

A quarterly look at activities in and around the Leicester Warwick Medical School

LWMS MOVES TOWARDS MORE "FEDERAL" SYSTEM

▶ As the Leicester Warwick Medical School approaches the new academic year, the Joint Committee has completed a review of its first three years of operation and of the way it will develop in the future.

The principal recommendation is a move towards a more "federal" system. Close collabora-

tion on the curriculum, which has been so successfully extended from Leicester to Warwick, will remain at the heart of LWMS, but each campus will have increasing responsibility for day-to-day delivery. There will be a minimum of formal joint bodies, and the federal structure will be reflected

primarily in the central executive team headed by the Dean, which will constantly look for opportunities for innovation and collaboration in teaching and research.

To reflect this change of emphasis, the name will change to the Leicester Warwick Medical Schools and a new logo will be

designed. In due course it is expected that Warwick will apply to be granted GMC approval to award its own medical degrees.

Since the birth of LWMS in 1999, with the first graduate entry programme of its kind in the UK,

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PRAISE FOR LWMS FROM SECRETARY OF STATE

▶ Alan Milburn, MP, Secretary of State for Health officially opened Leicester Warwick Medical Schools on 10 October. Due to become one of the largest medical schools in the UK, it also brings a substantial medical boost to the Midlands.

Expressing his pleasure at what he had seen, Alan Milburn said: "You should be immensely proud of what you've got here, and all I want to say to you is that it is a huge vote of confidence in both universities of Warwick and Leicester; that this medical school is here, and this hugely impressive clinical science building is playing such an important part in educating the

future generation of doctors.

"You know both universities have an extremely impressive track record when it comes to academic achievement, and indeed to research, and you have a very, very

(Continued on page 2)



Alan Milburn, MP, with first-year medical students at the official opening of LWMS; (left) unveiling the plaque



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Website: www.lwms.ac.uk
Email: lwmsnews@le.ac.uk



University of
Leicester

THE UNIVERSITY OF
WARWICK



PRAISE FOR LWMS

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important part to play in educating the doctors of the future."

Paying tribute to the enthusiasm of the students he had met while looking round the building he also commended the Dean for the School's policy of broadening both the curriculum and the social intake of students which would lead to a Health Service that would represent the whole community.

The Secretary of State reiterated his faith in doctors and the Health Service at a time when both have come under some criticism in the press, and pointed out that the current generation of students were entering the Health Service at a time of "unprecedented expansion" and changes.

He emphasised the importance of collaboration and communication skills: "What I am so pleased about here is that in training and education of your students you are involving patients and carers from the outset so that people have an idea about how to construct a "relationship with the patient."

His speech concluded with a commitment to make the Health Service "not just the biggest employer in the country but the best employer."

"I hope the medical students here will want to be part of that. You have come into it at precisely the right time. Good luck with what you are doing here, congratulations to all the members of staff, to the leadership of the universities, and to the leadership of the local health service for pioneering, in my view, the new way forward for medical education and training in this country." 🍷

LWMS "FEDERAL" SYSTEM

(Continued from page 1)

medical student numbers have expanded rapidly and the NHS is undergoing restructuring at national and regional levels. In order to maintain its commitment towards excellence in its graduates and research as well as its relevance to the needs of the population, LWMS is moving with the times.

A new Clinical Vice-Dean has been appointed at Warwick to establish a permanent clinical academic presence. There will be a complementary reinforcement of the role of Clinical Vice-Dean at Leicester. A Head of Medical Education will also be appointed in Warwick, still within the framework of the LWMS Medical Education operation and the federal executive team.

The Joint Committee reinforced its support for the executive role of the Dean, Professor Ian lauder, who is confident that the changes will strengthen the medical school.

He commented: "Even when we succeed in obtaining degree-awarding powers at Warwick, there is a very firm belief in both universities that we will continue teaching and research collaborations beyond that point. Given the benefits of collaboration it does not make sense to consider separating in the foreseeable future. There is an enormous amount of

good will towards making this work from both campuses.

"From the students' perspective there is a very obvious and clear commitment to continue to provide high quality medical education both at Leicester and Warwick. None of the changes will affect that. In fact students should see some improvements based on the collective strengths of the two universities. Two instances include the benefit they

medical education, spanning both the east and west midlands.

"I think this new plan will unleash some of the full power and potential of the school, which next year will have the biggest intake of medical students in the UK. The strategic plan will unlock the full force that size gives us.

"Our expansion and what we have delivered has been unprecedented. In 1999 the intake was

There is a clear commitment to provide high quality medical education both at Leicester and Warwick... students should see improvements based on the collective strengths of the two universities

PROFESSOR IAN LAUDER, DEAN OF LWMS

will derive from the Warwick expertise in medical ethics and Leicester expertise in cardiovascular science."

For staff on both campuses the new joint strategy will bring to an end a certain amount of uncertainty as to how the future will evolve.

The Dean concluded: "At the time I presented our proposal for the expansion of LWMS to HEFCE and the Department of Health I described it as a power house for

175. In 2003 it will be 403. We also have a new medical building on the Warwick site. To do all that in such a short time is breathtaking.

"Other new medical schools have not even taken in their first batch of students yet, whereas our first graduate intake is already on the wards and learning the business, and we are talking about extra doctors in two or three years time to serve the community. It is a massive achievement." 🍷

FAST-TRACK CONTROVERSY

▶ A leading surgeon's misgivings concerning fast-track medical courses reached BBC Radio 4's "Today" programme recently, when Andrew Raftery, who sits on the governing body of the Royal College of Surgeons of England, said that such courses were "dumbing down" medical education – a claim hotly denied by Professor Frank Hay of St George's Hospital in London. The incident was reported in "Hospital Doctor".

Experience at LWMS is rather the reverse of Andrew Raftery's fears, as Mr Peter Veitch, Associate

Director of Clinical Studies, Leicester General Hospital, comments: "I have to say, on the very limited exposure that I have had recently to the Warwick students, I think exactly the opposite is true.

"Certainly the two students who were allocated to me were absolutely first class. The nice thing about them was that they didn't wait to interact with patients and staff. I am sure this comes from personal maturity more than anything else. I feel that this interrogative style

certainly means that they get a lot out of their clinical attachments.

"I have had the same information coming from other consultant colleagues, so I suppose first impressions are very favourable in this regard."

Anyone who heard the "Today" programme in question will know that part of the criticism related to taking fast-track medical students from other disciplines – English and Business Studies were two that were cited. LWMS fast-track students come from the Biological Sciences and Health disciplines. 🍷



Scarcely an evening passes without the news reflecting more human casualties – on both sides – of the conflict between Israel and Palestine. Professor Panos Vostanis, Professor of Child Psychiatry at the University of Leicester Greenwood Institute of Child Health, writes here about his research with children in war zones.

► Children exposed to violence are at high risk of developing a range of mental health problems and psychiatric disorders, predominantly post-traumatic stress disorders and depression.

Children in war zones can be affected directly, as well as through lack of basic health needs, loss of family members, disruption of social networks, internal displacement, and their parents' responses.

Since the late 1990s we have run a number of studies in the Gaza Strip, with Dr Abdel Aziz Thabet, a consultant child psychiatrist and PhD student at the University of Leicester.

Epidemiological studies have found children's post traumatic stress disorders to increase with the onset of political and military conflicts in the area, and decrease with the initiation of the peace process. Children have been found to accurately recollect traumatic events which have been significantly associated with post traumatic stress disorders and depressive symptoms.

In a recent study which was



Image: PA Photos

Children in War Zones

published in the *Lancet* (vol 359, 25 May) we compared children whose houses had been demolished with children matched for age and gender from areas exposed to other types of traumatic events, mainly through the media and adults.


Children directly exposed to

Children directly exposed to war trauma reported significantly higher post traumatic stress and fears

war trauma reported significantly higher post traumatic stress and fears. By contrast, children exposed to other types of traumatic events reported significantly more anticipatory anxiety and cognitive expressions of distress.

Following our epidemiological

research, we have also completed an intervention trial of group debriefing (supportive psychotherapy) and school-based psycho education for traumatised children in the same area, which we are in the process of analysing and writing up.

We hope that we will extend these studies in the near future, and will apply the findings to our service provision and research in other groups of traumatised children such as those who are refugee or homeless. 

Najla

Najla is a 12-year-old girl who lived in the Khan Younis refugee camp, south of Gaza city, with her seven brothers and one sister. Among a whole range of traumatic events she has seen, are the beating and killing of a friend, the shooting of a close relative, her father's arrest and imprisonment for two years, the arrest of another friend, tear gas inhalation and closure and demolition of a friend's home.

One day the army set one of her family's rooms on fire and her mother attacked one of the soldiers with a gasoline cooker. Najla's father can recall the army entering their home and beating the family up. He threatened to set off a gas bomb and the army left, returning later to beat him up and arrest him.

Najla had recurrent abdominal pains. She began to under-achieve at school where she

also displayed behavioural problems. She reported moderate post-traumatic stress reactions which began to decrease but had not disappeared entirely when her case was followed up. After one year she was still experiencing difficulties at school and still recollected several war traumas.

See also Elizabeth Jenkins' report on Pages 6-7.



Role of Medical Students in Hospitals

▶ Although medical students have played some part in the care of patients for generations, the functions they are able to perform and the regulations under which they act are not widely known.

This is in contrast to the situation for other health care workers, such as nurses, physiotherapists and social workers. Indeed, students of these disciplines are not only permitted to care for patients, health services are so organised that they often form a necessary part of the workforce. The service could not function without them.

The educational advantages of students taking a greater role would be to encourage learning in context – to do the job or part of the job that they will need to do on graduation.

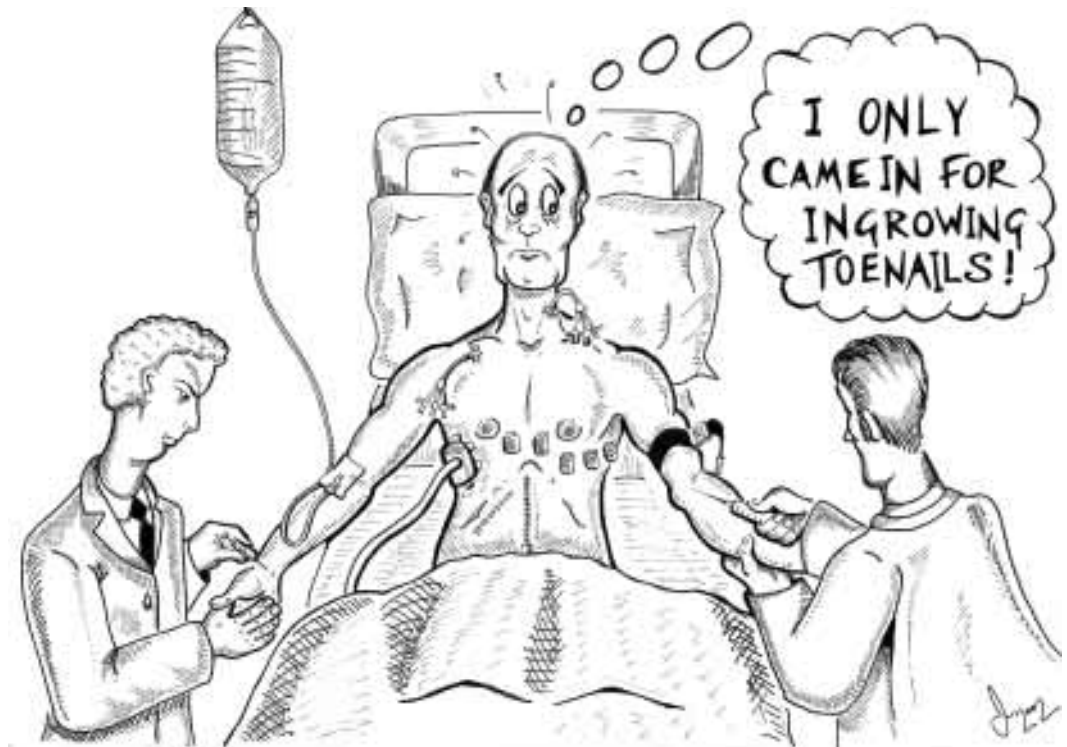
The potential disadvantages are also apparent: long periods spent on repetitive tasks of no educational value. Overall, however, it seems that there is scope for more student involvement. Surveys of London medical students have shown that they do less with patients than formerly.

Leicester graduates wish they had had more experience of emergencies as students. Closer involvement with patients and staff should also foster a sense of worth and belonging among students – important in a long course.

Any comparison with other staff groups needs to bear in mind that medical students are not themselves in any contractual relationship with Trusts. The Trust does not contract with either students or the University for their services, neither do students owe anything to the Trusts.

Official guidance on this subject is limited. The document "Medical Students in Hospital" is a joint publication by the DoH and Universities. It indicates a number of things that students may not do, such as altering treatment, ordering investigations, and obtaining consent. It does not say what students may do. Supervision is the responsibility of the consultant.

The GMC in "The New Doctor"



lists a number of skills that "may be required on the first day of qualification", with the implication that students will need to obtain these as undergraduates, although this is not stated explicitly.

In recent months, Guys, King's, Thomas' (GKT) medical school has developed an innovative final-year programme, where students play a greater part in delivery of care, and IWMS is in discussions with UHL Trust about a similar scheme.

The following proposal is limited to those students who have passed the Intermediate Clinical Examination and have therefore demonstrated a basic level of competence and should apply to the General Clinical Education Blocks not to O&G or Child Health.

Within these limits students on attachment should normally be expected to:

- Be responsible under the direction of a named doctor (usually the house officer) for around five patients
- Clerk these patients on admission (this clerking to be checked and signed by a doctor) or failing this to re-

clerk them in full later

- See each patient daily with the house officer
- Make progress notes under the supervision of the house officer who takes responsibility for the record
- Fill out investigation forms for signature by a doctor
- Be present whenever possible when information and explanations are offered to patients and relatives
- Perform venepuncture for investigations (but not for blood transfusion)

- Site venflons.

Discussion is invited about the suitability of this list, the method whereby patient consent is to be sought, and the nature of the agreement between Trust, consultant, house officer and student.

Any firm proposals will need to be discussed and agreed at an early stage with UHL. If agreement with UHL can be achieved it is likely that wider agreement with other Trusts will be forthcoming. ☺

John Cookson



Professor John Cookson, one of the key figures to develop Medical Education at the University of Leicester, has moved on to Hull York Medical School, where he has taken up the post of Director of Medical Education. He had been at Leicester for many years and we wish him well in his future role.



George Eliot Hospital

► At the George Eliot Hospital in Nuneaton education is designed to be as innovative, accessible and as much fun as possible, whether it is a question of informing patients about medical conditions or training students.

Associate Director of Clinical Studies Dr Vinod Patel explained: "The first thing to emphasise is that research only has value if you actually put your findings into practice."

The diabetes clinic he runs is an example of this. One of the learning tools is a website based on an easily memorable ABC structure – www.abcdiabetescare.org.uk.

This has two information channels, for students and patients, outlining the same points but from their different perspectives.

Students at the hospital have helped develop a clinical skills satellite including dummy feet for identifying symptoms, samples of insulin, and a false "skin" that patients can use to practise injecting. An ophthalmology training dummy head was developed at the hospital, and two thousand have been sold worldwide.

Students have also helped invent a learning activity to reinforce patients' knowledge of diabetes management. All this contributes to take the fear out of their medical condition, by providing essential information in multiple forms.

"Our student teaching is patient-centred," Dr Patel added. "We take a holistic approach. Medical students have to know about issues such as trolley waits. Traditionally the medical profession has been resistant to change, but we actually want our students to change systems that don't work. After all, why should patients have to wait on trolleys?"

The same spirit of enterprise is evident in the Postgraduate Education Centre. CDs for each fast-track student help them brush up on weak patient history skills. Library resources are available 24 hours a day, a clinical skills room is open for students to gain extra

practice and IT training is offered to everyone. Two computer consoles have revolutionised staff and student presentations – a tribute to the fund-raising of Pauline Jacques, Postgraduate Centre Manager and Undergraduate Co-ordinator.

Director of Clinical Education Dr Neeta Manek explained what she feels is special to the George Eliot Hospital.

"Firstly, there is the quality of our teaching and pastoral support. We make students feel welcome, Pauline and her team always provide support if there is a problem.

E-Learning – enterprise, energy and encouragement

"Our training in clinical skills is unique. Students have the opportunity to perform tasks such as blood samples and resuscitation, learning in a hands-on way in a non-threatening and interprofessional environment. We give them an informal examination so that they can measure their competency in a non-frightening context afterwards."

Even away from the Postgraduate Centre information is readily available for students, through the E-learning suite adjacent to A&E and in the Cyber Café. A newly designed induction course offers training in the minute detail of ward life, from hand-washing to courtesy, prevention of injury and patient aggression.

Dr Manek also values the close relationship the hospital has with key members of the Trust staff and with Medical Education colleagues at the Universities of Leicester and Warwick. "One of the things we are planning to set up here is a research project for flexible interprofessional training, learning through case scenarios and web-based resources. We hope this research will help us create a learning environment for the 21st century." 📞



In the words of the students . . .

"We have been very impressed by the teaching programme, which operates for all medical students here regardless of attachment. The teaching was relevant, set at the correct level and delivered by teachers who seemed genuinely interested in medical student education.

Generally consultants have been approachable and willing to set aside their precious time for teaching. I must say that this is not always the norm at other hospitals.

The Postgraduate Centre staff also deserve particular mention. They are not only friendly but are able to deal with the many problems medical students face during attachments. I have heard praise for the staff and their organisation of medical student programmes from several students."

Taken from a letter from Christopher D M Johnson, Class Representative on the LWMS Staff-Student Committee, to Dr Vinod Patel, 12 August 2002.



Rollercoaster Ride at Leicester Warwick Medical School

Mushfikur Rabman, a fourth-year medical student at Leicester taking an intercalated year at the University of Warwick, describes some of his experiences, including interviewing other students.

▶ With Leicester providing a high quality medical education, the prospect of joining Warwick University was extremely exciting and before I knew it, there I was doing my intercalated BSc in transplant immunology at Warwick University.

The Warwick BSc course is very exciting but can be demanding,

both physically and mentally, so when the going got tough, I got going to places of refuge – the pub obviously being one of many. More to the point, the Warwick Arts Centre is simply fascinating and certainly helped to relax my mind.


I was also involved in interviewing prospective students wishing to take up Medicine at Warwick. What made this more interesting was that the students were postgraduates and there was also the tiny fact that initially I was probably more nervous than those I happened to be

interviewing, because they had actually done the degree, whereas I had not.

Nevertheless, I was at total ease after listening to some of the answers to the questions I had posed during the interview. Having initially found the experience intimidating and having wondered whether I could distinguish different candidates, those problems were overcome as the interviews commenced.

It appeared that some of the candidates still had an idealistic view of Medicine, regardless of

the fact that they had just completed a degree. However, the majority of the students had a realistic point of view, that it is very demanding and hard work is essential in order to successfully complete a medical career. It was a pleasure to interview such students.

On the whole it was an intriguing and an invigorating experience, one that I have thoroughly enjoyed. I hope for more of the same in the coming months and I am certainly looking forward to it. 

Research With Refugees – A Student Perspective

▶ I first decided that I wanted to do a BSc concerning asylum seekers and refugees after a trip to Ghana with World Vision and CME, at the end of my second year. I made contact with Prof. Vostanis, who told me that no asylum seeker or refugee children had been referred to the Child and Adolescent services. We wanted to measure the prevalence of Post-Traumatic Stress Disorder (PTSD) and other general mental health


needs in those children living in Leicester whose families were currently applying, or had already applied for refugee status within the UK.

The study presented many challenges in terms of working with asylum seekers and refugees. Firstly, finding and reaching the target sample group, and secondly, communicating with the participants, in the face of language (as well as cultural) differences. Accessing families

involved a great deal of liaison with those schools who have received the majority of refugee children, and the support groups who work with the refugee community in Leicester.

All materials needed to be accurately and sensitively translated, as did the actual interview with the child and parent. This could potentially be very expensive. Thankfully Refugee Action, Leicester, was able to help in the recruitment of

experienced translators in the many languages that were required, and this helped reduce the cost to the study.

Working with this community, and those people who work closest with them, was a fantastic experience and a privilege. I hope more work can be done in this area in future. Thank you to all who helped in the study. 

Elizabeth Jenkins, 4th year

• See also Professor Vostanis's account on Page 3.

Intercalation With A Difference – BA (Hons) Medical Journalism

▶ I spent my intercalated year studying medical journalism in London. Obviously research plays a central role in the practice of medicine and friends carrying out intercalated research projects in Leicester gained great insight into specialised areas of medicine and experience in laboratory techniques. I also plan to carry out similar research but at a time when I have chosen my speciality.

Instead, sponsored by the BMA along with five others- from London and Manchester medical schools, I chose to spend the year learning skills that I felt would be

useful to me throughout my medical career.


These skills were built on over the academic year split into two semesters. We concentrated on the theoretical aspects of news writing, feature writing and the law of journalism during the first semester. The teachings were put into practice by running and maintaining a website, producing newsletters, a magazine and news clips aimed for local television channels during the second semester.

The six of us regularly met with medical journalist John Illman

discussing topics such as health scares in the media, brushing up on our writing and interviewing techniques throughout the year. The aim of the course was not only to learn the most suitable ways to write for medical magazines but to be able to communicate stories to daily newspapers and more general publications. Our placements reflected this with some students spending time with the likes of 'GP Magazine' and others working with 'Elle Magazine.'

These placements gave a real insight into the editorial decisions



and pressures that journalists work with. We shared much of our teaching and editorial work with post-graduate students who aim to permanently work in the media. Although my experience of an intercalated year was certainly very different from my friends, this course was the one that best suited me at this stage. 

P.A. Alizadeh, 4th year



Summer may seem a long way off now but Caz Canavan's report on the LWMS sports day in June can bring back a few lively memories.

► Sunday 16 June was sports day. After much panicking about Leicester's "lovely" weather we were blessed with a sunny day.

The day kicked off with a netball match, with the girls' team, (champions of the inter-uni league), beaten 11-5 by the boys. Then the five-a-side football began.

Nine teams entered the competitions, drawing in huge crowds, including the Stamford crew, some very enthusiastic cheerleaders complete with pompoms. The Bean Flickers eventually emerged victorious, but all the teams put in a fantastic effort, and there were some very entertaining games to rival the World Cup events in Japan!

After the footie had finished, we began the inter-year races, including a sack race, three-legged race, wheelbarrow race and egg and spoon race, (which got a bit messy when the fresh eggs began to get broken).

The races finished with the relays and a tug-o-war – won quite convincingly by the second years, who went on to win the whole day, and the much coveted trophy. The sports events were rounded off by the first years versus the third years mixed hockey match, which was won by the third years, 3-2.

Everyone then moved on to the Dry Dock for the awards evening, where trophies from the day were handed out, as well as team awards.

The first sports personality of the year for the medical school was first-year Maddy Wright, who won it for her outstanding achievement in organising the 24-hour volleyball to raise money for MedSin.

A great day was had by all; thanks to everyone who was involved! ☺



Sunshine, Football and Fun – Sports Day 2002



The races finished with a tug-o-war – won convincingly by the second years, who went on to win the whole day



NEWS IN BRIEF

New Foundation Degree

▶ The University of Leicester and Loughborough College are working together to provide a new Foundation Degree in Health & Illness.

This degree will enable people working in, or aspiring to work in the health sector, to take the first steps on a 'skills escalator' which could lead them eventually to become hospital consultants.

The degree will equip graduates with the skills necessary to deal more effectively with patients and will offer a route to further training in healthcare provision and ultimately, for those students who demonstrate the ability and the desire to continue, into training as doctors or nurses.

The main target groups will include ward clerks, medical secretaries, junior administration and management staff, receptionists and others in primary care, as well as some groups of ancillary workers.

The new foundation degree, which is to be run by the University of Leicester Medical School, Loughborough College and the Institute of Lifelong Learning, is supported by the University Hospitals of Leicester, and local Primary Care Trusts.

Professor Stewart Petersen, Head of the University of Leicester Division of Medical Education, commented: "This is an exciting initiative which will provide opportunities for many staff to achieve their full potential in the new flexible NHS workforce"

New Lease of Life For Walsgrave Hospital

▶ The new Clinical Sciences Building for the Walsgrave Hospital is well under way and on schedule to be finished on time in 2003. This is the first stage of a new hospital development planned for completion in 2006. The £330 million building will be the biggest hospital project outside London. David Roberts, the Hospital's new Chief Executive Officer arrived to take up his post on 2 September. He comes shortly after the Hospital has achieved a 1* rating in the government performance indicators, which is seen as the result of a solid performance during a difficult year with a lot of Board changes.

Educational Pets

▶ Research carried out by University of Warwick health psychologist Dr June McNicholas and Novartis Animal Health suggests that children from pet-owning families spend significantly more time at school than those without a pet and they have more stable immune systems. Dr McNicholas concluded: "Overall the benefits of pet ownership for children seem to far outweigh any risk."

Distinctions

▶ **Professor Robin Fraser** (General Practice and Primary Health Care) has become the first person to be made an Honorary Fellow of the Hong Kong College of Family Physicians (HKCFP) and has been invited to deliver the Dr



Foundation Lecture

On Tuesday 17 September Lord Walton of Detchant (pictured right with Professor Ian Lauder) gave this year's foundation lecture to first-years, on "Research and Responsibility in Medicine." Lord Walton is a Professor of Neurology and former Dean of Medicine at the University of Newcastle, and is also active on several House of Lords committees. The lecture was not a completely solemn affair – his opening words were: "I've got used to my bifocals / To my dentures I'm resigned / I live with my arthritis / But, by God, I miss my mind".

Sun Yat Sen Oration.

Professor David Taylor (Obstetrics and Gynaecology) has been appointed to serve as a Non-Executive Director of the Leicestershire, Northamptonshire and Rutland Strategic Health Authority.

Professor William D Grant (Microbiology and Immunology) has been appointed to an EU delegation to visit China to discuss EU-China co-operation and collaboration in the Life Sciences.

Professor Peter Williams and **Dr Primrose Freestone**

(Microbiology and Immunology), with colleagues in the City Hospital, Nottingham, and the Minneapolis medical Research Foundation in the USA, have been awarded the 10th Annual Joseph Sussman Memorial Award at the joint North American and European Societies for Surgical Infection meeting held recently in Madrid. This was the first time the award was made by a unanimous decision of the judges and for research by non-clinicians. ☺

LWMS News:

Copy deadline for next edition of LWMS News – Monday 2 December 2002.

We welcome your letters, comments, news and information. Please send to:

Dr David Heney, Editor, LWMS News, Medical Education, MSB, University of Leicester, Leicester LE1 7RH
Tel 0116 252 5098
Email dh39@le.ac.uk

Jane Pearson, Deputy Editor, University of Leicester Press & Publications
Tel/Fax 0116 210 0070
Email jane.pearson@ntlworld.com

Student news to Student Representative:
Parastou Alizadeh, pa20@le.ac.uk

Editorial Committee:

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