Inside...
The role of an Honorary Professor
Celebrating Excellence

Challenging Dementia

DIAGNOSE THE PAST, RESEARCH THE PRESENT, REPAIR THE FUTURE
Welcome

Welcome to the sixteenth edition of ReMEDy.

Since I became Dean of Medicine on January 1st, the School has achieved many important milestones. In March, our new C21 undergraduate medical curriculum launched. This is the culmination of 3 years of collaboration between clinicians, academics and patients committed to creating a cutting-edge educational environment that incorporates evidence-based best practice and produces first-rate patient care. My sincere thanks to all my colleagues involved in this continuing process, which will ensure that the School of Medicine graduates the very best doctors in Wales.

In addition to validating and launching our new medical education programme, the Quality Assurance Agency (QAA) has undertaken an Institutional Review of Cardiff University. Institutional Reviews ensure that a university is meeting UK expectations in its quality processes and the enhancement of its learning opportunities for its students. By the time this edition goes to print, the QAA will have carried out its Review visits and the University will be aware of the outline review findings. The expectation is that the University’s final Review Report will be published on the QAA website by the middle of September 2014.

The main feature describes Dr John Gallagher’s work in leading a £12M new national project called the UK Dementias Research Platform (UKDP). This MRC funded initiative is looking to bring real benefits to patients suffering from common dementias such as Alzheimer’s disease and a wide range of neurodegenerative conditions, for example, Parkinson’s and Huntington’s disease.

This edition’s ‘Making an Impact’ story highlights the development of the world’s first research programme, providing a scientific basis for more reliable clinical assessments of child abuse and neglect. This work, led by Professor Alison Kemp and Dr Sabine Maguire, has informed standardised national clinical practice, training and legal decisions and ultimately improved the recognition and protection of children from abuse or neglect.

The ‘Meet the Team’ feature provides an interesting insight into the work of the Postgraduate Research Team, led by Dr Anwen Williams. The PGR team provides invaluable day-to-day support and advice to over 300 postgraduate researchers across the School of Medicine.

Finally, other features include showcasing the role of one of our honorary Professors, Peter Elwood, and describing the impact of student societies – in this edition we highlight the hugely successful Cardiff University Paediatric Society, one year after establishment.

I hope you enjoy the edition.

Professor John Bligh
Dean, School of Medicine

C21 Update

The last 3 months have seen several significant events in the life of the C21 curriculum. In February, Phase 2 of the programme (Years 3 and 4) was validated by the University so that the whole programme is now ‘on track’ for the students who started Year 1 in September 2013.

In February the final year students faced the challenge of the new national, ‘Prescribing Safety Assessment’ (PSA), organised by the British Pharmacological Society. This ‘on-line’ assessment will be an essential requirement for the Foundation Training.

C21 curriculum was officially launched on March 6th by Huw Lewis AM, Welsh Government Minister for Education and Skills. He described C21 as an exciting, ground-breaking and pioneering response to a changing situation and stressed the School of Medicine’s vital role, in partnership with Welsh Government and the NHS, to provide world-class education for future doctors in Wales. Professor Bligh described the course as being designed to produce ‘great clinicians, who understand science, people and the world in which we live and work.’

Patients are at the heart of the curriculum and Year 1 students are already relishing their community clinical experiences. Studies show that medical students who train in underserved areas are more likely to return there to work after graduation and the course therefore has a pivotal role to play in the future of the Welsh NHS. This aspect was emphasised in the extensive publicity given to the launch event by national television and radio.

The following day over 250 people from the School of Medicine and the NHS met for the C21 Curriculum Conference to showcase the work that has already been done to update the course for the 21st century. Two keynote addresses were given, one by Professor Fiona Patterson from Cambridge University who talked about selection processes and one by Professor Jill Morrison, from the University of Glasgow, who was given the unenviable task of predicting the future of medical education. During the rest of the day, delegates participated in workshops where many examples of innovations in medical education were presented and discussed.

There was a sense of excitement around the place as people shared experiences from centres throughout Wales and discussed ideas with the authors of 74 posters.
In 2002, Professor Alison Kemp and Dr Sabine Maguire established Cardiff Child Protection Systematic Reviews (CCPSR), funded by the National Society for the Prevention of Cruelty to Children (NSPCC), to develop a scientific foundation for child protection policies and practice. By 2013, Professor Kemp and Dr Maguire, supported by two researchers Laura Cowley and Vanessa Tempest together with research administrator Laura Wain and an information specialist Mala Mann from SURE (Support Unit for Research Evidence at Cardiff University), statistical support and a national panel of expert reviewers, had completed 21 systematic reviews critically appraising the world literature relating to the recognition and investigation of child abuse.

This programme and related primary studies led to a number of significant findings such as the conclusion that it is not possible to age bruises in children accurately with the naked eye and that it is possible to age fractures within broad time frames. Work carried out in 2005 by the team showed that in non-mobile infants, bruises over soft tissue areas that carry the imprint of an implement were indicators of abuse, as were multiple bruises of uniform shape. A review done in 2008 found that rib fractures, fractures to the mid-shaft of the humerus in infants and femoral fractures in non-mobile infants have a high probability of being caused by abuse. Based upon data collected from six international studies between 2009-2011, CCPSR with the input from Daniel Farewell, statistician, developed a method for ‘individual patient data analysis’ and proposed a model to estimate the probability of abusive head trauma (AHT) from clinical features. Diagnosis of AHT can be contentious and subsequently this model has been validated in clinical practice to improve the early recognition of suspected AHT. CCPSR researchers also developed and validated a tool to report retinal haemorrhages as they are important features of AHT.

These findings in turn informed five national guidelines in the field of child protection:

- The first NICE evidence-based maltreatment guidelines (2009).
- The first joint guidelines published by the Royal College of Radiology and Royal College of Paediatrics and Child Health (RCPCH) in 2008.

Since 2008 the evidence base created by the Cardiff team has been stored in the Core-Info website and accessed each year by 100,000 users. Uniquely, all of the reviews are updated live on an annual basis. Commenting on Core-Info, the former president of the Royal College of Paediatrics and Child Health noted: “This resource not only allows easy access for improved clinical decision-making, the evidence base also underpins improved expert evidence in courts around the world.” Six Core-Info leaflets, developed jointly by the Cardiff team and NSPCC, translate key research findings into practice for allied professionals in child protection and since 2008 approximately 200,000 hard copies (in addition to numerous downloaded copies) have been distributed to non-specialists who work with, or come into contact with, children.

As a result of the widespread national and international dissemination of CCPSR’s research findings, assessments, diagnoses and court evidence made by child health professionals are now based on scientifically informed and clinically validated models and practices.

The ultimate beneficiaries of this work are the children who are being abused. Through the adoption of national guidelines and the implementation of standardised evidence-based practice across the UK, it is now more likely that abuse will be recognised and appropriately investigated and abused children are more likely to be protected from harm.

Professor Alison Kemp commented: “Doctors now identify Core-info as a ‘brand’ and together with social workers, lawyers and the police and other health professionals they utilise the website to improve the quality of their assessment of children with suspected abuse or neglect. The website, www.core-info.cf.ac.uk, provides immediate access to quality assured evidence. We are now considerably more confident that children are being assessed appropriately, and concerns acted upon in a more standardised fashion across the UK.”

Making an Impact: In Child Protection

Responding to the crisis in confidence amongst clinicians involved in child protection, School of Medicine researchers developed the world’s first research programme to provide the scientific basis for more reliable clinical assessments of child abuse and neglect. This work has informed standardised national clinical practice, training and legal decisions and ultimately improved the recognition and protection of children from abuse or neglect.

In Child Protection

Making an Impact: In Child Protection

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Meet the team focused on supporting the School’s Postgraduate Research Community

There are over 300 research degree students registered within the seven Institutes of the School of Medicine completing PhDs, MDs, MPhil and the MRes.

The role of the Postgraduate Research (PGR) Office is to support each student from application stage through to graduation. The PGR Office provides administrative support and advice on all research degree matters to students and supervisors alike.

Dr Anwen Williams is the newly appointed Director of Postgraduate Research. Anwen is a Reader in the field of Rheumatology and is based in the Institute of Infection and Immunity.

Upon her appointment Anwen said: “I have some big shoes to fill. My predecessors Professors Lesley Jones and Maurice Hallett increased our on-time submission rates by a staggering 35% by implementing the student monitoring policy in our School. Notwithstanding the fact that over 80% of our PGR students complete their studies within time. My aim is to foster a community of employable PGR students, badged by research excellence, who will become National and International ambassadors for our School in following a career pathway of their own choice.”

Aled Holt, PGR Office Manager, joined the team in August 2013. Previously he spent six years in the Research Office performing a number of different roles. The experiences and skills he gained from his time there has proved invaluable in his new role. He prides himself on being friendly and approachable and can always be relied upon to help.

Aled is responsible for developing and maintaining the administration of the PGR Office and managing the team. In addition to Aled overseeing the day to day management of the office, its processes and procedures, he reports to Registry and the University Graduate College on the School’s performance relating to PGR.

Aled’s main aim is to provide students and supervisors with an effective and high quality service.

Sarah Williams, PGR Administrator, has worked in the office for eight years. She brings a wealth of experience and knowledge in the area of PGR and cares a great deal about the students.

Sarah is the first point of contact for applicants, providing advice on the application and funding processes. Her tasks include student applications, enrolment and induction, and registration. Sarah manages the students’ funding and works closely with the School and central finance. She also provides IT and Web support for MEDIC Postgraduate Research.

Frances Murphy, Student Support Assistant, is part of the fabric of the PGR Office where she has worked for nine years. Fran is the friendly face of the office and enjoys interacting with the students. Fran provides administrative support for matters relating to student progress monitoring, submission of thesis, examination procedures and graduation. She develops close working relationships with the students during their study and writing up period and ensures that our students are aware of deadlines and submission procedures.

Joanne Richards, Student Support Assistant, has been part of the team for over three years. Jo primarily provides administrative support for all matters relating to the Master of Research in Biomedical Research (MRes), Postgraduate Certificate in Biomedical Research (Pg Cert) and Biomedical Research Techniques (BMRT) courses. This includes student applications, registration and enrolment, monitoring, and course co-ordination. Jo works closely with the MRes Course Directors, Dr Robert Steadman and Dr Amanda Tonks, to ensure the smooth running of the MRes, Pg Cert & BMRT.

Looking to the future, the goals for the Office over the next three years are very much defined by Cardiff University’s ‘The Way Forward’. The University uses the following indicators for monitoring research degree programmes: PhD submission rates, intake levels and overall numbers by fee-status and mode of study, withdrawal and qualification rates, levels of research student appeals, student satisfaction reported in the HEA Postgraduate Research Experience Survey, participation in and satisfaction with the University Graduate College Training and Development Programme.

On the challenges ahead Anwen had the following to say: “My challenge is to assure that 95% of our postgraduate students complete on-time. Building PGR capacities and sustained improvements in our submission rates are achievable. We will be relying upon continued support from our excellent supervisors and academic staff who expose our PGR students to a broad spectrum of professional development activities”.

The PGR Office is located in room 2TB 2.24 which is on the second floor Main Building, UHW. The office is open 9am – 5pm Monday to Friday.
The role of an Honorary Professor
Peter Elwood OBE

Honorary titles are used to recognise the contribution of individuals who are not employees to the teaching, research and other activities of the University. Professor Peter Elwood is a medical epidemiologist who worked with Archie Cochrane for many years and succeeded him as Director of the MRC Epidemiology Unit in Wales in 1974.

“Those were wonderful years”, Peter explains. “Archie and I were both passionate about community-based studies, we were both obsessional about response rates, and we both urged randomisation! Perhaps we differed somewhat on this last point, as I often pointed out, a randomised trial tests a single hypothesis, while a cohort study can test many hypotheses and generates many more! Beyond this, Archie and I agreed that the treatment of disease is an evidence of failure; prevention is the ultimate goal of research and of clinical practice. In fact Archie put this beautifully in one of the poems he wrote in a Prisoner of War Camp in 1942: ‘Let doctors leave the centre stage, and usher in the prophylactic age’.”

In 1995, Peter was thrilled to be granted an honorary chair from the then University of Wales College of Medicine, which has enabled him to continue working on issues in nutrition and health, on factors relevant to heart disease and stroke prevention, and on factors predictive of dementia. Among other topics the contribution of milk and dairy foods to health and to survival has been a major interest for over ten years.

However, to date, Peter’s most productive study is the Caerphilly Collaborative Prospective Study. Set up in 1979, this was based on 2,500 middle-aged men, and has been the basis for over 400 papers. Perhaps the most important being: “Healthy Lifestyles reduce the Incidence of Chronic Diseases and Dementia: Evidence from the Caerphilly Cohort Study”, published in December 2013 in the open access Public Library of Science journal. So far, this paper has had over 12,000 views and can be found on the following link: http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0081877

Peter, who is passionate about his work, ultimately sees its objective as being ‘the person in the street’ and their health. He has a major concern over the communication of research findings to the general public and the promotion of informed debate. Together with colleagues he organised a Citizen’s Jury: “My Health, whose responsibility?”. He also initiated the organisation of monthly Public Lectures on topics of concern in health care, which continue today under the direction of Dr James Matthews, School of Medicine.

Peter’s team conducted the first randomised trial looking at aspirin and mortality after myocardial infarction. His interest in aspirin prophylaxis has continued and he is first author on a paper on Aspirin, Salicylates and Cancer published in The Lancet. Peter is now focusing his energy on communicating the benefits of low-dose prophylactic aspirin in preventing colorectal cancer.

For Peter, there is a distinction between therapy and prophylaxis. He states: “Treatment has been delegated to healthcare practitioners, but the duty we have to ‘the person in the street’ in relation to prevention is to inform them of the risks and benefits of preventive measures – primarily healthy behaviours, but also prophylactic drugs – my particular interest being low-dose aspirin.”

Peter comments: “My best gift in all this work, as in most daily activities, has been delegation, and I often confess that others do the work, I do the talking…. and all too often, I get the credit!”

Long ‘retired’ but still active and contributing, Professor Peter Elwood possesses a deep feeling of privilege in having been in medical research. Apart from medicine, Peter’s delights focus on nine grandchildren, and other distractions include the music of heaven (JS Bach).
In the UK, dementia affects over 600,000 people at a socioeconomic cost of over £17 billion a year. At a recent G8 summit, dementia was recognised as a global problem requiring a global response.

More personally, many of us fear the prospect of losing our dignity along with our mind as we get older and identify closely with one of Archie Cochrane’s poems:

I can cope with my bifocals,  
My dentures fit me fine,  
I can live with my porphyria,  
But God, I miss my mind.  
No memory of having starred  
Atones for later disregard  
Or saves the end from being hard.

However, the problem of dementia is tractable. In the near term the answer lies in delaying the onset of dementia. If we can delay onset by just 5 years we will have the number of people who die with dementia. This goal can be achieved by focussing on how dementia is affected by other diseases and by lifestyle. Recent evidence from the Caerphilly Prospective Study shows that risk of dementia may be reduced by over 60% by a healthy lifestyle. This finding has been confirmed in several other studies. Dementia is also related to depression, anxiety, diabetes and heart disease. Improving the prevention and treatment of these conditions in mid-life will reduce the risk of dementia in later life.

Looking further ahead, by understanding in detail the complex molecular mechanisms underlying dementia we can anticipate developing new treatments. The brain operates by connections (synapses) being made between nerve cells (neurons). For example, learning may be thought of as synapses being made between neurons to form a new network, and memory as this network being retained over time. For dementia, the target is to stop neurons dying, as they cannot be replaced, and to improve the ability of neurons to make and keep new synapses so that we can retain our ability to enjoy new experiences and learn new skills, as well as not forget important memories and current skills.

To meet the dementia challenge requires a radically new approach and the UK Dementias Platform (UKDP), based in Cardiff and led by Dr John Gallacher at the Institute of Primary Care and Public Health. This five year project brings together investigators from world leading centres of excellence including Cambridge, Cardiff, Edinburgh KCL, Imperial, Manchester, Newcastle, Oxford, Swansea and UCL. John explains that the mission of the platform is “to identify phenotypic markers and their change from the earliest prodromal stages of dementia, across the spectrum of decline and to facilitate the translation of this knowledge into the development of interventions intended to delay or prevent the common late life dementias.”

Key to the success of UKDP is developing an integrated research environment for dementia that will help innovative approaches to studying dementia to emerge. John says, “Previous approaches to dementia, based on small groups working separately, have just not delivered. We need new ways of thinking and new ways of working”. In response, UKDP brings together under one ‘virtual roof’ the best UK neuroscientists, imagers, epidemiologists, psychologists, cell-biologists, ethicists, statisticians and informaticians to provide a translation pipeline from basic discovery science through to early phase trials. New models of working with industry are also integral to the platform to promote translation from discovery into public benefit. John is “confident that the innovative and collaborative approach that the UKDP has adopted will increase the likelihood of bringing real benefits for patients suffering from common dementias such as Alzheimer’s disease; vascular dementia; and frontotemporal dementia as well as a wide range of neurodegenerative conditions associated with memory loss, for example, Parkinson’s and Huntington’s disease.”

To deliver an integrated environment for dementia, UKDP will bring together existing data from 22 UK cohorts involving around 2M participants allowing rapid hypothesis testing between multiple independent datasets through a single informatics and analytics portal (figure 1). UKDP will also create a series of dementia resources for experimental medicine (EM). This includes repurposing selected UK cohorts for trials readiness (readiness cohort), and for intensive biomarker measurement studies (amyloid, genetics, omics cohorts). To exploit the substantial increase in data availability generated by UKDP there will be a methodological development programme (figure 1). This includes the very difficult ethical, legal and social issues (ELSI) raised by studying people who are at-risk but do not have dementia. UKDP will also facilitate a range of EM studies including pump-priming work on synaptic regeneration and immunity.
A major feature of UKDP is the re-purposing of cohorts for trials readiness (Figure 2). From within the 2M participants whose data will be available to the informatics platform, 100,000 (from UK Biobank) aged 45-74 years will be brain imaged with concurrent cognitive testing and biosampling. From within this sample, 10,000 participants who are willing to be approached for trials recruitment will have repeat assessment after 2 years. This will provide a large pool of individuals with well characterised 2 years change in a wide range of biomarkers. The ambition of the MRC and the UK dementia research community to make real progress in dementia research may be seen by comparing UKDP with similar dementia-dedicated initiatives (figure 2). Relative to the Alzheimer’s Disease Neuroimaging Initiative (ADNI) and the Rush Religious Orders Study (RUSH) cohorts in the US and the Australian Imaging, Biomarkers and Lifestyle study (AIBL) cohort in Australia, the size and scope of UKDP is transformative.

UKDP can also use its critical mass to raise standards, increase capacity, and improve efficiency in dementia research generally and thereby facilitate strategic UK Clinical Research Collaboration (UKCRC) investment. There is much to be gained from sharing and encouraging best practice collective action in hypothesis testing. Already UKDP has been invited to submit proposals for a dementia dedicated national Positron Emission Tomography (PET) network, national informatics network and a national cells and Induced Pluripotent Stem Cells (iPSC) network, budgeted at £40M.

Internationally, UKDP is beginning to make an impact. Due to our joined-up health care system, high quality HEIs, and increasing informatics infrastructure, the UK is uniquely placed to model an integrated research environment. Several countries are observing with interest to see how this might work for them. Also, through UKDP, the UK is becoming a uniquely attractive location for research with several international collaborations under discussion.

John concludes:

“This is the start of a new journey using innovative ideas and methods, and I am privileged to be driving this exciting initiative. Using the methods described we think that the impact of dementia can be much reduced. Even if we are unable to stop the underlying mechanisms that produce dementia completely, by finding ways of slowing them down, and by applying these treatments as early as possible, it may be that most of us need never actually suffer the indignity of dementia, even if our ‘mental arithmetic’ is not what is once was.”
1. Caerphilly health and social needs study links close-knit neighbourhoods with positive mental health

A study involving 4,500 adults is the first of its kind to demonstrate the link between close-knit neighbourhoods and positive mental health. The study published in Psychological Medicine in January was led by Professor David Fone and involved a longitudinal multilevel analysis using data from the Caerphilly Health and Social Needs Cohort Study.

The implications of this study are potentially far reaching. Policies and interventions to reduce mental health inequalities across the socio-economic gradient should recognise the importance of social context and should include components that operate not only for individuals but also at the neighbourhood level.

2. Radical new approach to training and retaining doctors in Wales

In March 2014, the School of Medicine launched a new medical curriculum aimed at cultivating world-class doctors equipped with a heightened patient empathy and an excellent scientific understanding by introducing more community centred learning. Studies show that medical students who train in underserved areas are more likely to return there to work after graduation.

“The new curriculum is an important milestone for medical education in Wales and will play a critical role in ensuring the future health of Wales,” said Professor John Bligh. He added: “Not only will it encourage students to be independent, life-long learners with a strong focus on science within clinical practice, but it will instil at the heart of their learning, a renewed patient consciousness.”

3. Promoting the Vulvulary Message

Rebecca Smith, fifth year medical student has won the Lichen Sclerosis Award for her winning entry to the Vulval Health Awareness Campaign (VHAC) poster competition. Rebecca’s winning poster, which expertly portrays Vulvulary’s message, will now be making its way around the world.

Vulval skin conditions are much more common than most people think and can affect men and children as well as women. The frightening statistic of more than one woman dying every day in the UK from vulval cancer is a sobering reminder of the importance of these often stigmatised conditions.

Vulvulary is a fantastic idea created by Fabia Brakenbury, sole founder of the Vulval Health Awareness Campaign (VHAC). Akin to the very successful ‘Movember’ (promoting men’s health awareness), she set out to make February the month of Vulvulary - raising awareness about vulval conditions and encouraging a culture of self-examination; Vulvulary is all about ‘check your vulva’.

Below: Vulvulary campaign poster (Vulval Health Awareness Campaign)

4. Gene linked to low IQ

School of Medicine researchers have found that children with a common gene variation and lower thyroid hormone levels were four times more likely to have a low IQ.

Lead researcher Dr Peter Taylor said: “If other studies confirm our findings then there may be benefit in carrying out a genetic test for this gene variant in addition to the standard neonatal thyroid screening which would identify children most at risk of developing low IQ. Children with satisfactory thyroid hormone levels together with the genetic variant have normal IQ levels, which raises the possibility that children at risk could be treated with standard thyroid hormone tablets to compensate for impaired thyroid hormone processing.”

5. Learning together – building strong foundations for more effective teamwork

The Schools of Medicine and Pharmacy have joined forces to train their students together in the important skills of Basic Life Support and Vital Signs (taking a pulse, blood pressure, temperature, pulse oximetry). This new and exciting collaboration began in October after a year of planning by Ms Sian Williams (Clinical Skills and Simulation Manager/tutor), Dr Mat Smith (School of Pharmacy) and faculty from both schools. Further plans include sharing Peer Assisted Learning (PAL) training, Spirometry, Safe Injections and Discovery Prescribing Skills. Students have evaluated the sessions very highly, clearly appreciating the unique opportunity the collaboration brings.

“Really enjoyed interdisciplinary work! We need more clinical skill training with other healthcare professionals”.

10 Ways MEDIC is Making an Impact

The School of Medicine has a successful track record of contributing to society through its Research, Learning and Teaching, and Innovation and Engagement activity. Efforts by many staff and students highlight a rich variety of ways in which the School is engaging and benefitting society. Here are just ten recent examples:
6. Largest ever Alzheimer's study

A global study involving more than one million people worldwide will explore the relationship between genetics and lifestyle in the development of Alzheimer’s disease. This £6M project will provide scientists with the best evidence yet for creating a fuller picture of why the disease develops and the varying degrees of risk it poses to different individuals. Principal Investigator, Professor Julie Williams said: “The aim of our study is to harmonise the research of scientists studying the genetic risk of Alzheimer’s with the work of those studying the lifestyle influences, with the ultimate goal of creating more personalised treatments for the disease – and, better yet, treatments that offset it altogether. Put simply, this is a study large enough to get answers.”

7. PREPARE study launched

PREPARE (Platform for European Preparedness Against (Re-)emerging Epidemics) has been officially launched in February 2014. A key lesson from a series of recent epidemics (e.g., the 2009 H1N1 influenza pandemic) was that implementing clinical research in response to a rapidly emerging infectious disease is extremely challenging and often delayed.

PREPARE aims to harmonise large-scale clinical research studies on infectious diseases, prepare to rapidly respond to any severe ID outbreak, and provide real-time evidence for clinical management of patients and for informing public health responses.

Cardiff University’s Professor Chris Butler and Dr Nick Francis co-lead work package 1 entitled EARL (ethical, administrative, regulatory and logistical) in partnership with University College Dublin.

8. Mothers of Africa in Zambia – Update on Progress

A Mothers of Africa team led by Professor Judith Hall has recently returned from Chongwe District Hospital and Shiyala Village Education Centre in Zambia. Highlights from this latest visit include: introducing hand sewing and sun prints to the community; completing an upgrade of the solar powered system in the village and assessing the school; delivering skills simulation; seminars; dealing with theatre emergencies; assessing the need for a ‘higher care’ unit next to operating theatres and delivering babies!

Chongwe has the same population as Cardiff but only one operating theatre, four wards and four doctors. To support Mothers of Africa project why not get spruced up and attend the Summer Ball on 12th July, at the Mercure Holland House, Newport Road. For further information, please contact Maria Gundy Email: gundyma@cf.ac.uk, Tel: 029 20743110.

Photo: Year 5 medical students, Klara Broyska and Sarah Moore with a newly born baby.

9. MediWales Award Winner

A new European FP7 funded multi-network study entitled PREPARE (Platform for European Preparedness Against (Re-)emerging Epidemics) has been officially launched in February 2014. A key lesson from a series of recent epidemics (e.g., the 2009 H1N1 influenza pandemic) was that implementing clinical research in response to a rapidly emerging infectious disease is extremely challenging and often delayed.

PREPARE aims to harmonise large-scale clinical research studies on infectious diseases, prepare to rapidly respond to any severe ID outbreak, and provide real-time evidence for clinical management of patients and for informing public health responses.

Cardiff University’s Professor Chris Butler and Dr Nick Francis co-lead work package 1 entitled EARL (ethical, administrative, regulatory and logistical) in partnership with University College Dublin. Professor Aidan Byrne, Director, Graduate Studies, School of Medicine received the MediWales NHS Partnership with Industry Innovations Award in December 2013, in collaboration with Dr David Williams, Anaesthesics Department, ABM University Health Board and the Monmouth based company E2L. This award recognises innovative partnerships between industry, the NHS and academia in the development of a market ready product, significantly contributing to the health and wealth of Wales. This award recognises the collaborative development of ScopeSim a tabletop simulator which allows users at any level to practice and improve their steering skills for a wide range of optical investigation devices such as endoscopes, colonoscopes, bronchosopes and cystoscopes.

10. Student Research Awarded

Tom Lemon (a final year medical student), by Dr Frauke Pelz and Professor Julian Sampson from the Institute of Medical Genetics, has been looking at how fast kidney tumours grow in a rare cancer syndrome called von Hippel Lindau disease. Tom has already presented his findings at several conferences, and he recently won the David Oliveira Prize from the Royal Society of Medicine. Tom plans to publish his results shortly. The work should help to clarify timing of interventions for these cancers and will inform outcome measures for trials of new treatments that may include monoclonal antibody therapy.
ReMEDy talks to Lucy Satherley, alumnus and present PhD student; Michelle Edwards, a former PhD student; Hallam Amos, undergraduate student and Louise Shelley, member of staff, to ask the questions we love to know the answers to!

What do you listen to first thing in the morning?

**LS** Radio 2 – I think that’s what happens once you’re over 30.

**ME** I usually listen to the radio as I’m driving to work; the drive takes an hour and can be a bit boring so I like to listen to a local radio channel. I like the music and the banter between the morning DJs and it’s good to get the news and traffic updates.

**HA** A bit of chilled house is always good to wake up to!

**LS** A blackbird that has a circadian rhythm sleep disorder and merrily sings at 3am every morning.

As a child what did you want to be when you grew up?

**LS** A doctor, though I may have claimed in my GCSE French Oral that I wanted to be a French teacher.

**ME** I was interested in geography as a child and was fascinated to learn about different countries. After my first holiday abroad I knew I wanted to work in the travel and tourism industry. I studied for a BTEC Diploma in Travel and Tourism at college and went on to have a successful 10-year career working in a number of travel agencies, tour operators and airports. I was fortunate to travel all over the world and also live and work in Spain and the USA.

**HA** When I was really young my ambition was to become Batman! Academically, with two medical parents, becoming a doctor was always something I considered.

**LS** Taller.

Who are your heroes and villains?

**LS** Heroes – my parents.

**ME** My real-life heroes are people who dedicate their lives to enhancing the health, education and well-being of adults and children living in poverty and adversity in countries that have been affected by war or political unrest. My villains are people who exploit or cause harm to others.

**HA** My parents are definitely heroes in my eyes, I’ll forever be grateful for the sacrifices they have made for me. Before I could drive my mum used to take me to training at 5.30am before school, sit in the car and do work while I trained, drop me at school when I had finished and then carry on to a full day of work herself.

**LS** My hero is Professor Ken Newell, who I used to work with at the Liverpool School of Tropical Health. He was the driving force behind the concept of primary health care, a keen innovator and played a major role of influencing the direction of thinking in international health. He was very inspirational. No villains – there is good in everyone, sometimes it is just well hidden.

**HA** Being able to live two lives so I could experience both the university and the rugby lifestyle fully.

**LS** I’d help the blackbird find another tree.

What is your secret ambition? (Just between us)

**LS** To be able to play the piano well. Despite years of lessons and many exams when I was younger, all I can seem to play now is Chopsticks.

**ME** My secret ambition is to win the National Lottery and live the rest of my life travelling around the world.

**HA** To be able to look back upon my life with pride, having achieved everything I set out to.

**LS** To carry on doing what I enjoy.

What does the School of Medicine need more of?

**LS** Enthusiastic medical students!

**ME** When I was working on my PhD my department organised and funded...
a few social evenings for PhD students to get to know each other and share their experiences. It was a great way for newer students to meet students who were mid-way or at the end of their PhD studies and to talk about their research in a relaxed setting. The School of Medicine should continue to facilitate social events for post-graduate students and maybe develop an informal mentoring system where students have a more experienced student with whom they can discuss their work or seek advice from.

**Days off!**

LS Great students, we have loads and we are keen to welcome more.

**Which book did you re-read most as a child?**

**LS** The Famous Five and Dahl’s books – his autobiographical ones were the best.

**ME** I remember reading the usual fairy tales such as Snow White, Sleeping Beauty and Cinderella over and over again as a little girl.

**HA** More recently, Bounce by Matthew Syed is one I’ve gone back to a few times.

**LS** Wind in the Willows, Kenneth Grahame.

**Which one question would you really like to know the answer to?**

**LS** Which numbers will come up on the next Euromillions? (I promise I would give a lot to charity)

**ME** The one question I would really like to know the answer to is: what should we believe about how the universe was created? My 12-year old son has been questioning me on this for years.

**HA** Where I will be in 15 years time.

**LS** Is it true, there is nothing – absolutely nothing – half so much worth doing as simply messing about in boats.

**How do you relax?**

**LS** I love taking my dogs to the beach, getting outside in the garden to enjoy the sun, cozy log fires with a glass of wine and country pubs.

**ME** I am most relaxed when I am practicing mindfulness meditation. I like to lay still, close my eyes and listen to a guided meditation on “loving kindness”; it not only relaxes me but focuses my mind on being kind and compassionate towards all human beings.

**HA** Playing the guitar or chilling with friends.

**LS** I enjoy coastal walking and messing about in boats, yachts and kayaks.

**If you could turn the clock back, what would you do differently?**

**LS** Nothing – I have no regrets. I believe that every decision you make was for the right reasons at the time and that things always have a habit of working out for the best.

**ME** I don’t like to have any regrets or disappointments; I like to focus on my successes (small or large) and keep moving forward. There’s nothing in life I would have done differently.

**HA** Not much really, I try not to live with any regrets as there is nothing we can do about it now!

**LS** I would have successfully learnt a musical instrument as a child; my attempts at the violin were desperate.

**What is your best holiday?**

**LS** My elective in 2005 – saw orangutans in Borneo, climbed Mount Kinabalu, want to Xian to see the terracotta warriors, saw pandas in Chengdu, learned to dive in Tonga, swam with whales and finished it all with Cirque du Soleil in Las Vegas. An amazing experience!

**ME** My best holiday is at a luxury beach resort where I can relax on the beach by day and enjoy a few cocktails with nice dinner and live entertainment in the evening.

**HA** A sandy beach, no clouds in the sky and plenty of mates.

**LS** Taking my 9 year old daughter on a trip with her Primary School to Nepal and setting up a partnership with Singdi School in a remote village in the Annapurna foothills.
Within the short time since its establishment in 2013, CUPS has strived to fulfill its three ambitions: education, volunteering and fundraising, as imagined by founder Stephanie Connaire and her supporting committee. With members from a multitude of healthcare courses: Medicine, Nursing, Dentistry and Pharmacy to name a few, the society aims to support those interested in building a successful career in Paediatrics. This support has so far been provided in the form of educational evening symposiums, in which healthcare professionals from an array of paediatric specialties kindly give talks about their careers, as well as deliver valuable clinical teaching about the common paediatric conditions that they encounter. The society also encourages its members to participate in research projects; it has established links with Cardiff University Research Society (CUReS), and developed partnerships with independent research supervisors. In addition, CUPS has worked hard to set up volunteering opportunities to encourage its members to enhance their patient communication skills. Play, hydrotherapy and reading schemes with Serennu Children’s Centre, Newport and the University Hospital of Wales (UHW) are currently either underway or in the pipeline.

Alongside benefitting its members, CUPS has so far raised hundreds of pounds for an assortment of charities including Noah’s Ark Appeal and Sparkle – the corresponding charities of UHW Children’s Hospital and Serennu Children’s Centre, respectively. This has been achieved through hosting charity gigs, frequent bake sales and competitions; it is also recruiting a team to run the Cardiff Half Marathon in October 2014, for Sparkle.

Many paediatric societies have been long-established in numerous UK universities. Although CUPS is still in its early stages, the overwhelming support and enthusiasm from students and professionals alike has enabled the society to accomplish an astounding amount already; it’s safe to say its future is very much a bright one!

Celebrating Excellence

In July 2014 the School of Medicine, Cardiff University will be piloting an exciting new event, showcasing work undertaken by year 3 MB BCh students during their 9 week SSC (Student Selected Component) project. The event will be located in the Sports Hall Social Club, Heath Park Campus and includes 8 poster sessions over 2 days, 14th and 15th July. Students, tutors and general visitors are welcome to submit a vote for what they feel is the best poster. The top quartile of posters will receive an “Excellence in SSC” certificate, with the top ten students qualifying to orally present their projects in front of their peers and a panel of judges on 18th July in Lecture Theatre 1, Main building, Heath Campus. Three cash prizes will be awarded for the best oral presentations.

The Year 3 SSC Project is a dedicated nine-week period during which students can pursue an area of interest to them outside the core curriculum. Students can either design a bespoke project, with a defined learning experience that involves recruiting a specialist tutor and a host institution, or they can choose from a list of projects supported by experts in the field. Students have no conflicting curriculum commitments during this period.

The nature of work undertaken by students during the Year 3 SSC project varies greatly in nature, and location, with students placed across Wales. All projects are focused around patient care and many have a genuine impact on practice throughout the NHS in Wales, including audits, service evaluations, clinical research, scientific research and medical education.

Some examples of the research that will be undertaken during the 2013-2014 Year 3 SSC include the development of an online psycho-education package for adolescent depression, following analyses of transcripts from interviews with young people, parents and health care professionals. Another student will gauge students’ attitudes of time spent in theatres during surgery, whilst 2 students will travel to targeted schools in Wales to conduct a series of qualitative interviews to explore the perceptions of Welsh pupils and their key influencers towards studying medicine at Cardiff.

We would love to see as many people as possible attending the Celebrating Excellence in SSC event.

For further information please contact Year 3 Coordinator Andy Edwards on edwardsa17@cardiff.ac.uk

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The Editor wishes to thank all contributors to this edition of ReMEDy.

The Editor reserves the right to edit contributions received.

Whilst care is taken to ensure the accuracy of information, this cannot be guaranteed.

Views expressed in ‘ReMEDy’ do not necessarily reflect those of the School. Feedback and items of interest relating to the School are welcome and should be sent to remedy@cardiff.ac.uk

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