

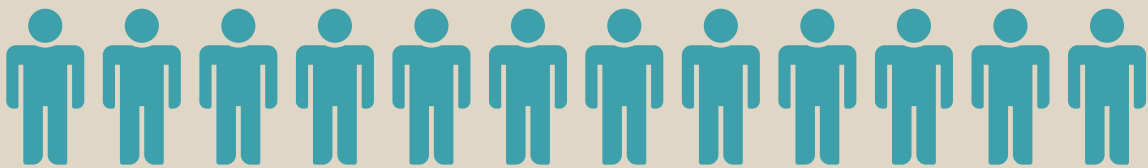
## Medical error



## Cancer



## Heart disease



# Medical errors: the third biggest killer

INSIDE

CELEBRATING DIVERSITY  
JUNIOR DOCTORS...OR NOT  
MEMBERSHIP SURVEY  
ON THE FRONT LINE  
OBESITY ACTION SCOTLAND



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

# Christmas

with

FIFTEEN NINETY NINE

at the  
*Royal College of Physicians and Surgeons of Glasgow*

This Christmas dine in the Royal College of Physicians and Surgeons of Glasgow for a truly unique Christmas party.

Enjoy the setting of one of our beautiful historic rooms, for a private dining experience with our award-winning chef's delicious festive menu. We can cater for parties from 35 to 100 for Christmas lunch or dinner, offering a licensed bar, first-class service and entertainment.

## Lunch

£29 per person

*3 courses and glass of prosecco on arrival*



## Dinner

£49 per person

*3 courses, glass of prosecco on arrival and DJ entertainment*

A non-refundable deposit of £10 per person is payable upon booking.



0845 388 1599

[bookings@fifteenninetynine.co.uk](mailto:bookings@fifteenninetynine.co.uk)

232-242 St Vincent Street, Glasgow G2 5RJ



FIFTEEN NINETY NINE

*events • weddings • dining*

# IN THIS ISSUE

● FROM THE PRESIDENTS OFFICE	2	● WHAT'S ON	16
● NEWS	3	● PHYSICIANS UPDATE	20
● COLLEGE IN ACTION	8	● SURGEONS UPDATE	22
● OBESITY ACTION SCOTLAND	10	● DENTAL UPDATE	24
● IN FOCUS <i>The third biggest killer</i>	12	● TRAVEL MEDICINE UPDATE	26
● ON THE FRONT LINE <i>With Catriona Barlow</i>	14	● PODIATRIC MEDICINE UPDATE	28
● TALKING POINT <i>Junior doctors...or not</i>	15		



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

**Editors:**  
**Elaine Mulcahy**  
**Lucy Adams**

**Production:**  
**Carl Barton**  
**contact@pogwai.co.uk**

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



**rcpsg.ac.uk**



**@rcpsglasgow**



**/rcpsglasgow**



**/royal-college-of-physicians  
-and-surgeons-of-glasgow**

College News is the magazine of  
the Royal College of Physicians and  
Surgeons of Glasgow.

# FROM THE PRESIDENT'S OFFICE

 Watch the President's video at  
<http://rcp.sg/cnautumn17video>



It should not have been a surprise for me to learn that many colleagues still tend to think of the Royal Colleges as somewhat detached organisations. I know that some see the College as a body happy to relieve doctors of substantial funds for the privilege of organising postgraduate examinations and maintaining the right to use the post-nominal recognition of their status. It was something of a surprise however that several colleagues, some with much experience of College interaction, were hazy on what exactly our College does. How extensive are the responsibilities? In what ways do we justify Fellowship and Membership fees and how can we continue to be relevant in a rapidly changing and deeply challenged NHS?

What does our College really do? The bottom line and the objective that underpins virtually all our activity is a drive to help our Fellows and Members deliver the highest possible standards of patient care.

For most people who become associated with the College it is as a result of a postgraduate assessment in their specialty. This is likely the first and most obvious point of engagement for young doctors with a Royal College. Behind that is the less obvious fact that the postgraduate training curricula in all the medical and surgical specialties are prepared, reviewed, administered and quality assured by the Colleges. This is a huge and ongoing undertaking that not only involves setting standards and expectations, but provides a platform for each specialty to maintain dynamic input into the content which is monitored and controlled by the Colleges. The resulting curricula are reviewed and approved by the GMC. As trainees progress through their curriculum the Colleges are involved in reviewing that progress and in finally recommending to the GMC that an individual

has completed their training requirements. For the main medical and surgical specialties, the relevant Colleges work together to deliver these services on a collaborative basis.

Beyond these functions the College is one route to the delivery, recording and recognition of high quality resources for CPD. Various resources have been developed picking up generic issues such as mentoring, non-technical skills, communication, leadership, helping doctors in difficulty to mention just a few. Our current refurbishment, which will provide fantastic new facilities for clinical skills training, high fidelity simulation and digital eLearning are due to come on stream in the next few weeks.

These objectives are primarily focused on UK based specialists but the international quality of the education and assessments that are available creates demand from international colleagues. Such is the caliber and esteem in which Royal College Membership and Fellowship is held outside the UK – many aspire to use the College benchmark as an indication of the standard of practice that they can demonstrate.

Beyond these core items, the College provides a voice and response on matters raised in consultation from governments, regulators, civil organisations, specialty groups and charities. I have to confess that while it is straightforward to obtain specialist clinical input, it is more difficult to articulate a College view on some of the more controversial matters which have medical implications and which either impinge directly on practice or legitimately need some medical input. I will be seeking your views on some of these cross specialty and sometimes controversial matters in the coming months.

We have a health advocacy role and have been

particularly active on such important areas as obesity, alcohol use and global citizenship. We are working on offering some of the practical implications arising from the recent Supreme Court ruling on the nature of consent and hope to bring some resources to you in the near future. We have a group actively exploring the implications of the UK leaving the EU. We are actively engaged at the Scottish and UK level with other Colleges through the respective Academies.

Finally, as a charity, we have some specific charitable functions. We are launching HOPE the Royal College Foundation – our new charitable and philanthropic fund. We will be inviting applications for future projects which aim to address the health needs of people living in the most challenging of circumstances – wherever they may be.

An important element of all this activity is the almost unbelievable fact that most of the work is delivered by colleagues who volunteer. We have been calculating the volume of activity provided by busy clinicians because they realize the importance of our work, the benefits that accrue and the satisfaction that comes from making such a contribution. That contribution is enormous. I am deeply grateful to all who, in whatever capacity, become involved in the work of our College. I am aware that many have expressed an interest in becoming involved in the future and I am encouraged by that fact. Our challenge is in channeling that energy and enthusiasm.

As ever my door is open and I would genuinely appreciate discussing how your ideas, in any of these areas, can be advanced.



Follow the President on  
Twitter @davidgallowaymd ■

## HONORARY FELLOWSHIP FOUNDER'S DAY SERVICE – GLASGOW CATHEDRAL



The President, Professor David Galloway, was honoured by the award of Honorary Fellowship of the College of Surgeons of Sri

Lanka. The occasion was part of the Annual Scientific Meeting of the College in Kandy in Central Sri Lanka. ■

Each year, members of College Council, Dental Council and Faculty Boards participate in a service at Glasgow Cathedral to mark the anniversary of the founding of the College and to lay a wreath on the tomb of Maister Peter Lowe in the cathedral graveyard. This is a colourful occasion with a formal gowned procession.

This year, the service will be held on Sunday 3 December at 11am. Fellows, Members, family and friends are welcome to attend. Seating will be reserved for College guests, so if you would like to attend, please email [sandra.clearie@rcpsg.ac.uk](mailto:sandra.clearie@rcpsg.ac.uk) or phone 0141 4657339. ■



## COLLEGE ELECTIONS

Nominations for a number of posts on College Council, including President Elect, have now closed and an election will be held. Election papers will be issued to all those eligible to vote on 30 October. Voting will close

on 29 November and the outcome will be announced at the AGM on 1 December.

*Details are available on the website at*  
<http://rcpsg.org/elections> ■

Elections will be held for the following posts:

**Post**

**President Elect**

**Vice President (Medical)**

**Vice President (Surgical)**

**Ordinary Councillor (Surgeon)**

**Nominees**

Robin Northcote, Jackie Taylor

Hany Eteiba, Asif Naqvi

Alison Lannigan, David Richens

Sanjeev Chitnis  
Jonathon Hannay  
Andraay Leung  
Colin McKay

## DOORS OPEN DAY 2017

Doors Open Day has been a cornerstone of Glasgow's cultural calendar since it started in 1989 as an annual, one-day event. Now in its 28th year, the Glasgow Doors Open Days Festival runs over a full week in September.

The College has long been a supporter of the festival, and this year was no exception. On Monday 11 and Saturday 16 September we opened our doors to the public,

giving visitors a special chance to fully explore the building and collections. In addition to the beautifully decorated rooms and the portraits and contemporary artwork on display, there was an exhibition of medical instruments, archives and rare books from our heritage collections. Members of College staff were on hand throughout the day to welcome visitors and answer any questions.



Doors Open Day is one of our biggest public engagement events, and with nearly 600 visitors over two days, it provides a great opportunity to raise the College's profile in its home city. This annual event

helps us to spread the story of the College's crucial role in Glasgow's medical history, as well as raising awareness of our work in maintaining the highest possible standards of health care today. ■

# Membership Survey

Many thanks to all who took the time to complete our membership survey.

More than 1,800 people completed the survey and response rates varied across speciality and gender, broadly reflecting our overall membership breakdown.

The insights you have given are already helping to shape the future direction of our College. By sharing with us your views and needs, we will be better able to support you individually and the profession as a whole.

**In particular the following key areas have been prioritised and will be progressed in the coming months:**

- The quality and accessibility of our educational offerings including eLearning and CPD accredited courses and events for subspecialties
- Signposting and advertising of opportunities to connect and engage with the College
- Opportunities for members to informally network and share knowledge and expertise
- Development of a clearer voice in public and political domains supporting and reflecting the views of the members
- Membership benefit packages including additional costs e.g. those associated with educational events
- The relevance, quality and frequency of our communications, both online and print
- The support and inclusiveness for non-medically qualified healthcare professionals, including a review of the subscription discount policy ■

## **'You Said'**

Improve the quality and accessibility of our educational offering, particularly eLearning



## **'We are Doing'**

An external, independent review of our current eLearning will be conducted during Q4 2017 and we will take forward the recommendations. We are committed to providing you with a world-class, eLearning resource.

## **'You Said'**

Enhance the relevance, quality and frequency of our communications, both online and in print



## **'We are Doing'**

We have recently appointed a new Marketing Manager who will be reviewing our internal marketing processes and procedures. We will adopt the most effective and efficient ways of communicating with you, our members.

## **'You Said'**

Improve signposting and advertising of opportunities to connect and engage with the College



## **'We are Doing'**

We are actively reviewing the College website and member magazine, to ensure opportunities are more visible and easier to access.

We are also actively reviewing the process of booking events online. We know this can be difficult and we are determined to make this as simple as possible.

## **'You Said'**

Demonstrate more visible support and inclusiveness for non-medically qualified healthcare professionals including a review of the subscription discount policy



## **'We are Doing'**

Subscription discount policy has been reviewed and updated. The new policy is available to view at [rcpsg.ac.uk/college/subscriptions](http://rcpsg.ac.uk/college/subscriptions)

## **'You Said'**

Enhance membership benefit packages including additional costs e.g. costs associated with attendance at educational events



## **'We are Doing'**

A project team is being set up to explore this further and develop a range of options for consideration by College Trustees.

## **'You Said'**

Develop a clearer voice in public and political domains supporting and reflecting the views of the members



## **'We are Doing'**

A new Public Affairs Manager has been appointed and a PR and Public Affairs strategy is in development.

## **'You Said'**

Create opportunities for members to informally network and share knowledge and experience



## **'We are Doing'**

We will explore the possibility of creating a 'community app' for members to informally connect and engage.



# PROSPECTUS

The College's 17/18 academic calendar is now underway and, as we are delighted to provide you with our latest prospectus, which covers all five of our main areas of interest (physicians, surgeons, dental professionals, travel medicine specialists and podiatrists). We also provide multidisciplinary conferences, allowing cross-speciality working, and a range of non-clinical courses; perfect for developing soft skills in management and training.

Our prospectus is an all-in-one resource which will allow you to share and plan CPD with your colleagues. If you require further information on the events you are interested in, full programmes and further details are available on our website.

***If you have any comments or queries about the prospectus, please do get in touch. ■***

## PROSPECTUS 2017/18



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

## BOWEL CANCER RESEARCH GRANTS

Bowel Cancer UK has announced that, in the next year, it will fund research of up to half a million pounds to improve the UK bowel cancer screening programme, increase understanding and identification of people with a high risk of bowel cancer, and further

knowledge of bowel cancer in the under 50s.

The research charity plans to involve patients, clinicians and researchers to ensure that funded projects are not only excellent in terms of their scientific quality, but also relevant and of most

benefit to people affected by bowel cancer – aiming to deliver real improvements for patients and transforming bowel cancer survival from 60% surviving at least five years to 75% by 2025.

Bowel Cancer UK will fund a mixture of large project

grants of up to £75,000 per year for a maximum of two years and smaller pilot grants of up to £25,000 for up to 18 months. The first awards will be announced in April 2018.

Find out more:  
[www.bowelcanceruk.org.uk](http://www.bowelcanceruk.org.uk) ■

## JUDICIAL APPOINTMENTS COMMISSION

The UK Judicial Appointments Commission is recruiting approximately 200 new medical members to bring their expertise to the First-tier Tribunal. The tribunal hears appeals arising from decisions made about disability benefits and offers an opportunity for medical professionals to use

their skills and knowledge to make important decisions that will make a real difference in people's lives.

As a medical member, you would sit alongside a tribunal judge and sometimes a disability-qualified member. All tribunal members contribute

to the decision about the benefit being appealed. As a medical member, you will hear appeals relating to personal independence payments, attendance allowance, employment support allowance, benefits for industrial injury or disease, compensation recovery, and vaccine damage payments.

Vacancies are currently available in England, Wales and Scotland. Members are assigned a primary hearing venue. This is a fee-paid role and members typically sit for a minimum of 15 days a year.

Find out more:  
[jac.judiciary.gov.uk](http://jac.judiciary.gov.uk) ■

## SUPPORT FOR DOCTORS UNDERTAKING NATIONAL WORK

A letter jointly signed by the Chief Medical Officers of Scotland, England, Wales and Northern Ireland, the Chair of the GMC and Sir Bruce Keogh, National Medical Director for NHS England, has called for better support for doctors undertaking national work for the benefit of health services. The

letter was sent to every employer in the UK health service.

It said, *"The part time work people undertake alongside their clinical duties contributes a great deal to the quality and safety of patient care, medical education and to the planning, delivery and independent assurance of the*

*safety and effectiveness of both local and regional health services.*

*"We understand that in the current climate there is considerable pressure on local resources... However, we hope you will regard such activity by your clinical staff as an investment in our health services*

*and a reflection of the high standards in your organisation. The experience gained by these individuals should be of direct benefit to the unit in which they work."*

The full letter can be viewed at:  
[www.rcpsg.ac.uk/news/1934-letterjuly2017](http://www.rcpsg.ac.uk/news/1934-letterjuly2017) ■

## IN MEMORIAM: PROFESSOR SIR DAVID TODD

It was with sadness that our College community learned of the passing of Honorary Fellow Professor Sir David Todd on 16 August 2017.

Sir David founded the Hong Kong College of Physicians in 1986 and was instrumental in bringing the MRCP examinations to Hong Kong. He was well known

and loved across the medical community in both the UK and Hong Kong and we extend our deepest sympathies to his family, colleagues and friends. ■



## REFRAMED – CELEBRATING DIVERSITY

During a recent school visit to the College, one girl asked a simple question – “Why are there no pictures of women on the walls?”



The portraits on display in our College Hall follow a similar pattern to most late 19th century celebrations of an institution’s rich history. The subjects are all white, and they are all men. They do not represent the diversity of our membership today.

Earlier this year we put out a call to our members to submit selfies. We received hundreds of submissions from around the world and enthusiastic volunteers from the annual medical undergraduate conference wanting to get involved. We then worked with an artist to create a projection and animation that filled the College Hall with light, sound, and the faces of College members, trainees and medical students. The effect was to

subdue the impact of the portraits of College founders, former presidents and eminent Fellows on the walls so that the new, diverse faces dominated the room.

Vice President (Medical) Hazel Scott spoke at the event about her own experiences as a female clinician, the wonderful diversity of our membership, and the ongoing work that needs to be done to ensure a more balanced medical workforce.

The event, on 27 October, was held as part of Museums at Night, a UK-wide programme of events that gives museums the opportunity to try new things, take risks and attract new audiences. As a newly accredited museum within

a very old institution, we are keen to grasp these opportunities.

It was during the late 19th century period that the College’s community began to diversify, with licentiates appearing in the minute books from many other parts of the world, for example South Asia. During the same period, women began to be admitted to the College, to be licensed in surgery. Today the College has a truly international membership. Glasgow itself is a proudly multi-ethnic city. In the 21st century, women are leaders in medicine. The College has had two female Vice Presidents this decade. Yet College Hall has remained virtually unchanged since it was added as an extension to

the St Vincent Street building in the 1890s. By reframing College Hall with new, diverse faces from our membership, we have challenged perceptions and celebrated our diversity.

Taking on a project like this needs support from inside and outside the organisation. We received strong support and advice from the Glasgow Women’s Library, and from colleagues at the University of Glasgow. Staff at Museums Galleries Scotland also provided encouragement. Support from within the College community shows a real desire to celebrate diversity, to tackle challenging questions, and to transform perceptions of our wonderful organisation. ■

# BREXIT

## Regulation of medicines

The Academy of Medical Royal Colleges and the British Pharmacological Society welcomed a letter from the Secretaries of State of Health and Industry to the Financial Times titled *"The UK wants to continue to work with the EU on medicines"*.

The Academy has been clear that the future of medicines regulation is one of the key issues that needs to be addressed in terms of

healthcare as part of the Brexit negotiations, which should be guided by: ensuring patients in the UK and EU continue to have access to the most effective and innovative medicines; protecting patient safety through the strongest regulatory framework, and; sustaining close working relationships between UK-EU partners.

Professor Alan Boyd, President of the

Faculty of Pharmaceutical Medicine, who led the Academy's work on this issue said, *"As the Government has recognised, it is essential that the issues of regulation of medicines and devices are properly resolved for the safety and benefit of patients. We urge the Government to closely involve professional bodies representing clinicians and the industry as discussions progress."* ■

# GLOBAL CITIZENSHIP

More than 110 people attended our Global Citizenship conference in September, with attendance up by 42% on the previous year. The event was kindly supported by Johnson and Johnson. Over the last several months, our profile in the area of global citizenship has continued to rise. We are currently the number one influencer on Twitter in global citizenship and Scottish global health.

Leaders from across the global healthcare community gathered at the College in September to explore the benefits and challenges of international volunteering. The conference, Towards Global Citizenship, followed the publication

earlier this year of our report on *"Global Citizenship in the Scottish Health Service"*.

Speaking at the conference, College Director of Global Health, Mike McKirdy, said, *"The College is delighted to welcome experts from across the globe to Glasgow to discuss this important and topical issue. We know international volunteering opportunities benefit some of the world's poorest countries. At the same time it also extends professional development of our NHS workforce. This in turn helps to recruit and keep NHS staff in Scotland. Everyone involved benefits and we want to work with government, the health service and others to realise the full potential of global citizenship."*

Lord Nigel Crisp, co-chair of the All-Party Parliamentary Group on Global Health, and former Chief Executive of the NHS in England, presented the key note talk.



Parliamentary events to further discuss and explore options presented in the report will be held at Westminster and Holyrood over the coming months.

More information about our global citizenship work can be found at: <http://rcp.sg/globalcitizenship> ■



# INSPIRING CHANGE

The College has welcomed the National Confidential Inquiry into Patient Outcome and Death report, Inspiring Changes, which has reviewed the provision and management of patients undergoing Non-Invasive Ventilation (NIV) mainly for the management of chronic obstructive pulmonary disease (COPD). It is very supportive of the recommendations of the report in an important area of medical practice.

COPD is the second most common reasons for hospital admissions in the

UK. It is responsible for 25% of all deaths from lung disease and is the fifth largest cause of death overall. Appropriate and timely treatment should be available in our hospitals admitting acutely ill patients. NIV is not generally appropriate in patients with documented pneumonia.

The study highlighted the nature of pre-hospital care, indications for treatment, monitoring of patients and an escalation plan should treatment with NIV not be successful. It noted that because of coding

issues, the number of patients needing this treatment was underestimated. Of importance was that treatment with NIV was not always indicated and more appropriate care should be given. This follows the aims of Realistic Medicine and identifies instances where treatment is inappropriate and where it needed to be escalated.

Further details about the report can be found at: [rcpsg.ac.uk/news/1932-inspiring-change-report-welcomed](http://rcpsg.ac.uk/news/1932-inspiring-change-report-welcomed) ■

# CONSULTATIONS

The College is regularly asked to contribute and respond to consultations. Recent consultation responses are listed below.

- Quality standard on Mental health of adults in contact with the criminal justice system
- National Cancer Programme - Multidisciplinary Team Meetings
- Proposed federation of healthcare education - survey
- Draft guideline on Physical activity and the environment
- Management of Stable angina
- Draft guideline on sore throat (acute): antimicrobial prescribing
- Draft guideline on Oesophago-gastric cancer
- Faculty of Pharmaceutical Medicine Board of Trustees' recommendation to admit non-medically qualified individuals as members
- General Pharmaceutical Council Revalidation consultation agreement
- Draft guideline on Flu vaccination - increasing uptake
- Call for ideas for supporting doctors returning to training after time out
- Updated SDCEP Prevention and Management of Dental Caries in Children Guidance

**Draft guideline on physical activity and the environment (NICE):** The College welcomes this draft guideline. It provides a rationale, a strategic framework and a set of recommendations for implementation to increase the physical activity of the population as a whole and in specific groups. It also recognises and seeks to decrease the health inequalities in different socio-economic and other groups with regard to physical activity and the environment.

**Call for ideas for supporting doctors returning to training after time out (Health Education England):** It is imperative that potential training doctors know that return is possible, and they are encouraged and informed. Training for returnees needs to

be flexible to allow the maximum possible number to return. Part-time training should be available but not, as in the past, detrimental to other commitments.

**Faculty of Pharmaceutical Medicine Board of Trustees' recommendation to admit non-medically qualified individuals as members (Faculty of Pharmaceutical Medicine):** We support the FPM in its wish to consider non-medically qualified individuals for membership. This is a sensible, proportionate and timely proposal. The landscape of medicine is changing and all professional organisations need to adapt with time in order to better serve their members and their charitable aims.

Full details of all consultation responses made on behalf of the College can be found at [www.rcpsg.ac.uk/consultations](http://www.rcpsg.ac.uk/consultations)\* ■

## COLLEGE HERITAGE FEATURED ON BBC'S TIME TRAVELS

Two items from the College's heritage collections recently featured on Time Travels, a BBC Radio Scotland series delving into the rich stories of Scotland's past.

Our Digital Heritage Officer Kirsty Earley explained the story behind our Lucy Baldwin Gas-Oxygen Analgesia Apparatus (1950s) from the College's museum collection. This item highlights the role played by Prime Minister Stanley Baldwin's wife Lucy improvements to maternal health, specifically pain relief, in the first half of

the 20th century. Kirsty also highlighted Lucy Baldwin's connections to Glasgow, including her role in the appointment of the first anaesthetists at Glasgow Royal Maternity Hospital in 1930.

<http://www.bbc.co.uk/programmes/b095yp0p>

Heritage Manager Ross McGregor, together with Dr Cheryl McGeachan of the University of Glasgow, featured in a programme about William Macewen's early career as a Police Surgeon in the city's Central Police Office in the 1870s. The College archive contains a significant collection

of Macewen's papers, covering his illustrious career. His 'Private Journal of Surgical Cases' (1872 – 1875) features his notes on cases he encountered as Police Surgeon – effectively an A&E department in the heart of Victorian Glasgow. Ross and Cheryl discussed the colourful nature of this work, its connection to Macewen's innovations in surgery, and the wide-ranging potential for further research into the role of the Police Surgeon in the medical, legal and criminal life of the city at that time.

<http://www.bbc.co.uk/programmes/b097s2tr> ■

## E-CIGARETTES

The College has joined with a range of organisations in the Scottish health sector, including NHS Health Scotland, to sign a joint statement (below) in order to clarify public perceptions about the health effects of e-cigarettes.

*"E-cigarettes have been available for purchase for just over a decade in Scotland. They have become increasingly popular and many smokers report using them.*

*"There is now agreement based on the current*

*evidence that vaping e-cigarettes is definitely less harmful than smoking tobacco. Although most e-cigarettes contain nicotine, which is addictive, vaping carries less risk than smoking tobacco. This, it would be a good thing if smokers used them instead of tobacco.*

*"Using e-cigarettes without stopping smoking (dual use) does not provide health benefits. Anyone who is using both should be strongly encouraged to stop smoking tobacco as soon as they can. To be absolutely clear, e-cigarettes are useful for public health services purposes*

*only as a potential route towards stopping smoking. Access to e-cigarettes needs to be controlled carefully; they are not products for children or non-smokers.*

*"There is still a lot we do not know about e-cigarettes. They are not risk free, but based on current evidence, they have a much lower risk than tobacco. We need to carry out research to understand these risks but in the meantime, we need to make the best use of the situation to reduce tobacco smoking further." ■*

# Update from Obesity Action Scotland

The Scottish Government will be consulting on the detail of the proposed Diet and Obesity Strategy this autumn. After including a commitment to “progress measures to limit the marketing of products high in fat, sugar and salt” in the Programme for Government, it is vital that we unite behind the Government’s good intention by ensuring they are backed up by solid actions. These should include legislating for restrictions on advertising and marketing to children, price promotions and portion sizes.

Only if we speak with a loud, united voice will the Government hear the importance of taking bold measures to tackle obesity in Scotland. The consultation period is still to be confirmed, but we will publish links to the consultation on our website when it goes live.

You can access the OAS website at: <http://obesityactionsotland.org> ■



## FROM A FEEDING CULTURE TO AN EATING CULTURE – THE CAMPAIGN FOR BETTER SCHOOL MEALS

In April Obesity Action Scotland called on national and local governments to place greater value on school meals to improve the health of Scotland’s school children and tackle childhood obesity.

With obesity affecting almost one in five children in Scotland and two thirds of primary school pupils in Scotland eating school meals, improving school meals is a direct way to drive the dietary change we need to see in Scotland.



In 2015 school age children in Scotland ate only 2.7 portions of fruit and vegetables per day, compared to the 5 portions recommended, and free sugar intake is highest in children aged 4 to 18 compared to all other age groups. This

means school age children are consuming 3 times the recommended level of free sugars.

As part of the ‘Eating Not feeding’ campaign we set out four recommendations for action:

1. Use unprocessed or minimally processed foods wherever possible
2. Prioritise vegetables, soup and salad over puddings
3. Reduce free sugar content towards Scottish Dietary Goals
4. Create a positive physical and social environment for school meals

The full report can be accessed at: <http://obesityactionsotland.org/images/pdfs/campaigns/School-Meals-Brochure-A4.pdf>

## OBESITY BRIEFINGS

We have published a number of briefings on the subject of obesity to provide researchers, politicians and the public detailed information on the effects of obesity and the actions which are required in order to tackle the obesity

crisis in Scotland.

You can access our full range of briefings at: <http://obesityactionsotland.org/our-publications/briefings> ■



## KEEP INFORMED WITH OUR MONTHLY NEWSLETTER

Every month we compile an e-newsletter with policy developments in the area of obesity and updates on what we have been doing to tackle the issue of obesity across Scotland.

Sign up to keep abreast of the latest developments around obesity as well as our own research and resources. You can subscribe from the homepage of our website: [www.obesityactionsotland.org](http://www.obesityactionsotland.org) ■

## LEARNING FROM THOSE LEADING THE WAY

Over the last few months Obesity Action Scotland has been gathering learning from around the world to consider what actions have successfully tackled obesity or improved diet in other countries.

In Amsterdam they have seen a reduction in levels of childhood overweight and obesity across all the socio-economic groups. This is the first area in the world to show such positive progress.

*The 5 key measures to their success could be summarised as*

- significant investment
- political buy-in
- collective responsibility
- clear targets
- focused, geographically targeted interventions

During our study visit we were struck by the pride and ownership from everyone we met in the programme. From

the municipality directors to the school head teachers and local fishmonger there was a level of understanding and dedication to do something and make a difference to children's health.

Slightly further north in Scandinavia, the 'Nordic governments' have collectively taken a new approach to change the food culture and consumption patterns of their people. In the past 10 years they have implemented policies that have promoted a new and more sustainable 'Nordic cuisine'. Through public-private partnerships, product innovations and reformulation these new ideas are being incorporated in everyday life.

What can we learn from these approaches? If we want to see real change we need a focus on prevention; a focus on a national and local scale that

works with and for people. We also need to see regulation to improve the food environment, accompanied with a positive and engaging approach to promote wholesome, healthy Scottish produce, such as vegetables, wholegrain and fish.

With 2 in every 3 adults being overweight or obese, there is a lot of work to do to tackle the challenge we face. Therefore, it is vital that the Scottish Government uses the

forthcoming Diet and Obesity strategy to set Scotland on course to a healthy future.

**Join us on social media**

Twitter: <https://twitter.com/obesityactionsotland>

Facebook: <https://www.facebook.com/organsagainstobesity/>

YouTube: <https://www.youtube.com/channel/UCXjSmdoEQHlq7VNRp5h1Dg> ■



**Obesity Action Scotland**  
Healthy weight for all

# THE THIRD BIGGEST KILLER

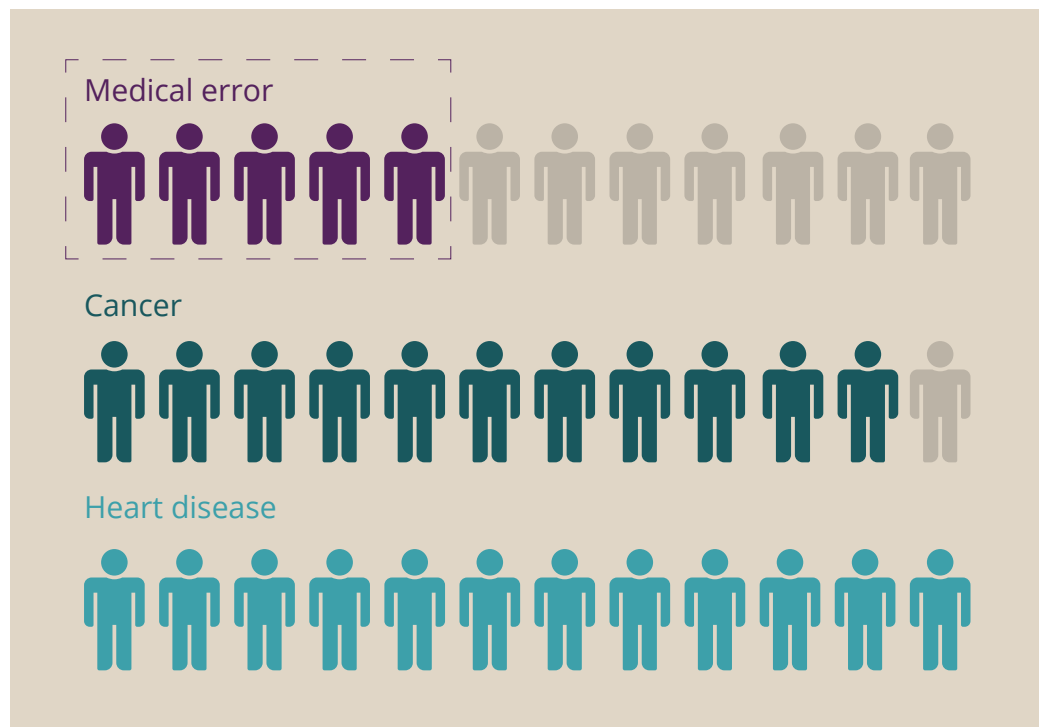
College President David Galloway says we do not need to wait for some remarkable breakthrough to deal with one of the world's leading causes of death – medical error.

During the late 1980s, Professor Lucian Leape was conducting a study in the use of cardiac procedures which revealed the extent of preventable harm to patients. The work led him to further investigate errors in medical care and the subsequent publication in JAMA in 1994 of a seminal work on "Error in Medicine".

In his paper, Leape estimated that the number of deaths caused, at least partly, by iatrogenic injury in the US every year was equivalent to three jumbo jet crashes every two days. And iatrogenic injury was just one cause of death due to unintended errors in medical practice. Other types of medical error leading to negative patient outcomes include inappropriate use of drugs, missed diagnoses, and operational delays, among others.

Is some level of medical error inevitable? In Leape's 1994 study, he calculated that, despite the seemingly high incidence of medical error, hospital personnel were in fact operating at 99% proficiency. Due to the high volume of patients and procedures being completed by each professional in the hospital, a 1% failure rate has a significant negative outcome – often the loss of someone's life. Is this an acceptable level of failure? And who is to blame? Is it the individual, or is the system and culture in which they work?

Most healthcare professionals accept that mistakes are inevitable. It is how we learn from these mistakes and put in place systems to prevent them from happening again that will help to reduce the risk. Dealing



with the issue at the individual level is not enough and can lead to a culture of 'cover up' and intellectual dishonesty.

Leape observed, "One of the most frustrating aspects of patient safety is the apparent inability of healthcare systems to learn from their mistakes. Tragic errors recur in new places over and over again. The solution to this problem is to investigate our errors and share lessons learned through a reporting system."

A 2017 survey by the Institute for Healthcare Improvement, NPSF Lucian Leape Institute, and NORC at the University of Chicago, found that 21% of adults in the US reported having personally experienced a medical error. When errors did occur, they often had a lasting impact on the patient's physical health, emotional health, financial wellbeing, or family relationships. The survey

found that ambulatory settings were a frequent site of medical errors and that errors related to diagnosis and patient-provider communications were the most commonly reported.

A report, published in the BMJ in 2016 by Martin Makary and Michael Daniel provided further information on the incidence of medical error. Compared to other causes of death listed by the Centers for Disease Control and Prevention (CDC), they found medical error to be the third leading cause of the death in the US. This figure is typically unreported and broadly unrecognised by most healthcare professionals and their patients. Why is this?

Currently, in the US, UK and many other countries, the International Classification of Disease (ICD) code is used by clinicians to certify a cause of death. Such misadventure caused by human and system

failures such as communication breakdown, diagnostic errors, poor judgement, and technical error, do not appear on the list – and when they occur, they go unreported on the death certificate.

In a further analysis in 2017, Makary and Daniel focused specifically on fatal medical errors. In their paper, they usefully defined medical error as, "an unintended act (either of omission or commission) or one that does not achieve its intended outcome, the failure of a planned action to be completed as intended (an error of execution), the use of a wrong plan to achieve an aim (an error of planning), or a deviation from the process of care that may or may not cause harm to the patient."

They looked at a number of studies carried out since 1999 that investigated the incidence of fatal medical error and extrapolated the data to gain insight into the number of deaths

that were a consequence of poor inpatient care. They calculated an average rate of more than 250,000 deaths from medical error every year and believed this to be an underestimate of the scale of the issue as the study excluded deaths in other settings such as those that occurred in care homes or ambulatory surgical centres. The studies considered were based on errors recorded in patient records, so it is likely that not all the relevant events have been captured.

In the UK, it is estimated that there are some 200 avoidable deaths in our hospitals every week, in addition to the numerous episodes of harm that result from medical error. At least twice a week there are events under the banner of healthcare which ought never to take place. Wrong side, wrong site and even wrong patient surgery has been recorded. Incorrect judgement calls, inaccurate diagnoses, aberrant decision making and errors resulting from inadequate knowledge, miscommunication and lack of basic care. To err is human for sure. However, the pattern of failure, often engendered by systems which have not adopted the necessary cultural change leads to the inability to prevent the preventable. Why this appears to be considered as inevitable in healthcare is both perverse and curious.

Makary and Daniel make the point, *"Human error is inevitable. Although we cannot eliminate human error, we can better measure the problem to design safer systems mitigating its frequency, visibility, and consequences."*

They called for three steps to reduce death from medical care:

- Making errors more visible when they occur so their effects can be intercepted

- Having remedies at hand to rescue patients
- Making errors less frequent by following principles that take human limitations into account

*They say, "Standardised data collection and reporting processes are needed to build up an accurate national picture of the problem. Measuring the consequences of medical care on patient outcomes is an important prerequisite to creating a culture of learning from our mistakes."*

We need to develop and use opportunities to properly investigate areas of concern in clinical practice and, importantly, find ways of sharing the lessons to be learned. There are many ways to do this:

- Through managed clinical networks where systems with less good results can be flagged and appropriate enquiry established
- The use of structured mortality and morbidity reviews
- A system for highlighting best practice and a national framework to encourage this form of learning (due for launch very soon)
- A Scottish guide to the operation of a national mortality and morbidity system has already been published
- Checklists, provided they are properly used by trained and dedicated teams
- A culture that proactively seeks the safest possible system of care.

When shortcuts are used, standards slip and patients suffer. It is high time we became alert to the fact that if medical error was considered as disease, it would represent the third biggest killer after cancer and heart disease. We do not need to wait for some remarkable breakthrough to deal with this. It can be addressed right now.

*Safety is everybody's business.*  
**Presidentsblog.rcpsg.ac.uk**



#### Further reading

Makary MA and Daniel M (2016). *Medical error – the third leading cause of death in the US*. *BMJ* 2016; 353 (<http://www.bmj.com/content/353/bmj.i2139>)

Leape LL (1994). *Error in Medicine*. *JAMA* 1994; 272 (23) (<https://jamanetwork.com/journals/jama/article-abstract/384554>)

[http://www.ihp.org/about/news/Documents/IHIPressRelease\\_Patient\\_Safety\\_Survey\\_Sept28\\_17.pdf](http://www.ihp.org/about/news/Documents/IHIPressRelease_Patient_Safety_Survey_Sept28_17.pdf) (accessed 17 October 2017)

*Prevention through Learning:*  
<http://www.scottishacademy.org.uk/prevention-through-learning.php>

*To Err is Human: Building a safer health system* <https://www.ncbi.nlm.nih.gov/pubmed/25077248> ■

#### The impact of complications and errors on surgeons

Kevin Turner (*consultant urologist in Bournemouth*) and colleagues at Bournemouth University are currently conducting the first large scale national study in the UK that will provide a detailed national picture of the challenges, responses, and resilience surgeons have when dealing with adverse events. All surgeons practicing in the UK are invited to participate in this national survey which will help to paint a picture of the impact of both complications and errors on the professional and personal lives of surgeons, and will potentially enable targeted support to benefit the profession.

*Find out more and complete the survey online at*  
[www.surgeonwellbeing.co.uk](http://www.surgeonwellbeing.co.uk)

## ON THE FRONT LINE WITH SCOTTISH CLINICAL LEADERSHIP FELLOW CATRIONA BARLOW



"I strongly feel that if you can empower patients to take involvement in their own care, whether that's through decision making or through education, so that they can have that conversation with you, then you get happier, more involved patients."

### **What is the Scottish Clinical Leadership Fellow Scheme?**

The scheme was started in 2014 as a collaboration between various bodies including NHS Education Scotland and the Scottish Government. It provides fellowships for trainees to take some time out of their training to get experience in other organisations and to learn real life management skills that you don't really have time to get a focus on during your clinical day job.

### **What made you apply to take part?**

It was very unlike me! I felt that I was at a point in my training, when I'd just gone through my membership exams and was just approaching the last couple of years of my training in preparation for becoming a consultant, when it was time for me to try to develop some other skills. I like things to be organised, and it frustrates me when I see systems that don't work well, or when I don't really understand where they come from, so doing this seemed to be a way in which I could combine my skills and interests and develop my career in that direction.

### **What's your medical background, where did you qualify and where did you work before taking on the SCLF role?**

I got my medical degree between St Andrews and Glasgow Universities. I did three years at St Andrews, then spent the rest of my time at Glasgow, graduating

in 2010. I did my foundation training in Glasgow and Ayrshire, and I'm now an obstetrics and gynaecology trainee in the West of Scotland.

### **Could you explain what your focus will be over the next year, and what you hope to achieve?**

I'll be working on a project around consent. Consent is about everything that we do, it's about real collaboration with our patients. The catalysts for this were the Chief Medical Officer's vision for realistic medicine, and also the mounting legal cases over the last few years in this area. Although things are slowly changing, it's not something that we get training on particularly well, so what I'm aiming to do is to produce an educational package for medical students in Scotland to help instil those values and skills at an early stage. I strongly feel that if you can empower patients to take involvement in their own care, whether that's through decision making or through education, so that they can have that conversation with you, then you get happier, more involved patients.

### **What are the biggest challenges you face in work?**

For me, personally, the biggest challenge will be the self-management. I've never had a role like this where I'm leading on a project and I'm my own boss, which is very different from my normal day job.

### **What do you think are the biggest healthcare challenges in Scotland, and what can be done to deal with these challenges?**

Linking into the issues of consent, I think that health literacy is a big challenge. In order for us to have these conversations with patients we have to be speaking the same language and I think that even when we think that we've got rid of the medical jargon we often haven't. I read recently that the average reading age is nine years old, but I've seen official documents which are still full of technical terms. A lot of patients just nod along with you because they just want to please you. I'd rather know that they didn't understand so that I can re-explain in a better way.

Health literacy also goes hand in hand with health inequalities, because the people with the biggest health problems are also likely to be those with the poorest literacy. These twin challenges span across all medicine.

### **How long have you been a member of the College, and what does being a member mean to you?**

I'm not a member of the College! I am a member of the Royal College of Obstetrics and Gynaecology. But I'm certainly very proud to be a member of the family of the college now, and working here has certainly changed my view of what the Colleges do for the better. ■

# Junior doctors .... Or not?

Chair of the Trainees Committee, Arianne Laws on the recent debate around “junior doctors” terminology.

In October, an article in The Times reignited the debate regarding the terminology we use to describe doctors in training. A campaign led by academics from Oxford University aims to stop the use of the title ‘junior doctor’ as they feel it is demeaning, and they have gained the support of the Chief Medical Officer for England, Dame Sally Davies.

This isn’t the first time this debate has taken place – it has intermittently arisen in various trainee groups of which I am a member, and it tends to peter out as no-one can come up with a better alternative. I also think this current iteration conflates two arguments: firstly that we need a better collective name for doctors in training, and secondly that the current grading system is complex and poorly understood by the public (FY, CT, GPST, ST).

The article suggests a return to House Officer, Senior House Officer, Registrar and Senior Registrar, which I think misunderstands the question. Those are titles for specific grades of doctors in training, rather than a collective term to encompass all. It’s also in direct opposition to the **#SayNoToSHO** campaign from the GMC which aims to clarify how we refer to those who occupy the middle grades on our rotas. On that matter, my feeling is that SHO is useful because it’s far easier than starting a nightshift and asking “*who is the FY2, core medical trainee, ACCS trainee, GP trainee or other middle grade on tonight?*”. Artificially imposing changes in language doesn’t work (ask the Académie Française) when there isn’t an easy, viable alternative. And to say that



patients don’t understand what an SHO is (Senior to whom? Which house? Officer – are you in the military?!) implies they understand the newer terms any better. If I need to clarify my grade or seniority to a patient, I don’t explain that I’m an ST6 specialty registrar, I say I’m the registrar and I’ve got a year and a bit to go before I qualify as a consultant.

It’s also important to clarify why we’re making a change. If it’s to improve junior doctor morale, as the proposers suggest, then I think it misunderstands the roots of the current crisis in junior doctor recruitment and retention. If there was a strongly held belief by the majority of junior doctors that they’d rather be called something else and they knew what they wanted to be called, then that would be fine and I certainly wouldn’t oppose it, but that’s not my impression of the situation. And if we’re aiming to make things clear for patients and the public, then I don’t think reinstating an older, more complex naming structure is the solution.

## **The argument for ‘Junior Doctors’**

I would suggest that ‘junior doctor’ is a useful collective term to use as shorthand when referring to all doctors in training; it fits neatly into headlines and official documents and, to me, it clearly means qualified doctors who aren’t yet consultants or SAS doctors.

I am proud to consider myself as a junior doctor; though I finished medical school in 2008 and have nine years of experience to my name, I’m not one of those who find it belittling or demeaning. I like the sense of belonging to a group and all the positive things that being a member of that group encompasses for me: exactly the things which made it such a strong brand to unite behind during the junior doctors contract disputes and kept public support in difficult times.

Others say that it’s not useful as a term as it encompasses everyone in training, from the brand new FY1 to the person

who has been out of university almost twice as long as they were at medical school and is soon to be a consultant. But often we do need to write about all those people at once, and it seems as good a term as any. The only other phrase that makes sense to me, is one I’ve used at time through this article: *doctors in training*. It implies a qualified doctor who is still in a training programme, but it is a little clunkier than junior doctor.

Just a couple of thoughts to end on:

1. Is asking to rebrand ‘junior doctors’ really the right solution to improving the morale of doctors in training, or is this just a distraction from bigger issues for junior doctors and the wider NHS?
2. Is it important that patients and the public understand all the terms we use to refer to our grading system internally? Is that something which is important to them? And how well do they understand it at present? ■

# Medical Heritage Events

## GLASGOW HISTORY OF MEDICINE SEMINAR

Witnessing recent medical history

07/11/2017 | Lecture 5:30pm Tea/coffee 5pm | Adults

## ARTIST IN RESIDENCE

Artist in Residence workshop

20/11/2017 | 6pm | Adults

## VISUALISING MEDICAL HERITAGE LAB

Historical Fiction

25/11/2017 | 10am-4pm | Adults

## A HISTORY OF HERBAL REMEDIES

29/11/2017 | 6:30pm | Adults

## GLASGOW HISTORY OF MEDICINE SEMINAR

Epidemics: Hate and Compassion from the  
Plague of Athens to AIDS: Towards a Conclusion

05/12/2017 | Lecture 5:30pm Tea/coffee 5pm | Adults

## EXPLORING GLASGOW'S CRIMINAL- MEDICAL HISTORIES C1850 – 1920

07/12/2017 | 12-5pm | Adults

## ARTIST IN RESIDENCE

Artist in Residence showcase event

11/12/2017 | 6pm | Adults

## HOW TO BOOK

E: [library@rcpsg.ac.uk](mailto:library@rcpsg.ac.uk) | T: 0141 221 6072

All our events take place at the Royal College of Physicians and Surgeons of Glasgow, 232-242 St Vincent Street, Glasgow, G2 5RJ



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

Image: X-ray tube from the world's first x-ray department for patients at Glasgow Royal Infirmary. The department was founded by John Macintyre, Fellow of our College.

HG\_EVENTS\_Nov-Dec17-CN-Ad (10/17)

## Physicians

13-14 November, 0800-1800

### IMPACT

IMPACT introduces the principles and practice of acute medical care, and the related knowledge, skills, understanding and attitudes. For CT1 level and above. Member fee: £472 | Lunch provided | Book online

15 November, 0900-1700

### Palliative Care Conference

This one day conference will offer practical advice about looking after patients with complex mental health needs at the end of life, through a series of mini-lectures and interactive case based presentations. Member fee: £75 | Lunch provided | Book online

17 November, 0900-1700

### Respiratory Conference 2017

Please see details below.

21 November, 0900-1700

### FICE (Focused Intensive Care Echocardiography) Course

This course will cover ultrasound machine demonstration, image acquisition and optimisation, basic echo views and sonoanatomy, common pathologies, and interesting cases. Member Fee: £175 | Lunch provided | Book online

2 February, 0900-1700

### Changing Face of Cancer: What the general physician needs to know

Cancer survival rates are increasing and even patients who are not cured are living significantly longer - this means general physicians and general practitioners are more likely to encounter cancer patients in their clinics. Member Fee: £75 | Lunch provided | Book online

2 March, 0900-1700

### Neurology – a Practical Guide

Please see details below.

9 March, 0900-1700

### Interactive Cardiology Symposium

The fifth annual collaboration between the Royal College of Physicians and Surgeons of Glasgow and the British Cardiovascular Society. Member Fee: £75 | Lunch provided | Book online

### Exam closing dates

27 November | MRCP(UK) PACES

Assessment period 20 January – 8 April, various locations.

Applications open on 13 November

19 January | MRCP(UK) Part 2

Exam to be held on 27 March, Glasgow and Belfast

Applications open on 25 September

16 February | MRCP(UK) Part 1

Exam to be held on 8 May, Glasgow, Belfast, Leeds and Liverpool

Applications open on 5 February

31 January | MRCP(UK) Specialty Certificate in Geriatric Medicine

Exam to be held on 28 February, various locations

Applications open on 8 November

31 January | MRCP(UK) Specialty Certificate in Nephrology

Exam to be held on 28 February, various locations

Applications open on 8 November

21 March | MRCP(UK) Specialty Certificate in Gastroenterology

Exam to be held on 18 April, various locations

Applications open on 27 December

11 April | MRCP(UK) Specialty Certificate in Neurology

Exam to be held on 9 May, various locations

Applications open on 17 January

9 May | MRCP(UK) Specialty Certificate in Endocrinology and Diabetes

Exam to be held on 6 June, various locations

Applications open on 14 February

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

## RESPIRATORY CONFERENCE 2017

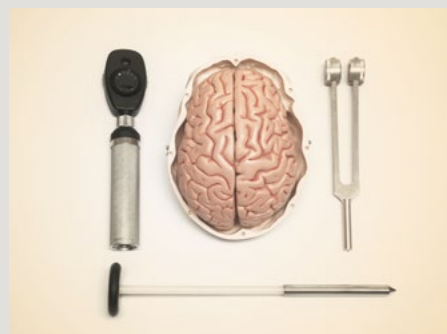


17 November, 0900-1700

Respiratory 2017 will cover a broad range of updates in common respiratory conditions, seen in both primary and secondary care.

Member fee: £75 | Lunch provided | Book online

## NEUROLOGY – A PRACTICAL GUIDE



2 March, 0900-1700

The day will consist of a day of talks, videos and interactive discussion delivered by a team of expert speakers.

Member Fee: £75 | Lunch provided | Book online

## BREAST CANCER CONFERENCE 2017: DCIS IN THE ERA OF PRECISION MEDICINE



22 November, 0900-1700

This event will look at current issues and controversies in the definition, diagnosis and treatment of DCIS. Suitable for the whole breast multidisciplinary team.

Member fee: £75 | Lunch Provided | Book online



## WHAT'S ON



### Surgeons

**13 November, 0900-1700**

#### Principles of Casting for Orthopaedic Trainees

A one day course covering upper and lower body casting techniques.

Member fee: £20 | Lunch Provided | Book online

**16 November, 0900-1700**

#### Basic Surgical Skills Course

The course aims to teach safe operating techniques and stresses the importance of precautions for safe theatre practice.

Member fee: £505 | Lunch Provided | Book online

**16 November, 0900-1700**

#### Basic Surgery Cadaver Skills (BaSiCS) Course

The course is aimed at CT1 / ST2 level and will cover areas of the ISCP curriculum required for entry to ST3. Candidates should have previously undertaken a Basic Surgical Skills course.

Member fee: £550 | Lunch Provided | Book online

**22 November, 0900-1700**

#### Breast Cancer Conference 2017: DCIS in the Era of Precision Medicine

Please see details below.

**30 November – 1 December, 0900-1700**

#### Safety and Sustainability in Rural Surgery

Please see details below.

**13 December, 0900-1700**

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

This 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 in small groups.

Member fee: £625 | Lunch Provided | Book online

#### Exam closing dates

**27 October | MRCS Part A**

Exam to be held on 9 January, various locations UK & international

Applications open

**24 November | MRCS Part B OSCE**

Exam to be held on 15-16 February, Glasgow

Applications open

**4 December | FRCS Ophthalmology Part 1**

Exam to be held on 6 March, various locations UK & international

Applications open

**4 December | FRCS Ophthalmology Part 2**

Exam to be held on 6 March, various locations UK & international

Applications open

**14 March | FRCS Ophthalmology Part 3**

Exam to be held on 18-19 June, Glasgow

Applications open on 12 March

**13 June | FRCS Ophthalmology Part 3**

Exams to be held 22-25 September (New Delhi), 11-16 November (Amman), 17-20 November (Muscat)

Applications open on 11 June

**3 November | DOHNS Part 1**

Exams to be held on 8 January, Glasgow

Applications open

**15 December | DOHNS Part 2**

Exams to be held on 20-22 February, Dublin

Applications open



### Dentistry

**31 October-1 November, 0830-1700**

#### MFDS part 2 preparation course

Suitable for those intending to sit either the MFDS Part 2 exam our two-day revision course includes both interactive lectures as well as practical sessions to prepare you for your OSCE.

Member fee: £425 | Lunch provided | Book online

**19 January 0900-1700**

#### Scottish Orthodontic Symposium

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

Member fee: £75 | Lunch provided | Book online

**1 June 0900-1700**

#### TC White Symposium: Complex patients, complex care – dental care under GA and sedation

This conference will address dental care under general anaesthetic and sedation, complex patients, and expectations.

Member fee: £75 | Lunch provided | Book online

**3 November | MFDS Part 2**

Exam to be held on 26-28 January, Chennai

Applications open

**1 December | MFDS Part 2**

Exam to be held on 2-3 March, Manchester

Applications open

**5 January | MFDS Part 2**

Exam to be held on 23-25 March,

Hong Kong

Applications open

#### SAFETY AND SUSTAINABILITY IN RURAL SURGERY



**30 November – 1 December, 0900-1700**

This conference will bring together many of Scotland's current surgical trainees with a long-established network of remote and rural surgeons, the Viking Surgeons' Club.

Member fee: £150 | Lunch Provided | Book online

#### MOUTH CANCER CONFERENCE



**3 November, 0900-1700**

This conference brings together a wide range of experts involved in the management of patients with mouth cancer, providing a timely update on what signs to look for, how the patient is assessed and investigated and an update on the various ways in which the condition is treated.

Member fee: £75 | Lunch provided | Book online

#### MAKING THE MOST OF MEDICINES: BUILDING CONFIDENCE IN PRESCRIBING AND POMS



**23 November, 0900-1700**

This conference will provide an opportunity for podiatrists to contextualise their use of medicines within the legislative frameworks and clinical governance, and improve their confidence in practice.

Member Fee: £75 | Lunch provided | Book online



## WHAT'S ON



## Events for all

### 19 January | MFDS Part 1

Exam to be held on 9 April, various locations  
UK & international  
Applications open

### 22 February | Special Care Dentistry

Exam to be held on 14-15 June, Glasgow  
Applications open

### 17 November | ISFE Oral Medicine

Exam to be held on 8-9 March, Edinburgh  
Applications open

### 27 November | ISFE in Orthodontics

Exam to be held on 19-20 March, Glasgow  
Applications open

### 3 January | ISFE in Paediatric Dentistry

Exam to be held on 23-24 April, Glasgow  
Applications open

### 5 January | ISFE in Restorative Dentistry

Exam to be held on 16-17 April, London  
Applications open

### 5 January | ISFE in Dental Public Health

Exam to be held on 26-27 April, Dublin  
Applications open

### 19 January | ISFE in Oral Surgery

Exam to be held on 10-11 May, Edinburgh  
Applications open



## Travel Medicine

### Foundation in Travel Medicine

Course begins 13 November (Glasgow), 21 March (London)

### Royal College Membership Diploma in Travel Medicine

Next intake begins May 2018

### Exam closing dates

Next exam dates for MFTM parts 1 and 2 to be confirmed.



## Podiatric Medicine

### 30 October, 0900-1700

#### Beginning your career in podiatric medicine - Glasgow

An introduction to the Faculty of Podiatric Medicine, including presentations in sports medicine, MSK, podiatric surgery, diabetes and career development.

Member Fee: £5 | Lunch provided | Book online

### 27 June, 0900-1700

#### The art of the possible: Local Anaesthesia in Podiatry

This course aims to provide podiatrists with theoretical underpinning and practical exposure to fully utilise local anaesthetics in practice, and is suitable for all podiatrists, particularly those who wish to fully utilise the scope of local anaesthetics in Podiatry.

Member Fee: £150 | Lunch provided | Book online

### Exam closing dates

#### 15 December | MFPM Part 1

Exam to be held on 7 March, Glasgow, London, Chennai  
Applications open

Next exam dates for MFPM part 2 to be confirmed.

### 2 November, 1300-1700

#### Clinical Trainer Development Course

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

Member fee: £40 | Book online

### 9 November, 1830-2100

#### West of Scotland Critical Care Teaching

This evening tutorial series, run in association with the West of Scotland Intensive Care Society, follows the Fellowship of the Faculty of Intensive Care curriculum offering themed nights covering all the major areas of Intensive Care Medicine.

Member fee: Free | Book online

### 11 January, 1300-1630

#### Doctors in difficulty

This half day course aimed at senior clinicians, responsible officers, clinical directors, medical directors and clinical leads, focuses on managing doctors in difficulty and difficult doctors.

Member fee: £75 | Book online

### eLearning

New modules available in

#### Global Health

#### Stroke

#### Bother with Bugs

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

## GOING WITH THE FLOW: IMPROVING VASCULAR FOOT OUTCOMES

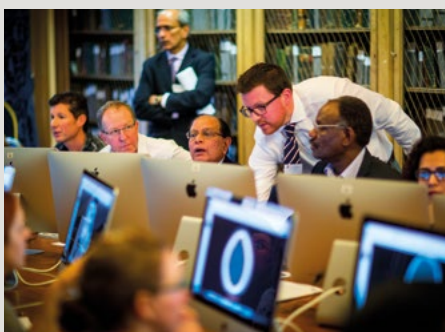


### 23 February, 0900-1700

This conference covers best practice models in podiatry and different approaches to vascular assessment.

Member Fee: £75 | Lunch provided | Book online

## ROYAL COLLEGE ADVANCED CERTIFICATE IN CLINICAL EDUCATION



### 4-5 December (Glasgow) and 20-21 March (Leeds)

A comprehensive two-day microteaching course for postgraduates and consultants involved in teaching at an advanced level.

Member fee: £1058 | Lunch provided | Book online

## CCRIP – CARE OF THE CRITICALLY ILL SURGICAL PATIENT



### 4-5 December, 0800-1700

Expert faculty will help you develop practical, theoretical and personal skills so that you can assess and manage critical situations in a systematic way.

Fee: £675 | Lunch provided | Book online



## FEES FROZEN FOR FIFTH CONSECUTIVE YEAR

2018 fees for all parts of the MRCP(UK) diploma and Joint Royal Colleges of Physicians Training Board (JRCPTB) have been frozen for the fifth consecutive year.

The decision not to increase fees has been led by the continued commitment by the Royal Colleges to keep examination and training costs as low as possible for

thousands of candidates and trainee physicians while maintaining investment to develop world renowned curricula and examinations. ■

## UK SHAPE OF TRAINING REPORT

The Joint Royal Colleges of Physicians Training Board (JRCPTB) has welcomed the recently published Shape of Training report and committed to continue working together with the GMC, specialist advisory committees and doctors in training across the UK to develop

curricula that equip tomorrow's physicians with relevant training, skills and attributes needed to deliver high quality care for patients.

The purpose of the Shape of Training review was to ensure that doctors receive high

quality education and training that supports high quality patient care and improved outcomes. The resulting report makes a set of recommendations to help doctors continue to meet patient and service demands now and in the future. ■

## CENSUS OF UK CONSULTANT PHYSICIANS

UK consultant physicians are invited to take five minutes to complete the annual census produced by the three medical Royal Colleges. In addition to collecting regular data on your job plans and working patterns, this year we're asking for feedback on current issues including:

- 7 day working
- Acting down

• Rota gaps  
By completing the census you're contributing not just your own data, but to the wider view of how consultants currently work in the UK. Please look out for your personalised email from the President which will allow you to access the form. On completion, you will be able to compare your data with the overall results.

*The census will close on Thursday 30 November 2017.*

As an incentive to enter, we'll be giving away a number of tablet devices in a random draw of those who have completed the census by this date. ■

## NEW MEMBERS

Welcome to all physicians admitted to the College during May – August 2017.

### Fellow qua Physician - FRCP(Glasg)

Sonya Maria **Abraham**  
Iftikhar **Ahmed**  
Sarrah **Ahmed**  
Kadhim **Alabady**  
Mathavan **Alagarsamy**  
Haydar **Al-Ateye**  
Liaquat **Ali**  
Wasim **Amer**  
Tahir **Anwar**  
Arthur Joseph **Asirvatham**  
Md **Bashar**  
Padmabushan **Boovalingam**  
Ki Wan kelvin **Chan**  
Yui **Chang**  
Ka **Cheung**  
Chun-Hoi **Chung**  
Sandip **Dash**  
Rafi **Din**  
Oyewole **Durojaiye**  
Mwaffiq **El-Heis**  
Elzubier **Elzubier**  
Ravi **Gadahadh**  
Anish **Kadambot Mohiyadeen**

Muhammad **Khan**  
Mohammad **Khan**  
Mehrunnissa **Khanoum**  
Zaw **Khin**  
King Herald **Kisku**  
Cheung Chi Simon **Lam**  
Ming Kai **Lee**  
Guo **Ling**  
Mei Sze **Lui**  
Hon Ming **Ma**  
Waqar **Malik**  
Mukesh **Mehra**  
Partha **Nandi**  
Ayalur **Narayanaswamy**  
Abdul Khaliq **Naveed**  
Choon **Ng**  
Thin **Nwe**  
Mohammed Ameen **Patel**  
Mukundkumar **Patel**  
Ka **Poon**  
Paranthaman **Poongavanam**  
Shyam **Raja Mohan**  
Rajan **Rajesh**  
Ramadas **Ramkumar**  
Hammad **Raza**

Ranjit **Roy**  
Mohsin **Saif**  
Arshad **Shah**  
Taj Muhammad **Shaikh**  
Anshu **Sharma**  
Hoi Ping **Shum**  
Imran **Siddiqui**  
Sarwar **Siddiqui**  
Brijendra **Srivastava**  
Boopathi **Subramaniam**  
Jemy **Thomas**  
Noble **Thomas**  
Mangesh **Tiwaskar**  
Anil Kumar **Tripathi**  
Seshadri **Varadarajan**  
Thangayyan **Venkatkrishnan**  
Mark James Stewart **Weir**  
Rao **Yasin Khan**  
Wee Song **Yeo**  
Vijay **Zawar**

Member of the College -  
**MRCPS(Glasg)**  
Muhammad Junaid **Alamgir**  
Asma **Asghar**

Alana Grace **Brown-Kerr**  
Ahmed Adel Anwar **Gad**  
**Shaheen**  
Faiz **Gadalmolla**  
Arshad **Hayat**  
Aamir **Ijaz**  
Shadman **Irshad**  
Sujil **Jacob**  
Umair **Jilani**  
Ashish **Kumar**  
Olha **Malysheva**  
Kirsten **Mitchell**  
Thin **Ohn**  
Aiyegbusi **Oshorenla**  
Mohammed **Osman**  
Ahmed **Pasha**  
Himanshu **Patil**  
Shawn **Pillay**  
Deepthi **Ravi**  
Colin David Maxwell **Stewart**  
Myat **Thura**  
Mark **White**  
Athesham **Zafar**

## COLLEGE PALLIATIVE CARE LEAD

The College is privileged to support the William and Elizabeth Davies Foundation's objectives by embarking on the development and design of a range of palliative care online learning - endeavouring to provide an accessible free learning resource to meet an international need for support in this area.

The Foundation has a particular mission to support advances in education, training and research specifically connected to the causes, diagnosis, treatment and care of cancer and malignant disease, with special concern for related issues affecting patients, families and others - with specific interest in palliative care.

**We are currently recruiting a College Palliative Care Lead to take this work forward. Main responsibilities include:**

- To direct the College's provision of free educational palliative care eLearning for the College's eLearning platform, My College Online
- To assist in the identification of suitable faculty to develop and deliver palliative care education both in the UK and internationally

- Attend, when required, meeting with the College's Education, Training and Professional Development Boards and meetings with the trustees of the William and Elizabeth Davies Charitable Foundation
- Other activities related to the development of a comprehensive suite of free education in palliative care

This role would include automatic registration as a Principal College Educator with our Academy of Clinical Educators (ACE).

We are grateful for the generous funding and support provided by the William and Elizabeth Davies Charitable Foundation which makes our development of eLearning and educational material possible.

*Interested candidates should contact:*  
Ashleigh McCulloch, Deputy Head of Education, Training and Professional Development

**Email:** [Ashleigh.mcculloch@rcpsg.ac.uk](mailto:Ashleigh.mcculloch@rcpsg.ac.uk)  
**Tel:** 0141 227 3236 ■

## CHANGES TO MRCP(UK) PART 2 WRITTEN EXAM

The Part 2 written examination will move to a single day format from the beginning of 2018. The new examination will consist to two, three hour papers each with 100 questions.

This change, which has been approved by the GMC, will bring benefits to trainees and the health service, reducing the cost and time of releasing candidates to sit the examination.

Dr Chris Wilkinson, trainee representative on the academic quality management and research committee, said, "I am pleased the examination burden to trainees is being reduced without any reduction in the quality of the exam."

Professor Andrew Elder, Medical Director of MRCP(UK) said, "We are pleased the GMC approved our proposal to reduce the duration of this important examination from two days to one day and believe this will be supportive to and welcomed by trainees and employers."

*The exam will be held on 27 March, 27 June and 24 October 2018. ■*

## Get involved

### Become an Examiner for MRCP(UK) PACES

The contribution of our Fellows and Members to supporting the next generation of physicians as they progress to Specialty Training is critically important, both to our success as a College and to ensuring junior doctors have a positive experience.

#### Examiner commitment

Minimum examiner requirement is 2 days (30 candidates) over 2 years  
Flexible options are available

#### Enhance your CV

Join a community of examiners and engage in networking  
Receive free examiner training with 6 CPD points

#### Examination delivery

All our examinations are held in established centres  
Examinations are fully supported by College staff, with dedicated administrative support for new examiners

*Closing date*  
**8 December 2017**

*"I feel it is important as a practising clinician to contribute to the quality assurance and standards of this global examination by being an examiner."*

*"Examining is a great way to keep up-to date, catch up with old colleagues, help junior doctors further their careers and optimise your own clinical training/supervision skills."*

### How to apply?

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

If you have any further questions please contact:  
[pacesexaminers@rcpsg.ac.uk](mailto:pacesexaminers@rcpsg.ac.uk)

EX\_MRCP\_PACES\_Examiners-CN-Ad (10/17)



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW  
PHYSICIANS

# ASSOCIATE DIRECTOR OF SURGICAL EXAMINATIONS

We are delighted to welcome Mr Eng Kwee Ong as the Associate Director of Surgical Examinations. Eng is a consultant urological surgeon with a subspecialist interest in urinary stone disease. He did his basic surgical training at the Mersey Deanery followed by a Master of Science by research into peri-operative nutrition at the

University of Liverpool. He completed his urology training in Scotland and took up his consultant post in North Devon and Royal Devon and Exeter Hospitals in 2009.

Over the years, Eng has played an active role in education and training, including as inspector for surgical posts for the Scottish

Royal Colleges' Board for Recognition and examiner at University of Dundee. He represents our College on the internal assurance committee of the ICBSE and is an examiner for the University of Exeter Medical School, intercollegiate MRCS and Fellowship of the European Board of Urology examinations. ■

## NEW MEMBERS

Welcome to all surgeons admitted to the College during May – August 2017.

### Fellow qua Surgeon - FRCS(Glasg)

Hayder Saleh **Abdul Hadi**  
Yakout **Alaraji**  
Layth Raoof Ahmed **Al-Haddad**  
Kumar **Ashok**  
M Hammad **Ather**  
Jeffrey **Cadeddu**  
Karthik **Gunasekaran**  
Ali **Haneef**  
Narendra **Hulikal**  
Tholath **Ittyerah Peter**  
Prema **Kannan**  
George **Kuruvilla**  
Farhan Ahmed **Majeed**  
Gulshan Ali **Memon**  
Manoj **Monga**  
Stephen **Nakada**  
James John **Powell**  
Panchangam **Ramakanth**  
**Bhargav**  
Firdos **Rehana**  
Ekta **Rishi**  
Mughis Ahmed **Saeed**  
Gyan **Saurabh**  
Syed **Shah**  
Ghouse Ejaz Ahmed **Sheriff**  
Sudhir **Shinde**  
Hariprasad Ramachandra Naidu  
**Taluru**  
Sampath **Thirunavukkarasu**  
Shabir **Ahmad**  
Hassan **Al Thani**  
Ammar **Al-Hassani**  
Rajkumar **Amaravati**  
Manoj **Andley**  
Jamshid **Darabnia**  
Safiullina **Guzaliya**  
Kabali Murthy **Jayavelu**  
Vijay **Kumar**  
Lawrence Pui Leung **Lu**  
Dr.Sujatha **Mohan**

Andras **Predl**  
Robin Alphonzo **Roberts**  
Shahadot Hossain **Sheikh**  
Sze Li **Siow**  
Raju **Thomas**  
Baldwin Po Man **Yeung**

**Fellow qua Surgeon in**  
**Ophthalmology - FRCS(Glasg)**  
Mona Mohammed **Abdel Hafeez**  
Ola Abdulrazak **Alhasan**  
Ahmed Ibrahim Mahmoud  
**Alsherbeny**  
Mohamed Abdelzاهر  
Mohamed **Awwad**  
Waleed Saad El-Dein  
Abdelmonem Ebrahim **EL-**  
**Gharbawy**  
Hazem Abdallah Mosad  
**Elnashar**

Abeer Abdelwahab  
Abdelhakeem **Etman**  
Merley Elizabeth **George**  
Mohammed Abd Elnabi **Hatab**  
Yomna Magdy Abdulla  
Mahmoud **Ismail**  
Shafiulla N **Khaji**  
Hina **Khan**  
T **Lokesh**  
Shimaa Saad Abdelhameed  
**Metawe**  
Gayatri **Murugan**  
Mohamed Badie Elnor Ahmed  
**Omar**  
Sureka Shraddha **Pawan**  
Shalika Bernadette **Perera**  
Videkar Rituraj **Prabhakar**  
Modi Rohit **Ramesh**  
Mahmoud Mosaad Ahmed  
Ahmed **Rashed**  
Sameh Abdel Tawab Abou-  
Abass Aid **Sabahy**

Amir Radwan Abdelghaffar  
**Sharafeldin**  
Devi Priya **V**

**Fellow in Cardiothoracic**  
**Surgery - FRCSGlasg(C-TH)**  
Serita **Barnard**  
Binayak **Chanda**  
Tariq Ijaz **Minhas**

**Fellow in General Surgery -**  
**FRCSGlasg(Gen Surg)**  
Colin Hewitt **Richards**  
Iain **Smith**  
Himanshu **Wadhawan**

**Fellow in Otolaryngology -**  
**FRCSGlasg(ORL-HNS)**  
Adam Ali **Shakir**

**Fellow in Paediatric Surgery -**  
**FRCSGlasg(Paed Surg)**  
Brian James **MacCormack**

**Fellow in Trauma &**  
**Orthopaedics - FRCSGlasg(Tr**  
**& Orth)**  
Oliver Edward **Bailey**  
Sameer **Gupta**  
Mark Christopher Francis  
**Middleton**

**Fellow qua Surgeon in Urology**  
**– FRCS(Urol)(Glasg)**  
Thi HA **Htun**  
Boon Cheok **Lee**  
Arumuga Kumar **Rajendram**  
Rajeentheran **Suntheralingam**  
Teck Boon **Wong**  
Jamil Merican B Mohamed  
**Yacob**  
How Fee **Yoong**

**Fellow in Urology -**  
**FRCSGlasg(Urol)**  
Palaniappan **Sundaram**

**Member qua Surgeon -**  
**MRCS(Glasg)**  
Ahmad **Al-Saleh**  
Carly Nichola **Bisset**  
Gowtham Chowdary **Kankanala**  
Jennifer **Nash**  
Hwei Jene **Ng**  
Anna **Adamusiak**  
Falih Mohsen **Ali**  
Jay **Atkinson**  
Anas Younes Enbaia **Belhasan**  
Anamay **Bidwai**  
Nicholas Andrew **Bradley**  
Mark Scott **Johnstone**  
Ross Keir **McMahon**

**Member of the College -**  
**MRCPS(Glasg)**  
Mohammad **Adeel**  
Muhammad Waqas **Ayub**  
Atia **Khartoon**  
Nabaz **Nabaz**  
Muhammad Salman **Shafique**  
Amur Mohammed Ali **Al Khayyat**  
Maryam **Barkat**  
Petros **Christopoulos**  
Kamal Hussein Saleh **El**  
**Husseiny**  
Sameh Elmorsy Ahmed Elmorsy  
**Elsayed**  
Samreen Umer **Khan**  
Arifa **Manzoor**  
Dr **Tehniyat**  
  
**Member qua Surgeon in ENT -**  
**MRCS(ENT)(Glasg)**  
Yanqing **Lee**

## FRCS OPHTHALMOLOGY EXAMINERS

We are seeking to appoint UK-based ophthalmology examiners to participate in the surgical fellowship examination in ophthalmology (FRCS Ophthalmology).

The examination consists of a range of written, oral and clinical offered in various centres around the world. Examiners participate in activities including question writing, standard setting, and face-to-face examining, some of which attracts CPD points. Full training is provided.

NHS consultants of three years' standing are eligible to apply.

*Informal enquiries can be emailed to [frcs3@rcpsg.ac.uk](mailto:frcs3@rcpsg.ac.uk) and an application form can be downloaded on our website at [www.rcpsg.ac.uk/college/vacancies](http://www.rcpsg.ac.uk/college/vacancies) ■*

## FRCS PART 3

We are pleased to announce the launch of a new centre in Malta for our FRCS Part 3 Ophthalmology oral and clinical examinations. The examinations will be held between 8-11 March 2018. Mr Mario Vella, Chairman, Department of Ophthalmology in the Mater Dei Hospital will host the two days of clinical examinations. ■

## BULLYING AND UNDERMINING

Less than full time (LTFT) training has been an option for some time, but the experiences of surgical trainees taking it up have not been universally positive. A survey by the Association of Surgeons in Training (ASiT) and British Orthopaedic Trainees Association (BOTA) identified a number of issues including attitudes, bullying and harassment, and access to training opportunities.

The Joint Committee on Surgical Training (JCST) set up a short life working group with representatives from ASiT, BOTA, the Confederation of Postgraduate Schools of Surgery (CoPSS) and the three UK Royal Colleges of Surgeons to further examine the current approach to LTFT training in surgery and identify where improvements are required.

The group identified 21 recommendations/commitments for supporting and enabling LTFT surgeons in training.

*The full list of recommendations, including methodology and commentary can be viewed online at [www.jcst.org](http://www.jcst.org) ■*

## MRCS Part B OSCE

Save up to £385 with the Royal College of Physicians and Surgeons of Glasgow

*Closing date for the February 2018 examination is*  
**24 November**

### Why sit MRCS Part B in Glasgow?

Becoming a Member of the Royal College of Physicians and Surgeons of Glasgow provides a range of opportunities and resources to support your career progression through core and specialty training and beyond. Our annual Collegiate Membership fees are the lowest in the UK.

### MRCS exam candidates can also access:

- Free Affiliate membership (save £30)
- MRCS Part B OSCE exam preparation course (save £200)
- Free collegiate membership up to 12 months after passing MRCS (save £155)

**Total saving £385**



For more information please visit:  
**[rcp.sg/MRCSPartB](http://rcp.sg/MRCSPartB)**

EX\_MRCS\_Part\_B\_OSCE\_£385\_CN\_Ad (10/17)



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW  
SURGEONS

## 50 YEARS OF FELLOWSHIP

The year 2017 marked 50 years since the Dental Council, within the Royal College of Physicians and Surgeons of Glasgow, was set up. At our TC White Symposium on 1 June 2017, we were also reminded of other events that occurred that year, such as it being 50 years since Mohammad Ali was stripped of his world heavyweight belt for refusing to fight in the Vietnam War. Only one of the original members of Dental Council, Professor Sir David Mason, is still alive and, indeed, he was able to join us later that day. We also celebrated 50 years since the Fellowship in Dental Surgery was run from our College.

To mark the event, we organised a special celebratory dinner of the many former Deans or Convenors of Dental Council. Those in attendance included:

**Professor Sir David Mason (1977-1980)**  
**Professor David McGowan (1989-1992)**  
**Professor K Moos (1992-1995)**  
**Dr Ian Watson (1995-1998)**  
**Dr Bill Jenkins (2004-2007)**  
**Professor Mike Lewis (2007-2010)**  
**Dr Alyson Wray (2010-2013)**  
**Professor Richard Welbury (2013-2016)**

All recounted fond memories of their time as Convenor/Dean of the Faculty and recounted their greatest achievements while in office.

Examples included, in 1980, Dental Fellows being given full rights as Fellows of the College, similar to Physician and Surgical colleagues (Professor Sir David Mason); development and promotion of the Intercollegiate Specialty Fellowship Examinations (Mr Alexander Cockburn); foundation of the Joint Meeting of the Dental Faculties (Professor David McGowan); the internationalisation of our activities (Professor K Moos); the introduction of Specialist Lists (Dr Ian Watson); implementing the MFDS (Mr Ray Reed); re-design of the ISFE examinations and introduction of the new bi-collegiate MFDS (Dr Bill Jenkins); TC White awards programme development (Professor Mike Lewis); securing Dental Update as a membership benefit (Dr Alyson Wray); extending dental exam opportunities in India (Professor Richard Welbury).



Top (L-R): WMM Jenkins (2004 – 2007), DA McGowan (1989 – 1992), RR Welbury (2013 – 2016)  
 Bottom (L-R): KF Moos (1992 – 1995), IB Watson (1995 – 1998), GR Ogden (2016 to present),  
 APM Wray (2010 – 2013), DK Mason (1977 – 1980)

The work of the Dental Faculty is heavily dependent upon the goodwill and the time that the Office Bearers can give to the job. They are not paid for this and, with the loss of merit awards in Scotland, the 9 plus one contract for new consultants and discretionary points being awarded mainly for local service provision, rather than for the good of the wider NHS, it is clear that it isn't going to become any easier to encourage, or expect, a large contribution from hospital based Fellows. However, the Dental Faculty has seen a year on year increase in membership of approximately 10% and, as such, we have encouraged more members in general practice to get involved.

Our incoming Director of the Dental Education and Professional Development Board (DEPDB) Jimmy Boyle, has a background in GDP, our representative on the National Dental Advisory Committee (NDAC), Donald McNicol, is a general dental practitioner and, indeed, our Dental Update editorial board member, Steve Bonsor, is both an academic and 'wet fingered' practitioner. Given the above professional climate, and the many demands made upon them by their employing authorities (both the NHS and Universities), I would like to record my gratitude to all those involved (especially the

Office Bearers) who continue to work for the benefit of the Dental Faculty. We thank their line managers for granting them that time and for realising that such involvement brings many links and transferable skills that can benefit their own place of work.

Our current dental Office Bearers include Andy Edward (Director of Exams), Jeremy Bagg (Vice Dean), Andrew Forgie (interim Director of DMSB), Helen Patterson (Honorary Secretary and College Council representative), Christine Goodall (Vice Dean), Jimmy Boyle (Director of Education) and, last but not least, Iain Buchanan, who has recently demitted office as Director of Education (DEPDB), who organised our successful 50 year celebrations.

Over the course of the next two years, a different Office Bearer will contribute to each edition of College News, explaining in greater detail their role with the Dental Faculty. We hope these reports (and the musings of our former Convenors and Deans above) will be of interest to you. Who knows, it might encourage some of you to put your name forward and get involved with the College.

**Graham Ogden, Vice President (Dental) and Dean of the Faculty** ■

## DENTAL FACULTY ANNUAL DINNER 2017

**Friday 3 November 2017**  
19.30 for 20.00

We look forward to welcoming you to an evening of food, music and magic.

The evening will include a charity raffle for the HOPE Foundation.

Find out more online at  
<http://rcp.sg/fds2017> ■



## MFDS PART 2 IN HONG KONG

We are delighted to offer the MFDS Part 2 examination in Hong Kong.

**Examination dates:**  
23-25 March 2018

**Closing date:** 5 January 2018

**Venue:** Hong Kong Academy of Medicine

**Fee:** £1350

**APPLY TODAY:**

<https://rcp.sg/mfdsexam>

Call +44 (0)141 2216072 / email  
[mfds@rcpsg.ac.uk](mailto:mfds@rcpsg.ac.uk) ■



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW  
DENTISTRY

## NEW MEMBERS

Welcome to all dentists admitted to the College during May – August 2017.

### Fellows in Dental Surgery - FDS RCPS(Glasg)

Divya **Mehrotra**  
Abhijit Kumar **Pal**  
Priya **Subramaniam**  
Nausath Khan **Ubayathulla**  
Yin Ling **Yiu**

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

Hani Mohammed **Nazzal**

### Fellow in Oral Medicine - FDS(OM) RCPS(Glasg)

Kevin **Ryan**

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

Preeti **Jauhar**  
Laura Jane **Short**  
Rehan **Ullah**  
Joanne **Birdsall**

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

Hamza Abdelfattah Aboelola  
**Abdelaziz**  
Olusola Olufunmike **Adeboyejo**  
Zakiya Ameenah **Ahmed**  
Mohammed Mudassar **Akhtar**  
Jenan **Al Hussaini**  
Omar **Alimazighi**  
Saba Akram Ali **Al-Mahmoud**  
Ghassan **Andulkareem**  
Yashoda **Ashok**  
James Alexander **Ashworth-**  
**Holland**  
Syed Naseer **Askari**

### Ramy Magdy Mahmoud **Ayoub**

Ashvin **Babber**  
Michelle Louise **Berry**  
Surina **Bhola**  
Victoria Ellen **Bulmer**  
Polyvios **Charalambous**  
Garima **Charan**  
Yuen Shan **Cheng**  
Chun Yik **Cheung**  
Harpreet Kaur **Chowlia**  
Natalie **Clark**  
Martin Neil **Collis**  
Paul Francis **Cooney**  
Edward Linsell **Coppen**  
Rebecca **Coulter**  
Victoria Elinor **Davies**  
Matthew **Dickie**  
Nivedita **Dubey**  
Katharine Mary Jessie **Dunn**  
Ahmed **El Sergani**  
Hind Ahmed Osman **Elhag**  
Amel **Eltayeb**  
Nurul Nadia Atallah **Emran**  
George **Eric**s  
Faizan **Farid**  
Constance Chi Mun **Fung**  
Alasdair Scott **Gilmour**  
Melissa **Goddard**  
Amy Elizabeth **Greenwood**  
Bridie Vivien **Griffiths**  
Amtul **Hayee**  
Amrita **Hayer**  
Alice Mary **Hopkins**  
Sumeya **Ibrahim**  
Enas **Issa**  
Sareena Devi **Jakhu**  
Daniel **Jankun**  
Manjit Singh **Kathora**  
Aengus **Kelly**

### James Anthony **Kielt**

Hudson Alexander **King**  
Roisin Mary **Lancaster**  
Harriet **Liddicott**  
Hannah Judith Kathleen **Linnard**  
Samuel **Lockhart**  
Katielyn **Macdonald**  
Iain **Martin**  
Eve Marie **Matthewson**  
Mary **McClory**  
Christopher James **McConnell**  
Neil Iain **McDougall**  
Niall **McGoldrick**  
Kelly Fiona **McKeague**  
Sha **Menon**  
Khadir Abubakr Khadir  
**Mohammed**  
Labibah **Motaleb**  
Charlotte **Mowforth**  
Malaz Mohamed Elrafie **Mustafa**  
Nia Mukund **Naik**  
Nathan Thomas **Neale**  
Anneka Angela **Nicholls**  
Olayinka Olawunmi Latifat  
Agbeke **Ogunmola**  
Angela Kemunto **Onchwari**  
Rachael **Otukoya**  
Sukhdev Singh **Parhar**  
Matthew **Parsons**  
Ernish **Patel**  
Shankargouda **Patil**  
John **Perry**  
Shruthi **Prasad**  
Gunjan **Pruthi**  
Asad-Ur **Rahman**  
Gajen **Raveendran**  
Hazel Ellen **Reid**  
Alison **Renton**  
Mohamed Ismail Mahmoud

### Hussen **Salama**

Rania Ahmed Mohamed Sharif  
Mohamed **Salih**  
Vinojah **Sarathbabu**  
Mohammed **Shaath**  
Khushil Hanish **Shah**  
Matthew Francis **Shilling**  
Catherine Claire **Spence**  
Rohit **Srikanthan**  
Roshan Jahan **Syed**  
Maria **Taheny**  
Mohammad Hassan **Tahir**  
Shuk Kwan Christine **Tse**  
Aiston Alexandra **Tucker**  
Bilal **Tujjar**  
Maria **Tumelty**  
Shakil Abdullah **Umerji**  
Maria Helen **Varlas**  
Joseph Anthony **Watson**  
Lauren Amy **Wilson**  
Christopher Brian **Wright**  
Man Kin **Yeung**  
Aya **Zahrán**  
Brooke **Zaidman**

### Member in Paediatric Dentistry - M(Paed Dent)RCPS(Glasg)

Patricia **Nunes Correia**

### Member in Oral Surgery - M(OS) RCPS(Glasg)

Louise Sylvia **Middlefell**

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

Aida Nur Ashikin **Abd Rahman**



## REVIEW OF UK MALARIA PREVENTION ADVICE

There has been some confusion in the UK for travel health clinicians in recent years regarding malaria prevention advice for travellers. This has been due to differing advice from Health Protection Scotland's (HPS) Scottish Malaria Advisory Group (SMAG), from which the HPS Travel and International Health Team (T&IH) produces the malaria guidelines used on the HPS Travax and Fit for Travel websites; and Public Health England's (PHE) Advisory Committee on Malaria Prevention (ACMP) from which the NaTHNaC TravelHealthPro website malaria recommendations are made.

This differing advice has also caused confusion for travellers themselves. They often research malaria prevention guidelines online before their visit, and come into their consultation with an understanding of malaria advice from one of the sources above. If the clinician then presents recommendations from the other source with differing malaria prevention advice, it requires a good deal of explanation to the patient on the difference between the sources to come to a

decision on malaria prevention, taking up a good deal of time in a relatively short consultation.

In October 2017, the ACMP published their 2017 updated '*Guidelines for malaria prevention in travellers from the UK*'. While using different methods for making recommendations, the two sources are more closely aligned than previously, reflecting that there has been much improvement in the malaria situation globally; the country recommendations on both sites are testament to this improvement.

While both sources reflect the fact that Africa continues to present a high risk of malaria for travellers, much of Asia, Central and South America are now considered to present a much lower risk of malaria than previously; so much so that far fewer destinations have a recommendation for chemoprophylaxis.

Insect bite avoidance measures are stressed in both sources, and it is important to remember that a very low risk of malaria remains in

some areas even if chemoprophylaxis is not recommended.

Both sources also show areas where, while not recommended for most travellers, chemoprophylaxis may be considered for those at an increased risk of contracting malaria or of serious complications should they contract the disease. Assessing those at increased risk is an essential part of the travel health consultation, and clinicians can obtain guidance on those who may be at increased risk on both the Travax and TravelHealthPro websites.

Now that the two sources of malaria prevention recommendations in the UK are more closely aligned, clinicians are presented with recommendations that are similar on both websites, meaning that there are fewer dilemmas for the clinician in making recommendations on malaria prevention, saving valuable time in the consultation and giving better clarity of information to travellers.

## Foundation in TRAVEL MEDICINE

*Putting career development first for health professionals in travel medicine*



**The next start dates for this 6 month blended learning course are:**

**Wednesday 21 March 2018**  
(2 day residential component in London)

**Monday 12 November 2018**  
(2 day residential component in Glasgow)

**FIND OUT MORE**  
**[rcp.sg/fctm](http://rcp.sg/fctm)**

Further information:

<https://travelhealthpro.org.uk/>

<http://www.travax.nhs.uk/>

<https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk>

<http://www.fitfortravel.nhs.uk/home.aspx> ■

## NEW MEMBERS

Welcome to all Travel Medicine Specialists admitted to the College during May – August 2017.

**Fellow of the Faculty Of Travel Medicine – FFTM RCPS(Glasg)**  
Ron Behrens  
Charles Ericsson  
Smriti Pathak

Joseph Torresi  
**Member of the Faculty Of Travel Medicine – MFTM RCPS(Glasg)**  
Sarah Dolores De Martin y Barry  
Ini-Abasi Ofonmbuk Usoro

## TRAVEL MEDICINE BITES

This article appeared in the latest edition of the Faculty's magazine, *Emporiatics*. Read more from *Emporiatics* at <https://rcpsg.ac.uk/college/influencing-healthcare/publications/emporiatics>

Continuing Professional Development (CPD) is an essential element of doctor and nurse revalidation through their respective regulators and being a member of other professional bodies.

Most specialties are moving away from using points as a way of recording CPD and require individuals to write reflective notes on any learning they have undertaken. Individuals who are not used to writing reflective notes often see this as an additional burden after doing a CPD activity. Also, healthcare professionals are often constrained by time as to how much CPD activity they can undertake so it is important for providers of education to tailor educational resources to meet this challenge.

Following my predecessor's innovative launch of the Travel Medicine Hub, the Faculty's Education Board has considered how we can build on this excellent tool while recognising that production of the Hub was very labour intensive and was only a success because of Jane Chiodini's personal dedication. We have therefore decided to produce short pieces of CPD using one section of the Hub, which we have called Travel Medicine Bites.

The first edition of Travel medicine Bites is on rabies. The background material focuses on a traveller bitten by a monkey and was provided by Dr Susanna Roughton a student from the 2014/15 Diploma cohort who was awarded the Cameron Lockie prize for overall best student.

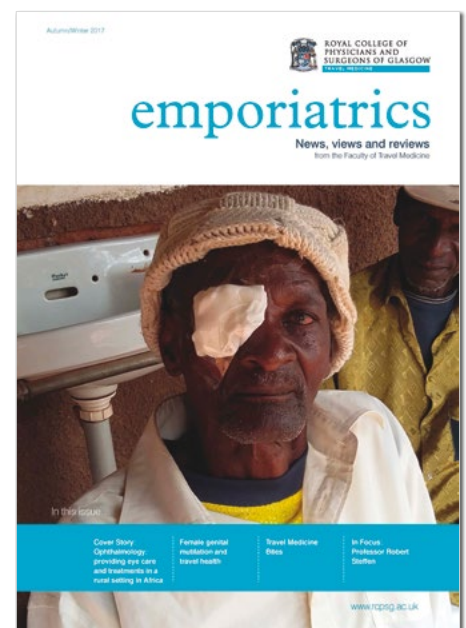
Within this edition you will become familiar with international and national guidelines on the management of individuals who may have been exposed to rabies and be able to test your knowledge on what you already know and what

you have learned through the "Travel Medicine Bites" activity. It can be completed in 15 minutes, but if you want to do more reading around the subject then you can simply record that as additional time claimed in your reflective note.

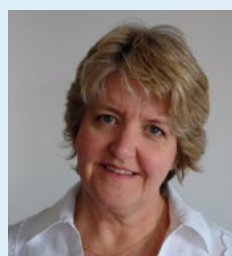
I tend to use four questions to structure my CPD reflective note:

- Why did I choose this activity for my CPD?
- What have I learned from doing it?
- How am I going to apply this learning in my work?
- What am I going to do in future to develop this learning further and/or meet any gaps in my knowledge or skills.

Finally, if readers have material for future editions of "Travel Medicine Bites" or feedback as to how we could improve future editions then email me at [david.ross@rcpsg.ac.uk](mailto:david.ross@rcpsg.ac.uk) ■



## JANE CHIODINI NAMED DEAN ELECT



Jane Chiodini was named as Dean Elect at the Faculty's Annual General Meeting in October, following an election.

Jane is a travel health specialist nurse and the founder and director of Travel Health Training. She has a long involvement with the Faculty and has held various roles including as founder Fellow, board member, education and professional development lead, membership services lead, board secretary, Faculty Director of Education, and triennial conference committee member.

Jane introduced the faculty's magazine, *Emporiatics*, created the Travel Medicine Hub and initiated Faculty awareness of female genital mutilation as an issue. She has developed 12 major travel medicine symposia, and was a lead author on the Faculty's recommendations for the practice of travel medicine. She has also lectured, authored and examined on the Diploma in Travel Medicine and acted as an advisor and lecturer for the Foundation Course.

Jane will assume the role of Dean Elect for 12 months before becoming Dean of the Faculty in October 2018. In this role she aims to focus on enhancing membership benefits and involvement in Faculty of Travel Medicine activity, and further develop decision aids, eLearning, webinars and the use of new technology and social media. ■



## FIT FEET AT THE SPECIAL OLYMPICS

Faculty Dean, Professor Robert Ashford, and Fellow of the Faculty, Mandy Abbott, recently attended the Special Olympics GB National Summer Games in Sheffield. Mandy has given us some insight to the work involved.

### **Who went and how many?**

I am the Clinical Director for Special Olympics GB for the Fit Feet programme. I went down to Sheffield with nine volunteering podiatry students. We also had three qualified podiatrists from Glasgow who attended and two local podiatry volunteers who helped out, including Professor Robert Ashford.

### **What were you tasked with doing?**

We were carrying out foot health screening. The Fit Feet Programme is part of a wider "Healthy Athletes" Programme where there are five disciplines involved in health screening for the athlete. The others are Special Smiles (Dentistry), Opening Eyes (Optician), Healthy Hearing (Audiology), Fun Fitness (Physio).

The foot health screening comprises of footwear check, ensuring the footwear fits and is suitable for the athlete. The feet are checked for deformities such as nail, skin, joint/structural. The athlete's gait is analysed and pressure measurements taken. All the information is recorded and a prescription



form and advice is given to the athlete for what is required when they go home.

### **What was your experience of the Games? and What sort of experience has it provided for the volunteers?**

The Games was an amazing experience where we were able to provide health promotion for nearly 500 athletes and their coaches and carers. The volunteers were able to have the opportunity to work with this specialist population which

would improve their communication skills and also their clinical skills. We stayed at Sheffield University campus in student accommodation where the athletes were staying so were able to socialise as well as work with the athletes. This allowed the volunteers to see the athletes' abilities in daily living tasks and social behaviours. The students commented on the spectrum of disability from high functioning athletes to those who required a lot of physical, functional, and emotional support. ■

---

## ENDORSEMENT FOR BSc AT THE UNIVERSITY OF MALTA

The Faculty has agreed to endorse the Bachelor of Science (Honours) in Podiatry being offered by the University of Malta. The four year degree programme equips students with the necessary knowledge and clinical experience to pursue their career in podiatry and/or clinical research.

Students enrolled on the course study podiatric science, medical sciences, behavioural and clinical studies, local anaesthesia, nail surgery and research design. These study-units together with applied anatomy, pathology, and physiology, underpin and support the specialised study units which are developed progressively throughout the course. The clinical component is an important, integral part of the course.

This degree programme is delivered by enthusiastic and talented members of staff specialised in different areas of interest including the diabetic foot, clinical biomechanics, therapeutic footwear, vascular assessment, geriatrics, organisational management, and patient education amongst other specialties. The professionalism and dedication of the academic staff is the most fundamental and crucial element that has contributed to the Department's success and advancements. Members of staff within the department are actively involved in research and are continuously publishing in leading podiatric and medical peer-reviewed international journals and regularly participate in international conferences. A number of

external visiting lecturers are regularly invited to deliver lectures in specialised areas in podiatry including podiatric surgery, podiatric ultrasound, sports medicine and podopaediatrics amongst others.

On successful completion of the course, candidates are eligible to apply for registration within the Council for the Professions Complementary to Medicine. This degree programme is also recognised in various countries including the UK and Australia.

*For further information about endorsement opportunities, please contact **Stephanie Beattie@rcpsg.ac.uk** ■*

# FEET ON THE GROUND IN TAMIL NADU

Thirty thousand family physicians are members of the Tamil Nadu State Branch of the Indian Medical Association. They serve a population of just under 70 million in India's southernmost state. According to the International Diabetes Federation, there are now an estimated 65 million adults with diabetes in India. That number is projected to increase to 109 million by 2035. The challenge for family physicians across Tamil Nadu is accessing appropriate continuous professional development to support and enhance patient care in the management of foot pathology. Podiatric Medicine is not a specialism recognised by the Medical Council of India. Consequently family physicians are treating foot disease, including those arising from diabetes, without easy access to learning resources pertinent to the foot.

The Faculty of Podiatric Medicine has initiated a pilot, blended learning programme in collaboration with Tamil Nadu's IMA to help meet this growing need. Over 10 weeks, a group of 23 family physicians will, by the start of December this year, have completed a series of learning modules and online tutorials covering podiatric medicine, MSK and pharmacology. This will be in preparation for the face to face clinical component delivered in March/April 2018 in Chennai.

Professor Stuart Baird, who initiated the project during his role as Faculty Dean, was delighted to witness the signing of a Memorandum of Understanding which will allow the College to develop this work over the next three years. College President, Professor David Galloway,

warmly welcomed the innovative approach to delivering this learning as it will undoubtedly extend the College's reach.

In Tamil Nadu, Professor JA Jayalal, President of the Tamil Nadu State Branch of the Indian Medical Association commented in his letter to the participants in the pilot, *"It is a great honour for you to be the pioneering batch on this new venture. IMA Tamil Nadu appreciates your passion and concern in Diabetic foot Management. We firmly believe by updating you with the concepts and skills of Diabetic Foot Management, the knowledge gained will percolate from you to the community and save thousands of patients from diabetic foot complications and also ensure fair and comprehensive healing to them."* ■

## eLEARNING MODULES

A new eLearning package for podiatrists is now available, free of charge to members of the Faculty. The Management of Foot Pathology package of modules provides an update on all aspects of current podiatric practice. The modules are linked to the syllabus of the Faculty of Podiatric Medicine Membership (MFPM) examination, and provide a comprehensive revision guide for those looking to sit the exam. Although linked to the exam syllabus, the individual modules will also be of interest to Fellows and Members wishing to keep up to date with current developments in care.

### Learning outcomes for the Management of Foot Pathology modules are:

- Evaluate local and systemic pathology with particular regard to Diabetes
- Evaluate local and systemic pathology with particular regard to Musculo

### -Skeletal Management

- Evaluate local and systemic pathology with particular regard to Vascular Disease
- Appraise and interpret diagnostic images from a range of imaging modalities
- Evaluate and justify the application of the results of diagnostic investigations relevant to management strategies
- Interpret outcomes of kinetic and kinematic assessment to inform patient management
- Evaluate the pharmacological component of the patient care package with particular reference to the effects on the lower limb and the influence in podiatric intervention

### Modules available include:

- Podiatric medicine
- MSK assessment
- Dermatology



- Management of the diabetic foot
- Peripheral artery disease

### Diagnostic/radiography

- Clinical examination
- Lab and diagnostic tests
- Imaging of the foot and ankle

### Pharmacology

- Common medications regime
- Topical agents ■

## NEW MEMBERS

Welcome to all podiatrists admitted to the College during May – August 2017.

### Fellow in Podiatric Medicine - FFPM

RCPS(Glasg)

David Cashley

Ian Neil Reilly

Joseph Richard Stern

Deborah Whitham

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

Andrew Brown

Steven Burton

David Holland

**Time to switch  
your indemnity?**



**MDU**

**Consultants could save  
up to 68%\* with the MDU**

**Get a quote today**

**Visit [themdu.com/scotland](https://themdu.com/scotland) | Call 0800 980 8089**

\* MDDUS website comparison as at 25 May 2017 for consultant cardiologists working in Scotland with up to £35k income from private practice and renewing on 1 June 2017.