Welcome to the 10th issue of our international newsletter which shares College news with our Fellows and Members around the world.

From the President

It was a pleasure in March to welcome our new international Fellows to the College from Hong Kong, Myanmar, Nigeria, Singapore and the USA. Our international membership in over 90 countries continues to expand and we take the opportunity to develop our global links wherever possible: I have just returned from Nepal and the Philippines where I had the opportunity to meet many Fellows and Members. In Nepal I spoke about asthma COPD overlap syndrome (ACOS), and acute kidney injury (AKI) at the 13th International Conference of the Society of Internal Medicine of Nepal. I shall return to Nepal in October to speak at a Respiratory Update Symposium. I was also delighted to be invited to deliver the AG Sison Memorial Lecture at the 47th Philippine College of Physicians’ Annual Convention.

2017 is proving to be another busy year: in July I look forward to attending the Diamond Jubilee Celebration of the Academy of Medicine in Singapore, held in conjunction with the 51st Singapore–Malaysia Congress of Medicine. In August I will visit Myanmar and in September I shall attend the 50th Annual Scientific Congress of the Ceylon College of Physicians in Sri Lanka. We hope to host a College roll-signing ceremony for local Fellows in Myanmar and Sri Lanka as well as in Pakistan in November when I attend the 16th Shaukat Khanum Cancer Symposium. Further details about roll-signing and any other events during my visits will be communicated in due course.

I hope to meet many of you during these visits and I encourage you to contact me using president@rcpe.ac.uk if there is anything you wish to discuss.

Professor Derek Bell

MSc Internal Medicine Scholarships 2017

Applications are now open for 2017 scholarships for the MSc in Internal Medicine. This part-time, three-year distance learning course is run jointly by the University of Edinburgh and the Royal College of Physicians of Edinburgh. Each year, the College awards several scholarships with three levels of sponsorship offering full or partial funding, dependent on the applicant’s circumstances. The deadline for entries is midnight (UK time) on 30 June 2017. For full eligibility criteria and to apply online, please visit: www.rcp.ac.uk/careers-training/msc-internal-medicine
MRCP update

MRCP(UK) on LinkedIn

The new MRCP(UK) company page on LinkedIn has information about the research and wider work with international partners that MRCP(UK) is undertaking.

‘Fit to sit’

MRCP(UK) has adopted the ‘fit to sit’ rule – any candidate who turns up to sit an exam is certifying themselves as fit to do so. This means that they will not accept appeals based on exceptional circumstances of which the candidate was aware before they took the exam.

Part 1 results tips and performance report

To help candidates to interpret their Part 1 results letter, MRCP(UK) have published some tips on the MRCP(UK) website. The tips cover what the different scores mean and how to identify weaker areas.

MRCP(UK) has also published performance reports which allow candidates to see how they compared with other candidates. These new reports give details about the overall examination and topic performance of candidates and include demographic statistics. They aim to help candidates understand more about the required standard of the examinations and be better prepared. Reports are available for the 2017/1 Part 1 and Part 2 written examinations. MRCP(UK) is also planning to develop something similar for the Part 2 PACES examination.

PACES Station 2 and 4 processes survey

In 2016 an online survey was sent to the international Federation lead examiners and administrators who run PACES. The survey was designed to gather information about Station 2 and 4 processes, including surrogate recruitment and satisfaction with scenario content.

The key findings have been summarised in a report. According to the results, there are high satisfaction levels with the timing and process of providing surrogate information. It was also found that PACES centres prefer to receive scenarios as soon as possible ahead of the examination; the Scenario Editorial Committee has recently developed guidance to streamline the process of selection and vetting for international centres.

Locations have different approaches to recruiting surrogates, using both medical and non-medical staff. Factors affecting the choice of surrogates include timing/flexibility, fluency in the English language and age. There are also high satisfaction levels with the content of Station 2 and 4 scenarios, including medical conditions covered, and the cultural and social content. Some centres also made suggestions as to content (e.g. travel/holiday destinations and sporting activities) that could be incorporated into the vetting guidance to improve selection.

PACES expansion

A successful pathfinder in Penang, Malaysia was held in January this year. The pilot examinations were well organised, ran smoothly and according to plan. The centre will run its first diet of PACES from 7–9 July 2017, overseen by the Federation lead for Penang, Dr Ong.

International Web Streaming Update

The College currently web streams its major symposia to over 70 host sites around the world, and this number is consistently on the rise. We stream live broadcasts of our world-class conferences to hospitals, medical schools and universities completely free of charge to the host site as we are keen for our medical education to be available to as many people as possible. Set up by a local Fellow or Member, these web streams are a great opportunity to catch up with the latest techniques and advances from around the world; international delegates can also join the discussion by asking live questions to the speakers here in Edinburgh via Twitter or email.

We are delighted to welcome new web streaming sites in South Tamil Nadu, India and Batu Pahat, Malaysia. Five new hospitals have joined us from within the Riyadh area in Saudi Arabia and other new sites have joined us from places such as Pakistan, Sudan, Australia and the United Arab Emirates. Please check our website at www.rcpe.ac.uk/international/live-streaming-events-across-world to see if there is a host centre near you.

For more information on setting up a host centre please contact our International Assistant, Heather Dyson, on h.dyson@rcpe.ac.uk or visit our website at www.rcpe.ac.uk/international/live-streaming-events-across-world
Global Health Prize 2017

Every year the College invites medical students and newly qualified (Foundation Year 1) doctors to enter our Global Health Prize competition. Entrants are asked to write an essay on one of two topics, which are judged by the College’s International Development Group.

We had a fantastic response with some very interesting and inspirational essays from students and young doctors across the UK and further abroad in countries such as Bangladesh and Nepal.

We are delighted to announce that this year’s winners were Foundation Year 1 Doctor Uchechika Iroegbu from Sheffield, UK, and Medical Student Jennifer Rossiter from Manchester, UK (pictured), whose essays were chosen as the most inspiring and that demonstrated the authors had benefitted from the associated research.

The 2018 Global Health Prize will open in October 2017. For full details and to read the winning entries please visit our website at www.rcpe.ac.uk/international/global-health-prize

The College in collaboration with Peerless Hospital and BK Roy Foundation, Acute Physicians West Bengal Chapter in Kolkata

Professor Sunil Bhandari,
International Director

In December 2016 the President, Professor Derek Bell, and I, with three other Fellows, presented talks at the 3rd Annual Acute Medicine Meeting in collaboration with Peerless Hospital and BK Roy Foundation, Acute Physicians West Bengal Chapter.

Dr Sujit Kar Purkayastha, Dr Dipanker Bhatacheria, their organising committee and I organised an exciting programme covering the whole spectrum of medicine with 10 local speakers providing a wealth of information. During the seven academic sessions, delegates had the opportunity to quiz the expert panel on topics such as pre-eclampsia, vitamin D deficiency and challenging issues in critical care where there is no ‘do-not-resuscitate’ policy. This exchange in knowledge with an interactive audience culminated in a lively debate on ‘Should modern-day medical practice override socio-economic issues in the developing world?’

The meeting also provided an opportunity for UK fellows to visit Peerless Hospital and view the excellent medical facilities available, including the critical care unit. We had fruitful discussions on plans to develop further meetings and training for local doctors. The next meeting will be held from 9–10 December 2017.

Our hosts ensured our stay was complemented with the opportunity to sample the traditional food in Kolkata and experience the wonders of the historical sites around the bustling city.
In February this year the College participated in a visit to Lusaka Apex Medical University (LAMU). Zambia continues to suffer from a significant shortfall of all health workers. The current doctor–population ratio is 1:17,589, with a recommendation from WHO of 1:5,000.

There are three Government-run medical schools in Zambia. Private medical schools include the Cavendish University in Lusaka and LAMU. Established in 2008, LAMU is a private medical university conceived and implemented by eight Zambian professionals, founder members, who saw the need to address the country’s critical shortage of human resources in medical and health sciences. LAMU makes a significant contribution to meeting the healthcare workforce challenges, not only for Zambia but for some surrounding countries. As well as degrees in medicine, LAMU offers a range of degrees in healthcare including nursing. The subject areas taught through traditional models reflect the needs of the country and many of the programmes of study are based on national curricula and are accountable to the respective regulating authority.

Following a visit in 2016 by a delegation from the Zambia United Kingdom Health Workforce Alliance (ZUKHWA), a request from Professor Evarist Njelesani was received for ZUKHWA to organise a ‘needs assessment’ visit to LAMU. In response, ZUKHWA liaised with other UK-based experts in medical education including the College. The College and Professor Derek Bell were happy to take a lead, with ZUKHWA acting as facilitators. Professor Sunil Bhandari, the College’s International Director, also assisted in this evaluation. Jeanette Stevenson, the College’s Head of Education and Training, represented the College during the visit. Delegates met key post holders within LAMU including the full range of clinical teachers, managers, financial advisers and students. An extensive review of services was conducted including the three non-clinical university campuses, the University Teaching Hospital, Cancer Diseases Hospital and the Levy Mwanawasa General Hospital. This included all components of the training except for community-based placements.

The challenges to LAMU include developing leaders, capacity development of faculty members, quality assurance and introduction of innovative methods of teaching and evaluation of competencies. To meet these challenges, partnerships and relationships need to be developed with motivated external academic organisations to develop a research base, provide mentoring and support capacity development. Following the visit, suggestions and recommendations were made relating to leadership and governance, strategy, physical accommodation, capacity and curriculum development. The full report will be available on the ZUKHWA website in due course.

The College’s MTI continues to grow with 35 doctors in post receiving up to two years’ training in the NHS. The current trainees are from Bangladesh, India, Jordan, Malaysia, Myanmar, Nigeria, Pakistan, Sierra Leone, Sri Lanka, Sudan, Trinidad & Tobago and the USA. Another 10 doctors are due to start this year from Bahrain, Egypt, Malaysia, Myanmar, Nepal, Trinidad & Tobago, the USA and Yemen.

We can usually offer opportunities to trainees in most medical specialties. We particularly seek trainees to benefit from posts in Acute/General Medicine and Care of the Elderly. If you know 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

There has been a recent change to MTI visa allocation by the Academy of Medical Royal Colleges. Applications from countries not considered a priority by the UK Government’s Department for International Development or World Bank low or lower-middle income countries will be placed on a waiting list and processed only when there is capacity. This means start dates for applicants from the non-priority countries cannot be predicted accurately as applications may take some time to process. Initial indications are that, in some cases, NHS Trusts and Health Boards are willing to wait for the right trainee but this cannot be guaranteed. More details of the changes and the priority countries can be found at www.aomrc.org.uk/news-and-views/important-changes-medical-training-initiative-prioritisation-process/
Medical Training Initiative – a view from Nepal

Dr Rajesh Gongal was Founding Dean of the School of Medicine of Patan Academy of Health Sciences, Nepal, and previously the Medical Director of Patan Hospital. In 2000, Dr Gongal and three colleagues established the first hospice in Nepal. Nepal is trying to develop palliative care from its currently limited provision. Dr Gongal joined the MTI programme in 2015 and was based at Northern Ireland Hospice with rotations to Belfast Cancer Hospital and Royal Victoria Hospital.

I applied for training through the College’s Medical Training Initiative to acquire skills in managing more complex patients and find out how palliative care is managed in community and hospital settings. I also wanted to learn how palliative care is integrated in the medical curriculum and how multidisciplinary teams work together for the benefit of patients and families.

As most patients were looked after in the community, only more complex cases were admitted to Northern Ireland Hospice which gave me the opportunity to learn to manage complex situations.

As the physician on the ground, I admitted patients and this provided me with the opportunity to get to know the patients and families very well and develop a rapport that went beyond a simple doctor–patient relationship; we became good friends. I came to realise that just listening to patients and giving them time, which sometimes they had never had in a busy hospital setting, had more therapeutic impact than many drugs we use. The calming effect of the Hospice environment helped soothe sensitive nerves.

Many patients had complex psychosocial and spiritual pain. I learned how a multidisciplinary team consisting of social workers, physiotherapists, occupational therapists, chaplains and physicians, work together to help patients and families.

It was intriguing for me to see how most patients were open to discussion about death and dying. This was a great experience for me and slowly I became more comfortable discussing difficult issues with patients and families, which is very different from Nepal. Many families will not allow us to discuss the diagnosis of cancer with the patient. A frank discussion will only be possible with a few patients. This gave me more confidence to have such discussions with patients here.

I came to realise that although many of the patients were open to discussion at the end of life, society as a whole is, perhaps, still not so open about death; it is still a taboo subject. Advanced care planning in community settings is much less than desired.

Nepal was a death-accepting society in the past. People believed in karma (destiny) and re-incarnation. In old age people, would give up their home and family ties to go and live in places near a holy river until the end of life. Now, we have become a death-denying society. Nobody talks about death. Family will forbid you to discuss it with the patient, citing reasons like the need to keep hope alive and to prevent depression.

I have now been back in Nepal for four months. I feel more confident in dealing with more complex situations and managing complex pain and other symptoms. I now use syringe drivers early for symptom management. I have started using ketamine orally and subcutaneously to manage pain better. I am also more confident using adjuvants like pregabalin, gabapentin for neuropathic pain as well as steroids for symptom management. I have changed the drug prescribing chart aligning with the one we used in Belfast which has helped reduce drug administration error.

We have begun admitting patients with non-malignant conditions and started assessing the need for palliative care for non-malignant conditions, in rural areas where we have worked in the past. As the burden of non-communicable disease increases, the need for palliative care will increase. It seems prudent to combine the care of patients with chronic conditions with palliative care, especially in rural areas, to make this more cost effective.

I have started discussions in the hospital to develop palliative care services and have organised a week of training for general practitioners working in 20 of Nepal’s 75 district hospitals. The general practitioners have a very important role in improving health care delivery in rural Nepal.

I feel more confident discussing difficult issues with patients and relatives. The transition from a death-accepting society to a death-denying society is interesting. I am beginning to discuss with members of the community what society wants end-of-life care to be like. This is of course going to be a long process. I hope that the insight gained from my work in the UK will help me understand this phenomenon better and help develop care in keeping with the needs of the society.

I believe that overall we have been able to improve the care of patients and their families. I am very happy I decided to do the MTI fellowship in Belfast and am very grateful to Royal College of Physicians of Edinburgh and Northern Ireland Hospice for the opportunity. There is a lot to do in the field of palliative care in Nepal but I am confident that the scenario in ten years’ time will be completely different to today. It is my conviction that palliative care will be more widely available to the people, both in urban and in rural areas.
Brian Chapman Scholarship 2017

In 2015, the Brian Chapman Scholarship was awarded for the first time to enable a doctor from a DfID priority country to attend the Edinburgh International Course in Medicine of the Older Adult, a five-day event run annually in May by the College. Many developing countries are ill-prepared for the predicted burden of caring for increasingly large elderly populations, not only due to scarce medical resources, but also because of a lack of health workers trained and skilled in the management of older patients. The College is committed to helping raise standards of healthcare globally and this is why the course directors decided to create the scholarship.

The scholarship is named in memory of the late Dr Brian Chapman, a distinguished Edinburgh Elderly Care physician who made significant contributions to the International Course and to the work of the College during his career. The award covers travel, accommodation, course fees and visa costs for the successful candidate(s) to attend the course.

We are delighted to announce that Dr Hein Yarzar Aung from Yangon and Dr Nirish Vaidya from Nepal won this year’s scholarship.

Dr Hein Yarzar Aung is a Consultant Physician and Senior Clinical Lecturer for General Internal Medicine at Medical Unit 1 of Yangon General Hospital, University of Medicine 1, the biggest tertiary hospital in Myanmar. Dr Aung looks after inpatients and outpatients with medical diseases and, of these, about 40% are older adults with chronic diseases, so he is very interested in medicine of the older adult.

Dr Vaidya completed his undergraduate degree in medicine (MBBS) at Kathmandu University Medical School, Dhulikhel Hospital, and worked there for almost two years in the Intensive Care Unit and Department of Internal Medicine as a house officer. After this he worked in his own family clinic for almost a year as a house officer. The hospital where Dr Vaidya worked is regarded as the best community hospital in the nation as well as one of the best medical institutions. He is currently in his second year of MD residency in Internal Medicine while pursuing MRCP UK exams – he has passed Part one, with Part two to follow soon.

Free Student and Foundation Membership

Medical students, doctors within their first two years of work and physician assistants can join the College for free as a Student and Foundation Member. If you work with or teach students or juniors, please let them know this is available.

Members get access to our online education portal and are invited to participate in our Trainees & Members’ online survey panel.

Future topics

We are always keen to learn of the views and opinions of medical practices in different parts of 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

A charity registered in Scotland No. SC009465