

# College

NEWS

SUMMER 2015

## Remote and rural healthcare

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PREVENTING MATERNAL DEATHS

MRCS IN UAE

GROWING MEMBERSHIP

FACULTY ELECTIONS

REGIONAL ADVISOR REPORT



ROYAL COLLEGE OF  
PHYSICIANS AND  
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**ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW**

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ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

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# FROM THE PRESIDENT'S OFFICE



Watch the President's video at <http://rcpsg.cnsummer15video>

**As I write, the result of the UK general election has just been announced with the Conservative Party achieving sufficient numbers to form a UK government.**

The College has a considerable number of Fellows and Members throughout the UK and I will be writing to the new UK government, emphasising the need for cooperation across the UK to ensure a top quality and patient-focused NHS. The ideology of the NHS is quite different in England and Scotland but there is much to be gained from a cooperative approach rather than a politicised, point scoring approach, which has been a feature of the recent electoral campaign.

It was of interest to follow the results from Boston where I was attending the Centenary of the American College of Physicians. The high point of the meeting was an international forum on the issue of care of the elderly. Forty countries were represented round the table and there were striking similarities in the challenges being presented by the frail elderly, with emphasis being placed on the appropriate location for care and the specific issue of dementia. Such meetings present a useful forum for exchange and will hopefully be the catalyst for change in each country.

I have travelled fairly extensively this year with trips to Bangalore, Delhi, Oman, and Egypt. The College delivered symposia in Delhi, Egypt, and Oman and I addressed the Surgical Society of Bangalore. We hosted receptions for our Fellows and Members and we received a most courteous welcome in all locations. It is gratifying how well the College is perceived overseas.

In addition a meeting nearer home in Inverness addressed the area of remote and rural medicine. This was a most successful meeting and College is most grateful to Kevin Baird for organising this and the social event which followed. Further UK meetings are planned later this year in Belfast and Newcastle. If you live near these locations, I do hope you will be able to join us.

The next round of applications for Distinction Awards in England, Wales, and Northern Ireland are upon us and College is in the process of reviewing CVs and writing citations. We are of course pleased to do this but there remains a sense of frustration that new higher awards remain suspended in Scotland. This is despite regular lobbying of the Scottish Government through the Scottish Academy and our own College, and with support of the Universities and senior medical figures. Scotland deserves to attract and retain the best, and the promotion of 9/1 contracts and loss of distinction awards are without doubt working against this.

Our concern in this regard is supported by figures showing 28% of consultant appointment interviews are cancelled due to a lack of suitable applicants. I do feel we are making some progress in regard to moving away from 9/1 contracts but we will see if this is sustained. The future generation of consultants is a much more mobile group and will happily move to another part of the UK or overseas if they

perceive a lack of supporting activities around consultant appointments.

Progress continues with integrating the purchase of 19 Blythswood Square into our building portfolio. It presents a considerable opportunity not only to extend our office and storage accommodation but also to conduct a redesign of our current buildings. We have engaged the services of a company of architects to review our whole campus and to secure optimal functionality for all our buildings. There has been a major expansion in all aspects of College activities and it is essential that we provide suitable accommodation to allow our various departments to continue to flourish.

I attended the Association of Surgeons of Great Britain and Ireland meeting in Manchester recently. Despite my physician tendencies, I found it a most informative meeting. The highlight for me was the RCPSPG Macewen Lecture delivered by Professor John MacFie. His topic was Professionalism, Ethics and Surgery and it was a most thought provoking and relevant lecture.

There is much to look forward to in College including our Diploma Ceremony in June and a sell out symposium at Hampden Park which will recognise the major contribution of the late Professor Stewart Hillis in the field of sport and exercise medicine. Guest speakers include Sir Alex Ferguson and The Club doctor of Real Madrid.

# COLLEGE TUTOR NETWORK



We have recently announced the development of a College Tutor Network. This network aims to bring the College closer to clinicians and trainees and to provide support locally for both by facilitating an awareness of opportunities available through our College and the fostering of locally based educational activities.

The network is being piloted initially in the West of Scotland with medical and surgical tutors currently being recruited in the following health boards:

- NHS Greater Glasgow and Clyde

- NHS Lanarkshire
- NHS Dumfries and Galloway
- NHS Ayrshire and Arran
- NHS Forth Valley

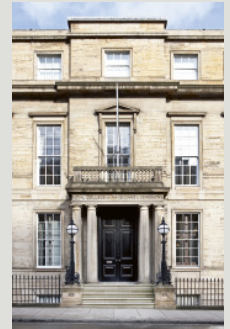
Our tutors will be individuals capable of inspiring trainees, engaging with clinicians and connecting the College with local hospitals. The new tutors will be announced shortly and we look forward to building and strengthening our links throughout Scotland.

Further information is available either on our website or by emailing [collegetutors@rcpsg.ac.uk](mailto:collegetutors@rcpsg.ac.uk). ■

## In Brief

### College closures

The College will be closed on the following public holidays:  
20 July 2015  
28 September 2015



### Manchester reception



The President, Dr Dunn recently attended the Association of Surgeons of Great Britain and Ireland (ASGBI) conference in Manchester where he hosted a reception for local Fellows and Members. Those in attendance included Fiona Leitch, who received an award for the best performance in the surgical fellowship (FRCS) exam, Professor John MacFie, who presented the Macewen Lecture during the conference, Vice President (Surgical) Mr Mike McKirdy, and Mr Bernard Ferrie, who had made a special trip to attend.

### ACCEA – Clinical Excellence Awards

The Department of Health has announced that the National Awards Round for 2015 is now open until 17.00, Wednesday 17 June. Further information is available on the ACCEA website. ■

### Scottish Quality and Safety Fellowship - Cohort8

Applications are now being accepted by NHS Education for Scotland for the 8th cohort of the Scottish Quality and Safety Fellowship programme which commenced in October 2015. Applications close at 10am on Friday 26 June 2015 and interviews will be held during the week commencing 10 August 2015.

Application packs are available to download from <http://www.qihub.scot.nhs.uk/education-and-learning/scottish-quality-and-safety-fellowship.aspx>. ■



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## CITY CENTRE PARKING

Local discounted parking is now available to individuals attending events and meetings at the College

Discounted parking is available at the following city centre car parks:

- QPark – Waterloo Street (25% discount)
- QPark – Sauchiehall Street (25% discount)
- City Parking – Cambridge Street (£6 per day)

Please remember to pick up your discount ticket from the reception desk when you are leaving. ■

# HOSPITAL ON NEPALESE BORDER DESPERATELY NEEDS FUNDING TO HELP DISASTER RELIEF



Orthopaedic surgeon, Professor Gordon MacKay, co-founder of the Duncan Hospital Charitable Trust, is currently raising funds for an ambulance to transport patients to the Duncan hospital in Northern India from some of the more remote areas in Nepal which are seriously lacking in medical aid following two major earthquakes.

Situated on the main artery to Kathmandu from Bihar, Northern India, the Duncan Hospital has 220 beds and runs clinics in 232 villages, providing care to five million southern Nepalese and six million patients from Bihar.

Since the first earthquake on 25 April, the

Duncan has seen increasing numbers of patients with serious injuries, many requiring surgery. It is anticipated that larger volumes of patients will arrive over the coming months as refugees continue to pour across the border seeking food and shelter.

Doctors from the hospital are also providing daily care to around 5,000 refugees who have set up camp nearby. People in the camp are living in close conditions in an unsanitary environment and sporadic cases of cholera are already being treated. It is likely that disease in the camp will spread because of the living conditions, in which case staff at the Duncan will become overwhelmed by the number of patients needing treatment. Dr Christo Phillips, an Emergency Medicine specialist volunteering at the Duncan, is writing a blog from the hospital providing regular on-the-ground updates: <http://us2.campaign-archive2.com/?u=e1a9181cd2a8683b0cc944b89&id=33761002e4&e=3a58368660>

Other doctors from the hospital have gone to Kathmandu to help with relief efforts there and

the hospital has sent an ambulance to Nepal in the hope of bringing back more seriously injured patients.

The Duncan has the capacity to care for more critically ill patients; the medical staff and infrastructure are in place and there is an ICU and specialist mother and child care unit. The difficulty so far has been transportation.

"We are sure many share a fondness for the Nepalese people and are looking for ways to help at this tragic time but will not be aware of the work of the Duncan. Any contribution through MyDonate for The Duncan Hospital Charitable Trust will ensure that 100% of funds go directly to provide care in the Duncan," Professor MacKay said.

If you would like to make a donation you can do so here: <https://mydonate.bt.com/charities/theduncanhospitalcharitabletrust>

For more information about the Duncan Hospital you can visit: <http://www.mackayclinic.co.uk/charity/>

# VITAL MEDICAL SUPPLIES PROVIDED IN NAMIBIA

Many thanks to everyone who contributed to our appeal for medical supplies for Namibia.

Leadership Fellow, Dr Andrew Murray, recently completed a world-first run across the Namib Desert from Luderitz to Walvis Bay, crossing some of the highest sand dunes in the world.

Following the 504km gruelling run, Dr Murray and his colleagues, Donnie Campbell and David Scott, engaged in some community work which included the sharing of donated medical and athletic equipment.

The vital supplies were graciously received in Namibia with appreciation expressed by Chief Kooitjie (of the local Topnaar tribe), the Mayor of Walvis Bay, the divisional health minister and parliament.

Topnaar Tribal Chief Set Kooitjee said, "We are very honoured to have spent time with our friends from Scotland, having welcomed them to our beautiful land. Both Namibia



and Scotland are countries with potential, and challenges also. The vital medical equipment and training expertise received from our friends at the Royal College of Physicians and Surgeons of Glasgow will help our community a lot, and we hope, is the start of a long relationship, sharing opportunities with each other."

Since the expedition, nurses and other

health professionals have offered to provide further help to the Topnaar communities, while private donors have pledged support for further expeditions. Diagnostic supplies have already been provided for Namibia and Mongolia, which will be taken out during the summer.

Scottish Honorary Consul to Mongolia, David Scott, said, "Mongolia is a land of extremes with temperatures varying between -35 degrees celcius in the winter and plus 45 in the summer. Its rural communities are proud and resilient but our previous expeditions have highlighted a lack of basic medical training and equipment, something that people in Scotland have supported substantially in the last six years by contributing medical supplies, expertise, and over \$120 000USD.

"We are extremely grateful to the Fellows and Members of the Royal College of Physicians and Surgeons of Glasgow who have dug deep and collected much needed equipment that will be warmly received during our next visit."



## STRONG CONNECTIONS: INDIA AND THE GULF

The President led a College team to deliver a plenary session symposium at the Association of Physicians of India Conference (APICON) in February. APICON is the largest medical conference in India with about 10,000 delegates attending, and all medical specialties covered; it is delivered on a scale not seen in the UK.

The visit to APICON was the final stage of a longer trip which started with attendance at the inaugural Travel Medicine Conference in Oman co-hosted by the Omani Ministry of Health and chaired by Dr Seif Al Abri and our own Dean of the Faculty of Travel Medicine, Dr Mike Jones. The opportunity to develop Travel Medicine was clearly demonstrated and we look forward to working with the Omani Ministry of Health in the future.

From Oman, the President flew to Bangalore and had an extremely fruitful two days, meeting Fellows and Members in several hospitals, hosting an extremely successful reception with more than 40 attendees and discussing the development of an MRCS examination in Bangalore. The President was grateful to Dr Vasu Rao for his partner organising the visit.

Flying onto Delhi, the President and Chief Operating Officer visited the Mohan Eye

Institute where they were hosted by Drs Rajiv and Shanjiv Mohan and had lunch with their family and friends. APICON was hosted on the Exhibition Grounds in Gurgaon, which is just outside New Delhi. A huge tented village was constructed with three major lecture halls with capacities of in excess of 2,000 delegates. The supporting infrastructure of commercial sponsors was equally impressive with the usual major pharmaceutical and medical supply companies in evidence, and a variety of other attractions including an active karaoke stand that operated all day – although there were no College participants!

The College team consisted of:

- The President – who spoke on the role of our College in education and CPD
- Professor Miles Fisher, former Vice President (Medical) – who spoke on diabetes – the ticking bomb
- Dr Jackie Taylor, Vice President (Medical), – who spoke on optimising heart failure management
- Dr Robin Northcote, Registrar- who spoke on management

The plenary session was attended by some 600 delegates and included a lively Q and A throughout. We were supported by one of our international regional advisors, Dr Vineet Datta, who attended the symposium



and also assisted at the College stand which was manned throughout by Muir Brown and Liza Brogan from our Membership Services team who fielded hundreds of enquiries about College education, examination, and membership benefits.

The visit to APICON was a wonderful opportunity for the President and colleagues to connect with local Fellows and Members in India. Above all, the conference informed our future approach to international aims and objectives which will be encapsulated in a soon to be agreed new international strategy and plan. India and the Gulf states remain areas where the College is blessed with a number of active and supportive Fellows and Members and we look forward to continuing to develop a presence in both areas. ■

## TRAINEES NEARING CCT – SURVEY

Many factors influence the choice that a doctor makes in choosing where to establish their consultant career – geographic location, opportunities for research, and so on.

One particular important factor is the consultant contract on offer. It is increasingly the case that employers are offering a “9 and 1” consultant contract. What this means is that for every 9 clinical sessions (or PAs – programmed activity or direct patient care) in a week, a consultant is paid for 1 non-clinical session (or SPA – supporting professional activity). The previous balance was typically 5 and 1.

SPA activities are used for activity relating to revalidation, audit, CPD, teaching, training, quality improvement, specialist society contribution, research, and so on. This is core work that is bound up with professionalism and improving patient care and safety.

There is anecdotal evidence that clinicians may be opting out of some of these activities



to focus their SPA time on CPD, revalidation, and audit. In order to inform and influence employers it is important that we collect data to establish what impact, the balance of PAs to SPAs might, amongst other factors, have on career aspirations and plans for future consultants.

We would appreciate your help by completing this short survey of trainees concerning your choices when considering consultant contracts.

The survey can be reached by clicking here, or by copying and pasting this link - <http://rcp.sg/traineesurvey> - into your browser.



## GMC RECOGNITION OF TRAINERS

From 31 July 2016, all medical and surgical trainers need to be recognised as such by the GMC. The new GMC process will apply to all trainers in secondary care and is designed to bring us in line with primary care, where trainers have been recognised and approved by the GMC for some time. The approval process will apply to those who hold a named trainer role in secondary care – that is, those who are either assigned educational supervisors or named clinical supervisors.

The process for trainer recognition will involve demonstrating and recording what you do as a trainer. For the approval process, the GMC has chosen to use a framework originally devised by the Academy of Medical Educators (AoME) that defines what a good educational supervisor should be doing. This framework consists of seven domains in the field of education and training, which will be used to ensure trainers are carrying out their role effectively. These are:

- Ensuring safe and effective patient care through training
- Establishing and maintaining an environment for learning
- Teaching and facilitating learning
- Enhancing learning through assessment
- Supporting and monitoring educational progress
- Guiding personal and professional development
- Continuing professional development as an educator

Deaneries and Local Education and Training Boards (LETB) will be responsible for ensuring that trainers are recognised by the GMC. Many deaneries and LETBs are currently progressing work on a local education portfolio that trainers can use for this recognition process. The approval process will be incorporated into your current enhanced appraisal.

Further information about the GMC Recognition of Trainers can be found on the GMC website: <http://www.gmc-uk.org/education/10264.asp>

In recognition of the contribution that trainers from our College make to Faculty education, we offer a series of complimentary CPD activities, including a train the trainers course.

Some concerns have been raised that the generic approach of the approval process will not be enough to enhance the quality of surgical training. Further information specifically relevant to surgeons can be accessed at <http://rcpsg.org/CNGMCtrainers>

This article was provided by Craig McIlhenny, Surgical Director Faculty of Surgical Trainers; Gareth Griffiths, Surgical Director ISCP; Maria Bussey, Head of ISCP; and William Allum, Chairman of JCST. ■

## SCOTTISH CANCER FOUNDATION 2015 PRIZE

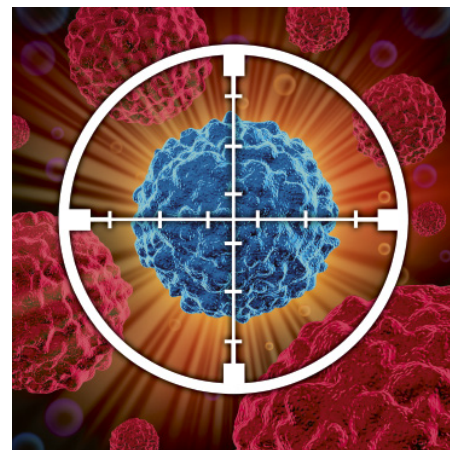
The Scottish Cancer Foundation invites nominations for the 2015 prize, which will be awarded to the person who, in the opinion of the Scottish Cancer Foundation Board, has made the most significant contribution to reducing the burden of cancer in Scotland.

Applicants, who may be nominated or self-nominated, need not necessarily be a health professional, but must be living and working in Scotland at the time of the award. The nature of their contribution is not specified and the prize is open to anyone whose work has had a significant impact on cancer in Scotland, although evidence of wider impact would be welcomed. The Prize, amounting to up to £10,000, is awarded yearly at a fundraising subscription award ceremony and dinner. It is supported by the Grant Simpson Trust. The Prize will be accompanied by

the “Evans/Forrest” Medal in recognition of the founders of the Scottish Cancer Foundation.

Nominations should be sent to the Scottish Cancer Foundation either by mail or electronically, making a case, written by the nominator, as to why the nominee should be considered. The nomination should be accompanied by a short account, written by the nominee, as to how the prize money would be used to forward his or her work in cancer. This account is to be limited to 750 words. The closing date for nominations is 30th June 2015.

More information on the prize can be accessed at <http://www.scottishcancerfoundation.co.uk/our-activities/the-%E2%80%9CEvansforrest-medal-and-scf-prize/>.



The nomination form can also be accessed online at: <http://www.cancerpreventionscotland.org.uk/wp-content/uploads/2015/04/SCF-Cancer-Prize-2015-RJCS1.pdf>. ■



# ON THE FRONT LINE WITH EUAN DICKSON

Euan Dickson is consultant hepatobiliary and pancreatic surgeon at Glasgow Royal Infirmary, and has made an outstanding contribution to education in trauma surgery as Programme Director of GESTS (the Glasgow Emergency Surgery and Trauma Symposium).

In recognition of his role in the field of trauma education, the College has recently given him the title of Trauma Tutor., College News reveals Euan's philosophy for high quality educational provision and the particular significance of trauma surgery within the curriculum., He shares his vision for the College's educational agenda and gives an insight into where his leadership role in this field will take the College in the future.,

**CN:** *Tell us about your own background and, in particular, where and how your interest in trauma surgery developed?*

EJD:, My background is that I am a consultant pancreatic surgeon, but I have an interest in trauma, emergency surgery, and critical care., My interest in trauma stems from what I think makes most people concerned about it, that is, the fear to do it properly and being able to serve the patient as best as you can., I spent a long time reading, attending trauma events and finally decided that the only way to become good at something is to go abroad, which is why I went to Johannesburg., I spent a year there as the Senior Trauma Fellow in the Johannesburg General Trauma Unit, at that time the busiest trauma unit in the world., One of the things that struck me when I arrived there was thinking I knew about trauma and that I'd be confident, yet, I remember the first Friday night and a 16 year old boy was brought in who'd been caught in the cross-fire of a shooting at a taxi rank and came in with multiple abdominal gun shots., It was a humbling moment, realising just how unprepared I was.

**CN:** *GESTS has distinguished itself for its quality of content and format, achieving sell out numbers and outstanding feedback., What attracted you to taking on the challenges involved in being the event's Programme Director?*

EJD:, The main attraction was the real opportunity to shape how we deliver trauma and emergency surgery education with the primary aim of improving the quality of care for the patients that we treat., The other big attraction was I felt the College were very supportive in giving me a free reign to rewrite the book on how we deliver trauma education and that was exciting.



"...trauma is the only disease in the UK where the mortality is increasing..."

**CN:** *Why is it so successful?*

EJD:, I think it's successful because it achieves the aim of helping clinicians deliver quality care for patients and that has benefits to the patients we treat, but also empowers and enables clinicians to give them a degree of comfort in decision making and practical skills that they might otherwise feel out of their depth.

**CN:** *What makes and defines high quality education in your opinion?*

EJD:, High quality in education involves the people who are trying to deliver that education stepping away from their egos and putting themselves in the minds of the delegates, and answering the questions what do they want, and how do we achieve our objectives in giving them high quality, current education, in a refreshing and exciting format.

**CN:** *What is the particular significance of trauma surgery within the curriculum and what difficulties can this present for education?*

EJD:, The first thing to understand about trauma is that it is the only disease in the UK where the mortality is increasing and we have a 40 per cent avoidable mortality rate., It poses huge challenges because the amount clinicians see is small, but the impact can be devastating., It is the disease of the young, fit, and able in our society., The difficulties in training are, firstly, people feel out of their depth and comfort zone and, secondly, the

volume of trauma cases individuals see is so small that you never feel you are getting good at dealing with it.,

**CN:** *In your role as Trauma Tutor you will have responsibility for directing trauma courses as well as events., Tell us how you would like to develop trauma teaching at CASC?*

EJD: I'd like to apply the same principles for trauma education at CASC as at GESTS, i.e. thinking outside the box, such that you deliver an educational format that not only informs but enthuses people attending as delegates., It's trying to harness the enormous educational potential of a world class faculty and, take the important bits out of their heads, deliver it in an exciting way and make sure the delegates leave feeling empowered and enabled to deal with the next major trauma patient they encounter.

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

EJD:, There are two key things to add. Firstly, to thank the College for their ongoing support and for allowing me to develop these ideas in any direction that I think might work, even if it does not conform to pre-conceived opinions on how to deliver education., Secondly, the huge team effort involved from John McGregor, Consultant General and Colorectal Surgeon, NHS Ayrshire and Arran, past College Vice President and GESTS Event Convener, and Hazel Hynd, Head of Education. It's very much a team effort. ■

## College in Action



9/1 contracts limit supporting professional activities to just one session (four hours) per week

### Scottish hospitals will fail to attract consultants if contract issues are not addressed

Our College has fully supported the "STEP campaign" launched by the Royal College of Emergency Medicine (RCEM) to address the challenges facing emergency departments in Scottish hospitals.

The delivery of safe and sustainable staffing levels - is a particular challenge. The 9/1 contracts, which many emergency department consultants have been appointed on over the last four years are unattractive to potential job candidates as they limit the allocated training time to just four hours per week (i.e. one Supporting Professional Activity (SPA)).

One of the reasons for trainees leaving the service is seeing consultants stretched and being restricted from completing key supporting professional activities, which add to the quality of the service they deliver and their job satisfaction. While employing greater numbers of Specialty and Associate Specialist (SAS) doctors and increasing recruitment from outside the UK may help to some degree, recruitment issues also exist, with these groups

Providing consultants with adequate time for SPAs would enable them to contribute to the debate on unfavourable working conditions, exit block, and the co-location of primary care facilities all highlighted in the STEP campaign.

The harm done to patients by exit block is shocking and a root and branch review of this and patient flows through the hospital is essential. Although the problem here is not just about more beds, there is little doubt that the progressive reduction in hospital beds over the past ten years and longer, without due consideration for the progressive frail and elderly population, is a factor.

We have seen unprecedented pressure on emergency departments this winter despite the absence of a severe winter or flu epidemic. Immediate action is required and the RCEM Scotland STEP campaign provides direction in addressing the issues.

Further information about the STEP campaign can be found at <http://rcp.sg/STEP>

### Choosing wisely

The Academy of Medical Royal Colleges (AoMRC), which represents 21 Royal Colleges and Faculties in the UK, recently called for doctors to avoid "over medicalising" illness. The article, published in the British Medical Journal, marks the beginning of a major initiative - called "Choosing Wisely" - that aims to radically changes the way doctors and patients decide which medicine and medical treatments are appropriate. The outcomes could have far reaching implications for the nature of healthcare in the UK as it has in the US, Canada,

and Australia, where projects have been running for some years.

At heart, Choosing Wisely is about encouraging both doctors and patients to have a conversation about the value of treatments. As medicine has progressed, many in the medical profession and patient representative groups believe the trend has been to over-medicalise illness.

In Canada for example, the Choosing Wisely project has already identified hundreds of treatments whose value may be questioned with patients. These include:

- Exercising restraint when ordering x-rays for lower back pain unless there are indications the pain might be a symptom of more serious illness.
- Avoiding the use of antipsychotics as a first choice to treat behavioural and psychological symptoms of dementia
- Not prescribing antibiotics for patients with upper-respiratory infections that are likely to be viral in origin or self-limiting

While there is extensive anecdotal evidence in the UK that clinical provision and patient expectation are increasing demand for medical or surgical solutions, the BMJ paper argues the case for a systematic review across all medical specialties. This work, which will be coordinated by the AoMRC will begin with an audit where each medical royal college and faculty will be asked to identify five treatments or tests which are of questionable value.

More information about the "Choosing Wisely" campaign can be found at <http://rcp.sg/choosingwisely>

Keep up to date with what your College is saying. Follow us on twitter @rcpsglasgow



## More needs to be done to prevent maternal deaths



The Chief Medical Officer for Scotland, Dr Catherine Calderwood, recently attended a meeting in the College to discuss the need for improvements in care for pregnant women and new mothers. The meeting also included leading experts in obstetrics and other medical disciplines.

The recommendations put forward following the meeting are:

- Better strategies for the prevention of ill health in pregnant women (such as flu vaccination and lifestyle advice)
- Better education programmes for patients with medical and mental health issues who are planning pregnancy or who are pregnant
- Careful assessment of pregnant and post partum women who feel unwell, especially if their symptoms fail to settle
- Pregnant and post partum women who arrive at hospital complaining of ill health should be "red flagged" and assessed by consultants in both medicine and obstetrics before discharge
- Health professionals must have a low threshold for seeking expert help for pregnant and post partum women, whether it be in regard to their symptoms, investigations of their medicine, or other aspects of their care

Ten in every 100,000 pregnancies in the UK and Ireland results in the death of the mother. A report into maternity care in

the UK and Ireland, published in December 2014, found that one third of these deaths (32%) were a direct consequence of pregnancy (obstetric) complications such as pre-eclampsia or bleeding. The remaining two thirds (68%) of deaths were the result of medical and mental health problems, including infections, suicide and flu, during or soon after their pregnancy. Three quarters of those who died had a history of medical or mental ill health.

In the last decade, the number of women dying from complications directly associated with pregnancy (i.e. obstetric complications) has almost halved from a peak of 6.24 per 100,000 in 2003-2005 to 3.49 per 100,000 in 2009-2011. In contrast, the number of women who die following medical or mental health problems has not seen any significant decrease in the past 10 years (7.76 per 100,000 in 2000-2002, compared to 7.15 per 100,000 in 2009-2011).

The findings suggest that when a pregnant woman or a woman who has recently given birth presents to hospital or their GP with symptoms of illness, too frequently these symptoms are attributed to the pregnancy or the delivery. This assumption is often the basis for substandard care and tragic outcomes. There is now an urgent need to implement new recommendations to ensure that any pregnant or post partum woman presenting at hospital is not discharged

without thorough investigation of her symptoms.

Dr Calderwood said, "While maternal deaths are very rare, the effects it has on a family are tragic. It is encouraging to see that the number of cases is continuing to decrease. However, we must continue to drive improvements to reduce the rate even further. I welcome both the suggestion that collaboration across health services is key to improving care and outcomes for pregnant women, and the proposal for a position statement from the Royal College of Physicians and Surgeons of Glasgow as a positive step in improving patient safety."

College President, Dr Frank Dunn, said, "The death of a woman during pregnancy or in the weeks after giving birth is a tragedy that has major implications in so many areas, not least in the impact on her newborn child."

"We must learn from the findings of this report and focus immediately on reducing the impact of pre-existing medical and mental health issues on pregnant women, both during their pregnancy and in the weeks after giving birth."

"We arranged this meeting in partnership with the Chief Medical Officer for Scotland, Dr Catherine Calderwood, and the Royal College of Physicians of Edinburgh to bring together experts in obstetrics and other medical disciplines to produce recommendations and actions to reduce the incidence of maternal death, which I believe is currently too high. The issue is a complex one and the solution will demand collaboration over many sectors of the health service."

It is hoped that the implementation of a position statement from this meeting will result in clear cut measurable health improvements in this vulnerable group of patients.

# REMOTE AND RURAL HEALTHCARE

As modern healthcare evolves, delivering the highest standards of prevention, diagnosis and treatment to sparsely populated areas has become a growing challenge for health professionals. Vice President (Surgical), Mr Kevin Baird, who is a consultant orthopaedic surgeon based in Inverness, explores some of the challenges facing remote and rural healthcare and solutions being developed.



Scotland typifies the difficulties of remote and rural healthcare – the main population centres are distributed across the central belt and eastern seaboard, with vast tracts of land north and west of these areas classified as “remote/rural” (Scottish Government, 2014).

For example, the catchment area of NHS Highland is 32,500 square kilometres stretching from the Kintyre peninsula in the south west to Caithness in the north eastern corner. This vast area, which covers one sixth of the total UK landmass, is home to just 320,000 people – or 0.6% of the UK population.

The UK’s National Health Service (NHS) is widely regarded as being one of the best health systems in the world. In 2014, the Washington-based Commonwealth Fund ranked the UK health service first out of 11 countries analysed following an analysis of performance. The UK scored highest on quality, access, and efficiency, despite spending the second lowest amount on healthcare among the 11 countries studied. Among the measures where the NHS scored top (out of a number of measures examined)

were coordinated care, access to care, and efficiency of resources.

How does the health service possibly deliver equal levels of expertise, care, and equipment to everyone, regardless of where they live? Expectations of the NHS are higher than ever before, yet its funding remains difficult, controversial, and highly politicised. Against a backdrop of demographic transition and insatiable demand, an ageing population – many of whom have chosen a rural environment for retirement – is leading to an increasing workload but no longer contributes to the cost.

Compounding these difficulties are the entwined issues of workforce recruitment and retention. An idyllic rural lifestyle becomes much less attractive if the on-call rota prevents its enjoyment. Professional as well as geographical isolation can ensue and career progression and personal development can be compromised unless imaginative and innovative solutions are found.

The old days of single-handed practitioners

constantly on call for emergencies no longer exist, but the trade off can sometimes be a loss of continuity for patients and professional satisfaction for the doctors.

There are some solutions but their deployment requires radical thinking and the ditching of some historical practices and mindsets. For example, the boundaries between traditional “primary” and “secondary” care are likely to become increasingly blurred as we develop more appropriate models of care and adapt to the implications of strategies such as those recommended in the “Shape of Training” report by Professor David Greenaway ([www.shapeoftraining.co.uk](http://www.shapeoftraining.co.uk)).

Political, financial and practical barriers to widespread role out of remote and rural healthcare services are an issue and there is general consensus among many who work in such environments that many of our accepted, entrenched doctrines are no longer relevant when planning for isolated areas with low population density and long travel times to specialist facilities.

A current example is the UK DALLAS Project (Delivering Assisted Lifestyle Living at Scale), which illustrates how investment in appropriate technology can help transform lives by providing innovative products, systems and services. Partnerships with established institutions and manufacturers have yielded devices which enable elderly or disabled people to live independently in their own homes for longer, reducing reliance on institutional care. To date, the total investment in DALLAS is £37.3 million and the group expect to have reached nearly 170,000 people across the UK, benefitting from new and innovative products, systems and services by summer 2015.

Recent developments in Scotland to address the needs of people living in remote and rural areas include a new Inverness campus of the University of Highlands and Islands (UHI), which is set to open later this year. This builds



on the precedent set by the Centre for Health Science (CfHS) in Inverness as a focal point for education, training and research across a spectrum of healthcare disciplines including nursing, dentistry, medicine and primary care. Central to the philosophy of CfHS is a physical environment which promotes interplay between separate but related professional groups, cross-fertilization of ideas, and truly multidisciplinary learning.

## **"How does the health service possibly deliver equal levels of expertise, care, and equipment to everyone, regardless of where they live?"**

The Institute of Remote Healthcare (IRHC) has been instrumental in establishing methods and standards of care applicable initially to the mining, oil and gas extraction industries, which are located in harsh environments in the North Sea.

Increasingly, such advances can be extrapolated into a wider role, improving standards, not only for a defined workforce, but for the greater benefit of the native community as a whole. Our College is currently in dialogue with IRHC regarding potential collaboration in a number of areas.

Telemedicine is now a valuable asset when deployed carefully and appropriately. Remote monitoring of chronic conditions such as diabetes, obstructive pulmonary disease and hypertension can be facilitated; more accurate and faster diagnosis of emergencies such as stroke and myocardial infarction is also possible with the potential for earlier and, therefore, more effective treatment.

Much can also be learned from the military medical sector and how it has adapted to providing the highest levels of care in the harshest and most remote locations on the planet – not to mention the most hostile – such as assessment and resuscitation of critically injured personnel whilst under fire.

Innovative practices at a rural community hospital and general practice in Lochgilphead are seeing "traditional" attitudes to primary

## **Scottish Government Urban/Rural Classification, 2013-2014**

### **6 Fold Classification**

- Large Urban Areas (with a population of 125,000 or more)
- Other Urban Areas (with a population of 10,000 to 124,999)
- Accessible Small Towns (with a population of 3,000 to 9,999)
- Remote Small Towns (with a population of 3,000 to 9,999)
- Accessible Rural (with a population of less than 3,000)
- Remote Rural (with a population of less than 3,000)

**Note:**  
Accessible Areas are defined as those areas that are within a 30 minute drive time from the centre of a Settlement with a population of 10,000 or more, while Remote Areas have a drive time which is greater than 30 minutes.

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Scottish Government GI Science & Analysis Team, October 2014, Job 5547aj

versus secondary care thoughtfully challenged and modified, resulting in a model which combines a top-quality service with excellent continuity and high patient satisfaction, yet still providing professional fulfilment and a rewarding lifestyle to those delivering it. Another innovative programme of dental training and rural dental fellowships has facilitated the recruitment and retention of some rural practitioners and should help to reverse the decline in rural dental practice, which has been seen in some areas.

All of the initiatives and developments highlighted above were discussed at a recent symposium on remote and rural healthcare organised by our College and hosted by the

Centre for Health Science in Inverness. Fifty people attended the event, including a group of medical students from the University of Aberdeen's unique "remote and rural programme", who are spending their entire Year 4 based in the Highlands and Islands. The symposium concluded with an evening reception with the President, Dr Frank Dunn, which included a convivial drinks reception followed by a light dinner, at which the useful networking and lively debate continued.

Remote and rural healthcare will remain on the College's agenda and we look forward to working with our colleagues throughout the UK and internationally to promote and support best practice. ■



## WHAT'S ON



### Physicians

#### Exam closing dates

##### 17 July 2015 | MRCP(UK) Part 1

Exam to be held on 8 September 2015, various locations UK and international  
Applications open 22 June 2015

##### 5 August 2015 | MRCP(UK) SCE – Infectious Diseases

Exam to be held on 9 September 2015, various locations  
Now accepting applications

##### 5 August 2015 | MRCP(UK) SCE – Medical Oncology

Exam to be held on 9 September 2015, various locations  
Now accepting applications

##### 3 September 2015 | MRCP(UK) SCE – Dermatology

Exam to be held on 8 October 2015, various locations  
Now accepting applications

##### 10 August 2015 | MRCP(UK) PACES

Examination period runs from 26 September to 29 November 2015, various locations  
Applications open on 27 July 2015

##### 10 September 2015 | Diploma in Dermatology

Exam to be held on 11-12 November 2015, Glasgow  
Now accepting applications

#### 16-17 June 2015

##### IMPACT course

Day 1: 8.30-17.40 | Day 2: 8.15-17.30

Two-day course suitable for CT1/2 trainees providing hands on experience of critically ill patient scenarios to enhance skills needed for dealing with life threatening medical emergencies.

Member fee: £140 | Lunch provided | Book online

#### 20 August 2015, 9.00-17.00

##### Renal biopsy (cadaver course)

6 CPD credits

Venue: Clinical Anatomy Skills Centre (CASC)  
Suitable for CMTs and trainees in renal specialty training

Member fee: £350 | Lunch provided | Book online

#### 10-11 September 2015, 9.00-17.00

##### Medicine24

12 CPD credits

Two-day interactive educational event providing a comprehensive update on general internal medicine focusing on the optimal management of conditions within the first 24 hours of admission

Member fee\*: £120 two days; £67 one day | Lunch provided | Book online

\*early bird rate available until 26 June 2015

#### 3, 8, 16, 23, 29 September 2015, 17.45-19.30 (approx.)

##### MRCP PACES Training Evenings

Running over five evenings, each session focuses on a different PACES station.

Attend in person in Glasgow or via webstream.

Introductory/Associate in Training member fee:

£65 live; £30 video-link | Book online

Also running on: 7, 12, 19, 21, 26 January 2016 and 3, 5, 11, 18, 24 May 2016

#### 10 November 2015, 9.00-17.00

##### Managing stroke

6 CPD credits

Including hot topic lectures and masterclasses suitable for anyone involved in the care of stroke patients

Member fee: £68 | Lunch provided | Book online

#### 20 November 2015

##### Palliative care symposium

Member fee: £68 | Lunch provided | Book online

#### 4 March 2016

##### Joint interactive cardiology symposium

Member fee: £61.20 | 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://rcp.sg/events>. Examination information and booking can be found on the examinations pages of the website

#### MEDICINE24



12 CPD credits

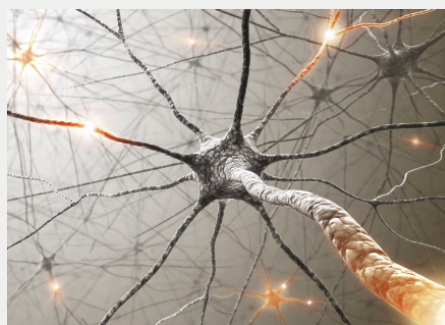
10-11 September 2015, 9.00-17.00

Two-day interactive educational event providing a comprehensive update on general internal medicine focusing on the optimal management of conditions within the first 24 hours of admission

Member fee\*: £120 two days; £67 one day | Lunch provided | Book online

\*early bird rate available until 26 June 2015

#### MANAGING STROKE



6 CPD credits

10 November 2015, 9.00-17.00

Our fourth annual Managing Stroke symposium is a popular high profile event that gives practicing clinicians an 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

#### LEARNING LESSONS, LEADING CHANGE



21 September 2015

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. Poster session – abstracts now being accepted (deadline 1 September 2015).

Details online

Member fee: £20-£85 | Book online



## Surgeons

### Exam closing dates

#### 12 June 2015 | DOHNS Part 1

Exam to be held on 2 September 2015, Glasgow

#### 19 June 2015 | MRCS Part A

Exam to be held on 8 September 2015 UK and international

#### 6 July 2015 | FRCS Ophthalmology Part 1

Exam to be held on 6 October 2015 UK and international

#### 6 July 2015 | FRCS Ophthalmology Part 2

Exam to be held on 6 October 2015 UK and international

#### 24 July 2015 | MRCS Part B OSCE

Exam to be held on 8-9 October 2015, Glasgow

#### 24 July 2015 | MRCS Part B OSCE

Exam to be held on 4 October 2015 Salford

#### 31 July 2015 | DOHNS Part 2

Exam to be held on 20-22 October 2015, Edinburgh

### 10-11 June 2015, Day 1 0845 – 2100 (including course dinner) Day 2 08.45 – 16.45

#### Advanced Surgery Cadaver Skills in GI Surgery (ASiCS) Course

Two-day course suitable for ST3-6 level surgical trainees; the course provides practical hands-on training in upper and

lower gastrointestinal surgery on cadaveric material

Venue: Clinical Anatomy Skills Centre  
Member fee: £625 | Lunch provided | Book online

#### 24 August 2015

##### Basic fracture fixation day (cadaver course)

Venue: Clinical Anatomy Skills Centre (CASC)  
Suitable for core trainees with an orthopaedic interest at ST1-3 level.

Member fee: £275 | Lunch provided | Book online

#### 27 August 2015

##### Core endoscopic urology and peno-scrotal surgery (cadaver course)

Venue: Clinical Anatomy Skills Centre (CASC)  
Suitable for new entrants to urology (CT1-ST3)

Member fee: £250 | Lunch provided | Book online (registration closing date: 27 August 2015)

#### 28 August 2015

##### Emergency urological surgery (cadaver course)

Venue: Clinical Anatomy Skills Centre (CASC)  
Suitable for middle and senior grade trainees (ST4-7)

Member fee: £250 | Lunch provided | Book online (registration closing date: 7 August 2015)

#### 16-18 September 2015

##### 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

#### 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

#### 7 October 2015

##### Surgical anastomosis techniques

Member fee: £265 | Lunch provided | Book online

#### 13 November 2015

##### Glasgow Multidisciplinary Breast Symposium Member

Member fee: £60 | Lunch provided | Book online

#### 25-26 February 2016

##### Glasgow Emergency Surgery and Trauma Symposium (GESTS)

Member fee: £160 | Lunch provided | Book online

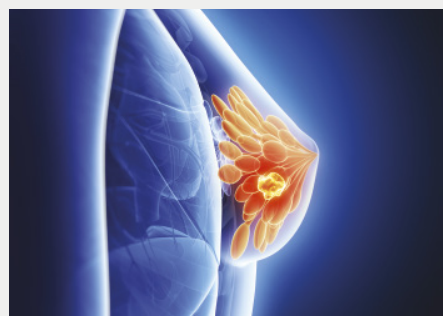
### GESTS2016



25-26 February 2016, 9.00 – 17.00

Glasgow Emergency Surgery and Trauma Symposium is our flagship surgical event, consisting of a dynamic, interactive format. GESTS packs as much valuable content as is possible into this two-day event which, focuses on what the audience wants and needs to know, delivered as sharply, succinctly and effectively as possible. Early bird booking rates available until 30 June – Members £160 | Lunch provided | Book online

### GLASGOW MULTIDISCIPLINARY BREAST SYMPOSIUM



6 CPD credits

13 November 2015, 9.00-17.00

This symposium addresses the issue of meta-static breast cancer and considers approaches to diagnosis, treatment and patient support from all members of the multidisciplinary breast team. A team of national and international experts will be joined by local speakers and we will formulate a protocol for management in the course of an educational and stimulating one day symposium.

Member fee: £68 | Lunch provided | Book online

### INAUGURAL SCOTTISH ORTHODONTIC SYMPOSIUM



6 CPD and CPDA

4 March 2016, 9.00-17.00

Further information coming soon  
Member fee £68 | Lunch provided | Book online



## WHAT'S ON

### 5-6 October 2015

#### Endoscopic ear surgery (cadaver course)

12 CPD credits

Venue: Clinical Anatomy Skills Centre (CASC)  
Suitable for consultants and senior otolaryngology trainees  
Member fee: £750 | Lunch provided | Book online

### 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 2016 and 18 May 2016

### 13 November 2015

#### Glasgow multidisciplinary breast symposium

Member fee: £68 | Lunch provided | Book online

### 25-26 February 2016

#### GESTS 2016

Find out more on the surgical pages of College News; 10% discount of registration fees available until 30 June 2015.  
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.  
Member fee: £550 | Lunch provided | Book online (registration closing date: 10 February 2016)



## Dentistry

### Exam closing dates

#### 25 June 2015 | ISFE Dental Public Health

Exam to be held on 15-16 October 2015, Glasgow

#### 6 July 2015 | ISFE Paediatric Dentistry

Exam to be held on 26-27 October 2015, London

#### 17 July 2015 | ISFE Restorative Dentistry

Exam to be held on 9-10 November 2015

#### 24 July 2015 | MFDS Part 1

Exam to be held on 5 October 2015  
UK and international

#### 7 August 2015 | ISFE Oral Surgery

Exam to be held on 23-24 November 2015, Glasgow

#### 11 September 2015 | MFDS Part 2

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

### 12 June 2015, 9.00-18.30

(including drinks reception)

#### TC White orofacial deformities symposium

Member fee £68 | Lunch provided | Book online

### 11-13 September 2015

#### MFDS Part 1 preparation course

This course is being run in Glasgow, Bangalore and New Delhi  
Introductory member fee £440 | Lunch provided | Book online  
\*\*Revision course and exam discounted monthly payment plan available\*\*

### 3-4 November 2015

#### MFDS Part 2 preparation course

Day 1 08.45-19.00 | Day 2 08.45-17.30  
(includes networking reception on day 1)  
Run by MFDS Part 2 examiners, this course develops knowledge and skills in six key exam areas; including a mock OSCE exam  
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 £35; Trainee DCP £20, | Lunch provided | Book online



## Travel Medicine

### Exam closing dates

#### 10 July 2015 | MFTM Part 1

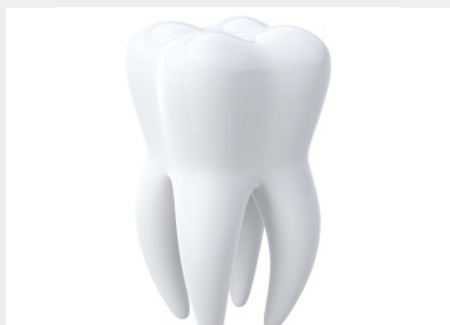
Exam to be held on 7 September 2015, Glasgow and South Africa

### 26 June 2015, 9.00-17.00

#### Why travel health matters

5 CPD credits  
Joint study day with MASTA incorporating practical sessions related to common areas of concern among travellers.  
Member fee: £68 | Lunch provided | Book online

### MFDS PART 2 PREPARATION COURSE



**3-4 November 2015**, Day 1 08.45 – 19.00  
(including networking reception),  
Day 2 08.45 – 17.30

Run by MFDS Part 2 examiners, this course develops knowledge and skills in six key exam areas; including a mock OSCE exam

Member fee: £425 | Lunch provided | Book online  
Also running on 3-4 November 2015  
\*\*Revision course and exam discounted monthly payment plan available\*\*

### WHY TRAVEL HEALTH MATTERS

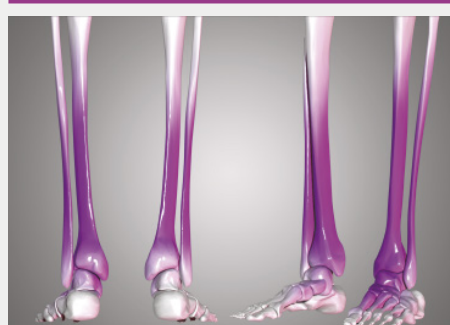


**26 June 2015**, 9.00-17.00

Joint study day with MASTA incorporating practical sessions related to common areas of concern among travellers. Topics covered include voluntourism, travellers with long term conditions, TRAVAX, malaria maps, travelling healthcare workers, travellers who trek for charity, and more.

Member fee: £68 | Lunch provided | Book online

### LOWER LIMB PAIN AND ITS CLINICAL IMPLICATIONS



6 CPD credits  
**16 October 2015**, 9.00-17.00

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: £65 | Lunch provided | Book online



## WHAT'S ON

**16 November 2015**

**Foundation in Travel Medicine course**  
6 month blended e-learning course.  
Book online

**14 March 2016**

**Diploma in Travel Medicine course**  
12 month blended e-learning course, final exam on 9 February 2017  
Book online



## Podiatric Medicine

### Exam closing dates

26 August 2015 | **MFPM Part 1**  
Exam to be held on 3 November 2015, Glasgow and London

**11 June 2015, 9.00-16.40**

**The high risk lower limb: navigation skills for clinicians in optimising patient outcomes**  
6 CPD credits  
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

**September 2015 (date to be confirmed), 5pm-6pm**

### Journal club

Our regular journal club meets in the College library to discuss a featured publication. The club is a great opportunity to develop and practice critical appraisal skills.  
To register email [podiatricmedicine@rcpsg.ac.uk](mailto:podiatricmedicine@rcpsg.ac.uk)  
Not able to attend in person? Join in on twitter #rcpsgfp or join us on Google+

**16 October 2015**

**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: £65 | Lunch provided | Book online



## Events for all

**24 June 2015**

**Clinical negligence and fitness to practice**  
Venue: Queens University Belfast  
Member fee: £40 | Followed by a reception with the President | 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/events>. Examination information and booking can be found on the examinations pages of the website

**3 September 2015, 9.00-16.00**

### Global Health Symposium

5 CPD credits  
Member fee: £68 | Lunch provided | 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

### INTERACTIVE CARDIOLOGY SYMPOSIUM



CPD APPLIED FOR  
**4 March 2016, 09.00-17.00**

The third joint interactive cardiology symposium, run in partnership with the British Cardiovascular Society, provides an opportunity to hear from national and international speakers on key advances in cardiology and latest evidence shaping cardiovascular medicine.

Member fee: £68 | Lunch provided | Book online

### POSTGRADUATE DIPLOMA IN CLINICAL EDUCATION



Level 7 (38 credits)  
**7-8 December 2015, 15-16 February 2016, 9-10 May 2016, 4-5 June 2016 (Leeds), 27-28 August 2016**

Two day clinical education course that explores the concept of learning and teaching technical / surgical skills from an educational perspective. This course will improve your techniques for delivery, assessment, and course management.

### GLOBAL HEALTH SYMPOSIUM

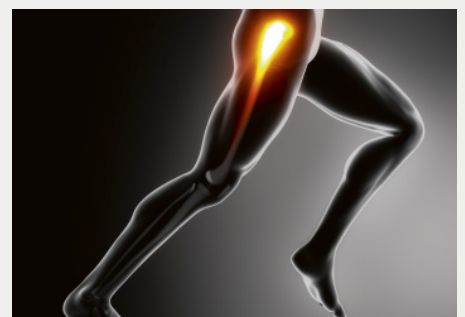


5 CPD credits  
**3 September 2015, 9.00-16.00**

The growing interest in global health issues will crystallise in 2015 with the publication of the Lancet commission report on global health. This symposium will share experience and learning from initiatives in delivering healthcare in low income environments and ask what our College and the wider community can do to facilitate this work.

Member fee: £68 | Lunch provided | Book online

### SCOTTISH SPORT AND EXERCISE MEDICINE SYMPOSIUM 2016



CPD APPLIED FOR  
**11 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



## TRAINEE FEES TAX DEDUCTIBLE

The Joint Royal College of Physicians Training Board (JRCPTB) and MRCP(UK), have advised that physician trainees in UK core and specialty medical training can now claim tax relief on professional fees. This includes both JRCPTB enrolment fees and MRCP(UK) examination fees.

HMRC has confirmed that from May 2013, mandatory registration fees are tax deductible. Tax relief can therefore be claimed on all enrolment fees paid to JRCPTB

on or after this date. JRCPTB enrolment fees paid before this date are not eligible for tax relief.

The JRCPTB does not provide receipts for the payment of enrolment fees. Trainees should receive confirmation of payment when they complete their enrolment online. This should be sufficient confirmation (receipt) that you have paid your training fees or you can use the PayPal confirmation authorisation codes as a means of evidence of your payment.

If you are employed on a UK training contract as either a Core or Specialty Trainee you may be eligible for tax relief on MRCP(UK) and Specialty Certificate Examination (SCE) fees paid within the last four tax years, providing you paid the examination fee yourself. A number of UK trainees have informed us that they have successfully claimed tax relief.

Further information is available on the websites of: HMRC, JRCPTB, MRCP(UK). ■

## NEW LEADERS FOR EXAMS

Each year, tens of thousands of trainees sit one of three MRCP(UK) diploma examinations or 12 Specialty Certificate Examinations (SCEs). Delivering these examinations in the UK and internationally, to a consistently high standard, is a huge and increasingly complex task for MRCP(UK), which carries

out this work for the Federation of Royal Colleges of Physicians (representing the Edinburgh, Glasgow, and London colleges).

To meet the challenge, clinical leadership within MRCP(UK) is being restructured. There are now four associate medical director

roles and the areas of responsibility are:

- International – Dr Donald Farquhar
- Written examinations – Dr Derek Waller
- Clinical examinations – Dr Ken Dagg
- Academic quality – Professor Trudie Roberts

## NEW MEMBERS

Welcome to all physicians admitted to the College during February-April.

### Fellow qua Physician - FRCP(Glasg)

Tarek **Ahmed**  
Musleh Uddin **Ahmed**  
Sk Ruhul **Amin**  
Omer Farook **Chennur**  
Emam Mohamed Khalil **Eladss**  
Louis Hugo **Francescutti**  
Akm Ahsan **Habib**  
Mansoor **Hameed**  
Sheikh Muhammad Wasim **Jamal**  
Iain Watt **Keith**  
Narendra Nath **Khanna**  
David Peter **Macfarlane**  
Muhammad **Masroor**  
Andrew Charles **McCulloch**  
Jatinder **Mokta**  
Adrian Victor **Pace**  
Banshi Damodar Lal **Saboo**  
Mohammad **Safiuddin**  
Mohammad Saeed Hamzoni **Sarwar**  
Nicholas Barry **Smith**  
Ottilla Jobson Kennedy Harrison **Speirs**  
Thomas **Titus**

### Member of the college – MRCPS(Glasg)

Sajeev **Job**  
Styliaos **Kontos**  
Jonathan **Kuang**  
Rachel **Manners**  
Sarah-Jane **Martin**  
Waleed Aballah El Sheikh **Mohammed**  
Sandeep V **Nair**

Shahzeb **Rasool**  
Judith **Ritchie**  
Mohammad Rabiul Islam **Rony**  
Soumitra **Roy**  
Ko Ko Lin **Thaw**  
Kok Loong **Ue**  
Mohamed Yousif Shalaby **Yousif**



## SUPPORTING EXAM DEVELOPMENT AND DELIVERY

The Federation of Royal Colleges of Physicians of the UK – and the trainees, patients and health services – rely on hundreds of physicians to deliver examinations that are truly world class. It is crucial to ensure the examinations are shaped by physicians who reflect NHS medicine at its best. Our leadership must also be representative of the workforce, in terms

of gender, ethnic diversity, age, specialties and experience. The Federation is always looking for new recruits to join this dynamic and professional team.

All those who volunteer are trained through a formal induction programme and receive the support of the staff in the College examinations units and central office

throughout their involvement in the exams. Advice on where to access equality and diversity training can be obtained from the examinations office.

Vacancies frequently arise and are always advertised on our College website (under careers)

## CURRENT VACANCIES

### Two new members of MRCP(UK) Part 2 written examining board

Two new members (cardiology and neurology) are needed to join the MRCP(UK) Part 2 written examining board.

Successful applicants will assist the chair and medical secretary in the running of the Part 2 exam to ensure that all academic objectives and standards set by the GMC are met. You will also be required to attend annual meetings, review candidate performance, assist with exam development, act on policy and academic matters, and support the delivery of the exam.

Further information is available at: <http://www.mrcpuk.org/get-involved-examiners/how-become-involved>

Expressions of interest (including a brief CV and a maximum of a single side single of A4 outlining your suitability for the post) should be submitted to Ben Gillon (policy.officer@mrcpuk.org) by 26 June 2015.



## Medicine24 10-11 September 2015

### Royal College of Physicians and Surgeons of Glasgow

Join us for our flagship medical symposium - Medicine 24. This two day interactive educational event provides a comprehensive update on general internal medicine, focusing on the optimal management of conditions within the first 24 hours of admission. The symposium will bring together a faculty of national and international experts, who will deliver the highest quality and most current thinking on the optimal care of the acutely sick within the first 24 hours of admission. The event is aimed particularly at doctors who participate in the acute medical intake, in addition to their core specialty work and will be of interest to both trainee doctors and consultants.

Topics and speakers include:

#### Medicine on the frontline - lessons from Afghanistan

Dr David Patch, Consultant Physician and Hepatologist, Royal Free Hospital London

#### Sepsis – the brave new world

Professor Mervyn Singer, Professor of Intensive Care Medicine, University College London

#### PTE - who should receive thrombolysis

Professor Stavros V Konstantinides, Professor for Clinical Trials and Medical Director Center for Thrombosis and Hemostasis (CTH), Johannes Gutenberg University of Mainz, Germany

For a full programme and to take advantage of early bird booking rates, please visit <http://rcp.sg/Medicine24>

## GESTS 2016 EARLY BIRD BOOKING NOW OPEN

Topicality, relevance, compared and shared perspectives, access to a wide range of international expertise, direct approaches to challenging issues and exploration of key themes. These are all hallmarks of a useful, worthwhile and productive CPD opportunity. Combine these with a refreshingly innovative format, which is dynamic and interactive and facilitates open discussion, and opportunities for the most pertinent issues to be broached and explored - a format which packs as much valuable content as is possible into a two day event and focuses on what the audience wants and needs to know, delivered as sharply, succinctly and effectively as possible. Combine all of these features and you have the content and style which has become the signature of GESTS.

The Glasgow Emergency Surgery and Trauma Symposium has rapidly earned a reputation for outstanding educational value in the field of trauma surgery. Delegate feedback in 2014 was outstandingly positive, to be followed in 2015 by a delegate response which surpassed even

that, to reach a new benchmark in both educational relevance and value, combined with a stimulating, enjoyable opportunity to engage with leading specialists in their field.

GESTS programme director, Mr Euan Dickson says, "GESTS challenges the preconceived notion of how education should be delivered: rather than having an expert at the podium talking 'at' the delegates, it turns it into a room where people feel free to exchange information. Whether you are on faculty or whether you are a delegate, it blurs the lines between those delivering the education and those who are there to be educated: so everyone leaves knowing more., GESTS facilitates an exciting two way exchange of information and the starting point is knowing that no one has a monopoly on the truth."

GESTS very special mix of style and content is strongly featured in delegate feedback: "the topics covered were very useful for anyone who takes part in emergency surgical receiving. The short lectures were also an

excellent feature meaning a large number of topics were covered, but in enough detail to be useful. The speakers without exception were outstanding." Another delegate commented favourably on the "robust" discussion between surgical leaders from opposite sides of the Atlantic", while others commented favourably on the scope of case panel discussions.

GESTS has been praised for its strong signature features and core elements which delegates have come to trust and expect. It is certain that 2016 will not disappoint in the event's ability to be as relevant, topical, and dynamic as ever. But it will never be formulaic or predictable; it will continue to pleasantly surprise its audience with new themes and issues. The format will be even more responsive and engaging and it will undoubtedly address what people really want to know as impressively as ever.

Early Bird bookings for GESTS 2016 are currently available for a limited time. Please contact the Education Unit for details. ■

## NEW MEMBERS

Welcome to all surgeons admitted to the College during February-April.

### Fellow qua Surgeon – FRCS(Glasg),

Naqib Ullah **Achakzai**  
Jamshed **Akhtar**  
Ali, **Al Hassani**  
A K M **Daud**  
Philip Rajan **Devesahayam**  
Ahmed Hassan **Fahal**  
Issam Abood **Hassan**  
Muhammad **Imran**  
Mohammad Atif **Khan**  
Shahid **Mahmood**  
Bedford **Samuel Chittaranjan**  
Raja Farhat **Shoaib**  
Meethale Purayil **Sreejayan**  
Luay **Tapponi**

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

Amir Mostafa Hassan **Aamer**  
Mukhtar Amin Abdullah **Al-Humiari**  
Errol Wei'En **Chan**  
Ranjitha **Chowkahally Sadananda**  
Ahmed Ali Alaaeldin Hasan **Elkassas**  
Nervine Mohamed Hassan Abd-Allah **El-Meshad**  
Ola Zakaria ElSayed **ElSheikha**  
Baan Zuhair **Fathallah**  
Hidayat Ullah **Khan**  
Kshitiz **Kumar**  
Subhan Khan **Mohammed**  
Nazmun **Nahar**  
Hassan Mahmoud Sayed **Nassar**  
Urmil **Shah**  
Aurangzeb Khan **Shaikh**  
Islam Abdallah Mohalhal **Soliman**  
Maria **Sultan**  
Shail Abhay **Vasavada**

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

Venkat Verdhan **Gade**  
Sanjay **Gupta**  
Erik **Hohmann**  
Noman **Jahangir**  
Manjunath **Koti**  
Fady Samir Shafik **Sedra**  
Muhammad **Umar**

### Fellow in Urology – FRCS(Urol)(Glasg)

Christopher **Anderson**  
Sivaprakasam **Sivalingam**

### Member qua Surgeon – MRCS(Glasg)

Iram **Adalat**  
Md Tanveer **Adil**  
Mahra Obaid Mohammed Alghuwais **Alsuwaidi**  
Sumit **Gahlawat**  
Anthony Graham **Gibson**  
Hossam Hamad Mohamed Ahmed **Hamad**  
Magdy **Hassan**  
Jane **Hendry**  
Atif **Latif**  
Zhiwen **Lo**  
Tariq **Mahmood**  
George **Markose**  
Rifat Ramadan Mussa **Mohamed**

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

Raja Salman **Khurshid**  
Mohammed Adel Mohammed **Salem**



## MRCS IN UAE



Front row (L to R): Mrs Melanie Sinclair (Examinations Administrator), Mr Iain Watt (Examiner), Mr Vasu Rao (Examiner and International Advisor), Ms Kirsty Fleming (Surgical Examinations, Manager), Prof Frank Branicki (Host), Back row (L to R): Mr Kevin Baird (VP Surgical), Dr Radhakrishnan Kumaran (Examiner), Mr Roy Lawrence (Lead Examiner and Associate Director of Surgical Examinations), Mr Sharat Jain (Examiner and Regional Advisor)

Vice President (Surgical) Mr Kevin Baird recently visited the Dubai Hospital for a formal meeting with the acting director of surgical divisions at the hospital, Dr Eissa Rashad Eissa Al Hemrani, to further develop our links with the region. An agreement in principle was reached to deliver the intercollegiate MRCS exam in this important cultural and geographic crossroads of the Middle East. Mr Baird also met several senior surgeons and examiners in the hospital, who all expressed enthusiasm and willingness to offer facilities, logistical support, and examining skills, for which the College is extremely grateful.

While in the region, Mr Baird also travelled to Al Ain to support the delivery of the oral section of the MRCS Part B OCC examination, with an examiner panel led by Mr Roy Lawrence. The local facilities in Al Ain are excellent and ideally suited our exam format, comprising a number of quiet interview rooms plus a larger room where anatomical specimens can be laid out. Mr Baird commented, "I was highly impressed by the conduct of the examination. The consistency, fairness and empathy shown by the examiner panel was exemplary and clearly appreciated by the candidates."

Particular thanks were expressed to Professor Frank Branicki of UAE University

for his assistance over many years and to Mr Iain Watt, a tireless senior examiner from Inverclyde who was participating in his final MRCS Part B. The Part B MRCS clinical exams were held in the day-case unit of Tawam Hospital, where a thoroughly professional examination on excellent clinical cases was carried out. The final assessment on communication skills was also successfully completed. This three-part MRCS Part B OCC examination will be replaced by the newer MRCS Part B OSCE and we look forward to working with our colleagues in UAE in managing a successful transition to the new exam format. ■

## UPDATE FROM THE ISCP

The Intercollegiate Surgical Curriculum Programme is approaching its eighth anniversary following its introduction to surgical training in 2007. It has gone through several updates since the turbulent time of its introduction, all of which have all been additions to the original programme code. This is now so extended that it cannot be updated any further. Another update is, however, necessary.

At the time of its introduction, the ISCP was an entirely new approach and the surgical community took some time to accept it, to learn how to navigate the website, and to understand its primary function

of providing both structure and feedback to surgical training. The frequent website design updates and the initial rigidity of ISCP processes led to criticism about poor functionality and to the perception of a tick box culture.

Following a 2012 evaluation the ISCP has decided to completely re-write the programme code with the aims of improving website navigation, enabling modifications and, from these, encouraging use of the ISCP as it is intended. This re-write, known as Version 10 (v10), is a complex task, combining the need for continued maintenance of the current site

with the new development. This involves identification of features for modification and improvement, the introduction of new features and integration of all of these into a more streamlined website design, while simultaneously refining requirements according to feedback gathered from users. The priority is to reproduce current ISCP functions, add new features and then migrate data across as v10 becomes a live site.

Further information about the specific features and functions of v10 can be accessed at <http://rcp.sg/CNISCP> ■

## INCREASING MEMBERSHIP OF OUR FACULTY

**Professor Richard Welbury FDS RCPS(Glasg), Vice President (Dental) outlines the routes to membership of our Faculty of Dental Surgery.**



Increasing membership of our Dental Faculty is crucial to the success of our business. We encourage membership from dental professionals, working in primary or secondary care, to achieve the highest possible standards of care for our patients. In recent years we have successfully exceeded our College recruitment targets and last year our membership rose by more than 10%.

There are three ways to become a full Member of this Faculty. This first is by achieving success in our MFDS examination. This is normally taken within 2-3 years after obtaining the dental primary qualification. For the Part 1 MFDS examination, this Faculty has centres throughout the UK, namely Glasgow, Belfast, Cardiff, Newcastle, Portsmouth and Sheffield where the trainees can attend and sit this exam. We will be expanding the number of our centres and hope shortly to have a venue in London allowing interested individuals the opportunity to sit this exam in that region. For the Part 2 MFDS examination, we currently hold diets in Glasgow and Manchester. The opening of a centre in Manchester has been particularly advantageous to us. The majority of candidates attending this centre do not hold our Part 1 MFDS exam but have Part

1 MJDF, and as this Faculty has reciprocity agreements with both RCS England and RCS Edinburgh, these candidates meet our entry criteria. In addition to providing the Part 2 exam in Glasgow and Manchester, we also host MFDS Part 2 revision courses in Glasgow and North West England – providing trainees with valuable training using interactive lectures and practical skills stations as well as giving them an opportunity to undergo mock interviews.

For our UK trainees, we offer them the MFDS Training Package. This is a flexible payment plan which helps them spread the cost of revision courses and examinations and Introductory Membership fees over 12, 18, or 24 month periods. This has been popular and we are the only UK Royal College that offers payments of this nature by monthly direct debits.

In addition to our UK centres, we are embarking on developing formal collaborative arrangements with four institutions in India to host the MFDS exams and Revision Courses. They are: Maharishi Markandeshwar University, Mullana; Maulana Azad Institute of Dental Sciences (MAIDS), New Delhi; The Manipal College of Dental Sciences, Manipal; and Rajarajeswari Dental College and Hospital, Bangalore. In 2014 we

web-streamed the Part 1 revision course and held the Part 1 exam in MAIDS and in March 2015 we web-streamed the Part 1 course to Rajarajeswari. It is now our intention in the autumn of 2015 to web-stream the MFDS Part 1 Revision Course to all of the above centres in India and to host the MFDS Part 1 exam in October in these centres.

The second means of becoming a Member of this Faculty is by submitting an application for membership (via the non-examination route) to the Dental Membership Services Board for review. Most applicants by this route tend to hold a membership qualification of another UK Royal College – whether it is MFDS RCS(Edinburgh) or MJDF RCS(England). However, if an applicant does not have a membership of another UK College, their commitment, skills and experience may be deemed equivalent, allowing them entry via this route.

The third way of becoming a Member of the Faculty is by passing one of the tri-collegiate or bi-collegiate specialty membership exams. We are trying to attract more young specialists to the College in this way and have recently hosted UK national trainees days in paediatric dentistry and oral surgery. Other similar events are planned for other specialties in the next year.

Promoting our exams, education and membership is vital. Over the past 4 years we have increased our regional and international advisors to help spread the word. Our target audience is fifth year undergraduates and dental foundation/dental vocational trainees. We have recently asked our regional advisors to extend their roles and responsibilities to include fifth year undergraduates within their local dental school to raise awareness of our growing Faculty.

We are constantly striving to serve the public by setting standards for the dental profession through the delivery of education, training, and postgraduate examinations, but as the demands on our profession have never been greater, we need the support of our Members and future Members to maintain success and ensure that patients receive the highest possible standards of healthcare available. ■



## MFDS IN INDIA

The President, Dr Frank Dunn, and Chief Operating Officer, Mr John Cooper, recently visited the Rajarajeswari Dental College and Hospital in Bangalore, India., During their visit, Dr Dunn had the honour of opening the Orofacial Pain Clinic at the hospital, while Mr Cooper opened the Aesthetic Dentistry Clinic.

Rajarejeswari Dental Hospital is one of two Indian venues for our MFDS part 1 revision course and examination., The exam and revision course are also held at The

Maulana Azad Institute of Dental Sciences (MAIDS) in New Delhi.

The revision course is presented through a live video link from our headquarters in Glasgow and supported in our Indian centres by senior clinicians from Glasgow., The exam consists of a three-hour multiple choice question paper.

Completion of the MFDS part 1 is the first stage to achieving the MFDS qualification (successful candidates are eligible to sit

the final, part 2 of the exam)., Success in part 2 of the exam offers you access to membership of the College and a range of benefits including use of the postnominals MFDS RCPS(Glasg), access to awards and scholarships valued up to £10,000, and a free online subscription to Dental Update and Orthodontic Update.

Further information about the revision course and exam, including dates and fees can be found online at <http://rcp.sg/mfdsindia>. ■

## NEW MEMBERS

Welcome to all dental professionals admitted to the College during February-April.

### Fellow in Dental Surgery, - FDS RCPS(Glasg)

Griffith John Kineton **Darby**  
Brian **Grieveeson**  
Zubair **Khan**  
Suan Phaik **Khoo**  
Alastair **Macdonald**  
Talat **Rane**  
Lakshman **Samaranayake**  
Theogaraj **Samraj**  
Nikhil **Srivastava**

### Fellow in Orthodontics – FDS(Orth) RCPS(Glasg),

Stephen Mark **Chadwick**

### Fellow in Restorative dentistry – FDS(RestDent)RCPS(Glasg)

Andrew **Pye**

### Member of the Faculty of Dental Surgery – MFDS RCPS(Glasg)

Miral **Ahmed**  
Nazma **Akuji**  
Salahudeen Ali **Al Bulushi**  
Rajakumar S **Alle**  
Roland **Babakhanlou**  
James Nicholas **Ban**  
Rajesh Kumar **Beedh**  
Melanie **Bennison**  
Ruth **Burns**  
Mark Christopher **Cairns**  
Heather **Christian**  
Paul Guerino **Cocozza**  
Marc **Coombes**  
Ciara **Ennis**  
Rachael **Gallen**  
Japarsh **Gill**

### Muir **Gregor**

Letitia Ellen **Hancock**  
Mohammed Imran **Hanif**  
Naomi **Harrington**  
Fiona Elizabeth **Hogg**  
Neil James **Horisk**  
Easter **Joury**  
Yu Hang **Lam**  
Chun Man **Lo**  
Ewan Colin **MacKessack-Leitch**  
Isobel Margaret **Madden**  
Javeriah **Mahmood**  
Clare **McCusker**  
John Ian **McDonald**  
Nicole Philomena **McKeever**  
Gillian Clare **Nevin**  
Amy **Patrick**  
Aruna Rasmi **Pattapu**  
Naomi **Prado**  
Zarish **Rahman**  
Philip John **Redfearn**  
Satnam Singh **Rehal**

### Helen **Rogers**

Ayesha **Saleem**  
Ismaeel **Saman**  
Syed **Sayed Ahmed**  
Penina **Schogger**  
Daniel Stewart **Scott**  
Lorna **Scoular**  
Kunal Dhires **Shah**  
Zareen **Shareef**  
Michael **Sockalingam**  
Rachel **Steel**  
Ahmed Abduel-Rahim **Tahboub**  
Patricia Anne **Thomson**  
Robert McNeill **Thomson**  
Francesca Jade **Thomson**  
Richard Laurence **Wild**  
Claire Lesley **Wilson**  
Ka Cheong **Yim**

### Member in Paediatric Dentistry – M(PDent) RCPS(Glasg)

Sharmila **Surendran**



**Correction:** The Spring 2015 issue of College News mentioned collaborating centres for MFDS in India., One of the centres listed was "The Manipal College of Dental Sciences, Mangalore". This should have read: The Manipal College of Dental Sciences, Manipal.





## CONFERENCES AND STUDY DAYS

### Joint study day

Following a very successful joint Conference with the Royal Pharmaceutical Society (RPS) in London, and an equally successful joint conference with the British Global and Travel Health Association (BGTHA) in Leicester, the Faculty of Travel Medicine is pleased to announce a joint Study Day with the Medical Advisory Service for Travellers Abroad (MASTA) in Glasgow on Friday 26 June 2015. This will be the first time the two organisations have collaborated in such an event which is aimed at all travel health advisors, including those working in primary, secondary and tertiary care, occupational health, school settings and in specialist, private and pharmacy-led travel clinics. David Ross, consultant medical advisor to MASTA says, "I learn something new everyday in Travel Medicine and so the opportunity to participate in this Faculty event is a must for me and all providers of travel medicine services."

### Why Travel Health Matters



The "Why Travel Health Matters" symposium

brings a line up of internationally renowned speakers to Glasgow and includes:

- Fiona Genasi, Nurse Consultant Lead for the Travel and International Health Team in Health Protection Scotland (HPS) and past President of the International Society of Travel Medicine (ISTM): "TRAVAX at 30"
- Sheila Hall, Director of Travel-Health Related Education and Care (TREC) and current Chair of the Responsible Travel Group of the ISTM: "Voluntourism"
- Dipti Patel, Joint Director of the National Travel Health Network and Centre (NaTHNaC): "Travellers with long term conditions"
- Ron Behrens, Senior Lecturer at the London School of Hygiene and Tropical Medicine (LSHTM), "VFR Travellers"
- Lorna Boyne, Specialist Travel Health Nurse within the Travel and International Health Team in HPS and Secretariat to the Scottish Malaria Advisory Group (SMAG): "TRAVAX malaria maps"
- James Munro, Scientist at HPS: "The science behind the maps"
- David Ross, Consultant Medical Advisor to MASTA: "Healthcare workers as travellers"
- Gerard Flaherty, Immediate Past President of the Travel Medicine Society of Ireland

(TMSI): "Advising travellers who trek for charity"

For full details about the programme and to book <http://rcp.sg/events>

### Annual symposium

Our Annual Symposium, "It's a Disaster: Ebola and other Emergencies", followed by the Faculty of Travel Medicine's AGM, will be held in the College on Thursday 8 October.

Conferences and study days don't just happen! Thanks to Carolyn Driver and Sharon Graham from the Executive Board, for leading on the RPS and BGTHA conferences respectively. Have the skills and want to be involved? A new FTM Education Board is being established – watch this space for information about how to apply to join the Education Board.

### International Conferences

By the time you read this another ISTM conference will have been and gone! The 14th International Society of Travel Medicine is due to be held in Quebec 24-28 May 2015 with the FTM presenting a poster and being represented both on a stand and via various sessions delivered by Fellows and Members of our Faculty.

Looking forward to summer next year the 6th North European Conference on Travel Medicine (NECTM) will be held at the Queen Elizabeth II Centre, in London, between 1-4 June 2016. Details at, [www.nectm.com](http://www.nectm.com) ■



## In Brief

### New Patient Information Leaflets

The Royal College of Obstetricians and Gynaecologists (RCOG) have updated two important information leaflets for patients: "Air Travel and Pregnancy" and "Malaria and Pregnancy" are both available free to download as pdf copy from the RCOG website at [www.rcog.org.uk](http://www.rcog.org.uk) ■

### MFTM Part 1 written exam

Closing date for applications for the MFTM Part 1 exam is 10 July 2015. The exam will be held on 7 September 2015 in Glasgow and South Africa. ■

## NEW MEMBERS

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

**Fellow of the Faculty of Travel Medicine – FTM RCPS(Glasg)**  
Matthew Scott Dryden

## FOCUS ON EDUCATION

The Diploma in Travel Medicine (Dip Trav Med) Course was transplanted into our Faculty by Health Protection Scotland in 2010 and has now been in existence for over 20 years, training in excess of 600 candidates – a stunning educational achievement. At one time the Glasgow Diploma was one of three within the UK. The fact that the Glasgow course alone has continued and flourished is an indication that it meets the needs of its participants and has an excellent structure. Over the last five years Ann McDonald has been our Course Manager, with that role more recently shared with Clare Henderson. We are desperately sorry to announce that Ann has decided to retire with effect from June 2015, and we pay tribute to her quiet and effective leadership of the course over 5 years. We will miss her and wish her well for the future. For the future, we expect the course material to be validated by Glasgow Caledonian University (GCU) within a few

weeks. This will re-open the possibility of the Diploma being extended to an MSc.

The Foundation in Travel Medicine grew out of demand for a shorter course that embodied the same standards as the Diploma. The Foundation has now been run once by Nordic colleagues in Bergen and we look forward to this happening again in 2016.

We are delighted to announce that the Faculty has benefited from another educational transplant, this time from Leicester – we hope to offer the Diploma in Expedition Medicine in 2016, also validated by GCU. Our profound thanks are due to Dr Jon Dallimore and his colleagues for approaching the Faculty and helping to extend our portfolio.

We look back and forwards on symposia in

2015, from the stunningly successful Travel Medicine conference held in Oman in February, and the excellent joint symposia held with the Royal Pharmaceutical Society in London in March, to the great joint meeting held with the British and Global Travel Health Association in Leicester, and soon the joint FTM and MASTA meeting to be held in Glasgow in June. That will be capped by our Annual Symposium in October. We owe a huge debt of gratitude to Margaret Umeed, who is our Education Convenor as well as Faculty Secretary, and her team for fantastic work this year.

Lastly we face significant change this year with the appointment of a director of education. This post will place education more firmly at the forefront of our Faculty agenda as the current Dean, Dr Mike Jones, demits office in October and hands over to the new Dean, Gp Capt Andy Green.

## ABTA REPORT

At time of writing the latest ABTA report has just been published. "Travel Trends 2015" confirms that the travel industry in the UK is worth £31.5 billion with a steady 80% of UK residents taking a holiday during 2014. Leading destinations continued to be Spain, France, Italy, US, Portugal, Greece, Turkey, the Netherlands, Belgium and Ireland, with Morocco, Tunisia and Poland all seeing an increase in UK visitors. The report highlights nine key trends during 2015:

- The affluent leave cautious optimism behind with those in "social class A" favouring long haul destinations such as the Maldives, the Caribbean, Mauritius, and safari tours
- Holidays working harder. With a small group of affluent travellers throwing caution to the wind, the majority of holidaymakers are looking to maximise their expenditure and leisure time
- Trying somewhere new: over a third of British holidaymakers think they will try somewhere new this year
- Living like a local: many travellers are looking for an authentic travel experience with holiday companies now offering people the chance "to enjoy hidden gems alongside traditional tourist attractions"
- Destination celebrations: the rise of the celebration group holiday. 1 in 5 weddings now take place abroad with Cyprus and Rhodes attracting the biggest overseas wedding parties
- No break for city breaks. City breaks overtook beach holidays as the most popular type of holiday in 2014 and are expected to hold onto the top spot during 2015
- Fitness and sport. According to research, 6% of travellers are planning a sporting holiday in 2015, with 5% an adventure or challenge break and 4% planning a trip abroad to watch a major sporting event
- Wellness holidays. The Global Wellness Institute recently reported that the sector is worth \$494 billion globally, a growth of 13% in one year with the UK in the top 10 countries for wellness breaks
- Cruise and river cruise. 10% of people are planning a cruise in 2015, with 18% of the over 65's and 13% of travellers aged 55-64 planning to take one.

Read the full report at <http://abta.com/resource-zone/travel-trends-2015> ■

## ELECTION TO THE FACULTY BOARD

This year we have several vacancies on the Executive Board.

- 1 x Vice Dean (2 year term)
- 1 x Secretary (3 year term)
- 1 x Ordinary Member (4 year term)
- 1 x Associate Member (3 year term)

Nomination papers are available to download at <http://rcpsg/travelmedelections>. Interested in standing for election but not sure what being a Board Member involves? Why not ask one of the FTM Office Bearers?

Dean Mike Jones [michaielejones@doctors.org.uk](mailto:michaielejones@doctors.org.uk)

Dean Elect Andy Green [andrew.green12@doctors.org.uk](mailto:andrew.green12@doctors.org.uk)

Honorary Secretary Margaret Umeed [margaret.umeed@nhs.net](mailto:margaret.umeed@nhs.net) ■



## MY FIRST YEAR AS REGIONAL ADVISOR

**Consultant podiatrist Julian Livingstone FFPM RCPS (Glasg) is the London Regional Advisor for the Faculty of Podiatric Medicine.** *He reports on his experiences at the end of his first year in the role.*

As a new Faculty of the College we are still in the process of finding our feet if you will excuse the pun! As the London regional advisor I have a big patch to cover and I have seen my first year's main mission of increasing the fellowship and membership by encouraging colleagues to join. In addition I have been actively engaging with newly qualified podiatrists and undergraduates in promoting the benefits of subjecting oneself to the rigours of postgraduate study and the membership exam. So that's the general gist what actually have I done and what do I have in mind? What are the opportunities and what are the hurdles?

So what have I done so far? I have mainly been working on getting the word out about the College and recruited new Fellows and Members. I have lectured to the newly graduated podiatrists at the offices of the Society of Chiropractors and Podiatrists to promote the College and explain the benefits of a structured postgraduate pathway. This was well received and I am hoping to build on this with guided study groups and meetings for them, working towards the membership exam. In future I am hoping to run evening meetings with other Fellows along the lines of the bone school that the orthopaedic rotations run or the deanery meetings that the podiatric surgeons run. I have been engaging the Podiatry College at University of East London to also promote the college for postgraduate mentorship and education. I am trying to recruit as many Fellows as I can to volunteer for this, however informal get-togethers have not proved successful - this year I am going to get all formal! In terms of education, we successfully linked the College to the Podiatric Biomechanics Symposium held at the Royal Society of Medicine and successfully recruited Fellows and promoted the College at this symposium. Encouraging colleagues to join up at the Society of Chiropractors and Podiatrists annual conference



as they walked past the College stand also seemed to be an effective strategy.

The regional advisors workshop held at the College was of great help last year in focusing all of us new regional advisors' thoughts on how we would work in our different regions and I am hoping we can build this year on the experiences gained. ■

## NEW MEMBERS

Welcome to all podiatric medicine practitioners admitted to the College during February-April.

### Fellow of the Faculty of Podiatric Medicine – FFPM RCPS(Glasg)

Paul Andrew **Butterworth**  
Jeffrey Lowell **Carnett**  
Lindsey Sarah **Cherry**  
Francis Gregory Austin **Webb**  
James **Woodburn**

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

Jacqui **Baggaley**  
Sheryl M **Braidwood**  
John Edmund **Durkin**  
Gregory **Gillanders**  
Richard **Handford**  
Ruth Helen **Mackie**  
Serena **Peirce**





## FIVE YEAR PLAN – EDUCATION AND TRAINING

The vision and direction for the Faculty is encapsulated in a five year strategic plan for education and training. This is guaranteed to remain focused and relevant due to the annual monitoring and overview retained by the Faculty's Education Board. The key imperatives in the plan are to enhance postgraduate training for professionals engaged in lower limb health care and to facilitate members in their proficiency as reflective and effective practitioners. This will be addressed by offering a framework of the highest quality educational events at the cutting edge of clinical practice, delivered by internationally respected experts at the forefront of their respective fields.

The framework will also utilise mixed educational approaches which include symposia, seminars and workshops as well as e-learning platforms for maximum effectiveness and flexibility to enhance the learner experience. We are fully aware that CPD provision needs to be relevant,



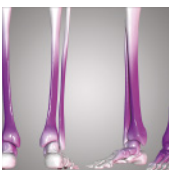
current and engaging, and we will meet this requirement fully in both quality of content and flexibility of provision. In addition to core CPD, the College offers a substantial selection of generic clinical, practical and academic programmes which we fully encourage our members to take advantage of.

Please look out for updates of our numerous podiatry events which will be held, not only in Glasgow, but across the UK and in Europe. We advise checking the College's website and following us on Facebook and Twitter for updates. ■

### Faculty of Podiatric Medicine

## AGM and Annual Dinner

Thursday, 11 June 2015



0900 - 1630

### Symposium

6 CPD CREDITS APPROVED

**The high risk lower limb: navigation skills of clinicians in optimising patient outcomes**



1700

### Annual General Meeting

All Fellows and Members are encouraged to attend



1900

### Podiatric Medicine Faculty Dinner

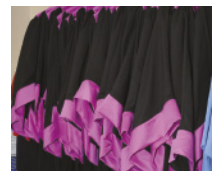
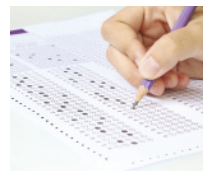
An informal evening of food, music and good company

Tickets: £30pp | £250 for table of ten

Book online at <http://rcp.sg/events>

**Symposium contact:** Donna Johnston  
donna.johnston@rcpsg.ac.uk | 0141 241 6228

**AGM and Faculty Dinner contact:** Rahat Nawaz  
podiatricmedicine@rcpsg.ac.uk | 0141 221 6072



### Membership of the Faculty of Podiatric Medicine (MFPM) exam launching in November 2015

Success in the MFPM examination leads to Membership of the Faculty of Podiatric Medicine of the Royal College of Physicians and Surgeons of Glasgow and entitlement to use the postnominals MFPM RCPS(Glasg)

#### Exam format

**Part 1** Written paper with multiple-choice questions

**Part 2** Structured oral examination including portfolio assessment

*Applicants must have a relevant first degree and one year's post-registration experience in podiatric medicine practice*

**MFPM Part 1 exam**  
November 2015  
*Sign up today*

**MFPM Part 1 is a written multiple-choice paper comprising 180 questions.**

**The syllabus is divided into three distinct sections:**

- podiatric medicine (50%), containing questions relating to the sub-specialties in this area of podiatric practice
- diagnostics (25%), which is centred on imaging and lab-based tests
- pharmacology (25%)

*A comprehensive online education programme will be available to support you as you prepare for the MFPM exam*

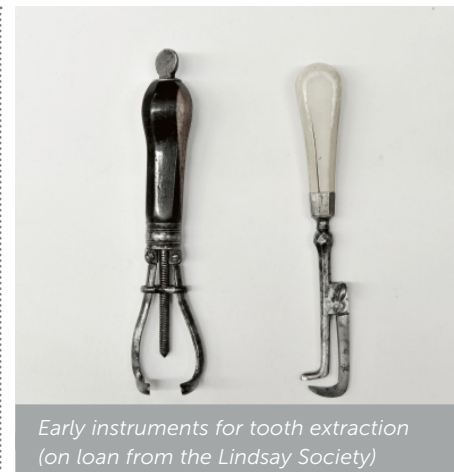
Sign up today [www.rcpsg.ac.uk/podiatric-medicine](http://www.rcpsg.ac.uk/podiatric-medicine)

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email [mfpm@rcpsg.ac.uk](mailto:mfpm@rcpsg.ac.uk)  
call +44 (0)141 2216072

# FACE, TEETH AND JAWS – THE GOODALL SYMPOSIUM 2015

This year's Goodall Symposium will be devoted to dental history. The speakers will be Professor Richard Welbury, Vice-President Dental and Dean of the Faculty; Dr Kevin Jennings, Glasgow Dental Hospital and School; and Professor Stanley Gelbier, Honorary Professor in the History of Dentistry at King's College, London. The presentations will be wide-ranging and include child protection, tooth replacement and the emergence of dentistry as a profession. There will be a display of items relating to dental history in Crush Hall for visitors to view both before and after the symposium. The event forms part of the Glasgow Science Festival which takes place from 4-14 June.

Several important early works on dentistry will be on display. The College's founder, Peter Lowe, wrote about the extraction of teeth in his work *The Whole Course of Chirurgie*, first published in 1597. The 1612 edition of the work contains a woodcut illustration of 'Instruments to pull out, cut, and file superfluous teeth'. These instruments, typical of the period, include forceps, files and a pelican (named after its resemblance to a pelican's beak). For certain types of toothache, Lowe recommended bread poultices and rinsing the mouth with decoctions of herbs in vinegar. It would, however, be Pierre Fouchard in Paris during the 18th century, who published the first comprehensive body of literature on



Early instruments for tooth extraction  
(on loan from the Lindsay Society)

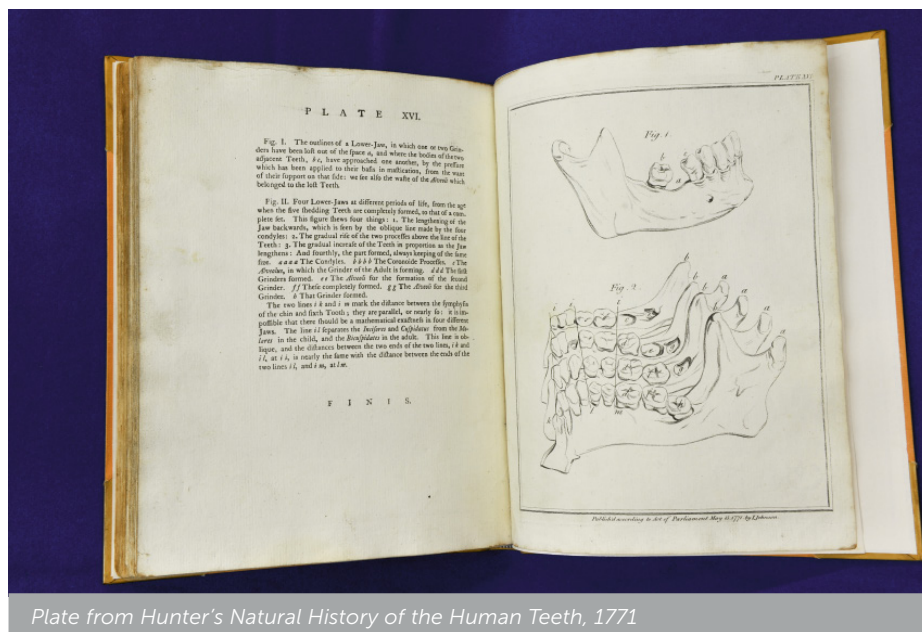


Plate from Hunter's *Natural History of the Human Teeth*, 1771



Dental instruments from Savigny's *Catalogue*, 1798

dentistry, revealing secrets and techniques that had previously been carefully guarded. Fouchard's treatise *Le Chirurgien Dentiste ou Traité des Dents* was first published in 1728 and was followed in 1748 by an enlarged second edition. This latter edition contains the first description of chronic periodontitis. The College Library contains a third edition of the work published in 1786. Fouchard's work has been considered so important that he is known as the "Father of Modern Dentistry".

The first major development in the study in dental anatomy was John Hunter's *The Natural History of the Human Teeth*, published in 1771. This groundbreaking work contains a clear illustration (subsequently used in other texts) of how the mandible grows in relation to the teeth, thus disproving the previous concept of the constant growth in teeth.

There will be an opportunity to see instruments as well as books including examples of early toothkeys. These were popular instruments for tooth extraction in use from about 1730 onwards. They were, however, along with the use of the pelican, liable to cause gum damage and were widely replaced with forceps devised by Sir John Tomes during the second part of the 19th century.

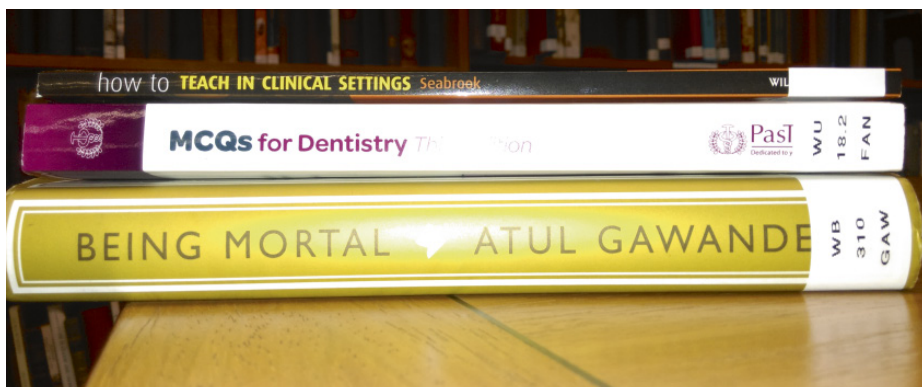
The Goodall Symposium will take place in the College on the 11 June 2015. A finger buffet will be available from 6.00pm with the first lecture beginning at 6.30pm. To book a place please email: [library@rcpsg.ac.uk](mailto:library@rcpsg.ac.uk).

Further details about the Glasgow Science Festival can be found at [www.glasgowsciencefestival.org.uk](http://www.glasgowsciencefestival.org.uk).

# NEW BOOKS IN THE LIBRARY

## Modern clinical collection

A selection of new books added to our library catalogue this month:



### Being Mortal: Illness, Medicine and What Matters in the End

Atul Gawande  
London: Profile Books, 2014

### How to read a paper: the basics of evidence-based medicine

Trisha Greenhalgh  
5th Edition  
Chichester: Wiley-Blackwell, 2014

### How to teach in clinical settings

Mary Seabrook  
Chichester: Wiley-Blackwell, 2014

### Oxford handbook of clinical dentistry

David A Mitchell  
6th Edition  
Oxford: OUP, 2014

### MCQs for dentistry

Kathleen FM Fan  
3rd Edition  
Knutsford: PasTest, 2014

## Books on historical subjects, by Honorary Librarian, Mr Roy Miller

The College Library continues to add to its book collection. The following have a variety of historic subjects which may be interesting.

**The Birth of the Pill** (London : Macmillan, 2015) by Jonathan Eig, in easily read prose, tells the saga of Gregory Pincus' protracted and fraught struggle to produce an acceptable contraceptive pill.

In **Spitting Blood** (Oxford : Oxford University Press, 2012), Helen Bynam has written an extensive history of tuberculosis from its recognition as a debilitating entity in prehistoric findings to the present day turbulent social and economic factors which ensure the disease continues to thrive despite the array of drugs available for its treatment.

**A Chasm in Time** (Edinburgh : Birlinn,

2014) is the enigmatic title chosen from a favourite saying by Patricia Andrew for her beautifully presented book about Scottish war art and artists in the twentieth century. The illustrations cover every aspect of how armed conflict affects those involved, from the battlefield itself through to domestic life. The examples demonstrate the individual style of each of the numerous artists displayed. Many names will be familiar, for instance Muirhead Bone and Cadell. All are accompanied by a short, informative biography. This alone raises the book above the 'coffee table' genre. Hugh Adam Crawford's painting Tribute to Clydebanks (The Stretcher Bearers),, owned by our College, is among the illustrations.

For details of these and our other books (including the latest modern clinical textbooks) please take a look at our catalogue <http://rcp.sg/shelcat>

## LIBRARY RESOURCES AND SERVICES

### Document delivery service

Struggling to find a book or journal article for your research? We can help! The library offers an inter-library loan and document delivery service which is FREE to all members of the College. The easiest way to request an item is through your Shelcat library account – simply log into your account at <http://rcp.sg/shelcat> and fill in the request form (there are two separate request forms, one for books and one for journal articles). Journal articles can be requested in electronic format or as photocopies. Once we receive your request we will locate the item for you and send it out to you as soon as possible. And don't worry, if you need an article in a rush, let us know and we can request a 24 hour delivery service from the British Library.

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All photocopies are subject to copyright restrictions. You should only request an article or chapter of a book if it is to be used for non-commercial purposes. You will need to complete a copyright declaration form before we can supply you with your requested item. This will be sent out to you as soon as we receive your initial request.

### How to get a Shelcat library account

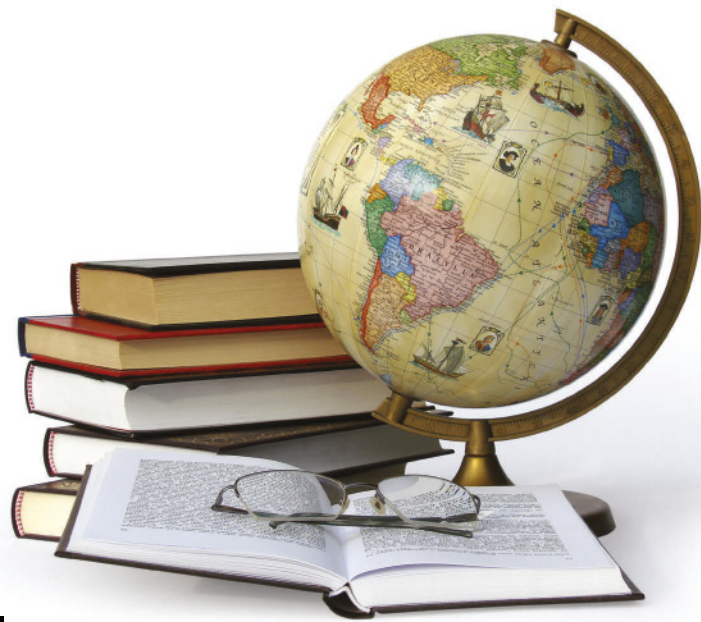
Every member of the College is entitled to a Shelcat library account. Simply complete our library application form which can be found at <http://rcp.sg/joinlib>. You can also use your Shelcat account to borrow books\* from our library.

If you have any queries regarding the above please contact us at [library@rcpsg.ac.uk](mailto:library@rcpsg.ac.uk).

- Book loans are only available for UK members.



# Need funding for research or travel to a centre of excellence?



## Over £10,000 available now

### College Scholarships and Awards CLOSING 28 AUGUST 2015

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#### Aileen Lynn Bequest Fund

Up to £5,000 available for equipment to support cancer research

Open to all Fellows and Members of the College and Faculties

*One to two awarded annually*

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#### David Murdoch Memorial Travelling Fellowship

Up to £2,000 available to a cardiologist or cardiothoracic surgeon to travel to centres of excellence to gain experience in their own field

Open to cardiologists and cardiothoracic surgeons in a training grade

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#### College Travelling Fellowship

Up to £2,000 available to enable our members to travel to centres of excellence outside their country of residence for periods of less than 12 months

These awards will also support a variety of other learning opportunities including taster weeks for junior doctors

Open to all members of the College and Faculties (except dental) including Introductory Postgraduate, Associate and Affiliates

*Up to 16 awarded annually*

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#### Faculty of Travel Medicine Triennial Scholarship

£2,000 available to support a travel medicine related project

Open to Fellows, Members and Associates of the Faculty of Travel Medicine

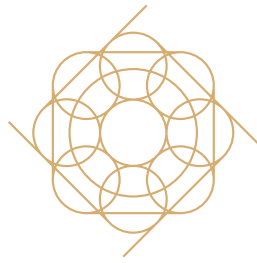
*This award is only available once every three years*

## Find out more and apply now at [rcp.sg/scholarships](http://rcp.sg/scholarships)



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