South West Division Newsletter

Autumn 2018

Newsletter

South West Division

Autumn 2018 Edition

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Welcome from the Editor

by Dr Juzer Daudjee

It is my pleasure to bring you a selection of the most interesting articles and contemporary writings from around the region. As the second edition of the newsletter as editor I have enjoyed and been encouraged by the breadth of content and hope readers will be equally.

As before, do get in touch with your suggestions via:

Email the Newsletter Editor or the Division office
Twitter @RCPsychSW

Chairman's Foreword

by Dr Richard Laugharne

Dr Laugharne is a Consultant Psychiatrist in Cornwall and Executive Chair of the South West Division of the Royal College of Psychiatrists

For all the stresses and frustrations of a career in psychiatry, if we step back to reflect, we often realise what a privilege it is to be trusted by complete strangers with the details of their lives. I am very impressed by the observation of Holly Clegg, a sixth form student, in her reflection in this edition of our newsletter, "It takes a very well-educated person to understand (people); well-educated not academically but emotionally".

It is great to have contributions from people across the generational spectrum, from Holly about to embark on a career journey from school, trainees reflecting on progress in neuroscience, care farming and the structure of the Royal College of Psychiatrists (well done Ross, Herculean task), young consultants seeking to improve the physical health of patients with psychosis and retired consultants maintaining their ongoing development.

Being a psychiatrist is a privilege, an adventure and knows no bounds in intellectual endeavour. Our newsletter captures some of the possibilities open to us all if we step out boldly.

Serious Mental Health and Cardiovascular Risk in a Community Mental Health Team

by Dr Simon Marlow

Dr Marlow is a general adult Consultant Psychiatrist working in Cornwall with a particular interest in improving safety for patients with a Serious Mental Illness (SMI).

- A category of "Serious Mental Illness" (SMI) includes Schizophrenia, Schizoaffective Disorder, Delusional Disorder and Bipolar Affective Disorder (Type 1).

- A diagnosis of SMI is associated with an elevated lifetime risk of suffering from a cardiovascular event such as a heart attack or a stroke. This elevated risk is also independent of any confounding lifestyle factor commonly associated with these illnesses, and may indicate genetic loading common between these mental and physical health problems.

There is national guidance on how services should be monitoring for modifiable risk factors for cardiovascular disease and how assurance should be provided that patients are offered appropriate interventions[1]. In Cornwall, we have participated in the National Audit of Schizophrenia[2] which aims to review this issue and we have often fallen far short of meeting standards, despite multiple Patient Improvement projects and local guidance having been disseminated. Following the nationally recognised Lester Guidelines[3] and participating in the Every Contact Counts[4] movement have been the main strategies attempted in-so-far. Recently, in the Community Mental Health Team (CMHT) setting we have collaborated with colleagues from Public Health in an attempt to improve the service provided in Cornwall, however the last project found that patients would refuse to attend the mental health team base for a physical health review. The patient group were too hard to engage to make a meaningful difference and the providers felt the best opportunity to do so would be to be more assertive, more flexible and more mobile in how patients are caught to have the appropriate monitoring in one sitting and offered the appropriate advice there and then.

GP colleagues have similar difficulties with the same patient group and both services share a responsibility to initiate and provide the monitoring, as well as the offer of any appropriate interventions required to mitigate the modifiable risk factors identified.

We plan to identify all current patients on caseload whom have an SMI and our colleagues in Public Health have offered some members of the CMHT some training in Motivational Interviewing for lifestyle change, as well as some training in, and access to, point-of-care machines. We then plan to spend a concerted effort over a pilot period of 4 weeks to assertively catch all those identified where they usual access care with

our service and perform the appropriate monitoring there and then, as well as provide immediate brief intervention advice or signposting to assure we have offered an appropriate intervention when required. If successful we may be granted access to the equipment required to embed this into routine care.

Whilst this is going on our Trust is endeavouring to embed other strategies into routine clinical care.

We are to trial providing patients a single page questionnaire to gather data about their physical health parameters as part of all routine CPA, assessment or clinic appointments. We hope this also will inform patients of the link between mental and physical health, change cultural perception of patients (and staff!) that physical health is not separate mental health, and be another opportunity staff to have conversations with patients about this issue and for patients to evaluate their motivation to make lifestyle changes.

I have modelled how easy it can be to perform these cardiovascular risk reviews in outpatients when someone attends with an identified SMI. The difficulty lies when patients have not had a screening for diabetes or hypercholesterolaemia in the last 12 months and one has to signpost the patient onward to receive this – leaving a gap in the review we provide. We hope to catch people through multiple strategies and embed identifying and performing these reviews into the process of CMHT assessment, CPA, outpatient review and care-coordination.

The barriers to embedding this into clinical practice are (1) not having routine phlebotomy or point of care monitoring, (2) CMHT patients often not seeing a Psychiatrist due to New Ways of Working, (3) the extra time for administration and completing the task and (4) non-medical staff members feeling under-resourced, under-trained or simply not feeling their patients cardiovascular risk monitoring and intervening is part of their job role.

Our planned project has the objective of getting access to point-of-care monitoring to overcome barrier (1), develop a whole team approach to tackle barrier (2), as well as tackle the culture within mental health teams to tackle barrier (4). As we go we hope to streamline how we complete the task, record the results, as well as communicate the risk review to their GP.

References

[1] https://www.nice.org.uk/sharedlearning/improving-physical-health-for-people-with-serious-mental-illness-smi

[2] https://www.rcpsych.ac.uk/quality/nationalclinicalaudits/schizophrenia/nationalschizophreniaaudit.aspx

[3] https://www.rcpsych.ac.uk/pdf/RCP_11049_Positive%20Cardiometabolic%20Health%20chart-%20website.pdf

[4] http://www.makingeverycontactcount.co.uk/

Student Mental Health – everybody's business

by

Dr Richard Laugharne

There is a lot of concern about the mental health of students at universites. The increase in suicides amongst the student population has hit the headlines, but is a tragic tip of a larger iceberg.

The demand for mental health interventions at universities has increased five-fold in ten years, and in some institutions one in four students are asking for counselling. The number of suicides in students has increased by 36% in the last 5 years despite the number of students rising by only 5%, and the rate of suicide amongst students is greater than the age-equivalent population.

The increase in demand can easily overwhelm student counselling services, local GP resources, IAPT therapy provision and stretched CMHTs in secondary care. Universities UK have published a strategy and a charter, and have been told they must treat the issue as a "top priority" by the Universities Minister. The strategy emphasises a whole-community approach (everybody's business) targeting prevention, intervention and

postvention. We have excellent universities in our region, and their services and responses are quite varied. How could the South West Division help? We are a network of professional colleagues who seek to work collegially and this gives us the ability to share stories of success. It is important we show an interest in how universities are developing their mental health services. We can discuss with colleagues in universities how different institutions are developing services to help students. We are often aware of research findings we can also share, and encourage innovation and research in this field. There are key local researchers working in this area. We work in the NHS, and can help link NHS services with universities- Exeter has done some great work commissioning a new service jointly with the university and the CCG.

We also have direct contact with medical students and need to help medical schools develop services to help students. We need to be mindful of the mental wellbeing of junior doctors, as they are also a group vulnerable to stress, mental illness and suicidal ideation.

These are some key documents:

- Suicide-safer universities (UK Universities and Papyrus)
- Not by Degrees: improving student mental health in UK universities (IPPR-Institute for Public Policy Research)
- https://www.universitiesuk.ac.uk/stepchange

European Federation of Psychiatric Trainees (EFPT) Forum Review: Neuroscience Day 24 July 2018

by

Dr Rupert Thurston

Dr Thurston is an ST5 Doctor working in Intellectual Disability Psychiatry

Taking place on a beautiful sunny day in the conference centre of Bristol University's Wills Hall, the Neuroscience day formed part of the European Federation of Psychiatric Trainees (EFPT) Forum. Adrian James was a humorous and effective Chair, introducing the speakers whilst keeping everyone to time ensuring we could all enjoy the barbecue at the end of the day.

Wendy Burn started off the day with a warm welcome to all our European colleagues, followed by a clear vision for better integration of neuroscience topics into psychiatry, to enrich rather than replace the social and psychological aspects of our work.

We then had Carmen Sandi discussing adverse effects

of stress and how it can shape the developing brain including some fascinating animal models illustrating the effects of stress on behaviour. Anita Thapar presented on the neurodevelopmental condition ADHD and where we are on the journey to understanding the genetic and environmental factors underpinning it. The next presentation was on neuronal networks. Ed Bullmore made comparisons between connectivity in the brain and airline networks. Making it sound so straightforward, this was useful in thinking about development and later what happens when things go wrong.

After a break and hot drink to top up caffeine levels, we focused on a different stimulant and the effects in the brain. Robert Malenka spoke about plasticity and the brain's response to experience in terms of changes in synapses, drug associated memory, and long-term potentiation. Possibly preaching to the converted, David Ross then spoke on the importance of neuroscience in Psychiatry.

His experience introducing more Neuroscience into Postgraduate Psychiatry education in the USA made for a fascinating talk. See NNCI for more information. I'm sure I wasn't alone in wanting to have a go at the Play-doh brain sessions. We then got to try an exercise in constructing an input-output pathway relating to fear.

The last two sessions of the day were on sleep. Bristol University's very own Matt Jones presented on genetics, sleep neurophysiology and memory. These all from part of approaches to a better understanding of schizophrenia (and possible targets for treatment). Russel Foster then presented on the positive effects of getting enough sleep such as problem solving, followed by the negatives of sleep disruption such as metabolic effects.

Throughout the course of the day, I was struck by the enthusiastic and engaged international audience. Questions from the floor were stimulating and included topics such as Ketamine, and wake therapy. Kate Lovett rounded up the day, bringing us back to the interface between the psychological and physical aspects of illness. She also acknowledged the importance of research to making a real difference to clinical practice and the people who we work with.

Retired and Resting Psychiatrists update

by

Dr Angela Rouncefield and Dr Paul Divall

Need help finding a Peer Group?

If you are not in a peer group but would like to be put in touch with one, please forward your details via Abigail Watts who will put you in touch with the SW Retired Doctors Representatives, Dr Paul Divall and Dr Angela Rouncefield.

Do you have space in your Peer Group?

To assist colleagues with finding a suitable peer group, if you have space in yours it would be very helpful if you could let Dr Rouncefield and Dr Divall know via Abigail Watts so that we can put retired working doctors in touch with you.

Do get in touch with your local Retired Doctors Representatives via the Division Office if you have any queries or comments: Dr Paul Divall and Dr Angela Rouncefield would be pleased to hear from you.

2019 Event Programme

The South West Division hosts two full day events each year specifically to meet the needs of retired or resting psychiatrists and we are currently planning the 2019 programme.

We are aware that retired psychiatrists can feel isolated and bewildered by the prospect of revalidation. Many find jobs within organisations that can help, eg. SOADs in the CQC, but others have no parent organisation. To give guidance and assist in the 'careers' of retired doctors, Dr Divall and Dr Rouncefield hope to welcome you to these events, which are open to any psychiatrist who has retired from their substantive NHS post.

The topics reflect the mainstream needs of psychiatrists who continue to offer help and advice, or who are involved in activities such as Section 12 work. Each meeting includes a short update on revalidation, to hear members' experiences and to share good or helpful practice.

We need your support!

SWDT are always willing to consider any events that are relevant to this group.

If you have an idea for a suitable topic, or would like to lead one of these events, Dr Divall and Dr Rouncefield would welcome your nomination, which may be submitted via Abigail Watts.

More information about these events and additional support for retired doctors can be found on our Retired Doctors web page.

South West Division Training (SWDT) update

After the success of our Supervision: beyond the ticked box course in March, SWDT has been concentrating on hosting the 2018 Spring Biannual Meeting 'Mental Health Research and Innovation in the South West' in May and running an ADHD Training Day in June.

The Section 12 and Approved Clinician Induction and Refresher courses have continued to be very well received this year and, due to popular demand, we will again be hosting a number of these courses in Tiverton in 2019.

Planning is also well underway for the remainder of the 2018 programme, which includes a Communication Skills for Psychosis course on 11 October, Annual Dinner on 15 November and Autumn Biannual Meeting 'Updates on core issues in Psychiatry' on 16 November.

SWDT has an exciting programme planned for 2019, which will include a Research for Jobbing Psychiatrists course in February, an Autism course in June and our Retired Doctors programme of events.

Did you know?

Doctors attending the Research for Jobbing Psychiatrists course will be qualified to act as Principal Investigators, through Good Clinical Practice in Research training. More information can be found on the course leaflet.

You can find more information about all of these events on our Training and Events web pages.

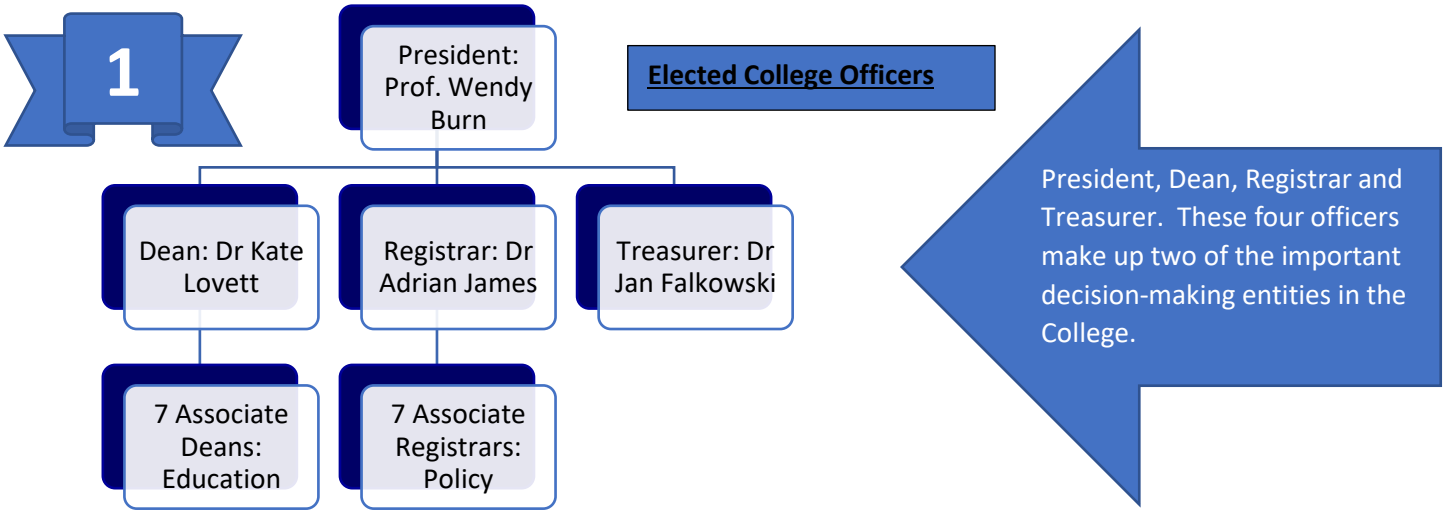
Structure of the Royal College of Psychiatrists

by

Dr Ross Runciman

Dr Runciman is an ST4 in General Adult and Old Age Psychiatry and Vice Chair of the PTC

I was daunted when trying to understand what the Royal College of Psychiatrists does when I first joined as a Core Trainee and I thought it might be important to know. It's potentially dry stuff, but I've found understanding how our College works really helps in the long run. I've tried to break it down into 5 clusters of diagrams…



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Direction & Governance

UK Council

- President, Dean, Registrar and Treasurer
- **All UK division chairs**
- All UK faculty chairs
- Four elected members
- All council committee chairs
- One patient representative
- One carer representative
- Up to five co-opted members

Board of Trustees

- President, Dean, Registrar and Treasurer
- **Division chair** (elected from chairs)
- Faculty chair (elected from chairs)
- College Member (elected)
- 3 Lay trustees

WHO IS WHO?

The Divisions, such as the South West Division, are represented by a single elected Chair on the Board and by each of their Chairs on the UK Council.

3 WHAT DO THEY DO?

UK Council

- Elect people to fellowship and membership of the college
- Education, policy, professional practice, professional standards, public engagement, quality, research, and training in psychiatry
- Make recommendations to the Board of Trustees about the nature, scope and extent of the privileges of membership
- Making, changing or cancelling regulations about the examinations

"THE COUNCIL discusses the affairs of the organisation and make recommendations to the Board of Trustees on many of the biggest decisions the College has to make."

https://www.rcpsych.ac.uk/aboutthecollege/governance/council.aspx

Board

- How to use resources
- How to manage, run projects and make decisions
- The service provided to members
- The setting up of faculties
- Disciplinary issues and complaints
- Some of these decisions are taken on the recommendation of our Council

"THE BOARD decides on the biggest issues affecting the College.

The board can delegate responsibility to its committees, the Chief Executive or senior members of staff.

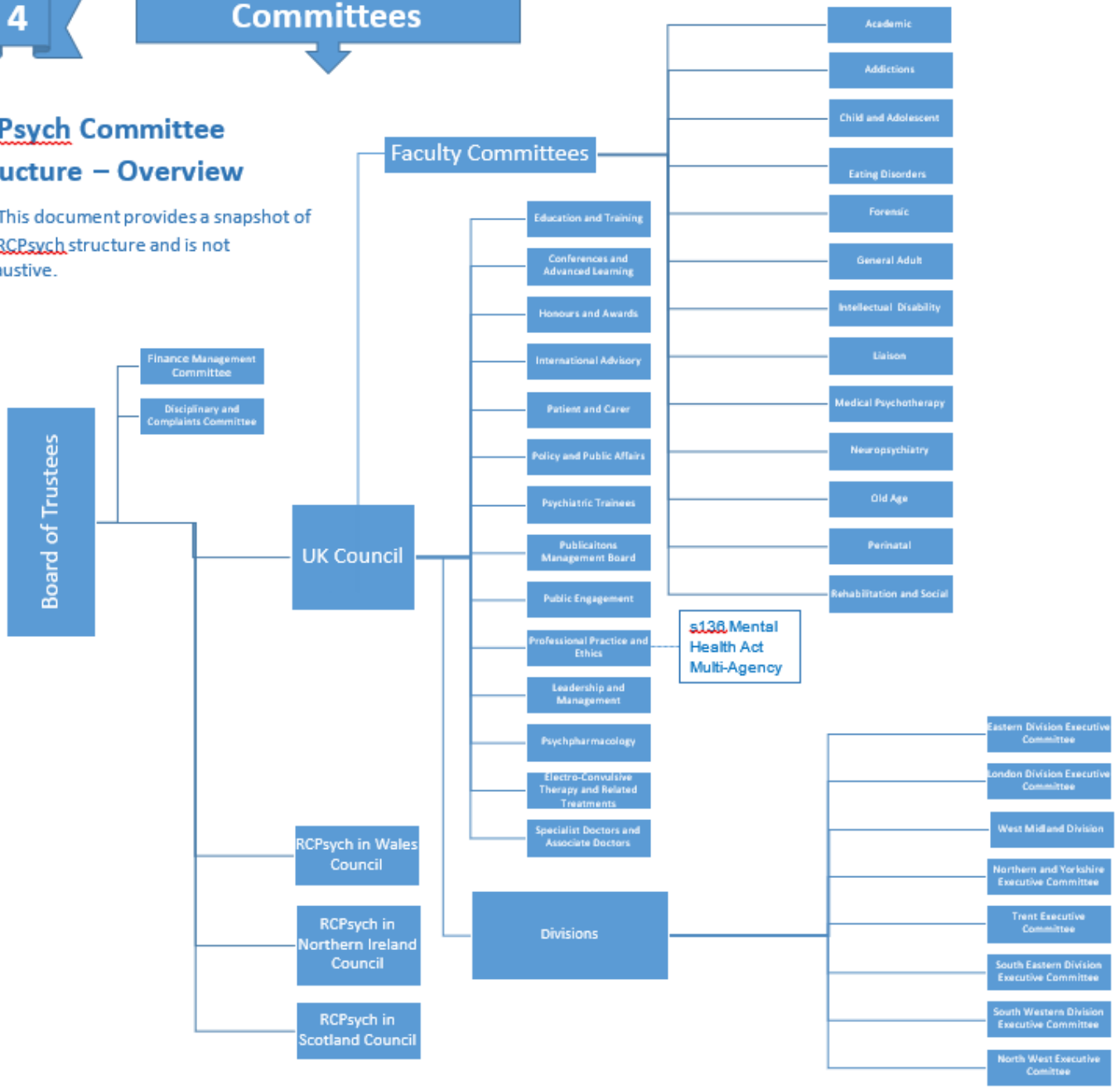
Resolutions passed by committees must be endorsed by the board."

https://www.rcpsych.ac.uk/aboutthecollege/governance/boardoftrustees.aspx

4 Committees

RCPsych Committee Structure – Overview

NB: This document provides a snapshot of the RCPsych structure and is not exhaustive.



Special Interest Groups

Adolescent Forensic

The Arts and Psychiatry

Evolutionary Psychiatry

Forensic Psychotherapy

LGBT

History of Psychiatry

Philosophy

Private and Independent Practice

Spirituality

Sport and Exercise Psychiatry

Transcultural Psychiatry

Women and Mental Health

Volunteering and International

Neurodevelopmental

Occupational Psychiatry

National Collaborating Centre for Mental Health

Time limited expert reference groups for each project (last approximately one year and meet 4/5 times a year)

CCQI

CCQI Combined Committees for Accreditation

5 Faculties, Divisions and the Devolved Nations

The College has elected Executive Committees that lead each Faculty and Division/Devolved Nation. The main specialties in psychiatry are represented by College Faculties. Divisions represent the College locally. There are eight regional Divisions in England and the three Colleges in the Devolved Nations which operate under the working business titles of the RCPsych in Scotland, the RCPsych in Wales and the RCPsych Northern Ireland. The Chair of each Division and Faculty is an ex-officio member of Council.

What do the Councils of the Devolved Nations do?

- Promote and seek to achieve the College's objectives within the relevant Devolved Nation, by coordinating the work of the College, supporting the membership of the College and developing its own initiatives and strategies.
- Represent the Membership of the College in each relevant Devolved Nation on governmental, legal and regulatory issues specific to each relevant Devolved Nation.
- Advise the UK Council on governmental, legal and regulatory issues specific to, and affecting, the College within each relevant nation.

What do the Divisions do?

- Act as a local body for all members to go to if they have issues for the Royal College and are in need of support.
- Elect a Chair to represent the divisional area nationally.
- Approve job descriptions as fitting the RCPsych criteria for appropriate specialty doctor and consultant posts.
- Provide local representatives on all Faculty committees.
- Deliver academic meetings for local psychiatrists.
- Provide a network for local psychiatrists beyond their own Trusts.

In addition to the above, the South West Division also:

- **Organises Approved Clinician/Section 12(2) Induction and Refresher courses.**
- **Runs other academic and clinical courses for members.**
- **Awards prizes for excellent achievements in psychiatry.**

Who is who in the South West Division?

ELECTED

Chair: Dr Richard Laugharne

Vice Chair: Dr Deepak Sachdeva

Finance Officer: Dr Peter Carpenter

Education and Training Committee Representative

Elected Members: Dr Nicus Kotzé, Dr Andrew Moore

APPOINTED

Regional Specialty Representatives

Regional Advisors

EX-OFFICIO

Psychiatric Trainees Committee Representatives: Dr Ross Runciman, Dr Russell Gibson

CO-OPTED

SWDT Director: Dr Guy Undrill

Specialty Doctor Representative

Public Engagement Officer

Newsletter Editor: Dr Juzer Daudjee

Carer and Service User Representatives: Stevie Moss

Heads of School of Psychiatry: Dr Melanie Merricks, Dr Giles Richards

Mentoring Lead: Dr Ian Rodin

Retired Doctors Representatives: Dr Paul Divall, Dr Angela Rouncefield

Choose Psychiatry Leads: Dr Helen Sharrard, Dr Elizabeth Adams

College Trust Representatives

New Consultant Representative: Dr Leanne Hayward

Innovation Lead: Dr Rohit Shankar

Leadership and Management Representative: Dr Amjad Uppal

Commissioning Representative: Dr Andrew Moore

Workforce Lead: Dr Andrew Moore

Policy Lead: Dr Paul Winterbottom

Private and Independent Practice Representative

Bristol Summer School 2018

by

Holly Clegg

Holly Clegg is a sixth form student and winner of the Bristol Summer School 2018 reflective writing competition. The Bristol Summer School is a joint venture between Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and the University of Bristol with sponsorship from the RCPsych South West Division. It is a week-long event that aims to support students from a widening participation background with their applications to medical school.

Today I sat in consultations with patients who were suffering from addictions to a multitude of drugs. There was one thing that struck me in the first consultation I sat through; people are made up of layers. You need to lift these layers one by one and eventually you will discover the story as to why they are now addicted. Then, one piece at a time, you can rebuild this human being back into the person they once were or wish to be.

I found that addiction is not just dependence upon a substance; it's a means of escape, a friend or support when it is not given by others. All the patients I witnessed had sadly lived through difficult childhoods from sexual abuse all the way to alcoholic parents. They aren't able to live the stable lives that so many of us are able to live today, and this is where the psychiatrist steps in. The psychiatrist does not take away the patient's means of support, but replaces it. For the patient's life to be made stable firstly the drug intake must be controlled. Next is creating stability in the patient's life. The psychiatrist can help guide them through this and give them the advice and support they need.

It is not uncommon for the patient to deny treatment in the beginning, and I saw this on my placement. Eventually the patient comes to realise their situation and the impact that it has on their family and friends around them. Once this state of mind has been reached, the patient can start the long road to recovery. From what I have been told, this is a very rewarding experience for everyone involved and I can understand why. Being able to see a person grow so tall from when they once stood so low must be amazing and I totally respect the commitment involved in supporting a patient from beginning to end.

In summary, the key point I have learnt from this placement is that people are complicated. It takes a very well-educated person to understand them: well educated not academically but emotionally. I hope to be able to take what I've learnt into the future with me. Even if I don't manage to study medicine, empathy and keeping your calm when a person is in distress are highly commendable skills. There are many other things that I will take away from my experiences this week, but none will compare to the joy that the whole team feel when a patient is on the way to a full recovery. It is almost magical.

Regional Highlight: Lower Sharpham Barton Farm, International Care Farming for Mental Health

by

Dr Juzer Daudjee

Care farming is the therapeutic use of agricultural landscapes via supervised, structured programme of farming-related activities[1] and there are around 230 care farms in the UK[2]. The average number of clients is 34, attending twice per week with a mean cost is £48 per day. Simon Stevens' Five Year Forward View for Mental Health[3] sets out a change from the 'factory model of care and repair' to one that focuses on much wider individual and community engagement. Green Care is a key way of achieving this[4]; social return on investment analyses (SROIs) for nature-based initiatives show this as being greatly financially beneficial (SROI £2.35 - £10.70[5]) with the benefits being derived from reduced NHS costs, welfare benefit reductions and increased tax contributions. Additionally, the Green Prescription initiative demonstrated a 20–30 percent risk reduction in all-cause mortality from prescribed physical activity outdoors[6].

The United Response (formerly Robert Owen Communities' or ROC) model for provision for people with learning disabilities is based upon the ideals of its namesake, one of the founders of utopian socialism and the cooperative movement. The flagship project set on the Sharpham Estate in South Devon is a combined project between the non-profit organisation Ambios and the charity United Response. As a farm, Lower Sharpham is a social enterprise with fingers in many different pots but primarily for people with learning disability and/or autism. The farm also supports mental health recovery and pathways back into work, long-term agricultural volunteers (with Erasmus+) and conservation trainees usually on 12-week placements. This lends to an unusual and eclectic mix as well as a milieu different to most other Care Farm settings. The trainees are mostly from Western Europe hoping to understand the ecosystems in nature-rich and biodiverse Sharpham Estate and its organic farmland. Their focus is on sustainability, conservation training and public engagement equally which is why the combined set-up functions so well.

There is also the theme of mindful working, which is fed into by the nearby retreat centres and a plethora of other integrated activities to increase skills for the people who live and work there. In fact as a visitor to the region, you may unwittingly benefit when eating breakfast in a local café for example from the farm's regular schedule of fresh egg deliveries carried out by groups of people with learning disabilities.

1. Haubenhofer, D. K., Elings, M., Hassink, J. and Hine, R. (2010) The devlopment of green care in Western European countries. Explore, 6**,** 106-111.

2. Care Farming UK. (2015) Website: http://www.carefarminguk.org/

3. NHS England (2014). NHS five year forward view. London: NHS England. Available at: www.england.nhs.uk/ourwork/futurenhs

4. Elsey, H., Murray, J. and Bragg, R. (2016) Green fingers and clear minds: prescribing 'care farming' for mental illness. British Journal of General Practice. February 2016. DOI: 10.3399/bjgp16X683749

5. http://publications.naturalengland.org.uk/publication/4513819616346112

6. https://nhsforest.org/sites/default/files/Dose_of_Nature_evidence_report_0.pdf

Poem ‘The Seven Ten’

by

Chloe Sakal

Dr Sakal is a Specialty Doctor in General Adult. She is a Winner of the Lisa Thomas Poetry Prize and currently training to be an MDMA-assisted therapist.

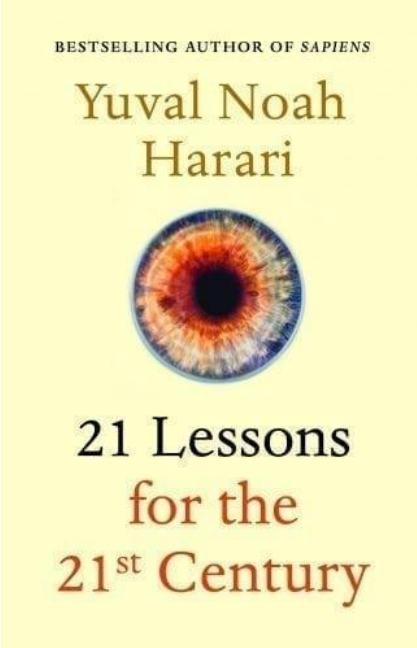
She sells a little coffee from a hut on platform six
She makes a little money to score another fix
A latte and biscuit served with a fake smile
She's been faking it for quite a long while
The 7.05 comes in on time; the platform clears
She wipes down the counter and with it her tears
The nonstop 7.10 rips through the station, screams to a halt
No one can blame her, it's not really her fault
Orphaned at an early age, the family mangled in a car
All she was left with was a mental scar
And now she will serve no more coffee
Strewn across the track are parts of her body
The sirens wail but it's all too late
She made her decision and decided her fate
The hut is quiet.

Book Review: '21 Lessons for the 21st Century'

by

Harry Newington

Harry Newington is a Teacher and Philosophy Tutor based in Bristol.



The Israeli historian Yuval Noah Harari has had a meteoric rise to prominence and deservedly so. His first book *Sapiens* (2011 Hebrew 2014 English) dusted the cobwebs off evolutionary biology and engaged a whole new audience in the long lens view of our species. It was quickly followed by *Homo Deus* (2015), a bold attempt to examine our possible future given the envisioned impact of automation on employment, biotechnology on mortality and so-called Big Data on long held liberal values such as the belief in free will. His new work takes a critical look at the present, specifically at the challenges posed by technological disruption and climate change and asks whether the old 'habits' or 'fictions' such as religion and nationalism are part of the solution or part of the problem. In response to the malady of Brexit and Trump, he prescribes a healthy dose of humility and dares to suggest that we may just not be evolutionarily adapted to deal with the moral, economic and political complexities of today's world. For Harari the broad appeal of the simple, and often contradictory, explanations found in 'fake news', 'conspiracy theories' and religion are a symptom of this malaise. As an Israeli and a proudly gay man he does not pull his punches. He is bold enough to risk the ire of his fellow countrymen by criticising the narrow, Jewish-centric version of history peddled to children in Israel. He is magnanimous enough to say that he 'will leave it to readers around the world to {do the same and} puncture the hot-air balloons inflated by their own tribes'. His major concern is that if we as individuals do not put down our 'story books' and take time to try and understand our minds, as distinct from our brains, algorithms may beat us to it. Some readers and critics may find the threat posed to their inherited shared fictions and the associated, easy-won meaning given to their lives as a result, too hard to bear. Others will find it liberating. Those versed in Harari's work will notice overlaps in content and for this he makes no apology – "Unlike *Sapiens* and *Homo Deus*, this book is not intended as a historical narrative, but rather as a selection of lessons. These lessons do not conclude with simple answers". In an age of over-simplification, soundbites and facile presidential tweets such an acknowledgement is distinctly refreshing.

Prizes and Bursaries

There are several prizes and bursaries available to consultants, SAS doctors, specialist associates, trainees and med students for the upcoming 2018 Autumn Biannual Meeting in Bristol. Take a look at our Prizes and Bursaries web page and 2018 Autumn Biannual Meeting programme for more details.

Vacancies in the South West Division

We have a number of vacancies for College posts available and are keen to see them filled as soon as possible - particularly the Deputy Regional Advisor posts - as they play an important role in supporting our members and ensuring the success of the Division generally. Check out our Vacancies page to see how you can get involved and support your Division.