



ROYAL
COLLEGE of
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EDINBURGH

International Newsletter



Welcome to the ninth issue of the Royal College of Physicians of Edinburgh's International Newsletter.

From our President

Our international programme is an essential and exciting part of the College portfolio. This work is coordinated through Professor Sunil Bhandari and our College staff. We are always delighted to welcome Fellows and Members to the College in Edinburgh; however, we are actively increasing our partnership work through joint conferences and initiatives. This year our Fellows will have contributed to joint conferences in Nepal, New Jersey, Jordan, India, Malaysia, Singapore and, in December, Kolkata. Our major contribution to the delivery of MRCP(UK) continues and we plan to extend our local teaching programme. Our live web-streamed programme continues and, last week, 30 centres joined us for our neurology symposium. We are also actively discussing international collaborations with the University of Edinburgh and their Global Academy workstreams, including potential support for curricula and training in Zambia.



Roll signing at the Golden Jubilee Academy of Medicine of Malaysia, 50th Malaysian-Singapore Congress of Medicine

In October I conducted a roll-signing ceremony for Fellows in Hong Kong. I enjoyed meeting New Fellows as well as familiar faces and catching up on local news and hot topics while attending the 30th Anniversary Annual Scientific Meeting of the Hong Kong College of Physicians. Also in October I led the College's Faculty visit to Dubai and delivered a keynote speech on Recognition of Acutely Unwell Patients, a major clinical problem.



Roll signing at the Royal Australasian College of Physicians' conference, Adelaide, Australia

In September, 800 delegates across a range of medical specialties and professional backgrounds from around the world came to Edinburgh for our Past, Present and Future of Medicine Conference. The conference provided a wonderful opportunity to meet with many Fellows and Members and to make new contacts. Highlights of the programme included Professor Abraham Vergheze talking about Hands on Education; Professor Sir Muir Gray leading an interactive discussion on Population Health, and Sally Magnusson and Simon Denegri talking about Patients as Co-authors

of Care. All talks are now available on our website learning.rcpe.ac.uk/enrol/index.php?id=271

The new College website and brand was launched in September and provides a more user-friendly interface with full details of all our activities including our clinical and academic programme for the forthcoming year.

The UK Government's plans to make the UK more 'self-sufficient' in doctors has led to the College calling for the Government to recognise the significant contribution that doctors, nurses and other healthcare professionals from overseas make to the NHS and ensure that the UK continues to welcome them in the future: www.rcpe.ac.uk/college/we-must-continue-welcome-overseas-doctors-nhs. Doctors from countries around the world have always played a vital and significant role in our NHS and in the delivery of safe patient care. This is part of the international exchange of knowledge in healthcare and should be strongly encouraged.

Next year I shall be visiting Nepal from 4–6 May. I hope to meet many of you during this and other visits and I encourage you to [contact me](#) if there is anything you wish to discuss.

Derek Bell

Professor Derek Bell

Edinburgh International Course in Medicine of the Older Adult 2016

Dr Rebecca Lee, Consultant in Elderly Medicine & Organising Committee Member

2016 proved to be another highly successful year for the International Geriatricians' Course. Over 100 delegates from across the world attended, coming from Norway to Australia and from Qatar to Canada. The overall theme for the week was the frail patient. Each day focused on a different aspect of this including the frail patient in a care home/acute hospital/at home, abnormal bloods, and cardiovascular disease. There was a mixture of lectures, interactive case-based discussions and workshops. For a flavour of this year's course and views from delegates and organisers, watch the video on the International courses page: www.rcpe.ac.uk/education-support/international-courses



An attractive social programme included a Welcome Reception, a tour of the College's historical buildings and a very popular evening medical history tour. In addition to the social programme, two half-days allowed delegates to explore the beautiful city of Edinburgh.



The 2016 Brian Chapman Scholarship was awarded to Dr Nhio Matambo of Zimbabwe (see his report on the right). This scholarship is awarded each year to a candidate from a DfID* priority country to enable them to attend the conference. To find eligibility criteria for the 2017 scholarship competition and enter see: www.rcpe.ac.uk/international/brian-chapman-scholarship

The next course will be **Monday 22–Friday 26 May 2017**.

Please note: The programme will be the same as 2016 and there will be a new programme in 2018! Delegates can attend the full course or on a day-by-day basis. For further information, please see the Events Calendar of our website or contact Felicity Garvie at f.garvie@rcpe.ac.uk

*Department for International Development, UK Government

The Brian Chapman scholarship recipient

Dr Nhio Matambo

I'm currently working as a senior registrar in general internal medicine at Harare Central Hospital in Zimbabwe. We have an increasing number of elderly patients coming into our hospitals every day and face challenges in terms of managing this important group of patients, especially the frail elderly.

I am really grateful to the College having helped me to attend such an important course. I really enjoyed this very informative and educational course and would recommend it to anyone looking to add to their knowledge in the field of medicine of the elderly. The programme was awesome, with excellent, world-class speakers who did not disappoint. I had the opportunity to meet with great speakers who are experts in their fields and also to meet with doctors from across the globe. I've made friends with doctors from Australia, Denmark, Finland, Iceland, Canada, New Zealand and Saudi Arabia, just to mention a few. I also had the opportunity to stay in the beautiful College accommodation which I will recommend to anyone visiting Edinburgh. I feel I've really benefited a lot from attending this course having come from a background where I had not received any training in medicine of the older adult. I can manage my patients confidently now using the cutting-edge information provided during the well-planned course.

Thanks to the College once again for organising such a powerful course and also to Dr Dorothy Chapman for presenting me with the Brian Chapman award.



MRCP(UK) examination news

New international PACES centres

The 2016/3 assessment period will be the busiest ever for PACES. Two new international PACES centres have opened and are running for the first time in Colombo, Sri Lanka, and Bengaluru, India. These along with other new centres running in Malta and Kochi, India, earlier in the year has helped expand capacity internationally to enable candidates to take PACES locally. Find out where you can take PACES: www.mrcpuk.org/mrcpuk-examinations/paces/uk-international-centres

Fees freeze

The 2017 fees for all three parts of the MRCP(UK) Diploma will be frozen for the fourth year running. This, combined with the 23% reduction for the Specialty Certificate Examination (SCE) fees introduced earlier in 2016, demonstrates MRCP(UK)'s commitment to a continual review of costs while investing and driving improvement in academic quality and support for physicians in the UK and internationally.

Changes to MRCP(UK) Part 2 pass mark and PACES skills pass marks

The pass mark for the MRCP(UK) Part 2 Written Examination has been changed. From the next sitting of the Part 2 Examination in 2016/3 an overall scaled score of 454 or greater will be considered a pass.

In accordance with the MRCP(UK) standard review processes, it has been determined that the PACES skill pass marks will change from 2017/1 onwards. The minimum acceptable total mark will remain the same at 130. To pass PACES, candidates must attain a minimum standard in each of the seven skills and also a minimum total score across the whole assessment.

For more details see: www.mrcpuk.org/news/mrcpuk-paces-changes-skills-pass-marks-20171

Global Health Prize

The 2017 Global Health Prize is now open for entries with a closing date of midnight on Friday 13 January 2017. This essay-based competition is a great way for students and young doctors to reflect on key issues relating to Global Health while also boosting their CVs.

The Global Health Prize is open to all medical students and doctors in their first year post-qualification (FY1 equivalent) and entrants are asked to write an essay of no more than 1,500 words on one of the following questions:

- Overseas medical electives: Good for students? Good for host centres?
- Non-communicable disease – the 21st century challenge in global health?

Two winners (one Medical Student and one FY1 Doctor) will each win £125 cash, plus a free place at the 2018 Global Health Symposium (date tbc), where they will have the option to present their work as a poster. A limited contribution towards travel costs is available.

For full information and eligibility criteria, please visit www.rcpe.ac.uk/international/global-health-prize. Please feel free to pass this invitation on to any students or colleagues who may be interested.

Medical Training Initiative

The College's Medical Training Initiative continues to increase in size with 28 doctors in post receiving up to two years' training in the NHS. Seven doctors took part in 2015. The current trainees are from Bangladesh, India, Jordan, Malaysia, Myanmar, Nigeria, Pakistan, Sierra Leone, Sri Lanka, Sudan and Trinidad & Tobago. Another 10 doctors are due to start in the coming months from Bahrain, Malaysia, Myanmar, Pakistan, Trinidad & Tobago, Yemen and the USA.

This month we held another successful induction event for MTI trainees in collaboration with the GMC. The 'Welcome to UK Practice' event aimed to help doctors deal with practical and ethical issues that arise in daily practice. This was followed by a tour and reception at the College – see the group photo of some of our MTI doctors below.



In 2017 we hope to offer opportunities to trainees in most specialties. We particularly seek trainees to benefit from training posts in Acute/ General Medicine and Elderly Medicine/Geriatrics. If you know any suitable candidates who would be interested in this great opportunity, please encourage them to contact Shona McGlynn s.mcglynn@rcpe.ac.uk or Ninette Premdas n.premdas@rcpe.ac.uk

The inaugural Pan African Thoracic Society meeting, Nairobi 2016

Dr Peter Reid, Associate Director of Education, Royal College of Physicians of Edinburgh

African populations bear a disproportionate burden of the world's respiratory morbidity and mortality, but with few resources. Pneumonia remains the leading cause of death in childhood and the impact of tuberculosis, particularly when combined with HIV, is at its greatest in Africa. Important non-communicable diseases are on the increase including chronic obstructive pulmonary disease and asthma.

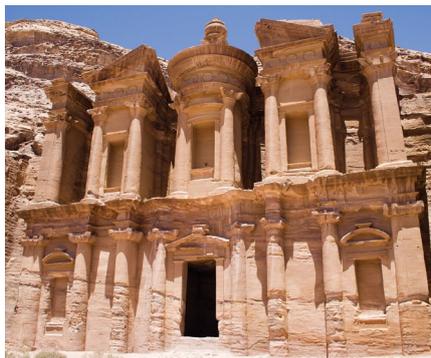
The Pan African Thoracic Society (PATS) was formed to create a representative African respiratory society for the continent and to address the high burden of respiratory illnesses in Africa. The overall aim of the society is to promote lung health in Africa through education, training, research and advocacy. I was invited to represent the College at the inaugural PATS Congress that took place in Nairobi in April 2016. The conference was themed 'Breathing life into Africa', and brought together health professionals from across Africa and beyond to focus on the challenges in paediatric and adult lung health faced by the continent. During the conference, a mix of African and other world speakers concentrated on major respiratory health issues, with sessions on the prevention, care and control of infectious and non-infectious diseases and the challenges faced by paediatric and adult practitioners.

An important component of developing African respiratory medicine is through encouraging relevant research. The PATS - Methods in Epidemiologic, Clinical and Operations Research (PATS-MECOR) course was initiated by Professor Stephen Gordon, a Fellow of the College, and presentations from selected MECOR fellows enriched the conference. Numerous

posters and cases were presented by other enthusiastic young trainees.

In my current role in the College I am aware of the huge amount of work that is required to transform the ideals and ideas of a symposium or conference into a reality. Professor Heather Zar, Dr Joseph Aluoch and the other members of the scientific committee are to be warmly congratulated. It was impressive to see support not only from the College, but other august organisations including the World Health Organization, the American and European Thoracic societies and the International Union Against Tuberculosis and Lung Diseases. Perhaps even more impressive was the engagement of the Government with Dr Cleopa Mailu, Cabinet Secretary for Health in Nairobi, opening the conference and acknowledging the significant burden of respiratory diseases to the continent. The dynamic vibrant atmosphere throughout the meeting bore testimony to clear leadership and vision in engaging the younger generation of African respiratory trainees and giving them confidence to improve lung health in Africa.

The College and Jordan in harmony with education and training



Professor Sunil Bhandari, International Director, Royal College of Physicians of Edinburgh

In May 2016, the President, Professor Derek Bell and I, along with eight other College Fellows, presented talks at the 13th International Jordanian Conference of Internal Medicine under the

patronage of Her Royal Highness Princess Basma Bint Talal. Professor Mohammad Ghnaimat, President of the Jordanian Society of Internal Medicine and Overseas Regional Advisor for the College, in collaboration with our Fellow Dr Kerri Baker, organised an exciting programme covering the whole spectrum of medicine with 18 local speakers providing a wealth of information. Delegates had an opportunity to quiz the expert panel on topics such as hyponatraemia, antimicrobial issues in Jordan, animal bites and the potential benefits of sunlight.

The meeting also provided an opportunity for me and Professor Bell to meet the Minister for Health in Jordan and other distinguished doctors from the military hospital with a fruitful discussion on plans to develop, in collaboration with the College, an international training program for Jordanian trainees who hold the medical training program in such high regard.



Professor Bell, Her Royal Highness Princess Basma Bint Talal, Professor Mohammad Ghnaimat, Dr Nayef Abdallat

Our guests ensured that our stay was cemented with the opportunity to experience the traditional food of Jordan, its music and the wonders of historical sites. These included the Dead Sea (the lowest point on land below sea level) and Petra, the famous landmark and one of the new Seven Wonders of the World. Petra was originally known as Raqmu to the Nabateans who carved the huge array of buildings from sandstone including the famous Al Khazneh Treasury building featured in the *Indiana Jones* movie.

In December, the President, Dr Simon Hart, Professor Rebecca Reynolds and Professor Jean McEwan and I will

be attending the 3rd International Conference on Advanced Medicine jointly organised by Peerless Hospital & BK Roy Foundation, the College and API, West Bengal Chapter, to give lectures on a variety of topics. I am indebted to Dr Dipankar Bhattacharjee and Dr Sujit Kar Purkayastha for organising this meeting.

Federation visit to Malaysia

Donald Farquhar, Consultant Physician, St John's Hospital, Associate Postgraduate Dean, South East Scotland Deanery

A formal visit by the Federation of the Royal Colleges of Physicians took place in December 2015. Representatives from MRCP(UK), the Joint Royal Colleges of Physicians Training Board (JRCPTB) and the Continuous Professional Development team (CPD) took part. During the short visit, the delegation met Datuk Seri Dr S Subramaniam, Minister of Health, and the key organisations responsible for postgraduate medical training in Malaysia.

Malaysia has seen a steep increase in the number of postgraduate doctors requiring structured training over recent years. There has been an expansion of private medical colleges in Malaysia and an increasing number of its citizens travelling to other countries for undergraduate medical courses. There are two potential training routes for aspiring physicians at the present time.

The University Masters Programme is organised by the Conjoint Board and provides a structured training programme over four years which results in a MMed. However, there are significant capacity issues with many trainees unable to access this system. This led to development of a 'parallel' training programme whereby trainees work for three years in Department of Health hospitals and need to pass MRCP(UK). Completion of either system permits access to higher

speciality training. The popularity of the 'parallel' programme has led to increasing demand for MRCP places with demand exceeding supply. There is also a demand for preparatory materials and courses for the examination.

The Federation party had meetings with the Conjoint Board, the PACES Organising Committee (Malaysia), the Malaysian Medical Council, the College of Physicians and the Academy of Medicine of Malaysia. The MRCP examination was discussed as was the structured training system in the UK. CPD development in the UK was also described.

The visit was extremely valuable in permitting the Federation to understand the training issues in Malaysia. It was also hoped that the Federation visit might act as a catalyst for change – with development of a more structured training within the 'parallel' system. This year has seen substantial increase in availability of PACES places in Malaysia – from 150 in 2015, to a planned 285 in 2017. Penang is being developed as a second PACES centre to support Kuala Lumpur. It is hoped this will mean Malaysian trainees find it much easier to obtain a place in the future. The Federation is also in discussion with the three Royal Colleges of Physicians in the UK on the issue of preparatory materials and courses for MRCP.

The Federation has been advised that great progress has been made in Malaysia on a common internal medicine curriculum and a more structured parallel training system. The JRCPTB has offered to support this if requested. 'Training the Trainers' is a key area in this – as it is in the UK.

The Federation visit was felt to have been very successful and fostered the strong links that already exist between Malaysia and UK medicine.

Caring for the elderly in the Central Coast, New South Wales, Australia

This article has been submitted by Dr Mei Min Soong, Community Geriatrician, Wyong Hospital, Australia, to share information with other Fellows about the local context in Australia.

Australia is currently facing an ageing population. According to the Australian Bureau of Statistics, in 2014 the estimated population in New South Wales was 7.5 million with almost two thirds of the total population living in Greater Sydney and the highest proportion of people aged 65 years and over living on the Central Coast. The Central Coast has an estimated population of 323,079. It has been estimated that by 2022, one in four hospital beds will be occupied by a person aged over 85.

We work closely with both government and non-government funded organisations to provide early assessments for home help, respite care, residential placements and information on day care, dementia-specific social clubs, supports and services available in the community.

Two community geriatric medical teams in Gosford and Wyong Shire provide consultations, medical and driving and capacity assessments for patients who live in their own homes, hostels or in nursing homes.

A group of specialised nurses work with the aged services emergency team (ASET) and are divided into three teams. They work closely with the geriatric medical team:

- ASET Emergency department (ED) sees patients who are complex and over the age of 65 who come through the ED and are comprehensively assessed and admitted directly to the geriatric medical admitting team
- ASET Behavioural assessments provide prompt reviews and management plans for

patients with behavioural and psychological symptoms of dementia both in hospital and in the community

- ASET Outreach provides early recognition of, and intervention in, the disease process and promotes and maintains health in the community

Our team of dementia care nurses assist with assessments in the community, run the 'Living with Memory Loss Program' (specifically designed for people with early stage dementia) and manage the carers' support groups.

The Stepping On Program is a community initiative of the Local Health District and a free program for those aged over 65 who are at risk of falling, and provides education and exercise programs to reduce falls. An active over-50 program offers affordable group exercise classes in Aqua Fitness, Ballroom Dancing, Gentle Exercise, Strength Training and Tai Chi. Classes are available at over 25 Central Coast venues.

Demands for our services are increasing and will continue to do so as our population grows and ages. Our community engagements play a key role in helping us meet future demands by treating patients in their own homes, preventing unnecessary hospital admissions, improving lifestyle and health and helping to empower communities to take more responsibility for their own health and wellbeing.

The Challenges and Opportunities in providing High Quality Cardiovascular Care in the Caribbean Case Study: Jamaica

This article has been submitted by Ernest Madu, Edwin Tulloch-Reid, Dainia Baugh and Lisa D'Oyen to share information with other Fellows about the local context in the Caribbean.



In 2005, the Heart Institute of the Caribbean (HIC) began operations in Kingston, Jamaica with the mission of improving access to and quality of cardiovascular care to the people of the Caribbean. We believed, and still believe, that a global imbalance exists in the availability of modern cardiovascular care with 80% of access available only in the richest countries where cardiovascular care accounts for only 20% of global need. This imbalance has created an exploitative system where the poorest countries of the world depend on care from the richest countries, often at exorbitant cost. Citizens from low-resource nations expend considerable financial and emotional capital accessing high quality cardiovascular care in high-resource nations, further depleting limited reserves from low-resource nations. We find this arrangement inequitable, unjust and morally unacceptable. This article provides insight into the challenges of embarking on the mission to provide sustainable, high-quality cardiovascular care in the Caribbean, as well as the opportunities that exist despite the challenges. We believe that lessons learned and successes attained here can be replicated in other low-resource settings and so help alleviate the access gap in high-quality cardiovascular care in these regions.

Ensuring patient satisfaction and improving operational efficiency in the delivery of sustainable, high-quality cardiovascular care has not been an easy mission. Since the beginning of operations in Jamaica, HIC has encountered and learned to negotiate myriad structural, institutional, socio-economic and behavioural barriers that have acted as impediments to the mission. We believe that these impediments are to be found in variable forms in other low-resource nations. In

Jamaica and much of the Caribbean for example, individuals with the means and access to the USA have long depended on facilities in Florida and other parts of the USA or Western world to access cardiovascular services, usually at excessively high rates. Those institutions that have benefited from this arrangement have been active over decades in promoting such an arrangement. Even though inimical to development of sustainable cardiovascular care infrastructure in low-resource nations, the practice is frequently accepted as the norm and indeed welcomed and appreciated by a significant and influential group within these countries. Challenging this paradigm was considered radical and was met with resistance by those who believed that comparable high-quality cardiac care (even if desirable) was not achievable locally and those that have become too comfortable with or benefited from the status quo. We believed that such a system that was designed to cater for the few who could afford expensive care overseas while neglecting the vast majority of Jamaicans, was not an appropriate approach and was detrimental to development and group progress. We also recognised that the nature of cardiovascular disease requires that every society must ideally have a properly developed local program as time is critical in providing proper care given the highly unpredictable and often sudden nature of a cardiac emergency.

This issue was compounded by low general health literacy with respect to cardiovascular care and the obvious information asymmetry. Many patients relied on a paternalistic approach to care and depended solely on their physicians as the source of information for their health-related concerns, and thus did not feel empowered to seek second or alternative opinions. HIC sought to change this by raising awareness of the reality that cardiac emergencies are life threatening

and must be addressed by highly qualified cardiologists supported by other cardiovascular specialists with access to appropriate technology.

Bureaucratic hurdles were also a significant challenge. We encountered a disjointed and unwieldy approval process which added significantly to the exposure to financial risk and general cost of doing business. These hurdles arose partly because of scepticism and partly because of the complexity of the operations we proposed. This was compounded by the absence of accessible finance and favourable terms of trade. Most multilateral agencies appear to be structured to provide non-regenerative basic aid supporting short-term medical missions to developing and low-resource countries rather than financing sustainable healthcare development projects. We believe that this paradigm is rooted in a mindset aligned with deeply entrenched affinity to dependency and so difficult to shake from the collective consciousness. The transition in thinking has to be made from dependency and short-term fixes to long-term, meaningful and sustainable development.

To bridge the access gap and make high-quality cardiovascular services available to all Jamaicans, HIC recognised that relevant education and appropriate use of technology were the main components of sustainable healthcare development. The programme at HIC is designed to maximise use of the advances in technology focusing on multi-modality systems that are readily adaptable to low-resource settings, easily serviceable and durable enough to withstand the stresses of the local environment. The programme further focuses on skills acquisition and the training of local personnel to improve internal capacity and minimise the need for dependence on foreign entities.

Eleven years since beginning operation, HIC has made a complete transition to a full service Heart



Hospital and is the only Heart Hospital in Jamaica. We provide full outpatient and inpatient services in our locations in Kingston and Montego Bay, including complex cardiovascular interventions like coronary angioplasty and device implantations. Both facilities are open 24 hours a day, seven days a week and have facilities for angioplasty within minutes of patients experiencing an acute cardiac event. We have two additional full-service cardiovascular clinics in Mandeville and Ocho Rios operating as outpatient facilities but with referrals to facilities in Montego Bay and Kingston for more demanding care. We have also opened Heart Stations across Jamaica to make care easily accessible to indigent patients in lower income and rural communities. In addition to operating a 24-hour Emergency Chest Pain Center and providing specialised cardiac ambulance service, HIC has designed a new model that grants open access to emergency cardiovascular care to the most vulnerable group of patients at no cost. The free emergency angiogram programme launched in 2015, is based on the belief that open and accelerated access to coronary angiograms without financial consideration would lead to a quick diagnosis and allow clinicians to define effective treatment strategies and give patients early diagnosis. By eliminating the financial hurdle to diagnosis in an emergency, patients can apply their often stretched resources toward treatment if necessary. For the past 10 years, HIC has provided USD1.5 to 2.0 million annually in free or subsidised care to financially challenged patients. We also supported many

programs aimed at nation-building including providing free cardiac screening for young Jamaican athletes and their coaches, funding youth development programs and sporting activities and providing free cardiovascular care to Jamaican icons in their golden years. We also lead many innovations that have improved the overall system of healthcare services delivery in Jamaica. For these efforts, HIC won several awards and recognition including the NBC Nation Builder and Innovation Award 2014 and the American Chamber of Commerce Corporate Social Responsibility Award 2015.

We continue to work towards our mission of opening access to high-quality cardiovascular care in the Caribbean through innovative and creative solutions, and believe that many lessons can be learned from our experience in Jamaica. We have used critical innovations to expand access and empower patients despite the challenges, including the use of a telemedicine platform where patients can access a second opinion from international experts on demand (employing a cross-subsidy model to allow those with more limited income to pay less), financing care for the most vulnerable through our self-financed HIC Foundation, the establishment of Heart Stations in communities where patients can access basic heart checks locally at heavily subsidised rates, and the hosting of public health forums where patients can gain information that will encourage them to take steps towards achieving a heart-healthy lifestyle.

Our experience reinforces our core belief that high-quality cardiovascular care based on smart use of technology and expertise, is achievable in low-resource nations if driven by the appropriate dose of passion and commitment.

A proposal for developing future training models for doctors in Kerala

Professor S Krishnakumar has submitted this article to share information with Fellows about the local context in Kerala.

In Kerala, there is inadequate provision of general professional training for newly qualified doctors. The state produces 3,150 medicine graduates every year from 24 colleges in this small state of 33 million people. The institutions run by the Government produce the best output and the private institutions lag behind in many aspects. There is no uniformity in the quality of the graduates emerging from different institutes. Among these, only 250 are able to enter advanced training through an annual entrance examination. The modern doctors spend their time preparing for repeat entrance exams and do not concentrate on general practice.

Two-thirds of physicians, beds and institutions are under private control and many have state-of-the-art facilities, infrastructure and qualified trainers. However, these hospitals are unable to attract promising junior doctors as it does not aid their career development.

It is the need of the hour to develop an accredited general training facility which can standardise and improve the quality of general practice in this region.

Aims

- To develop a Kerala model for future training of doctors on a par with the standards of Royal Colleges
- To coordinate government and private sector and use the available resources for such a programme
- To adapt the Modernising Medical Careers initiative which leads to a Certificate of Completion of Training which can be integrated with the present graduation as an internship.

Methodology

The proposed training model would be in private institutions (similar to the UK's Core Medical Training), monitored, supervised and audited by the RCP London. The Medical Training Initiative (MTI) is an excellent example of how collaborations can be mutually beneficial. Trivandrum Alumni are already a partner for the MTI programme with the RCP London and hosted the first MTI interviews by the RCP London outside UK. These trainees can register to access the UK's e-portfolio as the MTI candidates are being assessed in the UK. This allows trainees to log all evidence of their experience and courses for their training period. If a similar program is envisaged by RCP London in partnership with the Alumni (a similar program runs in Chennai partnering Harvard University with the Ramachandra institute), it would facilitate the development of trainees of the highest medical calibre for the region. It will also help deliver evidence-based medicine and patient-centred care in an environment of continued professional learning and research with doctors being trained to meet the changing needs of patients, society and the healthcare system.

The scope and opportunities

RCP training and certification is very much valued in India. MRCP (UK) is now recognised by the Indian Medical Council and the state authority is considering it for state promotion. The Alumni are already partnering for the MTI programme and have an MRCP (UK) study centre in the learning and research centre of the Medical College, Trivandrum, inaugurated and supported by the regional international advisor of the RCP London. There are more than 25 fellows of RCP London in the alumni in Trivandrum. They are faculty for the MRCP training programme and are available for supporting RCP London in a junior doctors' training programme. Most of them are involved in assessing the competence of trainees, peers and other health professionals

and are as reasonably comfortable using educational assessment tools as they are using more clinically-focused diagnostic tests.

Results

It will provide evidence for the future doctor type concept of training in the region with patients at the centre, excellent patient care, patient safety, patient satisfaction and doctors are trained to meet the changing needs of patients, society and the healthcare system.

Conclusions

The epidemiologic shift, demographic changes and redistribution of disability burden necessitate the need for a revolution in the healthcare system with emphasis on the role of the health professional and design and delivery of health education. Patient-centred care and patient experience must underpin all developments in modern healthcare. Educational supervision, mentor training and provision of high-quality training in a suitable environment are all in need of attention.

Professor S Krishnakumar MD MRCP(UK) FRCP FRCPE FRCP(Glas), Director and nephrologist, Sut Royal Hospital, Trivandrum, India and RCP London International Advisor

Future topics

We are keen to learn of the views and opinions of medical practices around the world. If you would be interested in writing an article about medical practice/issues in your country, or indeed on any other topic you are interested in, then please get in touch by emailing us at International@rcpe.ac.uk

