

# College

NEWS

SPRING 2018



## Clinicians in the dock: College responds to landmark GMC v Bawa-Garba case

INSIDE

CONSENT AND MONTGOMERY

PROTECTING YOUR DATA

BEN WALTON AWARD

WHAT'S ON

GOING WITH THE FLOW



ROYAL COLLEGE OF  
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# LISTERMANIA

17 April 2018, 6pm-9pm

Join us and some very special guests as we celebrate Joseph Lister and his world-changing medical innovation.

2018 marks 150 years since Lister delivered a public lecture on his theory of antiseptic surgery, which helped revolutionise medical science.

The evening will include

- Inspirational speaker Greig Trout as host, author of 101 Things To Do When You Survive
- Poetry readings, Marianne McRae, College Artist in Residence
- Discussion of Lister's 1868 lecture, Mr Pankaj Chandak, pioneering surgeon
- Q&A, Dr Lindsey Fitzharris, author of *The Butchering Art: Joseph Lister's Quest to Transform the Grisly World of Victorian Medicine*

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# IN THIS ISSUE

- FROM THE PRESIDENTS OFFICE 2
- NEWS 3
- COLLEGE OPEN EVENING 4
- COLLEGE IN ACTION 7  
*Obesity Action Scotland*
- IN FOCUS 8  
*Clinicians in the Dock*
- COLLEGE IN ACTION 10  
*Global Citizenship*
- ON THE FRONT LINE 12  
*With Richard Hull*
- WHAT'S ON 14
- PHYSICIANS UPDATE 18
- SURGEONS UPDATE 20
- DENTAL UPDATE 22
- TRAVEL MEDICINE UPDATE 24
- PODIATRIC MEDICINE UPDATE 26
- HERITAGE 28
- IN FOCUS 29  
*Every Life Matters*



04

**COLLEGE OPEN EVENING**

IMPROVING SCOTLAND'S HEALTH



07

**OBESITY ACTION SCOTLAND**



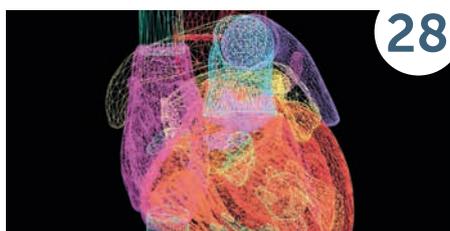
10

**GLOBAL CITIZENSHIP**



12

**ON THE FRONT LINE**



28

**VISUALISING OUR MEDICAL HERITAGE**



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

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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/cnspring18video>

It seems that the winter crisis does not recede with the passage of time. It has more the feel of a year round crisis. I have offered an analysis of this in the past and while the NHS appears to be the poor relation when one considers the facilities in other comparable economies, this is not a scenario in which to be overly pessimistic.

It is true that the issue relates to supply and demand in the health economy. The demand statistics are compelling. In the UK, there are now 33.6% more people over 65 in our community compared with three decades ago. The NHS bed capacity is less than half what it was in 1987-88, there are significantly fewer acute beds per head of population than any other OECD country and the bed occupancy is at a level some would consider to be dangerously high. It is therefore not difficult to see how challenging this situation has become. Despite the difficulties, the NHS has an amazing pool of talented, imaginative and creative staff. I have encountered evidence of clinical leaders taking genuine control and providing local improvements that have been accomplished without significant additional investment. Committed staff groups willing to work smarter rather than harder can have dramatic effects on care delivery and safety. The Scottish Access Collaborative seeks to share the learning and experience from regions where remarkable improvements in care have been the result of working in more imaginative, collaborative and efficient ways. This resonates with many of the other initiatives I have been keen to support. It is really important that we share the lessons learned from serious failings in care and from our mortality and morbidity conferences. With

our Royal College partners we have been supporting these opportunities to share learning at a national level.

Virtually no one in the NHS will have missed the importance of the case of a paediatric registrar who was blamed and indeed was erased from the medical register as a result of her involvement in the case in which a young patient lost his life. There were so many tragic elements to this case. I have already written extensively about this case but it has rather blown up in the face of the GMC and it is not immediately obvious how some acceptable equilibrium can be restored. The UK Government has set up a review to consider the various aspects of medical negligence manslaughter (in England) and culpable homicide (in Scotland). There remains great uncertainty about how to react where working environments appear to be unsafe because of poor staffing levels or other supporting services and the impact of reflection in learning has been given a bad press as a result of the implications of this significant case. I will keep you updated as new developments emerge.

For the College, the last three months have seen several remarkable events and changes. We were delighted to host the Glasgow Emergency Surgery and Trauma Symposium. Once again a truly world class faculty delivered a highly relevant programme and we shared this live via weblink with a large audience in Abu Dhabi. The Interactive Cardiology Symposium was a great success. Again, this was an outstanding programme with wonderful speakers including the very latest thinking in

interventional cardiology and an opportunity to hear Professor Sir Magdi Yacoub. It was a great pleasure to welcome Magdi to that event. We also hosted the first Academy of Clinical Educators conference PULSE (Principles Underpinning Learning, Simulation and Education) and it is encouraging to see the Academy develop and grow in the way it has.

I had an opportunity to reconnect with colleagues in south India in February. Together with Dr Hany Eteiba, our Vice President (Medical), we visited and contributed to the programme of the Association of Physicians of India. We were both awarded Honorary Fellowships of the Indian College of Physicians. It was an excellent opportunity to meet many colleagues, appreciate the high esteem in which our College is held and investigate, first hand, an amazing new opportunity.

In the midst of intense activity it is sometimes difficult to draw aside from the action and reflect. It is striking to witness the influence our College has had over many generations of doctors and in different parts of the world with contrasting health systems and facilities. It is reassuring to see and appreciate the value that we can genuinely bring to professional practice within the UK and beyond. While our College, its ethos and characteristics may well have been defined by the past we are very clearly focused on the present and progressively and imaginatively planning for the future.



Follow the President on  
Twitter @davidgallowaymd ■

# Jackie Taylor named President Elect

Dr Jackie Taylor has been elected by the membership to be the next President of our College. Dr Taylor will assume the role of President Elect for a period of one year, before taking on the three year term as President in December 2018 when Professor David Galloway's term comes to an end.

Dr Taylor is a consultant physician in medicine for the elderly and has had a longstanding involvement with the College as a Council Member, Honorary Secretary and Vice President (Medical). She has played an integral role in developing the mentorship programme and Regional Advisors network, and was also clinical lead for flagship educational events including our triennial conference and Medicine24. She was elected on a platform that the College must use its independent position to ensure optimal recruitment and retention of staff and excellence in service delivery.

*It is a wonderful outcome to our election process and as I really look forward to working with Jackie for the next year, I offer my warmest congratulations and very best wishes for a successful Presidency in due course."*

*"It is wonderful to congratulate and welcome Alison Lannigan and Dr Hany Eteiba to their respective roles as newly elected Vice Presidents of our College in their respective disciplines. Both have been involved with the College in various roles, have solid experience and bring tremendous talent and vision as we tackle the challenges and seize the opportunities ahead."*

Addressing members in Glasgow at the AGM in December, Professor Galloway set out the progress made by the College over the past twelve months, and congratulated all new office bearers on their success. Speaking from the College's historic premises in St Vincent Street, he said:

*"The past year has been one of enormous progress for the College. Our membership has grown to over fourteen thousand members from eighty-four countries, and we've delivered over one hundred educational courses and conferences in addition to holding seventeen College exams in forty three separate centres across the world."*

*"I am absolutely delighted to welcome Dr Jackie Taylor to the role of President Elect for our College. Her position will be truly historic as she prepares to be the first woman President of the College in our 418 year history.*

*"At the same time we've increased the size of our staff team in Glasgow by around twenty percent to ensure*



*that we can further improve our educational services, while adding further value to what is already the best value membership of any of the UK's medical royal colleges."*

*"While our growing membership continues to face a range of challenges from a combination of financial, demographic and political factors in Scotland and beyond, our college is in better*

*shape than ever to be able to support them throughout their career."*

President Elect Jackie Taylor said, "I feel hugely privileged to have been elected to the post of President Elect, and in particular to be the first woman to have been given this honour. I look forward to building on the legacy of the College and leading it into an exciting new era." ■

## SUBSCRIPTIONS

The new membership subscription year begins on 1 April 2018. Renewal notices have been set out to all members based in Scotland, the rest of the UK and Ireland. Please ensure you pay your subscription on time to secure continued access to your

membership benefits, including the use of your postnominals where appropriate. Members outside these territories who have not yet paid their 18 month subscription, due on 1 October 2017, are advised to do so as soon as possible to avoid your membership lapsing. ■

The full results of the College's elections are:	
President Elect	Jackie Taylor
Vice President (Medical)	Hany Eteiba
Vice President (Surgical)	Alison Lannigan
Honorary Secretary	Richard Hull
Ordinary Councillor (Physician)	Brian Murphy
Ordinary Councillor (Physician)	Mo Oo
Ordinary Councillor (Physician) <10 years GMC registration	Arrianne Laws
Ordinary Councillor (Surgeon)	Jonathon Hannay
Ordinary Councillor (Surgeon)	Colin McKay

# COLLEGE OPEN EVENING

Following extensive refurbishment and investment in new facilities, we were delighted to officially reopen our building on St Vincent Street in Glasgow in January.

Almost 200 Fellows and Members joined us over two evenings of celebration and exploration of our building. Our public spaces have been refurbished, our clinical skills facilities have been completely transformed and we have added a new, state of the art Davies eLearning Centre to enhance our digital capabilities thanks to the support of the William and Elizabeth Davies Trust. We have also totally reconfigured our office accommodation to provide a superior working environment for our staff. This has been a project that occupied most of

2017 and we are all delighted with the result and excited to see the fantastic new facilities fulfil their potential.

When you visit the College, come in to attend a lecture, to teach, attend a conference or event or simply to meet colleagues, you will instantly notice the changes. We have tried to capture important elements of our history and heritage. Our buildings have many wonderful period features characteristic of the 19th Century. Our heritage collections reach much further back, indeed as far as the



15th century. Our new look, with the support of funding from Museums Galleries Scotland, has helped us to

really emphasise aspects of our heritage collections in a visually striking and dynamic way. There is also a new website



LEADERSHIP: The President was delighted to host the Lord Provost of Glasgow and the leadership of Glasgow City Government recently. Picture left to right: Dr Steve Graham CEO, President Professor David Galloway, Lord Provost Eva Bolander, Leader of Glasgow City Government Councillor Susan Aitken, CEO Glasgow City Government Ann Marie O'Donnell.

## APICON 2018

President, Professor David Galloway and Vice President (Medical), Dr Hany Eteiba, were delighted to represent the College at the 73rd Annual Conference of the Association of Physicians of India (APICON 2018) in February.

The College also held a symposium in Dr KS Shadaksharappa Hall in the Dr Babu Rajendra Prasad International Conference Centre.

College membership in India is concentrated in the Southern States, and the conference was

an opportunity to catch up with long standing Fellows while reaching out to potential new Fellows and Members. While in Bangalore Professor Galloway and Dr Eteiba also met with medical and surgical trainees from some of the local leading medical colleges, St John's and St Martha's, as well as visiting Rajarajaswari Medical College which hosts our dental exams.

The College also formally welcomed around fifty new Fellows and Members in an admission ceremony, which took place in India on 25 February. ■



that has made many historically significant instruments and documents digitally accessible – do check it out <http://heritage.rcpsg.ac.uk>.

career development objectives of current and future Fellows and Members.

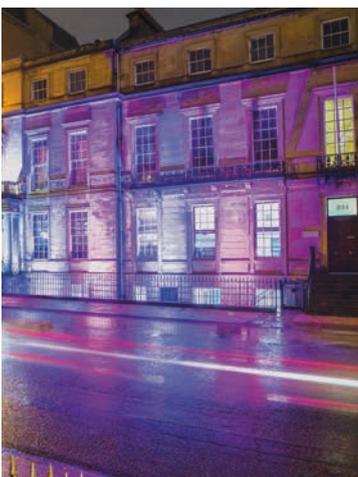
While we celebrate and learn from the past, the real driving force for the changes was the need to be well equipped to deliver world class training and education for the years

In addition to our core activity, the new developments have added to our flexibility and aided our enthusiasm to reach out to the local civic and business community. With that in mind we have rebranded our successful events management company. 1599 at the Royal College looks forward to welcoming guests to experience our beautiful buildings and fabulous hospitality. We have rooms for every occasion – from business events and seminars to family celebrations, weddings and amazing, fine dining opportunities.



ahead. We are very keen to demonstrate our commitment to be a progressive, responsive and accessible College providing for all the educational, assessment and

If you would like to sample some of the award winning facilities and services do get in touch. Visit the website or contact the team directly at [bookings@1599.co.uk](mailto:bookings@1599.co.uk) ■





## PROTECTING YOUR DATA

As you may be aware, on 25 May 2018 new General Data Protection Regulation (GDPR) comes into effect across the European Union. This regulation will strengthen and unify data protection for individuals, and we at the College are working hard to ensure your data is safe and that we are fully compliant with all the GDPR requirements.

Over the past number of years, your email address may have been added to our mailing list because you've attended an event, or been in correspondence with us. We

want to ensure that everyone on our mailing list is happy to receive the occasional email from us.

By opting in to receive communications from us, you will be the first to be notified about College educational conferences, events, examinations, and membership offers. You can manage your preferences at any time and have control over the types of information you receive.

Add your name to our mailing list now via this short sign up form: <http://rcp.sg/opt-in> ■



## GLASGOW IN JUNE

We look forward to welcoming two Honorary Surgical Fellows to our Admission Ceremony in June 2018. All have made unique contributions to the realm of global surgery. John Meara, who was one of our keynote speakers at the Triennial Conference 'Excellence in Healthcare' in 2017, co-chaired the Lancet Commission on Global Surgery. His clinical expertise is in the field of cranio-facial anomalies and cleft lip and palate surgery. David McAdam is a general surgeon who has spent his entire career serving the people of central Africa as a missionary surgeon in a series of remote settings in both Congo and Zambia and represents a wonderful example of a 'boots on the ground' approach to surgical provision. His clinical experience and breadth of specialty expertise is virtually unparalleled. We also hope to announce another recipient of our Honorary Fellowship in due course. Watch this space.

### Leadership and action in global health: Tuesday 5th June. Save the date.

We are also delighted to announce that John Meara and David McAdam will jointly present the first of the President's Leadership Lecture Series on the evening before the ceremony. The talk will focus on both a strategic view of the global surgical scene and contrast this with a practical description of surgical life in the African bush. The lecture on Leadership and Action in Global Health will be open to all to attend, free of charge. There will also be a reception and dinner after the lecture so plan to be with us for a memorable day.

In addition to all of this there is also the opportunity to attend a half day urology symposium. A world class faculty has been invited – a great opportunity to connect with some of the leading exponents of that specialty. ■

## INTERNATIONAL LIFETIME ACHIEVEMENT AWARD

Dr Hany Eteiba, Vice President (Medical) has been awarded the International Lifetime Achievement Award at the 45th Annual International Congress of the Egyptian Society of Cardiology: CardioEgypt 2018 in Cairo, Egypt.

Dr Eteiba is Director of the division of Regional and National Medicine, Associate Medical Director at the Golden Jubilee Hospital, a consultant interventional cardiologist at Glasgow Royal Infirmary and Honorary Clinical Senior Lecturer

at the University of Glasgow's Cardiology Department. Speaking after receiving the award, Dr Eteiba said: "I have spent more than 20 years working with healthcare professionals from across the globe on behalf of Scottish patients, so it's an honour and a privilege to be presented with this prestigious award. This was totally unexpected and is hugely appreciated. While I'm proud to now call Scotland home, I'm deeply touched and delighted to be recognised by my fellow Egyptian cardiologists in this way." ■

## ONE COLLEGE IN HONG KONG

Past President, Professor Frank Dunn, was delighted to attend a reception for Fellows and Members in Hong Kong recently. All five of our College disciplines were represented and attendees were very encouraged by the opportunity to get together as One College.

Professor Dunn spoke of recent innovations, including

our eLearning provision and plans to launch our HOPE Foundation. There was interest expressed in MTI and this is an area we will continue to develop.

There was a wonderful feeling of loyalty and support for our College, and Professor Dunn thoroughly enjoyed meeting colleagues. ■

## AN OPPORTUNITY FOR CHANGE

The Scottish Government consultation on A Healthier Future – Action and Ambitions on Diet, Activity and Healthy Weight closed at end of January 2018. The consultation received over 360 responses from a wide variety of organisations.



The consultation paper set out proposals on (i) transforming the food environment (through, for example, voluntary schemes to support reformulation as well as statutory measures on the promotion and advertising of specific types of food and drink); (ii) encouraging and supporting the adoption of healthier and more active lives (through, for example, initiatives aimed at young children, supported weight management for people at risk of type 2 diabetes, and increased investment in active travel); and (iii) strong leadership and exemplary practice within both the public sector and the food and drink industry.

Obesity Action Scotland were supportive of the proposals outlined and welcomed the consultation's bold commitments including a proposal to introduce legislation to tackle price promotions of unhealthy foods. These promotions strongly influence what goes in our shopping baskets every week. We were delighted that many of the issues we have been highlighting featured in the consultation proposals. Full details of our response can be read on our website [www.obesityactionscotland.org](http://www.obesityactionscotland.org)

Further to this on 27th February 2018 the Scottish Parliament held a debate entitled "Developing



a Healthy Weight Strategy for Scotland" which indicated cross party support for price promotion legislation and bold action to tackle this issue.

As the government move towards the publication of their strategy to tackle obesity in Scotland it is clear we have an ideal opportunity to use the growing public and political support to truly change our diet and give everyone an equal chance of achieving a healthy weight. ■

## WEBSITE MAKEOVER FOR OBESITY ACTION SCOTLAND

With the help of Pogo Studio in Edinburgh, we have a new website. The new site is more visually-led than the previous version and streamlined navigation allows users to access the information they're looking for more readily. This will make it easier for us to communicate our key messages to a wider audience. Please visit it to find out more [www.obesityactionscotland.org](http://www.obesityactionscotland.org)

### A Scottish Alliance to Tackle Obesity

In April 2016, 30 individuals representing over 20 organisations

from across Scotland indicated strong support for an alliance that would focus on the prevention of obesity and steps to tackle the obesogenic environment at event hosted by Obesity Action Scotland. The event was attended by academics and obesity researchers, charities including British Heart Foundation and Diabetes Scotland, NHS, NHS Health Scotland, Directors of Public Health, Food Standards Scotland, Scottish Academy and Royal Colleges, Obesity Action Scotland and other experts working in obesity prevention.

Work was taken forward to develop the idea through a small planning group. The group agreed that the purpose of the Alliance would be to collaborate to influence policy and practice on obesity prevention. This will create a unified, influential and independent voice for action to prevent obesity.

With obesity as one of the biggest public health threats Scotland faces, an Alliance could have a significant impact on progressing policy on tackling obesity through a collaborative approach. In other

priority areas, Alliances have been formed for alcohol and tobacco, and these have been successful in bringing added value to the public health campaign.

In January 2019 as a result of grant support from CRUK an Alliance Coordinator was appointed by Obesity Action Scotland. The coordinator will be working to formally establish the Alliance over the coming months. Further updates on the development of the Alliance will be included on the Obesity Action Scotland website and in its newsletter. ■

## NEW STAFF FOR OBESITY ACTION SCOTLAND

We are delighted to welcome Melanie Sinclair as our new part-time Programme Administrator and Shruti Jain who joins us as the new Alliance Coordinator.



Melanie has worked for various Departments within the Royal College of Physicians and

Surgeons of Glasgow for the past five years. Her roles have included organising and running Surgical Examinations; project managing the college's Triennial Conference 'Excellence in Healthcare 2017' and she is currently working part-time as Executive PA to the Deputy CEO. She will be combining this role with working two days per week within Obesity Action Scotland.



Shruti has previously worked at a senior strategic level as a civil servant and has led a number of initiatives in food and active travel with a number of charities, including the Soil Association and Living Streets. Committed to tackling inequalities and improving lives,

Shruti studied public health policy at the University of Edinburgh where she focused on obesity, undertaking a review to identify the most promising policy areas to tackle obesity in Scotland and to better understand their likely effectiveness, including the impact on different socio-economic groups. ■

# Clinicians in the Dock: College responds to landmark GMC v Bawa Garba case



The controversy surrounding the recent court action taken by the GMC against Dr Hadiza Bawa-Garba and her subsequent erasure from the Medical Register has been well documented. In an interview with College News, Professor David Galloway, the President of the Royal College of Physicians and Surgeons of Glasgow, has warned that by pursuing legal action against this junior doctor, the GMC is in danger of being seen to hold individuals accountable for complex systemic failure within the NHS.

Speaking in the aftermath of the case, Professor Galloway set out the great sympathy felt for the family of Jack Adcock, whose tragic death led to this case, but urged the GMC and others to ensure that this action does not have adverse unintended consequences for clinicians and their patients.

*“As a College we wish to express our sympathy for all concerned in this tragic case, most of all to the family of Jack*

*Adcock, a six year old boy who tragically died of sepsis in Leicester Royal Infirmary. We also offer our sympathy to the clinical staff upon whom responsibility for Jack’s care lay. It is also impossible not to feel frustration about the circumstances in which they were working.*

*“It’s clear to many of us who have studied this case, as it was to NHS investigators who first examined the case, that there was not a single factor at play behind this*

*outcome, but that a complex systemic set of errors and failings were to blame.*

*“In particular, capacity pressures and changing demographic patterns have meant that the underlying conditions within the health service have unmistakably deteriorated over the past few years. The bed stock has reduced to less than half the value of 30 years ago. The UK has fewer acute beds than any other comparable country and overnight acute bed occupancy is maintained*

*at a dangerously high level. This has clear implications for the safety of patients and the ability of clinicians to deliver the highest possible standards of care."*

Following the judgement, the GMC recommended that trainees document and report their concerns about unsafe working conditions. Professor Galloway has further reservations about this approach.

*"The updated guidance from the GMC leaves trainees in the impossible position of choosing between continuing to work in adverse or challenging circumstances, and facing the consequences if harm occurs; despite the risks many will shy away from the alternative of simply refusing to work for realising that either way, patients are exposed to unnecessary risk.*

*"That's why this College has published our own guidance for medical trainees to help them negotiate this professional and moral minefield and ensure that their duty of care is not unduly compromised by systemic failures.*

In addition to issuing practical guidance for members, since the judgement the College has worked with a range of partners to address the concerns raised by members. College representatives have already questioned GMC Chair Professor Terence

Stephenson and Health Secretary Jeremy Hunt over the issue, with further discussions planned for the weeks and months ahead.

*"I have been very clear with the GMC about the difficulty many of our members have with the GMC statement that they have a discretionary role in this matter, but felt compelled to take the action legal they did. This is incoherent at worst and inconsistent at best.*

*"We absolutely welcome the announcement that Professor Sir Norman Williams, a former President of the Royal College of Surgeons of England, has been asked by the UK Government to perform an urgent review of medical malpractice cases," said Professor Galloway. "We'll be contributing to this review to ensure that the GMC fully understands the anger felt by many about their decision to proceed with this case, and to press home the need for all our professional bodies to take on board any lessons that need to be learned.*

*"Maintaining an open, learning culture within the NHS is vital if we're to protect the best interests of patients and staff, so we must have clarity from government on how this can be protected as we move forward from this case.*

*"Finally, our Fellows and Members need clarity with respect to criminal liability and professional misconduct. We know from hosting our recent event on medical consent in Glasgow that these issues are at the forefront of the minds of our membership, and so this must be addressed to allow us all to focus on providing the best possible care for our patients."*

While the College's Council and Trainees' Committee will be meeting to discuss their view on these areas, the College has also called on individual members who wish to contribute to its response to the Williams Review to contact the President's office with their responses by email at [president@rcpsg.ac.uk](mailto:president@rcpsg.ac.uk).

*"It's vital that we work together to ensure our membership's voice is heard loudly and clearly on this issue" Professor Galloway concluded.*

*"Over the weeks and months ahead I'll be striving to ensure that we present our case as effectively as possible. Only by protecting the interests of our Fellows and Members can we ultimately ensure that patients get the care that they expect and deserve from the NHS." ■*

#### What can be done?

##### The College has published this practical guide for Trainees:

*If you feel exposed by the level of staffing, availability of support, IT functionality or other systemic issues, you should immediately make that known to the consultant in charge.*

*Please be aware of any additional relevant local reporting mechanisms that may apply and make sure you have the relevant contact details to hand.*

*In as much as is possible, compose a careful and balanced written account of the risks in the situation and report that to senior clinicians and management.*

*Consider reporting the concern directly to the College specifically to the office*

*of the President. Some doctors may be reluctant to directly involve their consultant in case this implies that they are unable to cope. The College is independent and will endeavour to respond quickly with appropriate suggestions, discussion and advice.*

*In the meantime, if you do choose to write a reflective report, ensure that it is fully anonymised. Ensure that ePortfolio reflections contain no patient identifiable information. This will minimise but not eliminate the risk to patient confidentiality. Avoid emotive language, any suggestion of culpability or judgmental statements about any patient or staff who may be involved.*

*Seek advice from senior colleagues or defence union representatives in cases considered to be potentially serious.*

#### Timeline

- 2011** Following a series of errors in his care, Jack Adcock tragically died in Leicester Royal Infirmary
- 2015** Dr Hadiza Bawa-Garba, a paediatric registrar, was convicted of manslaughter at Nottingham Crown Court for her role in the case. She was given a 24 month suspended sentence.
- 2017** The Medical Practitioners Tribunal Service (MPTS) recommended that Dr Bawa-Garba be suspended from the Medical Register for 12 months rejecting an appeal from the GMC to strike her off the Register.
- 2018** After the GMC had applied for a judicial review of the MPTS decision in the High Court, on 28 January 2018 the Court ruled that the doctor's name be erased from the Medical Register

# Global Citizenship

The College has put Global Citizenship in the Scottish health service on the agenda at both Westminster and the Scottish Parliament in recent months.

In November, the College partnered with Westminster's All Party Group on Global Health at an event in the Houses of Parliament to promote our recent report on the topic.

Surgeons Mike McKirdy and Stuart Fergusson urged a cross-party group of MPs, Peers and guests at the event to support calls from the College for the Scottish NHS to embrace a culture of global citizenship in the Scottish health service, and provide improved support for NHS staff who undertake this vital work.

The event was chaired by Lord Nigel Crisp, the former Chief Executive of the NHS in England. Ben Simms, CEO of the Tropical Health and Education Trust completed the panel of experts.

In February, at a joint meeting of the Scottish Parliament's Cross Party Groups on International Development and Malawi, Mike and Stuart gave a presentation to MSPs, visiting diplomats and representatives from civic Scotland on the scale and scope of volunteering by Scottish NHS staff in low income countries, and set out a range of recommendations for better supporting this work in future.

This event was hosted by the convener of the Parliament's Health and Sport Committee and the International Development CPG, Lewis MacDonald MSP, and was attended by representatives from all the main parties represented at Holyrood. This parliamentary event came on the heels of a presentation to the philanthropist Bill Gates, led by the Scottish Government, where the College's work on this issue was highlighted as best practice. Mr Gates later praised this work in a meeting with members of the Scottish Parliament.

Speaking after the events, Stuart Fergusson, who led the work on the report during his period as a Scottish Clinical Leadership Fellow at the College from 2016 to 2017, said:

*"Our report provides evidence of the mutual benefits to individuals and the Scottish NHS of engaging in global citizenship. That's why we have set out eight recommendations for action, including support for the development of a more strategic approach to this issue by NHS Scotland,*

*as well as coordinating this work across the country.*

*"We've already had constructive discussions with NHS Scotland on adopting our recommendations, so I hope that today's event will help build an even greater base of support for further improvements to this agenda over the coming months.*

*"There is now real momentum gathering around the idea of better supporting the fantastic volunteering work that is already taking place across the world by a wide range of NHS staff. By taking on a leadership role on this issue the College has created the conditions necessary for making real progress in the weeks and months to come, and so I'm proud to have been able to play my part in making this happen."*



Mike McKirdy, who is also the Director for Global Health for the College said:

*"We're delighted that our report and recommendations have received such a positive reception from politicians and civic organisations at both Westminster and Holyrood. The voluntary work already carried out by Scottish NHS staff in low income countries has been transformative, and so we believe that with additional support and encouragement we can grow the positive impact from this even further.*

*"The College is delighted to have been involved with the work of the Scottish Government to take forward our recommendations, and we're hoping for further news on this front in the next couple of months."*

The report can be found at <https://rcpsg.ac.uk/college/influencing-healthcare/policy/global-citizenship>. Its recommendations are:



1. Developing a strategic approach: NHS Scotland should consider articulating a strategic approach to global health engagement which embraces global citizenship in the Scottish health service.
2. Professionalising coordination and support: The Scottish Government should consider professionalising and resourcing coordination and support of global health work at a national level.
3. Maximising benefit: NHS Scotland should consider exploring how the potential personal and professional benefits of global health work could best be maximised in the Scottish health service.
4. Ensuring effectiveness: NHS Scotland should support global health work which is needs-led and follows principles of effective partnership working.
5. Valuing collaboration: NHS Scotland should consider committing to collaborative engagement and advocacy on global health issues.
6. Expressing local commitment: NHS Scotland should consider asking all Health Boards to articulate a focused organisational commitment to global citizenship.
7. Defining support mechanisms: NHS Scotland, in partnership with Health Boards, should consider defining support mechanisms for international volunteering.
8. Setting expectations: NHS Scotland should consider articulating its expectations of Scottish health service workers when engaging in global health work. ■

# Consent and Montgomery

**Catriona Barlow, Scottish Clinical Leadership Fellow**

Every year the Collins Dictionary announces its 'word of the year' and over the last three years these have been 'binge watch', 'Brexit' and 'fake news'. A word that has dominated the world of medicine over that time is 'consent'. The conversation around consent has been moving away from the model of medical paternalism to patient-focused collaboration for many years but the final UK Supreme Court ruling on *Montgomery v Lanarkshire Health Board* in March 2015 still sent shockwaves through medicine. Combine this with the scandal of Mr Ian Paterson's surgical practice and the drive within Realistic Medicine towards truly personalised, patient-centred care and you can see that the landscape of consent is changing.

The details of the Montgomery case are well known and have been widely reported. In 1999 Nadine Montgomery, a first time mother with type 1 diabetes and a short stature, suffered complications during her son's delivery as his shoulders became stuck. He was born with severe disabilities as a result. The question arose of whether the risk of this complication occurring had been discussed during the pregnancy and whether all alternative reasonable options had been offered. In this case the alternative would have been delivery by Caesarean section.

The Montgomery ruling has shifted the legal test that applies to consideration of medical negligence with regards to consent rather than introducing new legislation. This shift brings the legal test in alignment with the professional guidance from the GMC that predates the ruling. The standard test of medical negligence is whether a doctor has acted in accordance with accepted standards of practice that are deemed appropriate by a reasonable body of medical opinion. To put it another way, if there are other reasonable doctors that would have followed a particular course of action then it would not be deemed to be negligent. If, when discussing risk, a body of reasonable doctors would not discuss a risk that happens in one in a hundred



From left to right: Lauren Sutherland QC, David Stephenson QC, Helen Puttick, Dr Anthea Martin, Mr Roddy O'Kane

thousand cases then that would have failed the medical negligence test.

The Montgomery ruling alters the discussion towards 'material risk' and this test of materiality rests on whether "a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it". The focus therefore lies with the patient and their particular viewpoint, requiring a personalised discussion with each patient to assess what would be deemed a material risk to them. The only way to know how a patient will view each risk is to have a conversation about them.

This supports the fact that consent is far more than a signature or a piece of paper. Consent is an ongoing process and requires interaction. One response to the ruling could be to reel off ever lengthening lists of risks but there is still a need to direct the patient through all the information and help them process it. The patient needs to understand the information that is being presented to them.

Clinicians have expressed anxiety about

how you identify material risks, where the time can be found and whether patients will be scared by these discussions and choose not to have treatments. These concerns were discussed at an event held in the College on 13 March. Lauren Sutherland QC, a member of the legal team that represented Montgomery, David Stephenson QC, Dr Anthea Martin, Joint Head of the Medical Division at the MDDUS, and Mr Roddy O'Kane, consultant neurosurgeon, attended the event where they discussed the ruling and its implications. The outcomes of these discussions will shape work that is being done by the College around consent and how we can support our members and their patients.

With the aim of supporting medical students and junior doctors to navigate these ethically complex areas around consent, work is being done to create eLearning resources on consent and how these more personalised discussions can be done well to the satisfaction of both doctors and patients.

*Further reading*  
*Montgomery v Lanarkshire Health Board [2015] SC 11 [2015] 1 AC 1430. ■*

## ON THE FRONT LINE: WITH RICHARD HULL, HONORARY SECRETARY



“I think that the main challenge facing the health service is the difficulty of dealing with an ageing population who have multiple health challenges.”

### ***What does your daily job involve?***

As College Honorary Secretary, I chair the Membership and Global Engagement Board. I am involved in external consultations, public policy, communication and membership matters. The largest part involves responding to consultations. It can be demanding and requires short deadlines. I have been very anxious to expand our response to consultations, because I see the College, as a leader in health care policy and a champion of education, training and health care standards.

We focus this work in three areas. Firstly, we participate in areas of specific disease management (e.g. NICE, SIGN or specialist societies). The College has a role using its medical, surgical and dental specialty expertise. Then there are the public health issues, like obesity and exercise. This can often be responding to governments either at Holyrood or Westminster. Lastly there is what I call “craft issues” - that is responding to such issues as the impact of Brexit on health care and those working in the NHS, issues around the GMC as regulator of training and practice - especially important after the recent Supreme Court case, and responding to proposals to regulate physician and nursing associates.

That’s the bulk of my work. While I work

closely with the President and other senior members of the College, it’s definitely the case that sometimes much of my work can be hidden from our members and the public view. I am keen to involve the membership and also tell them how the College is active on their behalf.

While my role is in coordinating all this work, the College is reliant on the expertise and experience of our Fellows and Members. I am grateful for their contribution to this work in their specific areas of expertise. We know from last year’s membership survey that more members want to volunteer their time to take part in this type of work, so that’s why I’m currently trying to expand the group of members who contribute to this process. I’m always on the lookout for new contributors!

I also represent the College at a range of external forums and bodies. For example, I’ve been working with the Academy of Medical Royal Colleges to coordinate our collective response to Brexit, and I’ll be joining with representatives from other Royal Colleges to meet the Shadow Secretary of State for Health at Westminster in the next couple of months to talk to him about our work and our aspirations for the health service.

Within the College, I’m responsible for

membership services and our public affairs work. This side of our work has expanded significantly in the last year, and we plan for additional work in this area over the coming year to ensure that not only can we better explain to our members and the public what we do, but that we can use our collective expertise to help shape health policy for the benefit of both our membership and our patients.

### ***What is your background, where did you qualify and where?***

I qualified in Birmingham, my home city and I did part of my training as a registrar in Aberdeen. I’m a Rheumatologist, and I have a particular interest in Paediatric Rheumatology. As well as my membership of this College, I’ve played an active role in my specialist society (The British Society for Rheumatology) over the years and have led the British Society for Paediatric and Adolescent Rheumatology as President. I have also been Section President of the Royal Society of Medicine. I’ve been involved in medical education for many years, and have been involved as an examiner for MRCP(UK) PACES since the mid 1990s.

I have reduced my clinical commitment, and am no longer in full time practice. This has given me the time and opportunity to further develop my interest in my College work areas.

**What do you think are the biggest challenges that you face in your work today with the College?**

I think that the main challenge facing the health service is the difficulty of dealing with an ageing population who have multiple health challenges. It's a challenge for us all to balance the effective training of quality health professionals and a range of effective, but often expensive, new treatments with the resources and money available.

**What would you consider the most satisfying aspects of your work?**

It's working with the talented College staff to achieve the aims set by our Fellows and Members. I know that sounds a bit ingratiating, but it happens to be true! It's always satisfying to see our members' views considered when policies and standards of practice are developed.

**In your role as Honorary Secretary, you sit across a range of bodies in the College. How would you encourage our Fellows and Members to join you in that aspect of our work?**

I'd encourage all our members to look at becoming regional advisors or tutors (I was appointed as Regional Advisor in 2008), who are the real ambassadors for the College. Working with these groups is a highlight of my current role. I live and work in the South of England. The College has its base in Glasgow but aims to represent the whole of its membership wherever they live.

We were delighted with the response we received from members for volunteers to sit on our Membership and Global Engagement Committee. We were inundated with people who wanted to play their part. We're always looking for new volunteers for this sort of work, so

I'd encouraged any Fellow or Member who is interested in taking part in this type of work to get in touch with me at [richard.hull@rcpsg.ac.uk](mailto:richard.hull@rcpsg.ac.uk).

I think it is really important that the Honorary Secretary is proactive about supporting the Trainees Committee and the Lay Advisory Board. Our current trainees in particular have shown a real interest in leading our work, and so that bodes very well for the future of the College.

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

I became a Fellow in 2003. For me, membership is about being part of a professional, friendly organisation which brings together its membership to agree common aims. ■

# Global Leadership in Health

PRESIDENT'S LEADERSHIP LECTURES

The President's leadership lectures is a series of events exploring the concept of modern leadership in the context of current and future challenges in healthcare.

The first event in the series will focus on global health leadership. Internationally renowned speakers Professor John Meara and Dr McAdam will present both a strategic overview of the current situation of global surgery, and a practical description of life as a surgeon in the African bush.

Join us for a fascinating evening of discussion and insight.

TUESDAY 5 JUNE 2018

17:15 Networking reception

18:00 Global Leadership in Health lecture

19:30 Dinner\*

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

\* a post-event dinner is being planned and tickets will be available to buy please check the website for updated information



## WHAT'S ON



### Physicians

**1 May, 0900-1600**

#### Advanced ECG Interpretation

This course explores the common and less common ECG findings in everyday practice, and will allow you to diagnose complex cardiac arrhythmia, myocardial ischaemia and infarction. Member fee: £60 | Lunch provided | Book online

**14 May, 1200-1700**

#### Focus on Neurology for PACES Candidates

This half day course, taught by neurology registrars, will help candidates to prepare for the neurology station, and potential neurology cases encountered in the MRCP(UK) PACES examination. Member fee: £25 | Book online

**25 May, 0900-1700**

#### Critical Issues in Acute Medicine

*Please see details below.*

**11-12 June, 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

**7 June, 0900-1700**

#### Neurology 2018

This conference will cover a wide range of topics relevant to neurology, and will review practical issues faced by the busy clinician. The programme will consist of presentations, videos

and interactive discussions, delivered by a team of expert speakers. Member fee: £75 | Lunch provided | Book online

**16 August, 0900-1700**

#### Renal Biopsy Cadaver Course

Run by two Consultant Nephrologists, a Consultant Radiologist and a Consultant Renal Pathologist, this course is ideally suited to trainees who will be expected to carry out renal biopsies or core medical trainees intending to apply for renal specialty training. Member fee: £350 | Lunch provided | Book online

**13-14 September, 0900-1700**

#### Medicine24

*Please see details below.*

**28 September, 0900-1700**

#### Syncope – everyone's problem

This conference will give clinicians an opportunity to review the evidence base for assessment of syncope, update their knowledge on emerging areas and understand when onward referral is required. Member fee: £75 | Lunch provided | Book online

**5 October, 0900-1700**

#### Glasgow Gastro Conference 2018

This inaugural Glasgow Gastro conference will focus on a wide range of GI and liver topics via mini-lectures, interactive sessions and state of the art presentations. Member fee: £75 | Lunch provided | Book online

#### Exam closing dates

**9 April | MRCP(UK) PACES**

*Assessment period 5 June – 5 August, various locations*

*Applications open on 20 January*

**20 April | MRCP(UK) Part 2**

*Exam to be held on 27 June, Glasgow and Belfast*

*Applications open on 9 April*

**15 June | MRCP(UK) Part 1**

*Exam to be held on 4 September, Glasgow, Belfast, Leeds and Liverpool*

*Applications open on 4 June*

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

*Exam to be held on 6 June, various locations*

*Applications open on 14 February*

**30 May | MRCP(UK) Specialty Certificate in Rheumatology**

*Exam to be held on 27 June, various locations*

*Applications open on 7 March*

**8 August | MRCP(UK) Specialty Certificate in Medical Oncology**

*Exam to be held on 5 September, various locations*

*Applications open on 16 May*

#### CRITICAL ISSUES IN ACUTE MEDICINE



**25 May, 0900-1700**

This course follows on from the successful Critical Issues in Medical High Dependency symposium in 2014 and will be relevant to all healthcare professionals involved in the assessment and management of acute medical patients.

Member fee: £75 | Lunch provided | Book online

#### MEDICINE24



**13-14 September, 0900-1700**

Medicine24 is the flagship medical conference of the Royal College of Physicians and Surgeons of Glasgow. The two-day conference provides up-to-date information on the optimal management of acutely ill patients within the first 24 hours of admission.

Member fee: £148 (early bird fee) | Lunch provided | Book online

#### GLASGOW INTERNATIONAL ORTHOPAEDIC AND TRAUMA MEETING



**18 May, 0900-1700**

The fourth Glasgow International Orthopaedic and Trauma Meeting is a key event in our educational calendar for 2018.

Member fee: £100 | Lunch Provided | Book online

Surgeons

**11 April, 0900-1700**

**Introduction to Intramedullary Nail Fixation**

This practical, one-day course provides an introduction to the principles of intramedullary nail fixation for basic fractures of the tibial and femoral shaft.

Member fee: £95 | Lunch Provided | Book online

**19-20 April, 0900-1700**

**MRCS Part B OSCE Preparation Course**

This accessible course prepares you for the MRCS OSCE Part B Exam. The course combines online, flexible and independent learning with classroom based scenarios and preparation.

Member fee: £395 | Lunch Provided | Book online

**25 April, 0900-1700**

**Basic Orthopaedic Procedural Skills**

Learn the principles of skin suturing, plastering, digital nerve blocks, joint aspiration, emergency fracture treatment and spinal immobilisation.

Member fee: £54 | Lunch Provided | Book online

**26-27 April, 1300-1700, 0900-1700**

**The IX Coloproctology Symposium**

This one and a half day conference will cover a wide range of topics around current knowledge and practice in coloproctology.

Member fee: £75 | Lunch Provided | Book online

**10 May, 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

**18 May, 0900-1700**

**Glasgow International Orthopaedic and Trauma Meeting**

*Please see details below.*

**29 May, 0900-1700**

**GI Anastomosis Techniques**

A hands-on practical course designed for surgical trainees wishing to develop their anastomosis techniques.

Member fee: £165 | Lunch Provided | Book online

**30 May, 0900-1700**

**Vascular Anastomosis**

An innovative and dynamic practical course designed to introduce and establish vascular anastomosis techniques.

Member fee: £165 | Lunch Provided | Book online

**31 May-1 June, 0900-1700**

**Laparoscopic Colorectal Surgery Cadaver Course**

This two day cadaver course provides hands-on experience in laparoscopic colorectal procedures using fresh/frozen cadaveric material.

Member fee: £350 | Lunch Provided | Book online

**5 June, 1300-1700**

**Current Practice and Future Directions in Urology: Expanding the Scope of the Scope**

*Please see details below.*

**14 June, 1300-1700**

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

This two day cadaver course provides intense hands-on practical training in upper and lower gastrointestinal surgery for surgical trainees.

Member fee: £625 | Lunch Provided | Book online

**Exam closing dates**

**29 June | MRCS Part A**

*Exam to be held on 11 September, various locations UK & international*

*Applications open*

**20 July | MRCS Part B OSCE**

*Exam to be held on 11-12 October, Glasgow*

*Applications open*

**2 July | FRCS Ophthalmology Part 1**

*Exam to be held on 2 October, various locations UK & international*

*Applications open*

**2 July | FRCS Ophthalmology Part 2**

*Exam to be held on 2 October, various locations UK & international*

*Applications open*

**6 June | FRCS Ophthalmology Part 3**

*Exams to be held 22-25 September (New Delhi), 13-16 November (Amman), 17-20 November (Muscat)*

*Applications open on 4 June*

**22 June | DOHNS Part 1**

*Exams to be held on 3 September, Amman, Muscat, Glasgow, Dubai*

*Applications open*

**3 August | DOHNS Part 2 OSCE**

*Exams to be held on 23-25 October, London*

*Applications open*

**CURRENT PRACTICE AND FUTURE DIRECTIONS IN UROLOGY: EXPANDING THE SCOPE OF THE SCOPE**



**5 June, 1300-1700**

Explore the challenges facing trainees and urologists in managing a wide range of urological conditions, and gain insight into the future of urological practice.

Member fee: £30 | Book online

**TC WHITE SYMPOSIUM: COMPLEX PATIENTS, COMPLEX CARE – DENTAL CARE UNDER GA AND SEDATION**



**1 June, 0830-1700**

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

Member fee: £75 | Lunch provided | Book online

**THE ART OF THE POSSIBLE: LOCAL ANAESTHESIA IN PODIATRY**



**27 June, 0900-1700**

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



## WHAT'S ON



## Dentistry

**17-18 April, 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

**1 June, 0830-1700**

### TC White Symposium: Complex Patients, Complex Care – Dental Care under GA and Sedation

Please see details below.

**7-8 June, 0830-1700**

### Advanced Cadaveric Vertical Augmentation Techniques for Dental Implants

The course aims to develop the participants' operative skills in advanced hard tissue augmentation techniques for dental implant placement.

Member fee: £1175 | Lunch provided | Book online

**5 September, 0830-1700**

### The Emergency Dental Patient

This course will provide useful hints and tips on the assessment, diagnosis and treatment of dental emergencies within a busy practice schedule.

Member fee: £95 | Lunch provided | Book online

### Exam closing dates

**6 July | MFDS Part 1**

Exam to be held on 1 October, various locations UK & international  
Applications open

**7 September | MFDS Part 2**

Exam to be held on 22-23 November, Glasgow, Manchester  
Applications open

**28 May | ISFE in Orthodontics**

Exam to be held on 17-19 September, London  
Applications open

**1 June | ISFE Oral Medicine**

Exam to be held on 20-21 September, Edinburgh  
Applications open

**6 July | ISFE in Dental Public Health**

Exam to be held on 25-26 October, Edinburgh  
Applications open

**6 July | ISFE in Paediatric Dentistry**

Exam to be held on 25-26 October, Dublin  
Applications open

**13 July | ISFE in Oral Surgery**

Exam to be held on 29-30 October, Dublin  
Applications open

**3 August | ISFE in Restorative Dentistry**

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

**23 August | Special Care Dentistry**

Exam to be held on 13-14 December, Glasgow  
Applications open



## Travel Medicine

### Foundation in Travel Medicine

Course begins 12 November (Glasgow)

### Royal College Membership Diploma in Travel Medicine

Next intake begins 21 May

### Exam closing dates

**29 September | MFTM Part A**

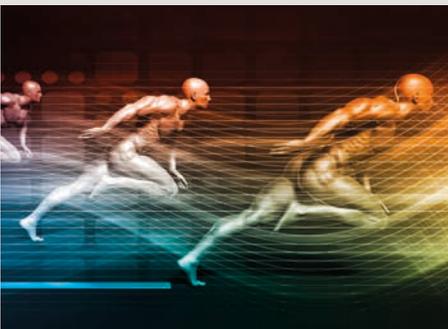
Exam to be held on 4 December, Glasgow  
Applications open

**29 September | MFTM Part B**

Exam to be held on 6 December, Glasgow  
Applications open

All events are held in the College unless otherwise stated. Event schedule and content may be subject to change. All of our events can be booked online (unless otherwise indicated) at <http://rcp.sg/events>. All exam enquiries are welcome through our general mailbox [exams@rcpsg.ac.uk](mailto:exams@rcpsg.ac.uk). All dates advertised are in 2017 unless otherwise indicated.

## SCOTTISH SPORTS AND EXERCISE MEDICINE CONFERENCE



**9 May, 0900-1700**

Join the premier Sports and Exercise Medicine Symposium in Scotland, with high profile expert speakers, current and relevant topics, excellent networking and an opportunity to submit abstracts into our poster competition.

Member fee: £75 | Lunch provided | Book online

## CLINICAL TRAINER DEVELOPMENT: AN OVERVIEW



**11 May, 1300-1700**

Covering many key supervision principles in the context of an educational and clinical environment, including leadership styles, leading teams and mentoring, this course will provide you with skills to support your trainees.

Member fee: £40 | Lunch provided | Book online

## CLINICAL TRAINER DEVELOPMENT: PERFORMANCE SUPPORT FOR DOCTORS IN TRAINING



**5 September, 1300-1700**

Through national updates, case studies and in depth interactive sessions, this course will support you to identify concerns early, diagnose the issues and ensure effective intervention and support doctors who are experiencing difficulty or demonstrating difficult behaviours.

Member fee: £75 | Book online

**Podiatric Medicine**

**27 June, 0900-1700**

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

*Please see details below.*

**Exam closing dates**

**4 July | MFPM Part 1**

*Exam to be held on 26 September, Glasgow, London  
Applications open*

**31 August | MFPM Part 2**

*Exam to be held on 16 November, Glasgow  
Applications open*

**Events for all**

**12 April, 10 May, 14 June, 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

**18 April, 0900-1700**

**Innovation in Leadership**

This year's Faculty of Medical Leadership and Management regional conference will focus on Innovation in leadership and will explore Innovative approaches and solutions for current healthcare challenges.

Member fee: £115 | Lunch provided | Book online

**9 May, 0900-1700**

**Scottish Sports and Exercise Medicine Conference**

*Please see details below.*

**11 May, 1300-1700**

**Clinical Trainer Development: An Overview**

*Please see details below.*

**14-15 May (Glasgow), 28-29 June (Leeds), 0900-1700**

**Royal College Advanced Certificate in Clinical Education**

The course covers all aspects of the GMC 2016 guideline competency framework and may be recognised as leading to the award of up to 10 credits towards further study on the University of Dundee, Certificate/ Diploma/Master of Medical Education (MEd) programme.

Member fee: £1058 | Lunch provided | Book online

**17 May, 0900-1700**

**TEAM (Trauma Evaluation and Management)**

Trauma Evaluation and Management (TEAM) introduces the concepts of trauma assessment and management to medical students during their clinical years. The TEAM format is flexible, with a 90-minute slide presentation and optional components.

Member fee: £35 | Lunch provided | Book online

**17 May, 18 May, 0900-1700**

**Preparing to be a Trainer**

This one-day course will provide foundation doctors and medical students with an overview of teaching, learning and feedback in the clinical environment. Participants will be given the opportunity to conduct a short teaching session on a subject relating to their clinical practice.

Member fee: £70 | Lunch provided | Book online

**5 September, 1300-1700**

**Clinical Trainer Development: Performance Support for Doctors in Training**

*Please see details on page 16.*

**Do you want to progress your research, improve your knowledge and skills, or widen your international experience?**

*More than £20,000 worth of funding now available for dental professionals*

**Faculty of Dental Surgery Scholarships and Awards**

**CLOSING 30 APRIL 2018**

**TC White Young Researcher Grant**

Up to £10,000 awarded annually as a start-up fund for individuals at an early stage in their career (less than 10 years qualified).

**TC White Observership Award**

Two grants of £2,000 each to cover travel and accommodation costs for non-UK residents wishing to gain experience at a Centre of Excellence.

**Ben Walton Scholarship and Development Grant**

Administered by the College's HOPE Foundation an award of up to £3,000 is available to raise awareness of oral cancer.

**TC White Travel Grant**

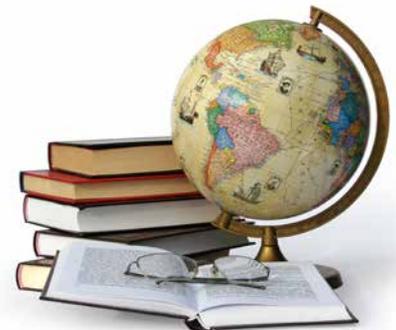
Three grants up to £2,000 each for assistance with travel and accommodation for attending symposia and gaining clinical and/or research experience.

*Open to individuals with no alternative means of support to gain experience outside their own country of residence.*

**UK Dental Undergraduate Award**

Four grants up to £500 each to Undergraduate Students (excluding Glasgow and Dundee Dental Schools) who can demonstrate excellence in either their completed Dental Elective Programme or a completed Clinical Case Report.

*Please note: only one application per person per category will be accepted.*



Apply now and find out more online at [rcp.sg/scholarships](http://rcp.sg/scholarships) or email [dental@rcpsg.ac.uk](mailto:dental@rcpsg.ac.uk)

Dental\_Awards\_CN (03/18)

# GMC APPROVES NEW INTERNAL MEDICINE CURRICULUM FOR 2019

The Federation of Royal Colleges of the UK is delighted to announce that the new Internal Medicine (IM) stage 1 curriculum has been approved by the General Medical Council (GMC).

We were commended for the breadth of consultation undertaken and aligning the curriculum and future training model to strategic workforce needs, including the Shape of Training principles.

This new curriculum focuses on learning outcomes through the achievement of capabilities in practice (CiPs) and *generic professional capabilities* (GPCs), successfully moving away from the often criticised 'tick box' approach for previous curricula. It will produce doctors with the skills needed to manage patients presenting with a wide range of general medical symptoms and conditions. They will be entrusted to undertake the role of the medical registrar in NHS district general and teaching hospitals and prepared for the next stage of higher specialty training.

IM stage 1 training is a three year programme and will replace core medical training (CMT) from August 2019. We will be working closely with heads of schools, training programme directors and trainee committees and groups to support the implementation of the new curriculum. We are also working with other colleges to ensure the ACCS-Acute Medicine curriculum is updated to reflect the new programme.

Professor David Black, JRCPTB Medical Director, said, "This represents the culmination of a three year work programme that included wide consultation and engagement with heads of schools, the CMT and specialty advisory committees, trainees committees of the three Royal Colleges of Physicians, lay representatives and patients.

*Their feedback was integral to the final version of the curriculum that was submitted to the GMC."*

Dr Colin Melville, GMC Director of Education and Standards said, "We're delighted to approve the Joint Royal Colleges of Physicians Training Board curriculum in line with our new standards, Excellence By Design. Our new standards support greater flexibility in postgraduate training, and require curricula to be more responsive to health service and patient needs. This approval recognises that the JRCPTB has put the Shape of Training recommendations and the changing needs of doctors and patients firmly at the heart of their programme."

For further information on the IM stage 1 curriculum visit the [jrcptb.org.uk](http://jrcptb.org.uk) ■



PROVIDING INFORMATION ON THE OPTIMAL MANAGEMENT OF ACUTELY ILL PATIENTS WITHIN THE FIRST 24 HOURS

**MEDICINE24**  
13 - 14 SEPTEMBER 2018

Sign up today to secure your place [rcp.sg/Medicine24CN](http://rcp.sg/Medicine24CN)

## MRCP(UK) PACES EXAMINER MEETING

On 12 January, we welcomed 80 of our MRCP(UK) PACES examiners to the College to take part in our College's first PACES examiner meeting. The delegates were welcomed to the College by the President, Professor David Galloway and Director of Medical Examinations, Dr Brian Murphy, who both thanked the examiners for their

contribution. Speakers included Dr Ken Dagg, Chair, MRCP(UK) Clinical Examining Board who spoke on the changes envisaged by PACES 2020 – the proposed revisions to the current PACES examination by the short life working group. Other topics discussed were the calibration process, use of the borderline grade and the new

internal medicine curriculum. This examiner meeting will now form part of the College's annual programme for MRCP(UK) PACES examiners.

*If you are interested in becoming a MRCP(UK) PACES examiner, please contact [Pacesexaminers@rcpsg.ac.uk](mailto:Pacesexaminers@rcpsg.ac.uk)* ■

## NEW MEMBERS

Welcome to all physicians admitted to the College during Oct 17 – Feb 18.

### Fellow qua Physician - FRCP(Glasg)

Salman Naseem **Adil**  
 A.S.M. Nawshad Uddin **Ahmed**  
 Hani S. **Al Sergani**  
 Moayed **Alhelfi**  
 Md Abdul Ali Mia **Ali**  
 Suresh Rao **Aroor**  
 Umar **Bakhsh**  
 Shaikh **Bashir Ahmed**  
 Sangram **Biradar**  
 Sekhar **Chakraborty**  
 Wai Ming **Chau**  
 Md. Moinuddin **Chisty**  
 Lai Shan **Chiu**  
 Dwijen **Das**  
 Mohammed **Faheem**  
 Fouad **Fayad**  
 Udas Chandra **Ghosh**  
 Win Moe **Htut**  
 Dinesh Kumar **Jothimani**  
 Partha Sarathi **Karmakar**  
 Syed Murtaza **Kazmi**  
 Md. Shahabuddin **Khan**  
 Suresh Raj **Lachmanan**  
 Kwok Kwong **Lau**  
 Tsz Yan Samson **Lee**  
 Victor **Lee**  
 King-Fan Steven **Loo**  
 Cholenahally Nanjappa **Manjunath**  
 Pradeep **Methil**  
 Bajjayantimala Mishra **Mishra**  
 Emanuela **Molinari**  
 K **Mugundhan**  
 Apurba Kumar **Mukherjee**  
 Muhammad Usamah Bin **Noor**  
 Jyotirmoy **Pal**  
 Arindam **Pande**  
 Soumya **Patra**  
 Geetha **Prakash**  
 David Nicholas **Pugh**  
 Mohammad Mizanur **Rahman**

R **Rajasekar**  
 Dilip **Rangarajan**  
 Sanjiv **Rao**  
 Truchirapali Nagarajan **Ravisankar**  
 Muhammad Khurram **Saleem**  
 Jyothi Visalakshy **Sambasivan**  
 Vankata Sreekanth **Sampath**  
 Sundar **Sankaran**  
 Muhammad **Shah**  
 Chor Cheung **Tam**  
 Balamugesh **Thangakunam**  
 Win Min **Thit**  
 King Ying **Wong**  
 Khan **Ziaullah**

### Member qua Physician - MRCPS(Glasg)

Carly **Adamson**  
 Oluwatobi **Adeagbo**  
 Pankaj **Agrawal**  
 Elsayed **Ahmed**  
 Shakeel **Ahmed**  
 Marc Irwin **Combrinck**  
 Zoe Jane **Cousland**  
 Kevin **Garrity**  
 Marco **Grech**  
 Mohamad Hanis **Hanafi**  
 Nicholas **Hughes**  
 Pollie **Humberstone**  
 Ayesha **Javaid**  
 Emma **Johnson**  
 Manpreet **Kainth**  
 Devayalage Amashantha  
 Suneth **Karunarathne**  
 Faisal **Khan**  
 Wei Lynn **Khoo**  
 Beatrix **Langara**  
 Desmond **Lee**  
 Yin Man **Lim**  
 Richard William **McFarlane**  
 William **McGuire**  
 Eimear Mary Bernadette **McKenna**

Bamunu Mudiyansele Thusha  
 Prasanthika **Nawasiwatte**  
 Shah **Nawaz**  
 Conor Hugh **O'Neill**  
 Kumanan **Shanmugam**  
 Jayna **Smyth**  
 Siara **Teelucksingh**  
 Kai Fung **Tsang**  
 Claire Rosemary **Wood**

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

Tarig **Abkur**  
 Esson **Abodah**  
 Syed Tanveer **Ahmad**  
 Sana **Ahmer**  
 Daniel Tze Yee **Ang**  
 Pravindh **Arumugam**  
 Danisha **Bhuckory**  
 Emma Braden **Cannon**  
 Wai Sze Agnes **Chan**  
 Sarah **Drummond**  
 Mohammed **Elkider**  
 Karen **Eustace**  
 Md. Nahian **Faruque Chowdhury**  
 Taimur **Gulfam**  
 Alison **Harper**  
 Mohammad Shahzad **Iqbal**  
 Jibran **Khan**  
 Kirsty Anne **Killeen**  
 Grace Mary Agnes **Lindsay**  
 Bilal **Malik**  
 Hamid **Mushtaq**  
 Syed **Noor Adil**  
 Katherine **Pears**  
 Zeshan **Qureshi**  
 Catherine Mary Eleanor **Russell**  
 Fatima **Saeed**  
 Christopher **Smith**  
 Israr **Ul Haque**  
 Muhammad Ahmed **Zia**

# GLASGOW EMERGENCY SURGICAL AND TRAUMA SYMPOSIUM (GESTS)

Since the inaugural meeting in February 2014, GESTS has gone from strength to strength. The conference has built a reputation not only among delegates throughout the UK and internationally, but also amongst a host of world class faculty, who are the key players in trauma and emergency surgery.

Programme Director, Euan J. Dickson, has said that his definition of meaningful and engaging education is based around honesty and relevance, *"High quality education involves the people who are trying to deliver that education stepping away from their egos and putting themselves in the minds of the delegates. You need to answer the questions: what do they want, and how do we achieve our objectives in giving them high quality, current information, in a refreshing and exciting format."* GESTS has epitomised this approach, enabling its outstanding cohort of international faculty to share their insights in a style that's focused, fast paced, topical and

highly interactive. The format is deliberately designed to encourage difficult questions, honest insights and lively debate; to be enjoyable from start to finish, and to ensure that delegates leave with relevant, key take home messages.

Attendance numbers have grown year upon year, but GESTS will not compromise on its inclusive, close knit, interactive format. 2018 saw delegates accommodated across two lecture theatres, with full connectivity maintained between rooms as a priority, so that audiences had equal access to faculty and opportunities to ask questions.

True to its winning style, the programme mixed established GESTS faculty with new perspectives. Similarly, delegate feedback was characteristically positive, with a good mix of returning attendees and newcomers, equally impressed with the quality of faculty, range of topics, and the coverage facilitated by short topical sessions.



As well as its signature features, GESTS adds some surprises each year. In 2017 these included trauma training updates and human factors, while 2018 offered lunch time activities, a seminar and two workshops.

Event Convener, John R McGregor, commented that the organising team have been delighted with the evolution of GESTS and in addressing the educational needs of the surgical workforce it will continue to develop over the years. The feedback from delegates is taken in to account for future planning and the sixth GESTS earmarked for February 2019 will be no exception. Delegates can expect more of what GESTS does best with some key additional surprises. ■

# MD SURGERY EXAM IN SRI LANKA

College President, Professor David Galloway, and President of the College of Surgeons of Sri Lanka, Professor MD Lamawansa, recently signed a Memorandum of Understanding (MoU) around the MD surgery examination in Colombo.

The MoU marks the growing relationship between the two Colleges. Both organisations

recognise the value of working together to develop postgraduate surgical training and continuous professional development.

The MD Surgery Examination, which is conducted by the Postgraduate Institute of Medicine University of Colombo, was recently reviewed and successful candidates of the exam will now be eligible for

Membership of our College.

Over the next five years our College will participate in examining and quality assurance for the MD Surgery Examination. The College is looking forward to working in partnership with the College of Surgeons of Sri Lanka to the mutual benefit of both organisations and to extending its international community. ■

# FRCS OPHTHALMOLOGY - PART 3 ORAL AND CLINICAL EXAMINATIONS

The FRCS Ophthalmology Part 3 examination held at the L V Prasad Eye Institute (LVPEI) in February 2018 was the final diet to be held at this centre. This brought to a close a very successful relationship between the College and LVPEI which has lasted over 20 years and enabled the College to examine more than 800 candidates.

The occasion was marked by the presentation of a certificate and a Quaich which were accepted by the host examiner, Dr Virender Sangwan on behalf of the Institute. The Lead Examiner, Mrs Yvonne D'Souza, expressed her thanks on behalf of the College for the excellent facilities and organisation of the examination, as well as for the years of support provided to the College by the local team. ■



## COSECSA COLLABORATION

Five senior College Fellows have joined the examining team of the College of Surgeons, East, Central and Southern Africa (COSECSA) to administer their Fellowship and Membership examinations. This follows successful collaboration between the College and COSECSA last year with the provision of two examiners for the December examinations diet.

The exams took place in Mozambique's capital Maputo over 4-5 December, at Maputo's Central Hospital. A number of young Malawian surgeons who took part

in training provided by the College in Malawi in the past year were among the candidates.

Mr Mike McKirdy, Director of Global Health for the College, led the group of examiners which included the College's past Vice President (Surgical), Kevin Baird, along with College Fellows, Mary Brown, Drummond Mansbridge and John Scott.

Mr McKirdy believes that this work is important to continue the long standing partnership with medical teams in Malawi.

The College's collaboration with COSECSA helps to ensure that the high quality standards required in the examinations are maintained, and signposts to candidates that they are being measured against global standards.

The College was also very proud to learn that the top candidate of the COSECSA Fellowship in Plastic Surgery exam 2016, was Wone Banda. Ms Banda spent time training in the UK through the College's MTI initiative, and was the recipient of the College's David Livingstone Scholarship. ■

## NEW MEMBERS

Welcome to all surgeons admitted to the College during Oct 17 – Feb 18

### Fellow qua Surgeon - FRCS(Glasg)

Yasir Amin Abd.El.Latif  
Mohamed **A.Latif**  
Sara Maher Abd El-  
Fattah **Abdelaziz**  
Almamoun Ahmed  
Abdelaziz **Abdelkader**  
Ashar **Agarwal**  
Pawan **Agarwal**  
Saleh Mohammad **Al Daqal**  
Furat Shani Aoda **Al Eissa**  
Nibbras Ibrahim Hamid  
**Al-Hamdani**  
Zahid Mehmood **Arain**  
Ramesh Kumar **Batra**  
Hazem Mohamed Ibrahim  
Mohamed Anwar **Dessouky**  
Md. Rojibul **Haque**  
Malik Azmat **Hasan**  
Nandakumar **Jairam**  
Rajshekhar **Jaka**  
Johnrose Austin **Jayalal**  
Bakir Karim **Kadum**  
Monika **Kapoor**  
Sudhir Kumar **Kapoor**  
T Chingkup **Konyak**  
Nazar Mahmood Majid **Majid**  
Aditya **Modi**  
Yaser **Moharram**  
Chandrima **Paul**  
Shamfa Ayanna Monifa **Peart**  
Joerg-Matthias **Pollok**  
Pragya **Porwal**  
Vatsalaswamy **Puranam**

Vaidee Vikram **Ravi**  
Arunachalam **Ravikumar**  
Haala **Roohi**  
Nalini **Saxena**  
Naaz Jahan **Shaikh**  
Amarendra **Shankarappa**  
Pradeep Kumar **Sharma**  
Sourabh **Sharma**  
Farzana **Sohel**  
Lakkanna **Suggajah**  
Lisa Elizabeth **Tyson**  
Uchila Shishir **Vishal Rao**

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

Khalid Ibrahim Abdel  
Khalik **Abdel Halim**  
Omer Mohammed Nooradin  
Saber **Agha**  
Zaid Mukhlif Abd-Al Qahaar **Al-Ani**  
Mohammed Abbas Obaid **Al-Janabi**  
Amal Fathi Subhi **Alomari**  
Marwah Thamer **Alwan**  
Motasim Ghaleb Abdallah **Al-Zyadi**  
Mo'mena Ahmad Abdel-  
Razeik **Awad-Allah**  
Mashair Salman Ismail **Bakheet**  
Mustafa **Bali**  
Andrei Elliot **Chang Kit**  
Muhannd Samir Ghaleb **El-Faouri**  
Eslam Ahmed Abdel Shafy  
Mohammed **Elkohly**  
Fathi A **El-Kumati**  
Maryam Abdelrahman  
Mohammad **Elsaid**

Dalia Osama Mohamed **Fathi**  
Aisha **Fawad**  
Yawar **Iqbal**  
Muhammad Saim **Khan**  
Sufian Ali **Khan**  
Ranad Anwar A **Maswadi**  
Ahmed Mohamed  
Hussein **Mohamed**  
Hridya **Mohan**  
Muhammad **Sharjeel**  
Sari Hussein **Soukarieh**  
Imad **Wafaie**

### Fellow in General Surgery - FRCSGlasg(Gen Surg)

Carsten **Bolln**  
David **Mansouri**  
William Kyle **Mitchell**  
Eimear McAlister **Monaghan**  
Gary Alistair **Nicholson**  
Alexander Thomas **Vesey**

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

Juergen **Messner**  
Taha Hussain **Mir**  
Viswanath Reddy **Mula**  
Ganesh **Prasad**  
Sujith **Sidharthan**

### Fellow qua Surgeon in Urology - FRCS(Urol)(Glasg)

Zainal Azim **Abd Kadir**  
Lee Say **Bob**  
Mohamad Afzal **Farikhullah Khan**

Fam Xeng **Inn**  
Chin Keow **Lee**  
Syed Hasanul-Hady Bin  
Syed **Mohsin**  
Sritharan **Subramaniam**

### Fellow in Urology - FRCSGlasg(Urol)

Elsawi Medani **Osman**  
Ausama **Saadi Abdulmuhsin**

### Member qua Surgeon - MRCS(Glasg)

Mohammed Jazza **Ahmed**  
Nikolaos **Arkoulis**  
Navin **Balasubramanian**  
Rahad **Bin Kashem**  
Chee Mei **Cheong**  
Joshua **Decruz**  
Ahmad Vaqas **Faruque**  
Megan **Garner**  
Md Nabir **Hossain**  
Sameer **Hussein**  
Amos **MacHinjike**  
Redoy **Ranjan**  
Muhammad Anwar **Saadat**  
Colin Stuart **Wood**

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

Rohan **Bidaye**  
Patrick Daragh **Chakravarty**

## BEN WALTON AWARD

The Ben Walton Lecturer in 2017 was awarded to Professor Saman Warnakulasuriya, who presented at the Mouth Cancer Symposium on 3 November 2017. He was awarded £1,000.

Professor Warnakulasuriya was chosen for the award in

recognition of his work to raise awareness of oral cancer. He is a lead researcher/educator on oral cancer, with a focus on young people, and is widely published.

Professor Warnakulasuriya has also recently joined our dental international advisor network. ■



## NEW MEMBERS

Welcome to all dentists admitted to the College during Oct 17 – Feb 18

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

Roychoudhury **Ajoy**  
 Stephen Leslie **Jacobs**  
 Jacob **John**  
 Peter Gilmour **Ommer**  
 Nicholas Michael Charles **Renny**  
 Karifala Fayama **Tarawali**

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

Clare **Marney**  
 Amanda **Willis**

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

Padraig Seamus **O'Fearraigh**

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

William Frederick **Keys**

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

Areej Mohammed Osman  
 Osman **Abdelrhman**  
 Anirudh Balakrishna **Acharya**  
 Hamzah **Ahmed**  
 Header **Al Muala**  
 Haidar **Al-Ali**  
 Mohamed Hisham  
 AbdElFattahGabr **Ali**  
 Khaled **Alkhatib**  
 Ali U. A. A. **Altikriti**  
 Samirkumar **Amin**  
 Hans **Antov**  
 Andrew James **Armstrong**  
 Fawaz **Aswad**  
 Mubarak **Aziz**  
 Anant **Bakshi**  
 Atif **Bashir**

Brian **Beggan**  
 Amy Sarah **Bellis**  
 Joshua Richard **Bettis**  
 Prateek **Biyani**  
 Maeve Catherine **Breen**  
 Michelle Louise **Burns**  
 Daniel **Cassar Darien**  
 Pui Man **Chan**  
 Yung Dick **Chan**  
 Elizabeth Alessandra **Cheales**  
 Sze Sze **Chow**  
 Chiu Wing **Chung**  
 Matthew **Chung**  
 Nicola Layne **Cloney**  
 Nitesh **Doal**  
 Omer **Elafaki**  
 Enas Abd El Rahman **Elsharawi**  
 Nermine Fayeze **Emara**  
 Man Hin Michael **Fan**  
 Chien Yee **Foo**  
 Hayley **Foulds**  
 Mina Kamal Kamel **Girgis**  
 Anju **Gopinath**  
 Laura Maria **Graham**  
 Mark David **Gribben**  
 Matthew Robert Ashley **Grindrod**  
 Kiran **Gudray**  
 Helena Rachel **Hall**  
 Katherine Elizabeth **Halliday**  
 Oliver William **Haran Jones**  
 Alaa **Hassan**  
 Malika Harish **Hindocha**  
 Ka Leong **Ho**  
 Khalid Gaffar Omer **Ibrahim**  
 Unaiza **Idrees**  
 Anthony Thomas **Ihimekpen**  
 William James Herbert **Jenkins**  
 Ian Robert **Jones**  
 Aneesh **Kalra**  
 Ahammad **Kandari**  
 Faiz **Khan**

Hadia Palwasha **Khan**  
 Rajinder Kaur **Khehra**  
 Saba **Lakhanie**  
 Tak Kar Jasmine **Law**  
 Zara Clare **Leighton**  
 Joshua Thomas Julian **Lopez**  
 Amanda Jane **Loughlin**  
 Rachel-Wong **McDermott**  
 Laura **McKay**  
 James **McQueen**  
 Faisal **Muhammad**  
 Doaa **Nasser**  
 King Tung **Ng**  
 Francesca **Norton**  
 Ansaf Ahmed Khalifa **Nour**  
 Rachael Ann **O'Rorke**  
 Susan Mary **Page**  
 Nikesh **Patel**  
 Nimit Jagdish **Patel**  
 Sharfuddin **Patel**  
 John James **Perry**  
 Pshko **Rabaty**  
 Keerthika **Rajendran**  
 Nizal **Sabdrat**  
 Ashwak Jumaa **Sabri**  
 Sonam Minar **Sanghavi**  
 Praisya Alan **Scariya**  
 Rajendran **Senthilnathan**  
 Nandini Hasmmukh **Shah**  
 Anjali **Sharma**  
 Anshu **Sharma**  
 Hedaya **Siala**  
 Serena **Sinclair**  
 Krystina Louise **Smirk**  
 Amrita Kaur **Sokhi**  
 Aynkkaran **Srishanmuganathan**  
 Daniel James **Stonehouse-Smith**  
 Rahul Bhadrash **Swami**  
 Ahmed **Syed Nabeel**  
 Jessica Elizabeth **Talbot**  
 Chi Lok **Tsang**

Charles **Turner**  
 Neerali Hitesh **Vanmali**  
 Edward **Walker**  
 Christopher Karl **Wallace**  
 Tak Lung **Wong**  
 Ivan **Woulfe**  
 Hiu Wai **Yeung**  
 Yaser **Zeitoun**

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

Elnaz **Aliakbari**  
 Tak Wing Selina **Chau**  
 Lois Angharad **Davies**  
 Kin Man **Fong**  
 Sophie **Marshall**

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

Vicki **Greig**

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

Wael **Albezreh**  
 Lauren **Anderson**  
 Wael **Bakar**  
 Hisham Mohammed Yasser  
 Abdelhakim **Mohammed**  
 Nayera Emad-Eldin **Mourad**  
 Ibrahim **Shehata**

### Member in Restorative Dentistry - M(Rest Dent) RCPS(Glasg)

Kareem Abdelhamid Mohamed  
 Ali **Kamel**

### Member in Special Care Dentistry - M(Spec Care Dent) RCPS(Glasg)

Joanna Faye **Morrison**  
 Laura **Stenhouse**

## BEN WALTON TRUST

The Ben Walton Trust was established in 1966 by Mr Mike Walton and commemorates his son, Ben Walton, and his year-long fight against oral cancer. Ben was born at Kitleyknowe, near Carllops, and attended West Linton Primary School and Peebles High School. Ben attended Aberdeen University where he was studying Honours Psychology; in his final year, at the time of his death on 9 December 1995, he was 22 years old.

### The Trust was set up to:

- Raise awareness of the disease among the public and health

- professionals
- Fund research
- Encourage appropriate palliative care

In 2010 The Trust initiated and funded an online examinable module (approved for continuing professional development) - BMJ Learning: Mouth cancer: recognising it and referring early. This is a free module which requires registration in order to access it. By November 2012, over 11,000 health professionals had used the site. In 2014 The Trust worked with BMJ Learning, to update the online

module *Mouth cancer: recognising it and referring early*.

The founder and chair of the Trust, Mr Mike Walton, has now retired and has donated the remaining funds to the Faculty of Dental Surgery to continue to promote the aims of The Trust and continue its legacy. It is expected that we will continue to work with BMJ Learning, to further update the online module *Mouth cancer: recognising it and referring early*.

**The Faculty has subsequently launched two awards:**

### Ben Walton Scholarship and Development Grant

Valued at £3,000, this grant will be awarded every two years to a project that meets the aim of the Ben Walton Trust in raising awareness of the disease among the public and health professionals.

### Ben Walton Lecture Award

Valued at £1,000, this award will fund a recognised expert in mouth cancer to raise awareness of mouth cancer among health professionals by delivering a lecture at a national or international conference. ■

## IN PROFILE: HELEN PATTERSON

Having been a member of Dental Council since 2012, I took up the position of Honorary Secretary to the Dental Faculty in 2016.

The Dental Faculty has grown apace in the last few years. An important development within the Faculty has been a change in the makeup of the Fellows and Members with increasing numbers working in general practice as well as the community dental service and public dental service. It is no longer the preserve of hospital dentistry. The College can support the education and career development of dental professionals who work in a variety of settings. Being part of the College has given me opportunities to develop professionally through involvement in examinations, teaching and attendance at courses and conferences as well as representing the College on the SAC in Special Care Dentistry and my involvement

in the establishment of the Tricollegiate examination in Special Care Dentistry.

One of the important roles of the Honorary Secretary is to co-ordinate the Dental Faculty response to consultations. It is our opportunity as a profession to contribute to important policy and guidance documents. These may concern clinical matters as well as dental education and regulation. Since my appointment we have submitted comments on various NICE, GDC, SDCEP and Department of Health documents as well as Scotland's Oral Health Plan. We have submitted comments on topics including sedation, endocarditis prophylaxis, caries in children, professional regulation and oral health in care homes and hospitals.

In addition I represent the Vice President (Dental) and the Dental Faculty at the College Council meetings which is an



important arena for keeping up to date with College developments and ensuring that the Dental Faculty and oral healthcare professionals maintain a voice in the College.

*If you would like to be contacted to contribute to future consultations please contact the Dental Faculty: [dental@rcpsg.ac.uk](mailto:dental@rcpsg.ac.uk) ■*



# YELLOW FEVER IN BRAZIL

The yellow fever outbreak ongoing through 2016-17 in Brazil was officially declared over in September of 2017, however there appears to have been a resurgence of the disease with human cases continuing to be reported. Yellow fever is transmitted by the *Aedes* mosquito, which bites during daylight hours. Infection continues in the highly populated areas of Sao Paolo and Rio De Janeiro as well as the popular tourist destination of Ilha Grande despite vaccination campaigns. Worryingly, there have been confirmed cases of yellow fever in unvaccinated European

travellers to Brazil, including one in the UK. Clinicians giving pre-travel advice need to be aware of the revised yellow fever risk maps produced by the ECDC (<https://ecdc.europa.eu/en/publications-data/yellow-fever-distribution-and-areas-risk-brazil-16-january-2018>) to identify travellers at risk of contracting yellow fever. Yellow fever vaccination and bite prevention methods should be discussed with these travellers. Those Clinicians seeing unwell travellers returning from Brazil (and other yellow fever risk areas) must consider yellow fever as a differential diagnosis. The incubation period for the



disease is around three to six days. Symptoms may include fever, headache, loss of appetite, nausea and muscle pain.

Following this acute phase, many patients will recover; however in

some patients, following a period of remission, a 'toxic' phase of acute haemorrhagic fever can occur. This can lead to organ damage and failure. Death in this phase occurs in 20-50% of patients. ■



## In Brief

### Subscription discounts for non-medically qualified members

A new income based discount for non-medically qualified members has been introduced. Please check our updated discount policy for details of this and other subscription discounts available. ■

### Fellowship

The Faculty is actively seeking nominations for new Fellows. The application process and eligibility criteria can be found on the Join Us page of our website. If you are a current Faculty Member, or if you know someone who satisfies these criteria, please download and complete the application form. The Fellowship Committee meets 4 times a year to assess all applications. ■

### Examinations

Many congratulations to all of those who passed the MFTM part A and part B exams in December 2017. These exams are the benchmark achievement of a level of experience and training expected of those practising travel medicine independently. We would encourage all Associate Members to consider taking this next step to become a Member of the Faculty of Travel Medicine. Exemption from the written part of the exam (part A) may be granted to some applicants; for further details on exempting qualifications, the syllabus, fees and other information please see the Faculty of Travel Medicine pages on the College website.

This year, examinations will be held in Glasgow

in December. The MFTM part A written examination will be held on 4 December 2018, with the part B OSCE examination taking place on 6 December 2017.

*Closing date for applications is 29 September 2018.* ■

### Thank you Sue

The Faculty of Travel Medicine Executive Board would like to thank Sue Campbell for her extensive efforts in managing and implementing the new Diploma of Membership of the Faculty of Travel Medicine, and congratulate her on her elevation to Fellowship of the Faculty of Travel Medicine. ■

# NEW MEMBERS

Welcome to all Travel Medicine Specialists admitted to the College during Oct 17 – Feb 18

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

Travis Wade Heggie

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

Hamad Eid H R Al Romaihi  
Soha Albayat  
Mohd Mohd H M Al-Hajri

Claire Louise Allen

Ahmad Bawazir

Alison Ruth Bushnell

Maria Clare Duchars

Arlene Duffy

Linda Ann Eaves

Derek Paul Evans

Elmoubshar Abu Baker

Abd Farag

Richard Firth

Katy Griffiths

Claudia Henry

Gurraj Singh Jabbal

Stella Justice-Annan

Ka Wai Alex Leung

Anne Maitland

Damian McCafferty

Dorothy Rose McKee

Johanna Mendelsohn

Rebecca Pace

Stephen Roberts

Cheryl Shaw

Neeraj Kumar Singh

Kamila Soltysik

Hing Cheung Tommy Tang

Alexandra Sarah Warren

Muhammad Yaqoob

## BECOME INVOLVED IN YOUR FACULTY

What better way to be involved in your Faculty than to be part of how it is run. Becoming part of the Faculty of Travel Medicine Executive Board means being a part of a multidisciplinary team, all of whom work together to promote the Faculty within and outside the College, raise the standards of practice in Travel Medicine as well as to improve services for members.

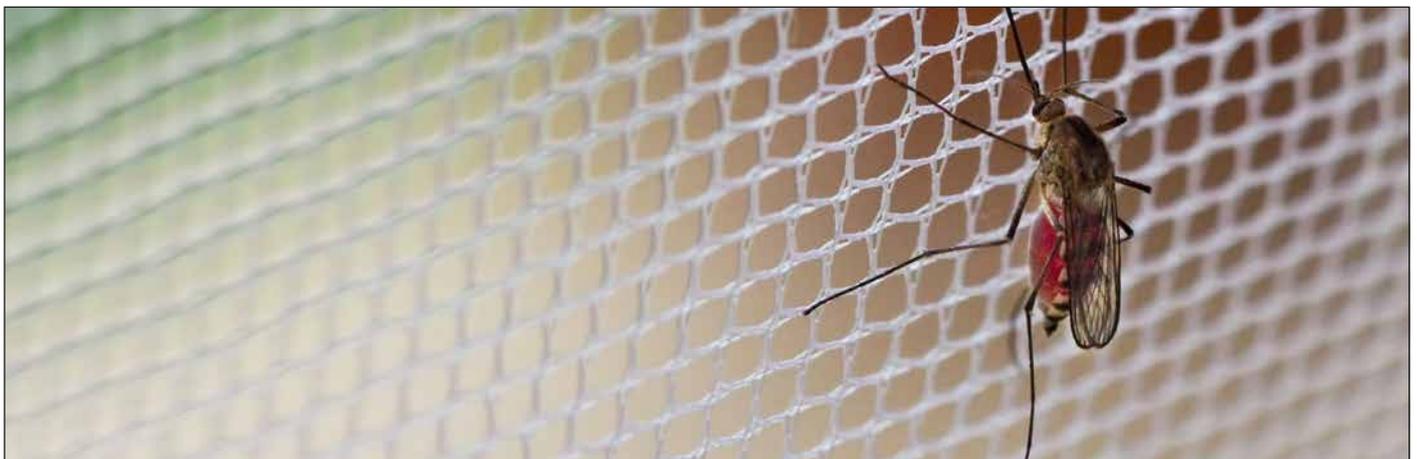
This year we are looking for nominations

for the position of Vice Dean, in addition to two Ordinary Members and an Associate Member. Nominations will go out in May and remain open for 2-3 months with voting opening around the beginning of September.

*Keep an eye on the AGM and elections section of the Faculty webpages on the College website, or look out for information on Twitter using **#rcpsgtravelmed***

## LOOK OUT FOR THE FACULTY OF TRAVEL MEDICINE ON TWITTER

The Faculty of Travel Medicine is getting its own hashtag on the College Twitter feed! For those of you looking for up to date information on Travel Health related issues, look out for us at **#rcpsgtravelmed**



## NETS AND BOLTS

A series of practical workshops on vector control and malaria diagnosis, delivered by experts in their fields:

- Using Water Safely
- Risk Assessment of Facilities Overseas
- Protecting the Sexual Health of Travellers

### Who should attend?

*Anyone involved in healthcare with an interest in travel medicine, particularly those in the early stages of their career:*

- Students*
- Travel medicine practitioners*
- Healthcare practitioners*

### Venue:

**Defence Medical Services at Whittington Barracks, Lichfield, WS14 9PY**

### Date:

**Tuesday 5 June 2018**

### BOOK NOW

**W:** [rcp.sg/events](http://rcp.sg/events)

**E:** [steven.shanahan@rcpsg.ac.uk](mailto:steven.shanahan@rcpsg.ac.uk)

**T:** +44 (0)141 221 6072



ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW  
TRAVEL MEDICINE



## GOING WITH THE FLOW

by Pamela Price

The Faculty recently hosted a very successful vascular foot conference – Going with the Flow – at the College recently, with an objective of encouraging critical thinking around the effects of peripheral arterial disease (PAD) and to supporting clinical decision making.

Ms Stella Vig, a consultant vascular surgeon at Croyden University Hospital spoke about critical limb ischaemia (CLI), highlighting the importance of early recognition and escalation, as well as the impact of arterial diseases and their outcomes on patients and families. Another consultant vascular surgeon, Mr Wesley Stuart, based at NHS Greater Glasgow & Clyde (NHSGG&C), offered helpful and challenging insights into current surgical perspectives and the evidence supporting them.

Non-surgical options were presented by NHSGG&C lead pharmacist, Paul Forsyth and vascular nurse, Alison Duncan. This session offered insight into the importance of the pharmacological management of the comorbidities and the management of vascular wounds.

David Wylie, Head of Podiatry NHSGG&C, presented on work to create a sustainable service model in an NHS podiatry service.

He highlighted the important role of a vascular competency framework and multidisciplinary working to ensure quick and effective escalation of CLI and high-risk patients into vascular services. Debbie Wilson (NHS Lanarkshire) and Sheryl Braidwood (NHSGG&C) offered excellent case studies of podiatric significance. Debbie highlighted red flags concerning PAD and pharmacological side effects Canagliflozin, while Sheryl spoke about one patient’s journey through amputation and the place of conservative management of chronic wounds.

Also featured at the conference, was the novel approach of formally debating the use vs non-use of Ankle Brachial Pressure Indices (ABPI) in clinical practice. This is an area that divides opinion, despite strong evidence regarding its use clinically to identify a person’s risk of CVD events. The motion debated was *“This house believes that ABPI is an essential component of any podiatry/ lower limb service to ensure early diagnosis*



*and best clinical management of peripheral arterial disease”.* Marin Fox, vascular specialist podiatrist (North Manchester Leg Circulation Service Pennine Acute Hospitals Trust) provided the affirmative argument (we should be detecting PAD earlier through routine ABPI) with Ms Stella Vig defending the negative action (ABPI is important, but not essential). David Wylie acted as the firm, but fair, chair in what was a great debate on the nuances and numbers, which was taken in good spirit. Following an audience vote, 52% supported the motion that ABPI is an essential component of podiatry/lower limb services to ensure early diagnosis and best clinical management of peripheral arterial disease.

The feedback for this conference was outstanding, with a 97% satisfaction rating. The Faculty is now considering options to take the conference on the road, with a view to running a similar event in England in the future. ■

## MANAGEMENT OF FOOT PATHOLOGY PROGRAMME IN INDIA

Nearly 70 million people in India have been diagnosed with diabetes and many suffer associated foot diseases. In partnership with the Tamil Nadu State Branch of the India Medical Association (IMA), the Faculty of Podiatric Medicine is piloting a blended learning course for doctors treating foot pathologies.

The course has two components, the first part combines online self-directed learning and online tutorials. The second comprises a 2.5 day clinical skills course to be held in April 2018 in Chennai. A pioneering cohort of 20 IMA members

completed part one in mid-December. Initiated by Professor Stuart Baird during his time as Dean of the Faculty, and being brought forward by Stuart and Vice Dean Ms Christine Skinner, the programme has been very well received. Professor Baird had the opportunity to meet course participants at the Annual Conference of IMA held in the southernmost point in India, Kanyakumari, on 9-10 December.

At the conference, he presented a workshop on diabetic foot disease and awarded the certificates of completion of part one to successful participants. Feedback on the course was universally positive and participants

strongly encouraged the College to reach out to other states in India where the need for such education is equally high.

Following on from this in June this year a small delegation from the Faculty is going back to India to lecture on the key areas of the syllabus to help prepare those who would want to sit the Membership exams with focus on diagnostics, diabetes, dermatology and the high risk foot in general. The growing relationship between the College and India shows how the Faculty is continuing to deliver on its aim to promote foot health nationally and internationally. ■

# BEGINNING YOUR CAREER IN PODIATRIC MEDICINE

Before Christmas we ran two successful events for podiatry students in Glasgow and Northampton. Both events were well attended and focused on what students should expect when beginning a career in podiatric medicine.

Faculty Dean, Professor Robert Ashford outlined the role of the Faculty and the support available to podiatrists throughout their careers. Other speakers included Julian Livingstone, Steve Avil, George Flanagan, Professor Stuart Baird, Richard Leigh, Paul Beeson, Anthony Redmond, and Robin Hull.

The high calibre of speakers and the quality of the range of presentations was much appreciated by the students.

Third year University of Southampton student, Tim Cheshire, commented, "The overriding theme throughout

*the day by all speakers, was for students to take advantage of the support available, seek out mentors, make yourself visible, take chances, make a difference, and continue to expand your knowledge, seize opportunities, stand out from the crowd, gain experience and sell yourself*

*while being quietly confident.*

*"I would recommend this seminar to fellow students given the speakers were of excellent character and experience who provided valuable insights into the podiatric profession and the road ahead for students."* ■

## SUBSCRIPTION DISCOUNTS FOR NON-MEDICALLY QUALIFIED MEMBERS

A new income based discount for non-medically qualified members has been introduced. Please check our updated discount policy for details of this and other subscription discounts available. <https://rcpsg.ac.uk/documents/subscriptions/541-subscription-discounts-policy/file> ■

## NEW MEMBERS

Welcome to all podiatrists admitted to the College during Oct 17 – Feb 18

**Fellow of the Faculty of Podiatric Medicine - FPPM RCPS(Glasg)**

Paul **Armanasco**  
Desmond **Bell**  
Penelop Anne **Brown**  
David **Davidson**  
Vickie **Driver**  
Jeffrey **Jensen**

Perry Vincent **Mayer**  
Robert **Snyder**

**Member of the Faculty of Podiatric Medicine - MFPPM RCPS(Glasg)**

Nicholas **Knight**  
Emma **McConnachie**



## The art of the possible: Local anaesthesia in podiatry

This skills lab will enhance knowledge, skill and confidence within the clinical applicability of local anaesthetics techniques and procedures focusing on the delivery of tibial, sural and intermetatarsal blocks.

**Who should attend**  
*All podiatrists, private and NHS based, particularly those who wish to fully utilise the scope of local anaesthetics in Podiatry.*

**#PMLAskills**  
Local\_Anaesthesia\_Podiatry\_A5\_CC (12/17)

**Venue**  
232-242 St Vincent street  
Glasgow, G2 5RJ

<b>Date</b> 27 June 2018	<b>Time</b> 0900 - 1700
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**BOOK NOW**  
**W:** [rcpsg.ac.uk/events/pmlaskills](http://rcpsg.ac.uk/events/pmlaskills)  
**E:** [Lorraine.hannah@rcpsg.ac.uk](mailto:Lorraine.hannah@rcpsg.ac.uk)  
**T:** +44 (0)141 227 3240



ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW  
PODIATRIC MEDICINE

# VISUALISING OUR MEDICAL HERITAGE

Last year we were awarded almost £30,000 in funding from Museums Galleries Scotland for our two-year project Visualising Medical Heritage. This allowed us to employ a part-time Visualisation Project Officer (Kirsty Earley) and to develop a programme of events to engage people with the project.

The purpose of the project is to use medical visualisation technology, such as 3D photography, 2D virtual reality models, and animation, to improve access to our museum collections, particularly our medical and surgical instruments. Essentially, this allows us to show -

- How the instruments work
- The stories connected to them

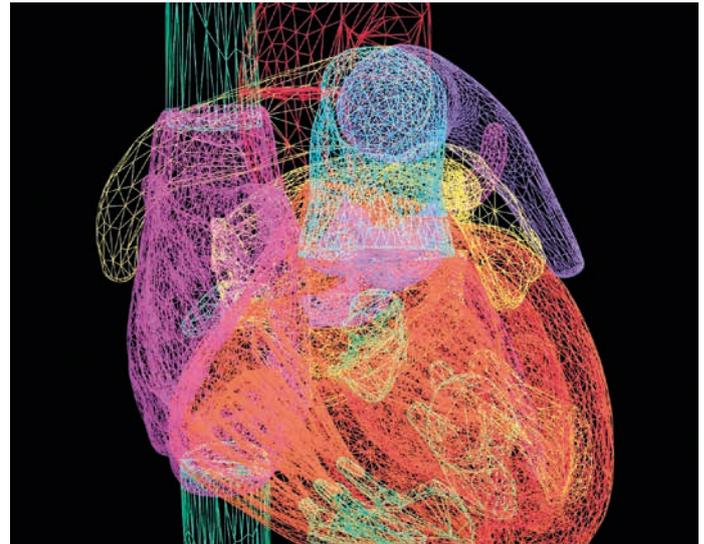
At this early stage of the project, Kirsty has already produced almost 20 animations and other digital visualisation products that help tell the stories of our heritage, for example Joseph Lister's development of antiseptic surgical dressing, and David Livingstone's lion attack. Also in development are 3D photographic models of some of our most important collections, for example our Laennec stethoscope from c. 1820.

In addition to the digitisation work involved in this, our engagement programme is encouraging us to collaborate, experiment and reach new audiences, with our heritage at the core.

It is now six months into the project and momentum is building! Our first engagement event was a collaboration with historical novelist E. S. Thomson, whose novels *Beloved Poison* and *Dark Asylum* explore the period at the threshold of scientific medicine in the mid-19th century. The event was a workshop / lab that combined both creative writing and historical medical visualisation, and resulted in Kirsty creating a virtual 19th century anatomy museum.

Our spring event is part of British Science Week, and is a collaboration with the Anatomy Facility at the University of Glasgow and the Glasgow Science Centre – a Meet the Experts event on the theme of Visualising Medical Heritage and Innovation. Combining screen-based visualisation products and museum collections, we can unlock the stories of scientific innovation, the evolution of medical and surgical care, and the latest advances in anatomy teaching.

The event celebrates Glasgow's rich medical heritage through



world-famous figures such as Joseph Lister and David Livingstone, and points the way to the latest innovations in surgical care. The philosophy behind all of these events is that they are interactive, participatory, and will illuminate medicine, surgery and anatomy as never before. Delivering an event like this in the Glasgow Science Centre venue, with hundreds of school children visiting, is a fantastic boost to the project's aim of increasing access to our heritage.

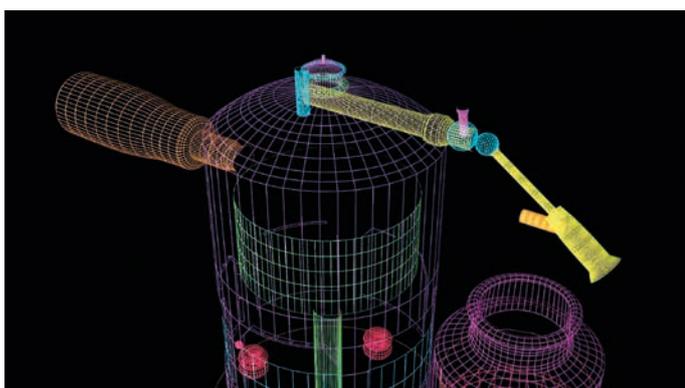
Much of the work emerging from the project explores the creative potential in our heritage collections, and we are very keen to work with practitioners across a variety of art forms and disciplines. On 20th May, in an event that is part of Scotland's Festival of Museums, we are working with professional storyteller Amanda Edmiston, in a workshop for families. This event brings medical visualisation and storytelling

together – an unexpected combination, but one that allows for inter-generational engagement with medical heritage. The stories of medical history will be brought to life through a combination of oral storytelling and the creation of a visual timeline, from the College's 16th century origins up to the present day.

Like all of the events in this project, we are exploring the possibilities of visualising medical heritage with our audiences – a truly participatory approach. We are only a quarter of the way through the project, and already we are breaking new ground in how we provide access to our heritage. And there is much more still to come!

**Find out more**

- Heritage events – [rcpsg.ac.uk/events/heritage](http://rcpsg.ac.uk/events/heritage)
- Heritage blog – [heritageblog.rcpsg.ac.uk](http://heritageblog.rcpsg.ac.uk)
- Heritage website – [heritage.rcpsg.ac.uk](http://heritage.rcpsg.ac.uk) ■



# EVERY LIFE MATTERS

**In Malawi, cancer rates have more than doubled in the last decade and by 2021, an estimated 180,000 patients will need palliative care. Malawi suffers from a high disease burden, with high levels of communicable diseases, disability and trauma, and increasing levels of non-communicable diseases.**

Rural Malawians with incurable illnesses are amongst the poorest people in the world. Malawi itself has limited healthcare resources that are stretched to breaking point. The reality for many poor and sick people in Malawi is that pain relief, and even basic food, can be out of reach. Many lives are wasted in hunger and pain.

EMMS International is working to address these complex challenges by bringing health care to end hidden suffering. We are excited about the *“Every Life Matters”* appeal and the palliative care and nutrition that it will bring to poor people across Malawi. Our existing palliative care programme is delivering a step change improvement to palliative care across large parts of the country, benefitting 43,000 people, and earlier projects have helped to lay the foundations for this. This will be extended and expanded through *“Every Life Matters”*. Every gift given to the appeal is being matched by the UK government, doubling the impact we can make.

Palliative care is one of the most neglected areas of global health. Provision in most countries is limited, and the vast majority services exist in developed countries. In May 2014, the World Health Assembly passed a resolution requiring all nations to include palliative care within their national health plans. Furthermore, with the publication of the Sustainable Development Goals in 2015, much attention is now being given to Universal Health Coverage (UHC). No country can deliver UHC without palliative care.

As demand continues to increase, the challenges for palliative care providers across the world are to develop new and better ways of providing general palliative care, and in introducing palliative care earlier in a person’s illness. Dr Stephen Connor, Chief Executive of the Worldwide Hospice Palliative Care Alliance, rightly

points out: *“The biggest problem that persists is that our healthcare systems are designed to provide acute care when what we need is chronic care. That’s still the case almost everywhere in the world.”*

A recent paper about EMMS International’s palliative care project in India, confirmed the huge benefits that palliative care can make to the well-being of people living with a terminal illness and their families, and the positive impact it has on reducing poverty<sup>1</sup>.

We are encouraged by the many stories of those with whom we work and serve across Malawi. People like Jeremiah, who was a healthy young boy just a year ago. He enjoyed going to school and playing football with his friends. His and his family’s world was shattered when he was diagnosed with Burkitt’s Lymphoma.

His condition rapidly deteriorated, with severe pain and discomfort, and he could no longer go to school. His family live too far from the hospital and they have no access to transport, so they struggled to get the medication they needed to ease his pain.

Through our palliative care project, trained palliative care nurses were able to visit Jeremiah and his family at home. Jeremiah’s morphine had run out and he was in a lot of pain. The nurses provided counselling to the family and care to Jeremiah. He was relieved to see them, saying *‘It’s like you’ve come to save me’*.

Jeremiah described his challenges with pain and pressure sores. As well as treating his pain, the nurses were able to show his family how to massage his legs to relieve the swelling and pain he was experiencing. The nurses also realised that he was sleeping on a very thin mat, and arranged for a mattress to be delivered to him at home.

With support from the palliative care team the family are able to provide excellent care

for Jeremiah. His mum explains, *“We can control his pain. We didn’t know what to do and the counselling helped me to care for my son.”* Jeremiah won’t get better, but his quality of life and that of his family is being greatly improved by good palliative care.

We are also truly inspired by the story and courage of Gloria. We first met her over 3 years ago when she was 13 and had been diagnosed with cancer. She had already lost her mother to illness, and Gloria’s aunt had become her mother and nurse. She was finishing her second round of chemotherapy, but doctors knew they could not make her well again. She couldn’t walk without crutches, and the cancer in her bones made this incredibly painful.

With our help, Gloria was able to go home and receive the care she needed to live a pain-free life. More than three years later, she continues to live a full life, studying at school and living free from pain. It is because of palliative care that Gloria and her aunt have the support they need and their fears about her cancer, and especially her pain, have largely been removed. Without doubt, palliative care has helped to improve the quality of her life, and has extended her life beyond anything that we could have imagined.

We face a long path to delivering the World Health Assembly resolution but every step forward is also a step closer. It’s important that we respond to this massively hidden, and often ignored, need. Every Life Matters will transform the lives of Gloria, Jeremiah and many, many others, bringing high quality health care to end hidden suffering.

*You can support Every Life Matters by going to <https://www.emms.org/get-involved/175th-anniversary/every-life-matters/> ■*

<sup>1</sup> Ratcliff et al, <http://www.jpalliativecare.com/article.asp?issn=0973-1075;year=2017;volume=23;issue=1;page=41;epage=45;aualst=Ratcliff>



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