

College

NEWS

AUTUMN 2014

How do we make physical activity “normal”?

INSIDE

SUPPORTING THE ACUTE TAKE
THE SHAPE OF TRAINING
OROFACIAL PAIN IN KENTUCKY
KNOW BEFORE YOU GO
NEW DEAN FOR PODIATRIC MEDICINE



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SUPPORTING THE ACUTE TAKE



THE SHAPE OF TRAINING



OROFACIAL PAIN IN KENTUCKY



KNOW BEFORE YOU GO



NEW DEAN FOR PODIATRIC MEDICINE



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

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FROM THE PRESIDENT'S OFFICE



I was delighted with the feedback regarding our triennial conference entitled Advancing Excellence in Healthcare. The theme of sports medicine and sports surgery were extremely popular as were the many parallel sessions. The poster session was especially popular and the winners were presented to the Princess Royal, who also attended a memorable plenary session with Katherine Grainger, and one of the parallel sessions.

The Princess Royal showed great interest in all aspects of the meeting during the two hour visit. The 5k charity run was also popular and in my opinion a great innovation. The weather, atmosphere and location were all perfect and it sent a message out regarding the College's commitment to not just speak about exercise but to also participate in it. We are most grateful to Dr Robin Northcote and his team for their vision and commitment in bringing this event to fruition.

Following hard on the heels of our triennial conference was the Commonwealth Games, which as I write, have just concluded with unanimity regarding their success. We enjoyed excellence in so many sports from around the Commonwealth but my abiding memory was of a city that threw its doors open in such a welcoming manner. It certainly made me proud to be a Glaswegian. There are considerable opportunities to have lasting legacies from the Games including our own project involving people with type 2 diabetes who are sticking faithfully to their exercise programmes and will be followed in the months ahead by Professor Miles Fisher and colleagues.

The College hosted over 40 of the medical officers of the different Games teams the

night before the Games commenced. This was a most enjoyable occasion and the College was greatly admired by our visitors.

On a sadder note, my lifelong friend and colleague Professor Stewart Hillis died just before the start of the Games. Among his many other achievements, he was instrumental in setting up and developing the specialty of sports medicine and developed with the University of Glasgow BSc and MSc degrees in this area. He also was pivotal in setting up the sports injury clinic at The Scottish National Football Stadium as well as being the Scotland Football Doctor for in excess of 30 years. He was informed shortly before he died of being the 2014 recipient of the Sir Roger Bannister award for excellence in sport and exercise medicine. He was a faithful servant to the College both as an examiner and in delivering symposia and will be sorely missed.

On the international front I recently returned from a memorable trip to attend the Royal Australasian College of Surgeons meeting in Singapore and its equivalent Physicians meeting in Auckland one week later. We had a most successful reception in Singapore for our Fellows based there

and were joined by our surgical friends from Edinburgh. I was asked to present on proposed changes to training programmes in the UK at the Auckland meeting and that seemed to be well received.

On the local front, we have been working closely with the other royal colleges in Scotland and with the Scottish Academy in regard to the lack of time being made available to consultants for supporting professional activities. Many consultants are now being placed on contracts which makes time for developing the service, for training and for Royal College activities difficult to come by. Many of us feel the four hours per week being awarded is barely sufficient to meet the needs of appraisal and we are hoping that these contracts will be renegotiated to allow a further four hours to be spent on supporting activities. The time spent undertaking these activities can directly impact on the quality of patient care and the Colleges acknowledge the importance of robust job planning. It would be most helpful if Fellows could write to me in regard to their experiences of the 9/1 contract. This will help in our negotiations with the Scottish Government. You can email me at president@rcpsg.ac.uk

I am now past the half way mark in my presidency and continue to enjoy the diversity of challenges. I am very fortunate to have an excellent council to support me and College staff who are dedicated and have a pride in their work as was witnessed at the triennial conference.

Dr Frank Dunn

In Brief

Admission Ceremony Dates



College admission ceremonies will be held on:

Wednesday 12 November 2014 at the University of Glasgow

Wednesday 10 June 2015 at the University of Glasgow



Each admission ceremony will be followed by a celebratory reception. Online registration at <http://rcp.sg/admissionceremony>

College closures

The College will be closed on the following holidays:

Monday 29 September 2014
Thursday 25 December 2014
to Monday 5 January 2015

Elections

Nomination papers for the College Council have been issued to all those eligible to nominate. All those wishing to nominate should return their nomination form by 18 October. The College AGM will be held on **6 December 2014**.

IT upgrades

Upgrades to the College IT systems are ongoing. The COO, John Cooper, will continue to update you regarding planned maintenance.

DR FRANK DUNN AWARDED CBE

Dr Frank Dunn was honoured with a CBE in the Queen's Birthday Honours List in recognition of his services to cardiology and the community.

Dr Dunn has been President of the College since December 2012. He is also a consultant cardiologist at Stobhill General Hospital and Honorary Professor at the University of Glasgow.

Dr Dunn said, "I am thrilled to have been awarded a CBE in the Queen's Birthday Honours List. I am privileged to have been associated with the people of Glasgow, the patients and staff at Stobhill Hospital, and the people of East Dunbartonshire for most of my life.

"This award recognises all those who have supported me in so many ways over the years and this provides an opportunity to record my gratitude to them.

"I am most fortunate to have had so many happy and fulfilling years in the medical profession. I am especially pleased to receive this award as President of the Royal College of Physicians and Surgeons of Glasgow – an institution I am proud to serve."

Former Council Member and Fellow of the College, Dr Hilary Dobson, was awarded an OBE in the Birthday Honours for her services to the detection of breast cancer. Dr Dobson is a consultant radiologist and clinical director of the West of Scotland Breast Screening Service in NHS Greater Glasgow and Clyde. ■

HISTORICAL MEETING OF UK ACADEMY OF MEDICAL ROYAL COLLEGES

For the first time in its 40 year history, the UK Academy of Medical Royal Colleges has held its quarterly meeting outside of London.

The Royal College of Physicians and Surgeons of Glasgow was delighted to host the meeting of the Academy, which is made up of all 22 UK Medical Royal Colleges and Faculties.

While in Scotland, the Academy Chair, Professor Terence Stephenson and Chief Executive Mr Alastair Henderson visited the Golden Jubilee National Hospital and Forth Valley Royal Hospital before a dinner hosted by the Royal College in Glasgow on 14 July.

At the reception, President of the Royal College, Dr Frank Dunn CBE toasted the Academy. Professor Stephenson replied emphasising the historic nature of the visit and the importance of bringing the meeting to Scotland as an indication of the four nation nature of the Academy.

The formal meeting of the Academy was held in the historic Livingstone room of the College on 15 July. Presidents from Royal Colleges across the UK attended the meeting, which is focused on addressing and agreeing direction on common healthcare matters that will benefit patients and healthcare professionals. ■



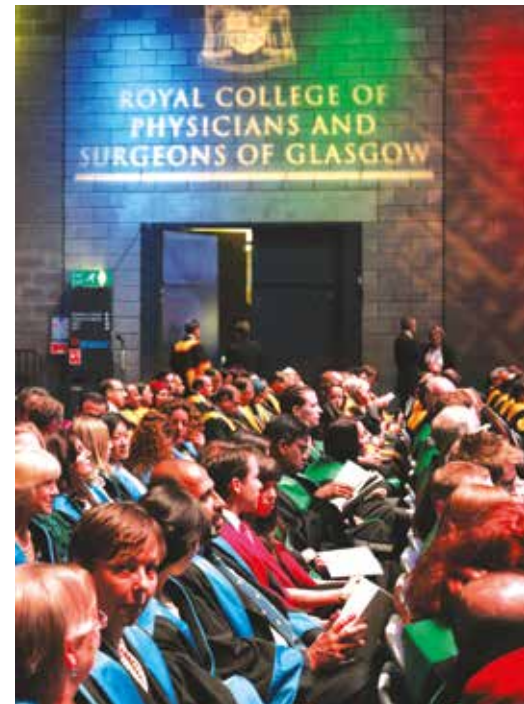
Dr Dunn and Professor Stephenson at the entrance to the College

NEW MEMBER CELEBRATIONS



More than 160 new Fellows and Members were welcomed to the College at an Admission Ceremony held at the Scottish Exhibition and Conference Centre (SECC) on 18 June 2014. The Ceremony marked the beginnings of three days of education and celebration by the College as it was followed by our third international triennial conference

– Advancing Excellence in Healthcare 2014. The SECC provided a wonderful venue for the occasion, during which four honorary fellowships were awarded to leaders across the worlds of medicine and sport. Honorary Fellowships in Surgery [Hon FRCS(Glasg)] were awarded to Dr LD Britt, a general and acute care surgeon, professor of surgery and chair of the Department of Surgery at Eastern Virginia Medical School, and Dr Thomas Clanton, who is the Director of Foot and Ankle Sports Medicine at The Steadman Clinic. The Honorary Fellowship in Medicine [Hon FRCP(Glasg)] was awarded to Professor John Vincent Forrester who is a professor



of ocular immunology at the University of Western Australia. The Honorary Fellowship of the College [Hon FRCPSG] was awarded to the Rt Hon the Lord Smith of Kelvin, Chairman of the Glasgow 2014 Commonwealth Games Organising Committee. The next admission ceremony will be held at the University of Glasgow on 12 November 2014. ■

NEW IMPROVED SPECIALTY GUIDANCE FOR REVALIDATION



The Royal College of Physicians and Surgeons of Glasgow has published updated specialty guidance for Fellows and Members undergoing revalidation. As a member of the Academy of Medical

Royal Colleges, we contributed to the Academy review of specialty guidance for revalidation. The review included a consultation with doctors, appraisers and responsible officers on their experience of appraisal and revalidation and the types of support available. The final report makes recommendations to improve the support available for doctors. As a result, we have revised our own specialty guidance to improve the revalidation experience for our Fellows and Members. This is published in our update Specialty Guidance Framework, which will

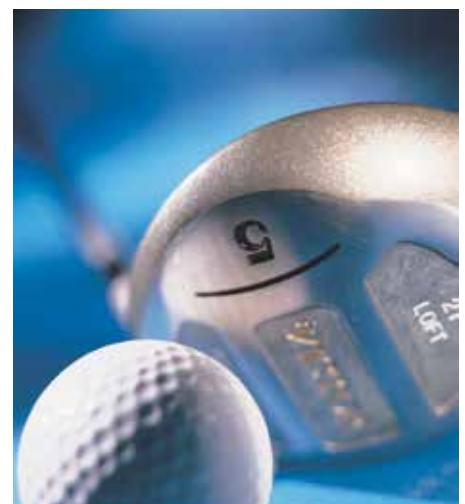
soon be available on the College website.

We continue to support our Fellows and Members in appraisal and revalidation with helpdesks, guidance and supporting tools. If you do have any questions or needs support in your revalidation process please contact revalidation@rcpsg.ac.uk ■

FERGUS HEWAT CUP RETAINED BY OUR COLLEGE

The annual golf match between Senior Fellows of our College and those of the joint Edinburgh colleges on 2 June resulted in the fourth win in a row for Glasgow. In a very closely fought competition at Glasgow Golf

Club, Killermont, the final score was Glasgow 4 ½ points to Edinburgh's 3 ½. Congratulations to all the Glasgow team. Details about the Fergus Hewat Cup and previous matches can be found on the College's website at <http://rcp.sg/s9DMn>



HELP SOUGHT IN LOCATING COPY OF THE LANCET

Work has commenced in trying to replace some of the books lost in the devastating fire at Glasgow School of Art which destroyed the famous Mackintosh Library on 23 May. Glasgow School of Art is particularly seeking a copy of The Lancet No 4151 of March 1903.

This particular issue includes an article with illustrations of viruses by James Herbert McNair, one of The Group of Four (along with sisters Margaret and Frances Macdonald) who worked with Charles Rennie Mackintosh, and the School is very keen to replace it.

If you happen to have such a copy or know someone who might be willing to gift or sell a copy, Duncan Chappell at Glasgow School of Art would be delighted to hear from you. Duncan can be contacted at d.chappell@gsa.ac.uk.

Updates of progress relating to the collections at Glasgow School of Art can be found at <http://gsaarchivesandcollections.wordpress.com>. The School has also launched a Mackintosh Appeal. Details can be found at <http://rcp.sg/1a4u6>. ■



STAFF PROFILES



Hazel Hynd
Head of Education,
Training and
Professional
Development

We were delighted to welcome Dr Hazel Hynd as the new Head of the Education, Training and Professional Development Unit. In the first of our new "Staff Profiles" feature, we introduce you to Hazel.

Hazel has a long track record and proven commitment to leading and facilitating high quality educational provision. She first became interested in education as a postgraduate student at the University of Glasgow, where she began teaching while completing her PhD. She subsequently spent several years teaching in both further and higher education. This has included experiences as a lecturer in English and Media Studies, senior lecturer in English and Communication at Reid Kerr College, and external verifier for the Scottish Qualifications Authority.

Hazel said, "I rapidly developed an interest in quality and standards and became increasingly focused on the operational systems, management and quality procedures that support educational provision. This prompted me to focus on a management role, supporting the planning and coordination of curriculum delivery and running various departments in further education."

In 2009, Hazel was appointed Head of Section at Reid Kerr College (now West College Scotland), where she continued to work until taking up her new appointment at our College.

Hazel said, "I am delighted to be a part of the College and to play a role in maintaining and extending the College's commitment to excellence training and development."

"Training and CPD is a fascinating area to be part of and the Education, Training and Professional Development Unit will continue to ensure the highest standards and choices of current, relevant education and professional development opportunities." ■



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ADVANCING EXCELLENCE IN HEALTHCARE 2014

After much anticipation, our international triennial conference was successfully held at the Scottish Exhibition and Conference Centre on 19-20 June.



Katherine Grainger

More than 400 health professionals, students, academics and leaders in sport attended the conference which included wonderful interactive debates and inspirational presentations. All of the plenary sessions were extremely well attended and all offered

insightful information and evidence. One of the highlights of the conference was the presentation by Olympic rowing champion, Katherine Grainger, who gave a moving and motivational talk about her personal experiences and the drive to excel. The President was delighted to welcome Her Royal Highness the Princess Royal to the conference, where she attended some of the scientific sessions, met with key members of staff and presented the prizes for the best posters.

Nora E O'Murchu was awarded first prize in the poster presentations for her poster entitled: "Experience of low light therapy in chemotherapy induced oro-pharyngeal mucositis". Second prize was awarded to JW Tan for his poster on "Radiological investigation of unexplained weight loss". Third prize was awarded to William G Dunn for his poster on "A randomised crossover trial of the acute effects of deep-fried mars bar on the cerebral vasculature". Prizes were also awarded for the best posters in each discipline.



Her Royal Highness the Princess Royal presenting a poster prize to William G Dunn

The exhibition hall formed the central hub of the conference and included a central College stand and shop. The innovative Albert Bartlett Health Zone brought the practical impact of the conference to life with live cookery demonstrations by Fifteen Ninety Nine chef, Richie Holmes; Scottish rowing challenge, blood donation, health checks and much more. It was a fantastic interactive space which helped to drive home the key messages from the scientific debates and lectures. More than 50 people signed up for the inaugural Clinicians on the Clyde fun run which was held in partnership with colleagues from Jog Scotland and Giffnock North Athletics Association. As well as raising funds for Yorkhill Children's Charity, the fun run was an opportunity for conference attendees to get their running shoes on and enjoy the sites around Glasgow. Also attending were a number of participants in the Beat Diabetes Challenge. This is an initiative being led by the College in partnership with NHS Greater Glasgow and Clyde which is helping people with type 2 diabetes to become more physically active. The run was won by Alan Cameron in a time of 20 minutes and 8 seconds.

Also well attended were the social evening at the Science Centre and the triennial ball at Kelvingrove Art Gallery and Museum, which was a fitting end to an excellent conference. ■



Fifteen Ninety Nine chef Richie Holmes

SUPPORTING THE ACUTE TAKE

The Royal College of Physicians and Surgeons of Glasgow, in partnership with the Royal Colleges of Physicians of London and Edinburgh, has published, after considerable debate, new guidance for Health Boards and NHS Trusts on managing the acute take.

The drawing up of this guidance was necessitated by concern that the need for additional help with the acute take was at times leading to trainees being asked to contribute in an area they had not been involved in for some considerable time. In addition, there were real concerns that at times, depending on the specialty, contributing to the acute take could compromise training programmes. We recognise that there are increasing demands on the Acute Medical Unit as a result of rising admissions through the acute medical take. Specifically, we are aware that the shortage of core medical trainees applying for acute medicine or dual accreditation is leading to a shortage of trainees at ST3 and above capable of supporting the acute take. We have therefore produced this guidance

document, recognising that it is only a temporary measure, which will require annual review. We emphasise with the guidance, the need to ensure that those who are asked to contribute clearly have up to date competencies and that there is a robust monitoring procedure through clinical and educational supervisors.

President of the College, Dr Frank Dunn, said, "The training component of unscheduled care has been subsumed by service delivery because of the dependency of trusts and health boards on junior doctors in this critical area. Systems must be put in place where there is an appropriate balance between training and service delivery which is driven by the level of expertise of each trainee. The experience of trainees in

unscheduled care is likely to be greatly enhanced by achieving the appropriate degree of support and supervision and with this optimisation of training."

The full report is available to download at <http://rcp.sg/acutetakereport> ■



College in Action

Distinction Awards

On 14 May, we issued a statement in partnership with the Royal Colleges of Physicians and Surgeons of Edinburgh regarding the decision by the Health Workforce and Performance Directorate in Scotland to continue to freeze distinction awards in Scotland. This decision is out of step with the rest of the UK. The statement said that the Scottish Royal Colleges are concerned about the potential impact on recruitment and retention of a high quality medical workforce in Scotland. At a time when the medical workforce is striving to achieve excellence under increasing pressure and with less time available for supporting programmed activities, the decision to freeze distinction awards does little to attract, promote or retain the highest achievers within the medical profession. This applies particularly to doctors currently working elsewhere in the UK or internationally and is particularly disappointing given the other

attractions of working in the Scottish NHS.

Name over the bed

On 13 June, the Academy of Medical Royal Colleges issued new guidance to make doctors responsible for the whole of a patient's care during their stay in hospital. The so-called "name over the bed" initiative will make it clear to patients, their carers, nurses and relatives which doctor is ultimately responsible for all aspects of their care. The guidelines also say a "named nurse" should be available to provide patients with information about their care and to be a primary point of contact.

NIC NOAC consensus

On 18 June, the NICE Implementation Cooperative (NIC) issued a consensus statement, which was endorsed by our College, on the use of Novel Oral Anticoagulants (NOACs). The consensus report was developed following a workshop

meeting which discussed barriers to the use of non-vitamin K antagonist oral anticoagulants for reducing the risk of stroke in non-valvular atrial fibrillation. The report says that NOACs must be made available for prescribing within licensed indications and should be included in local formularies.

English language requirements of UK-based doctors

The College has supported a campaign by the General Medical Council to ensure that all doctors working in the UK can speak English to a safe standard. Doctors from Europe will now be required to provide evidence that they have the necessary knowledge of English, if requested by the GMC. Failure to provide assurances could result in doctors being refused a licence to practise in the UK. The new powers will help to protect patients and also bring standards for European doctors wishing to work in the UK in line with those from other international medical graduates.



HOW DO WE MAKE PHYSICAL ACTIVITY "NORMAL"?

By Dr Andrew Murray

Andrew Murray is an international distance runner and GP who was recently appointed as Leadership Fellow at the College. Here he writes on the impact of physical inactivity and the culture shift that is needed to get more people active.

The remarkable fitness of more than 4,500 athletes from 71 nations and territories across the Commonwealth was watched by people all over the world during the recent Glasgow 2014 Commonwealth Games. Elite athletes are an inspirational example of what can be achieved through hard work, motivation and dedication and are viewed by many as the epitome of good health. For the people of Glasgow and Scotland, the over-riding legacy ambition for the Games is to help and inspire people and communities to be more active. However, many people who watched the Games, either as a spectator at one of the many Games venues or on their television

at home, are most likely inactive. Across the globe, more than 30% of adults are physically inactive. Inactivity rises with age; more women are inactive than men; and people living in high income economies are more inactive than those in low income economies. The proportion of 13-15 year olds doing less than 60 minutes of exercise a day is 80.3%. Low levels of activity are a major burden on health. A special series on physical activity by the Lancet reported that, worldwide, physical inactivity accounts for about 9% of premature mortality – that is equivalent to more than five million deaths each year. In 2008, 63% of deaths worldwide were due to non-communicable diseases including coronary heart disease, type 2 diabetes, and breast and colon cancer. There is strong evidence to show that physical inactivity significantly increases the risk of these illnesses. Putting it into perspective, the health burden of inactivity is comparable to that of tobacco smoking. Of the 36 million deaths each year from non-communicable diseases, physical inactivity and smoking each contribute about 5 million. Despite this, strategies for helping people to participate more in physical activity falls far behind the international drive to help people to quit smoking. Are doctors more likely to order patients to rest than encourage them to exercise? We know that



if everyone followed the recommendation of participating in 30 minutes of exercise regularly, the health of the population would improve considerably and healthcare costs would drop dramatically. Globally, more than 80% of the burden of non-communicable diseases lies in low-income and middle-income countries. In the UK, evidence suggests that the direct costs of physical inactivity to the National Health Service is more than one billion pounds every year. When other indirect costs are taken into account, such as working days lost, private healthcare costs, productivity, and so on, the total cost to the UK economy is estimated to be about £30 billion a year. In Scotland, it has been estimated that £85.2 million could be saved if levels of physical inactivity were reduced by 1% each year over a five year period. Across the world the gap between rich and poor is growing and



with it the gap in life expectancies – in Scotland, the richest 20% can expect to live 10 years longer than the poorest 20%. Evidence shows that adults who engage in 30 minutes of moderate to vigorous activity can reduce their risk of all cause mortality by 30%. The risk of cardiovascular diseases, stroke, diabetes, hip fractures, cancers and depression can also be reduced by between 20-68%. Physical activity also has an important role to play in managing many chronic illnesses and is an important component of treatment for many long term conditions including cardiac rehabilitation, diabetes, depression and cancers. Yet, the message to patients and the wider population does not seem to be getting through. Why is this? We have seen success in shifting attitudes to drink driving, the wearing of seat belts and



smoking, through legislation and sustained investment. The Lancet series mentioned above asks whether we need to reshape the message, focusing more on the harms of physical inactivity than the benefits of exercise. In encouraging people to stop smoking, the emphasis has always been on the damage that smoking causes, rather than the health benefits of not smoking. Most people are generally aware that they "should do more exercise", but this does not translate into actual engagement in physical activity. Perhaps better information on the dangers to their health may be more effective in encouraging people to exercise. In order to change the culture, legislative and investment strategies may be required if we are to succeed in tackling physical inactivity. The Toronto Charter for Physical Activity, which was developed with extensive international consultation, outlines the

direct health benefits and co-benefits of investing in policies and programmes to increase levels of physical activity. The Charter makes a strong case for increased action and greater investment in physical activity as part of a comprehensive approach to prevention of non-communicable diseases integrated into primary health care systems. The Lancet calls for physical activity to be made a public health priority throughout the world to improve health and reduce the burden of non-communicable diseases. As the Games close in Scotland, the focus now shifts to a target ensuring at least half of all adults in this country meet minimum physical activity recommendations by 2022. A culture shift will demand changes across society. The Advocacy Council of the International Society for Physical Activity and Health (ISPAH) has identified seven investments that work for physical activity. To achieve real success, we must see collaborations across education, transport, urban design, sports systems and programmes, the media and others. The health service plays a critical role and we must seek to embed health creation and physical activity systematically into the health service and public policy. To produce the step change we desire, we must get it right for individuals and communities – we must work with communities rather than imposing policy on them. We are determined for Scotland to lose the "Sick Man" image and instead be an example to the rest of the world of a culture shift in making physical activity a normal part of every day life. Some of the steps planned include adding questions about physical activity level and diet as part of surgical pre-assessment clinics, where we already routinely ask about smoking and alcohol consumption. Asking about physical activity and diet in primary care, medical outpatient clinics and during hospital admission should be routine and with appropriate advice available. It should be viewed as a vital sign, as important as taking a pulse and blood pressure. Brief advice and brief intervention have been judged by the National Institute for Health and Clinical Excellence (NICE) as being cost effective measures. NHS Education for Scotland and the Board for Academic Medicine have committed to make teaching on physical activity recommendations, accurate assessment and appropriate brief advice an integral part of undergraduate and postgraduate teaching for doctors, nurses and allied healthcare professionals. Increasing physical activity will increase

health outcomes across the world. Each patient you encounter is an opportunity to make a difference. ■

Beat Diabetes Challenge



More than 60 people with type 2 diabetes recently participated in a six month programme organised by the Royal College of Physicians and Surgeons of Glasgow and NHS Greater Glasgow and Clyde. The aim of the programme was to help people become more physically active and gain better control over their diabetes. Participants in the challenge were offered motivational support, personal physical activity plans and free access to local authority gym and leisure facilities as well as opportunities to try new activities in the world-class Glasgow 2014 Commonwealth Games venues. We were delighted to welcome a few of the participants to the Clinicians on the Clyde 5k fun run, which was held during the Advancing Excellence in Healthcare 2014 triennial conference in June.





THE SHAPE OF TRAINING- A CHANGE FOR THE FUTURE

The Shape of Training review published in September 2013 put forward a new vision for the future of education and training in the medical specialties. While the direct impact of changes in training will be felt across the medical workforce, new trainees will be most affected. Miss Mahua Chakrabarti ST6 General Surgery and Dr Gavin Campbell FY2 write about the implications of change.

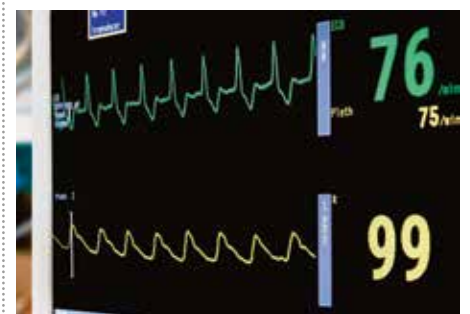
The NHS of 1948 and the population it served have changed considerably in the last 2 decades and this is set to continue. The increasing population of older patients with multiple comorbidities and the changing medical workforce has instigated a long-term plan to ensure the high quality care expected from the NHS continues for all.

In February 2012, Professor David Greenaway, the vice chancellor of Nottingham University (an economist by profession) was asked to lead the UK-wide 'Shape of Training' review of postgraduate medical education. This was sponsored jointly by the Academy of Medical Royal Colleges, Medical Schools Council, GMC

and Health Education England among others. The review aims to implement change in postgraduate training. The desired outcome being a medical workforce equipped to emanate the modern NHS culture and ethos of safety, prioritising patients' needs and a multidisciplinary team spirit for the holistic treatment of patients.

In short, instead of training numerous specialists and subspecialists, we should aim for more generalists with a wide base of knowledge in general patient care within specialty themes such as child health, women's health or mental health.

Doctors will spend four to six years gaining these general knowledge bases



and skills. During this period, doctors will be actively promoted to take time out to engage in other skills outside their clinical training. This allows fluid movement of doctors between academic and research interests as well as leadership roles and management. If competencies are met, doctors will gain a Certificate in Specialty Training to indicate completion. The vast majority of doctors will continue at this level, providing the service and teaching needs of the hospital. If their desire is to specialise further, a program of training in that specific subspecialty will commence to allow credentialing. The number of

doctors encouraged to do this, however, shall be driven by patient and local workforce needs. It is hoped that this will allow doctors to have a sustainable career with opportunities to change roles and specialties throughout their working life. The concept that postgraduate training needs to adapt in line with the change in society's expectations and needs is applauded. This adaptation to training indicates an acceptance of forces already in place such as the European working time directive, the rapid and relentless growth of innovative treatments and medicines as well as a need to provide a stimulating sustainable career which may span up to an excess of 50 years as the age of retirement increases. Is this change in training really an acceptable solution to the above issues and



will it succeed in bringing together a huge diverse community of intelligent motivated individuals to become generalists?

Specialism can be seen to be the height of clinical excellence in hospital medicine to which all doctors should aspire. If this is the case why should the vast majority of doctors be generalists and what can motivate them to be such? Being a generalist is hard. It is often a very busy, fast paced, thankless and tiring job. If we look back though, we all remember that moment of adrenaline rush as you see an acutely unwell patient for whom you have the responsibility to return to health. This can bring out the best in a lot of doctors and give tremendous job satisfaction. The knowledge that you can execute the initial life saving treatment for anything that comes through the door is an empowering one. Being a good generalist means keeping up to date on the newest and most effective treatments across medicine. It gives you a large team of multidisciplinary professions and resources with which to work collaboratively. Doctors can be at the forefront of emergency and general treatment for multiple disorders in a varied population. The kudos of the general physician or



general surgeon, however, seems to be fading. As doctors are becoming super-specialised, they have the skills and knowledge to treat certain diseases with better outcomes than the generalist. Indeed we see that centralisation of certain services such as cardiac surgery or hepatobiliary surgery allows outcomes to improve for the population. If your own family member had fallen ill, would you not want the specialist? Specialisation means you made the cut, and can reach the aspirations of being the best. We need to understand that the review of postgraduate training does not mean that specialisation is not required, but rather that it should exist as a tight workforce to complement and enhance the care of the local population. So do we accept that being the generalist is

the lesser job and you must lack ambition if you do not become a specialist? On the contrary. We have to accept that change is here. We have to now understand what is special about being a generalist. The tornado of unrelenting acute admissions and the administration required for this can eventually lead to burnout. We have to encourage highly motivated, intelligent, elite doctors into the fraternity of generalists. This will take some planning. We need to allow doctors control of their unit, giving them recognition for their work and offering an appropriate work plan which incorporates research and leadership. When the vocation as a generalist is revered, the plan for changing the "shape of training", can really come to fruition and the workforce can truly develop with the needs of the population. ■





WHAT'S ON



Physicians

Exam closing dates

4 September 2014 | MRCP(UK) SCE – Dermatology, UK (various locations)
Exam to be held on 9 October 2014

10 September 2014 | Diploma Dermatology, Glasgow
Exam to be held on 5-6 November 2014

17 September 2014 | MRCP(UK) SCE – Respiratory Medicine, UK (various locations)
Exam to be held on 22 October 2014

8 October 2014 | MRCP(UK) SCE – Acute Medicine, UK (various locations)
Exam to be held on 12 November 2014

10 October 2014 | MRCP(UK) Part 2, UK (various locations)
Exam to be held on 10-11 December 2014

14 November 2014 | MRCP(UK) Part 1, UK (various locations)
Exam to be held on 13 January 2015

1 December 2014 | MRCP UK Part 2 Clinical Examination (PACES), UK (various locations)
Exam to be held on 23 January–13 April 2015

MRCP(UK) Part 2 Clinical Examination (PACES) Training Evenings, 6.15pm–7.30pm

A series of PACES Training Evenings, which run over five evenings, are held in the month prior to each PACES assessment period. These training evenings are held live in the College and video-linked to UK and international centres.

Forthcoming course dates:

* 4, 11, 16, 18, 23 September 2014

* 8, 13, 15, 21, 27 January 2015

* 5, 7, 12, 19, 26 May 2015

Member fee: £65 (live); £30 (videolink) | Book online

IMPACT Course, Day 1 8.30am–5.40pm; Day 2 8.15am–5.30pm

Two-day course suitable for CT1/CT2 trainees, this course provides hands on experience of critically ill patient scenarios to enhance skills needed for dealing with life-threatening medical emergencies.

Forthcoming course dates:

* 20–21 October 2014

* 1–2 December 2014

* 19–20 January 2015

* 6–7 May 2015

* 16–17 June 2015

Member fee: £410 | Lunch provided | Book online

3 October 2014, 9am–3.30pm

Advanced ECG interpretation, 5 Clinical Credits

Member fee: £65 | Lunch provided | Book online

14 November 2014, 9am–5pm

State of the Art Medicine Symposium (SAMS), 5 CPD

Member fee: £68 | Lunch provided | Book online

25 November 2014, 1pm–5pm

Rheumatology for the general physician, CPD APPLIED FOR

Member fee: £38 | Book online

27 November 2014, 9am–5pm

An Update on Osteoporosis: A multidisciplinary approach, CPD APPLIED FOR

Member fee: £68 | Lunch provided | Book online

28 November 2014, 9am–5pm

St Andrew's Day Paediatric Symposium, CPD APPLIED FOR

Member fee: £68 | Lunch provided | Book online

4 December 2014, 9am–5pm

Delivering better delirium care, CPD APPLIED FOR

Member fee: £68 | Lunch provided | Book online

11 December 2014, 9am–5pm

Haematology for non specialists, CPD APPLIED FOR

Member fee: £68 | Lunch provided | Book online

13–14 December 2014

MRCP Part 1 Revision Course

All events are held in the College unless otherwise indicated. Event schedule and content may be subject to change. All events can be booked online unless otherwise indicated. **Book online at <http://rcp.sg/events>**

CASE REPORTS IN MEDICAL RECEIVING, 6pm–7.35pm



Interactive sessions providing up to date information on a range of topics

28 August | Back from Bangkok with diarrhoea

25 September | Is it dementia or delirium?

23 October | The general physician and the GI bleed

21 November | Is it pneumonia?

12 December | A Faint, a fit or a funny turn? Further details of future sessions on the website

Member fee £10 | Book online

MANAGING STROKE IN 2014, xx CPD



19 November 2014

An ideal opportunity for clinicians to update knowledge in the rapidly changing field of stroke care. Managing Stroke 2014 incorporates a series of 'hot topic' lectures in the morning followed by afternoon masterclasses.

Member fee: £68 | Lunch provided | Book online

BASIC SURGICAL SKILLS



A two-day course for trainees anticipating a career in surgery and preparing for basic surgical exams.

This course will be running on the following dates:

* 17–18 September 2014

* 23–24 October 2014

* 26–27 November 2014

* 19–20 February 2015

* 25–26 March 2015

Member fee: £505 | Lunch provided | Book online

Surgeons

Exam closing dates

31 October 2014 | MRCS Part A Written, Various locations

Exam to be held on 6 January 2015

7 November 2014 | DOHNS (MCQ), Glasgow

Exam to be held on 5 January 2015

28 November 2014 | MRCS Part B OSCE, Glasgow

Exam to be held on 12-13 February 2015

28 November 2014 | MRCS Part B OSCE, Salford

Exam to be held in February 2015 (date to be confirmed)

10-12 September 2014

MRCS OSCE preparation course

Save £250 when you sign up for the preparation course and exam together

Member fee: £750 (£500 if also sitting the exam) | Book online

6-7 October 2014, CASC

Endoscopic ear surgery cadaver course

Member fee: £750 | Book online (closing date for bookings: 12 September)

Book online <http://rcpsg.ac.uk/events>

9 October 2014, CASC

Bariatric surgery skills cadaver course

Member fee: £375 | Book online (closing date for bookings: 18 September)

27-28 November 2014, CASC

Basic Surgery Cadaver Skills (BaSiCS) course, CPD APPLIED FOR

Member fee: £625 | Book online (closing date for bookings: 12 November)

17-18 December 2014, CASC

Advanced Surgery Cadaver Skills (ASiCS) course

Member fee: £625 | Book online (closing date for bookings: 2 December)

11 October 2014

Foundation skills in surgery

Medical students: £68, FY1: £120 | Lunch provided | Book online

Surgical Anastomosis Techniques

A hands-on one day practical course for surgical trainees.

Forthcoming course dates:

* **29 October 2014**

* **25 February 2015**

* **27 May 2015**

26-27 February 2014

Glasgow Emergency Surgery and Trauma Symposium (GESTS)

Member fee: £178

WHAT'S ON

Dentistry

Exam closing dates

12 September 2014 | MFDS Part 2, Glasgow and Manchester

Exam to be held on 20-21 November 2014

7 November 2014 | ISFE Oral Medicine, Glasgow

Exam to be held on 5-6 March 2015

MFDS Part 1 Revision Course

A three day course suitable for anyone planning on sitting the MFDS or MJDF part 1 exam. Forthcoming course dates:

* **12-14 September 2014**

* **6-8 March 2015**

Member fee: £440 | Lunch provided

4 September 2014, 8.30am-5pm

The Francis Report and the Dental Team, 6 CPD CREDITS

This symposium will discuss the implications of the Francis Report, the relevance of the report to dental practice and what must be done to prevent the failures that occurred in Mid-Staffs.

Member fee: £68 | Lunch provided

MFDS Part 2 Revision Course

Two-day course with interactive lectures and practical sessions suitable for anyone planning on sitting the MFDS Part 2 exam. Forthcoming dates:

* **21-22 October 2014** (Bolton)

* **5-6 November 2014** (Glasgow)

* **28-29 April 2015** (Glasgow)

Member fee: £425 | Lunch provided

continued

LOCAL ANAESTHESIA FOR DERMATOLOGICAL SURGERY



CASC is a state of the art facility based at the University of Glasgow which provides access to first class training on cadaveric material

1 October 2014

Local anaesthesia for dermatological surgery (cadaver course)

Member fee: £199 | Book online (closing date for bookings: 10 September)

DENTAL FELLOWS AND MEMBERS DAY

31 October 2014, from 2pm



Incorporating:

* Symposium on "The bidirectional relationship between systemic and oral disease" (2pm-4.45pm | member fee £30)

* Faculty AGM (5pm-6pm)

* Dental Faculty Dinner (7.30pm | tickets £35)

TOP TIPS FOR DENTAL CARE PROFESSIONALS, 5 CPD



1 November 2014, 9am-5pm

DCP fee: £25/£15 (trainees) | Lunch provided

Price includes a drinks reception



WHAT'S ON

All events are held in the College unless otherwise indicated. Event schedule and content may be subject to change. All events can be booked online unless otherwise indicated. **Book online at <http://rcpsg.ac.uk/events>**

21 November 2014, 9am-5pm

TC White endodontic symposium, CPD

Celebrating the career and contribution of Professor Bill Saunders to endodontics

Member fee: £68 | Lunch provided



Travel Medicine

17-18 November 2014, 9am-5pm

Foundation in Travel Medicine Course

Six month blended e-learning course commencing with two-day taught component

Fee: £999 (payable in instalments)

Diploma in Travel Medicine course

12 month blended e-learning course with two compulsory 4-day taught components and final examination:

* **16-19 March 2015** (beginning of course taught component)

* **14-18 September 2015** (mid course taught component)

* **9 February 2016** (written examination)

Fee: £2995 (payable in instalments)



Podiatric Medicine

17 October 2014, 9am-5pm

Lower limb pain and its clinical implications

Venue: Birmingham Medical Institute

Member fee: £68 | Book online



Events for all

12 September 2014, 7pm

Musical Notes with the Royal Conservatoire of Scotland

Fine dining and music | Tickets £35 | Booking essential via bookings@rcpsg.ac.uk / 0141 221 6072

24 September 2014, 1pm-7.30pm

Clinical negligence and fitness to practice, Venue: Mary Rose Museum, Portsmouth

Buffet lunch | Symposium | Tour of the Mary Rose | Reception hosted by the President, Dr Frank Dunn

Member fee £40 | Book online

13 October 2014, 6pm for 6.30pm

The Goodall Symposium

An evening of talks commemorating World War One and the medical profession.

Light refreshments served | Free event | All welcome | Booking essential via

library@rcpsg.ac.uk / 0141 221 6072

4 November 2014, 1pm-7.30pm

Challenges in remote and rural healthcare

Venue: Centre for Health Science, Inverness

Buffet lunch | Symposium | Reception hosted by the President, Dr Frank Dunn

11 November 2014, 6pm-8.30pm

Glasgow Leadership Lecture presented by Sir Tom Hunter

Free event (members only) | Contact

melanie.chambers@rcpsg.ac.uk to book

24 November 2014, 6:30pm for 7pm

Book week Scotland

Patricia Andrew discusses her new book "A Chasm in Time: Scottish War Art and Artists in the Twentieth Century"

Light refreshments served | Free event | All welcome | Contact library@rcpsg.ac.uk to book

FACULTY OF TRAVEL MEDICINE ANNUAL SYMPOSIUM



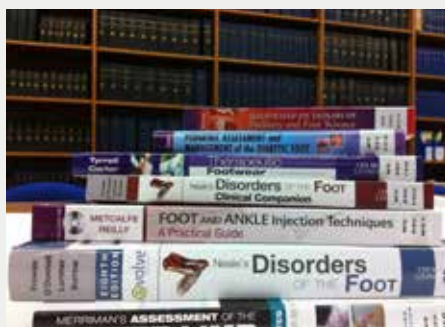
9 October 2014, 9am-5pm

Providing high impact education and debate on current day leading issues in the field of travel medicine including medical tourism, malarial vaccines and sexual health.

Member fee: £68 | Lunch provided

JOURNAL CLUB

17.00-18.00, College Library Reading Room



* **Thursday 9 October 2014**

* **Thursday 11 December 2014**

* **Thursday 12 February 2015**

* **Thursday 9 April 2015**

DOORS OPEN DAY



20 September 2014, 10am-4pm

Explore our beautiful building and discover its treasures including our first edition of "De humani corporis fabrica" by Andreas Vesalius, father of modern anatomy, which will be on display to celebrate the 500th anniversary of his birth.

Free event | All welcome

ON THE FRONT LINE WITH DR VINEET DATTA.

College News speaks to Dr Vineet Datta FRCP (Glasg),
Senior Vice-President – New Initiatives at Apollo
Hospitals Enterprise Limited, New Delhi, India



Dr Vineet Datta

CN: What does your daily job involve?

VD: As Senior Vice President – New Initiatives at Apollo Hospitals, I am responsible for executing appropriate preventive health clinical operations through coordination and management for the delivery of best-in-class healthcare services in the Indian subcontinent. Part of my work is directed towards shifting healthcare delivery to consumer-focused, primary and emergency care based solutions through the adoption of customized medical solutions and delivery of quality on-site solutions through consulting, developing preventive healthcare strategies, facilitating corporate wide employee programmes as well as developing comprehensive healthcare procedures and policies.

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

VD: I provide global medical experience and resources necessary to develop and implement world class global health programmes with strategic and operational consultancy, with prioritisation of health programmes based on impact and outcomes within relevant legislative and corporate social responsibility frameworks. My previous professional experience has helped in defining and streamlining processes and systems for the delivery of services within the clinical work-stream to ensure professional and seamless service and product delivery of contracted services to clients, with implementation of standards, including policies, guidelines, protocols, and quality assurance for reporting staff. As part of my current profile, I extend credible and accurate communication to both global and local customers on healthcare challenges, regulatory matters as well as appropriate solutions on preventive health consulting. In addition to being a member of the College of Emergency Medicine, I am also an elected Fellow of the Royal College of Physicians and Surgeons of Glasgow and Fellow of the Royal Society for Promotion of Health, as well as Certified Manager of Quality and Organizational Excellence.

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

VD: In my current role, my personal challenge is to execute a plan that brings together our skilled resources, data analytics and healthcare enhancing innovative tools to enhance customer service excellence and create business value.

CN: What are the most satisfying aspects of your work?

VD: Driven by the vision of our inspiring Chairman, Dr Prathap C Reddy, the Apollo Hospitals Group has pioneered corporate healthcare in India. Over the last 30 years Apollo Hospitals has become the largest integrated private hospital group in Asia with expertise in managing hospitals, clinics, health insurance, healthcare IT, telemedicine, education, pharmacy retail and medical business process outsourcing. The group has pioneered the introduction of the latest world class technology in India. The environment within the organisation promotes innovative thinking and a drive to consistently strive for clinical excellence to benefit our patients. This has facilitated development of preventive health strategies to benefit our patients like development of personalised health check solutions which provide unique and customised services. So it's not an easy question to answer, because there's a lot that's satisfying about my current job. The contribution I make ultimately influences the overall success of the organisation, but in particular, I enjoy the challenge and the responsibility, as well as the opportunity to execute innovative yet methodical and precise deliverables related to my key tasks.

CN: What do you think are the biggest healthcare challenges where you live and what can be done to deal with these challenges?

VD: The global burden for non-communicable diseases (NCDs) is rising at a rapid pace. It is estimated that by 2030, NCDs like cardiovascular disease, diabetes and cancer will account for 75% of all deaths (exceeding deaths caused by infectious diseases, natural

disasters, accidents, etc.) costing the world an estimated USD 45 trillion. With this increasing burden of disease, urbanisation, and the change in lifestyle, it is imperative to take drastic measures in proactive healthcare. Although there is a perceived increase in awareness toward healthcare, India is still grossly under-developed in its perceptions on healthcare where reactive care still overshadows proactive care. A majority of the non-communicable diseases, which are lifestyle related, are preventable and/or if detected in their early stages of insidious development, are controllable if not curable in some cases. Proactive collaboration with governmental agencies can assist in strengthening, improving and increasing the medical education and training infrastructure related to NCDs to bridge the shortage of skilled manpower providing health care across all levels.

CN: How has being a member helped you in your career?

VD: Being a member certainly provides access to Emergency Medicine leadership and networking resources, as well as clinical guidelines, which ensures development of local policies and procedures which align with international standards of clinical delivery. Access to resources on patient safety has benefited compliance with appropriate standards of clinical governance, and development of healthcare solutions. As an International Advisor for the College in India, I am involved in raising the profile of the College across the northern part of the country, as well as promoting and facilitating membership, educational and promotional events, and strengthening the network amongst Fellows and Members with local and international agencies and organisations.

CN: Is there anything else you would like to add?

Regular access to Emergency Medicine journals and professional affairs and College resources has assisted ongoing professional development. This has positively influenced skill enhancement, leading to recognition awards at international health forums. ■

BILL BURR ENDS TERM AT JRCPTB

Professor Bill Burr's term as medical director of the Joint Royal Colleges of Physicians Training Board (JRCPTB) came to an end in July. Reflecting on his six years in the post, Professor Burr said that the development of coordinated national recruitment to CMT and 18 medical specialties, along with the complete revision of 29 specialty and three subspecialty curricula, were significant. In a farewell message on the JRCPTB website, Professor Burr wrote "the JRCPTB plan to launch a new system of trainee assessment

in which the emphasis is on sampling trainee achievements rather than examination of multiple linkages in the ePortfolio. The aim is to make medical education a trainee-focussed process of education in which progress is determined by the evidence-based opinions of colleagues rather than an electronic surrogate. "Issues affecting CMT have been a major concern, including the demonstration of a deficiency of about 500 CMT posts, combined with the fact that 200 CMT trainees progress into GP and other

specialties. As a result, the UK has around 300 vacancies in ST3 posts, causing rota gaps, stress and compromising training. The JRCPTB 2013 survey of CMT doctors confirmed that service almost overwhelms them and frequently prevents attendance at formal teaching, outpatient clinics and procedural skills training. We are trying to drive up the quality of CMT with a set of quality indicators." David Black has now taken over the post as medical director of JRCPTB. ■

JRCPTB ANNOUNCES ITS RECOMMENDATIONS FOR SPECIALTY TRAINEE ASSESSMENT AND REVIEW

In 2012, the JRCPTB piloted revisions to the Workplace based assessment (WPBA) system to test their acceptability and feasibility. As a result of the pilot, the JRCPTB has developed recommendations for specialty trainee assessment and review to be implemented in August 2014 for all trainees in core medical training and specialty training in the UK.

The lessons learnt from the pilot - together with feedback from trainee and trainer surveys, specialist advisory committees (SACs) and heads of schools of medicine have contributed to the recommendations in the report.

JRCPTB will provide guidance on the new assessment and review requirements plus revised Annual Review of Competence

Progression (ARCP) decision aids for trainees, supervisors, training programme directors and local education and training boards and deaneries before August 2014.

Further information on WPBAs can be found on the JRCPTB website. If you have any queries regarding the report please contact wpbaqueries@jrcptb.org.uk. ■

LISTER INSTITUTE RESEARCH PRIZES

Research prizes valued at £200,000 each are currently open to applications. The prizes are being offered by the Lister Institute of Preventive Medicine, which supports biomedical and related research. The Institute is now inviting applicants from outstanding young researchers for its 2015 Research Prizes. Applicants may be working in any area of biomedical research and be scientifically or medically trained with more than three and less than ten years' post-doctoral experience. Applicants must be able to conduct excellent research and the prize is intended to help establish or further their independent research careers. At least three awards will be made based on a number of criteria: the originality and quality of the proposed research; the achievements of the applicant; and the beneficial impact the prize will have on the recipient's career. Prize winners will be awarded £200,000 (or equivalent sum in Euros), which may be

used in any appropriate way to support their research. Further information, including terms and conditions and application forms are available on the Institute's website: www.lister-institute.org.uk. The deadline for applications is 12 December 2014. These awards are open to researchers based in the UK and Ireland. ■



STAKEHOLDER PERCEPTIONS RESEARCH

An ambitious research project commissioned by MRCP(UK) has confirmed that the Diploma examinations are seen as a reliable benchmark against which to assess junior doctors' basic competence and their fitness to start specialty training. MRCP(UK) commissioned an independent research agency, Cragg Ross Dawson, to seek the honest views of trainees, clinical and educational supervisors, clinical and training directors, and postgraduate deans. In five focus group sessions and 48 in-depth interviews, stakeholders saw the examinations as stern but fair tests of a trainee's knowledge and skills, and a necessity for patient safety. The research suggested that better communication is needed, to explain the work and resources that are invested in content development, delivery and governance. Over the next 12 months MRCP(UK) will make more information available on the MRCP(UK) website to demonstrate the academic



infrastructure and rationale underpinning the validity, reliability and fairness of the Diploma and its individual components. Including:

- increasing transparency for stakeholders so they can be confident that examination income is being spent responsibly
- articulating the academic rationale behind the content of our examinations more clearly and widely among candidates
- demonstrating the infrastructure and staff required to support continual development

of content, examination delivery and the services we provide to our candidates

- publishing results of a qualitative study into the language and communication skills of international candidates
- improving resources for all those involved in the delivery of PACES.

The MRCP(UK) Annual review, published 31 July, features an article on stakeholder perceptions and is available on the MRCP(UK) website. ■

NEW MEMBERS

Welcome to all physicians admitted to the College June-August 2014.

Hassan Abbas MRCPS(Glasg)
Wedad Abdelrahman MRCPS(Glasg)
Daya Abdulwahid MRCPS(Glasg)
Qazi Salim Ahmad MRCPS(Glasg)
Aleem Ahmed MRCPS(Glasg)
Mohammed Sami Al Abadie FRCP(Glasg)
N.Nag Anand FRCP(Glasg)
Hussein Bagha MRCPS(Glasg)
Vijayalakshmi Balakrishnan FRCP(Glasg)
Faisal Bashir Butt FRCP(Glasg)
Brian Callaghan MRCPS(Glasg)
Anthony Chalmers FRCP(Glasg)
Liang Chia MRCPS(Glasg)
Emilia Mihaela Crighton FRCP(Glasg)
Jennifer Curle MRCPS(Glasg)
Galal M El-Said FRCP(Glasg)
Mercy George MRCPS(Glasg)
Zakir Hussain Gulam Ghouse MRCP(Glasg)
Gordon Iain Hale MRCPS(Glasg)
Rizwanul Haque FRCP(Glasg)
Mahmoud Hussein Hamouri FRCP(Glasg)
Fraser R Hendry MRCPS(Glasg)
Niamh Hughes MRCPS(Glasg)
Alistair William Innes MRCPS(Glasg)
Tahir Iqbal FRCP(Glasg)
Anwar Jelani FRCP(Glasg)
Inder Pal Singh Kalra FRCP(Glasg)
Muhammad Shamsuddin Khan FRCP(Glasg)

Pervez Khan MRCPS(Glasg)
Shashithey Koppa Narayana MRCPS(Glasg)
Koteswara Rao Kotapati FRCP(Glasg)
Rattan Parkash Kudyar FRCP(Glasg)
Anjan Kumar Lenkalapally MRCPS(Glasg)
Jane Lumsden MRCPS(Glasg)
Jing Wern Kwan MRCPS(Glasg)
Rachel Livingstone MRCPS(Glasg)
Neil Duncan Mara FRCP(Glasg)
Pavan Malhotra MRCPS(Glasg)
Nyan Lin Maung MRCPS(Glasg)
Christopher McDermott MRCPS(Glasg)
Fiona McGarry MRCPS(Glasg)
Vinod Krishna Metta MRCPS(Glasg)
Amin Eltigani Elhag Mohamed MRCPS(Glasg)
Dareen Fatma Mohamed Ali MRCPS(Glasg)
Umadevi A Muthukumaru FRCP(Glasg)
Sankar Narayan Das FRCP(Glasg)
Roopa Selvaraj Naveen MRCPS(Glasg)
Ann Lynn Noble Chapman FRCP(Glasg)
Bhargavan Palli Valappil FRCP(Glasg)
Periasamy Soundarajan MRCPS(Glasg)
Periasamy FRCP(Glasg)
Chandra Rani Sarkar FRCP(Glasg)
Obaid Ullah Khan MRCPS(Glasg)
Muhammad Pervaiz MRCPS(Glasg)
Arthur Price MRCPS(Glasg)

Sangita Ray MRCPS(Glasg)
Ali Raza MRCPS(Glasg)
Mohsin Raza MRCPS(Glasg)
Jocelyn Miller Reid MRCP(Glasg)
Claude Jeffrey Renaud FRCP(Glasg)
Senthil Kumar Rontala MRCPS(Glasg)
Raghunathan FRCP(Glasg)
Kirsty Ross MRCPS(Glasg)
Indranil Roychowdhury MRCPS(Glasg)
Amer Saleem MRCPS(Glasg)
Syed Sajid Hussain Shah MRCPS(Glasg)
Mohd Amin Simbli MRCPS(Glasg)
Biji Soman MRCPS(Glasg)
Navaneethakrishnan Suganthan MRCPS(Glasg)
Sung Chi Keung FRCP(Glasg)
Sumit Kumar Sonu MRCPS(Glasg)
Fahimuddin Syed MRCPS(Glasg)
Kian Bun Tai FRCP(Glasg)
Ahmed Bilal Tarar MRCPS(Glasg)
Fiona Mhairi Thomson MRCPS(Glasg)
Catherine Janine Turner MRCPS(Glasg)
Ranjit Unnikrishnan Ittianath FRCP(Glasg)
Ashita Waterston FRCP(Glasg)
Kyin Win FRCP(Glasg)
Robin Wilfrid James Wybrew MRCPS(Glasg)
Tak Lung Victor Wong MRCPS(Glasg)
Rizwana Younas MRCPS(Glasg)



ASSOCIATION OF SURGEONS IN TRAINING BRINGS CONFERENCE TO GLASGOW

The Association of Surgeons in Training Conference held in Belfast in March 2014 hosted over 700 delegates. Highlights included a Gala Dinner at the Titanic Belfast exhibition centre, a Surgical Research Collaboratives session and Question Time from the four Surgical College Presidents of Glasgow, Edinburgh, England and Ireland. With help from the President of our College, Dr Frank Dunn, the ASiT 2015 Conference will be coming to Glasgow's Scottish Exhibition and Conference Centre (SECC). We hope to build on the successes of the past to make Glasgow a host city to remember. We will be holding numerous Pre-Conference Courses at the University of Glasgow, the Royal College of Physicians and Surgeons of Glasgow and SECC sites

on Friday 27 February, tailored to various specialties and stages of surgical training. At a time of constant flux in the NHS, with training increasingly squeezed by demands on service and working time restrictions, it is more important than ever that we recognise and reward good trainers. With this in mind the prestigious Silver Scalpel Award is presented to the surgeon who goes the extra mile for their trainees. We are currently accepting nominations from trainees, with the prize being awarded at the ASiT Glasgow 2015 Black Tie Gala Dinner on Saturday 28 February. The conference programme will include updates in clinical practice, training and workforce issues, and hear what the future holds for surgical trainees. There will

also be the opportunity to present your work, with abstracts being published in the International Journal of Surgery.

Book Dates for Study leave now: Friday 27 February - Sunday 1 March 2015
The deadline for nominating an outstanding surgical trainer for the Silver Scalpel award is September 15, details can be found at www.asit.org/about/silverscalpel/2015
For abstract submission and programme information follow @ASiTOfficial on twitter or visit www.asit.org

The Pre-Conference Courses link above should link to here on the online version of College News: <https://www.youtube.com/watch?v=kOjO4i61TPA>



SURGICAL BOOTCAMPS

Our College has teamed up with the Royal College of Surgeons of Edinburgh to offer an innovative, simulation-rich bootcamp for surgeons in training. The course is designed to help you gain key technical and non-technical skills at the beginning of your career in surgery. Topics covered include:

- How to get the most from your trainer

- How to lead a ward round
- Human factors in the operating theatre
- Advancing from basic to intermediate surgical skills
- Written and spoken communication in surgery.

The course is open to all surgical trainees; the course fee is £600. ASiT members receive a 5% discount on fees.

NES Scotland has agreed to cover the fee for CT1s in a West of Scotland or East of Scotland Surgical Training Programme.

Course dates and venue:
20-23 September 2014 and
25-28 October 2014

Highland Clinical Skills Centre, Inverness
Find out more at www.surgicalbootcamps.com



Our state of the art Clinical Anatomy Skills Centre (CASC) based at the University of Glasgow is running a range of courses suitable for surgeons of all levels to develop and enhance their skills with training on fresh cadaveric material.

Forthcoming courses include:

17 September

Oncoplastic Breast Surgery

6-7 October

Endoscopic Ear Surgery

9 October

Bariatric Surgery Skills Cadaver Course

27-28 November

Basic Surgery Cadaver Course (BaSiCS)

17-18 December

Advanced Surgery Cadaver Course (ASiCS)

New courses are constantly being added and they can book up quickly, so early booking is recommended. Further details on all of our courses can be found on the College website at www.rcpsg.ac.uk or by contacting joanne.woollardED@rcpsg.ac.uk



NEW MEMBERS

Welcome to all surgeons admitted to the College June-August 2014.

Mohamed Ahmed Mohamed Osman	Jadallah FRCS(Glasg)
Abdelhalim MRCS(Glasg)	Jagajeevan Jagadeesan FRCSGlas(Plast)
Safaa Abdelaziz Abdel Rahman	Mohammad Rejaul Kabir MRCS(Glasg)
Aboul Hassan FRCS(Glasg)	Mohammed Mosa Mohammed
Humaid Ahmad MRCS(Glasg)	Kadhem FRCS(Glasg)
Islam Shereen Hamdy Ahmad FRCS(Glasg)	Sarantos Kaptanis MRCS(Glasg)
Kamran Aftab Ahmed FRCS(Glasg)	Venkateshwar Rao Kesharaju FRCS(Glasg)
Khalid Al Hussein Mohamed Al	Farooq Iqbal Khan FRCS(Glasg)
Hussein Khalil FRCS(Glasg)	Hoey Ching Koh FRCSGlasg (GenSurg)
Shehab Ahmad Fares Al-Abed FRCS(Glasg)	Wu Chean Lee MRCS(Glasg)
Mouhamed Ali Abul Kareem	Wei Sian Lim MRCS(Glasg)
Al-Aqaba FRCS(Glasg)	Stephen Robert Magill MRCS(Glasg)
Mona Mahdi Abdullah Saleh	Muhammad Asim Mahmood MRCS(Glasg)
Al-Ghorab FRCS(Glasg)	Safaa Refaat Mohamed
Nauyan Ali MRCS(Glasg)	Mahmoud FRCS(Glasg)
Mu Liang Ang MRCS(Glasg)	Riham Samy Hanafy Mahmoud
Alaa Abdulrazaq Ali Al-Sebahi MRCS(Glasg)	Allam FRCS (Glasg)
Waleed Abd Elmoneim Mostafa	Muhammad Umair Majeed MRCS(Glasg)
Ahmed Aliyan FRCS(Glasg)	Muralidharan Manikesi FRCS(Glasg)
Christopher Allan MRCS(Glasg)	Jamie Stewart McConnell
Anthony Charles Amato-Watkins	FRCSGlasg(Tr &Orth)
FRCSGlasg(Neuro.Surg)	Umair Tariq Mirza FRCS(Glasg)
James Mitchell Stewart Andrews	Ahmed Samir Abd El-Wakeel
FRCSGlasg(PaedSurg)	Montasser FRCS(Glasg)
Mostafa Abdel Aghfar Mohamed	Jennifer Montgomery FRCS
Arafa FRCS(Glasg)	Glasg(ORL-HNS)
Tariq Farooq Babar FRCS(Glasg)	Sajjad Mughal FRCS(Glasg)
Mehreen Baig MRCS(Glasg)	Bindu N FRCS(Glasg)
Jessica Bewick MRCS(Glasg)	Muhammad Naeem FRCS(Glasg)
Syeda Aisha Bokhari FRCS(Glasg)	Faisal Nawaz MRCS(Glasg)
Michael Brown MRCS(Glasg)	Zenab Yousf Nseer FRCS(Glasg)
Syamaprasad Basu FRCS Glasg(ORL-HNS)	Jayasree Menon P FRCS(Glasg)
Varghese Joseph Chalisery MRCS(Glasg)	P. Premalatha FRCS(Glasg)
Mariam Zakia Chaudhari FRCS(Glasg)	Kamran Khurshid Qureshi FRCS(Glasg)
Xunqi Cheow MRCS(Glasg)	Ashwin Rammohan FRCS(Glasg)
Andrew Niall Clark MRCS(Glasg)	Kumaran Rasappan MRCS(Glasg)
Georgette Angela Elaine	Azad Hassan Abdul Razzack FRCS(Glasg)
Crossman FRCS(Glasg)	Sidrah Riaz FRCS(Glasg)
Mohamed Ibrahim Saleh	Rehana Sadia FRCS(Glasg)
Mohamed Dief FRCS(Glasg)	Ali Mohammed Hussein
Gregory Ehizoba Ekatah MRCS(Glasg)	Salem MRCS(Glasg)
Ahmed Soliman Salaheldin	Wei Ren Daniel Seng MRCS(Glasg)
ElSherbini FRCS(Glasg)	Muhammad Aamir Shahzad FRCS (Glasg)
Subhashana Abeyweera	Asode Ananthram Shetty FRCS(Glasg)
Gunawardena FRCS(Glasg)	Ka Fai Stephen Siew MRCS(Glasg)
Ahmed Abd Elfatah Ghalwash FRCS(Glasg)	Selvaratnam Srishankar MRCS(Glasg)
Rajasekaram Gnanasekaram MRCS(Glasg)	Ibraheem Turkey Tammur FRCS(Glasg)
Tripti Goel FRCS(Glasg)	Bee Kang Tan FRCS(Glasg)
Nanukuttan Nair Gopakumar FRCS(Glasg)	Sheng Ming Alexander Tan MRCS(Glasg)
Jonathan A F Hannay FRCS	Minhal Pervez Tasneem MRCS(Glasg)
Glasg(GenSurg)	Kiat Siong Jonathan Tay MRCS(Glasg)
Ryan Harrinarine FRCS(Glasg)	Ahmed Magid Abdelaziz
Abdussalam Mohamed	Wanas FRCS(Glasg)
Hounki MRCS(Glasg)	Alistair Scott Wilson Parker
Ahmed Saad Khalil Ibrahim MRCS(Glasg)	FRCSGlasg(Tr &Orth)
Mostafa Mohamed Mostafa	Elisabeth Zetlitz FRCSGlas(Plast)
Ibrahim FRCS(Glasg)	Naima Zaheer FRCS(Glasg)
Samer Ibrahim Abdel Rahman	Naeem Zia FRCS(Glasg)

OROFACIAL PAIN IN KENTUCKY

Francis O'Neill was awarded a JC MacDougall Travel Fellowship by the College earlier this year. In April he travelled to the University of Kentucky to gain an understanding of orofacial pain service delivery, infrastructure, financing and training in the US. He provides a summary of the personal and professionally rewarding aspects of his visit.



Over the last 20 years in the US there has been a move to have the diagnosis and management of Orofacial Pain recognised as a dental specialty in its own right. The American Academy of Orofacial Pain (AAOP) was formed in 1975 and since then has grown to more than 600 members. In 1993 the American Board of Orofacial Pain (ABOP) was formed with the purpose of offering a certified examination in Orofacial Pain and this is now in the process of being accredited by the Commission on Dental Accreditation (CODA) for advanced dental education programmes. A submission to the ADA to recognise Orofacial Pain as a specialty is ongoing.

The University of Kentucky Orofacial Pain centre has been run by Professor Jeffrey Okeson for the past 25 years. It was the first accredited Orofacial Pain Residency programme in the USA, and has so far trained more than 30 successful residents. Professor Okeson has written seven editions of the seminal text Bell's Orofacial Pain. He is President of the ABOP, past President of the AAOP and has been instrumental in attaining CODA accreditation status. Also present at the University of Kentucky is Reny de Leeuw, editor of the Guidelines for Assessment, Diagnosis and management of Orofacial Pain.

The University is therefore one of the best places in the world to learn how a leading specialist department of orofacial

pain operates. My visit had four primary objectives to gain an overview of:

- The scope of orofacial pain service delivery in the US
- The Infrastructure of the specialist orofacial pain department
- Financial considerations of a specialist orofacial pain department
- Education/training of orofacial pain specialists

I gained a good insight into each of the objectives and found the experience both personally and professionally rewarding with the added bonus of 120 hours of accredited CPD.

The organisation of the orofacial pain department studied is the result of over 30 years endeavour. The experience of this department has demonstrated directly translatable processes/practices which the present NHS service provision in my region could immediately adopt to improve patient care. It has also provided insight into potential strategies for reorganisation, rationalisation and augmentation of service provision to enhance patient flow and for delivery of education. It provides an excellent comparator model with which to conduct a SWOT analysis of our present NHS service and will hopefully drive improvement of future services for the betterment of both patients and clinicians.

The full report can be downloaded at <http://rcpsg.oneillreport> ■

NEW MEMBERS

Welcome to all new members of the dental faculty admitted to during June-August 2014.

Zeyad Ibraheem Abdulrazzaq MFDS RCPS(Glasg)
 Rana Muneer Mousa Aburashed M(PaedDent)RCPS(Glasg)
 Abigail Adeyemi MFDS RCPS(Glasg)
 Rasha Hadi Ahmed Al-Dulaimi MFDS RCPS(Glasg)
 Latifa Abdullah M Alhowaish M(PaedDent)RCPS(Glasg)
 Farah Ali MFDS RCPS(Glasg)
 Mohammed Almuzian M(Orth)RCPS(Glasg)
 Emma Armstrong MFDS RCPS(Glasg)
 Mirza Rustum Baig FDS RCPS(Glasg)
 Ahmed Baker MFDS RCPS(Glasg)
 Nicholas Graham Beacher MFDS RCPS(Glasg)
 Nabila Bensaou MFDS RCPS(Glasg)
 Nipa Milind Bhatt MFDS RCPS(Glasg)
 Laura Broadfield MFDS RCPS(Glasg)
 James Boyle MFDS RCSP(Glasg)
 Amit Chadda MFDS RCPS(Glasg)
 Harveen Chal MFDS RCPS(Glasg)
 Amy Wai Yi Chan MFDS RCPS(Glasg)
 Cherukara FDS(Rest Dent) RCPS(Glasg)
 Aisling Cooper MFDS RCPS(Glasg)
 Jennifer Faith Cope MFDS RCPS(Glasg)
 Joseph Crook MFDS RCPS(Glasg)
 Graeme William Currie MFDS RCPS(Glasg)
 Jelena Djordjevic MFDS RCPS(Glasg)
 Brett Grant Duane FDS RCPS(Glasg)
 Gareth Stephen Edwards MFDS RCPS(Glasg)
 Mohamed Khaled Elsapagh MFDS RCPS(Glasg)
 Emma Jane Finnegan MFDS RCPS(Glasg)
 Thomas Peter Fry MFDS RCPS(Glasg)
 Mikel Fuentes-Martinez MFDS RCPS(Glasg)
 Rachael Carol Getgood MFDS RCPS(Glasg)
 Khalid Habib MFDS RCPS(Glasg)
 Helen Rebecca Hamilton MFDS RCPS(Glasg)
 Joanne Mary Hill MFDS RCPS(Glasg)
 Mhairi Claire Hinds MFDS RCPS(Glasg)
 Kate Hollands MFDS RCPS(Glasg)
 Lewis Hua MFDS RCPS(Glasg)
 Naveeda Idrees MFDS RCPS(Glasg)
 Sharon Anna Jacob MFDS RCSP(Glasg)
 Masood Jaffer MFDS RCPS(Glasg)
 Gareth Rhun Jones MFDS RCPS(Glasg)
 Prichay Kaushal MFDS RCPS(Glasg)
 Aslam Muhammad Khan MFDS RCPS(Glasg)
 Zeeshan Gul Khattak MFDS RCPS(Glasg)

NEW MEMBERS

Linzi Mcewan Kidd MFDS RCPS(Glasg)
 Firas Khouja MFDS RCPS(Glasg)
 Anil Kohli FDS RCPS(Glasg)
 Siobhan Anne Kyle FDS RCPS(Glasg)
 Eleni Leventi MFDS RCPS(Glasg)
 Anita Suzanne Mathew MFDS RCPS(Glasg)
 Lucy Angela Matthews MFDS RCSP(Glasg)
 Clodagh Maria McCaffery
 MFDS RCPS(Glasg)
 Christina Anne McFall MFDS RCPS(Glasg)
 Kevin Gerard Mellan FDS (Rest
 Dent) RCPSG (Glasg)
 Lynsey Millar MFDS RCPS(Glasg)
 Radika Manherlal Mistry MFDS RCPS(Glasg)
 Sunita Mistry MFDS RCPS(Glasg)
 Hannah Morison MFDS RCPS(Glasg)
 Ruth Ellen Morris MFDS RCPS(Glasg)
 Fiona Isabella Noble MFDS RCPS(Glasg)
 Bushra Nouman MFDS RCPS(Glasg)
 Leah O'Halloran MFDS RCPS(Glasg)
 Roshanali Panju MFDS RCPS(Glasg)
 Dhimant Mukesh Patel MFDS RCPS(Glasg)
 Gurpreet Pye FDS(Orth) RCPS(Glasg)
 Graham Orr FDS RCPS(Glasg)
 Erum Rizwan MFDS RCPS(Glasg)
 Jennifer Roe MFDS RCPS(Glasg)
 Kathryn Sarah Margaret Ryan
 MFDS RCPS(Glasg)
 Sarah Simpson MFDS RCPS(Glasg)
 Emma Louise Skipper MFDS RCPS(Glasg)
 Lorna Katherine Sturgeon
 MFDS RCSP(Glasg)
 Hoshang Rumi Sukhia FDS RCPS(Glasg)
 Minesh Navin Talati MFDS RCPS(Glasg)
 Norinda Tengah MFDS RCPS(Glasg)
 Calum Tevendale MFDS RCPS(Glasg)
 Jemma Thackray MFDS RCPS(Glasg)
 Eimear Toner MFDS RCPS(Glasg)
 Hollie Travis MFDS RCPS(Glasg)
 Jennifer Vesey MFDS RCPS(Glasg)
 Alison Wright MFDS RCPS(Glasg)
 Richard David Wynne Evans
 MFDS RCSP(Glasg)

Faculty of Dental Surgery Fellows and Members Day

Friday, 31 October 2014



14.00-16.45

SYMPOSIUM CPD/CPDA APPLIED FOR

**The bidirectional relationship between
systemic and oral disease**



17.00-18.00

ANNUAL GENERAL MEETING

All Fellows and Members are encouraged to
attend



19.30

DENTAL FACULTY DINNER

An evening of fine dining and good company

BOOK ONLINE

<http://rcp.sg/dentalevents>

MFDS IN INDIA

We are delighted to be running the MFDS Part
 1 examination and revision course in India.
 Fellow of our Faculty, Dr Mahesh Verma, has
 been instrumental in helping to establish both
 the exam and revision course at the Maulana
 Azad Institute of Dental Sciences (MAIDS) in
 New Delhi, where he is director and principal.

The examination will be held on 6 October
 2014, involving our new format single multiple
 choice question paper. We are pleased to be
 able to offer a significantly reduced fee for
 the first running of this exam in New Delhi.

The revision course to prepare candidates
 for the exam was held at MAIDS over five
 evenings from 25-29 August. Delivery
 of the course involved a live videolink
 from our headquarters in Glasgow and
 was supported at MAIDS by our Director
 of Dental Education, Mr Iain Buchanan.
 The course was very well attended and
 well received by those in attendance.

We wish all of the candidates well in their
 forthcoming exam and look forward to
 welcoming you as Members of the College. ■





KNOW BEFORE YOU GO

The Faculty of Travel Medicine is pleased to announce it is a "Know Before You Go" partner with the Foreign and Commonwealth Office (FCO). As a partner, we will work with the FCO to help travellers stay safe.

Know Before You Go offers advice to travelers going on gap years, holidays

and to major international events, such as the World Cup in Brazil when thousands of people descended on cities such as Rio de Janeiro, Sao Paulo and Manaus in the Amazon rainforest to enjoy a month long festival of fun, sun and fabulous football. Information on preparation, including

vaccination and passport requirements and what to expect on arrival helps travelers to ensure their trip does not end up one they want to forget.

Further information is available at gov.uk/knowbeforeyougo. ■

INTERNATIONAL SYMPOSIA AND FTM COURSES

Our Faculty was represented at the Northern European Conference on Travel Medicine in Bergen in early June with several Fellows

represented on the speaker panel. Clare Henderson and Ann McDonald (pictured below right to left) hosted the Faculty



stand and spoke to many conference delegates about the role of our Faculty. The new intake of students for the Diploma in Travel Medicine, offered by our Faculty, is the largest yet at 35 this February. Numbers enrolling on the Foundation Course are increasing after a period of post recession stagnation. A second Nordic Foundation Course will depend on whether sufficient numbers are achieved.

Currently, we are carefully looking at the whole teaching and examination process for the Faculty to ensure that the programme we offer is tailored to meet the requirements of travel medicine in 2014/15. We are extremely grateful to Lorna Boyne who recently stood down as honorary clinical registrar for the Diploma in Travel Medicine. We welcome Carol Tracey who has taken on this important role.

Lorna's contribution to travel medicine education and the diploma has been immense over the last two decades and we thank her for all that she has done. ■

MEMBERSHIP EXAM IN SOUTH AFRICA

Following a visit by the Dean, Dr Mike Jones, to Cape Town in April for the ICID conference and by Ann McDonald to the South African Society for Travel Medicine certificate course in Johannesburg in May, we are delighted to see our connections with South Africa grow.

Meetings with Dr Albie de Frey during the College's international triennial conference in Glasgow in June have helped to further strengthen these links. Provisional plans to hold an MFTM Part 1 examination in South Africa in partnership with the South African Society of Travel medicine (SASTM) in September 2015 are now well underway. We are also involved in discussions with SASTM and Verona Fellow, Dr Andrea Rossanese about future partnerships for their certificate courses. ■



CHANGES ON THE FACULTY EXECUTIVE BOARD



Pal Voltersvik and Sandra Grieve

We were delighted to welcome Dr Pål Voltersvik, from Bergen in Norway, co-opted as the first international member of the FTM Executive Board in early 2014 and Alan McDermid as our first lay member. Group Captain Andy Green, Dr Steve Riley and Fiona Marra will stand down at the next AGM in October.

Nominations to the Executive Board for the posts of Dean Elect, Ordinary Member and Associate Member have now been received and voting papers will be issued if required (i.e. if there is more than one person nominated for each position). The results of the election will be announced at the Faculty AGM in October. ■

STRATEGY FOR THE FUTURE

The College has commissioned Frontline Consultants to support the development of a strategy for the Faculty of Travel Medicine. The consultants have prepared a questionnaire to get your views. This is your opportunity to help shape the future strategy of our Faculty. All responses will be treated in the strictest confidence.

The questionnaire can be accessed at:
<https://www.surveymonkey.com/s/DYF8Y3B>
Please take the time to provide your input. ■

NEW MEMBERS

Welcome to all travel medicine admitted to the College June-August 2014.

Janet Bissoonauth AFTM RCPS(Glasg)
Lisa Marie Brophy FFTM RCPS(Glasg)
Farahnaz Elahi FFTM RCPS(Glasg)
Kadri Koivumagi AFTM RCPS(Glasg)
Amy Louise Mackie FFTM RCPS(Glasg)
Steven Frederick Riley
FFTM RCPS(Glasg)
Jonathan Ross FFTM RCPS(Glasg)
Ini-Abasi Usoro FFTM RCPS(Glasg)



NEW DEAN FOR FACULTY

Professor Stuart Baird assumed the role of Dean of the Faculty of Podiatric Medicine following the AGM on 19 June. Professor Baird is passionate about the diabetic foot and in developing expertise in podiatric medicine across the globe.

Professor Baird is a professor of podiatric medicine at Glasgow Caledonian University and works one session per week in the diabetic outpatient clinic at the Southern General Hospital in Glasgow. With over 25 years experience in this field, he is an international expert in the diagnosis, prevention and treatment of the diabetic foot disease. This experience has led to a considerable amount of international work, most notably as a short term consultant for the World Health Organisation, a consultant for Pfizer and recipient of a Scottish Government innovation grant to deliver diabetic foot management programmes for physicians in India. This has allowed Professor Baird to deliver programmes in diabetic foot management to physicians in Malaysia, Indonesia, India, Hong Kong, Egypt, Bahrain, Abu Dhabi, Qatar, Dubai, Oman and Kuwait.

In his role for WHO, Professor Baird worked with physicians in Muscat, Oman to help them identify early signs of diabetic foot disease. In addition he held a three-day outpatient clinic where more than 100 people showed up, some driving more than 600 km to see him. In India, he delivered programmes in partnership with local hospitals to over 400 physicians in Delhi, Chennai, Mumbai, Calicut, and Trivandrum. He also delivered outpatient clinics to compliment the academic programme in conjunction with the partner hospital. Professor Baird said, "Globally Diabetes is a huge problem and according to the International Diabetes Federation the prevalence of diabetes in the Indian population is approx. 9.1% or over 65 million people. Diabetic foot disease arises as a consequence of the disease and is the largest cause of non traumatic amputation of the lower limb.

"Currently, there is little or no podiatric medical service in India and this is an area of concern. Most of podiatric treatment is carried out by physicians so it is important that physicians are able to identify diabetic foot disease at an early stage in order to provide the necessary treatment and potentially avoid amputation.

Up to 85% of amputations can be avoided with early detection and implementation of the appropriate management strategy".

"Diabetic foot disease is such a devastating condition from both a physical and socio economic perspective and if every physician who has been on one of the training programmes prevented just one limb from being amputated this programme has been worthwhile. However, we have just scratched the surface and there is so much more that needs to be done to raise awareness about the consequences of diabetic foot disease."

The Faculty of Podiatric Medicine in our College is the first such faculty in a UK Royal College, and recognises the growing importance of this field of practice nationally and internationally. In just two years since it was launched, our Faculty has Fellows and Members from all corners of the world including New Zealand, Australia, Hong Kong, South Africa, Canada, the US and Europe. As Dean, Professor Baird hopes to see the Faculty continue to grow both nationally and internationally and believes it will play an important role in providing education for podiatrists and physicians around the world.

He said, "Practice of Podiatric Medicine is very advanced in many countries. Over the last 50 years clinical practice has developed significantly since local anaesthesia and independent prescribing have become part of podiatric practice. Podiatric Medicine is now a specialty, with sub-specialties of diabetes, rheumatology, dermatology, podopaediatrics, sports injuries and more. Each sub-specialty takes on a much wider role in managing diseases of the foot."

"My vision for the future is to keep the momentum going by continuing to grow our Faculty, both nationally and internationally. By



Professor Stuart Baird

developing educational programmes at the cutting edge of podiatric medical practice, including e-learning, we can further advance our important area of healthcare with the ultimate aim of improving clinical outcomes for patients under our care. The launch of our membership exam in late 2015 supported by a comprehensive education programme will provide an opportunity for podiatric medical practitioners to achieve a mark of excellence recognised by one of the world's oldest Royal Colleges.

"I look forward to the challenges ahead." ■

NEW MEMBERS

Welcome to all podiatric medicine admitted to the College June-August 2014.

Simon John Bartold FFPM RCPS(Glasg)
Cheryl Cheuk Nga Cheng
MFPM RCPS(Glasg)
Leah Claydon MFPM RCPS(Glasg)
Heidi Samantha Corcoran
FFPM RCPS(Glasg)
Andrew Harry Findlow
FFPM RCPS(Glasg)
Innes Graham FFPM RCPS(Glasg)
Matthew Malone FFPM RCPS(Glasg)
Robert Alexander Menzies
FFPM RCPS(Glasg)
Patrick Fai Hung Ng FFPM RCPS(Glasg)
Anthony James Short
FFPM RCPS(Glasg)
Anita Ellen Williams FFPM RCPS(Glasg)

LAUNCH OF NEW JOURNAL CLUB

This autumn the Faculty of Podiatric Medicine will be launching a new journal club. The journal club will assist Fellows and Members to keep up to date with developments in the field of podiatry. The Faculty also hope that the club will provoke some debate around areas of good practice and evidence based medicine. This activity will also be useful for those looking to develop and practice critical appraisal skills.

The first meeting will take place on Thursday 9 October 2014 (5pm – 6pm) in the College library.

Fellows and Members who are interested can register intention to attend by emailing podiatricmedicine@rcpsg.ac.uk. Once registered, you will be sent details of the article for discussion in advance of the meeting. Tea and coffee will be provided and CPD accreditation will be applied for.

@AllanGThomson: Unable to attend the College for the journal club meetings? Don't worry we will run a live Twitter feed #rcpsgfp

Journal Club Dates

Thursday 9 October 2014
Thursday 11 December 2014
Thursday 12 February 2015
Thursday 9 April 2015 ■

LOWER LIMB PAIN AND ITS CLINICAL IMPLICATIONS

A symposium on this important topic will take place at the Birmingham Medical Institute on 17 October 2014. This symposium is highly recommended for podiatric medicine specialists. The event will focus on current thinking on the treatment and management of lower limb pain. It will draw on various clinical and related disciplines that have a major input in the management of lower limb pain. The symposium will:

- Describe and explain the current models of pain
- Provide an insight into the complexity of pain management
- Assess the importance of the management of pain in various podiatric clinical settings

Further details are available on the website events pages: www.rcpsg.ac.uk



Membership of the Faculty of Podiatric Medicine

Successful candidates in the **MFPM examination** will be eligible for Membership of the **Faculty of Podiatric Medicine of the Royal College of Physicians and Surgeons of Glasgow** and the designation **MFPM RCPS(Glasg)**

Exam format

- Part 1** Written paper with multiple-choice questions
Part 2 Structured oral examination including portfolio assessment

Find out more

If you would like more information about the exam or to register your interest, please contact:

E mfpmp@rcpsg.ac.uk

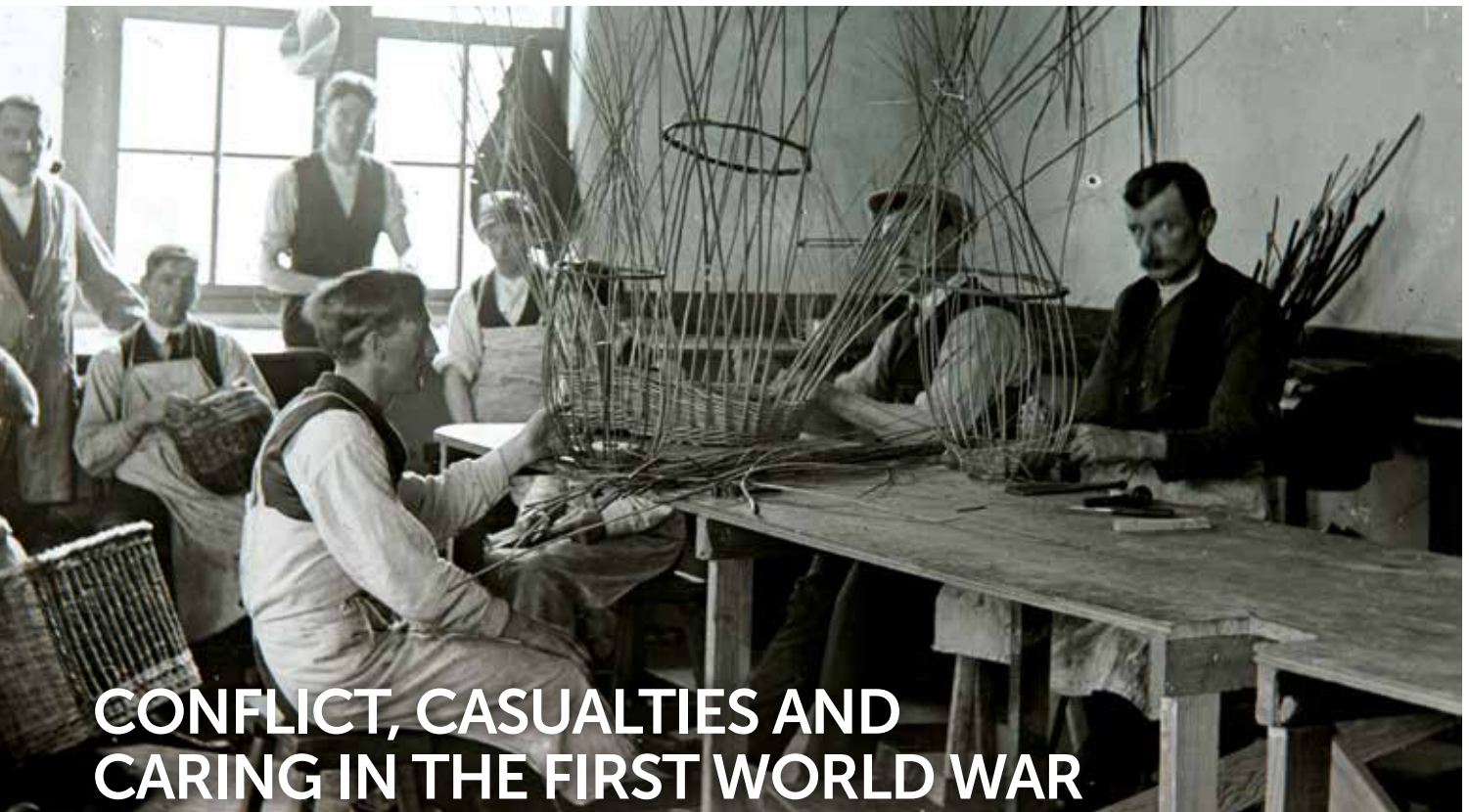
T +44 (0)141 2216072

Experienced practitioners are eligible to apply for Membership without examination. Further details are available online.

www.rcpsg.ac.uk/podiatric-medicine

MFPM Part 1 exam launching in November 2015

Applicants must have a relevant first degree and one years' experience post-registration in podiatric medicine



CONFLICT, CASUALTIES AND CARING IN THE FIRST WORLD WAR

Disabled men working in one of the workshops at the Princess Louise Hospital, Erskine c.1918 (RCPSG 10/11/2).

The Goodall Symposium this year will be a commemoration of the work of the medical services during the First World War, highlighting the medical response in Glasgow, in France and Flanders and in Gallipoli and Mesopotamia. In addition to the symposium itself, which takes place on the evening of 13 October, there will be an accompanying display of items in Crush Hall from the College Library and Archive. Items within the College Archive reveal the effect the war had on individual Fellows of the Faculty and the contribution they made. For senior members, such as Sir Hector Cameron, President of the Faculty from 1897-1900, came the opportunity of inspecting auxiliary hospitals at home. In December 1915 he writes:



Springburn Red Cross Hospital c. 1917 (RCPSG 74/2)

"We had a great day yesterday. We inspected the auxiliary hospitals at Aikenhead, Pollok, Cowdonhall, Paisley Infirmary, Gallowhill (where Miss Holms entertained us to an excellent lunch), Craigends, Johnstone Cottage Hospital and lastly Garscube. . . it is all interesting, & removes the feeling of being entirely ab agendo (RCPSG 32/1/6)". For much younger men, such as Sir Charles Illingworth, President of the College from 1962-1964, the war meant a temporary halt to medical studies and training as a pilot in the Royal Flying Corps, joining in June 1917, a few weeks after his eighteenth birthday. Illingworth was trained to fly a tiny single-seat fighter biplane known as the Camel. Following training, he was sent to Bertangles near Amiens. In a lecture given in the 1970s to the College's Senior Fellows he describes a forced landing on 8 August 1918, twenty miles on the wrong side of the line: "there was no convenient cornfield but only a confused intersecting series of old trenches in rough ground, so my Camel was a total loss, I was bruised and drenched in petrol but very lucky to escape more serious injury. I was extricated by a platoon of elderly German sappers, completely unhostile and only interested that one so young – I was

ashamed in those days of looking like a mere child – should have got himself involved in warfare" (RCPSG 1/17/2/1). Illingworth was held as a prisoner of war in Ingolstadt in Germany, eventually arriving back in Dover on Christmas Eve 1918. Sir Alexander Macgregor, subsequently Medical Officer for Health in Glasgow was to have a distinguished career during the war, being awarded the Military Order of the British Empire for his services in Gallipoli. His 1915-1918 diary is amongst his papers in the College archive. Written in a miniscule hand, the diary records attacks, visits to trenches, dealing with typhus, injuries and also rumours and news. For example on 18 August 1915 Macgregor records: "Rumour is busy – for instance hear that 50,000 Germans and Crown Prince have been taken prisoner, or 50,000 Crown Princes & one German!" (RCPSG 86/22). The work of certain leading Fellows of the Faculty during the war was to leave an enduring legacy in healthcare. Surgeon Sir George Beatson (1848-1933) was chairman of the War Executive of the Scottish Branch of the Red Cross Society, an organisation he had helped to establish. He had also been an instigator of the Volunteer (later Territorial) Medical Service and the St Andrew's Ambulance

Association. All of these bodies were to play important roles during the war. Four Territorial Force General Hospitals were established in Scotland, 1st Scottish in Aberdeen, 2nd Scottish in Edinburgh and the 3rd and 4th Scottish at Glasgow Parish Hospital, Stobhill. By 1917, the two Stobhill hospitals had 1,163 and 1,180 beds respectively - the largest recipient of war casualties in Scotland. These hospitals alone, however, could not cope with the sheer number of casualties arriving back in Scotland and numerous Auxiliary Red Cross hospitals were also established. The Red Cross Hospital at Springburn was converted from part of the administrative building of the North British Locomotive Company. Perhaps more common was the conversion of a large house to hospital purposes such as the Caldergrove Voluntary Aid Detachment (VAD) Hospital near Cambuslang which had been presented as a hospital to the Lanarkshire branch of the British Red Cross and was staffed by Hamilton VAD (Lanark 36). Another leading Glasgow surgeon, Sir William Macewen (1848-1924), was Surgeon General in Scotland for the Royal Navy during the First World War. In addition to general naval work, Macewen continued with his clinical teaching and supervised and cared for the naval and



Patients and staff at Caldergrove VAD Hospital c.1917 (RCPSCG 74/2)

military wounded in the Marquis of Bute's Hospital at Mount Stuart and at that of the Duke of Hamilton at Dungavel. His most longstanding legacy from the war, however, was the establishment of the hospital for the limbless at Erskine with workshops for training disabled soldiers and sailors. Enlisting the help of the Clyde shipbuilders and engineers, he devised a series of artificial limbs which were manufactured at Erskine. Erskine has grown since its foundation

in 1916 and now provides nursing care for elderly veterans in five homes across Scotland and also support, housing and employment opportunities for veterans of all ages. If you wish to find out more about medical services during the First World War and view the display of items from our historical collections then join us for the Goodall Symposium on 13 October 2014. For further details please email library@rcpsg.ac.uk. ■

DOORS OPEN DAY

This September the College will once again take part in Glasgow Doors Open Day. We will be welcoming members of the public to explore our building and browse our collections on Saturday 20 September, from 10am to 4pm. The College has been a very popular venue for Doors Open guests in recent years, with over 700 people visiting during 2012's event. This fantastic event is completely free and is a great opportunity for anyone to come and explore the College buildings and view some of our wonderful collections - something you might not normally get the chance to do when dashing to a meeting or training event in the College. In addition to our usual exhibitions, we will also be displaying a very special book. In the previous issue of College News we mentioned that this year marks the five hundredth anniversary of the birth of Andreas Vesalius, the father of modern anatomy. To mark this quincentenary we will have on display our first edition of Vesalius' ground-breaking 1543 work, *De Humani Corporis Fabrica* (On the Fabric

of the Human Body), still in its original 16th century binding. The display will also include an interactive, touch-screen exhibition, allowing visitors to browse a virtual version of the magnificent tome and to admire the beautiful woodcuts and the famous 'muscle men'. Visitors can also see some of the most popular items from our collections (including J. J. Audubon's *Bird of America*) and will be able to view our collection of portraits and contemporary paintings as they explore the College's public rooms. The College's participation in Glasgow Doors Open Day has been a great success in past years, and this is due in no small part to the assistance provided by Senior Fellows and members of staff on the day. Our Doors Open Day volunteers help to manage the large visitor numbers by greeting and directing people through the building, and answering any questions about the College, its history, and its functions and activities today. If you are a Member or Fellow living in Glasgow or the surrounding area, and



you would be willing to spare a few hours on Saturday 20th September then please email andrew.mcaish@rcpsg.ac.uk. Keep an eye on our Twitter (@rcpsglibrary) and library blog (<http://rcp.sg/blog>) for updates about Doors Open Day and related events at the College. For general information on Glasgow Doors Open Day visit <http://glasgowdoorsopenday.com>. ■

SCHOLARSHIPS AND AWARDS

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

TRAVELLING AWARDS

COLLEGE TRAVELLING FELLOWSHIP FACULTIES: ● ● ● ● ● ●

ABOUT These awards enable our members to travel to centres of excellence outside their country of residence for periods of less than 12 months. These awards will also support a variety of other learning opportunities including taster weeks for junior doctors.

ELIGIBILITY All members of the College and Faculties including introductory postgraduate, associate and affiliate members

SPECIALTY All specialties

VALUE £2,000 maximum per award; maximum of 16 awarded annually

CLOSING 24 November 2014. ■
Please note: these awards will generally not support attendance at year-long salaried posts or courses or conferences

Apply now
+44 (0)141 221 6072
scholarships@rcpsg.ac.uk
<http://rcp.sg/scholarships>

ETHICON FOUNDATION FUND TRAVELLING FELLOWSHIP FACULTIES:

● ● ● ● ● ●

ABOUT This fellowship assists the international travel of surgeons. The proposed work experience, research or study should be of benefit to the recipient's training and the NHS (or equivalent)

ELIGIBILITY Fellows and Members in a higher training post

SPECIALTY Surgery

VALUE £900 maximum per award (higher awards considered in exceptional circumstances)

CLOSING 24 November 2014. ■

MEDICAL ELECTIVE SCHOLARSHIP FACULTIES: ● ● ● ● ● ●

ABOUT This scholarship enables medical students to spend 4-6 weeks studying abroad as part of their elective study within the medical school curriculum

ELIGIBILITY Medical students studying in the UK

SPECIALTY Not applicable

VALUE £1,000 maximum per award; maximum of eight awarded annually

CLOSING 24 November 2014. ■

Please note: University of Glasgow students should apply directly to the School of Medicine, Veterinary and Life Sciences elective secretary

RESEARCH AWARDS

RITCHIE TRUST RESEARCH AWARD FACULTIES: ● ● ● ● ● ●

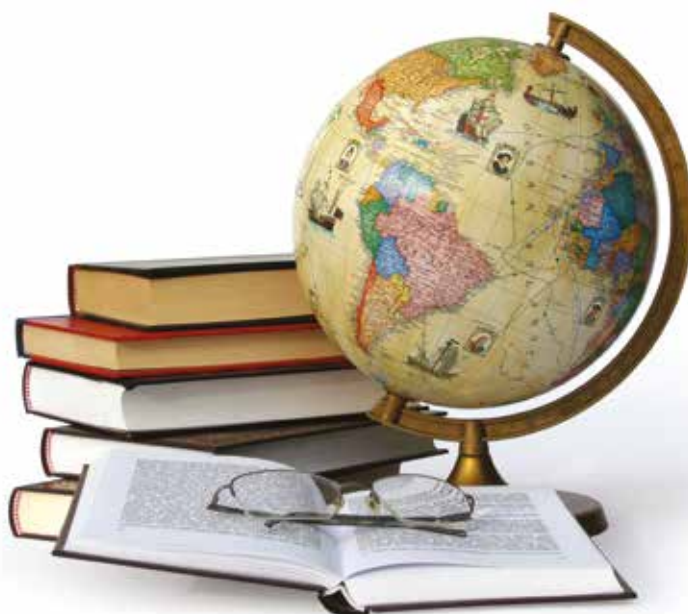
ABOUT This research award may be held in any clinical subject and can be used to support work for a higher degree. The successful candidate will be free to seek an honorary clinical appointment

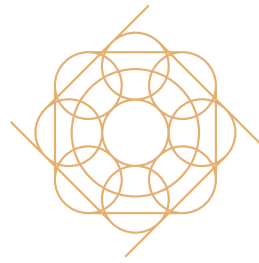
ELIGIBILITY Specialty Trainees, Fellows and Members of the College and Faculties

SPECIALTY All specialties

VALUE £30,000 maximum per award; one awarded triennially

CLOSING 24 November 2014. ■





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