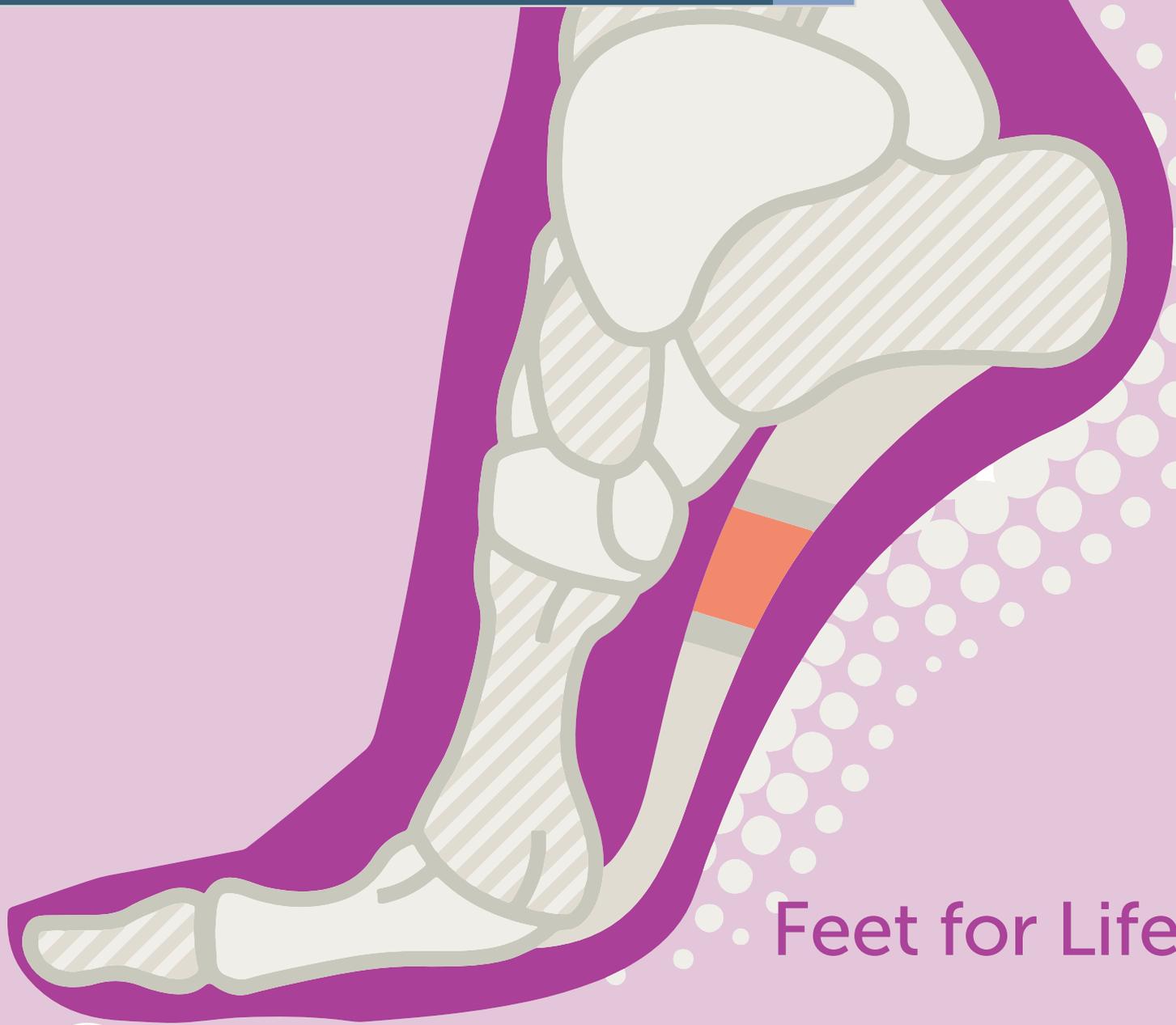


# College

SUMMER 2016

NEWS



## Feet for Life

INSIDE



JUNIOR DOCTORS CONTRACTS  
ON THE FRONT LINE  
DENTAL TRAINING IN MALAYSIA  
TEN YEARS STRONG  
FEET FOR LIFE MONTH



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW



## A leap forward in the management of heart failure

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

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

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

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

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

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

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

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

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**EXCELLENCE IN HEALTHCARE 2017**  
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Register your interest today - email [melanie.sinclair@rcpsg.ac.uk](mailto:melanie.sinclair@rcpsg.ac.uk)

## EXCELLENCE IN HEALTHCARE



## TEN YEARS STRONG



ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

Editor:

**Elaine Mulcahy**  
[elaine.mulcahy@rcpsg.ac.uk](mailto:elaine.mulcahy@rcpsg.ac.uk)

Production:

**Carl Barton**  
[carl.barton@excelpublishing.co.uk](mailto:carl.barton@excelpublishing.co.uk)

If you are interested in contributing to College News please email:  
[publications@rcpsg.ac.uk](mailto:publications@rcpsg.ac.uk)



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**John Cooper** – 0161 661 4192  
[john.cooper@excelpublishing.co.uk](mailto:john.cooper@excelpublishing.co.uk)





WELCOME

# FROM THE PRESIDENT'S OFFICE



 Watch the President's video at <http://rcp.sg/cnsummer16video>

Our College has a proud surgical history. More than 400 years ago a visionary surgeon, Peter Lowe, joined forces with a physician and an apothecary to found the first medical faculty in the world that truly recognised the value and importance of physicians, surgeons, and allied health professionals working together to deliver the highest standards of patient care.

From its earliest days successive high profile Fellows have been known for significant developments in surgical practice and have rightly earned their place in history. From an early appreciation, in the 16th Century, of the importance of standards and patient safety, through antiseptics, key developments in general surgery, neurosurgery, transplantation and minimal access surgery, and specific enduring technical tips and tricks, our Fellows have made a series of seminal contributions. The pioneers include people like Peter Lowe, Joseph Lister, William Macewen, Hogarth Pringle, Graeme Teasdale and many others.

As I have moved from full time NHS practice to become immersed in College activity, I have been impressed by the breadth, depth and surgical relevance of our core business.

The College has worked hard to ensure that our educational offerings, examinations and membership services help surgeons at all stages of their career to achieve the competencies and skills required for clinical practice. We have also recognised the importance of networking and providing leadership in many clinical disciplines. Many of our surgical colleagues become involved as a result of success in examinations.

We have been immersed in developing and delivering examinations and these have been available for trainees in the UK and internationally. It is no surprise that the standard of the Fellowship of our College is internationally

recognised – pitched at the level of a new consultant in the NHS.

Due to the nature of our College being of broad appeal across medical, surgical, dental and other disciplines, we are able to offer unparalleled value with the most competitive subscription rates for surgeons in the UK and an impressive range of membership benefits.

The education portfolio, which is heavily discounted for members, has a strong surgical flavour with a full programme ranging from foundation and basic surgical skills to laparoscopic skills all the way through to high end surgical simulation in our Clinical Anatomy Skills Centre. The education offering there is reaching capacity and is in high demand.

For the first time, this year, in partnership with the University of Glasgow we are about to launch a modular MSc programme in Advanced Surgery. This will be an exciting opportunity for surgeons wishing to complete some structured and productive education that will help prepare them for the final Fellowship examination and clinical practice. It has an impressive range of applied basic science components together with an opportunity to select from a menu of clinical modules.

In addition, we have steadily developed our portfolio of courses in clinical education, leadership and management and our newly established Academy of Clinical Educators will provide excellent opportunities to develop teaching and training skills as well as enabling practicing clinicians to assemble and provide the evidence which is now required by the GMC for all those who aspire to teach and train. Among the highlights in our education calendar are flagship and core surgical events in trauma, colorectal surgery, and orthopaedics, as well as specific specialty events in a range of

surgical specialties. During the next academic year we look forward to hosting regular training events for core medical and surgical trainees in Glasgow and through our network of College Tutors and Regional Advisors across the UK. Increasingly, our educational resources are being developed and provided electronically.

One of the other important areas of activity relates to the provision of professional support. The College provides a voice on contemporary issues across the health spectrum. Advancing global surgery has become an important charitable objective and through the provision of support for developing countries in sub-Saharan Africa we are keen to contribute to:

- service provision, by supporting trainees groups who provide surgical services in Rwanda,
- training, by supporting endoscopy development in Malawi, and
- capacity building and leadership through a number of related projects.

We are in discussion with colleagues particularly in India, Malaysia and Hong Kong and several interesting projects show promise.

Together with surgical colleagues in Australia and New Zealand we have supported the development of professional behaviours and will campaign for clinicians to operate with respect and counter the ongoing dangers which emerge from bullying, harassment and discrimination in the workplace.

Our College has strong surgical traditions and an equally strong, relevant programme of activities that focus on the future. I encourage surgeons, no matter what stage of the career pathway, to please consider how you can be more involved in College activities. You will be most welcome.



Follow the President on Twitter @davidgallowaymd ■

# LORD PROVOST HEALTH AWARD



Professor Frank Dunn, immediate past president, was recently honoured by the Lord Provost of Glasgow for his contribution to the city's health.

Professor Dunn has been a consultant cardiologist at Stobhill hospital since 1983, and was President of our College from 2012-2015.

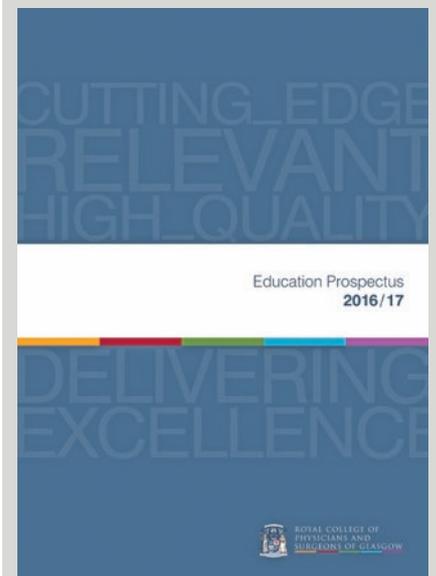
The award was presented at a ceremony on Friday 26 February at the City Chambers in Glasgow. ■

## College closures



The College will be closed on Monday 18 July due to a local public holiday. ■

## Prospectus



The education prospectus for the academic year 2016/17 will be published at the end of June. The prospectus acts as a guide to the complete programme of educational courses and symposia that we offer across all disciplines and specialties. Additions to the programme this year include a revised postgraduate clinical education course, online preparation courses for MRCP(UK) PACES, a collaborative MSc Advanced Surgery with Glasgow University, and a 12 month course in Expedition and Wilderness medicine. ■



## What's Up Doc?

**The Royal Medical Benevolent Fund (RMBF) has launched a new campaign called 'What's Up Doc?' to highlight the need to offer care and support to doctors who are working and living under increasing pressure.**

The 'What's Up Doc?' campaign also aims to inform doctors of the support available to them and their families, in particular the RMBF's volunteer network, which includes Area Visitors, Medical Liaison Officers, PhoneFriends and Guild Officers.

As part of the campaign, the RMBF conducted a survey amongst hospital doctors, consultants, GPs and charity supporters around mental health issues as a result of work pressures. The survey found that that 82% of doctors know of other doctors experiencing mental health issues such as depression and anxiety and that despite their need for support and advice,

sufferers are unlikely to reach out for fear of discrimination or stigma from colleagues (84%). The survey also found that over 90% of doctors surveyed believed their working hours put their personal relationships under pressure.

The RMBF has developed a free downloadable guide for doctors and their families, called 'The Vital Signs'. The guide highlights common stressful trigger points for doctors, as well as signposting help and advice.

For more information on the campaign please visit the RMBF website: [www.rmbf.org](http://www.rmbf.org) or download The Vital Signs guide: [www.rmbf.org/data/files/rmbf-the-vital-signs.pdf](http://www.rmbf.org/data/files/rmbf-the-vital-signs.pdf)

If you would like to get involved in the campaign on twitter, follow @TheRMBF and join in using the hashtag #WhatsUpDoc ■



# DON'T GO SLEEPWALKING INTO A PENSION TAX CHARGE

**UK-based healthcare professionals will be aware of the changes to the NHS Pension Scheme, but what about the Government's reforms to UK pension rules?**

One important change is a reduction in 'Lifetime Allowance' (LTA) from £1.25 million to £1 million. The LTA is a limit on the amount of pension an individual can accrue across all their pension arrangements. If the value of all your pension benefits exceeds the LTA when tested, you could incur a 55% tax charge on the excess above the LTA.

If your NHS pension is likely to be in the region of £45,000 per annum you could be affected. Although the LTA reduction came into effect on 6 April 2016 there is still time to protect your pension(s) if you act now. This could mean a potential tax saving of up to £275,000.

Another significant change is a reduction to 'Annual Allowance' (AA) for high earners. The AA is the limit on the value of tax relievable pension accrual in a year. This is capped at £40,000 but could reduce to £10,000 for high earners. The excess above the AA is taxed at your highest marginal rate of income tax; up to 45%.

Did you know virtually all income is assessed in determining your AA; NHS pensionable and non-pensionable salary, self-employed earnings, dividends, interest, property income and, significantly, the value of your NHS employer pension contributions? This will mean more and more people are affected by the new rules – are you?

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## FUNDING OPPORTUNITIES

### CANCER RESEARCH UK

**Cancer Research UK have recently added a second round of funding for their fellowship and bursary schemes, and invite members of the College to consider applying.**

#### Pre-doctoral Research Bursaries

Provide short-term funding to allow clinicians and other health professionals to get involved in research projects early in their career.  
Next deadline: **6 September 2016** ■

#### Postdoctoral Research Bursaries for Clinical Trainees

Offer funding for clinical trainees to undertake a research project after completion of a PhD, during completion of their clinical specialty training.  
Next deadline: **6 September 2016** ■

### HEALTH FOUNDATION

**The Health Foundation currently has three funding opportunities which are open for application:**

#### Efficiency Research Programme

£1.5m Efficiency Research Programme is an open call for innovative proposals for

research into ways that health services, or health and social care services, can address the challenge of increasing efficiency and value for money, and providing more for less. Funding is available for three to five teams, each project will receive between £250,000 and £500,000 for research completed over three to five years.

Deadline: **Thursday 28 July 2016.**

Find out more and apply: <http://www.health.org.uk/efficiencyresearch>

#### Improvement Science Fellowships

The Health Foundation's post-doctoral Improvement Science Fellowships are now open for application. The fellowships will fund up to five individuals over three years to lead original, applied research dedicated to improving health care in the UK, as well as offering a tailored leadership development programme.

Deadline: **Tuesday 5 July 2016.**

Find out more and apply:

[www.health.org.uk/isf](http://www.health.org.uk/isf) ■



## FROM THE LIBRARY

### eBooks

Fellows and Members of the College can get FREE online access to some of the most popular titles from the Oxford textbook and handbook series. Recent editions to these collections include:

- Oxford Textbook of Medicine
- Oxford Handbook of Clinical Surgery
- Oxford Handbook of Critical Care
- Oxford Handbook of Ophthalmology

To find out what eBooks are available from OUP, and other publishers, visit [rcp.sg/TKNbooks](http://rcp.sg/TKNbooks). You'll need an Athens account to access the full text - If you don't already have one of these please contact [library@rcpsg.ac.uk](mailto:library@rcpsg.ac.uk).

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# FESTIVAL OF MUSEUMS 2016: GLASGOW'S MARVELLOUS MEDICINE

On Saturday 14 May we welcomed 76 visitors of every age to our family fun event, Glasgow's Marvellous Medicine, held in College as part of the Festival of Museums 2016. Visitors were taken on a journey through time as some of Glasgow's most amazing medical achievements were brought to life with exhibitions, stories and drama.

Our College Hall was transformed into an exciting exhibition space where visitors discovered the beginnings of antiseptic surgery and the amazing story behind a 19th century surgical kit, took a peek inside an apothecary's cabinet, and found out all about the marvellous medical achievements of Glasgow. Some of our most treasured collections were displayed together, enlightening visitors about the foundations of our unique multidisciplinary College.

Some famous faces, played by actors, including Lord Lister, Sir William Macewen, nurse Rebecca Strong, and the surgeon who founded the College, Maister Peter Lowe,



also made an appearance. Even King James VI of Scotland popped up, to explain why he granted the 1599 Charter to help improve standards of health care in the West of Scotland.

Glasgow's Marvellous Medicine was a great contribution to Festival of Museums, which is celebrating its 10th anniversary

this year. Festival of Museums is run by Museums Galleries Scotland as a celebration of Scotland's culture, with events taking place at cultural attractions throughout the country, all over one weekend.

The day was a huge success and we hope to take part in Festival of Museums again in 2017. ■

## REGIONAL ADVISOR WORKSHOP

The Regional Advisor network continues to greatly enhance the work of College. At our annual Regional Advisors meeting at the end of April we welcomed new members and we were also pleased to consider the future direction of the College, with discussion led by our new President, David Galloway, after which the advisors' ideas to support College development were flowing fast.

Two areas were a particular focus of interest during the rest of the meeting:

arranging Medical Training Initiative (MTI) trainee placements and the use of social media communications.

We were delighted to have the input of Regional Advisor, Dr Asif Naqvi and Mr Pullabatl Venkata Uday Prasad, an MTI trainee experienced with such placements, together with that of our International Manager, Lisa McManus, in the morning session. Regional advisors were grateful for this very practical advice

on how to make the most of this initiative. In the afternoon, the expert guidance of Dr Ellie Hothersall, Consultant in Public Health Medicine and educationalist, gently fostered our early and amusing steps into the world of Twitter and similar platforms to help us appreciate better their educational benefit. We look forward to seeing our new Twitter ambassadors developing College's media profile and to progressing the many excellent ideas from the day. ■



# REMEMBERING SAM GALBRAITH: BOOK HONOURS MEMORY OF FORMER FELLOW AND POLITICIAN

Former Fellow, Sam Galbraith, left a career in neurosurgery to become a Labour politician because he found that many of the medical problems he was dealing with were symptomatic of wider problems in society.

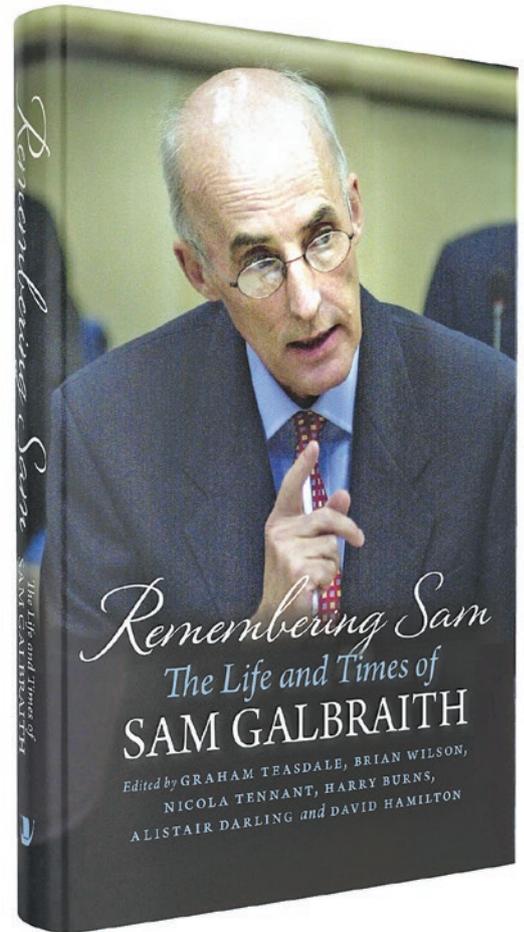
Remembering Sam is a collection of essays memorializing Galbraith, edited by friends, colleagues and family, helmed by former President of our College and Neurosurgeon/Emeritus Professor at the University of Glasgow, Sir Graham Teasdale. The book was published on 11 May 2016.

Galbraith's political actions were shaped by his personal experience as both a doctor and patient in the NHS. Diagnosed

with a serious lung condition shortly after his election to parliament in 1987, he underwent a lung transplant and was the longest survivor of such an operation when he died aged 68 in 2014. He successfully abolished NHS markets in Scotland and brought the link between deprivation and illness to the forefront of his policies.

Other contributors to the book include Alistair Darling, Muriel Gray, Harpreet Kohli, and Jackie Baillie.

Buy Remembering Sam from the College shop: <http://rcp.sg/RememberingSam> ■



## SDI WORKSHOP: INTERNATIONAL STRATEGY

'How the College will implement its International Strategy' was the big question at the Scottish Development International (SDI) facilitated workshop on 22 April. Held at the College, the workshop brought together senior colleagues from College Council and operations for a day. The aim was to tease out the steps to achieving our international ambitions.

Dr Roddy Neilson, International Director and Dr Linda Irvine, Head of Membership and Communications opened the workshop by presenting the College's current international activity and the aims for the next three years.

Using a bespoke mapping method devised for SDI, participants were invited to share their ideas, challenges and concerns about how we will grow

our international membership, and understand and respond to in-country professional development and exams needs.

Facilitators, Steve Galloway and Brain Mooney, grouped the thoughts and prompted lively discussion and debate, resulting in some innovative solutions to difficult questions. Some tough questions were asked and some innovative collaborative solutions found.

As approved by College council, India will be one of our priority countries and significant effort over the next 12 months will be focused there. Establishing a presence in New Delhi will be key in enabling the College to deliver core activities and to learn about the membership needs on the ground. Delivery of the plan will be monitored by



the newly formed International Delivery Group, chaired by Dr Roddy Neilson.

This workshop was the first tangible sign of the relationship the College is developing with SDI, and over the next three years SDI will work with the College to grow internationally. SDI offers free support to Scottish institutions looking to develop into international markets. ■

# ON THE FRONT LINE WITH UDAY PRASAD

Uday Prasad is a general surgeon who completed his Masters at Kilpaul Medical College in Chennai, India. He is currently being sponsored by the College under the Medical Training Initiative (MTI) to gain experience working in the UK.



“ I believe bringing about infrastructural development starting from the grass root level, with optimal utilisation of healthcare resources would go a long way in meeting these challenges. ”

**CN: What does your current daily job involve?**

UP: My typical day starts with driving to work at 7am. We generally have two theatre days a week, when we tend to operate the whole day, while the rest of the days are split into multiple sessions involving clinics, endoscopy and minor surgeries. I am on-call every now and then as well as handling all emergency admissions and surgeries, depending on the rota.

**CN: What do you hope to do when you have completed the MTI sponsored training?**

UP: I want to complete a fellowship in colorectal surgery when I get back to India. I believe my experience of working in the UK will be of benefit when I do apply to fellowship positions later on.

**CN: What are the biggest challenges facing healthcare in your home country and what needs to be done to address these challenges?**

UP: I believe that delivering optimal healthcare to the people in need at an affordable cost is the biggest challenge in

India. Although the infrastructure is present in many places, and there is no dearth of technical knowledge and skills, a vast majority of the population are still deprived of quality healthcare as the available resources are not affordable to most of the public. I believe bringing about infrastructural development starting from the grass root level, with optimal utilisation of healthcare resources would go a long way in meeting these challenges.

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

UP: In some ways, a surgeon is different from other doctors in that he/she sees the results of his/her work instantly. When I work long hours, during the night or when am the only person working on a holiday or a festive season, seeing the results of my work motivates me and keeps me going.

**CN: How has the MTI scheme helped you and would you recommend it to others?**

UP: The MTI scheme has provided me an opportunity to work with many senior

surgeons in the UK, from whom I can gather invaluable knowledge and ideas. I am also looking forward to becoming a Member of the College and being paired with a mentor who can guide me in my career.

Although it has only been two months so far, I have already discovered that the MTI opens a world of opportunities for continuing career development. I was a little anxious when I thought of working in a whole new environment and in a system that I had very little idea about, but the transition has been very smooth. This is in large part due to my wonderful colleagues and my consultants who were very welcoming and careful in transitioning me into the system.

Combating the wet and windy Scottish weather and conversing with patients with different accents and dialects from western Scotland has been the real challenge, but I am getting better day by day. Overall it has been a thoroughly enjoyable working experience so far and I would strongly recommend the MTI to my colleagues. ■

# A GOOD FIRST STEP - UK GOVERNMENT ANNOUNCES SUGAR TAX FOR 2018

## Obesity Action Scotland reflects on the recent announcement of a sugar tax in the UK

*"I am not prepared to look back at my time here in this Parliament doing this job and say to my children's generation, I'm sorry, we knew there was a problem with sugary drinks, we knew it caused disease but we ducked the difficult decisions and we did nothing. So today I can announce we will introduce a new sugar levy on the soft drinks industry...."*

George Osborne, Chancellor 16 March 2016



The Chancellor's budget statement in March proposing the introduction of a levy on sugar sweetened drinks in 2018 came as a surprise to many in the obesity field. Only a few months earlier the Prime Minister ruled out such a measure, yet relentless pressure from a variety of sources including medical professionals, public health professionals, the Health Select Committee, Public Health England, popular TV chef Jamie Oliver and eventually from within his own party, proved too strong to ignore.

Our immediate reaction was one of surprise and support and, while we welcome the announcement of the levy and acknowledge this as a major step forward, we must ensure that any such levy is stringent and effective and that the monies raised are invested in effective obesity prevention programmes in Scotland.

The levy will consist of two tax bands coming in at 5g and 8g of sugar per 100ml. Drinks containing a sugar content of no greater than 4.9g/100ml will be exempt from the levy, as will small manufacturers.

Questions were raised about the scientific justification for the two band tax approach and the sugar concentration cut off points. A drink containing 4.9g/100ml equates to approximately 15g of sugar in an average can, meaning drinking one can of a levy-exempt drink could still result in receiving 50% of an adult's recommended daily intake of sugar in one hit.

There has also been considerable debate in the field about why small manufacturers are exempt, what defines a small manufacturer, and why milk-based products with added sugar wouldn't be taxed.

As expected, the response from the soft drinks industry was one of disappointment and denial, which was followed by many voices detracting from the sugar levy, with



the most common comment being; 'the sugar tax will not solve obesity'. While we agree that the sugar tax alone will not solve our obesity crisis, to decry on that basis alone is an unnecessary distraction from the bigger picture.

Announcing the sugar tax is a step in the right direction, with the potential to play an important role in tackling obesity as part of a cohesive and holistic approach which should also encompass:

- restricting marketing and promotions
- reducing sugar and fat content of foods
- improving labelling of foods bought in shops and restaurants
- reductions in portion sizes

So while we applaud George Osborne's announcement, there is a lot of work still to be done. We will continue to actively campaign for an holistic approach to tackling obesity where the healthy choice becomes the easy choice.

See our work:

[www.obesityactionscotland.org](http://www.obesityactionscotland.org)

Join in the conversation: [@obesityactions](https://twitter.com/obesityactions) ■

### Scottish Parliament Election Campaign

Obesity Action Scotland ran a campaign through social media asking Scottish Parliament candidates to pledge their support for five measures to tackle obesity in Scotland. The response was limited, which may well represent the apparent lack of political will to tackle the environmental factors which create the obesogenic environment. This shows that there is still a big role for Obesity Action Scotland and its peers to play in changing the food landscape in Scotland. We are now entering stage two of our campaign in which we will target newly elected MSPs throughout their first 100 days in office to garner their support in tackling obesity.

<http://www.obesityactionscotland.org/scotland-s-weight>

### European Obesity Day

European Obesity Day was on 21 May. Organised by the European Association for the Study of Obesity, '#EOD2016' represented an important opportunity to engage and influence diverse stakeholders across Europe for a joint programme of activities and events which support an

awareness and advocacy programme in each country. Obesity Action Scotland took part using social media to convey key messages, facts and information through its online network and via the new Obesity Action Scotland blog <http://www.obesityactionscotland.org/blog>

## Lowering the drink drive limit

President, Professor David Galloway, wrote to the Secretary of State for Transport urging him to support a bill to lower the drink drive limit in England and Wales. The proposed changes would bring England and Wales into line with Scotland and many other European countries.

In his letter, Professor Galloway said, "Doctors experience first-hand the tragic consequences of road traffic accidents. Every death and serious injury is devastating for the person and their family and can have long lasting

implications. All road traffic accidents caused by driving under the influence of alcohol are preventable. Action to reduce the drink driving limit has the potential to save lives and prevent personal tragedy."

He received a response from the Minister stating the Government has no plans to change the drink drive limit. Professor Galloway was not convinced – read more in his blog post at <http://presidentsblog.rcpsg.ac.uk/a-courageous-decision> ■



## Junior doctors' contracts

On 18 May, the Government and British Medical Association (BMA) reached an agreement on the junior doctors' contract following days of conciliatory talks. BMA members are now being asked to vote on whether or not they accept the contract.

This followed a time, described by the Academy of Medical Royal Colleges, "of unprecedented crisis for the NHS". Junior doctors in England had taken industrial action on 10 February and 9 and 10 March after talks in late January did not lead to a resolution of the conflict. The Secretary of State for Health announced that he would go ahead with plans to impose the contract in England on 1 August 2016. The BMA junior doctors committee announced plans for escalation of industrial action, with a full walkout by junior doctors' planned for 26-28 April. This was the first time in NHS history that such industrial action had been taken. The BMA also announced that they would challenge the lawfulness of the imposition of the contract with a judicial review.

Presidents of all of the Royal Colleges were concerned and, in late March, called for both sides to step back from the brink. Professor David Galloway wrote directly to the Secretary of State for Health appealing to him to demonstrate leadership for the benefit of the NHS and the patients it serves.

In his letter he expressed concern at the impact of the Government's position on the future medical workforce saying, "I put it to you that the current stand-off runs the risk of engendering a real recruitment and retention crisis .... You may be able to 'win' this dispute; I do hope that you are very



aware that you may also lose a generation of junior doctors in the process."

Presidents from 13 Royal Colleges and Faculties, including Professor Galloway, also appealed to the Prime Minister to intervene. They wrote, "You have spoken many times about your commitment to the NHS. In our view, as leads of the medical profession, the ongoing impasse in the dispute between government and junior doctors poses a significant threat to our whole healthcare system by demoralising a group of staff on whom the future of the NHS depends. At this eleventh hour, we call upon you to intervene, bring both parties back to the negotiating table, end this damaging stand-off, and initiate an honest debate about the serious difficulties facing UK health services."

The three Scottish Royal Colleges also appealed for support from the First Ministers of Scotland, Wales and Northern Ireland, asking them to put pressure on the Prime Minister to lift the imposition of the contract so that negotiations

could resume. In a joint letter, the Presidents wrote, "We are already seeing the detrimental impact the threat of an imposed contract is having on the NHS and we are extremely concerned about the impact on patients and on the future delivery of safe patient care." Scottish First Minister, Nicola Sturgeon, subsequently wrote to the Prime Minister asking him to lift the imposition of the contract.

On 4 May the Academy of Medical Royal Colleges issued another call – "Talk now. No ifs. No buts. No maybes". They called on both sides to "take a deep breath, dial down the rhetoric and get back to the table for talks."

In the days that followed, both sides agreed to resume negotiations which are currently ongoing. We hope a resolution will be forthcoming for the benefit of our patients.

Keep up to date with the latest statements and developments from our College on Twitter [@rcpsglasgow](https://twitter.com/rcpsglasgow) ■

# FEET FOR LIFE

In April, the Faculty of Podiatric Medicine launched a campaign to raise awareness about the importance of looking after your feet in order to maintain a healthy, active lifestyle. This campaign followed previous initiatives by our College, both independently and in partnership with other Royal Colleges and Faculties, to promote physical activity for the prevention of ill health.

For most people, maintaining physical activity levels requires feet in good health – foot problems can be extremely debilitating, preventing people from being able to exercise, with knock on effects for their overall physical wellbeing. Despite this, many people will wait to see a podiatrist or doctor about problems in their foot until they are already experiencing pain and difficulties. Few people consider getting their feet checked out as a preventive measure.

Matt Fitzpatrick FPPM RCPS(Glasg) is a Consultant Podiatrist at North Middlesex University Hospital NHS Trust and Director of Communications for our Faculty of Podiatric Medicine. He would like people to be much more proactive when it comes to looking after their feet with regular check-ups with a podiatrist to identify potential issues early on so that they can be treated early and hopefully prevented from developing into more serious complications.

He says, "Your feet absorb the weight of your whole body with every step you take. The daily role your feet play in enabling you to walk, play sport, run for the bus, stand at a concert, and so on, can largely go unnoticed. But when foot pain, or changes in your feet happen, the impact on your lifestyle can be dramatic".

"When you think 'teeth', you think 'dentist', and we all know the importance of regular dental check-ups for healthy teeth. I would like it if when people think of their 'feet', they think 'podiatrist'. This is particularly relevant for people who want to lead an active lifestyle – whatever age they may be.

The foot and ankle is a complex structure containing 26 bones, 33 joints and around 100 muscles, tendons and ligaments. One quarter of all of the bones in the human body are in the feet. Problems in the feet range from painful blisters, corns and calluses to serious infections

**10** toes - 2 big, 8 smaller

**100** muscles, tendons and ligaments in each foot

**1/4** of your bones are in your feet

**>40,000** steps in a marathon

**250kg** weight absorbed in each step  
approximate calculation based on 65kg person

**Fit feet are key to a happy marathon**

Regular check-ups with a podiatrist can help to keep your feet healthy so that you can keep on running

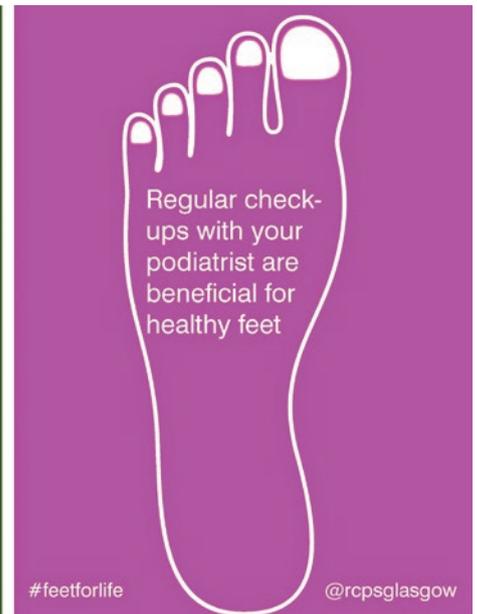
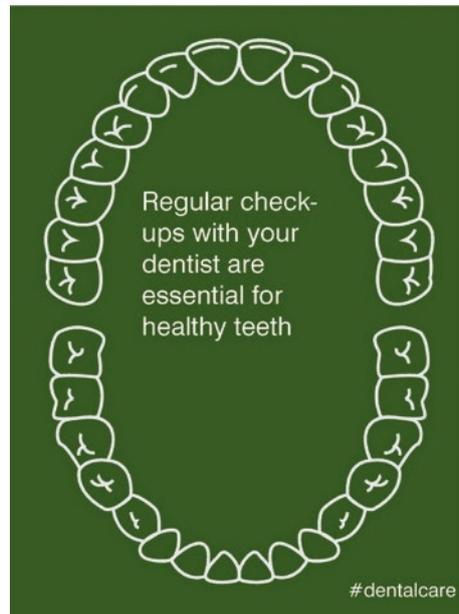
#feetforlife #sitlessmovemore @rcpsglasgow

experienced by people with diabetes. Other conditions include inflammation of ligaments and/or joints, arthritis, gout, heel spurs, ingrown toenails, fungal infections, fractures, plantar warts, and neuromas. All can be painful and impact on a person's ability to go about their normal daily activities. Many are preventable but many are also very complex requiring specialist input for diagnosis and treatment.

Heel pain, for example, is a common condition that can be caused by mechanical injury as a consequence of the repetitive, daily pressure placed on the feet – when walking, the stresses placed on your feet can be 1.25 times your body

weight; this can increase to 2.75 times your body weight when running. There are times when heel pain can be caused by injuries to the lower back or diseases such as inflammatory joint conditions. The cause could be one of a number of factors and seeing the right specialist will help to diagnose correctly the reason for the pain before treatment can be advised. Examples of causes of heel pain include plantar fasciitis (damage to the band of tissue that connects the heel bone to the base of the toes), tarsal tunnel syndrome (compression of the tibial nerve), calcaneal bursitis (inflammation of a bursa under the heel bone), and chronic inflammation of the heel pad. Heel pain is just one example of the

"The foot and ankle is a complex structure containing 26 bones, 33 joints and around 100 muscles, tendons and ligaments. One quarter of all of the bones in the human body are in the feet."



many foot problems people may experience and there are a range of potential causes. Podiatrists have specialist knowledge of the foot and early referral is recommended if you encounter a patient at risk or

experiencing issues with their feet.

As well as treating conditions of the foot, podiatrists in our Faculty are keen to provide advice and support to encourage good foot health as a preventive

measure. As part of our campaign to promote fit feet, we launched a series of infographics to raise awareness about the feet and simple advice for buying footwear. All of these infographics are available to download on the website and we can also provide printed versions if you would like some for your practice or to hand to patients.

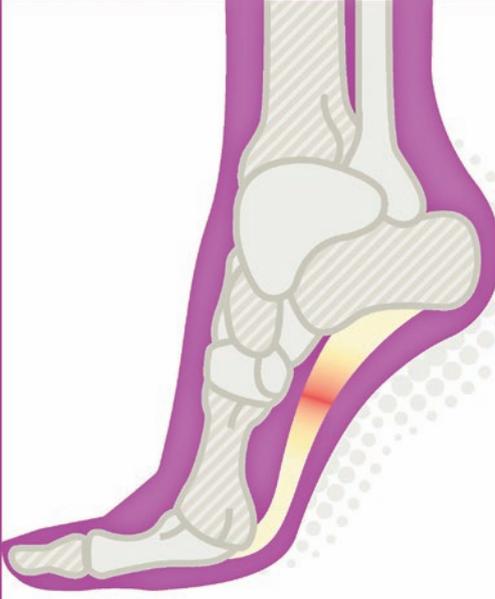
Examples of the simple advice offered included the best time of the day to buy shoes and how to keep your toenails cut appropriately.

Matt says, "People can take very simple, practical steps to prevent problems with their feet. For example, we know that the feet swell during the day, so the afternoon is the best time to buy shoes to ensure the best fit.

"I also advise people to check their feet every day so that any changes can be picked up as soon as they appear. If there is any doubt or concerns, people should seek professional advice from a podiatrist sooner rather than later."

You can support our campaign on Twitter using the hashtag #feetforlife. June is national feet for life month and we encourage all health professionals to get involved and support us to promote the importance of good foot care for active living.

Find out more: <http://rcp.sg/feetforlife> ■



**#feetforlife top tips**

- Check your feet every day**  
They may be a long way down but are important for day to day activities
- Change your shoes**  
Avoid wearing the same shoes every day - mix it up and let your feet breath
- Afternoon shoe shopping**  
Your feet swell during the day so the afternoon is the best time for shoe shopping to ensure you get the best fit
- Dry between your toes**  
Make sure the space between your toes is dry to avoid build up of dirt and bacteria
- Change your socks**  
Sweaty feet are not necessarily bad but keep them clean and remember to change your socks
- Tidy toenails**  
Keep your nails trimmed in a straight line
- Seek professional advice**  
If you are in doubt or have any concerns, seek professional advice from a podiatrist

**#feetforlife**  
**@rcpsglasgow**



## WHAT'S ON



### Physicians

**18 August 2016, 0900-1700**

#### Renal Biopsy Cadaver Course

6 CPD credits

Suited to trainees expected to carry out renal biopsies and core medical trainees intending to apply for renal specialty training.

Member fee £350 | Lunch provided | Book online

**15-16 September 2016, 0900-1700**

#### Medicine24

Details provided below

**25 November 2016, 0900-1700**

#### St Andrew's Day Paediatric Symposium

Details provided below

**10 March 2017, 0900-1700**

#### Interactive Cardiology Symposium

6 CPD credits

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

Member fee: £68 | Lunch provided | Book online

#### Exam closing dates

**8 July | MRCP (UK) Part 1**

Exam to be held on 6 September 2016, Glasgow, Belfast, Leeds, Liverpool. Applications open 20 June.

**8 August | MRCP PACES**

Assessment period 1 October – 4 December 2016. Applications open 25 July.

**10 August | SCE Infectious Diseases**

Exam to be held on 7 September, various locations. Now accepting applications.

**10 August | SCE Medical Oncology**

Exam to be held on 7 September, various locations. Now accepting applications.

**15 September | SCE Dermatology**

Exam to be held on 13 October, various locations. Applications open 23 June.

**28 September | SCE Respiratory Medicine**

Exam to be held on 26 October, various locations. Applications open 6 July.

**11 October | SCE Acute Medicine**

Exam to be held on 9 November, various locations. Applications open 20 July.

**11 October | SCE Palliative Medicine**

Exam to be held on 9 November, various locations. Applications open 20 July.



### Surgeons

**8-9 June 2016, 0900-1700**

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

12 CPD credits

Two day cadaver course offering intense hands-on practical training in upper and lower gastrointestinal surgery. The course leads each trainee into the background principles of each operation using short lectures on operative technique that are then reinforced by hands-on cadaveric experience.

Member fee £625 | Lunch provided | Evening dinner | Book online

**5 August 2016, 0900-1700**

#### Basic Orthopaedic Procedural Skills

Details provided below

All events are held in the College unless otherwise stated. Event schedule and content may be subject to change. All of our events can be booked online (unless otherwise indicated) at <http://rcp.sg/events>. All exam enquiries are welcome through our general mailbox [exams@rcpsg.ac.uk](mailto:exams@rcpsg.ac.uk). All dates advertised are in 2016 unless otherwise indicated.

#### MEDICINE24



12 CPD credits

**15-16 September 2016, 0900-1700**

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

#### ST ANDREW'S DAY PAEDIATRIC SYMPOSIUM



CPD credits applied for

**25 November 2016, 0900-1700**

The Scottish Paediatric Society Annual General Meeting and the St Andrew's Day Paediatric Symposium is held jointly with the Royal College of Physicians of Edinburgh, the Royal College of Paediatrics and Child Health and the Scottish Association of Community Child Health.

Member fee: £68 | Lunch provided | Book online

#### BASIC ORTHOPAEDIC PROCEDURAL SKILLS



**5 August 2016, 0900-1700**

By attending this course you will learn the principles of skin suturing, plastering, digital nerve blocks, joint aspiration, emergency fracture treatment and spinal immobilisation.

Member fee: £60 | Lunch provided | Book online  
Also running on 14 December 2016 and 27 April 2017

**22 August, 0900-1700**

**Basic Fracture Fixation Day (Cadaver Course), CASC**

This course provides hands-on experience using fresh/frozen cadaveric material. The programme will include, approaches to ankle fractures including fixation, lateral malleolus and medial malleolus, cannulated screw fixation of posterior malleolus, DHS fixation of intertrochanteric fractures and wrist volar approach plating. Member fee £275 | Lunch provided | Book online

**25th August, 0900-1700**

**Core Endoscopic Urology and Peno-Scrotal Surgery (Cadaveric Course), CASC**

Hands-on course providing an introduction to common core urological procedures. Member fee £250 | Lunch provided | Book online

**26th August, 0900-1700**

**Emergency Urological Surgery Cadaver Course, CASC**

6 CPD credits  
An opportunity to gain hands-on experience performing open urological emergency procedures of cadavers. Member fee £295 | Lunch provided | Book online

**7 - 9 September, 0900-1700**

**MRCS Part B OSCE Preparatory Course**

This course prepares candidates for the MRCS OSCE exam.

Reduced fee when booking course and exam – Attendance: £500 | Lunch provided | Book online

**2 September, 0900-1700**

**Multidisciplinary thyroid cancer symposium**

Details provided below

**22-23 September, 0900-1700**

**Basic Surgical Skills Course**

Suitable for trainees anticipating a career in Surgery and preparing for basic surgical examinations. This course teaches safe operating techniques and stresses the importance of precautions for safe theatre practice.

Member fee £505 | Lunch provided | Book online  
*Also running 17-18 November 2016, 16-18 February 2017 and 18-19 May 2017*

**3-4 October, 0900-1700**

**Endoscopic Ear Surgery Cadaver Course**

12 CPD credit  
Advanced hands-on endoscopic dissection course using fresh/frozen cadaveric

specimens. Suitable for consultants and senior otolaryngology trainees. Member fee £750 | Lunch provided | Evening dinner | Book online

**5 October, 0900-1700**

**Emergency Head and Neck Surgery Cadaver Course**

Advanced ENT emergency dissection course that provides hands-on refresher training for consultants and senior trainees in ENT emergencies that occur in areas outside their sub-specialty. Member fee £325 | Lunch provided | Book online

**22 October, 0900-1700**

**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 £120 | Lunch provided | Book online  
*Also running on 18 March 2017*

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**MULTIDISCIPLINARY THYROID CANCER SYMPOSIUM**



**2 September 2016, 0900-1700**

Join with our local and national experts to understand current national guidelines on thyroid cancer and update your knowledge about its investigation and treatment.

Member fee: £68 | Lunch provided | Book online

**TOP TIPS FOR DENTAL CARE PROFESSIONALS**



**5 November 2016, 0900-1700**

An event for all Dental Care Professionals, where experts will share their knowledge and expertise in core CPD and recommended subject areas.

Member fee £20 | Lunch provided | Book online

**FACULTY OF TRAVEL MEDICINE ANNUAL SYMPOSIUM: TEN YEARS STRONG AND LOOKING TO THE FUTURE**



**6 October 2016**

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



## WHAT'S ON

**24 October, 0900-1700**

### Breast Reconstruction Surgery Cadaveric Training Day, CASC

6 CPD credits

Hands-on experience using fresh/frozen cadaveric specimens. The programme will include: skin sparing mastectomy, implant based breast reconstruction, axillary node dissection and latissimus dorsi flap breast reconstruction.

Member fee £195 | Lunch provided | Book online

**5-6 December, 0900-1700**

### Basic Surgery Cadaver Skills (BaSiCS) Course

Suitable for CT1 / ST2 trainees, this course covers areas of the ISCP curriculum required for entry to ST3. Candidates should have previously undertaken a Basic Surgical Skills Course. Hands-on procedures will include: laparoscopy, laparoscopic/open appendicectomy, inguinal hernia repair, laparotomy, abdominal incisions, and varicose vein surgery.

Member fee £550 | Lunch provided | Evening dinner | Book online

**23-24 February 2017, 0900-1700**

### Glasgow Emergency and Trauma Symposium (GESTS)

CPD Credits applied for

This two-day symposium is an interactive, engaging event designed to provide insight into critical decision making, management

algorithms and delivering essential practical advice for surgeons on the spot  
Member fee: £178 | Lunch provided | Book online

#### Exam closing dates

##### 17 June | MRCS Part A

Exam to be held on 6 September, various locations. Now accepting applications.

##### 22 July | MRCS Part B OSCE

Exam to be held on 13-14 October, Glasgow. Now accepting applications.

##### 1 July | FRCS Ophthalmology Part 3

Exam to be held on 24-27 September, New Delhi. Now accepting applications.

##### 4 July | FRCS Ophthalmology Part 1

Exam to be held on 4 October, various locations. Now accepting applications.

##### 4 July | FRCS Ophthalmology Part 2

Exam to be held on 4 October, various locations. Now accepting applications.

##### 5 August | FRCS Ophthalmology Part 3

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

##### 17 June | DOHNS Part 1

Exam to be held on 5 September, Glasgow. Now accepting applications.

##### 29 July | DOHNS Part 2

Exam to be held on 19-21 October, London. Now accepting applications.



## Dentistry

**9-11 September, 0900-1700**

### MFDS P1 – Glasgow

18 CPD credits

The MFDS Part 1 Revision course is a 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 on 10-12 March 2017, 8-10 September 2017

**5 November, 0900-1700**

### Top Tips for dental care professionals

Details provided on page 13.

**20 January 2017, 0900-1700**

### Inaugural Scottish Orthodontic Symposium

CPD credits applied for

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

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



All events are held in the College unless otherwise stated. Event schedule and content may be subject to change. All of our events can be booked online (unless otherwise indicated) at <http://rcpsg.org/events>. All exam enquiries are welcome through our general mailbox [exams@rcpsg.ac.uk](mailto:exams@rcpsg.ac.uk). All dates advertised are in 2016 unless otherwise indicated.

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



**7 June 2016, 0900-1700**

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

### WHISTLEBLOWING: FREEDOM TO SPEAK OUT



**23 September 2016, 0900-1700**

This symposium addresses some of the findings of Robert Francis's report, which stresses the importance of whistleblowing and protection of staff to ensure patient safety.

Member fee: £75 | Lunch provided | Book online

### E-LEARNING



A number of our popular symposia and courses are now available to view via 'My College Online'. Modules available include Medicine24, Stroke, GESTS, Orthopaedic and Trauma, Breast Cancer, Sports and Exercise and Global Health, along with our new MRCP PACES Revision Modules.

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



## WHAT'S ON

### Exam closing dates

#### 22 July | MFDS Part 1

Exam to be held on 3 October, various locations. Now accepting applications.

#### 9 September | MFDS Part 2

Exam to be held on 24- 25 November, Glasgow and Manchester. Now accepting applications.

#### 24 June | ISFE in Restorative dentistry

Exam to be held on 17-18 October, Glasgow. Now accepting applications.

#### 27 June | ISFE in Dental public health

Exam to be held on 17-18 October, Glasgow. Now accepting applications.

#### 30 June | ISFE in Paediatric dentistry

Exam to be held on 20-21 October, Dublin. Now accepting applications.

#### 4 July | ISFE in Oral surgery

Exam to be held on 21-22 November, Glasgow. Now accepting applications.

#### 16 August | Special Care Dentistry

Exam to be held 7/8 December, Glasgow. Now accepting applications.



## Travel Medicine

### 19 September

#### Diploma course in Travel Medicine

12 month blended elearning course providing health professionals with

theoretical and practical knowledge to accurately and safely advise intending travellers on all aspects of travel hazards that may affect their health. Residential components: 19-22 Sep and 27 -31 Mar 2017.

Fee: £2,995 | Book online

### 6 October, 0900-1700

#### Faculty of Travel Medicine annual symposium

Details on page 13.

### 14 November

#### Foundation course in Travel Medicine

Six month blended elearning course providing theoretical and practical knowledge to begin to advise intending travellers on travel hazards that may affect their health. Residential component: 14-15 Nov.

Fee: £999 | Book online

#### Diploma in Expedition and Wilderness Medicine

Suitable for 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 postgraduate 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://rcp.sg/DEWM>

### Exam closing dates

#### 9 September | MFTM Part 2

Exam to be held on 1 December



## Podiatric Medicine

### 7 June, 0900-1700

#### Bringing legs to life

Details provided on page 14.

### Exam closing dates

#### 1 July | MFPM Part 1

Exam to be held on 28 September.



## Events for all

### 25 May 2017, 0900-1700

#### Practical Advice for New Consultants

5 CPD credits

Guiding newly appointed consultants, or those who are about to be appointed, through the major issues they will encounter in the first years following appointment

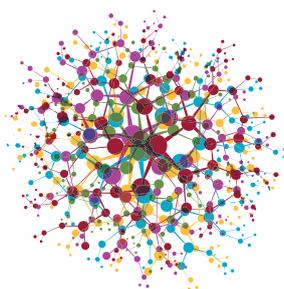
Member fee: £68 | Lunch provided | Book online

### 23 September 2016, 0900-1700

#### Whistleblowing: Freedom to Speak Out

Details provided on page 14.

All events are held in the College unless otherwise stated. Event schedule and content may be subject to change. All of our events can be booked online (unless otherwise indicated) at <http://rcp.sg/events>. All exam enquiries are welcome through our general mailbox [exams@rcpsg.ac.uk](mailto:exams@rcpsg.ac.uk). All dates advertised are in 2016 unless otherwise indicated.



## EXCELLENCE IN HEALTHCARE 2017

The fourth international triennial conference of the Royal College of Physicians and Surgeons of Glasgow

### 8-9 June 2017

# SAVE THE DATE

## Registration opens September 2016

Register your interest today - email [melanie.sinclair@rcpsg.ac.uk](mailto:melanie.sinclair@rcpsg.ac.uk)



ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

## NEW SPECIALTY OF AVIATION AND SPACE MEDICINE

The Joint Royal Colleges of Physicians Training Board (JRCPTB) recently announced that a new specialty of aviation and space medicine has been passed by the UK parliament and accepted onto the General Specialists Medical Practice Order.

With 3.1 billion passengers travelling the world and 228 million from the UK alone, as well as the potential for future space tourism, there is a growing need for properly regulated practitioners who are suitably trained and experienced in aviation and space medicine at the highest level.

The award of specialty status means that aspiring candidates will soon be able to apply to the GMC for formal entry to the UK specialist register, either via the CESR route or via an approved specialty training programme in aviation and space medicine.

Professor David Gradwell, Professor of Aerospace Medicine at King's College London and chair of the specialist advisory committee (SAC) on aviation and space medicine said:

"I am delighted that ministerial approval for specialty training in Aviation and Space Medicine has now been granted. This marks a crucial point on the pathway for the training of the next generation of consultants in



aerospace medicine in the UK. It also restores this country's position alongside nations where such training has been available or is becoming so. I am sure that this comprehensive and exciting training programme will appeal to doctors seeking a career in a clinical specialty with an expanding need and unique environment."

Aviation and space doctors work throughout the civil and military aviation industry occupying a number of roles, ranging from conducting the assessment of pilots', passengers' and aircrew fitness to fly, providing support to airlines and assisting with investigations into in-flight incidents and accidents, as well as contributing to the design and operations of air and space-craft. ■

## SCE FEES REDUCED

Fees for MRCP(UK) Specialty Certificate Examinations (SCEs) will be reduced by 23% from 1 August 2016.

These examinations assess the knowledge gained during specialist training and must be passed by trainee physicians in the UK before they can practise as independent consultants. Outside the UK, the SCE is a respected and sought-after qualification for specialist physicians.

Currently, the application fee for an SCE ranges from £861- £1,081. From 1 August, these fees will be reduced to £665-£833.

In 2007, the Federation of Royal Colleges of Physicians of the UK and 13 specialist societies made a substantial investment to create, develop and deliver these new examinations. As a result of this growth, it has now been possible to make this fee change.

Dr Jim Macfarlane, trainee representative for the SCE steering group, said, "This is extremely welcome news for all trainees. It demonstrates the Colleges have been receptive to feedback from trainees about the cost of examinations, particularly considering the current financial environment."

Further information about SCEs is available at [www.mrcpuk.org](http://www.mrcpuk.org) ■

## SUPPORTING THE ACUTE TAKE ADVICE FOR NHS TRUSTS AND LOCAL HEALTH BOARDS

The three Royal Colleges of Physicians from across the UK have published guidance for NHS trusts and health boards on how to alleviate pressures on the acute medical unit (AMU).

We recognise that there are increasing demands on the AMU as a result of rising admissions through the acute medical take. Specifically, we are aware that the shortage of core medical trainees applying

for acute medicine or dual accreditation is leading to a shortage of trainees at ST3 and above capable of supporting the acute take.

The guidance to NHS trusts and boards on outlines actions they can take to alleviate these pressures.

It is essential to emphasise that, in addition to these shorter term solutions, the Royal

Colleges of Physicians remain committed to seeing more doctors entering dual training in internal medicine alongside their chosen specialty.

In the meantime, we issue the guidance to ensure that Trusts and Health Boards are aware of how they can safely and effectively provide support to the acute take. The guidance can be accessed at <http://rcp.sg/acutetakeguidance> ■

## CODE OF CONDUCT

A new code of conduct for candidates of MRCP(UK) and SCE examinations will come into effect for all examinations taking place from 1 August 2016. Every candidate is expected to treat patients,

invigilators, staff and examiners with courtesy throughout the application, examination and results process. The code reinforces the standards that are expected of those undertaking

these professional examinations and all candidates should ensure they are familiar with the code before applying for an examination. Details can be found at [www.mrcpuk.org](http://www.mrcpuk.org) ■

## ANNUAL SPECIALTY REPORT

The Joint Royal Colleges of Physicians Training Board (JRCPTB) has raised some concerns about medical training following feedback from all medical specialties across the UK. The concerns are outlined in an annual specialty report which was recently submitted to the GMC and can be downloaded in full at [www.jrcptb.org.uk](http://www.jrcptb.org.uk)

The concerns raised were:

- Covering the on-call general internal medicine rota remains a significant pressure. It is squeezing out time for training and the acquisition of specialist competencies
- Acute medicine remains an unattractive option for trainees and many ST3 posts are unfilled. When registrars step in to fill the service gaps, their own training suffers and they may miss opportunities such as

acting up in their final years

- The withdrawal of locum appointments for training (LAT) posts in England is a major concern which has made it more difficult to cover vacancies. The knock-on effect has been to limit time for research, which is required in some specialties
- Seven specialties are worried about the commissioning of services from new providers, which is having an impact on the trainee experience
- In cardiology and paediatric cardiology, trainees are struggling to perform enough procedures to gain competence for independent practice
- In some parts of the UK, trainees are not getting enough experience in CPD, chest aspiration, and insertion of chest drains ■



**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 and beyond*

**15-16 September 2016**

**Speakers include:**

**Dr Mike Stroud OBE**  
University Hospital Southampton

**Dr Stig Borbjerg Laursen**  
Odense University Hospital, Denmark

**Dr Patrick Murphy**  
Guy's and St Thomas' Hospital

**Professor Alasdair MacLulich**  
University of Edinburgh

**Dr Stephen Pettit**  
Papworth NHS Foundation Trust

**Professor Raashid Luqmani**  
Oxford University Hospitals

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## NEW MEMBERS

Welcome to all physicians admitted to the College during February-April 2016.

### Fellow qua physician - FRCP(Glasg)

Elfatih Suliman Mohamed  
**Ahmed**  
Monther Mohammed Daher  
**Al Saad**  
Md Shah Alam  
Md Eakub Ali  
Ahmad **Al-Khayer**  
Ali Muslim Alawi **Al-Saad**  
Kazi Abul Kalam **Azad**  
Mais **Azzuqa**  
Euan John **Cameron**  
David Martin **Carty**  
Pranab Kumar **Chowdhury**  
Firoz Daudbhai **Ghanchi**  
Jonathan **Hewitt**  
Kazi Manzur **Kader**  
Mohammed Rezaul **Karim**  
Muhammad Imran Hassan  
**Khan**  
Suleman **Khan**

Emad **Khater**  
Ei Ei **Khin**  
Saw Aye **Khin**  
Efstathia **Liakopoulou**  
Kheng Seang **Lim**  
Kozhiparambil Vasudevan  
**Meera**  
Islay **Morrison**  
Mohammed Ziaul **Mustafa**  
Mya Mya **Ohn**  
Gopal Rakesh **Parepally**  
Mamatha Basavaraj **Patil**  
Zagros Ghafor **Rashid**  
Arshad **Rehan**  
Elmuhtady Mohammed **Said**  
Gurmukh Sajjanmal **Sainani**  
Balakrishnan **Valliyot**  
Aye **Win Myat**  
Abdul **Zaheer**

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

Mohammed Saeed  
Abdulmajeed **Al-Dujaili**  
Syed Ajmal Bin Syed Ali  
Nay Lin **Aung**  
Deepa Thottaparambil **Denesh**  
Deveraj **Dinesh Kumar**  
Jonathan Xinpno **Fang**  
Sanjay **Ghoshal**  
Innes Robert **Hynd**  
Tareq Jomah **Jalol**  
Muhammad Safwan **Jamal**  
Oliver **Koch**  
Christos **Leikos**  
Dermot **Linden**  
Lucy **Lynch**

Mohammad **Mahmuduzzaman**  
Adnan **Masood**  
Timothy **Mitchell**  
Zaw Win **Moe**  
Waheed **Murad**  
Chen Fei **Ng**  
Yusuf **Parvez**  
Shams Ur **Rehman**  
Christopher Nicholas **Rumley**  
Syed Muhammad Tahseen  
**Sabzwari**  
Syed Khurram Zaihr **Shah**  
Nicola **Watson**  
Aung Kyaw **Wynn**



## SHOULD SIMULATION BE A COMPULSORY PART OF TRAINING?



In a recent blog post, President Professor David Galloway outlined his views on the need for further development of simulation in surgical training. An edited version of the blog post is provided below. Read the full version and other blog posts online at <http://presidentsblog.rcpsg.ac.uk>

It has been estimated that some 98,000 people die in the USA every year as a result of errors in medical care. This annual loss of life is on a similar scale to a Boeing 777-300 going down almost every second day.

There is mounting evidence that various forms of simulation in clinical training are both effective and beneficial. It provides an alternative to practising technical skills on real patients and there are numerous examples of the application of high quality simulation to raising awareness of human factors, sources of error, attitude issues, communication policy, overload, burnout and factors which influence safe decision making.

The Royal College of Surgeons in Ireland has recently pushed ahead with mandated inclusion of simulation in various aspects of surgical training curricula. This includes the introduction of assessment within the training programme which must be passed before a trainee can progress. The loop of practice, followed by feedback and coaching can be safely repeated in a simulated environment before being carried out on patients.

In the UK, there is consensus about the value and need for enhanced simulation in a host of clinical scenarios, but there remains much to be done to embed this into UK training curricula. The need for further development is abundantly clear to me, as is the demand for human and financial resources to support it. In my view, it will only gain traction when simulation is embedded in the form of mandatory elements of the surgical curriculum. We must push this forward – we owe this essential element of safe practice to the patients we serve. ■

## ADAM WILLIAMS NAMED AS ASIT PRESIDENT



Adam Williams has been named as the President of the Association of Surgeons in Training (ASiT) or 2016-17. He replaces Rhiannon Harries who did an excellent job of

leading the association in the previous year. All at our College wish Rhiannon well and congratulate her on her success.

Adam Williams is an ST8 in Neurology based in Bristol. He described his election to President of ASiT during their 40th anniversary conference as a hugely humbling experience. He said, "I feel incredibly proud to be part of ASiT and its wonderful history, but I am under no illusion as to the scale of the issues we face to ensure our training enables us to be the best surgeons we can ... I assure you that the executive and council will work tireless unpaid hours over the coming year to ensure your interests are kept at the heart of proceedings and that we represent you to the best of our ability."

We look forward to working with Adam over the year ahead. ■

### ○ ○ ● ○ ○ ○ In Brief

As part of our College's new Academy of Clinical Educators (ACE), we are currently looking at the provision of Advanced Trauma Life Support (ATLS) and Care of the Critically Ill Surgical Patient (CCrISP) courses across the UK for Surgical Fellows and Members.

UK-based surgical Fellows and Members are invited to complete this short survey:

<https://www.surveymonkey.co.uk/r/FQP6F3> ■

## MSC ADVANCED SURGERY

Our College has partnered with the University of Glasgow to launch a new MSc Advanced Surgery academic programme commencing in September 2016.

The three year part-time MSc will offer surgeons a unique way of developing research skills while continuing to practice in the clinical environment. In addition, it will provide surgeons with recognition of academic achievement and skills to meet competency requirements throughout their career.

The MSc Advanced Surgery is awarded by the University of Glasgow, which is ranked

62nd in the world and is the first and only UK university to be rated as 5 stars plus over (QS World University Rankings 2015).

An outline of the MSc structure is provided below:

Year 1 modules:

- Evidence based research
- Medical and research ethics
- Drug development and clinical trials
- Advanced research methods in clinical surgery

Year 2 modules:

- Omics technologies for biomedical

- sciences: from genomics to metabolics
- Diagnostic technologies and devices
  - Current trends and challenges in biomedical research and health
  - Clinical modules including: colorectal surgery, upper GI surgery, vascular surgery, urology, trauma surgery, breast and oncoplastic surgery, and more

Year 3:

- Research project

The MSc fee is £4,000 per year. Further information is available from **ashleigh.mcculloch@rcpsg.ac.uk** ■

## NO CHANGE TO JCST FEES

Our College has agreed with the other surgical royal colleges of the UK and Ireland to keep the surgical trainee fee at the present level for 2016-17.

We are committed to supporting training and are aware of the increasing financial demands that are currently being placed on trainees. Keeping the trainee fee at the current level will avoid any further

additional costs for trainees while at the same time enable the Joint Colleges of Surgical Training (JCST) to deliver essential work. This includes:

- enrolling and monitoring trainees and making recommendations for certification
- developing, maintaining, updating and delivering the curriculum and the online

- training management system
- supporting national quality assurance and local quality management processes for surgical training programmes.

We remain committed to supporting the many enhancements that are currently being built into the curriculum and the Intercollegiate Surgical Curriculum Programme (ISCP). ■

## NEW MEMBERS

Welcome to all physicians admitted to the College during February - April 2016.

**Fellow qua Surgeon – FRCS(Glasg)**

Douglas Adam **Campbell**  
Balaji Singh **Krishna**  
Ramesh **Krishnamurthy Mayakonda**  
John **MacFie**  
Michael John **Mar Fan**  
Puthen veetil **Pradeep**  
Osama Ibrahim Mohamed **Seif**  
Saghir **Sheikh**  
Kallya Rajgopal **Shenoy**  
Naresh **Shetty**  
Rufina **Soomro**  
Andrew Michael **Williams**

**Fellow qua Surgeon in Ophthalmology – FRCS(Glasg)**

Huda Hussein Abdulrahman **Al Hayouti**  
Amal Noman Abdo Saeed **Al-Dbhany**  
Ahmad Abdul Kareem Ahmad **Alhusban**  
Abdallah Hussein **Arwa Mohammed**  
Divya **Balakrishnan**  
Nima **Chirukandath Anand**  
Eman Mohamed El Said **El Bialy**

Sherief Farouk Mohamed **Elsakka**

Shama Ali **Goliyadi**  
Mina Said Ragheb Mossad **Gris**  
Shadab **Hassan**  
Abin **Holla**  
Hesham Ahmed Mohammed **Khataan**  
Satyajit **M V**  
Veena **Muraleedharan**  
Rashid **Nahar**  
Padmaja Kumari **Rani**  
Rania Zaid Ahmad **Rawashdeh**  
Vishal Rajan **Sharma**

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

Edison Mark **Prempeh**

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

Joon Jae **Park**  
Soon Phang Allen **Sim**

**Fellow in Plastic Surgery – FRCS Glasg (Plast)**

Rebecca Jane **Exton**  
Christopher Koh Han **Hoo**



**Fellow in Cardiothoracic Surgery – FRCSGlasg(c-th)**

Elsamoual Abdulgafoor **Abdulgadir**

**Member qua Surgeon – MRCS(Glasg)**

Omar Mahmoud **Ashour**  
Modassar Tahir **Awan**  
Jessica **Bennett**  
James Antony **Collins**  
Omar Ahmad Omar **Dakkak**  
John Alexander Gerald **Gibson**  
Li Heng **Hee**  
Nicholas Stewart **Kalson**  
Khalid **Khan**  
Abu Obeida Mohamed Hamid **Mohamed**  
Helen **Perry**  
Muhammad Junaid **Saleem**  
Amit **Sinha**

## DENTAL TRAINING IN MALAYSIA

Dean Elect, Professor Graham Ogden, recently visited Penang International Dental College in Malaysia following an invitation from the College to attend their graduation ceremony. He writes about his experience and developing relationships being Glasgow and Malaysia.

The ideal patient to dentist ratio recommended by the World Health Organisation is one dentist for every 4,000 patients. In Malaysia, the current ratio is one dentist to 10,500 patients.

Penang International Dental College (PIDC) was established in 2006 with the aim of becoming a centre of excellence in training globally competent oral health care professionals. PIDC is accredited by the Malaysian Qualifications Agency (MQA) and recognised by the Malaysian Dental Council (MDC). In 2013, it became the first private Dental College to be awarded a full five-year accreditation by MQA and a five-star MYQuest rating by the Malaysian Ministry of Higher Education. The degree is under the auspices of the Vinayaka Missions University (VMU) in India, which manages 25 colleges, including four medical schools, in India.

At PIDC, students undertake the first two years of pre-clinical studies (basic sciences) at the PIDC campus in Salem, India, and thereafter the final three years of clinical studies in the Penang campus.

During my visit, I had an opportunity to join PIDC's ten-year anniversary celebrations in which all staff involved in running the College were invited to a celebratory dinner. I also enjoyed a private lunch with key staff members including the CEO, Professor Dr J Sabarinathan, Associate Professor Dr Raghunandan (Dean), Professor Dr T Samraj (Academic Coordinator, Salem), and Associate Professor Dr Ajay Telang (Academic Coordinator, Penang). I was delighted to give the address at the graduation ceremony for the 72 students who had successfully passed their BDS examination and it was a real pleasure to be part of their day.

During the visit, I had opportunities to meet with key members of Faculty where we progressed discussion regarding a possible MFDS exam centre. Crucial to this will be student numbers. Prior



to attending, we had thought this might be predicated on the numbers of postgraduates entering training programmes in Malaysia. Specialisation is currently under scrutiny and PIDC, like all private and public colleges, await the verdict on the numbers of students that they will be allowed to take. PIDC are bidding for five disciplines – periodontics, endodontics, paediatric dentistry, orthodontics, and prosthodontics. It was clear from speaking to the students at graduation that, irrespective of their career intentions, many were desirous of obtaining a higher qualification, even if entering general practice. It appears most will need to wait up to a year to be placed in a one-year Government post, which is mandatory for full registration with the MDC. They agreed this might be a good time to study for the MFDS Part 1.

I presented a lecture to final year dental students, outlining the role of our College and how we could support them. The students expressed an interest in becoming student members – which we currently only offer to UK students – and this is something we will explore. I also personally feel that Affiliate Membership may benefit those waiting to start clinical practice during their "gap year".

I was greatly impressed with the organisation and industry of the staff I met at PIDC. They have a good mix of youth and experience within their Faculty. The hospitality and care over every detail of my visit was most gratefully received. Their students appear keen and highly motivated and I left with the very positive feeling that setting up an MFDS examination centre in Penang could well be to our mutual benefit. ■

## CONTACT A SPECIALIST

We have a newly established network of experienced dental specialists, covering the breadth of dental specialties, available to offer informal guidance and professional support to our members at every stage of their career.

The network may be of particular benefit

to trainee dentists about to embark on specialist training and seeking advice about a particular specialty, career path options and the application process.

All enquiries should be made through the Dental Faculty Administrators: [dental@rcpsg.ac.uk](mailto:dental@rcpsg.ac.uk) ■

# NEW MEMBERS

Welcome to all dentists admitted to the College during February-April 2016.

## Fellow in Dental Surgery – FDS RCPS(Glasg)

Karen **Gordon**  
 Muhammad Irfan **Khan**  
 Soumitra **SenGupta**  
 Anjan Kumar **Shah**  
 Shilpa **Shetty**  
 Anand **Srinivasa**  
 Carol **Tait**  
 Meera **Verma**

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

Alexander James **Keightley**

## Fellow in Oral surgery - FDS(OS) RCPS(Glasg)

Stephanie **Sammut**

## Fellow in Orthodontics - FDS(Orth)RCPS(Glasg)

Mark **Bainbridge**

## Fellow in Restorative Dentistry – FDS(Rest Dent) RCPS(Glasg)

Pamela Louise **Yule**  
 Ahmed **Al-Khayatt**

## Member in Paediatric Dentistry – FDS (Paed Dent)

## RCPS(Glasg)

Hung On Adam **Au**  
 Hani Mohammed **Nazzal**

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

Ming Chung **Chow**  
 A Sumathi **Felicita**  
 Gautham **Sivamurthy**

## Member in Oral Surgery – M(Oral Surg) RCPS(Glasg)

Ian Douglas Stephen **McHenry**

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

Ahmad **Abd El Ghani**  
 Rashmi Darshika **Adikaram**  
 Shkre Abdalla Ali **Agkhre**  
 Mysoon **Alfadel**  
 Reem Adel Ali  
 Ghadayer **Al-Idari**  
 Husam **Alkhawaldeh**  
 Paul Andrew **Allan**  
 Fiona Mary Taylor **Barrow**  
 Ashvir Singh **Basra**  
 Marwah S S M B S **Behbehani**  
 Alexandre **Bell**  
 Angela **Boscarino**  
 Eleanor **Bowden**

## Nadine Campbell

Harpreet Kaur **Chana**  
 Sun Yuen **Cheng**  
 Ella Rose **Chu**  
 Lauren **Crossan**  
 David Paterson **Curran**  
 Alison **Davies**  
 Rajwant Kaur **Dhanda**  
 Alan Campbell **Donaldson**  
 Elaine **Duncan**  
 Nabihah Binti **Dziaruddin**  
 Thomas **Evans**  
 Emma **Fletcher**  
 Craig **Fraser**  
 Payal **Garg**  
 Grace Maria Winefride  
**Garlington**  
 Ahmed Ihmeiad Ali **Glewan**  
 Pavanpreet Kaur **Gosal**  
 Clare **Granger**  
 David Giles **Gray**  
 Sarah Fatema Mahmud **Haji**  
 Alexander **Harding**  
 Saleem **Hasanally**  
 Satwinder Singh **Hira**  
 Rebecca Anne **Jamieson**  
 Neringa **Jankauskaite**  
 Emma **Johnstone**  
 Ross Malcolm **Keat**  
 Claire **Kelly**  
 Ishfaq Hussain **Khan**  
 Ahmed **Khweir**

## Krissma Ladwa

Ian Albert **Lai**  
 King On **Lam**  
 San Kwong **Lam**  
 Yung My **Lam**  
 Sharon Patricia **Letters**  
 Charlotte Elizabeth **Lewis**  
 Arwa Shabbirhussein  
**Lukmanjee**  
 Angela **Ly**  
 Hussein **Mahmoud**  
 Scott **McBride**  
 Judith Sarah **McCaffrey**  
 Shona **McCaskill**  
 Grainne **McGrath**  
 Lucy **McGread**  
 Ceri **McIntosh**  
 Eoghan **McKenna**  
 Veronica **Mee**  
 Clodagh Rosaleen **Mellan**  
 Louise Sylvia **Middlefell**  
 Jennifer Lesley **Morrison**  
 Catherine Anne **Moshkun**  
 Ahmed **Moustafa Abdelnaby**  
**Mansour**  
 Sarah Heather **Murray**  
 Namita Veer **Nayyer**  
 Elizabeth Holly **Neal**  
 Sophie Louise **Nicholls**  
 Conor Thomas **O'Gorman**  
 Aine **O'Herlihy**  
 Mariaanne Catherine **O'Neill**  
 Nabil **Ouatik**  
 Philip David Rhys **Owens**  
 Sonum **Patel**  
 Zoe **Paterson**  
 Alasdair James **Regan**  
 James Graham **Ritchie**  
 Mohammed Amir **Sharif**  
 Sachin Bharat **Sheth**  
 Nausheen Rashida **Siddiqui**  
 Madan Mohan **Songra**  
 Sarah Judith **Speers**  
 Archana **Srikanthan**  
 Alaa Mohamed Ali **Suliman**  
 Zak Christopher **Sullivan**  
 Simon Mervyn **Sweetnam**  
 Sandeepa **Thankam**  
**Gangadharan**  
 David **Treagus**  
 Keri **Turberville**  
 Rohan **Verma**  
 Lucy **Walsh**  
 Ross **Whitlaw**  
 Carolyn **Whyte**  
 Hiu Ching **Wong**  
 Leona **Yip**

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*MFDS Part 1 and Part 2 packages are only available to dental graduates with a UK bank account*



# DIPLOMA AND FOUNDATION COURSES IN TRAVEL MEDICINE

We are pleased to announce that applications are now being take for the Diploma and Foundation courses in Travel medicine. These multidisciplinary, blended e-learning courses are available to any health professional working in a relevant field. For nurses, a first degree is not a requirement.

## Diploma in Travel Medicine

The Diploma in Travel Medicine is a one-year course designed to provide suitably qualified and motivated health professionals with theoretical and practical knowledge so that they can accurately and safely advise intending travellers on all aspects of travel hazards that may directly or indirectly affect their health, and to increase awareness of the implications of illness in the returned traveller as well as the effects of travel on the host countries.

The Diploma course incorporates two compulsory residential weeks at the Royal College of Physicians and Surgeons of Glasgow on:

- 19 – 22 September 2016
- 27 – 31 March 2017

The fees, which can be paid in installments, are £2,995.

## Foundation course

For those newer to travel medicine, the Foundation in Travel Medicine is a six-month course designed to provide suitably qualified and motivated health professionals with theoretical and practical knowledge so that they can begin to advise intending travellers on travel hazards that may directly or indirectly affect their health and increase awareness of the effects of travel on the host countries.

The Foundation course will commence on 14th November 2016 with two compulsory residential days on 14 and 15 November 2016. The fee for the Foundation Course is £999.

For more information on either the Diploma or Foundation courses or for an application pack contact Lesley Haldane:

[lesley.haldane@rcpsg.ac.uk](mailto:lesley.haldane@rcpsg.ac.uk) ■

"I had been working in a travel clinic for 7 years when I did the Diploma in Travel Medicine. I learnt so much that my practice changed as a result. It also gave me the knowledge and confidence to progress to membership, become involved in education and examinations within the Faculty, and to embark on a career teaching others about travel medicine."

- Cathy O'Malley

"Having no prior experience in this area, the Foundation in Travel Medicine provided a good grounding into the subject of travel medicine which then gave me confidence to provide quality travel medicine clinic services within general practice. It is an excellent place to start for anyone new to travel medicine whether they are a nurse, pharmacist or doctor."

- Jane Dickson



## Triennial scholarship

**£2,000 of funding available** to support a project in travel medicine.

The successful applicant will be invited to present at the College's **Excellence in Healthcare** triennial conference on 8 June 2017.

Open to *Associate members, Members and Fellows* of the Faculty of Travel Medicine.

**Closing date for applications: 31 August 2016**



Find out more and apply:

[rcp.sg/FTMTriennial](http://rcp.sg/FTMTriennial)

[travelmedicine@rcpsg.ac.uk](https://twitter.com/rcpsg.ac.uk)

## DEAN APPOINTED HONORARY PHYSICIAN TO THE QUEEN

In March 2016, Group Captain Andy Green, the Dean of the Faculty of Travel Medicine, was appointed as Honorary Physician to Her Majesty the Queen. He joins a small group of senior military and civilian Medical Officers to hold this prestigious post, and is the first Specialist in Infectious Diseases to have done so. Being appointed after taking up the post of Dean, this represents a significant mark of recognition for both the Royal College of Physicians and Surgeons of Glasgow and the Faculty of Travel Medicine.

### Some interesting facts about the appointment:

- The appointment is "At Her Majesty's Pleasure", which is a term used for people who undertake duties to serve the Sovereign for indeterminate periods.
- The role is primarily a ceremonial one, and involves duties such as attending Investitures and Royal Garden Parties. Such events may involve many

- hundreds of people of advanced years and varying medical fitness. There are always trained teams of Paramedics in attendance, along with personnel from St John's Ambulance and the Red Cross, permanent Medical Staff from the Royal Household, and a full resuscitation team.
- A Queen's Honorary Physician (QHP) is classed as a Member of the Royal Household, and wears the Queen's Cypher (see picture).
  - The QHP will wear aiguillettes on formal occasions. "Aiguillette" literally means "small needle", and is a name originally derived from the laces used to secure plates of armour together. It is now used to describe items of military uniform comprising golden cord with metallic lance-like tips. When worn on the right shoulder aiguillettes identify the holder as a Royal appointee, in contrast to senior military Officers who wear them on the left shoulder.
  - Only one Royal Physician has been



executed in history. He was Roderigo Lopez, physician to Queen Elizabeth I from 1581 until 1594. A Portuguese national, he was found guilty of attempting to poison the Queen as part of a Catholic plot. ■

## NEW MEMBERS

Welcome to all travel medicine practitioners admitted to the College during February - April 2016.

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

Ann **Bevan**  
Andrew Julian Hewitt **Simpson**

### Member of the Faculty of Travel Medicine – MFTM RCPS(Glasg)

Abdollah **Baxarawi**  
Jacqueline Ann **Bedford**  
Daniel John Robert **Campion**  
Tian Hwei Janice **Chin**  
Ewan **Clark**  
Michele Patricia **Holland**  
Janet Marie **Jones**  
Mohammad Adil Usman **Khan**  
Oliver **Koch**  
Euan **Naismith**  
Srinivasulu **Reddy**  
Sammy **Roy**

### Associate of the Faculty of Travel Medicine – AFTM RCPS(Glasg)

Ali **Choudhury**  
Sharon **O'Dea**

## TEN YEARS STRONG AND LOOKING TO THE FUTURE



The Faculty of Travel Medicine celebrates its 10 year anniversary this year. Since its foundation in 2006, it remains the only Faculty of Travel Medicine within a UK Royal College and has grown to include 365 Fellows, Members, Associates and Affiliates of different disciplines from all over the world. 10 years on, the Faculty has become a world leader in setting standards of care for the prevention and treatment of sickness and trauma in travellers and continues to lobby governments to establish standards of care, accreditation and validation in the field of travel health.

The Annual Symposium is the highlight of

the Faculty of Travel Medicine calendar, all professionals with an interest in Travel Medicine are warmly welcomed. This year will celebrate and reflect on the past 10 years whilst looking firmly towards the future. To be held on Thursday 6 October, the symposium promises an exciting programme with a wide range of expert speakers and generates 5 CPD credits. The symposium will be preceded by a celebratory black-tie/highland/military dress dinner the evening before; a wonderful opportunity to enjoy the company of colleagues and an exceptional dining experience in the beautiful setting of the College. ■



## FACULTY AGM AND ELECTIONS

Voting has now closed for the post of Ordinary Member on the Faculty's Executive Board. The outcome will be announced at the Annual General Meeting on 7 June. Professor Robert Ashford was the only nomination for the post of Dean Elect and will formally assume the role at the AGM.

The AGM 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. ■

## CPD ACCREDITATION FOR EVENTS

We are pleased to announce the launch of a CPD accreditation programme offered by our Faculty for events held by other organisations and/or individuals. The facility is available to both members and non-members and provides an opportunity to have courses and symposia verified by our College for continuing professional development.

Based around the Health and Care Professions Council (HCPC) requirement for registrants to renew their HCPC registration every two years, the faculty has developed criteria and standards incorporating the principles of the HCPC registrant requirements (SETs) and national and international accreditation of continuing medical education (CME)

developed by the Academy of Medical Royal Colleges and the European Union of Medical Specialists.

Having an event accredited will demonstrate that it meets the standards of our Faculty for CPD and that it offers a high quality learning experience. Recognition of these factors may assist in attracting delegates, especially those collecting CPD points for revalidation purposes.

*CPD accreditation fees range from £130 to £295.*

If you are organising an event and would like it to be considered for CPD accreditation, please contact the education team at [CPD@rcpsg.ac.uk](mailto:CPD@rcpsg.ac.uk) ■

## Faculty of Podiatric Medicine *membership exam*

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)**

Sit the exam in Glasgow, London or one of our international centres

### Membership benefits include:

-  Use of postnominals MFPM RCPS(Glasg)
-  Discounted CPD accredited education
-  Access to awards and scholarships
-  Library resources including an Athens account

Find out more and apply

<http://rcp.sg/mfpm> | email [mfpm@rcpsg.ac.uk](mailto:mfpm@rcpsg.ac.uk)

**MFPM Part 1**  
**28 September 2016**  
**Closing date 1 July**

*multiple-choice paper comprising 180 questions based on a syllabus divided into three sections:*

- podiatric medicine (50%)
- diagnostics (25%)
- pharmacology (25%)



## FEET FOR LIFE MONTH 2016

The annual Feet for Life month takes place in June and we will be supporting a number of activities throughout the month. As well as our own infographics and public information documents (please see the feature article on page 10), we will be participating in a campaign by the College of Podiatry and encourage Fellows and Members to also get involved.

During June, podiatrists are offering free foot health checks around the UK in local gyms, golf clubs, libraries and health clubs – more information is available at [www.feetforlife.org](http://www.feetforlife.org). The College has also provided a series of posters and leaflets with advice on how to look after your feet and buying sports shoes. These can be downloaded from the website. ■





### Walk your way to better health

**Fit feet are the first step to active living**

#feetforlife #sitlessmovemore #kow

@rcpsglasgow @feetforlife  
@pathsforall @stepchangescot  
@step\_count



## NATIONAL WALKING MONTH

May was national walking month across the UK, which includes Walk to School Week from 16-20 May. We were delighted to get involved with a number of initiatives including the College of Podiatry's Keep on Walking campaign and the Paths for All step

count challenge. Most of our promotional activity was carried out over social media channels where we created and shared graphics and simple illustrations advising people to both care for their feet and get involved in walking activities. ■

## NEW MEMBERS

Welcome to all podiatrists admitted to the College during February-April 2016.

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

Taryn **Hodgskin**  
Benjamin A **Lipsky**  
Joseph **McIntyre**  
Anthony Lewis **Stuttard**

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

Stuart **Berry**  
David **Good**  
Tristan **White**

## FACULTY FACEBOOK GROUP

We recently set up a closed Facebook group for Fellows and Members of the Faculty. The group offers a hub for communication and will enable us to conduct polls and gather informal opinions from members regarding the Faculty. It also offers a space for you to ask questions and seek opinions from others working in podiatry about areas that affect your practice.

Any Fellows and Members on Facebook who would like to join the group can ask to join via [www.facebook.com/groups/FPMRCPSG](http://www.facebook.com/groups/FPMRCPSG). Your request will be submitted to the College and accepted following a

check of your membership status.

Although intended to be used by Fellows and Members, we are also temporarily trialling admission of HCPC registered podiatrists who are Affiliate Members of the Faculty considering taking the membership exams. Access for this group will be reviewed before the end of the year. ■





# 200 YEARS OF THE STETHOSCOPE AND THE GOODALL SYMPOSIUM

*Iain Hutchison PhD FRHistS is a research associate at the Centre for the History of Medicine at the University of Glasgow. He writes on the history of medical care for children in Glasgow.*

2016 is the 200th anniversary of the invention of the stethoscope by Dr René Laennec (1781 – 1826). This seemingly simple invention was a major step forward in the advancement of medicine, and is considered the most important diagnostic tool until the invention of the x-ray. The original form of the monaural stethoscope, a simple tube, allowed the doctor to detect organic change in the heart and lungs.

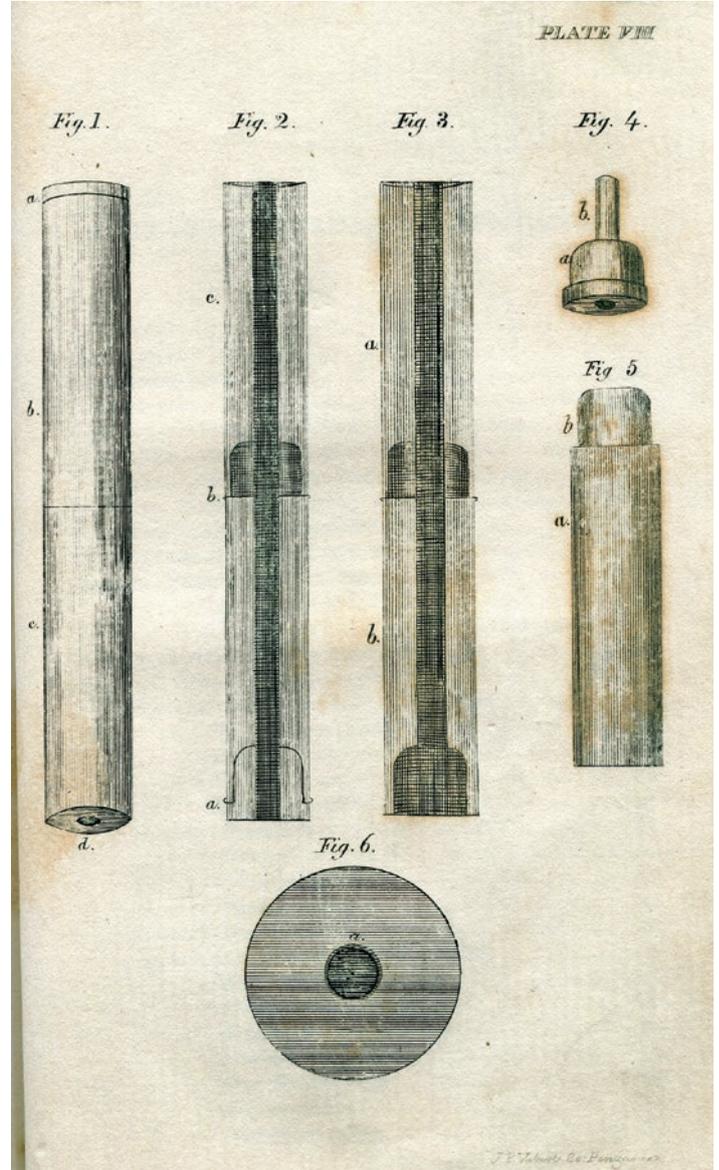
In 1816 Laennec was examining a woman with an apparent heart condition. He found that he was unable to use hand or ear to examine the patient without embarrassment, so he used a tightly rolled sheaf of papers, one end of which he placed against the precordial region and the other to his ear. He was able to hear the heart with greater clarity than he had ever done before. Laennec developed a stethoscope which consisted of a simple wooden cylinder that could be unscrewed in the middle for carrying in the pocket. We have an example of this kind of early monaural stethoscope in the College collections.

As well as inventing the

instrument, Laennec published his findings in his book *Traité de L'Auscultation Médiée* in 1819, which gave the first description of the sounds caused by diseases of the heart and lungs, such as bronchitis, pneumonia and tuberculosis. In the 1820s the *Glasgow Medical Journal* reported on the introduction of the stethoscope to Glasgow medicine, pointing out that the tool was at first "suspected, ridiculed, and sometimes abused as a piece of pompous quackery." By the late 1820s such suspicions were dismissed as use of the stethoscope grew. Unfortunately, Laennec did not live to see this as he died in 1826 at the early age of 45.

To mark this anniversary our 2016 Goodall Symposium takes Laennec's invention as inspiration. The evening of talks will explore how techniques for listening to the heart have developed since Laennec's discovery in 1816, to 'Harvey' the Cardiopulmonary Patient Simulator in 2016. The symposium features contributions from Mr Roy Miller, Honorary Librarian, Professor Ross Lorimer, and Professor Stuart Pringle, who will deliver the Goodall Memorial Lecture. The Symposium takes place on the evening of Thursday 16 June. To book a place contact [library@rcpsg.ac.uk](mailto:library@rcpsg.ac.uk).

From May to July our exhibition



in Crush Hall '200 Years of the Stethoscope' will showcase our collection of stethoscopes, from an early Laennec monaural

example to 19th century foetal and portable stethoscopes and more familiar 20th century examples. ■

## UNCOVERING OUR MEDICAL INSTRUMENTS

The College has received £5000 in funding from Museums Galleries Scotland to help digitise its impressive collection of medical instruments. The project 'Uncovering our Medical Instruments' will employ a part-time digitisation project intern to photograph and research hundreds of the instruments

in the collection. These will then be made accessible to researchers and the general public via an enhanced collections page on the College website. The College holds thousands of pieces of medical equipment in its collections, from the 18th century to the present day. Better digital access will open up these

wonderful collections to a much bigger audience. The funding is possible due to the College's status as an accredited museum.

Updates on the project will be posted on Twitter @RCPSGLibrary and on the blog <https://libraryblog.rcpsg.ac.uk/>. ■

# GLASGOW'S ROYAL HOSPITAL FOR SICK CHILDREN

For a five-year-old boy, clothed in the frock that was often favoured by mothers of small lads during Victorian times, it must have been a strange and daunting experience for John Shields when, on 8 January 1883, he was deposited in an empty ward at Glasgow's Hospital for Sick Children in the city's Garnethill district.



The first hospital - Garnethill

He was the first patient to be admitted to the new hospital, operated under the firm superintendence of Matron Rebecca Strong. Eminent doctors, such as William Macewen, accommodated regular visits between tending the private practices that funded this philanthropic side to their endeavours.

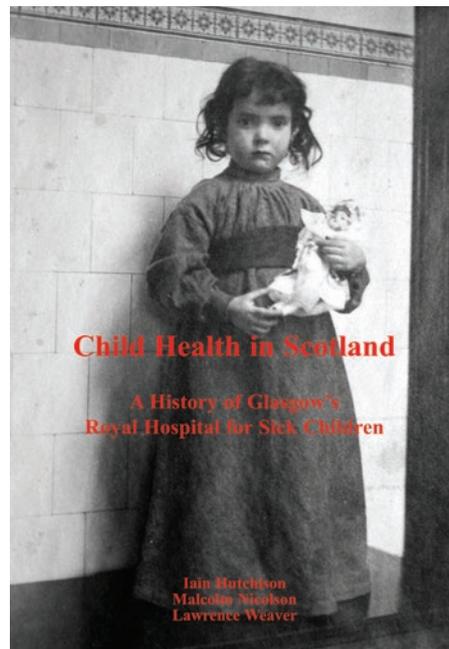
The opening of the hospital had been thwarted for two decades by the vested interests of Glasgow Royal Infirmary and then the Western Infirmary. It had taken considerable resolve on the part of the children's hospital's backers to see to fruition the acquisition and conversion of a townhouse in Scott Street. The new hospital treated hundreds of children each



Convalescing at Country Branch

year, but this could only make a minor impact on child ill health and infirmity in a city such as Glasgow where booming industry was accompanied by polluted air, defective sanitation, grossly overcrowded tenement housing, and poor diet.

The solution was the opening, in 1889, of an Outpatients and Dispensary in West Graham Street. The Dispensary, attended daily by queues of women, infants held close in wrap-around shawls, treated tens of thousands of children annually, including removal of tonsils. The limited capacity of the hospital was further addressed by the opening of a country branch in then-rural Drumchapel in 1903. This provided short-term convalescence for children who otherwise faced post-operative decline if returned directly to overcrowded tenements.



These events are part of complex social story narrated in a new book, *Child Health in Scotland: A History of Glasgow's Royal Hospital for Sick Children*. It places the hospital, the city, and the wider west coast of Scotland, in the context of social and economic change across one and a half centuries. Through extensive archival research and oral testimony interviews, the experiences of children, parents, nurses, and a gamut of healthcare professionals is explored. The move to Yorkhill in 1914 coincided with the outbreak of the Great War and requisitioning of some wards by the



A light-hearted moment at RHSC Oakbank

military. This was a blessing in disguise as it compensated for the loss of medical personnel volunteering for military service.

The creation of the NHS and the arrival of maternity care in 1964 at the new Queen Mother's Hospital were progressive milestones. But in 1965 the children's hospital buildings were found to be in danger of collapse, necessitating evacuation to Oakbank Hospital for the next six years. Indeed, the Royal Hospital for Sick Children was not a single entity, but an evolving network in which medical innovation was pursued and where enduring emotional as well as clinical care was delivered to children and parents.



Nurses enjoying 'fresh' Glasgow air at Yorkhill

John Shields, meanwhile, was discharged after three weeks following his successful treatment for spinal curvature.

*Child Health in Scotland*, (Scottish History Press, ISBN 978-0-9564477-3-9), published at £24.95, is available to College News readers for £20 including UK postage, and at a small supplement to international addresses. To order at the discounted price, send an email to [shp@keapub.fsnet.co.uk](mailto:shp@keapub.fsnet.co.uk).

# Leadership in Action

Safe, effective, person-centred care

Leadership in Action is a paired learning initiative that provides an opportunity for staff to learn collaboratively, sharing expertise and experiences via practical simulation. This is designed to foster greater managerial and clinical engagement in pairs attending from their host organisation.

The one day course is based around shared challenges that arise following an adverse event and provides a safe space to explore adaptive leadership skills. The following key topics shall be covered on the day:

1 Significant Adverse Events

2 Resilience

3 Organisational Culture

4 Resource Allocation

5 Communication

6 Service Improvement



Developing adaptive leadership via simulation and paired learning

Paired clinical leaders and managers will have an opportunity to experience simulated scenarios following one adverse event in a workplace environment. Each scenario will last about 15 minutes before 30-40 minutes of group reflection.

Further information:  
[kate.patrick@nhs.net](mailto:kate.patrick@nhs.net)



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