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## JOURNAL



THE JOURNAL OF THE BRITISH INTERNATIONAL DOCTORS' ASSOCIATION  
Issue No.3, Volume 29 November 2023 [www.bidaonline.co.uk](http://www.bidaonline.co.uk)



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Aneurin Bevan

## Inside:

Suicide Prevention – Why it matters? An interview with Dr. Vinod Saksena.

Dementia Prevention Fast-Forward: Collaboration for the 21st Century.

UK vs Switzerland Healthcare Systems: A Comparative Analysis.

BIDA National Conference and A.G.M. 2023 – Full Report & Images. BIDA A.R.M Motions Results.

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# Editorial

**Mr Amit Sinha** FRCS (Tr&Orth) Consultant Orthopaedic Surgeon Media & Communication Lead, BIDA Editor, BIDA Journal.



## NHS 75 Years

In July we celebrated the 75th Birthday of the NHS, a system of universal health care, which is now struggling to achieve its goals. Over the years we have admired what the NHS does well but now suddenly the reality has dawned on us that our staff members are not happy leading to incessant industrial actions by doctors. Doctors pay packages have been at a standstill since 2008 and our think tanks point to the fact that there has been very little financial investment in the NHS for the past 10 years. As we enter the actual winter period the impact of these strikes will further cause significant disruption to the function of the NHS. We are now once again seeing the strong links between economic deprivation and public health. There needs to be a radical change in the way the NHS is governed. I am afraid the NHS will remain a political football during the coming general election.

## Doctors and Mental Health

Prof Bamrah CBE talks about "Suicide Prevention – Why it matters?". Doctors are not immune to developing mental health problems, with between 10% and 20% of doctors having clinical depression at some stage in their career. The Royal College of Surgeons study suggests that surgical training is a risk factor for depression. Surgeons are highly skilled at avoiding being vulnerable. Surgeons seem to be less likely than other doctors to seek help for these issues. Sadly, doctors are dying by suicide at higher rates than the general population. According to the Office of National Statistics, in the UK alone, 72 medical professionals (doctors, nurses, therapy professionals, dentists and midwives) committed suicide in 2020. Suicide is also rife among nurses: More than 360 attempted suicide in 2022.

In the last week's issue of the Guardian, Christina Frangou wrote that 'US surgeons are killing themselves at an alarming rate'. The article deals with the daily struggles faced by surgeons and surgical trainees, and the impact of stressful events on their mental wellbeing.

Clare Gerada, former President of the Royal College of General Practitioners, has worked tirelessly to highlight the mental health issues facing all doctors, especially surgeons, and to provide practical and effective help to those who seek it. In her article in BMJ 'Surgeons and mental illness: a hidden problem?' she affirms "Surgeons who seek help are not failing surgeons. Surgeons who don't seek help when they need it are exposing both themselves and their patients to greater risks." All the Royal Colleges support guidance and mentorship on these issues.

## Workforce

At the end of June, we welcomed the long-awaited NHS England workforce plan. It's a landmark step in the effort to reform the health system. There is significant expansion of university medical places and training places for nurses and other healthcare professionals. The new medical apprentice-

ships pilot schemes with 200 trainees is already underway for 5 years and perhaps until then we will remain in the dark of the responsibilities of the trainers, the provision of additional educational resources, and ultimately their regulation and their progression pathways.

Physician and Anaesthetic Associates (PAs, AAs) are valuable members of the team who help in the delivery of acute and elective care. They don't undergo the same medical training or specialist education, and should always work under the supervision of a medically qualified practitioner. However, this is not being followed either in the hospital or in Primary care. Recent incidents in Primary care have led to serious consequences. Some PAs call themselves Advanced Nurse Practitioners and some say, they are "Medical qualified professionals". The public may remain confused between terms of "Associate Specialists", who are senior doctors and the new term "Physician Associates". BIDA is concerned that the rapid rise of PAs appears as a politically motivated experiment to deregulate the standards of what is the traditional understanding of "doctoring". At its recent ARM it felt that the proposed increase to 10,000 PAs and AAs be delayed until their roles are better defined.

Unfortunately there is no priority on the importance of retention of doctors and nurses, or consideration of how to make the NHS a better place to stop the haemorrhaging of trained doctors from the NHS.

The pressures felt by both junior and consultant doctors in the UK are evident through continued industrial actions. BIDA continues to support doctors in whichever decisions they have made and understand that the choice to strike is a personal one, brought out of serious concern for staff wellbeing and the standard of care patients are receiving in an over-stretched health service.

## Articles

Garuth Chalfont has written about a condition that has forced its way to the forefront of awareness – Dementia. His article looks at steps which we can all take for the future. Drs Chatwin and Ghosh present a fascinating comparison between the UK NHS and the Healthcare in Switzerland. Are we prepared to learn from each other? Marguerite O'Riordan's study on "Impact of women in leadership events" demonstrates the role of initiatives in encouraging leadership aspirations at an early age.

*"True success is not just about individual achievements but also about how we treat others and support others." Anonymous*

## Amit Sinha

Editor, BIDA Journal



## Instructions for Authors

BIDA Journal is a peer-reviewed journal. We welcome original articles from physicians, surgeons and medical students from any part of the world. These include review articles, scientific articles, case reports, audits and letters to the Editor. Please visit BIDA's website for instructions.

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# National President's Report

Dear Friends,

This year continues to be difficult for the NHS with an increase in the backlog of hospital appointments, NHS strikes and workforce issues.

BIDA organised an excellent Annual Conference in Wigan alongside our AGM/ARM in October. We had first-class speakers, lively panel discussions, and have come out with good actions and outcomes to support our colleagues in NHS.

BIDA's Annual President's Cup Cricket Tournament was well organised by our estimable Sports coordinator, Dr. Mukesh Hemmady. I wish to congratulate Wigan Division Captain, Dr. Amit Anand and his team for winning the President's Cup again, and for hosting a superb final match with Stoke-On-Trent Division.

I'd like to sincerely thank our Junior Doctors' Forum Chair, Dr. Sai Pillarasetti, and Officers of BIDA Student Wing for their commendable efforts in organising a first-rate BIDA IMG Conference, which I'm delighted to say was very well attended.

# National Chairman's Report

Dear BIDA Members,

I hope you and your loved ones are keeping well. At the time of writing this report, I am feeling full of excitement whilst looking forward to our 14th BIDA international Congress in Vietnam and Cambodia. Our travel operators and convenors including myself have worked tirelessly to ensure that this turns out to be another worth remembering International Congress. We look forward to welcoming our members in just over three weeks' time.

This year BIDA National Congress/ARM/AGM was hosted by Wigan Division at Mercure Hotel, Haydock. This was a very successful event with a huge turnout. Eminent National speakers from various medical fields formed our speakers panel, generating thoughtful discussion and ideas. The ARM/AGM was another very well attended event. Various divisions had sent motions for ARM that generated very healthy discussions. The passed motions will be discussed in our upcoming Executive Committee meeting, and this will form part of BIDA strategy for next year.

# G.P. Forum Chairperson's Report

Dear Members,

We understand that these are challenging times, especially with the upcoming contractual requirement to provide online access to patient records from October 31, 2023.

NHSE has emphasized their advocacy for a supportive approach from commissioner teams for practices that may need additional time to provide prospective access to their patients. They highlight the importance of practices engaging with their ICB in a timely manner to agree on their plans.

We strongly recommend that practices, acting as data controllers for GP-held records, identify concerns or risks by completing a Data Protection Impact Assessment (DPIA).

In addition to the DPIA, actions can be taken to prioritize patient safety during these changes:

1. If your DPIA suggests a high risk to patients, we advise you to inform both the Information Commissioner's Office (ICO) and your ICB commissioner separately.

At the time of writing, I am looking forward to meeting up with many BIDA members in Ho Chi Minh City, Vietnam at our 14th International Congress in late November. For those of you who are unable to attend, I'm certain that there will be a full report in the next issue of BIDA Journal.

Please continue to encourage Junior Doctors and Medical Students to join BIDA and to participate in the number of campaigns and educational programs we are organising.

Best wishes,

**Dr Chandra Kanneganti**

*National President, BIDA.*



The President's Cup tournament as always was hugely popular with our members. Wigan Division won the cup and my heartiest congratulations to not only Wigan Division but for all the Divisions who participated and helped this tournament to be so successful.

The current edition of BIDA Journal once again has a perfect mix of various medical fields that ensure there is something to read for everyone. We are now in a period of festivities and this being our last edition for this year, I would like to conclude by wishing all our members season's greetings, a happy Diwali and Merry Christmas.

Best wishes,

**Dr Ashish Dhawan** *National Chairman, BIDA.*



2. A template letter for your ICB team is available, which includes questions related to potential concerns, such as access for patients under 16, adults with limited capacity, redaction of patient records, and handling records with a '104' code. Contact your ICB if you identify serious risks or have concerns about meeting the October 31, 2023 deadline.

3. There is also a template letter for the ICO if your DPIA uncovers high risks. It is crucial to inform the ICO and outline your mitigation plans.

4. If your practice has not yet gone live and wishes to utilize EMIS' offer for bulk provision access at a later date, we recommend contacting your ICB primary care IT team in advance.

5. Inform your patients about the provision of access.





6. We encourage practices to work closely with your local commissioning team to ensure they are well informed of your practice plan, including any bulk communications you plan to send to patients.
7. Don't forget that your LMC is available for on-going assistance and support between your practice and the local ICB team.

Furthermore, it's essential to be aware of the ICO's statement published on September 27, 2023, which addresses data breaches and

potential risks to domestic abuse survivors. The ICO underscores the need for organizations to protect personal information through training, verification of records and contact details, and restricting access to information to reduce the risk of harm.

We hope this information is helpful and if you have any questions or concerns, please do not hesitate to reach out to us.

**Dr Preeti Shukla** *Chair, BIDA G.P. Forum*

## Postgraduate Doctors' Forum Report

Dear BIDA Members,

It has been a busy few months for the newly styled 'BIDA Postgraduate Doctors Forum' (formerly Junior Doctor Forum). At the recent BMA ARM I passed a motion calling for the term 'Junior Doctor' to be discontinued and replaced with the term 'Doctor' instead. This campaign has been ongoing in the UK for a long time with many of the Medical & Surgical Royal Colleges agreeing that there needs to be a shift away from this term from one that is more representative of our skills. At the moment any doctor from an FY1 grade all the way to an ST7 is referred to as a 'junior doctor' and this historic ruling by the BMA's representative body shows that the medical profession has agreed it is time for change.

Prof Scarlett McNally wrote an independent report for HEE England which recommended 'Postgraduate Doctor' instead as it was shown to be the most widely accepted alternative. We subsequently tabled this same motion at the recent BIDA ARM and it passed almost unanimously, taking us one step further in the support of our colleagues and joining the BMA and other organisations in enacting this much needed change.

At the recent BIDA National Conference we also saw the introduction of our new BIDA Student Wing President Aya Hammad. A 4th year medical student from Hull York, she is a great example of the increased

involvement and contribution we are seeing by young talent in BIDA and we look forward to what she has planned to further build on the successes of the Student Wing. We are incredibly proud that our Student Wing caters to members from 40+ nationalities and we hope to enrol this diverse group of students into BIDA once they graduate.

The BIDA PG Forum is also organising an IMG Virtual Conference next month and we look forward to a welcoming a range of speakers who will discuss everything that new IMGs/ doctors need to know from exams to inductions to getting used to working life in the UK.

Finally, I would like to extend my sincere thanks to the wider BIDA membership for all the support you have shown our younger members and new entrants to the organisation, I have received some incredible feedback. Thank you and I look forward to updating you all again in a few months time.

**Dr Sai Pillarisetti** *Chair, BIDA PG Doctors' Forum*



## Women's Forum Chair's Report

Dear BIDA Members,

Since being elected as Chair of BIDA Women's Forum I have continued working towards Women's Health Strategy (WHS). I have given presentations on various Women's health topics for professionals and the public locally, nationally and internationally.

Being the founder of the Charity 'Endometriosis Awareness North', I continue to work towards my mission for the charity – raising awareness, promoting education, and raising funds for research which is ongoing in University of Manchester under Professor Kay Marshall.

Women continue to suffer in silence with Heavy Menstrual Bleed, Menopause, Miscarriages, Gynecological issues and Breast Cancer. Raising awareness by publishing regular articles, both online and in the Oldham Chronicle and across Rochdale, is making a difference.

I am continuing with developing new NICE guidelines for Menopause and Breast Cancer. The input of a G.P. is important in developing quality standards to make sure evidence-based treatment is delivered at the right time.

Since June of last year, I have given a series of presentations to a number of different organisations and groups across the nation. These have included: A presentation on WHS and Endometriosis to 'MIMS Learning Live' in London on 10th June 2022. This was well attended, and many questions were asked at the end. Birmingham, 17th May 2023 – a presentation to Public Health on 'Women's Health Endometriosis Diagnosis and Management'; Presentations on 'The Menopause' in Bolton, Wigan, Rochdale, giving guidance to GPs about which HRT to prescribe and when: On 13th September 2023 I gave a presentation at UCLaN, Preston, on Endometriosis, and organised speakers who talked about Post Natal Care and Breast Cancer, as well as Education in Schools and Colleges. About 70 people attended, and the event gained wide coverage in the

press; Last month I was invited to give an online presentation on Endometriosis to the Women's Health Program with Greater Manchester Police (GMP). I have subsequently been asked to go to their offices and do a series of face to face presentations in future.

Other local organisations who I have given presentations on Women's Health and Endometriosis to include 'Arlington British Academy' (ABMA). Doreen Haigh, the Chair of 'Women Growing Together' (WGT) – a group of women from all backgrounds who meet once a month in Oldham Civic Centre – invited me to talk to them on 10th October. I have also undertaken presentations to them on Cervical Cancer, Heavy Menstrual Bleed, Post Natal Care and Endometriosis to Members of the CHAI (Care Help And Inspire) Group, who meet every week in Hollinwood College, Oldham.

Additionally, I am involved with AMR and working with the University of Manchester both on polypharmacy and post-natal care on BAME, and to help GPs reduce AB prescribing. I've helped the team recruiting practices and undertaken presentations in various Primary Care Networks.

I have also had a paper published in the BMJ: "van Staa T, et al. *BMJ Open* 2023;13:e076296. doi:10.1136/bmjopen-2023-076296 Knowledge support for optimising antibiotic prescribing for common infections in general practices: evaluation of the effectiveness of periodic feedback, decision support during consultations and peer comparisons in a cluster randomised trial (BRIT2)"

But I will also endeavour to keep you better informed, in future!

**Dr Anita Sharma** *Chair, BIDA Women's Forum*



# Student Wing President's Report



Dear BIDA Members,

In a world marked by borders, diversity has the power to transcend them, bringing individuals together to create a more inclusive, innovative, and equitable future. The British International Doctors Association (BIDA) Student Wing stands firmly for these principles, advocating for diversity, inclusion, and progress within the realm of medical education and practice.

We proudly maintain a commitment to gender equality, with at least 50% women on our committee, reflecting our dedication to providing equal opportunities and representation for all. Our international outlook is one of our most defining characteristics, with representatives from over 40 countries. This diversity of backgrounds, perspectives, and experiences makes us a truly global and inclusive organisation, dedicated to the needs of international medical students.

As a fourth-year medical student at Hull York Medical School, my own journey in the UK's medical landscape has been enriched by the presence of BIDA Student Wing. Being an Egyptian girl who grew up in the middle east and then coming to a foreign country to pursue a demanding course is not without its challenges. BIDA Student Wing has been a reliable support network for me and many other international students across the UK.

I am both honoured and humbled to have been nominated for the role of President for the 2023-2024 term. I am acutely aware of the expectations placed upon me, and I am eager to lead the BIDA Student Wing to new heights. I would like to express my deep gratitude to Dr. Sai Pillarisetti, who has been a wonderful mentor to me throughout my

journey within BIDA Student Wing. From my early days as a student representative to becoming Vice President and now President, Dr. Pillarisetti has provided unwavering support and encouragement. I am also thankful to Dr. Alireza Sherfat for his continued support and incredible commitment to creating a space for future academic clinicians within BIDA SW.

Our strong committee for this year is ready to embark on an incredible year full of collaborations. We are committed to continuing our award-winning peer teaching series, led by Amin Sohani. Additionally, we are gearing up for another successful national conference, under the leadership of our new conference chair, Renee Punia. This year, I am thrilled to work alongside our two dynamic vice presidents, Paarth Gupta and Arefeh Ghodsizadeh.

Thanks to our dedicated committee members over the years and the support of BIDA Office Bearers and the executive committee, we now have a strong foundation in place. I believe we are now in a position to address more of the issues and concerns our students bring forward directly.

One of our key initiatives is the launch of two national surveys to better understand the international medical student experience and identify their needs. The survey outlines are as follows:

1. **Clinical Placement Learning Survey:** This survey aims to capture medical students' perspectives on the current state of clinical placement learning. We aim to explore how the evolving landscape of the NHS Long Term Workforce Plan might influence their educational journey.
2. **Specialty Training Perception Survey:** In light of recent developments within the NHS Long Term Workforce Plan, specifically the expansion of medical student places and increased focus on GP training posts, this survey seeks to uncover medical students' perceptions of General Practice and how their clinical placement experiences may shape these perceptions. Additionally, we are keen to understand the potential impact on career choices considering the changing landscape of specialty training opportunities.

These insights will guide our efforts to bridge gaps and provide the support that our members require. In the spirit of growth and expansion, we also aim to strengthen our collaborations with other like-minded organisations and widen our reach to more medical schools. It's an exciting time for all of us, and we look forward to working with the entire committee and the BIDA national committee.

My recent invitation to the National BIDA Conference in September was an honour. I was welcomed with such warmth and kindness into the wider BIDA community for which I am very grateful. Meeting a team of dedicated doctors, committed to making impactful changes in their respective fields and standing up for the rights of international doctors in the UK, was inspiring to say the least. The conference provided the opportunity to connect with incredible BIDA committee members, whom I am looking forward to working with. I would like to extend my thanks to Dr. Chandra Kanneganti, Mr. Sanjoy Bhattacharyya, Dr. Preeti Shukla, Dr. Shikha Pitalia and every member of the BIDA committee for their continued support and the warm welcome to BIDA.

As we look ahead, I am excited about the prospects and eager to work with all of you.

With warm regards,

**Aya Hammad** President, BIDA Student Wing





# Suicide Prevention

## – Why It Matters

**Prof. J S Bamrah CBE** Consultant Psychiatrist, Greater Manchester NHS Mental Health FT;  
Visiting Professor of Psychiatry, University of Bolton.

### Introduction

Worldwide, more than 700,000 people die by suicide every year. For every suicide resulting in death, there are many more people who attempt suicide.

In 2021, 5219 registered deaths in England were from suicide, which equates to 14 people dying by suicide every day. There are important sociodemographic differences in suicide rates, with the most vulnerable and those who live in deprived areas being most at risk. Suicide is the fourth leading cause of death among 15-29 year-olds worldwide, and the leading cause of death in England for adults under 35 years. Rates are highest amongst men at all age groups, with those who are aged between 40-59 years being at highest risk. There is a further peak in men above the age of 85 years.

Ingestion of pesticide, hanging and firearms are among the most common methods of suicide globally with self-poisoning and hanging being the commonest causes in England. Simple strategies such as reducing sales of packaged paracetamol and change in psychiatric ward structures have made a significant impact in reducing suicide rates.

In the modern world, social media has a big role to play. The increased rate of social media use has paralleled the increase of suicide rates in young people, which has led some experts to deduce a correlation. The post covid syndrome, or long covid as it is commonly referred to, is associated with suicidal thoughts, plans and acts.

### Key Facts

First and foremost, suicide poses significant physical and mental health risks – both to those who die by it, and their friends, families and colleagues. As BIDA, BAPIO, the BMA and other medical organisations representing doctors, it is important that they engage with an issue that threatens to cause so much harm to patients and their families.

Many members of these medical bodies come from a variety of backgrounds with public-facing clinical jobs, such as psychiatrists, general practitioners, public health doctors, occupational health physicians, physicians, etc., at different grades of the profession. Even those who do not directly work in the field of mental health may well come across a patient with suicidal ideation, or witness how a lost life impacts those still living. Whilst not everyone with suicidal intention has a mental illness, most patients with a mental health problem will have been in contact with a doctor at some point of their illness. Besides, doctors are themselves not immune from stress, depression, and addictions, all of which increase the risk of suicide.

### In conversation with Professor Louis Appleby – a BMA webinar

On 19 October 2022 I happened to host a BMA webinar with Professor Sir Louis Appleby CBE, chair of the National Suicide Prevention Strategy advisory group (NSPSAG) and adviser to the UK government on suicide prevention strategy. The NSPS Data from his group show that 2007 showed a record reduction in suicide rates, while the ensuing decade showed a post-recession rise. There is a variation depending on where people live, with coastal and rural areas showing higher rates and London showing amongst the lowest rates.

Key factors that raise the risk of suicide are economic hardship, divorce, alcohol abuse, isolation, and mental illness. Protective factors are a confiding relationship, religious affiliation, and community cohesion. Referring to the pandemic and its effect on suicide rates, Professor Appleby's data showed that there was no discernible increase in the general population rate during the pandemic as well as during the two lockdowns, the first between April and June 2020 and the second between November 2020 and March 2021. Nor has the post lockdown period seen a rise in suicide, a phenomenon that has been reported in other countries too.



The overall gender difference in suicide rates has remained the same during the pandemic as the pre-pandemic levels with male rates being three times as high as females. Men between the ages of 40-54 have the highest rates, with a small peak again in the ages of 85+ years. Breaking this data down further he showed that while 9% of middle-aged men who died by suicide had no contact with any service (primary care, emergency department, mental health service, judiciary, third sector, etc), more than two-thirds (67%) had been in touch with at least one of these service in the three months preceding their suicide, with over a third having been in contact, in the week preceding death. Suicide rates for ethnic minorities in England and Wales during the period from 2012 to 2019 showed that White and Mixed ethnicity groups men and women tended to have the highest suicide rates.

However, Professor Appleby cautioned that we might still see the pandemic impact on increasing suicide rates. This, he predicted, could be because of the indirect impact on mental health of the population from the economic recession, job losses, and financial hardship.

Referring to children and young people he illustrated the frequent use of internet websites by young people who die by suicide, especially girls, and girls more than boys being victims of online bullying. The seven commonest themes in young people are alcohol/drug abuse (42%), academic pressures (32%), physical health issues (30%), bereavement (25%), family factors (23%), isolation (21%) and bullying (19%).

Specifically referring to doctors and his work for the GMC, Professor Appleby shared ONS data that 168 doctors died by suicide between 2011 and 2020. As he rightly commented, this is 168 too many. Although there were more male deaths, women's death was more comparable to national average, whereas male was below. He presented data showing that at least in junior doctors, workload, bullying and blame, poor support and stigma are important factors in stress.

### Suicide Prevention Strategies

Some key strategies for improving safety for patients who require psychiatric care are as follows: no out of area admissions, 24 hour crisis teams, outreach teams, safer wards, early follow-up after discharge, low staff turnover, personalised risk management, guidance on depression and involving families in 'lessons learned'.

Suicide prevention remains a key area of interest for research as well as policies. Several factors increase vulnerability, such as specific groups (e.g. different ethnicities, LGBT individuals, pre-COVID trends in children and young people); existing mental illness and alcohol or substance misuse; the relationship between suicide and gambling, domestic violence and economic stresses; online harm; the longer-term impact of the pandemic on suicide rates; all of which must be underpinned by meaningful and accurate data.

### Summary

Whilst suicide rates have recently seen a decline, it is expected that as the cost of living increases, depression and suicidal acts will increase. As doctors, we have to be aware of the triggers that make our patients vulnerable because we have an important role to play in its prevention.

### Helplines

Anyone affected by this topic may contact the following for support and advice:

<b>BMA Helpline:</b>	<b>0300 123 1233</b>
<b>NHS Practitioner Health:</b>	<b>0300 0303 300</b>
<b>Doctors in Distress:</b>	<b>07953 531888</b>
<b>Samaritans:</b>	<b>116 123</b>

# UK vs Switzerland Healthcare Systems: A Comparative Analysis with Recent Updates and Personal Experiences



**Dr Nigel A Chatwin** FRCGP is a GP in Liverpool and is also a member of the Swiss Medical Association (FMH) of General Internal Medicine.

**Dr Robina Ghosh** FRCGP is a GP in Liverpool with an experienced background on higher education and GP trainer.

## Introduction

Healthcare systems mirror a nation's values, priorities, and societal challenges. The healthcare systems of the United Kingdom (UK) and Switzerland are frequently praised for their exceptional quality of care; however, they employ distinctive approaches to healthcare provision. Recent updates and personal experiences illuminate the evolving complexities and challenges confronted by these two systems. This article aims to offer a brief comparative analysis of the healthcare systems in the UK and Switzerland, accentuating their funding mechanisms, quality of care, contemporary challenges, and potential avenues for mutual learning.

## Funding & Access

**United Kingdom:** The UK's healthcare system is predominantly financed through taxation and is renowned for providing free healthcare at the point of use. The National Health Service (NHS) is the cornerstone of healthcare provision in the UK, guaranteeing universal access to all residents.(1)

**Switzerland:** Switzerland employs a decentralised, market-driven approach governed by the Confederation LAMal constitution. Each Canton is responsible for managing its health system, with budgets allocated to health insurance providers who determine costs based on insurance types: basic, private, or semi-private.(2)

A Swiss resident of Canton de Vaud, Lewis Hofmann, illustrates to me the financial strain that the Swiss healthcare system can

place on families. He reveals that his family's annual basic insurance costs amount to 20,000 Swiss Francs, impacting their quality of life and influencing decisions about family expansion. This personal experience underscores the challenges of rising healthcare costs in Switzerland, particularly for middle-class citizens with dependents and health needs which may deter families from seeking basic care due to the financial penalties imposed by costly yearly insurance excesses.

## Quality and Specialisation of Care

**United Kingdom:** The NHS is globally renowned for providing quality healthcare services. In the UK, clinicians are incentivised based on improved health outcomes, fostering cost control and effective treatments such as the QoF (Quality Outcome Framework) in General Practice.(3)

**Switzerland:** Noted for its cutting-edge private medical services, Switzerland has become a destination for individuals seeking high-quality healthcare. The country boasts an extensive network of private clinics and hospitals equipped with advanced medical technology, favouring a two-tiered health system that benefits the private and semi-private sectors of affluent residents.

Professor Vincent Ribordy, President of the Swiss Medical Emergency Association, emphasises the necessity for a comprehensive overhaul of Switzerland's healthcare system. He points out rising costs impacting lower and middle-income families and acknowledges the absence of accessible public health data, hindering disease prevention strategies. A recent







Above: Next to a landed Agusta A109SP rescue helicopter of the Swiss Air-Rescue Association, "REGA", paramedics provide medical aid to an injured skier on the slope of the ski resort Disentis, Switzerland (Grisons canton).

audit revealed challenges of overcrowding in his emergency department, impacting patient well-being and staff morale. His team has remained proactive in making rapid changes to avoid exacerbating this congestion (4)—a response unlikely to occur in the NHS during a crisis at the front door of A+Es, which can only be implemented by a centralised government less in touch with frontline realities. This has led to demoralised staff feeling unheard by health authorities, with no option other than resorting to strikes. This crisis is currently spiralling downward with a government unable to address the deadlock.

Comparatively in Switzerland, Dr. Henri Vuilleumier, an experienced Swiss General Surgeon, notes growing dissatisfaction among senior consultants working in state hospitals due to salary disparities and pension concerns compared to the private sector. This highlights the issue of equity and compensation discrepancies within the Swiss healthcare system.

### Challenges: Aging Population and Inequality

Both the UK and Switzerland face challenges related to their aging populations. While the UK's NHS model aims to address inequalities through public health planning, Switzerland also acknowledges struggles, such as hospital overcrowding due to a shortage of suitable nursing home facilities. The Swiss focus on individualised care could potentially compromise generational longevity.

Switzerland's healthcare landscape is marked by a divide between affluent individuals with swift access to specialised care and a majority struggling to afford healthcare. This disparity exemplifies the complexities of providing equitable access within a system that also caters to specialised care for those who can afford it.

### Technological Challenges:

#### The Strain of Systemic IT Failures in the NHS

One of the often overlooked but increasingly concerning issues within the UK's NHS is the frequent systemic failure of its IT systems. EMIS, the most used software for patient notes in primary care, experiences frequent crashes. In addition, delays in updates from regional IT services or crashes from local internet providers add another layer of stress and inefficiency to an already strained system.

These IT failures have real consequences for primary care doctors, who are already under time constraints to meet the needs of their patients. Not only do these technical issues disrupt the workflow, but they also have a tangible impact on the quality of care. When systems are down, medical histories become inaccessible, prescriptions can't be sent electronically, and appointments can't be booked or modified, leading to operational chaos. These systemic IT failures are not just inconveniences; they lead to delays in patient care, increase the risk of medical errors, and contribute to professional burnout. They reveal a government struggling to modernise its health systems to meet increasing demands."

In contrast, Switzerland's more decentralised, market-driven approach allows for quicker adoption of robust IT solutions tailored to individual Cantons or even specific healthcare providers. However, this isn't to say that Switzerland's system is without its own set of challenges, such as disparities in access to these advanced technologies between affluent and less affluent regions.



Above: An emergency vehicle turning on a street in the city of Zurich. In Switzerland the phone number for the emergency is 144, as painted on the vehicle.

Nevertheless, the UK could potentially learn from the Swiss model's adaptability and responsiveness to technological needs, while Switzerland could benefit from the NHS's centralised approach to data collection for research and quality improvement.

### Conclusion: Learning from each other

While Switzerland excels in offering world-class private medical services, it grapples with challenges like rising healthcare costs and inequalities. On the other hand, the UK's NHS, with its emphasis on equitable access and outcome-based remuneration, offers valuable lessons. As both countries navigate post-COVID recovery plans, there may be opportunities for mutual learning to address challenges and improve healthcare systems. The insights from personal experiences, expert opinions and a comparative analysis provide a short view of the strengths, weaknesses, and potential pathways for enhancing healthcare in both the UK and Switzerland.

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# Dementia Prevention Fast Forward: Collaboration for the 21st Century



**Garuth Chalfont** PhD Health Researcher, Dementia Health Coach, Director Dementia Pioneers CIC [dementiapioneers@gmail.com](mailto:dementiapioneers@gmail.com)

## Background

We currently have a wealth of evidence from which to draw a best-practice approach for not only dementia prevention but potentially early-stage recovery. Although the scope of the work overall seems vast (and possibly unbelievable) from a GP's perspective, this article will highlight 1. What's Possible, 2. What's Practical, and 3. What's Available. But first some context.

Having focused both my design & build practice on connection to nature for people with dementia ([www.chalfontdesign.com](http://www.chalfontdesign.com)) and more recently on improving cognition,<sup>(1)</sup> I was gratified to see studies emerge beginning in 2014 with solutions to dementia utilising a holistic multimodal approach.<sup>(2, 3)</sup> Now, a 2023 systematic review of over 200 high quality clinical trials and observational studies targeting numerous factors simultaneously to treat or reverse cognitive decline has been published.<sup>(4)</sup> Further, a personalised lifestyle intervention improved the cognitive function of participants after 6 months.<sup>(5)</sup> This research programme initiated by Prof Bredesen and others well over 30 years ago is bearing fruit. So how did the trials that showed reversal of dementia symptoms and removal of an Alzheimer's diagnosis in 6-9 months for all trial participants achieve this?

## What's Possible?

### Process of Prevention and Recovery

Conventional approaches to dementia treatment are limited. Patients expect that there is nothing that can be done, so GPs often don't see a patient until it's almost too late to help them. Consequently, the uptake of preventative practices among individuals at risk for a dementia is practically non-existent in the general practice population. The dementia challenge facing the UK NHS is whether (and if so how) to incorporate prevention and treatment, alongside existing allopathic prescribing into patient care.

To rise to this challenge, a 'whole systems dementia treatment' was proposed in 2018 as a possible emerging role in the NHS.<sup>(6)</sup> In early 2019, Dr Reeta Karamchandani hosted a visit with her patients and staff at The Family Practice in Barrow-in-Furness. Later that same year six case studies were published documenting improvements in symptoms of memory

decline of patients in the UK, Greece and New Zealand being cared for by NHS-trained practitioners.<sup>(7)</sup>

To rise to this challenge, a 'whole systems dementia treatment' was proposed in 2018 as a possible emerging role in the NHS.<sup>(6)</sup> Lancaster-Morecambe Memory Services staff and GPs were onboard. Funding held it back. In early 2019, Dr Reeta Karamchandani hosted a visit with her patients and staff at The Family Practice in Barrow-in-Furness which was standing room only, so great was the interest. Later that same year six case studies were published documenting improved memory of patients cared for by NHS-trained practitioners with additional training in lifestyle integrative medicine.<sup>(7)</sup>

The aim of this section is to bring to collective awareness of student doctors and practicing clinicians the wealth of knowledge on what is possible in dementia prevention and recovery. Treatment programmes built upon such evidence can exist alongside established general practice teachings and NHS guidance on lifestyle and risk reduction. This paper draws from an ongoing review of published research which informs eight main categories of causal factors driving most modifiable dementia symptoms. Each category needs investigating and addressing in patients with memory problems.

## 8 Factors of Dementia Prevention and Recovery

- 1. Breathing & Sleep** 7-8 hrs without waking. Breathing through the nose. Sleep on your side, not your back. Stop eating 3 hrs before bedtime. Stop using blue light screens close to bedtime. Get outside, breathe fresh air and see sunlight within 30 minutes of waking: reset Circadian Rhythm.
- 2. Detox** Have your home and workplace checked for mould. Sweat regularly (sauna/steam room, exercise, hot sunny

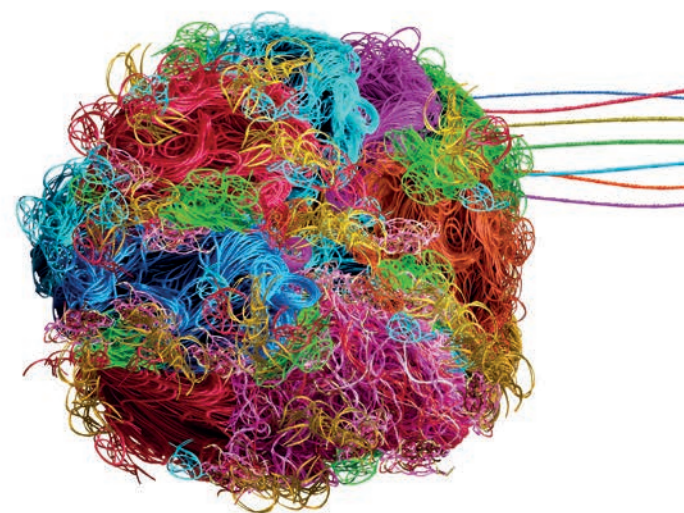




climate, eating spicy food). Use castor oil pack, oil pulling or salt baths. Bowels operating smoothly (daily BM, not constipated). Drink 2 litres of water daily (away from meals). Eat organic, locally grown, grow your own, frozen veg & berries. Eat within a 12 hour window. Have a biological dentist check your mercury fillings. Be tested for toxin exposure (heavy metals, pesticides).

**3. Genetics, Trauma, Adverse Childhood Events (ACE's), Infections & Ticks** Address and resolve traumas (memories, emotions). Test your genetics (food intolerances, ApoE4 status). Try Reiki, Shiatsu, Acupuncture, Pranic Healing, Aromatherapy, Reflexology, Qigong or other therapies.

**4. Nature, Light & Grounding** Bare feet outside on grass, sand, mud, stone and in water. Gardening, touch soil with your bare hands. With glasses off view sunrise/sunset/flames (open fire, fireplace, candle). Outdoor activities, nature-based activities. Be near and touch animals, pets, horses, etc. Walk in natural areas, woodlands, mountains, streams. Absorb earth's beauty, energy and chemistry.



**5. Nutrition & Gut-Brain Connection** Reduce sugar/simple carbs (bread, pasta, white rice). Reduce gluten (wheat, rye). Eat probiotics (garlic, onion, Jerusalem artichoke). Eat probiotics (fermented foods w live cultures – sauerkraut, kimchi, kefir, full-fat Greek yoghurt: check the label for live cultures). Eat nutrient dense (leafy greens, pulses, berries, nuts, seeds) (eggs & meat if allowed). Oily fish (sardines, mackerel, anchovies, salmon, herring) if allowed or substitute flaxseed. Eat good fats (ghee, butter, coconut oil, olive oil, avocado). Check for leaky gut and fix if necessary.

**6. Movement & Exercise** Do cardio exercise (running, cycling, jumping, etc.) Walking only counts as cardio if it gets your heart rate up, makes you out of breath. Do strength training with weights or bands. Increase weights and reps over time. Do yoga, Pilates, tai chi, etc. Practice breathing exercises.

**7. Stimulation – Cognition, Hormones & Thyroid** Brain HQ is highly recommended. Do brain training on paper or online. Do sudoku, crosswords, wordsearch or similar each day. Increase the difficulty of what you do to stimulate growth of new brain cells. Play cards, bridge, dominoes, scrabble, etc. with others. Have your hormones and your thyroid investigated & optimised by addressing deficiencies.

**8. Stress Management** Do creative or expressive art or craft. Provide any sort of charity, caring or service to others. Play music (drums, guitar, piano or such). Dance and move to music. Hum or sing to yourself, with others or in a choir. Be sure and laugh, have humour in your life. Find a connection to something invisible, greater than yourself – God, Spirit, Divine, Brahman, Dharma, the Ancestors...

(Each of these are explained in-depth in the **Workshop Series** in Section 3)

## What's Practical?

### What is Acceptable, Affordable & Effective for people with dementia?

Dementia can be reversed if caught soon enough. This has been demonstrated for over a decade in the USA and elsewhere - even in the UK but not to my knowledge in a conventional NHS GP surgery. (Get in touch if you have reversed dementia symptoms in a patient and let's publish it in BIDA Journal)

To address the practical need for innovative approaches to



dementia treatment which are acceptable, affordable and effective, a study involving 49 caregivers, service users and healthcare professionals in NW England was conducted to investigate integrative or functional medicine as a potential treatment approach alongside conventional medicine (27 white British, 21 Gujarati, aged 42–90).<sup>(8)</sup> Disempowerment and demotivation were among the many barriers to providing and receiving integrative care.

While the NHS conventional medicine approach provided "free nearby access," "highly rated post-diagnostic support" and "good quality web-based information," barriers included "limited discussion of non-pharmaceutical treatment options," "low-morale" and "high rates of stress and burnout" among GPs who felt de-motivated as they could not slow or stop the progression. "Drug therapy's clearly not going to make a difference really." (CP)

The families of patients "are often desperate for them to get better." They begin energetically, but "you need a motivated carer" to maintain the constant effort to modify and change. (IP)

(CP: Conventional general medical practitioner IP: Integrated/Functional Medicine Practitioner)  
Participant codes: CT – Caregiver Tameside ET – Elder Tameside CL – Caregiver Lancaster

Patients can lack personal responsibility, “they want the prescription, that’s a general problem with medicine, some people actually want to bury their head in the sand.” (CP)

Some patients are disempowered, “People just want to have a quick fix. Practically no patients are willing to put in effort for themselves, they are used to having everything for free; they don’t want to take responsibility for doing anything.” (CP)

Patients may remain disempowered even when seeing an I/FM practitioner, especially if they were ‘brought in’ by their carer. (IP)

(CP: Conventional general medical practitioner IP: Integrated/Functional Medicine Practitioner)

One that addresses the whole person and all aspects relating to health; “understanding... the whole system is incredibly important.” (CL) Most participants seemed aware of the effects of diet, exercise, emotions and beliefs on the body’s ability to heal and wanted a “prescription that covers the whole range” (CL) “It’s not drug advances that are going to lead to a reversal of these chronic degenerative diseases... it’s diet, lifestyle and supplement I think really.” (CT)

They imagined a doctor dealing with the complexity of human needs, “in sort of packages like your diet, your exercise, pains, emotions, attitude, what we believe and all of that... huge.”

Emotional, psychological, spiritual aspects “have a big impact on your physical health.” (CL)

Participant codes: CT – Caregiver Tameside ET – Elder Tameside CL – Caregiver Lancaster

The Gujarati elders exhibited positivity and eagerness, “willing to try anything, open to new things... if she thinks it’s going to benefit her in any sense or way or form, she will do it.” “If something that’s going on in society... they would love to know it, anything medical... better way, changing their life.” (ET) People also valued their traditional knowledge, “Medicine of my own... no side effect, very little cost, good benefit... better than normal I get from the chemist.” (ET)

Participant codes: ET – Elder Tameside

“An elderly patient with dementia is not going to be able to do this by themselves, without support.” (CL) Have personnel on hand – health coaches, occupational therapists, volunteers to provide social support for lifestyle changes; “If she (my mother-in-law) was on her own she wouldn’t know what to do.” (CT)

Participant codes: CT – Caregiver Tameside ET – Elder Tameside CL – Caregiver Lancaster

Caregivers and service users spoke about their vision for dementia treatment moving forward, as described in the three boxes above.

Since carrying out these interviews key puzzle pieces were designed and tested with the public concerned about their memory or that of a loved one in the Lancashire / Cumbria / Greater Manchester area. Bearing in mind what is Possible and what is Practical for people with dementia, a range of resources were made available to address their unmet needs.

## What’s Available?

- **Leaflets and Handouts** Non-drug Ways to Brain Health: Body, Mind and Soul and The ABC’s of Prevention plus many more free PDF downloads ([www.chalfontdesign.com](http://www.chalfontdesign.com))
- **Blog** Dementia Pioneers Blog ([www.dementiapioneers.uk](http://www.dementiapioneers.uk)) raises awareness of the root causes of dementia and em-

powers people to address them. Downloads of previous talks.

- **Workshop Series** Contributors of Dementia and How to Address Them These 4 workshops are now available online by donation (<https://payhip.com/b/o7Eq2>). This series was a collaboration between Dementia Pioneers CIC ([www.dementiapioneers.uk](http://www.dementiapioneers.uk)) and the People’s Health Alliance CIC (<https://the-pha.org/>). A new series with a workbook is in design for people with memory problems & carers to support them to work weekly towards their goals.
- Website on Nature-Dementia-Design **Books, Papers, Downloads** ([www.chalfontdesign.com](http://www.chalfontdesign.com))
- **Empowering Health Workshops** were designed and conducted in Tameside in collaboration with Dipak Dristi CIO (Light of Vision) for their volunteers using a ‘train the trainer’ approach. (<https://www.actiontogether.org.uk/community-activities/community-activity-directory/104182>).
- Based on the extensive research of Prof Bredesen and his team, Alzheimer’s prevention and treatment are now being offered online for those able to fund their own care and support ([www.ApolloHealthco.com](http://www.ApolloHealthco.com)). Based in the USA with practitioners and health coaches globally.

Further work could involve collaboration with GP surgeries to provide preventative information to small groups of their memory patients in the form of in-person workshops and handouts. The local Memory Assessment Services may want to provide such resources to their newly diagnosed patients. The NHS may wish to review the evidence-based materials produced by Community Interest Companies (CICs) such as Dementia Pioneers for possible inclusion in their prevention efforts.

## Conclusion

An opportunity has arisen to arm student doctors and practicing physicians with a roadmap to investigate and resolve a person’s dementia symptoms. For conventionally trained doctors to investigate the root causes of an individual’s dementia symptoms, and to address them successfully through possible collaboration with CICs could avert much of the usual slow, steady decline most GPs witness on a daily basis. Evidence continues to mount that a holistic individualised approach employing investigation, analysis and treatment of a patient’s particular root causes will stabilise symptoms, possibly prevent further decline and could even drive improvement.

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# Medical Quiz

**1** A 4-year-old boy presented with a 4-day history of fever and rash over the face, chest and abdomen. Her temperature has been recorded by her mother to be between 38 C and 39 C. She had a sore throat two days prior to the temperature onset. On examination, rose-pink maculopapular rash was noted on the face and trunk. What is the main diagnosis to consider?

- a) Scarlet fever
- b) Viral meningitis
- c) Bacterial meningitis
- d) Rubella
- e) Infectious mononucleosis

**2** A 6-year-old immigrant boy was noted to have bowed legs. He was later diagnosed to have Vitamin-D resistant rickets. What is the genetic pattern of the inheritance of this condition?

- a) Autosomal recessive
- b) Autosomal dominant
- c) X-linked recessive
- d) X-linked dominant
- e) It is not a genetically inherited condition

**3** A 52-year-old lady with background of diabetes and biliary disease presents with abdominal pain and high temperature. She is also on immunosuppressant medications following renal transplantation a few years ago. On examination, abdominal tenderness is localised to the right upper quadrant. She is noted to have a liver abscess on CT scan of abdomen. Which organism is more likely be responsible for this condition?

- a) E. Coli
- b) N. Gonorrhoea
- c) Hepatitis C virus
- d) Hepatitis A virus
- e) Hepatitis B virus

**4** A 29-year-old singer was diagnosed with thyroid cancer and underwent total thyroidectomy 3 months ago. She presents with difficulty in high-pitched notes while singing. What structure below may have been damaged during the operation?

- a) Glossopharyngeal nerve
- b) Vagus nerve
- c) External laryngeal nerve
- d) Accessory nerve
- e) Marginal mandibular nerve

Answers on page 25



# HeLa Cells

Henrietta Lacks, a young mother of five from Virginia in United States was diagnosed with an aggressive form of cervical cancer in 1951. She died just months after her diagnosis at the age of 31, and was buried in an unmarked grave.

Before her death, a sample of her cancer cells retrieved during a biopsy were sent to Dr. George Gey's nearby tissue lab. For years, Dr. Gey, a prominent cancer and virus researcher, had been collecting cells from all patients - regardless of their race or socio-economic status - who came to The Johns Hopkins Hospital with cervical cancer, but each sample quickly died in Dr. Gey's lab.

What Dr. Gey would soon discover was that Mrs. Lacks' cells were unlike any of the others he had ever seen: where other cells would die, Mrs. Lacks' cells doubled every 20 to 24 hours.

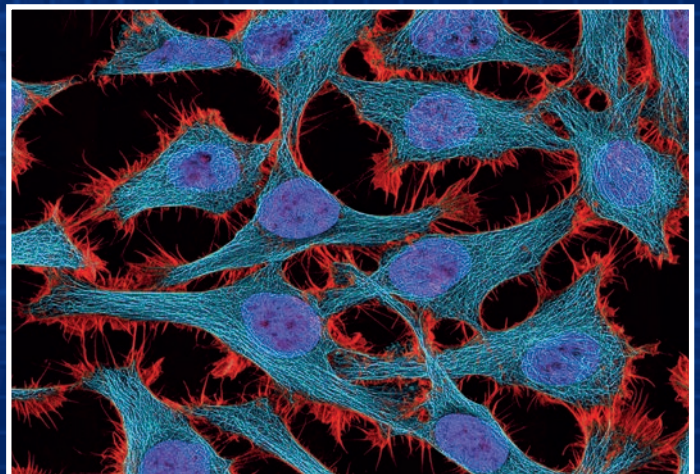


he had ever seen: where other cells would die, Mrs. Lacks' cells doubled every 20 to 24 hours.

Today, these incredible cells — nicknamed "HeLa" cells, from the first two letters of her first and last names — are used to study the effects of toxins, drugs, hormones and viruses on the growth of cancer cells without experimenting on humans. They have been used to test the effects of radiation and poisons, to study the human genome, to learn more about how viruses work, and played a crucial role in the development of the polio and COVID-19 vaccines. Her cells continue to impact the world.



(The legacy of Henrietta Lacks - <https://www.hopkinsmedicine.org/henrietalacks/>)



Above: Multiphoton fluorescence image of HeLa cells stained with the actin-binding toxin phalloidin (red), microtubules (cyan), and cell nuclei (blue). Nikon RTS2000MP custom laser scanning microscope. Image courtesy of National Institutes of Health (NIH).

Top: A portrait of Henrietta Lacks, and (centre) a sign erected by the American History Society near Roanoke, Virginia, commemorating her unmarked grave.



# BIDA National Conference

Mercure Haydock Hotel, St. Helens, Lancashire. 30 September 2023 – A brief report

**Mr Amit Sinha** BIDA National Secretary

## “The NHS – Evolving, despite the Challenges”

### Wigan BIDA Division Educational Event

Friday 29th September 2023, 6:00pm.

This year's National Conference started with a superb educational event organised by Wigan Division team with President Drs Alka Trivedi, Chairperson Leena Saxena, and Shikha Pitalia as the Secretary organising this in the beautiful marquee venue of the hotel.

Mr Cameron Donaldson, Business Consultant of Allurion presented the “Allurion gastric balloon programme”, the first swallowable gastric balloon with proven long-term weight loss. The programme is supervised under a healthcare professional and can help loose an average loss of 10-15% of your body weight in just 16 weeks alongside their fully supported 6-month lifestyle Programme. After approximately 16 weeks the pill balloon degrades and leaves the body naturally.

The presentation was fascinating and generated quite a lot of enthusiasm and discussion from the audience.

The educational event was followed by a delicious dinner and dance.

### BIDA National Conference 2023

Saturday 30th September

This year's National Conference was held in the spacious Racecourse Suite of the hotel. The setting seemed perfect for the day. Following initial address by BIDA President, Dr Chandra Kanneganti and the Chairman, Dr Ashish Dhawan the Conference Chairperson Dr Suresh Chandran welcomed the delegates. It was a pleasure to invite Mr Silas Nicholls, CEO of Wrightington, Wigan and Leigh Teaching Foundation NHS Trust to speak on the current affairs of the NHS as the Keynote speaker.

The first session was a fiery set of presentations by four eminent speakers, Prof Iqbal Singh CBE, Pre-Vice-Chancellor of Bolton

University, Dr Chaand Nagpaul CBE, Chair of the BMA Forum of Racial and Ethnic Equality, Mrs Tista Chakravarty-Gannon, Regional Liaison Adviser of GMC and Dr Vishal Sharma, Chair BMA Consultants Committee. The talks were scintillating surrounding the issues of the “Sagging morale of the NHS workforce – Issues and solutions”. This brought forth a huge number of discussions from the audience. This session was ably managed by Prof Sanjay Arya, Dr Vinod Gadiyar and Dr Shamim Rose.

The second session on “Collaborative working with other organisations” brought together Dr Ramesh Mehta CBE, President of BAPIO, Dr Nadeem Sajjad Raja, Secretary of APNNE, Mr Atef El-Kholi, President of British Egyptian Medical Association together with Dr Ashish Dhawan, Chairman of BIDA, each representing four leading BAME organisations in the NHS. The talks were on various projects where we could work together as one voice for the benefit of the IMGs. This stimulated a very positive response from the audience with appreciative comments and suggestions as well. They will be discussed further at our Executive Committee meeting.

Following lunch we had two scintillating lectures. The first one was by Mr Hitan Mehta, Executive Director of British Asian Trust. He presented the fascinating charitable work done by BAT, an international development organisation, which delivers high-quality programmes in South Asia. They specialise in, and champion the use of, social finance products to drive positive change across the region. The British Asian Trust was founded in 2007 by the former Prince of Wales and a group of British Asian business leaders, to tackle widespread poverty, inequality and injustice in South Asia. The second speaker, Dr Kamran Abbasi, Editor-in-Chief of BMJ and Visiting Professor of Primary Care and Public Health, has many other talents too, as a journalist and a broadcaster. His lecture was entertaining and inspirational.







The third session saw three very fiery presentations by Prof Scarlett McNally, an Orthopaedic Surgeon and President of Medical Women's Federation, Prof Manisha Kumar, CMO of NHS Greater Manchester Integrated Care followed by Dr Latifa Patel, Representative Body Chair and Equality Lead in the BMA. Each one of them gave a strong and an intense account on various measures for woman's leadership, appropriate health strategies and maintaining well-being.

The fourth session was indeed interesting and touched on the intriguing expansion of the medical workforce in the NHS including nursing associates, pharmacy associates and physician associates. The lectures by Kerry Porter, Primary Care Workforce Programme NHS GM; Umesh Patel, Professional Advisor NHS England and Phil Apter, Physician Associate at WWL Teaching Hospital were both detailed and informative of the current state of affairs in expanding the medical workforce. This generated a huge response from the audience for a lively discussion.

There were four posters selected for display. They were judged by the Post Graduate Doctors Forum Leads, Dr Alireza Sherafat and Dr

Momna Raja. All posters were commendable and the winning poster author was Marguerite O'Riordan on "Woman's Leadership".

Alison and Julia did a superb job at the registration desk for the smooth process of registration and distribution of delegate bags and all the necessary information.

We wish to thank all the exhibitors for their contribution for supporting the conference and making it a success.

The Conference Gala Dinner was at the Racecourse suite, which was transformed into an attractive hall with an impressive dance floor. The master of ceremony, Prof Sanjay Arya brought a special flavour to the evening by honouring all our guests and also recognising the contributions made by the woman leaders in our midst and requesting them to share their views. This was applauded by a thumping enthusiasm from everyone.

Mr Jagtar Singh, the Guest of Honour, was venerated with the "BIDA Special Award". He is currently the Chair of Coventry and Warwickshire Partnership NHS Trust. He has established himself as a champion for delivering culturally competent care, reducing health inequalities. He has been a role model to all doctors, in particular the International Medical Graduates. His words provided a clear message and encouraged all to work towards achieving inclusion in all fields in the NHS.

It was also an opportune moment to recognise the contributions made by another young brilliant doctor, Dr Alireza Sherafat. He is an academic foundation year doctor and currently the Research Lead in the PG Doctors Committee. His sterling role in establishing regular teaching series for medical students at an international scale delivered by BIDA Student Wing and continued support earned him the "BIDA Rising Star" award.

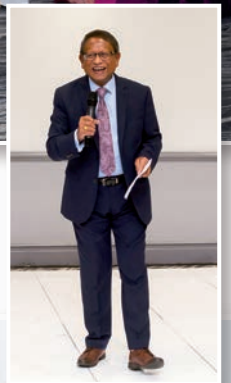
The gala dinner ended with entertainment, music and dance, a fitting finale to a wonderful memorable day.





# BIDA Gala Dinner 2023

Following BIDA's National Conference, the evening's Gala Dinner was a fitting finale to a memorable day. With entertainment, music and dancing, it was also an appropriate occasion to present both the "BIDA Special Award" to Mr Jagtar Singh, O.B.E., and the newly-established "BIDA Rising Star" Award to Dr. Alireza Sherafat.





# BIDA A.G.M. / A.R.M. 2023

Mercure Haydock Hotel, St. Helens, Lancashire. Sunday 1 October 2023

**Dr Suresh Chandran** ARM Chair **Dr Leena Saxena** ARM Vice-Chair

*The BIDA Annual Representatives Meeting 2023 was held in The Mercure Haydock Hotel, St. Helens on Sunday 1st October 2023. The meeting was well attended and all the delegates actively contributed.*

## A.R.M. Motions

### 1: Workforce and Wellbeing:

#### Motion 1A:

**Proposer - Dr Anita Sharma, Women's Forum Chair**

This forum is concerned that our women's health is at risk at work-place.

#### We urge the government to

- (i) institute measures for support to all women at place of work
- (ii) direct the employers to be well equipped with adequate protocols to support women in managing their health at workplace.
- (iii) demands for regulation of senior doctors and managers who are responsible for creating an atmosphere of sexual harassment at place of work

**Result: All three motions were carried unanimously.**

#### Motion 1B:

**Mr Amit Sinha, National Secretary, BIDA; North Wales Division**

The case of Lucy Letby is a watershed moment for whistleblowers. EC is greatly concerned about the plight of Whistleblowers in the NHS.

#### We urge the government

- (i) to urgently review the whistleblowing framework and change the legislation
- (ii) to stress on a change in culture and leadership across the NHS to respect and listen to the concerns of whistleblowers with respect
- (iii) BIDA must campaign to hold managers more accountable in such matters

**Result: All three motions were carried unanimously.**

#### Motion 1C:

**Proposer – Mr Ashish Dhawan, National Chairman, BIDA**

EC highlights the continued culture of bullying and harassment within the NHS.

#### EC condemns these activities and

- (i) demands change of culture and leadership to cultivate respect and friendship
- (ii) encourages the all who suffer from these activities to come forward and expose the perpetrators.

**Result: Both motions were carried unanimously.**

#### Motion 1D:

**Proposer – Dr Sanjay Arya, Hospital Doctor's Forum Chair**

The EC is deeply concerned with the current industrial strikes in the NHS, which will have long-term consequences for patients. We stand in solidarity with all doctors in their endeavours to achieve pay restoration in line with inflation.

**We urge the government to** urgently negotiate with the BMA and the respective doctor's representatives to reach an amicable solution.

**Result: Motion carried unanimously.**

#### Motion 1E:

**Proposer – Mr Amit Sinha, National Secretary, BIDA**

EC expresses deep concerns with the introduction of yet another group introduced by the Workforce Planning department called apprentice trainees. We are apprehensive that this will further increase brain drain of our deanery trainees to other countries.

**We are hugely concerned** that there will be an unfair competition for educational resources amongst deanery trainees, Fellowship trainees and LEDs and apprentice trainees.

**Result: Motion carried unanimously.**

#### Motion 1F:

**Proposer – BIDA North Wales Division**

This division raises serious fears about the publication of NHS England's Long Term Workforce Plan. We reject the NHS Workforce Plan as unfit for purpose, as it fails to recognise the priorities of its medical staff.

#### We call upon the government to immediately:

- (i) recognise that retention of existing staff must be an absolute priority.
- (ii) restore their wages to a respectable level by considering their pay erosion since 2018

**Result: Both motions were carried unanimously.**

#### Motion 1G:

**Proposer – Mr Ashish Dhawan, National Chairman, BIDA**

EC remains unaware of the criteria by which the BMA chooses to select or reject requests for legal representation from its members who are involved in Employment Tribunal cases. We deplore the current unknown criteria of selection, which is clearly unfair.

**BIDA demands** that the BMA makes its criteria for rejecting legal representations open and transparent and in the public domain

**Result: Motion carried unanimously.**

#### Motion 1H:

**Proposer - BIDA North Wales Division**

This division respects all allied health professionals. However, it believes that the future planning of workforce puts the care of patients at risk and denounces the over dependence and inappropriate use of non- doctor healthcare professionals to replace doctors.

**This division calls upon government that** until the role of Physician Associates and Anaesthetic Associates are better defined, the proposed increase to 10,000 should be delayed.

**In Favour: 22 Against: 2 Abstain: 2**

**Result: Motion was carried.**

### 2: Teaching and Training:

#### Motion 2A:

**Proposer - Dr Sai Pillarisetti, Junior Doctor Forum Chair**

In the recent BMA's ARM, a motion by BIDA doctors was passed and successfully made policy which urged the BMA to discontinue the use of the term 'junior doctor' in all forms of communication, and use 'doctor' instead.

We would like to urge this ARM to

- (i) support the BMA in their recent policy change
- (ii) agree to change the name of the 'BIDA Junior Doctors/ Doctors in Training Forum' to 'Post-Graduate Doctors Forum (PG Doctors Forum)'

**In Favour: 25 Against: 0 Abstain: 1**  
**Result: Both motions were carried.**

## **Motion 2B:**

**Proposer - Dr Sai Pillariseti, Junior Doctor Forum Chair**

The BIDA Student's Wing delivers excellent undergraduate medical teaching.

We urge this A.R.M. to agree to the creating 'BIDA Academic Forum' to deliver postgraduate medical teaching

**Result: To refer to the EC for discussion.**

## **Motion 2C:**

**Proposer - Blackburn Division**

HEE should ensure that with the assistance of GMC there should be a National Induction for all IMG's new to NHS. This is to supplement GMC's programme WtUKP.

We urge this ARM to ensure that:

- (i) GMC seeks BIDA's active involvement in the National Programme run by the GMC
- (ii) ask the GMC to ensure that NHS Trusts should make arrangements for all candidates who have passed PLAB to be provided clinical attachment as a part of the National Induction Programme

**Result: Both motions were carried unanimously.**

## **3: Primary Care**

### **Motion 3A:**

**Proposer – BIDA North Wales Division**

This Division wishes to raise concerns and campaign against the "Referral pathways criteria from Primary to Secondary care", which has been promoted by the Department of Health in Wales.

This Division wishes BIDA to write to the Department of Health, Wales to raise concerns and stop the implementation of this pathway.

**Result: Motion carried unanimously.**

### **Motion 3B:**

**Proposer – Dr Leena Saxena, Wigan Division**

This Division is concerned with the increase in burn out and risk of early retirement of our GP colleagues.

We demand the government:

- (i) accept and establish the recommendations of the European Union of General Practitioners and the BMA
- (ii) promote the partnership model of practice

**Result: Both motions were carried unanimously.**

## **4: NHS Capacity Issues**

### **Motion 4A:**

**Proposer - Prof Sanjay Arya, Hospital Doctor's Forum Chair**

UK has fewer hospital beds per person compared to other European countries which is leading to congestion and unsafe environment in the Emergency Department.

This conference believes that the Government should take immediate steps to increase the number of hospital beds to reduce the congestion in ED.

**Result: Motion carried unanimously.**

## **5: BIDA Issues**

### **Motion 5A:**

**Proposer - Dr Vinod Gadiyar, BIDA Treasurer**

The BIDA Journal, which is currently a paper based journal, is costing more for BIDA, due to increased cost of printing and posting.

As the Treasurer of BIDA, I urge this A.R.M. to consider out of the 3 editions in a year, one should be an e-edition and the rest can be paper based.

**In Favour: 18 Against: 16 Abstain: 0**

**Result: Motion was carried.**

## **6: Public Health Issues**

### **Motion 6A:**

**Proposer - Dr JJ Raj Muthiah, Public Health Forum Chair**

This forum highlights the lack of initiatives to develop and implement comprehensive health education programs in the non-medical community.

- (i) We demand adequate resources to be provided to teach people about nutrition, exercise, mental health, and the risks associated with unhealthy behaviours.
- (ii) We propose these resources are done in multiple languages.
- (iii) We propose they are offered at the grass root levels to all councillors and faith leaders etc.

**Result: Both motions were carried unanimously.**

### **Motion 6B:**

**Proposer - Dr JJ Raj Muthiah, Public Health Forum Chair**

This forum is alarmed at the rate of rise in obesity at all ages of the population, particularly in children.

We urge the Department of Health:

- (i) to implement strategies to combat obesity, including promoting healthy diets, increasing opportunities for physical activity, and regulating advertising of unhealthy foods to children
- (ii) to strictly regulate the industry in this matter

**Result: Both motions were carried unanimously.**

## **7: Any Other Business**

### **Emergency Motion:**

BIDA to start with activities in recruiting AHPs from the Asian sub-continent.

**Result: to refer to EC for further discussion.**



# BIDA Fellowship Awards 2023

## Dr Vinod Gadiyar

Dr Gadiyar is a consultant anaesthetist and pain specialist, working for over 24 years at Northern Care Alliance NHS Trust. He is the Trust Revalidation and Appraisal Lead. In the past he has been a Foundation Programme Director and Royal College of Anaesthetists' tutor.

Dr Gadiyar is a current member of the BMA's Consultant Committee and has acted as Chairman of the BMA's Bury Division since 2010. He is a trained mentor for consultants.

Vinod has been a very active member of BIDA for over 10 years. Having been a BIDA Executive Committee member from 2014-17, he has subsequently served as BIDA Hospital Doctors' Forum Chairman between 2017-2021, and is currently the BIDA National Treasurer. He has also been the Chairman of BIDA's Rochdale and Bury Division since 2015. He has established and rejuvenated the Division into one of the very active Divisions in the country, and has organised various educational activities.

## Dr Sanjeev Saxena

Dr Sanjeev Saxena did initial training in Orthopaedics in India, gaining the D.Ortho (Gold Medal). He subsequently undertook further training in Orthopaedics in 1990 from Liverpool University for a Masters Degree. He then decided for a career move to General Practice in 2001. After a year he became Principal GP in same practice, and remains so until now.

Sanjeev has held various posts including Executive Member of Primary Care Trust and QOf Accessor and Medicine Management lead in his area for many years. He was also a GP Appraiser for many years.

Dr Saxena is a life member of BIDA and has been in the post of Executive Committee Member over 7 years. He supports and shadows his wife, Leena Saxena, who is Chairman of Wigan Division, and who plays an active role in all BIDA activities.

He contributes to various Charities in the UK and India.



Dr Vinod Gadiyar is presented with his BIDA Fellowship Award by BIDA National President Dr Chandra Kanneganti.



Dr Sanjeev Saxena receives his BIDA Fellowship Award from BIDA National President Dr Chandra Kanneganti.

## BIDA Special Award 2023



Mr Jagtar Singh is presented with BIDA's Special Award for 2023 by BIDA National President Dr Chandra Kanneganti, accompanied by National Chairman Dr Ashish Dhawan and BIDA Hospital Doctors' Forum Chairman Prof. Sanjeev Arya.

### Mr Jagtar Singh OBE, MSc, BA Hons, MIFireE

BIDA is proud to select an exceptional recipient for its Special Award, Mr Jagtar Singh OBE.

Mr Singh is the Chair of Coventry and Warwickshire Partnership NHS Trust. He has established himself as a champion for delivering culturally competent care, reducing health inequalities, and introducing an inclusion leaders' model that has seen several improvements in Workforce Race Equality Standards data, staff survey, gender pay gap and CQC headings. He has been selected by NHS England to serve on the NHS Assembly and is a trustee of NHS Providers, which ended in June 2023.

He served 20 years in the fire and rescue service and 18 years in non-executive roles in the ambulance service and hospital foundations. He was Acting Chief Fire Officer in Bedford and Luton Fire and Rescue Service and rose from Fire Fighter to Divisional Commander in the West Midlands Service. In 2003, he received both the Public Servant of the Year Award at the Asian Achievement Awards ceremony in Birmingham, and an OBE for his work on equality and diversity in the Fire Service.

In the NHS, he has received awards from national bodies including the Health Service Journal (HSJ). In 2020 he was named by the HSJ as one of the 50 most influential BAME leaders in health and won the National Asian Achievement Awards in 2016 for the most influential NHS leader.

He has also served as a Trustee of several charities in the past including the Healing Foundation, Employment Opportunities for Disabled People and Bedford Race Equality.

## BIDA Rising Star Award 2023

### Dr Alireza Sherafat

We are pleased to announce the winner of our first BIDA Rising Star Award to be Dr Alireza Sherafat, academic foundation trainee doctor from Leicester. Dr Sherafat has contributed significantly to our Student Wing as the research lead since he was a year 3 medical student at University of Central Lancashire. He had a fundamental role in establishing regular teaching series for medical students at an international scale delivered by BIDA Student Wing. Following graduating with an honours degree, he continued to support the Student Wing Committee by his significant contribution to the award-winning teaching programme delivered virtually for medical students and junior doctors both in the UK and abroad. Dr Sherafat is currently the Research Lead in the PG Doctors Committee.

*The BIDA Rising Star Award was set up this year by Dr Sai Pillarisetti as an annual award that will be given out to younger BIDA members who have gone above & beyond in their roles at BIDA and as a result have contributed significantly and consistently to the organisation. This award will serve as a token of our appreciation and encouragement to these members who we hope will continue to achieve great things, within and outside BIDA.*



Dr Alireza Sherafat receives the BIDA Rising Star Award from BIDA National Secretary Mr Amit Sinha (left) and Prof. Iqbal Singh (right), accompanied by the Award's founder, Dr Sai Pillarisetti (2nd left).

# An interview with **Dr Vinod Saksena**

## Introduction

Born in the holy city of Mathura, India, on 1st. January 1937, brought up in Delhi, Dr Saksena qualified from Gandhi Medical College, Bhopal in 1961. He is credited with designing the emblem of his college. After serving in Delhi for about 10 years, in 1972, he decided to emigrate to the U.K. to start a new life and established himself as a General Practitioner in St Helens. On 8th October 2022, he completed 50 years serving the NHS.

Dr Saksena has also worked part time as a Medical Assessor for DWP as well as been a member of the Tribunal for many years. He spent 20 years in the Territorial Army, retiring as a Major in 1998. He was decorated with a Medal for his services to the Reserved Forces under RAMC.

In 1980 he founded Indo-British Association in St. Helens trying to achieve community cohesion. In 1984, he was elected President of Merseyside Indian Association, a position he held with deep commitment for several decades. In 2006, the Merseyside Police gave him the 'Life Time Achievement Award' for his service to community. In 2007, he was honoured as 'Citizen of The Year' for Knowsley, Liverpool.

### What was your best career move?

Changing the path of one's career is not easy. I had a reasonable good job and fairly well paid in a primary health care centre. But I felt unfulfilled. My job was neither challenging nor inspirational. I believed in myself and in 1972 I decided to move to the UK to start a new life.

I am glad I did so !

### What was the best decision you made for your career?

After working in several hospital jobs, I chose General Practice. This was the best decision of my career.

### What motivated you to become a GP?

I felt the variety of patients to see and freedom to treat them was very satisfying. Besides, there was opportunity to provide continuity of care for one's patients. And I loved the 'family like' atmosphere in the surgeries I worked. When one of the Senior single handed GPs offered to take me as his partner with a view to succeeding him, I thought that it was too good an opportunity to refuse.

I joined Dr Louis Crawford on 1st July 1977 and succeeded him exactly three years later.

I also spent several years as a part time Clinical Assistant in Psychiatry in Leigh Infirmary and as an Occupational Medical Officer locally, first for Rainhill Hospital and then for the St Helens College. In later years of my professional career, for about three years, I worked as an Associate Specialist, Care of the Elderly for Wigan hospital - a position I loved beyond words.

### What is your view on work-life balance?

I think that it is very important to feel fulfilled and contented in both areas of one's life. And, this can be quite challenging - coping with the responsibilities of one's job and at the same time, looking after one's family and own health.

Therefore, one should pause from time to time and take stock of one's priorities. One should not overdo things, especially at the

cost of one's health. Contentment is of paramount importance - be it professional satisfaction or leading a reasonably good life.

### What single change would you like to see made to the NHS?

NHS continues to face numerous challenges - growing number of people with long term conditions, advances in medical science and digital technology, health care challenges such as women's health care strategies, rough sleeping strategies, inequality strategies and so on. You need money to be able to provide all that is required in the best interest of our people.

In my humble experience working in primary health care for several decades, I have seen a lot of wastage. If we can sensibly control this wastage, we can increase funding of primary and community care.

According to the recent data available, 1.1 billion prescription items were dispensed in one year. 89% of the items were dispensed free of charge. In fact, only 40% of our population pay prescription charges in England. These charges keep on rising steeply, currently being £. 9.65 per item.

It is no secret that a very large amount of medicines is wasted, mostly by patients who are exempt from paying prescription charges. I have seen it myself whilst visiting patients - huge amounts of unused medicines, inhalers, injections, dressing materials etc., lying in bags or on shelves in the house. Attempts to

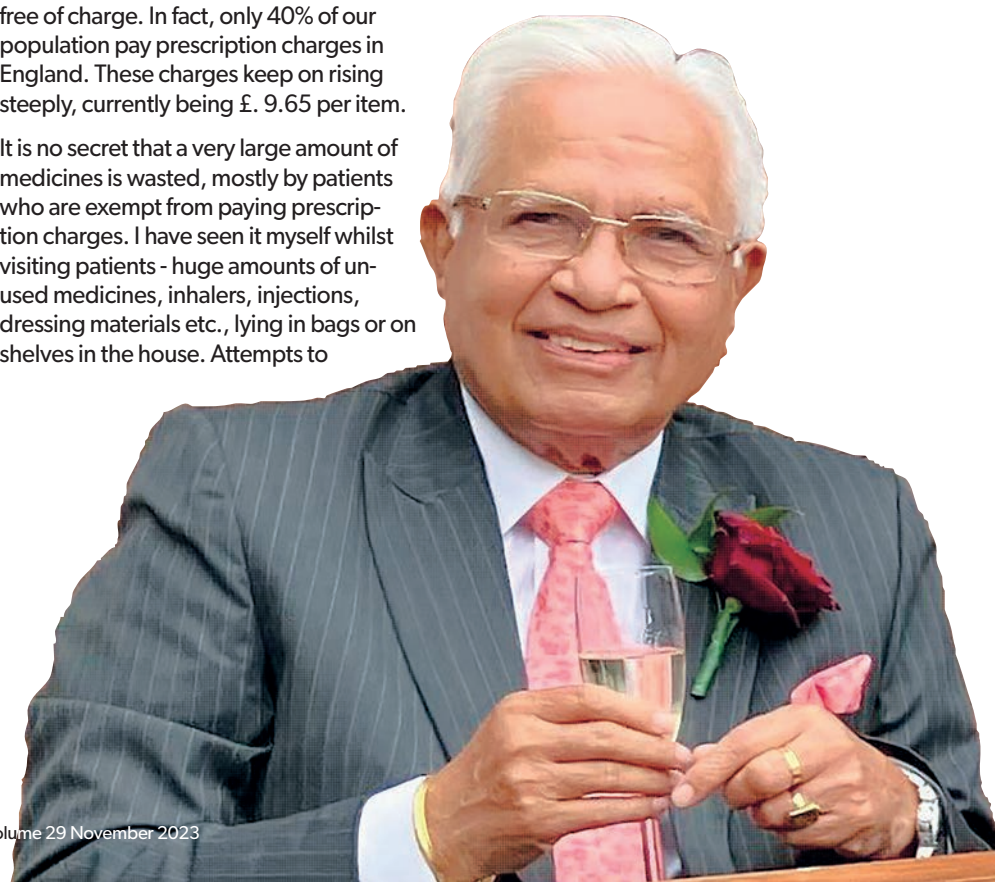
educate people in this regard haven't had any salutary results.

So, my suggestion is : abolish free prescriptions across the board and introduce just £1.00 per item for everyone. This simple measure will result in people being very careful when asking for repeat prescriptions, thereby reducing the medicine bill. It would also mean a billion Pounds a year going into the NHS funds for the benefit of our people. I wonder if my proposal is even worth considering!

### What advice would you give to your medical colleagues, who plan to retire from the NHS now?

I have learnt, rather late in my life, that one should retire early enough when you are physically and mentally fit to pursue your favoured hobbies, especially travelling.

Quite often, we end up spending best part of our life working hard and saving money not only for the rainy day but for our





offsprings too, instead of spending the earnings on ourselves. It can be appropriately said that senior citizens often die rich but don't live rich.

So my advice is take a pause, consider all the pros and cons, seek expert financial advice early in your career and retire as soon as your circumstances permit.

You won't regret retiring early.

### **What is your contribution to BIDA?**

I became a member of ODA in early 1980s and remain a proud member of BIDA. The aims and objectives of our Association are very close to my heart.

I have helped recruit several members to BIDA. I established a new Division in our area by the name, St Helens and Knowsley Division of BIDA, which functioned for several years.

I also served a term as a member of the Central Executive Committee. I was the 'unofficial' photographer covering events of our Association for several years. The albums I compiled, I am told, are on display in the current BIDA office.

I was honoured with the BIDA Fellowship Award about fifteen years ago.

### **What are other contributions you have made to society?**

Despite my very busy professional schedule and my domestic commitments, I found time to work for community cohesion. I founded St Helens Indo British Association (SHIBA) in 1980. I was able to create a platform where people from all walks of life, irrespective of their colour, cast, creed, age or gender could come together.

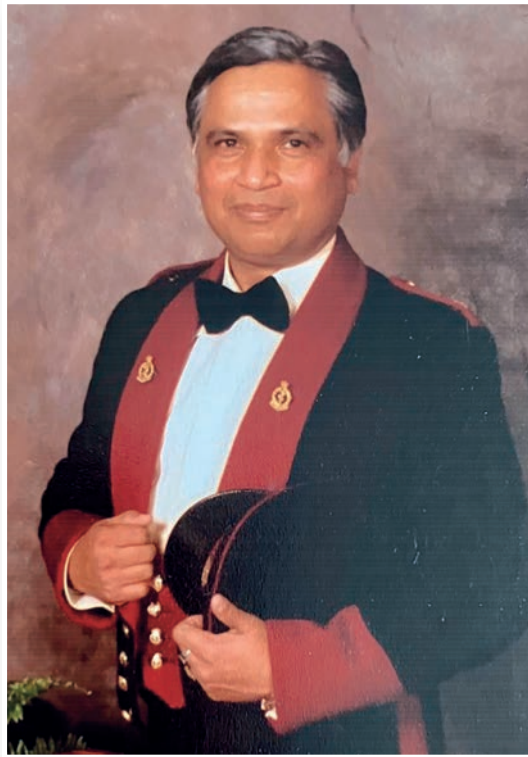
The Executive Committee I set up had Indians as well as local English men and women in it.

We organised social events regularly and also raised funds for local charities. Over the years, the Merseyside Police became interested in our activities and we expanded to Knowsley and later to rest of Merseyside. The Chief Constable of Merseyside Police and the Police Crime Commissioner frequently joined us in celebrating various events. From time to time, I was invited to accompany the Police Officer to meet Asian victims of hate crime to provide the victims support and assurance.

In 1984, I was elected President of Merseyside Indian Association; this Association has been in existence since 1962. I served as President for several decades, organised events such as Indian Independence Day and Republic Day anniversaries.

In 2006, the Merseyside Police gave me 'Diversity Award' and 'Life Time Achievement Award' for my services to community.

In 2007, I was honoured as 'Citizen of The



Year - Knowsley (Liverpool)' in a really grand ceremony in Liverpool.

Around 1980, I also founded the first ever MP Medical Graduates Association in the UK, which proved a precursor to Bhopal, Indore and Gwalior Alumni Associations coming up in later years.

I also spent twenty years, 1978-98, in the Territorial Army. I was attached to 208 Field Hospital in Liverpool. I got the opportunity to learn many skills, pistol and rifle shooting amongst others. I worked for a short term in several British Army Hospitals in places like Germany, Belize and Hong Kong. By a pleasant coincidence, I was in Berlin with my wife, Renu and our youngest Indra when the wall came down on 9 November 1989; I have kept pieces of the wall as a memento.

Another highlight of my time in the TA was the invitation to Buckingham Palace to attend The Queen's Garden Party. It was a wonderful experience for both of us. As luck would have it, there we also met Lata Mangeshkarji who too was an invitee, along with her mother. We had a most memorable opportunity to speak to Lataji for a very long time.

I retired from the TA as a Major in 1998. I was awarded the Territorial Decoration medal for my services in the TA.

I found the time thus spent outside my professional commitments really therapeutic.

### **What makes you really happy?**

I feel that having money and enjoying a bit of luxury is OK but, I really feel happy spending my money on others, particularly those in need, rather than spending it on me.

I would also say that seeing my loved ones

happy makes me really happy.

### **How do you motivate your children?**

I am aware of the traditional urge to set very high goals for one's child and am also very conscious of the fact that some kids are self-motivated whilst others less so and they require a little push or a lot of push. I believe that occasionally a bit of pressure may not be a bad idea, but I think parents should let their child know that you believe in them. Let them set their own goals long-term and help/encourage them to make step-by-step plans for achieving their goals. Of course the goal should be realistic. That's when a mature input from parents is needed. A good home climate is of paramount importance in this context.

I also believe that making wrong decisions at times is inevitable and that in itself is an important part of learning to make right decisions.

Our eldest Shikha was motivated to become a doctor from a very early age. Our second daughter, Ritu, just two years younger to Shikha, in all probabilities was motivated to become a doctor watching Shikha. The youngest, Indra, born here had no inclination at all to pursue a medical career, but, she has done well.

### **Do you ever get stressed? If so, do how do you deal with it?**

Yes, I do get stressed at times. But I do not brood over it. I have learnt to analyse the situation almost instantaneously. I take stock of things and try to resolve the situation to the best of my capabilities. I ask myself, "Is it worth it?".

If I am the cause for the stress, I accept it gracefully and if it's someone else's fault, I forgive them. I am really good at forgiving. Believe me, forgiving a wrongdoer is the best remedy.

I am not into yoga etc., but a bit of meditation in a stressful situation does help.

### **Where is your favourite destination in your travels?**

It is rather difficult, almost impossible to name one destination because whatever places I have visited, each one of them have its own charm.

On the last count, I have visited thirty countries so far outside India. Before we emigrated to the UK in 1972, I had seen very little of India. It's only during the last ten years or so that Renu and I have started visiting places of interest in India.

A few years ago, we were in Hardwar. I found the time spent on the banks of river Ganges extremely soothing. If I were to renounce my worldly attachments, I would love to spend rest of my days there!

# Impact of Women in Leadership Event – *Narrowing the Gender Gap*

Marguerite O’Riordan Aston Medical School

## Take Home Message

In order to narrow the pervasive gender gap amongst medical specialities, particularly leadership positions within medicine, targeted initiatives such as our “Women in Leadership” event should be implemented nationally. The power of representation is profound. By providing platforms for mentorship, networking, and knowledge-sharing, we can foster an environment within medicine where the next generation of female leaders can dismantle barriers, overcome challenges, and envisage their own paths to success.

## Abstract

### Background:

I co-founded a Medical Women’s Federation (MWF) society at my medical school 2 years ago, with three other medical students - Akshara Sharma, Prudence Leung and Esther Pinto. Although nearly half of UK doctors are women, only 36% are medical consultants and 24% are medical directors, with many seniors echelons of medicine having disproportionately low numbers of women.<sup>(1,2)</sup> Whilst logistical measures such as “less than full time training” programmes have made an impact in narrowing the gender gap, we believe the simple yet effective aspect of being able to see oneself in the people who hold leadership positions is extremely important. Thus, our society investigated medical students’ perception on leadership after an event we held.

### Methods:

**Study Design:** Using a 16-item online questionnaire, a cross sectional study of participants from a “Women in Leadership” virtual event held by Aston medical students in 2021 was conducted. Ethics approval was obtained from Aston University.

**Eligible Participants:** Medical students and allied healthcare professional students from UK universities that attended the event.

**Survey Dissemination:** Committee Members from the Medical Women’s Federation chapter at Aston were responsible for sharing the anonymised online questionnaire with their respective medical student bodies through social media platforms and post event feedback forms.

### Results:

15 students participated in the questionnaire. 93% of students found the event encouraging to pursue leadership positions, and felt motivated by the speakers to do so. There was a 58% decrease in the number of students who had strongly believed prior to the event that having a good work-life balance would be difficult with competitive specialities. There was a 40% decrease in the number of students who perceived balancing having a family and a competitive speciality as difficult.

### Conclusion:

An overwhelming majority of participants regarded the event as inspiring; encouraging them to pursue leadership positions, with many asking for similar events to be designed afterwards. The potential for such events to narrow the pervasive gender gap amongst medical specialities and enable female medics to pursue their passion is significant. Thus, similar events should be implemented across medical schools nationally, to enhance student experience, exposure and confidence in the field of healthcare leadership.

## Background

Female doctors today constitute nearly half of the UK’s medical doctors, indicating the strides made in gender equality in medicine.<sup>(3)</sup> This achievement, however, is juxtaposed with a contrasting statistic: a mere 36% of medical consultants and 24% of medical directors are women.<sup>(1,2)</sup> Such figures not only spotlight the glass ceilings that persist but also underscore the systemic challenges that impede women’s upward mobility in the medical hierarchy, the so called “leaky pipeline.”<sup>(4)</sup>

The underrepresentation of women in leadership positions is not a phenomenon unique to the medical profession. Numerous fields, spanning business, academia, and politics, share a similar gender skew.<sup>(5)</sup> The reasons underpinning this disparity are multifaceted, encompassing systemic biases, sociocultural expectations, and, often, a lack of visible role models and mentorship opportunities.

Efforts have been made to rectify this imbalance. The introduction of “less than full time training” programmes is one such initiative, designed to afford flexibility, especially for women who might be juggling professional commitments with familial responsibilities.<sup>(6)</sup> Whilst these logistical measures signify a positive step forward, they address only a fraction of the broader issue.

The power of representation is profound. I believe the simple yet effective aspect of being able to see oneself in the people who hold leadership positions is extremely important. The notion that seeing oneself in positions of leadership can inspire and motivate is backed by sociological and psychological research.<sup>(7)</sup>

Recognising the transformative potential of representation, I embarked on a journey two years ago, establishing an MWF society with three other medical students at my medical school, and investigated medical students’ perception on leadership after an event we held.

## Methods

This is a cross-sectional study, using a 16-item online questionnaire to assess the impact of a “Women in Leadership” virtual event organised by the Aston MWF chapter in 2021. Ethical clearance for the study was obtained from Aston University’s research ethics committee.

The target participants included medical students and allied healthcare professional students from various universities across the UK who attended the virtual event. Participants were selected based on their attendance during the event.

To ensure widespread participation, committee members were tasked with the distribution of the anonymised online questionnaire. The questionnaire was shared via social media platforms and distributed along with post-event feedback forms.

The questionnaire was structured into distinct sections to capture participants’ pre- and post-event perspectives and their considerations regarding career choices and leadership positions. Participants were instructed to rate their responses on a five-point Likert scale, ranging from “strongly agree” to “strongly disagree” for each item. The survey comprised four main sections: overall experience, before the event perspectives, after the event perspectives, and importance of career choice factors.

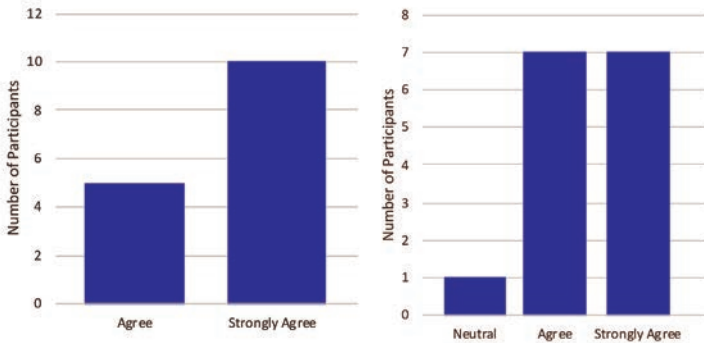
Descriptive statistics and qualitative analysis were used to interpret the responses and discern the impact of the “Women in Leadership” event on the participants’ perceptions.



## Results

15 students participated in the questionnaire. 93% of students found the event encouraging to pursue leadership positions, and felt motivated by the speakers to do so. There was a 58% decrease in the number of students who had strongly believed prior to the event that having a good work-life balance would be difficult with competitive specialities. There was a 40% decrease in the number of students who perceived balancing having a family and a competitive speciality as difficult. The insights derived from the questionnaire responses have been represented in the graphs presented below, depicting the trends and shifts observed in the participants' responses.

### Overall Experience Graphs 1 A - C:



**1A:** The female speakers/role models from today's encouraged or played a motivational role for you in pursuing leadership positions or similar career choices.

**1B:** You found the event inspiring

**1C:** Would you like to see future "Women in Leadership" events?

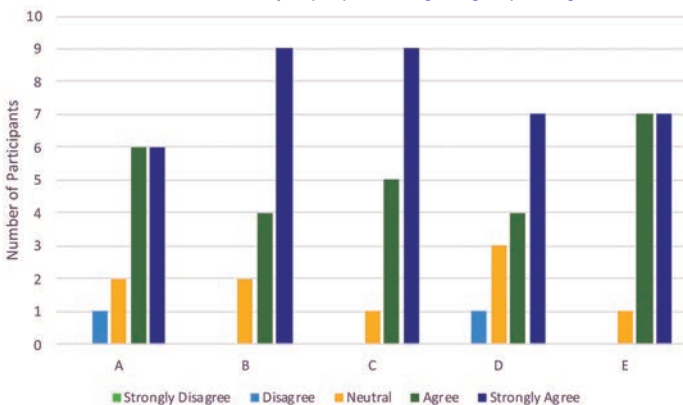


### Event Logistics Graphs 2A and 2B

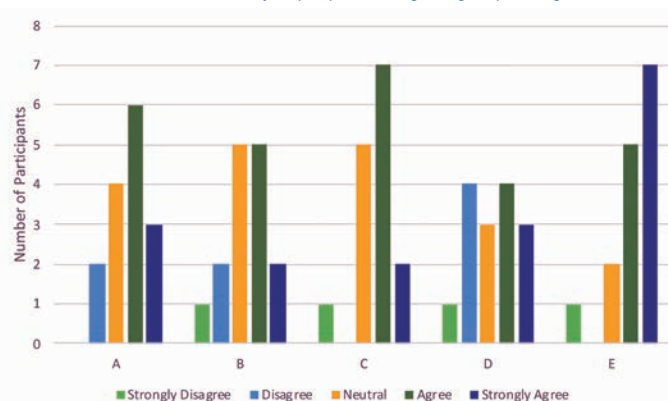
Key:

- A = There is a poor representation of females in leadership positions.
- B = You perceive having a family as being difficult to balance with a competitive speciality or career.
- C = Having a good work-life balance would be difficult with competitive specialities.
- D = Competition ratios are important when considering a career choice.
- E = You have a deep insight into the work demands of leadership and management.

**2A:** BEFORE the event, what were your perspectives, regarding the following?



**2B:** AFTER the event, what were your perspectives, regarding the following?



## Discussion

Our findings provide valuable insights into the impact of targeted initiatives on the perspectives of aspiring female leaders within the medical field. The surge in participants' inclination toward pursuing leadership positions following the event demonstrates the pivotal role of such initiatives in nurturing leadership aspirations at an early stage.

The substantial decreases in the number of participants holding strong beliefs about these challenges indicate the transformative impact of the event in challenging preconceived notions and fostering a greater understanding of the dynamics between personal and professional commitments. The event not only provided a platform for knowledge-sharing but also facilitated networking opportunities and mentorship avenues, serving as a catalyst for empowerment and fostering a supportive network for aspiring female leaders.

In light of these findings, it is imperative for educational institutions and professional organisations to continue organising events and initiatives that promote the representation and advancement of women in leadership roles. By actively supporting the aspirations of hopeful female leaders, the medical community can take significant strides toward achieving a more equitable leadership landscape. In doing so, this will enhance both the inclusivity and quality of healthcare provision, most importantly, benefiting patient care overall.

While the insights derived from the participants' responses provide a valuable indication of the event's impact, the study's limited sample size of 15 students might compromise the reliability of the study, as the conclusions drawn from a small sample might not hold true for a larger population. Moreover, the self-reported nature of the questionnaire responses could potentially introduce response biases, as participants' perspectives may have been influenced by personal experiences and perceptions. Future studies should incorporate longitudinal assessments to track the sustained influence of targeted interventions on career trajectories and leadership aspirations.

## Conclusion

Navigating the leadership landscape as a woman, especially within sectors like medicine, entails a unique blend of challenges and opportunities. Women leaders in medicine are not just role models, but are also torchbearers of change.<sup>(8)</sup> As women in positions of leadership, it is important to use our positions to lift other female medics as we rise. Holding such events is necessary to continue striving for gender equality in the domain of medical leadership, imbuing females medics with the belief that they too have the potential to be leaders. Our 'Women in Leadership' events epitomise this spirit. The ethos of "lifting as one climbs" is integral to creating sustainable pathways for gender equity. It underscores the importance of mentorship, representation, and proactive efforts to dismantle barriers that women might face as they navigate through their careers. Passionate leadership can pave the way for a future where diverse leadership is not an exception but a norm.

## Acknowledgements

This work would not have been possible without the help of Aston's MWF founding members - Akshara Sharma, Prudence Leung and Esther Pinto. We also acknowledge the support of Aston University and the Medical Womens Federation UK, for supporting us with this event and many others, as well as establishing our society.

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## Bolton BIDA Division

Bolton BIDA Division has been organising regular educational meetings for their members. **Dr Anjani Kumar** remains very keen for these activities and organises these meetings on varying current topics, which attract a good number of members and non-members.

The recent meeting on 4th October included a lecture on "SGLT inhibitors in Managing patients with type 2 diabetes", delivered by **Dr Anjani Kumar**, and "DKA Prevention" by **Mr Ben Smith**, Diabetes Support Specialist. This was well attended with trainees, consultants, GPs and dental students as well.



## Congratulations to Dr Alka Trivedi

Congratulations to **Dr Alka Trivedi**, who was felicitated by the Mayor of Wigan, **Mr Kevin Anderson** for completing 50 years of patient care, social and charity work and community service.

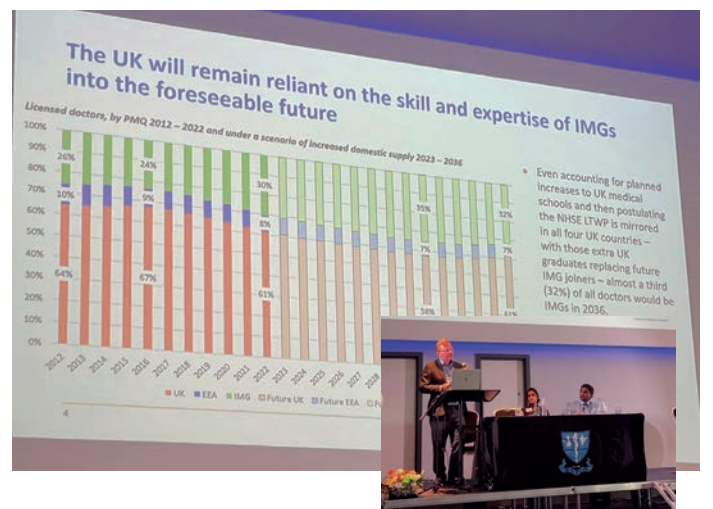


## APPNE Meeting on Covid-19

**Dr John Raj** participated in a CPD event hosted by APPNE on 2nd September 2023 in London. The topic was "COVID-19, Its Physical and Mental Health Complications - What have we learnt?". There was excellent knowledge sharing and discussion with experts from various fields.

## BAPIO Annual Conference 8th October 2023

This was organised in the huge spacious meeting hall of the Lancashire County Cricket Club at Old Trafford, Manchester. This attracted a number of dignitaries and a huge audience from all over the country. **Dr Chandra Kanneganti** and **Mr Amit Sinha** were invited as panel speakers in their programme. **Prof Iqbal Singh OBE** chaired the session on "GMC regulations".





## APPS UK (Association of Pakistani Physicians of UK) Event 21st October 2023

This event celebrated 75 years of the NHS and the numerous educational and charitable activities the organisations do both in the UK and in Pakistan. This was organised in the grand venue of Excellency Midlands at Telford. Amit Sinha, National Secretary of BIDA, was invited as a special guest.



Above: Mr Amit Sinha with Mr Usman Ameer Khan, President A.P.P.S. U.K.

# Medical Quiz Answers

## 1 Correct answer is d) Rubella

The presentation and examination findings suggest the diagnosis of Rubella (1).

## 2 Correct answer is d) X-linked dominant

Vitamin-D resistant rickets is usually an X-linked dominant condition (2).

## 3 Correct answer is a) E. Coli

The most likely cause for liver abscess is E.Coli (3).

## 4 Correct answer is c) External laryngeal nerve

This nerve can be damaged during thyroidectomy resulting in difficulty with singing high-pitched notes in professional singers (4).

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## In the Next Issue:

### 14th BIDA International Congress

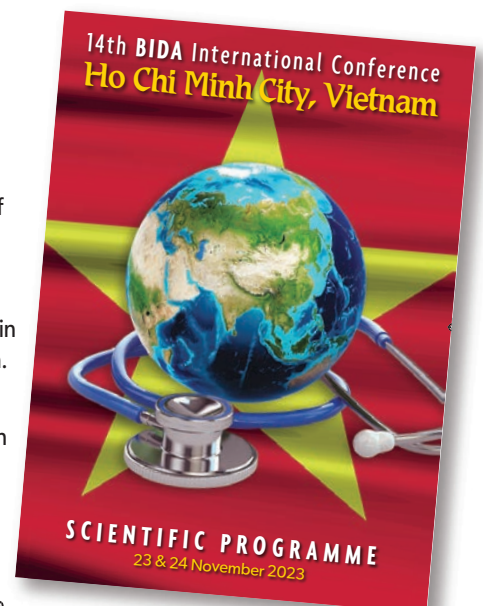
November 2023

A full report and images of BIDA's first International Congress to be held since the Covid-19 pandemic, which took place recently in Ho Chi Minh City, Vietnam.

A report on the BIDA IMG Conference (virtual), which was held on Saturday 4 November.


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IMGs are THRICE as likely to be referred  
[@tcgannon](#) highlighting that early interventions by employers to support doctors are crucial to prevent issues from escalating  
[#BIDANationalConference](#)



Preeti and 6 others  
2 8 21

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**"Doctors are not leaving UK practice because they have fallen out of love with medicine. Instead, it is because they can't tolerate the environments in which it is practised. The problem is not their work, it is their workplace."**

**Charlie Massey**  
GMC Chief Executive

2 27 48

If you want to know what's going on, and have your say on the issues of the day, then follow BIDA's X (formerly twitter) feed for current news and views!

# BIDA Golf Competition 2023



We had the inaugural BIDA Golf Competition at the magnificent grounds of Haydock

Golf Course on Friday 29th September. There were 9 enthusiastic golf lovers who played in 3 groups for the whole course. The bright, sunny but a little windy day provided a lovely atmosphere for the game.



The winner of the day was Mr Nandan Kanvinde, Consultant Orthopaedic Surgeon at Bangor Hospital, by a keenly fought margin. Everyone enjoyed the game.

BIDA wishes to thank Mr Mukesh Hemmady, our Sports Co-ordinator for arranging this very successful event.



We look forward to competing in more competitions in the future.



# BIDA President's Cup Cricket Final 2023

**Mukesh Hemmady** FRCS (Tr&Orth) BIDA National Sports Co-Ordinator

After much deliberation and consultations following the rained off game in August, the BIDA President's Cup Cricket Tournament Final was rescheduled on 10 September 2023 at the tail end of the cricket season. But true to form, a thunderstorm was forecast for the day and therefore it was decided to have an early start at 10.30 am... but, as is to be expected, the dreaded sub-continental 'stretchable time' reared its ugly head and the match started at 11.30 am. Wigan won the toss and elected to field.

Stoke had a steady start, scoring 62 runs in the first 15 overs with **Nandu Nair** contributing a well made 41 runs. However there was tremendous acceleration towards the latter part of the innings, thanks to a whirlwind 59 not out by **Saleem Mir** ably assisted by young **Arjun** (34 not out). They had an unbeaten partnership of 82 runs, closing the innings on a competitive 172 in the allocated 30 overs. Wigan bowled well in the earlier part of the innings despite the dew, especially **Umar Rathore** (6-0-22-1) and **Aryan Saha** (6-1-22-1) but they seemed to have lost their way in the latter part of the innings, conceding 73 runs in the last 7 overs. Aryan bowled a metronomic line and length.

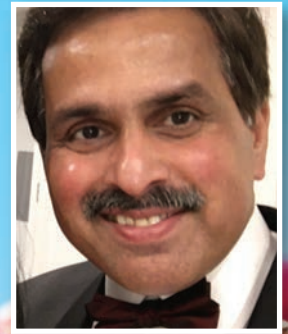
Wigan opened their innings with **Aditya** and **Diya Badge** who had a partnership of 72 runs for the first wicket in 12.3 overs before **Diya** was given out LBW when she was on 29. There was a rain interruption just after the halfway stage of the innings, and both the players and the spectators were somewhat sceptical about the innings recommencing but the weather Gods relented and thankfully we were able to complete the game, with Wigan overhauling Stoke's score in the 24th over. The linchpin of Wigan's innings was once again **Aditya Badge**, who scored a class 108 not out despite spraining his ankle during the latter part of the innings, and was unsurprisingly adjudged man of the match by the Captains. He had an unbeaten stand of 84 runs with **Bivan Saha** (32 not out) who scored the winning runs.

Thankfully we had a full game and there was no invocation of the 'moisture' rules.

The game was played in good spirit and camaraderie in the presence of family and Executive Committee members.

Congratulations to Wigan for yet another title.

**Scores:** Stoke Division 172/3 in 30 overs; Wigan Division 176/2 in 24 overs. Wigan Division won by 8 wickets, and are the 2023 Champions.







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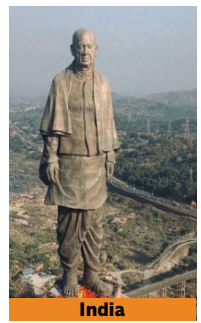
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# Together, we are stronger!

## The British International Doctors' Association (BIDA)

is a professional doctors' association. Its sole objective is promoting equality and fairness for all doctors and dentists working throughout the United Kingdom.

BIDA's mission is to achieve equal treatment of all doctors and dentists based on their competence and merit, irrespective of their race, gender, sexual orientation, religion, country of origin or school of graduation.

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If you are interested in joining BIDA, or would simply like to know more about us, please either write to BIDA, Suite 6, Princess Chambers, 2 Brown Street, Stockport, Cheshire SK1 1RJ U.K. E-mail us at [bida@btconnect.com](mailto:bida@btconnect.com), or contact us through our website at [www.bidaonline.co.uk](http://www.bidaonline.co.uk).

