

College

NEWS

SPRING 2016



New alcohol
guidelines issued in UK
following evidence of
links with cancer

INSIDE



NEW PRESIDENT
INTERNATIONAL DEVELOPMENT
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ON THE FRONT LINE
TIME TO TACKLE OBESITY



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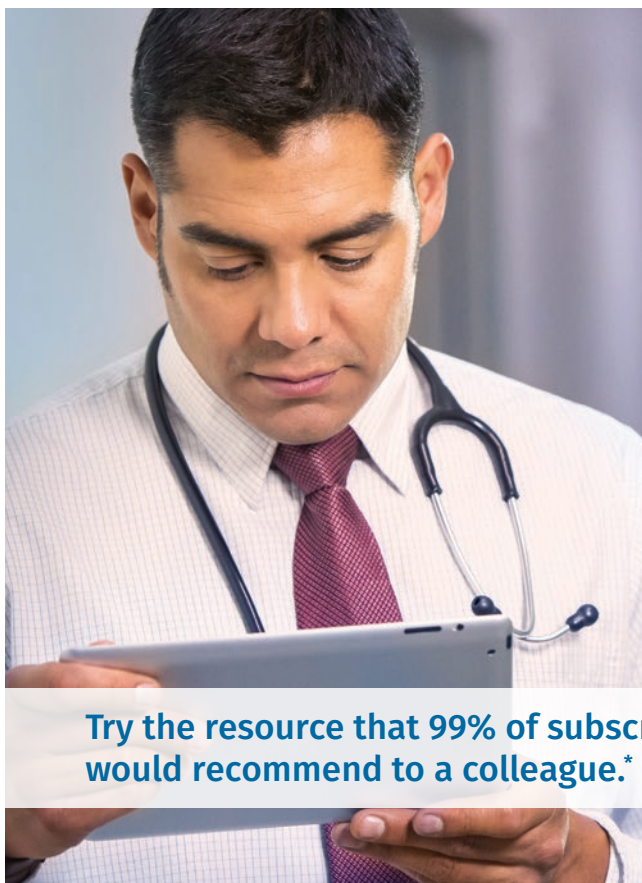
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NEW PRESIDENT



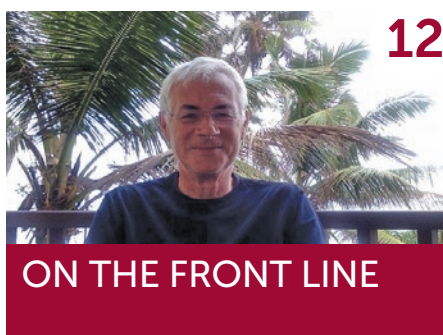
INTERNATIONAL DEVELOPMENT



TIME TO TACKLE OBESITY



NEW ALCOHOL GUIDELINES



ON THE FRONT LINE



MRCS



RECRUITMENT DRIVE



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

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FROM THE PRESIDENT'S OFFICE

Watch the President's video at <http://rcp.sg/cnspring16video>



It is a great honour to take on the responsibility of leading the College. One striking early observation has been the demand for careful strategic thinking. There has scarcely been a more tumultuous time in the history of the NHS. Inevitably, the College has been drawn into the discussion and media jousting that has characterised the twists and turns, the offers and counter offers in the dispute between junior doctors in England and the Secretary of State for Health. While there has now been an announcement about the imposition of a contract, and a resulting standoff between the factions, there remains uncertainty as to exactly how this will play out in service delivery, patient safety as well as recruitment and retention of staff. Our College has offered resolute support for the junior doctors and we retain a hope that there may yet be opportunities to find a more satisfactory outcome.

Taking office as President has provided an opportunity to consider some personal plans and priorities as we scan the horizon. It is very clear that we need to develop and deliver our core activities. I am committed to raising our profile to ensure the continued growth of our College. This includes enhancing the functionality of our website and increasing our visibility on digital communications platforms to both improve engagement with our members and ensure our voice is heard on issues of importance.

Our education prospectus is peppered with high profile and high value events. The headline flagship offerings are already attracting international interest. In February, our flagship surgical symposium – GESTS – was broadcast live to India for the first time. We plan to further develop our links to ensure our educational

content can be accessed outside the UK. Behind the scenes we are making progress in developing our capacity to provide e-learning. A significant part of our educational programme involves strengthening our good relationship with the University of Glasgow. The importance of simulation in training has assumed particular prominence and the College has strength and depth in this area – the Clinical Anatomy Skills Centre (CASC) provides superb opportunities for numerous specialties. In addition, we are working with the University to provide some advanced modular courses that are designed to lead to a Master's degree. The details will be released in the next few months. On the assessment front, we are working to consolidate the successful delivery of the entire range of examinations. Some of these are underperforming and I will endeavor to address the reasons for this and reverse that trend.

In addition to the traditional core activities there are many new features and opportunities. Plans to address the dysfunctional nature of parts of our building were advanced during Professor Frank Dunn's term of office and the work to refurbish 19 Blythswood Square is already under way. Plans to open up our basement area in St Vincent Street, potentially develop a café as part of the Fifteen Ninety Nine portfolio, and enhance our library and heritage facility will take place over the next few months.

I am keen to re-engage with younger colleagues. We will bring more postgraduate training back in house by making our facilities available to trainees. We have agreed to establish an Academy of Clinical Educators. This will have two significant functions. First, to bring together the large number of clinicians who already contribute to or wish to become

involved in teaching opportunities offered on our calendar. Secondly, since the GMC have now decreed that anyone involved as a named clinical or educational supervisor will need to be recognised as such, the new Academy will be well positioned to help by providing the preparation and the evidence to bring credibility to such recognition.

One of the strengths of our College is its interdisciplinary dimension. I plan to launch a programme of seminars and conferences designed to stretch our appreciation of the bigger picture – beyond medical practice. The aim is to enlarge our vision and medical worldview. Some of the events will be multidisciplinary clinical topics, others will explore aspects of the philosophy of medicine, ethical and legal matters and some will focus on important areas such as global health and aspects of human dignity.

As I write this, I am making my way back from a short but very busy series of visits to three Indian cities: Bangalore, Chennai and New Delhi. We hope to increase the services we provide to support our colleagues there. There was genuine warmth in the way I was received by clinicians and students and a tremendous interest in College membership and activity. There is a genuine opportunity to enhance our footprint there as well as the other countries around the world.

It is a privilege to work with such talented and dedicated staff and to bring coherence to the plans we have to enhance our regional, national and international reach.



Follow the President on Twitter @davidgallowaymd ■

DAVID GALLOWAY INVESTED AS PRESIDENT

Professor David Galloway was invested as President of our College at the AGM in December 2015.



Former President Frank Dunn and new President David Galloway shake hands

He follows in the footsteps of several senior surgeons who have been influential trainers and mentors. These include his first surgical consultant, Mr Douglas Clark, who was President from 1980 to 1982 and had a great influence on David when he was a student. Other influential former Presidents include Professor Sir Andrew Watt Kay and Mr Colin Mackay.

David graduated in medicine from the University of Glasgow in 1977. His early postgraduate training was focused in the West of Scotland and, after becoming a lecturer in surgery at the University of Glasgow, his specialty postgraduate training involved posts in London and New York City where he completed a fellowship in surgical oncology at the Memorial Sloan Kettering Cancer Center.



Douglas Clark

In 1988 he was appointed as a consultant surgeon with a particular interest in colorectal surgery. His clinical interests developed to build a tertiary referral practice in gastrointestinal surgery, advanced laparoscopic techniques and bariatric and metabolic surgery.

He has supervised numerous research projects and has published extensively on both clinical and educational topics. He was appointed Honorary Professor in the College of Medical, Veterinary and Life Sciences at the University of Glasgow in 2015 and holds a senior academic role in the Department of Surgery in the University of Malaya Medical Centre in Kuala Lumpur.

David says that his long association with the College has been one of the highlights of his professional life. His previous roles include Honorary Treasurer (1999-2006), Vice President (Surgical) (2007-2012), Chair of the Joint Committee on Intercollegiate Examinations (2004-2008), and Chair of the Fellowship Committee (2012-2015).

David is keen to engage with Fellows and Members across the College and has started a blog to keep you updated on his activities.

Visit <http://presidentsblog.rcpsg.ac.uk> for regular updates. ■

College closures



The College will be closed for the Easter break on Friday 25 March and Monday 28 March. The College will also close for a Scottish public holiday on Monday 2 May. ■

Annual subscriptions

Fellows and Members are reminded that their 2015-16 annual subscriptions were due on 1 October 2015. If you have not yet paid your subscription fee, please do so either by credit card online at <http://rcp.sg/login> or by telephone on +44 141 221 6072. Cheques and bankers drafts should be made payable to 'RCPS Glasgow'. If you have any questions about your subscription or would like to pay by direct debit, please contact us on subscriptions@rcpsg.ac.uk ■

Correction

An article in the Winter 2015 issue of College News stated that over five million people in low and middle income countries do not have access to safe and affordable surgical care. This should have said "over five billion people". ■



FROM THE LIBRARY

Point of care resources

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

- Dynamed and Dynamed Plus
- BMJ Best Practice
- BNF
- Nursing Reference Centre

You can choose to search across multiple point of care resources by using the evidence & guidance search facility on the Knowledge Network, or you can simply

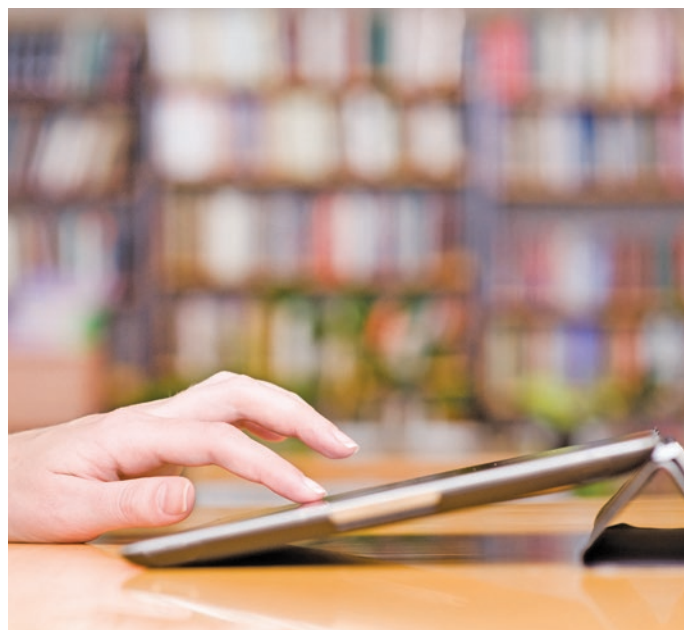
access each individual resource.

How to access point of care resources

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

The Knowledge Network can be accessed at www.knowledge.scot.nhs.uk **20% Discount on UpToDate**

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Musical Notes
with the Royal Conservatoire of Scotland

2016 dates confirmed:
- 8 April
- 26 August
- 25 November

Join us in the College for an evening of fine dining, wonderful music and excellent company. Drinks reception, two course meal, and music.

*Tickets £35
Booking: 0141 221 6072
bookings@rcpsg.ac.uk*

PERSON CENTRED CARE

The Health Foundation has launched three new resources to help practitioners and academics by informing approaches to implementing person-centred care.

A practical guide to self-management support: Key components for successful implementation

This new practical guide provides useful ideas for what practitioners and commissioners should consider when starting to support patients to self-manage their care. It explains what self-management support is, why it is important and how to ensure it is grounded in everyday practice. Download or order your copy now: <http://www.health.org.uk/publication/practical-guide-selfmanagement-support>

Building the House of Care: How health economies in Leeds and Somerset are implementing a coordinated

approach for people with long-term conditions

These case studies give a snapshot of how the House of Care is being used in two different health economies to transform and personalise the health and care of people with long-term conditions. Download now: <http://personcentredcare.health.org.uk/resources/building-house-of-care>

Person-centred care around the world tool

This useful directory tool highlights the leading international centres working on similar aspects of person-centred care to the Health Foundation. The tool can help to identify person-centred care research, measurement and implementation 'hot spots' in different settings globally, enabling collaboration. Access the tool now: <http://personcentredcare.health.org.uk/resources/person-centred-care-around-world> ■

INTERNATIONAL DEVELOPMENT

The College Council recently developed an international strategy to support increased engagement with our members around the world and to establish sustainable initiatives. Dr Roddy Neilson has been appointed as International Director to lead implementation of the strategy. He reports on initial plans.

Our College has always had an international outlook. The international strategy will translate that outlook into practicable and sustainable support for our international Fellows and Members.

We have for example, for many years, provided high quality examinations, education, training, and professional support for physicians, surgeons and dental professionals working all over the world. More recently, we established faculties for travel medicine and podiatric medicine to reflect their growing significance in global healthcare.

Our Membership examinations and other diploma qualifications are internationally recognised and have been taken by healthcare professionals across the globe. Our membership currently spans more than 80 countries, reflecting the high regard in which postnominals from our College are viewed – they are a mark of excellence and evidence to your peers and patients of your standing in the profession.

In order to further develop our footprint, we are committed to supporting, nurturing and learning from our international membership. With modern communications including social media, healthcare has become increasingly global and with that the expectation of our international membership for enhanced communications has also grown. Access to more sophisticated communications opens the door to better shared knowledge and best practice between nations.

We currently have a number of international advisors in many countries in the Middle East and Indian subcontinent. We plan to develop



their roles and help provide further support and points of contact for our Fellows and Members in these regions.

Our initial focus will be on India where we are developing partnerships with major clinical centres and organisations to ensure that we are presented as a College that not only provides qualifications but also offers support and mentorship to its members if needed. We will establish a presence in India and are

currently working with Scottish Development International to secure this.

We are also developing the Medical Training Initiative which enables suitably qualified clinicians to gain medical training experience in the UK with our sponsorship. In addition, under the leadership of Mr Mike McKirdy, Vice President (surgical) the College's broader global health work is exploring ways that we can support medical education and practice in Malawi.

This is an exciting time for the College and I look forward to working with the recently appointed International Manager, Lisa McManus, to deliver the strategy. ■



The President recently visited colleagues in India. Read an account of his trip in his blog at presidentsblog.rcpsg.ac.uk

Awards and scholarships

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Ethicon Foundation Fund

ABOUT	This fellowship assists the international travel of surgeons. The proposed work experience, research or study should be of benefit to the recipient's training and the NHS (or equivalent)
ELIGIBILITY	Surgical Fellows and Members in a higher training post (surgeons)
SPECIALTY	Surgery
VALUE	£900 maximum per award (higher awards considered in exceptional circumstances)
CLOSING	30 April 2016



MEMBERSHIP BENEFITS

Lachlan McNeill Scholarship in Ophthalmology

ABOUT	The Lachlan McNeill Scholarship is open to junior doctors (specialty training level) wishing to extend their knowledge, experience or training in Ophthalmology
ELIGIBILITY	Ophthalmologists in a training grade, applicants need not be Fellows or Members of the College
SPECIALTY	Ophthalmology
VALUE	Up to £5,000; one awarded annually
CLOSING	30 April 2016

Davies Foundation Travelling Fellowship

ABOUT	To support travel and subsistence expenses for consultants wishing to take a sabbatical or undertake further study or research in cancer and its related fields
ELIGIBILITY	Medical and Surgical Fellows and Members
SPECIALTY	Cancer and related specialties
VALUE	£10,000 maximum per award; two awarded annually
CLOSING	30 April 2016

Further further information please visit
<http://rcp.sg/scholarships>

email **scholarships@rcpsg.ac.uk**
or call **+44 (0)141 221 6072**

ADVANCED TECHNIQUES GAINED THANKS TO TRAVEL AWARD

Mr Andrew James Bowey FRCS(Glasg) was recently awarded a travelling fellowship to Lady Ciento Children's Hospital and Princess Alexandra Hospital in Brisbane Australia to develop advanced techniques in paediatric and adult spinal surgery. His experiences ranged from surgery to reattach the head of a young child who had been involved in a traffic accident to broader understanding of the way public and private healthcare systems operate. He writes about his experience.

I had three main objectives when I travelled to Australia on this fellowship:

- To develop advanced techniques in paediatrics and adult spinal surgery, particularly the skills of navigated spinal surgery
- To see how routine spinal surgery in both elective and emergency work is performed
- To see how the public and private healthcare systems integrated

The duration of the travelling fellowship was three months. In this time I worked primarily with two consultants: Mr Geoff Askin, a paediatric and adults spinal surgeon based at the Lady Ciento Children's Hospital and Mater Private Hospital; and Mr Richard Williams, an adult spinal surgeon and current President of the Spine Society of Australia who is based at the Princess Alexandra Hospital and Brisbane Private Hospital.

My week consisted of four full days in theatre either with Mr Askin or Mr Williams and a



Andrew Bowey (right) with Richard Williams

paediatric clinic which all paediatric scoliosis surgeons in Queensland attended. The case mix was varied and challenging. Most instrumented cases in Australia use navigation so I had ample opportunity to familiarise myself with the extensive kit and radiology equipment, but also the new principle of not only operating looking at your patient but by cross referencing this with the navigation intra operative CT images on the screen.

Seeing and understanding the set up the thoroscopic work was invaluable. Positioning the patient along with the radiology equipment and camera stack made the thoracic disc releases and instrumentation of the spine appear very simple and user friendly. The learning curve for this technique is very steep and I was able to orientate myself around the procedure.

I also had the opportunity to operate on a large cervical tumour (osteoblastoma) involving front and back surgery which potentially is a once in a career case.

One of the most technically demanding cases I was involved with, which thankfully had an excellent outcome, involved reattaching the head of a 10 month old child after he was 'internally decapitated' in a traffic accident.

The scoliosis clinic was also invaluable. They worked this clinic very differently to the UK model. All of the six paediatric scoliosis surgeons of Queensland attended. The patients were pooled and all final decisions were discussed in an open forum. Each clinic started with a review of the operated patients and the operations planned for the weeks ahead. This clinic ensures instant audit and



multi-disciplinary work. I hope to integrate this mode into my practice.

Seeing the public and private healthcare systems working was very interesting. Excellent care is provided in both settings, however the efficiency and autonomy in the private sector was remarkable. The public sector was very similar to the UK NHS although the waiting times are much longer across the board. Major trauma and tumour work tended to stay in the public sector but not exclusively. The elective practice in the private sector was very interesting. Patients were regularly anaesthetised and prepared for surgery before 8am and the turnover of patients was rapid yet safe. It was good to see that the consultant surgeon of the patient was the team leader and able to make changes, adapt and make the list run efficiently. There was no external pressure to delay or halt the list. Also the consultants had full control of the clinic and theatre waiting lists, allowing them to move things around due to clinical priority and the patient's needs. This is certainly not the case in the UK NHS.

Navigated spinal surgery will become the gold standard and I hope to be one of the first UK surgeons to deliver this new and exciting technology. I have gained a lot from my fellowship and recommend the opportunity to gain international experience. My thanks go to the College for providing financial support for this experience and to my two supervisors in Australia who I learned a great deal from.

A number of awards, scholarship and travelling fellowships are currently open to applications. Please visit <http://rcp.sg/scholarships> to find out more ■

CONSULTANT POSTS UNFILLED DUE TO LACK OF SPECIALTY TRAINEES

Forty per cent of consultant physician posts advertised in the UK during 2014/15 were not filled according to figures in the latest census of consultant physicians and higher specialty trainees. The 2014/15 census was produced by our College in collaboration with the Royal College of Physicians of Edinburgh and the Royal College of Physicians of London.

For the third consecutive year, the greatest number of advertised appointments was in geriatric and acute medicine. The demand in this specialty is clear and was reflected in the analysis of hospital admissions which showed that 65% of people admitted to hospital are over 65 and often have multiple complex conditions.

It is most unfortunate that the proportion of these advertised posts which remained unfilled was among the highest in all the specialties and perversely there was also a reduction in geriatric medicine training posts.

In the past, higher specialty trainee numbers have increased in the year following a peak in consultant numbers, with trainee numbers being highest in 2011. However, figures reveal the number of higher specialty trainees has reduced during the last four years. The steady expansion of consultant posts available,

along with a reduction in trainee numbers is such that the consultant posts advertised cannot be filled. Other consequences of a reduction in trainee numbers are rota gaps and how these are filled.

21% of respondents to the survey indicated that trainee rota gaps were "frequent, such that they cause significant problems for patient safety".

The issue was more commonly reported by consultants working in acute or general medicine. A further 48% of consultants stated rota gaps happened "often, but usually with a workaround solution such that patient safety is not compromised".

Other key findings in the census include:

- There has been a 3.2% expansion in consultant physician numbers – however, the rate of expansion has gradually slowed over the past few years



Census of consultant physicians and higher specialty trainees in the UK 2014–15
Full report

- The proportion of consultants working less than full time is 18%
- Satisfaction rates are high – 78% of consultants and higher specialty trainees reported enjoying their jobs "always" or "often"
- At the time the data was collected there were 13,003 consultant physicians working in the UK

The complete report can be downloaded at <http://rcp.sg/censusofphysicians> ■

CHOOSING WISELY

The Academy of Medical Royal Colleges and Faculties has been leading the UK's Choosing Wisely initiative. This programme is about embedding a culture in which patients and clinicians jointly discuss the clinical value and effectiveness of proposed treatments or interventions and the best option for that patient in their particular circumstance. While it is aimed at reducing inappropriate clinical activity, it is also about involving patients and giving them a sense of ownership of their healthcare.

All Royal Colleges have been asked to identify five interventions or procedures which they

believe are of questionable value. The Academy will collate the responses and ensure they stand up to scrutiny and are back by evidence before the list is published.

Once this work is complete the Academy will be launching a major campaign directed at clinicians and doctors to help them choose wisely. ■



TIME TO TACKLE OBESITY

The College has welcomed calls by Food Standards Scotland to confront some of the root causes of obesity. This includes action to regulate the promotion of food and drink and the introduction of a sugar tax among other measures.

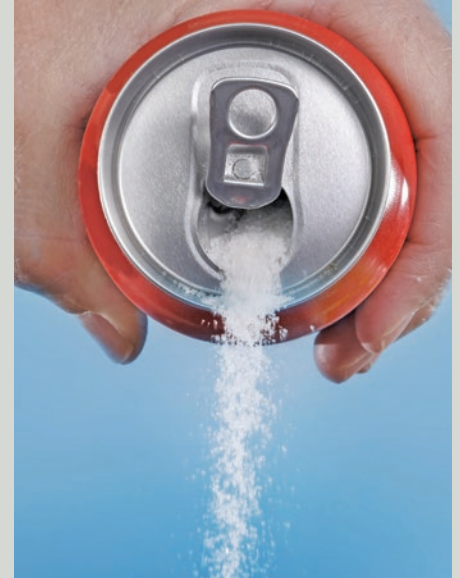
Obesity Action Scotland, which is located in our College, has called for further action to tackle advertising and marketing of food and drink, improved labelling of sugar content in foods, and the development of a framework for monitoring progress.

President, Professor David Galloway, said, "The prevalence of obesity and unhealthy overweight is a major public health crisis. The problem affects more than half of the adult population in the UK. It can have

profound physical, mental and social implications and has a direct effect on both quality of life and life expectancy.

"These issues are more prominent than ever despite previous calls for action. 2016 is the time for real change. Food Standards Scotland and Obesity Action Scotland have proposed direct measures to tackle the problem head on. We have a real opportunity in Scotland to demonstrate global leadership and deliver meaningful change for the benefit of current and future generations."

Further information from Obesity Action Scotland can be found at www.obesityactionsscotland.org or by following them on Twitter at [@obesityactions](https://twitter.com/obesityactions)



JUNIOR DOCTORS' CONTRACTS

Talks between the BMA and the Department of Health broke down in January and there was disappointment in the Royal Colleges at the decision by the Secretary of State for Health to impose a contract without the support of the profession.

We have been clear throughout negotiations that a contract should not be imposed.

In a joint statement issued with other royal colleges, we expressed the deep concern we have that this dispute has done long-term damage to the workforce. Low morale reflects deep seated concerns about training and the loss of confidence that doctors have in their employers.

The Health Secretary has consistently connected the issue of junior doctors' contracts with a "seven day NHS". Our College supports the need for a seven day health service but believe this contract alone will not resolve the issue, not least because most junior doctors already work weekends.

Doctors in training are essential for the delivery of safe, high quality patient care.



The imposition of a contract takes us even further away from a goal to make the NHS the most attractive place in the world

for doctors to work and risks permanent damage to the future of the medical workforce. ■

CMOs LAUNCH NEW UK ALCOHOL GUIDELINES

In January, the UK Chief Medical Officers collectively issued new guidelines for alcohol consumption across England, Scotland, Wales and Northern Ireland. The most significant change is a reduction in the advised maximum intake of alcohol from 21 to 14 units a week for men, bringing it into line with limits for women. How did they come to these figures? What other recommendations were there? And how can health professionals help to advise the public on the need to limit alcohol consumption?

The CMOs' guidelines were developed following a comprehensive review by a group of independent experts. The group examined the evidence from 44 systematic reviews and meta-analyses published since guidelines were last revised 20 years ago. The approaches adopted by other countries, most notably Canada and Australia were also considered. The key messages to emerge are:

- Men and women who consume alcohol should not drink more than 14 units per week
- People who do drink as much as 14 units per week should spread this evenly over three or more days
- Regular drinking is related to an increased risk of several illnesses including mental and behavioural disorders, alcoholic liver disease and alcohol-induced chronic pancreatitis. It is linked with a range of other chronic conditions such as hypertension, cardiac arrhythmias, respiratory infections and cancers of the oral cavity, throat and breast. Other sites such as oesophagus, colon and liver are associated with higher levels of intake.
- Pregnant women should avoid alcohol completely

Low risk guideline

The recommendations are based national and international data on both health risks and risks of mortality in relation to different levels and patterns of drinking. Researchers at Sheffield University were commissioned to investigate levels of risk for a wide range of conditions related to alcohol consumption. They used a combination of published meta-analyses of risk relationships, analysis of the proportion of cases of conditions attributable to alcohol and UK mortality and morbidity rates for 43 alcohol-related conditions. The results indicated that a number of conditions, as listed above, can be attributed to alcohol use.

The Sheffield report looked at the absolute risk of death from alcohol consumption in both sexes. They reported that women and men who drink five and six units of alcohol every day respectively (i.e. about two large glasses of wine a day) have an overall lifetime risk of alcohol attributable mortality of at least one in 10.

"Like tobacco, alcohol is a group 1 carcinogen and one of the most preventable causes of cancer in the UK"

Specific risks associated with consuming five units of alcohol per day include:

- 40% increased risk of breast cancer in women
- 207% increased risk of death from cirrhosis of the liver in men
- 34% increased risk of cardiac arrhythmias in men

By comparison, average consumption of 14 units of alcohol a week, or an average of two units per day, resulted in an absolute lifetime risk of mortality in men and women of around one in 100. The overall health risks in men and women at these low levels of consumption are similar.

Don't drink it all at once

The recommendations also take into account

typical drinking patterns of the British public. In surveys conducted to support the research, it was found that most UK adults drink on two days a week or less.

A number of research studies have identified higher risk of injury and death when a large amount of alcohol is consumed on a single occasion. It is particularly from around five-seven units per drinking occasion that risks of injury and accident accelerates. The guidelines therefore recommend that people who do drink as much as 14 units per week should spread this evenly over three days or more.

Risks outweigh the benefits

Previous studies have suggested a protective effect associated with low levels of alcohol consumption and the review group investigated this. The benefits to heart health were found to be less than previously thought and the Sheffield report estimated that risk reductions are only significant in women aged 55 and over who consume about five units of alcohol a week (an average of less than one unit per day).

Some reports have found a reduction in risk of mortality from ischaemic stroke and type II diabetes and these effects were taken into account in the analyses that underpin the low risk weekly guidelines. Importantly, the adverse effects of drinking alcohol on a range of cancers has now been strongly established, even at low levels of consumption, and so even a low level protective effect on for example, stroke risk, is counter-balanced by the increased risk of cancer. It is for these reasons that the review group advised on producing "low risk" guidelines, rather than "safe" guidelines when producing advice on alcohol consumption.

Avoidance during pregnancy

The guidelines development group recommended that women who are pregnant or planning a pregnancy should be advised not to drink alcohol at all. They found no



scientific basis or evidence to support setting a low risk recommendation for drinking in pregnancy. Until now, messages to women have been inconsistent, with different advice being offered between the nations of the UK. In order to create clarity and credibility, the new recommendation advises women to avoid alcohol completely during pregnancy.

Health professionals can support pregnant women who may be concerned if they have taken alcohol before finding out they were pregnant by advising that in most cases it is unlikely their baby has been affected but to recommend the avoidance of further drinking.

Role of health professionals

According to the guidelines, more than 90% of the UK public believe it is important that people know about how alcohol can affect health. Of concern, less than half of the British public are aware of the link between alcohol and cancer and just one in three know about the increased risk of breast cancer.

There is also a widely held belief that moderate drinking has health benefits. This

is not supported by the evidence which shows increasing risk of harm, morbidity and mortality from any levels of consumption of alcohol. Like tobacco, alcohol is a group 1 carcinogen and is thus one of the most preventable causes of cancer in the UK.

Health professionals can support their patients by ensuring they are properly informed and by using the guidelines to provide consistent advice.

The CMOs have called on the government to add mandatory health warnings to the labels of all alcoholic products.

College President, Professor David Galloway said, "This advice rests on the latest evidence and has several important implications. Perhaps the most striking new message concerns the relationship between alcohol intake and cancer. In the past, conflicting messages have led some to believe that modest alcohol intake had health benefits. It is now very clear that there is no such thing as a safe level of alcohol consumption. While the risks are graded, the advice highlights the dangers related to drinking

patterns previously considered as "safe".

"I welcome these recommendations."

Our College is a member of the Alcohol Health Alliance which is a coalition of 45 organisations sharing an interest in reducing the damage caused to health by alcohol misuse in the UK. ■

In January, our College welcomed the progression of a bill to lower the drink driving limit in England, following a previous call by the Alcohol Health Alliance. This would bring England and Wales into line with Scotland and the European Union. There is overwhelming public support for lowering the legal drink drive limit – a recent poll showed 77% of people favoured a 50mg/100ml limit. At the current limit of 80mg/100ml, drivers are six times more likely to die in a road traffic accident than those who have not taken alcohol. ■

ON THE FRONT LINE WITH DAVID RICHENS

David Richens FRCS(Glasg) is a consultant cardiac surgeon and Clinical Associate Professor at Nottingham University Hospitals. He chairs the Joint Committee on Intercollegiate Examinations (JCIE) and is a regional advisor for our College. He is based at the Trent Cardiac Centre in Nottingham. He speaks to College News about his work.



“Heart surgeons are all about instant gratification, or so my family keeps telling me. The reverse side of that coin is dealing with the fact that we cannot always make everyone better”

CN: What does your daily job involve?

DR: I no longer have a typical daily job! My work is divided principally between clinical activity in Nottingham and my role at the JCIE, which takes place across the four Surgical Royal Colleges. Clinically, I operate one day per week, specializing in mitral valve repairs. I hold clinics, ward rounds, attend MDTs each week and one night in four I am on call. I work closely with trainees on the regional cardiothoracic rotation who are allocated with me for six monthly attachments. Otherwise I tend to spend quite a lot of time travelling between London, Glasgow and Edinburgh with my JCIE hat on. This involves attending committees and working in the Intercollegiate Office, based at the Royal College of Surgeons of Edinburgh.

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

DR: I studied at Kings College Hospital. Subsequently, I trained in Leeds, Kings, Newcastle and Southampton before spending a year in Sydney at the Transplant Unit, St Vincent's Hospital. I got a proleptic appointment as senior lecturer in cardiac surgery in Glasgow before leaving for Australia. The Royal Infirmary had been awarded the bid for the Scottish Heart Transplant Program. A donor heart became available on my first night on the job and we performed Scotland's first heart transplant on 1 January 1992. New Years

Day is a slow news day, and the operation made a bit of a splash at the time. That was my 15 minutes of fame, all used up on my first day! We performed over 20 transplants in that first year. In 1995 the opportunity arose to set up a new cardiac unit in Nottingham and I have been there ever since.

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

DR: Cardiac surgery patients today are older and sicker and would not have been considered for operation when I started. Despite this, our results are improving all the time. Publication of surgeon specific outcome figures has been part of the heart surgeon's lot for many years now. This means scrutiny not only by one's peers but also by the lay press. All of this places cardiac surgeons under particular pressure while they go about their business.

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

DR: The most fulfilling part is operating on poorly cardiac patients and seeing them get better. Heart surgeons are all about instant gratification, or so my family keeps telling me. The reverse side of that coin is dealing with the fact that we cannot always make everyone better. A small proportion of cardiac surgery patients still die at the time of operation. Breaking bad news is something that I find difficult to do well, and which affects me profoundly.



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

DR: There are places within my local health economy with profound social deprivation and low standardised mortality rates. The NHS is faced with increasing demand and tightening budgets. I believe the solutions to this are not simple and include either an increase in taxation or a fall in the quality of the service (such as rationing or increasing waiting times).

CN: You are one of the College regional advisors – how has this role helped your professional development and how important are the regional advisors for the College?

DR: Being a regional advisor has certainly helped me reflect on the needs of our trainees. It has stimulated me to establish an annual course at the Clinical Anatomy Skills Centre (CASC) on the mitral valve and to host examinations in Nottingham for those who may find it easier to sit with them locally rather than travelling to Glasgow. ■

Physicians

31 May – 1 June, 9.00-17.00

IMPACT

Two-day course introducing the principles and practice of acute medical care and related knowledge, skills, understanding and attitudes

Member fee: £472 | Lunch provided | Book online

25 November, 9.00-17.00

St Andrew's Day Paediatric Symposium

CPD credits applied for

Member fee: £68 | Lunch provided | Book online

10 March 2017, 9.00-17.00

Interactive Cardiology Symposium

CPD credits applied for

Member fee: £68 | Lunch provided | Book online

Exam closing dates

23 March | MRCP(UK) SCE - Gastroenterology
Exam to be held on 20 April, various locations

11 April | MRCP(UK) Part 2 clinical examination (PACES)

Exam to be held during 4 June – 7 August, various locations
Applications open 28 March

13 April | MRCP(UK) SCE - Neurology

Exam to be held on 11 May, various locations

9 May | MRCP(UK) Part 2

Exam to be held on 29-30 June, various locations
Applications open 19 April

11 May | MRCP(UK) SCE –

Endocrinology and Diabetes

Exam to be held on 8 June, various locations

10 August | MRCP(UK) SCE

– Infectious Disease

Exam to be held on 7 September, various locations
Applications open 18 May

10 August | MRCP(UK) SCE

– Medical Oncology

Exam to be held on 7 September, various locations
Applications open 18 May

Surgeons

19 March, 9.00-17.00

Foundation Skills in Surgery

This interactive course provides an introduction to the specific skills of early stages of surgery. It is suitable for foundation year doctors and final year medical students considering a career in surgery

Member fee: £68 | Lunch provided | Book online

Also running on 22 October 2016, 18 March 2017

30 March, 9.00-17.00

Hip Fracture Symposium.

Member fee: £68 | Lunch provided | Book online

16-17 April, 9.00-17.00

MRCOSCE Part B Preparation Course -

Bangalore

Member fee: £350 | Contact mrcsosce@rcpsg.ac.uk

20-22 April, 9.00-17.00

MRCOSCE Part B Preparation Course

Reduced fee: £500 | Lunch provided | Book online

Also running on 7-9 September

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IMPROVING TREATMENT OF KIDNEY DISEASE SYMPOSIUM



6 CPD credits

18 March, 9.00-17.00

This symposium will update on the advances in treatment of patients with kidney disease, with an emphasis on new therapies, safety and cost-effectiveness

Member fee: £68 | Lunch provided | Book online

SPORTS AND EXERCISE MEDICINE SYMPOSIUM



6 CPD credits

11 May, 9.00-17.00

A world class event with keynote speakers presenting on the prevention and treatment of sporting injury.

Member fee: £68 | Lunch provided | Book online

MEDICINE24



12 CPD credits

15-16 September, 9.00-17.00

A two day interactive educational event which will provide a comprehensive update on general internal medicine, focusing on the optimal management of conditions within the first 24 hours of admission

Member fee: £120 | Lunch provided | Book online



WHAT'S ON

18 May, 9.00-17.00

Surgical Anastomosis Techniques

A hands-on practical course designed for surgical trainees wishing to develop their anastomosis techniques. The day concentrates on vascular and bowel anastomosis techniques
Member fee: £145 | Lunch provided | Book online
Also running on 5 October 2016, 22 February 2017, 31 May 2017

2 September, 9.00-17.00

Multidisciplinary Thyroid Cancer Symposium

Member fee: £68 | Lunch provided | Book online

22-23 September, 9.00-17.00

Basic surgical skills course

For trainees anticipating a career in Surgery and preparing for basic surgical examinations.
Member fee: £505 | Lunch provided | Book online
Also running on 17-18 November 2016, 16-17 February 2017, 18-19 May 2017

23-24 February 2017, 9.00-17.00

Glasgow Emergency and Trauma Symposium (GESTS)

CPD Credits applied for
Member fee: £178 | Lunch provided | Book online

Exam closing dates

25 March | FRCS Ophthalmology Part 3

Exam to be held on 21-24 June, Glasgow

1 April | MRCS Part B OSCE

Exam to be held on 19 June, Bangalore

17 June | DOHNS Part 1

Exam to be held on 5 September, Glasgow

17 June | MRCS Part A written

Exam to be held on 6 September, various locations

1 July | FRCS Ophthalmology Part 3

Exam to be held on 24-27 September, New Delhi
Applications open 3 June

4 July | FRCS Ophthalmology Part 1

Exam to be held on 4 October, various locations

4 July | FRCS Ophthalmology Part 2

Exam to be held on 4 October, various locations

22 July | MRCS Part B OSCE

Exam to be held on 13-14 October, Glasgow

5 August | FRCS Ophthalmology Part 3

Exam to be held on 3-6 December, Oman
Applications open 8 July



Dentistry

11-13 March, 9.00-17.00

MFDS P1 – Glasgow

18 CPD credits

Three-day course featuring a series of interactive lectures, aimed at those candidates about to sit their MFDS PART 1 exam
Member fee: £440 | Lunch provided | Book online
Also running 9-11 September 2016, 10-12 March 2017, 8-10 September 2017

26-27 April, 9.00-17.00

MFDS P2 – Glasgow

11 CPD credits
Two-day revision course includes interactive lectures and practical skills stations, as well as an afternoon of mock OSCEs
Member fee: £425 | Lunch provided | Book online
Also running on 1-2 November

20 January 2017, 9.00-17.00

Inaugural Scottish Orthodontic Symposium

CPD credits applied for
Member fee: £68 | Lunch provided | Book online

1-2 June 2017

Dental 50th Anniversary Celebrations

A celebration of our Faculty of Dental Surgery, educational events will include
Top Tips for GDPs
Top Tips for DCPs
Top Tips for StRs
TC White Symposium

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THE VIII COLOPROCTOLOGY SYMPOSIUM



6 CPD credits

15 April, 9.00-17.00

The eighth coloproctology symposium will be held in conjunction with the Scottish Chapter of the Association of Coloproctology of Great Britain and Ireland. As before, a number of controversial lectures will be given by speakers well recognised for their willingness to state an opinion

Member fee: £68 | Lunch provided | Book online

COMPLICATIONS OF BARIATRIC SURGERY

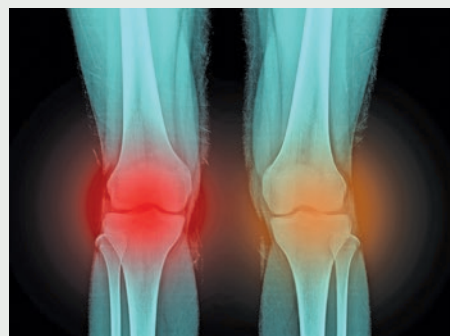


13 May, 9.00-17.00

Led by a faculty of experienced bariatric surgeons, this symposium will focus on the recognition and management of common complications of bariatric procedures for the general surgeon.

Member fee: £40 | Lunch provided | Book online

INTERNATIONAL ORTHOPAEDIC AND TRAUMA SYMPOSIUM



6 CPD credits

20 May, 9.00-17.00

The second running of this event, which has been designed to develop enhanced knowledge and to provide you with the latest thinking and advances in current practice to optimise surgical outcomes in orthopaedics and trauma

Member fee: £100 | Lunch provided | Book online



WHAT'S ON

Events for all

13 May, 12.30-17.00

Clinical trainer development course

4 CPD credits

Delivered by professional clinical leadership and management experts and senior clinicians, this half day course will provide you with enhanced skills for delivering education and training
Member fee: £40 | Book online
Also running on 27 May, 3 November

19 May, 9.00-17.00

Practical Advice for New Consultants

5 CPD credits

This symposium guides newly appointed consultants, or those who are about to be appointed, through the major issues they will encounter in the first years following appointment, particularly those areas not discussed in postgraduate or specialty training
Member fee: £68 | Lunch provided | Book online
Also running on 25 May 2017

23 September

Whistleblowing Symposium

This symposium addresses some of the findings of the Francis Report, which stresses the importance of whistleblowing and protection of staff to ensure patient safety.
Fees to be confirmed

Exam closing dates

28 December 2015 | ISFE restorative dentistry

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

20 May | ISFE Orthodontics

Exam to be held on 12-14 September, Glasgow

27 May | ISFE Oral Medicine

Exam to be held on 19-20 September, Glasgow

24 June | ISFE Restorative Dentistry

Exam to be held on 17-18 October, Glasgow

27 June | ISFE Dental Public Health

Exam to be held on 17-18 October, Glasgow

30 June | ISFE Paediatric Dentistry

Exam to be held on 20-21 October, Dublin

4 July | ISFE Oral Surgery

Exam to be held on 21-22 November, Glasgow

22 July | MFDS Part 1

Exam to be held on 3 October, various locations

Held at the Royal Pharmaceutical Society, London, this one-day conference is hosted by the RPS in partnership with the Faculty of Travel Medicine and has been designed to address the knowledge and skills front-line professionals need to provide up-to-date, quality travel advice.

Member fee: £150 | Lunch provided | Book online

Location, Royal Pharmaceutical Society, 66 East Smithfield, London, E1W 1AW

6 October

Faculty of Travel Medicine Annual Symposium:

Ten years strong and looking to the future

The Faculty of Travel Medicine will be celebrating their 10th anniversary at this year's annual symposium. The event promises to cover a variety of topics of interest to the travel medicine specialist.

Member fee: £68 | Lunch provided | Book online



Podiatric Medicine

Exam closing dates

11 December 2015 | MFPM Part 1

Exam to be held on 9 March 2016, Glasgow and London



Travel Medicine

11 April

Travel medicine: Bites, bumps, burns and more

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TC WHITE SYMPOSIUM



6 CPD credits

3 June, 9.00-17.00

This new event will focus on the needs of individuals with dementia, considering communication, protection and health inequalities

Member fee: £68 | Lunch provided | Book online

DIPLOMA IN EXPEDITION AND WILDERNESS MEDICINE



2016 sees the launch of the new Diploma in Expedition and Wilderness Medicine - a 12 month course aimed at those looking to develop their knowledge and skills in this specialist area. Structured in conjunction with the Oxford Handbook of Expedition and Wilderness Medicine, the Diploma will offer students the chance to gain a fully recognised qualification, with post graduate diploma equivalence through Glasgow Caledonian University, whilst also having the opportunity to travel to challenging locations both in the UK and Morocco.

Find out more at <http://rcpsg.sg/DEWM>

BRINGING LEGS TO LIFE: PROMOTING VIABILITY AND PRESERVING TISSUE IN THE LOWER LIMB



7 June

This interactive event is open to all clinicians with an interest in the lower limb and will provide attendees with knowledge in recognising compromised tissue, preventing deterioration and promoting wound healing while adopting multidisciplinary approaches to ensure optimum patient outcomes.

Member fee: £68 | Lunch provided | Book online

MEDICINE 24

Medicine 24 ran successfully for the first time in 2015, to the College's largest audience thus far making a dramatic debut into the medical education events calendar. The 2015 symposium attracted an audience of 400 over five locations: the College and secondary venue for delegates and a further three hospital sites for an undergraduate audience. As such it raised the bar for medical education, not simply in terms of scale but in its quality of provision which was outstandingly focused, relevant and appropriate for these entirely different audiences who simultaneously accessed the same topical and current programme. This was an outstanding achievement and potentially a difficult act to follow, however the College's Medical Education Board and event director Jackie Taylor are confident and clear about their vision for developing this event further to meet both popular demand and the core needs of medical training.

With such an impressive initiation, there is obviously curiosity as to how the format and content will develop for 2016 and beyond. In response Dr Taylor has indicated that good use

will be made of the 2015 delegate feedback. She commented, "I believe we've got the basic formula correct in terms of providing the type of education that doctors who are participating in general medical receiving require, but we're not complacent, things develop, you can always make it better. In terms of topic, we're including delegate suggestions from 2015 and we're also going to look more carefully at the place case histories have within the format."

Dr Taylor also explained that experience has been gained in the technical aspects of linking across different sites and this will make that process smoother next time and for future events. There is of course the potential to link to more sites, however Dr Taylor was careful to point out that "we have to get the balance right in terms of delivering an experience that's really good for those who are attending and that any additional audiences are not accommodated at the expense of that core audience experience, so we want it as widely available as we feel able to deliver. It needs to be the right balance for that and bigger isn't always better."

are known for their knowledge combined with an ability to lecture and present or educate well. People who have a reputation and are in many instances leaders in their field and we've also strategically used a mix of local speakers, national speakers and international speakers." Dr Taylor emphasised that "we should never underestimate the expertise that we have locally and it's very good to draw on that. At the same time it's important to realise that you can learn a lot from individuals who work in other settings outwith the west of Scotland. The mix of national and international expertise is useful and these elements combine to bring a different dimension and feel to the event".

Medicine 24 has certainly raised and defined expectations about what the characteristic features of a flagship event should be and this may have an influence on the College's agenda for flagship medical events going forward. Nonetheless the character of the College and the needs of medical practitioners remain the paramount factors. Dr Taylor emphasised that the College needs to play to its strengths; she commented that education has developed several distinctive flagship events and that we now need to make sure that we continue to develop those and ensure we deliver them to the best of our ability.

The flagship events are those that have the largest audience and require a key selling point which must be something we do well, that people value and will therefore want to come to and be educated by us. Dr Taylor summed this up by commenting that, for these reasons "we've got to look carefully at the ability, the infrastructure and the energy we have to deliver these things and potentially the other educational activities that should develop into flagship events over time, but the motivations should always be because there's a perceived need not simply to populate a programme of events but to further high quality learning where a demand and need has been identified. If we compare where we are now with five years ago we've started to understand what we have to offer and what we do well and consolidate and now we need to build on that". It is clear that the overarching agenda for the College, regardless of the size and scale of our flagship events, is about quality of provision and meeting defined educational needs within the sector.

Medicine 24 will take place on 15 and 16 September 2016. Please refer to the advert on the left for booking details. ■



12 CPD CREDITS

MEDICINE24

A two day interactive educational event which provides a comprehensive update on general internal medicine, focusing on the optimal management of conditions within the first 24 hours of admission

15-16 September 2016
Royal College of Physicians and Surgeons of Glasgow

Book online now at <http://rcpsg/medicine24>
Call + 44 (0)141 227 3212 | Email wilma.paterson@rcpsg.ac.uk

f t in
#medicine24

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW
PHYSICIANS

TELL US WHAT YOU THINK

We are currently reviewing our College profile, membership services and benefits and would very much appreciate your help. Your input is extremely valuable in helping us to understand why you joined our College and which services are most important to you.

The needs of physicians based within and outside the UK differ and we have designed independent surveys to reflect this. UK-based physicians can access the survey at: <http://rcp.sg/UKmembersurvey>

Non UK-based physicians can



access the survey at: <http://rcp.sg/Intmembersurvey>

The survey should take no more than five minutes to complete and will really help to inform our future planning.

Many thanks in advance for your help. ■

RECRUITMENT

MRCP(UK) vacancies

MRCP(UK) is currently recruiting for the following posts. Full details including eligibility criteria are available at www.mrcpuk.org

Chair of the Endocrinology and Diabetes Specialty Certificate Standard Setting Group
Closing date: Friday 1 April 2016

Chair of the Rheumatology Specialty Certificate Examining Board
Closing date: Friday 18 March 2016

Members of the MRCP(UK) Part 1 examining board in the following specialties:
- Geriatrics
- Neurology
- Infectious Diseases
Closing date: Friday 11 March 2016

Member of the Endocrinology and Diabetes Specialty Certificate Standard Setting Group
Closing date: Friday 1 April 2016

Member of the MRCP(UK) Part 2 examining board in the following specialty:
- Medical Oncology
Closing date: Monday 21 March 2016

Member of the Dermatology Specialty Certificate Examination Standard Setting Group
Closing date: Friday 8 April 2016

Member of the Medical Oncology Specialty Certificate Examination Question Writing Group
Closing date: Friday 8 April 2016

Member of the Medical Oncology Specialty Certificate Examining Board
Closing date: Friday 8 April 2016

Chair of the Dermatology Specialty Certificate Examination Standard Setting Group
Closing date: Friday 8 April 2016 ■

NEW MEMBERS

Welcome to all physicians admitted to the College during November - January 2016.

Fellow qua physician - FRCP(Glasg)

Shireen **Afroz**
Thair Mousa Gazi **Alsaadon**
Salam **Al-Sam**
Aysha **AlZaman**
Jennifer Louise **Armstrong**
Rajagopalan **Balakrishnan**
Jeyaraj **Balasubramaniam**
Jayakumar **Bhaskaran Nair**
Mohammad Tahir Rafique **Bhutta**
Faraj **Bustami**
Prosenjit **Chakraborty**
Ruvan Ajeya Illangakoon
Ekanayaka
Tem Lom **Fam**
Srabani **Ghosh**
Shanil **Kadir**
Petros **Karsaliakos**
Jehangir **Khan**
Imran Ullah **Khan**
Wing Heng Simon **Li**
Shankar **Loharuka**
Pankaj **Malhotra**

P **Manokar**
Md Badrul Alam **Mondal**
Osman Haj Abdu **Mukhtar**
Andrew Duncan **Murray**
Ahsen **Nazir**
Ernest Wee Oon **Ng**
Shu Ee **Ng**
Pramod Kumar **Nigam**
Jaleel **Nihad**
Caroline Anne **O'Dowd**
Chun Wei Gavin **Ong**
Md Ismail **Patwary**
Sooda Gurumadhva **Rao**
A.Q.M **Reza**
Aamir **Shahzad**
Minakshisundaram
Shunmugavelu
Navin Kumar **Soni**
Mark **Spears**
Kin Ming **Tam**
Gabriel **Yaacoub**
Kai Hang **Yiu**

Member of the College – MRCP(SGlasg)

David James **Bell**
Jane **Cannon**
Rumana **Choudhury**
Kerri **Devine**
Matthew **Embley**
Shao Wen Galvin **Gan**
Mohammad Inamul **Haq**
Mujtaba **Hasan**
Muhammad Sohail **Hassan**

Sana **Iftikhar**
Khurshid **Khan Afridi**
Rose Marie Maquinto **Maines**
Seosamh Henry James
McCauley
Abdalla El Hussien **Mohammad**
Mahadev **Ramjee**
Qamar Uz Zaman **Shahzad**
Ruth **Todd**



MRCS – IN THE UK



Fellows and Members are encouraged to support their junior colleagues by reminding them of opportunities available to sit their MRCS examination and preparation courses with our College.

The MRCS exam is essential for completion of core training and mandatory for progression to specialty training, and so marks a vital stage in the career of a surgeon. Candidates are only allowed four attempts at the OSCE exam so preparation is key.

Our comprehensive OSCE preparation course, highly rated clinical assessment centre and Associate in Training membership have been developed to suit candidates as they work towards this major milestone in their career as a surgeon.

TRAUMA AND ORTHOPAEDICS SAS SURGEONS SURVEY

The British Orthopaedics Association is currently conducting a survey for SAS surgeons to better understand how we can support the career aspirations of colleagues in trauma and orthopaedic.

SAS surgeons are invited to complete the survey at <http://www.boa.ac.uk/pro-practice/supporting-sas-surgeons-survey>

You are also welcome to share the link with any trauma and orthopaedic SAS colleagues. They do not need to be member of the British Orthopaedics Association to complete the survey. ■

OSCE preparation course

This three day preparation course incorporates:

- Two days of lectures
- Interactive sessions in small groups with patients
- A mock exam that replicates the OSCE stations in the real exam
- Feedback from senior clinicians

The mock exam is held at the clinical assessment centre and is an invaluable experience for candidates to get a feel for the real thing and receive pass/fail feedback on performance.

OSCE exam

The exam normally consists of 18 stations which examine the following broad content areas:

- Applied knowledge: consisting of anatomy, surgical pathology, applied surgical science and critical care
- Applied skills: consisting of communication skills in giving and receiving information, history taking and clinical and procedural skills

Special Offer

Save £250 when you book the OSCE preparation course and exam with us

Normal rates:

MRCS OSCE exam	£930
Preparation course	£750

(£500 for candidates who have applied to sit the exam with us)

Find out more online at

<http://rcp.sg/mrcs>

More information is available to download on the College website at <http://rcp.sg/mrcsosce>.

Please feel free to download and share this with any colleagues who may be interested.

Associate in Training membership

Core Trainees working towards their MRCS OSCE exam can join the College as Associate in Training members for just £60 per year. For this they receive:

- Discounts on a range of educational events including surgical skills training
- Online, distance and onsite library resources
- Access to scholarships and awards including travelling fellowships
- CV building and careers evenings
- 20% discount on UpToDate ■

Forthcoming exam and preparation course dates:

MRCS Part A Written – **19 April 2016**
(Glasgow, Blackburn, Nottingham)

MRCS OSCE – **12-13 May 2016**

Preparation course – **7-9 September 2016**

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Many thanks in advance for your help. ■

YOUR JOURNEY TO CORE SURGICAL TRAINING

with the Royal College of Physicians and Surgeons of Glasgow

Student membership - free
Foundation doctors - £24
Core trainees - £30

Progression from the foundation programme to core training is competitive and posts are allocated through an application process.

In support of your application you will be asked to give evidence of a number of key competencies:

- ✓ **Education and qualifications**
- ✓ **Commitment to surgery**
- ✓ **Leadership and teamwork**
- ✓ **Research skills**

Membership of our College offers a range of opportunities to help you achieve these competencies during the early years of surgical training.

To find out more visit:
rcp.sg/ugsurgeon



NEW MEMBERS

Welcome to all physicians admitted to the College during November-January 2016.

Fellow qua Surgeon – FRCS(Glasg)

Ahmed Assad Hassan **Al-Kilidar**
Abdulsalam Mohammed Khamis **Al-Mujammaee**
Christine Wan-May **Ang**
Maria Louisa **Bews-Hair**
Frank **Farbod**
Mohammad Ismail **Hossain**
Firas **Husban**
Ananth Pai **Kalsank**
Moh'D Yaser **Kayyal**
Katherine **Krupa**
Benjamin Dak Keung **Leong**
Ahmed Omer Salem **Maasher**
Gloria **Pelizzo**
Mohammad **Tahir**
Mushahid **Thakur**
Muhammad **Waheed**
Sanoop Koshy **Zachariah**

Fellow qua Surgeon in Ophthalmology – FRCS(Glasg)

Mahmoud Tawfik Tawfik **Abd El Hady**

Mohammed Awadh A **Alasmari**
Hesham Salama Elmetwaly Morsy **Badra**
Waleed El-Said Badr **El-Sayed**
Ali Mohamed Abdel Monem **El-Sokromy**
Thushara Sanjeewa **Katukurunde**
Kaluarachchige
Obaid Majid **Kishtwari**
Musa Abdulhadi M **Mhemad**
Anurag **Narula**
Jaysheel **Nazare**
Moulindu **Paul**
Remya **Raghavan**
Rasha Salah Abd El Hamid Mohamed **Saad**
Shereen Hassan Hosny **Salman**
Kuloth Vayalomban **Shamna**
Hossam Mahmoud Mitwalli **Shehata**
Abeer Abdelhady **Shita**
Sameh Galal **Taher Salem**
Caroline Atef Guergues **Tawfik**
Adel Samy Habib **Wahba**

Fellow in General Surgery – FRCSGlasg(Gen Surg)

Emily **Baird**
Andrew J **Jackson**
Evangelos Georgiou **Mangos**
Donald A **McArthur**
Lisa Helen **Moyes**
Gurpreet Singh-Ranger

Fellow in Trauma & Orthopaedics – FRCSGlasg(TR&Orth)

Martin James **Davison**

Fellow qua Surgeon in Urology – FRCS(Urol)(Glasg)

Shamsuddin **Omar**

Member qua Surgeon – MRCS(Glasg)

Abdul **Ahad**
Amina Asmaa **Bouhelal**
Caroline Jacqueline **Foster**
Nick **Mani**
Ting Yang **Tan**
Weiwen Timothy **Teo**

UK DENTAL UNDERGRADUATE AWARD LAUNCHED

The Faculty has launched a new award for UK dental students.

The award is open to introductory (undergraduate) members of the Faculty who are studying at a UK university (*excluding the Universities of Glasgow and Dundee, where dental electives are already offered*).

Award recipients will be given £500 each, and four will be awarded annually. Successful applicants will be invited to

prepare a poster presentation in standard Power Point format, detailing either their dental elective programme or a clinical case report.

Further information including an application form is available at <http://rcpsg.sg/scholarships>

Please do encourage your dental students to apply. The closing date for applications is April 2016. ■

TELL US WHAT YOU THINK

We are currently reviewing our College profile, membership services and benefits and would very much appreciate your help. Your input is extremely valuable in helping us to understand why you joined our College and which services are most important to you.

You can access the survey at: <http://rcpsg.sg/dentalmembersurvey>

The survey should take no more than five minutes to complete and will really help to inform our future planning.

Many thanks in advance for your help. ■

Correction:

In the Winter 2015 issue of College News we incorrectly stated that Graham Ogden would assume the role of Vice President (Dental) in November 2015.

Professor Ogden will actually assume the role of Vice President (Dental) and Dean of the Faculty of Dental Surgery in November 2016.

NEW MEMBERS

Welcome to all dental professionals admitted to the College during November-January 2016.

Fellow in Dental Surgery – FDS RCPS(Glasg)

Vimal **Arora**
Stephen James **Bonsor**
Kolera Muthanna **Cariappa**
Ning Hoi **Cheung**
Neil Anthony **Croucher**
Abdulbaset **Dalhous**
Reda Fouad **Elgazzar**
Frank **Farbod**
Thomas Peter Berkeley **Handley**
Deivanayagam **Kandaswamy**
Kalaarasu **M Peariasamy**
Heather **MacRitchie**
Ewen Mark **McColl**
Krishnan **Ramesh**
Mark Harold **Richardson**
Syed Adnan Ali **Shah**
Eric **Stoopler**
Lewis Andrew **Winning**
Simon **Wright**

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

Amy Louise **Hollis**

Fellow in Dental Public Health – FDS(DPH)RCPS(Glasg)

Richard David **Holmes**

Member in Orthodontics – M(Orth) RCPS(Glasg)

Catherine Lucy **Mathews**

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

Gehad Fouad Elsayed **Abaza**
Ahmed **Adel Abdelhday Alwakeel**
James Rodney **Allison**
Mohamed Abbas **Amin**
Susan Jennifer **Appleby**
Nayera **Atef Sayed Mohammed**
Abdul Quddoos **Butt**
Matthew **Byrne**
Sampath Reddy **Cheruku**
Ka Ho **Cheung**
Ho Cheong **Choi**
Brian James Andrew **Dawson**
Nazia **Din**
Ryan John **Dolan**
Karim **El Mestekawy**
Mohamed **El Zayat**
Hussam **Elassar**
Danielle **Fitzpatrick**
Emma Louise **Foggo**
Robert **Foggo**
Khaled Sherif Abdelmonime **Gamil**
Christine Margaret **Gordon**
James Anthony **Grandfield**
Jasem Jawwad **Greval**
Roya Khudaiddad **Hazara**

Emily **Higgins**
Richard **Hogan**
Nagendran **Jayavel Pandiyan**
Prithiviraj **Jeyaraman**
Simranjeet **Kaur**
Kuljit Singh **Khehra**
Anh Nguyet **Lam**
Kamaraj **Loganathan**
Shadab **Mohammad**
Sara **Mohammed Saed**
Helen Kathryn **Morris**
Murugan Satta **Muthu**
Stephanie **O'Raw**
Jaymit **Patel**
Thomas **Richmond**
Mohammad **Saad Ali**
Karun **Sagar**
Omar **Salamat**
Phillip Gerard **Seenan**
Tsin Cheung **Tai**
James Fawdington **Tinning**
Chi Keung Michael **Tong**
Marimuthu **Vadivel Kumaar**
Kandaswamy **Velkrishna**
Naveen Kumar **Vellore Loganathan**
Owen Peter **Walls**
Senarath Jayasuriya **Wijesooriya**
Mudiyansele **Woolley**
Stephen Mark **Woolley**
Sherif Ahmed **Zaghloul Abd Elnaeem**
Ahmed

Dental awards

More than £20,000 now available to support your professional development



MEMBERSHIP BENEFITS

TC White Young Researcher Grant

ABOUT	Awarded to a young researcher to enable them to develop research skills
ELIGIBILITY	Individuals at an early stage in their career (less than 12 years experience)
SPECIALTY	A wide range of dental research will be considered
VALUE	£10,000 maximum; one awarded annually
CLOSING	30 April 2016

TC White Lecture Award

ABOUT	This award enables young researchers, Fellows and Members to present their work at a professional conference
ELIGIBILITY	Individuals at an early stage in their career (less than 12 years experience)
SPECIALTY	All dental specialties
VALUE	£1,000 maximum; one awarded annually
CLOSING	30 April 2016

TC White Observership Award

ABOUT	To fund travel and accommodation costs for a non-UK resident wishing to gain experience at a recognised centre of excellence
ELIGIBILITY	Non-UK residents
SPECIALTY	All dental specialties
VALUE	£2,000 per award; two awarded annually
CLOSING	30 April 2016

TC White Travel Grant

ABOUT	Assistance with travel and accommodation costs for attending symposia and gaining experience outside the individual's country of residence
ELIGIBILITY	Individuals with no alternative means of support
SPECIALTY	All dental specialties
VALUE	£2,000 per award; three awarded annually
CLOSING	30 April 2016

Aileen Lynn Bequest Fund

ABOUT	Small equipment grant to support cancer research
ELIGIBILITY	All Fellows and Members of the College and Faculties
SPECIALTY	Cancer research
VALUE	£5,000 maximum per award; one to two awarded annually
CLOSING	August 2016

Further further information please visit <http://rcp.sg/dentalawards>

email dental@rcpsg.ac.uk
or call +44 (0)141 227 3220

One application per person per category. Only open to current members of the Faculty of Dental Surgery



CONGRATULATIONS TO SUCCESSFUL MFTM PART 2 CANDIDATES

Congratulations to the 16 candidates who successfully passed the MFTM Part 2 OSCE exam held at the Golden Jubilee Hospital in Glasgow on 2 December.

We are delighted to welcome them to the Faculty and look forward to their involvement with the College for many years

to come. We look forward to celebrating their success with them at the next College Admissions Ceremony on 8 June 2016.

The ceremony, held in the splendour of the Bute Hall at the University of Glasgow, is a wonderful way to mark the culmination of their hard work and achievement in passing the MFTM examinations. ■

EMPORIATRICS

The latest edition of our Faculty magazine, Emporiatics, will be published at the end of March. This edition includes articles on diverse issues including Stem Cell Tourism; IBD Passport – a site for Health Professionals and for travellers with inflammatory bowel disease; a Traveller's Tale – on a visit to India by our Vice-Dean, Lorna Boyne; and an article from the Dean, Group Captain Andy Green titled 'Public health emergencies of international concern in the post-Ebola world (PHEIC)' ■

THE EDUCATION, TRAINING AND PROFESSIONAL DEVELOPMENT BOARD GETS UNDERWAY

The Education, Training and Professional Development Board has met twice to date and has been busy planning activities including educational meetings for the next two years. They are pleased to report:

Forthcoming meetings from the Faculty of Travel Medicine

Travel Medicine: Bites, bumps, burns and more sees the 5th collaborative meeting of the Faculty of Travel Medicine and the Royal Pharmaceutical Society, to be held at the RPS headquarters in London on Monday 11 April 2016.

A full programme includes the following topics: The arthropod souvenirs they don't mention in the travel brochures; Sexual health and the traveller; Accidents abroad and the work of repatriation companies; Promoting the public awareness of sunscreen understanding and Challenges in malaria prevention. Other practical sessions will look at an informative travel health update, running a travel medicine service and travel health scenarios from the advice line of the National Travel Health Network and centre. For further information see <https://www.rcpsg.ac.uk/events/ext-travel-medicine-bites-bumps-burns-and-more.aspx>

Ten years strong and looking to the future. As the Faculty celebrates 10 years

since its inception, this will be recognised within its flagship meeting, the Annual Symposium on Thursday 6 October 2016.

Topics include: Female Genital Mutilation – implications for the travel specialist; New age viral diseases and the traveller; typhoid and future vaccine development; the David Livingstone Lecture; Disability and travel – is it worth it?; and Piracy on the high seas. This meeting also introduces for the first time a new opportunity for students of travel medicine to share their research – and for 2016, past Cameron Lockie Prize winners will be presenting. More information will be posted on the College website shortly. A Faculty dinner will be held the night before the meeting. Faculty members are encouraged to join in our celebrations, use the opportunity to meet up and network and enjoy a great day of travel medicine education.

The Faculty of Travel Medicine Education Hub

This is a new concept which will bring education to all levels of the Faculty,



developed by the membership for the membership. Features will include regular travel medicine updates, FAQs, videos, an international section and much more. The FTM Education Hub will be launched at our stand during the 6th Northern European Conference of Travel Medicine (NECTM) at the Queen Elizabeth II Centre in the heart of London 1 – 4 June 2016. The tool will subsequently be available in the College's e-learning site. Faculty members interested in being involved in this new venture are welcome to contact the Faculty's Director of Education for further dialogue at education@rcpsg.ac.uk ■

ZIKA VIRUS

Travel medicine advisors have become very involved in the developing news story that has caught global attention of late – Zika virus.

The World Health Organisation has announced a Public Health Emergency of International Concern and the picture is developing at a fast pace. Zika is a viral infection transmitted most commonly by the Aedes mosquitoes which are most active during daylight hours. There have been cases of Zika virus transmitted through sexual intercourse, and in utero to babies via the placenta. The disease was first identified in Uganda in 1947 in rhesus monkeys and subsequently in humans in 1952 in Uganda and the United Republic of Tanzania. Outbreaks have been recorded in Africa, the Americas, Asia and the Pacific. The disease is usually mild, however, during large outbreaks in French Polynesia (2013) and in Brazil (2015) there was found to be a rise in cases of congenital malformations and neurological complications. An increasing body of evidence is pointing towards a link between Zika virus and microcephaly although this has not been scientifically proven yet. There is currently no vaccine available so the most important protective measures are controlling mosquito numbers and preventing mosquito bites in infected regions, especially in pregnant women. Women who are pregnant or considering becoming pregnant are advised not to travel to countries affected by Zika virus if at all possible; Pregnant women who have already travelled should have an antenatal check as soon as possible on return home. An interim testing algorithm and clinical guidelines have been developed and are published on the Royal College of Obstetricians and Gynaecologists website, available at <https://www.rcog.org.uk/en/news/interim-clinical-guidelines-on-Zika-virusinfection-and-pregnancy/>



NHS Choices advises that if a female traveller has experienced Zika symptoms either during or within two weeks of returning home, she should wait at least six months after full recovery before trying to conceive. Even if no symptoms were experienced, conception should be avoided for at least 28 days after returning home by using condoms.

For anyone travelling to infected areas, stringent bite avoidance measures are required. If the traveller experienced symptoms of Zika virus, blood, semen or tissue should not be donated for at least 6 months. Those without symptoms who have travelled to an area with infection should wait 28 days.

The Dean of the Faculty, Group Captain Andy Green, has written an article on Zika from a personal perspective in the forthcoming edition of Emporiatrics. A number of articles on Zika, Dengue and Chikungunya have just been published in a special issue in our Journal, Travel Medicine and Infectious Disease, Volume 14, issue 1, available as a benefit to all members of the Faculty.

Key resources for healthcare professionals interested in Zika virus include:

Public Health England, Health protection guidance
<https://www.gov.uk/guidance/zika-virus>

European Centre for Disease Prevention and Control (ECDC)
http://ecdc.europa.eu/en/healthtopics/zika_virus_infection/Pages/index.aspx

Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/zika/>

World Health Organization
<http://www.who.int/csr/disease/zika/en/>

Key resources of the travelling public

Fitfortravel
<http://www.fitfortravel.nhs.uk/advice/disease-prevention-advice/zika-virus-infection.aspx>

NHS Choices
<http://www.nhs.uk/Conditions/zika-virus/Pages/Introduction.aspx> ■

NEW MEMBERS

Welcome to all travel medicine practitioners admitted to the College during November - January 2016 .

Fellow of the Faculty of Travel Medicine – FFTM RCPS(Glasg)
Sonny Car Wah Lau
Ann Christina McDonald



RECRUITMENT DRIVE

Director of Communications for the Faculty, Matt Fitzpatrick, writes about our recently launched recruitment drive .

Being part of any group, membership or association has always brought with it the 'strength in numbers' effect. Having colleagues who are there to share ideas, support and encourage you is vital to us all.

Being part of our Faculty is another way in which we can grow our network as professionals. Podiatry has changed in so many ways in the last 100 years and with the advent of new treatment techniques, independent prescribing and the growth of areas such as forensic podiatry, means we are impacting more people on a daily basis.

As part of the strategic plan for the Faculty, the Executive Board has been encouraging existing Fellows and Members to promote the benefits of the Faculty to their colleagues. We have recently produced a promotional video that helps capture some of these benefits as well as demonstrate the breadth of what the



College has to offer.

The driving force of the Faculty is to help promote and support podiatry and podiatrists in the UK and beyond with the patient at the centre. Embedding and supporting evidence based practice will be what ensures the profession of podiatry is

here in 100 years from now. I encourage you to talk with colleagues about the Faculty and how they can join and then contribute in their way to their profession for the future.

Please watch and share the video at <http://rcp.sg/podmedvideo> ■

NOMINATIONS OPEN FOR DEAN ELECT

Nominations to fill the following vacancies on the Faculty's Executive Board are now being accepted:

- Dean Elect (term commences June 2016)
- Ordinary Member (two vacancies, term commences June 2016)

All nominations for the above posts must be submitted by 12 noon on Friday, 18 March 2016. Nomination forms and instructions are available on the website at: <http://rcp.sg/podmedelections>

Voting papers will be issued if there is more than one nomination for any of the vacancies listed. ■

FACULTY DINNER



The annual Faculty of Podiatric Medicine dinner will be held on the evening of Monday 6 June. This event is a wonderful opportunity to meet and network with colleagues in a friendly, social environment prior to the Bringing Legs to Life Symposium. Dinner reservation can be made online at <http://rcp.sg/events>. There is a fee of £30 to attend, which includes a three course meal prepared by

award winning Fifteen Ninety Nine chef, Richie Holmes.

Faculty AGM

The Annual General Meeting of the Faculty will take place at 8.30am on Tuesday 7 June, immediately prior to the Bringing Legs to Life symposium. All members of the Faculty are welcome and encouraged to attend. ■

BRINGING LEGS TO LIFE

The 9th annual podiatry symposium – Bringing legs to life – will be held in the College on Tuesday, 7 June 2016.

An excellent line up of speakers has been confirmed for the event which focuses on promoting viability and preserving tissue in the lower limb.



Professor Ben Lipsky from the University of Oxford will present the keynote lecture in which he will discuss what's new in diagnosing and treating osteomyelitis of the diabetic foot.

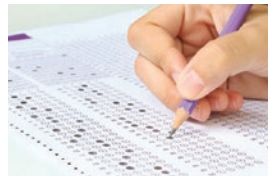
Other topics being discussed at the full day event include:

- Red flags and tissue viability complications in the lower limb
- The science of wound care
- Communication

- Managing life threatening emergencies on the front line
- Using ultrasound to detect abnormalities

The event is suitable for anyone involved in the care of the lower limb including podiatrists, physiotherapists, nurses, physicians and allied health professionals.

A complete programme and registration information is available to download online at <http://rcp.sg/events> ■



Membership of the Faculty of Podiatric Medicine

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 award of the professional designation **MFPM RCPS(Glasg)**

Forthcoming exam dates and locations

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

Part 1 Written Exam

Written paper with multiple-choice questions

⇒ 28 Sep 2016	
Applications close: 01 Jul 2016	Glasgow and London
⇒ 08 Mar 2017	
Applications close: 9 Dec 2016	Glasgow and London
⇒ 27 Sep 2017	
Applications close: 5 Jul 2017	Glasgow and London

Part 2 Examination

Structured oral examination including portfolio assessment

⇒ 30 Jun 2017	
Applications close: 07 Apr 2017	Glasgow

NEW MEMBERS

Welcome to all podiatrists admitted to the College during November-January 2016.

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

Laura Janine **Pickard**
Bradley George **Sonnema**
Frank **Spinosa**
Loukas **Thiaspras**
Andrew Leonard **Van Essen**

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

Natalie **Roe**
Robert Dennis **Cox**
Somuz **Miah**

apply today <http://rcp.sg/mfpm>

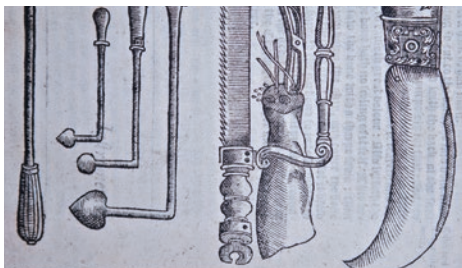
More information:
mfpm@rcpsg.ac.uk | +44 (0)141 221 6072

*Dates and fees may be subject to change
Please check our website for updates*



Events and exhibitions

Heritage | *Open to the public on Monday afternoons, 2-5pm*



A history of emergency and trauma



February-April 2016

From the battlefields of Europe to the industrial cities of the UK this exhibition delves into the fascinating history of emergency and trauma surgery.



Glasgow history of medicine seminars

15 March | 17:30 (refreshments 17:00)

Microbes to Matrons: aspects of infection control in Scottish hospitals c.1870-1940

Professor Marguerite Dupree, University of Glasgow

19 April | 17:30 (refreshments 17:00)

Scotland, tropical medicine, and the making of dengue fever in East Asia

Maurits Meerwijk, University of Hong Kong



Celebrating 200 years of the stethoscope



May-July 2016

A special exhibition celebrating how a simple invention in 1816 changed the way we listen to our heart.

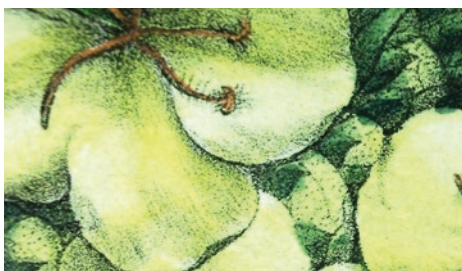


Glasgow's marvellous medicine



14 May | 10:00-16:00

From 1599 to present day, Glasgow has been at the forefront of some amazing medical achievements. Join us as we bring this rich medical heritage to life with exhibitions, stories and drama!



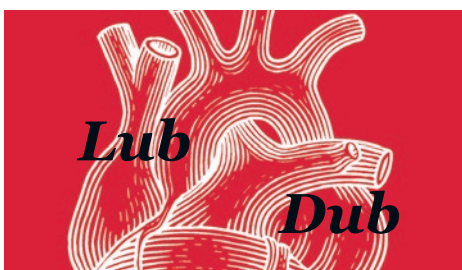
Incorporation of Gardeners lecture



27 May | 19:00 (refreshments 18:30)

Plants from around the world Julie Corden

Our popular Gardeners lecture returns this year with another fascinating talk on the world of botany.



The Goodall Symposium



16 June | 19:00 (refreshments 18:30)

Join us for an evening of talks celebrating the 200th anniversary of the first stethoscope. Discover how techniques for listening to the heart have developed from Laennec's very first stethoscope in 1816 to 'Harvey', the Cardiopulmonary Patient Simulator.

To book an event please contact the library:

+44 (0)141 221 6072 | library@rcpsg.ac.uk

@RCPSGlibrary
www.rcpsg.ac.uk



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



RARE AND UNUSUAL ELEPHANTS: CATALOGING OUR FOLIO COLLECTIONS

Andrew McAinsh, Information Officer

The College Library is home to a wide and often surprising range of books, covering all manner of medical, surgical and other subjects, and coming in all different shapes and sizes. We have recently finished cataloguing a collection of around 200 very large books, including folios, elephant folios, and even a few double-elephant folios.

These folios cover a broad range of subjects, from colour perception charts to the records of the old Parliament of Scotland. The format and size of these books - some of them measure up to 1 metre in height - makes them ideal for large, detailed illustrations. The collection features such canonical works as William Hunter's *Anatomy of the Human Gravid Uterus* (1774), Andreas Vesalius' *De Humani Corporis Fabrica* (1543), and William Hooker's *Botanical Illustrations* (1822), but there are also plenty of lesser known works, some of which are rare or even unique, and many of which have interesting provenance.

Our incomplete set of *Flora Danica*, a huge atlas of Danish botany issued in parts between 1761 and 1883, is notable not for being a fine copy (it's actually quite tattered) but for the unusual way in which it has been used. A previous owner (possibly John Finlay, 1757-1802, a Major in the Royal Engineers, whose bookplate is found in some volumes) decided to rebind the copper-engraved illustrations into 8 volumes in a completely different order. This owner has also pencilled in notes and references throughout, and even the odd criticism. He takes a swipe, for example, at the illustration



and naming of the *Carex patula*, arguing that "It is certainly the *Carex sylvatica*, but a very poor representation of it."

Despite the immense size of these books, there still wasn't enough space for Conrad Johann Martin Langenbeck, author of *Icones Anatomicae* (1826-31). The key illustration in Langenbeck's book, which demonstrates the vascular system, is a gigantic coloured plate which folds out to a height of nearly 1.5 metres (so big I had to stand atop a ladder to take this photograph).

Many of the College's rare books came in to the Library during the 19th century, and the evidence of acquisition can still be seen on the pages of these folios. We hold 2 copies of Bernhard Siegfried Albinus' *Tabulae VII, uteri mulieris gravidae* (1748-51). One was sold to the Faculty in Glasgow as a duplicate by the University of Strasbourg, and the other was formerly owned by the Anatomical Museum of Christ Church, Oxford. The stamps and bookplate shown here attest to these purchases.

Cataloguing these books means that they can be found much more easily by Fellows, Members, historians and other researchers interested in the history of medicine and the history of our College. This and all of our other collections can now be found on our online catalogue: <http://shelcat.org/prcp>. I have also written in more detail about some of the folios in a series of posts on our Library & Heritage Blog: <http://libraryblog.rcpsg.ac.uk>. ■





STAFF PROFILE

Kirsty Fleming



I am the Surgical Examinations Manager within the Examinations Unit. I manage the operational delivery of the College's

surgical examinations and the team of four administrators who deliver them. This includes responsibility for IMRCS, DOHNS and FRCS Ophthalmology, delivering 21 examination diets per year to approximately 1,400 candidates. In addition, I work with the Head of Unit to facilitate the Intercollegiate arrangements connected with these examinations and ensure that governance procedures are followed, while maintaining relationships with our intercollegiate partners.

I joined the College as an examinations administrator in 2006 working on dental examinations. Prior to that, I worked briefly at Glasgow City Council within corporate procurement. Before that I was an assistant manager at Glasgow University student accommodation for seven years. It was my experience at the University of working with International students in a higher education setting which attracted me to join the College.

In 2009 I was promoted to Examinations Co-ordinator and, in 2011, the role was developed to include responsibility for a team of staff. At varying times I have worked as co-ordinator for surgical, dental and medical exams which has given me a broad knowledge of the work of the Examinations Unit and has proved invaluable. Following a restructure of the Examinations Unit in 2013, I took on the role of Examinations Manager for surgical examinations.

In the year ahead we are working with the surgical faculty to promote the IMRCS examinations. In addition we are hosting the DOHNS Part 2 OSCE in May 2016 on behalf of the four surgical Royal Colleges of the UK and Ireland. The FRCS Ophthalmology continues to grow and we are looking at opportunities to develop capacity for the Part 3 examination, offering an additional centre in Amman, Jordan in November 2016. ■

SCOTTISH MEDICAL SCHOOLS' GOLF ASSOCIATION

DOCTORS STUDENTS

APRIL 30TH 2016 | HILTON PARK GOLF CLUB, GLASGOW | ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

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