

voice

FOR MEMBERS OF THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

AUTUMN 2018

MEDICAL CONSENT

More than a signature,
more than a form



NHS AT 70

TALKING POINTS

CELEBRATING SUCCESS

Leading the way in non-clinical skills training

The Royal College of Physicians and Surgeons of Glasgow's comprehensive non-clinical skills training programme enables healthcare professionals to develop skills in teaching and education, leadership and management, and professional competencies.

Our courses include:

- Mentor Training Course
- Royal College Advanced Certificate in Clinical Education
- Clinical Trainer Development: An Overview
- Developing the Clinical Trainer: Teaching skills for early stage trainees
- Clinical Trainer Development: Performance support for doctors in training
- CV Building course
- Preparing for the surgical core training interview
- Practical advice for new consultants
- Clinical learning environment
- Academy of Clinical Educators (ACE) Conference
PULSE 2019: Developing the doctor, designing solutions for difficult situations

There are also online updates on non-clinical skills topics such as the hidden curriculum, human factors and leadership.

For full course listings visit

rcp.sg/events



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

voice EDITION 1



16 MEDICAL CONSENT

More than a signature, more than a form

Montgomery and informed consent: where are we now? Tips for foundation doctors, trainees and their supervisors.



4 PRESIDENT'S UPDATE

Professor David Galloway reflects on his term and looks to the future.



6 WIDENING HORIZONS

Dr Vinay Kashi: 39 days at Salisbury District Hospital.



10 OUR ADVICE FOR NEW DOCTORS

Top tips to help with the transition from medical school to foundation year.

13

NHS AT 70

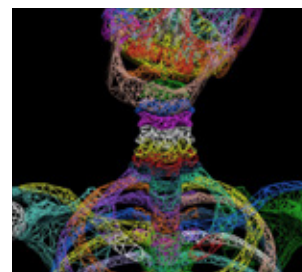
Mr Roy Miller, now 86, was a young medic training at Glasgow Royal Infirmary, long before Accident and Emergency became a standalone department, when he encountered the grisly consequences for himself.



20

TALKING POINTS

Research shows UK patient safety compromised by staffing issues



24

OUR SCIENCE AND ART: VISUALISING THE HUMAN BODY

Our latest Heritage exhibition looks at how advances in technology and in our knowledge of human anatomy have changed the ways we see (and see inside) the human body.



REGULAR FEATURES

- 8 NEWS BITES
- 23 CONSULTATIONS UPDATE
- 26 MEMBERS' AREA
- 28 Hope Foundation
- 29 Awards and Scholarships
- 30 Updates
- 32 In Partnership
- 34 Education and Examinations calendar
- 40 New members
- 42 In memoriam

VOICE is the magazine of the Royal College of Physicians and Surgeons of Glasgow. If you are interested in contributing to College News please email media@rcpsg.ac.uk

Copyright 2018

The text and images in this publication may not be reproduced without permission from the Royal College of Physicians and Surgeons of Glasgow. To request permission, please contact the Deputy Head of Communications.

Produced by the office of the Chief Executive and Membership and Global Engagement.

Editors John Fellows, Cara MacDowall, Elaine Mulcahy

Design Martin Budd, Kirsty Smith

Print Winter and Simpson Print

Photography Nick Callaghan, Ian Marshall

Royal College of Physicians and Surgeons of Glasgow
232 - 242 St Vincent Street, Glasgow, G2 5RJ +44 (0) 141 221 6072. Registered Charity SC000847.



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

PRESIDENT'S UPDATE

“

I am very pleased to be able to introduce this new look to our regular publication and commend this issue to you. Strangely enough as this new design is introduced I find myself on the glide slope towards the end of my term as President of the College.

**WATCH
THE PRESIDENT
INTRODUCE VOICE**
<http://rcp.sg/val8>

The last three years seem to have flown past. It is relevant that this new communication features now because it is characteristic of some of the changes we have seen come to fruition in my presidency over the past three years. It has been a real privilege to serve in this role and while there are many things to celebrate and remember fondly, there have also been a few challenges and the occasional need to think quickly and hopefully clearly to deal with the unexpected.

When I started out in 2015 I committed to several objectives and I think it fair to report a measure of satisfaction in what has been achieved. I will perhaps say more about this in the Annual Report. There is however no doubt that the College has seen significant change over this period of time. Development in membership, reach, responsibility, charitable purpose and even in our physical footprint in our base in Glasgow.

Over the past five years our College membership has grown by an impressive 40%. I am particularly pleased by the development in the dental membership and while there has

been growth across the disciplines we can certainly do more to encourage our Fellows and Members to, in turn, encourage their younger colleagues to associate with us and take up the challenge of maintaining the relevance of the College into the future.

Our activities, both in the UK and around the world, have also developed in an impressive way. We launched the Academy of Clinical Educators and have been impressed by our members' response and enthusiasm to be involved. This will allow access to excellent clinical education resources to support those who wish to enhance their education, skills and experience and will help us to develop high-quality faculty for existing courses. I am also encouraged by the number of new courses and ideas which have emerged and I am absolutely delighted with our new Macewen Clinical Skills Lab. We have been licensed by Her Majesty's Inspector for Anatomy for Scotland and have appointed two licensed teachers of anatomy to oversee this. This is a significant enhancement to our ability to deliver hi-fidelity operative simulation across a range of specialties and clinical scenarios. In addition we have

(now launched) the Davies e-learning studio which provides state of the art facilities for audio-visual recording and editing as well as the co-ordination of web-streaming our events to other locations around the world. We have already shared some of our flagship events with centres in the Middle East, Malaysia and India this year and this is only the beginning.

It should be clear that there are tremendous opportunities for Fellows and Members to engage their creativity and come forward with their ideas for new courses and resources and there is a drive to make our education offerings more future focused with the advent of the e-learning or blended learning facilities that we now have. I am also determined to make as much of our educational output as possible freely available as a membership benefit. Positioning this requires considerable work but it is already under way and you can certainly expect to hear more about this soon.

We have had a measure of concern over the performance of some of our examinations but I am delighted to report that the trend is now much more encouraging.

Beyond our traditional education and assessment roles we have become much more adept in navigating the digital communication scene. With our new Marketing, Communications and Policy specialists we have been much more visible as advocates on a whole range of issues including alcohol policy, obesity, maternal morbidity and mortality, physical activity, global citizenship and even the hot political topics of the day. Most recently we have engaged the implications of the Brexit negotiations and of course the tragic Bawa-Garba case, the effects of which have reverberated around the world. I have also gathered views of our membership on some of the controversial health related issues of our day. These require careful handling and it has been very useful to have the views of colleagues on items such as transplantation consent, beginning and end of life issues as well as the thorny problems of gender identity. We have worked hard to bring some of our heritage collections to prominence and the Heritage team under the oversight of Roy Miller have done a superb job. It was particularly notable to be able to herald the internationally significant contributions made by Glasgow clinicians from the introduction of surgical antisepsis by Joseph Lister 150 years ago to the modern NHS and we were pleased to make particular note of diagnostic ultrasound and the Glasgow Coma Scale – both of which are used in virtually every hospital in the world!

We have been able to modernise our management structure with the help of our (now relatively) new CEO Dr Steve Graham. It has been such a pleasure to work with Steve and to see him represent us enthusiastically and so effectively in the intercollegiate arena.

One of my stated aims three years ago was to try to have more of a rapport with our younger colleagues and prospective members. On the formal side we have a very enthusiastic

Trainees' Committee, active and engaged Buddy Scheme members, good training courses for examination preparation, clinical education and human factors and we have also been able to support the Glasgow University Surgical Society, the Scottish Medical Students Golf Association and a number of other groups – they all seem to appreciate and enjoy the opportunity to come to the College and be involved.

One of the great joys of being able to represent the College internationally has been an opportunity to connect with colleagues and friends in diverse parts of the world. I have always been impressed at the way our College is so highly regarded. While we hold the respect of so many specialists it remains an ambition to better serve their needs within their particular context.

“
One of the great joys of
being able to represent the
College internationally has been
an opportunity to connect with
colleagues and friends
in diverse parts of
the world.”

Since I last wrote, I think the particular highlight of my year centred on our last Admission Ceremony in June 2018. We had a fantastic and joyous day and amongst the several hundred receiving their diplomas we were pleased to award several Honorary Fellowships. Two of these introduced surgeons who have made contrasting and amazing contributions to the delivery of surgical care in low and middle income countries. Dr John Meara from Harvard has been instrumental in providing strategic direction for governments, the WHO and other organisations as surgical, anaesthetic and obstetric provision is scaled up. In contrast, Dr David McAdam has been at the business end of delivering front line care to the poor of sub-Saharan Africa as a Christian missionary surgeon. His description of life in the African bush as a single handed surgeon in one of our College Leadership lectures was inspirational and deeply moving. Many in the audience were both impressed and challenged by the contribution he has made.

I write this from Sri Lanka where I have been the Guest of Honour at the Sri Lankan College of Surgeons Annual Clinical Congress. This has been an amazing event. We have developed really strong links with our colleagues here and we now recognise successful candidates in the MD (Surgery) examination at the Postgraduate Institute of Medicine in the University of Colombo for the automatic award of MRCS(Glasg). The GMC have, at our request, also formally recognised this qualification. In the next few days I hope to visit our new Glasgow College Centre in Chennai which gives us a formal physical presence (office, examination and education facility) in the Sri Ramachandra Medical College and Research Institute – one of the top ten such institutions in the whole of India.

As this summer passes into autumn, it will be memorable for the unusually warm weather. As I reflect on some of these activities and contributions – how memorable they will be for the College - only time will tell.



WIDENING HORIZONS

Dr Vinay Kashi applied for the College Travelling Fellowship and was awarded £2000 to observe at the Oral and Maxillofacial Surgery Department in Salisbury District Hospital. What follows is his firsthand account of his experience working in Salisbury.

I landed in London on 6 November 2017 and reached the picturesque city of Salisbury after a two hour bus ride.

The oral and maxillofacial surgery department in Salisbury district hospital has two oral and maxillofacial surgery consultants (Mr Jayanth Kunjur and Mr Ian Downie) and one consultant of oral surgery (Mr Alistair Morton). Each and every person I met in the department and the hospital made me feel comfortable and welcomed and never hesitated to help me out with any doubts I had. The nursing team and the SHO's helped me understand the NHS system of appointments and process of scheduling for procedures.

During my thirty-nine day stay, I attended the major ORs, day care surgeries, minor surgical procedures performed on an outpatient basis under local anesthesia and Outpatient

Department clinics of the consultants. All the consultants were tremendously helpful in explaining the history, diagnosis, rationale used for treatment planning and the surgical steps involved. I was fortunate to have observed a few orthognathic surgeries, surgeries of the salivary gland, otoplasty, complex maxillofacial trauma, correction of facial deformity, and many dentoalveolar surgeries. The mannerisms exhibited by the consultants towards their patients made me evaluate my own chairside manners and inspired me to emulate them in my practice.

Whenever Mr Kunjur and Mr Downie had free time in between patients, they would share with me the photographs and investigations of their previous challenging cases and discuss in detail their approach towards management, which provided me a greater insight and better understanding of the maxillofacial practice in UK.

Mr Morton explained in detail the uses and functioning of the Cone Beam Computed Tomography (CBCT). He discussed in length about the use of CBCT in implantology. He also showed me the surgical and prosthetic phases of a few implant cases which helped me comprehend implantology in a better way. I attended the daily ward rounds led by the consultants, and was part of their daily discussions. I also observed the patient management in the A & E departments.

A frog that is born in a well would believe that the entire world is just within the walls of that well. I had only witnessed maxillofacial surgical practice in India and Ethiopia and the visit to Salisbury District Hospital was an eye opener for me. It was a personal learning experience to observe how such a department functions in a developed country. The first-hand experience of



using CBCT in the treatment planning for various procedures and especially in implantology was enlightening. I can confidently say that I have acquired a better understanding towards the management of orthognathic patients. I also experienced the functioning of a well-equipped dental lab and also its major role in the planning and treatment for orthognathic surgeries. I learnt the fabrication of intra-operative and post-operative guiding occlusal splits.

This scholarship has widened my horizons. All that I have learnt and experienced during my visit will be transferred to my undergraduate and postgraduate students in Ethiopia. The clinical skills acquired during this trip will be beneficial to the patients that I treat on a routine basis in Ethiopia and will help me become a better surgeon in the long run. I wish every maxillofacial surgeon trained in a developing country

gets an opportunity to experience the health care system in a developed country like UK at least once in their lifetime, it will leave an everlasting impression. I am thankful to the almighty for giving me this splendid opportunity.

I am extremely grateful to Dr Srinvas Gosla Reddy and Dr Srinath for introducing me to Mr Tony Markus; they initiated the idea of an attachment in the UK and made it a reality for me. Mr Markus drove me around and showed me the beautiful landscape of Tolpuddle and Dorset and my stay over the weekend in his house will be cherished forever. The Kirkmans introduced me to the history of the beautiful city of Salisbury and also took me to stonehenge. The hospitality and kindness shown by them during my stay in their house can never be repaid.

The College Travelling Fellowship enables our members to travel to centres of excellence outside their country of residence for periods of less than 12 months. The awards also support a variety of other learning opportunities including taster weeks for junior doctors.

The College Travelling Fellowship is open to all members of the College, Associate and Affiliate Members, and Members of the Faculties of Travel Medicine and Podiatric Medicine.

The next closing date for applications is 30 November 2018.

For further information about the Travelling Fellowship, go to

rcp.sg/travelling-fellowship



NEWSBITES

NEW GMC CHAIR

The College has congratulated Dame Clare Marx on her appointment in July as the new Chair of the GMC. Dame Clare will succeed Professor Sir Terrence Stephenson when she takes up her post in January 2019.

Dame Clare had most recently established a review for the GMC on how gross negligence manslaughter and culpable homicide are applied to medical practice. Leslie Hamilton will now head up this process.

Speaking following the announcement, College President Professor David Galloway said:

"Dame Clare has a brilliant track record as a respected medical leader and I offer my congratulations at the news of her appointment. I am also pleased to note that she is a valued Honorary Fellow of our College. I am confident that she is well placed to guide the GMC and the profession in the months and years ahead."



NEW SCOTTISH CLINICAL LEADERSHIP FELLOW

Jack Fairweather, our new Scottish Clinical Leadership Fellow started on 1 August and will be based at the College for one year. While with the College, Jack will be examining the issue of antimicrobial resistance, a growing concern. In his previous post he was a Specialty Registrar in Renal Medicine based in the Glasgow Renal and Transplant Unit, Queen Elizabeth University Hospital.

If you would like to discuss this issue with Jack or get involved with his work, please email him at jack.fairweather@rcpsg.ac.uk



UK DENTAL UNDERGRADUATE AWARD WINNERS

The College recently announced three winners of this year's UK Dental Undergraduate Award.

This year's winners are:



Luke Savva
University of Central Lancashire



Stephanie Wilson
Aberdeen Dental School



Ryan Major
Newcastle Dental School

The three successful applicants demonstrated excellence in either their completed Dental Elective Programme or a completed Clinical Case Report and each receive a cash prize of £500.

For further details about the awards, go to the Dental Elective Scholarship page and for further details about the award winners, contact media@rcpsg.ac.uk.



NEW LIVINGSTONE SCHOLAR

Our new Livingstone Scholar is Dr Natasha Ngwira. Natasha is from Malawi and will spend a year with us as a Senior Clinical Fellow in General Surgery at Inverclyde Royal Hospital and Royal Alexandra Hospital, NHS Greater Glasgow & Clyde.

Watch Natasha introduce herself on our short video which you can view here: rcp.sg/NatashaNgwira

PRESIDENT ELECT AWARDED HONORARY PROFESSORSHIP

President Elect, Jackie Taylor, has been awarded the status of Honorary Professor in the School of Medicine, Dentistry and Nursing at the University of Glasgow.

Professor Dame Anna Dominiczak, Head of the College of Medicine, Veterinary and Life Sciences at the University of Glasgow said, "The University of Glasgow is delighted to award Dr Jackie Taylor an Honorary Professor in the School of Medicine, Dentistry and Nursing. The University has a long established partnership with the Royal College of Physicians and Surgeons of Glasgow. I'm particularly delighted that Dr Taylor is both an alumnus of the University of Glasgow, and the first woman President of the College. I look forward to working closely with her during her presidency of the College."

“

I am delighted to have received this honour from University of Glasgow. There are many areas in which our two organisations can collaborate and I look forward to working more closely and effectively with the University.

Professor Jackie Taylor



2018 OBESITY ACTION UPDATE

The challenge of poor diet and obesity is not new. We have been talking about it a long time but we have not yet managed to turn it around. 2018 may just be the year that words finally become action.

In the summer we saw two new and significant publications. The UK Government's Childhood Obesity Plan Chapter 2¹ and the Scottish Government's Diet and Healthy Weight Delivery Plan². Within these documents we have seen some significant commitments including the promise of consultations on the following actions:

- The introduction of a 9pm watershed for TV advertising of foods high in fat, sugar or salt
- Making energy drinks an age restricted product
- Further restrictions on online advertising
- Restrictions on in-store promotions (price and placement) for goods high in fat, sugar and salt
- A Scottish out of home strategy to improve practice in this sector

At the moment these commitments are just words on paper. However, Obesity Action Scotland will be working hard as these consultations are issued over the autumn and winter of 2018 to ensure those words are translated into the bold and ambitious action needed to tackle this urgent public health challenge.

TACKLING THE OUT OF HOME SECTOR COULD BE A GAME CHANGER FOR OBESITY

Eating out of the home has become a regular part of our modern lives. In Scotland alone there were 948 million visits to out of home establishments for food in 2015. With a quarter of our calories coming from eating out of home, this sector has a crucial role to play in providing healthier and nutritious food that can tackle the burden of diet related disease in Scotland.

The current out of home food environment in Scotland encourages us to overeat. There are large portions, little price differentials between portion sizes, marketing strategies focused on less healthy products, and lack of calorie information in most out of home outlets.

The Scottish Government's recent Healthy Weight Delivery Plan committed to consulting on a Out of Home Strategy focused on improving the sector. Obesity Action Scotland has recently published two reports as part of their campaign to see significant changes implemented. For more information visit www.obesityactionsotland.org




**Obesity Action
Scotland**

Healthy weight for all

¹ gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2

² gov.scot/Publications/2018/07/8833



OUR ADVICE **FOR NEW DOCTORS**

Every August, all across the UK, a new intake of doctors takes up their posts in the NHS. This transition from medical school to foundation year comes with new opportunities, responsibilities and emotions for every individual concerned.

To mark this career milestone, the College published a series of guest posts on our President's Blog which recounted the personal experiences of some of our Fellows and Members in their first days in post, and what advice they had for those men and women who have followed in their footsteps.

All six blogs are available to read online at presidentsblog.rcpsg.ac.uk

Professor David Galloway

President of the Royal College of Physicians
and Surgeons of Glasgow



“

**Your patients won't
care how much you
know until they
know how much
you care**

My first day as a fully qualified NHS doctor could hardly have started in a more dramatic fashion. I was primed to save lives and my perception of the events as I look back at that morning of Monday 1 August 1977 – is that that is exactly what transpired.

Full of enthusiasm and ready for action, I arrived in the Emergency Department of the Western Infirmary in Glasgow just before 8am. My duty responsibility for that week was a pattern of 24 hours on – 24 hours off. No problem – I was ready for the challenge. The healthy concern I had which recurred to some degree whenever I went to work in a new unit or department was present of course. However, that soon evaporated when a call for immediate help came from a nearby clinical exam room. A man in his mid-fifties had suddenly collapsed and an arrest call was initiated. I was right there and went into action. A quick assessment of the unrousable patient confirmed the absence of any discernible cardiac output (In retrospect, I am pretty sure that there was a cardiac output but I did not detect it!). One brisk pre-cordial thump later and some signs of life returned. As the patient gradually came to I was feeling pretty satisfied with the result of my first therapeutic intervention and by the time the arrest team arrived I was pleased to take the plaudits of having successfully managed this emergency without the need of any experienced assistance. When the dust had settled I really think that the patient has suffered no more than a vaso-vagal incident and I had undoubtedly over diagnosed and over-treated the 'problem.' Nevertheless it was a high energy start to a long and satisfying day.

Looking back with the benefit of hindsight to a day some 40 years ago is fraught with the risk of having a rather filtered view of what actually happened.

However, I do think that some important lessons learned in that initial experience of working in the NHS were important to pass on – they served me well throughout the rest of my career.

Lesson number one is to have an accurate view of your ability and your place in the firmament. It is best not to imagine that you come into the organisation at anything above the level of a basic learner. It takes time to find your way, build trust and begin to apply your influence.

As a new member of staff, lesson number two has to be to recognise that the established colleagues who know and operate the system are an excellent source of guidance and advice. The system and working patterns may not be perfect, indeed they may be seriously flawed, but it is essential to respect those colleagues – especially in other disciplines and in particular, the senior nurses provide a wonderful resource. It is really important to establish a good rapport, show respect and foster a healthy working relationship. Perhaps this is one of the most significant early lessons in the vital importance of good team working that I was to learn in the early days.

There were many other lessons, of course, coping with fatigue and stress. Learning how to communicate effectively can literally be a life saver. Showing compassion can sometimes be sidelined by the demands made on your time and energy. Coping with emotional challenges and confronting hard realities on a daily basis become less demanding as experience builds. Just remember, your patients won't care how much you know until they know how much you care.

I doubt that there is a more fulfilling, enjoyable or satisfying role in the entire field of human endeavour – but I realise that is a biased view!

Mahua Chakrabarti

Chair, Trainees' Committee, Royal College
of Physicians and Surgeons of Glasgow



“

**The biggest advice
I can give to new
FY1s starting in
hospitals everywhere
is to ask for help.
The best people who
will give you advice
are those sharing
the responsibility
of looking after the
patients with you.**

I started my career in the NHS as a junior house officer in the General Surgery department of the Glasgow Royal Infirmary in 2002. My day was much like everyone who starts a new job I imagine. We were gathered together as a group of new doctors and were sent to sit and listen to a number of lectures on fire safety, how the labs work and numerous other talks which seemed to go on forever. I remember constantly looking around me for faces I might recognise. I turned and said hello to the girl next to me. I had never met her before, but she became one of my best friends who I trained with and still work with today. Having been on placements at the Glasgow Royal Infirmary, I did not feel new to the hospital but the responsibility of being a doctor did not really hit me until I started on the ward mid-morning. My recollection is of mostly feeling nervous, apprehensive and excited all at once. My SHOs were busy passing information to me from their ward rounds, while nursing staff were busy asking for drugs to be written up and discharges to be written. I put my big girl pants on and suddenly had to 'man up'! I laugh now, but the first drug I had to prescribe was paracetamol, and I had to look up the BNF to do so. I smiled at everyone, kept the calm exterior while I panicked at the smallest thing inside. Goodness, is that rash meningitis? Nope, just from the dressing. What's that tube thing? Oh, that's what a drain is. I quickly learnt I did not need to know the answer to everything and that my seniors and nursing staff were to be my best resources. The first day passed quickly but I left late to ensure the next day would be more organised. I did not remember the name of every colleague or nurse that helped me that day, but it felt so good to be driving home thinking I had just started an awesome adventure.

The job has not changed so much. FY1s still prescribe, write discharges, review patients, plead with radiologists for scans and make fearful requests for reviews from departments they know will shoot them down. Technology has moved on but most of the core jobs of an FY1 are the same. I

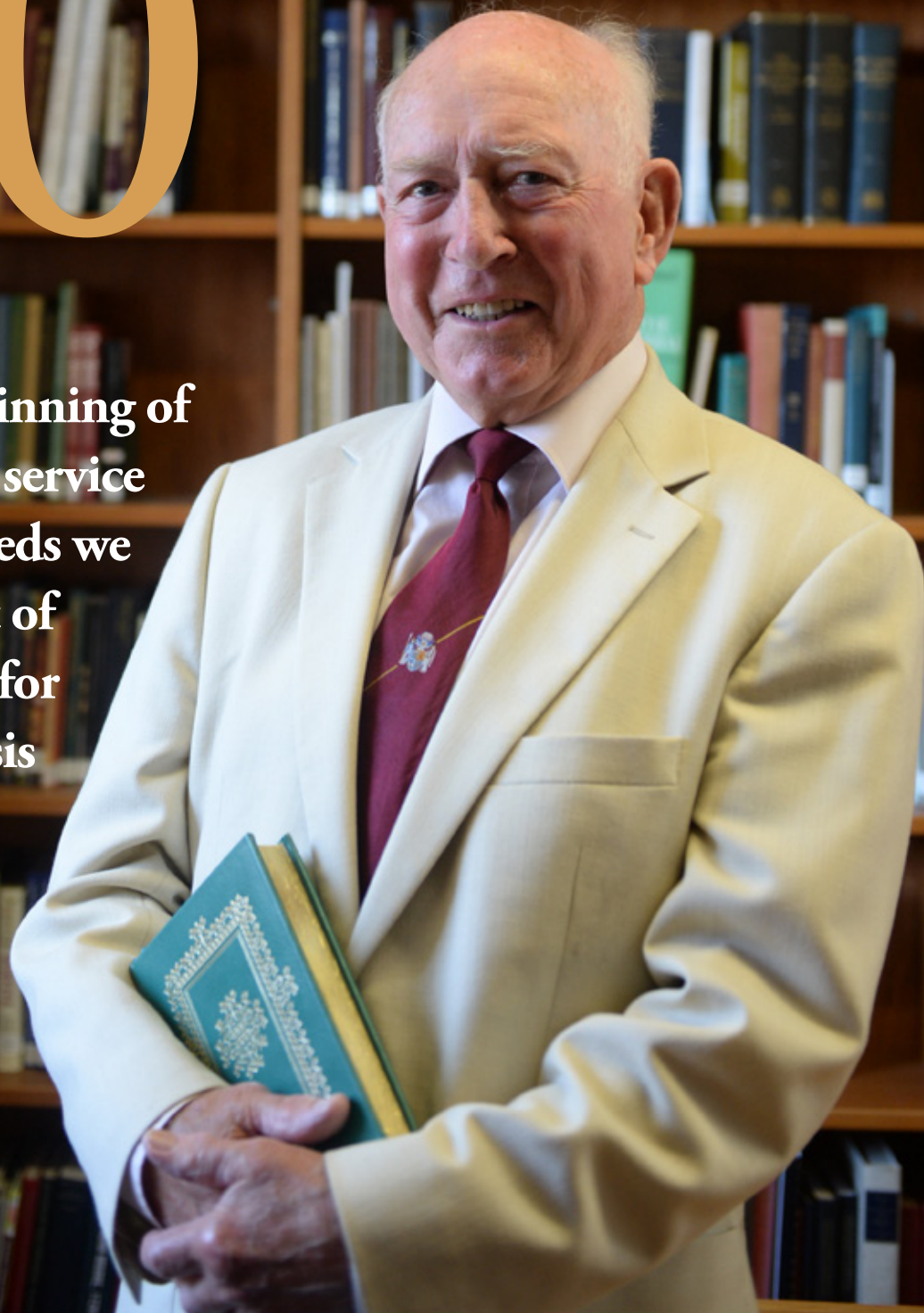
used to make paper requests, hand write discharges and ensure x-rays were in the right dockets for each patient. All of these are now electronic. Certain jobs I may have needed to do such as making up IV bags of drugs are almost all done by nursing staff now. This does not mean FY1s do any less however. Hours of work have changed and the introduction of their portfolio work to pass FY1 year has led to other requirements in their time. The first year is still a large learning curve for each new doctor, but the changing demands from a changing NHS means the lessons learnt from the year are a little different from the past.

The biggest advice I can give to new FY1s starting in hospitals everywhere is to ask for help. The best people who will give you advice are those sharing the responsibility of looking after the patients with you. The nursing staff have years of experience ahead of you and can at least point you in the right direction. Make them your friends. From nurses, pharmacists, healthcare workers and domestics, they all work in the same ward as you, and are all there for the patients. Respect them all, and when you need them, they will help you. Be organised, have a routine and prioritise. Making a plan of how you will execute the day means the most important tasks are done first and any unforeseen circumstances will stress you less. Keep your seniors informed and ask them for any advice you need. Be smart, it gives you confidence as well as giving people confidence in you. Remember to eat, drink and go to the bathroom! The ward will not fall apart for the 15 mins it takes but it will be enough to keep you sane. Having time with fellow FY1s gives you time to laugh and offload. A spirit of camaraderie really helps everyone feel they are not alone. Above it all, take time to speak to your patients while you do jobs for them. I have never had so much time with patients since being a doctor. Putting in the 8th venflon for a patient builds rapport. It gives you a glimpse of a life seeking help from you, and makes you realise the privilege you have of being a doctor, getting to meet every walk of life.

NHS AT 70

“

At the beginning of
the health service
the only beds we
were short of
were beds for
tuberculosis



In 1950s Glasgow, an argument over a fish supper led to life-threatening injuries for one hardened criminal.

Mr Roy Miller, now 86, was a young medic training at Glasgow Royal Infirmary, long before Accident and Emergency became a standalone department, when he encountered the grisly consequences for himself.

"As a medical student you were allowed to do things that you can't do now," he said. "I haunted the casualty departments and I was allowed to do simple stitching and bandaging. I learned quite a lot in my own time.

"As there were no Accident and Emergency units in the hospitals, each surgical or medical unit had to take a 24-hour spell running the casualty department.

"They would come in with a great variety [of ailments]. One I remember was a safe-blower who mistimed his bomb to go off and blew off both hands and half his face. We admitted him to the ward, stopped his bleeding, put a drip up, sedated him, and we were all tired so we left him in peace.

"In the morning, on my way to breakfast, I saw that the Daily Express had 'Surgeons Fight All Night to Save Life of...' whoever. And this was one of the worst rascals you ever came across.

"What had happened was he was refused service in a fish and chip shop, so he found his bomb, went to the back door of the fish and chip shop, tried to tear off the netting that was protecting the window, but took too long so the bomb went off in his hand.

"He was seen in the streets thereafter begging with no hands and half his face away saying he was 'war wounded'."

Mr Miller began studying medicine at Glasgow University in 1950, just two years after the NHS was formed. His class of 200 had just 30 women and competition for entry was fierce.

"Of about every eight to ten applicants, only one was admitted," he said.

When he first began hospital-based training, three years into his studying, the NHS was a mix of general hospitals and separate, specialist hospitals: eye hospitals, maternity hospitals, mental hospitals, and fever hospitals for infectious diseases such as polio and smallpox.

Glasgow was also ringed by sanatoriums for tuberculosis, which accounted for 6.2 per cent of all deaths in Scotland in 1948.

Mr Miller said: "There were a great number of sanatoriums. Men with pulmonary tuberculosis lived practically out in the open under red blankets on verandas and, because TB was so rife, Glasgow ran a mass miniature radiography screen which picked up so many tuberculosis patients that were unknown.

"And it happened to be coinciding with proper treatment for tuberculosis - streptomycin - so that many people

could be cured. Strangely enough, at the beginning of the health service the only beds we were short of were beds for tuberculosis.

"But of course with all these mass vaccinations and immunisations, there was less and less need for fever hospitals so they shrank and shrank until now each major hospital has maybe only one ward which treats infectious diseases."

Hospitals were also run very differently when Mr Miller embarked on his career.

"The hospitals from day to day were run by the matron and the medical superintendent. The matron was in charge of all female staff. Nurses began their training as young probationers, as teenagers, and over the course of their stay they were taught by hospital teaching departments.

"At the end they were given a badge which was individual to each training hospital and they wore that badge with great pride. They used to say that their particular training hospital was 'the best' in the world.

"The medical superintendent was in charge of all the medical staff, including the pathology department and other specialists.

"He was also in charge of the people that made sure the hospital ticked - the electricians, the storemen. And, of course, the great thing was that the buck stopped with them [the matron and superintendent].

"They would regularly meet together with the hospital oblique secretary to discuss what was going on with the hospital.

"Also the most important maid within the hospital at that time was the ward maid. They competed with one another to see who had the cleanest ward - it was unofficial, but they did it.

"Once a week all the beds were brought into the middle of the ward and the place was cleaned from top to toe and everything put back in place.

"They were a great liaison with the patients. They would communicate with the patients, take messages for them, put bets on for the men, check patients were eating and they could also tell the ward sister quietly about any problems that the patients weren't keen to tell medical staff about.

"They were held in the most high regard."

By the 1970s, ward maids were being phased out as catering was out-sourced, nursing auxiliaries became more common and matrons and medical superintendents - who not only oversaw the running of hospitals, but how to spend their budgets too - were axed as the running of hospitals shifted from medics to an executive team.

"It was taken out of medical hands," said Mr Miller. "The centralised bureaucracy increased and the voice of the doctor has become less and less important."

Mr Miller, who now lives in Cambuslang and is the Honorary Librarian for the Royal College of Physicians and Surgeons Glasgow, retired in 1994 following a career as an

“
The centralised
bureaucracy increased
and the voice of the
doctor has become
less and less
important



ENT (Ear, Nose and Throat) consultant, initially at the Victoria Infirmary in Glasgow and later in Lanarkshire, where he was one of only two ENT consultants covering the region when he took up his first post in 1968.

He went on to head up the ENT Department at Monklands Hospital from 1978 until his retirement.

Mr Miller said the decades brought “tremendous” advances for medicine - but the challenges for the NHS never end.

“In the early days investigation was quite primitive - you had X-ray. But then there was ultrasound, initially for maternity but now ultrasound is used in all sorts of problem cases.

“Cardiac surgery has developed tremendously. Coronary care has evolved tremendously, drugs have improved, we can cure so many things that were incurable.

“MRI and CT scanning - that is tremendous. The general acceptance of how to deal with head injuries. The Glasgow Coma Scale was a wonderful thing, and it’s still used over 40 years after it was first propounded.”

“But as soon as you get rid of one set of infections, another comes up. We learned to live with venereal disease - syphilis and such like, we had that more or less under control. Then HIV/ AIDS appears. Then there’s things like Ebola fever.

“It’s almost like a half-filled air cushion - you push down one part and the other side comes up. You wonder if you’ll ever win, and I don’t know that you will.”

Asked if he would still choose to be a doctor if he was 18 today, Mr Miller added: “When I was young, the idea of the hours worked or the remuneration did not bother me. You think about those single-handed GPs, the hours they worked were ridiculous. Now of course people will not work those hours.

“Would I be a doctor again? I think I would. It’s a great life and the greatest thing about being a doctor is there is an opportunity to follow all sorts of lines of treatment and investigation and career avenues.

“If you don’t want to talk to patients you can become a pathologist, look at slides all day, or if you are good at mending things you can become an orthopaedic surgeon.

“Joint replacement is such a great boon to people these days. Before people were just put in a splint and they ended up with a stiff joint and either limped or had a crutch. So much has changed.”

This article, which was written by Helen McArdle, first appeared in The Herald on the 5th July 2018.

Mr Roy Miller was first elected as the College’s Honorary Librarian in 2002 and then again in 2012 and in 2015.

Mr Miller has also served as a member of the Heritage Committee for a number of years under previous Honorary Librarians Tom Gibson and Sir Charles Illingworth.

He also co-wrote and co-edited the book ‘Treasures of the College’ (1998).

He will stand down from his position for the final time at this year’s College AGM in December.

We would like to take this opportunity to thank him for the tremendous contribution that he has made to the life of the College and the Library, and we wish him well as he continues his research into the College’s heritage.

MEDICAL CONSENT

More than
a signature,
more than
a form

"CAN YOU SIGN THIS, PLEASE?"

For many of us, this may once have been a familiar phrase when recording a patient's consent in the middle of a busy clinic or at the start of the full theatre list. But while the expectations placed upon clinicians around consent to treatment have grown, we know that many Fellows and Members have felt that the training and support available hasn't kept pace with this progress.

That's why our College has taken a leading role in examining these issues over the past year. Now, thanks to the work of Dr Catriona Barlow, our Scottish Clinical Leadership Fellow from 2017 to 2018, we're publishing an online guide to medical consent.

Introducing the topic, Dr Barlow, who is now working as a Registrar at the Forth Valley Hospital in Larbert, emphasised the importance of the issue for clinicians. "I strongly feel that if you empower patients to take involvement in their own care, whether that's through decision making or through education, then you get happier, more involved patients".

In this issue we set out the background to this work, and what steps you can take today to improve medical practice in this increasingly important area.





In 1999, Nadine Montgomery suffered complications during her son's delivery at Bellshill Maternity Hospital in central Scotland.

During the birth his shoulders became stuck and he was born with severe disabilities as a result. In a subsequent legal case, the question arose of whether the risk of this complication occurring had been discussed with Mrs Montgomery during the pregnancy and whether all alternative reasonable options had been offered.

The subsequent ruling in March 2015 on this case by the UK Supreme Court has shifted the legal test that applies to whether proper medical consent has been obtained by a doctor.

While as a college and a profession our Fellows and Members have been committed to the highest standards and best practice in this area, we know that many have felt that the training and support provided to them on this issue hasn't always been as helpful as they could be. That's why the College has launched an online guide to medical consent, so that our members and the wider medical profession can have access to straightforward advice on this increasingly important issue.

This guide – which can be found online at www.rcpsg.ac.uk/consent – was produced by Dr Catriona Barlow while on placement with the College as part of the Scottish Clinical Leadership Fellow (SCLF) programme.

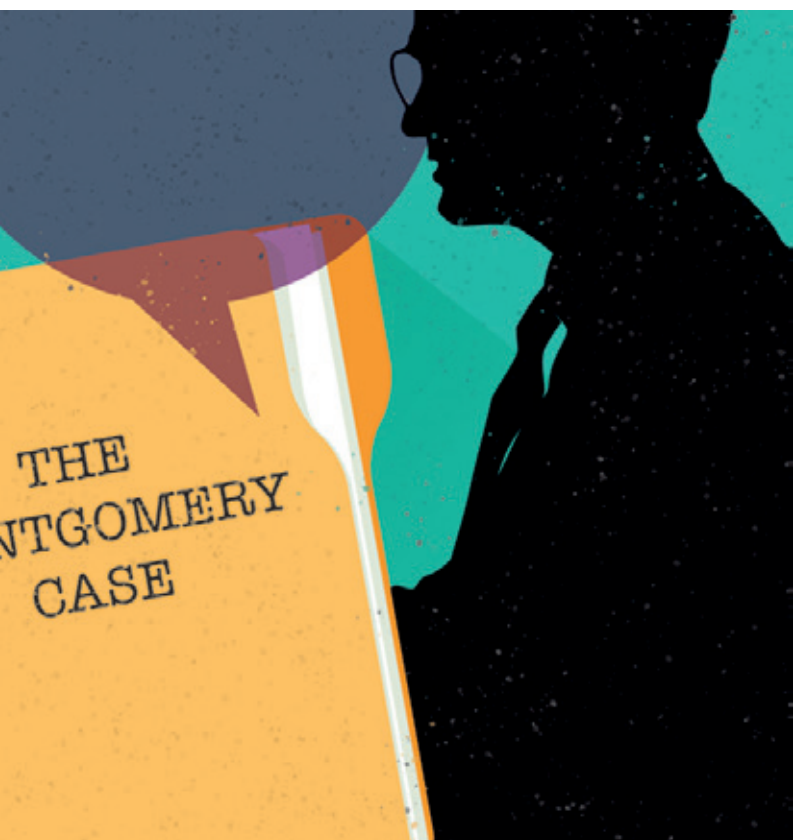
“Consent is about everything that we do”, said Dr Barlow, “it's about real collaboration with our patients.

“The catalysts for this were the Chief Medical Officer's vision for realistic medicine, and also the mounting legal cases over the last few years in this area. Although things are slowly changing, it's not something that we get training on particularly well.

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

In practical terms, the Montgomery ruling means that doctors' conversations with patients about their future treatment should be concerned with explaining the 'material risk'. The ruling sets out what's now required in this sense, by stating that 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”. Because the focus of these discussions should be the patient's choices and their particular viewpoint, clinicians must now have a personalised discussion with each individual 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.

All this supports the fact that getting a patient's consent is far more than obtaining a signature or completing a standard form. Obtaining medical consent is an ongoing process which requires proper interaction between doctors and their patients.



SO HOW CAN CLINICIANS DEVELOP THEIR SKILLS IN THIS AREA?

“As a College we’re looking to expand our educational offering around the non-clinical skills that are required in modern healthcare” says Richard Hull, the College’s Honorary Secretary. “Over the past six months we’ve already held an event on this issue in partnership with the Faculty of Advocates where senior lawyers and consultants discussed the legal and practical implications of the Montgomery ruling, and now we’re following this up by publishing our new online guide. We hope that this resource will be a helpful starting point for our Fellows and Members and the wider medical community to learn more about current best practice in this increasingly important area.”

As well as offering an insight into the legal aspects of the case, the site also offers practical advice for doctors. For example, the Montgomery ruling requires that all reasonable options are discussed with patients to help them make a decision:

- This does not mean that you are required to discuss all options available if they are not all appropriate or reasonable in a particular patient’s case
- You are not expected to be able to offer any and all treatments that can be found globally or in research settings
- If a patient requests a treatment or procedure that you do not think is a reasonable or appropriate option, you can refer on to another clinician for a second opinion

“We know that the environment in which our Fellows and Members work is constantly evolving,” Richard Hull concludes. “The responsibilities, pressures and expectations on clinicians are mounting, especially in how they manage their patients, so as a College we need to keep up with this. That’s why we’ve developed our comprehensive non-clinical skills training programme, so that we can enable healthcare professionals to develop skills in teaching and education, leadership and management, and professional competencies so that our membership is fully equipped for the day to day challenges they face.”

“Developing modern approaches to obtaining and recording medical consent is good for clinicians, good for the NHS, and ultimately best for our patients.”

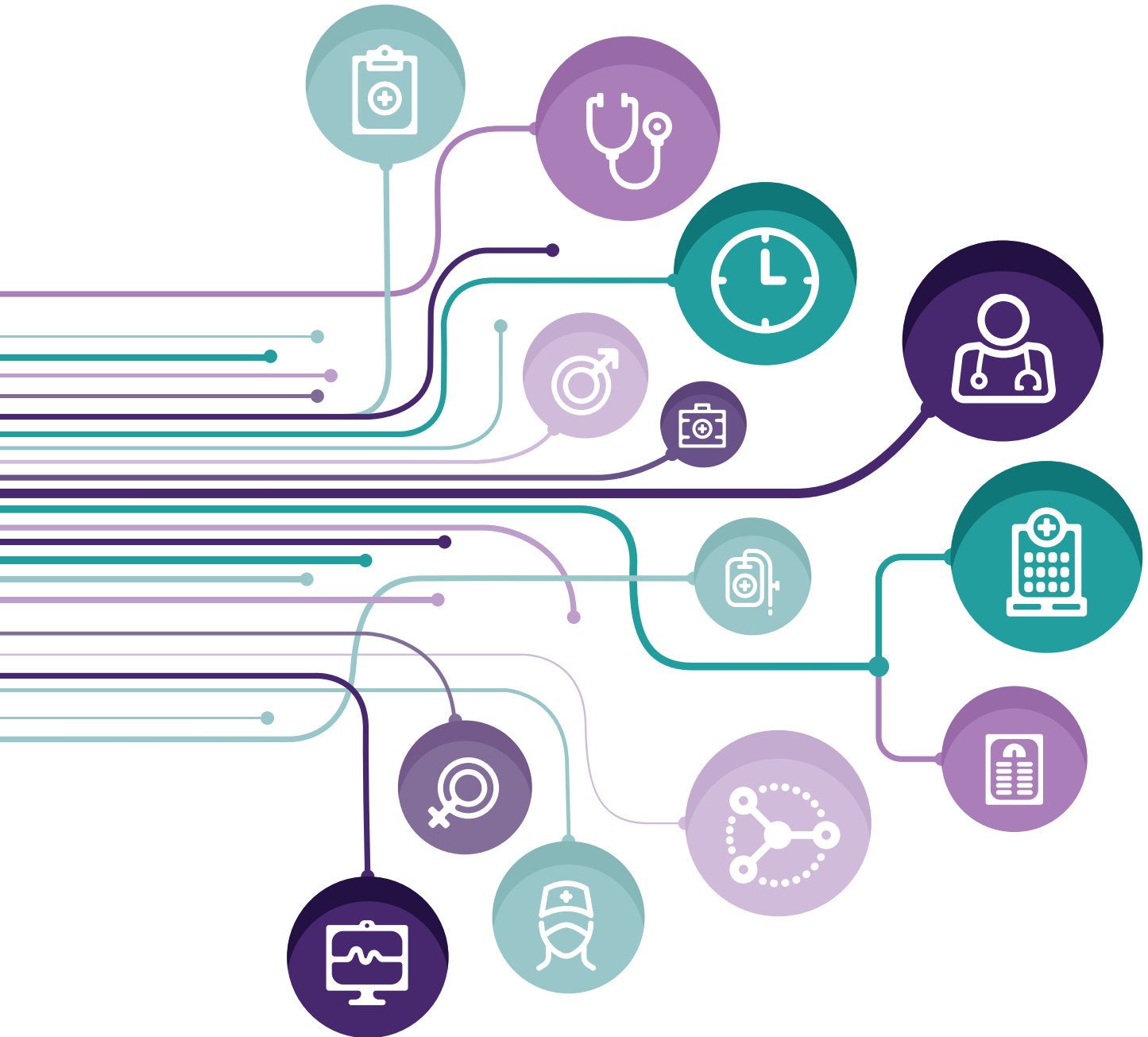
Dr Barlow also warned of developing an administrative response to this issue. “One response to the ruling could be to reel off ever lengthening lists of risks” she said, “but there is still a need to direct the patient through all the information and help them process it. The patient needs to understand the information that is being presented to them.”

Dr Barlow doesn’t underestimate the change this will be for some doctors. “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.”



TALKINGPOINTS:

RESEARCH SHOWS UK PATIENT SAFETY COMPROMISED BY STAFFING ISSUES



Patient safety across the UK has been compromised by frequent gaps in trainee doctors' rotas according to new research published this summer.

"Focus on Physicians 2017 – 18", the annual census of consultant physicians and higher speciality trainees (HST) workforce across the UK was published in June, raising a number of serious workforce issues for the NHS across the UK. The report has been jointly published by the College, the Royal College of Physicians of Edinburgh, and the Royal College of Physicians of London.

The survey of 5,859 substantive consultants and 3,677 Higher Specialty Trainees revealed that more than half of all consultants and two thirds of trainees who responded reported frequent gaps in trainees' rotas. One in five respondents reported that these staff shortages are causing significant problems for patient safety in hospitals. Three quarters of respondents highlighted the workaround solutions they are regularly having to find.

Other key findings include:

- almost half of advertised consultant posts remain unfilled because of a lack of suitable applicants
- consultants and trainees are working around 10 per cent more than their contracted hours. This equates to trainees working an extra six weeks and consultants an extra month unpaid a year
- thirty-three per cent of the current consultant workforce are predicted to reach their intended retirement age in the next decade. Medical student places need doubling now to fill this and the gap left generally by doctors leaving the profession
- satisfaction among consultants and trainees with working in general internal medicine remains significantly lower than with specialty working

Commenting on the findings of the census College President Professor David Galloway, said:

"I'm glad that the three Royal Colleges have once again joined together to produce this important piece of work. It's

vital that everyone involved in the NHS now reflects on these findings and takes all the action necessary to replicate best practice and address the challenges that this document has highlighted.

"What's of particular concern is the finding that almost one in five consultants across the UK reported that rota gaps cause significant problems for patient safety in their hospital. This is an unsustainable situation which must be addressed as a matter of urgency.

"While we welcome short term actions being taken by governments across the UK to tackle workforce issues, such as the lifting of the cap on tier 2 visas for NHS staff, we need consistent and sustained action if we're to address this situation in the longer term.

"Government, patients and the medical profession must work hand in hand if we're to deliver the best possible NHS for all.

"That's why we've already shared its findings with both the UK and Scottish Governments, and look forward to pursuing the issues raised in future planned meetings this year.

Professor Derek Bell OBE, President of the Royal College of Physicians of Edinburgh, said:

"As one of the three Royal Colleges that commissioned this report, we believe that Focus on Physicians provides an important snapshot of the state of play within the medical profession. We welcome, in particular, that 88% of consultants enjoy working in their chosen specialty. This indicates a high level of job satisfaction for consultant specialists.

"Our report also highlights some challenges which must be tackled head on, and we support any actions which allow doctors time to care, time to train and time to research. We believe that these conditions are essential for job satisfaction, and ultimately for enhancing the care that our patients receive."

The results of the survey will be used to inform our position and ongoing discussion with government about the current pressures on the NHS and our members.

For a full copy of the census findings, go to rcp.sg/physicianssurvey

“
Government,
patients and the medical
profession must work
hand in hand if we're
to deliver the best
possible NHS
for all

Significant rota gaps that reduce patient safety persist. As long as doctors have to work around an inadequate workforce, they won't be able to deliver the level of care they are trained to deliver.

53% of consultants reported gaps in HST rotas frequently or often



78% of trainees had been asked to cover rota gaps in the HST rota



19% of consultants reported that rota gaps cause significant problems in patient safety in their hospital



29% of HSTs had been asked to cover gaps in the CMT rota





MEDICINE FOR ALL

AN UPDATE ON GENERAL INTERNAL MEDICINE FOR NON-SPECIALISTS 2018/2019

Physicians working across all areas of medicine will now encounter patients on wards with co-morbidities. This presents new challenges for clinicians and the need for an understanding of general internal medicine over a range of specialties.

Who should attend?

All healthcare professionals involved in:

- The acute medical take; or
- Managing patients with co-morbidities

Venue

Royal College of Physicians
and Surgeons of Glasgow

BOOK NOW

W: rcp.sg/events

E: steven.shanahan@rcpsg.ac.uk

T: +44 (0)141 221 6072

Why attend?

Developed by subject experts, the Medicine for All series will provide CPD-verifiable updates in general internal medicine across the specialties. Each half-day conference will address common issues, and signpost strategies for treatment and management of conditions.

Topics covered in the series are:

Respiratory	16 Nov 2018 (AM)
Gastroenterology	16 Nov 2018 (PM)
Rheumatology	8 Feb 2019 (AM)
Dermatology	8 Feb 2019 (PM)
Haematology	22 Mar 2019 (AM)
Renal	22 Mar 2019 (PM)
Neurology	16 May 2019 (AM)
Endocrinology	16 May 2019 (PM)
Cardiology	14 Jun 2019 (AM)
Palliative Care	14 Jun 2019 (PM)



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW
PHYSICIANS

CONSULTATIONS UPDATE

The College continues to represent the views and best interests of Fellows and Members in a range of consultation exercises, from parliamentary inquiries to statutory exercises relating to clinical and medical practice and policy.

Health and Social Care Select Committee Inquiry into Antimicrobial Resistance

The House of Commons Health and Social Care Committee sought evidence on the progress of the UK Government to date in responding to the challenge of AMR.

In our response, the College:

WELCOMED the fact that most hospitals in the UK now have good hand washing regimes in all areas of clinical practice

RECOMMENDED additional professional development opportunities to help address situations where patients demand antibiotics for minor - often viral - infections, in order to better equip medical professionals to effectively manage these situations

CALLED for decisive action from the UK government to ensure that the UK continues to play a full part in international collaboration around this issue in a post-Brexit context

Review into Gross Negligence Manslaughter and Culpable Homicide for the General Medical Council

As the College stated previously in our response to the Williams Review earlier this year, our members have highlighted the difficulty that the current environment does not allow mistakes to be acknowledged, reflection made and learning to take place to prevent further mistakes without blame.

The College believes that:

WE SHOULD ADOPT a proactive approach to promoting an open, transparent clinical culture which is designed to reduce the number of avoidable deaths

WE MUST CREATE a safe environment where individual mistakes can be acknowledged and reflected upon in a way which is designed to improve practice, not to apportion blame

THIS DISCUSSION must also recognise and be able to address failures in the system and the impact these have on individual practice

WE ARE CONCERNED that health care providers and Commissioners are not held to account for their decisions and there is no regulator for non-medically (in its broad sense) qualified NHS managers

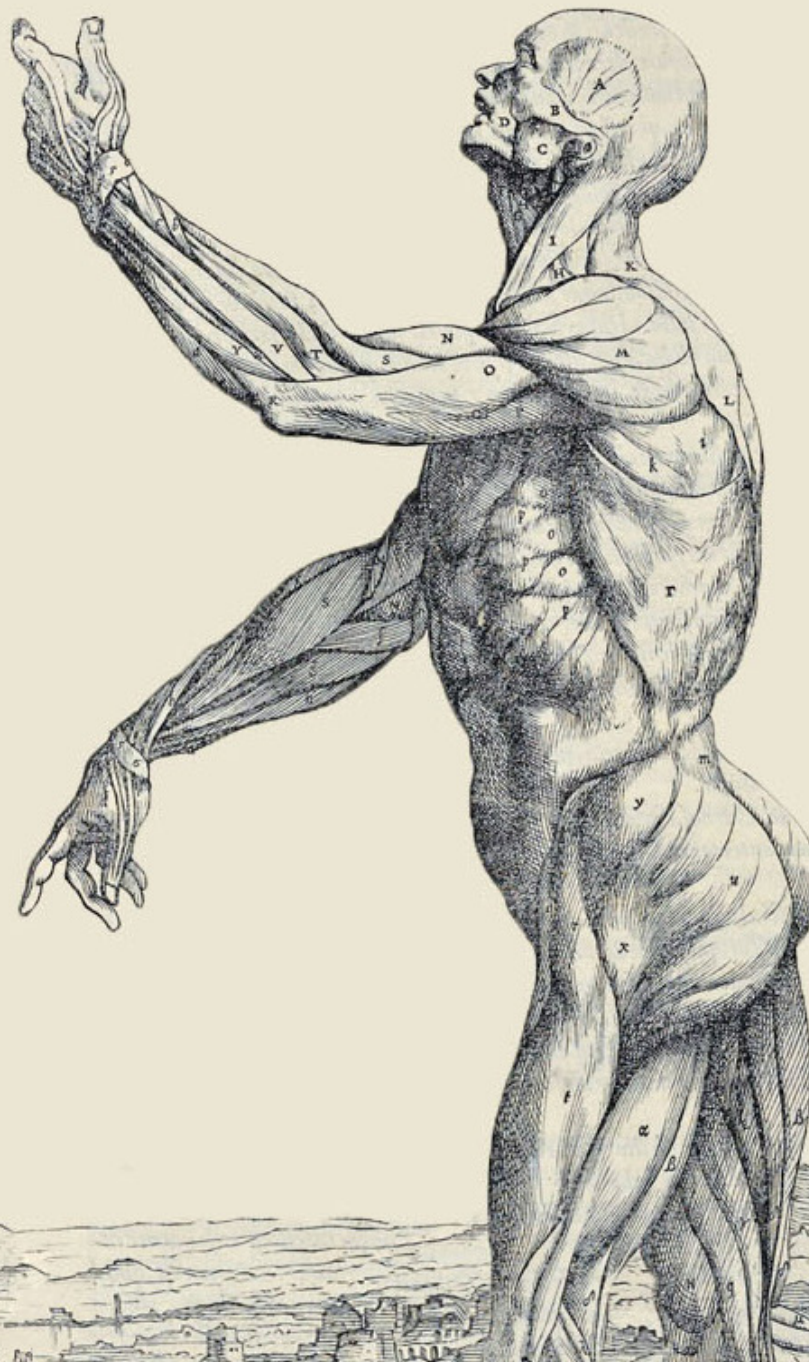
If you are interested in making a contribution to the College's work in this area, please contact Richard Hull, Honorary Secretary at richard.hull@rcpsg.ac.uk

You can read the College's responses to consultations on our website at rcp.sg/Consultations

OUR SCIENCE AND ART: VISUALISING THE HUMAN BODY

September 2018 – July 2019

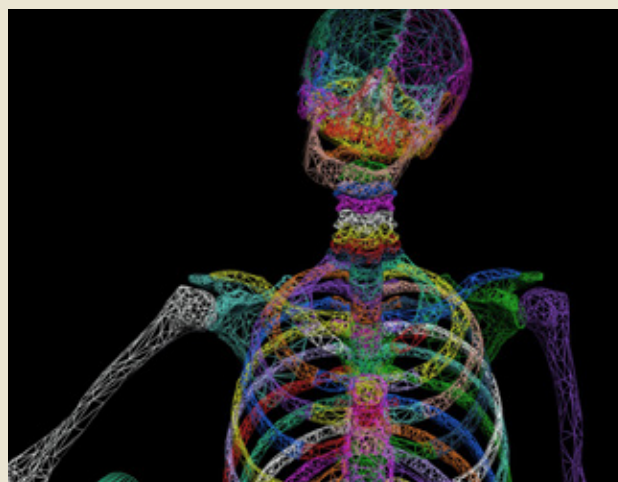
In September our latest Heritage exhibition opened in Crush Hall. “Our Science and Art: Visualising the Human Body” looks at how advances in technology and in our knowledge of human anatomy have changed the ways we see (and see inside) the human body, and how this has impacted on medical and surgical care.



Focusing in turn on medical illustration, microscopy, endoscopy, imaging techniques such as X-ray photography and ultrasonography, and modern digital visualisation, we can see how 5 centuries of scientific and artistic progress have enabled us to better picture the complex 3D body on the 2D page and screen. These technologies for visualisation have been key in disseminating and teaching anatomical knowledge, ultimately leading to better medicine and safer surgery.

The exhibition draws on material from across the College's heritage collections, and stretches from the 16th century to the present day. We begin with a selection of printed anatomy books, demonstrating how the processes for reproducing illustrations developed over the course of several centuries. Developments in reproduction techniques – from woodcuts, to intaglio printing, to lithography – allowed for finer detail on the page, thus enabling the artists behind these anatomical illustrations to more fully represent the three-dimensional nature of the human body, both inside and out. The centrepiece of the exhibition is the College's copy of the first edition of Andreas Vesalius's "De Humani Corporis Fabrica", printed in 1543. This groundbreaking and beautifully illustrated anatomy text is only rarely placed on display, so don't miss your chance to see one of the most important items in our heritage collections.

Several different endoscopes from the College's museum collection are also on display. Endoscopy has its roots in the "lichtleiter" – a light-guiding instrument – developed in 1805 by physician Phillip Bozzini. Using candlelight, mirrors and different specula for the interior canal or organ being examined, this instrument paved the way for the future development of endoscopy. The ability to see inside the living body, for investigation, diagnosis and treatment led to many improvements in medical care. This technology has evolved with fibre-optics, keyhole surgery, and virtual-reality simulation for clinical skills training.



Glasgow has a proud history as a centre of medical innovation in the 19th and 20th centuries, and our exhibition showcases two notable Glaswegian contributions to medical imaging. Glasgow Royal Infirmary was home to the world's first X-ray department for patients, established by John Macintyre, who recognised the potential of X-rays as a diagnostic tool. The department opened in 1896, just 4 months after the discovery of X-rays by physicist, Wilhelm Roentgen. In the 1950s, obstetrician Ian Donald and engineer Tom Brown developed the first ultrasound machine for medical diagnosis, using sound waves to produce images of the inside of the body. Today, ultrasound imaging is considered fundamental to antenatal care, and provides physicians and patients with a detailed 3D rendering of the unborn baby.

The exhibition also features some work from our ongoing "Visualising Medical Heritage" project. Using 3D visualisation and augmented reality we can help bring the collections to life and demonstrate exactly how some of these pioneering pieces of technology actually worked.

Thinking

Part of Thinking 3D – an international project including exhibitions, events and interdisciplinary research – thinking3d.ac.uk



MEMBERS' AREA

KEY DATES FOR YOUR DIARY



13.00 THURSDAY 4 OCTOBER FACULTY OF TRAVEL MEDICINE AGM

Members of the Faculty of Travel Medicine are invited to join the Faculty AGM. An agenda is available online at rcpsg.ac.uk/travel-medicine/aggm-elections. At the meeting, current Dean, Group Captain Andy Green CBE will demit office and Dean Elect, Jane Chiodini will assume the role of Dean of the Faculty.

Nominations for vacant posts on the Faculty Executive Board have been received and an election is currently taking place. All those eligible to vote should have received instructions via email. The outcome of the election will be announced at the meeting.

Several people (as listed below) will be standing down from the Executive Board after the AGM. We would sincerely like to thank them all for their contributions, hard work and dedication to the development of the FTM over a number of years.

Group Capt. Andy Green
Dean

Mrs Margaret Umeed
Hon Secretary

Dr Angus Menzies
Hon Clinical Registrar (MFTM)

Mrs Carole Tracey
Hon Clinical Registrar (DTM until 2017)

Dr Sundeep Dhillon
Ordinary Member

Mrs Dawn Alldridge
Associate Member

16.00 FRIDAY 26 OCTOBER FACULTY OF DENTAL SURGERY AGM

Members of the Faculty of Dental Surgery are invited to join the Faculty AGM. An agenda is available online at rcpsg.ac.uk/dentistry/aggm-elections.

Nominations for vacant posts on the Faculty Executive Board have been received and an election is currently taking place. All those eligible to vote should have received instructions via email. The outcome of the election will be announced at the meeting.

The Faculty's Annual Dinner will take place during the evening of the AGM, with pre-dinner drinks being served from 19.30. Entertainment will be provided by a multi-award winning close-up magician, with dinner served by our award winning 1599 team. Tickets are £45 with discounts available for tables of 10. Contact dental@rcpsg.ac.uk to find out more or book online.



23 NOVEMBER ADMISSION CEREMONY

We look forward to welcoming more than 150 new Fellows and Members and their families to our College at our Admission Ceremony. The formal ceremony will take place in the splendour of the University of Glasgow's Bute Hall, and will be followed by an informal celebration in the College hosted by the President. The Admission Ceremony is a wonderful opportunity to engage with other members and enjoy the sense of community that being a member brings.

The evening celebration is charged at £15 per person.

Anyone wishing to attend the ceremony can book online at rcpsg.ac.uk/events/admissionsceremony.

16.00 FRIDAY 7 DECEMBER COLLEGE AGM

All Fellows and Members are welcome to attend the College AGM. At the meeting, current President Professor David Galloway will demit office and President Elect Professor Jackie Taylor will assume the role of President.

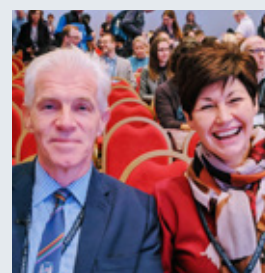
Nominations for vacant roles on College Council are currently open (*closing on 12 October*). All those eligible to nominate should have received instructions via email. Voting for posts with more than one nomination will take place between **2 November** and **5 December** with outcomes announced at the AGM.

Posts open for nominations are:

- Honorary Librarian
- Honorary Treasurer
- Ordinary Councillor (Surgeon) < 10 years GMC registration

- Regional Councillor (Surgeon) outwith Scotland
- Regional Councillor Scotland West

A full agenda is available at:
rcp.sg/AGM





11.00 SUNDAY 9 DECEMBER FOUNDER'S DAY SERVICE

Each year, members of College Council, Dental Council and Faculty Boards participate in a service at Glasgow Cathedral to mark the anniversary of the founding of the College, and to lay a wreath on the tomb of Maister Peter Lowe in the cathedral graveyard. Fellows, Members, family and friends are most welcome. Seating will be reserved for College guests, so if you would like to attend please email sandra.clearie@rcpsg.ac.uk or call 0141 221 6072



MONDAY 24 DECEMBER TO
WEDNESDAY 2 JANUARY

COLLEGE CLOSED

The College will close for the
Christmas and New Year break

GET INVOLVED

There are many opportunities for Fellows and Members to get involved with College and intercollegiate activity. All vacancies and opportunities are advertised through our website, so please keep an eye on the website for our latest vacancies. Roles currently available are outlined below.

JOIN OUR COMMUNITY OF EXAMINERS

Becoming an examiner offers many benefits for personal and professional development, providing opportunities to network and gain CPD points. We are currently recruiting to the following examiner panels:

INTERCOLLEGIATE DIPLOMA IN OTOLARYNGOLOGY – HEAD AND NECK SURGERY (DO-HNS) EXAMINATION

Suitable for doctors intending to undertake practice in an otolaryngology department in a trainee position, the examination consists of a multiple choice paper and an objective structured clinical examination (OSCE) including communication skills and clinical scenarios. The OSCE is held three times per year, hosted in rotation at each of the four Royal Surgical Colleges in the UK and Ireland. Examiners are expected to be available for at least two diets per year. The next available training day for new examiners is taking place in London on Wednesday 24 October. Apply as soon as possible to secure your place by contacting dohns@rcpsg.ac.uk

MRCP(UK) PACES EXAMINER

UK-based physician Fellows and Members wishing to support the next generation as they progress through specialty training may be interested in joining our MRCP(UK) PACES examiner panel. It is a wonderful opportunity for you to ensure junior doctors have a positive experience, while also gaining CPD points and networking opportunities. Contact pacesexaminers@rcpsg.ac.uk for more information.

PODIATRIC MEDICINE ELEARNING LEAD

Members of the Faculty of Podiatric Medicine with experience of developing eLearning content, and a keen interest in education, training and development are invited to apply for the role of eLearning Lead with the Faculty of Podiatric Medicine. The term of office is three years. Interested candidates should submit a CV and covering letter outlining your experience to Jennifer.crozier@rcpsg.ac.uk



HOPE FOUNDATION



ROYAL COLLEGE OF PHYSICIANS
AND SURGEONS OF GLASGOW

HOPE
FOUNDATION

THE FUTURE OF OUR LEGACY

HOPE Foundation received a welcome boost in the form of a legacy in June of this year. A resident of Glasgow named the College among six charities to benefit from her estate.

Miss Sheila MacDonald died in 2017 and her legacy of £38,564, has been allocated to HOPE Foundation, the philanthropic fund that garners the support of the whole College community for charitable projects that tackle barriers to healthcare in the UK and internationally.

Miss MacDonald's forethought is recognised in the minutes of Council to ensure that her generosity is formally acknowledged in our permanent records.

Leaving a legacy to HOPE Foundation is a meaningful way to perpetuate the College's charitable mission as articulated throughout our 400 year history. Fellows and Members can discuss how to make provision for this in their will by contacting Julie Forster, HOPE Foundation Manager.

With the College having been a part of the lives of so many dedicated people, a legacy to the College is a definitive expression of life-long commitment to healthcare for those in disadvantaged circumstances.

For more information, please contact Julie Forster on julie.forster@rcpsg.ac.uk or by telephoning the College on 0141 221 6072.

HOPE FOUNDATION OPENS FOR GRANT APPLICATIONS

The HOPE Foundation opened for grant applications in September.

The Foundation seeks projects that meet key criteria to bring down the barriers to quality healthcare and/or bring people together to advance medical knowledge and practice where it is most needed. Grants are available through an international programme and a local and national programme.

"Having secured just over £40,000 in philanthropic giving, the HOPE Foundation Board, chaired by Mike McKirdy, are extremely excited to be able to ensure that our donors' generosity is put to the best possible use," said Julie Forster, HOPE Foundation Manager.

"The purpose of this College fund is to make a positive difference to the health of people living in challenging circumstances. This is something we achieved through our 2017 grant to the Winter Night Shelter at Glasgow City Mission, which helped 200 homeless

individuals access treatment and build relationships with healthcare providers. It is key that we replicate this success in a variety of projects. This is an invitation to the College community to nominate projects that will make a real difference locally, nationally and internationally."

In the first instance, all grant applicants should send an initial enquiry to hope@rcpsg.ac.uk to seek an application form and full details of the application process and criteria each project must meet.

It is likely that the largest grant will be in the region of £10,000 with smaller grants of circa £1,000.

More information is available on the webpage rcpsg.ac.uk/hope



Photography: Glasgow City Mission

Leading the way in non-clinical skills training

rcp.sg/nonclinical

LEADERSHIP

MENTORSHIP

TEACHING

TRAINING

MANAGEMENT



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

AWARDS AND SCHOLARSHIPS

The following three fellowships and scholarships are currently available. The closing deadline is 30 November 2018.

ETHICON FOUNDATION FUND TRAVELLING FELLOWSHIP

This fellowship assists the international travel of surgeons. The proposed work experience, research or study should be of benefit to the recipient's training and the NHS (or equivalent).

Eligibility: Fellows and Members in a higher surgical training post.

Value: £900

rcp.sg/ethicon

MEDICAL ELECTIVE SCHOLARSHIP

This scholarship enables medical students to spend 4-6 weeks studying abroad as part of their elective study within the medical school curriculum.

Eligibility: Student members of the College.

Value: £1000

rcp.sg/medicalelective

COLLEGE TRAVELLING FELLOWSHIP

These awards enable our members to travel to centres of excellence outside their country of residence for periods of less than 12 months.

These awards will also support a variety of other learning opportunities including taster weeks for junior doctors.

Eligibility: All members of the College.

Value: £2000

rcp.sg/travellingfellowship



FOURTH SCOTTISH ORTHODONTIC CONFERENCE

Date: Friday 18 January 2019

Venue: Royal College of Physicians and Surgeons of Glasgow

This annual conference provides an opportunity for orthodontic teams to get together for an update on areas of fundamental importance to the delivery of contemporary orthodontics.

BOOK NOW

W: rcp.sg/events

E: steven.shanahan@rcpsg.ac.uk

T: +44 (0)141 221 6072



CPD
APPLIED
FOR



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW
DENTISTRY

UPDATES

RECOGNITION OF SUPPORT – MRCP(UK) PACES

MRCP(UK) has recently recognised those examination centres that have consistently dedicated their facilities to hosting the PACES examination over the last three years. We were delighted to present MRCP(UK) plaques to the centres below, each of which has assessed more than 90 candidates or hosted the examination for six days or more.

We would especially like to thank all hosts, senior examiners and all their colleagues who have supported our College by organising the examination on our behalf:

Dr Mary-Joan Macleod
Aberdeen Royal Infirmary

Dr Dominique Chan-Lam
Barnsley Hospital NHS Foundation Trust

Dr Mustafa Gaffer
Dr Hiten Thaker
Castle Hill Hospital, Hull

Dr George Chalmers
Glasgow Royal Infirmary

Dr Chris Foster
Golden Jubilee National Hospital, Clydebank

Dr Ganesh Sivaji
Harrogate District Hospital

Dr Scott Muir
Queen Elizabeth University Hospital

Dr Kate Willmer
New Cross Hospital, Wolverhampton

Dr Santinder Bal
Raigmore Hospital, Inverness

Dr Mohammed Al-Khafaji
Dr Ahmed El-Wasseif
Dr Sandip Ghosh
Dr Amir Shah
University Hospital Crosshouse

Dr Ken Dagg
Wishaw General Hospital

PHYSICIANS CPD APP

The Federation of Royal Colleges of Physicians has launched a CPD app to complement the online CPD diary, giving physicians the flexibility to record and reflect on their educational activities wherever they are.

It is hoped the app will help support a powerful culture shift in the learning experience for consultants, SAS grades and physician associates. Key features and benefits of the app include:

- Syncs automatically with your online CPD diary.
- Educational activities can be added 'on the go' with the app's offline capability
- Access a list of over 5,000 approved activities which have been reviewed by our network of consultant physicians
- Voice transcribe your development needs and reflections instantly
- Keep track of CPD via the main summary screen and monitor progress to achieving annual credit requirements
- Add attachments as supporting information to your activities (such as a certificate of attendance)
- Add personal development needs and assign activities to Good Medical Practice (GMP) domains
- E-mail your annual appraisal report as a PDF file at the press of a button

The Physicians' CPD app is available to download on the iOS App Store and Google Play Store. Log in using your CPD diary login details (you must be registered on the CPD diary to access the Physicians' CPD app). After an initial first time sync to verify your details, you can then begin entering educational activities.

Download on the
App Store

GET IT ON
Google Play



£1.3M PROJECT TO ESTABLISH MALDENT: MALAWI'S FIRST DENTAL SCHOOL

We are delighted to congratulate University of Glasgow Dental School on the award of £1.3m from the Scottish Government to help establish Malawi's first Dental School. Vice Dean of our faculty of Dental Surgery, Jeremy Bagg is the lead project manager of the initiative.

Within various specialties of medicine and surgery the College is very active in Malawi and has a strong commitment to global citizenship. Although this project is being led by the University of Glasgow, the College is a significant partner. It funded the travel for the lead project manager to visit Malawi in September 2017 and expects to provide further support in the future.



TOP PRIZE FOR PODIATRIST

Our College is delighted to sponsor the prize for the top student in the BSc (Hons) Podiatry at Glasgow Caledonian University. The year's prize was presented by former Dean of the Faculty, Stuart Baird to student Caroline Walker.

BUDDY SCHEME TO SUPPORT NEW SURGICAL TRAINEES



Trainee surgeons from across the West of Scotland gathered at the College in August to enrol in the latest round of the Surgical Buddy Scheme, run in partnership with the West of Scotland Deanery.

Twenty three pairs of ST1 trainees and senior specialty trainees ranging from ST3 to ST8 attended an introductory evening where each trainee had the opportunity to meet their buddy. The Buddy Scheme provides an informal senior trainee mentor to each more junior core trainee, ensuring they have access to careers advice and guidance, complementing the role provided by their more formal educational support.

Laura Arthur, ST7 in General Surgery, who led this year's recruitment campaign and hosted the introductory evening said, "I am delighted with the enormous support from both junior and senior trainees for the Buddy Scheme this year. We have 46 participants which is the largest year to date. The introductory evening was a huge success, thanks to the generous hospitality of the College, and was a great networking event for both junior and senior trainees alike. We look forward to more exciting evening events at the College and promise an enjoyable programme; the next event being Monday 22 October. I am confident the scheme will continue to go from strength to strength and is something for both the College and the West of Scotland Deanery to be very proud of."

“

I want to give a huge personal welcome to each of the new surgical trainees who have signed up for this year's scheme. Our College knows the mounting pressures that trainees are currently facing within the NHS, and so we're proud to be playing a part in delivering this vital initiative. We must ensure that we provide the future of our profession with all the support they need while they complete their medical journey.

This College is here for this new cohort as a college, a friend or an ear to bend for anything that crops up. Good luck in your new awesome adventure.

**Mahua Chakrabarti,
Chair of the Trainees' Committee**

THE JONATHAN COSSAR DESIGN AWARD



In December 2017, the Faculty of Travel Medicine and the Glasgow School of Art began collaboration on the Jonathan Cossar Design Award. First-year jewellery students were given the opportunity to compete to produce the best design for a commemorative coin to represent the Faculty of Travel Medicine.

Students were given a talk on the history of travel medicine and of the Faculty itself, and a deadline set for just after the Easter break. Michael Pell of the Glasgow School of Art submitted the two best designs to the Faculty Executive Board, who voted for the design they felt best represented the Faculty.

The winning design was created by Niamh Ireland, who was invited with her parents to the College Admission Ceremony in June to collect her award. The runner-up prize was awarded to Sally Shepherd.

This award was named the Jonathan Cossar Design Award in recognition for Dr Cossar's unwavering dedication to travel medicine since its inception. Dr Cossar was an innovator who helped to develop travel medicine as a discipline. He continues his work with the Executive Board of the Faculty of Travel Medicine, promoting the highest standards in the field with the aim of travel medicine becoming a recognised specialty.

The finished coins will be given as a token of appreciation to those who have made a contribution to the Faculty of Travel Medicine. The Faculty Executive Board would like to congratulate Niamh and Sally for their excellent designs, and thank Michael Pell and Libby Anson from the Glasgow School of Art for making the project possible.

IN PARTNERSHIP

SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH



The President recently signed a partnership agreement with Sri Ramachandra Institute of Higher Education and Research (deemed university) to collaborate on education and examination activity alongside faculty development.

Sri Ramachandra will now become the hub and focal point for our activities in the state of Tamil Nadu and South India, which will allow both institutions to support the delivery of postgraduate healthcare training and assessment across many disciplines—from dental and oral surgery, international travel medicine, to specialist surgical and medical assessment education and training in foot pathology and podiatric medicine.

In the first year of the five year agreement the focus will be on development and delivery of examination preparation courses for MRCS prior to the examinations being hosted by Sri Ramachandra. There will also be development of the successful

pilot of the management of foot pathology programme, as well as delivery of membership exams for the Faculty of Podiatric Medicine.

For further information, contact Lisa.McManus@rcpsg.ac.uk



BRITISH SOCIETY FOR RHEUMATOLOGY

We are delighted to welcome a new strategic partnership with the British Society of Rheumatology.

The new strategic partnership will enable the Society to further develop its work with our College, supporting clinicians and health professionals working in the rheumatology specialty to gain the skills they need to improve care for patients, across Scotland.

Ali Rivett, Chief Executive, BSR said, "I'm delighted that we're establishing a new partnership with the Royal College of Physicians and Surgeons of Glasgow to help us maximise the impact and value of our respective activities. This will be facilitated through the appointment of a new BSR role, which

will be the first time in our history that we will have a staff presence outside of London. Lauren Bennie will be based at the Royal College and have a broad range of responsibilities, including extending our educational programme and exploring how we can actively support our members across the devolved nations".

BSR is the leading UK specialist medical society for rheumatology and musculoskeletal care professionals. BSR supports its members to deliver the best care at all stages of the care pathway, to improve the lives of children and adults with rheumatic and musculoskeletal disease.

College Chief Executive Officer, Steve Graham said, "This new strategic partnership with the British Society for Rheumatology is a welcome initiative that will help enable us to deliver our shared mutual interest to ensure the highest standards of care for patients by meeting the educational and professional needs of our membership."

***Guaranteed to sell out -
early booking recommended***



Date: 21 - 22 February 2019

Venue: Royal College of Physicians and Surgeons of Glasgow

Event Directors: Mr Euan Dickson and Mr John McGregor

Since its inaugural launch in February 2014 GESTS has developed a growing following and international reputation.

This two-day symposium brings together a range of nationally and internationally renowned expertise and focuses on key messages and practical tips in emergency surgery and trauma care.

BOOK NOW rcp.sg/GESTS2019

call **+44 (0)141 465 7278** or email **carolanne.grady@rcpsg.ac.uk**



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW
SURGEONS

EDUCATION AND EXAMINATIONS CALENDAR

■ Events for all ■ Physicians ■ Surgeons ■ Dentistry ■ Travel Medicine ■ Podiatric Medicine

Non Clinical Courses

Our comprehensive non-clinical skills training programme enables healthcare professionals to develop skills in teaching and education, leadership and management, and professional competencies.

MENTOR TRAINING COURSE



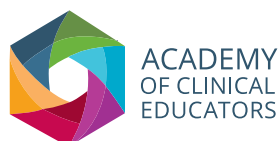
18 Oct, 8 Nov, 11 Dec
0900 - 1700

Free

This course will provide an opportunity for delegates to review their experiences in practice, receive advice on developing their support and facilitation skills, and to take part in a group skills exercise.

rcp.sg/mentortraining

ROYAL COLLEGE ADVANCED CERTIFICATE IN CLINICAL EDUCATION



Glasgow
22 - 23 Oct, 14 - 15 Nov,
3 - 4 Dec, 21 - 22 Jan,
25 - 26 Feb, 13 - 14 May,
16 - 17 Sep, 2 - 3 Dec

Weetwood Hall, Leeds
8 - 9 Nov, 21 - 22 Mar,
27 - 28 Jun, 7 - 8 Nov

0815 - 1700
£1,058

This course covers all essential trainer prerequisites and provides learning opportunities specifically tailored to suit the needs of all clinical trainers from first time teachers to experienced course managers.

rcp.sg/clinedgla

CLINICAL TRAINER DEVELOPMENT: AN OVERVIEW

1 Nov, 18 Jan, 9 May
1300 - 1700
£40

4 CPD Credits

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

rcp.sg/ctdoverview

DEVELOPING THE CLINICAL TRAINER - TEACHING SKILLS FOR EARLY STAGE TRAINEES

13 Dec, 14 Dec
0830 - 1700
£70

6 CPD Credits

This one day course will provide foundation doctors and medical students with an overview of teaching, learning and feedback in the clinical environment.

rcp.sg/teachingskills

CLINICAL TRAINER DEVELOPMENT: PERFORMANCE SUPPORT FOR DOCTORS IN TRAINING

10 Jan
1300 - 1630
£75

4 CPD Credits

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

rcp.sg/performancesupport

ACE CONFERENCE: PULSE 2019



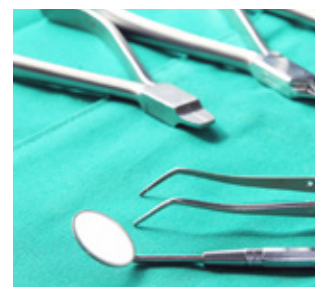
15 Mar
0830 - 1700
£82.50

6 CPD Credits

This conference is an opportunity for anyone involved in teaching, training, learning and effective communication and supervision to gain insight into best practice, topical issues, key strategies and areas of trainer development.

rcp.sg/pulse

SDCEP GUIDANCE UPDATE: AN UPDATE ON SDCEP GUIDANCE



18 Mar
0830 - 1700
£82.50

6 CPD Credits

The day will cover a variety of topics relevant to those working in general dental practice.

rcp.sg/sdcep

Clinical Courses

TEAM (TRAUMA EVALUATION AND MANAGEMENT)



2 Oct
0830 - 1700
£35

Trauma Evaluation and Management (TEAM) introduces the concepts of trauma assessment and management to medical students during their clinical years.

rcp.sg/team

SURGICAL SKILLS FOR THE EMERGENCY DEPARTMENT RESUSCITATION ROOM

25-26 Apr, 31 Oct - 1 Nov
0830 - 1700
Clinical Anatomy Skills Centre, Glasgow
£795

This innovative course provides practical training on the surgical techniques that can save lives when waiting for assistance is not an option.

rcp.sg/resuscitation

FICE (FOCUSED INTENSIVE CARE ECHOCARDIOGRAPHY) COURSE

6 Nov
0830 - 1700
£195
5 CPD Credits

This one day course is suitable for anaesthetists and intensive care practitioners and will give FICE accreditation.

rcp.sg/fice

FOUNDATION IN TRAVEL MEDICINE



6 month course, beginning with 2 day residential component on 12-13 Nov
£999

This course provides practitioners with the knowledge required to advise intending travellers on core aspects of travel health.

rcp.sg/foundationtm

PROCEDURAL SKILLS FOR MEDICAL TRAINEES

27 Nov, 6 Mar
0830 - 1700
£120

This course is an excellent opportunity to develop your practical skills and gain knowledge in common CMT procedures.

rcp.sg/proceduralskills

IMPACT COURSE

11-12 Dec, 14-15 Jan, 4-5 Feb, 11-12 Mar, 10-11 Jun
0830 - 1700
£472

The IMPACT course is a two-day course introducing the principles and practice of acute medical care and related knowledge, skills, understanding and attitudes.

rcp.sg/impact

BASIC ORTHOPAEDIC PROCEDURAL SKILLS

1 Oct
0830 - 1700
£81 / £90

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

rcp.sg/bops

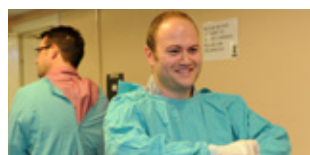
BASIC SURGICAL SKILLS COURSE

11-12 Oct, 31 Oct - 1 Nov, 7-8 Nov, 15-16 Nov, 29-30 Nov, 14-15 Feb, 21-22 Mar, 11-12 Apr, 9-10 May
0830 - 1700
£505

This course teaches safe operating techniques and stresses the importance of precautions for safe theatre practice.

rcp.sg/bss

FOUNDATION SKILLS IN SURGERY



20 Oct, 16 Mar
0830 - 1645
£61.20 / £67.50

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

rcp.sg/fss

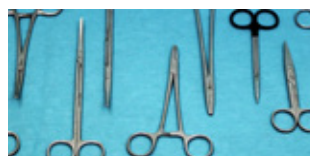
GI ANASTOMOSIS TECHNIQUES

24 Oct, 27 Feb, 15 May
0830 - 1700
£165

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

rcp.sg/gianastomosis

VASCULAR ANASTOMOSIS



25 Oct, 28 Feb, 16 May
0830 - 1630
£165

This one day course provides exposure to the theoretical principles and practical techniques of vascular anastomosis.

rcp.sg/vascularanastomosis

SURGICAL APPROACHES TO THE UPPER LIMB FOR TRAUMA (CADAVERIC COURSE)

30 Oct
CLOSING DATE: 2 Oct
0830 - 1630

Clinical Anatomy Skills Centre, Glasgow

£350

6 CPD Credits

An intensive, one day, cadaveric course covering surgical approaches to the upper limb with a focus on the management of trauma.

rcp.sg/upperlimb

BASIC SURGERY CADAVER SKILLS (BASICS) COURSE

15-16 Nov
CLOSING DATE: 18 Oct
0830 - 1700

Clinical Anatomy Skills Centre, Glasgow

£550

This course is aimed at CT1 / ST2 level and will cover areas of the ISCP curriculum required for entry to ST3.

rcp.sg/basics

ADVANCED SURGERY CADAVER SKILLS IN GI SURGERY (ASICS) COURSE

13-14 Dec
CLOSING DATE: 15 Nov
0830 - 1700

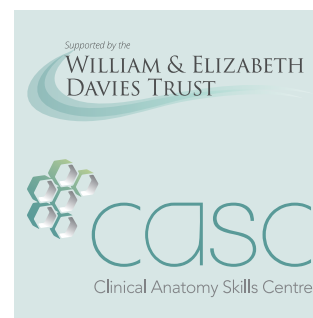
Clinical Anatomy Skills Centre, Glasgow

£625

12 CPD Credits

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

rcp.sg/asics



HEAD AND NECK / EMERGENCY ENT DISSECTION COURSE

24 Jan

CLOSING DATE: 19 Dec

0830 - 1700

Clinical Anatomy Skills Centre,
Glasgow

£575

This is a two day, hands-on dissection course suitable for ST level trainees in Otolaryngology. The main aim of the course is to teach the surgical anatomy and steps of important head and neck procedures.

rcp.sg/emergencyent

BASIC LAPAROSCOPIC SKILLS

5 Mar

0845 - 1630

£85

This one day course is suitable for junior doctors around the level of CT1 with an interest in general surgery, paediatric surgery, urology and gynaecology.

rcp.sg/laparoscopy

ROYAL COLLEGE MEMBERSHIP DIPLOMA IN TRAVEL MEDICINE

This course incorporates one a one week residential component, followed by 27 weeks of online learning, commencing on 20 May.

£3350

This diploma course incorporates an exam preparatory course and two-part examination: success in the examination leads to Membership of the Faculty of Travel Medicine.

LAPAROSCOPIC COLORECTAL SURGERY CADAVER COURSE

30 - 31 May

0830 - 1700

Clinical Anatomy Skills Centre,
Glasgow

£350

12 CPD Credits

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

rcp.sg/colorectalsurgery

Clinical Conferences

STROKE 2018

3 Oct

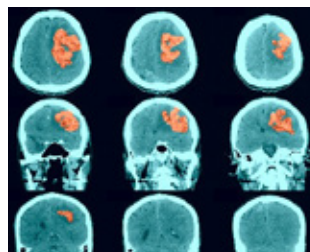
0830 - 1625

£82.50

6 CPD Credits

Our seventh annual stroke conference will provide an opportunity for practicing clinicians to update their knowledge in the rapidly changing field of stroke care.

rcp.sg/stroke



RETURNING TRAVELLERS: EXOTIC ENCOUNTERS, IMPORTED INFECTIONS AND VISITING VECTORS

4 Oct

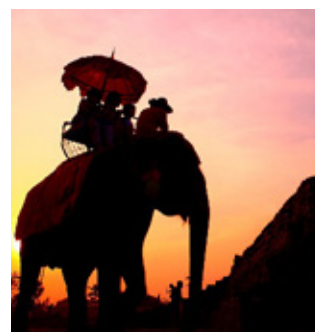
0900 - 1620

£82.50

5 CPD Credits

This year's Faculty of Travel Medicine Annual Symposium will focus on the returning traveller. The programme provides an opportunity for those involved in travel medicine to develop their skills and knowledge in this topical area through lectures and interactive case studies.

rcp.sg/returningtravellers



PALLIATIVE CARE CONFERENCE

CHOICES WHEN LIVING AND DYING WITH A
TERMINAL CONDITION - WHAT IS THE REALITY?



Date: Friday 9 November 2018

Venue: Royal College of Physicians and Surgeons of Glasgow

This one day conference will explore through a series of mini lectures and interactive case based presentations, whether people do in fact have a real choice about the care they receive and where that care is delivered.

BOOK NOW

W: rcp.sg/events **E:** carolanne.grady@rcpsg.ac.uk **T:** +44 (0)141 221 6072

#PallCareRCPSG

Supported by the
**WILLIAM & ELIZABETH
DAVIES TRUST**



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW
PHYSICIANS



GLASGOW GASTRO CONFERENCE 2018



5 Oct

0830 - 1630

£82.50

6 CPD Credits

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.

rcp.sg/gastro

GLASGOW PERIPROSTHETIC INFECTION CONFERENCE

25 Oct

0830 - 1620

£82.50

6 CPD Credits

Our inaugural periprosthetic Meeting has an internationally renowned faculty who will discuss all aspects of periprosthetic joint infection including basic sciences, diagnosis, clinical features and the necessity of a multidisciplinary approach.

rcp.sg/periprosthetic

GLOBAL CITIZENSHIP CONFERENCE



2 Nov

0830 - 1700

Free

6 CPD Credits

This is the first national event for the NHS Scotland Global Citizenship Programme, designed to bring those working in healthcare from across NHS Scotland and its partners to share in developments and best practice in global health work

rcp.sg/global

ACUTE MEDICAL PROBLEMS IN PREGNANCY FOR PHYSICIANS

8 Nov

0845 - 1615

£82.50

5 CPD Credits

This conference will develop your knowledge of medical problems in pregnancy, including indirect causes of maternal death.

rcp.sg/pregnancy

PALLIATIVE CARE CONFERENCE



9 Nov

0845 - 1615

£82.50

6 CPD Credits

This one day conference will offer practical advice about looking after patients at the end of life, through a series of lectures and interactive case based presentations.

rcp.sg/palliative

MEDICINE FOR ALL: GASTROENTEROLOGY

16 Nov

1300 - 1700

£40

3 CPD Credits

This half day will address gastroenterology medicine. This will be particularly relevant for all healthcare professionals involved in the acute medical take or managing patients with co-morbidities.

rcp.sg/mfagastro

MEDICINE FOR ALL: RESPIRATORY

16 Nov

0830 - 1200

£40

3 CPD Credits

This half day will address respiratory medicine. This will be particularly relevant for all healthcare professionals involved in the acute medical take or managing patients with co-morbidities.

rcp.sg/mfarespiratory

BREAST CANCER CONFERENCE 2018 - CURRENT CHALLENGES IN BREAST CANCER MANAGEMENT

21 Nov

0830 - 1700

£82.50

Our fourth annual breast cancer care conference will address current challenges in breast cancer management.

rcp.sg/breastcancer

FACULTY OF TRAVEL MEDICINE AND BGTHA JOINT EVENT

24 Nov

0930 - 1600

De Montfort University, Leicester

£80

4 CPD Credits

This conference aims to promote a multidisciplinary approach to travel and global health by bringing together the various disciplines involved in global health and the health of travellers.

rcp.sg/bgtha

SCOTTISH ORTHODONTIC CONFERENCE



18 Jan

0830 - 1700

£35 / £82.50

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

rcp.sg/orthodontics

TOP TIPS FOR VDPs

1 Feb

0845 - 1630

TBC

6 CPD Credits

This event will provide an opportunity for VDPs to gain quick, handy hints on how best to manage clinical and managerial challenges in dental practice.

rcp.sg/vdp

GLASGOW EMERGENCY SURGERY AND TRAUMA SYMPOSIUM (GESTS)

21 - 22 Feb

0830 - 1700

£178

12 CPD Credits

This two day symposium brings together a range of nationally and internationally renowned expertise and focuses on key messages and practical tips in emergency surgery and trauma care.

rcp.sg/gests

THE IX COLOPROCTOLOGY SYMPOSIUM: INCORPORATING THE SCOTTISH CHAPTER OF THE ASSOCIATION OF THE COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND.

13 - 14 Mar

Day 1: 1300 - 1700

Day 2: 0830 - 1600

£35 / £75

6 CPD Credits

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

rcp.sg/coloproctology

GLASGOW INTERNATIONAL ORTHOPAEDIC AND TRAUMA MEETING

17 May

0830 - 1700

£90 / £100

6 CPD Credits

Covering a wide range of subjects, this conference is relevant for everyone involved in orthopaedics and trauma, including consultants, orthopaedic training and non-training grade doctors, medical students, physiotherapy colleagues and orthopaedic and trauma nurses.

rcp.sg/orthoandtrauma

Unless otherwise stated, all events are held in the College's St Vincent Street building in Glasgow. Lunch is provided at all our full day courses and conferences. If you have any dietary requirements, please let us know in advance of your event. The vast majority of our events are available to book online. Where this is not the case, full details of how to reserve your place will be available at the appropriate link above.

Examinations

PHYSICIANS

MRCP(UK) PART 1

Exam date: 8 Jan
Opening date: 8 Oct
Closing date: 21 Oct

Glasgow, Belfast, Leeds,
Liverpool

MRCP(UK) PART 2

Exam date: 26 Mar
Opening date: 7 Jan
Closing date: 20 Jan

Glasgow, Belfast

MRCP(UK) PACES

Dates TBC

Various locations

MRCP(UK) PACES
Revision Modules

rcp.sg/pacesonline

Each of our five PACES revision modules focuses on one exam station and includes an introduction to the station, top tips on that station, examiner calibration and an example of a satisfactory pass.

Focus on neurology for
PACES candidates

28 Jan, 13 May

rcp.sg/pacesneuro

£25

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.

MRCP(UK) SPECIALTY EXAMINATIONS

ACUTE MEDICINE

Exam date: 14 Nov
Opening date: 25 Jul
Closing date: 17 Oct

Various locations

DERMATOLOGY

Exam date: 11 Oct
Opening date: 21 Jun
Closing date: 13 Sep

Various locations

PALLIATIVE MEDICINE

Exam date: 14 Nov
Opening date: 25 Jul
Closing date: 17 Oct

Various locations

RESPIRATORY MEDICINE

Exam date: 3 Oct
Opening date: 13 Jun
Closing date: 5 Sep

Various locations

SURGEONS

MRCS PART A

Exam date: 9 Jan
Closing date: 19 Oct

Various UK and International

MRCS PART B OSCE

Glasgow

Exam date: 14 - 15 Feb
Closing date: 16 Nov

Chennai

Exam date: 28 - 29 Mar
Closing date: 10 Dec

MRCS Part B OSCE Preparation Modules

rcp.sg/osceonline

Each module focuses on one element of the MRCS Part B OSCE preparation. The modules include thorough introductions from examiners and demonstrations of how stations work and are to be completed.

MRCS Part B OSCE preparation course

17 - 18 Jan

rcp.sg/osceprep

£395

This accessible course prepares you for the MRCS Part B OSCE Exam. The course combines online, flexible and independent learning with classroom based scenarios and preparation that benefit from direct interaction and feedback from faculty.



FRCS OPHTHALMOLOGY - PART 1

Exam date: 5 Mar
Closing date: 23 Nov

Various UK and International

FRCS OPHTHALMOLOGY - PART 2

Exam date: 5 Mar
Closing date: 23 Nov

Various UK and International

FRCS OPHTHALMOLOGY - PART 3

Dates TBC

Various UK and International

DO-HNS - PART 1

Dates TBC

DO-HNS - PART 2 OSCE

Dates TBC

PACES Package

For £120 you will receive:

- Affiliate membership for up to 12 months (£30)
- PACES online revision modules (£100 if purchased separately)
- No joining fee for Collegiate Membership (£150)
- No Membership subscription fees to pay for up to 12 months after passing MRCP(UK) (£80)
- College voucher worth £25 on passing MRCP(UK) PACES

Save up to £265

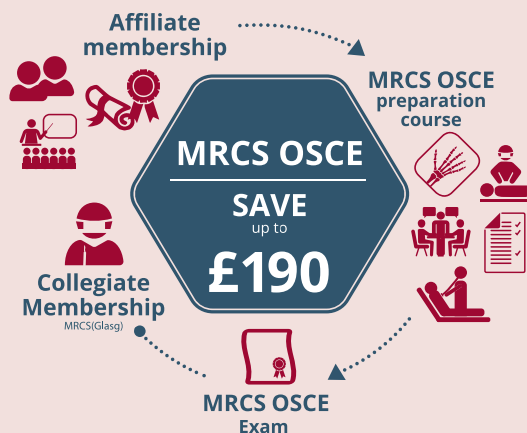


MRCS Part B OSCE

MRCS exam candidates can also access:

- Free Affiliate membership (save £30)
- MRCS Part B OSCE exam preparation course (save up to £80)
- Free Collegiate membership up to 12 months after passing MRCS (save up to £80)

Total saving up to £190



DENTAL**MFDS PART 1**

Exam date: 1 Apr
Closing date: 18 Jan
Various UK and International

MFDS PART 2

Manchester
Exam dates: 1-2 Mar
Closing date: 14 Dec

Hong Kong
Exam dates: 15-17 Mar
Closing date: 14 Dec

Glasgow, Manchester
Exam date: 14-15 May
Closing date: 22 Feb

**MFDS Part 2
Preparation Course**

Glasgow
Exam date: 7 Nov
rcp.sg/mfds2prepgla

Manchester
Exam date: 25 Jan
rcp.sg/mfds2prepman

£425

Designed for those intending to sit the MFDS part 2 exam, our one day revision course includes interactive lectures and practical skills stations, as well as an afternoon of mock OSCEs.

**MEMBERSHIP IN SPECIAL
CARE DENTISTRY**

Glasgow
Exam dates: 1 May, 13-14 Jun
Closing date: 21 Feb

**DIPLOMA OF MEMBERSHIP
IN ORTHODONTICS**

London
Exam dates: 15-16 May
Closing date: 22 Feb

**MEMBERSHIP IN
PAEDIATRIC DENTISTRY**

Edinburgh
Exam dates: 23-26 Apr
Closing date: 25 Jan

**ISFE DENTAL
PUBLIC HEALTH**

London
Exam dates: 5 Mar, 29-30 Apr
Closing date: 8 Jan

ISFE ORAL SURGERY

London
Exam dates: 6-7 Jun
Closing date: 15 Feb

ISFE ORTHODONTICS

London
Exam dates: 11-12 Mar
Closing date: 20 Nov

**ISFE PAEDIATRIC
DENTISTRY**

Edinburgh
Exam dates: 29-30 Apr
Closing date: 8 Jan

**ISFE RESTORATIVE
DENTISTRY**

Edinburgh
Exam dates: 15-16 Apr
Closing date: 3 Jan

TRAVEL / PODIATRY

No new exam dates confirmed.

MFDS Part 2 Package

The MFDS Part 2 Package includes:

- Free one year Affiliate Membership (save £30)
- MFDS Part 2 preparation course (save £50)
- Early booking on MFDS Part 2 examination
- Monthly direct debit payment plan personalised to suit you
- 50% off Membership joining fee after passing your exam (save £75)

Total savings of £155

**PRESIDENT'S LEADERSHIP
LECTURES****Gross Negligence
Manslaughter and
Culpable Homicide**

Speaker: Neil Mackenzie,
Advocate and Director of Training
and Education, Arnot Manderson

Hosted by the Royal College of Physicians and Surgeons of Glasgow, 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 second event in the series will focus on the issue of Gross Negligence Manslaughter and Culpable Homicide.

Thur 11 October 2018, 18:00

A finger buffet and refreshments will be served

To book visit:
rcp.sg/PresidentsLectures

1599
at the
Royal College



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

WELCOME TO ALL OUR NEW MEMBERS

JUNE - AUGUST 2018

PHYSICIANS

Fellow qua Physician

Mohammed Hijab Alkubaisi Abdul Khafoor
 Ahmad Salih Abdulhadi
 Amitesh Aggarwal
 Mushtaq Ahmad
 Aftab Alam
 Md Shahedul Islam Alam
 Win Aung
 Abdul Sathar Ariyal Abdul Rahiman
 Ishrat Bhuiyan
 Jamil ur Rahman Bughio
 Raymond Carson
 Saibal Chakravorty
 Wasantha Panditharatne Dissanayake
 Md Mahbubul Hoque
 Md Iqbal Hossain
 Subramaniam Ramnathan Iyer
 Parul Jain Datta
 Hareesha Babu Karethimmaiah
 Pervez Khan
 Manojan Kanan Kandiyil
 Raghu Kondle
 Jacek Majewski
 Nayak Manabendra
 Girish Mathur
 Kate McArthur
 Zafar Mehmood
 Md. Al-Amin Mridha
 Moe Moe Myint
 Suresh Narayanan Nair
 Sai Sampath Kumar Natuva
 Tony Lynas Oliver Elizabeth
 George Paulose
 Ashalatha Radhakrishnan
 Natarajan Rajagopalan
 Mohammed Badr Mohamed Salem
 Amitabh Sagar
 Abid Salahuddin
 Md Selimuzzaman
 Surjadeep Sengupta
 Ashok Sharma
 Gill Harinder Singh
 Amarjit Singh
 Muhammad Adil Soofi
 Saurabh Srivastava
 Abraham Ka Chung Wai
Member qua Physician
 Fahad Naim
 Hidayat Ullah
Member of the College
 Abdollah Abdelaleem
 Paras Agarwal
 Muddassar Ahmad
 Mohammed Elseed
 Benjamin Elyan

Stuart Declan Gallacher
 Rabab Ibrahim
 Sadia Iqbal
 Muhammad Nauman Arif Jadoon
 Aisha Javed
 Hasanain Rashid Khaleel Khaleel
 Ishrat Khan
 Angela Wai Kay Lee
 Kian Wah Lim
 Abigail Lucy Martin
 Helen Claire Martindale
 Alaa Mohamed Alamin Abdelrahim Mohamed Ali
 Umar Muhammad
 Sarmad Mushtaq
 Sean Michael Murphy
 Meena Khan Nazim
 Hodo Eme Osim
 Asma Patel
 Neil Rajoriya
 Jennifer Ramsay
 Samuel Rodgers
 Muhammad Saad
 Kimberley Suzanne Shields
 Rachel Todd
 Martin Edward Winstanley
 Mohd Firdaus Zakaria

SURGEONS

Fellow qua Surgeon

Mohamed Elimam Mohamed Ahmed
Abdelrahman
 Abdulameer Mohsin Hussein Alboknaifis
 Atef Alnamoura
 Mohammed Hasan Nemat Al-Musawi
 Thamer Al-Tameemi
 Khan Asaduzzaman
 Krishna Asuri
 Gopal Badlani
 Pallab Chatterjee
 Rajasekeram Gnanasekeram
 Parikshat Gopal
 Mantu Gupta
 Gazi Mohammad Zakir Hossain
 Javaid Iqbal
 Md. Kabirul Islam
 Goran Jovic
 Nadhim Omran Khadim
 Md. Matiar Rahaman Khan
 Ameet Kumar
 Iain Walter William McGraw
 Sunil Ohri
 Sameer Qureshi
 Muhammad Asif Raza
 Ayad Abdulkhaleq Ismael Sefer
 Hardip Singh
 Zulfiqar Syed

Phagalvarthi Vasudevan Vijayaraghavan
 Sai Vishnupriya Vittal
Fellow qua Surgeon in Ophthalmology
 Dhivya A
 Vignesh A.P.
 Mohamed ElSayed Mahmoud AbdelHady
 Abdulrahman Mohammed Gomaa
Abodarahim
 Mohamed Ahmed Mahmoud Abousaleh
 Nagwa Soliman Ramadan Ahmed
 Aisha Mohammed Q M Al-Mohamed
 Marwa Albaroudi
 Fuad Alhamdan Al Hussein
 Mazen Sulaiman Alsamnan
 Ahmed Shakir Ali Al-Wassiti
 Karl Rene Leon Anderson
 Doaa Maamoun Mohamed Ashour
 Hassainain H Attar
 Youmna Abubakr Al-Siddiq Ahmed Bayoumi
 Komal Manikrao Bhandary
 Samina Bilal
 Attiqah Chaudhary
 Noel Mayhew Cowell
 Ahmed Abd Allah Abdel Fatah Elhadidy
 Karim Mohamed Khaled Abdelhamid Elsheikh
 Esraa Mohamed Adel Mohamed Elmayah
 Naomi Esther Fischer
 Shaimaa Ibrahim Hussein Gafar
 Adelehin Ijasa
 Marwa Ahmed Sayed Abdel Karim
 Dan Dexter N Kaw
 Beenish Khan
 Manav Kherra
 Mohamed Mahmoud Abdrabou Mahmoud
 Rany Essam Mokhtar Mitwally
 Asma Mushtaq
 Tayyab Mushtaq
 Ciara Joy Ramnarine
 Ryan Richard Ramoutar
 R Saravanan
 Rasha Mahmoud Mahmoud Shabar
 Ahmed Moustafa Mohamed Sallam
Fellow in Trauma & Orthopaedics
 Ian Kenneth Thomas Cunningham
 Ravindra Thimmaiah
Fellow in Surgical Neurology
 Harishcandra Lalgudi Srinivasan
Fellow in Cardiothoracic Surgery
 Zulfiqar Haider
Member qua Surgeon in ENT
 Foon Lien Ng Kee Kwong
Fellow in Otolaryngology
 Caroline Patricia Smith
Fellow in Trauma & Orthopaedics
 Mahmoud Eltemamy
 Shakir Hussain

Fellow in Urology

Tahir Qayyum

Fellow qua Surgeon in Urology

Melissa Tay Hui Wen

Rohana Zainal

Rajaraman Durai

Member qua Surgeon

Eslam Nasr Elfadli Abou Risha

Adam Scott Bryce

Dimitris Challoumas

Laura Morrison Dunbar

Hazem Mohamed Mostafa Elfar

Hisham El Zanati

Xing Fu Daniel Hap

Farsheed Hasan

Mark David Henry

Md Abdul Baten Joarder

Maryam Alam Khan

Joyce Heung Yan Ngai

Kareem Ahmed Zaki Ahmed Noureldin

Stuart Printie

Tarique Karim Sabah

Robert Peter Small

On Fai Arthur Woo

Emma Victoria Iddles

Member qua Surgeon in ENT

Zainab Talib Neamah Majdi Al-Mhannah

Katrin Fahmi Mahmoud Okour

Member of the College

Saud Alkabbaa

Abdul Wahid Anwer

Waqas Aziz

Bari Hassaan

Kesav Jagadeesan

Nouman Khan

Adel Maher Mahran

Ashraf Yousef

DENTISTS**Fellow in Dental Surgery**

James Boyle

Ayman Darwish Sayed Ahmed Darwish

Abhay Datarkar

King Lun Ho

Ian Albert Lai

Dibyendu Mazumder

Alan Mark McCutcheon

Richard Moore

Mathew Pynummoottil Cherian

Vaseekaran Sivarajasingam

Fellow in Paediatric Dentistry

Nora O'Murchu

Member in Special Care Dentistry

Nicholas Graham Beacher

Nicola Clare Campbell

Kathryn McKenna

Member in Orthodontics

Alaa Elhusseiny Shehata Elgizawy

Karl Francis Joseph Grimes

Padraig Seamus O'Fearraigh

Member of the Faculty of**Dental Surgery**

Gamal Abdelmotalib

Yousrah Ahmed

Khaled Raja Alenezi

Ammar Muayad Mohammed Al-Hakeem

Adam Ali

Muthmaeannah Siddiquha Ali

Liam Alsop

Arumugam Anandkumar

G.J. Anbuselvan

Adam Robert Auckland

Oluwadamilola Bakare

Setareh Basirat

Alexandra Katherine Benstock

Thomas Oliver Booth

Malcolm Iain Macartan Brady

Walter Henderson Brown

Kirsteen Jane Buchanan

Nicola Clare Campbell

Amarjeet Singh Chaggar

Chiu Yee Spencer Chan

Kay Shuen Chan

Tsz King, Chan

Yuk Yan Angel Chan

Helen Elizabeth Clark

Hannah Sinead Connolly

Mike Tat Leung Cheung

Maeve Cush

Christina Elizabeth Deakin

Rebecca Elizabeth Dean

Inderpreet Dhiman

Elizabeth Ann Dias

James William Donn

Ailish Sarela Doran

Cara Marie Doran

Claragh Jane Drake

Isam Yousif Elsayed

Alhusaini Fawaz

Emma Catherine Foster

Habiba Gohur

Kitty Guo

Shalini Gupta

Sophie Colette Hassan

Orlagh Hayden

Anna Holden

Andrew Harris

Catherine Sophie Frances Hart

Emma Louise Houlston

John Patrick Howard

Azweena Ibrahim

Karm Jandoo

Nivetha Jayendran

Kate Lauren Johnson

Madeline Jones

Wai Ming Kam

Alexander Russell Keddie

Rebecca Emily Kelly

Fahad Hassan Khan

Iqra Khan

Mehjabeen Khan

Garima Khandelwal

Claire Mary King

Sze Man Lam

San Hon Lao

Kin Chung Lau

Amy Law

Ma Hai Leong

Grace Shiao Chuang Low

Minnie Lyons-Coleman

Laura Elizabeth Mahon

William Roger Marsh

Yuen Yee Ma

Helen Mather

Charlotte Luisa Mason

Gary Mc Guigan

Victoria Jayne McAfee

Callaghan Jeremiah McCarthy

James Matthew Millar

Nahla Ahmed Mohamed

Rufaida El Siddig Mohammed

Freya Victoria Mortimer

Junaid Nayyar

Salma Naz

Cheuk Kiu Peony Ng

Aysha Mariam Nijamudeen

Dominic Brenden O'Hooley

Lewis Olsson

Thomas Owen

Claire Louise O'Reilly

David Steven George Padden

Matthew Stephen Palmer

Avi Bakulesh Patel

Trishna Anil Patel

Kishan Shailesh Patel

Krishna Anilkumar Patel

Jelena Popesku

Reeva Emily Kaur Rajasansir

Deepthi Reddy

Jyoti Rehsi

Carly Ross

Roberto Sacco

Vaibhav Sahni

Wei Ning Saik

Benjamin Samuel

Gurbir Kaur Sandhu

Mandy Shek

Raghavendra M Shetty

Hannah Katharine Shields

Alishbah Anwar Siddiqui

Madhumati Singh

Jane Smith

David Spalding

Gamar Ahmed Suleiman Ali Suleiman

William John Storm

Kaetki Suri

Cheong Fai Tang

Asma Tanweer

Catriona Elspeth Joanne Taylor

Deborah Bridget Tennyson

Ahmed Hussein Hassan Torky

Michaela Garbrielle Beatrice Thomas-Hanchard

Emer Mairead Walsh

Laura Warrilow

Cameron Warwicker

Stuart William Worthington

Alyaa Samy Mohamed Zaghloul

TRAVEL MEDICINE**Fellow of the Faculty of****Travel Medicine**

Ahmad Bawazir

Andrew Buldt

Louis DeCaro

Claire James

Ka Wai Alex Leung

Susanna Roughton

IN MEMORIAM

ROBERT FLETCHER DEANE (1938-2018)



Fletcher Deane, one of Scotland's leading urological surgeons, has died aged 80. He was widely respected, nationally and internationally. During a varied life, he set up the national urology service in Oman, oversaw the introduction of the changes in urological training following the Calman Report and from 1998 – 2000 was President of the British Association of Urological Surgeons. He was also an accomplished golfer.

Fletcher was born in Glasgow on 25 March 1938. Educated at Hillhead High School, he studied medicine at Glasgow University, graduating in 1962. He also gained an MSc and lectured in physiology at Glasgow University. He was a Fellow of both the Scottish Royal Colleges of Glasgow and Edinburgh and became the youngest consultant urologist in the country when he was appointed, as he liked to tell people, as "a plumber", at the youthful age of 31 years.

He married Sylvia in 1963, who supported him totally throughout his career.

As a consultant he worked at the Western Infirmary under the leadership of Andrew Graham, with whom he had a close and friendly relationship. It was among the first departments in the country to be able to offer a "one stop" diagnostic service for common urological conditions, a process which even today is still in its infancy in many centres.

As a colleague Fletcher was a delight to work with. He was diligent in

educating trainees who held him in both respect and affection. He went out of his way to help the career progress of others, and there must be many whose success and current positions are largely due to him.

He would always have considered himself a general urologist taking on the treatment of a wide range of conditions. However, when it was in the interest of his patients he was always ready to seek the advice of others with special expertise.

"Urology Illustrated" written with Roy Scott and Robin Callander, first published in 1975 and then in paperback in 1982 remained very popular with both surgical trainees and nursing staff for many years.

In the 1970s he paid regular visits to Oman and was instrumental in establishing their Urology Service, bringing several of their trainees to work in Glasgow.

He was deeply committed to surgical training, both within his department, locally when Chairman of the West of Scotland training committee and nationally.

During the later decades of the 20th century, immense changes took place in the training of surgeons. It would not be an exaggeration to say that as far as urology was concerned he was at their very heart. As surgery had become more specialised it was recognised that the traditional FRCS examination taken within a few years of qualification from medical school was no longer in itself enough to assess trainees' abilities. Fletcher played a critical role in the discussions between the four surgical colleges in Great Britain and Ireland in establishing the speciality examination in urology, which is taken before becoming eligible for a consultant position.

In 1993 the Chief Medical Officer, Kenneth Calman issued a report radically changing the pattern of medical and surgical specialist training. Fletcher as Chairman of the national training committee for urology, steered

the speciality through these changes with his usual tact and efficiency.

By now, his abilities and personality had been widely recognised and in 1998 he was elected President of the British Association of Urological Surgeons (BAUS). In this role had an immense influence of the development of urology at the turn of the century. In 2000 he was awarded an honorary doctorate from American Urology Association.

While many would have used these national commitments to excuse them from mundane surgical work, Fletcher continued to work in the West Glasgow department. In the 1990s, along with most training programmes, a weekly session of lectures was set up for the West of Scotland trainees. That this took place on Friday afternoon could have created a problem as this was when he had his weekly day case operation list. Not so for him. The memory of the President of BAUS beaver away in the day case theatre without any support from junior staff perhaps more than anything speaks of his attitude to training and the wellbeing of those for whom he was responsible.

His other great passion after urological surgery was his considerable skill at golf, playing off a low single figures handicap. He only stopping 2 years before his death and helping the Glasgow Royal College beat the Edinburgh College in 2014.

Despite his obvious frailty towards the end of his life, he remained his usual cheerful self, interested as much in everyone else and their life as with his own, clearly immense, problems and still interested in the world of Urology and BAUS, to which he had contributed so much. He died of the long-term complications of diverticular disease and ureteric obstruction on 23rd July 2018 in the St Andrews Community Hospital. He is survived by his wife, Sylvia, his 3 sons, David, Gordon and Campbell and his 8 grandchildren.

Medical Heritage Events

**FREE
EVENTS**

Kaite Welsh – The Wages of Sin

23 Oct 2018, 6:30pm – 8pm, Adults

The Rebel Anatomist

19 Nov 2018, 6:30pm – 8:30pm, Adults

Visit the Royal College of Physicians and Surgeons of Glasgow

We are open every Monday 2-5pm*

Once a month we'll be opening up more of our beautiful building.

15 Oct 2018 (2-7pm)

5 Nov 2018 (2-7pm)

17 Dec 2018 (2-7pm for festive fun!)

To book your place please

visit rcp.sg/heritage18 or call 0141 221 6072



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

Unless otherwise stated all our events take place at the Royal College of Physicians and Surgeons of Glasgow, 232-242 St Vincent Street, Glasgow, G2 5RJ.

*From 17 Sep 2018 – 29 Jul 2019. Excluding bank holidays.



Private

dining



Enjoy a fine dining experience in the beautiful setting of the Royal College of Physicians and Surgeons of Glasgow

1599 at the Royal College offers exclusive private dining for between 10 and 120 guests for any occasion.

Using locally sourced artisan produce, our Chef and his creative team craft exquisite dishes inspired by contemporary Scottish cuisine. Our in-house sommelier can provide carefully paired wine for each course, offering an exceptional dining experience.

Discounted packages and bespoke options are available for Fellows and Members of the Royal College of Physicians and Surgeons of Glasgow.


1599
at the
Royal College

For further information please visit our website:
1599.co.uk

or contact us: bookings@1599.co.uk | +44 (0)845 388 1599
232-242 St Vincent Street, Glasgow, G2 5RJ