

NOMINATIONS FOR ELEVATION OR ELECTION TO THE FELLOWSHIP

As a Fellow of the College you have a real opportunity to demonstrate your collegiate leadership by sponsoring a member or non member to Fellowship of our College.

The Fellowship Committee is seeking recommendations for elevation to Fellowship and therefore asks Fellows to consider sponsoring suitable individuals who are practising in the UK and overseas who meet the following professional standards.

Professional Standards for Elevation to Fellowship

The award of Fellowship should imply merit. Merit is considered to be the attainment or recognition of distinction as a clinician, teacher/educator, research worker or administrator. Successful candidates are expected to hold a substantive consultant post or equivalent.

Physicians:

In the case of **Physicians**, there are two routes to the Fellowship. Those who have passed the MRCP(UK) require a single sponsor who is a Glasgow Fellow in good standing and must give a brief statement of support.

Distinguished physicians who do not hold MRCP(UK) but hold an equivalent qualification may also be elected to the Fellowship. They will have been in a consultant equivalent post for at least five years and have a track record of achievement. Two sponsors who are Glasgow Fellows in good standing are required; one of the sponsors should give a statement in support.

Surgeons and Dentists:

In the case of **Surgeons and Dentists**, most Glasgow Fellows achieve this status by passing the appropriate examination. Distinguished Surgeons and Dentists who have not passed the appropriate examination leading to Glasgow Fellowship but hold an equivalent qualification may also be elected to the Fellowship. They will have been in a consultant equivalent post for at least five years and have a track record of achievement. Two sponsors who are Glasgow Fellows in good standing are required; one of the sponsors should give a statement in support.

Fellows wishing to sponsor a candidate should complete a *fellowship application form*. To obtain this either:-

- Visit our website:- <http://www.rcpsg.ac.uk> and go to "Join Us"
- Contact by e-mail fellowship@rcpsg.ac.uk
- Telephone Mrs May Lovell, Membership Services Administrator: **tel. +44(0) 141 227 3206**

Note:

Candidates should complete part A and provide a brief CV. Proposer(s) should complete part B and provide a brief statement in support. Completed forms should be returned to the Convener, Fellowship Committee at the College.

Awards and Scholarships Notice

College Travelling Fellowships

Available to:	Specialty Registrars/Consultants
Specialty:	All Specialties
Maximum award:	£2,000
Closing Date for Applications:	20 November 2009

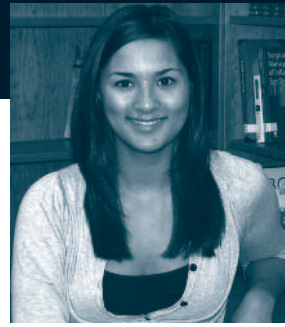
David Murdoch Memorial Travelling Fellowship

Available to:	Specialty Registrar
Specialty:	Cardiology
Maximum award:	£2,000
Closing Date for Applications:	4 December 2009

Lachlan McNeill Scholarship in Ophthalmology

Available to:	Specialty Registrars
Specialty:	Ophthalmology
Maximum award:	£1,000
Closing Date for Applications:	5 February 2010

To view the range of RCPSG Scholarships and Awards, and to download information and application forms, go to www.rcpsg.ac.uk or contact Frances Fagg: Tel +44(0) 141 227 3219 email: frances.fagg@rcpsg.ac.uk



'On the Spot'With Introductory Member Justice Reilly

Justice Reilly
Undergraduate Medical Student at Glasgow University
BSc (Med Sci) in Clinical Pathology
President of the Glasgow University Surgical Society

You have a great name! Is there a story behind your parents' choice of name?

"Thanks, my mum will be happy you said that! People ask me this all the time. She liked the word 'Justice' and what it represents. I didn't like having an unusual name growing up, but now I've grown into it".

You're an Introductory Member. How did you become involved with the College?

"As President of the Glasgow University Surgical Society I am organising the Undergraduate Surgical Conference. We had links with the College and they were encouraging and very supportive. We are now working in partnership to deliver this event which has delegates attending from 17 different UK medical schools."

How would you describe your experience as a medical student thus far?

"Fantastic opportunities! As a student, I went to Hong Kong for my junior elective and was fortunate to have a leading Head and Neck surgeon as my supervisor. Glasgow University radically reviewed its curriculum

before I enrolled requiring students to take a self-directed approach to learning. I like the responsibility of independent learning, combined with working in small Problem Based Learning groups. It provides a good balance."

What is your career aspiration?

"I love Head and Neck surgery. I like the small complex structures and attention to detail it requires. Ideally, I'd like to train in ENT or Plastics."

Thinking hypothetically now - as a newly elected President of the College, what would you do to increase medical students' involvement in College?

"The College already does a lot but it can be too modest in promoting its events. Medical students should be made more aware of what it does, and the assistance it can offer. Ideally, first year students should be made aware of this at Integration day."

Many Fellows and Members will view you and your colleagues as the next generation of doctors. How do you think your

generation's practice of medicine will differ from the current?

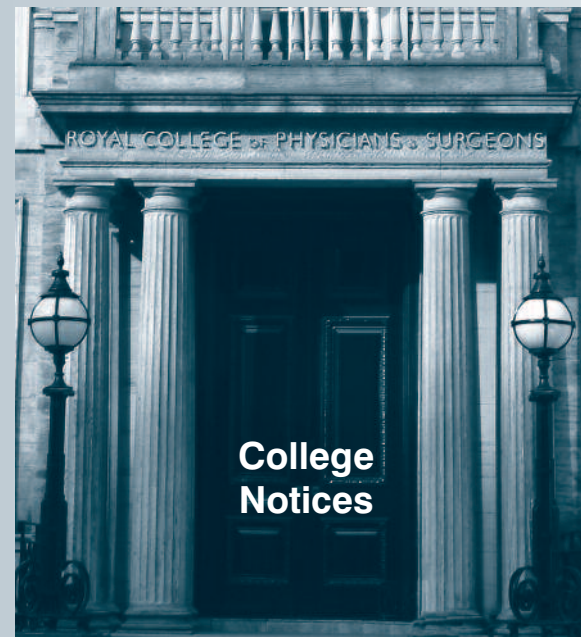
"I don't think day to day practice will change that much. The NHS will still deliver patient-centred care, though perhaps this will improve with a greater emphasis on evidence based practice and audit. A greater proportion of medical students are women, than in the past. That may lead to an increased uptake in flexible training."

What music are you currently listening to?

"I'm listening to a friend of mine who is also a medical student. She sings under the name Emeli Sande. Her music is very soulful and she has a great talent. She already has a record deal with EMI and a MOBO nomination so it's inspiring to see her succeed in such diverse fields. We have a mutual love of Beyoncé and Tina Turner."

Your fairy godmother has just come into the room and has granted you one wish. What is your wish?

"A happy, healthy family with a rewarding work-life balance".



College Notices

The **2009 Annual General Meeting** will take place on November 27th 2009 at the College at 4:30pm. For further information regarding the 2009-10 College elections, visit the home page of the College Website at www.rcpsg.ac.uk.

Forthcoming Events

November 2nd 2009

This year's Leadership Lectures programme continues on November 2nd 2009 with guest speaker Lord Advocate, the Right Honorable Elish Angiolini. For further information on our 2010 programme, please contact, the Education and Professional Development Unit on +44 (0) 141 221 6072.

December 20th 2009 at 11.00am

The Annual Church Service will be held at Glasgow Cathedral.

December 25th, 26th 2009

The College will be closed for the UK winter holiday season.

January 1st to 4th 2010

The College will be closed for the New Year's holiday.

March 31st 2010

The next Admission Ceremony will be held at Glasgow University.

College Matters

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RCPSG

Royal College of Physicians and Surgeons of Glasgow

College Matters November 2009



From the President's Office

Professor Brian O Williams PRCP(S)Glasg

The revalidation process continues. The General Medical Council is preparing a strategy and this will include a number of strands. The legislative framework is progressing and will include license to practise, standards and framework for appraisal and assessment based on Good Medical Practice, multi-source feedback and remediation and rehabilitation for doctors with difficulties. There are some concerns, which I share, that some specialties might be under the microscope more than others. This is not currently acceptable to the profession. Some medical opinion still maintains that the whole process is a "hammer to crack a nut" and populist in its intent. Others declare that it should be regarded as an excellent opportunity to improve standards for all practitioners and enhance patient care. Each practising specialist must prepare for recertification and maintain their records of annual appraisal and continuing professional development. The colleges have a duty to prepare for the processes of revalidation and to facilitate the operational aspects for their fellows and members. All aspects of remediation must be in place before revalidation goes live.

In Scotland, the 60 year old National Panel of Specialists to advise on consultant

appointment committees has been replaced. The new system went live in July 2009. A single external adviser from the specialty will serve on each consultant appointment panel in Scotland. The Scottish Academy of Medical Royal Colleges and Faculties will manage the list of advisers from an office in the Royal College of Physicians in Edinburgh. Over 200 specialists have accepted the post of adviser and the majority have undergone training for the role. More than half have already been involved in the consultant appointment process.

There is unease amongst the consultant body about apparent pressures on sessional contracts and the impression that non-clinical sessions are not valued by employing authorities. Postgraduate training and the goodwill of consultant trainers to ensure that such training and education are of the highest quality are crucial for our trainees and patient care. I would encourage all of our fellows to take advantage of opportunities to train as educational and clinical supervisors and remind employing authorities of the responsibility of all of us to prepare the next generation of not just competent but excellent specialists in the medical, surgical and dental specialties. For more information, contact Sharon Hutton,

Postgraduate Courses & Events Administrator:
sharon.hutton@nes.scot.nhs.uk

Credentialing: PMETB has proposed the formation of three groups to address issues surrounding the topic of credentialing. These include pre-CCT credentialing, non-CCT credentialing and post-CCT credentialing. There are concerns in the colleges about pre-CCT credentialing and how pre and non-CCT credentialing would differ. Credentialing is seen by some specialties as a threat to existing CCT processes.

EWTR: The European Working Time Regulations (EWTR) have been live for more than two months. There has been concern expressed that figures for "on paper" rota compliance are not necessarily in line with the reality of the impact of EWTR on patient safety and postgraduate training. Concern has also been expressed that a large number of locums are being used to fill gaps and it is hoped that these doctors are fit to practise. We are currently gathering relevant information in this crucial area.

Professor Brian Williams President



As part of the College's Malawi project we are collecting up-to-date medical books in order to provide a hospital learning centre for Kamuzu Hospital in Lilongwe. Several individuals have already donated key items and for these we are very grateful. There are, however, still gaps to be filled. The books most required by the doctors and nurses in Kamuzu are basic surgical and medical textbooks, books on anatomy and orthopaedic surgery and also textbooks for nurses. If you do not have any up-to-date books, your trainees or nurses may have some that they no longer require.

A list of the type of books and journals required can be accessed on the College website at www.rcpsg.ac.uk (follow the Malawi Project link on the front page of the website).

There must be many books currently sitting on shelves not being used and they could really make a difference to the training of doctors and nurses in Kamuzu. If you do have suitable items please contact Lynsey McNaught, Special Projects Manager email lynsey.mcnaught@rcpsg.ac.uk.

Lynsey McNaught, Special Projects Manger

Carol Parry, Library and Heritage Manager





View from afar

"The protocol read like a who's who of horrendous cytotoxics: cyclophosphamide, vincristine, cisplatin, thiotepa, carboplatin.... needless to say, our son ended up sick and miserable."

Ewan MacDermid, Surgical Research Student in Australia

shouldn't have been there. It was either a benign Something With a Long Latin Name Ending With –oma, or a very malignant Something Else With A Slightly Longer Latin Name, also ending with –oma. Joseph would need surgery in the next few days, as the Something was blocking his aqueduct and causing hydrocephalus. Whilst this discussion was taking place I remember nodding and occasionally asking questions, but having an almost complete out-of-body dissociation, similar to descriptions I'd read of ketamine or other anaesthetics. The paediatric resident was patting my wife on the hand. It was only after they had left, to arrange Joseph's admission, that I started crying at the thought of what he had in front of him.

So began a six week spell in the Children's Hospital. My mother and father were driving down Great Western road when I phoned them; choked, I had to tell them to pull over. The surgery took nine-hours, most of which I was told was spent looking down a microscope. Afterwards came a long, painful wait, for Joseph to recover and for the histology of his tumour. On the morning of the MDT meeting the neurosurgeon told us that unfortunately the white mass had been Something Else, or a medulloblastoma. The treatment would involve chemo- and radiotherapy. We awaited the oncologist's arrival, distraught, for several days. When he appeared it was to tell us that he had returned from a conference in the US where this kind of tumour had been discussed. A new chemotherapy regime, the St Jude protocol, was being used for young children with medulloblastoma and achieving five year survival rates of 70%, without the need for potentially deleterious radiotherapy. Joseph's treatment began six weeks after surgery, and was delivered through a Hickmann line. The protocol read like a who's who of horrendous cytotoxics: cyclophosphamide, vincristine, cisplatin, thiotepa, carboplatin.... needless to say, our son ended up sick and miserable. His weight dropped precipitously due to mucositis, and a feeding NG tube needed to be placed, several times as it happened, which was always a traumatic affair for everyone involved. He wasn't able to socialise with any other children for around six months, and due to his ongoing IV therapy he was usually confined to his cot or our knee. The gift of a small DVD player was a god-send, and to this day I can still recall the scripts, word for word, of *Chitty Chitty Bang Bang* and *The Sound of Music*.

Canberra is a fantastic place to work, with a wide variety of emergency and trauma presentations, and plenty of scope for outdoor activities. Maree was pregnant with our second child, and we were enjoying the ease of living in a leafy, quiet suburb. Our only quiet concern was the fact that our 18 month old son, Joseph, was still not walking or talking. He was otherwise well, apart from some early morning tantrums. His paediatrician was understanding of our anxiety, but explained that this was common, and he would probably walk soon.

Then in June, while I was finishing a week of night shifts, Maree took Joseph to stay with her family in Sydney. As I left for work one evening she called; Joseph was very unsteady, even whilst crawling, and he had developed a squint. What could this mean? To my embarrassment today, there were no alarm bells ringing. Kids get squints, don't they? Lazy eye, or something like that? Unimpressed, she called the paediatrician, who arranged an urgent MRI. I left on the train for Sydney the next morning little knowing that the next time I would return to Canberra would be to pack up our house.

I met Maree at Joseph's bedside shortly before the paediatric neurologist arrived - a kind, gentle man with the usual entourage of juniors. Quick introduction, and then in for the kill. It doesn't look good, I'm afraid. He led us, dumb, over to the light-box. MRI scans have a lot of images, and my neuroanatomy was very rusty, but even I could see that the large, egg-shaped white thing in the middle of all the pictures

During this horrendous time Maree and I were sustained not only by the fantastic care given to us by our oncologist, Richard Cohn and his team at the Sydney Children's hospital, but the help and kindness of family and friends, who did everything from putting a roof over our heads to staying with Joseph on the oncology ward. We regularly received messages of support and prayers from people neither of us had met before. I was fortunate enough to find work at short notice as a surgical registrar at the Royal Prince Alfred Hospital in Sydney, and I remain indebted to my sponsors there and elsewhere to this day.

Joseph finished his treatment in November last year, around the time our second son Finlay was born. He still has a long road ahead of him; the cisplatin has left him moderately deaf and in need of hearing-aids, and the location of the tumour has left him still unable to talk, and ataxic. The damoclean spectre of a follow-up MRI reappears every three months; thankfully, they have all shown complete disappearance of the tumour. Joseph continues to improve slowly, with the help of the physio- and occupational therapists, speech pathologists and psychologists who work with the hospital's neuro-oncology rehabilitation group. To help continue the service they provide, for Joseph and other children in the future, a dedicated group of our family and friends are fund-raising jointly for the Sydney Children's unit and CLIC-Sargent. As well as the dinner organised at the College by my mother, a CD of children's nursery rhymes with an Australian theme (*Sakt-Catz At The Bonza Vista Social Club*) is being recorded by my sister in-law and her husband, and will be available in October. It features child trumpet players and other musicians who are recovering from cancer-an inspiration to us all. And as trite as this may sound, the last year has given me an invaluable insight into the horrendous cataclysm, which occurs in every family affected by the serious illness of a young one.

Ewan MacDermid is currently completing a research degree, and is starting Higher Surgical Training in New South Wales next year. The MacDermid family, with relatives and friends, have set up a charitable trust, and fund raise for children with cancer here, in Australia and in developing countries.

For more information contact janet.macdermid@btinternet.com

EDUCATIONAL EVENTS 2009-2010

EDUCATION

The College has a busy and exciting Education programme for the winter months with a wide range of events to suit all interests and grades.

Medical Events

The College's annual *Dumfries Symposium* will take place on Wednesday 18th November at Easterbrook Hall, Dumfries. The event, which concentrates on the interface between primary and secondary care, will include talks on diabetes, tumour markers and HIV for the non-specialist.

The *Scottish Emergency Medicine Symposium*, scheduled for Friday 20th November, will address both innovations and challenges pertaining to the rapidly changing speciality of emergency medicine in Scotland.

The *Glasgow Medical Forum* will take place on Friday 11th December. This year's event concentrates on paediatric and adolescent medicine.

The *IMPACT Courses* continue to be very popular, with availability only for Courses on 21st & 22nd April and 8th & 9th June next year. Please note that this Course is for ST1s and mature FY2s only.

Surgical Events

The *Glasgow Surgical Forum* returns this year on Thursday 12th & Friday 13th November, with an exciting programme of presentations from international and local speakers. There are only a limited number of places still available for this event.

The popular *Basic Surgical Skills Courses* are scheduled to run on 25th to 27th November 2009, 3rd to 5th February and 24th to 26th March 2010. These courses are designed for trainees who anticipate a career in surgery or are preparing for surgical exams and aim to teach safe operating techniques and stress the importance of precautions for safe theatre practice.

The next *Hip, Ankle & Wrist Course* will take place on Thursday 21st & Friday 22nd January. This practical course is intended for doctors who have decided to pursue a career in orthopaedic and trauma surgery, and ideally have up to two years' orthopaedic experience.

Interdisciplinary Events

The *Update Course for Optometrists* returns on Monday 30th November. This annual event in conjunction with the Royal College of Ophthalmologists will cover a wide range of ophthalmic conditions seen in optometry practice, alongside appropriate investigations and current management.

Dental Events

An exciting event for dental care practitioners and professionals, *Maximising the Workforce – Trusting the Talent*, will take place on Thursday 19th November, and will address how a contemporary mix of talents will work together to bring new standards to dental care, reaching many more of our needy and deserving patients.

The three-day *GDC Core Competencies Symposium* on 1st, 2nd & 3rd December will provide participants with CPD points aimed at fulfilling the GDC "core competencies" requirements. It is suitable for generalist and specialist dentists alike and can be booked each day alone or in any combination as per the participant's needs.

Future events for your diary next spring....

- 2009/2010 RCPSPG Anatomy Programme: January to March 2010
- Surgical Anastomosis Techniques: 24th February
- The 5th Glasgow International Cardiology Symposium: 26th February
- MFDS Part 1 Revision Course: 1st to 5th March
- MRCP(UK) Update Seminars: 6th & 7th March
- Spring Ophthalmology Symposium: 10th March
- The 5th Glasgow Coloproctology Symposium: 12th March
- MFDS Part 2 Revision Course: 24th & 25th March

Find out more...

Further information on our events, including fees, programmes and booking forms are available on our website at www.rcpsg.ac.uk/Education/Events

Online booking is available for all events and we also accept all major credit and debit card payments online, by post or by phone.

Policy and Consultations Update

As an authoritative body in medical education and healthcare, College is frequently invited by Government and other governing health bodies to give its views on a wide range of policy issues.

Responses are formed by Fellows, Members and the College's Lay Advisory Board.

Since the last publication of College Matters, College has responded to the following consultations:

PMETB	Future Doctors Draft Policy Statement	(11.9.09)
AoMRC	Specialist Standards Framework	(21.9.09)
CHRE	Council for Healthcare Regulator Excellence	(22.9.09)
GMC	Guidance on research and AV records	(25.9.09)
DOH	The framework for responsible officers and their duties relating to the Medical Profession	(25.10.09)
NHS 24	PFPI Strategy Consultation	(30.10.09)

For further information regarding the above and other consultations visit Public Policy/Publications on the home page of the College website at www.rcpsg.ac.uk

If you would like to become actively involved or wish further information, then please contact Carolyn Capps. email: carolyn.capps@rcpsg.ac.uk



EXAMINATIONS and ASSESSMENT

'Season of mists and mellow fruitfulness.....' harvesting the 'fruits' among our Members and Fellows we are delighted to announce the appointment of two new Honorary Clinical Registrars: Dr Mike Jones, for the new Membership of the Faculty of Travel Medicine examination – applications now on the website for our first diet in January, eagerly awaited; and Dr Graham Stewart for the Diploma in Child Health – the Muscat diet being our first casualty to H1N1 virus, postponed at the last minute, will now take place in January. The words 'baptism' and 'fire' come to mind...

We have also just opened for our first diet of Part 3 FRCS Ophthalmology. As the response to Parts 1 and 2 far exceeded

our projections, we are hoping to see this trend continuing in Part 3. Watch this space.

New PACES is now underway following three very successful Examiner Training events, two of which were video linked to various local centres throughout the UK. Our thanks go to Education and Development, who, at very short notice, were able to host two candidate information events, one of which was video-linked to centres in the UK and one which was web streamed. We are looking forward to working with Education and Development to build on these events and to make the most of the web streaming facility.

Our partnership with the Golden Jubilee

Examination	Closing Date	Date of Examination
DOHNS Part 1		9 – 10 January 2010
IMRCS Parts A, 1 and 2	23 October 2009	12 January 2010
MRCP(UK) Part 1	30 October 2009	19 January 2010
DCH Oman		24 – 27 January 2009
MFTM	9 November 2009	25 – 26 January 2010
MRCP(UK) PACES	18 December 2009	1 Feb – 31 March 2010
DOHNS Part 2		8 February 2010
DTM		9 February 2010
FRCS Ophthalmology Part 3 Hyderabad	20 November 2009	8 – 11 February 2010
IMRCS Part B OSCE	20 November 2009	15 Feb – 5 March 2010
IMRCS Part 3	20 November 2009	15 Feb – 19 March 2010
FRCS Ophthalmology Parts 1 and 2	4 December 2009	23 February 2010
IMRCS Part 3 Dubai		21 – 28 March 2010
ISFE Orthodontics	27 November 2009	15 -16 March 2010
ISFE Paediatric Dentistry	27 November 2009	18-19 March 2010
MFDS Part 1	15 January 2010	29 March 2010
DOHNS Part 1		30 March 2010
MRCP(UK) Part 2	19 February 2010	8 April 2010
ISFE Restorative Dentistry	8 January 2010	29 -30 April 2010

Winter Warmer

Hot Chocolate Orange (*looks like Irish Whisky*)
Hot chocolate with a luxurious drizzle of orange-infused caramel.

Ginger in a Pear Tree (*looks like Rum Punch*)
Pear juice muddled with fresh ginger, lemon and maple syrup then finished with a sprinkle of cinnamon.

Hazard a Guess? Answer for last edition – Sir Winston Churchill

