



Archway Campus Newsletter

April 2006

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Letter from the Vice-Dean

I am going to pick up one or two items from the newsletter of June 2005. In my final paragraph I thanked all of you who had enabled us to deliver our share of the education and teaching to our undergraduate medical students. At that stage we did not know the results of the MBBS examinations. We must be doing something right because the Royal Free & University College Medical School has produced University of London gold medal winners in two of the last three years. In 2005 the top three candidates were UCL students. The contribution that this Campus makes to the undergraduate experience is recognised. All your contributions to this experience are also recognised by the students. We have enclosed some pictures of the 2005 presentation day at Alexandra Palace. It is a very enjoyable experience and it would be good to see more of the teachers there. The students and their parents appreciate our presence. The date for 2006 has been provisionally set at 28th June. It will again be held at Alexandra Palace starting at 2.00pm.

I have always had the belief that education and teaching must always be a key component of our raison d'être as a Hospital. There is such an intimate relationship between this activity and the quality of our staff, the quality of the treatment and care that we offer, that it should also be made explicit in our mission

Letter from the Vice-Dean continued

statements. Why is it that education and teaching is so often forgotten and undervalued? One of the ways that we might perhaps help restore this, is by means of an educational portfolio. Relatively easy to produce and maintain, it has value both in documenting the education delivered, its feedback and its quality. My own attempt to stimulate others to produce their own portfolio has had a discernable although limited impact. I hope that Caroline Fertleman will help to take this initiative to its next level and entice still more people to produce their own portfolios. She has developed an electronic portfolio; I hope that we can use her experience and make use of the Whittington's intranet to sufficiently stimulate you to produce your own.

You will note the aerial photograph on the cover. This is there for a purpose! I am keen to ensure that we do identify the synergies between each of the individual sites when we plan for any individual one of them. We also need to remember the Borough's plan for the Archway roundabout and the regeneration of the Archway. As an entrance to London, this must be the most tawdry. There is a will to improve this entrance to London as soon as possible.

In this newsletter I want to highlight the developing relationships between the two Universities on this Campus, and between the Universities and the Hospital. This is reflected in our developments in the domain of Human Health and Performance. We are developing this collaborative enterprise between Middlesex University, UCL and the

Whittington Hospital. The enclosed articles illustrate the strength of each individual Institution as well as the synergies between them.

There are some further developments on the Campus. Middlesex University have been successful in a CETL bid (Centre for Excellence in Teaching and Learning). There will be an increase in the number of students on the Campus. We are however ensuring that the number of seminar rooms are also increased and we hope that there will be a match between the demand and the availability of space. The enclosed article describes the details.

There is now a lot of competition for the seminar rooms and lecture theatres. With sensible forward planning we believe we still have the capacity to cater for all requirements. However there is no doubt that we are getting busier and we do need to ask for your help. We know for instance that approximately 30% of rooms that are booked are not then used! We also know which Institution is responsible and which department is responsible for this "no show". In fact everybody does it but some do it more than others! We are going to have a bit of a blitz on this because this is making it extremely difficult and indeed unfair on those trying to book a room at their preferred time and being unable to do so. They then find out that the room is not used. This is one of the reasons why we want to reintroduce the more formal room booking mechanisms so that we can get a better handle on this, be more responsive

to rooms that are “released” at short notice because they are not needed, and generally make the whole room booking exercise more responsive to need. We do require your help in this process.

The new Undergraduate Centre will be opening in the Summer. We will have some state of the art teleconferencing facilities. We will removing some of the older technologies and replacing them with the much more interactive videoconferencing facilities. To gain full benefit from this we will be dependent on an upgrade in the bandwidth of some of the computing links. Nevertheless there will immediately be an improvement in our capabilities. We will need to develop the audiovisual support on the Campus in order to gain full benefit from these new developments.

Many of you will have noticed that there is a new UCL branding. We all have new headed notepaper and a new logo. Middlesex University did this a few years ago and we wisely delayed replacing the signage on the Archway Campus at that time. We are now going to be replacing the logos with the ones opposite.

Finally I need to alert you to the outcomes of the UCL Biomedicine strategic review. As you may know that as part of this review, there was a visit from an international panel, Chaired by Sir Keith Peters. They produced a report in December and it has been discussed extensively since. The Provost has now published a paper setting out his decisions. The decisions that particularly affect this Campus are:

Firstly there will be a full time Dean of the Faculty of Biomedical Sciences who reports to the Provost.

Secondly, the creation of the Faculty of Biomedical Sciences, which includes the Institute of Child Health, Neurology, Ophthalmology, Eastman Dental and the Wolfson Institute for Biomedical Research.

Thirdly, a restatement that UCL, with its partners, will continue to aspire to offer a “medical education that is exceptional”.

Fourthly, that the research and teaching provided by the Royal Free and Whittington Hospital should receive greater recognition and should be utilised to the advantage of both the academics and clinicians working at these sites, and UCL as a whole.

I earnestly hope that, in these extraordinarily changing times in the Universities and in the NHS, these decisions signal a more supportive and productive set of relationships for the future.

*Dr David Patterson,
Vice Dean & Campus Director*



UCL Institute for Human Health & Performance

We are all rightly proud of our National Health Service (NHS). Indeed, we rely on it to be there when we need it- when we have our heart attack (87,000 of us each year), or our osteoporotic fracture (which ultimately affect half of all women, 50% of whom remain unable to walk independently). The goal of our NHS is thus not to sustain health, but to treat disease. Indeed, up to a third of Western health budgets are spent on individuals in their last year of life. And that is quite some budget: Our Health Service now stands at £76 billion pounds each year. And all this to care for a population of under 60 million. Further, this expenditure is rising annually: expenditure rose by £5.1 billion in 2002-3 alone. But even this can never be enough: health service inflation will always exceed simple 'general economic inflation': The UK population is growing (by 17% since 1951), and is also ageing; newer technologies and drugs appear daily; and expectations rise. No wonder politicians are scared.

The World Health Organisation defines health as being 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.' Is the emphasis of health care professionals on 'disease' thus wrong? Might we not be better off focusing on *health* instead? Should the 'NHS' truly be a *Health* service, rather than a *Sickness* Service? Such a concept has, until now, been viewed with fear by many who have to care for the sick. A focus on maintaining health has always been taken to mean 'a diversion of funds to primary care'. However, this need not be true. It is increasingly recognized that an attention to health may benefit all parties. It is in this light that the new Institute

for Human Health and Performance (IHHP) is being developed on the Archway Campus.

What is the IHHP?

The IHHP is a new Institute being developed on the Archway Campus. It represents a collaborative enterprise between Middlesex University, UCL, and the Whittington Hospital NHS Trust, and will be based in its early stages in the Charterhouse Building. It hopes



Dr Hugh Montgomery, Head of the UCL Institute for Human Health & Performance

to collaborate with all hospital departments, and also with wider groupings of researchers and clinicians within UCL, the UK, and abroad.

What will it do?

The Institute is intended to work in the arenas of translational scientific research (i.e. research which is intended to translate rapidly into new medical therapies for the sick). It will have an educational role (running BSc and MSc courses, and supervising higher degrees). And it will be engaged in clinical practice, trying to export physiological knowledge to improve patient care. In this way, it will augment and improve clinical disease care through the application of knowledge of *health* processes.

The centre will also develop expertise in the

clinical management of sportsmen and sportswomen at all levels- not just the Olympic athlete, but also the 'Sunday Football Player'.

Finally, but by no means least, the Institute will have a public health agenda. Much is happening in the field of 'sport, physical activity and health'. Firstly, in **sport**: the Olympic Games are coming to London and this will raise the profile of sport within London and the wider, national community. In turn, increased interest in sport and exercise as health-related activities is likely, together with increased awareness of the importance of sport/health related research. Secondly, in **health**: physical activity is high on the Public Health agenda, driven powerfully by the burgeoning epidemics of obesity and diabetes. Thirdly, in **society**: sport and exercise continue to play large and important parts in the lives of many people. The study of the contributions of sport, exercise and physical activity to 21st century life is a growing academic area and this will escalate in the run up to the 2012 Olympics. In practical terms, there will be an increasing demand for more broadly educated graduates in sport and exercise related fields. New programmes might address the roles of sport, physical recreation and active living encompassing

both the biomedical and social sciences.

Who will be there?

Hugh Montgomery

Hugh Montgomery is a Reader in Cardiovascular Genetics at UCL, and a consultant in Intensive Care Medicine. A graduate of the Middlesex Hospital Medical School (in 1987), he was also awarded a first class degree in Circulatory and Respiratory Physiology. He is accredited in general medicine, cardiology, and intensive care medicine.

Hugh has developed a novel method for understanding human disease, through the study of *health*. This relies upon the use of genetic tools. All humans share the same basic set of gene pairs. However, small variations are found in each gene ('polymorphisms') affect gene function, and this combination of small differences makes us all fundamentally different from one another. Suppose then, that we are interested in how human heart growth is regulated. Using available literature, a system of likely influence ('the candidate system') is identified, and a key component of this system selected. The gene for this component ('the candidate gene') is screened, and a common functional polymorphism identified. We now take normal healthy individuals (for instance, army recruits), and study the heart growth in re-

sponse to an identical exercise training period. If heart growth is greater in those with the 'more active' gene variant, then we have shown that the candidate gene- and hence candidate system- do regulate human heart growth. One can then see if heart size is also associated with that gene variant in patients. If it is, then a new target for drug therapy has been identified.

This approach has now been successfully applied for more than a decade, and results have been exciting. A number of systems regulating heart growth have been identified. In addition, new treatments are being pioneered. Exercise is associated with improvements in 'metabolic efficiency', whilst a decline in this efficiency causes cancer patients to suffer wasting (cachexia). By studying improvements in metabolic efficiency in trained soldiers, a new candidate system was identified, in which the reduction in the activity of one enzyme was thought likely to improve metabolic efficiency. A drug was found which would have this effect on the enzyme- and has now been trialed in cancer patients. Results are expected in a matter of months.

Hugh plans to continue such

studies- identifying the mechanisms through which exercise exerts such a beneficial influence on human health, and then 'export' this knowledge to the advantage of the sick. Thus, 'genetophysiological' studies

of the skeletal response to exercise are underway, with the hope that new targets might be identified to treat osteoporotic fracture, and bone tumour invasion.

Mike Grocott

Mike is a senior lecturer in Intensive Care Medicine at UCL and the co-director (with Dr Kevin Fong) of the Centre for Aviation Space and Extreme Environment Medicine (www.case.ucl.ac.uk) within the IHHP. He has a passion for mountain environments and a long-standing fascination for the medical and physiological challenges high altitude presents. In the autumn of 2004 he spent 3 months working as physician at the Himalayan Rescue Association clinic at Pheriche, close to Mt Everest, and is leading the 2007 Xtreme-Everest Medical Research Expedition of which Hugh is the research leader.

Physiological and pathological changes that occur in extreme environments can be used to increase our understanding of changes seen in the critically ill. Low oxygen levels in the blood (hypoxia) occur at high altitude; hypoxia and problems getting oxygen to the cells and tissues are an almost universal problem in critically ill patient. A number of studies, including Hugh's genetic work, demonstrate that lessons learned from studying physiological systems stretched to the limits in extreme environments can be brought back to the bedside to improve our understanding of disease causation and develop new treatments.

The Xtreme-Everest expedition in 2007 will

be the culmination of IHHP/CASE research into the effects of hypoxia on the body. Several preparatory field expeditions and a number of healthy volunteer studies at UCL are being used to prepare for the main expedition in the spring of 2007. Their research is focusing in particular on the effects of hypoxia on the brain and the lungs and the team plan to make a landmark first measurement of the level of oxygen in the blood on the summit of Mt Everest (8850 metres). They also hope that the development of a novel "closed circuit" breathing system for climbers at high altitude will lead to clinical application in patients with chronically low oxygen levels at sea level.

The natural appeal of learning about human survival in extreme environments has also proved a wonderful means of engaging students: the CASE team have been running a BSc course unit (Space Medicine and Extreme Environment Physiology) at UCL for several years, and are now initiating an MSc course based around the same themes.

Mike is also interested in improving outcomes following major surgery. In particular, he has an interest in the use of metabolic/ cardiopulmonary exercise testing as a means of evaluating surgical risk.

If you are interested in having your exercise capacity checked out, the Archway Campus Human Performance Laboratories are currently recruiting healthy volunteers for exercise testing and hypoxia related studies (www.xtreme-everest.co.uk). Do join in!

London Sport Institute at Middlesex University

The London Sport Institute (LSI) will be 1 year old in April 2006. In that time, much has been achieved. Undergraduate numbers are up with a very healthy 2006 intake. We have been awarded a prestigious sub-regional sports partnership by Sport England. We have won 3 research grants. Five PhD students are now registered with us and a new postgraduate Certificate programme in Exercise and Health will begin in September this year. This is a considerable achievement in times of severe financial restriction.

We continue to forge very positive links with UCL at the Archway site and we are developing our work into Sport and Exercise Medicine – the new Specialist training pathway for doctors. This a major national initiative and likely to become very popular as doctors increasingly see the importance of exercise as a therapeutic tool and preventive measure, as well as dimension of elite sport.

We are excited at the prospects offered by the coming

of the Olympics to London in 2012. This has catalysed the thinking of all higher education institutions in London and in a very healthy fashion these institutes are working together to ensure that academic benefit is gained from the huge opportunities that 2012 will offer.



*Professor Chris Riddoch
Head of the London Sport Institute*

We expect to have a high profile input to the imminent Flora London Marathon – staff and students from the LSI will be providing massage for the runners at various points on the route and of course at the finish. And if you not a marathon runner but are just injured - or maybe feel in need of a massage -

we run very successful treatment clinics. Again details are on the website.

We continue to run very well attended Sports Science seminars which cover a variety of topics relevant to achievement in sport. Full details are available via our website. (<http://www.mdx.ac.uk/sport>)

A very exciting venture that is just taking off is the study of dance. We are developing some exciting research in conjunction with the Royal Ballet Company which we hope will help to improve the health of elite ballet dancers. Another exciting project is the psychological preparation we have given to a team of oarswomen who are currently rowing the Atlantic?

We are very confident that the LSI, especially in conjunction with the UCL Institute of Health and Human performance at the Archway site, will go from strength to strength.

The establishment of a "midwifery firm" during medical student practice within the Women's Health module

In 2003, UCL and Middlesex University appointed two midwife teachers in joint appointments. Their remit has included the establishment of a 'Midwifery Firm' for fourth year medical students placed at the Whittington for their clinical base site as part of the Women's Health Module. Principal Lecturers Therese Bourne and Carol Saunders have been leading this project. The 'Midwifery Firm' has now become an established part of the medical student experience.

Students are allocated to work with midwives throughout two weeks of their four week placement, including spending a day with a team/community based midwife. This provides an opportunity to gain experience with, and participate in the midwifery care of women and their families throughout the spectrum of pregnancy and childbirth. At the same time they are able to explore the role of the midwife with both low and high risk women within the context of the multi-professional team. This is in addition to their obstetric and gynaecology firm attachment which is maintained throughout the placement.

To further support medical students in their learning, midwifery focussed tutorials and clinical skills based teaching sessions are undertaken. Students and practitioners from other professional disciplines for example midwifery and nursing, can access tutorials, thus enhancing the possibility for gaining further insight into each other's role.

Besides establishing a 'Midwifery Firm' at the Whittington, other collaborative work has entailed teaching during the theoretical block weeks of the Women's Health Module and involvement with the assessment process and module examinations. This has provided further opportunity for those based at all clinical sites to experience teaching relating to pregnancy and childbirth from a midwifery perspective, and to be assessed on their knowledge and clinical skills in relation to the provision of holistic care.

So far, the 'Midwifery Firm' at the Whittington has been evaluated and is well received, and it is hoped that this project will strengthen the women's health placement. With the growing emphasis on inter-professional education and partnership, this project has provided the opportunity for students and staff to explore one another's roles more readily. In addition it potentially enables students to recognise the variety of professionals involved and their contribution within the multidisciplinary team, as well as apply their theoretical knowledge 'at the coal face'.

As midwives and teachers of midwifery, fully committed to the provision of women centred, family orientated care within a multidisciplinary context, this has been a very exciting initiative to be part of. It is encouraging that the midwifery input within the curriculum has had excellent feedback from stu-



dents, whilst a very positive aspect of the project has been observing the growing confidence of students regarding their own knowledge base and clinical skills in relation to the provision of care for child-bearing women.

The 'Midwifery Firm' at the Whittington is a beginning. There is scope for further developments in the future.

*Carole Saunders (Above left with Yr 4 Women's Health Firm)
& Therese Bourne*

International Health & Medical Education Centre (IHMEC)

Prior to the establishment of the International Health and Medical Education Centre (IHMEC) in 2000, there had long been clamour for teaching international health among medical students. Many students expressed the view that their knowledge was somewhat narrow: they could explore traditional medical questions and examine their roles as physicians, but there was little formal opportunity to examine the political, economic and social reasons why people became ill, nor the huge and growing issue of global health inequality.

This view was shared by Prof John Yudkin, who had been interested in global health issues since working as a VSO physician in Tanzania in the early 1970s. Prof Yudkin and three members of Medsin, a students' group dedicated to raising awareness of global health issues, campaigned actively for the inclusion of global health in the UCL medical curriculum. It was the combination of academic and student advocacy that made the difference, and resulted in the formation of IHMEC in 2000.

IHMEC runs three courses aimed at medical students at different stages of their training.

First year SSM

IHMEC began by running courses for first year medical students on Globalisation, Inequality and Health, Maternal and Child Health and Infectious Diseases. The latter two courses have now been integrated into the BSc, however we continue to run the Globalisation, Inequality and Health SSM here at Archway Campus. This course introduces students to a variety of issues around increasing globalisation, liberalisation and commercialisation of health; causes and effects of increasing inequality, both within and between countries; and ways in which governments, international institutions and non-governmental organisations can reduce poverty and improve health.

International Health intercalated BSc

The intercalated BSc, which began in 2001, was the world's first year-long course in international health for undergraduate medical students. Since its inception it has grown both in profile and numbers of students taking the course, from 15 in its first two years to 24 in 2005-6. The course is also well known across Europe and beyond, mainly due to the close links IHMEC staff have with global organisations such as the International Federation of Medical Students' Associations (IFMSA) and International Physicians for the Prevention of Nuclear War (IPPNW).

The aim of the BSc is to provide students with a thorough grounding in international health issues. At IHMEC, we see international health as a very broad discipline, which includes the following topics:

- Relationships between poverty, inequality and health

- Reasons underlying different levels of development of different societies
- Patterns of healthcare provision and financing across the world
- Impact of national governments and organisations such as the International Monetary Fund, World Bank and World Trade Organization on health and health-care
- Relationship between conflict, population movement and health

Students have the opportunity to explore these issues and many more throughout the year. Teaching is as interactive as possible, and encourages students to get involved in debating the issues rather than simply listening to the lecturer and taking notes. This can sometimes be strange for students who have come directly from medicine, which tends to be taught in a very different way. IHMEC staff do as much as they can to assist students in their transition from biological to social scientists. The fact that staff and



lecturers at IHMEC come from both medical and non-medical backgrounds eases this transition greatly.

International Health fifth year SSM and elective programme

The IHMEC elective programme combines a structured overseas elective for students at institutions in developing country settings, where the educational content of the teaching and supervisory support has been established, with a 4 week Special Study Module in International Health. The aim of the programme is to provide an opportunity for students to integrate the experiences gained whilst on elective with a wider understanding of global health issues and how they relate to health and health care, not only abroad, but also in an increasingly culturally diverse National Health Service. All overseas placements comprise clinical attachments within specialties of the student's choosing, combined with a community health attachment and supervision of a small research project.

The SSM, which is taken either immediately prior to or after the placement, encourages the students to re-conceptualise health in order to take account of the wide range of determinants of health and the interplay between them, which shape the health experience of the patients they encounter.

We have a large and increasing number of partner medical institutions in Africa, Asia and Latin America. Tanzania was IHMEC's first partner destination, with the first students placed there in 2001. Since then we have continued a close collaboration. The programme then expanded to Cuba and Zambia. 2004 has seen a large increase in partner institutions, with placements arranged in Ecuador, Peru, Brazil and India for the first time. This expansion has enabled us to offer a wider range of experiences as well as accommodate the increasing demand for our programme.

In addition to these core activities, external funding provided by the Nuffield Trust and the Slater Award has allowed us to establish an elective exchange programme between students from UCL and our partner institutions in Tanzania & Cuba. Fellowships are awarded in recognition of innovative research proposals linking students' backgrounds and experiences in developing and developed countries with learning objectives relevant to their careers. The scheme has been an enormous success, greatly enhancing the existing programme by facilitating the opportunity for UCL and overseas students to engage in peer education.

The success of the elective programme is reflected in the feedback which we have received from the participants:

- 'by far the best attachment I've ever done'
- 'International Health is an excellent and vital SSM'
- 'I cannot recommend this attachment highly enough. The experience was fantastic and raised issues of healthcare in it's broadest sense which should be part of the general medical curriculum'

In recognition of the relevance and awareness of international health amongst medical students has for current practice, IHMEC has published *The ElectivePack: the medical student's essential guide to international health and development*, as a resource for students going to developing countries on their electives. Publication of the pack has been greeted with enormous enthusiasm and has already been used by numerous medical schools across the UK, Europe and the US.

The future

IHMEC has always seen its primary role as provision of high-quality international health teaching to undergraduate medical students. But in recent months a number of new developments mean that there may be opportunities to expand our horizons beyond undergraduates, and into

teaching qualified doctors.

Staff at IHMEC have recently put together an academic International Public Health post for the new Foundation Year 2 rotations in association with the London School of Hygiene and Tropical Medicine.

The 4 month rotation will comprise:

1. One month of a formal curriculum in International Health along the lines of IHMEC's 5th year Elective SSM. This attachment might be taken in conjunction with final year students immediately pre- or post-elective. However the FY2 doctor would have separate sessions related to the practice of medicine, and would undertake visits or short attachments (e.g. to NGOs, academic Departments, DFID).
2. One month attached to an academic department working in international health in UCL – e.g. International Child Health; Infectious Diseases – or with any one of a number of Units in the London School of Hygiene (epidemiology, health policy, infectious diseases, parasitology).
3. A one month attachment abroad - either to one of IHMEC's partner institutions in a developing country, or to the partner institution involved in the collaborative research project outlined in (ii). This will provide exposure both to community medicine, public health and hospital experience, as well as to research.
4. One month attached to the Hospital for Tropical Diseases as a supernumerary SHO.

In addition to the FY2 post, IHMEC staff are also exploring the possibility of working with the Tropical Health and Education Trust on NHS Links. NHS Links are partnerships between British and developing world hospitals, which share knowledge and training between health workers, with the ultimate aim of benefiting patients at the developing world hospital or health centre. IHMEC and THET are currently investigating whether British health professionals going on links to developing countries could benefit from a similar type of teaching that is provided to medical students going on electives.

IHMEC staff are also involved in an EU-funded project to provide web-based teaching on peace, violence prevention and sustainable development. The project, a collaboration with colleagues in four European countries, seeks to promote knowledge and understanding among health personnel about their potential role in the promotion of peace and development.

In conjunction with these new endeavours, IHMEC will continue to provide undergraduate international health teaching for students at UCL and elsewhere. Increasing student numbers on both the BSc and the elective programme show that demand for international health among medical students remains high, a demand we will continue to meet.

Archway Campus Medical School IT Co-ordinator

The role of the Medical School Campus IT Coordinator is to represent campus specific IT issues on the Medical School IT Management Group, and elsewhere in the wider UCL organisation. Each of the main teaching campuses of the Medical School poses different challenges for IT and it is important that these do not get forgotten in discussions about organisational IT. I have worked in CHIME on this campus for over 10 years, and have a fairly good understanding of the environment and its challenges.

Unfortunately I cannot provide technical support to departments based on the campus. Technical support is an area that has always been lacking for people based at Archway. Discussions about IT strategy and delivery within the context of the Biomedicine review are taking place, with the provision of support being one of the items for consideration. It is one of my roles to represent the interests of the Archway campus in these discussions.

To help me perform this role I need to identify and understand any IT issues that are specific to this campus. In the first instance I propose to arrange an open meeting where issues can be raised and discussed. I think it will also be useful to build a dialogue between the various residents on the campus in this area. I will be contacting departmental administrators shortly to suggest this meeting.

In the meantime if there are any IT issues that are specifically related to this campus that you would like me to be aware of, please contact me using this email address:

archway-it-coordinator@chime.ucl.ac.uk



*Anthony Peacock
Medical School IT
Co-ordinator*

Library Accreditation

It has been nearly two years since the Archway Healthcare Library was awarded the top level Stage 3 Library Accreditation and it remains one of only two libraries in London to have achieved this. The other library is St George's Hospital Medical School Library in Tooting. The national HeLicon scheme for accreditation of NHS-funded libraries has been used for a number of years by other SHA/Confederation areas but it was only introduced in London in 2004. The Archway Healthcare Library was one of two libraries selected to pilot the process in February/March 2004 and over a 3 year cycle all NHS-managed libraries and all HE-managed libraries that provide services to NHS Trust staff in London will have an accreditation visit. To date 20 libraries have been accredited.

The aim of the process is to encourage good

practice and ensure continuous quality improvement. Libraries are assessed against a range of criteria grouped under three broad headings of Library Philosophy and Management; Resources and Stock and Services. There are 11 essential criteria which must all be met and 36 further standards which are graded as not met; further development required or excellent. In awarding Stage 3 Accreditation to the Archway Healthcare Library the Panel assessed 33 out of the 36 graded criteria as 'excellent'.



The full Report will soon be posted on the Library web page at www.archway.ac.uk/AHL

*Bev Chapman
Manager, Archway Healthcare Library*

MSc School in Human Health & Performance

Since the birth of the MSc School in Human Health and Performance at the Archway Campus in 2000, the School has gone from strength to strength. Initially only offering MSc programmes in Cardiorespiratory Physiotherapy and Musculoskeletal Physiotherapy, the School now also offers MSc Sports Physiotherapy and MSc Neurophysiotherapy as well as an MSc in Sport and Exercise Medicine. In addition various short courses and taster courses are delivered.



Dr Bruce Lynn

Director, MSc School of Human Health and Performance

Last session (2004-5) 26 students completed their MSc programmes, including record numbers (13) in sports-related subjects (Sport and Exercise Medicine and Sports Physiotherapy). All finishing MSc students make an oral presentation of their project and the range of topics studied has become extensive. Some do laboratory-based projects, including some who use the Human Performance Lab. This collaboration with Middlesex University colleagues is something we hope will grow. Many part-time students do projects at their clinical base.

Currently we have a total of 110 students registered for either MSc (the great majority) or Graduate Diplomas or Graduate Certificates. This year saw the greatest growth in student numbers with a total of 60 new students, of which 18 are on sport-related programmes. Whilst many students are full time the majority prefer to study part time. The programmes of-

fered are modular and therefore set up to offer maximum flexibility. Students are permitted up to 5 years to complete their study. Many need to continue to work to fund studying and living in the capital and this system offers them the best of both worlds.

We have worked hard over the last few years to forge links with other institutions and individuals in the sports and therapy areas. For example there are now long standing links with the Royal Brompton Hospital (Cardiorespiratory Physiotherapy), the Bobath Centre (for children with cerebral palsy) and the Whittington Hospital (Sports injuries clinics). New for this session are collaborations with UCLH (Sports injuries clinics) and the Institute of Child Health (Cardiorespiratory Physiotherapy). In addition we continue to enjoy close links with the Institute of Sports and Exercise Medicine, and the Centre for Disability Research and the Aspire Centre at the Royal National Orthopaedic Hospital who teach a popular module on Disability in Sports.

As our students graduate and continue their professional careers they are fast becoming our most valuable resource. Some of our students are already employed at a high level in sports related fields. For example we have physiotherapists at Chelsea, Tottenham and Watford football clubs, plus the team doctor at Barnet (who claims full credit for getting them promoted back into the Football League!) We do our best to maintain contact with past alumni and a number of them continue to be associated with the MSc School. Often this takes the form of assisting with teaching, clinical evaluations, examining or providing us with clinical placements. As more students graduate our ability to use them as a resources to provide even better teaching will surely increase.

Centre of Excellence for Teaching & Learning (CETL) awarded to Middlesex Mental Health & Social Work Group

In February 2005 CETL status was awarded to the Mental Health and Social Work Academic Group by the Higher Education Funding Council for England (HEFCE). This was one of two successful bid made by Middlesex University, the other being for Work Based Learning. Mental Health programmes and staff are currently located at Archway whilst Social Work is at Enfield.

The Mental Health and Social Work CETL involves close partnership working with the Sainsbury Centre for Mental Health (SCMH), which has a long-standing relationship with the Mental Health and Social Work Academic Group of Middlesex University. We offer a comprehensive range of excellent programmes both at the mental health and social work professional qualification and post-qualification level, many of which are nationally recognised for their innovation and quality.

What will the CETL do?

The Mental Health and Social Work CETL will use the capital grant and the revenue awarded from September 2006 to:-

- Refurbish and develop new teaching facilities in A7, 3rd floor Holborn Union building at Archway
- Build a practice skills laboratory so as to further enhance the quality of our teaching
- Refurbish additional accommodation at Archway to accommodate social work colleagues bringing all members of the CETL team together on one site in the Clerkenwell Building and at the back of the ground floor of Holborn Union Building.
- Use video conference facilities to enhance communication between the Campus and practice locations
- Appoint a CETL Director to guide these development.
- Appoint a full-time researcher to help us evaluate the quality of our teaching
- Appoint joint appointments designed to help us facilitate the link between practice areas and the Campus
- Fund dissemination activities to help us communicate our findings to a wider audience

How will our CETL improve the student experience?

- These additional resources will help us further enhance the quality of our learning and teaching through:
- Designing and developing programmes from a service user, capability-based perspective
- Optimal participation in the design, delivery and assessment of educational programmes with students, Service users, Social Service Departments and NHS Trusts
- Bridging the gap between the Campus and fieldwork settings so as to enhance student skills in practice
- High quality innovative programmes which make a mark locally and nationally
- A team-based approach to student teaching and assessment

CETL continued

- An active commitment to evidence-based practice and rigorously evaluating what we do
- A skills-lab approach to enhancing practice skills
- Developing further educational programmes which service users want and which they can take part in
- User audits to set the quality standards
- Integrated approaches to work with practice colleagues through joint appointments and video conferencing
- Team approaches to supervision and assessment to better support students in practice
- Continuing to innovate new programmes in collaboration with all our partners

What will we be doing in our first year?

- Identify best teaching practice both within the CETL and the School of Health and Social Sciences at Middlesex University
- Create new consultative forums for students, mental health service users and our partner Trusts
- Explore innovations in curriculum development - particularly in the area of shared learning for social workers and mental health nurses
- Audit our educational provision against the Essential Shared Capabilities (Sainsbury Centre, 2005)
- Enhance our supervision of practice through our new joint appointments
- Hosting at least two learning and teaching events

Progress to date

- Nicky Torrance was appointed as CETL Director and Academic Group Chair of Mental Health and Social Work from September 2005, she was joined by Jeff Sapiro as Deputy Academic Group Chair in October and Yvonne Wollny the CETL researcher in January 2006.
- CETL Task group established
- Refurbishment work with start in March 2006.
- Successful CETL Away Day held in November which assisted in defining the direction of the CETL for the next year
- Links established with the Learning & Teaching Support Networks for Health Sciences and Practice, SWAP, Mental Health in Higher Education, The Higher Education Academy and the Birmingham Mental Health CETL among others.
- Leadership is currently being sought among CETL staff for five project groups to take forward the work required by CETL Status. These are: Evaluation, Capability Framework and Curriculum Development, Service User, Teaching, Learning and Curriculum, Interprofessional Working and Enhancing Pedagogical Research

Interested in finding out more about the CETL?

Contact: Nicky Torrance, Director of the CETL Mental Health and Social Work
by e-mail n.torrance@mdx.ac.uk

The Whittington Hospital goes Smoke Free

During the summer period the Whittington Hospital became a smoke-free environment.

On Monday 4th July 2005 all the Trust grounds, premises and trust owned vehicles were declared no smoking areas at all times. There

are now no designated smoking areas within the Trust. To enforce this a large number of 'No smoking' signs have been erected, posters and other smoke-

free policy information displayed and bins for the disposal of cigarettes placed at the entrances to the Trust grounds.

If you are a smoker and you wish to stop then help is at hand! The Whittington Quit Smoking Service has been established to help any students or staff who wish to stop smoking. The Service can offer help in the form of one-to-one support, group support or informal

drop-in clinics. Anyone wishing to quit and needing advice is encouraged to ring the Whittington Quit Smoking Service on 08000 93 90 30 for further information.

We are confident that all students, staff and visitors will support and

comply with the Trust's new policy to ensure that the Whittington is a safe and healthy environment for all.

We are now faced with a new challenge!

As a University Campus promoting health our challenge should be to follow the lead of the NHS by trying to apply a no smoking policy to all parts of the Archway Campus. We would welcome your thoughts on this and so if anyone has any comments or suggestions on how we could achieve a safe and healthy smoke-free environment at Archway Campus please email them to – adele.walker@ucl.ac.uk.



Presentation Day 2005

The 2005 Presentation Day for the final year medical students took place in June 2005 at

Alexandra Palace.

The top 10% were awarded distinctions and of the 4 candidates that were put forward for the University of London medal we achieved the Gold, Silver and Bronze. Etienne Wang won the Gold, Syed Sohaib the Silver (Betuel Medal) and Melanie Spooner was placed third winning the Bronze. We wish all



the graduates
good luck in
their medical
careers.

New clerical assistant in the Undergraduate Centre

I joined the Medical Administration team at the Archway Campus at the end of July. The academic year was drawing to a close so things were pretty quiet. Once the students and staff had gone on holiday there was hardly anyone around. Fortunately the quiet period allowed me to settle in without any problems. The academic year has restarted and things have started to pick up.

My main responsibility is as the academic support for PDS 1 and 2 at this campus. I also deal with room bookings and general enquires from staff and students. As I haven't been here very long, I am still getting used to how things work in a medical school and there are many things I don't know. My colleagues are all very nice and friendly and have helped me when I've had any problems.

I graduated from university two years ago with a B.Sc. in Computing. I took a gap year before joining this position.

I am based in Room 301 at the Undergraduate Centre, Great Northern Building. I work Monday – Friday, except Wednesday.

My contact details are below:

Tel: 020 7288 5310

Email: rmyaro2@ucl.ac.uk

Zahra Qadiri

SIFT SITE VISIT

A SIFT site visit will take place on Tuesday 25th April 06. The visiting team will be looking at the teaching facilities on the Archway Campus as well discussing the curriculum with year 3 medical firm leads.

Further information can be obtained from Adele Walker
adele.walker@ucl.ac.uk

New Firm Lead for the Women's Health Module

Amali Lokugamage has recently started in this role. She is the site tutor for undergraduate women's health and works part-time in the mornings (Tues, Wed and half day Fri). She will be working with Heulwen Morgan, Module Lead for Women's Health, Stephanie Woods, Carol Saunders and Therese Bourne on the Archway Campus.

Distinguished Teachers Awards 04/05 - Archway Campus

Year 3 Distinctions

Consultant Teachers

Dr B Davis, Haematology, General Medicine inc Oncology Module
Dr D Hopster, Pathology

Non-Consultant Teachers

Dr J Gaffan, General Medicine inc Oncology Module

Firm

Haematology, General Medicine inc Oncology Module

Commendations

Consultant Teachers

Dr M Barnard, General Medicine inc Oncology Module
Mrs C Ingham-Clark, Surgery Module
Professor J Malone-Lee, General Medicine inc Oncology Module
Dr J Morris, COOP/O&R Module
Mr H Mukhtar, Surgery Module
Dr N Parker, General Medicine inc Oncology Module
Dr D Patterson, General Medicine inc MiC Module
Dr L Restrict, General Medicine inc MiC Module
Dr M Rossi, General Medicine inc Oncology Module
Dr R Vicary, General Medicine inc Oncology Module
Mr A Wilson, Surgery Module
Dr J Worrall, COOP/O&R Module

Year 4 Distinctions

Firm

Obstetrics & Gynaecology, Archway Campus

Commendations

Consultant Teachers

Miss F Eben, Women's Health with Communicable Diseases Module
Miss G Henson, Women's Health with Communicable Diseases Module
Dr Hubbard, Child & Family Health with Dermatology Module
Dr V Kirchner, Clinical Neurosciences Module
Miss A Kyei Mensah, Women's Health with Communicable Diseases Module
Miss H Morgan, Women's Health with Communicable Diseases Module
Mr C Spence Jones, Women's Health with Communicable Diseases Module

