of Surgeons is in a healthy position. We are also asserting our influence on standards in both Travel Medicine and Podiatric Medicine.

Make sure you check back on the website frequently for news of upcoming events and do plan to participate. It is the active interest and involvement of our membership which makes the College the vibrant and relevant organisation that it is.



Follow the President on  
Twitter @davidgallowaymd ■

## NEW CHAIR OF THE AOMRC

Professor Carrie MacEwen has been elected as the new Chair of the Academy of Medical Royal Colleges to take over from Professor Dame Sue Bailey who demits office in July. Her appointment follows a ballot of the members of the Academy.

Carrie MacEwen is the current President of the Royal College of Ophthalmologists, (2014-17), Consultant Ophthalmologist at Ninewells Hospital, Dundee and holds an Honorary Chair as Head of the Department of Ophthalmology at the University of Dundee. She

is ophthalmology Specialty Adviser to the Scottish Government and is the National GIRFT Lead for Ophthalmology in England. Carrie is an Associate post-graduate Dean in the East of Scotland for less than full time medical post-graduate training and career management.

The two other candidates put forward for the ballot were Professor Maureen Baker, immediate past Chair of the RCGP and Professor Neena Modi, President of the Royal College of Paediatrics and Child Health.

Professor Carrie MacEwen said "I am delighted and honoured to have been elected as Chair of the Academy Council. The Academy has a hugely important role to play in providing a coordinated voice of medical royal colleges and doctors on cross-specialty issues.

With the pressures facing the NHS across the UK it is increasingly important there is a clear, cohesive and constructive voice from the medical profession. I believe we can make a difference by offering viable and pragmatic solutions to the current problems and

pressures, of which we are all aware. I look forward to working with Academy members and all our stakeholders over the coming three years."

Professor Dame Sue Bailey, current chair of the Academy Council said "There is an opportunity to make a difference in this role on behalf of patients and the quality of care from a medical perspective and Carrie will provide constructive and engaging leadership for the Academy and promote its role across the four nations of the UK. I am sure that Carrie will be an ideal chair for the Academy" ■

## JOINT GUIDANCE ON GENERAL ANAESTHESIA IN YOUNG CHILDREN

Following reports emerging of possible effects of anaesthesia on the developing brain, new professional joint guidance has been released by the

Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI), Royal College of Anaesthetists, Association of Anaesthetists of

Great Britain and Ireland, and the College of Anaesthetists of Ireland on the use of general anaesthesia in young children.

Find out more and download the guidance on the APAGBI website: <http://www.apagbi.org.uk/parents-and-carers> ■



### In Brief

#### Membership survey

Thanks to everyone who completed the membership survey, we had a great response and your feedback will help us to steer the direction of the College, ensuring the best and most relevant opportunities and services are available to support our members.

Congratulations also to the winner of the draw for the Apple Watch, Dr Taylor.

#### New eBook collection

All members of the College now have access to our new collection of eBooks.

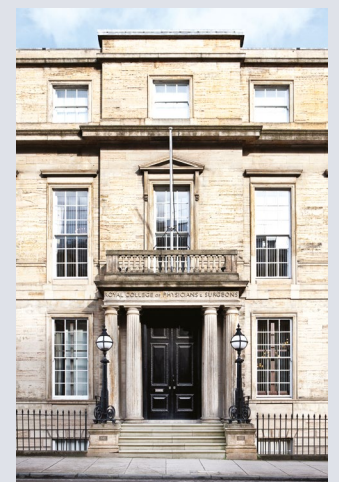
Our EBSCO eBooks package is free to all members and can be accessed by logging in to the member's area of the College website. The collection at the moment is only small but we hope to grow this over time with your suggestions – We really want the collection to reflect your needs. If there is

a book that you think should be included please email us at [library@rcpsg.ac.uk](mailto:library@rcpsg.ac.uk).

If you have any queries regarding our eBooks or any other library services and resources please get in touch.

#### College closures

The College will be closed for local and national public holidays on the following days:  
Monday 17 July  
Monday 25 September ■



## PRESIDENT RECEIVES HONORARY FELLOWSHIP

College President, Professor David Galloway, has been awarded an Honorary Fellowship from the Royal College of Physicians of Ireland.

Honorary Fellowship is the highest honour the RCPI bestows and is reserved for "world leaders in medical science and those who have made an exceptional contribution to society."

Speaking about the fellowship, Professor Galloway said, "I am

delighted and honoured to receive the Honorary Fellowship of the RCPI. It is good for Colleges with such similar aims and objectives to work in synergy and I look forward to strengthening our links."

Professor Galloway was joined at the RCPI admission ceremony by Irish rugby legend Brian O'Driscoll, Tony award winner Garry Hynes, and former Northern Ireland First Minister Seamus Mallon. ■



Pictured, from left to right: Brian O'Driscoll, Seamus Mallon, Professor Frank Murray (RCPI President) Garry Hynes, and Professor David Galloway

## ALCOHOL RELATED HOSPITAL ADMISSIONS AT RECORD HIGH IN ENGLAND

Data summarised in a release from NHS Digital, has shown that alcohol-related hospital admissions in England have increased by 64% over the last decade, with an extra 430,000 people being admitted due to alcohol-related causes in 2015/16 compared with 2005/06.

This takes the total number of alcohol-related hospital admissions to over 1.1 million in 2015/16.

In contrast, separate data released today by the Office of National

Statistics shows that the proportion of adults drinking is at its lowest level since 2005, with younger people more likely to be abstaining from alcohol. However, 7.8 million people admit to binge drinking on their heaviest drinking day.

In response to the figures the Alcohol Health Alliance UK (AHA), an alcohol health group of which the College is a member, called for more to be done in the UK to tackle the health harm done by alcohol.

Liver doctor Professor Sir Ian Gilmore, chair of the AHA said: "We know that over the long term, rates of binge drinking are falling, and more people are choosing to abstain from alcohol.

"Worryingly, however, these trends do not appear big enough to stop alcohol harm from continuing to rise, and the sharp increase in alcohol-related hospital admissions over the last few years means hundreds of

thousands more people each year are experiencing the misery associated with harmful alcohol consumption.

"We would urge the government to make tackling alcohol harm an immediate priority to save lives, reduce harm, and reduce the pressure on the NHS."

The data is available via links on our website:

<https://rcpsg.ac.uk/news/1889-aha517> ■

## NEW GUIDANCE ON EMERGENCY OXYGEN

The British Thoracic Society (BTS) has published an updated guideline on the use of emergency oxygen based on new evidence around effective prescribing and delivery. Advice from the BTS is to always specify a safe 'target range' of oxygen in the blood, which can then be monitored. This ensures that patients are not given too little, or too much,

oxygen which can result in greater illness and, in rare cases, even death.

Dr Ronan O'Driscoll, Consultant Respiratory Specialist at Salford Royal NHS Foundation Trust, and first author of the British Thoracic Society's Guideline for Oxygen Use in Adults in Healthcare and Emergency Settings, said:

"We urge all clinicians to adopt the updated BTS Guideline so that emergency oxygen is always used in an optimal and safe way.

We're delighted that a new body of evidence is confirming how effective following the Guideline can be in improving patient outcomes and reducing avoidable deaths.

The Guideline has now been extended to include more uses of oxygen ranging from procedures requiring sedation such as endoscopy, through to use of oxygen mixtures like 'gas and air' widely used in childbirth, to benefit an even greater number of patients."

Find out more and download the guideline: <https://rcpsg.ac.uk/news/1892-btsoxygen> ■



# HOPE, THE ROYAL COLLEGE FOUNDATION

**The College has announced plans to launch a new philanthropic fund – HOPE, The Royal College Foundation – in Autumn 2017.**

The fund will build on our existing reputation of delivering and supporting a wide range of healthcare projects.

Over the next few months, we encourage you to help us shape our thinking.

Our goal is simple. We want to make a positive difference to the health of people living in challenging circumstances where access to healthcare is, for whatever reason, limited. By working together in partnership with others locally, nationally, and internationally, we want to strengthen vital healthcare services to those people most in need by breaking down barriers and bringing people together to improve care and live well together.



**Can you help shape our thinking around HOPE?**

Take part in our short questionnaire to have your say: [rcpsg.ac.uk/hopeq](https://rcpsg.ac.uk/hopeq) or email [hope@rcpsg.ac.uk](mailto:hope@rcpsg.ac.uk) ■

## CONSULTATIONS

**The College regularly responds to consultation requests, seeking input from clinicians and lay representatives. Recent consultations to which we responded are highlighted below along with a brief summary of our response.**

**Guidelines for the investigation and management of pleural**

**mesothelioma (British Thoracic Society)**

This is an important and overdue guideline of high quality; there is effective treatment for this serious and debilitating disease often related to asbestos exposure.

**Physical health of people in prison (NICE)**

It is our view that healthcare should be of the same standard

for people in custody or prison as for the general population.

**Expanding undergraduate medical education (UK Government)**

Action is needed to address the shortage of doctors in the UK and there are a number of factors that need to be considered to address this shortfall, including the way in which doctors are trained. We

will report on this in a more detailed piece in the next issue of College News.

**Innovation data science solutions for cancer data (The Data Lab)**

The College welcomes this initiative although recognises the difficulties of collecting data from different sources and is cautious about conclusions which may be made on such data. ■

## ADDRESSING GLOBAL SURGERY

**The College has joined with the other surgical Royal Colleges in advocating for a greater focus on upscaling and improving global surgical and anaesthetic care.**

On 1 March, a joint letter was sent to the then three remaining candidates for the post of Director-General with the World Health Organisation (WHO), Dr David Nabarro, Dr Sania Nishtar, and Dr Tedros Adhanom Ghebreyesus, asking for their position on this issue.

An extract from the letter reads: *"Despite the severe mismatch between surgical needs and surgical provision in many countries around the world, the importance of surgical capacity building has been historically overlooked in strategic global health policy."*

*"In our view, the WHO must give significantly greater priority to the task of advocating and guiding provision of emergency and essential surgery for all, starting from within the organisation."*

On 23 May, Dr Tedros Adhanom Ghebreyesus from Ethiopia was elected as the new Director-General of WHO, and began his five year term on 1 July 2017.

We hope that Dr Tedros will take action, as a matter of priority, to address the development of essential and emergency surgery and anaesthesia as an integrated programme within the organisation.

Read the full letter to the WHO Director-General candidates: <https://rcpsg.ac.uk/news/1868-whodg> ■



Dr Tedros Adhanom Ghebreyesus

# Excellence in Healthcare 2017

The College's fourth international triennial conference, Excellence in Healthcare 2017, was held in Glasgow city centre on 8-9 June. During the conference there were four separate strands, covering medicine, surgery, travel medicine and podiatric medicine. Conference Director Dr Jackie Taylor developed the conference to allow attendees to move between strands to sessions of interest, and create a bespoke programme.



The conference began with an inspiring plenary session by Professor John Meara, Kleitjan Professor of Global Surgery at Harvard University and co-chair of the Lancet Commission on Global Surgery. Professor Meara's talk highlighted the staggering inequalities in access to safe and affordable surgical and anaesthetic care worldwide, and what can be done to address this. He pointed out the College's unique position, as a multidisciplinary College, in addressing such issues, where an approach bringing together the whole healthcare team is required.

Professor Meara also welcomed the College's report on international volunteering within the Scottish Health Service, which he described as 'one of the seminal documents of 2017' (read more on page 10).



The Princess Royal with College President Professor David Galloway and Conference Director Dr Jackie Taylor



On day two the conference we were honoured by a visit from HRH The Princess Royal, who attended to present prizes to the winners of the conference poster competition.

The Princess Royal sat with conference delegates to hear the Chief Medical Officer for Scotland, Dr Catherine Calderwood, set out her plans for the next phase of her 'Realising realistic medicine' campaign, which will be engagement with the general public in a national consensus. The aim of realising realistic medicine is to ensure that patients are included in decisions about their treatment, to reduce unnecessary tests and procedures being carried out, reduce waste, and to allow patients to choose what is right for them.

The Princess Royal then addressed the audience and echoed many of the CMO's statements; that patients must be seen as humans, "not as merely 'an organ' or 'a limb'", and that they must be listened to create trust between carers and patients.

The final plenary session was a truly motivating, inspirational presentation

Congratulations to the four conference poster prize winners. **1st prize was awarded to Russell Allan** for his quality improvement project on protective ventilation at the Queen Elizabeth University Hospital, Glasgow. Poster prize runners-up: **Gavin Wylie**, **Daniella Ross**, **Liz Morrow**

by Greig Trout, a double cancer survivor and founder of the website '101 things to do when you survive' (<http://www.whenyousurvive.com>). Greig talked of the severe depression he experienced on successfully completing cancer treatment for the second time, and how planning a trip round the world led to a new life helping others through charity fundraising and motivational speaking. Greig also echoed the sentiments from earlier in the day on the importance of preserving the human element in interactions with patients.

## Conference highlights

### Medicine24

This was the third annual Medicine24 conference, focusing on the optimal management of acutely ill patients within the first 24 hours of admission. Medicine24 speakers included international experts, Dr Marc Pfeffer, Harvard Medical School, Dr Marie Collazo-Clavell, the Mayo School of Medicine, and Professor Loren Laine, Yale school of Medicine. This year's Medicine24 also included presentations on the wider aspects of medicine, covering precision medicine, patient data and privacy, Glasgow's contribution to medicine, and reflections on medical education in Africa - presented by founder of the Tropical health and Education Trust (THET), Professor Sir Eldryd Parry.





Sir Eldryd Parry

### Surgery365

Surgery365 was a new surgical conference developed for surgeons across the specialties to tackle common issues and challenges. Speakers included Getting it Right First Time (GIRFT) Lead, Professor Tim Briggs, virtual reality in global surgical education expert, Mr Shafi Ahmed, and veterinary surgeon Mr Romain Pizzi – a College first. The conference also explored experiences of surgery in countries with less-developed healthcare systems, such as Sudan and Malawi.

### Travel Medicine – The Big Picture

The Big Picture was held on day one of the conference to look at some of the major

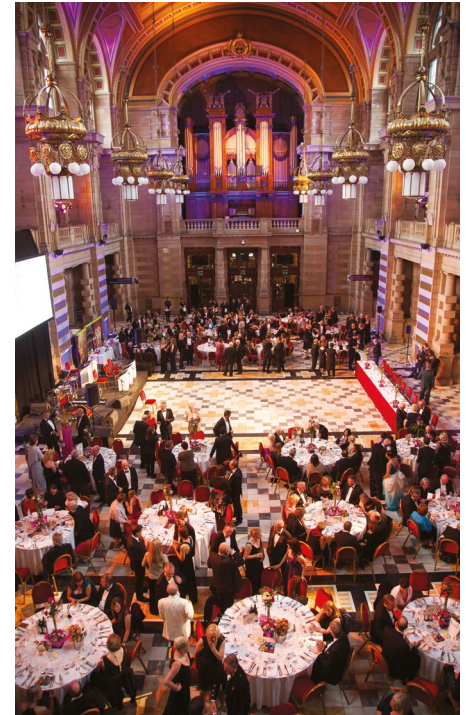
healthcare challenges across the globe, including malaria, Zika, Ebola and hepatitis C. The Travel Medicine Triennial fellowship award winner, Dr Sam Allen, presented findings from his research project of the Zika associated birth defect in Brazil, and Dr David Goldberg was presented with the David Livingstone medal following his Livingstone lecture on hepatitis C.

### Podiatric Medicine – A Journey of Human Movement

A Journey of Human Movement looked at the developments in assessing human movement, how data is collected and analysed, and how current research is relevant to podiatrists in their clinical practice. In addition to expert speakers from the UK, Europe and Australia, the conference conducted a live data collection and analysis via a web link to the gait laboratory at Glasgow Caledonian University.

### Triennial Ball

To mark the end of the conference, the College held the Triennial Ball in Glasgow's famous Kelvingrove Art Gallery and Museum. The ball was a black-tie charity fundraiser for the College's campaign to support the provision of medical training in Malawi, one of the world's most under-resourced countries in terms of healthcare. Fellows, Members and guests filled



the museum hall, which was decorated in a display of light and colour, to enjoy the evening of food, music and dancing.

*We would like to thank everyone who contributed to the huge success of Excellence in Healthcare. ■*



At the Triennial Ball, pictured clockwise from top left: Dr Hazel Hynd, Head of Education, Training and Professional Development with Conference Director, Dr Jackie Taylor and Conference Planner, Melanie Sinclair; Surgery365 Director, Alison Lannigan and partner; College President and CEO, Professor David Galloway and Dr Steve Graham; Professor Loren Laine and partner; Plenary speaker Greig Trout; CMO for Scotland, Dr Catherine Calderwood and partner.

## ON THE FRONT LINE WITH EMILY BROADIS

College Fellow Emily Broadis is a Scottish Clinical Leadership Fellow hosted by the Scottish Government Health Workforce and Strategic Change Directorate. Emily has also had extensive involvement in international health work, predominantly in Malawi, and has been a key contributor to the new College report 'Global citizenship in the Scottish Health Service' which was published in May.



"This past year I have loved learning about what the NHS actually is, the feeling of being part of the NHS as a whole, to have the opportunity to think about generic issues which cross specialties or health boards, to learn about good practice which is going on in different areas and to meet the people who are working at a strategic level."

### ***What does your daily job involve?***

I am involved in various projects related to workforce, supporting the Senior Medical Advisors in their work. The main two projects I have been involved with are the delivery, evaluation and development of a trainee rota quality improvement tool (PCAT – the Professionalism Compliance Analysis Tool) and the evaluation and support of the International Medical Training Fellowships. I attend workforce group meetings such as the Shape of Training Transition Group and the Professionalism in Excellence group, and am tasked with responsibility for delivering some of the action points which arise. This year has been a fantastic opportunity to step back from clinical work and gain a view of the NHS as a whole, to see the machinery which is involved in running this huge organisation. We

are given both experiential and formal leadership development, invited to high level meetings and learning opportunities, and made to feel welcome and listened to.

### ***What is your background, where did you qualify and where did you work before taking on your current role?***

I qualified at the University of Glasgow and trained in Scotland (Glasgow and Edinburgh) as a Paediatric Surgeon. During my training I took a year out to work as an honorary visiting clinical lecturer in Surgery at the Queen Elizabeth Central Hospital in Malawi. Whilst there, I developed a proforma for the prospective collection of data relating to the epidemiology of paediatric burn and scald injuries, which carried a high incidence and mortality rate. When I returned to Scotland I was





successfully awarded funding from the Department for International Development (DFID), together with Howard Stevenson (Retired Plastic Surgeon) and Peter Raine (Retired Paediatric Surgeon) we founded a paediatric burn prevention project in Malawi: The Reduction of Burns and Scalds (ReBaS) Project. As this project developed, I became more passionate and engaged with the concept of improving the health of populations. I also became the mother of two children, a role which I found immensely important to me personally, and which ultimately led to my decision to leave paediatric surgery in order to have enough time to continue the burn prevention work and be the mother I wanted to be. I am hugely grateful for the opportunity that the leadership fellowship has given me in taking the time to reflect on what I really feel passionate about, and how I can best make a difference in trying to impact the health of the population of Scotland. I am now very excited to be commencing public health training in Ayrshire and Arran in August.

**What are the biggest challenges that you face in your work?**

Time! There are so many different projects going on and so many opportunities for both personal or professional development that I want to get involved in. I am currently working 0.5FTE, so I find that I have to be very organised and able to keep track of projects to not lose track of timelines/deadlines. This is the same for my burn prevention work – finding the time and motivation to open up my laptop and work once the children have gone to bed!

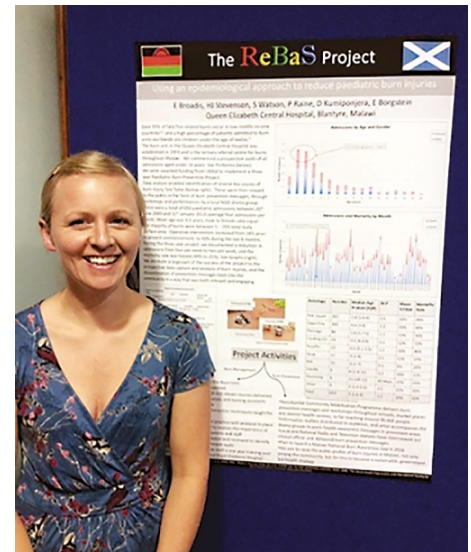
**What are the most satisfying aspects of your work?**

As a clinician and trainee, my identity was as a paediatric surgeon, I reported to the deanery for my progress, and my concerns and thoughts were very much related to my specialty and the patients I was treating. I had no idea about the management structure in the health boards and I felt no particular allegiance to the 'NHS'. This past year I have loved learning about what the NHS actually is, the feeling of being part of the NHS as a whole, to have the opportunity to think about generic issues which cross specialties or health boards, to learn

about good practice which is going on in different areas and to meet the people who are working at a strategic level, hear their views and see how this translates to improvements in patient experiences and outcomes. It has been immensely refreshing, and I feel very privileged to have had this opportunity.

**What do you think are the biggest healthcare challenges that you come in to contact with and what can be done to address these challenges?**

People talk a lot about the feeling of low morale amongst doctors in the health service, and a feeling of helplessness and disempowerment amongst trainees to make changes. I guess that when a system is stretched, and people are feeling overwhelmed and over worked, it is easy to feel undervalued and lose sight of the bigger picture, especially if you are only looking within your own specialty or department. I realise that it has been a huge privilege to have had the opportunity to experience the NHS as an organisation, to really step back and think about how amazing it actually is, and basically to fall back in love with it again! I know there are many people working in the NHS who are amazing and doing some fabulous work, despite the challenges they face, and these are the people who inspire trainees and in turn, help to make them feel valued. We need to find a way to support those who are feeling burnt out, to help people to feel a part of this huge organisation and recognise their value and the important part they play in improving the health of Scotland. The PCAT project which I have been working on is a framework for evaluating trainee working environments. It aims to foster an environment which encourages and enables trainees to be professional, rather than working on rotas which are purely defined by contractual hours. The process aims to bring all of the relevant people around the table and provides space for discussion and support around improvements in patient safety and centredness, good training and trainee health and wellbeing. I believe that if the principles of PCAT were embedded into all departments, we could see a huge improvement in the engagement, empowerment and morale of our trainees, who make up over half of our medical workforce. This is just one example of work which is going on to improve and support the workforce.



**How long have you been a member of the College and what does being a member mean to you?**

I sat my MRCS in 2001 and was awarded the Ethicon Travelling Fellowship in 2008 when I first went to Malawi, as someone had suggested I apply to the College for support. I have become more aware now of the role that colleges play in the health service and seen how they have attend key meetings within workforce, representing the specialties and their members. Last year I was invited to join the Global Health group within the College and I have enjoyed meeting other members who also have a passion for improving global health inequalities and hearing about the work the College is involved in. I would recommend that doctors get to know their Colleges and find out what's going on that they could get involved in, as there are so many different aspects and opportunities for meeting people who could inspire, motivate and encourage.

**Is there anything else you would like to add?**

Volunteering in any aspect of your life, whether locally or internationally, can be really rewarding. There are often aspects which you take back with you into your work, ideas you may have that could be adopted, or new skills you learn which are transferrable. But also, recognising the value of stepping back sometimes in order to evaluate where you are and whether you are happy, and how this is playing out in your everyday actions and effects on people is a very rewarding and refreshing exercise in itself. ■



# GLOBAL CITIZENSHIP IN THE SCOTTISH HEALTH SERVICE

College leads national conversation on global health engagement.

*"We will meet in the developing world a level of will, skill, and constancy that may put ours to shame. We may well find ourselves not the teachers we thought we were, but students of those who simply will not be stopped under circumstances that would have stopped us long ago."* – Don Berwick

On 17 May the College launched a major policy report on the value of international volunteering in the Scottish health service, titled 'Global Citizenship in the Scottish Health Service'. The report draws on many stakeholder views, together with related academic and policy literature, and provides a comprehensive review of current practice, an evaluation of the benefits and challenges of international volunteering, and a framework for enhancement of Scotland's contribution to global health needs.

This report has arisen from the College's participation in the Scottish Global Health Collaborative. Since 2015, the Collaborative, of which the College is a founding member, has brought together governmental, professional, academic and charity representatives for discussion and action aimed at improving the effectiveness of Scottish engagement in global health needs. The Collaborative decided that work was required to describe and analyse the current Scottish contribution to global health, and in particular, what role international volunteering does and should play in this.

The capacity for undertaking this work has come from the Scottish Clinical Leadership Fellowship programme – an apprenticeship-style scheme focused around the skills of medical leadership and management. The College

is currently hosting Mr Stuart Fergusson, Specialty Registrar in General Surgery, who has led this work in partnership with Mr Mike McKirdy, Director of Global Health at the College.

To inform the report, the College led a wide-ranging conversation with an extensive range of stakeholders, including all territorial and pan-regional Health Boards in Scotland, a wide range of governmental and non-governmental organisations, and subject experts.

Major conclusions from the report include that *"international health partnerships are of proven value to health systems with lower resources than our own"* and that *"global health work can sharpen and motivate our workforce in their primary task of delivering healthcare to the people of Scotland, and when undertaken thoughtfully and respectfully can be a powerful international statement of Scottish character and values."* The College has recommended that the Scottish Government should articulate a strategic approach to global health and provide a modest amount of resource to better coordinate and support international volunteering activity by health service workers.

Some of the individual perspectives collected in the report are included here and illustrate some of the various benefits of volunteering:

Emily Broadis was a Scottish trainee in paediatric surgery when she spent a year in Malawi, fulfilling challenging clinical duties in addition to providing undergraduate teaching. She speaks of a life-changing time:

*"The experience was almost indescribable in terms of benefits gained... none of it has counted towards my training and yet I feel I learnt a huge amount... I saw clinical cases I would never see in a lifetime of work within the UK. I learnt how to rely on my clinical skills and trust my gut instinct. I learnt how to be resourceful, how to deal with frustrations and how to work with people from a different culture and background."*

See the feature on page 8.



Dr Linda de Caestecker, Director of Public Health at Greater Glasgow and Clyde for ten years, has recently returned from a one year leave of where she was Director of Projects with the International Federation of Obstetrics and Gynaecology (FIGO). She comments:

*"It was a wonderful opportunity and experience. There was personal cost involved... but the benefits far overwhelmed these... I came back to my role as Director of Public Health, refreshed and re-motivated to improve health and feeling very fortunate to work within our NHS system with its commitment to equality and universal access."*

The Royal Hospital for Children in Glasgow (previously 'Yorkhill') has had a formal institutional link with the Children's Hospital and Institute of Child Health in Lahore, Pakistan, since 2001. The Glasgow link lead describes this as:

*"equally beneficial to the service provided at Yorkhill. The Pakistani origin community (Glasgow's largest single ethnic minority) are substantial users of Yorkhill and come mainly from the area around Lahore. The twinning increases staff knowledge and understanding of the cultural origins of this quite vulnerable group as well as enhancing relationships with the community."*



CMO for Scotland Dr Catherine Calderwood with co-authors of the report Mr Mike McKirdy (pictured left), College Director of Global Health and Mr Stuart Fergusson, SCLF

At the launch of the report on 17 May, we were pleased to welcome a number of high profile guests to the College, including the Chief Medical Officer for Scotland, Dr Catherine Calderwood, the Minister of International Development and Europe, Dr Alasdair Allan, and the Minister for Mental Health, Ms Maureen Watt. The report received a warm welcome from all attendees and the Scottish Government undertook to review the recommendations in detail, and in particular, to work together with the College to explore the possible pilot of a Scottish Centre for Global Health.

The report also received a warm welcome from College members

and friends at our triennial conference, Excellence in Healthcare. Keynote speaker Dr John Meara, Professor of Global Surgery at Harvard Medical School, described it as "one of the seminal documents of 2017."

The College is delighted to have played a major role in advancing a national conversation on the value of engaging with health needs beyond our borders, and looks forward to a continuing dialogue with government on how report recommendations are translated to action.

*The full report and accompanying videos can be found at [rcp.sg/globalcitizenship](http://rcp.sg/globalcitizenship)*



Contributors to the report at the launch event, from left to right: Gary Mortimer, Gillian Calder, Andrew Pearson and Charlotte Wright

## BENEFITS OF INTERNATIONAL VOLUNTEERING



#ScottishGlobalHealth  
#GlobalCitizenship  
[rcp.sg/globalcitizenship](http://rcp.sg/globalcitizenship)



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW



# REMOTE AND RURAL MEDICINE CONFERENCE

In March 2017, the newly formed Glasgow University Remote and Rural Medicine Society (GURRMS) ran the inaugural Remote and rural medicine conference on the isle of Islay.

GURRMS founders and conference organisers, Keenan Smith, Gregor Stark and Alistair Carr give an overview of the conference below:

Six months prior to the conference, we were sitting in the Glasgow University Union listening to Alistair explain his plan. He'd just returned from a five week GP placement on Islay where his eyes had been opened to the challenges and excitement that lay in rural general practice. Despite the recruitment crisis facing general practice everywhere, and rural general practice in particular, he was convinced that if other students could experience what he had, it would inspire them too.

That evening, we formed the Glasgow University Remote and Rural Medicine Society (GURRMS). Our founding goal was to host a conference with a real and lasting impact. With a message that no delegate could ignore: rural GP provides an exciting and dynamic career that should not be written off as a sleepy backwater of a career.

We wanted to create something that would change not just how 60 medical students thought, but that would become a staple of the undergraduate social and



educational calendar - changing perceptions for years to come. If we were going to make a difference we had to show off everything that rural practice had to offer and that this meant going to Islay. There were many challenges to overcome in organising the conference, but despite any reservations we may have had, our 60 delegate tickets sold out within four and a half hours – clearly demonstrating the demand among medical students for more exposure to rural practice.

On the day of the conference every seat in the Gaelic College was filled with eager students. Most were from Scotland but some had come from as far away as Plymouth, Oxford and Hull.

A spectacular view across Loch Indaal was the backdrop to the inaugural National Undergraduate Remote and Rural Medicine Conference. The morning session started with a talk by Dr Angus McTaggart defining what rural medicine is and the rewards it can offer, followed by the Emergency Medical Retrieval Service (EMRS) team talking about their role and how they interact with rural GPs and the realities of pre-hospital care.

Subsequent sessions included the benefits and challenges of working in a rural environment, presented by two retired Islay GPs, a workshop around how to act in a rural medical emergency, led by Rural GP Fellows Drs Jess Cooper and Durga Sivasathiaselalan, and a talk on rural surgery by Mr Stuart Fergusson, Scottish Clinical Leadership Fellow at the Royal College of Physicians and Surgeons of Glasgow.

Other issues explored were the limitations of using guidelines in a rural setting, presented by the Chair of SIGN, Professor John Kinsella, who made the interesting comparison of rural medicine to the ICU environment, and how 'realistic

medicine' applies in a rural context.

During the day students also had the opportunity to talk with patients who had volunteered to share their experiences of rural healthcare.

The next day was used to explore rural life and experience the community of Islay. This included enjoying the scenery and hospitality of the island, and the option of participating in a joint Royal National Lifeboat Institution and coastguard training exercise which involved three of the students being winched out of the sea.

The informal feedback we have had thus far has been overwhelmingly positive: certainly more than one rural elective is being sought after last weekend. A recurring theme has been how impressed students were by the strength of the island's community and the generosity of the locals. Formal feedback is in the process of being collected and will be made available in due course.

The 2017-18 GURRMS committee has now been elected and have exciting plans for the future.

Watch this space!

Follow @GURRMS on Twitter ■





## Physicians

### 20 September, 0900-1700 Stroke 2017

Please see details below

### 29 September, 0900-1700

#### Bother with bugs

The diagnosis and management of infection is undergoing a period of rapid transformation. Technological advances in imaging and diagnosis allow accurate diagnosis of infection.

Member fee: £75 | Lunch provided | Book online

### 13-14 November, 0800-1800

#### IMPACT

IMPACT introduces the principles and practice of acute medical care, and the related knowledge, skills, understanding and attitudes. For CT1 level and above.

Member fee: £472 | Lunch provided | Book online

### 15 November, 0900-1700

#### Palliative care conference

Please see details below

### 17 November, 0900-1700

#### Respiratory conference 2017

Respiratory 2017 will cover a broad range of updates in common respiratory conditions, seen in both primary and secondary care.

Member fee: £75 | Lunch provided | Book online

### 21 November, 0900-1700

#### FICE (Focused intensive care echocardiography) course

This course will cover ultrasound machine demonstration, image acquisition and optimisation, basic echo views and sonoanatomy, common pathologies, and interesting cases.

Fee: £175 | Lunch provided | Book online

#### Exam closing dates

#### 7 August | MRCP(UK) PACES

Assessment period 30 September –

3 December, various locations

Applications open on 24 July

#### 9 August | MRCP(UK) Specialty Certificate in Infectious Disease

Exam to be held on 6 September, various locations

Applications open on 17 May

#### 9 August | MRCP(UK) Specialty Certificate in Medical Oncology

Exam to be held on 6 September, various locations

Applications open on 17 May

### 23 August | MRCP(UK) Specialty Certificate in Respiratory Medicine

Exam to be held on 20 September, various locations

Applications open on 31 May

### 21 September | MRCP(UK) Specialty Certificate in Dermatology

Exam to be held on 12 October, various locations

Applications open on 29 June

### 11 October | MRCP(UK) Specialty Certificate in Acute Medicine

Exam to be held on 8 November, various locations

Applications open on 19 July

### 11 October | MRCP(UK) Specialty Certificate in Palliative Medicine

Exam to be held on 8 November, various locations

Applications open on 19 July

### 13 October | MRCP(UK) Part 2

Exam to be held on 28-29 November, Glasgow and Belfast

Applications open on 25 September

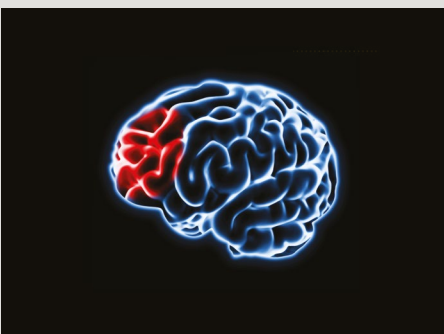
### 20 October | MRCP(UK) Part 1

Exam to be held on 9 January 2018, Glasgow, Belfast, Leeds and Liverpool

Applications open on 9 October

All events are held in the College unless otherwise stated. Event schedule and content may be subject to change. All of our events can be booked online (unless otherwise indicated) at <http://rcp.sg/events>. All exam enquiries are welcome through our general mailbox [exams@rcpsg.ac.uk](mailto:exams@rcpsg.ac.uk). All dates advertised are in 2017 unless otherwise indicated.

#### STROKE 2017



### 20 September, 0900-1700

Join us for the sixth annual Stroke symposium where we will address new topics and updates in the rapidly changing field of stroke. The day will include lectures on the most current hot-topics in stroke care, and an afternoon of 'masterclasses'; workshops and discussions covering key learning areas and current areas of debate.

Member fee: £75 | Lunch Provided | Book online

#### PALLIATIVE CARE CONFERENCE



### 15 November, 0900-1700

This one day conference will offer practical advice about looking after patients with complex mental health needs at the end of life, through a series of mini-lectures and interactive case based presentations. There will also be focus on the mental health and well-being of staff delivering end of life care.

Member fee: £75 | Lunch provided | Book Online

#### CHILDREN'S SURGERY FOR ADULT SURGEONS AND UROLOGISTS



### 7 September, 0900-1700

Due to changes in the curriculum, general surgery of childhood (GSC) may become part of the core practice of adult general surgeons and urologists. This symposium will provide key updates on current practices in common children's surgical conditions.

Member fee: £75 | Lunch Provided | Book online



## WHAT'S ON



### Surgeons

**23 August, 0830-1700**

#### Advanced fractures around the knee CASC

An intensive one-day cadaveric course covering advanced techniques in trauma knee surgery.  
Member fee: £325 | Lunch provided | Book online

**31 August-1 September, 0830-1700**

#### MRCS part B OSCE preparation course

OSCE exam preparation course, combining independent online learning with one day of classroom based scenarios, and a mock OSCE exam held in the Glasgow Exam Centre.  
Member fee: £450 | Lunch Provided | Book online  
Also running on 11-12 January and 19-20 April 2018

**7 September, 0900-1700**

#### Children's surgery for adult surgeons and urologists

Please see details on page 13

**14-15 September, 0830-1700**

#### Basic surgical skills course

Intercollegiate course for trainees anticipating a career in surgery and preparing for basic surgical examinations  
Member fee: £505 | Lunch Provided | Book online  
Also running on 12-13 October and 16-17 November

**26 September, 0830-1700**

#### Basic orthopaedic procedural skills

Master the principles of skin suturing, plastering, digital nerve blocks, joint aspiration, emergency fracture treatment and spinal immobilisation.  
Member fee: £60 | Lunch Provided | Book Online  
Also running on 13 December

**4 October, 0830-1700**

#### GI anastomosis

This practical one day course will focus on vascular and bowel anastomosis techniques  
Member fee: £14 | Lunch Provide | Book online  
Also running on 20 February and 29 May 2018

**5 October, 0830-1700**

#### Vascular anastomosis

Please see details below

#### Exam closing dates

**28 July | MRCS Part B OSCE**

Exam to be held on 12-13 October, Glasgow  
Applications open

**28 July | DOHNS Part 2**

Exams to be held on 24-26 October, Glasgow  
Applications open

**27 October | MRCS Part A**

Exam to be held on 9 January 2018, various locations UK & international  
Applications open

**3 November | DOHNS Part 1**

Exam to be held on 8 January 2018, Glasgow, Amman, Dubai and Muscat

**4 December | FRCS Ophthalmology Part 1 and Part 2**

Exam to be held on 6 March 2018, various locations UK & international  
Applications open

**TBC | FRCS Ophthalmology Part 3**

Various International locations



### Dentistry

**8-10 September, 0830-1700**

#### MFDS part 1 preparation course

A three day exam preparation course of interactive lectures covering the key exam areas.  
Member fee: £440 | Lunch provided | Book online

**3 November 0900-1700**

#### Mouth cancer conference

Please see details below

#### Exam closing dates

**10 July | ISFE in Oral Surgery**

Exam to be held on 30-31 October, Glasgow  
Applications open

**28 July | ISFE in Restorative Dentistry**

Exam to be held on 20-21 November, Dublin  
Applications open

**17 August | Special Care Dentistry**

Exam to be held on 7-8 December, Glasgow  
Applications open

**8 September | MFDS Part 2**

Exam to be held on 23-24 November, Glasgow and Manchester  
Applications open

**27 November | ISFE in Orthodontics**

Exam to be held on 19-20 March 2018, Glasgow  
Applications open

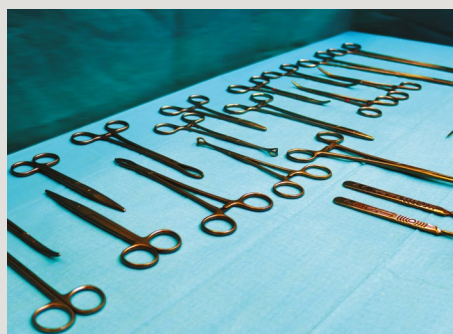
**19 January 2018 | MFDS Part 1**

Exam to be held on 9 April 2018, various locations UK & international  
Applications open

**3 January 2018 | ISFE in Paediatrics Dentistry**

Exam to be held on 23-24 April 2018  
Applications open

### VASCULAR ANASTOMOSIS

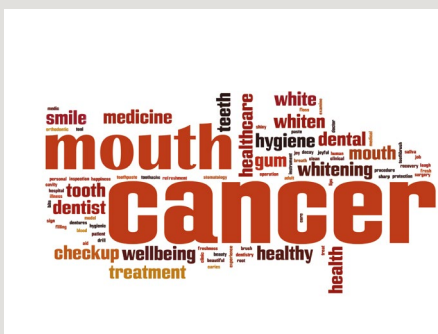


**11 October, 0830-1700**

A hands on course covering the theoretical principles and practical techniques of vascular anastomosis; trainees will have the opportunity to perform a variety of surgical procedures on tissue models under the expert guidance of consultant surgeons. This course forms an integral part of current postgraduate surgical training.

Member fee: £145 | Lunch Provided | Book online  
Also running on 21 February and 30 May 2018

### MOUTH CANCER CONFERENCE



**3 November, 0900-1700**

A comprehensive overview of the assessment, diagnosis and treatment of oral cancer. There is now greater emphasis on mouth cancer patients being treated in primary care; this is an important current issue for the whole dental team.

Member fee: £75 | Lunch provided | Book online

### FACULTY OF TRAVEL MEDICINE ANNUAL SYMPOSIUM: ENABLING TRAVELLERS - HIDDEN CHALLENGES



**5 October, 0900-1700**

Develop skills and knowledge in the care of travellers with a range of special needs, and understand what support travel medicine practitioners can provide.

Member fee: £75 | Lunch provided | Book online

## Travel Medicine

5 October, 0900-1700

**Faculty of Travel Medicine annual symposium: Enabling travellers - hidden challenges**

Please see details on page 14

**Exam closing dates**

**29 September | MFTM Part A**

Exam to be held on 5 December, Glasgow  
Applications open

**29 September | MFTM Part B**

Exam to be held on 7 December, Glasgow  
Applications open

## Podiatric Medicine

18 October (Northampton) and 30 October (Glasgow), 0900-1700

**Beginning your career in podiatric medicine - Glasgow and Northampton**

An introduction to the Faculty of Podiatric Medicine, including presentations in sports medicine, MSK, podiatric surgery, diabetes and career development.

Fee: £5 | Lunch provided | Book online

23 November, 0900-1700

**Making the most of medicines: Building confidence in prescribing and POMs**

Please see details below

**Exam closing dates**

**25 August | MFPM Part 2**

Exam to be held on 10 November, Glasgow  
Applications open

## Events for all

6 September, 0830-1700

**TEAM (Trauma evaluation and management)**

TEAM introduces concepts of trauma assessment and management to medical students during their clinical years.

Member fee: £35 | Lunch Provided | Book online

15 September, 0900-1700

**Towards global citizenship**

Please see details below

19 September, 1300-1630

**Doctors in difficulty**

Please see details below

24-25 August (Leeds) and 28-29 September (Glasgow)

**Royal College advanced certificate in clinical education**

A two-day course for anyone involved in teaching at an advanced level.

Member fee: £1058 | Lunch provided | Book online

Also running on 4 December (Glasgow)

2 November, 1300-1700

**Clinical trainer development course**

Develop the skills to support your trainees. This course covers key supervision principles, including leadership styles, leading teams and mentoring.

Member fee: £40 | Book online

**eLearning**

New modules available in

**Neurology**

**Emergency & Trauma**

**Palliative Care**

**Advanced ECG Interpretation**

For full details, please visit your relevant faculty page on our website, or get in touch with us: [elearning@rcpsg.ac.uk](mailto:elearning@rcpsg.ac.uk)

All events are held in the College unless otherwise stated. Event schedule and content may be subject to change.

All of our events can be booked online (unless otherwise indicated) at <http://rcpsg.ac.uk/events>.

All exam enquiries are welcome through our general mailbox [exams@rcpsg.ac.uk](mailto:exams@rcpsg.ac.uk). All dates advertised are in 2017 unless otherwise indicated.

### MAKING THE MOST OF MEDICINES: BUILDING CONFIDENCE IN PRESCRIBING AND POMs



23 November, 0900-1700

An opportunity for podiatrists to contextualise their use of medicines within the legislative frameworks and clinical governance, and improve their confidence in practice.

Member fee: £75 | Lunch provided | Book online

### TOWARDS GLOBAL CITIZENSHIP



15 September, 0900-1700

An opportunity to join national and international experts in a conversation about how Scotland can best deploy its resources in international health partnerships.

Member fee: £85 | Lunch Provided | Book online

### DOCTORS IN DIFFICULTY



19 September, 1300-1630

A half-day course for senior clinicians, responsible officers, clinical directors, medical directors and clinical leads. Learn how to identify concerns early, diagnose issues and intervene effectively to support doctors who are experiencing difficulty or demonstrating difficult behaviour.

Member fee: £75 | Book online

Also running on 11 January 2018



## NEW ASSOCIATE MEDICAL DIRECTOR

In April the College welcomed Dr Graham Curry as the new Associate Medical Director.

Dr Curry was appointed as a Consultant physician and gastroenterologist in 1990 and has special interests in IBD and endoscopy. He has worked across the West of Scotland in a variety of hospital settings, including Inverclyde Royal Hospital, the Victoria Infirmary and the

new Queen Elizabeth University Hospital.

Dr Curry has been involved in Medical Education as Training Programme Director for General Internal Medicine and has represented NES on the GIM Specialty Advisory Committee since 2010. Through his consultant career, he has acted as an Examiner Host and Chair of Examiners for the MRCP(UK) PACES Examination. ■



Dr Graham Curry

## FEDERATION TRANSFORMATION DIRECTOR APPOINTED

Yasmin Becker has been appointed as Transformation Director to oversee the transition of Federation services and functions into the Academy of Physicians Colleges (UK), launched on 1 June.

Yasmin has built credibility and developed positive working relationships in senior roles within private, public and not-for-profit sectors. She excels in developing organisation capabilities, improving efficiencies and solving

problems. Yasmin is a versatile leader with vision and drive to deliver in politically and culturally sensitive settings. She has a solid track record of reconfiguring services and leading large multi-cultural teams involving multiple organisations.

The Presidents and CEOs of the Royal College of Physicians and Surgeons of Glasgow, the Royal College of Physicians of Edinburgh and the Royal College of Physicians of London, welcome her warmly to the appointment. ■

## THANKS TO ALYSON BRYDEN

Dr Alyson Bryden has stepped down as the Honorary Clinical registrar for the Diploma in Dermatology examination. We would like to thank Dr Bryden for her contribution and support over the last 4 years. ■

## NEW MEMBERS

Welcome to all physicians admitted to the College during February – April 2017.

### Fellow qua Physician - FRCP(Glasg)

Ahmed Ali Ahmed al Sariry **Al Sariry**  
Ammar abd Alrahman **Alobaidy**  
Srinivasan **Ananth**  
Rajat **Arora**  
Usman Iqbal **Aujla**  
Mahaveera Prasad **Billigeri Narayana Bhat**  
Brian **Brown**  
Joydeep **Chakrabartty**  
Brajaraj **Das**  
Abdul Latheef **Ettappurath Naduvile Purayil**  
Chow Bing **Fai**  
Ayman Mohamed Abdelaziz **Fattoh**  
Badar Ul Ahad **Gill**  
Mahesh Kumar **Goenka**  
Soran **Handrean**  
A F M Shamsul **Haque**  
Kawan Mohammed Ameen **Hasan**  
Shalini **Jaggi**  
Muhammed **Kunnummal**  
Wai Wai **Lwin**  
Muhammad Kashif **Malik**  
Aileen Elizabeth **Marshall**

Narayan **Mishra**  
Kaiser **Nayeem**  
Irfan Muneeb **Qazi Rahima**  
Mohamed Zehran **Saipillai**  
Jugal Kishor **Sharma**  
George **Sunny**  
Ayyaz **Sultan**  
Gary **Tse**  
Rajani Kanth Rao **Vendula**  
Angela **Wright**  
Mowfaq Hashim Mahmoud **Yahya**

### Member qua Physician - MRCPS(Glasg)

Neil **Lachlan**

### Member of the College - MRCPS(Glasg)

Othniel Olasunkanmi **Adebayo**  
Lauren **Anderson**  
Lauren **Anderson**  
Athar Ali **Badar**  
Anthony **Cochrane**  
Hisham Aziz Salem **Dweik**  
Eslam Mohamed Abd El Fattah **Edris**

Abdus Sami **Eman**  
Syed Anjum Ali **Gardezi**  
Divya **Garg**  
Anita **Haroon**  
Hans **Hartung**  
Mark Allan **Henderson**  
Ahmed Ibrahim Amin **Ibrahim**  
Quazi Tamjidul **Islam**  
Phoo Ngon **Kyaw Win**  
Wei Juan **Lim**  
Jennifer **Macfie**  
Laura **McGregor**  
Mairi Celine **McGuire**  
Abdullah Bashir **Mukhtar**  
Awais **Naeem**  
Adedayo Olufemi **Olawuni**  
Fatima Abd Elmutaal Zein El **Abdeen Rushwan**  
Shoaib **Sarwar**  
Mohd Fazil **Shareef**  
Mohamed Mohamed Abdelhamied **Soliman**  
Beth **White**

# THE NEW INTERNAL MEDICINE (IM) CURRICULUM

The new Internal Medicine (IM) stage 1 curriculum for UK medical trainees is expected to be implemented in August 2019. The curriculum has been developed by JRCPTB on behalf of the three Royal Colleges of Physicians of the UK, incorporating the recommendations of the Shape of Training review. IM stage 1 training will be the core training programme for Internal Medicine and the physicianly specialties.

Chair of the College Trainees Committee chair, Dr Arrianne Laws (AL), met with Professor David Black (DB), JRCPTB medical director, to address some key questions around the new curriculum and its implementation.

**AL: What do you think are the best things about the new curriculum and the approach it is taking?**

**DB:** There were actually four big drivers for change, any one of them alone might have led to a curriculum change, but we have tried to deal with them altogether:

The first is that we have an ageing population, which increasingly has comorbidities. The Shape of Training, which was a large exercise by the four UK countries, the Deaneries and the GMC, was carried out to look at what patients would need for the future and therefore how we should skill our doctors for the future. That gave us the understanding of what we needed, the challenge was then how to achieve it.

The second driver was that the GMC felt that there wasn't a high enough focus on generic capabilities in our curriculum in terms of teaching and assessment; so they were going to require changes to the curriculum anyway.



Professor David Black, JRCPTB

Thirdly, we have had a huge amount of feedback over the last ten years that our approach to assessing competence is bureaucratic, that it isn't helping trainees enough and has been referred to as a 'tick box culture'. All through training, supervisors make a judgement on whether or not a trainee is capable and trusted to do a piece of work, and we wanted to make it simpler for people to be able to describe this in assessment, and to ensure that trainees who aren't making progress are identified and helped. That's why we have developed our 14 capabilities in practice, rather than the current 120 tick boxes of assessment.

Fourthly, there is the issue of the leap between CM2 and the medical registrar and all the gaps in between, and we wanted to help that progression.

We have tried to ensure that all our physicians are better grounded in general internal medicine (GIM) and generic professional capabilities – it's widely agreed that whatever career path they take, that this grounding will make them better physicians.

These are all the objectives we have tried to achieve in developing the new curriculum; it takes a long time to develop a curriculum – we wanted to do it once and get it right.

**AL: What do you envisage will be the three biggest challenges to its success and to its early implementation?**

**DB:** Change is always difficult, even when people agree to it and the principles behind it. It will change how we assess trainees, which will be simpler, but people will have to learn how to do it. Training all our educational supervisors at the start of 2019 will be a really key role in its implementation.

Some of the strongest feedback we have had is on the push towards ensuring that everyone gets intensive care or HDU experience, it's been very well received, especially from the

trainees. Any push back about this has been from training programme directors and College tutors who say that trusts can make it difficult for them to deliver. There is always a tension between setting what we want to achieve in training and the service saying it can't be done, but I think it's incumbent that people insist on these standards because this training is what we need for the future.

I believe outpatient experience is crucial as a lot of consultants are going to spend half their life in outpatient clinics, and to take a job having only done half a dozen clinics when you're going to spend the next thirty years doing this seems very strange to me.

So I think assessment, these two areas of practice, and the whole nature of change will be the challenges.

**AL: How has capacity to take trainees for the time in ICU been identified?**

**DB:** Last month I had a one-to-one conversation with every head of school in the UK, all of whom have now set up working groups to address these challenges. The first thing is that, almost unanimously, they thought this was really important and did not want it watered down in the curriculum. A few of them did say, however, that it was going to be challenging to achieve in their part of the country. We have also been working with The Faculty of Intensive Care Medicine who are very positive about making this work.

There are ways in which more capacity can be created; for example there are a significant number of empty core training posts around the country, so potentially the money from these could be used to create new ICU posts. So there are things that can be done, they're not always easy, and so we are back to the nature of change. Trainees have been so positive about this, though, that it is something we really need to hold onto.

*continued on page 28*

## WELCOME TO NEW ASIT PRESIDENT

Congratulations to Helen Mohan (pictured right), elected President of the Association of Surgeons in Training (ASiT) 2017-2018.

Helen, who is a General and Colorectal Surgery SpR in Ireland, has been on the ASiT Executive Committee since 2014, serving as Vice President 2015-2016, and as a Regional representative and year book editor 2014-2015.

Helen's interests include colorectal cancer, IBD, global surgery and LTFT training reforms. She states that her main aim is for ASiT is to "ensure that surgery remains a sustainable and attractive career for the

next generation of surgeons to attract and retain enthusiastic committed doctors."

Helen is joined on the Executive Committee by Elizabeth Elsey and Paul Sutton as new Vice Presidents.

We wish Helen and the committee good luck for the year ahead and look forward to working with them.

*Follow the ASiT Executive Committee on Twitter:*

Helen Mohan [@HelenMOhan1](#)

Elizabeth Elsey [@lizzyselley](#)

Paul Sutton [@paulo\\_sutt](#) ■



## NEW MEMBERS

Welcome to all surgeons admitted to the College during February – April 2017.

### Fellow qua Surgeon - FRCS(Glasg)

Rajiv **Agarwal**  
 Saeed **Ahmed**  
 Hudhaifa **Almukhtar**  
 Viswanatha **Borlinge gowda**  
 Dewan Ali Hassan **Chowdhury**  
 Aruna **Dawani**  
 ElHussein **Elgenghehy**  
 Muhammad **Fahim**  
 Ashok Sangamesh **Godhi**  
 Mubasher **Ikram**  
 Tariq **Iqbal**  
 Suresh **Keshavamurthy**  
 Mohammed **Khamas**  
 Vikas **Malhotra**  
 Gurusamy **Manokaran**  
 Hussein Turkey **Naji**  
 Pradeep Prabhakar **Rao**  
 Salah **Raslan**  
 Syed Ishtiaq **Rizvi**  
 Paul Selvindoss **Sbalraju**  
 Muhammad **Shamim**  
 Bhupendra Pal **Singh**  
 Ing Ping **Tang**  
 Vivek **Trikha**  
 Kwok Fai Benson **Yeung**

### Fellow qua Surgeon in Ophthalmology - FRCS(Glasg)

Randa Hesham Ali **Abdelgawad**  
 Moanes Morkos Zaky **Abdelsayed**  
 Ahmed Fayez Hafez **Abu-Elmaaty**  
 Taha Mabrouk Atiaa **Abu-Zed**  
 Adnan **Ahmad**  
 Muhammad **Alajmi**

Ahmed Abd Allah Ahmed Abd **Allah**  
 Mohammed Tawfeeq Mahdi **Alsaad**  
 S **Arjun**  
 Fathima **Benazir**  
 Shabana Bharathi **D**  
 Abhishek Raghavendra **Desai**  
 Mariam Hanni **Doctor**  
 Mohamed Azmy Mohamed **El Gebaly**  
 Fady Mohamed Abdel Maksoud **Elsayed**  
 Sonali **Gupta**  
 Mohamed Abd Elazeem Ibraheem **Hammad**  
 Amr Mohammed Yaseen **Harby**  
 Achraf Mohamad **Hejazi**  
 Saba **Ishrat**  
 Jai Joglekar **Kelkar**  
 Mohamed Beshr **Kenawy**  
 Babar Anwar **Khan**  
 Fatema Ali Ashgar **Lanewala**  
 Mustafa Adhab **Mayyan**  
 Mahmood Othman **Mekkawy**  
 Yasser Ibraheem Abdullah **Mheimeed**  
 Shah Janika **Narendra**  
 Sameera **Nayak**  
 Nanda Gopal **Onden Kallat**  
 Nisanth **Rajan**  
 Michael **Ramjitsingh-Samuel**  
 Sanil Vijaykumar **Shah**  
 Sufiyan **Shaikh**  
 Partha Sarathy **Singh**  
 Vetri Selvi **Sivaprakasam**  
 Irfan Ahmed **Sualeh**  
 Sunita **Unercat**

### Fellow in Trauma & Orthopaedics - FRCSGlasg(Tr & Orth)

Andraay **Leung**  
 Gareth **Medlock**

### Fellow in General Surgery - FRCSGlasg(Gen Surg)

Zubir **Ahmed**  
 Robert James **Drummond**  
 Uday **Prabhu Karkala Pulikeri**

### Member qua Surgeon in ENT - MRCS(ENT)(Glasg)

Shadab **Ali**  
 Cameron Douglas **Brown**  
 Nivedh **Dinesh**  
 Jia Hui **Jang**  
 Glyndwr Warren **Jenkins**  
 Vigneswaran **Kumarasamy**  
 Pirushotman **Ramasamy**  
 Amanda **Roebuck**  
 Ahad **Shafi**  
 Mohammed **Waduud**

### Member qua Surgeon - MRCS(Glasg)

Lakshmanan **Arunachalam**  
 Sandra **Davis**  
 Pratima Premchand **Khinchu**  
 Andrew John **Williamson**

### Member of the College - MRCPs(Glasg)

Catalina Diana **Florea**  
 Mohamed Seidig Ahmed **Omer**  
 Saryaz **Omer**  
 Claire Louise **Rutherford**



## GLOBAL SURGERY SUMMER SCHOOL

The Royal Society of Medicine, in association with the Global Anaesthesia, Surgery and Obstetric Collaboration (GASOC), is launching their first Global Surgery Summer School this July.

The summer school is a two-day condensed course for UK and international trainees and students. It will provide a fantastic platform to network with senior colleagues and enthusiastic peers around the topic of global surgery.

The summer school was conceived to equip trainees with skills, academic insights

and networking opportunities in global surgical work. The course will give trainees a better understanding of how surgery, obstetrics and anaesthesia together can leverage the welfare of communities and the economic productivity of nations.

The course aims to develop a 'Network Document' as a statement on the importance and potential benefits of a global career in surgery, anaesthesia or obstetrics, as well as the need to support such careers.

The course will run on Saturday 22-Sunday



23 July at the Royal Society of Medicine in London.

Find out more on their website:

<https://www.rsm.ac.uk/events/ghh08> ■

## RUN THROUGH TRAINING IN GENERAL SURGERY

In May, Helen Mohan, President of the Association of Surgeons in Training (ASiT) wrote to the Chair of the General Surgery SAC, on behalf of the ASiT Council, to address concerns about run through training in general surgery. The main concerns identified were a potential lack of exposure to surgical specialties, lack of flexibility regarding transfers and taking time out, lack of diversity in training and the potential for 'stranded trainees' who are not successful in their first specialty application. Read a summary of the letter below:

*The issue of run through training is a contentious one and it is clear that there are both positives and negatives to a run-through training model. The views of*

*trainees are heterogeneous on whether it is desirable. I have sought feedback from ASiT Council and from Presidents of trainee specialty representative groups, and below is a summary of the comments received in online discussion.*

*In summary, the overall view was that run through training can work very well if appropriately introduced, in keeping with the experience of some smaller specialties, e.g. neurosurgery. However, there is a significant potential for unintended consequences, and many trainees do have concerns about the introduction of run through, particularly in General Surgery and larger specialties, as well as some small specialties. Significant work must be*

*undertaken if considering the introduction of run through training to avoid the many pitfalls and unintended negative consequence.*

*If run through training is to be introduced, it is imperative that lessons from the past are learned. It should not be the only route to access specialty training, and it must not be introduced in a hasty fashion without due consideration and planning for all of the above. If run through and alternative pathways are allowed, it is important that there is fairness and equality in the division of jobs between the two pathways.*

Read the full letter: <https://www.asit.org/news/run-through-training-letter/nwc1084> ■

## INTERCOLLEGIATE APPOINTMENTS

On behalf of the four surgical Royal Colleges, the JCST is seeking to appoint two exceptional individuals to lead key areas of the JCST's work under the overall direction of the JCST Chairman.

### ISCP Surgical Director

The Surgical Director will provide clinical leadership for the ISCP, act as a champion in increasing familiarity among both trainees and trainers, and work to foster and promote excellence in surgical education and training.

### JCST QA Lead

The QA Lead will provide clinical leadership for this activity, chairing our QA Group and overseeing initiatives such as our trainee and trainer surveys, our quality indicators (QIs) for training posts and our certification and benchmarking guidelines, as well as ensuring that we provide high quality support for local quality management activity.

Applicants should be practising consultant

surgeons with recent experience of managing and delivering surgical training, and experience of chairing or leading a relevant regional or national training committee. Excellent leadership, management and interpersonal skills will be essential.

Further information and details of how to apply can be found on the JCST website: <http://www.jcst.org/appointment-of-iscp-surgical-director-and-jcst-qa-lead> ■

## A REWARDING TERM OF OFFICE

I am now approaching the end of my term in office as Director of the Dental Education, Training and Professional Development Board, having been appointed in August 2013. It has been a busy but rewarding four years and, having just celebrated 50 years of dental Fellowship, it seems timely to look at the work of the Board, reflect on recent activity and also to give some thought to our plans for the next 50 years.

The board meets just three times per year, but in between we are planning our recurring events, developing new initiatives and, in the light of feedback from our members, enhancing the relevance and quality of what we provide. Looking to the future, we have already begun our engagement strategy for the whole dental workforce; not just those in secondary care, as was the case in years gone by. The introduction of our 'Top Tips' themed days for General Dental Practitioners, Vocational Trainees and also for Dental Care Professionals has been instrumental in our engagement with the wider dental team.

Our strategy also includes early engagement with the dentists of tomorrow, starting with a Careers evening for final year dental students in Glasgow, an approach which we hope to extend to other Dental Schools. This is closely followed by another opportunity for the now newly qualified dentists to come to College and benefit from the expert speakers at our Top Tips for VDPs event which runs every February, and this year was attended by 148 trainees and their trainers. Increasing numbers of these



Iain Buchanan

young dentists now go on to sit the MFDS exam and a fundamental part of our education delivery is, and will continue to be, the MFDS part 1 and MFDS part 2 preparation courses. These exam preparation courses have traditionally been delivered in Glasgow but the Part 2 MFDS preparation course now also runs in Manchester. In line with contemporary delivery of education we are, whilst retaining face to face contact where appropriate, also developing online learning content to support and supplement these courses.

As well as traditional events such as the TC White symposium, which is held every June, we have added many new events to our calendar in the past four years. The first Clinical Anatomy Skills Centre (CASC) dental course, Advanced Cadaveric Hard and Soft Tissue Grafting for Dental Implants, was held

in 2016, and there will be another CASC dental course taking place in Spring 2018. In January 2016 we hosted the Inaugural Scottish Orthodontic Conference, which brought together delegates from the whole orthodontic team from both primary and secondary care. This has been a very popular development and was repeated again this year with both events being oversubscribed.

Our educational events have been well attended over the past four years and I give my thanks to all the event leads who have generously given their time, the excellent speakers who have contributed, and of course the staff in College who facilitate all of this. My successor Jimmy Boyle, who has been shadowing me in my role, will take over in August and I am sure will continue our development in the right direction. ■

### AGM

The 2017 Annual General Meeting of the Faculty of Dental Surgery will take place on Friday 3 November at 4.30pm.

*Calls for nominations are invited for:*

**Regional Councillor  
Scotland West** (GGC,  
Lanarkshire, Ayrshire &  
Arran, Dumfries & Galloway)

*Nominations will close on  
Friday 1 September; voting  
will open on 1 October.*

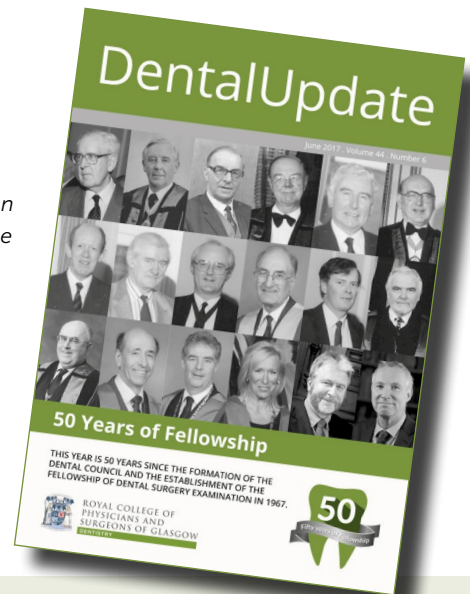
For further information and to download a nomination form, please visit the website:  
**<https://rcpsg.ac.uk/dentistry/agm-elections>** ■

## DENTAL UPDATE TAKE-OVER

Please look out for the June issue of Dental Update, which has been taken over by our Faculty of Dental Surgery! All of the articles in this issue have been contributed by Fellows and Members of our Faculty, including the editorial, which was written by former Dean, William M M Jenkins.

The take-over coincided with our celebrations of 50 years of dental Fellowship, which took place at the beginning of June. To reflect this, the front cover shows portraits of all the Deans of the Faculty of Dental Surgery from the past 50 years.

*Free subscription to Dental Update is an exclusive membership benefit for all our Fellows and Members of the Faculty. ■*



## NEW MEMBERS

Welcome to all dentists admitted to the College during February – April 2017.

### Fellows in Dental Surgery - FDS RCPS(Glasg)

Stjohn **Crean**  
Alexander Michael **Greig**  
Julian **Kerr**  
Mahdi Yaakub **Kezar**

### Fellow in Paediatric Dentistry - FDS(Paed Dent) RCPS(Glasg)

Collette Laverne **Gardener**  
Grainne **Yesudian**

### Member of the Dental Faculty - MFDS RCPS(Glasg)

Basheer **Abdalrahman**  
Mariam Mohamed ElHassan  
Abdalla **Abuelzein**  
Dhab Mohamed  
Abdelhlim **Ahmed**  
Catriona Lynn **Aitken**  
Saja **Al-Nowfal**  
Chi On **Au Yeung**  
Jeyan Mustafa **Aziz**  
Preveena **Balakrishnan**  
Paul Andrew **Bond**  
Raniswapna **C.**  
Francesca **Capaldi**  
Kenneth Fai Man **Chan**  
Ping Ching Daniel **Chow**  
Hung Bun **Choy**  
Jonathan Robert **Corkey**  
Dara **Cotton**  
Mari **Dabjen**  
Michelle Christine **De Souza**  
Helen Winifred **Dennison**  
Anne Catherine **Devlin**  
Sarah Rasitha **Diamond**  
Marianne Louise **Dobson**  
Kyle Anthony **Durman**

Mohamed Ali **Eloheid-Abdalla**  
Mohanad Elhussein Osman **El-Sherif**

Ahmed Hesham Ahmed  
Mohamed **Eweis**  
Gemma Yasmin **Fearon**  
Caroline Jacqueline **Foster**  
Zoe Elizabeth **Freeman**  
Apratim **Ganguly**  
Hanee **Hashem**  
Alaaeldin Abouelfotoh  
Ghonim **Hassan**

Craig Cockburn **Hogg**  
Gillian Catherine **Howie**  
Wai Tung **Hui**  
Junaid Guzunfhar **Iqbal**  
Abbas **Isaji**  
Afifa Abdul **Jabbar**  
Rachel Mary **Jameson**  
Kerry Anne **Johnston**  
George **Jones**  
Mohammed **Junaid**  
Karthiga **Kamalanathan**  
Michal Marek **Kawecki**  
Ahmad **Khaled**  
Sadia **Khan**  
Saifullah **Khan**  
Priyanka **Kulothunga Cholan**  
Deepshikha **Kumar**  
Wing Yue **Kwok**  
Jessica Frances **Large**  
Shuet Wah **Law**  
Clare Elizabeth **Ledingham**  
Helena Jane **Loynes**  
Lee Michael Robert **Mackie**  
Mohamed **Mahdi**  
Jana **Majevadia**  
Aftab Khalid **Malik**  
Shaadi **Manouchehri**



### Firouzabadi

Orna Mary **McEntee**  
Fiona **McLaughlin**  
Stewart James **McLean**  
Divya **Mehrotra**  
Raghunandan **Menon**  
Freya **Milner**  
Mohd. Abrar **Musani**  
Yousef **Nasrawi**  
Chi Yeung **Ngo**  
Nora **O'Murchu**  
Fiona Jayne **Owen**  
Vaidehi **Parekh**  
Javed **Qazi**  
Amr Muhammed Ashraf Abdel  
Fattah **Rabie**  
Safa **Saeed**  
Ahmed Adel **Said**  
Erfan **Salloum**  
Mahmoud Omar  
Albahloul **Shayeb Einah**  
Samit **Sikdar**  
Hussain Emad Mahoud  
Hamdy **Sleet**

James Roger Desmond **Smith**  
Joshua Peter Richard **Smyth**  
Neil **Stephens**  
Adnan **Syed**  
Vinoth Kumar **Thilla Sekar**  
Michael Alphonsus **Toner**  
Esha **Vohra**  
Mark Andrew **Wallwork**  
Gareth **Williams**  
Chi Kin Elizabeth **Wong**  
Yau Sing **Wong**  
Xinhui **Yeo**  
Ali Bin Javed **Yousuf**  
Madiha **Zia**

### Member in Paediatric Dentistry - M(Paed Dent)RCPS(Glasg)

Wafa A H J **Almutairi**

### Member in Orthodontics - M(Orth) RCPS(Glasg)

Rehan **Ullah**



# MAPPING PRINCIPAL GLOBAL DISEASE OUTBREAKS OF 2016



Countries reporting Zika in 2016\*

\*This does not indicate all outbreaks that may have occurred worldwide (map adapted from HPS)

The Health Protection Scotland (HPS) Weekly Report of 2 May 2017 includes maps summarising principal communicable disease outbreaks worldwide as reported by TRAVAX in 2016. These maps provide an at-a-glance view of infectious disease outbreaks across the world.

Diseases transmitted by the *Aedes* mosquito feature heavily, with Zika virus being the star, reported across Latin America, the Caribbean, southern US, Asia and in limited African countries. Dengue fever also features heavily, particularly in the Indian subcontinent and the Americas. The fact that another disease that has the *Aedes* mosquito as its vector, yellow fever, was mentioned in the report as occurring in China, where it had been imported from Angola, reinforces the importance of adhering to the International

Health Regulations that are in place to try to limit the spread of this vaccine-preventable disease. Fortunately, since the *Aedes* vector is commonly found in China, the disease was contained, ensuring that Asia remains free of Yellow Fever at present.

From a European standpoint, the HPS report describes cases of autochthonous malaria in Greece, and Crimean Congo haemorrhagic fever cases in Spain with no history of travel. Tick-borne encephalitis (TBE) continues to occur in Europe with the Netherlands reporting it for the first time.

The report also points out that vaccine-preventable diseases such as measles, mumps and pertussis continue to occur and cause outbreaks. The maps clearly show that these diseases

are as much a problem in the developed world, with outbreaks in the UK, France, USA, Canada Australia and New Zealand in 2016. It is a timely reminder to all travel health professionals to ensure that part of the pre-travel consultation is ensuring that routine vaccines such as MMR are up to date as per the country schedule.

The maps in the report show that Polio in 2016 remains endemic in only Afghanistan and Pakistan. Global efforts to combat the spread of this disease are ongoing, including the continuation of International Health Regulations that require proof of vaccination when exiting Pakistan to try to prevent the disease being exported. Clinicians giving pre-travel advice should be mindful of this when advising travellers to endemic countries. Full details of the

regulations for specific countries can be found on the TRAVAX, NaTHNaC TravelHealthPro and WHO websites (links at the end of this article).

The report shows that Rabies continues to cause disease, with Asia reporting the majority of outbreaks in 2016. All travellers should be given pre-travel advice on the transmission, first aid and post-exposure treatment of a potential exposure to rabies and should be offered pre-exposure vaccination where appropriate.

The full HPS Weekly Report Volume: 51, No: 17, Year: 2017 can be found at:  
<http://www.hps.scot.nhs.uk/ewr/>

Websites for those advising travellers:

[www.travax.nhs.uk](http://www.travax.nhs.uk)  
[www.travelhealthpro.org.uk/](http://www.travelhealthpro.org.uk/)  
[www.who.int/ith/en/](http://www.who.int/ith/en/) ■

# Faculty of Travel Medicine Annual Symposium Enabling Travellers - The Hidden Challenges

Thursday 5 October

*Develop your skills and knowledge in the care of travellers with a range of special needs and understand the support that travel medicine practitioners can provide to travellers with additional requirements.*

## POSTER COMPETITION

FIRST PRIZE £500

SECOND PRIZE £250

Calls for abstract submissions under the heading  
'Enabling Travellers - The Hidden Challenges'

Closing date: Tuesday 5 September



FIND OUT MORE AT [rcp.sg/TM2017](http://rcp.sg/TM2017)

## MEMBERSHIP EXAMINATION

The Membership of the Faculty of Travel Medicine examinations will take place in December 2017. Part A of the exam, a written, single best answer (SBA) examination, will take place on 5 December; Part B is an objective structured clinical examination (OSCE) and will take place on 7 December. The closing date for applications is 29 September 2017. Successful completion of both parts of the exam leads to membership of the Faculty of Travel Medicine MFTM RCSP(Glasg).

A Bursary Fund has been established by the British Global and Travel Health Association to assist eligible members who may have difficulty in meeting the examination fee for Part B.

Full details of eligibility, location, fees and more can be found at [www.rcpsg.ac.uk/travel-medicine/exams](http://www.rcpsg.ac.uk/travel-medicine/exams) ■

## AGM

The 2017 Annual General Meeting of the Faculty of Travel Medicine will take place on Thursday 5 October in the lunchtime break of the annual symposium.

Calls for nominations are invited for **Dean Elect**. Nominations will close at 12 noon on Friday 11 August.

For further information and to download a nomination form, please visit the website: <https://rcpsg.ac.uk/travel-medicine/agm-elections> ■

## NEW MEMBERS

Welcome to all travel medicine practitioners admitted to the College during February – April 2017.

**Fellow of the Faculty of Travel Medicine - FFTM RCPS(Glasg)**

Jean-Baptiste **Marc**

Yves **Meynard**

**Member of the Faculty of Travel Medicine - MFTM RCPS(Glasg)**

Patricia **Armstrong**

Jane **Bell**

Ali **Choudhury**

Au Tai Kwan **Eva**

Shirley **Marshall**

Andrzej **Szefer**

Joanne **Turner**





## WELCOME NEW DEAN

On 9 June Professor Robert Ashford was invested as Dean of the Faculty of Podiatric Medicine. Professor Ashford succeeds Professor Stuart Baird, who served as Dean from 2014-2017. Professor Baird will continue his strong connection with the College as one of our International Associate Directors.

Prior to taking up the post of Dean, Professor Ashford was

Director of Podiatric Education, Training and Professional Development 2014-2017, and still acts as Regional Advisor for the Birmingham region.

We also welcomed Mrs Christine Skinner as Vice Dean, Dr Sarah Curran as Director of Podiatric Education, Training and Professional Development, and Mr David Dunning as Ordinary Member of the Executive Board. ■



Members of the Faculty of Podiatric Medicine Executive Board, pictured from left to right: Mr Julian Livingstone, Dr Sarah Curran, Professor Robert Ashford, Mrs Christine Skinner, and Dr David Dunning.

## STUART BAIRD FIP-IFP LIFETIME ACHIEVEMENT AWARD



Professor Stuart Baird (pictured right) with FIP-IFP President Matthew Garoufalis

Congratulations to Professor Stuart Baird who was awarded a lifetime achievement award by the International Federation of Podiatrists – Fédération Internationale des Podologues (FIP-IFP) for his outstanding service and leadership in the field of podiatry. ■

## SPECIAL OLYMPICS HEALTHY ATHLETES

Fellow of the Faculty of Podiatric Medicine, Mandy Abbott, is appointed as Clinical Director of Fit Feet for the Special Olympics GB National Games in Sheffield in August 2017. As Clinical Director, Mandy will lead on podiatry services as part of the Healthy Athletes Programme®, a charitable programme providing health services and education to Special Olympics athletes.

During the games in August, Mandy and her team will be offering free foot health screenings to the athletes; offering advice on keeping their feet healthy, and identifying any current foot health issues.

Mandy has delivered CPD training in sports injuries and lower limb biomechanics, nationally and internationally, and was Event Director for the podiatric medicine strand of the College's Excellence in Healthcare triennial conference in June.

In 2014 Mandy was the lead podiatrist in the Commonwealth Games in Glasgow and in 2015 travelled to Azerbaijan in June to be the Podiatrist for the first European Games.

Mandy has been a Clinical Director for Special Olympics GB, since 2005, and has been involved in world games as well as national; volunteering for Idaho 2009,

Athens 2011 and Los Angeles 2015. She led the Fit Feet team in Glasgow 2005, Pila 2007, Leicester in 2009, Bath 2013.



Mandy said: "There are massive health inequalities among the intellectually disabled population as many, for example, have difficulty in communicating their needs, do not feel pain or are living independently and aren't ensuring their feet are checked; we have even seen athletes wearing the wrong size shoes. So, the Healthy Athletes programme screens all areas of the athletes' health and from that we have created a huge data base to assess health inequalities, which informs health needs and helps in the training of healthcare practitioners."

Look out for Mandy's full report on taking part in the Special Olympics GB National Games 2017 Healthy Athletes Programme®, in the next issue of College News. ■



# FIRST PODIATRIST APPOINTED NIHR SENIOR INVESTIGATOR

Fellow of the Faculty of Podiatric Medicine and University of Leeds Professor, Anthony Redmond FFPM RCPS(Glasg), has become the first podiatrist to be appointed as Senior Investigator by the National Institute for Health Research (NIHR).

Senior Investigators are among the most prominent and prestigious researchers funded by the NIHR, and the most outstanding leaders of patient and people-based research within the NIHR Faculty.

## Senior Investigators are appointed against six criteria:

1. quality and volume of internationally excellent research
2. relevant research to patients and the public
3. impact on improvements in healthcare and public health
4. research leadership
5. contribution to the NIHR
6. engagement of patients and the public and engagement of healthcare policy makers and planners with their research.

There are 200 members of the College of Senior Investigators, a prestigious body that works across the NIHR and manages its own programme of events. NIHR Senior Investigators provide visible leadership within the NIHR across all biomedical specialties, and act as a key source of

advice to the Department of Health's Chief Scientific Advisor.

Professor Redmond is Head of the Section of Clinical Biomechanics and Physical Medicine at the University of Leeds Institute for Rheumatology and Musculoskeletal Medicine, and leads the Joint Replacement Technologies group of the NIHR Leeds Biomedical Research Centre. He has published extensively on the pathology and treatment of lower-limb related musculoskeletal disorders and has built one of the UK's foremost research groups in the field. As well developing his own research portfolio and a nationally leading group in Leeds, Professor Redmond is well known within the allied health professions for his efforts in championing research careers more widely. He has been at the forefront of several research internship schemes over the last 15 years, providing opportunities for young health graduates to get a foothold on the research career ladder. At a more senior level he also contributes to Fellowship funding schemes for doctoral and postdoctoral level funding in the UK and beyond.

Professor Redmond commented on his appointment, saying:  
*"I am absolutely delighted and honoured to be appointed, and to be the first podiatrist*



*appointed as a Senior Investigator is an extra privilege. There are only a handful of Allied Health Professionals (AHP) at this level, and to be considered in the same company as the other awardees; the eminent biomedical scientists, medical colleagues and senior AHPs, is just extremely rewarding."*

Full details on appointed Senior Investigators and Emeritus Senior Investigators are available in the NIHR Senior Investigators Directory: <http://www.nihr.ac.uk/our-faculty/senior-investigators/directory.htm> ■

## NEW MEMBERS

Welcome to all podiatrists admitted to the College during February – April 2017.

### Fellow in Podiatric Medicine - FFPM RCPS(Glasg)

Dennis Robert **Frisch**  
 Matthew Jason **Hill**  
 Noor **Janahi**  
 Trevor Dowding **Prior**  
 Michael Norman **Ratcliffe**  
 Sharon **Rees**  
 Angelo **Salerno**  
 Andrew **Williams**  
 Pauline **Wilson**

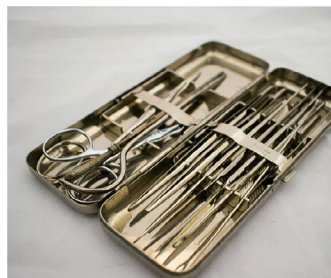
### Member of the Faculty of podiatric Medicine - MFPM RCPS(Glasg)

Alastair **Dall**  
 Anthony **Davies**  
 Euan John Mackie **McGivern**  
 Matthew **Mee**  
 Paul **Rutland-Miller**



# UNCOVERING OUR MEDICAL INSTRUMENTS

In April 2017 our digitisation project 'Uncovering our Medical Instruments' was successfully completed. The project benefited from funding from Museums Galleries Scotland and allowed us to appoint a temporary Digitisation Project Intern. 335 instruments from our museum collection were photographed, creating hundreds of high quality images of these fantastic objects. These images are being added to the College website, and are being shared widely via our blog and social media.



## The aim of the project

The main part of our museum collection is our medical and surgical instruments, with approximately 3000 items catalogued. Although the College is now an Accredited Museum, there are limitations on the level of access we can provide to this collection. Increasing access to the collection online is one way of addressing this. Having excellent quality images of the collections means we can instantly and easily increase the visibility of these collections.

The project has also has increased our knowledge of the



collections. Researching the instruments allows us to tell their stories, often about significant shifts in medical and surgical knowledge, innovations in health care, and the people behind these improvements. We have also made use of our Members' expertise to assist in identifying unusual pieces of equipment. We've purposefully displayed items we're unsure of, creating discussion and often uncovering new information.

As well as developing online access to the collections, we wanted the project to help us engage more people with the instruments through events. We did this with three events designed to showcase the collections and the digitisation work to different audiences. First, we tested a project drop-in session format on College staff. This helped increase awareness of the project and the

instruments, allowing many staff to see collections that they knew very little about.



We also wanted to connect with the local community, so we arranged a school session with Garnetbank Primary School P6 pupils in March 2017, as part of British Science Week. Pupils were able to get up close with the collections and see the digitisation process in action. Next we held a public drop-in event showcasing the project. Members of the public were invited to pop in, meet the Digitisation Project Intern, and

have a closer look at some of the collections being digitised.

## The future of digital heritage

The completion of the project is only the beginning of our digital heritage journey. Our Digitisation Project Intern Kirsty Earley has now been appointed as our Digital Heritage Officer. This post will further develop digital access to our heritage, both online and in the College building itself. We also have exciting plans in place to develop our Heritage webpages, creating a space with far more comprehensive access to our wonderful collections. Finally, we continue to seek funding to develop enhanced, innovative ways of accessing our collections online, through 3D visualisation and animation.

Find out more on the library blog: <https://libraryblog.rcpsg.ac.uk/category/uncovering-our-medical-instruments/> ■



# ARTIST IN RESIDENCE – JOSEPH LISTER AND GLASGOW

In June the College welcomed its first Artist in Residence. Poet and performer Marianne MacRae will work creatively with our Joseph Lister collections and heritage, particularly exploring the influence of Glasgow on the famous surgeon's achievements and legacy. Marianne is in the final stages of her PhD at the University of Edinburgh. The residency is a partnership between the College, the University, and the Scottish Graduate School of Arts and Humanities (SGSAH). It is a timely appointment as 2017 marks the 150th anniversary of Lister's public announcement of his antiseptic method in the *Lancet*, an innovation he developed and put into practice in Glasgow.



Marianne MacRae

## The residency will tackle three main questions –

1. How were Joseph Lister's achievements in antiseptic surgery shaped by his Glasgow experience in the 1860s?
2. How can we better engage the local community with this history that revolutionised health care across the world?
3. How can we ensure Lister's spirit lives on in the College buildings?

Marianne will be based within the College 2- 3 days per week between June and



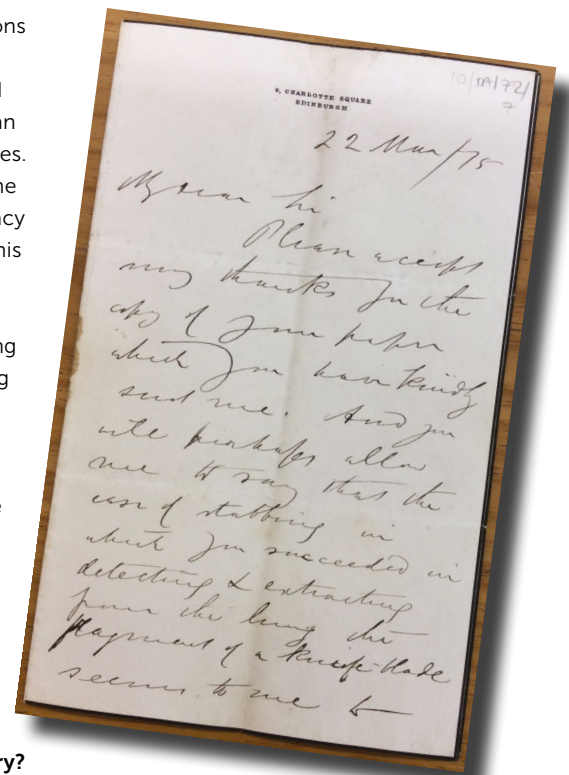
December 2017, researching our collections and soaking up the rich history of our building. She will organise workshops and events in which members of the public can learn about Lister through creative activities. We will also provide regular updates via the library blog and Twitter about the residency and Marianne's creative process, linking this to items from the collections.

A creative residency is always about finding new stories to tell, and new ways of telling them. The ultimate aim is to create new work, in this case poetry. We hope to use Marianne's work in ways that help bring Lister's life and achievements to life in the College. This will link closely to one of our key Heritage themes – Innovation in Surgery. This theme will inform our new display spaces and will be central to how we tell the stories of the College's past, present and future.

## What does poetry have to do with surgery?

Poetry has always been used as a way of memorialising or celebrating significant people and achievements, including in the discipline of surgery. College founder and surgeon Peter Lowe's book *The Whole Course of Chirurgerie* (1597) has four poems in the preliminary pages, all dedicated to his skill and character. Lister himself was the subject of a number of poems by writer William Ernest Henley, when he was being treated by the surgeon in Edinburgh in the 1870s. Henley's collection of poems *In Hospital* (1875) features the poem 'The Chief', painting a complimentary portrait of Lister (who had saved his leg from amputation) -

*"His faultless patience, his unyielding will,  
Beautiful gentleness and splendid skill..."*



Marianne's work is unlikely to memorialise Lister in this way, but will aim to create a lasting piece of work that will help illuminate the story of the surgeon, the city of Glasgow, and the impact of his innovations. ■

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**AL: What is your feeling about the risk that trainees in year two, who spend less time in the acute setting may find it difficult to 'gear up' again to do this acute work in year three and so choose less acute specialties for higher training after year three?**

**DB:** I suspect that not many year two trainees will escape doing acute work anyway, however much we structure it, because of the pressures that we're very aware of. Maybe some will for a portion of the year, in the big metropolitan areas where there are still very specialist jobs, but where they'll get very good outpatient ambulatory experience, which is what we want.

I don't think people will have trouble 'gearing up'. It isn't the experience now of people who take time out of programme on maternity leave or for research, and to be frank people also tend to do locum work even if they are in non-acute areas. I don't think that that will be an issue.

**AL: The focus on simulation is very welcome - how will trainees get time for this and do you see this happening at site level or off-site courses?**

**DB:** Like so very much this will be negotiated at Deanery level, or possibly at trust level, depending on local resources.

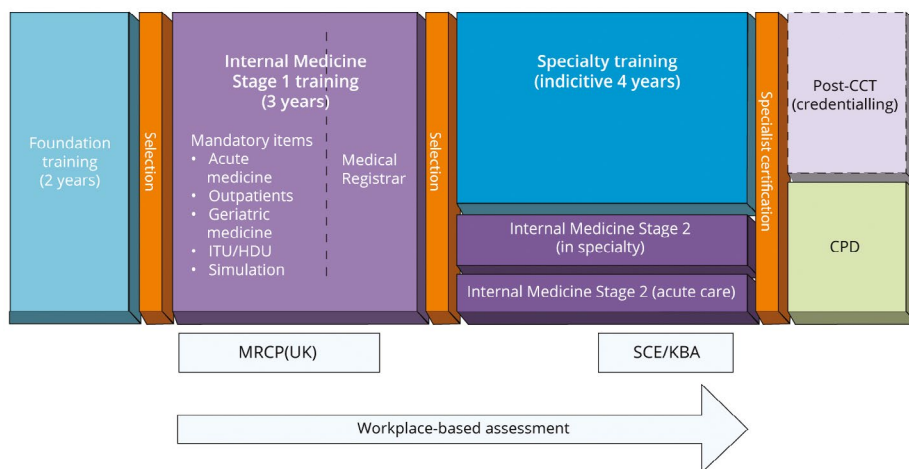
Some Deaneries are highly structured and, for example, put all core trainees through a procedures programme – that's something we have written into the curriculum, that trainees should be always be exposed to simulation of a procedure before they perform it on a patient for the first time. Equally some Deaneries now have very good capacity for teaching Human factors, and others have less capacity.

Simulation training is not a 'high tech' issue, it is not about the kit, it's about Faculty. It's about having people who are trained in simulation and giving feedback, and who are able to give the time – because it is time consuming, but I would expect to see time clearly set out for simulation written into people's job plans.

**AL: At a practical level, what will be the main change for trainees (and trainers) in how the assessments will work?**

**DB:** The first thing is that there will be a new e-portfolio, aimed at driving the process of assessing the 14 capabilities in practice; the six generic capabilities required by the GMC and the eight clinical. It will start

## Proposed outline model for physician training



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with self-assessment by the trainee, then the educational supervisor will consider where the trainee thinks they are at and the evidence in their portfolio, and will make their recommendation to the ARCP panel.

The new process won't take any less time but it should be a more useful educational exercise for trainees and trainers; to have a conversation about what a trainee does well and what they may need a little more help with, which tends not to happen at the moment, because all the time is sent filling out the form with 120 tick boxes!

Something we are looking to develop is an educational programme for trainers based on cases and examples; much like our last development day in London, where people were given material about a fictional trainee and then asked to fill in the current assessment. This would have to be developed with the three Colleges, but would be delivered by JRCPTB to the Deaneries, and the Deaneries would then deliver to the trusts.

**AL: When will the new portfolio be available?**

**DB:** Our intention is that it will be in place six months before the new curriculum starts. We have started putting together advisory boards with representatives from Scotland, England and Wales, particularly trainees, to advise on designing this.

**AL: How will the portfolio ensure all trainees do achieve the intended range of competencies and not just the easier to access ones?**

**DB:** The whole point of an ARCP panel is to decide that you have covered your curriculum that you have achieved your capabilities, and it starts with self-assessment.

If a trainee thinks, for example, they have not done enough outpatients and are not yet 'on track' and had already raised concerns about this, while they shouldn't be signed off, equally they should not be put into remediation. They should be given a job the next year where they would get exposure to more outpatients and do less on take. So there should be a positive outcome rather than a negative one, but trainees and supervisors have to be honest in addressing this.

**AL: What measures will ensure that the scope to accelerate progression to CCT/CST does not result in pressure on trainers to do so, so as to fill service gaps at consultant level?**

**DB:** For the last three years we have had an accelerated CCT policy and out of the 1,000 or so CCTs we sign off each year, we have only had about 20 accelerated; so the push from trainees is very low. I don't think there will be a push from trainers, it's also unlikely to benefit the individual trainer.

It may be a political imperative but I don't think at trainer level – and they are making the decisions at ARCP panels – it will happen.

Further details on the new internal medicine curriculum can be found on the JRCPTB website: <https://www.jrcptb.org.uk/new-internal-medicine-curriculum> ■



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