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. 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 and it is estimated that around 71% of men and 53% of women are living with CHD. 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. 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.

Studies have shown NT-pro-BNP to be useful as a prognostic marker in a range of situations. The ASTRONAUT trial and the I-Preserve trial 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.

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) makes it a valuable marker for monitoring improvement in patients being treated with recombinant BNP.

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.

References
of women are living with CHD.iii Although deaths from heart disease avoidable deaths in 2013.i Furthermore, Scotland has a high prevalence as a leading cause of illness in Scotland and led to 7,239 potentially identified coronary heart disease (CHD), which includes heart attacks, morbidity and mortality. Recent research by the ISD Scotland has Heart failure is a major, global health problem associated with high...
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 antisepsis, 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 trainee 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.
**NEWS**

**In Brief**

**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.

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**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.

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**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 or download The Vital Signs guide: 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.

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www.rcpsg.ac.uk
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 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?

To arrange a free, no-obligation consultation contact:
Graham MacLeod FPFS, Chartered Financial Planner
Tel: 0141 227 8018
Email: graham.macleod@towry.com
www.towry.com

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

Post-doctoral 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.
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

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. 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.

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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 Pullabatla 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://rcpsg.org/RememberingSam

SDI WORKSHOP: INTERNATIONAL STRATEGY

‘How the College will implement is 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 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.

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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 Osbourne, 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: @obesityactionsc

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](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](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
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 FFPM 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 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
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

"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."
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

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

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

11 October | SCE Palliative Medicine
Exam to be held on 9 November, various locations. Applications open 20 July.

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

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.

8 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@rcp.sg.ac.uk. All dates advertised are in 2016 unless otherwise indicated.
WHAT’S ON

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
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

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. All dates advertised are in 2016 unless otherwise indicated.

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

www.rcpsg.ac.uk
**What’s On**

### Dentistry

**MFDS P1 – Glasgow**

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

### Top Tips for Dental Care Professionals

- **5 November, 0900-1700**

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

### 7 June 2016, 0900-1700

**Bringing Legs to Life: Promoting Viability and Preserving Tissue in the Lower Limb**

- **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

### 23 September 2016, 0900-1700

**Whistleblowing: Freedom to Speak Out**

- **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 elearning@rcpsg.ac.uk**
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: £1999 | 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

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
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.

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

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
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

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.

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 Ghanchi
Jonathan Hewitt
Kazi Manzur Kader
Mohammed Rezaul Karim
Muhammad Imran Hassan Khan
Suleman Khan

Member of the College – MRCPS(Glasg)

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

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

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 MaxLuffilch
University of Edinburgh
Dr Stephen Pettit
Papworth NHS Foundation Trust
Professor Raashid Lujmani
Oxford University Hospitals

12 CPD CREDITS

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

www.rcpsg.ac.uk
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.

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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 tirelessly 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/FQPB6F3

In Brief

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

https://www.surveymonkey.co.uk/r/FQPB6F3
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 Sheik
Kality Rajgopal Shenoy
Naresh Shetty
Rufina Soomro
Andrew Michael Williams

Fellow qua Surgeon in Ophthalmology – FRCS(Glasg)
Huda Hussein Abdulraheem Al Hayouti
Amal Noman Abdo Saeed Al-Dibhany
Ahmad Abdul Kareem Ahmad Alhusban
Abdallah Hussein Anwa 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 – FRCS(Glasg)(Tr&Orth)
Edison Mark Prempeh

Fellow in Cardiothoracic Surgery – FRCS(Glasg)(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 Kalsom
Khalid Khan
Abu Obeida Mohamed Hamid Mohamed
Helen Perry
Muhammad Junaid Saleem
Amit Sinha

Fellow in Plastic Surgery – FRCS Glasg (Plast)
Rebecca Jane Exton
Christopher Koh Han Hoo

www.rcpsg.ac.uk
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 Vinyakya 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 Raghunandanam (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
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 Srinivasan
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 Nazal

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
Mysson 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 Bebehani
Alexandre Bell
Angela Boscario
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
Nabiha Binti Dzairuddin
Thomas Evans
Emma Fletcher
Craig Fraser
Payal Garg
Grace Maria Winefride Garlington
Ahmed Ihmeiad Ali Glew
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

Krisssma 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 McGeorge
Ceri McIntosh
Eoghan Mckenna
Veronica Me
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
Naushen Rashida Siddiqui
Madan Mohan Songra
Sarah Judith Speers
Archana Srikanthan
Alaa Mohamed Ali Suliman
Zak Christopher Sullivan
Simon Mervyn Sweetnam
Sandeepa Thangam
Gangadharan
David Treagus
Keri T Burberville
Rohan Verma
Lucy Walsh
Ross Whitelaw
Carolyn Whyte
Hui Ching Wong
Leona Yip

Save time and money with our tailored MFDS packages

MFDS Part 1

- Complimentary one year affiliate membership
- Discounted rates on MFDS Part 1 preparation course
  Saving you £30
- Early booking on MFDS Part 1 examination
  Saving you £40
- Monthly direct debit payment plan personalised to suit you
  Saving up to £85

MFDS Part 2

- Complimentary one year affiliate membership
- Discounted rates on MFDS Part 2 preparation course
  Saving you £50
- Early booking on MFDS Part 2 examination
  Saving you £50
- Monthly direct debit payment plan personalised to suit you
  Saving you £75
- 50% discount on Membership joining fee after passing exam
  Saving you £155

Find out more or request an application form:
dental@rcpsg.ac.uk

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

DIPLOMA AND FOUNDATION COURSES IN TRAVEL MEDICINE

We are pleased to announce that applications are now being taken 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

“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 travelmedicine@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 Bazarawi
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.

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
NEW MEMBERS

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

Fellow of the Faculty of Podiatric Medicine – FFPM 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

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. 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.

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.

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. 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 Médiate 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.

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.

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 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 requisition of some wards by the 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.

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.

www.rcpsg.ac.uk
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
50% discount on room hire for Fellows and Members

Join us to meet, to greet and to celebrate

For more information, please visit www.fifteenninetynine.co.uk
call 0845 388 1599 or email bookings@fifteenninetynine.co.uk
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