

College

NEWS

AUTUMN 2015

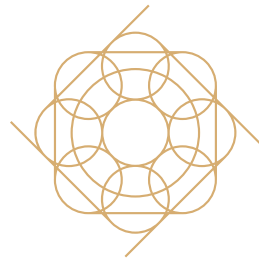
Seven day service: Delivery of emergency care needs to take priority

INSIDE

TRAINEE BUDDY SCHEME
COLLEGE TUTOR NETWORK
DENTAL UPDATE - COLLEGE EDITION
EXPEDITION AND WILDERNESS MEDICINE
MULTIDISCIPLINARY APPROACH TO CARE



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PHYSICIANS AND
SURGEONS OF GLASGOW



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IN THIS ISSUE

| | | | |
|---|----|-----------------------------|----|
| ● From the President's Office | 02 | ● DENTAL UPDATE | 20 |
| ● COLLEGE NEWS | 03 | ● TRAVEL MEDICINE UPDATE | 22 |
| ● COLLEGE IN ACTION Time to depoliticise the NHS Learning from serious failings in care | 06 | ● PODIATRIC MEDICINE UPDATE | 24 |
| ● TALKING POINT Seven day NHS: Delivery of emergency care needs to take priority | 07 | ● LIBRARY AND ARCHIVE | 26 |
| ● IN FOCUS A multidisciplinary approach to delivering care | 08 | | |
| ● ON THE FRONT LINE with James Moore | 10 | | |
| ● WHAT'S ON | 12 | | |
| ● PHYSICIANS UPDATE | 16 | | |
| ● SURGEONS UPDATE | 18 | | |



07

SEVEN DAY SERVICES



10

ON THE FRONT LINE



20

DENTAL UPDATE



03

COLLEGE TUTOR NETWORK



06

DEPOLITICISING HEALTHCARE



08

MULTIDISCIPLINARY APPROACH



26

WOMEN'S HOSPITALS



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

Editor:

Elaine Mulcahy
elaine.mulcahy@rcpsg.ac.uk

Production:

Carl Barton
carl.barton@excelpublishing.co.uk

If you are interested in contributing
to College News please email:
publications@rcpsg.ac.uk



www.rcpsg.ac.uk



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John Cooper – 0161 661 4192
john.cooper@excelpublishing.co.uk



FROM THE PRESIDENT'S OFFICE



Watch the President's video at <http://rcp.sg/cnautumn15video>

I find it hard to believe that I am well into my last year as President. It has been one of the highlights and privileges of my career. The next four months look like being as hectic as ever and I am most fortunate to have a President Elect in David Galloway who is working so well with me to ensure a smooth transition.

The subject of 24/7 working in the NHS has been in the news and this has prompted me to write a letter to our Fellows and Members about this issue. I made it clear that medical staff already make a substantial contribution to 7 day working and this is borne out by survey data. There are studies which suggest poorer outcomes for patients admitted at weekends. The reasons for this are complex and involve a number of variables. As I mentioned in my letter this issue will not be solved by focusing purely on consultants' presence on a seven day basis since this is already happening. It is of paramount importance that acutely unwell patients receive the same standards of care and support at all times. I believe that the optimum delivery of emergency care should be the priority. A focus on elective work at weekends is misguided and could direct vital resources away from emergency care. I am delighted by the number of Fellows who have taken the time to respond to my letter and we will certainly incorporate their views into our thinking going forward.

I was pleased to co-author a report on the lessons to be learned from recent hospital failings, "Learning from serious failings in care". The main author of the report was Professor Alan Paterson who is the lay representative on the Scottish Academy.

He led this initiative superbly and the conclusions of the report are now being looked at by both the Scottish and UK Governments. Preventing future failings by applying the recommendations throughout the NHS is a key message in the report.

Following our purchase of 19 Blythswood Square, we are pushing ahead with the redevelopment of 232-242 St Vincent Street. It is now almost 300 years old and continues to be greatly admired by all who visit. However, there are challenges for our staff in working in a mature building with shortage of both office accommodation and storage. The changes will be very much for the better without affecting our public rooms and educational facilities. Coupled with these changes, the whole IT structure of the College has been overhauled. It would be true to say that this has been a painful process but it is now bedding in. We are also committed to supporting our Fellows, Members and staff through recruitment of experienced IT staff to guide us through this key and ever changing aspect of our activities.

We are all saddened to learn of the retiral from the College of our Library and Heritage Manager Carol Parry who has been an outstanding servant to this College for 20 years. Carol deserves great credit for her leadership in this area, and

is so obliging and helpful to all. She has created a wonderful atmosphere within the Library with an army of volunteers who I know would do anything for her. It would be a fitting tribute to her leadership and knowledge if we achieve our goal of museums accreditation status.

I am delighted to report that our international strategy paper is complete and we will shortly be appointing a Director and a Manager for International Affairs. Plans for opening an office in Delhi are well advanced under the local leadership of our regional adviser Dr Vineet Datta.

We are now approaching our busiest time of the year with a number of exceptional educational events over the next few weeks. They cover a wide field and include medical leadership, global health and Medicine24.

I hope the next season of the year is kinder to you than summer has been to us in Scotland.



ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

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COLLEGE TUTOR NETWORK

The new College Tutor Network has now been established in the West of Scotland. The network will bring the College closer to clinicians and trainees and provide support locally for both. They will also facilitate the organisation of educational activities

and an awareness of opportunities available through the College.

Twenty three College Tutors have been appointed. Details are provided on the physicians (page 16) and surgeons (page 19) pages of College News. ■



Obesity Action Scotland

Healthy weight for all

OBESITY ACTION SCOTLAND

We are pleased to announce the appointment of Andrew Fraser as the chair and Lorraine Tulloch as the programme lead for the new Scottish diet, nutrition and obesity unit in the College. The group, called Obesity Action Scotland, is funded by the Scottish Government and will play an important role in informing and influencing public health with a focus on reducing the proportion of people in Scotland whose health is threatened by obesity.

Lorraine said, "We look forward to bringing together a broad alliance of the

professional and clinical community to make an impact on the most pressing new epidemic of our time that threatens public health and the NHS – obesity and overweight."

Obesity Action Scotland are collaborating with our College and the Royal College of Paediatrics and Child Health to run fringe events during electoral party conferences in the Autumn to influence key decision makers in the area of nutrition and public health.

Lorraine Tulloch can be contacted at lorraine.tulloch@rcpsg.ac.uk ■

2015-16 ANNUAL SUBSCRIPTIONS

Fellows and Members are reminded that their 2015-16 annual subscriptions will be due on 1 October.

Please look out for the notification in your inbox/letterbox. ■



In Brief

College closures

The College will be closed on the following dates:

- Monday 28 September 2015
- Friday 25 December 2015 to Monday 4 January 2016 (inclusive) ■

Annual General Meeting

The AGM will be held 4 December 2015. All members are welcome to attend. ■

Elections

A call for nominations to positions vacant on the College Council was issued to eligible Fellows and Members. We are currently seeking nominations for the following posts:

- Honorary Secretary
- Honorary Treasurer
- Honorary Librarian
- Ordinary Councillor (Physician)
- Ordinary Councillor (Surgeon) (2 posts)
- Regional Councillor (Physician) outwith Scotland
- Regional Councillor (Grampian, Highlands/ Islands (exc Argyll), and Tayside)
- Regional Councillor (SE Scotland: Forth Valley, Lothian, Fife, Borders and Dumfries & Galloway)

The closing date for receipt of nominations to the registrar is 12 noon, Friday 16 October 2015. If applicable, voting papers will be issued in November 2015 and the successful candidates will be announced at the AGM on 4 December.

Further information is available on the website at <http://rcpsg.org/collegetutorials> ■

Lister Research Prize 2016

The Lister Institute of Preventive Medicine is currently accepting applications from outstanding young researchers for its 2016 research prizes, which are valued up to £200,000 each. Medically or scientifically trained individuals working in biomedical research are invited to apply. Candidates must have more than three and less than ten years' postdoctoral experience on 1 October 2016 and must have guaranteed employment in a not for profit institute. The awards are open to candidates conducting the bulk of their research in the UK and Ireland.

At least four awards will be made, each worth £200,000 (or equivalent Euros), to support research. Expenditure of the award may take place over a period of up to five years.

The deadline for applications is Friday 4 December 2015.

Further details including application forms are available at

<http://www.lister-institute.org.uk/> ■

COLLEGE FELLOW PRESENTED WITH ESC LIFETIME AWARD

College Fellow, Professor Henry J Dargie has been awarded the European Society of Cardiology's (ESC) Lifetime achievement award. Professor Dargie was presented the award at the ESC's Heart Failure Association Congress in Seville, May 2015. Since the 1980s Professor Dargie has been instrumental in the improvement of treatment and survival rates for heart failure patients in the UK.

The Heart Failure Association of the ESC gives just one lifetime award to someone from Europe each year, demonstrating the extent of Professor Dargie's work and achievements. ■



Professor Dargie (left) received the award from Professor Gerasimos Filippatos, Chair of the Heart Failure Association of the European Society of Cardiology and Professor Frank Ruschitzka, Vice Chair of the Heart Failure Association.

CLINICIANS NEEDED FOR WORKING HOLIDAYS ABOARD FLOATING MEDICAL CENTRES

Clinicians from all healthcare backgrounds are being invited to join medical teams for a two week expedition on board one of two fully equipped floating medical centres providing healthcare provisions to remote communities in Tanzania and Peru.

Funded by the Vine Trust, both ships are equipped with an operating theatre, dental surgery, pharmacy and treatment rooms. They are used to reach patients in poor, remote communities that have little or no access to medical services and who would otherwise have a long canoe or boat ride for a single consultation. As a result, patients are suffering and even dying from common and treatable illnesses.

The medical programmes run from these floating medical centres now treat over 100,000 patients each year. Medical teams are made up of full time medical and technical staff who are supported by four to eight UK volunteers at a time, working on a two week trip basis.

The Vine Trust are asking for volunteers of doctors, nurses, dentists, dental



Doctor treating a patient onboard a floating medical centre

nurses, optometrists, pharmacists and other healthcare professionals for their medical programmes, to utilise their skills in a new way and make a positive difference to the future of some of the poorest children and communities in the world.

You can find out more about the volunteering programmes on their website: http://www.vinetrust.org/volunteer/medical_teams ■

In Brief

Review of primary out-of-hours services in Scotland

The Cabinet Secretary for Health, Wellbeing and Sport in Scotland, Shona Robison MSP, has appointed Professor Sir Lewis Ritchie OBE to lead a review of primary out-of-care services in Scotland. The review group includes a wide range of members from health, social care, voluntary and third sectors.

They have gathered the views of professionals during the summer with a report and recommendations expected to be published in the autumn. ■

Palliative Care Congress – call for abstracts

Papers are now being accepted for the 11th Palliative Care Congress – Rediscover Holism: the future of palliative care – being held in Glasgow on 9-11 March 2016.

The deadline for paper submissions is 25 September 2015.

To submit an abstract and view the latest programme, please visit www.pccongress.org.uk ■

Changing Faces

Facial disfigurement affects thousands of people across the world and can significantly impact on their wellbeing. A national charity in Scotland – Changing Faces – provides professional support to children, families, young people and adults with disfigurements. This includes advice, emotional and practical support, group sessions, practical self-help guides, and skin camouflage.

Patients can refer themselves, or clinicians can refer patients with their consent, by contacting 0131 659 2942 / scotland@changingfaces.org.uk

Study days for health professionals interested in learning more about providing psycho-social care to patients with disfiguring conditions.

Contact scotland@changingfaces.org.uk for more details. ■

NURSES FROM GHANA TO TAKE NEW AUDIT SYSTEM BACK TO AFRICA

Two specialist breast care nurses from Ghana recently worked with a team of specialists at Paisley's Royal Alexandra Hospital, where they were trained on a new breast cancer audit system developed by Vice President (Surgical) Mike McKirdy in partnership with another Fellow of the College, Mr Tarek Razek, who leads the Centre for Global Surgery at McGill University in Canada.

Judy Awonlie Awon and Jemima Adjei are breast care nurses from the Department of Surgery, University of Ghana medical school, Korle Bu Teaching Hospital in Ghana.

Although the incidence of breast cancer in Ghana is less common than the UK – 2,000 new cases per year in a population of 24 million in Ghana, compared to 50,000 new cases per year in a population of 60 million in the UK – cancers are generally more advanced when they are diagnosed. In Ghana, 60% of diagnosed breast cancers

have already reached an advanced stage. In the UK, just 10% are advanced by the time of diagnosis.

Audit systems provide a means of assessing outcomes for patients and help doctors to better understand risk and prevalence of disease. Mr Razek has already set up trauma audit systems in many developing countries to help doctors there to better understand the patterns, causes and effects of traumatic injuries and to improve the care of injuries and other traumas that result in surgery.

Mr Razek and Mr McKirdy first discussed the possibility of developing a breast cancer audit system while examining surgical trainees in Tanzania last year. The two – one a consultant breast surgeon, the other an international champion in developing audit systems – got together to develop the new breast cancer audit system, which will now be



rolled out for the first time in Ghana.

"The beauty of the system is its simplicity," Mr McKirdy said. "The audit system is loaded onto an iPad and is extremely easy to use and upload data for analysis.

"As an international leader in healthcare, our College is committed to supporting and developing surgical practice across the world. It has been a pleasure to work with Jemima and Judy and I look forward to continuing to build our links in Africa over the coming years." ■

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Time to depoliticise the NHS in Scotland

Professor Frank Dunn CBE, President

Healthcare professionals have a responsibility to provide the public with accurate information in regard to issues related to health and disease. We know that our colleagues in politics support this. They would also acknowledge thousands of health professionals who give dedicated service to the sick and extend the boundaries of health care with the resultant improvement in life expectancy and quality of life. The political parties in Scotland have made a substantial contribution to this success story through their leadership in such issues as smoking cessation and minimum pricing of alcohol. In addition the Cabinet Secretary for Health and Wellbeing has set the tone recently for more of a consensus approach to the NHS. There has been support from at least one other political party to work with the government in the best interests of the NHS. An example of this is an agreed strategy for targets.

However there remains a substantial political dimension to the NHS. This results in the public being faced with conflicting information from political parties about staff numbers, waiting lists and healthcare delivery. This causes understandable confusion among patients, the public and staff and undermines their confidence in the NHS.

Responsibility for the information about the NHS does not solely rest with politicians. The media sometimes appear to be more

focussed on negative aspects of health and this can fuel political disagreements. Doctors too must accept responsibility for seeking to safeguard their professional interests – often for good reason – but nonetheless inhibiting better solutions. Financial responsibility must be grasped by the NHS workforce as well as by the government. It is clear that healthcare will continue to claim a prominent interest in the life of the nation.

Scotland is one of many countries where there is a major political dimension to health. It is a key issue in elections because of its importance. This was seen graphically in the run up to the Scottish independence referendum and the recent UK election. Understandably, political parties have differing views on how the health service should be run and indeed there are ideological differences. This leads to the service having to undergo reorganisation as the government changes. Examples of this include fund holding status for general practice, the awarding of trust status for hospitals, private funding initiatives and the use of the private sector to deliver services. Politicians are very much aware that any suggestion that their local hospital might lose acute services can result in the loss of votes. Other plans – even when they are well thought through and have professional support – will be mothballed if there is any electoral risk. Therefore in every four to five year cycle there is a planning blight for a period of time in the run up to elections. This is a feature of all governing

parties irrespective of their political allegiance.

At a recent meeting of leading UK surgeons on the future of District General Hospitals, one of the issues raised was the political dimension to changes in service delivery and the frustrations associated with this. There was unanimity that long term health service plans were problematic because of the term-driven nature of our politics and potential change in the party or parties who form the government.

The NHS is one of the most fundamental components in our modern complex society and, not surprisingly it has also become a major political and election issue. It would certainly be a radical change if health could be depoliticised. There may be a way forward and there is support from a number of areas for setting up a health committee comprising representatives of the political parties and health advisers and chaired by the Government's Cabinet Secretary for Health. This would be the executive decision making body. The finance for this would be the current arrangement and the delivery would be the responsibility of the Government of the day.

Scotland has shown itself to be a world leader in many areas. Recent governments are to be applauded for the many areas of success in improving the health of this country. There is an opportunity to show that leadership again by taking politics out of healthcare and ensuring our health service is driven solely by delivering excellence in healthcare for patients. ■

Learning from serious failings in care

A recent report published by the Academy of Medical Royal Colleges and Faculties in Scotland (Scottish Academy) has made recommendations aimed at addressing systemic failings in NHS care in Scotland.

"Learning from serious failings in care" was published following a review of three previous reports into serious failings of care within the NHS in Scotland, including in Lanarkshire, the Vale of Leven Hospital and Aberdeen Royal Infirmary.

Having examined the reports to determine any common themes and issues, and how best to address them, the Academy report has identified the key issues which have contributed to serious failings of care, predominantly the failure of clinical staff and NHS management's ability to work together to deliver improved healthcare.

The recommendations include:

- Focus on developing leadership and improving communication
- Action to improve the working culture within the NHS, including channels for staff to raise concerns without fear of recrimination
- Minimum safe staffing levels for all professions in hospitals that reflect patient demographics
- Quality of care must become the primary influence on patient experience and patient complaints should be openly and sensitively reported
- Further development of external reviews

President, Dr Frank Dunn, was one of the co-authors of the report, said, "The report's recommendations rightly bring

back into focus the key requirements for excellence in patient care. The building blocks for this are strong leadership driven by quality of care, teamwork between management and clinicians, appropriate levels of valued staff based on patient needs and ensuring that financial and other targets are not the sole barometers of excellence.

"It is clear that we need to learn more from previous reports into hospital failings. There is insufficient reference in each report to previous reports. Clear points of action must not only be enunciated, they must be put into practice both in the failing hospitals and in those apparently performing satisfactorily. Preventing future failings by applying the recommendations throughout the NHS is a key message in the report." ■

SEVEN DAY NHS: DELIVERY OF EMERGENCY CARE NEEDS TO TAKE PRIORITY

On 16 July, the UK Secretary of State announced plans to reform consultant contracts to ensure the majority of hospital doctors working in NHS England are on seven day contracts by 2020.

Many of our members and others working in the NHS have rightly pointed out that the NHS is already a 24 hour a day, seven day a week service and staff working across our hospitals do an outstanding job delivering the highest standards of care in what are often difficult circumstances.

A number of studies have suggested that patients admitted to hospital over the weekend have poorer outcomes than those admitted during the week. These poorer outcomes were cited by the Secretary of State in his explanation for the need to extend consultant contracts. However, the reasons behind these poorer outcomes are complex and involve a number of variables. They will not be solved by focusing purely on consultants' presence on a seven day basis (which, as mentioned, is already happening). It is however of paramount importance that patients requiring urgent care receive the same standards of care and support and expect the same outcomes regardless of the day of the week or time of the day.

Our Royal College believes that the optimum delivery of emergency care should be the priority of any extension in hospital services and that extension of elective work over the weekends could direct vital resources away from the key area of emergency care.

President, Dr Frank Dunn, wrote to the Prime Minister in May this year, soon after the General Election. In this letter, he expressed our College's support for equality of healthcare in the emergency setting but concern regarding extending



this to elective care. We know from feedback from you, our members, that hospital medical staff are supportive of seven day services. However, it is also clear that there are different levels of support services available during weekdays and weekends. This includes administrative staff, portering services, access to investigations and primary care and community support. In addressing the issue of equity of care at the weekend, he said that all of these factors need to be taken into account.

He also said that everybody who works in the health service appreciates the need to work at weekends, but to try and deliver elective healthcare in primary and secondary care would be, in his opinion, a step too far. It will redirect resources from the key area of emergency care.

The resources involved in providing elective services in primary and secondary care are substantial in terms of both staffing and finance. Neither of these are achievable in the current climate of the NHS.

Our Fellows and Members provide an outstanding service, often in difficult circumstances. We all have family and personal commitments outside of our working lives, which must be respected when considering extension of hospital services.

The College is currently working with the Scottish Government to support the enhancement of seven day services for unscheduled admissions in Scotland. We are also continuing to provide advice and support throughout the four nations of the UK in this important area. ■

After writing to Fellows and Members in July 2015 in response to the Secretary of State's announcement, the President received many emails from members. Many of you have written in support of the College's position and also to express your own views, concerns and suggestions. This feedback is greatly appreciated and Dr Dunn will personally respond to each email received. ■

Over two thirds of physicians support seven day NHS

The latest census of consultant physicians in the UK (2013/14) produced by the three Royal Colleges of Physicians, suggest that 68% of consultant physicians would support "in principle" a plan for a seven day NHS service, given satisfactory support.

65% of physicians who routinely work seven days would support such a plan and there was stronger support among specialties

that already need to work weekends such as acute internal medicine (91%), stroke medicine (84%), and cardiology (75%).

Commenting on the data, Dr Harriet Gordon, director of the Royal College of Physicians Medical Workforce Unit, said, "It is clear that a majority of consultant physicians in the UK support the principle of a seven day NHS. However, there needs to

be much more discussion around how such a plan is implemented. In order to make the seven-day service a reality we will need strong clinical leadership and involvement in redesigning services around the patient. This includes access to specialist opinion within the hospital, and specialist care reaching out into the community to provide seamless services across primary, secondary and community care." ■

A MULTIDISCIPLINARY APPROACH TO DELIVERING CARE

Mandy Abbott FFPM RCPS(Glasg), lecturer at Glasgow Caledonian University, was the lead podiatrist for the Commonwealth Games in Glasgow. More recently, she has attended and worked at the European Games and Special Olympics. She writes about her experiences and what we can learn from the team-based multidisciplinary approach to healthcare.



In 2014, Glasgow's athletes' village was home to 6,500 of the Commonwealth's elite sports people, who were supported by a vast medical team comprising a broad range of specialties, including 12 podiatrists each with a specialist interest in sports medicine. The inaugural European Games were held in Baku, Azerbaijan just less than a year later and I was pleased to be called up by the European Olympic Committee to attend – this time as the only podiatrist in the medical team, despite the number of athletes competing being similar to the Commonwealth Games at around 6,000. The complete team also included physiotherapists, sports medicine doctors, radiologists, sports massage therapists, a chiropractor and an osteopath.

The European Games have been established to address the need for a multisport competition in Europe. Prior to Baku 2015, Europe was the only continent without a multisport games and it is hoped that this new venture will provide a route for European athletes to compete for Olympic qualifying times at a regular, major sporting event, held the year before the Olympics.

In Baku, medical treatment was provided for the athletes in an outstanding, purpose built, sports health centre in the athletes' village. Here, the medical team was responsible for treating illnesses and injuries related to the Games. We had a walk-in service for athletes with no referral system. Rather than referring from one clinician to another, the medical team

worked closely together and discussed individual cases, assessing there and then what kind of treatment, and from what specialist was needed. Frequently we worked together to treat patients, for example if a patient needed both physiotherapy and podiatric care.

We also had immediate access to diagnostics in the centre including ultrasound, x-ray and MRI. This meant that any acute or overuse injury, for example, could be quickly diagnosed and managed in order to give the patient the best chance of being able to compete. A rehabilitation facility with a gym was used to provide strength and conditioning for injury recovery.

This sort of multidisciplinary approach to



patient care has had a lasting impression on me and I believe there is much to be learned from a more streamlined approach that is more efficient and effective for both the patient and the healthcare professional. There is no barrier to services and no hierarchy. Instead, it is a team-based approach to care, with everyone working together to deliver a comprehensive treatment programme, which has significant benefits for the patient as it enables faster diagnosis and treatment.

Throughout the competition, I treated about 60 athletes. Injuries included acute injuries such as lateral ankle sprains, ligament strains, stress fractures and overuse and/or biomechanical injuries such as bone stress reactions, heel pain, tendonopathy, and others such as nail conditions, skin abrasions and blisters. Most athletes were able to continue in the competition following treatment, however occasionally injuries were significantly damaging and resulted in athletes being advised not to compete. This could be difficult for athletes and coaches who had worked extremely hard to get to this point in their careers and our recommendations were not always followed through. We found this to be particularly difficult for younger athletes who looked to their coaches to make decisions for them. Currently, there is just one physician in

Azerbaijan who specialises in the ankle and foot. There are no podiatrists. While attending the Games we had an opportunity for shared learning and I was shadowed by a physician, Rena, as I treated athletes in the Games' medical centre.

As well as the treatment side of sport, health screening is vitally important, particularly among those with intellectual disabilities. In August, I attended the Special Olympics World Summer Games in LA in my role as a clinical director for Special Olympics Great Britain. The Special Olympics is the world's largest public health organisation for people with intellectual disabilities and offers a wide range of free health screenings and care at the World Games through their Healthy Athletes programme.

Healthy Athletes was launched in 1997 and currently offers health examinations in seven areas:

- Fit Feet (podiatry), of which I am the clinical director for Great Britain
- FUNfitness (physical therapy)
- Health Promotion (better health and wellbeing)
- Healthy Hearing (audiology)
- MedFest (sports physical exam)
- Opening Eyes (vision)
- Special Smiles (dentistry)

Throughout the event, we screened more than 1000 athletes over five days.

Along with assessing the health needs of this population, Healthy Athletes also supports the training of healthcare professionals so that they can better treat and care for people with intellectual disabilities. This includes communication skills, different health needs of this group, and their barriers to healthcare. Two final year podiatry students from Glasgow Caledonian University attended the event with me thanks to financial support from the University. This was an extremely worthwhile and beneficial experience for the students, providing them with an insight into healthcare needs at major events and among people with intellectual disabilities.

I have been extremely grateful for the opportunities to attend and be a part of these major international sporting events over the last two years. As well as providing and developing my expertise in podiatry, they have provided an opportunity to experience different mechanisms of healthcare. It is important that we always seek to ensure our health service provides not only the highest standards of care for our patients, but also the best system for delivery of that care. ■

ON THE FRONT LINE WITH JAMES MOORE

James Moore is one half of the educational partnership delivering the Faculty of Travel Medicine's new Postgraduate Diploma in Expedition and Wilderness Medicine. Together with fellow Course Director Jon Dallimore, James brings this exciting new diploma course to sit alongside the existing Diploma in Travel Medicine, providing the Faculty with an increasingly notable course portfolio and extending ever greater choice for those seeking specialist learning programmes.

CN: Tell us about yourself and how your interest in expedition and wilderness medicine developed?

JM: Ever since an early age I have had a passion for travel. On training as a nurse and specialising in emergency nursing I realised I could combine my love of travel with my work, in an increasingly recognised specialist field of practice.

When I joined the emergency department team in Bristol I started working with Dr Jon Dallimore. We soon realised we had common interests in expedition travel and mountaineering and we both taught on hospital courses such as advanced life support, or pre-hospital care. Jon asked me to help to teach on wilderness medicine courses and this grew to be a great opportunity to share my interest and experience in many different parts of the world.

CN: What are your most memorable experiences of expedition medicine?

JM: I have some fabulous memories of teaching expedition medicine to both lay-people and medical professionals. Without doubts some of the most satisfying moments are when a former pupil comes back to you with a story about how the skills they were taught really made a difference on expedition. We have stories from simple wound management, through to successful evacuation of individuals with spinal injuries.

As an expedition medic the memories are endless. Fortunately, due to careful thought and intervention, I have had to practice little emergency medicine while away. One girl did get bitten by a snake whilst working in Borneo, which is something that always sticks in my mind. That particular problem necessitated a nine hour stretcher carry through the jungle – something I am in no hurry to repeat. I've also had my fair share of difficult clients, who insist on taking



"This course will be taught by world leaders in their specific fields within expedition medicine"

unnecessary risks or neglecting to tell you important medical information. However, these things pale into insignificance when I think about the amazing sights, sounds and smells I have been able to experience.

CN: Tell us about how the Oxford Handbook of Expedition and Wilderness Medicine came about, how many editions there have been and why it is so useful?

JM: The second edition of the Oxford University Press Handbook of Expedition Medicine was published in May 2015. The first edition was produced in 2008 and edited by the five members of the Royal Geographical Society's medical cell. This brought together the work of more than 50 authors and has sold more than 5,000 copies. The second edition has been greatly improved and updated and includes many new subject areas. Both editions are available in electronic format and the book itself has been designed to fit into a rucksack and taken into the field. The book

is comprehensive and authoritative – it will be the course textbook for the new diploma.

CN: What was your motivation to develop the Diploma of Expedition and Wilderness Medicine?

JM: There are so many commercial courses now available to both medics and non-medics. These are taught by a wide range of specialists, with varying levels of competence and experience. Both Jon and I felt it was about time that this sub-speciality had a more formal, academic qualification and standard that was impartial and outside of the commercial world. Having both been part of the editorial and author teams for the UK's definitive text book, we felt we had the contacts, knowledge and experience to bring together the leading experts and create this fantastic course.

CN: Why did you choose this College as a home for the Diploma?

JM: Having studied at the Royal College of Physicians and Surgeons of Glasgow and both being Fellows of the Faculty of Travel Medicine, we felt that this College had an incredibly positive and forward thinking attitude when it comes to the development of courses. The Diploma in Travel Medicine is the global benchmark when it comes to travel medicine courses, and we both felt that a Diploma in Expedition and Wilderness Medicine would fit perfectly alongside this course.

In addition, the College has such a rich history of travel and expedition medicine, something that was highlighted last year during Dr David Livingstone's 200th birthday celebrations. It was while giving the Livingstone Lecture that I suddenly thought this course would be a wonderful College asset.

CN: What do you feel will be the key strengths and attractions of this course?

JM: This course will be taught by world leaders in their specific fields within

expedition medicine. It will be taught at a recognised, academic level, something that will always appeal to medical professionals. The course is not classroom based, but has a wide range of practical activities, including international travel and first-hand experience of travel at altitude. It is also multi-disciplinary, reflecting the true nature of this field and the medical professionals who work along side each other.

CN: Who will most benefit from this course?

JM: Any medical professional with an interest and passion for delivering primary and emergency care in the expedition and wilderness environment.

CN: Are there any new expedition challenges you would like to set for yourself?

JM: The more I travel, the more I want to see. I would love to go to the Pakaraima chain of mountains in Venezuela, Brazil

and Guyana, the inspiration for Sir Conan Doyle's novel 'The Lost World'. I would also love to explore the jungles of French Guiana. I would like to further develop my interest in expedition medicine research, perhaps looking at some of the more common medical occurrences and psychological issues faced by teams.

I think the real challenge though is to try and continue working as an expedition medic, without disrupting family life – never a small challenge...

CN: Is there anything else you'd like to add?

JM: I am delighted that we have been given the opportunity to develop this course and that something as exciting and innovative has found a home at the College. It is a real privilege to be involved in such an exciting medical field and I look forward to developing this course and making it the international standard in expedition and wilderness medicine education. ■



International Postgraduate Diploma in Expedition and Wilderness Medicine

Royal College of Physicians and Surgeons of Glasgow

The international Postgraduate Diploma in Expedition and Wilderness Medicine is the only university accredited qualification in expedition and wilderness medicine for healthcare professionals.

This postgraduate diploma is a must for any healthcare professional seeking to participate in or lead expeditions in extreme and challenging environments.

Focused on preparing medical professionals for work in expedition medicine, the 12 month course incorporates practical teaching on location in extreme and wilderness environments.

The course is taught by experienced expedition healthcare specialists with a proven track record of both effective teaching and recent, relevant expedition experience.

Successful candidates can apply to study towards an MSc in Expedition and Wilderness Medicine

The Postgraduate Diploma in Expedition Medicine is accredited by Glasgow Caledonian University

Book online now at <http://rcp.sg/expedmed>

or contact Lesley Haldane for more information or to submit your registration: T: +44 (0)141 241 6072 • E: lesley.haldane@rcpsg.ac.uk



WHAT'S ON



Physicians

6 November 2015, 9.00-16.20

Respiratory Symposium 2015

6 CPD credits applied for

This one day symposium will cover a broad range of updates in common respiratory conditions, seen in both primary and secondary care, and will give practical, clinical advice for everyday use.

Member fee: £68 | Lunch provided | Book online

10 November 2015, 9.00-16.30

Managing Stroke in 2015

5 CPD credits

This event will give practicing clinicians an ideal opportunity to update their knowledge in the rapidly changing field of stroke care.

Member fee: £68 | Lunch provided | Book online

20 November 2015

Palliative care symposium

6 CPD credits

This event focuses and updates knowledge on the clinically challenging issues that present to busy clinicians when managing patients with palliative needs in the acute hospital setting.

Member fee: £68 | Lunch provided | Book online

30 November – 1 December

IMPACT Course

A two-day course aimed at CT1 and CT2 doctors introducing the principles and practice of acute general medical care and the related knowledge, skills, understanding and attitudes.

Member fee: £410 | Lunch provided | Book online

18 March 2016, 09.00-17.00

Improving treatment of kidney disease symposium

6 CPD credits

This symposium will update on the advances in treatment and technology in the fight against kidney disease and will promote knowledge and research concerning this area.

Member fee: £68 | Lunch provided | Book online

Exam closing dates

3 September 2015 | MRCP(UK) SCE - Dermatology

Exam to be held on 8 October 2015, various locations

Now accepting applications

10 September 2015 | Diploma in Dermatology

Exam to be held on 11-12 November,

Glasgow

Now accepting applications

23 September 2015 | MRCP(UK) SCE - Respiratory Medicine

Exam to be held on 21 October 2015, various locations

Now accepting applications

7 October 2015 | MRCP(UK) SCE - Acute Medicine

Exam to be held on 11 November 2015, various locations

Now accepting applications

7 October 2015 | MRCP(UK) SCE - Palliative Medicine

Exam to be held on 11 November 2015, various locations

Now accepting applications

16 October 2015 | MRCP(UK) Part 2

Exam to be held on 9-10 December 2015, various locations

Applications open on 21 September 2015



Surgeons

24-25 September 2015

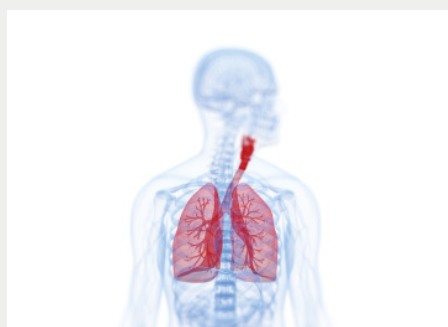
Basic surgical skills

Suitable for trainees anticipating a career in surgery and preparing for basic surgical examinations.

Member fee: £505 | Lunch provided | Book online

All events are held in the College unless otherwise stated. Event schedule and content may be subject to change. All of our events can be booked online (unless otherwise indicated) at <http://rcpsg.org/events>. Examination information and booking can be found on the examinations pages of the website

RESPIRATORY SYMPOSIUM 2015



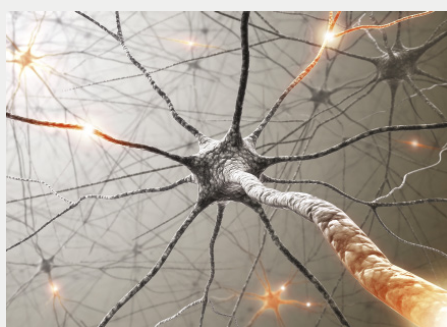
6 CPD credits applied for

6 November 2015, 9.00-16.20

This one day symposium will cover a broad range of updates in common respiratory conditions, seen in both primary and secondary care, and will give practical, clinical advice for everyday use.

Member fee: £68 | Lunch provided | Book online

MANAGING STROKE IN 2015



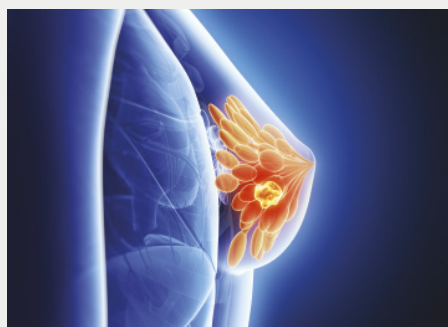
5 CPD credits

10 November 2015, 9.00-16.30

Our fourth annual Managing Stroke symposium is a popular high profile event that gives practicing clinicians and ideal opportunity to update their knowledge in the rapidly changing field of stroke care. The morning session includes a series of hot topic lectures from leaders in the field; the afternoon session offers masterclasses covering a variety of key learning areas.

Member fee: £68 | Lunch provided | Book online

MULTIDISCIPLINARY BREAST SYMPOSIUM



13 November 2015

The second Glasgow Multidisciplinary breast symposium will address the issue of metastatic breast cancer and consider approaches to diagnosis, treatment and patient support from all members of the multidisciplinary breast team.

Member fee: £68 | Lunch provided | Book online

Also running on 29-30 October 2015, 26-27 November 2015 and 18-19 February 2016

7 October 2015

Surgical anastomosis techniques

Suitable for surgical trainees wishing to develop their anastomosis techniques.
Member fee: £145 | Lunch provided | Book online
Also running on 24 February 2015 and 18 May 2016

17 October 2015

Foundation skills in surgery

Suitable for foundation year doctors and final year medical students considering a career in surgery.
Member fee: £68 - £120 | Lunch provided | Book online
Also running on 19 March 2016

26 October 2015

Breast reconstruction surgery cadaveric training day

Suitable for all surgical trainees with an interest in breast surgery.
Member fee: £195 | Lunch provided | Book online

13 November 2015

Multidisciplinary breast symposium

The second Glasgow Multidisciplinary breast symposium will address the issue of metastatic breast cancer and consider approaches to diagnosis, treatment and patient support from all members of the multidisciplinary breast team.
Member fee: £68 | Lunch provided | Book online

7-8 December 2015

Advanced surgical cadaver skills in GI surgery (ASiCS)

Venue: Clinical Anatomy Skills Centre (CASC)
Suitable for ST3-6 trainees who have completed our BaSiCS course. ST1-2 trainees can attend as observers.
Member fee: £625 | Lunch provided | Book online

13-15 January 2016

MRCS Part B OSCE preparatory course

Featuring interactive teaching and a mock exam.
Member fee: £750 (£500 if also booking the exam) | Lunch provided | Book online
Also running on 20-22 April and 7-9 September 2016

25-26 February 2016

GESTS 2016

The third GESTS will bring together world renowned speakers to discuss the care of acutely ill or injured surgical patients in the first 24 hours.
Member fee: £178 (£160 until 30 June) | Lunch provided | Book online

2-3 March 2016

BaSiCS

Suitable for CT2/ST2 surgical trainees, this course covers areas of the ISCP curriculum required for entry to ST3.

Exam closing dates

30 October 2015 | MRCS Part A

Exam to be held on 12 January 2016, UK and international

6 November 2015 | DOHNS Part 1

Exam to be held on 11 January 2016, Glasgow

27 November 2015 | MRCS Part B OSCE

Exam to be held on 11-12 February 2016, Glasgow

27 November 2015 | MRCS Part B OSCE

Exam to be held on 21 February 2016, Salford

30 November 2015 | FRCS Ophthalmology Parts 1 and 2

Exam to be held on 1 March 2016, UK and international

11 December 2015 | DOHNS Part 2

Exam to be held on 9-11 February 2016, Dublin

Dentistry

20-21 October 2015, Day 1 08.45 – 19.00

(including networking reception)

Day 2 08.45 – 17.30

MFDS Part 2 preparation course

Venue: De Vere Whites Hotel, Bolton
Designed for those intending to sit the MFDS part 2 exam, our two-day revision course includes interactive lectures and practical skills stations, as well as an afternoon of mock OSCEs.
Member fee: £425 | Lunch provided | Book online

Revision course and exam discounted monthly payment plan available

MRCS PART B OSCE PREPARATORY COURSE



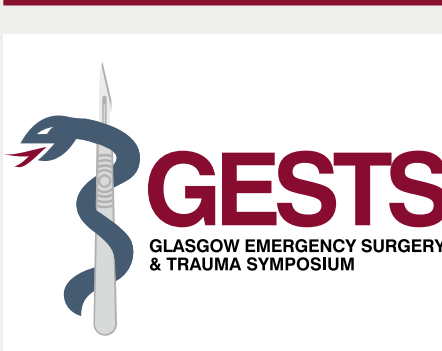
13-15 January 2016

Featuring interactive teaching and a mock exam.

Member fee: £750 (£500 if also booking the exam) | Lunch provided | Book online

Also running on 20-22 April and 7-9 September 2016

GESTS 2016



25-26 February 2016

The third GESTS will bring together world renowned speakers to discuss the care of acutely ill or injured surgical patients in the first 24 hours.

Member fee: £178 (£160 until 30 June) | Lunch provided | Book online

TOP TIPS FOR DCPS



7 November 2015, 9.00-16.30

5 CPD credits

Cutting edge presentations and practical tips for dental care professionals.

Fees: DCP £25; Trainee DCP £15 | Lunch provided | Book online



WHAT'S ON

3-4 November 2015, Day 1 08.45 – 19.00
(including networking reception)

Day 2 08.45 – 17.30

MFDS Part 2 preparation course

Designed for those intending to sit the MFDS part 2 exam, our two-day revision course includes interactive lectures and practical skills stations, as well as an afternoon of mock OSCEs.

Member fee: £425 | Lunch provided | Book online

****Revision course and exam discounted monthly payment plan available****

7 November 2015, 9.00-16.30

Top Tips for DCPs

5 CPD credits

Cutting edge presentations and practical tips for dental care professionals.

Fees: DCP £25; Trainee DCP £15 | Lunch provided | Book online

14 December 2015

Dental careers evening

17 December 2015

Mock interviews

15 January 2016

Inaugural Scottish orthodontic symposium

An opportunity for the whole Orthodontic team to get together for an update on areas of fundamental importance to the delivery of contemporary orthodontics.

Fees: £35-£68 | Lunch provided | Book online

12 February 2016

Top tips for VDPs

Cutting-edge presentations with practical tips which will make a genuine difference to patient care and practitioners' professional lives.

Fees: £0-£50 | Lunch provided | Book online

3 June 2016

TC White symposium: Special care dentistry

In support of this growing specialty, this event will help dental professionals to deliver personalised treatment and care for their patients.

Fees: £68 | Lunch provided | Book online

Exam closing dates

11 September 2015 | MFDS Part 2

Exam to be held on 19-20 November 2015, Glasgow and Manchester

13 November 2015 | ISFE in Oral Medicine

Exam to be held on 7-8 March 2016, Glasgow

27 November 2015 | ISFE in Orthodontics

Exam to be held on 21-22 March 2016, Glasgow

28 December 2015 | ISFE in Paediatric Dentistry

Exam to be held on 18-19 April 2016, Glasgow

28 December 2015 | ISFE in Restorative Dentistry

Exam to be held on 18-19 April 2016, Glasgow

31 December 2015 | ISFE in Dental Public Health

Exam to be held on 21-22 April 2016, Glasgow



Travel Medicine

8 October 2015, 08.30-17.00

Faculty of Travel Medicine symposium

6 CPD credits

The FTM welcomes a list of nationally and internationally renowned speakers to the 2015 annual symposium "It's a Disaster: Ebola and other Emergencies". The symposium is followed by the faculty annual dinner.

Member fee: £68 | Lunch provided | Book online

16-17 November 2015

Foundation in Travel Medicine course

6 month blended e-learning course.

Book online

14-17 March 2016

Diploma in Travel Medicine course

12 month blended e-learning course, final exam on 9 February 2017

Book online

Exam closing dates

9 September 2015 | MFTM Part 2

Exam to be held on 3 November 2015, Glasgow

College events can be booked online at <http://rcp.sg/events>

INAUGURAL SCOTTISH ORTHODONTIC SYMPOSIUM

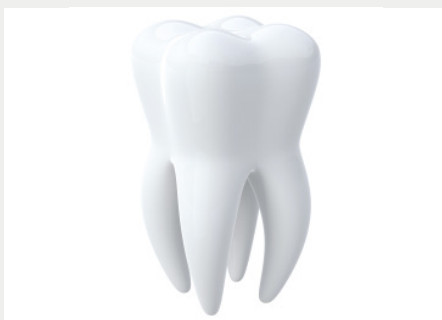


15 January 2016

An opportunity for the whole Orthodontic team to get together for an update on areas of fundamental importance to the delivery of contemporary orthodontics.

Fees: £35-£68 | Lunch provided | Book online

TC WHITE SYMPOSIUM: SPECIAL CARE DENTISTRY



3 June 2016

In support of this growing specialty, this event will help dental professionals to deliver personalised treatment and care for their patients.

Fees: £68 | Lunch provided | Book online

FACULTY OF TRAVEL MEDICINE SYMPOSIUM



6 CPD credits

8 October 2015, 08.30-17.00

The FTM welcomes a list of nationally and internationally renowned speakers to the 2015 annual symposium "It's a Disaster: Ebola and other Emergencies". The symposium is followed by the faculty annual dinner.

Member fee: £68 | Lunch provided | Book online

Podiatric Medicine

8 October 2015, 5pm-6pm

Journal club

Our regular journal club will be meeting to discuss "Let me Google that for you: a time series analysis of seasonality in internet search trends for terms related to foot and ankle pain" by Scot Telfer and James Woodburn. The club is a great opportunity to develop and practice critical appraisal skills.

To register email podiatricmedicine@rcpsg.ac.uk
Not able to attend in person? Join in on twitter #rcpsgfp or join us on Google+

16 October 2015, 09.10-17.00

Lower limb pain and its clinical implications

6 CPD credits

Venue: Birmingham Medical Institute

The aim of the symposium is to offer an overview of the theory of pain and explore how this is treated and managed in the clinical setting.

Member fee: £68 | Lunch provided | Book online

16 October 2015

Introductory student membership day

An introduction to the College and Faculty of Podiatric Medicine, detailing the services provided by the College and benefits of being part of the only multidisciplinary Royal College in the UK. FREE EVENT | Book online

Exam closing dates

26 August 2015 | MFPM Part 1

Exam to be held on 3 November 2015, Glasgow and London

Events for all

21 September 2015, 9.30 – 16.45

Learning lessons, leading change

5 CPD credits

Learning lessons and leading, or being a part of, change is key to providing patient-focused, effective care. This event by the Faculty of Medical Leadership and Management (FMLM) run in conjunction with the Scottish Academy of Royal Colleges, allows doctors and management experts to exchange ideas, inspire excellence and increase understanding while providing valuable CPD. Speakers include Chief Medical Officer for Scotland, Lord Smith of Kelvin, and Sir Graham Teasdale.

Member fee: £20-£85 | Book online

21-22 September 2015

Postgraduate diploma in clinical education

Delivered in partnership with HC Skills International

Also running on 7-8 December 2015

29 October 2015, 13.00-17.00

Educational Supervision Course

This course will provide you with learning and teaching skills, communication, coaching and dealing with difficult students.

Member fee: £40 | Book online

Also running on 22 January 2016 and 27 May 2016

4 November 2015, 13.00-18.00

Managing risk: the challenges in 21st century healthcare

3 CPD credits

Venue: SAGE, Gateshead

This half-day symposium will bring together leaders in undergraduate and postgraduate medical education, plus experts in clinical risk management.

Member fee: £40 | Followed by a reception with the President | Book online

4 March 2016, 9.00-17.00

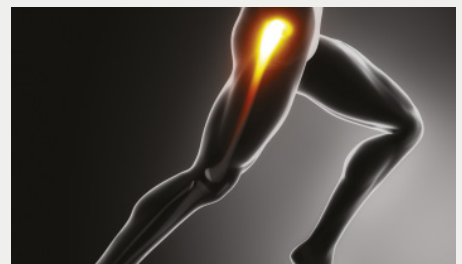
Joint Interactive Cardiology Symposium

6 CPD credits

The third annual Interactive Cardiology symposium, run in partnership with the British Cardiovascular Society, provides an opportunity to hear from national and international experts who are recognised leaders in their fields.

Member fee: £68 | Lunch provided | Book online

SCOTTISH SPORT AND EXERCISE MEDICINE SYMPOSIUM 2016



CPD APPLIED FOR

12 May 2016, 09.00-17.00

Venue: Hampden Football Stadium, Glasgow
Following our extremely successful sport and exercise medicine symposium in May 2015, we are delighted to announce the date for next year's meeting. Further details about the event, including a programme and booking will be available on the website soon.

Member fee: £68 | Lunch provided | Book online

LOWER LIMB PAIN AND ITS CLINICAL IMPLICATIONS



6 CPD credits

16 October 2015, 9.10-17.00

Venue: Birmingham Medical Institute
Interactive event open to all clinicians providing information on diagnosis and management of complexities associated with the high-risk lower limb

Member fee: £68 | Lunch provided | Book online

LEARNING LESSONS, LEADING CHANGE



5 CPD credits

21 September 2015, 9.30 – 16.45

Learning lessons and leading, or being a part of, change is key to providing patient-focused, effective care. This event by the Faculty of Medical Leadership and Management (FMLM) run in conjunction with the Scottish Academy of Royal Colleges, allows doctors and management experts to exchange ideas, inspire excellence and increase understanding while providing valuable CPD. Speakers include Chief Medical Officer for Scotland, Lord Smith of Kelvin, and Sir Graham Teasdale.

Member fee: £20-£85 | Book online

JOINT INTERACTIVE CARDIOLOGY SYMPOSIUM



6 CPD credits

4 March 2016, 9.00-17.00

The third annual Interactive Cardiology symposium, run in partnership with the British Cardiovascular Society, provides an opportunity to hear from national and international experts who are recognised leaders in their fields.

Member fee: £68 | Lunch provided | Book online

CENSUS OF UK CONSULTANT PHYSICIANS 2013/14

The results of the 2013/14 census of UK consultants were published recently. Key findings are provided below and the full report can be accessed at <http://rcp.sg/physicianscensus>

- At September 2013 there were 12,597 substantive consultant physicians in the UK – an increase of 3.9% since 2012.
- The highest percentage expansions from 2012 to 2013 were in sport and exercise medicine (37.5%) and hepatology (36.8%). The greatest actual

increase in consultant numbers was in acute internal medicine (102; an expansion of 26%).

- Geriatric medicine is the biggest specialty (1,294) followed by gastroenterology (1,152).
- The largest number of appointments were in geriatric medicine and acute internal medicine, which also had the largest number of failed appointments. In both specialties, almost half of appointments could not be made due to a lack of applicants or suitable candidates.

- 63% of consultant physicians participate in acute medicine.
- Men comprise 66.6% of the workforce. However, 58.5% of consultants younger than 35 are women.
- 17.6% work less than full time: 38.5% of the female workforce and 5.5% of the male workforce.
- 79.3% of consultants report enjoying their jobs always or often.
- 68.5% of consultants support seven day working in principle, given satisfactory support. ■

FIND YOUR LOCAL COLLEGE TUTOR

We have recently established a College Tutor Network to provide a local point of contact for **physicians** and surgeons working across Scotland. Find your local tutor using the key below.

Dumfries and Galloway Royal Infirmary
Dr Graeme Tait

Forth Valley Royal Hospital
Dr Jeyakumar Selwyn

Inverclyde Royal Hospital
Dr Helen Papaconstantinou

Royal Alexandra Hospital
Dr Stuart Hood

Glasgow Royal Infirmary
Dr Hilary Wilson

The Queen Elizabeth University Hospital Glasgow
Dr Brian Murphy
Dr David Raeside
Dr Colin Perry

Wishaw General Hospital
Dr Lesley Hall

Hairmyres Hospital
Dr Claire McDougall

University Hospital Ayr
Dr Derek Baxter

University Hospital Crosshouse
Dr Amir Ali Shah

Contact details are available on the College website. You are also welcome to contact the network via collegetutors@rcpsg.ac.uk ■



TRAINEE BUDDY SCHEME

We have recently partnered with the Scotland Deanery (West Region) to launch a buddy scheme that will provide core medical trainees (CMT) in the West of Scotland with Specialty Medical Trainee (SMT) support, informal advice, and guidance.

The buddy scheme provides CMTs with an opportunity to have an 'older sibling' who can be contacted for support and provide

advice and guidance during training. It also provides SMTs with an opportunity to develop their coaching and leadership skills, while influencing and supporting the development and career progression of the next generation of trainees.

22 CMTs and nine SMTs have already signed up to the scheme and recently attended an induction and welcome evening in the College.

Please check the website if you are interested in finding out more about the buddy scheme:
<http://rcp.sg/buddyschememedical> ■

 **Core medical trainees**
Buddy scheme

Mentorship | Support | Advice

CONSULTATION ON PROPOSED CHANGES TO INTERNAL MEDICINE CURRICULUM

There are high levels of dissatisfaction with the current training model in general internal medicine plus a specialty – dual accreditation. To address this, the Joint Royal College of Physicians Training Board (JRCPTB) has been developing a new approach.

The GMC report on the Shape of Training made a prediction about the future challenges to the health service and, in order to prepare for them, proposed changes to training. Changes were already being considered by JRCPTB when the report was published.

The report has been discussed extensively at our College and there is agreement that patients will want and need physicians with general medical training able to address the challenges of an ageing population with complex medical needs. The challenge is to combine general medical training with the

need to maintain training in other specialties at a time when core medical trainees feel less prepared than ever to take on the registrar role.

Achieving this within a shorter training period would inevitably prove difficult, if not impossible, and our position remains that training cannot be shortened. We believe that the public bodies that fund training remain open to this view, provided that the challenges identified by the Shape of Training review are addressed.

The training programme outlined by the JRCPTB has been designed to try and meet these challenges in a manner consistent with our values: to put patients at the centre of all that we do, and to value the knowledge and expertise of our members. The views of trainees are essential in guiding the

development of these proposals and the chairs of the trainees' committees from the three UK medical colleges, as well as the JRCPTB, recently wrote to members seeking their views. Many thanks to all who responded.

The next meeting to review the new curriculum is in September and we will keep you informed of progress.

The JRCPTB's proposed outline of training can be accessed at <http://rcp.sg/internalmedicine>

You can listen to JRCPTB medical director, Professor David Black speak about the proposals here: <http://www.jrcptb.org.uk/news/professor-david-black-outlines-jrcptbs-proposed-internal-medicine-training-model> ■

NEW MEMBERS

Welcome to all physicians admitted to the College during May-July.

Fellow qua Physician - FRCP(Glasg)

Shona Margaret MacRae **Jenkins**
 Muhammad Syafiq **Abdullah**
 Ashley M **Nisbet**
 Clare Louise **Murphy**
 Pradip Kumar **Dutta**
 Nadeem Akhtar **Tehami**
 Saqib **Ahmad**
 Itrat **Mehdi**
 Mehboob **Hussain**
 Imad Eddin **Musa**
 Satyanarayana Varma **Sagi**
 Annil **Mahajan**
 Tun **Aung**
 Adrian Denis **Ward**
 Anjana **Ranjit Mohan**
 George Anthony Wei Chun **Taye**
 Usman **Ghani**
 Lai Ming **Fung**
 Ramesh **Venkatachari**
 Tin-Sik **Cheng**
 Prabhu **Ethiraj**
 Muhammad Farooq **Latif**
 Kam Ha Louisa **Poon**
 Hlaing Myat **Thu**
 Noelle Patricia **O'Rourke**
 Pajanivel **Rangandin**
 Fozia Shaheen **Nazir**

Hosam Mohammad Abdallah **Abdellatif**

Muhammad Saqib **Saleem**
 Kok-Onn **Lee**
 Abdullah Humaid Salim **Al-khalbani**
 Mohammad Zahir **Uddin**
 Issa Saleh **Al Jahdhami**
 Shahid **Aziz**
 Muhammad Abul Hassan **Chowdhury**
 Thazhe Mangool **Raghuram**
 Katrina **Farrell**
 Ming Chu Pearl **Pai**
 Evangelos **Vryonis**
 Pratima **Murthy**
 Murali Mohan **Bangalore Venkataraman**
 Syed Hammad Hassan **Tirmazy**
 Khawaja Hassan **Haroon**
 Alexander Chapman **Pollock**
 Aruna Camille Sharma **Maharaj**
 Kwok Chu **Kwong**
 Vikram **Anumakonda**
 Muhammad Imtiaz **Khan**

Member of the college – MRCPS(Glasg)

Azizul **Hossain**
 Ferghal **McVerry**
 Muhannad **Haj Eliwe**
 Kingshuk **Chatterjee**
 Mohammad Samiul **Haque**

Mithun **Cherakara Mohan**

Catriona Jane **Grigor**
 Eilidh **McGinnigle**
 Hannah May **Simpson**
 Catriona Marion **Farrell**
 Harnek Singh **Badeshae**
 Andrew **Black**
 Michael Francis Cecil **Goggin**
 Beng Jin **Gan**
 Theodoros **Valsamakias**
 Michael Kenneth **Sullivan**
 Adnan **Amir**
 Adam **Williamson**
 Claire Elizabeth **Shepherd**
 Chris **Harrington**
 Thomas **Beach**
 Farnaz **Dave**
 Qurat Ul Ain **Tanveer**
 Adikari Mudiyaanselase Lalith Chandana **Seneviratne**
 Hsueh Han **Loo**
 Nicholas **Holt**
 Iain Douglas **Hay**
 Siwalik **Banerjee**
 Adrian **Sirju**
 Htet Htet **Aung**
 Roxana Elena **Stanciu**
 Peter James **Mulgrew**

JCST CERTIFICATION GUIDELINES 2015/16

The certification guidelines for all of the surgical specialties have been updated for the start of the 2015/16 training year. Each of the Specialty Advisor Committees (SACs) has produced a set of certification guidelines to identify what a trainee will normally be expected to have achieved during their training programme. The guidelines cover aspects of training such as: clinical and operative experience, operative competency, research, quality improvement, and management and leadership.

Trainees and trainers should use the guidelines to inform decisions about the experiences trainees need to gain during their training. Trainees will be monitored through their training programmes to ensure they are receiving appropriate

exposure to all aspects of training and some of the SACs have set benchmarking guidelines for use at ST4 and ST6 Annual Review of Competence Progressions (ARCPs). These will help to ensure that any necessary remedial action can be taken in a timely manner so that trainees can meet overall guidelines by the time of their certification.

For the majority of surgical specialties the guidelines are advisory and will be implemented flexibly by the SACs to ensure that no trainees, particularly those in the later stages of their training, are inappropriately disadvantaged at the time of their certification. However, the guidelines are included within the approved curricula for ear, nose, and

throat (ENT) and general surgery.

Updated versions of the ST4 and ST6 checklists for paediatric surgery are also now available, along with a certification document review form.

In addition, the following are available for oral and maxillofacial surgery (OMFS):

- a penultimate year assessment checklist
- an indicative numbers guidance document
- 2015 global objectives
- a list of recommended courses
- an information sheet for SAC liaison members

Guidelines for each specialty are available at www.jcst.org ■

JSCFE EXAMINATIONS

Applications are now being accepted for the following Joint Surgical Colleges Fellowship Examinations (JSCFE):

- Cardiothoracic
- General Surgery
- Neurosurgery
- Trauma and Orthopaedics
- Urology

These intercollegiate fellowship examinations have been created by the four surgical royal colleges of the UK and Ireland for the international surgical community.

The JSCFE has parity of standard with

the existing UK/Ireland intercollegiate fellowship examinations and should be of interest to non-UK/Ireland based surgeons seeking an internationally recognised, prestigious qualification. On successful completion of the exam candidates will be eligible for fellowship of a royal college and use of the associated postnominals (FRCS).

Full details about the examinations are available on the JSCFE website: www.jscfe.co.uk

The launch of examinations for other specialties will be announced on the JSCFE website in due course. ■

TRAINEE BUDDY SCHEME

We have recently partnered with the Scotland Deanery (West Region) to launch a buddy scheme that will provide core surgical trainees (CST) in the West of Scotland with Specialty Surgical Trainee (SST) support, informal advice, and guidance.

The buddy scheme provides CSTs with an opportunity to have an 'older sibling' who can be contacted for support and provide advice and guidance during training. It also provides SSTs with an opportunity to develop their coaching and leadership skills, while influencing and supporting the development and career progression of the next generation of trainees.

20 CSTs and 19 SSTs have already signed up to the scheme and recently attended an induction and welcome evening in the College.

Please check the website if you are interested in finding out more about the buddy scheme:

<http://rcpsg.org/buddyschemesurgical> ■



In Brief

International OSCE exams

We are delighted to announce that plans are now underway to run our MRCS Part B OSCE examinations in India and Dubai. Updates will be posted on the website as soon as they are available.

Expressions of interest should be sent to mrscsb@rcpsg.ac.uk. We will advise interested candidates as soon as details are available on the website. ■



Coresurgicaltrainees
Buddy scheme

Mentorship | Support | Advice

FIND YOUR LOCAL COLLEGE TUTOR

We have recently established a College Tutor Network to provide a local point of contact for physicians and surgeons working across the West of Scotland. Find your local tutor using the key below.

University Hospital Crosshouse
Ms Catherine Sharp

Dumfries and Galloway Royal Infirmary
Mr Stuart Whitelaw

Glasgow Royal Infirmary
Mr Graham MacKay

Hairmyres Hospital
Mr Kumar Periasamy
Mr Alistair John Brown

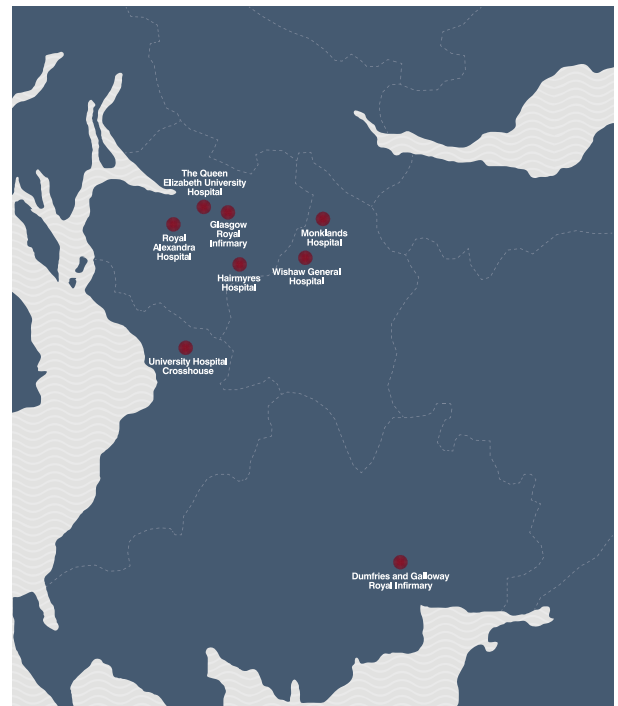
Monklands Hospital
Mr Arun Iyer

Royal Alexandra Hospital
Mr Mark Vella

The Queen Elizabeth University Hospital Glasgow
Mr Enric Murio
Mr David McGregor Wynne
Mr Naeem Akhtar

Wishaw General Hospital
Mr Segun Komolafe

Contact details are available on the College website. You are also welcome to contact the network via collegetutors@rcpsg.ac.uk ■



NEW MEMBERS

Welcome to all physicians admitted to the College during May-July.

Fellow qua Surgeon – FRCS(Glasg)

Mohammed **Al Hadad**
Rajan **Mohan**
Udo **Rolle**
Michael **Klimatsidas**
Ali Dakheel **Al-Asadi**
Krishnamachar **Harish**
Nasr Abdelmageed **Ramadan**
Mahmud **Mohamed Nor**
Ali Nayyef Assi **Al-Rufaye**
Tamilselvan **Sivashanmugam**
Mark **Vella**
Ahmed Mohammed **Al-Abbasi**
Syed **Khalid Ahmed Ashrafi**
Lakshmeswar Nagaraj **Mohan**
Jimmy Shiu Ming **Lai**
Shamanna **Ramaswamy**
Francis John **Kennedy**

Fellow qua Surgeon in Ophthalmology FRCS(Glasg)

Neeraj **Sanduja**
Ramyashri **S**
Mohamed Tarek Abd El Kader Mohamed **Moustafa**
Hany Mohamed Abd El-Aziz **Eid**
Amr Samir Ateya **Ateya**
Rami Mohammad Jafar Ali **Alhanbali**
Mohamed Gamal Ali **Galal**
Michael Gamil **Farag**
Moheeb Mostafa Ali **Youssef**
Chetan Anand **Bhatia**
Gayathri **Sreekanth**

Subhrangshu **Sengupta**
Fatima Walid Wahaib **Al-Rawi**
Vinita **Gupta**
Rizwan **Gul**
Valensha **Surong**
Mostafa Mostafa Ali Hassan **El Gammal**
Ahmed Bayoumi Elewa **Mazrouaa**
Fady Tharwat Fahmy **Ibrahim**
Leighton Alexander **Maddan**
Nisha Ramdas **Chandnani**
Islam Kan'an Jamil **Mohammad**
Haytham Rezq Ahmed **Rezq**
Suresh **Marpuri**

Fellow in Urology - FRCS(Urol)(Glasg)

Eng Hong **Goh**
Tan Guan **Hee**
Azhar Bin Amir **Hamzah**

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

Arash **Afsharpad**
Vinodhkumar **Devanadaprabou,**
Pannirselvam
Steven **Borland**

Fellow in General Surgery - FRCS Glasg(Gen Surg)

Martha Mclean **Quinn**

Member qua Surgeon - MRCS (Glasg)

Helen Sarah **Wohlgemut**
Debbie **Hunt**

Ayman Mohamed Mahmoud Hassanen
Shaalán

Ibrahim **Kaisar**
Ahmed Saad Amin **Mansour**
Irfan Ul Islam **Nasir**
Farah **Shakeel**
Scott John **Wilson**
Adel **Alhaj Saleh**
Mahmoud Moustafa **Abdelaziz**
Tasleem **Akhtar**
Atif **Sharif**
Riad **Idris**
Sami Kamal Abdeen **Hamid**
Mohamed Elhusseiny Abdelkader Ali
Shalabi
Khang Chiang **Pang**
Matthew James **Haywood**
Chung Kiat Ryan **Wong**
Maria **Chasapi**
Christopher James **Manning**
Daniel Ward **Conaway**
Chermaine **Tan Si Min**
S M Rashedul **Islam**
Kiran **Ramesh**

Member qua Surgeon in ENT – MRCS(Ent)(Glasg)

Sabyasachi **Chakrabarti MRCS (Ent)**
(Glasg)
Yin Yin **MRCS (Ent)(Glasg)**
Lepa **Lazarova MRCS (ENT)(Glasg)**

COLLEGE EDITION OF DENTAL UPDATE

During the summer the Faculty of Dental Surgery has continued to focus on serving our members by ensuring the best support, services and opportunities are made available to our dental professionals at every stage of their careers.

By now all our membership should have received the Dental Faculty July/August edition of Dental Update. This edition has been written by Fellows and Members of

the Faculty and articles published represent our diverse membership. Topics range from recurrent aphthous ulceration, important facial skin lesions that a dentist should know about, evidence based assessment of pain-related temporomandibular disorders to the diagnosis and management of tooth wear. This mix of topics reflects the wide range of experience, expertise, knowledge and skill within our Faculty to support the delivery of oral healthcare worldwide. ■



NEW LONDON CENTRE FOR MFDS PART 1

MFDS candidates will now have the option to sit the MFDS part 1 exam at a new College centre in London. We plan to host our first MFDS Part 1 exam in Rooms on Regents Park, London in October 2015 and already have several applicants sitting the exam from this centre. Candidates planning to sit the MFDS exam can also apply for the Faculty's MFDS Training Package.

The Training Package offers a discount on the overall cost of examination fees and examination preparation courses and allows candidates to spreading the total cost over 12, 18 or 24 months.

The MFDS examination is a benchmark

qualification for dental professionals across the UK and internationally. We currently run the MFDS part 1 exam in over 12 UK and international centres, and run the Part 2 exam in Glasgow and Manchester. We will continue to respond to demand from candidates by considering further exam locations.

Further information about the MFDS Training Packing can be found online at:

<http://rcpsg.mfdspackage> ■



NEW APPOINTMENTS

The faculty wishes a very warm welcome to our four new Regional Advisors:

Professor Mike Lewis, Wales

Dr Alexander Crighton, Argyll

Ms Fiona Irving, East of Scotland

Mr Graham Orr, Scottish Highlands

ORTHODONTICS SPECIALTY MEMBERSHIP EXAM IN INDIA

Our international advisor, Professor Lal Mathadil, has been incredibly busy on behalf of the Faculty, on a scoping exercise to consider taking the bi-collegiate Specialty Membership Examination in Orthodontics (MOrth) to India. Professor Mathadil has already observed the June diet

of the exam in London and has provided us with an in-depth report of his observations.

The next stage is to identify the market potential in India and source suitable venues to run the exam from. The final decision to progress will be taken shortly. ■

ANNUAL GENERAL MEETING

The AGM of the Faculty will take place on Friday 6 November 2015. ■

Faculty of Dental Surgery Annual Dinner 2015

Join us for a fun evening of music and magic in the College

Friday 6 November 2015

19.30 Pre-dinner drinks in the Alexandra Room

20.00 Dinner in the College Hall

Book early to avoid disappointment:

email dental@rcpsg.ac.uk

call 0141 227 3220

online rcp.sg/events

#dentaldinner

Dress Code: Black Tie/Highland Dress

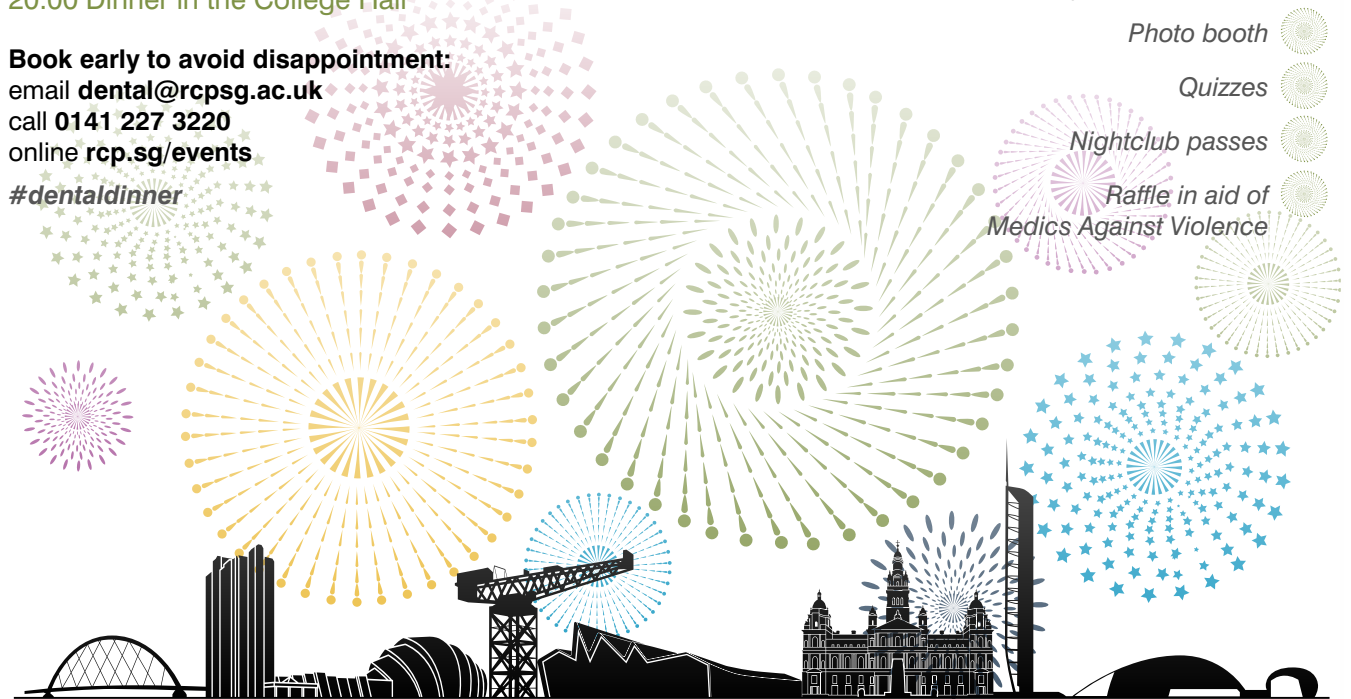
Fee: £35.00 each | £315 for table of 10

Photo booth

Quizzes

Nightclub passes

Raffle in aid of
Medics Against Violence



NEW MEMBERS

Welcome to all dental professionals admitted to the College during May-July.

Fellow in Dental Surgery - FDS RCPS(Glasg)

Marta Czesnikiewicz-Guzik
 Syed Mahmood Haider
 Lop Keung Raymond Chow
 Stephen Creanor
 Yiu Fai Mak
 Tony Cheuk Kit Lee
 Sze Lok Lau
 Ebenezer Ratnaraj Goldwyn Solomon
 Mawlood Kowash
 Wing Kwan Rosa Yeung

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

Siobhan Barry
 Graeme Brian Wright

Fellow in Restorative Dentistry - FDS(Rest Dent) RCPS(Glasg)

Shihab Romeed
 Serpil Djemal
 Beth Catherine Burns

Fellow of in Dental Public Health -

FDS(DPH)RCPS(Glasg)

Michael Gerard McGrady

Member of the Dental Faculty - MFDS RCPS(Glasg)

Balaji Manohar
 Luke Edward Sergeant
 Mu'awya Younis Mofleh Al-Kasasbeh
 William McLean
 Gabrielle Rose Reilly
 Laura Hannah Pickett
 Danesh Singh Bagga
 Zeeta Badhan
 Emma Gill
 Jasneet Singh Gulati
 Hayat Bilal
 Kazim Mahmood
 Shreenal Samir Jagsi
 Pavni Kamlesh Lakhani
 Peter Dowey
 Anusha Gayathri Jeyarajan
 Sharmela Sathiagnanam
 Diane Patterson
 Catherine Elizabeth Johnson
 Natalie Ball
 Nazuk Akhlaque
 Sarah Catherine Casey

Kathryn Wood

Benjamin John Palin
 Ganapathy Sriram Sankar
 Krishna U S Nayak
 Katie Jane Chapman
 Mohammed Anwarul Alam
 Hamaad Ahmed Khan
 Matthew Gillen
 Emily Hooper
 Zeina Mohmed Sameh Abdullatif
 Jessica Rose Rice
 Abiodun Abdulatif
 Sinead Emily O'Brien
 Hannah Elisabeth Wynne
 Rebecca Frances Mason
 Edward Alexander Nussey
 Lyndsey Ann McTavish
 Donna Lee
 Advan Moorthy
 Katrina Joanne Meikle
 Edward Luke Soulsby
 Nia Miriam Edwards
 William Laver
 Elizabeth Gilks
 Chung Kit Sum
 Lisa Henderson



In Brief

AGM and elections

Voting papers for the positions of Vice Dean, Ordinary Member and Associate Member of the Faculty Executive Board will be issued in September to all those eligible to vote. Results will be announced at the AGM on 8 October 2015 (held after the annual symposium).

Pre-symposium dinner

We are pleased to welcome you to the inaugural pre-symposium dinner on Wednesday 7 October in the College. Tickets are just £35 each or £300 for a table of ten. Please contact Alanna Campbell directly on 0141 2416228 to take advantage of this discounted rate. All members, non-members and family members are welcome to attend.

Affiliate membership

Nurses, doctors, pharmacists, and students working in the area of infectious diseases, tropical medicine or travel medicine can join our Faculty as an affiliate member. One of the benefits of affiliate membership is reduced rates for study days, including the annual symposium, and access to our Faculty magazine, Emporiatics, which is an excellent way of keeping up-to-date with what is going on in the field.

Faculty of Travel Medicine Triennial Scholarship

This scholarship supports a travel medicine related project.

The successful applicant will be invited to give a presentation at the College's triennial conference (2017)

Value: £2,000

Eligibility: Fellows, Members and Associate Members of the Faculty of Travel Medicine

Closing Date: November 2015

Have a suggestion?

Why not email us:

Dean, Mike Jones

michaeljones@doctors.org.uk

Dean Elect, Andy Green

andrew.green12@doctors.org.uk

Honorary Secretary, Margaret Umeed

margaret.umeed@nhs.net

travelmedicine@rcpsg.ac.uk

ANNUAL SYMPOSIUM

Following a successful joint study day with MASTA in June, we look forward to our Annual Symposium – It's a disaster: Ebola and other emergencies – in the College on Thursday 8 October.

This year we are delighted to welcome to Glasgow an experienced line-up of nationally and internationally renowned specialists. The programme includes ophthalmic emergencies (Richard Blanch), the management of trauma and stress (Neil Greenberg), dengue, chikungunya and zika viruses (Jean-Baptiste Meynard) and the viral haemorrhagic fevers Ebola and Marburg (Andy Simpson). It concludes with an Ebola plenary (Mark Bailey, Di Lamb

and Liv McKenna) which will attempt to examine how Ebola was managed in the Kerry Town facility in Sierra Leone. We are especially delighted to welcome to the plenary, Cpl Anna Cross, who will give a patient's perspective following her own infection with Ebola. The symposium will conclude with this year's David Livingstone lecture delivered by outgoing Dean of the Faculty, Dr Mike Jones. The Faculty of Travel Medicine look forward to welcoming you to Glasgow and what should be another exceptional annual symposium.

Further information and registration at <https://www.rcpsg.ac.uk/events/travelsymp.aspx> ■

NEW MEMBERS

Welcome to all travel medicine practitioners admitted to the College during May-July.



Fellow in Travel Medicine - FTM

RCPS(Glasg)

Seif Salem **Al-Abri**

Rastislav **Madar**

Associate in Travel Medicine - AFTM

RCPS(Glasg)

Philip Duko **Anderson**

Josephine **Snell**

Sohail **Fazal**

Caroline Margaret **Forwood**

Matthew **McKeown**

Thomas **Bina**

Oliver **Koch**

Lynda **Gardener**

Dawn **Alldrige**

Janet Marie **Jones**

Rachael **Fletcher**

Amy **Khoury**

Jennifer **Khan**

Tesfaghiorgis **Gulai**

Mohammad Adil Usman **Khan**

Jacqueline Anne **Bedford**

Christine Fernandes Valente **Takeda**

Srinivasulu **Reddy**

Tania Mara Silva **Coelho**

Harunor **Rashid**

Joachim **Werner**

Emma C **McInnes**

Andrea **Berkelaar**

COMING AND GOING

As we move towards autumn the Faculty is facing some major changes. Mike Jones is bowing out as Dean on 8 October. He was made a founder Fellow in 2006, joined the Board as chair of the examination and assessment committee in 2007, was elected Vice Dean in 2009, and Dean in 2012, following in the illustrious footsteps of Dr Eric Walker and Professor Peter Chiodini.

He summarised the role as chairing a wonderfully skilled Faculty Executive Board, providing leadership and vision and representing the Faculty nationally and internationally. He commented, "the support of College staff has been hugely impressive over the last 8 years and they share much of the credit for the growth in Faculty activity and influence."

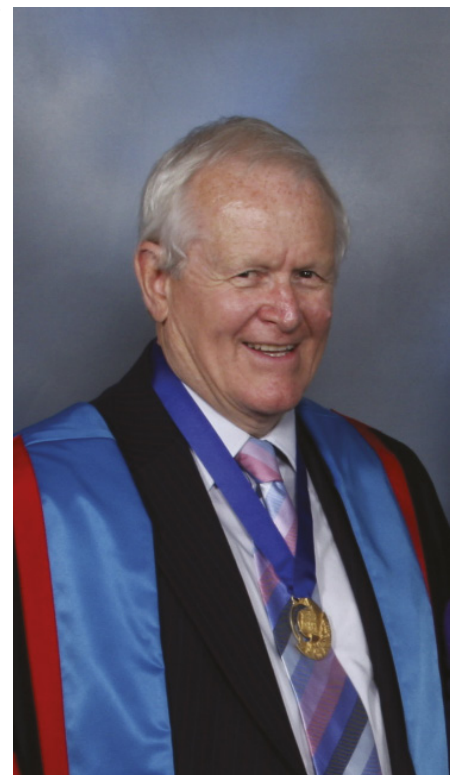
Milestones over the last three years have included the publication of the Health of Travellers report last year and the accreditation the Diploma in Travel Medicine by Glasgow Caledonian University this year. Mike has been delighted to represent the Faculty at International Conferences in Rio de Janeiro, Pondicherry, Maastricht, Bergen, Durban, Muscat and Quebec and is looking forward to speaking at a conference in

Prague in early October.

We warmly welcome Gp Capt Andy Green as the next Dean. Andy is a consultant microbiologist serving with the Royal Air Force and has, since 2014, been heavily involved in organising the British response to Ebola in Sierra Leone. Elected as Vice Dean in 2012, he has chaired the Faculty fellowship committee and sat on the College scholarship committee. He was centrally involved in writing the Health of Travellers report which was recently commended by a senior Scottish civil servant.

Changes in Faculty staffing have also occurred. We were desperately sad to bid farewell to Ann MacDonald after five years as course manager in June and wish her well in active retirement. In her place Sue Campbell has been appointed to serve jointly with Clare Henderson. Sue is a nurse and international health professional. She holds a masters degree in public health and has worked extensively abroad, with 18 years experience in international development in sub-Saharan Africa. She is currently an OU associate lecturer and has written a section for the OU MSc in Development Management.

We also welcome Jane Chiodini as our first Director of Education. Jane is a hugely experienced travel medicine educator, was



Faculty Board Secretary from 2009 to 2012 and winner of the Triennial Scholarship in 2013. We will now appoint an education board, reporting through Jane to the Faculty Board. ■

DAVID LIVINGSTONE MEDALLION

Following a suggestion from Sundeep Dhillon, the College has funded ten miniature bronze medallions of the David Livingstone plaque, which resides within the College, to be given prospectively to Livingstone lecturers from 2016.

The David Livingstone Lecture is traditionally delivered at the end of the annual symposium. Previous lecturers have included Peter Chiodini, James Moore and Kevin Fong, with this year's lecture being delivered by the outgoing dean, Mike Jones. ■



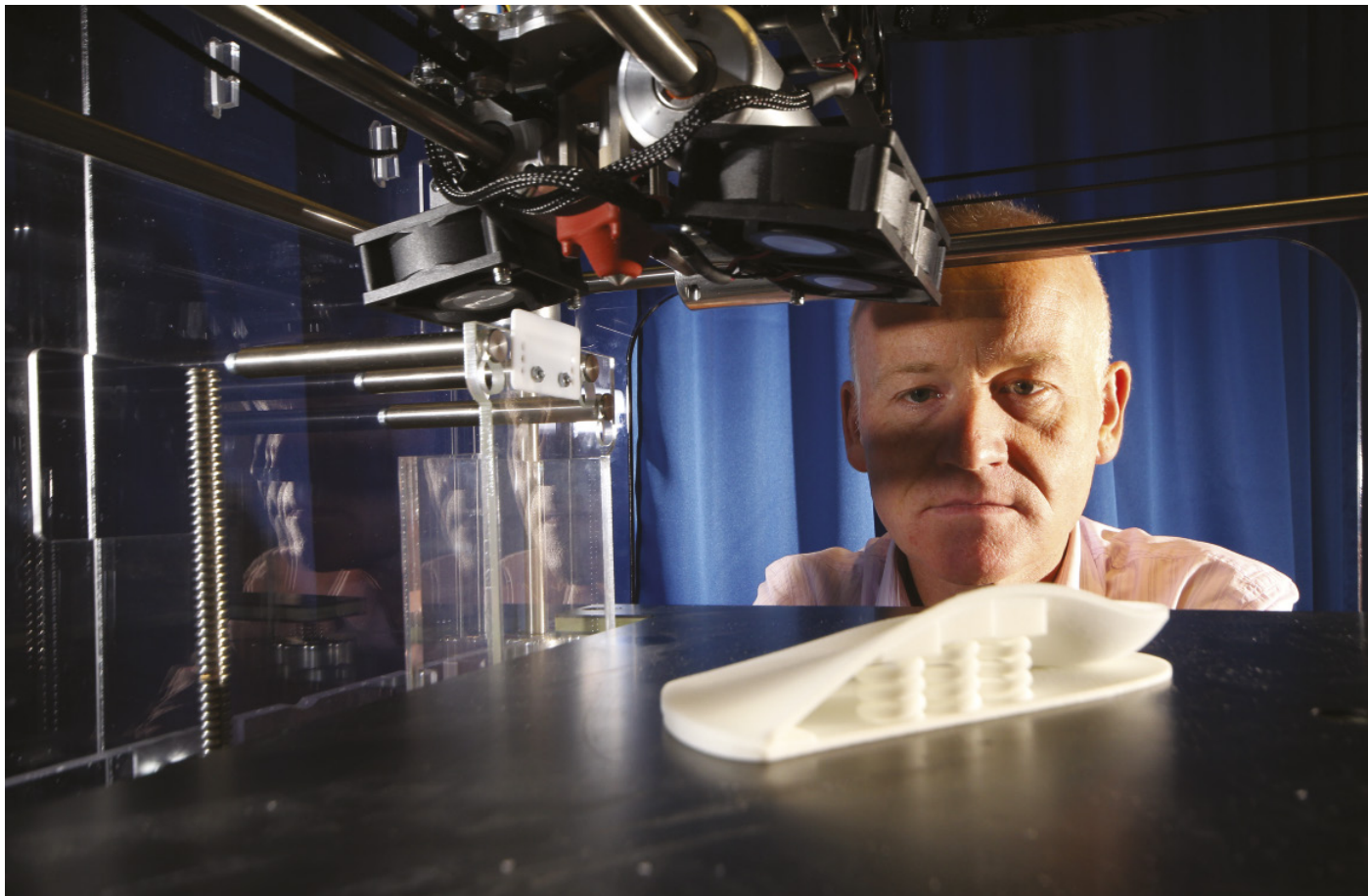
CAMERON LOCKIE PRIZE



Congratulations to Katy Peters MFTM RCPS(Glasg) on receiving the Cameron Lockie Prize for her performance in the FTM Diploma. The award is named after Cameron Lockie, a respected physician who played a key role in the development of the travel medicine education programme. ■



3D PRINTED ORTHOTICS



Professor Jim Woodburn FFPM RCPS(Glasg)

A research project led by Jim Woodburn FFPM RCPS(Glasg) was recently awarded "Research Project of the Year" at the Herald Higher Education Awards in Glasgow.

Professor Woodburn, who is based at Glasgow Caledonian University, is leading research in 3D printed personalised foot orthotics.

Disabling foot and ankle conditions affect approximately 200 million European citizens. More than £230 million is spent annually treating many of these people

with orthoses and splints, often relying on hand-crafted manufacturing techniques which are slow, costly and difficult to reproduce. With an increasingly ageing population and a growing health burden in long-term conditions, the global market for custom foot orthoses is growing.

Professor Woodburn's research uses engineering tools to improve the functional design of orthotic devices for individual patients. The designs are then printed layer by layer using 3D printing techniques. ■

MEMBERSHIP SURVEY

Many thanks to everyone who completed our recent membership survey. Your feedback is important and will help to shape the future direction of the Faculty. Some findings from the survey are provided below:

- 96% of members would recommend a colleague to join our Faculty
- 43% of members are on Twitter
- Affirmation of professional and personal attainment is the main reason people join our Faculty
- The top three things you would like the Faculty to do for you are:

1. Raise the profile of the profession
2. Raise standards of podiatric medicine
3. Provide high quality CPD, educational events and symposia ■

NEW MEMBERS

Welcome to all podiatric medicine practitioners admitted to the College during May-July.

Fellow of the Faculty of Podiatric Medicine - FFPM RCPS(Glasg)

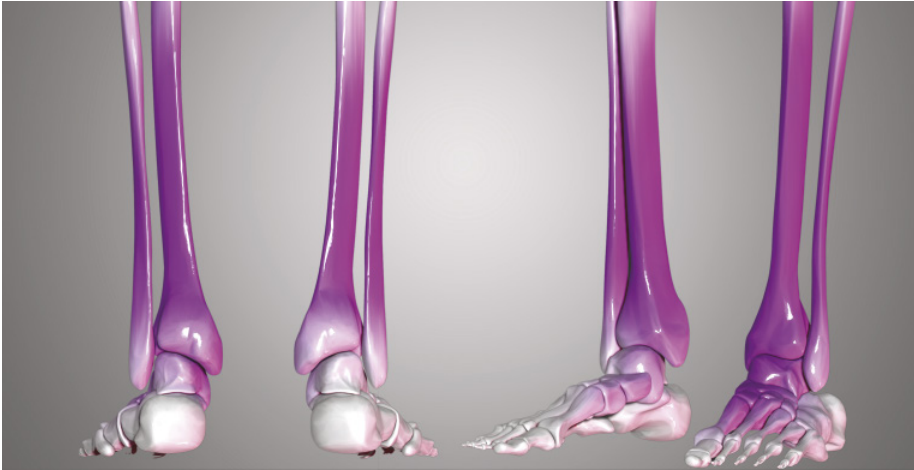
John Peter Chadwick

Ricardo Becerro de Bengoa Vallejo
La Fontaine Javier

Member of the Faculty of Podiatric Medicine – MFPM RCPS(Glasg)

Haji Abdullah Sani Haji Kamis

HIGH RISK LOWER LIMB



More than 100 people attended the high risk lower limb symposium in the College on Thursday 11 June. Feedback from the event was exceptional with almost all speakers being rated a score of nine out of ten or better.

The focus of the symposium was navigation skills for clinicians in optimising outcomes for patients with a high-risk lower limb. We were delighted to welcome a high calibre of speakers from across the UK. The highlight of the event was the keynote lecture by Professor David Armstrong, who

is the director of the South Arizona Limb Salvage Alliance (SALSA) in the US. He provided an insight into his work in Arizona and exploring new directions in high-risk limb management.

Professor Armstrong's presentation was recorded and will soon be available to view on MyCollege Online.

Save the date:

Our 2016 annual symposium will be held on Tuesday 7 June 2016 with the focus on the diabetic foot. ■



In Brief

Director of Communications:

Matthew Fitzpatrick FFPM RCPS(Glasg) has taken on the role of Director of Communications for the Faculty of Podiatric Medicine. Matt was previously Secretary for the Faculty and was a founding member of the Special Advisory Board for the creation of the Faculty. He has significant experience in communications and media and will play a key role in enhancing the profile of our Faculty.



Executive Board appointment:

Dr Sarah Curran was appointed Secretary of the Faculty's Executive Board at the Annual General Meeting in June.

Diabetic Foot and Diabetic Neuropathy Update 2015

We are delighted to support the Diabetic Foot and Diabetic Neuropathy Update 2015 in Chennai on 31 October-1 November 2015. Registration for this event is now open.

Further details and an application form can be downloaded at

<http://rcp.sg/chennai2015> ■

WALK FOR LIFE

Angela Evans FFPM RCPS(Glasg) is involved with a project managed by the Glencoe Foundation called "Walk for Life", which provides non-surgical treatment (Ponseti corrective method) for children with congenital clubfoot deformity. Since 2009, the project has provided free corrective treatment to almost 15,000 babies and small children across Bangladesh with the deformity. They have now set up another evaluation project at a large clinic north of Dhaka, in Bangladesh, which has 533 children

who have been treated for clubfoot deformity since 2010. This evaluation will cover a range of factors including parent satisfaction, gait function, clinical examination, family history, and patterns of any relapsing deformities. Difficulties with accessing or completing treatment, socio-demographic and cultural factors will also be surveyed. As just one of 48 similar clinics across the country, this structured review of cases will be a very valuable insight and measure of the five-year outcomes. The Bangladesh government

have officially embraced Walk for Life as the "national clubfoot project of Bangladesh".

Walk for Life needs donor funding to continue its great work. Just £57 (€82, US\$89, AU\$120) provides free treatment for children in impoverished circumstances. Anyone interested in donating can do so via the website:

www.walkforlifecubfoot.org

You can also follow Angela Evan's LinkedIn posts about the project. ■

MEMORANDUM OF UNDERSTANDING

Our College and the College of Podiatry in London have signed a memorandum of understanding to work together to develop the podiatric medical profession. Through collaborative engagement, both Colleges recognise there is a unique opportunity to further develop podiatric care in the UK and internationally. The memorandum of understanding outlines the scope of mutual

engagement between the two Colleges.

In order to strengthen the voice of the profession, the two Colleges will speak as one voice on matters that will help to raise the profile of podiatric medicine. They will also develop joint communications on key areas of mutual interest and identify opportunities to raise the profile and

standards of podiatric care and training internationally.

Both Colleges are involved in supporting podiatric professionals and it is beneficial for podiatrists to be members of both our College and the Society of Chiropodists and Podiatrists and the Directorate of the College of Podiatry (in London). ■

THE SCOTTISH WOMEN'S HOSPITALS FOR FOREIGN SERVICE– IMAGES AS A STIMULUS TO RESEARCH IN SCOTLAND AND FRANCE

Elaine Morrison FRCP (Glasg) and Carol Parry, Library and Heritage Manager



The orangerie recreated as an operating theatre, June 2015.

The Scottish Women's Hospitals (SWH) were established shortly after the outbreak of the First World War. Women doctors were keen to play their part in the war effort, however opportunities for medical women were limited prior to the war and during it they were unable to obtain a commission in the Royal Army Medical Corps. Hence the formation of these voluntary all-women units. Their offer of assistance was declined by the British War Office but several Allied Governments, including France and Serbia accepted.

Sister Annie Allan served as a nurse with the Girton and Newnham Unit of the Scottish Womens Hospitals (SWHs). This unit served with the French army for the duration of the war. The striking images in her photograph album held in the College Archive (RCPSG 74/2) inspired us to research the medical and surgical work of this unit (see our article in the Journal of the Royal College of Physicians of Edinburgh, December 2014).

In June 1915 the women of the Girton and Newnham unit established the first tented mobile unit of the SWHs in the grounds of the Chateau de Chanteloup close to the medieval French city of Troyes. During the war Troyes had become a hospital town with schools and other buildings converted into temporary hospitals to care for the wounded from the Front.

The use of the chateau and its grounds during the First World War was almost completely forgotten locally until Francis Tailleur, Directeur Pédagogique at the Institut Chanteloup, now a school for children with special needs, saw some wartime postcards illustrating the work of the Girton and Newnham Unit at Chanteloup. This was the stimulus to further research and Francis, with the support of Marie-Odile Velut, the manager of the Institut Chanteloup, and the contribution of the local museum and local historians, researched the history of the Unit at Chanteloup. The result was a

wonderful exhibition in June 2015.

The Library and Archive of the Royal College of Physicians and Surgeons of Glasgow was delighted to supply images for the exhibition from the photograph album of Sister Annie Allan. We were also able to help coordinate music for the exhibition via James Beaton at the Scottish Piping Centre and further images via Marianne Smith Librarian at the Royal College of Surgeons of Edinburgh.

The Chateau de Chanteloup no longer houses the Institut Chanteloup – a new purpose built school has been built in the grounds where once the large marquee tents of the Girton and Newnham Unit were erected. The woodland surrounding the chateau is still there, as is the orangerie which was used as the operating theatre by the Unit – this was recreated as part of the exhibition. The X-ray room and a tisanerie were also recreated as well as the office of the Unit's indomitable administrator (la



Nurses in the grounds of Chateau de Chanteloup, Troyes, 1915

directrice) Mrs Harley.

The pupils of the school also played their part in the exhibition with work from their First World War project on display along with wartime family stories. It was a wonderful way of involving all the community in a commemoration of an, until now, largely forgotten event during the First World War.

For us, having researched the work of the Girton and Newnham Unit for so long

in Glasgow, our visit to Chanteloup was something of a *pèlerinage* and also a wonderful opportunity to establish new friendships.

Further information about the exhibition can be found on the Chanteloup Centenaire 1915-2015 blog <http://rcp.sg/aniOf>

Further images from both the exhibition in Troyes and Annie Allan's photograph album can be seen on the Library blog at <http://rcp.sg/A67W5> ■

THE INSTRUMENTS OF DAVID WARK

The College has recently been gifted a set of lithotomy instruments that were presented to David Wark, a lecturer in Anatomy and Surgery at the College Street Medical School in Glasgow for his teaching during 1833-34. Wark had entered the Faculty of Physicians and Surgeons of Glasgow as a Member in 1832 having presented a probationary essay entitled 'Practical remarks on fever, as it more commonly occurs in country situations' (Wark's probationary essay is still in the College Library). He subsequently emigrated to South Australia arriving on the *Welcome* on 3 April 1839. Having practised medicine for some time in South Australia and becoming well known in the Scottish community in Adelaide, Wark's



sights turned from medicine to politics and in 1857 he was elected unopposed to the South Australian House of Assembly for the seat of Murray where he sat until his death in 1862. We are very grateful to Mr Peter Reuter for gifting the instruments to the museum collection. ■

NEW LIBRARY SERVICES

SCONUL Access Scheme

Writing an assignment? Looking for books to help you but can't get to the College library? All members of the College are now able to take advantage of the SCONUL access scheme. This scheme allows our members to borrow or use books and journals at other university, higher education, and further education libraries throughout the UK and Ireland.

And it's FREE!

To please visit <http://rcp.sg/sconul>

You can find out which libraries are members of the scheme and apply for SCONUL access by visiting <http://rcp.sg/sconul>. Once you've registered and your application has been approved you will receive an email – print this off and take it, and your College membership card, along with you on your first visit to your selected library.

If you have any questions or need any help with the application process please get in touch – library@rcpsg.ac.uk

BMJ Best Practice

Fellows and Members of the College now have access to the clinical evidence summary resource, BMJ Best Practice. BMJ Best Practice is a decision-support tool for use at point of care and is structured around the patient consultation – presenting the required information just as it's needed – so it's quick and intuitive to use.

This service is available via the Knowledge Network (<http://rcp.sg/tkn>) and you will need your Athens password to access the full content. If you don't already have an Athens account please contact us – library@rcpsg.ac.uk.

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A leap forward in the management of heart failure

How NT-proBNP could help reduce rehospitalisations and improve patient outcomes

Heart failure is a major, global health problem associated with high morbidity and mortality. Recent research by the ISD Scotland has identified coronary heart disease (CHD), which includes heart attacks, as a leading cause of illness in Scotland and led to 7,239 potentially avoidable deaths in 2013.ⁱ Furthermore, Scotland has a high prevalence of the risk factors associated with heart disease such as smoking, poor diet and physical inactivity.

Treating and preventing heart disease is a national clinical priority for Scotlandⁱⁱ and it is estimated that around 7.1% of men and 5.3% of women are living with CHD.ⁱⁱⁱ Although deaths from heart disease in Scotland are falling, early identification strategies and optimal risk stratification are healthcare priorities in an attempt to slow the disease progression. Now, there's an innovative biomarker to help clinicians. The Roche Elecsys®NT-proBNP test, accurately provides healthcare professionals with the answers they need in the prognosis and monitoring of heart failure (HF).

Once diagnosed with HF the patient's ventricular function and long-term outcomes continue to deteriorate. Approximately one in four patients hospitalised with HF will be re-hospitalised within 30 days of discharge. Many HF rehospitalisations are preventable, but effective strategies to prevent rehospitalisations are under utilised costing both health services and potentially compromising the health of patients.

Serial measurements of NT-proBNP, together with conventional clinical assessment can assist in pharmacotherapy decision making and improve patient outcomes.^{iv} When measured in the acute phase following myocardial infarction (MI), for example, NT-proBNP is a stronger predictor of poor clinical outcomes than BNP when measured by death or LV systolic dysfunction. At 72-120 hours after MI, it is also superior to clinical, radiological or ECG parameters in the identification of impaired LV systolic function.^v

Studies have shown NT pro-BNP to be useful as a prognostic marker in a range of situations. The ASTRONAUT^{vi} and the I-Preserve trial^{vii} found that serial testing and a decreasing trajectory of NT-proBNP in the early hospital discharge phase carried an independent prognostic value. Increasing levels of NT-proBNP following hospital discharge identifies patients who are at highest risk of recurrent adverse events. Pooled analyses of chronic HF and biomarker-based studies (positive and negative) indicates a 20% to 25% adjusted reduction in mortality associated with biomarker-guided care on top of standard management.^{viii}

NT-proBNP also offers less than 0.01% cross reactivity with nesiritide. BNP demonstrates a high level of cross reactivity with nesiritide, thus, limiting BNP's value during nesiritide therapy. In these cases you can still use NT-proBNP. Its near absolute specificity (less than 0.01% crossreactivity with BNP)^x makes it a valuable marker for monitoring improvement in patients being treated with recombinant BNP.^x

NT-proBNP has been conclusively shown to outperform established cardiovascular disease (CVD) markers in a number of areas. It is a useful marker for the detection, prognosis and monitoring of CVD and one clinicians should not be without.

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