

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

LEICESTER OFFERS HELPING HAND TO REFUGEE DOCTORS

Mr D P S Sandhu, University of Leicester Postgraduate Dean for Overseas Doctors, explains how refugee doctors in the region are given the training they need to work in the NHS.

► Ever since the South Trent Deanery secured funding to support the induction of overseas doctors into working for the

National Health Service, it has been at the forefront of national "Induction to the NHS" courses.

To date seven courses have now been held under the auspices of the LWMS as part of the South Trent Deanery. One of these was targeted to refugee doctors, who will not have undergone the same preparation as overseas doctors for working in the UK.

To integrate refugee doctors into the NHS, the Deanery is proposing that doctors will register with their local Postgraduate Dean and be assigned a mentor. Registration will allow the Post-

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NEW WING OPEN AT WARWICK

► The University of Warwick celebrated the opening of the new Wolfson Wing of the BioMedical Research Institute by Lord Wolfson himself, on Tuesday 14 May.

More than 70 staff are currently engaged in research in the internationally acclaimed BioMedical Research Institute. Research strengths are based in metabolism, diabetes and cardiovascular disease; molecular microbiology; molecular physiology, neurobiology, oncology and reproductive medicine and obstetrics.

Talking of the Institute, Dr Howel Jones, Chair of the Appeal Group acknowledged: "This has only been possible because many hundreds of people have given their support and to all of them the Appeal Committee would like to express its gratitude. We are confident that in the years ahead the reputation of the Institute will continue to grow and justify the support which the Medical Research Institute Appeal at the University of Warwick received in its early years." *ms*

(Below) Vice-Chancellor of the University of Warwick, Professor David VandeLinde, with Lord and Lady Wolfson



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Website: www.lwms.ac.uk



University of Leicester

THE UNIVERSITY OF WARWICK



SIGNS OF SUCCESS

▶ A British Sign Language course (BSL) run by the Warwick Language Centre proved so popular that the Centre had to put on a second group to cater for the 25 applications.

The BSL course is a one-term module for LWMS students, designed and written by tutor Maxine Ashmore. To be eligible to enter the Stage One Certificate examination of the Council for the Advancement of Communication with Deaf People students need to continue their studies for three terms.

To achieve this, where timetabling and Medical School commitments allow, some students have subsequently joined other groups within the

Language Centre studying as part of the Leisure Evening Course programme. This is the fourth year the subject has been offered on the Evening Course programme, with excellent examination results.

The students' enthusiasm was evident. Pallavi Prasad said: "The course is really enjoyable, and very different. We also get a lot of teaching in deafness awareness – things like the fact that for a deaf person nothing is confidential and you have to be careful who you talk about, making sure your mouth patterns are clear and keeping constant eye contact."

Hannah Packman added: "It was fantastic – a really fun and useful special study module

which achieves the goals of the Warwick and Leicester course – being able to communicate with patients of every ethnic origin and those with disability. It was probably one of the few modules where you and all your housemates would sit in the lounge practising because you wanted to be better and fluent."

Success, however, brought its own hazards. Some medical students became so proficient they used their BSL skills to communicate secretly in lectures – only to be embarrassed on one occasion when a lecturer proved as fluent in the language as they were. ☺

Philip Parker
Manager, Language Centre



LEICESTER – GONDAR LINK

▶ A link between the medical schools of Leicester and Gondar, Ethiopia, was created in 1997. Gondar is a small town, albeit the third largest city of Ethiopia, with a population of 60,000. It serves a mainly rural community, and is situated in the highlands of Ethiopia, near the Simian mountains. The hospital has 320 beds, and caters for the huge area of NW Ethiopia.

Many people live so far away that they receive no health care. Facilities at the hospital are limited with no intensive care. Wards are crowded and understaffed. Infectious diseases are the most common problems, such as TB, HIV, pneumonia and hepatitis. The medical college trains 50 doctors a year, 80 nurses as well as health assistants, sanitarians and technicians.

Through the link, Gondar benefits from teaching and training in clinical and research areas; the undertaking of research projects identified to translate into

improved clinical practice, while Leicester gains a rare opportunity to acquire skills and experience of medical practice in a different environment; sharing of research and clinical projects.

Exchange visits have taken place, lasting two to six weeks, including Paediatric visits which have resulted in research projects in asthma, disability and anaemia.

In a study to find the prevalence and causes of anaemia, 300 children were tested in the field. Results showed a higher prevalence in the lowlands, due to malaria, and 50 per cent of the children had bowel parasitosis at the time of testing! All have now been treated. The diet has a variable iron content depending on the season.

Funding is raised through grants from charities, local groups and our own efforts, such as concerts given by musical members of the Link. The next one is on Thursday, 5 September, in the Clinical Education Centre, Leicester



Royal Infirmary, so please come along and support the link.

Our link is still at a very early stage, but we have already achieved some of our aims, and we hope to see further progress over the next three years.

• A book has just been published, in which Gondar and Leicester Paediatricians have collaborated to write additional "tropical" chapters to add to a Leicester-based Paediatric textbook. Gondar and Leicester



students will all receive a copy. • Students from LWMS have already undertaken electives in Gondar. ☺

Elaine Carter,
Consultant Paediatrician,
May 2002



Opening of the new islet isolation facility at LGH (left to right): Steve White, Prof Nicholson, Sir Peter Morris, Dr Sue Swift, Sue Townsend (author), James Shapiro and Dr Moira Murphy.

Advances in Islet Transplantation

► Islets of Langerhans secrete insulin from their beta cells. Insulin controls blood glucose. Patients with Type 1 diabetes have a deficiency of insulin because their beta cells have been destroyed by an autoimmune process. Treatment of diabetes usually comprises insulin injections but these do not prevent long-term complications such as blindness, kidney failure and neuropathy.

A minority of patients are sometimes suitable for a pancreas transplant if they already have or need a future kidney transplant. These patients need drugs to prevent the pancreas from being rejected. Unfortunately a pancreas transplant is a major operation with a 10 per cent risk of mortality at one year. Nevertheless 85 per cent of patients do not require insulin injections beyond one year post-transplant. An alternative procedure is transplantation of the islets of Langerhans.

Islet transplantation can be done under a local anaesthetic and has almost no risk to the patients. Potentially it can there-

fore be offered to the majority of the diabetic population. Until two years ago the results of islet transplantation were poor. (8 per cent insulin independence at one year). A seminal paper by James Shapiro from Edmonton, Canada reported markedly improved success in a series of patients now

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approaching 35. At least 80 per cent of patients are off insulin injections at one year, some patients are now approaching four years.

With this increased enthusiasm and improved results, a UK-based consortium has been set up by Diabetes UK to reproduce these results and develop new protocols for islet transplantation. The Department of Surgery at the University of Leicester has just completed

building a new state of the art islet isolation facility at the Leicester General Hospital (Division of Transplantation), funded partly by Diabetes UK. This laboratory was officially opened at the end of January 2002 by Sue Townsend, author of the Adrian Mole series, Moira

Murphy, head of research at Diabetes UK, and Sir Peter Morris, President of the Royal College of Surgeons of England. A small number of selected patients are currently being assessed for islet transplantation.

It is hoped that in the near future Leicester will perform one of the first transplants in the UK using this new protocol. ☺

Mr SA White
Lecturer in Surgery
Division of Transplantation

REFUGEE DOCTORS

(Continued from page 1)

graduate Dean to offer a range of educational opportunities. These include access to study groups and local educational facilities, such as libraries, and attendance at education meetings, such as Journal Clubs, Grand Rounds, X-ray, Pathology, Audit and Multidisciplinary Team meetings.

There will be opportunities to gain exam practice through participation in undergraduate and postgraduate examinations to gain insight into NHS working through clinical attachments.

To practise medicine in the UK, non-European doctors are required to pass the International English Language Testing system (IELTS) and the Professional Linguistic Assessment Board (PLAB) examinations. The Deanery proposes that further preparation of Refugee Doctors for working for the NHS could be served by three-monthly adaptive posts that provide opportunity for hands-on practical experience and allow for assessment and appraisal of professional development.

So far eight refugee doctors have been identified locally. The Deanery has developed links with the local Overseas Graduate Development Programme which offers some support to refugees and it is hoped to secure funding for three NHS adaptive posts. These will be appointed on a competitive basis.

Mr D P S Sandhu, Associate Postgraduate Dean for Overseas Doctors at the University of Leicester, said: "Professionally it is very satisfying. For some of these people it is the first time in their lives that someone has taken an interest and encouraged them to get on, and we have received some wonderful letters from them as a result. It is not just a matter of the Leicester Warwick Medical School and the Deanery, this initiative is something the whole nation can be proud of." ☺



Protected Time for Teaching

▶ The increasing number of students entering LWMS means that innovative ways of delivering the curriculum are needed. The pressures on clinical teaching are particularly acute. The number of students in the first year of the course is now 303 and these will start full-time clinical attachments in March 2003.

So far all allocations of students to clinical teachers have been in the ratio of two students to a pair of teachers, which we have called a partnership. This can be maintained into the future given a modest increase in consultant numbers.

However the School's plans are for a further increase up to 400 students and it will not then be possible to maintain these favourable teaching ratios. It has therefore been decided to attach students in threes rather than pairs.

To compensate we are proposing that one of the pair of consultants has a fixed session in his/her contract for teaching. Consultants

normally have six to seven 'fixed' sessions, defined as involving other staff, such as clinics and operating sessions. Teaching has normally been in non-fixed sessions like those for administration or research.

This means that when the pressure is on from the service demand, teaching gets squeezed out. Creating an extra fixed session from a non-fixed session will not of course help as the other work will still need to be done. What needs to happen is to use an existing fixed session for teaching instead of for something else.

This would mean that there would be protected time for teaching on a regular basis each week. It would also mean that teaching would assume an equivalent importance to clinical work, and like clinical work should be evaluated and appraised. This should lead to an increase in the professionalisation of clinical teaching and achieve something of the level of support for hospital

teachers that has been available in general practice for years.

But what will happen to the service load previously done in this fixed session? There will need to be a number of new consultant appointments. The increase will be about one new appointment for every 14 existing consultants in teaching partnerships since

grating new appointments into the system. For example, a department may be planning a new consultant but does not yet have sufficient workload to justify one. Part funding from increases in the teaching levy may enable an appointment to be made if it frees up teaching sessions for other consultants.

Using an existing fixed session for teaching instead of for something else would mean that there would be protected time for teaching on a regular basis each week.

each new appointment frees up one fixed session from seven other consultants and only one of the pair would have a fixed teaching session.

Of course consultants do not come in convenient groups of 14 so there will need to be a careful management process for inte-

The consultant contract is under review at this time and may include greater clarity about non-fixed sessions that may be helpful. In the meantime we suggest that departments give active consideration to how they might use this opportunity to improve their clinical teaching. ☺

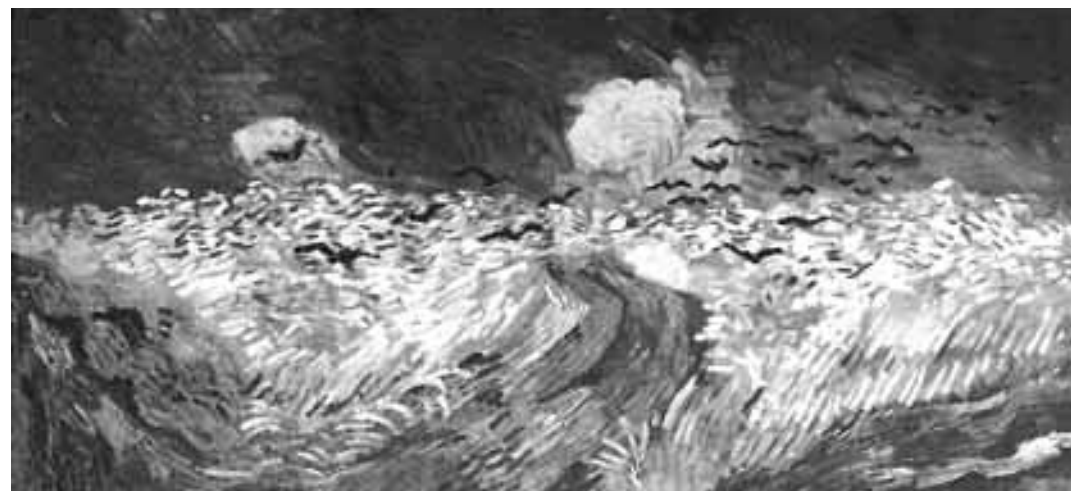
Arts in Medicine

▶ The medical profession has come in for a fair amount of bad press over the past year or two and in the aftermath of scandals from Bristol and Alder Hey Hospitals and – even worse – Dr Harold Shipman, the spectre of the doctor who does not see patients as people has risen again.

The "Arts in Medicine" special study option is one means to try to help LWMS students to broaden their understanding of patients' experience of illness and the different ways of expressing that.

The module is run by Dr Paul Lazarus, a practising GP and Lecturer in the University of Leicester Department of General Practice and Primary Health Care and in the Division of Medical Education.

Students agree an arts topic with him, usually literature-based, though it can also be drawn from the visual arts or music. As well as



Vincent van Gogh's Wheatfield with Crows, painted shortly before he shot himself, shows many signs of desperation. (© Vincent van Gogh Foundation)

producing a 3,000-4,000 word essay, they also take part in seminars and interactive workshops, including one in drama. The module receives a lot of support from the four members of staff from the Department of English who also teach on it. ☺

The "Arts in Medicine" special study option is one means to try to help LWMS students to broaden their understanding of patients' experience of illness.



► The Saffron Group Practice has taken training to heart and become something of a pioneer, not just within its own practice but throughout Leicestershire.

The practice has taught third and fourth year medical students on the Clinical Methods course since it began. It aims to further enhance the generic consultation skills of medical students and is unique in teaching the same skills in hospital and general practice settings.

Students are appreciative of their teaching, which is dependent on close observation of their consulting skills, both directly and through videotape of their consultations with patients. The primary care setting offers invaluable opportunities for students to encounter patients with new problems, thus providing excellent learning challenges to improve their diagnostic and management skills.

However, in addition to training students, the group has specialised in offering training in IT, consultation, receptionist skills and lecture presentations.

Practice Manager Pat Brookhouse explained how it all began: "Two years ago we bought the house next door and moved our attached staff there. Then we turned the rooms they had occupied into two consulting rooms and seminar room with a video link for training purposes. City West PCT gave us some funding to help with equipment and the conversion of the rooms." This multi-disciplinary training facility opened in March 2002.

She continued: "The feeling was that we wanted to make this practice a centre for learning and teaching for all types of staff – registrars, health visitors, nurses as well as administration, clerical and reception staff."

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The arrival of a new nurse three years ago from a background in hospitals acted as a catalyst for training in consultation skills more specific to primary health care nursing. Dr Adrian Hastings, Senior Lecturer in Medical Education, and Dr Sarah Redsell, Senior Lecturer in Clinical Nursing Audit, put together a series of workshops in Consultation Assessment and Improvement Instrument for Nurses (CAIIN). Its objectives were to identify nurses' consulting strengths and weaknesses, and provide feedback, support and strategies for improvement.

On the administrative front, having got to grips themselves with the notion of becoming a "paperless" unit, Pat Brookhouse and her colleagues channelled much of their energy into putting together training workshops to help other practices move more smoothly into the era of new technology.



Training: Investment in the Future

"We recognised that there were lots of practices who don't get the time to develop the processes they need. We work with City West, visiting other practices to see what their training needs are in terms of becoming a paperless unit, and we work with them on site, for instance to help them install pathology links with the Leicester Royal Infirmary through EMIS. We're hoping to become the trainers for the PCT, which will put our existing training programmes on a more formal basis.

"It has been really exciting and rewarding to go into practices and help them with the IT processes. Some are more nervous than others about the changes, but I see that as part of our role – to help support practices through their individual needs." 📞

"The training we had from the Saffron Group Practice was specifically on the Links system for getting results from the Leicester Royal Infirmary. They got us all sorted out. Pat Brookhouse came into the surgery, which was very helpful."

*Beverley Hallett, Practice Manager,
De Montfort University Student Health Centre*

"I've been over to the Saffron Group a couple of times and they have come here, too. I'm fairly new in this post and I couldn't have asked for better support on EMIS. Twice I had to ask Melanie Bates, the IT Manager, to come over and she came and sorted out the problems. It has been excellent for us."

Julie Harris, Practice Manager, St Matthews Medical Centre

The Saffron Group Practice:

7 partners (5.5 fte)
2 practice nurses, principally involved with chronic disease management
Counsellor, 2 days a week
11 admin and clerical staff
10,000 patients

Attached staff:
(Members of Sure Start)
6 district nurses
2 health visitors
4 midwives



Student Electives: From This World to the Next

► On the evening of 12 March 2002, six students from the final-year class gave a presentation to a packed audience in the Clinical Education Centre at the Leicester Royal Infirmary. The evening was organised by Dr. Joan Davies who supervised the student electives. The six presentations took the audience on a journey around the globe and into outer space (almost).

The evening concluded with awards to all those who presented. The 1st prize went to Catherine Wayne, 2nd prize to Claire West and 3rd prize to Grant Wilde. Well done!

Claire West Kisiizi Hospital, Uganda

My elective was spent at Kisiizi hospital, a mission hospital in Uganda. I spent seven weeks living and working in this busy hospital community situated in a lush green valley in the south-west corner of this amazingly beautiful, but unbelievably poor, country.

The day starts at 8am in the chapel when all the staff, from the Medical Superintendent down to the labourers from the building site, together with many of the patients and relatives, come together in the chapel for morning prayers. A busy day covered medical and surgical wards as well as outpatients.

On the medical ward there were several patients with mental health problems. Mental health has not been regarded as a priority area for the government, with a limited number of drugs available. The drugs are very expensive and as a result patients frequently default. Anti-depressants were often given at sub-therapeutic doses and rarely for more than a few weeks. The stigma faced by patients with mental health prob-

lems is significant. It was hard for an "outsider" to understand some aspects of the mental illness suffered by Ugandans, as in many ways their culture is very different from ours.

Working on the isolation ward was possibly the most challenging part of my elective, both intellectually and emotionally, in dealing with very sick patients, many of whom were only a few years older than me. Nothing could have prepared me for looking after the patients with AIDS, TB and other infectious illnesses.

Death seemed to be accepted in a way I had never seen before. Ugandan people must grow up almost surrounded by death. Perhaps for this reason, and also because they have so little in terms of material possessions, many Ugandans have a very vibrant Christian faith. They have so little in this life that they can think clearly about the afterlife.

My elective was immensely enjoyable, but also very challenging. I felt privileged to gain an insight into the lives of people from a country so different from my own, and work in a team so dedicated to relieving suffering that we in the West can forget so easily.

Catherine Wayne Washington, September 2001

As a "Cadetship Officer" with the Royal Air Force (RAF) I chose to do my elective within the armed forces. Following a three-week placement at RAF Akrotiri, Cyprus, I then went on a four-week Military Contingency Medicine course in Washington, USA.

The course consisted of a three-day ATLS teaching with assessment followed by a three-week "Military Contingency Medicine" portion. Our skills were then tested in a three-day "Bushmaster" exercise. The Bushmas-



On 11 September 2001 lectures began as usual...

CATHERINE WAYNE

ter motto was "Good Medicine in Bad Places" and this was the most feared part of the course.

On 11 September 2001 lectures began, as usual at 7:30 am. However, the morning was interrupted by our instructor's emergency pager. The message was relayed to us that an aircraft had struck the World Trade Centre in New York. Our lecturers, all trauma surgeons, were the military rapid response team and deployed immediately by helicopter to the area. Some went directly to New York while others went to the Pentagon once news broke that it also had been hit by a hijacked aircraft.

Classes were abandoned and many students whose families worked in the Pentagon tried to find out more information. At this time there were still aircraft unaccounted for in the air above us and, as a military installation, we were a potential target for terrorism. A decision was made for us, the senior year, to become operational. My initial thoughts of wanting to be safe gave way to feelings of wanting to use my skills, however basic they are, in order to help those needing medical care. I was asked to organise a triage area in the cafeteria in case of patient overflow from the Washington area. Our area was actually not used as few casualties were brought out of the Pentagon requiring medical attention. The next day our lecturers described the scene they faced at the sites and how they had worked throughout the night alongside the other emergency services.

The aims of the "Bushmaster" exercise were to place the ultimate stress on us when based in a field hospital by way of 16-hour



(Far left) Catherine Wayne; (left) Vishal Nangalia; (bottom) infant patients in Uganda



shifts, mass casualties, constant enemy threat and moral issues of triage. Qualities of leadership and team skill were evaluated by those who do it for real.

I learnt that a Military doctor is no different from any other. The same qualities of knowledge, empathy, practical skill and compassion are all needed along with the versatility of working in hostile environments.

**Vishal Nangalia
Space Medicine with the
European Space Agency**

I spent my elective working at the European Space Agency's (ESA) European Astronaut Cen-

*Death seemed to be
accepted in a way I
had never seen
before. Ugandan
people grow up
almost surrounded
by death...*

CLAIRE WEST

tre in Cologne, Germany, which, as its name implies, is the lead ESA division concerned with human spaceflight.

While at the centre I was involved in helping other flight surgeons collate data to help answer specific questions. One of these was to help formulate the required parameters for mapping out the radiation environment inside the soon-to-be launched European "Columbus" module for the International Space Station.

However my main project was to try and devise an overall approach to space medicine. This involved looking at the changes to the human body in the altered gravity of space as a normal physiological reaction to stimuli and not a pathological state. I also looked at ways to enable the body to re-adapt to earth-like gravity more easily on return, by stressing the human body in specific ways, while in zero-G.

I later considered the concept of a second-generation countermeasure to these very adaptations. This was the "Vibrating Penguin Suit". The penguin suit was first developed by the Russians in the late 1960s and consisted of a jumpsuit with bungee chords to simulate the loads on the postural muscle groups that gravity provides on Earth.

Overall my time at the European Space Agency was enlightening, exhilarating and frankly amazing. I was involved with something that one normally only sees on TV and imagines – literally – to be a world away. I plan to pursue space medicine as my career and to be part of this great adventure – and, who knows, even one day to "boldly go where no man has gone before".

MedSin Fundraising Triumph

▶ Two first-year MedSin members, Maddy Wright and Hannab Green, raised over £600 from a sponsored volleyball tournament over the Mayday bank holiday for the Gondar Project. Despite the shock to the system of 24 hours of non-stop volleyball, Maddy and Hannab still had the energy to write about it:

"The Gondar Project is basically to develop the established link that the Leicester Warwick Medical School and its associated hospitals have with the Gondar Medical College and hospital in Gondar, Ethiopia.

"Last year MedSin student Fatima Osmani raised money to enable the project to send loads of medical text books out to the College, with the result that now they have a library and access to some more recent information.

"As you can imagine, the Gondar Medical School has little in the way of other resources and so our primary aim this year was to raise money to buy CD Roms, and medical equipment such as stethoscopes that we feel may help students' education. This is what the money raised from the volleyball tournament went towards.

"Our aim for the future is to establish correspondance with Gondar medical students, with perhaps the opportunity of visiting their medical college to learn about their techniques and topics such as tropical diseases. The idea is not that we are a charity, but that both medical schools learn from each other."





NEWS IN BRIEF

Leicester Warwick Medical School select the *le*[®] Virtual Learning Environment

▶ Leicester Warwick Medical School has selected Fretwell Downing Learning's *le*[®] as the virtual learning environment (VLE) to support its medical students. *le*[®] will provide controlled access for students to its MBChB curriculum while tracking their progress throughout the course.

Learning Resources Manager Dr. Hazel Derbyshire said: "The project team looked at a dozen or so systems. *le*[®] was the only one that offered sufficient flexibility to meet our needs."

Integration of web-based communication tools with the learning environment is also a major benefit. By 2003, the LWMS will be the largest in the country, with over 400 medical students, many of who will be on clinical placements nationally or internationally. *le*[®] provides the secure access to learning materials these students need through a standard internet browser, without requiring the installation of any client software.

Leicester moves up the table

▶ The Times Good University Guide (7 May 2002) has ranked Leicester Medical School 9th out of a total of 24 UK medical schools. Leicester is ranked above Imperial College, UCL, and all the other midland universities. The ranking is based on the Teaching Quality Assessment (TQA), the research grades (RAE) and the average A-level score of entrants. This is a notable achievement for

a relatively young medical school and highlights Leicester's increasing prominence within the medical community. With Warwick ranked top of the Sociology table and 6th in the overall university ratings, the combined strengths of the two campuses will clearly make IWMS an attractive option for prospective students.

See: <http://www.timesonline.co.uk/section/0,,716,00.html> for details.

New medical degree available

▶ The Leicester Warwick Medical School has launched a new four-year medical course based at the University of Leicester. This is aimed at health science and health studies graduates working in the health sector and undergraduates about to graduate in those disciplines. It complements the Medical School's existing four-year programme for biological sciences graduates, offered at the University of Warwick. The new course is expected to attract more than 300 applications. With just 64 places available, applicants will be expected to have at least an upper second-class honours degree in a health science or related subject.

Successful launch of new course

▶ A new course in Child Mental Health at the University of Leicester has proved so popular it is fully booked until 2004. The Masters / Diploma / Certificate in Child Mental Health is run by the



Open Afternoon – 22 May

▶ The Medical School at the University of Warwick opened its doors to 26 Warwick Students for an Open Afternoon on 22 May to promote both four-year graduate entry programmes.

Division of Child Psychiatry based at the Greenwood Institute of Child Health.

Details of the course can be accessed via the Greenwood website, www.le.ac.uk/greenwood

Distinctions

▶ Congratulations to Professor Sir Peter Bell on his recent knighthood.

▶ Three Leicester Professors – Professor Nilesh Samani, Cardiology, Professor Richard Trembath, Genetics, and Professor Mike Clarke, Epidemiology and Public Health – have all been elected to the Academy of Medical Sciences.

Government grant for Walsgrave Hospital

▶ Against stiff national competition, Coventry's Walsgrave Hospital has received funding of

£750,000, thanks to its links with the University of Warwick – and the fact that the Government had underspent on its research and development allocations. The funding will go towards equipment for the new medical school building, due to open in 2003.

LWMS Tour 2001 – 2002

▶ Felicity Martin and Lara McCarthy from the LWMS at the University of Warwick travelled to 11 Universities, including Bristol, Leeds and Manchester, to promote the four-year Biological and Biomedical Science MBChB for entry in 2003. They spoke to over 300 students in total about graduate entry and the admissions procedure, and received a very warm welcome from all the universities visited. A repeat tour recruiting for 2004 entry is being organised. ☺

LWMS News:

Copy deadline for next edition of LWMS News – Monday 19 August 2002.

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

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