

A look at activities in and around the Leicester Warwick Medical Schools

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► On 21 December 2004 the UHL Trust Board selected its preferred bidder to carry out building work which is part of the Leicester NHS Pathway Project. The name will be announced once the legal formalities have been completed.

Two consortia, Catalyst and Equion, recently submitted amended bids, amounting to several boxes of information which the NHS Trust had to study before making a final decision as to which to choose.

As part of the Pathway Project, which will reconfigure clinical services at all three Leicester Hospitals, by the start of the academic year 2007-2008, the University of Leicester Medical School will move into state-of-the-art new accommodation at the Leicester General Hospital.

The University will also have a major interest in a new Cardiovascular Research Centre at the Glenfield Hospital site.

The sheer physical bulk of the two bids is indicative of the massive nature of the investment. Estimates put the capital cost of the two University of Leicester centres at approximately £80M.

The new Medical School accommodation will be a designated component of a Multi Professional Education and Training Centre. It will be designed – as its name suggests – to offer Inter Professional Education to medical, social work, psychology and (possibly in the future) dentistry students from the University of Leicester, nurses from De Montfort University and staff from the many disciplines involved with the University of Leicester Hospitals NHS Trust.

Professor Ian Lauder, Dean of LWMS, said: "We have seen the designs for the new Medical

Pathway Update



Professor Ian Lauder, Dean of LWMS, standing where the new Medical School will be, on the western edge of the Leicester General Hospital, overlooking Hospital Close. In the background is a distant view of the University of Leicester.

School and I am glad to report that all the teaching spaces and research facilities we asked for have been provided. Until we know which bid is accepted we won't be able to fill in the detail of the internal design of the building, but at that stage we will be consulting students as well as staff.

"The building will be student-friendly, with a restaurant, welfare and counselling spaces, as well as areas for socialising and other facilities students are used to on the main campus. Everyone should be reassured that we will be aiming for the very best accommodation, both for our existing students and to enable us to attract the highest quality medical students in the UK."

The move to the Leicester General Hospital will represent far more than just a new building. The education students receive

there will change, allowing the University to fulfil its commitment to Inter Professional Education far more comprehensively than is currently possible. One of several elements that will be incorporated is a sophisticated clinical skills area, where nurses and doctors will be trained together, learning at an early stage the importance of team-working and appreciating the roles played by other members of the team.

While medical students will remain full members of the University of Leicester, they will also be part of a large and diverse body of medical trainees and students, and the new campus is expected to take on a vibrant and exciting life of its own.

Through LWMS News, we will make sure everyone knows how the Pathway Project progresses in the future.



MEDAL FOR HEAD OF MEDICAL EDUCATION

► In December Professor Stewart Petersen, Head of Medical & Social Care Education, was awarded a Medal of Honour by the University of the Free State (UFS) in South Africa for his contribution to medical education in that country.

Since 1996 Professor Petersen has worked with the Medical School at UFS in Bloemfontein, advising them on the development of a new medical curriculum. The Medical School is one of the premier schools in South Africa, and has adopted a

curriculum very much like that at Leicester, with a similar philosophy, approach and structure.

Professor Petersen said: "I am very honoured to receive the medal, and have enjoyed enormously the work that I have done with the Medical School at UFS. Working with other Medical Schools helps a great deal to develop insights which have improved the course at Leicester, and I have made an excellent group of friends in South Africa, whose hospitality has to be experienced to be believed."



Front row, centre, Professor Yvonne Carter at CHMS in November.

Role Model

► Professor Yvonne Carter was appointed as Dean of the Warwick Medical School in October 2004, retaining her title of Vice-Dean of the Leicester Warwick Medical Schools, which she has held for the past year.

Only the second female Dean of a School of Medicine in the country, she attended her first meeting of the Council of Heads of Medical Schools in November. At CHMS, Professor David Gordon, Chairman, warmly welcomed Professor Carter and

Professor Susan Dilly, Dean of the Faculty of Health from Keele, and reminded other Deans that they follow in the footsteps of the first ever female Dean, Professor Dame Lesley Rees, who was at Barts in the late 1980s.

Professor Carter said: "As an academic GP, I very much hope that I might provide a role model for students and young doctors who are considering a career in clinical academic medicine."

Thirty-three years of memories

ANN WALLIS-POWER LOOKS BACK ON MORE THAN 3 DECADES AT WARWICK.

► I have worked at the University of Warwick for a little over 33 years. After 13 very happy years in the French Department, the next 18 years were spent, equally happily, in the School of Postgraduate Medical Education (PGME) in eight different locations on and off campus, and the past 2 years in the newly-formed Warwick Medical School as the Administrator of the Division of Clinical Sciences.

When I moved to PGME in

February 1984 I inherited a trading deficit of £6,000, a filing system that consisted of dog-eared documents thrown into the bottom drawer of an otherwise empty filing cabinet and an excellent, newly-appointed "boss" in the shape of Professor Keith Shinton (now Professor Emeritus and still going strong).

PGME was the foundation stone for all the CPD (Continuing Professional Development) courses currently offered in Warwick Medical School. The

demands of organising Masters courses for health professionals have changed very little over the years. Sheer desperation once drove me to deliver a lecture on the Child Health course myself when a visiting speaker failed to materialise.

The job I do now is very different, but challenging and enjoyable. I am assisting the Chair, Professor Donald Singer, to establish the new Division of Clinical Sciences and to commission and administer the

University's Research Wing in the new Clinical Sciences Building at the UHCW Hospitals site at Walsgrave. I am also part of the Project Team responsible for the refurbishment of the Medical School Building (old Maths & Statistics) on the Gibbet Hill Site.

Claims to fame? I have kissed Mick Jagger (no satisfaction there!), ridden Red Rum (wonderful) – and I once rode a racehorse across the grass in front of Social Studies.



► Most scientific breakthroughs take many years before the advance is in common use. Genetics, however, can provide a very immediate and powerful way of transmitting a discovery straight to patients and their families.

This was illustrated by a research project taken up by Richard Trembath, Professor of Medical Genetics, soon after he came to the University of Leicester, and which has subsequently brought his research group international recognition.

A young woman in her early 20s came to see him. She was just about to get married, but she was worried about a medical condition that ran in her family. Three of her elder sisters had developed a rare genetic condition, called Primary Pulmonary Hypertension (PPH), in which blood vessels going from the heart to the lungs become gradually blocked off.

The condition had revealed itself in this girl's sisters during pregnancy, and she wanted to know if it was safe for her to become pregnant, and - if she had a child - whether she would pass on PPH to her baby.

Faced with her request, Dr Trembath turned to the medical literature but, in his words, "the cupboard was bare. So I put it to her that, with her help and the advances in genetics, maybe we could work together to understand the condition better. She agreed. And I set out to find the faulty genetic material in this case."

To begin with, he encountered two problems.

Finding the Needle in the Haystack

Firstly, in 1992 the human genome project was in its infancy. Looking back, he describes it as a road map without signs. Secondly, he had to obtain DNA samples from the girl's family members, both with and without the condition, in order to find which bit of the genetic material was shared by those with the condition. He soon came to realise it was like trying to find a needle in a haystack.

Nonetheless, he had a degree of success, as he explained: "We discovered that no fewer than nine members of her family had developed PPH. With the family's permission, we obtained DNA samples from as many family members as possible.

"Furthermore, we made contact with centres throughout Europe and found there were very few families known to have PPH, and 'our' family was the biggest in Europe at that time. Then serendipity set in, when I discovered, at a chance meeting with colleagues in the US, that they, too, were looking at the same problem."

By sharing their knowledge, Professor Trembath's research began to move forward more quickly. Positional cloning of the disease gene meant that the haystack within which their needle was hidden had been reduced to a bale of hay.

Even so, by March 2000, the project was struggling. Realising the need to at least publish, Professor Trembath asked a PhD student associated with the project to draw up a league table of his "ten best genes", and took the list home to study these in more detail.

He recalled the moment when the breakthrough came: "I was going through the list at about 2 am. Just three months earlier,

colleagues in New Zealand had sent us details of an unusual family with both PPH and another, better known, inherited abnormality of blood vessels, a rare disorder known as hereditary haemorrhagic telangiectasia (HHT). Genes causative of HHT had been known about for a number of years. "To my surprise a gene which had many similarities to these HHT genes was amongst the short list of candidates and immediately became the number one suspect."

"After eight years' work, I could not just roll over and go to sleep, and the need to resolve whether we had the right gene or not was overwhelming. In the early hours of the morning, I phoned the PhD student, who went into the lab and designed the necessary primers. The following morning we spotted the first major alteration in the gene in one family."

Identifying genes causative of medical disorders has significant impact for families affected by such conditions. The discovery of the PPH gene was no exception and the research team has subsequently advised many family members regarding the risk of developing this rare but devastating disorder. For some, including the young lady who initiated all this work, this breakthrough has resulted in them being able to start a family without the anxiety of whether they themselves were 'at risk' of the condition, and knowing there is no risk of transmitting the condition.

For Professor Trembath's research team, also, the findings were a turning point and have led to substantial funding towards further research, including £1.5M from the British Heart Foundation. 🌀

Study into Psoriasis identifies DNA Variation

► A gene hunt carried out at the University of Leicester for a skin disorder that affects over one million people in the UK alone has made a new breakthrough which could lead to the design of new and more targeted drugs. The research team in the University's Division of Medical Genetics, led by Professor Richard Trembath, has been investigating Psoriasis - an inflammatory skin condition - for a number of years. Now Professor Trembath believes the research has made a 'significant step' towards understanding the causes of psoriasis by discovering detailed genetic differences in those afflicted with the disorder. 🌀

Researchers & bakers plug mineral gap in UK soil linked to fertility & cancer

► A consortium of researchers, farmers and a major baker are working together to fill future supermarket shelves with loaves of bread that will arrest the plummeting levels in the UK diet of a mineral that plays a significant role in male fertility and the prevention of some cancers. The mineral selenium is of particular importance in male fertility and in the prevention of prostate cancer, but research has also shown that it can help in the prevention of cardiovascular disease, stimulation of immune function, suppression of inflammatory conditions, and even brain function and development. Researchers at the University of Warwick's horticultural research arm, Warwick HRI, have been modelling the selenium intake of plants and have carried out a number of field trials to gain a clear understanding of the effectiveness of selenium enhanced fertilisers on the selenium uptake of a number of grains and vegetables. 🌀



Back Pain - Expert Advice as Effective as Treatment?

► Researchers from the University of Warwick have found that routine physiotherapy for mild to moderate low back pain is no more effective than a single advice session with a physiotherapist. UK NHS physiotherapists treat around 1.3 million people for low back pain each year, but there is very little evidence for its effectiveness. International guidelines vary but generally recommend advice to remain active. The study, published in the British Medical Journal, involved 286 patients with low back pain of more than six weeks' duration; 144 received therapy and 142 received advice only. The level of disability was measured at two, six, and 12 months. 📄

Good Parenting Protects Against Chronic Illness

► Research reveals that good parenting not only helps to reduce criminality, conduct disorder and delinquency in children but could promote good health and prevent chronic disease in adulthood, according to University of Warwick Professor of Public Health Sarah Stewart-Brown. Research indicates that widespread provision of help and support for parents could have an important beneficial impact on future mental and physical health. The impact of unsatisfactory relationships in childhood is revealed in a wide range of common health problems including, in some studies, cardiovascular disease, cancer, musculoskeletal problems, depression and attempted suicide. Poor quality relationships predict poor health, independently of socio-economic circumstances. 📄

PHYSIOTHERAPY COMES TO THE UNIVERSITY OF LEICESTER

► Leicester Medical School will soon be training physiotherapists alongside medical students. This important addition to our portfolio of health related courses will be delivered in partnership with the University of Coventry, which has one of the largest and best regarded physiotherapy courses in the country.

The Leicestershire, Northamptonshire and Rutland Workforce Development Confederation is commissioning the course, and the contract was won against stiff

competition from three other Higher Education Institutions.

From September 2005, 30 students each year will study a course based in part at the Medical School, and in part in clinical placements around the Leicestershire, Northamptonshire and Rutland region.

We are equipping a room in the Maurice Shock Medical Sciences Building with all the necessary apparatus and new staff are being appointed to work with colleagues from

Coventry to deliver the course.

This provides exciting opportunities for medical students to learn and work alongside other health professionals, and it is another important step towards making the University of Leicester the major player in the local Healthcare Education Scene as we move into the exciting world of the Multi Professional Education and Training Centre provided through the Pathway Project. 📄

Where are they now?



► The hunt is on for University of Leicester medical graduates. IWMS News will be introducing an Alumni Page from the Spring 2005, and we would like to hear from any graduates who have news, views or experiences they would like us to include, or who would simply like to make contact. 📄

NATURALLY OCCURRING 'CANNABIS' - A CRITICAL ROLE IN REPRODUCTION AND CHILDBIRTH

► Endocannabinoids are naturally occurring cannabis-like compounds, which are produced by many organs in the body. They are recognised to play important physiological roles, but most of these are poorly understood. New research at the University of Leicester, published in The Journal of Clinical Endocrinology and Metabolism, indicates that the blood levels of anandamide, one of these cannabis-like

compounds produced in the body, are higher before than after ovulation. Of particular note was the finding that after a steady fall during pregnancy, blood levels rose by almost four-fold when women go into labour. This rise is very dramatic and appears to begin with the onset of uterine contractions. Professor Justin Konje, who leads the Fetal Growth and Development Research Group in the University's Reproductive

Sciences Section in the Department of Cancer Studies and Molecular Medicine, commented: "These observations are seminal and have very significant implications for human reproduction. Could the rise be an important signal for the control of labour? Is this nature's response to pain relief for labour? How are these changes affected in those smoking marijuana (cannabis)?" 📄



► At present there is a strong focus on Emergency Care within the National Health Service. The “four hour target” for Emergency Departments makes regular headline news. This is part of the development of Emergency Medicine as a separate clinical speciality, and along with these clinical developments there are significant academic opportunities.

The treatment of the acutely unwell patient is also a focus for the General Medical Council's requirements for undergraduate training and is also now playing a key role in the new form of early postgraduate training for doctors (the Foundation Years). In Leicester, the University and the NHS Trust is responding to these changes by redeveloping both the fabric and the structure of Emergency Care.

An Academic Unit of Emergency Medicine was established in 2004 with the appointment of Professor Tim Coats. A Senior Lecturer is currently being appointed, and these new posts will provide the foundation for one of the largest Emergency Medicine Academic Units in the UK.

Historically, Emergency Care has attracted a relatively small proportion of medical research funding. However, with the development of Emergency



Emergency Medicine at Leicester

Medicine as a speciality there has been an increase in the proportion of UK research funding directed to this area. The challenge to the Academic Emergency Medicine community is to provide a first class response to funding calls, so that this trend is encouraged.

The Academic Emergency Medicine Unit in Leicester has a particular interest in major injury management and coagulation following major injury. Injury is predicted by the WHO to overtake HIV aids in the

world burden of disease by the year 2020, and this will undoubtedly lead to an increase in research funding in this area.

Leicester will be well positioned to take advantage of this, the Unit providing the clinical lead for the WHO supported CRASH 2 Trial (www.crash2.lshtm.ac.uk). Other areas of active research are the evaluation of emergency diagnostic studies (such as cardiac output measurement by Thoracic Electrical Bioimpe-

dence) and outcome prediction (in conjunction with Exeter University and the UK Trauma Audit and Research Network).

Leicester is also developing the training of tomorrow's doctors. The addition of an Emergency Care module to the final year of the undergraduate medical curriculum, and the development of structured clinical skills training will enable us to produce graduates who are prepared for the new emphasis on emergency care within the Health Service. ☺

Rugby Victory for Warwick

WARWICK MEDICAL SCHOOL (45) VS. LEICESTER MEDICAL SCHOOL (7)
WARWICK MEDICAL SCHOOL (22) VS. JAGUAR (10)

► An annual rugby match in November between the campuses of the Leicester-Warwick Medical School was first discussed in the not-so-confrontational environment of the Jug and Jester pub in Leamington Spa. It was felt that sporting interaction between the two campuses would help to foster an understanding!

Warwick, in only their second ever outing, had to rely on the goodwill of their sporting colleagues at the bottom of Gibbet Hill for kit. As they lined up at the university pavilion pitches, the tension was palpable.

Warwick took command from the kick-off. Leicester mounted considerable resistance in the

second half, culminating in a try, leaving the final score a well-deserved 45-7. Post-match dissection and banter at the Union is still a talking point to this day, along with Damo's hat!

The second scalp to be taken was Jaguar's, on a cold, foggy Wednesday evening in the quagmire that was Kenilworth Rugby Club. The game got off to a good start for Warwick, Jaguar replied with two tries through sheer forward power, but failed to convert. The final score was Warwick 22, Jaguar 10.

Club captain James Nicholson commented; “Many thanks to both our opponents and Kenilworth RFC for all their support.

Not forgetting the hard work of the Medics' Rugby Committee.”

Looking to the future, the club is set to play Manchester Medics (away) on February 5th and enter the National Association of Medical Schools (NAMS) Cup at the start of the new season.

With these recent victories taking them into the New Year undefeated, it seems the only thing stopping Warwick Medics' imminent ascendancy into the Zurich Premiership is a lack of kit. Interested parties can contact James on (07900) 586091.

*Andrew Currie,
Warwick Medical School ☺*



► Perhaps one of the toughest of challenges facing the medical student is the transposition of fundamental medical science into a clinical context.

As a fifth year student, observing consultants in hospitals teaching medical students inspired me to contemplate teaching myself. I always enjoyed being involved in teaching. It is no doubt a fundamental part of medicine as a whole and takes place at all levels of training. There is constant emergence of new concepts and techniques in the ever expanding field of medicine, and it is only by effective teaching skills that such valuable knowledge can be passed on to others.

Together with three of my colleagues (Rashed, Nasser and Mandip), who were also very interested in this idea of teaching, we decided to help students who were about to enter their clinical training by organising small group tutorials lasting approximately 1-2 hours.

The ability to filter a likely pathological process from a presenting symptom is a skill that takes time and plenty of exposure to those who are sick. Nowadays, students are expected to think 'clinically' before entering the so-called 'clinical phase' of their medical training.



Pictured, back row left to right, Mushfikur Rahman, Mandip Heir and Nasser Malik, three of the four fifth years who organised the "Students As Teachers" group tutorials.

Students as Teachers

The predominant aim of the tutorials was to relate basic medical science in a clinical context and a friendly environment, in order to prevent it being intimidating for the students, for example, taking a presenting complaint such as 'jaundice' and discussing the likely causes, appropriate investigations and management. For us, the chance of revising topics at the same time for our final

exams was something not to be missed!

Before starting the sessions at the beginning of the academic year, we were invited to take part in a teacher training programme normally organised for clinical demonstrators. This proved very useful, offering us a chance to practise with senior staff and be introduced to some basic teaching theory. The sessions were run in the Medical School seminar rooms and were attended, on average, by twenty students.

Formal feedback showed that third year students enjoyed these sessions, the content was appropriate for their level and they were very receptive to the idea of senior students being teachers. All of us who were involved in the teaching found it a beneficial and rewarding exercise. We all would like to be involved in teaching in future and would encourage others to participate in this scheme.

Without Dr Fussey, this scheme would never have succeeded

The late Dr Ivor Fussey played a pivotal role in the initiation and implementation of the 'Students as Teachers' pilot scheme. He received our idea warmly,

invited us to attend teacher training, offered us valuable feedback and set up the webboard facility, which we used to post handouts. Throughout our efforts in organising the scheme, we found his input and support invaluable.

We also discovered the lighter side of his personality. We fondly recall him listing all our 'heresies' when giving us feedback after our first mock session. It was a great loss to us as students and the University as a whole to hear of his untimely death. He will be surely missed.

Without Dr Fussey's help and commitment, this 'Students as Teachers' pilot scheme would never have succeeded, and we are confident that he would have very much liked this project to be taken further in the years to come.

Mushfikur Rahman
(5th year medic),
with

Rashed Akhtar
(5th year medic)

Nasser Malik
(5th year medic)

Mandip Heir
(5th year medic)
University of Leicester
Medical School



The Champion

► Congratulations to Farhana Fadzli, Medical Student, who won first prize in the University Hospitals of Leicester NHS libraries quiz. Farhana was presented with a handheld computer and Drs Companion software (loaded with the BNF, NICE guidelines, Oxford Handbooks, Clinical Evidence etc). For more information about this software see <http://www.le.ac.uk/li/lgh/libary/palm.htm>



► The Prince of Wales Hospital is an unassuming teaching hospital nestled in the hills north of Hong Kong. In mid-2003, something substantial happened here. Severe Acute Respiratory Syndrome, or SARS, was unheard of before then. It would come to be feared around the world, but this is where it first broke out.

“The first pandemic of the 21st Century” had a brutal and deadly effect. In Hong Kong itself 299 patients died. Singapore, China, Canada and Taiwan were all significantly affected, and over eight thousand individuals contracted the virus globally.

Medical student Doris Chu attended a teaching session on the ward where the index patient was being treated for an unusual chest infection. This patient would later be traced as the primary source of the Hong Kong outbreak. The students, oblivious to this, were busy at the bedside of the neighbouring patient. Days later Doris was one of the first to develop the early symptoms of SARS. “I was very fatigued, and had a headache. I thought I had influenza, not SARS!” she said.

Her X-rays told a different story. Several healthcare workers had fallen ill with respiratory complaints, as rumours spread around the hospital of a mysterious illness. Doctors were on the look-out for anything unusual, and Doris was a highly suspicious case. “I was not comfortable, but not very sick at that time,” she said.



SARS, ONE YEAR ON – THE STORY OF DORIS

Nobody knew how to treat SARS. It didn't even have a name at this point. Microbiologists worked around the clock to identify the cause. Meanwhile the hospital took every precaution it could to prevent the virus from spreading through the hospital. Every staff member wore full-body protection from head to toe, and all efforts were made to prevent cross-contamination. Visitors were out of the question. Doctors were thrust into unprecedented conditions, treating both colleagues and patients, in an atmosphere of

fearful insecurity.

The outside world was in panic, as the disease spread through the community. The streets of Hong Kong emptied. Clinical teaching at the hospital came to a halt, and medical students were in limbo weeks before their final exams. The teachers persevered, doing what they could to ensure the new doctors qualified. Some videotaped their lectures for downloading, while others carried out tutorials in online chat rooms with electronic handouts. Traditional clinical exams with patients were considered too risky, so they were rearranged with pictures of clinical signs instead.

Doris, on the other hand, was confined to the hospital. The doctors had deemed that a quarantine period was prudent. “After I felt well, I was quite bored in the hospital,” she explained. She was fortunate to be on the same ward as other students, with whom she passed the time. “I had a chat with my classmates, and read books.” The hospital arranged video links from the ward, and patients used text messages to communicate.

A new form of coronavirus was eventually identified as the cause, and established treatment is now in place for any future occurrences. Things have moved on, though the people working at the time have been indelibly affected. “I didn't know the doctors, but I felt warmth from them,” concludes Doris. “They were under high pressure at that time but were willing to tell us our progress and our treatment. They are brave, and tried their best to treat us.”

*Sadat Edroos
Final Year Student
Warwick Medical School*

University of Leicester authority on communicable diseases, Professor Karl Nicholson, is renowned for his worldwide investigations of SARS and avian flu. Professor Nicholson, who is also a Consultant Physician and microbiologist with the University of Leicester-University Hospitals of Leicester NHS Health Trust's Institute for Lung Health, is an expert in influenza, virus infections, the role of vaccination against influenza virus and specific anti-viral therapies. ☺





STAFF DISTINCTIONS

WARM CONGRATULATIONS TO THE FOLLOWING PEOPLE:

UNIVERSITY OF WARWICK:

► **Professor Yvonne Carter**, Dean of the Warwick Medical School and Vice-Dean of LWMS, has been awarded an Honorary Fellowship of the College from Queen Mary, University of London, in recognition of her contribution to the development of General Practice and Primary Care in the School of Medicine and Dentistry there and for her notable services to health services research.

She has also been invited to join the Medical Research Council Health Services and Public Health Research (HSPHRB) College of Experts; and the Joint Medical Advisory Committee (JMAC) of the Higher Education Funding Council for England (HEFCE).

Sallie Lamb, Division of Health in the Community, has been invited to become a member of the Commissioning Strategy Group for the National Co-ordinating Centre for Health Technology Assessment.

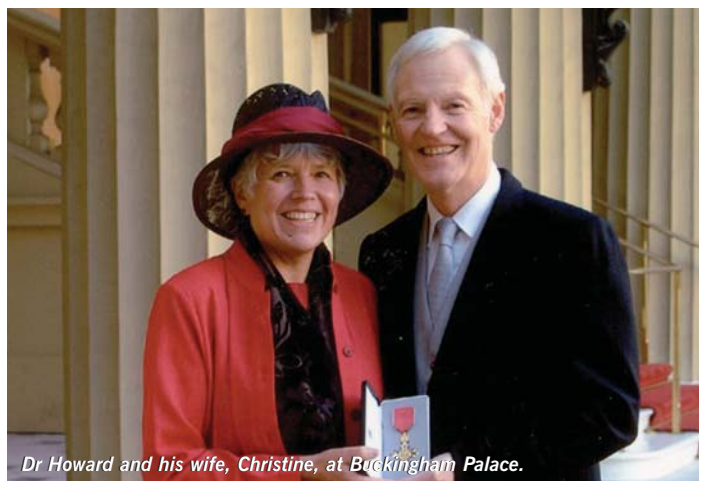
Teresa Pawlikowska, Division of Medical Education, has been elected to the Executive Board of the European General Practice Research Network.

Dr Krystyna Matyka, Division of Clinical Sciences, has been elected to the Professional Advisory Council of Diabetes UK.

Professor Scott Weich, Division of Health in the Community, will join the MRC Neurosciences and Mental Health Board from April 2005. 📧

Support for TB Research

► International star Engelbert Humperdinck recently gave his support to a charitable appeal to raise money for research into tuberculosis, when he attended a dinner following the Leicester Medical School's annual "Frank May Prize Lecture", given by Dr Chris Brightling, of the Department of Infection, Immunity and Inflammation at the University in December 2004. Speaking to Dr Frank May, MBE, newly appointed as Honorary President of the Leicestershire Medical Research Foundation (Medisearch), the world-famous singer, who still maintains strong links with Leicester where he grew up, said: "I have had tuberculosis and I hope that people will support this URGENT appeal." 📧



Dr Howard and his wife, Christine, at Buckingham Palace.

Boost for Dentistry at Warwick

► The General Dental Council (GDC) has accredited the Warwick Masters in Implant Dentistry. Professor Jeremy Dale, Head of the Division of Health in the Community and Director of the Centre for Primary Health Care Studies, commented: "This is a huge achievement for the large number of staff and tutors that have been involved in developing this course and who worked incredibly hard over the last year to meet the requirements of the GDC." The course is the largest of its type in the UK, and this is the first time that the GDC has accredited a non-Dental School Masters course. The application was presented to the GDC by Alyson Quinn, Academic Director for the MSc in Implant Dentistry. 📧

► For more medical news see the university websites:
<http://www.le.ac.uk/press/>
and <http://www2.warwick.ac.uk/newsandevents/pressreleases/>

UNIVERSITY OF LEICESTER

► **Dr Laurence Howard**, Lord Lieutenant of Rutland and formerly Sub Dean of the Faculty of Medicine and Biological Sciences at the University of Leicester, also currently Editor of LWMS News, has been awarded an OBE for services to the administration of justice.

Kilian Mellon, Professor of Urology in the Department of Cancer Studies and Molecular Medicine, has been awarded the 2004 Karl Storz - Harold Hopkins Golden Telescope Award.

Professor David Critchley, Biochemistry, has been appointed to the Scientific Executive Board of Cancer Research

UK and will chair the CR-UK Programme Grants Committee.

Dr John Williams, Cardiovascular Sciences, has been recognised as having delivered the best trainee presentation at the Spring meeting of the UK Anaesthetic Research Society, and has separately won the Royal College of Anaesthetists' Jubilee Medal for a presentation which has subsequently been published as an abstract.

Dr Chris Willmott, Biochemistry, has been invited to edit the Learning and Teaching Support Network Centre for Bioscience's e-journal Bioscience Education. 📧

LWMS News:

Copy deadline for next edition of LWMS News – Monday 18 March 2005.
We welcome your letters, comments, news and information. Please send to:
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