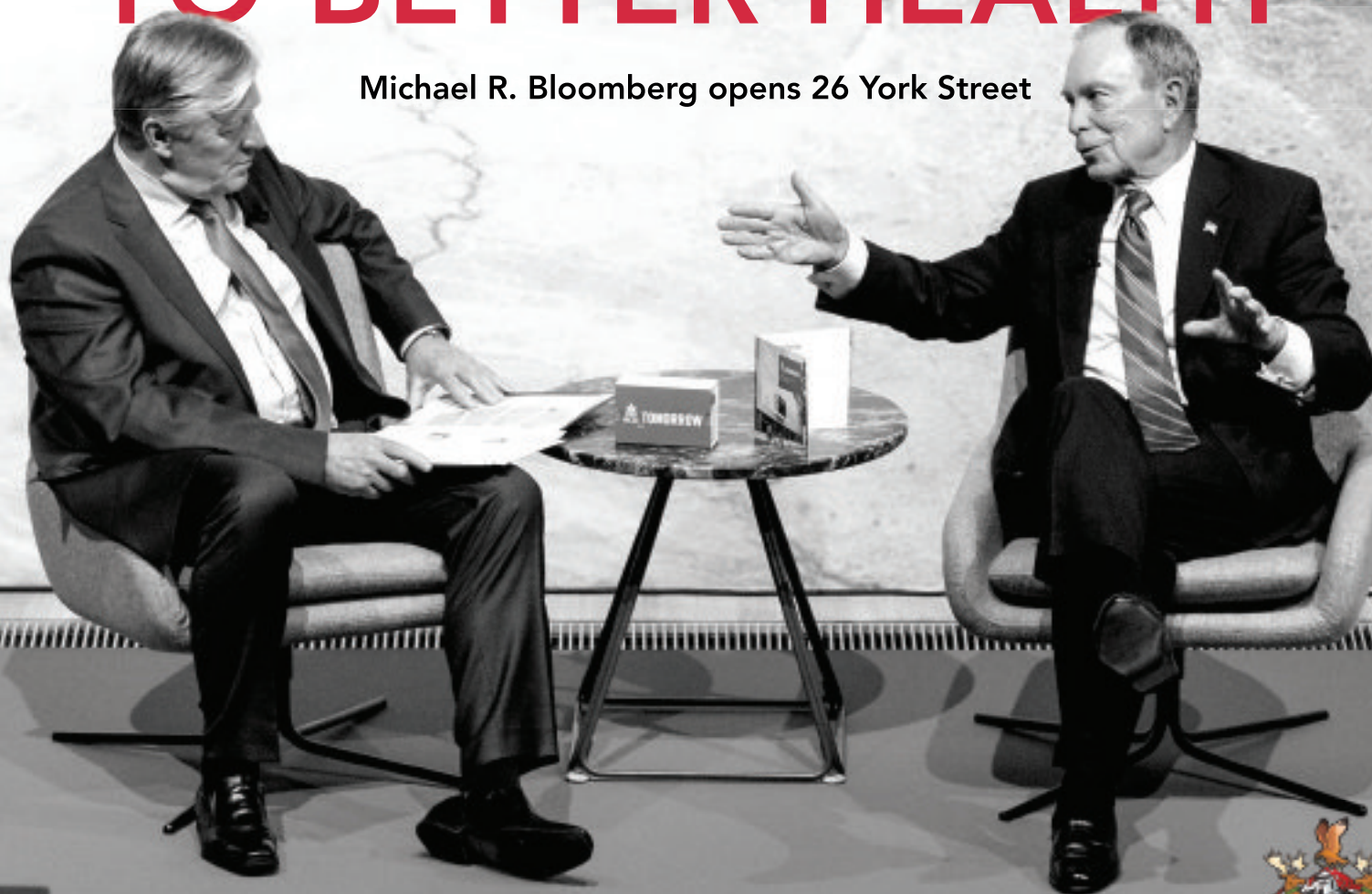


RCSI

ALUMNI MAGAZINE 2018

LEADING THE WORLD TO BETTER HEALTH

Michael R. Bloomberg opens 26 York Street



GLOBAL HEALTH 2030
**THE URGENCY
OF ACTION**



RCSI

€345,000

Over the **past 12 months RCSI alumni and friends donated €345,000** to support student programmes across the College.

THANK YOU ALUMNI

EDUCATIONAL PROGRAMMES

CLINICAL ELECTIVES

23

students were given the opportunity to enrich their training by gaining valuable experience in teaching hospitals worldwide.

RESEARCH SUMMER SCHOOL

13

students were able to participate in the summer school which provides the opportunity to work alongside Principal Investigators and gain truly valuable experience in a clinical and laboratory setting.



53

students had an **UNFORGETTABLE EXPERIENCE** thanks to the generosity of alumni.



SCHOLARSHIPS

12

students were awarded scholarships in 2017 thanks to alumni gifts. Our range of scholarships offer support to students who excel academically and are passionate about developing a lifelong career in medicine.



STUDENT HARDSHIP

This fund is a much needed life-line for students who find themselves in unforeseen financial difficulty during their studies. Gifts from alumni over the last year have ensured that these students have been able to continue their studies at RCSI.

AND THERE'S MORE... IN 2017 ALONE ALUMNI RAISED FUNDS FOR A FURTHER 6 NEW SCHOLARSHIPS!

If you would like to support student programmes at RCSI you can do so by visiting **donate.rcsi.ie**.

If you are a donor from the USA visit **friendsofrcsi.com**.

OR call Paul in the Alumni Office on **+353 (0) 1 402 2729**, he would be delighted to hear from you.

LETTER TO ALUMNI

I am delighted to welcome all alumni, especially the Class of 2018, our newest cohort of graduates, to the RCSI Alumni Magazine 2018. In this issue we reflect on our understanding of what it means to be an alumnus of the College. Our alumni network is a broad church. Our graduates are doctors, surgeons, pharmacists, nurses and physiotherapists caring for patients in healthcare systems all over the world. Our graduates are running hospitals, leading medical centres, shaping healthcare policy, and conducting valuable research. Many of our graduates are renowned in their field of work, have attained success and have changed and lengthened lives. Some are training surgeons in Africa (*The Kindest Cut*, page 28), another helps run a country (*A Life's Work*, page 56). To our younger graduates, for whom collegiality will gain importance as their careers develop, the support and advice of senior alumni is invaluable. But, we ask if enough is done to foster collegiality. We invite alumni to have their say (page 14).

At RCSI, we embrace the new, while remembering the precious parts of the past that really mean something. At the official opening of our new building at 26 York Street, Michael R. Bloomberg, global entrepreneur and philanthropist, joined us to mark this special occasion (page 10). 26 York Street was also the place where past and present RCSI head porters were reunited. Their chat about the past became a feature (*Making an Entrance*, page 6). Read it and remember!

As is evident from the rest of the pages that follow, our alumni network is stronger than ever. Not bound by geographic region, current workplace or degree, this truly global active network is the means to connect with fellow alumni by both virtual means or at our gatherings, reunions and events. A virtual connection is great but the opportunity to meet in real life is even better – and better still, if you return to campus, rekindle memories, reconnect with friends and colleagues, the chances are strong that you will maintain lifelong links. For our part, our aim is to locate and contact alumni all over the world, and facilitate alumni to connect professionally, keep in touch socially and become involved with our philanthropic work when appropriate (*Fitting Tributes*, page 32). We encourage all alumni to stay in touch. There is always a welcome on the mat for you!

AÍNE GIBBONS

DIRECTOR OF DEVELOPMENT – ALUMNI RELATIONS,
FELLOWS & MEMBERS



NOMINATIONS NOW OPEN

I am delighted to announce that the inaugural Alumni Awards will take place in spring 2019 – with nominations now open! The Alumni Awards set out to celebrate and honour the outstanding achievements of RCSI Dublin alumni, from all disciplines, who, as global healthcare leaders, are educating, nurturing and discovering for the benefit of human health. Visit rcsi.ie/alumniawards to submit your nomination today.



PROTECTING YOUR DATA

RCSI is committed to protecting your privacy. New laws governing how we manage your data and communicate with you have been introduced. To enable you to receive invites for reunions, events and scientific conferences and to continue to stay in touch with classmates, please keep us informed of any changes to your details. You can update your information anytime online at rcsi.ie/alumni, by email to alumni@rcsi.ie or by calling the Alumni Office directly on +353 (0) 1 402 2523.

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The story of Dr Hedy Fry (Class of 1968)



ON OUR COVER

The Grand Opening of 26 York Street and the launch of the RCSI TOMORROW Campaign. Photo: Bloomberg Philanthropies.

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Your comments, ideas, updates and letters are welcome. Please contact Sonja Lee, Alumni Relations Manager at RCSI, 123 St Stephen's Green, Dublin 2; telephone: +353 (0) 1 402 5187; email: sonjalee@rcsi.ie.

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OUR HERITAGE

RCSI was founded by Royal Charter in 1784 as the national training and professional body for surgery. The College flourished from the very start and in 1810 moved to its present location on St Stephen's Green. In 1978, RCSI became a recognised College of the National University of Ireland and in 2010, RCSI was granted by the State, the power to award its own degrees.



DOING THE ROUNDS

COLLEGE NEWS, ALUMNI UPDATES, RCSI IN THE COMMUNITY AND ACROSS CAMPUS ...

The 'Time Capsule Project', celebrating RCSI Class of 2017's ambitions, was unveiled at 26 York Street in June last year.



THE TIME CAPSULE

The 'Time Capsule' art installation, by artist **VANESSA DONOSO LÓPEZ** and curator **CLODAGH KENNY**, consists of clay *bullae*, each one representing an individual time capsule, unique and personalised to each student, featuring their student number and containing a wafer-thin etched metal scroll outlining the personal ambitions of the specific student.

The clay used to make the *bullae* came from soil gathered from three sites relevant to RCSI including: the original site of the first ever meeting of RCSI in 1780 at The Elephant Tavern in Essex Street, Dublin 2; the Rotunda Hospital, where RCSI held their meetings from 1784 until 1810 when the main RCSI building on St Stephen's Green was opened; and the site where the new building is located on York Street.

The 'Time Capsule' installation will remain intact over the next 40 years of the 2017 graduates' careers, until the 2057 class reunion when the *bullae* time capsules will be opened by the alumni, revealing the career and life reflections that each had when graduating back in 2017.



RESULTS DAY

As is the long-standing RCSI tradition in Dublin, the results for the Class of 2018 were read from the staircase of the York Street entrance of 123 St Stephen's Green.



26 York Street opens

Providing hands-on practical, professional healthcare training in multiple learning and study environments, RCSI is the largest and most modern facility of its kind in Europe. The facilities provide a world-class clinical learning environment attuned to the needs of a changing healthcare world, delivering a truly transformative clinical learning experience. Read more on page 10.



Taking their first step ...

In September, RCSI welcomed more than 700 new undergraduate students to the College's three campuses in Dublin, Bahrain and Malaysia.



Open Day

More than 600 students from secondary schools throughout Ireland got a taste for life as a medical, pharmacy and physiotherapy student at the RCSI Open Day in January 2018.



RCSI in Top 2% in World in THE University rankings

RCSI has been ranked among the top 2% of universities worldwide in the 2018 Times Higher Education (THE) World University Rankings 2018, announced in September 2017.

RCSI's performance in the rankings is linked in particular to the College's strength in the area of citations, which is an indicator of the growing impact of RCSI researchers on the international health sciences research landscape. The College's field-weighted citation impact (2.06) is the highest in Ireland and twice the world average with the score increasing from 81.7 to 92.8 out of 100 in the past year.



International Night is the culmination of a month-long series of events during RCSI Cultural Diversity Month which showcases culture, traditions, food, music and dance from RCSI students' home countries. Eighty-four countries are represented by the RCSI student body.

Honorary Doctorates

RCSI alumna

Professor Barbara Murphy (Medicine, Class of 1989) was awarded an Honorary Doctorate at the May 2018 RCSI Dublin Medicine Conferring. Professor Murphy is a world-renowned transplant nephrologist and immunology researcher whose work focuses on the use of genomics and genetics to predict and diagnose outcomes following kidney transplantation. She is the third RCSI graduate to receive this award.



Dr Siddhartha Mukherjee,

a pioneering physician, oncologist and author who has redefined the public discourse on human health, medicine and science, received an Honorary Doctorate at the May 2018 RCSI Dublin Higher Degree Conferring.



With a longstanding commitment to inclusion and equality throughout her career, The Honourable

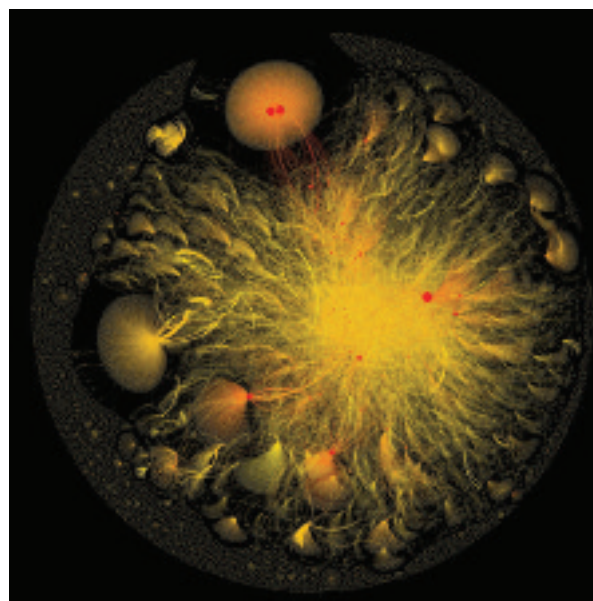
Catherine

McGuinness, who is currently a Member of Council of State, Patron of the Irish Refugee Council, Patron of the Irish Foster Care Association and Chair of Údarás NUI Gaillimh (Governing Body of NUI Galway), was awarded an Honorary Doctorate at the November 2017 RCSI Dublin Conferings.



'Concussion' doctor

Dr Bennet Omalu was awarded an Honorary Doctorate at the June 2017 RCSI Dublin Medicine Conferring, for his contribution to understanding traumatic brain injury.



Wellcome Image Awards 2017

An image created from a visualisation of Twitter conversations about breast cancer created by a team at RCSI was the only Irish winner at these prestigious international science images awards. The image entitled "#breastcancerTwitter Connections" was generated from 92,915 tweets collated over an eight-week period. It illustrates how Twitter can depict a dynamic global conversation around healthcare issues.

The Code of Practice for Surgeons

was launched at the annual Charter Day Meeting in January 2018. Developed by RCSI, the professional training body for surgery in Ireland, the Code of Practice for Surgeons aims to consolidate the national guidelines which surgeons are obliged to follow. It also provides guidance on how a surgeon should deal with a situation where they feel their ability to meet their professional responsibilities is compromised.



At the launch (L-R) Professor Sean Tierney, Dean of Professional Development and Practice at RCSI, Professor John Hyland, then President, RCSI, with Council Members Ms Camilla Carroll and Mr Joe O'Beirne.



Portrait of Ethna Gaffney

ART AND SCIENCE

In November 2017, RCSI unveiled two new portraits; of Professor Ethna Gaffney (1920-2011), the first female basic sciences professor, Department of Chemistry & Physics, RCSI and Professor Ellen Moorhouse (1928-2004), the first female clinical sciences professor, Department of Clinical Microbiology.



ALUMNI PORTRAITS

Two alumni portraits to be hung on the new 'Inspiring Excellence' wall in the RCSI Dubai head office were unveiled at the RCSI Reception in Dubai in November 2017 (photographs on page 52). Selected in recognition of the difference they are making in healthcare across the UAE, the first two honorees are **Dr Mohammad Al Redha** (RCSI Dublin, Medicine, 2003 & RCSI Dubai MSc, 2007) and **Sheikha Dr Alia Humaid Al Qassimi** (RCSI Dubai MSc, 2008).

TWO IRISH FIRSTS FOR RCSI



Professor Jan Sorensen, RCSI; Ms Loretta Callaghan, Novartis; and Mr Eunan Friel, Healthcare Management Institute, RCSI.

In February 2018, RCSI hosted Ireland's first national conference on healthcare outcomes. This was followed, in April 2018, by Ireland's first national conference on professionalism in healthcare, hosted by RCSI.



Annual RCSI Teddy Bear Hospital welcomed 350 local children.

€4m Haemophilia Study Launch

Ground-breaking study will improve patients' quality of life through personalised treatment.

RCSI, Science Foundation Ireland (SFI) and Shire, in partnership with the Irish Haemophilia Society, jointly announced a new €4m patient-orientated study entitled "The Irish Personalised Approach to the Treatment of Haemophilia (iPATH)". Haemophilia is a genetic disorder that predominantly affects men, with approximately one in 3,000 males in Ireland affected.



Left to right: Professor Ray Stallings, RCSI; Brian O'Mahony, Irish Haemophilia Society; Professor Mark Ferguson, SFI; Professor John Hyland, Professor James O'Donnell, both RCSI; Peter Turecek, Shire.



Chair of the Working Group, Ms Deborah McNamara, Consultant in General and Colorectal Surgery, Beaumont Hospital, Minister for Health, Simon Harris TD and Dr Ailin Rodgers, Senior Surgical Trainee

Gender Imbalance

RCSI is implementing a series of measures to encourage more women to become surgeons. While more than 50% of medical graduates are female, just 34% of surgical trainees are women, while less than 7% of consultant surgeons are women. A published report, led by a working group established by RCSI, identifies the lack of access for women to high quality surgical fellowships, working conditions during pregnancy and supports available to those returning to work after absence as among the barrier to female progress in the profession.

■ WORLD-CLASS RESEARCH CENTRE

Funded by Science Foundation Ireland (SFI) and industry partners, the RCSI-led, world-class SFI Research Centre, FutureNeuro, will focus on the diagnosis, monitoring and treatment of chronic and rare neurological diseases.

futureneurocentre.ie

New President for RCSI

On 7th June 2018, Mr Kenneth Mealy was elected as the new President of RCSI. Mr Mealy is a Consultant General Surgeon with a special interest in gastrointestinal (GI) surgery, based at Wexford General Hospital. He is Lead of the National Clinical Programme in Surgery and is Clinical Director of the National Office of Clinical Audit (NOCA).



Professor John Hyland, Immediate Past President, RCSI and Dr Milliard Derbew, President, COSECSA

RCSI and COSECSA (the College of Surgeons of East, Central and Southern Africa) held a reception at 26 York Street to celebrate ten years of successful partnership between the two surgical colleges. Guests included Minister of State for the Diaspora and International Development and diplomatic and ministerial delegations from Ethiopia, Uganda, Mozambique, Tanzania and Liberia.



Mr Kenneth Mealy with outgoing President, Professor John Hyland



A FIRST FOR RCSI GAA

For the first time in the history of the club, RCSI Men's GAA team won the All Ireland League Final, beating DCU in November 2017. In March 2018, the Ladies' team followed suit, becoming All Ireland champions - a tremendous achievement for the team which celebrates its ten-year anniversary this year.



■ RCSI-BEAUMONT HOSPITAL WIN 129TH DUBLIN HOSPITALS CUP

RCSI-Beaumont Hospital was crowned the winner of the 129th Dublin Hospitals Cup, beating UCD's Mater Hospital on a final score of 27-12. The victory, which took place in December 2017 before a packed crowd in Old Belvedere RFC, brought RCSI-Beaumont Hospital's nine-year drought to an end.



OLIVER O'FLANAGAN

■ THE ANNUAL CHARITY CHALLENGE

More than 50 students, staff and special guests turned out to raise awareness of and support for the issue of obesity at RCSI Bahrain in October 2017 during the annual Charity Challenge event. Organised by the Community Engagement team and billed as the "Tour de Bahrain", the event saw participants clock up a total distance of over 1,100km on stationary bikes, while raising funds for the Bahrain Diabetes Society.

MAKING AN ENTRANCE

RCSI has a rich and colourful history dating back to 1784 and, while the College is rooted firmly in the 21st century, it retains many customs you won't see in its newly launched virtual tour. We talk to three RCSI custodians about how they came to be the backbone of the College, the keepers of curiosities and minders of traditions that make up the character of RCSI.

Toastmastering Duties

Former Head Porter Terry Slattery recalls the first occasion he was called upon to take on the role of Toastmaster: "When the Toastmaster died, Billy Hederman (then President of RCSI) said: 'Why not get Terry to do it?'. I was friendly with the porter in Iveagh House and he gave me a few pointers. I took to it, learning the correct protocol, who takes precedence, announcing dinner, introducing the speakers and so on."



From left: Head Porters Frank Donegan, Terry Slattery, Jim Sherlock



PORTRAIT OF THE PORTERS

The RCSI triumvirate – Terry, Jim and Frank – are well known by alumni for their unfailing courtesy and for going above and beyond the call of duty for students. But what brought them to the College in the first place? They recall how they found themselves at RCSI and what kept them there.



TERRY SLATTERY

Head Porter 1981 – 2001

Terry was working for an agricultural equipment company when it went bust and he was unemployed for all of three weeks before being snapped up for the position of Head Porter at RCSI. He only accepted the position after consulting a family friend, Mrs Rice from Rice's public house on St Stephen's Green (which RCSI students regarded as a second home) who told him to go for it. When the job interview progressed to being shown how to number desks in the Exam Hall, he had an inkling he had passed muster. "I was to start immediately. I vividly remember my first week: The Stardust fire happened on the Friday, and the following night was the biggest date in the College



Managing the Cellar

Back in the old days when RCSI would host Edwardian dinners with nine courses, paired with suitable wines, the cellar contained some distinguished and valuable wines laid down by Mitchell's Wine Merchants for the College. Terry Slattery remembers unearthing and decanting bottles of ancient port. Today, supplies of wine are brought in as needed.



Clockwise from far left: Terry Slattery pictured beside his portrait which hangs outside the entrance to the Old Library. Note the formal dress and Mace, customary for conferrings and other special occasions; the original examinations hall; Terry returns to the College in January 2018 to see how the new building at 26 York Street has evolved.



calendar – the Charter Day Dinner. I manned the switchboard that weekend and call after call came through to know if it was going ahead. We couldn't cancel it as so many had travelled from overseas, but it was a very subdued occasion with many of the surgeons working in the Jervis Street and Richmond hospitals trying to mend people. It was the first occasion I had to carry the Mace. It's a symbol of the President's Office, a very grand ornate protection that, fortunately, I have never had to deploy.

"My father Patrick was a prison officer in Mountjoy Prison so I grew up in the grounds of the prison. As an altar boy, I would serve Mass for the nuns in the beautiful chapel of the Mater Hospital and then for the prisoners in Mountjoy. My dad was the easiest man. He was happy if you could do two things well – polish your shoes and sit up straight. He had been in the Irish Guards in World War I, fought at Paschendale and in the Battle of the Somme and marched in the Victory parade in 1919. He was a wonderful cook, having been billeted in French houses observing what Madame was putting in the pot. It was good that he was as my mother, Winifred Casey, was a great housekeeper but no cook.

"At RCSI I was deeply conscious that I was the first person you would meet coming in the door. It was important to project a warm, gracious welcome. I observed that many people who came through the doors might be a bit nervous. I liked to put them at their ease. I'd take the newspaper over and have a few words. I gradually absorbed the history of the place, its significance. I understood it was [at that time] a private college, students had paid fees for

the privilege, that they worked hard to become doctors, and I would want to do everything in my power to help them.

"The Mace always travelled with the President. Mother Teresa was to be conferred with an honorary fellowship. We were off to Rome, via Heathrow, and I had the Mace in the overhead bin, along with Mother Teresa's citation in an antique frame, and the President's chain of office in a bumbag round my waist. Unbelievably, we made it through security. In Rome, in the stifling August heat, the conferring was to take place between the columns of a gorgeous church. In dismay, I saw that the set-up involved a battered kitchen table. I had to find a white tablecloth in a hurry – easy, any Irish convent would have 20 laundered to hand ... but not in Rome! Breakfast, with Kellogg's cornflakes and Chivers jam, in the loggia of the Irish College followed, and then lunch in the Villa Spada, the Irish ambassador's residence. You would need skis to walk on the beautiful Donegal carpets, the pile was so deep.

"We conferred degrees on two kings of Malaysia in the palace in Kuala Lumpur. The throne room was breathtaking. But, back in Dublin we had a beautiful building too, and a Francini ceiling and a Bossi fireplace. Visitors and VIPs were always impressed by the College's history. When Nancy Reagan came for the unveiling of a portrait of her late father, Dr Loyal Davis, an Honorary Fellow of the College, the White House and the American Secret Service sent a huge team over. I remember Mrs Durcan, who was in charge of catering, excelled herself with a lovely spread for the special guest. But not a morsel passed the lips of the First Lady who just had half a glass of soda water!"

Jim Sherlock, beside a bust of Past President (1998-2000), Barry O'Donnell.



What Goes on Tour Stays on Tour

In 2001, on the RCSI rugby tour to Kuala Lumpur, Brian Hogan (father of Niall who captained Ireland), decided to host a toga party in his quarters on the upper floors of their hotel. Head Porter at the time, Jim Sherlock, who was managing the tour, and his wife Ellen, found themselves on the guestlist. "We toggled out in the sheets from our bed and entered the lift, with a bottle of whiskey for our host. The lift opened and there was Kevin O' Malley [CEO of the College] and his wife Mary, wearing black tie and gown, on their return from a formal dinner with the alickadoos. We didn't speak about it afterwards."



Pomp and Ceremony

Ceremonial dress is de rigueur for conferrings and other formal occasions and gowning is the responsibility of the Head Porter (who wears white gloves for the occasion). Gowning takes place in the Sir Thomas Myles Room. As well as robes for the President of the College and academics, those receiving honorary fellowships and doctorates are also suitably gowned. Repair, maintenance and storage in special cabinets are the remit of the Head Porter. Chains of office and medals are expertly cared for by Weirs.

JIM SHERLOCK

Head Porter 2001 – 2013



Jim left school at 14 to train as a watchmaker at a jeweller's in Grafton Street, attending the Horological Institute in Blanchardstown to study the craft. With the demise of the mechanical watch on the horizon, Jim decided to apply to Dublin Airport to work on mechanical aviation instrumentation, only to discover all the other watchmakers in town had the same idea. At the time, his mother worked at RCSI, as did his sister, so he got

wind of a job opportunity and the rest is history. Jim worked at RCSI for 30 years until his retirement in 2013. He still returns to invigilate at exam time and also does simulated patient work. His son, Mark, attended RCSI and is now a consultant endocrinologist and his granddaughter Laura works in the Alumni Office at RCSI, giving the Sherlocks a fourth-generation link with the College.

"In the mid-1980s there was very high unemployment. And watchmaking was going nowhere. In 1983, I made a decision to go for the RCSI Assistant Porter job. [Jim later became Deputy Head Porter in 1987 and, when Terry retired in 2001, Head Porter.] I remember thinking I had entered a timewarp. It was July, no students about, so quiet. I got a rude awakening when I went into the Anatomy Room. After that, I couldn't eat the corned-beef sandwiches my wife had made for me. The College was very different then, one medical school, one six-year programme. It felt like one big family.

"The students relied on us [the porters] totally. If they had a problem, we were there. That was the spirit of the College. You would pick up on the ones who were struggling a bit and try and support them. I used to marvel at the students. They were so clever, always passing their exams but able to have a ball too. I remember the students who studied very hard. I used to have to run Cathal Kelly [now Chief Executive of RCSI] out of the reading room at night. The students just loved this place and at the reunions you can see how delighted they are to be back.

"Some of the highlights for me were the tours, soccer and rugby. I was the manager of the soccer team from 1990 until 2011. In 1994 the team went to the World Cup. We spent three weeks playing all over the States. I remember once being in Philly, in a pub, all of us wearing our blazers and slacks. One of the team had a gold Visa card. We told everyone we were the Ireland soccer team. We looked the part. We even had a player called Howe Sen Kok who the Americans believed was Paul McGrath.

"Some of the most memorable times were the rugby tours to South Africa and to Australia. I'd bring along my wife Ellen who'd be mother hen, adopting all the students, keeping an eye on them. In 1998, we arrived in Capetown to play Motherwell, a township outside Port Elizabeth. The tribal dancers outside the stadium just blew our minds. There were 10,000 spectators to watch the post-apartheid all-white team. In Durban, in the Umslang township, we were to play the teachers and students from the local school. They were so poor, they had to move the cattle off the pitch and used poles and a rug for the goals. It was a good game, and afterwards we went into the school for a shower and a meal. Conditions were very primitive. We put on our slacks and blazers and went into the schoolroom. The table was full of food, rice and vegetables. All the kids were looking in the windows. We realised that the families in the area had all contributed their food, and would probably go without a meal that day. We just couldn't have it, knowing we could go back to our hotel and eat whatever we wanted. We called all the kids in to eat instead. We left everything that day – our first aid kit, water bottles, balls, clothes. They had nothing. After we returned home, I contacted all the clubs in the country and gathered together €50,000 worth of kit and equipment and sent it to them." Jim also accompanied the hockey teams and ladies soccer teams on tours to Hong Kong, Malaysia and Singapore.

The Archive of Medical Instruments

There were about 50 boxes in the basement filled with medical instruments when Jim Sherlock, Head Porter, and a former watchmaker, tackled the job of identifying and collating the instruments with the help of reference books and other sources. RCSI has the largest archive of its type in the country.

FRANK DONEGAN

Head Porter 2013 – Present



Frank was born and bred on York Street. His family home was in the flats in a building since demolished on the site of RCSI's 26 York Street. He lived with his mother and father, three sisters and his grandfather.

"It was a great place to live. The people were superb, they'd feed you if your mam was out, they'd look after you like their own. You never went to a doctor – they all had great cures. I had a very strict upbringing. My

dad was very quiet, not a skilled man but worked all his life to provide for the family, first as a coal worker with Donnelly's, then with Semperit Tyres. He was stern and I was always in trouble, mainly for nothing I had actually done. I remember one occasion when he picked me up, slung me over his shoulder and deposited me over the counter in Kevin Street Garda Station. In those days the guards would come and pick you up for no particular reason, take you off, give you a few digs. I left Whitefriars school at 15 and went to Mount Street tech for a couple of years, then got thrown out. There were no jobs so I went to England for a bit. When I returned, I remember the day everything changed for me: I was in the hall of 29E and I saw the Garda car that had picked me up a couple of days before. To get away, I walked into RCSI and, before Terry could usher me out again, I explained I was looking for a job. Now, I'd never imagined that I might end up in RCSI, the posh place across the road. But, in the lobby, I met Michael Horgan (a former CEO of RCSI) returning from a local residents' association meeting. The association had been established by my mother who was always very active in the community. Michael knew me and he told me to come back at 2pm. I went home to my grandfather who I had a very close bond with and who was a big influence on me. I borrowed a suit and went back to RCSI to meet Michael and Michael Egan, a pathology technician. I was to be a messenger boy, delivering samples and reports to all the local hospitals – the Mercer, the Meath, Adelaide, St Vincents, Temple Street. The interview consisted of two questions: "Where is the Richmond Hospital?" and "Do you have a bicycle?". I didn't have a bike but I'd put a steering wheel together with a frame and it would do. Terry's plan was for me to

All for a Good Cause

Frank remembers the early days of his job: "Before I became the fittest messenger boy in Dublin, I was knackered trying to get blood and urine (gallons of it!) to various hospitals, miles apart, within just a few hours. I confess that sometimes then, I'd hold a few back until the next day's trip. One day, a nice girl, a technician in Pathology who I had taken a bit of a shine to, sat me down and gave me a cup of tea. She explained how patients would be so worried waiting for test results. That changed my whole attitude. I'd get the samples to where they needed to be in rain, hail or snow."



On the street where he was born: Frank Donegan at the College entrance on York Street.

Frank Donegan giving a tour.

Friendly Face at the Door

Records show that the role of Head Porter at RCSI has a long and illustrious history. As a young lad, growing up on York Street, Frank Donegan (Porter since 1983, Head Porter since 2013) remembers Felix Cooper who was appointed in 1962, wearing morning coat and tails, chasing him away from the door on St Stephen's Green, opposite the park Frank used as a playground. Cooper was a retired member of the Garda Special Branch and a boxer of note (he was Leinster heavyweight champion in 1934). Little did Frank know that 20 years later he would be filling Cooper's shoes.

work with the porters in the morning, then do the deliveries for pathology in the afternoon. The pay was £76 quid a week and I was on the dole which was £11. Within a week I found myself working in the cloakroom for the Medical Benevolent Fund event that was being held to help doctors who had fallen on hard times, in the College. Terry saw me sitting there and said come on in and meet some people, you must need something to eat. I was starving. He took me into the Colles Room, now the President's Office. The table was laid with all this glass and cutlery. I was served a beautiful breast of chicken on the bone. Naturally, I took it up with my fingers. Terry gave me a little slap on the hand and I put it down. The conversation was all about going out to dinner, where and how much it cost. After everyone had left, I went home and my mother was cooking a lump of meat for the Sunday dinner and my grandfather was sitting by the fire. I said 'I can't work there, in that posh place, they talk about spending £150 on a dinner for four. My mother, shocked at the price, let the plate fall out of her hands. But my grandfather said: "You should stay there. That job will be the making of you."' ■



TOMORROW'S WORLD

The official opening of 26 York Street and the launch of the RCSI_TOMORROW campaign with guest of honour Mr Michael R. Bloomberg was an occasion to remember ...

As the formalities to unveil the plaque to mark the grand opening of 26 York Street got underway on June 5th, more than 600 alumni, Fellows, friends, staff and guests gathered in the Desmond Auditorium to watch the ceremony being livestreamed. The atmosphere in the auditorium was anticipatory. Mr Michael R. Bloomberg, World Health Organisation Global Ambassador for Noncommunicable Diseases had accepted the invitation by RCSI to officially open the building

and to speak to the gathering. His visit would provide an opportunity, not just to speak about the need for action on global health – a priority for Bloomberg Philanthropies and for RCSI – but to highlight the future plans of RCSI and celebrate the launch of the RCSI_TOMORROW campaign, the latter the campaign to ensure the development of pioneering programmes at RCSI, dedicated to leading the world to better healthcare. In naming the campaign for the future, RCSI_TOMORROW, the College set out to draw attention to the relationship between RCSI and the future of healthcare, and to underscore

its vital importance to an ever-growing and changing global population.

In his introduction to Mr Bloomberg, Professor Cathal Kelly, Chief Executive, RCSI spoke of the challenges to global health and the need for urgent action, the theme of the event being Global Health 2030: The Urgency of Action. He mentioned two stark facts: the fact that for the first time in human history, more people will die from noncommunicable diseases – cardiac disease, cancer, injuries – than communicable diseases; and secondly, that for the first time since the advent of modern medicine, life expectancy is dipping in the United States. Against this backdrop, 67 per cent of all deaths will be due to noncommunicable diseases. He called for the need for “brave and determined actions by committed and visionary individuals”. Professor Kelly explained that the College wanted to welcome a speaker who “shares our values, shares our global perspective, somebody who has undertaken healthcare initiatives that have had a global impact”. There are clearly not many who fit those criteria, but one who does is Mr Michael R. Bloomberg. “I have admired him as a public figure, a philanthropist, as an advocate for global health policy. He has led global health initiatives with a strategic focus and business acumen for which he is well known,” said Professor Kelly.

Mr Bloomberg’s quite extraordinary journey from his early career as a trader for Solomon Brothers on Wall Street to the financial data start-up he founded in 1981 and which we know today as the data and media giant Bloomberg LP, is characterised by hard work, courage and continuous learning. In response to Sarah Bissett, President, RCSI Students’ Union, who posed a question about career advice to prospective graduates, he said: “The first thing is education, education, and no matter how much you learn in school, you still have to learn in the real world.” In 2001, he was elected mayor of New York City and served for three terms before returning to lead his company. As the founder of Bloomberg Philanthropies, a foundation focused on public health, education, the environment, government innovation and the arts, in just the last year alone he revealed he has given \$702m to projects all over the world. “I put all my company’s profits into the foundation ... I am going to give it all away.” Public health has been the biggest recipient of funds and in terms of healthcare, his focus is on preventable – or noncommunicable diseases. As the World Health Organisation Global Ambassador for Noncommunicable Diseases, he maintains: “We are talking about everything from drownings to obesity, tobacco-related disease to road accidents. And, I suppose opioid addiction would be part of the dilemma. The estimates are that 70,000 people in the US



Students welcome guests at the official opening of 26 York Street.

“HE HAS LED GLOBAL HEALTH INITIATIVES WITH A STRATEGIC FOCUS AND BUSINESS ACUMEN FOR WHICH HE IS WELL KNOWN.”

last year died from heroin, fentanyl or opioids.” He wants individuals to play their part in improving global health by taking personal responsibility for their health. Before this will happen to a meaningful extent, he says “the beginning of solving a problem often starts with data, knowing the extent of the problem.”

For Mr Bloomberg, doing the maths is second nature. Bloomberg Philanthropies has focused efforts on data collection in Africa where there is no record of what most people die from. “Forty per cent of the births have no birth certificate. Sixty per cent of the deaths have no death certificate, almost three quarters of the death certificates that are there say, act of God. So if you’re trying to apply philanthropy, I guess you give it to their church, I don’t know

MR BLOOMBERG ON

... leadership

“Every organisation, whether it’s your family, your school, your hospital, your local government, state government, federal government, it’s the leader that matters and she or he sets the tone, the ethic, how people interact with each other. ”

... the secret to his success

“I would argue there’s one thing that matters and it’s hard work. I’m not the smartest guy in the room, so I was the first one in in the morning and the last one there at night. And then you need luck. You need other people.”

... philanthropy

“The most satisfying thing you can do is to help others. I’ve just been very lucky and made a lot of money and I’m trying to give it away as fast as I make it, if not faster. ”



The Rt. Hon. the Lord Ara Darzi of Denham OM KBE PC FRS (Medicine, 1984, FRCSI 1990).

what else you could do. You have got to find ways to know what's going on – in relation to smoking, obesity, road traffic accidents.” However, Mr Bloomberg says that more than a billion people will die from smoking this century in spite of all our efforts and obesity will kill more. “We have exported alcohol, fast foods, trans fats to people who just don't know the difference ... I have personally always been a believer that Government shouldn't tell you you can't do something. But, it is Government's responsibility to tell you what will hurt you.”

When asked by RCSI alumnus Aran Maree (Medicine, 1993), Chief Medical Officer for Johnson & Johnson, how he thought we could get the balance right between enforcement and regulation versus incentivising people to live a more healthful lifestyle, Mr Bloomberg replied: “What we've been doing is we've been exporting to the poor the vices that we develop as we get rich. They could never afford those before and now all of a sudden they can. There's no tobacco company that doesn't have most of their advertising budget in the third world. Full-sugar drink companies. Gun manufacturers. The same thing. You sell things that are damaging to your health, to people that don't recognise it's damaging to the health or don't care. But, we've had some real success. All of western Europe is smokefree [in workplaces, restaurants and bars], all of north and South America, even in China where the Chinese government owns a cigarette company.”

Mr Bloomberg is a believer in strong leadership to get things done. When he left mayoral office after twelve years, life expectancy in New York City was three years greater than the national average and three years greater than

when he came into office. He does the maths: “If you multiply three years times 8.4m people, assume people live 80 years, do the division, we saved 300,000 lives.” He refers to the leadership RCSI has shown in educating global leaders in healthcare and to the COSECSA global surgery programme, supported by RCSI, which has already trained more than 200 surgeons. Mr Bloomberg has also addressed urgent need in Africa. Bloomberg Philanthropies sponsors a programme to train high school graduates to do caesareans and appendectomies. “Why? Well, there are no doctors,” he says. “You've got to think outside the box. It would be better to have doctors but I think this is a good example of what Bloomberg Philanthropies can do that most foundations would not. They would not want to run the risks.”

As to RCSI's vision to deliver “vastly improved patient outcomes” that Professor Kelly referenced in his introduction, Mr Bloomberg acknowledged the role RCSI has played in developing healthcare leaders who have gone on to practice in 97 countries. Having taken a tour of 26 York Street, Europe's most advanced healthcare education facility, and viewed the triple-floor simulation suites, he has been exposed to the educational innovation that has been the tradition at RCSI since 1784. He says: “Sometimes global health looks hopeless, but when you look at Ireland, with a population less than half that of New York City, and you've got an organisation like RCSI – a beacon doing good in the world.”

Guests agreed that Mr Bloomberg's words were frank and thought-provoking. They certainly struck a chord with RCSI friend, Fellow and alumnus of the Class of 1984, Lord Ara Darzi of Denham whose concluding remarks concurred that public health interventions are the key to life expectancy. He said that “the nature of disease is changing, the burden of disease is increasing and that means that any graduate of the College must recognise that quality is a moving target”. Lord Darzi reflected on the evolving role of RCSI and how the investment in 26 York Street will empower graduates with the tools to “convert a health system that is designed as a sickness service to a health and wellbeing service”. He concluded: “I leave you with the ambition of those medical students and those who lead us in this wonderful College and from whom I have benefited in my own life, in making this drive for change not only in Ireland but in the contribution the College has made globally.” ■



26 York Street, the most advanced simulation centre in Europe.

MR BLOOMBERG ACKNOWLEDGED THE ROLE RCSI HAS PLAYED IN DEVELOPING HEALTHCARE LEADERS WHO HAVE GONE ON TO PRACTICE IN 97 COUNTRIES



Mr Bloomberg, greeted by Campaign Chairman Mr Dermot Desmond and Professor John Hyland, President, RCSI at 26 York Street.



Professor Cathal Kelly, Chief Executive RCSI,
Mr Richard Bruton TD, Minister for Skills and Education,
Professor John Hyland, Immediate Past President RCSI,
Mr Michael R. Bloomberg, Professor Hannah McGee,
Dean of the Faculty of Medicine and Health Sciences RCSI,
and Mr Dermot Desmond, Honorary Fellow, RCSI



Eric O'Flynn, Programme Director, RCSI/
COSECSA Collaboration Programme,
Pankaj G. Jani, President, COSECSA and
Camilla Carroll, Council Member, RCSI
(Medicine, 1985, FRCSI 1989)



Aran Maree (Medicine, 1993),
Chief Medical Officer, Janssen
Pharmaceutical Companies of
Johnson & Johnson

AN AUSPICIOUS DAY

Mr Richard Bruton TD, Minister for Skills and Education, Professor John Hyland, Immediate Past President RCSI, Professor Cathal Kelly, Chief Executive RCSI and Professor Hannah McGee, Dean of the Faculty of Medicine and Health Sciences, RCSI, together with guest of honour Mr Michael R. Bloomberg were present at the unveiling of the plaque to mark the grand opening of 26 York Street on June 5th.

As RCSI's Judith Gilroy, MC for the occasion, invited the unveiling party to join more than 600 guests in the Desmond Auditorium, she acknowledged the importance of the development of 26 York Street in RCSI's 200-year history and encouraged attendees to don the virtual reality glasses provided by RCSI so they could take a virtual tour – from the sports facilities four storeys underground to the simulation suite ten floors up – of the award-winning building. It was announced the day after the opening that 26 York Street, by architects Henry J Lyons, had won the Peoples' Choice Award at the RIAI Awards 2018.



Abdul Bulbulia
(Medicine, 1965)
and Katherine
Bulbulia
witnessing Lucina,
one of RCSI's
two childbirth
simulators,
give birth



Students and alumni
watch an operation on
SimMan in action in
26 York Street's mock
operating theatre



Charles Bonner
(Medicine, 1976)
outside the Bonner
Amphitheatre
named in memory
of his father



Michael Brennan
(Medicine, 1969,
Hon. FRCSI 2010)
and Rebecca Bahn
with Super Tory,
the world's most
advanced newborn
patient simulator



UNDER-RESOURCED UNDER-APPRECIATED GOING (DOWN) UNDER?

Why do so many doctors in Ireland want to leave the health system and why do those who stay feel demoralised? These are questions explored by the College, which has called on the HSE for change

Thanks to an increase in the number of places in Irish medical schools, the country is now training enough doctors each year to meet the needs of the Irish health system into the future, but it sometimes seems as if the system is giving with one hand and taking away with the other. Our young doctors are emigrating in their droves, driven away by a dysfunctional system that has them feeling under-resourced, under-trained and under-appreciated. And the indications are that this is not necessarily the circular kind of emigration that will see them returning in a few years with enhanced skillsets and expertise that will benefit their profession, the health system and the country as a whole. Many of those who are leaving may be gone for good, and there may be only a narrow window of opportunity in which to address the issues that have triggered and fueled the exodus and entice them back. Once they settle and start families abroad, they are much less likely ever to return.

Recent research carried out by an RCSI team led by Professor Ruairi Brugha reveals that more than 80 per cent of trainee doctors in Ireland who are considering leaving the country – or have already left – cite poor working conditions, training opportunities and work-life balance as factors that influence their decision-making.

“Unless sufficient resources are invested in providing specialist training to doctors after they have graduated medical school,” says Professor Brugha, “employing them in adequately staffed hospitals with comparable training and working conditions to those on offer in other countries, we will continue to lose those who are the lifeblood of our health system.”

It’s ironic that, at a time when only the best and the brightest make it across the threshold of medical school in Ireland, once they graduate their employers often seem not to care whether they stay or go. Compare this to the situation in tech and other industries competing for skilled workers, where employees are cherished and rewarded in a manner of which a young doctor in Ireland can only dream.

One of the factors underpinning their dissatisfaction cited most often by doctors participating in this recent study is that opportunities for learning fall off a cliff after graduation, being for the most part unstructured and ad hoc, and often simply don't happen because they are crowded out by under-staffing on the frontline. Insufficient frontline staff is reported by 80 per cent of participants in the survey as a reason for leaving Ireland.

The 2018 report by RCSI Health Workforce Research Group, led by Professor Brugha, reveals that, for example, interns, who should be the best-protected and supported hospital doctors, sometimes do not know who has been allocated to them as a specialist trainer. Many doctors go abroad directly after internship where they often report more positive experiences. But the complex set of reasons why trainees leave Ireland to make their careers abroad means that actions are needed on many fronts. Consultant shortages and inconsistent structuring of their participation in training impact negatively. Interns, SHOs and registrars have all said that they are undermined on a daily basis by having to make important decisions about patients without proper access to consultants. Unsurprisingly, they found this stressful. Performance of non-core tasks continues to take up a significant amount of trainees' time. This involves carrying out a range of basic, non-medical tasks, according to the Report, which refers to the fact that these tasks are often not expected of trainees in the countries to which NCHDs emigrate.

Long working hours are – of course – another factor; Ireland has struggled to achieve EWTD compliance.

Uncertain career progression, often involving moving from one geographical location to another for relatively short periods of time, was cited by many participants in the survey as a serious concern. It's hard to plan your life, particularly if you have, or would like to have, a family, if you don't know where you're going to be living or working in six months' time.

The fact is that the employment conditions for doctors in Ireland evidence a lack of respect for the employee on the part of the employer, and emigration is, as one young doctor who had left the country is quoted as saying in an earlier RCSI research project, "a form of self-preservation and escape from working conditions ... that are killing us slowly".

The College itself is mindful of the need to show leadership. This spring Professor John Hyland, then President of RCSI, called on the HSE to improve the situation. "The regular cancellation of scheduled surgery has an impact on the recruitment and retention of specialist doctors. Highly trained specialists who take up consultant posts in Ireland regularly find their surgery list cancelled due to the latest bout of Emergency Department overcrowding. It demoralises and frustrates them. The chaos involved in many medical specialties causes stress and burnout among those working in the system, and it puts many off applying for posts in Irish hospitals in the first place."

Kieran Ryan has been the Managing

"THE CHAOS INVOLVED IN MANY MEDICAL SPECIALTIES PUTS MANY OFF APPLYING FOR POSTS IN IRISH HOSPITALS."

Director of Surgical Affairs at RCSI since August 2016. In this role, he is responsible for the development and implementation of the strategic direction for the Department of Surgical Affairs. Core to his brief are the delivery of RCSI's National Surgical Training Programmes, engagement with RCSI's Fellows and Members and specialty groups, promoting RCSI as a world leader in surgical training and medical education, and provision of greater support and input to surgical practice.

One of the challenges on which he is currently focused is the retention of doctors. "Obviously there are numerous factors influencing whether young doctors stay in, or return to, Ireland that are outside of our control," he says, "but we are determined to do what we can to help in those areas where we are in a position to do so. For instance, we are liaising with the HSE to try to facilitate more flexible training where possible, to facilitate work/life balance for those who are not in a position to participate in full-time training because of family or other commitments. It's a complex issue, but we are committed to trying to improve the current situation.

"Another area in which we can help is by offering support to young doctors undertaking 'out of programme' training or research relevant to their specialty. We are working towards having years spent abroad count towards core training, and are developing standards and guidelines to implement this.

"We have also undertaken research looking at progress, specifically in relation to gender and diversity equality in surgical training. We know that there are issues, so we are asking why this is happening and what we can do to improve the situation. Progress should be gender-blind, and we need to encourage diversity, so it's important that interview panels are properly balanced.

"We are looking at bullying and harassment and how that undermines young doctors. We don't have direct control of the way things are done in the workplace, but we are invested in helping doctors develop the human skills that will make them better doctors in terms of communication with patients, families and other health professionals, team-working, and managing themselves to develop resilience. This ongoing CPD is a mandatory part of the non-technical training of our doctors.

"We have to educate doctors to take and give instruction; the more we put into this, the better able our doctors will be to cope in a challenging work environment. Hospitals are a high-stress environment, and communication sometimes has to be brief – it has to be, but we can encourage politeness and respect. We are constantly looking at the quality of our training and training environments. If doctors have a positive training experience in Ireland then they are more likely to want to work here later in their career, even if they work abroad for a period. Irish-trained doctors are sought after all over the world – it is a very competitive environment and Ireland does not compete with what

is on offer in North America, Australia and the UK in terms of pay and conditions, but there are other factors in our favour, as many doctors want to be close to friends and family. We are conscious that it is more of a struggle for regional hospitals to retain Irish-trained doctors, and that we must focus on those and give additional supports where they are needed."

Ryan says that by involving students in committees and decision-making in relation to training, RCSI is hoping that they will have a positive influence on their peers. "They are



Kieran Ryan

"WE ARE CONSCIOUS THAT IT IS MORE OF A STRUGGLE FOR REGIONAL HOSPITALS TO RETAIN IRISH-TRAINED DOCTORS."

our future trainers, and hopefully they can see that it will get better as they progress, and pass that message on.”

But whatever about the sky being bluer, the weather better and the sea warmer in some of the working destinations under consideration by trainee doctors disheartened by their experience of working in Ireland, is the grass really greener over there?

Respondents who had already emigrated confirmed that their experiences in the destination country vindicated their decision to emigrate and complicated the decision whether or not to return. One survey respondent referred to the “joy of working in a well-funded system, being appreciated and supported in the work, working in less stressful environments and getting more support and encouragement from senior members of staff.”

For RCSI alumna Jill O'Donnell, (Class of 2001, FRCSI 2011) currently Clinical Director of Vascular and Endovascular surgery at Sunshine Coast Hospital, Queensland, Australia, the initial move was for professional reasons. “I first came to work for a year,” she says, “to gain extra endovascular and vascular duplex skills. I really enjoyed the experience at Westmead Hospital, Sydney – working in a major tertiary hospital, living in a bustling cosmopolitan city. There were so many opportunities both professionally and personally that I wanted to stay. For this reason, I started on the path to Vascular Board accreditation with the Australasian College of Surgeons.

“I love it here. Workwise, it's very pro-clinician. Management really do listen in our hospital and we have great new facilities. Lifestyle-wise the Sunshine Coast is hugely attractive – you can live close to the beach, surf every day ...”

O'Donnell says that work-life balance is a reality in Queensland. “I do think that a lot of bravado surrounds the idea of working ridiculous hours – it's just not safe practice, that's been proven time and time again. I lead a small cohesive group, with a collegial attitude – we cover for each other when we are off – which allows us all to have downtime.”

Dr Robert Kelly, Consultant Cardiologist at the Beacon Hospital (Class of 1992), says that he finds the lack of collegiality in the profession in Ireland dispiriting. “The closeness that exists when you are medical students diminishes after you leave college,” he says, “and when people progress to being SHOs and Registrars they all go in different career directions and the connections are diluted. Some doctors do stay in touch and may even refer patients to their classmates. So much of medical training is about competition. It starts out being about where you're going to go to medical school, and then about where you're going to train, then where you're going to get a fellowship and ultimately a consultant post. There can be a lot of 'sneaky sneaky' about getting the consultant job, which doesn't exactly promote collegiality. And even when you do make it to consultant, you are still the new kid on the block and the hierarchy can be very tough, at least in the first few years of your new job.”

Kelly found the experience in the US, where he worked for number of years, to be very different. “There, if you work hard, you get rewarded with academic publications, promotion opportunities and good jobs. I found that if you showed initiative, senior people were willing to help more, especially for training and mentoring which doesn't always happen here. In the US, if you're prepared to



“WE NEED TO BE COLLEGIAL WITH EVERYONE IN THE HEALTH SYSTEM, NOT JUST DOCTORS ...”

work more collectively with all fellows and consultants on research you get published more often than if you're not prepared to collaborate. So, you get your name on 25 papers rather than five. Here, many registrars and consultants end up going it on their own. “In the private sector where I work, things are very competitive and nobody has any time to come together. I think that it's the same in the public sector; doctors tend not to interact or socialise together that much.”

There is little that can be done about the weather in Ireland to improve the country's appeal to young doctors, and the system will take many years to fix, but Kelly – who holds an MBA and is involved in a number of medical-related start-ups – is taking positive steps to improve collegiality in the profession. “I have founded an innovation club, with 30 or 40 consultants from different specialties at

The Beacon as members. We come together one evening a month – there are usually about 20 of us there and we meet in a neutral environment; it's a social interaction. Our common purpose is that we want healthcare to be better; it's important that we don't just meet up to manage the trade union or complain about our struggles in the system – this is purely about innovation and positive change through new ideas and problem solving.

“We have guest speakers and the evenings give us the opportunity to spend time with colleagues and have a glass of wine or cup of coffee together. It has brought us closer together, promotes collegiality and creative thinking. We share ideas and try to come up with solutions to improve our patients' needs. It doesn't matter what people's motivation is – whether it's to make money or make the system better, the point is that the interaction is meaningful and by working together in a spirit of mutual support we have the capacity to really improve healthcare.”

While Kelly says that the initiative is at an early stage, he is already reaching out to doctors from other hospitals and that the club is open to all doctors practising in Ireland, from interns all the way up to consultants. “In fact,” he says, “young doctors probably have a more positive mindset, before they have been through the system. Unless we all start to think differently, nothing will change. We need to be collegial with everyone in the health system not just doctors, and learn to work together more effectively.”

Kelly believes that some of the faults in the healthcare system in Ireland underlie much of the perceived lack of collegiality in the medical profession – and the occasional social media storms of invective between doctors.

“We bash each other because of the faults in the system rather than supporting each other. There are greater lessons to be learned by working together, along with plenty of opportunities. In the end, we are all doctors and we should all get on and not get involved in professional evilness on social media.”

Kelly's leadership in this area is to be welcomed, and it behooves all of us in the profession to think about what we can each do on a daily basis to make the Irish healthcare system more encouraging and collegiate for our young doctors, before we lose them for good to countries where their talents are more valued.

RCSI is interested in your views on the points expressed in this article. Please share your views by emailing alumni@rcsi.ie. ■

A close-up photograph of three hands of different skin tones (light, medium, and dark) held palm up, overlapping each other. A black line graph is drawn across the palms, starting from the left hand, continuing across the middle hand, and ending on the right hand. The graph shows a fluctuating line with several peaks and valleys. In the top left corner, there is a red circular graphic containing the text 'PAST, PRESENT, FUTURE' in white, bold, sans-serif capital letters.

PAST, PRESENT, FUTURE

What do you want for the future of RCSI?

Leaving a legacy to RCSI, after providing for your family and friends, is the highest honour alumni can bestow on the College. For many who have done so, it was their way of remembering their time at the College and the opportunities that it brought them.

David Kennedy, Class of 1972 - *"RCSI gave me the opportunity, training and support to pursue an exciting career in academic medicine, something for which I am truly grateful every day. The evolution of the College has been remarkable and I am delighted to be able to give back, particularly for the opportunity that they provided me, but also for future graduates who will make contributions to medicine around the globe."*

Your gift can create opportunities too.

If you would like further information on legacy gifts you can call Aíne Gibbons on +353 1 402 8548 or email ainegibbons@rcsi.ie. If you would like to come and meet in person, Aíne would be delighted to talk to you.



GROUNDBREAKER

Professor Tracy Robson is accelerating her research on a new drug to tackle cancer and possibly other diseases too. Dr Claire O'Connell spoke to her about her move to RCSI.

Treating cancer can be like trying to hit a moving target. Tumours can recruit new blood supplies and spread, setting up camp in different sites around the body. Over time they can also develop resistance to treatments that would previously have killed them.

Professor Tracy Robson, Head of Molecular & Cellular Therapeutics at RCSI, has a plan of two-pronged attack: boost the body's own mechanisms to keep tumours from building a blood supply and to coax the cells that could become resistant to remain vulnerable to anti-cancer drugs.

Natural game-changer

Professor Robson's approach centres on a naturally occurring protein in the body called FKBPL. "I've become very familiar with it as I've been working on it for more than two decades now," she says. "We have shown that this molecule prevents tumour blood vessel growth and it also acts on cancer stem cells in tumours, making them more susceptible to treatment."

Her work on the protein in a previous position at Queen's University Belfast led to the development of a potential new drug for cancer patients.

Called ALM201, it has been developed in collaboration with a drug company Almac Discovery and put through its paces in a 'first in man' early clinical trial in humans in the UK.

"That has been going very well," says Professor Robson of the trial. "ALM201 was administered to late-stage cancer patients who had failed all other therapies, in order to assess its safety, tolerability and kinetics of this peptide in the human body. The first phase in human trials has just

completed and the data indicates that ALM201 is very well tolerated in these patients.”

On the double

So how does it work? “There seems to be a dual mechanism – firstly we know that the protein slows the formation of blood vessels. That means tumours can’t build a supply of blood to feed themselves,” explains Professor Robson. “Then we also think that the protein targets stem cells in the tumour. These stem cells can self-renew, causing tumour regrowth after therapy. Tumours have a reservoir of these cells, and we think they are involved in tumours becoming resistant to treatment over time. This protein acts on the cancer stem cells and turns them into more tumour-like cells, making them more vulnerable to drugs and radiotherapy.”

In the future, Professor Robson sees the drug being used alongside the standard anti-cancer treatments, to help make the most of the treatments and to maintain their benefits over the longer term. “What is also particularly gratifying about this is that most cancer drugs are highly toxic, leading to lots of side-effects that patients can find hard to deal with, but this drug isn’t showing any significant signs of toxicity, so it should be easier for patients to deal with,” she says.

Back to biology basics

As well as helping to advance the clinical studies, Professor Robson’s team has been partnering with Almac Discovery on fundamental research in the lab to better understand how FKBPL works at a biochemical level. Professor Robson is particularly interested in its effects on ovarian cancer stem cells because ovarian cancer treatment is in need of new options. “High grade serous ovarian cancer is a big killer, the survival rates are unacceptably low, only around one third of patients survive five years beyond diagnosis, and there has been no new drug development in this area for the last 20 years,” says Professor Robson. “We decided to go after this disease because of the large unmet clinical need.”

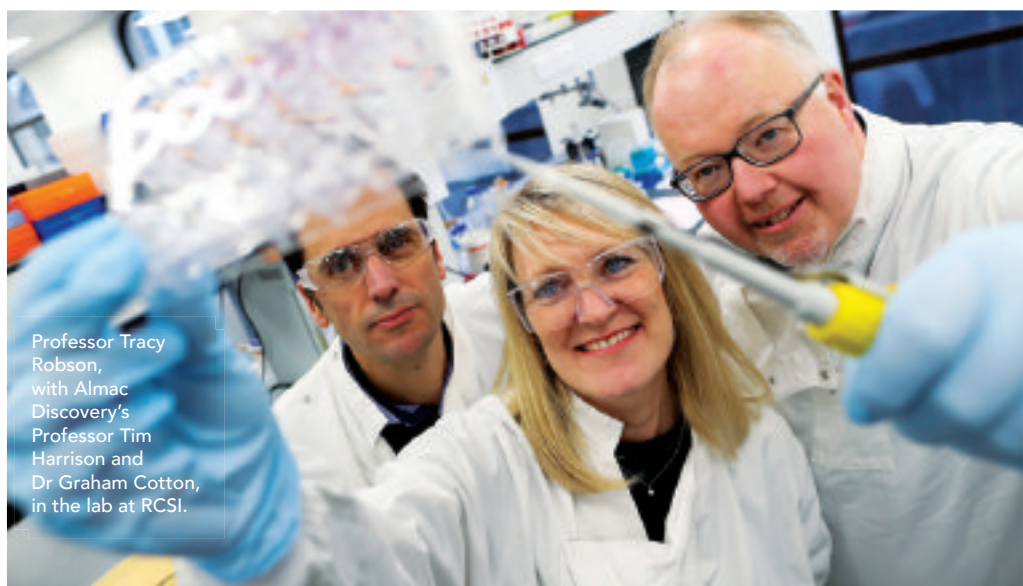
Using high-grade ovarian cancer cells either grown in the lab or isolated from fresh tumours, her group’s research has shown that FKBPL inhibits cancer stem cells and prevents initiation of the tumour.

“We think that the drug targets a particular receptor called CD44 on the surface of the ovarian cancer stem cells. CD44 is very highly expressed in these stem cells, meaning CD44 is dotted all around their outsides, and the FKBPL sticks to it. That in turn tells the stem cells to become more like cancer cells, and so they lose their power to build a new tumour and they can be more easily killed off.”

Looking at the basic biology has also opened Professor Robson’s eyes to the possibility of applying the protein in other medical conditions too.

“In a separate study in our lab, we have shown when we knock out the gene for FKBPL, we see other effects on blood vessels, and we believe this

“I FEEL THAT
BEING HERE AT
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AREAS ...”



Professor Tracy Robson, with Almac Discovery's Professor Tim Harrison and Dr Graham Cotton, in the lab at RCSI.

may lead us to new treatments for people with other vascular disease,” she says. “So, while we started off working on cancer, this drug we developed may have applications in other conditions too. It is all very exciting, I am going to be working on this for the next 20 years, I think!”

Collegiate environment

Born in Newcastle-upon-Tyne, Professor Robson’s early career took a slightly unconventional path. “I didn’t do the classic A-levels and undergraduate degree in science,” she explains. “I left school at 16 and I trained as a lab technician at Newcastle University.”

Working with a prestigious research group there whetted her appetite for cancer research, and she went on to do a PhD at Imperial College London, then moved to the University of Ulster and then Queen’s University Belfast, where she worked for twelve years before joining RCSI.

Why the move to RCSI in August, 2016? “I was ready for a new challenge, for a more senior role and to take on a position where I felt I could make a difference; particularly by mentoring more junior staff,” explains Professor Robson. “Now I am head of a department of around 100 people including academic and support staff, PhD students and postdocs, and I can help to develop their research programmes here and support people in terms of their career progression.”

Professor Robson describes the “wonderful, collegiate” environment of RCSI and the availability of expertise that can help her widen her perspective.

“What I have plugged into since coming here is a wide range of scientific and clinical expertise among the staff within the College, expanding the scope of my research,” she says. “For example, I am a cancer biologist, but now because FKBPL could have applications in vascular diseases, I can collaborate with the Irish Centre for Vascular Biology here at RCSI, headed by Professor James O’Donnell. They have a huge amount of scientific and clinical expertise in this area, which is really pushing me forward. I feel that being here at RCSI has allowed me to accelerate my research into other areas through the expertise, support and the highly collegiate atmosphere. It is really a wonderful place to work.” ■



RESEARCH AND DELIVER

More researchers, improved infrastructure, further increases in grant funding and industry-funded programmes as well as publications in high-impact journals all contribute to the College's active research output. We look at some research areas of note ...

RECENT HIGHLIGHTS

SFI CENTRE: FUTURENEURO

A notable funding success, and testament to RCSI's growing reputation for research excellence, was the announcement that RCSI will host the multi-million euro Science Foundation Ireland (SFI) centre: FutureNeuro. Led by Professor David Henshall, FutureNeuro has secured funding of €12 million from SFI and industry partners to improve the diagnosis, monitoring and treatment of chronic and rare neurological diseases.

THE IRISH DNA ATLAS

Professor Gianpiero Cavalleri's research team at RCSI and the Genealogical Society of Ireland have published 'The Irish DNA Atlas; Revealing Fine-Scale Population Structure and History within Ireland' in the journal *Scientific Reports*. The landmark study provides the first fine-scale genetic map of the island of Ireland, revealing patterns of genetic similarity, roughly aligned with the ancient Provinces as well as with major historical events including the invasions of the Norse Vikings and the Ulster Plantations.



IRISH CENTRE FOR VASCULAR BIOLOGY

RCSI's Irish Centre for Vascular Biology (ICVB) was established to support the College's strength and expertise in this field and to create a single national Irish centre of excellence recognised at international level. Professor James O'Donnell, Molecular and Cellular Therapeutics (MCT), RCSI is the Director and the centre aims to facilitate cutting-edge research that will ultimately lead to new treatments for vascular diseases such as thrombosis, stroke, haemophilia and cancer.

Professor Janusz Jankowski joined RCSI as its new Chief Research and Innovation Officer and Deputy Vice Chancellor in March 2018. In these distinct roles, he is responsible for evolving RCSI's research and enterprise partnerships locally, nationally and internationally.

Dr Annie Curtis wins prestigious L'Oréal-UNESCO for Women in Science 2017 Fellowship

Dr Annie Curtis, Molecular and Cellular Therapeutics (MCT), RCSI, was one of just five winners of a prestigious L'Oréal-UNESCO for Women in Science 2017 Fellowship. For the past ten years, the initiative has awarded fellowship positions to outstanding female researchers and Dr Curtis was 2017's only Irish winner.



IN 2017 ...

34

million

2017 grant income has grown to €34 million

8%

Funding from industry-sponsored research programmes formed eight per cent of RCSI's total research funding in 2017

40.7

The Times Higher Education University Rankings score for the category "industry income to academic staff member" has increased from 28 in 2014 to 40.7 in 2017

x3

Between 2016 and 2017 the average value of industry sponsored research programmes at RCSI increased threefold

3.4

million

Industry funding for research: 3.4 million in 2017

24.8

RCSI has the highest overall success rate on H2020 submissions (24.8 per cent, Irish National average = 14.7%)

1

RCSI has the highest publication citation rate for any HEI in Ireland

x2

RCSI's field-weighted citation impact is twice the world average

600

More than 600 PubMed indexed articles published

**PAEDIATRIC CYSTIC FIBROSIS RESEARCH PROGRAMME**

Four-year-old Alfie Dardis was on hand with Professor Paul McNally, RCSI Associate Professor of Paediatrics and Consultant in Paediatric Respiratory and Sleep Medicine, to help announce the first national paediatric Cystic Fibrosis research programme in Ireland between RCSI and the National Children's Research Centre (NCRC). This €1.1 million research programme will run for five years.

PREDICTIVE BIOMARKER FOR KEY COLORECTAL CANCER DRUG

RCSI and international collaborators within the ANGIOPREDICT research consortium have discovered a potential biomarker that can predict which patients will receive most benefit from a key drug used to treat colorectal cancer (Avastin). Speaking on the significance of the discovery, Professor Annette Byrne, Associate Professor at RCSI's Department of Physiology and Medical Physics said: "This study has identified a potential biomarker that could be used by doctors in the future to distinguish between patients who will benefit from Avastin, and patients who will not respond. Further research is ongoing to develop a laboratory test so that the biomarker can be applied in clinical daily practice." The findings, published in the Journal of Clinical Oncology, are a critical advance in the global effort to move towards a more personalised treatment for colorectal cancer patients.

EPILEPSY LIGHTHOUSE PROJECT

The Epilepsy Lighthouse Project, led by RCSI, was named the best public sector IT project at the 2017 Tech Excellence Awards. A collaboration between eHealth Ireland, the HSE, RCSI, Beaumont Hospital and industry partner ERGO, the Lighthouse Project, entitled "Providing Individualised Services and Care in Epilepsy" (PISCES) creates conditions for using eHealth technologies to embed genomic medicine, patient-reported outcome measures and clinical analytics into the clinical pathway.

RESEARCH INNOVATION AWARD

RCSI and SurgaColl Technologies have won the 2018 Spinout Company Impact Award at the annual Knowledge Transfer Ireland Impact Awards. The award was presented by Minister of State for Training, Skills, Innovation and Research and Development, John Halligan TD, and celebrates the company's successes in 2018 and its heritage as a spinout company from RCSI. SurgaColl Technologies is an innovative medical device company supplying novel tissue regeneration products for the surgical treatment of disease of the bone, cartilage and other human tissue, based on technologies developed by the Tissue Engineering Research Group (TERG) at RCSI, headed by Professor Fergal O'Brien, Professor of Bioengineering and Regenerative Medicine at RCSI. SurgaColl's products support the body's own natural healing processes, using biocompatible, bioactive, and naturally-derived materials to promote faster tissue regeneration without sacrificing quality of healed tissue.

GRANT TO REVOLUTIONISE THE TREATMENT OF JOINT INJURIES

RCSI's Professor Fergal O'Brien and AMBER, the Science Foundation Ireland-funded materials science research centre, has been awarded a prestigious European Research Council (ERC) Advanced Grant for a research project that aims to revolutionise the treatment of damaged articular joints such as the knee or ankle. Currently, there is no successful treatment for repairing damaged cartilage, with even small defects often progressing to degenerative osteoarthritis requiring joint replacement. ■

A woman with short brown hair, wearing a sleeveless red dress and dark brown flat shoes, stands in a pharmacy aisle. She is holding a white pill bottle in her right hand and has her left hand on her hip. The background is filled with shelves of white pill bottles.

ASK YOUR PHARMACIST...

Pharmacists in Ireland are highly skilled but their expertise is chronically underused. This will all change when they are granted prescribing rights, says Professor Paul Gallagher who spoke to Edel Coffey about the future of pharmacy ...

The endless beauty products that line our chemists' aisles may be enticing, but they can also distract from the fact that behind the counter is a fully qualified and, often, critically underused healthcare professional. In a rapidly evolving healthcare system, the role of the pharmacist in Ireland is also changing.

As head of RCSI's School of Pharmacy, Professor Paul Gallagher is well placed to envisage what the future of pharmacy in Ireland might look like. "It's like a three-legged stool: What are the challenges in healthcare for the 21st century? What is the role of the pharmacist with respect to those challenges? And how prepared and enabled is the pharmacist to play that role? There's no healthcare unless you have a good workforce and there's no good workforce without proper education."

Professor Gallagher is not just talking the talk. Three years ago, he tore up the RCSI's Pharmacy curriculum and redesigned it with the goal of better preparing pharmacists to work as part of collaborative multi-disciplinary teams within the community.

In 2016, the Pharmaceutical Society of Ireland published a report on the future of pharmacy, examining how pharmacists can meet the evolving needs of the patient and the health system. With 40% of the population predicted to have at least one chronic illness by 2020, there is an expectation that pharmacists will expand their services to include caring for patients at home or having the ability to prescribe medicines.

Prescribing rights is a controversial subject but it's a right that has already been granted to pharmacists in many countries around the world. As the scope of practice of pharmacists advances to include vaccinations and pharmacy-supervised medicines, such as emergency contraception, it seems inevitable that prescribing rights will arrive in Ireland too.

Professor Gallagher estimates Ireland to be "ten to 15 years out of step" with what is happening in benchmark countries like Canada. "As a community pharmacist in Scotland, you are contracted by the health authority to provide a variety of services for which you are paid. If

you are a diabetic patient in Ireland, your care is delivered primarily through hospitals. If you go to Scotland, as a diabetic you can go to your community pharmacist, they can see what you are prescribed, they can adjust your medication and prescribe you medications, they can measure your blood-glucose, and they can visit you in your home. If you think about it, that's what pharmacists are educated to do. So that's what they want to be enabled to do. For me, as an educator, preparing a generation for practice in which their skills aren't utilised is frustrating."

That frustration is shared by RCSI Pharmacy graduate Deirdre McCormack (MPharm 2012). "Having worked as a community pharmacist in Ireland and in the UK, I feel the UK is miles ahead in terms of utilisation and development of the professional role of pharmacists within the healthcare system. At a community pharmacy level, I believe service provision and pharmacist autonomy is much more advanced there. In my experience, this facilitated patient convenience, pharmacist job satisfaction, and, I imagine but can't say definitively, impacted GP waitlist times."

The Pharmaceutical Society of Ireland 2016 report also predicted that the physical settings for services and care delivered by pharmacists were likely to change, suggesting a likely increase in pharmacists working within primary healthcare settings, like GP surgeries and nursing homes.

While the benefits of having an on-site pharmacist are undeniable, the community pharmacy is not in danger of disappearing from our towns and villages any time soon. However, Professor Gallagher says the one-man pharmacy model is not sustainable for the future. "When you're isolated you have to be more concerned with supply than the other aspects. A model that's just predicated on supply is not sustainable."

It also brings conflicts of interest. "If I'm prescribing and I'm a community pharmacist, how do we avoid the conflict that I'm not going to supply you the most expensive medicine? One way is by moving away from a mark-up model on medicines. Rather than linking the income of a pharmacist with the cost price of medicine, linking it with a professional service decouples the advantage in prescribing a more expensive medicine, and reduces that conflict."

Many community pharmacies are adapting to survive in the evolving healthcare environment, not to mention a competitive economic environment. One such is Lilly's Pharmacy in Ratoath, Co Meath, run by Ola El-Garawany and her daughter Sally El-Banna. El-Banna, an RCSI MPharm 2010 graduate, says she and her mother spotted a gap in the market, and decided to brush up on their nutrition expertise with a dietary counselling course. "Studying dietary counselling opened up doors. A lot of health foods were coming out, and we were being asked questions that we couldn't answer. We saw a big gap in knowledge in that area. We now have the knowledge to back up our advice on supplements and diet. It's not taught in the regular pharmacy course, but if you think about it, it goes hand in hand with a lot of diseases, like diabetes."

For El-Banna, the future of pharmacy lies in the area of diagnostics and prescription rights. "We need to get into diagnostics a bit more. More responsibility needs to be given to the pharmacist, they need to be utilised more. There's a lot of overprescribing going on. If there were more tools available to the pharmacist, it would improve the health of patients. It's easier for a patient to get to their pharmacist, and they often have a close

REFORMING PHARMACY

Professor Paul Gallagher BSc (Pharm), PHD, MPSI is the head of School of Pharmacy at RCSI and enabled the reform of pharmacy education through his leadership of the RCSI integrated Master of Pharmacy Programme. His research interests include pharmacy education, medication safety and pharmacoepidemiology.





SAMPLE GROUP

Fatemah Als Salman
(Pharmacy, 2016) teaching
the next generation of
pharmacists at RCSI.

relationship with them. While not applying to every illness, we should be able to advise people on thyroid or hormonal health, for instance.”

El-Banna also thinks giving pharmacists prescribing rights is key to the future. “Prescribing needs to come in. It will completely change the role and it will have a positive impact on the population’s health. If it’s happening in the UK, it’s a model we need to look at. Why not bring it in here while the role of the community pharmacist is still quite strong? Why not make use of it for the health of the nation?”

It’s hard to talk about the future of pharmacy without discussing technology. Shannon’s Life Pharmacy in Rathfarnham in Dublin, was the first pharmacy in Ireland to implement a robotic solution in 2005. Jenny Slattery, supervising pharmacist at Shannon’s explains, “Rather than

technology replacing part of the role of pharmacists, it has allowed them fulfil their roles more efficiently. The robotic dispensing system has allowed pharmacists to spend more time counselling patients and helping them with whatever healthcare queries they may have. It allows patients have longer interactions with pharmacists who can use their time more efficiently. Rather than picking stock and placing orders away, we are free to double-check all prescriptions, evaluate clinical appropriateness and counsel patients thoroughly. It has also significantly improved the accuracy of the dispensing process.” Since Shannon’s introduced the system over ten years ago, many similar systems have been introduced around the country, including at the Mater Hospital in Dublin. In other countries, robotic technology goes further. RCSI alumnus Steve Donoghue (Pharmacy, 2011, MPharm 2012) works in Changi General Hospital, east of Singapore, where robots are used not only to count and dispense medicines, but also to deliver them to the wards. Now the antimicrobial stewardship pharmacist of this 1,000-bed state-of-the-art hospital, Donoghue’s career path in Singapore demonstrates how well regarded Irish pharmacists are internationally. “The clinical focus of my RCSI education prepared me well for my current responsibilities,” he says.

As well as keeping abreast of technology, Irish pharmacists have other issues to contend with. A recent survey by the Irish Pharmacy Union found that four out of five pharmacies in Ireland have been targeted by criminals within the last year. And last month, *The Sunday Business Post* carried out an investigation into what it called the “spiralling” use of prescription medication, from anti-depressants to sedatives, painkillers to sleeping pills. Pharmacists are governed by a code of ethics and have a professional duty of care to patients. Breaching that code by dispensing unprescribed medicine is treated as professional misconduct.

For most pharmacists, however, the hot topic is prescribing rights. As the community pharmacist remains the first point of contact for many patients, prescribing, coupled with the ability to deliver an expanded range of services to patients, will be the real future of pharmacy. ■

ROBOT WARDS

Steve Donoghue
(Pharmacy, 2011, MPharm
2012) at Changi General
Hospital, Singapore,
where he is antimicrobial
stewardship pharmacist.
Medicines are delivered to
the wards by robot.





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AL MUTCHNIK

Medicine 1953 Home: USA

Back for: *Tour of 26 York Street*

A World War II veteran and the first Canadian at RCSI, Dr Mutchnik established the RCSI Basketball Intervarsity Cup. Here he is shooting hoops on the College's new court! "My family and I toured 26 York Street last summer and enjoyed seeing our name displayed within the rooms [Al is proud to be a generous donor to RCSI]. My son was so impressed, he dedicated a scholarship fund in my honour."



MICHAEL MC PHILLIPS

Medicine 1977 Home: Australia

Back for: *Class of 1977 Reunion*

"Very impressed with the new College and incredible virtual reality tools.
A fantastic reunion!"



CAUGHT ON CAMPUS

Alumni don't need a reason to return but when they do, they get stuck in.
We capture some alumni encounters ...

SHANKER V MOORTHY

Medicine 1987 Home: Malaysia

Back for: *Class of 1987 Reunion*

"An opportunity to reconnect with dear friends, which confirmed that the bond of this special family will remain."



LAURA LAMPTEY

Medicine 2007 Home: Ireland

Back for: *Class of 2007 Reunion*

(pictured with classmate, Amal Suhood, right, at the Porters Panel discussion)

"I truly enjoyed being back. Although it's been ten years, it felt like we all finished yesterday. RCSI gave us an everlasting bond."

ANDREW DUNNE

Physiotherapy 2012 Home: Ireland

Back for: *Annual Physiotherapy Reunion*

"The new campus building is impressive, in style and substance – made me wish I was back in college! Great to catch up with the Class of 2012: we are a close bunch so we keep in contact."



**ANTHONY HOBAN**

Physiotherapy 2008; Medicine 2013; MRC SI 2015; PG Dip 2017

Home: Ireland **Back for:** Open Day

(600+ post-primary students throughout Ireland get a taste for life as a student at RCSI at the annual Open Day.)

"It was one of many great days I've had in RCSI."

CHEE N THONG

Medicine 1972; FRC SI 1978

Home: Canada **Back for:** Class of 1972 Reunion

"It's always a pleasure to see my classmates and to reflect on how the College has grown."

**CATHERINE MC GORRIAN**

Medicine 1997 **Home:** Ireland

Back for: Class of 1997 Reunion
(trying out her laparoscopic skills)

"It was lovely to walk through the new building and see current students chatting and studying. It brought me back to the years when we built such strong friendships."

**SUDHAMA VAITHILINGAM**

Medicine 1972 **Home:** Canada

Back for: Class of 1972 Reunion
(Showing his love for RCSI with his wife Maria)

"It's amazing to see new technology mixing seamlessly with old traditions. Returning always feels like coming home."

**MARY ARCHER**

Medicine 1977 **Home:**

Ireland **Back for:** Class of 1977 Reunion

"What a gathering – 40 years on and 50 graduates from the Class of '77 turn up to celebrate our shared, cherished time at RCSI. Looking forward to our next reunion!"



THE KINDEST CUT

The campaign for RCSI has secured philanthropic investment to establish the RCSI Institute of Global Surgery which will develop access to surgery for millions of people around the globe.

Over the next century, the developing world will witness the fastest rate of population growth ever, resulting in additional pressure on healthcare systems already unable to meet demand. The health problems experienced in the developing world are many and to date there has been an understandable focus on the diseases contributing to this staggering death toll such as HIV, tuberculosis, and malaria.

But here's something that might surprise you. In 2015, *The Lancet* Commission on Global Surgery reported that each year more people die from lack of access to surgical care than from HIV, TB and malaria combined. Indeed, a staggering 17 million people die each year because of lack of access to safe, timely surgical care. The *Lancet* Commission was able to bring new attention and focus to a problem that RCSI has unique experience of and has been working to address since 2007.

Surgery is an integral, indivisible component of a properly functioning health system. Without any or too few surgeons, routine illness and accidents which need minor, low-tech surgery often turn into life threatening and life ending episodes. Today, it is estimated that 951 million women are without access to emergency obstetric care should they become pregnant.

The *Lancet* Commission suggested that countries should have a total combined minimum of 20 surgeons, anaesthetists and obstetricians per 100,000 people, equating to approximately ten surgeons. As the first and only institution to continually track and map surgeon numbers across ten African countries, RCSI is able to report that within this region there are 1,690 surgeons for a combined population of 320 million – in Malawi and Mozambique, for instance, there are 0.25 surgeons per 100,000, with Kenya at the top of the table with just 1.2 surgeons per 100,000 (Ireland has 13.1).

RCSI, with a network of alumni in 97 countries and a reputation as instigators of betterment and change, is implementing programmes that make a significant and immediate impact on the ground in these countries.

Addressing longterm demand

Since 2007, with funding from Irish Aid, RCSI has partnered with COSECSA (The College of Surgeons of East, Central and Southern Africa) to provide surgical specialist education and training to medical practitioners in Africa. The largest single contributor to the workforce in the area, COSECSA, with RCSI support, has trained 15 per cent of all surgeons in the region and more than half of all current surgeons in training in the region are in COSECSA programmes. And there are bigger ambitions afoot.

THE COSECSA/RCSI COLLABORATION

More than a decade on, founder and current Honorary Registrar, COSECSA, Professor Krikor Erzingatsian, a graduate of RCSI, Class of 1968, reflects on the relationship between his alma mater and COSECSA: "The most important aspects demonstrated by our collaborating partnering colleagues [RCSI] have been integrity, generosity towards the underprivileged, and professionalism."

In recognition of his contribution to surgery in Africa, Professor Krikor Erzingatsian was conferred an Honorary Fellowship of RCSI in 2017.



From top left: The mobile training unit; Professor Krikor Erzingatsian, Honorary Registrar, COSECSA; RCSI and COSECSA colleagues.



Trained surgeons at work in East Africa.

“THE RCSI INSTITUTE OF GLOBAL SURGERY WILL LEVERAGE YEARS OF EXPERIENCE, BUILD ON SUCCESSES AND ACCELERATE PROGRESS IN AFRICA – AND GLOBALLY...”

According to Sean Tierney, Dean of Professional Development & Practice, Surgical Affairs, RCSI, “by 2021, more than 600 COSECSA trained surgeons will have graduated and, by 2030, we plan that the number will have blossomed to 2,500.”

Currently, 200 trainees enter the streamlined five-year programme every year. Irish Aid has committed almost €5 million to date. This has been more than matched by the in-kind contribution of RCSI, valued at over €6.5m, including the services of over 30 RCSI staff, curriculum development, on-going assessment, training materials and tools, financial planning and IT infrastructure.

The metrics speak for themselves. Eric O’Flynn, Programme Director, RCSI-COSECSA, says, “The ideal is, that those surgeons, once trained, remain and practice in their home country – which, the research bears out, they do, with recorded retention rates at upwards of 90 per cent. Each trained surgeon is estimated to carry out 9,000 operations in their career. The training model

also allows for trainees to support qualified surgeons early in their training, thus boosting surgical capacity as well as providing real life surgical experience for trainees. These surgeons in turn become trainers for the next generation.”

Key to this success has been the way in which the two colleges work together. COSECSA sets the strategic direction, and RCSI works with COSECSA to achieve these aims. Expanding high quality professional staffing and embedding quality administrative processes provides sustainability of these gains into the future. Governance of the collaboration programme is divided 50-50 between COSECSA and RCSI, a progressive and highly unusual approach of governance. This model has been recognised by The *Lancet* Commission as a model of best practice.

Meeting urgent rural need

“Training more surgeons alone will not solve the problem, especially for communities in rural areas,” says Ruairi Brugha, Head of the Department of Epidemiology and Public Health Medicine, RCSI.

“Trained surgeons often focus their work where the facilities are – in urban centres – but millions of people across Africa live in rural settings. So for six years, RCSI researchers have been working on a model in which non-physician clinicians are trained to deliver safe surgery themselves, in rural hospitals.

“Non-physician candidates receive on-the-job training from local surgeons over two-three years, to deliver basic surgery, such as caesareans, hernias, fractures and emergency operations. This clinical officer surgical training programme (COST) means that in Zambia, for instance, there are 107 clinical officers working in rural hospitals, each performing 300-400 surgeries a year and patient outcomes are proven to be as good as in specialist hospitals.”

RCSI leads a research consortia including the University of Oxford, working to unlock this rural access model for millions. SURG Africa (Scaling Up Safe Surgery for District and Rural Populations), directed by Ruairi Brugha, will measure the feasibility, effectiveness and cost-effectiveness of scaling the model to national level across three African countries: Malawi, Tanzania and Zambia, with a combined population of 90 million. Funding for research into the proof of concept has been secured from EU Horizon 2020.

Global impact

“The RCSI Institute of Global Surgery will leverage years of experience, build on past successes and accelerate progress in Africa – and globally,” says Kenneth Mealy, President, RCSI. “Our models are working, and now they can be scaled, to make a massive impact on patient outcomes. It’s vital that this work continues. There’s an economic imperative too. Without a solution to the developing countries’ surgical deficit, which specifically addresses the health of young adults, the engines of economic development, the fortunes of these countries will not improve.” RCSI’s ambition is to establish this institute through seed funding which will create a strong platform for future growth.

The establishment of the RCSI Institute of Global Surgery will galvanise support and increase funding from leading international foundations, to further scale up existing initiatives, explore new countries which could benefit from similar interventions, increase the volume of research to inform global understanding and develop a teaching programme for Global Surgery in Ireland to educate future global health leaders. Watch this space. ■



TOO **FAT** FOR SURGERY

The issue of obesity in patients presenting for surgery has serious implications for pre-operative procedures and post-operative outcomes, not to mention the surgery itself, as RCSI alumnus Daniel O'Reilly (Class of 2017) discovered.

Very few health issues today cause such a range of problems as obesity. This complex, multifactorial condition has been approached from almost every angle academically but represents a unique practical problem for both patients preparing for surgery and the surgeons themselves. Even excluding the poor health on average of this cohort of patients, which is compromised by a combination of high cholesterol, high blood pressure and diabetes, size alone restricts or prevents surgical diagnosis, pre- and perioperative care and intervention.

The epidemic of obesity is no longer restricted to high-income economies

with many health services in low-to-middle income nations suffering the 'double hit' of both malnutrition and excessive calorific intake. Closer to home, a 2014 *Lancet* paper analysing data from the Global Burden of Disease Study 2013, illustrated that around two-thirds of Irish men and half of Irish women were now either overweight or obese [1]. The same study also grabbed the headlines in the press with the dark prophecy that we are to become the "fattest nation in Europe by 2020". So what will be the possible effects in our surgical clinics over the next two years as this comes to pass?

Surgery has a unique relationship with diagnostic imaging with good quality radiological investigation not only key to diagnosis but to procedural planning,

allowing the operating surgeon to foresee difficulties that may arise prior to beginning a case. This is of utmost importance in patients likely to have aberrant anatomy such as those whose organs have been moved or enlarged by deposition of large volumes of fat tissue. Unfortunately, the body habitus of these patients presents problems for modern imaging modalities. A paper published by Uppot et al. in 2006 illustrated many of the difficulties the obese patient may face when simply being scanned, including being too heavy for the gantry itself, being too large for the aperture of imaging devices such as MRI and CT or, in the case of ultrasound, just being too large for the relevant images to produce any sort of reliable diagnostic information [2]. While many of the manufacturers are updating their equipment to adjust to the “new normal” of obesity, it does not remain uncommon in my own experience for patients not to have their imaging performed, as they “could not tolerate scan due to BMI”.

In addition to the difficulties in properly imaging the obese patient, perioperative care is often difficult in this group. In addition to the frequent cardiovascular, respiratory and metabolic comorbidities that occur in the overweight patient, safe induction and maintenance of anaesthesia can be testing. Dr Shane O’Sullivan, SpR in Anaesthesia in Beaumont Hospital, describes how, “Obesity presents a huge number of practical, logistical and theoretical challenges to the provision of a balanced and safe anaesthetic. It requires early involvement of senior anaesthetists with experience of dealing with these patients and extensive planning to reduce perioperative risk.” Patients who are obese commonly represent a challenge in safely and correctly dosing anaesthetic agents, frequently have a difficult airway and often have increased ventilatory needs versus people with a normal BMI. Safely negotiating these risks even during reasonably “routine” or straightforward surgical procedures adds to the workload for clinicians working with these patients [3].

In my own limited surgical experience as an intern on vascular surgery I have seen the impact that increased BMI may have on patient’s surgical management. Endovascular access in patients with extremely large BMIs is often technically difficult to achieve and in patients with so many systemic comorbidities a surgical option may simply not be available despite our best intentions. My own anecdotal experience is reflected in the literature where obesity has been identified as an independent risk factor for poor outcome in patients who require abdominal aortic aneurysm repair [4].

Outside the world of vascular surgery similar studies have reported increased risk in total knee replacements and general surgical procedures for gastrointestinal malignancy [5, 6]. In short, regardless of the type of surgery, obesity represents a significant risk factor in your developing a complication as a result of your operation.

Beyond the operating theatre, the common comorbidities of obesity such as diabetes, sleep apnoea, hypercholesterolemia and hypertension complicate the early postoperative course for these patients which may contribute to an increased length of stay with a 2016 study demonstrating that for women requiring a hysterectomy for benign causes, BMI was the only preoperative modifiable factor with an effect [7]. It is therefore imperative that preoperative optimisation of these patients includes weight loss to avoid the risks associated with prolonged hospitalisation, including nosocomial infections and deconditioning.

Finally, in the convalescence phase, there are often issues with effective rehabilitation. Bariatric equipment is often required to allow patients to mobilise and ensure their pressure care needs are met. Consideration of weight limits and body shapes have to be accounted for in many items in the hospital including chairs, beds and even toilets. In 2015 a number of news outlets in the UK reported that the NHS spent £7m on bariatric equipment [8]. This likely represents not

only an increased need for such equipment, which can help reduce postoperative complications, but also the additional costs of each individual item and the requirement of keeping them in stock.

So is there any good news in the brave new world of surgery in an obese population? The short answer is yes, as although these patients represent a difficult population to safely perform emergent operations on there are a number of elective procedures that can help patients lose the weight they require to live a healthier life. While traditional means of combating established obesity, namely diet and exercise, can lead to weight loss, it is typically a fraction of total body mass (approximately ten per cent) and there is a high rate of patients who regain the weight over time. Bariatric or Metabolic Surgery was initially developed on the anatomical principle that a shorter gut or a smaller stomach would lead to reduced caloric intake. However, recent research into this has shown this is not the case and in fact procedures such as Roux en Y gastric bypass and sleeve gastrectomies completely alter the hormonal milieu of these obese patients. The levels of certain hormones postoperatively can indicate success following these procedures [9]. Indeed many of the metabolic complications of obesity such as diabetes, high cholesterol and hypertension are abrogated following these interventions [10].

While in many high-income countries statistics suggest the level of obesity in the population is plateauing, this group of patients is not going away [11]. At all steps of the therapeutic process from diagnosis to intervention and recovery complications due to obesity arise. This can make an effective acute surgical intervention technically difficult and occasionally impossible. On the other hand, obesity surgery offers what is at present the only therapy that can ‘cure’ obesity, albeit with exposing the patient to the risks and difficulties that entails.

As doctors we can all play a role in encouraging weight loss by emphasising the risk of high BMI to patients in any perioperative discussions prior to elective procedures. Addressing a patient’s weight in consultations, in a sensitive manner, is a powerful motivator for behavioural change. Unfortunately, operating on obese patients is likely to represent an increasing part of a surgeon’s workload and the development of the expertise required to reduce risk in this population is going to become more and more essential in everyday practice. ■

Daniel O’Reilly (Class of 2017) graduated with first class honours. He was awarded the Arthur Stephen French-O’Carroll Medal for his undergraduate essay, “Obesity Surgery: A Quick Fix For A Huge Problem” in 2016. He is currently an intern at St James’s Hospital, Dublin.

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FITTING TRIBUTES

Gifts from alumni are used to support research, educate future doctors or contribute to the College's development. Many are made in memory of a loved one, to honour someone special or acknowledge achievement. We talked to some alumni about their giving stories.

IN APPRECIATION

Establishing new scholarships

"I support the College because of affection and appreciation," says Dr Richard Nora (Class of 1980), Medical Director of Oncology Services, OSF St Anthony Medical Center, Rockford, Illinois and Clinical Professor of Medicine at the University of Illinois, and generous donor to RCSI over many years.

"Firstly, RCSI and Ireland gave me an opportunity. I was not a refugee fleeing oppression, as some of my classmates were, but a 'blow-in' pursuing a privilege that I was hardly worthy of. I cannot overstate the number of people, classmates, their families, friends, and acquaintances, who helped me, nor could I exaggerate their extraordinary kindness and generosity towards me. My support will never be a commercial recompense for my career, for I could never repay what they did for me."

Richard and his wife Lucille have established a merit-based scholarship to celebrate outstanding academic achievement. When asked what prompted this particular gift, Richard is clear that his own experience inspired it: "I was privileged at Surgeons to be amongst a community of gifted teachers and classmates who demonstrated to me, each other, and to patients what healthcare is all about. They were incredibly diverse in world views, traditions, manners, and faiths yet always more collegial than competitive, co-committed to our goal of becoming healers. That sort of community is rare and precious, and not universally found at or created in medical schools."

Working all over the world, classmates get to meet rarely, but despite that, the bonds from those formative years have, if anything, become stronger. "My classmates inspired me then and continue to do so now, they are gifts to medicine and the world from Asia to America, and at home in Ireland. I hope I live up to them."

The ways in which RCSI has demonstrated that it is committed to, and

effective at, transforming health care education at home and abroad is also a key factor in making such a generous gift. "I remember being jeered once at the Intervarsity basketball tournament in Galway as 'York Street Tech'! I wish that those wits could come see York Street today! Contributing to the College does not just say thanks or preserve happy memories, it helps build the faculties, the student body, and the facilities that we can be very proud of today."

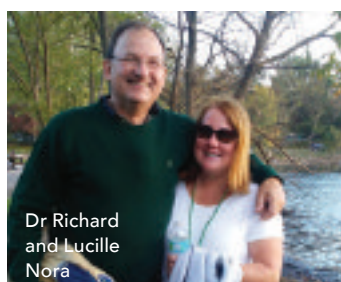
In 2017 the first Consilio Manuque Scholarships named for Richard & Lucille Nora and John & Ann Murphy were awarded to students Lisa Mulvey and David Joyce respectively.

LEADING THE WAY

Honouring cherished classmates

In 2017, as his 35th reunion approached, Dr Nezam Afdhal (Nid), and his wife, fellow RCSI alumna, Dr Clare Tempany Afdhal were very much looking forward to seeing colleagues from their Class of 1981. They were also extremely conscious of those classmates who would not be with them to mark this special occasion.

"I think as you get older, and you look back on your own career and achievements and those of your friends and colleagues, you realise that there



are those among you who never had the opportunity to live the full life you did.” Deciding to act, Nid wrote a personal letter to his former classmates urging them to consider contributing to a class gift as a tribute to their cherished friends who died prematurely. “This was a way to remember them, and to ensure their memory lives on.” With their own gift leading the way, further donations from the Class of 1981 were raised to fund two needs-based scholarships.

“I wanted to show the seriousness of my intention, that we could collectively do this – it was just a question of making the decision.”

Reflecting on their long and successful careers in Hepatology and Radiology (both are Professors at Harvard Medical School where Clare is the endowed Ferenc A Jolesz Chair of Radiology), Clare and Nid both clearly identified the training at RCSI as the foundation and cornerstone of their medical careers. They felt it was time to give back and their decision to focus on needs-based scholarships was easily made: “The truth is that there are a lot of students who are in need. We liked the fact that a scholarship can alter the story a little and can change the course of someone’s life, giving them the opportunity to be a doctor that they otherwise might not have had.”

In 2016 Deborah Cardiff was awarded ‘The Marilyn Butt Scholarship’ established by Dr John Butt in memory of his daughter who was a member of the Class of 1981. In 2017 EmerRose Kealy was awarded ‘The Jim Allen Scholarship’ established by the Class of 1981. In 2019 another student will be supported by the Class of 1981 as they begin a career at RCSI.

A TANGIBLE EFFECT

Supporting campus development

The plaque outside an in-patient ward simulation room in 26 York Street, dedicated to the memory of RCSI alum and medical pioneer Dr JJ Molony, marks a gift to RCSI made in lasting recognition of a very special person. According to JJ’s granddaughter, Dr Sasha Molony, who graduated from



Sasha Molony (Class of 2017), Pierce Molony, Jim Molony, JJ Molony, James Molony and Paddy Molony, at an event at RCSI in 2004 to celebrate JJ being 60 years qualified.

RCSI in 2017, the Molony family’s decision to give this bricks-and-mortar gift to RCSI, funded from his estate, would have been much appreciated by JJ. “The building at 26 York Street represents all that my grandfather held dear,” Sasha says. “He was always focused on progress, on the future. He would have appreciated that 26 York Street is at the forefront of modern medicine globally.” JJ was a lifelong learner, refining his skills, curious about new developments, expanding his knowledge right up until his death at the age of 93. One of four brothers (all doctors) from the Molony Thurles Racecourse family, JJ graduated from RCSI after a stellar academic career culminating in the Gold Medal in his final year. He trained with Sir Alexander Fleming in London, and returned to Ireland where he was appointed Dun Laoghaire District Medical Officer in 1962. According to Sasha, “He would completely cherish this acknowledgement of all that medicine and RCSI gave him. His whole life was dedicated to medicine. He found in medicine not only a job, but a lifelong passion.” JJ’s love of the profession lives on through three generations of Molony family doctors who trained at RCSI and continue his legacy today.

MAKING A DIFFERENCE

Igniting students’ passion

“Rugby provided Ike with the reason for living” is a line in ophthalmologist Dr Ike Blakemore’s yearbook (Class of 1979), part of a pen picture summing up his character and attitude to life. While he is amused at this today, it is true that being part of a team, representing the College, participating in the camaraderie and dedication to a common endeavour, not to mention the friendships forged and the fun to be had, were aspects that made a huge difference to his experience at RCSI. “Sport was a great incentive to get going, to get things done, to look forward to,” says Ike. His memories of sport at RCSI are the reason why he is funding a special sports scholarship. “I believe participating in sport is extremely valuable and yes, will lead to producing rounded doctors, who know how to work in a team, to focus on what’s important, to be



Ike Blakemore, left, with Jim Bonner, Class of 1979 and Jim’s son Ryan.

resilient, healthy and strong.” Sport is a great defense against isolation and a way to build collegiality, he adds. “There is so much emphasis on bookwork, not enough on other aspects, like sport, that have the power to have positive benefits for mental and physical wellbeing.”

Ike’s gift establishes the Professor Moira O’Brien Sports Scholarship honouring an inspirational, much-loved faculty member from Ike’s time at RCSI. The sports scholarships will be awarded in 2018 for the first time. ■



NEW MEDIC MINDSET

How will millennials shape healthcare in the future and what kind of leaders will they turn out to be? We asked alumni for their views ...

Today, there's a multi-generational workforce in most healthcare settings, comprised of three generations: the Baby Boomers (1946-1964), the Gen Xers (1965-1980), and the millennials, those born between 1981 and 1996. Creating a workplace culture that demonstrates respect and inclusion for all is an urgent aspiration for healthcare institutions, especially in light of possible change. Millennials, by far the biggest cohort, will have the most influence to bear on how healthcare is shaped in the future.

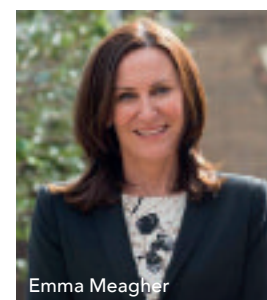
Millennial is a word that tends to draw opinions and assumptions, some of criticism and others of praise. Among typical strengths ascribed to this group are tech-savviness, the confidence to speak up and the ability to multi-task. Weaknesses are cited to be a work-to-live rather than a live-to-work approach and a need for regular and meaningful feedback. Millennials are also impatient with what they regard as plodding progress, the slow pace of innovation and the lack of responsiveness.

These are all characteristics that will be shared by millennial patients. Patients are used to quickly accessing products and services from the convenience of their smartphone and tablet. According to research commissioned by PNC Healthcare, they will reject the current traditional model of accessing healthcare. These patients will not have cultivated relationships with their family doctors as the baby boomers did. It seems that for both millennial healthcare providers and the patients they will treat, the system as it is appears archaic. But that on-demand approach to medicine taken by millennial patients comes with its own challenges. Trends, confirmed in a study by TransAmerica Centre for Health Studies, show millennials prefer to

treat their medical problems by waiting for them to arrive and being seen urgently, in emergency rooms. The choice not to have a primary care physician leaves patients without a long-time care relationship or a medical "home".

A recent graduate of PU-RCSI in Malaysia, Theeviya Manivannan believes that both as healthcare providers and consumers, millennials are a force to be reckoned with. "For what it's worth, I think millennials are already moving mountains in medicine today." She credits the influence of millennials on the gathering speed of adoption of new technologies. "They are more reliant on apps and options that can ease their access to medicine. Healthcare is now seen to be an on-demand service, from arranging appointments online to retrieving medical records electronically. These are no longer a novelty. Telehealth or telemedicine services, too, have increasingly gained popularity. Sharing opinions and expertise amongst colleagues are the norm today, thanks to the advent of instant text venues, so saving time and cost."

On an organisational level, most healthcare systems are just not ready for the arrival of the millennial practitioners. "The expectations are different,"



Emma Meagher

"WE NEED TO QUESTION WHETHER WE ARE IDENTIFYING THE RIGHT PEOPLE FOR THE JOB ..."



“WE HAVE TO RETHINK THE OVER-AND-ABOVE COMMITMENT THAT WAS THE NORM.”

need to seriously question whether we are identifying the right people for the job.” Dr Nadeem Moghal (Class of 1989) agrees there are apparent generational differences. “They [millennials] are more in tune with work-life balance priorities which means we have to rethink the ‘goodwill’ and over-and-above commitment that was the norm.”

As Medical Director of a large hospital group spread over three sites, the Barking, Havering and Redbridge University Hospitals, Dr Moghal is responsible for leading and directing a large multi-generational medical workforce. He believes that the education system may not be producing the right kind of physicians to address patient needs in the future. Dr Moghal believes that the way we recruit doctors is overly focused on academic achievement: “I would prefer an educational model that included Philosophy, English and History, that was based on an understanding of the human condition.”

This New Medic Mindset has emerged with a particular focus on life *outside* the hospital. Work-life balance, a term first coined in the UK in the late 1970s, was first used in the US in 1986 and has grown from there. Millennial

says Dr Emma Meagher (Class of 1987), award-winning Vice Dean and Chief Clinical Research Officer at the Perelman School of Medicine, University of Pennsylvania and Senior Associate Vice Provost for Research, about millennials. She is of the opinion that the priorities of the millennial generation are already presenting challenges for healthcare and healthcare systems. “Understanding that millennials will make up the lion’s share of the physician workforce creates challenges for educators. Their desire for rapid change and willingness to rapidly adopt technology solutions can clash against the traditional dogma of ‘tried and tested’ that has been the underpinning of medical education for decades. Additionally, as millennials strive for the ephemeral concept of work life balance in a profession that calls for selflessness, we struggle with the obligation to train increasingly competent and adept healthcare providers. We

physicians will have grown up hearing about work-life balance and therefore it has become ingrained in them as a concept to prioritise. Younger healthcare workers may look to options that would give them more flexibility in terms of time and workload. Sharing of practices and division of labour are practices that might put medicine in a different light for others to consider.

Millennial doctors’ desire for work-life balance can result in some of the more frequent and critical adjectives such as “entitled” and “self-absorbed”. Adanna Steinacker (Class of 2015), strongly disagrees. “‘Entitled’ might be what we are called when we demand fair and humane working hours. We are reminded by our consultants that 24-hour shifts were the norm in their time, that it was common not to have a proper meal in days and that being a clinician meant giving up your life outside of the hospital. ‘Lacking commitment’ is how we are described when we decide to explore alternative non-clinical paths that will provide a healthy work-life balance. The time has come when people really value a good balance and their mental health and want to be happy. For medicine to remain attractive, they have to adjust to these times.”



“PEOPLE VALUE A GOOD BALANCE AND THEIR MENTAL HEALTH AND WANT TO BE HAPPY.”

Dr Manivannan says that millennials today, on either end of the relationship, are able to value and integrate individualised medicine in their daily patient care setting. “Healthcare providers are not put on pedestals anymore. Joint effort in managing concerns is seen to be most successful in terms of health outcomes. This is further helped by the more relaxed demeanour millennials adopt when it comes to provider-patient rapport.”

“Millennials are evidence of the change that is creeping into medicine,” says Steinacker. The millennial approach, driven by patients and doctors alike, has the impetus to change the model for care and communication. With an established history of doing things differently, millennials are, above all else, disruptors of industries. It seems healthcare may be driven to change. What do you think? Share your views by emailing alumni@rcsi.ie.

HOW MILLENNIALS ARE PROMOTING MEDICAL PROFESSIONALISM

by Professor Dubhfeasa Slattery,
Chair of Medical Professionalism
at RCSI

As healthcare professionals, we are working in challenging and changing times. Some may describe this as a VUCA society: Volatile, Uncertain, Complex, and Ambiguous. Navigation of this environment requires

high levels of leadership agility and responsiveness. Currently we have a multi-generational workforce composed of what may be described as the Baby Boomers, the Gen Xers and the millennials. This mix across age and often ethnicity provides a wealth of diversity: a great asset, which when harnessed ensures that multiple viewpoints are offered to help us resolve healthcare challenges, be they diagnostic or systems.

As a generation, technology comes naturally to millennials

and they enjoy change and innovation: all qualities required in healthcare. Embracing a working environment where people feel safe to speak up when something goes wrong is key for patient safety. Seeking a good interweaving of work and life is critical to resilience and prevention of burnout in our healthcare professionals. In healthcare, we need to continue to retain our clear vision of “patient centred care”. Working together in multi-disciplinary teams, (with less hierarchy than

in the past), embracing diversity, promoting curiosity, retaining qualities of compassion, integrity, honesty, altruism, valuing our varied workforce through good communication and genuine employee engagement will ultimately help us navigate this VUCA environment and ensure safer care for our patients and a safer environment for our staff. In this way millennials, as a key component of our healthcare workforce, are helping us practise Medical Professionalism. ■

CLASS CALL

At RCSI, we love to hear news about your career achievements and information about you and your life after college. Find out what some of your classmates have been doing here ...

2010s

HUSAIN ARIAN (Medicine, 2017) “I have commenced my postgraduate course MSc Neuroscience in Trinity College Dublin, and presented my two published posters in the 7th Annual Frontiers in Neurology Meeting in Dublin. I’ve also launched a website for trading the financial markets, and have held a seminar and workshops in trading in Kuwait!”

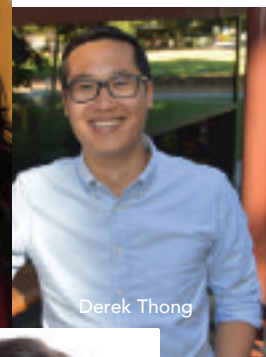
■ **ADANNA STEINACKER** (Medicine, 2015) has been in touch with the good news of her new business venture. “Inspired by my travel adventures as a medical student, and with great help from Helen Zidon (Medicine, 2016), I have established Medics Abroad, an international organisation that provides overseas medical electives and mentorship to aspiring healthcare professionals. Our objective is to provide the most rewarding hands-on clinical/ community experience, as well as cultural immersion and adventure. Our vision is to redefine medical educational travel.” ■ Taking a year off from his residency in Physical Medicine and Rehabilitation at McMaster University, **DEREK THONG** (Medicine, 2015) is currently an Innovation Fellow in Biodesign at Stanford University. “In RCSI, I helped design a minimally invasive pelvic fixation device. The project brought together my background in engineering, medicine, and management consulting, and inspired me to take my career in a direction that would combine all three disciplines.” ■ **AMEERA SAEED HAMED BALHARETH** (MRCSI 2014, MSc Leadership, 2016 - RCSI Dublin): “I came to Dublin in July 2013 to join the academic and clinical fellowship programme under the umbrella of RCSI. By November 2016 I had received my masters degree, and in January 2018, I finished my colorectal surgery training in Beaumont Hospital. I have now returned home, to Saudi Arabia, with great experience.” ■ **NOORA ALHAJRI** (Medicine, 2014 - RCSI Bahrain) is the first Bahraini physician to be accepted for training at the Pan



Husain Arian



Adanna Steinacker and Helen Zidon



Derek Thong



Noora Alhajri



Jude Khatib

American Health Organization (PAHO) – the regional base of the World Health Organisation (WHO) – as part of its Internship and Practicum

Programme. ■ **JUDE KHATIB** (Medicine, 2014) “Hailing from Amman-Jordan, I’m currently in my third and final year of Internal Medicine residency at Case Western - UHCCM (University Hospitals Cleveland Medical Center - Case Western Reserve University) in Cleveland, Ohio. Next year, I’m looking forward to my position as one of the Chief Residents of the Internal Medicine residency programme at Case Western - University Hospitals.” ■ A reunion of 22 alumni spanning three decades of RCSI came together in sunny Lake Garda, Italy for the wedding of **JOSH DEMARCHI** and **SINEAD MAGUIRE** (both Medicine, 2012) in June 2017. ■ 2017 saw **SARAH FLANAGAN WESLEY** (Medicine, 2012) complete her fellowship in multiple sclerosis and neuroimmunology at Yale, and commence her role as an Assistant Professor of Neurology at the Yale School of Medicine. ■ Professor

Paul Gallagher, Head of the RCSI School of Pharmacy had the opportunity to catch-up with **STEVE DONOGHUE** (Pharmacy, 2011, MPharm 2012) in Singapore in January 2018. Mr Donoghue is now a registered pharmacist with Singapore Pharmacist Council, working in the 1,000-bed Changi General Hospital where his ever-growing list of responsibilities includes antimicrobial stewardship.

■ **MARK TAN** (Medicine, 2011 - RCSI/PMC) "I recently won the Best Abstract Award at the 13th International Conference on Clinical Ethics Consultation (ICCEC) held in Singapore. I have also been appointed as a Lecturer in Medical Ethics & Medical Law at the Medical Faculty of Universiti Teknologi MARA (UiTM) in Malaysia."

■ **JOHN DUDDY** (MRCSI 2011, MCh 2013) completed a successful term of office as President of the Irish Medical Organisation (IMO) in April 2017. As President, Dr Duddy represented Irish doctors' views in the national media, in the Houses of the Oireachtas, and internationally at the World Medical Association General Assembly in Taipei, Taiwan. The highlight of his term of office was the launch of the Respect Charter, a national anti-bullying charter developed by the IMO, and supported by the HSE and Forum of Irish Postgraduate Medical Training Bodies. In addition, the IMO conducted research into gender issues in Irish medicine which resulted in the largest-ever response to an IMO survey. Dr Duddy managed to combine his duties as President with full-time work on the Higher Specialist Training programme in Neurosurgery. He completed a memorable year with his marriage to theatre director Aoife Spillane-Hinks at Dublin's Smock Alley Theatre in August 2017. ■ **YASMINE USMANI** (Medicine, 2010) and her husband, Kheredine Belhimeur, are proud to announce that their son, Emir Joseph, now has a beautiful little sister Maya Sofia Usmani Belhimeur. Dr Usmani is an OB/GYN and has nearly completed her Fellowship in Gynaecologic Reproductive Endocrinology and Infertility at the University of Western Ontario



in London, Ontario, Canada. She begins the next stage of her career as a consultant in the Greater Toronto Area this spring. ■ Following the success of its first product TickerFit, Irish company, Innerstrength Health, founded by **AVRIL COPELAND** (Physiotherapy, 2010) and technologist, Greg Balmer, has secured private investment and Enterprise Ireland HPSU Funding. This funding will enable the duo to bring new products to the market and drive expansion overseas in the UK and US.

2000s

Congratulations to **KEVIN THORNTON** (Physiotherapy, 2009) and Jennifer Jones (Physiotherapy, 2013) who got engaged in summer 2017, from the School of Physiotherapy. ■ In August 2017, **CAPT. PAUL DHILLON** (Medicine, 2009) received the Canadian Medical Association (CMA) Award for Young Leaders (Early Career) at the CMA's General

Council in Quebec City. Amongst his many roles, including author, marathon runner and rural doctor, Captain Dhillon is a Brigade Surgeon for the Canadian Armed Forces. ■ **ALEXA GALE** (Medicine, 2009) and Michael Renda welcomed Michael Ruthven Gale Renda in January 2017. In addition Dr Gale became an Assistant Professor of Emergency

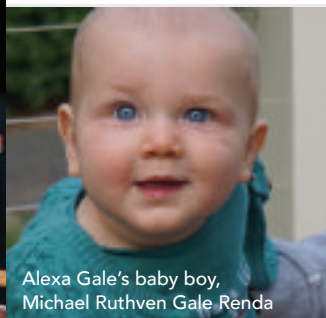
Medicine at Georgetown University Medical Center, where she is an attending physician at MedStar Washington Hospital Center.

■ **OMAR ALHAMMADI** (Medicine, 2009, MSc Leadership 2017 - RCSI Dubai): “I became internal medicine certified in 2015, and, last year, completed my RCSI masters degree. Currently, I am working as a hospitalist in Abu Dhabi, UAE. I have also published two books in Arabic, one about my medical school memories, and the other a critical review of religious and traditional medicine. I am married with three sons.” ■ **SMITA NAIDOO**

(Medicine, 2006) got in touch from Canada to say, “On a fateful flight, 30,000 ft in the air, I, a Child and Adolescent Psychiatrist, happened to sit next to a wellness entrepreneur and mum of three. Three hours later, our business, Paper Clouds Project was born! Our goal is to combine science and creativity to publish a series of research-based mental wellness books to support families, communities, hospitals and schools. Our first book, *Polly & Pickles - The Quest for Rest*, was launched in January.” Dr Naidoo is married to Dr Raj Naidoo (Medicine, 2007) who is now the Head of Radiology in Maple Ridge, BC. ■ **DOUGLAS AND MARIA (GULE) MONROE** (both Medicine, 2005) live in Houston, Texas and are always happy to help fellow RCSI alumni. Dr Maria was recently named Assistant Professor of Diagnostic Imaging at the University of Texas MD Anderson Cancer Center after completing her neuroradiology fellowship. Dr Doug continues his work as a healthcare management consultant



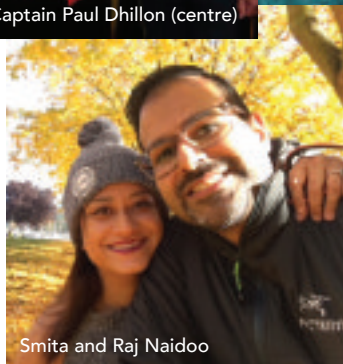
Captain Paul Dhillon (centre)



Alexa Gale's baby boy,
Michael Ruthven Gale Renda



Omar Alhammadi



Smita and Raj Naidoo



Douglas and Maria (Gule) Monroe

across the US, focusing on physician and clinician engagement, quality improvement, and clinical integration. Eloise (8) and Jack (3) look forward to matriculating at RCSI. They hope to continue their mother's legacy of academic and professional excellence, avoid their father's shortcomings, and be the fifth consecutive generation of physicians, and second to attend RCSI after their mother, father and Uncle Brett Monroe (Medicine, 2008).

1990s

■ **TECK LEONG TAI** (Medicine, 1998): “Since graduation from RCSI, I have attained Membership of the Royal College of Physicians (2004), and Licentiate of the Faculty of Occupational Medicine (2013). I am the current President of the Irish Society of Occupational Medicine, elected in November 2017, and in January 2018 I took up the post of Acting Deputy Chief Medical Adviser for the Department of Employment Affairs and Social Protection (DEASP).” ■ **TARA M. CATANZANO** (Medicine, 1997) has been promoted to two new positions: Vice Chair for Academic Affairs Department of Radiology and Associate Director for Academic Career Development, Office of Faculty Affairs at the University of Massachusetts Medical School-Baystate. She continues in her role as Radiology Residency Program Director. ■ **ZAINAB KASSIM** (Medicine, 1995), who is working as a Neonatal Associate Specialist at Kings College Hospital, London, has established Sabah English Aspiration Society (SEAS) in her hometown of Sabah in Malaysia. She says,



Teck Leong Tai



Zainab Kassim



Suhaila Ghuloum

“Last summer, we successfully conducted a two-day English Camp attended by 136 primary school pupils with 30 facilitators, ten of whom were Malaysian students studying in the UK. It was a huge success. Plus, in October, we opened our ‘English Corner’ building which was completely funded through charities and donations. 2018 promises to be another exciting year!” ■ **SUHAILA GHULOUM** (Medicine, 1994): “In early 2017, I was appointed as Associate Professor of Psychiatry at Weill Cornell Medicine, New York. In June, I was elected Chair of the Middle East Division of the Royal College of Psychiatrists, and in August as Zone 12 representative, Middle East, of the World Psychiatry Association. I’ve published papers on management of Schizophrenia and Mental Health Epidemiology.” ■ **PETER MAGUIRE** (Medicine, 1993, FFARCSI 1998) was awarded the AAGBI Award for service to Anaesthesia in January 2018. He is very proudly the only award holder in Northern Ireland. ■ **ANNE HENNESSY** (Medicine, 1993) returned to Beaumont Hospital as a Consultant Anaesthetist in 2006. She was elected to the Council of

the College of Anaesthetists of Ireland in 2012 and has chaired the Examinations Committee since 2014. She was elected

Vice-President of the College in 2016. In February this year she accompanied the President of the College, Professor Kevin Carson, to China, to sign a Memorandum of Understanding with the Chinese Society of Anaesthesia-CMA. She is married to Stan Natin (Medicine, 1992) and they have three children, Thomas 21, Kate 17, and Alexandra 13.



Peter Maguire



Anne Hennessy

1980s

DAVID L. CROOKS (Medicine, 1989) is pictured below with the da Vinci Si Robotics Console. As Chair of Surgery, VP Medical Staff, Hospital Board Member and full time practicing consultant, Dr Crooks has been the lead surgeon to procure robotics for Hanover Hospital. He says, “This Robotics Operative platform has tremendously improved patient quality outcomes and improved ergonomics for the surgeons.”

■ **EMMA MEAGHER** (Medicine, 1987), Vice Dean and Chief Clinical Research Officer in the Perelman School of Medicine at the University of Pennsylvania, has been named President of the Association for Clinical and Translational Science (ACTS). She is also an Associate Professor of Medicine and Pharmacology, and serves as Penn’s Senior Associate Vice-Provost for Human Research. ■ **JOHN SM CHANG** (Medicine, 1984) was awarded the Casebeer Award 2017 (pictured right) for his outstanding contribution to refractive surgery through non-traditional research and development activities. Dr Chang is also the 2018 President of the International Society of Refractive Surgery, a partner of the American Academy of Ophthalmology.

■ While today, many graduates have family connections with RCSI, sometimes going back generations, it was a surprise when **ANTONIA LEHANE** (Medicine, 1982), President, Association of Medical & Dental Graduates, discovered that her cousin, **MARY JOSEPHINE AHERN**, graduated from RCSI in 1913! “Mary Josephine had a truly remarkable life. She was the only woman out of 63 licentiates that year and one of very few women doctors in Ireland, pre-WWI.” In 1916, she was amongst the

first group of women doctors to join the Royal Army Medical Corps, serving in Malta and Salonika until 1919. Joining the Colonial service in 1921, she pioneered child welfare clinics in Malaya until 1939 and was awarded an OBE for this service in 1936. Read her full story at rcsi.ie/alumninews ■ **PATRICK TREACY** (Medicine, 1985) has been recognised for his international contributions to developing the field of medical aesthetics, by winning the fourth Azerbaijan Medical Academy



David L. Crooks



Emma Meagher



John SM Chang (centre)



Mary Josephine Ahern



Adrienne Flanagan



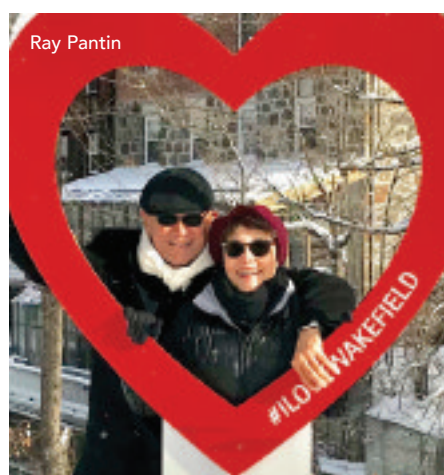
Michael Solomon

and Beauty Trophy as well as a Laureate in Aesthetic Medicine.

■ **MICHAEL SOLOMON** (Medicine, 1984, Hon FRCSI 2013) has been awarded a Doctor of Medicine (DMed) on published work by the National University of Ireland (NUI). This is the highest qualification awarded by NUI. His published work is concerned with the assessment of surgical outcomes in colorectal surgery. He is professor of Surgical Research at the University of Sydney and Academic Head, Department of Colorectal Surgery and Consultant Colorectal Surgeon at the Royal Prince Alfred Hospital, Sydney. ■ **SHERAZ DAYA** (Medicine, 1984)

was awarded the Fyodorov Medal at the 32nd International Congress of the Hellenic Society of Intraocular Implant and Retractive Surgery (HSIOIRS) in Athens, Greece. ■ **MURIEL SODEN** (Medicine, 1982) was promoted to Associate Professor, College of Medicine & Dentistry at James Cook University, Australia in 2017. She is also Director of Rheumatology at The Townsville Hospital. ■ **ADRIENNE FLANAGAN** (Medicine, 1981) was awarded an OBE in recognition of her excellent work in Pathology in the UK. Professor Flanagan is the Chief of Pathology at University College London and a world expert in bone pathology.

1970s



Ray Pantin



Marte Seip

RAY PANTIN (Medicine, 1970): "No earth-shattering news to report. I got married in St Kevin's Oratory in the Pro Cathedral to Veronica ("Chu Chu"), a fellow Trinidadian in 1967 - we celebrated our Golden wedding anniversary last year! Our son, Colin was born in Dublin before we left for Canada, where I became an Emergency Med Physician (ER MED was in its infancy when I started in 1972). Our daughter, Nicola was born in 1971. Retirement? When my wife tells me I can!" ■ **JASBIR GILL** (Medicine, 1972) was honoured with the 2017 Lifetime Achievement Award by the San Joaquin Medical Society, in recognition of his lifelong achievements in the medical field and with his patients. Upon receiving this award, he commented, "Being a doctor is a great profession, a noble profession; nothing comes close to it in life." ■ **MARTE SEIP** (Medicine, 1972) has shared that she has now retired from GP practice in Norway.

1960s

In 2017, Lead Consultant Physician/Cardiologist, **MAHENDRA VARMA** (Medicine, 1969) was awarded an OBE for services to cardiology in Northern Ireland. The cardiac consultant, who has lived in Fermanagh since 1982, was born and raised in South Africa, of Indian origin. He was the first of his family to attend university. From the outset of his career, Professor Varma was determined to advance the development of cardiology services to a rural population. Indeed, he was the first President of the Irish Cardiac Society to come from a rural hospital in its 50+ year history, all previous presidents were either from Dublin, Belfast, Cork or Galway and, in 1984, his team was the first cardiac unit in Europe to thrombolyse patients in the home. ■ **HUGH F. MCDERMOTT** (Dentistry, 1967) reports that life has changed dramatically since last year! "Sold up our 'mini chateau' in Tallanstown, Co Louth, and downsized to an apartment in Drogheda for the summer months. With our three adult children in London and Sydney, we have no other family in Ireland, and have become Francophiles ... living the rest of the year in Biarritz with a



Mahendra Varma



A. David Barnes

view and the noise of the Atlantic waves. For us, Biarritz has the four things we need in life - GWG&R (golf, wine, gourmet, and rugby)!" ■ **A. DAVID BARNES** (Medicine, 1965) reports that 2017 was spectacular: "I celebrated my 80th birthday year by completing my 20th marathon (26.2 miles). My 62-year old wonder woman wife completed two 26.2 mile marathons in one week! My memoir, *'Insanity of Wars'*, received a "must read" award from the League of Utah Writers.... with sales recorded from China to South Africa. Plus my daughter was married on St Patrick's Day 2018 in Salt Lake City!" ■ **ARNOLD GOLDBERG** (Medicine, 1960) is looking to reconnect with his 1960 classmates. Get in touch via email to alumni@rcsi.ie.



Medicine, 1965

1950s



Peter Arthur Tan

PETER ARTHUR TAN (Medicine, 1959, FRCSI 1967): "I enrolled in RCSI in 1953, part of the first cohort of students from Singapore and the then Malaya to come to Dublin to study medicine. Age 17, I was the youngest in the class as many others were delayed by the war years. My father was the first ophthalmologist in Singapore/Malaya FRCS Ed 1926, and directed his three sons to do likewise: Paul FRCS Ed, Raymond FRCSI 1970, our sister Pauline FRCOG followed her own dream. Following RCSI, I trained in the UK before returning to Singapore to join my Dad's practice

which he started in 1939, with my two brothers joining in quick succession. My years in Dublin were gratifying ones with lasting memories, and I have been present at every five-year class reunion since graduation. Next year, 2019, will be the 60th anniversary. My hobby since childhood has been sailing – so here I am in one of my two yachts!"

■ **CHARLES DUPONT** (Medicine, 1954) has been busy publishing books, and papers in the BMJ, including 'The Management of Common Skin Diseases', 2nd edition, and 'Public Speaking, How To Do It'.

We will miss ...

TOM STAVRO (Medicine, 1984): "Tom, great friend to countless, passed away at home October 19 2017 in Toronto, surrounded by his children, having stoically battled a ten-year cancer diagnosis. His funeral and celebration of life was attended by over 700 family, friends, physicians, nurses, police and ambulance representatives, testament not only to his love of his family, but his immensely respected position as

caring physician and community leader. He is survived by his three sons, Christopher, Nicholas and Thomas. His wife Janie, the lifelong love of his life, recently passed away from cancer. Tom will be dearly missed, but will be remembered through his loving family and his impressive legacy as healthcare leader as Chief of Emergency Services in the Rouge Valley Healthcare system in Toronto." [Submitted



Tom Stavro

by classmate, David Turineck] ■ **SPENCER JOHNSON** (Medicine, 1968) best-selling author of *The One Minute Manager* (1982) and *Who Moved My Cheese?* (1998), a parable about embracing change that has sold 28 million copies worldwide, passed away aged 78 in July 2017 at his home in San Diego. Pictured here on his return to RCSI in October 2015 where he spoke about how the College had influenced his writing career. ■ Our condolences go to all the families and friends of RCSI alumni who have recently passed away.



Spencer Johnson

CONFERRINGS

DUBLIN



Ireland's first ever cohort of Physician Associate Graduates: Alex Troy, Ciara Melia, Jessica Maddock, Michael Buljubasic, Maria Macken and Patricia Anderson

CLASS OF 2018

May 2018 saw 283 future doctors from 29 different countries graduate from Dublin plus a further 54 alumni celebrated the Conferring of their Higher Degrees. Among these graduates were Ireland's first ever cohort of Physician Associate students, a new healthcare profession to Ireland.



KaChee Lim (Medicine, 1973) and Jamie Lim with their children McKenzie Lim (Medicine, 2018), Jordan Lim (Medicine, 2017) and Zachary Lim (Medicine, 2015)



Andrew Redmond (Medicine, 2018) with his father, Professor Mark Redmond (Medicine, 1987)



Siblings James Allen, Baillie Allen (both Medicine 2016), Abby Allen (Medicine, 2018) with their aunt, Susan Allen (Medicine, 1994) and uncle, Larry Allen (Medicine, 1979)



Peter Spencer (Physiotherapy, 2006) and his wife Sinead Spencer, Valedictorian (Medicine, 2017, Physiotherapy, 2006)

CLASS OF 2017

In 2017, we welcomed more than 1,700 new graduates to RCSI's global network of 17,000 alumni in 97 countries worldwide. Across campuses in Ireland, Bahrain, Malaysia and Dubai, graduates were conferred with degrees in medicine, physiotherapy, pharmacy, nursing and midwifery, and with higher degrees, ranging from PhDs in research to Masters in Healthcare Management. This was the second year that RCSI conferred the same degree in medicine on its students in Ireland, Bahrain and Malaysia.



Alyssa Verrelli (Medicine, 2017) and her sister Angela Verrelli (Medicine, 2016)

KEEP UP TO DATE WITH OUR EVENTS
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CONFERRINGS



Imran Sulaiman
(Medicine, 2005
PhD 2017) and Jill
Mulrain (MRCSI
2014, MCh 2017)



Jinesa Moodley
(Medicine, 2017)
and her father
Suseelan Moodley
(Medicine, 1987)



Emily Dower
(Pharmacy,
2017)



MPharm, 2017: Shane Kelly, Marty Ryan,
Ciaran Minogue, Eoin Coughlan,
Thomas O'Connor and Cormac Black



Nursing, 2017: Subhashini
Munuswamy, Lauren Dixon, Maura
Sweeney and Maebh Keeley



Ursula Quinn (Medicine 2009, MD
2017) and Alice Stanton, Associate
Professor of Molecular and
Cellular Therapeutics, RCSI

CONFERRINGS



McKenzie Lim
(Final Med),
Jamie Lim,
Jordan Lim
(Medicine, 2017),
Ka Chee Lim
(Medicine, 1973)
and Zachary Lim
(Medicine, 2015)

June Molloy-Saeed, Dana Saeed (Medicine, 2017), Tariq Saeed
(FRCSI 1984), Nina Saeed (Medicine, 2014, MRCSI 2016) and
Ayman Saeed (Medicine, 2015, MRCSI 2017)



Ciaran O'Boyle,
Director, Institute
of Leadership,
RCSI and Salma
Sehmi Al Ahbabi
(MSc 2017 - RCSI
Dubai)



Saif Ahmed AlHammedi
(MSc 2017 - RCSI Dubai) and
Waleed Khaled Salmen Ali
(MSc 2017 - RCSI Dubai)



RCSI Dubai
Conferring 2017

CONFERRINGS

BAHRAIN



Medicine, 2017: Saif Daniel Husein, Zeid Marcos, Khalid Yaghmour, Karmel Abubaker, Nawar Shandi, Dina Ibrahim, Judy Al Ahmad



Nursing, 2017: Muath Husain, Aiman Alsaho, Maryam Abdulla and Eman Tawash, Nursing Lecturer RCSI-MUB



Medicine, 2017: Deema Mousa, Dina Ibrahim and Esra Alhamadani



Medicine, 2017: Bachar Hazim, Dana Mohamed and Deema Mousa



Medicine, 2017: Abeer Farhan and Aboud Fahel

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Nursing and Midwifery, 2017



Nursing and Midwifery, 2017

MALAYSIA PMC



RCSI Dean presenting Dr Kurubaran with his First in his Class prize for MSc Health Science



Penang Medical College (PMC) 2017 Conferring



Undergraduate Prize Winners: Teh When Yee, Premithra A/P Chelvakumar, Natalie Ong, Chew Jia En, Lee Wei Wen, Maya Sakthi A/P N. Vijayan, Tan Hui Min and Isaac Heen George



Penang Medical College (PMC) 2017 Conferring



Penang Medical College (PMC) 2017 Conferring

MALAYSIA PU-RCSI



PU-RCSI, 2017 Conferring



PU-RCSI, 2017 Conferring



Vishnu Arvindran A/L Chandra Mohan (Medicine, 2017 - PU-RCSI), winner of the Chancellor's Award

REUNIONS



Medicine,
1997: Sharliza
Salleh and
Adilya Abdul
Rahim



Welcome Reception



Medicine, 1997



Medicine, 2002

ALUMNI GATHERING 2017

423 Medicine and Dentistry graduates from the Classes of 1957, 1962, 1967, 1972, 1977, 1982, 1987, 1992, 1997, 2002 and 2007 returned to RCSI in August 2017 to celebrate their milestone reunions.

Highlighting the global reach of RCSI, graduates from 23 countries including Australia, Canada, Germany, Ireland, Malaysia, Mauritius, Norway, Singapore, South Africa, United Arab Emirates, United Kingdom and USA travelled to attend.

The Alumni Gathering's comprehensive three-day programme of activities included a Jubilee Lunch, welcome reception, scientific meeting, alumni memorial service, four tours of the College and of Dublin, individual reunion class dinners, a golf outing, and a black tie gala dinner.

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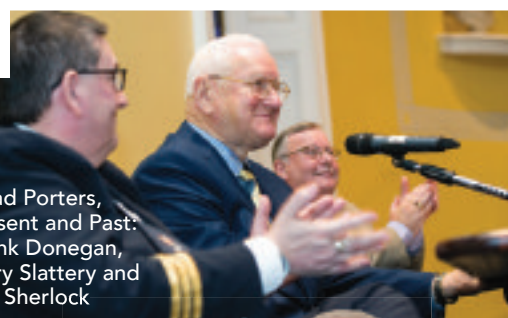
Scientific Meeting



Morten Neset (Medicine, 1977),
Mary Sundt, Geraldine Behan-Neset
and Ivar Blix (Medicine, 1977)



Welcome Reception



Head Porters,
Present and Past:
Frank Donegan,
Terry Slattery and
Jim Sherlock



Medicine, 1987: Grace Tai,
Carina Thielsen and
Seema Dhahbra



Hy Browne
(Medicine, 1956,
FRCSI 1969) and
Hugh O'Neill
(Medicine, 1967)

REUNIONS



Medicine, 1987



Medicine, 1967:
Kevin Manning,
Penny Johnson and
Patrick Murray



Bridget Peters, Bridget
Orfi, Ezel Orfi (Medicine,
1957) and Oscar Peters



Medicine, 2007



Boon Teo (Medicine, 1992)
and Shanker Moorthy
(Medicine, 1987)



Bassey Ndoma-Egba (Medicine, 2007,
MRCSI 2012) and Vania Ndoma-Egba



Renganaden Sunassee (Medicine, 1972),
Avinash Renga Sunassee, Karanbir Gill (Medicine,
1977) and Jasbir Gill (Medicine, 1972)



Evelyn Meer and
Bubbles Meer
(Medicine, 1962)



Michael Blute Sr
(Medicine, 1982) and
Debra Blute

REUNIONS



Physiotherapy,
2012: Jean Lewis,
Claire Smyth and
Kirsten McGarry

SCHOOL OF
PHYSIOTHERAPY
REUNION 2017

Alumni, Faculty and current students gathered in the Albert Lecture Theatre on the 22nd September 2017 for the third annual School of Physiotherapy Reunion. The School, which was established in 1999, welcomed two alumni speakers to the stage. Representing the Class of 2012 was Andrew Dunne, Chartered Physiotherapist, Personal Health in Dublin 6, and representing the Class of 2002 was Aisling Brennan, Musculoskeletal Clinical Specialist in Tallaght Hospital, Dublin.

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Ailbhe Shortt
(Physiotherapy, 2012)
and Aisling Brennan
(Physiotherapy, 2002)



Karen Ryan
(Physiotherapy,
2012), Louise
Keating, Lecturer
in Physiotherapy,
RCSI and Marie
Guidon, Head
of School of
Physiotherapy,
RCSI



Physiotherapy, 2017: Simon
Galligan and Kelly Coghlan

RECEPTIONS



Patrick Broe, Past President,
RCSI (FRCSI 1978), Nicolas
Mouawad (Medicine, 2005,
MRCSI 2007), Elizabeth
Acquista (Medicine, 2006)
and Cathal Kelly, Chief
Executive, RCSI (Medicine,
1985, FRCSI 1990)

RCSI RECEPTION
SAN DIEGO

As part of the ACS Clinical Congress 2017, RCSI welcomed alumni and surgeons to an evening reception in San Diego in October 2017. A convivial evening of networking – and class catch-ups!



A. David Barnes
(Medicine, 1965)
and Mary Barnes



Amy Stephen and
Magendran Danapal
(Medicine, 2009,
MRCSI 2012)

RECEPTIONS



Cathal Kelly, Chief Executive, RCSI (Medicine, 1985, FRCSI 1990) and Charles Reisen (Medicine, 1978)



Wissam Raad (Medicine, 2004, FRCSI 2017) and Imran Sulaiman (Medicine, Class of 2005, PhD 2017)



Lisa Torres (Medicine, 2010) and David McKeown (Medicine, 2010, MRCSI 2016)



Joseph Gurrall (Medicine, 2004) and Joy Kapur

RCSI NEW YORK RECEPTION

More than 50 Alumni, Fellows & Members attended the third annual US Reception in New York in May 2017. This event was kindly hosted by the Consul General of Ireland in New York, Ms Barbara Jones.



Emma Bourke (Pharmacy, 2015, MPharm 2016), Aifric Heffernan (Pharmacy, 2015, MPharm 2016), Claire Soden (Medicine, 2005) and Siun Walsh (Medicine, 2005, FRCSI 2017)



Roisin Maguire, Siobhan Gogan (Medicine, 1983), Catherine McWade (Medicine, 1990) and Brian McCarthy (Medicine, 1990)



Medicine, 1989: Geoff Anandappa, Ramona Rajapakse and David Crooks



David Knight (Medicine, 1981), Helen Towers (Medicine, 1983) and Ron Menzin (Medicine, 1982)



Patrick Mullan (GEM 1), Bakr Jundi (Medicine, 2017), Feargal Donaghy (GEM 2), and James Flynn (Final Med)



Vanessa Rufa and Erik Rufa (Medicine, 2003)



Clare Tempany-Afdhal (Medicine, 1981), Charlotte Coyle Fross, Deirdre Coyle Jr. and Deirdre Coyle



Niamh Clifford (4th Year Pharmacy), Kieran Skehan (4th Med) and Peter Maguire (Medicine, 1993, FFARCSI 1998)

On the eve of the Boston Marathon 2018, more than 70 alumni and guests gathered with the RCSI students competing in the marathon for a convivial reception overlooking the marathon route. This was the 19th year that RCSI had students compete and, despite heavy rain and cold winds, all crossed the finish line, raising funds for alumni-run Floating Doctors.

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Fabian D'Souza (Medicine, 1995), Nessa Quinn (MPharm) and Alison Cameron-Vendrig (Final Med)



John V. Coyle (Medicine, 1962) and Steve Austin (FFARCSI 1998)

RECEPTIONS

Medicine, 2012: Laura Hendrick, David Casey, Rowena Almeida and Lindsay Webster

2017

Ezel Orfi (Medicine, 1957) and Clodagh Peters

Aaron Jolly (Medicine, 2009), Mona Jasuja (Medicine, 2008) and Patrick Conlon (Medicine, 1982)

Mursalene Gafoor (Medicine, 1972, FRCSI 2009) and Alan Byrne (Medicine, 1976, FRCSI 2008)

RCSI TORONTO RECEPTIONS

More than 200 Alumni, Fellows and Members from RCSI Dublin, RCSI Bahrain and RCSI Dubai attended the inaugural reception in Toronto in May 2017, followed by the second annual reception in April 2018.

Koon Teo (Medicine, 1978), Pearlie Teo and Ameen Patel (Medicine, 1985)

Cheryl Green (Medicine, 1982) and Eric Leith (Medicine, 1977)

Joseph Da Silva (Medicine, 1966), Barbara Da Silva and Patrick Conlon (Medicine, 1982)

Irene Vrckovnik, Vince Peschisolido (Medicine, 1985) and Ameen Patel (Medicine, 1985)

Medicine, 1967: Janette Milne and Marie Madeleine Lee-Ng

2018

Medicine, 1991: Martin O'Malley and Scherazad O'Malley

Medicine, 2012: Rowena Almeida, Sarah Selke, Frank Selke and Laura Hendrick

Medicine, 2010: Ed McNally, Shalini Sharma, Lianne McLean, Arvin Kapoor, Meaghan Rollins and Susan Tory

Mark Levstik (Medicine, 1990), Rulan Parekh (Medicine, 1991) and Kieran Murphy (Medicine, 1986)

Pamela Byrne, John Byrne (Medicine, 2000, FRCSI 2013) and Graham Roche-Nagle (Medicine, 1998)

Shalini Jha (Medicine, 2006), Mona Jasuja (Medicine, 2008) and Aaron Jolly (Medicine, 2009)

Muneesh Jha (Medicine, 2005), Andrew Watt (Medicine, 2008) and Sheri Ah-Sue (Medicine, 2005)

Sapna Khosla (Medicine, 2012), Neil Naik (Medicine, 2014) and Ruchi Parikh

REUNION



Grete Hjelmeland (Medicine, 1981), Elin Mortensen (Medicine, 1985), Tore Farnes (Medicine, 1987), Anne Lise Vie (Medicine, 1986), Laila Farnes (Medicine, 1981) and Jenny Foss Abrahamsen (Medicine, 1981)



Karl Gardner, Irish Ambassador to Norway, Aine Gibbons, Director of Development - Alumni Relations, Fellows & Members, RCSI and Cathal Kelly, Chief Executive, RCSI (Medicine, 1985, FRCSI 1990)



Peter Maguire (Medicine, 1993, FFARCSI 1998) and Per Egil Hesla (Medicine, 1971)



Karoline Skogen (Medicine, 2006), Arne Skulberg (Medicine, 2006), Cornelia Lind (Medicine, 2005), Kristoffer Russell (Medicine, 2004), Bryan Wright (Medicine, 2005), Bård Slinde (Medicine, 2006) and Camilla Larsen (Medicine, 2006)



Oscar Asante (Medicine, 2004) and Anthony Wagstaff (Medicine, 1985)



Peter Maguire (Medicine, 1993, FFARCSI 1998), Paal Froysoa (Medicine, 2004), Trond Espen Detlie (Medicine, 2004) and Oscar Asante (Medicine, 2004)



Mariola Schneider, Per Egil Hesla (Medicine, 1971), Janette Winnem (Medicine, 1972), Bent Erik Poulsson (Medicine, 1971) and Kristian Ree (Medicine, 1972)



Rona Bach-Gansmo, Gudbrand Skjensberg (Medicine, 1984) and Edvin Bach Gansmo (Medicine, 1984)

RCSI REUNION IN NORWAY

RCSI's St Patrick's Day celebrations kicked-off in Oslo, Norway on the 17th March 2018 with a scientific meeting led by RCSI alumni and surgeons.

The meeting was followed by the Ireland vs England Six Nations' Final on the big screen, which saw a triumphant and historical 'Grand Slam' win for Ireland.

Celebrations continued with a convivial dinner, hosted by Professor Cathal Kelly, Chief Executive, RCSI, where guests were welcomed by Mr Karl Gardner, Irish Ambassador to Norway.



Michelle Hanlon (Medicine, 2002), Hannah Russell (Medicine, 2004), Inger Lise Mero (Medicine, 2005) and Stine L'Orange (Medicine, 2005)



Victoria Simensen (Medicine, 2008), Andreas Hopland (Medicine, 2008), Victor Krohn (Medicine, 2008), Jannicke Koldeus-Falch (Medicine, 2005), Alexander Alshus (Medicine, 2008) and Lillian Ellingsen (Medicine, 2008)

RECEPTIONS



Philip Curtis, Head of Admissions, RCSI, Wael Berro (Medicine, 2006) and Younis Alyaarubi (Medicine, 2007)

RCSI RECEPTION DUBAI

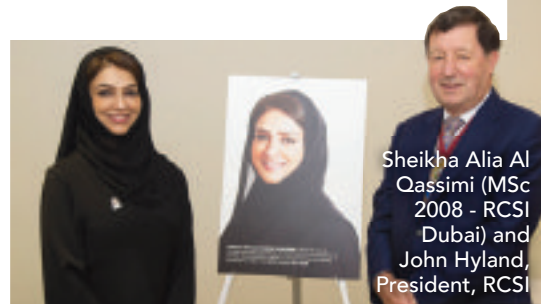
In November 2017, RCSI welcomed Alumni, Fellows & Members to an evening of networking in Dubai. At this reception, Aine Gibbons, Director of Development - Alumni Relations, Fellows & Members, unveiled two alumni portraits that will hang on the new 'Inspiring Excellence' wall in the RCSI Dubai head office.



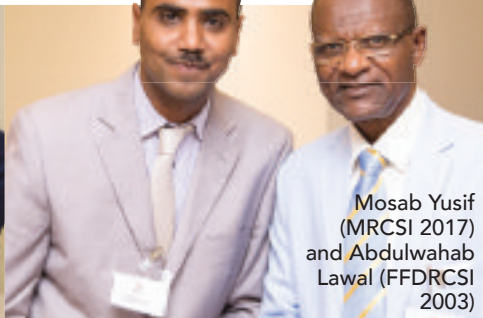
Wael Berro (Medicine, 2006), Sonali Datta (MSc 2010 - RCSI Dubai) and Ajay Chaturvedi (MSc 2009 - RCSI Dubai)



Shamma Al Shamisi, Yasmeen Lahloh (MSc 2014 - RCSI Dubai), Houriya Kazim (Medicine, 1988, FRCSI 1993) and Sheikhha Alia Al Qassimi (MSc 2008 - RCSI Dubai)



Sheikhha Alia Al Qassimi (MSc 2008 - RCSI Dubai) and John Hyland, President, RCSI



Mosab Yusif (MRCSI 2017) and Abdulwahab Lawal (FFDRCSI 2003)



John Hyland, President, RCSI and Mohammed Al Redha (Medicine, 2003, MSc 2007 - RCSI Dubai)

RECEPTIONS



John Hyland, President, RCSI, Hannah McGee, Dean, Faculty of Medicine and Health Sciences, RCSI, Tariq Saeed (FRCSI 1984) and June Molloy-Saeed



President of RCSI Bahrain, Professor Sameer Ootom addresses the guests

RCSI BAHRAIN RECEPTION

Hosted by the Presidents of RCSI and RCSI Bahrain, Professors John Hyland and Sameer Ootom, in November 2017, this reception welcomed alumni and surgeons to the RCSI Bahrain campus for its student Research Day and a standalone reception.

Despite the "Irish" wet weather, the atmosphere was warm and abuzz with the exciting research taking place by students and Faculty, and convivial conversation was enjoyed at the reception.



RCSI Bahrain Reception



Isa Al-Alawani (Medicine, 2013 - RCSI Bahrain) and Fadi Ghosn, Recognition, Careers and Alumni Manager, RCSI Bahrain



Ruqaya Shehab (Medicine, 2015 - RCSI Bahrain) and Dr Huda Al Nasheet (Medicine, 2016 - RCSI Bahrain)

ASSOCIATION EVENTS



Denise Curtin (Medicine, 1973, FRCSI 1980) and Richard Brennan (Medicine, 1978)

ASSOCIATION OF MEDICAL & DENTAL GRADUATES' AGM AND ANNUAL LECTURE

The Association of Medical & Dental Graduates' AGM and Annual Lecture took place in April 2018. On the evening, the Association elected Dr Antonia Lehane (Class of 1982) as their President for 2018-2020, and presented its annual RCSI Best Society Award to the College's Surgical Society.

SAVE THE DATE

The 2019 AGM and Annual Lecture will take place in RCSI on April 26th
rcsi.ie/alumnierevents



Guest Speaker, Asim A. Sheik, Barrister-at-Law & Assistant Professor in Legal Medicine, UCD School of Medicine



Pamela Mangal (Medicine, 1971) and Mayilone Arumugasamy (Medicine, 1993, FRCSI 1997)



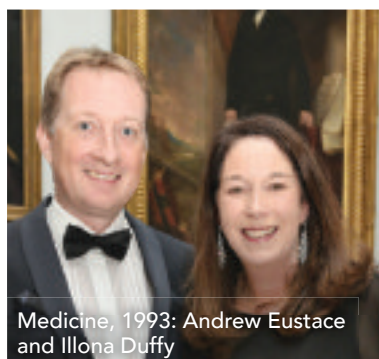
Adam Cahill (3rd Med), Monika Cieslak (3rd Med) and Antonia Lehane (Medicine, 1982)

ASSOCIATION OF MEDICAL & DENTAL GRADUATES' ANNUAL DINNER

It was full house on Saturday, 25th November 2017 when over 170 RCSI graduates and guests gathered in the College Hall for the Annual Dinner of the Association of Medical & Dental Graduates. Mr Mayilone Arumugasamy, President of the Association of Medical & Dental Graduates said, "It's a great way to kick off the festive season! We had graduates from every decade spanning the past 60 years and the atmosphere was fantastic and fun throughout the whole evening. It was a sold-out event again this year ... please remember to book early next year!"

SAVE THE DATE

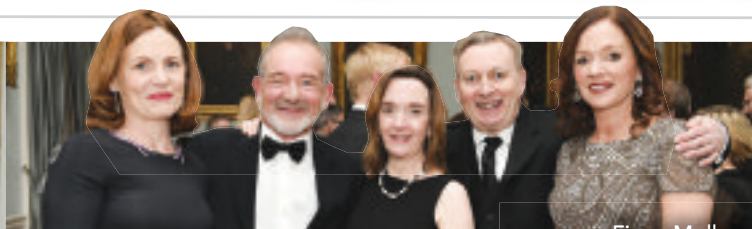
The 2018 Dinner will take place in RCSI Dublin on November 24th.
rcsi.ie/alumnierevents



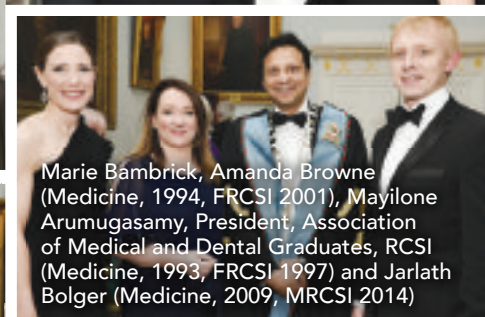
Medicine, 1993: Andrew Eustace and Illona Duffy



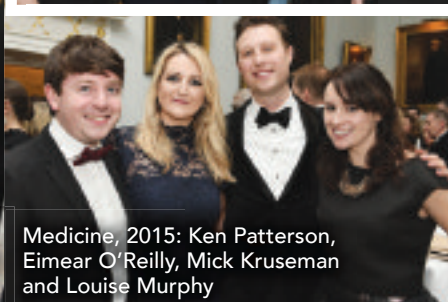
Peter Meagher (Medicine, 1989, FFARCSI 1993), Adrienne Meagher, Robert Daly (Medicine, 1990)



Fiona Molloy (Medicine, 1989), Eamon Kenny (Medicine, 1987), Sara Gallagher (Medicine, 1987), John Keaney (Medicine, 1989) and Elizabeth Walsh (Medicine, 1989)



Marie Bambrick, Amanda Browne (Medicine, 1994, FRCSI 2001), Mayilone Arumugasamy, President, Association of Medical and Dental Graduates, RCSI (Medicine, 1993, FRCSI 1997) and Jarlath Bolger (Medicine, 2009, MRCSI 2014)



Medicine, 2015: Ken Patterson, Eimear O'Reilly, Mick Kruseman and Louise Murphy



Yusuf Jaly, President, Student Union, RCSI (Final Med) and Carol Rizkalla (First Med)

IN CONVERSATION WITH ...



In conversation with
Houriya Kazim and
Adanna Steinacker



Maria Wilson (Medicine, 1988), Nina Ansari
(Medicine, 1987), Darragh O'Doherty (Medicine,
1988), Houriya Kazim (Medicine, 1988, FRCSI
1993), Roy Browne (Medicine, 1988) and Carmel
Ann Daly (Medicine, 1988)

SUTURING THE GENDER GAP

Two RCSI alumni, Ms Houriya Kazim FRCSI (Class of 1988) and Dr Adanna Steinacker (Class of 2015) took to the stage in September 2017 for the fourth of the 'In Conversation With ...' series.

Ms Kazim, who became the first female surgeon in the UAE in the early 1990s, is a pioneering breast cancer specialist and an avid spokesperson for women's health. She was joined by newly qualified doctor, Dr Steinacker, a young mother and popular YouTube vlogger, and together they discussed surgical stereotyping, managing the work-life balance, and the importance of role models in surgery.

As well as sharing their memories of their respective years studying at RCSI, Ms Kazim and Dr Steinacker also addressed the gender imbalance in healthcare, with Ms Kazim giving practical tips on how she broke the glass ceiling to begin 'suturing the gap'.

WATCH OUR VIDEOS

Visit the RCSI Alumni YouTube Channel to watch the highlights from this event and many more.



Adanna Steinacker
(Medicine, 2015)
and Houriya Kazim
(Medicine, 1988,
FRCSI 1993)



Grace Rothwell Kenny, Jane
Rothwell (FRCSI 2003), Arnold
Hill, Professor of Surgery, RCSI
and Carmel Malone (FRCSI 2005)



Camilla Carroll,
Council Member,
RCSI (Medicine,
1985, FRCSI 1989)
and Michelle Mary
McEvoy (Medicine,
2005, MD 2014)



Nina Ansari
(Medicine, 1987)
and her daughter
Zahra Shah
(Medicine, 2015)



Arnold Hill, Professor of Surgery,
RCSI, Adanna Steinacker
(Medicine, 2015), Laura Viani,
Council Member, RCSI, Aine
Gibbons, Director of Development
- Alumni Relations, Fellows and
Members, RCSI and David Quinlan,
Council Member, RCSI



Athena Osborne (2nd Med), Dawn
Singh (2nd Med),
Ruth Mathew (2nd Med),
Ameera Khan (2nd Med), Niveta
Ramnakrishnan (2nd Med) and
Noratikah Malek (3rd Med)

IN CONVERSATION WITH ...



In conversation with ... Floating Doctors



Cathal Kelly, Chief Executive RCSI (Medicine, 1985, FRCSI 1990), Ryan McCormick (Medicine, 2014), Ben La Brot (Medicine, 2006) and Aine Gibbons, Director of Development - Alumni Relations, Fellows and Members, RCSI



Ben La Brot (Medicine, 2006), Jennifer Grant (Medicine, 2006) and Anne O'Connor (Medicine, 2006, FRCSI 2015)



Sofia Farina (4th Med), Rebecca Clayman (4th Med), Mwaba Hight (4th Med) and Nicola Smith, Library Assistant, RCSI

FLOATING DOCTORS

The audience in the packed Albert Lecture Theatre at RCSI Dublin welcomed Colette Fitzpatrick and Floating Doctors to the stage for the first alumni event of 2018. The event marked the opening of the annual RCSI Charter Day Programme.

Dr Benjamin La Brot (Medicine, 2006) and Dr Ryan McCormick (Medicine, 2014) the captain of Floating Doctors, explained how this fleet of boats, crewed by volunteers, travels by sea to provide free acute primary care, teach preventative healthcare education and deliver critical medical supplies, from earthquake-struck Haiti to the shores of Panama. "We can reach a remote village cut off from any other type of aid: there doesn't have to be a dock or a port, there just has to be a coast. Wherever that coast is, we will get there."

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Erika Keane (Medicine, 1987), Mary Barry (Medicine, 1987, FRCSI 1991) and Sara Gallagher (Medicine, 1987)



Ryan McCormick (Medicine, 2014), Colette Fitzpatrick and Ben La Brot (Medicine, 2006)



Patrick Treacy (Medicine, 1985), John Hyland, President, RCSI, Declan J. Magee, Past President, RCSI and Conor Egleston (FRCSI 1992)



Catherine Mulhall (MPharm 2012) and Rosemary Behan (MPharm 2011)

A LIFE'S WORK

The Honourable Hedy Fry, Canada's longest-serving female MP, remembers her time at RCSI with fondness

How did a graduate of medicine at RCSI find herself in Canada, in politics and in the spotlight? From her birthplace in San Fernando in Trinidad and Tobago, mother of three grown-up sons, Dr Hedy Fry travelled, via RCSI, to a career in politics in Canada. Having first been elected to Parliament for Vancouver Centre in 1993, she was re-elected in 1997, 2000, 2004, 2006, 2008, 2011 and 2015 and, at 76, is the longest serving female MP ever in the Canadian parliament.

Fry, an only child, was a prodigious student, excelling at school where she was taught by St Joseph of Cluny nuns, graduating as class valedictorian and winning a scholarship to Oxford University to study English literature. But instead, with a passionate interest in medicine, and with the encouragement of the nuns at school, who recommended RCSI, the teenage Fry opted to study medicine. Her parents, a tailor and a secretary, invested their life savings (earmarked to buy a house) to send her to Dublin. Not having studied science before, she had to effectively compress a Bachelor of Science degree into one year. With remarkable application and determination, she graduated from RCSI with honours in 1968. "I knew no one when I came to RCSI," she says, "but I made friends, because I am a joiner, among them my best friend, Sarah Rogers, now Professor Sarah Rogers. I joined the Glee Club, and had tremendous fun."

In 1970, Dr Fry moved to Canada where she practised as a family doctor for 20 years at St Paul's Hospital in Vancouver. At the coalface, she could identify the challenges facing the Canadian healthcare system and medical profession and began to explore how she could contribute to medical politics. She became president of the Vancouver Medical Association in 1988-89, the BC Medical Association in 1990-91, and chaired the Canadian Medical Association's Multiculturalism Committee in 1992-99, negotiating a number of reforms for the medical profession, including a groundbreaking agreement that included Canada's first retirement plan for doctors. As spokesperson for the British Columbia Medical Association on issues of health, health financing and reforms and panellist on the national CBC television programme, *Doctor, Doctor*, she was a high-profile advocate for reform. "I loved being a doctor. I loved delivering babies, meeting my patients, children, their teachers. I could see at first hand the issues affecting my patients. And I could also see how I could be more effective in effecting the change we needed at a political level, in government, more effective than I could be as a physician. There were so many issues, so many groups to go out and bat for."

Over her long career, Dr Fry has continued to bat for the under-represented. Her cabinet career began in 1993 when she became Parliamentary Secretary to the Minister of Health. She was also Secretary of State for Multiculturalism and



Dr Fry at the UN ...



... and at the Gay Pride Parade.



Dr Fry in her office in Vancouver.

"I HAVE TRIED TO GROW WITH EACH NEW EXPERIENCE. THE DAY YOU STOP DOING THAT IS THE DAY YOU SHOULD BE PUT IN A BOX."

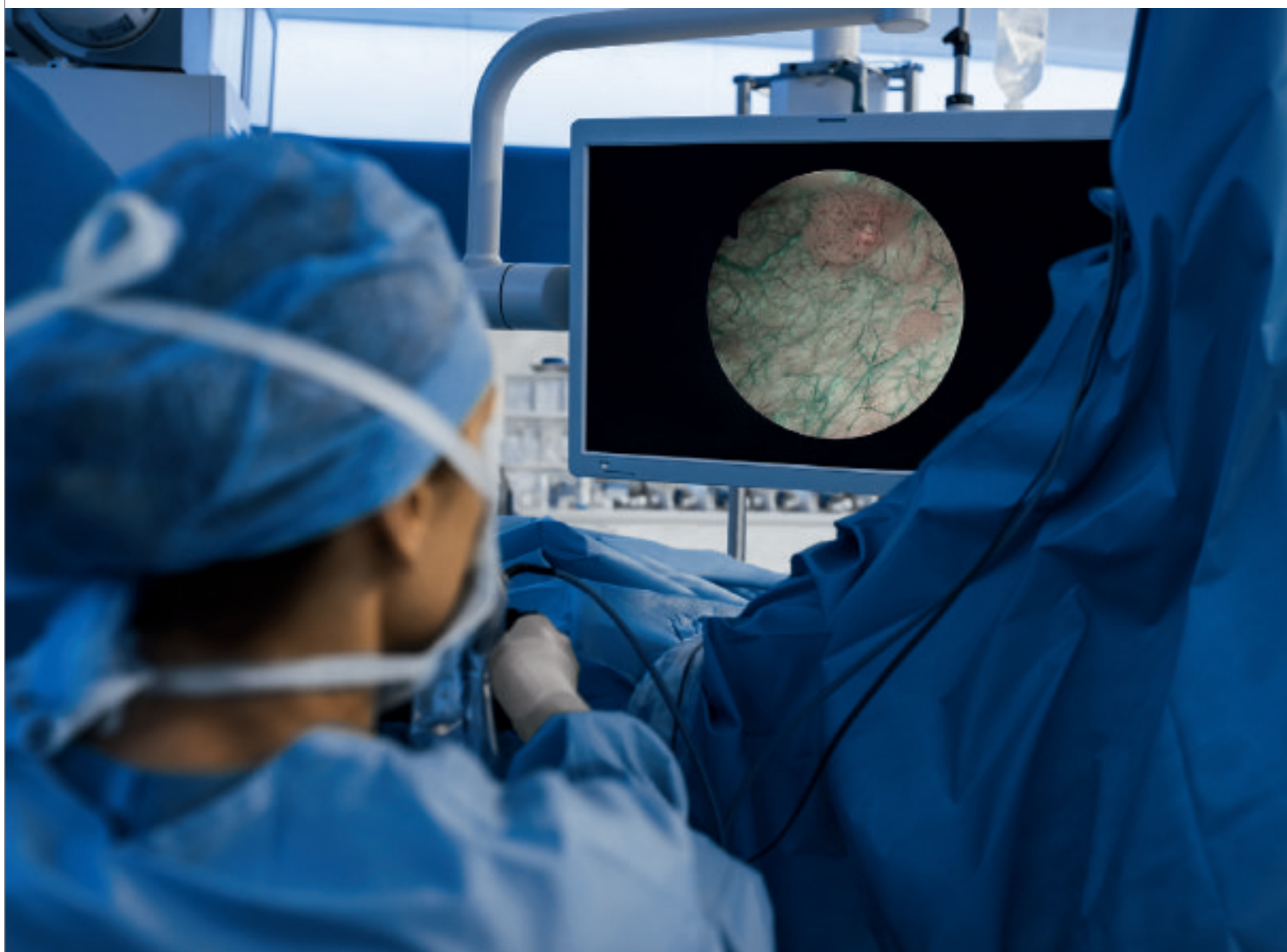
Minister for the Status of Women. As well as being on parliamentary committees for health, social policy, volunteerism, homelessness and same-sex benefits, she represented the Canadian government at the United Nations, Commonwealth, Organization of American States and Council of Europe and initiated the first UN Youth Against Racism Secretariat. One of her proudest moments was when same-sex marriage was introduced in Canada in 2003. She is vocal on the opiate crisis gripping North America – in British Columbia, there are 1,200 deaths per year from opiates. "It is a public health issue, a medical problem, not a criminal one – one of supply, not demand. We need to focus on harm-reduction."

In Justin Trudeau's Liberal government, Dr Fry chairs the Committee on Canadian Heritage, and represents Canada at Europe's Parliamentary Assembly as Special Representative for Gender Issues. She continues to fight for gender equality, human rights, environmental health and affordable, efficient healthcare. "Health is a complex issue, there is no silver bullet." Reminded that Ireland's current Taoiseach [Prime Minister] is a medic, and asked if she feels government might benefit from more doctors, she suggests they can bring a broad-based understanding of the issues facing governments and citizens. "Because of my training, I will always be a physician. I will always look at the world through a physician's eyes, with humility, with non-moral, evidence-based judgement."

The formidable Dr Fry continues to cause a stir. Every year her birthday coincides with the Gay Pride parade in Vancouver. Last year, on her 76th birthday, the Pride float theme was Wonder Woman. Dr Fry, replendent in gold, was "mother of Wonder Woman." Dr Fry relishes a challenge and gives her all. "I have tried to grow with each new experience. The day you stop doing that is the day you should be put in a box." ■

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