



**Outstanding  
student  
experience**

# 2010

**ANNUAL REVIEW**



**World-  
changing  
research**



**Sharing  
knowledge  
and expertise**





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## Message from the Chair of Council



**2010 has seen great changes affecting medical and healthcare education; a new government, a radical review of government spending and the Browne review of student funding. In response to these challenges, we embarked on a rigorous consultation process on the future of St George's, culminating in the 2010-15 Strategic Plan. This defines ambitious yet realistic plans around our three core aims of teaching, research and community engagement.**

Key to achieving our research aims was the concentration of research efforts within our three divisions into six areas of excellence identified through the 2008 Research Assessment Exercise (RAE). Now our resources support world-leading research that translates into new therapies and methods of practice, to improve health in the UK and in some of the poorest regions in the world. Over the last 12 months, our excellent researchers have continued to attract nearly £20m in grants and research contracts from major funding bodies.

Our research portfolio has been further boosted by the addition of two new chairs focused on cardiovascular health, awarded to professors Sanjay Sharma and Kausik Ray, and the appointment of Ann Bowling as professor of health care for older adults within our Faculty of Health and Social Care Sciences, run jointly by Kingston University and St George's.

In education, St George's has continued its tradition of innovation. July 2010 saw our first cohort of physician assistants graduate into this new career in the UK. Our medical degree programmes now use virtual patients, offering students more interactive, problem-based learning. And the last 12 months saw us expanding our education portfolio into international markets.

Our joint Faculty of Health and Social Care Sciences launched the School of Rehabilitation Sciences. Born from the success of the former School of Physiotherapy, it expands the range of courses, meeting the training demands of today's healthcare workforce. It also supports evidence-based research in rehabilitation.

Work with our partners and communities also continued to thrive during 2010. Through school visits, workshops, university events and roadshows, our widening participation team informed approximately 3,500 schoolchildren about careers in healthcare and medicine. We invested in research projects and partnerships that will enhance healthcare in our local community, south west London. And our researchers have worked with 60 businesses to find innovative solutions to their healthcare problems.

In response to the need to become increasingly efficient, we are strengthening our already close

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partnership with St George's Healthcare NHS Trust – with whom we share our site – through closer, more formal working links. As well as efficiency gains, we look forward to developing higher-quality education, training, research and clinical care.

St George's, University of London has laid the foundations to ensure we are amongst those universities who perform the best for our staff, students, partners and the diverse communities we serve. I hope you enjoy reading how we are rising to these challenges, as well as about the excellent work and achievements of our staff and students during 2010.

A handwritten signature in black ink that reads "Judith M.G. Evans". The signature is written in a cursive style with a long horizontal line extending from the end.

**Judith Evans**  
Chair of Council

# Message from the Principal



**2010 has been an eventful year for St George's. It witnessed the 30th anniversary of the opening of the new buildings for the hospital and medical school at Tooting, and the advent of a coalition government – the first such government in the living memory of many. Within months the government has introduced paradigm changes to the policy of public funding for universities and the NHS which have major implications for higher education.**

The year began with a visit from the previous prime minister, Gordon Brown, to launch his government's response to Alan Milburn's report on social mobility. It was appropriate recognition given SGUL's track record and success in promoting fair access to university. Widening participation remains of critical importance to us and we will continue to pursue fair access in the face of the major reforms to tuition fees and student loans.

We also published our strategic plan for 2010–15. This underlines our vision to be a thriving medical and health sciences university integrated with a London teaching hospital, and our aspirations to be recognised for excellence and innovation in education and research. It is encouraging that much has been achieved in 2010 to support this. We implemented the plans to establish three academic divisions (Clinical Sciences, Biomedical Sciences, and Population Health

Sciences and Education) and created six research centres to exemplify a more focused approach to research. We introduced a revised personal review scheme, brought in a new financial information system, and commenced the modernisation of research laboratories in one of the Jenner blocks. Importantly, all of this was achieved within budget.

Our application for Primary Medical Qualification (PMQ) was approved by the General Medical Council. We will now exercise our degree-awarding powers to award not only our MBBS degree but also, at the wish of our students, all of our other degrees. The degree certificate will need to accommodate the new degree title of St George's Hospital Medical School, a constituent college of the University of London. PMQ and the award of our own degrees reinforces our strength as a specialist independent university.

There have been exciting developments internationally for SGUL. We have launched a joint venture with the University of Nicosia to establish the first medical school in Cyprus. The medical programme will involve SGUL's graduate entry curriculum. The launch was heralded by the minister of health in Cyprus and has attracted considerable interest. There are a number of additional international developments that may be of considerable significance during the coming year.

2010 saw a number of notable grants awarded to our researchers by research councils, the Wellcome Trust and the European Union. Among these are particular successes for professors Julian Ma, Clive Robinson and John Camm, and Dr Tariq Sadiq. Additionally, we celebrated the first birthday of the South West London Academic Health and Social Care Network (AHSN) which has brought into partnership the three universities in south west London (Kingston, Roehampton and SGUL), NHS trusts and borough-based social services. The success is timely and gives strength to south west London given the radical structural reforms that are changing the local patterns of patient care. The AHSN has been a driving force in the success of the South London Health Innovation Education Cluster (HIEC) in partnership with south east London.

It has been a challenging but successful 12 months. We will build on our achievements in 2010 as we address the continuing challenges facing all universities in 2011. I am very grateful to everyone – staff, students and alumni – for their continuing commitment and enthusiastic loyalty to St George's.

**Peter Kopelman**  
Principal

// It has been a challenging but successful 12 months. We will build on our achievements in 2010 as we address the continuing challenges facing all universities

# Mission, vision and values

In 2010 St George's, University of London developed a new mission, vision and set of values to help define its core purpose, aspirations and the values that are at the heart of what it strives to attain

**Mission** to advance, promote and share knowledge of health through excellence in teaching, clinical practice and research into the prevention and treatment of illness.

**Vision** to be a thriving medical and health sciences university, integrated with a London teaching hospital, locally, nationally and internationally recognised for excellence and innovation in education and research translated across health and social care.

## Values

### Distinctiveness

- ◆ We have a comprehensive portfolio of medical and healthcare education and training programmes within a collegial environment
- ◆ We support a focused and applied research portfolio
- ◆ We uphold an innovative and entrepreneurial ethos
- ◆ We boast a collaborative co-location with a large teaching hospital
- ◆ We are at the centre of extensive local, national and international partnerships and collaborations

### Diversity

- ◆ Positioned at the heart, and reflecting the diversity, of the south west London community
- ◆ Upholding an inter-disciplinary approach to research, education and learning
- ◆ Recognised excellence in widening and fairer access to medical and healthcare professions
- ◆ Attracting sustainable income across a breadth of activities
- ◆ Offering the widest range of student opportunities

### and Dedication – dedicated to:

- ◆ The St George's family:
  - ◇ Our students – preparation for, and furthering of, employment in a range of careers;
  - ◇ Our staff – offering opportunities for career progression through personal development;
  - ◇ Our alumni – providing a lifelong and rewarding relationship.
- ◆ Sharing knowledge and understanding with our local community
- ◆ Providing high specification, sustainable, learning environments
- ◆ Communicating effectively and openly with all our stakeholders
- ◆ Applying the highest-quality standards to all our activities

mission  
vision  
values

# Securing the future: 2010–15 Strategic Plan

In 2010, St George's, University of London established a new strategic plan to set the direction of the institution for the next five years. This draws on the University's strengths to define ambitious, yet realistic, plans that will help to achieve its mission to advance, promote and share knowledge of health through excellence in teaching, clinical practice and research into the prevention and management of illness.

The plan was developed with reflection on the distinctiveness of St George's, its key capabilities, and the opportunities and challenges presented by the changing health and higher education landscape. It identifies the undoubted strengths in education and training that St George's has to offer, and underlines the importance of maintaining excellence and delivering innovations to ensure that the St George's student experience is second to none.

The plan anticipates cuts to education funding, changes to research funding, and a greater burden of responsibility from education commissioners. It responds to these challenges by setting out clear, attainable objectives under three strategic and enabling aims, around which all activities at St George's, University of London will be focused.



**Strategic aim one:** To grow our excellent reputation for education and learning by providing our students with an exceptional experience within an interdisciplinary environment

**Strategic aim two:** To pursue and attain excellence in a focused scientific, clinical and educational research portfolio

**Strategic aim three:** To promote the sharing of knowledge, expertise and opportunities with our local, regional and international communities

**Enabling aim one:** To build and sustain collaborative partnerships with universities, the NHS and other relevant organisations within and outside of London

**Enabling aim two:** To develop and maintain organisational infrastructure and processes to support our existing endeavours and enable the exploitation of new, rewarding opportunities

**Enabling aim three:** To strive to attract, retain and nurture the most talented staff

// The plan was developed with reflection on the distinctiveness of St George's, its key capabilities, and the opportunities and challenges presented by the changing health and higher education landscape

# The educational experience

## St George's aims to grow its excellent reputation for education and learning by providing its students with an exceptional experience within an interdisciplinary environment

**St George's students excel in careers across the spectrum of medical and healthcare delivery as well as in scientific research, positively impacting on the lives of thousands of individuals throughout the world. Providing them with a high-quality educational experience that enables them to achieve their potential is a priority for St George's.**

In 2010, the St George's Strategic Plan 2010–2015 set out the aim: 'To grow our excellent reputation for education and learning by providing our students with an exceptional experience within an interdisciplinary environment'.

Innovation in education delivery remains a priority in achieving this strategic aim. New technologies, teaching methods and entire courses have been pioneered at St George's. Amongst 2010 innovations was the embedding of virtual learning into the medical core curriculum, providing more realistic learning opportunities than the previous paper-based versions. The year 2010 also saw the first cohort of physician assistants from St George's graduate into this professional role, which is new to the UK. And the School of Rehabilitation Sciences officially launched within the Faculty of Health and Social Care Sciences, offering more courses and student places than its previous incarnation, the School of Physiotherapy.

To support the strategic aim, a new education strategy was developed. This involved a detailed review of the undergraduate and postgraduate portfolio, to ensure all teaching is linked with this strategic aim. Dr Andy Kent, a reader in psychiatry at St George's, was appointed as the first dean of education. His job is to advise on strategic issues regarding education at St George's, working with students to find out more about their needs, what is delivered to them, and how it is delivered.

Another key moment in 2010 was the announcement of a stronger working partnership with St George's Healthcare NHS Trust. Students from across the spectrum of healthcare courses already benefit from the University's close partnership and shared site with the Trust. Lecturers and tutors are practicing clinicians and researchers, and are able to pass on the practical knowledge and expertise gleaned from their work at the forefront of medical and healthcare advances.

Formalising this agreement will ensure that the University can capitalise on the opportunities provided by the shared campus and keep it at the cutting edge of innovation in healthcare and biomedical sciences education.

A further important milestone in 2010 was the announcement that St George's, University of London would issue its own degrees to students completing their courses from June 2011 onwards. Degrees have been previously issued by the University of London and they will remain at this high standard of quality once they are issued by St George's. The only difference being that students will receive a degree certificate from St George's Hospital Medical School, which remains the institution's legal name. This decision was made in consultation with current students, who favoured the move. It followed St George's being added by the General Medical Council to the list of bodies that are entitled to award UK primary medical qualifications, which ensures that a St George's degree will lead to (provisional) medical registration in the UK.

Plans were also set in motion to internationalise the St George's education programme. These will pave the way for further expansion and allow more students to access the pioneering teaching developed at St George's, as well as create a more cosmopolitan experience for students at the University.



## **Education highlights**

**Overleaf are just  
a few of the 2010  
education highlights**



# Education highlights

◆ Then prime minister Gordon Brown visited St George's to see first-hand the University's innovative widening participation schemes, which are broadening access to higher education for students from a range of backgrounds.

◆ **The St George's student experience was voted London's best for the second year in a row in the Times Higher Education (THE) Student Experience Survey.**

◆ Sue Coppard, principal lecturer in health and social care sciences was appointed as new course director for the Foundation Degree in Paramedic Science.

◆ **It was decided that the St George's Hospital simulation suite would be relocated from the periphery of the campus into a larger, more central teaching area in Hunter Wing. This will significantly increase its capacity and allow more students to experience authentic training simulations. Students will be able to practise intensive care and trauma situations using hi-tech simulation kit including manikins integrated with computers.**

◆ In November, the St George's, University of London Second Life training program won the silver award for 'Best learning game, simulation or virtual environment' in the e-learning sector's most prestigious awards – the E-Learning Awards 2010. The Second Life program helps to train medical and healthcare students by using problem-

based learning with virtual patients in the virtual world of Second Life.

◆ **The Faculty of Health and Social Care Sciences formed a new academic partnership with The Royal Marsden School of Cancer Nursing and Rehabilitation. This will lead to new collaborations for cancer care professionals. The partnership began in August 2010 with courses, research, and other programmes and opportunities for cancer care professionals.**

◆ A paramedic student who was involved in persuading three people not to take their own lives off Eastbourne's Beachy Head received the employee of the year award from the South East Coast Ambulance Service NHS Trust (SECAmb). David Hopkins, a technician in the Trust's Eastbourne ambulance station, is studying the Accelerated In-Service Foundation Degree in Paramedic Science. Within the space of four months, David played a crucial role in preventing a mother, a former soldier, and a mental health patient from taking their lives at the infamous suicide spot in the South Downs.

◆ **Following positive results in the General Medical Council's (GMC) 2009 Quality Assurance of Basic Medical Education (QABME) review, the GMC asked St George's to contribute to a new paper on best practice in medical education. St George's was invited to give examples of its strategy on the assessment of student progress, its**

**student support structure, its learning disability support, and its Objective Structured Clinical Examinations (OSCE), including how actors are used in practical assessments.**

◆ The Nursing and Midwifery Council (NMC) praised the School of Nursing and Midwifery and the School of Child Health in its annual review. The NMC said the schools were 'good across the board', and commended their partnership working. The positive outcome means the schools have earned autonomy status from the NMC, and next year can undertake their own internal review without NMC presence.

◆ **The Faculty of Health and Social Care Sciences significantly improved its ratings for NHS London Contract Performance Management, which measures how well higher education courses are meeting the needs of the healthcare sector. The Faculty achieved five greens, eight high ambers and no reds, with green being the best possible result.**

◆ St George's announced it was to deliver a new degree programme entitled Healthcare Science BSc (Hons). This course, which is recruiting students for the 2011-12 academic year, will provide training for a career as a clinical physiologist in the NHS specialising in either cardiac physiology or respiratory and sleep physiology. The programme will be delivered through collaboration with St George's Healthcare NHS Trust and other NHS service providers throughout Greater London.

# Curriculum transformation using virtual patients

A training program that allows students to treat virtual patients in interactive online scenarios was embedded into the medical curriculum in 2010. This creates a more realistic experience for practising patient care, where students are able to learn the consequences of their actions without any risk of harming a real-life patient.

This move was part of the Generation 4 (G4) project, which has been pioneering the use of technology to make problem-based learning (PBL) – where students work through patient scenarios or case studies to increase their knowledge and understanding – more realistic, evocative and tangible.

It does this by taking medical students away from the traditional paper-based PBL and replacing it with interactive online virtual patient cases. Students work in groups to make choices about patient diagnosis and treatment options at key decision points in the scenarios. The virtual patient responds to these choices – this may be by revealing further clues to his medical condition or by responding well to treatment – providing instant feedback for students.

The cases were written by medical experts, and designed to give as broad and realistic narratives as possible. Written in the first person, they enable students to take on the role of the practitioner. The cases are enriched with images, x-rays and videos where appropriate.

G4 project manager Trupti Bakrania said: “The students get to see the consequences of their decisions straight away; it makes their choices feel more real. In some cases they’re really disappointed if they can’t save the patient.”

Positive feedback from staff and students has resulted in virtual patients being embedded in what is known as the Transition (T) year PBL curriculum as a replacement for traditional paper cases. The T year is the second year of study on the four-year graduate medical degree or the third year of study on the five-year medical degree. During this year there is a more intensive focus on learning in the clinical environment and on how to think, act and behave like a clinician. The T year builds on the science, knowledge and clinical skills that students learnt in previous years but develops them for use in clinical reasoning – the process of making a diagnosis and planning management for a patient.

The e-learning team, which led the G4 project, has looked at how else the progression towards ever more realistic problem-based learning could be continued. They have experimented with the virtual world Second Life, and in Autumn 2011 will be trialing a range of new learning resources including interactive videos, history-taking chatbots, audio tools, and web traces.

## Pioneering new careers

### St George's graduates among first in UK to qualify as physician assistants

In 2010, a group of St George's students joined the ranks of the UK's first graduates from a pioneering course training a new breed of healthcare professional – the physician assistant. Now the 12 graduates have entered the workplace and are paving the way for other physician assistants to follow them.

Physician assistants (PA) are new to the UK, and the profession has been introduced to work alongside doctors in hospitals, GP clinics, and community-based services. They take on much of the same responsibilities as doctors, including taking medical histories, performing examinations, making diagnoses, ordering tests, and interpreting results, while always working under a doctor's supervision.

Joel Grey, PA course director at SGUL explains: "The physician assistant role provides a flexible healthcare professional who can extend the care that doctors provide to their patients by helping to deliver much of the routine medical care and by recognising those patients who need the doctor's immediate attention or long-term management. As part of the medical team, the physician assistant enables doctors to shift their workload and apply their expertise where it is needed most.

"The St George's course was set up to produce physician assistants that can help the NHS meet the demands of delivering patient-centered care, increasing access to care and continuity of care. With the limiting of junior doctors' hours and increasing demands on the health service, the physician assistant provides a way of helping to meet this service gap. Crucially, physician assistants are team players who recognise the importance of the other members of the healthcare team, who all contribute to the goal of high quality healthcare."

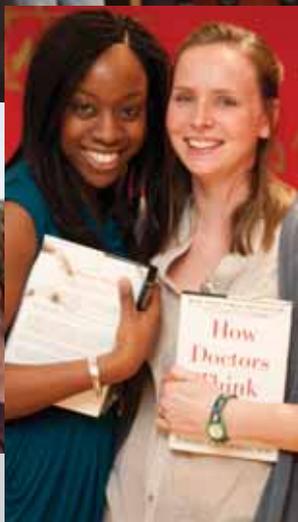
The development of the profession in the UK follows the success of the role in the United States, where it has been established for more than 40 years. Already, physician assistants from the US have become part of multidisciplinary healthcare teams in the UK.

St George's set up its PA course in 2008, and is one of just three UK universities – with the University of Birmingham and the University of Wolverhampton – teaching the physician assistant postgraduate diploma. The first year of the course at St George's involves lectures on core science subjects, as well as small group work on clinical medicine and clinical skills. In the second year, the students complete more than 1,400 hours of clinical placements in general practice and acute trusts, including specialist placements in general medicine, paediatrics, obstetrics and gynaecology, accident and emergency, and mental health.

Students on the St George's course came from a range of backgrounds, including previous careers in paediatric nursing, school chemistry teaching, and GP practice administrations. Several came straight from biomedical sciences degrees.

All of the graduates from the first cohort have found employment in NHS trusts or GP surgeries.

"We are very proud of the graduates of the programme who have taken up posts in a wide range of specialties as well as in general practice. Their presence and that of the graduates of the other training programmes, has raised the awareness of the role across the NHS and led to an ever-widening interest in the role", concludes Joel Grey.



## Graduate profile



**Graduate Jonathan Ogidi joined the course straight from university, after completing a biochemistry degree. He said: “The PA role was one I saw as forward thinking and would be beneficial to the nation’s health. It offered me an opportunity to pursue my interest in the medical sector and equipped me with the skills and knowledge necessary to be involved in patient care.**

“The course was quite demanding and challenging. At the same time it was interesting and exciting. I was taught by top professionals in their field of practice and was exposed to clinical settings early on in the training. The course content was well balanced and evidence-based, which is crucial in training competent and rounded PAs.

“It’s very exciting now to be practicing as a PA. Seeing how the role fits into the NHS and makes a difference to the patients has been among the highlights. Being involved in the clinical decision making, working closely with a multidisciplinary team, and the continued learning on the job have all made it an exciting job.

“Being among the first cohort of PAs in the UK means I am involved in advancing the role. It has been

paramount to engage with the other staff and patients, to explain and show them how the PA role is being utilised and what change it can bring. I am constantly aware that there are many people whose understanding of the role will be based on how I practice and conduct myself. As with any new role, it can be challenging at times to establish it, but it’s a constant work in progress.

“My aim is to make a difference as a PA in my place of work and to contribute to improved quality of care for the patients I come in contact with. I also intend to raise awareness of the role and its benefits to the community at large.”

**Being involved in the clinical decision making, working closely with a multidisciplinary team, and the continued learning on the job have all made it an exciting job //**

## St George's provides course model for Cyprus's first medical degree

St George's has joined forces with the University of Nicosia – Cyprus's biggest private university – to launch the first Cypriot medical training programme. The University of Nicosia will facilitate a four-year graduate-entry medicine degree that has been designed by St George's and is based on its own successful course. This programme is subject to validation by St George's in June 2011.

Students who complete the MBBS4 (Bachelor of Medicine and Bachelor of Surgery) programme in Nicosia will earn a degree from St George's, which was also the first UK medical school to introduce a medical degree for graduates of all disciplines. The Nicosia programme is not a UK primary medical qualification, and does not lead to (provisional) registration in the UK.

**The University of Nicosia will facilitate a four-year graduate-entry medicine degree that has been designed by St George's and is based on its own successful course //**

Students accepted into the English-language MBBS4 programme in Cyprus will follow the innovative curriculum developed by St George's. They will be taught in the state-of-the-art facilities and resources provided by the University of Nicosia. As well as delivering the curriculum, St George's is responsible for academic standards and quality assurance of the programme, and will be involved in the recruitment of both students and teaching staff.

Nicos Peristianis, president of the council of the University of Nicosia, said "This is a significant development for higher education in Cyprus – in line with the European Union's policy to encourage cooperation between European universities, but also in line with the Republic of Cyprus's policy of turning the country into an educational hub for the region."

St George's principal Professor Peter Kopelman said that the alliance combines the strengths of both universities, and added: "This partnership is testament to the success of our pioneering graduate-entry programme, which has now trained almost 400 doctors from a range of backgrounds. The University of Nicosia partnership will expand on this success, and we are confident that its future doctors will benefit from the same excellent training as our previous graduates."

The third partner in this initiative is the Sheba Medical Center at Tel Hashomer, which is the largest hospital in Israel and will provide clinical placements for a number of students. Sheba is the first of a small number of partners that will be selected to deliver the clinical years of the programme in a high-quality training environment.

St George's, University of London has begun work on a number of other opportunities to expand its education portfolio internationally. These are set to enhance the opportunities St George's can offer students, whilst increasing its international impact and reputation.



## A student perspective on life at St George's



Luke Turner, SU president 2010–11 (centre) with SU colleagues Helena Thelin Johansson and Ray Sacks

What a start to the year. We were expecting business as usual at St George's. However, with a new government, new fees and a complete overhaul of funding to higher education, things panned out a little differently. We did our bit here at St George's, taking part in the National Union of Students (NUS) marches and student demonstrations, even staging our own sit in which was attended by the NUS, British Medical Association (BMA) and the London Student newspaper.

There was lots of good news during the year. We saw a return to form for our National Student Survey results, thanks to all the hard work put in by staff last year. We also received a visit from the Quality Assurance Agency (QAA), which was a brilliant opportunity for the Students' Union (SU) to create a survey of our own looking at not only the opinions of final-year students, but of all students at St George's. All of this combined with the St George's-led Student Experience Survey will provide the SU and the University with valuable insight into pressing student issues, what we are doing well, and what we could do better.

We had a fantastic line up for our 2010 freshers, with events running through September to a grand finale in October. This year was the last of the old system that sees students on different courses starting at varying dates throughout this period. Thanks to two years' of work and planning, from next year onwards there will be only two start dates for all of our students. This means one united freshers' fortnight for all!

Following on from the freshers' period, we have been amazed by the level of engagement from our student body. There was an incredible series of shows including a screening of our comedy group Revue's sell out Edinburgh show. Soon after this we saw the Diwali and fashion shows, raising £1,230 and £5,760 respectively for charity. SGUL's Islamic Society brought us a successful charity week raising £10,369 for Islamic relief. By Christmas, Revue was back again with their incredible seasonal show 'the GleeMC'. All of this was on top of the £24,000 raised by our famous Charity RAG fortnight, which took place earlier in the year and was jam packed with fun fundraising activities and events.

2010 also saw the addition of a new Film Society thanks to our recently purchased film licence, funded by a generous donation from the alumni fund. This society organises movie screenings of all genres on the SGUL campus. We are especially pleased to see the creation of a society with both staff and student membership.

On the sports front, St George's excelled in 2010. The women's rugby team went through to the semi finals of University of London Union (ULU) cup, the freshers' girls rowing VIII won the Allom cup – an annual rowing event held on the River Thames – and the men's rugby team were through to the semi final of the United Hospitals Cup.

The SU also raised the profile of St George's in 2010. We strengthened links with the National Union of Students, became involved in ULU senate, and made our voices and opinions heard. We have also been a regular voice in both the London Student newspaper (including a featured article on the SU's new halls condom initiative) and the recently reborn Medical Student newspaper.

So what is on the horizon for the St George's SU during 2011? With a bit of luck, we will have finally finished our charity registration by the time this is published – this will provide a more comprehensive and finely tuned set of objectives for the SU that will put the local community and the needs of the students at the forefront of our work. We have also taken a lot of guidance on good governance and are recruiting a trustee board for the long term continuity of the SU. Furthermore, we have recruited a commercial manager, the SU office's first full-time employee. Both of these developments will open up new and exciting opportunities.

I look forward to seeing how the SU will change and grow, and hope to be involved for years to come.

Luke Turner  
Student's Union President 2010–2011

**We had a fantastic line up for our 2010 freshers, with events running through September to a grand finale in October //**

## Delivering focused research

**A key strategic aim of St George's is to pursue and attain excellence in a focused scientific, clinical and educational research portfolio. During 2010, researchers at St George's continued to make significant advances in their fields of expertise, which include infection and immunity, stroke and dementia, medical genetics, cell signalling, population health, cardiovascular sciences, and social care.**

Over £19.7million of external research income was received by St George's in the previous financial year. This represents a diverse range of national and international funding from organisations including major charities and foundations, UK research councils and other government agencies, the pharmaceutical industry, and US federal institutes. New research awards were received from the Medical Research Council, the Stroke Association, the Bill and Melinda Gates Foundation, the British Heart Foundation, the National Institute for Health Research, the European Commission, the National Institutes for Health in the United States, and the Wellcome Trust. For example, Professor Julian Ma received a prestigious Advanced Investigator Grant from the European Research Council to continue his work on exploiting plants for the production of future generation recombinant pharmaceuticals, which are likely to be cheaper and more accessible to developing countries.

Collaboration is essential in modern clinical and biomedical research, and St George's, University of London's strategic partnerships are global, national, and regional. Research at St George's is organised to respond to current global health challenges, while at the same time having a visible impact at a local level. This makes the close partnership with St George's Healthcare NHS Trust extremely valuable. The dynamic and integrated research environment between the two organisations has enabled the Trust to significantly increase the number of patients and volunteers recruited into local clinical trials.

To support continued expansion and high quality practice,

## St George's aims to pursue and attain excellence in a focused scientific, clinical and educational research portfolio

the Trust and the University have created a new Clinical Research Facility. This provides a dedicated clinical space, equipment and staff to support a wide range of clinical studies, including student projects.

The Faculty of Health and Social Care Sciences, a joint partnership with Kingston University, continues to deliver excellent research and attract important funding. The research focus is inter-professional, and intrinsically service-facing and translational. There is a long history of service-user involvement in research. Researchers in the Faculty are networked into four groups focused on: people with long-term conditions and their carers; workforce innovation, development and education; families and children; and the role of exercise and health.

St George's is the lead partner or coordinator in a number of large research consortia and networks internationally. These include a €12million grant to a European consortium led by Professor John Camm, which aims to improve care in patients with atrial fibrillation – the most common sustained cardiac arrhythmia. A significant amount of funding was also attracted by a consortium of international academic and industrial researchers, led by Dr Tariq Sadiq, to develop new technology that improves sexual health.

During 2010, seven new professorships were appointed: Emma Baker, professor of clinical pharmacology; Julia Critchley, professor in epidemiology; Terry Poulton, professor of e-learning; Barry Powell, professor of plastic and reconstructive surgery; Kausik Ray, professor of cardiovascular disease prevention; Mike Sharland, professor of paediatric infectious diseases; Sanjay Sharma, professor in cardiology.

Two new professors also joined the research leadership in the Faculty of Health and Social Care Sciences: Mike Hurley, professor of rehabilitation sciences, and Ann Bowling, professor of health care for older adults.



## Research highlights

Overleaf are just a few of the 2010 research highlights from St George's, University of London's six research centres and the Faculty of Health and Social Care Sciences



# Research highlights

## Cardiovascular Sciences Research Centre

◆ Professor Juan Carlos Kaski, along with colleagues from Aberdeen University and St George's Healthcare NHS Trust, began a £1.3million Medical Research Council-funded study that could help reduce mortality and long-term complications from heart attacks. This project will assess whether treating patients with nitrite can protect them from permanent damage to their heart tissue, known as ischaemia-reperfusion injury, and reduce the volume of heart tissue death.

◆ **Dr Elijah Behr and Professor Stuart Cook at the Royal Brompton Hospital, began a £1million project looking into the genetics of arrhythmia syndromes, which can cause abnormal heart rhythms. The Next Generation Sequencing in Inherited Heart Disease study, funded by the British Heart Foundation, investigates the role for new genetic technologies in diagnosing inherited heart diseases. It takes these techniques forward to find novel genes related to unexpected sudden death, which could ultimately lead to new preventative treatments.**

## Basic Medical Sciences Research Centre

◆ A team of researchers, led by Professor Clive Robinson, received additional funding to develop a new class of drugs – Allergen Delivery Inhibitors (ADIs) – that inhibit the triggering of allergic reactions before symptoms show. These have the potential to provide relief to people already suffering with allergic asthma and allied conditions, as well as reducing the risk of minor allergies such as hayfever escalating into asthma, which is more serious. The project received £390,000 from the

Wellcome Trust's Seeding Drug Discovery Initiative in 2010, which was in addition to a 2009 award of £4.3million and two earlier awards totalling approximately £1million.

◆ **A consortium of St George's researchers was awarded £342,000 from The Wellcome Trust to investigate the role of maternal immune cells in regulating events in the uterus during early pregnancy. These cells help to ensure that the developing baby gets sufficient blood. However, if not controlled they can also attack fetal cells, identifying them as foreign, and causing the fetus to miscarry. The team – Dr Judith Cartwright, Professor Guy Whitley and Professor Basky Thilaganathan – is interested in what can go wrong with immune cells in pregnancies complicated by the condition preeclampsia, which can result in the death of the mother and baby.**

◆ Professor Dot Bennett and her team at St George's, with colleagues in Glasgow and Cambridge, were awarded £500,000 by Cancer Research UK (CRUK) to widen the screening of chemical compounds for cancer-fighting properties. The consortium of researchers has set up a company, Senectus Therapeutics, to develop novel cancer therapies by finding compounds that trigger a form of cell aging called senescence. Here, after many rounds of cell growth and division, the cells enter a sleep phase where the normal cell cycle is permanently stopped. This blocks the uncontrolled division of cells and is a natural mechanism to prevent cancer spreading. The team is already working with a major pharmaceutical company, AstraZeneca, to screen a large collection of compounds.

## Human Genetics Research Centre

◆ **A gene for primary lymphoedema, GJC2, was identified by a research team headed by Professor Steve Jeffery and Professor Peter Mortimer. A collaboration was then established**

**with Guy's Hospital to carry out Next Generation Sequencing (NGS) on further cohorts of lymphoedema patients, who suffer from chronic swelling of the limbs. This was backed with an award of £220,000 from the British Heart Foundation. The researchers hope that these advances in lymphoedema gene knowledge lead to a better understanding of the function of the lymphatic system and ultimately better management of the condition. Some patients with GJC2 mutations develop upper limb swelling many years after their lower limbs first show signs of lymphoedema. Knowledge that they may be at risk of developing more widespread lymphoedema allows patients to take extra measures to prevent the virulent skin infection cellulitis. In addition accurate recurrence and reproductive risks can be given to patients.**

◆ Professor Andrew Crosby and his team established the Centre for Community Genomic Studies – [www.CCGSconsortium.org](http://www.CCGSconsortium.org) – a non-profit-making international consortium for the study of inherited disease, which aims to increase knowledge and treatment of inherited disease. The centre has established an international study for the investigation of inherited diseases amongst communities in Iraq, India, Iran, Oman, Malaysia and the Old Order Amish. The group has published three novel disease genes responsible for motor neurone degenerative diseases in the last 12 months, and secured funding from major overseas government departments.

## Infection and Immunity Research Centre

◆ **An EU-funded project, Pharma-Planta, jointly coordinated by Professor Julian Ma, is reaching conclusion with preparations well under way for a first-in-human clinical trial of a plant-derived monoclonal antibody. For the first time in Europe, this study will demonstrate the feasibility of marketing pharmaceutical grade monoclonal antibodies in plants for humans.**

Research into plant-derived pharmaceuticals at St George's is also being pursued through a National Institutes of Health-funded initiative to develop large-scale manufacturing capability of these plant-derived pharmaceuticals, and by the Wellcome Trust, to develop new antibody-based medicines for treatment and prevention of rabies.

◆ Researchers have developed a genetic screening procedure to help clinicians identify effective antibiotic drug treatment for mutated tuberculosis bacteria, which is resistant to many types of antibiotics. This could cut weeks off the time taken to determine which drugs to prescribe patients. Genetic mutations of tuberculosis bacteria present a serious problem to clinicians in selecting the correct antibiotic treatment combinations. They need to know the drug sensitivity profiles of the mutated organism, which can take many weeks to determine in specialist labs. Professors Philip Butcher and Tom Harrison and colleagues developed the new aid to screen patients' sputum (material that is coughed up from the lower airways) specimens and to generate vital genetic information. By providing a genetic basis for antibiotic drug selection, the new sequencing has the potential to improve patient treatment, as well as reduce NHS costs through reduced bed occupancy and optimal drug usage.

#### Stroke and Dementia Research Centre

◆ Research led by Professor Hugh Markus could help identify a group of patients at particularly high risk of stroke. The research investigated patients with asymptomatic carotid stenosis – a symptomless condition where the arteries are narrowing or blocked, usually by a build up of fatty materials such as cholesterol. They found that those at high risk of stroke could be identified using a Transcranial



Doppler. This technique shines an ultrasound beam through the skull onto the brain's blood vessels. It is usually used to measure blood flow in the brain, but can also detect small circulating blood clots within the brain called emboli. Large emboli are the most common cause of stroke. The study showed that smaller ones, detected by this technique, but which caused no symptoms, could predict which patients went on to suffer stroke. The study was supported by over £600,000 of funding from the British Heart Foundation, and findings from the Asymptomatic Carotid Emboli Study (ACES) were published in Lancet Neurology. The researchers hope that this will identify those patients with asymptomatic carotid stenosis who will benefit most from surgical intervention.

#### Population Health Research Centre

◆ The largest genetic study of asthma so far, co-authored by Professor David Strachan as part of the GABRIEL consortium, identified seven genetic variants that increase the risk of developing the condition. The team conducted half a million genetic tests on 26,000 people – 10,000 with asthma and 16,000 without – covering all the genes in the human genome. They pinpointed seven locations where differences in the genetic code were associated with asthma. Surprisingly, these were not the genetic variants that were strongly associated with the allergic antibody immunoglobulin E, suggesting that allergy may play a less prominent role in asthma than has previously been thought. The findings, which were published in the New England Journal of Medicine, also show that adult-onset asthma and childhood asthma are genetically different diseases.

◆ A study of over 2,500 sexually active female students, led by Dr Pippa Oakeshott, found that annual screening for chlamydia is not enough to prevent cases of pelvic inflammatory disease, which can cause infertility, in the following year. The study, published in the British Medical Journal, concluded that most cases of pelvic inflammatory disease occurred in women who did not have chlamydia infection when they were screened, suggesting they may have become infected later. The authors recommended more frequent testing of those at higher risk, such as women with a new sexual partner or a recent history of chlamydial infection.

#### Faculty of Health and Social Care Sciences

◆ Dr Val Collington, in partnership with Nottingham University, was awarded funding by the Nursing and Midwifery Council to examine the contribution midwife teachers make to childbearing women. They will also investigate whether their practice teaching can be strengthened.

◆ Improving care for people in acute mental health facilities across Europe is the objective of the e-Psych.Nurse.net project. Mary Chambers, professor of mental health nursing, is part of an international team that has been granted €267,054 by the European Union to improve access to clinical care educational programmes for mental health nurses.

◆ Wilfred Muleya, principal lecturer in social work, is leading work in evaluating government funded initiatives aimed to encourage more young people who are in the care of local authorities to stay longer within their placements. These initiatives are known as 'Right to be cared for – R2BC4' and 'Staying Put'. The evaluation is being conducted in the London Borough of Merton, one of 10 local authorities in the UK chosen to be a pilot site.



## Mobile phones could be the key to better STI diagnosis

By making diagnosis easier to access in the community, with immediate results, we aim to reduce infection rates and improve sexual health //

Mobile phones and computers could soon be able to diagnose and recommend treatment for sexually transmitted infections (STIs) under a project that aims to help reduce rising rates of STIs.

The £5.7million project is developing self-test devices, similar to pregnancy tests, which plug directly into mobile phones and computers, immediately and privately identifying multiple STIs including chlamydia and gonorrhoea.

These are predominantly aimed at young people in response to public health concerns that, although most STIs occur among that age group, many are too embarrassed to visit a GP or a genito-urinary medicine clinic to get tested. Instead they remain untreated and potentially pass their infections on. It is hoped that the ability to obtain a private, confidential diagnosis will overcome their widespread reluctance to take a test.

The Medical Research Council – and the UK Clinical Research Collaboration – has given a £4million grant to a consortium of academic and industrial researchers to develop the technology. The consortium, which includes St George's, University College London, Brunel University, Warwick University, Queen Mary, University of London, the Health Protection Agency, and industrial partners, made up the remaining £1.7million.

The project – called eSTI<sup>2</sup> (electronic self-testing instruments for STIs) – is being led by Dr Tariq Sadiq, senior lecturer and consultant physician in sexual health and HIV at St George's, University of London, who said: "By making diagnosis easier to access in the community, with immediate results and linking to treatment outlets, we aim to reduce infection rates and improve sexual health."

The consortium will use nanotechnology – advanced technology on a sub-microscopic scale – to create the self-test devices. Users will place urine or saliva on a computer chip, similar to a USB stick, and plug this into their computer or mobile phone. Software on the phone or computer will analyse the sample, make a diagnosis and recommend a course of action.

Potentially, eSTI<sup>2</sup> systems could automatically make an appointment with the appropriate GP surgery or sexual health clinic. It could send a message to the nearest pharmacy then use GPS to direct the user there, where their prescription will already have been prepared. It could also give options for informing a partner.

The devices would be available in different settings, such as pharmacies and even vending machines, for users to add their samples and then plug into a computer or mobile phone.

"Mobile phones have changed the way we live and communicate, and our team of experts firmly believe that they open up a unique avenue for new ways to diagnose and control STIs. Currently, if you want to know if you have an infection, your sample is usually sent to a laboratory and the results come back in a few days. Imagine how much more likely you would be to get tested if you could test yourself away from a clinic and have an on-the-spot, accurate result, but still let a doctor or pharmacist know within minutes that you may need treatment. This kind of system could also speed up the process of communicating infection trends in the population to public health doctors, allowing for quicker responses to outbreaks of an STI."

// Mobile phones have changed the way we live and communicate, and our team of experts firmly believe that they open up a unique avenue for new ways to diagnose and control STIs

// These are predominantly aimed at technology-savvy young people



The required technology is close to becoming a reality //

The proposal was put together as a direct response to the epidemic of STIs in the UK – which saw a rise of 36 per cent from 2000 to 2009 – and the reluctance for people to go to their doctor to find out if they are infected. The project will bring together researchers with backgrounds in fields as diverse as telecommunications, microengineering, microbiology, and public health, as well as NHS technology adoption teams.

“The required technology is close to becoming a reality,” said Dr Sadiq. “But there are other issues we need to address before we can use devices in the community – confidentiality and data protection, for example, are

supremely important. It will also be vital to have tests that can be easily adapted to detect newly identified STIs, as all the causes of sexually transmitted diseases have still not been discovered.”

The consortium will ensure the devices are accurate in the development stage, investigate the most effective and safest ways to use eSTI<sup>2</sup> systems in the community, and seek to apply the technology to developing countries, where access to healthcare is more limited. Dr Sadiq added: “These systems have real potential to give individuals more control over their sexual health, reduce the spread of infection, and radically change the way STIs are diagnosed and managed.”



## Researchers put physician assistants under the spotlight

Researchers at the Faculty of Health and Social Care Sciences began the first major evaluation into the role of UK physician assistants, a new breed of healthcare professional.

Physician assistants are a new addition to medical teams in Britain, although well established in other developed countries including the United States, Netherlands and Australia. They can diagnose and treat patients under the supervision of a doctor, although they cannot prescribe medication.

This two-year study will assess their contribution to healthcare in England. The researchers will analyse how effective they are and their cost, as well as looking at the views of patients, doctors, nurses and other healthcare staff.

Lead investigator Vari Drennan, professor of health policy and service delivery, said there were only around 40–50 physician assistants in England.

“They’re a very new form of health professional so we want to take a closer look at what they can contribute to the delivery of patient care,” she said. “We’ll be looking at general practices that have chosen to employ physician assistants and comparing them with practices that don’t have them to see whether there are differences.”

Professor Drennan and her team have been awarded £350,000 by the NHS’s National Institute of Health Research’s Service Delivery and Organisation Programme to complete their research.

The study will include interviews with patients on the treatment they received from doctors and physician assistants. Patient records, with names removed, will be analysed to look at the care provided by physician assistants and doctors, and to see whether patients later returned to



the surgery with the same problem. In addition, around 40 key experts from groups including the Department of Health, British Medical Association, Royal College of Nursing and patients’ organisations will be asked for their views.

Two previous pilot projects in which American-trained physician assistants were employed in Scotland and England showed they were well received by patients and health professionals but there were problems caused by the differences between United States and United Kingdom practice and lack of prescribing rights.

## New professorships focus on enhancing cardiovascular health



Professor Kausik Ray

New professorships were announced for Kausik Ray and Sanjay Shama, who will work with colleagues in the St George's Cardiovascular Sciences Research Centre to help drive forward cardiovascular research.

Kausik Ray took post as professor of cardiovascular disease prevention. Within this role, he will focus on cardiovascular disease prevention that can be quickly adapted into practice, ultimately improving patient care. He also teaches on medical degrees at St George's, and practices as a consultant cardiologist at St George's Healthcare NHS Trust.

His research is focused on developing a better understanding of risk factors for acute coronary syndromes (ACS) – a range of problems that can be caused by a sudden reduction in blood flow to the heart muscle caused by a narrowing or blockage of the blood vessels. This includes angina and heart attack. He also plans to study the relevance of these factors in the ethnically diverse population of south west London. Professor Ray is particularly interested in investigating new medicines and mechanisms to prevent heart disease.

Professor Ray has 20 years of clinical experience and 10 years' experience of research and teaching in cardiology. He has undertaken significant research on the effects of statins – a group of drugs

used to combat high cholesterol, heart attack and stroke. His work has informed several international guidelines for heart disease and is cited as proving evidence for specific approaches to patient care. Amongst his influential projects is the demonstration of the early benefits of intensive statin therapy over standard therapy within 30 days of an ACS event.

Also in 2010, Sanjay Sharma was appointed professor of cardiology. His research interests include heart muscle diseases, heart failure and sports cardiology including sudden death in sport.

Professor Sharma's research has been pivotal in characterising the impact of age, gender and ethnicity on cardiovascular adaptation to exercise. His research has also been groundbreaking in the identification of non-invasive methods of differentiating electrocardiographic and echocardiographic manifestations of athlete's heart – a common benign condition amongst athletes. Symptoms of athlete's heart can be difficult to distinguish from those observed in serious heart muscle disease, such as cardiomyopathy and ion channel disorders, which are the most commonly implicated causes of sudden cardiac death in sport.

His current research programmes are focused on the assessment of the

impact of long-term ultra-endurance sport on the heart; ethnic differences in observable characteristics and traits of the serious heart muscle diseases cardiomyopathy and ion channel diseases; investigations into how the heart's right ventricle adapts to the pressure of increased blood flow induced by exercise; and sudden arrhythmic death syndrome.

**His current research programmes are focused on the assessment of the impact of long-term ultra-endurance sport on the heart //**

Professor Sharma's clinical work is mainly based within St George's Healthcare NHS Trust, where he spearheads the new centre for Inherited Cardiovascular Conditions and Sports Cardiology – the world's first specialist, multi-disciplinary centre dedicated to young sudden cardiac death. He also holds posts as medical director of the London marathon; cardiologist to the Lawn Tennis Association, the Rugby Super League and the English Institute of Sport; and consultant cardiologist to Cardiac Risk in the Young – a charitable organisation which aims to raise awareness and minimise the risk of conditions causing sudden cardiac death in the young.

**His work has informed several international guidelines for heart disease //**

# Sharing knowledge, expertise and opportunities

**St George's aims to promote the sharing of knowledge, expertise and opportunities with our local, regional and international communities //**

**Despite a sharp focus on high-impact research and innovative, quality-assured education, St George's is dedicated to impacting positively on local communities – in south west London, as well as on a national and international scale. Whether this involves outreach opportunities that support widening participation and social equality in the UK, or projects that tackle healthcare problems specific to local communities in the UK and beyond, St George's is making great strides in this area.**

As well as work that is intrinsic within research and education activities, St George's has established four specialist channels to share knowledge, expertise and opportunities. These are:

- ◆ Widening participation initiatives which aim to open up higher education to all sectors of society by raising aspirations, informing young people of their options, and considering course applications in context of each individual's social background
- ◆ A Centre for Enterprise and Innovation which provides academic expertise to business, to help solve healthcare problems

◆ A transnational programme which delivers education programmes internationally

◆ The South West London Academic Health and Social Care Network (AHSN), a pioneering membership network encompassing health, social care and higher education, and working with the third sector and industry to provide research-informed services to people in the local south west London community

A commitment to this area of work was formalised in the 2010–15 Strategic Plan within the strategic aim 'To promote the sharing of knowledge, expertise and opportunities with our local, regional and international communities'.

**Whether this involves outreach opportunities that support widening participation and social equality in the UK, or projects that tackle healthcare problems specific to local communities in the UK and beyond, St George's is making great strides in this area //**



## Sharing knowledge, expertise and opportunities highlights

Read overleaf to find out just some of the ways in which St George's staff and students contributed to sharing knowledge, expertise and opportunities in 2010



# Sharing knowledge, expertise and opportunities highlights

◆ St George's and around 30 other local organisations formed the South London Health Innovation Education Cluster (HIEC), a government-funded network created to improve healthcare delivery and education in the south London area. The HIEC brings together members of south London's two major healthcare networks – the South West London Academic Health and Social Care Network and King's Health Partners Academic Health Sciences Centre. It includes all south London's primary care and mental health trusts, 17 NHS hospitals, the London Ambulance Service and the local Health Protection Unit, as well as six universities, further education providers and social care teams.

◆ **Widening participation activities – which aim to raise the aspirations of school pupils from less affluent areas of society and inform them about career opportunities in medicine and healthcare – reached around 3,500 young people during the 2009/10 academic year. These activities included: week-long residential summer schools held at St George's; workshops, clinical skills days, mock interviews and St George's student-pupil tutoring, all held in schools; and Experiments Roadshows held at 60 events throughout the year.**

◆ St George's students built upon the success of community engagement work they have set up and run themselves. Student projects include the Student Action for Refugees (STAR) group, which works with local refugee children, the Health Partnership Nepal group, which takes vital healthcare to impoverished parts of Nepal, and the Teddy Bear Hospital, which aims to make young patients more comfortable with medical environments.

◆ **An annual programme of Students' Union activities including auctions, discos and collecting donations from members of the public (known as mashing) raised £62,290 for charity during the 2009/10 academic year.**

◆ The Faculty of Health and Social Care Sciences co-hosted one of the largest international research conferences on the history of nursing in conjunction with the UK Centre for the History of Nursing and Midwifery (Manchester University), the Irish Society for Nursing and Midwifery History at University College Dublin, and the American Association for the History of Nursing. More than 230 nurses, midwives and other healthcare professionals, historians and experts from around the world attended the three-day conference. The keynote speaker was Mark Bostridge, author of *Florence Nightingale: The Woman and Her Legend*, the award-winning major biography of Florence Nightingale.

◆ **St George's, University of London was awarded the Quality Mark from the Frank Buttle Trust in recognition of its work to ensure that children coming from care are supported appropriately in applying to, and studying at, St George's.**

◆ A new web tool was launched to help prospective students improve their communications skills for interviews. Scrubbing Up is the latest development on the Taste of Medicine website, which uses multimedia technology to inform young people about careers in healthcare and medicine. It gives an insight into the process of university interviews, showing how students can perform well and dispelling some of the myths surrounding them. It is divided into eight chapters looking at different areas of communication, including how to negotiate, being flexible, being clear, and resolving dilemmas. It contains a range of video scenarios showing where and why communications skills are important, and examples of good and bad communication.

## Working together with people across all ages and disabilities to promote wellbeing

Since 2005, the heritage2health project has been creating therapeutic and motivational experiences in historic and countryside places for people who are socially isolated due to age, disability, the demands of caring or social status. In 2010 it celebrated further success, with a major event offering new experiences, new friendships, and new challenges.

Heritage2health was established to promote wellbeing and encourage shared learning among members of the community who are usually unable to enjoy heritage sites, either through lack of opportunity or due to physical, mental and/or learning disabilities. People come together to learn about the places they visit, engage with other people, and challenge themselves to try new things. The project has successfully improved the wellbeing of people who may feel socially isolated.

The idea is for groups and individuals from across the community, including heritage, health, social, creative and business sectors, to work together to provide access to areas of historic and natural beauty. Partners include English Heritage and the National Trust, and St George's and Kingston University student groups are also involved in supporting the project. As well as providing a valuable opportunity for local people, setting up and hosting the events creates a rich learning experience for students and staff as they work together with people in the local community with diverse needs.

Events are designed as 'challenge experiences', where participants are challenged as a group to try something new, to stimulate their minds and bodies. Events create an environment where people can be empowered to take risks, meet a new goal, overcome a restriction or develop a new skill. These can include trail walk challenges, river crossings, or creative tasks.

In May 2010, 63 people attended a heritage2health challenge event at Marble Hill House and Ham House in



south west London, near the River Thames. The event was spread over the two sites, with the morning spent at Marble Hill, an English Heritage property, and the afternoon at Ham House, a National Trust property. The day marked Ham House's 400th anniversary, and events were tied in with the birthday celebrations.

During the day, participants ranging from six to 84 years old took part in creative activities, designing and creating banners and flags to celebrate the 400-year birthday event.

Mary, one of the guests, said: "It was a great opportunity to go and experience a local land mark that I knew nothing about. I do not get out and about as much as I used to, so this gave me a new zest for life. I'm only 71 and do not want my disability to get in the way of enjoying myself."

Following heritage2health events, the team provides opportunities for those who have enjoyed and benefited from the day – as well as volunteers – to be linked into further education, community and volunteering projects, if they want to develop more in those areas. In addition, heritage2health will provide support and guidance to any projects that may arise from links developed at events. The heritage2health team is keen to disseminate their approach and this year are working with Leith Hill in Surrey to support setting up a community access event and team.

Heritage2health was established to promote wellbeing and encourage shared learning among members of the community //

## Student doctors deliver vital healthcare to remote communities in South Asia



A group of St George's trainee medics visited Nepal to provide essential medical care to poor, rural communities.

The students organised the second annual trip to Nepal as part of the Health Partnership Nepal (HPN) project. They were accompanied by doctors and nurses – who gave up their own time and money to join the expedition – when they travelled to the South Asian country in April 2010.

They ran two four-day medical camps and a two-week surgical camp, providing free primary care, surgery, and public health to people who otherwise could not access essential treatment. The two-week trip followed the success of the 2009 inaugural HPN visit, and was run in partnership with Nepal Medical College and Teaching Hospital.

Final-year medical student Jess Ng is on the HPN committee, and was instrumental in setting up the trip. After the success of the 2009 expedition, Jess was eager to return to Nepal and continue to strengthen the ties with the rural communities.

“The idea is to keep going year after year and to make this sustainable. In 2010 we focused a lot on the public health side, as many of the problems we saw in Nepal during the 2009 trip could be solved at a much earlier stage. We visited schools to give advice about family planning, sexual health and smoking, for instance. Hopefully when we go back in the future we'll see improvements to people's health.

“The long-term plan is to adopt and revive a struggling health centre, by helping to improve services and, if possible, renovate buildings.”

The medical camps were based at Kharanitar and Deurali in central Nepal, where access to healthcare is scant. In 2010 the medical camp teams saw more than 3,000 patients,

offering consultations, hospital referrals, referrals to the surgical camp and medication, as well as free prescription glasses, which proved very popular.

The surgical team completed 140 operations, including general surgery, paediatrics, and obstetrics and gynaecology. The procedures were mainly hydrocoele (a collection of fluid around a testicle) and hernia repairs in adults and children, which would be done immediately in the UK but are usually left untreated or, as Jess says, “chronically neglected”, in Nepal. Other operations included excision of cysts, medically indicated circumcisions in children, and one emergency appendicectomy for a ruptured appendix.

Jess added: “During the surgical camp our Nepalese partners also participated in the Nepali government-funded programme for hysterectomies for uterine prolapse, another chronically neglected problem. This gave us an insight as to whether HPN could participate in this in the future.”



The eight students taking part were accompanied by 12 doctors, 11 nurses, four surgeons, and four anaesthetists from St George's Healthcare NHS Trust and a number of other UK hospitals. The professionals – some of whom are St George's alumni – supervised and guided the team of students in providing healthcare in an environment with such limited resources.

Jess said: “When we got there the first year, the health centre we were going to be using had nothing in it. It was



just a dusty, dirty, concrete building, so we had to make it usable, with equipment borrowed from the medical college.

“On the last trip, Trishuli District Hospital was still in the process of getting its own surgical service up and running, so we donated more equipment and medications when we left. Trishuli has limited surgical capacity, and we are continuing to support it. Surgical services are only otherwise available in Kathmandu, which is a four-hour drive away, along with the majority of the country’s healthcare infrastructure.”

Jess and the others who returned in 2010 are getting to know Nepal well, although the culture took a bit of getting used to at first.

“It’s a very different working culture from what we’re used to. We went to a hospital in Kathmandu on the 2009 trip and one of the things we saw was a newborn baby laying in a corridor on her own. Their resources are nothing like ours, although their medical knowledge is excellent. The work is really getting back to basics, and I think that will make us better doctors in the end.”

“It’s extremely hard work, but extremely rewarding. It’s a privilege to go out and have the opportunity to really make a difference. It’s great that we are continuing to establish and

build a relationship with the community we have been serving. We recognised locals and locals recognised us, and they were very happy we returned to offer medical and surgical aid to the local community.”

In 2010, HPN also started to build a relationship with Kanti Hospital in Kathmandu, Nepal’s main state-funded, and largest, paediatric hospital.

“Even there, they were struggling with the demands of tertiary services, with waiting lists of over a year for paediatric surgical intervention,” said Jess. “We found that there was a lack of paediatric surgeons and anaesthetists, and there was no neonatal service. Our plan is for HPN to work with the hospital to try and develop a neonatal service in the hospital, and also to help in the training towards paediatric surgical and anaesthetic services.”

HPN is now a registered UK charity and, as Jess says, has had “great support” from St George’s, University of London and St George’s Hospital students and staff. During 2010 it hosted its best fundraising event yet – the St George’s Doctors’ Mess Ball, which raised nearly £10,000.

The 2011 Nepal trip is currently being planned, and Jess promises that students will continue to put great effort into developing the HPN project.

**It’s a very different working culture from what we’re used to //**

## St George's people



### Professor Ann Bowling

One of the country's leading social scientists, Ann Bowling, was appointed professor of health care for older adults. Within this post, she will be continuing her long-term research on the healthcare of older people, with the aim of evaluating the effectiveness of health services, improving access to these services, and improving patients' ownership of their own care.

Professor Bowling has more than 30 years' experience in research and teaching, and has developed a worldwide reputation for her work on how older people are catered for by health services. She has worked in public health and primary healthcare settings including St Bartholomew's Hospital Medical College, the London School of Hygiene and Tropical Medicine, and, most recently, the Royal Free and University College Medical School, where she was a professor of health services research.

Her research portfolio includes a survey on older people's quality of life, research into how patients' expectations of care influence their eventual experiences, and a study on the benefits of exercise for people over the age of 65. Her interests also include evaluating self-management programmes for people with long-term conditions, a field of work that is already prominent at the Faculty of Health and Social Care Sciences where Professor Bowling is based.

### Professor Sheila Hollins

Sheila Hollins, professor of psychiatry of learning disability at St George's, was appointed to the House of Lords – the UK parliament's upper chamber – and awarded the title of Baroness.

Baroness Hollins, who has worked at St George's since 1981, was appointed a life peer in September 2010 by the independent House of Lords Appointments Commission in a competitive process. She sits on the crossbenches as a non-party-political peer. This accolade recognises her contribution to learning disability and mental health in the UK, and will see her represent people with learning disabilities as part of her responsibilities as a crossbencher.

Throughout her career at St George's, Baroness Hollins has worked with people with learning disabilities and their families, with particular interest in their health and mental health problems and their access to healthcare. Her research, academic work and high-profile posts have influenced policy and practice in these areas.

### Professor Hamid Ghodse

Professor Hamid Ghodse was elected president of the global drug law body the International Narcotics Control Board (INCB) in May. The INCB is an independent United Nations organisation that monitors and supports governments' compliance with international drug control treaties. This was Professor Ghodse's 10th term at the helm of the INCB since his first year of presidency in 1993.

In his role as president, Professor Ghodse is leading the INCB's engagement with governments around the world, as it attempts to stem the illicit drugs trade.

Professor Ghodse, who is a professor of psychiatry and international drug policy at St George's and also heads its International Centre for Drug Policy (ICDP), has been at St George's since 1978 and over the years has advised governments on medical education and health policy issues.

### Hilary Tompsett

Hilary Tompsett, head of the Faculty of Health and Social Care Sciences' School of Social Work, was named vice-chair of the General Social Care Council (GSCC).

The GSCC is responsible for setting standards of conduct and practice for social care workers and their employers, for workforce regulation, and for regulating social work education and training.

Hilary has been head of the School of Social Work since 1997 and has lectured at Kingston University since 1991. She is a qualified and registered social worker with 15 years' experience as a practitioner and manager, and has worked with children and families, people with mental health problems and older people.

In addition to her post in the Faculty, Hilary is chair of the Joint University Council Social Work Education Committee (JUC SWEC), which represents higher education institutions nationally to government departments and other organisations across the UK. She also sits on the Social Work Reform Board, tasked with carrying out the reforms to social work identified in the Government Implementation Plan of March 2010.



## – celebrating the success of St George's staff

### Professor George Griffin

Infection expert Professor George Griffin was appointed to key roles on three international health bodies in 2010. He also led a major government report recommending new measures for improving the safety of petting farms.

He joined the panel of the French National Research Agency, the French equivalent of the UK's Medical Research Council. The agency is establishing new centres of research excellence, and Professor Griffin is one of a group of international panel members leading the project. The members are helping instigate and monitor new research projects, and driving improvements to research labs across the country.

He was also appointed chair of an international panel responsible for awarding translational medicine grants for the Irish Health Research Board throughout 2011. The panel funds research that bridges the gap between basic science and clinical medicine.

For his third key appointment during 2010, Professor Griffin was reappointed chair of the UK government's Advisory Committee on Dangerous Pathogens, based within the Department of Health.

Also in 2010, on request of the government, Professor Griffin led an independent investigation into the major outbreak of E. coli at a Surrey petting farm, which infected 93 people with the potentially deadly O157 strain of E.coli in 2009. The Griffin Report made a series of recommendations to reduce the risk of visitors to open farms of contracting the disease, and to improve the response to any future outbreaks.

### Jim Blair

Jim Blair, a senior lecturer in learning disability in the Faculty of Health and Social Care Sciences, was appointed to a key NHS committee.

Jim Blair is the only expert on people with learning disabilities on the 12-strong Advisory Committee to NHS Evidence, a database that allows all health and social care staff to search for the latest research, guidelines and best practice information.

The advisory committee, which includes clinicians, research experts and lay people, vets and accredits applications for inclusion on the database, which was launched in April 2009. The committee's decisions are recommended to NHS Evidence and the National Institute for Health and Clinical Excellence.

### Professor Sean Hilton

Professor Sean Hilton, head of the Division of Population Health Sciences at St George's, has been elected president of the Academy of Medical Educators, a standard-setting organisation for medical education and training. He will helm the academy for three years.

The Academy of Medical Educators is the professional organisation for all those involved in medical education, including the training of students and practitioners in medicine, dentistry and veterinary science. The academy was established in 2006, and since then has worked to provide leadership, promote standards and provide support to all those involved in medical education. It has defined a set of professional standards against which medical educators can measure themselves. Ultimately, by raising standards for medical and healthcare education it aims to improve patient care.

Professor Hilton became only the second president of the academy, and followed inaugural president Professor John Bligh, vice dean and professor of clinical education at the Peninsula College of Medicine and Dentistry, based at the Universities of Exeter and Plymouth.



### Dr Anthony Williams

St George's child nutrition expert Dr Anthony Williams was appointed chair of the government's Advisory Panel on Food and Nutrition in Early Years, set up to review food standards in English nurseries.

The School Food Trust was commissioned by the Department for Children, Schools and Families (now the Department for Education) to set up the panel, in response to figures showing that one in five children are obese when they begin primary school. The panel investigated the current provision of food and drink to young children in childcare, and made 11 recommendations to ensure the provision of nutritious, balanced diets.

Dr Williams, a reader in child nutrition and consultant in paediatrics at St George's, was joined on the panel by 12 nutritionists and child welfare experts. The panel issued its report to government at the end of 2010 and its findings informed Dame Clare Tickell's broader review of the Early Years Foundation Stage for the Department of Education published in 2011.

# Enhancing the St George's environment

## **Teaching, learning, research and support facilities**

Throughout 2010 a major refurbishment of the research and teaching areas housed within Jenner Wing continued to progress. The £8.6million project will provide a suite of high-quality laboratories and offices to support research, teaching and learning. Staff and students will begin to benefit from this upgrade in mid 2011 when the first phase of laboratories and offices will be available for use.

Research provisions at St George's were enhanced by the opening of the new custom-built Clinical Research Facility (CRF), created in partnership with St George's Healthcare NHS Trust to aid the development of world-class clinical studies. Specially fitted to support clinical studies across the spectrum of healthcare disciplines, the CRF provides space, equipment and expertise to ensure studies can be undertaken easily and quickly. Its services include a dedicated area for clinical-trial patients, where they can be looked after in comfort, as well as a laboratory for processing, testing and storing patient samples.

The CRF is open to researchers from St George's as well as external partners and other organisations. It supports commercial, grant-funded, pilot and student studies. It aims to boost the scope and calibre of clinical studies carried out at St George's and, in turn, boost its research profile and generate income. Since the CRF has opened, it has been involved in 26 studies, comprising over 500 patients, from 12 different research speciality groups. This has helped the facility contribute to the overall increase, of 17 per cent, in National Institute of Health Research-supported studies at St George's.

Additionally the main teaching and research areas at St George's, Hunter and Jenner wings, are now more operationally robust following the installation of back-up generators. These will ensure that the buildings will continue to receive electricity if the site loses electrical power from the main grid, enabling teaching and research to continue as normal.

A refurbishment of the main lift foyer area created a modern environment for staff, students and visitors. And customers of the sports centre benefited from a new dedicated free weights area.

## **Creating a greener environment**

St George's formalised its commitment to creating a greener environment with an application for the EcoCampus bronze award. This recognises that St George's has senior management commitment to creating a greener environment; is providing environmental awareness training; has conducted a baseline environmental review; and has drafted an environmental policy. Other steps towards creating a greener St George's included the introduction of a carbon management plan along with a commitment to reduce carbon usage by 20 per cent by 2015.

## **Improved efficiencies**

From a commercial perspective, the University released a former research building – the Antisoma building – to St George's Healthcare NHS Trust. This was subsequently transformed into a new breast screening unit, serving a population of 150,000 women in south west London.

St George's finalised its institution-wide business continuity plan, which was tested as part of a planned crisis management exercise. This plan will ensure the safety and security of staff, students and visitors, whilst restoring critical business operations in the event of a major incident. It will also be used to ensure safety, security and operations when the University experiences interruptions to normal business operations that cannot be resolved by normal maintenance or operational procedures, such as room-heating problems.

## **Health and safety**

A new training programme to inform staff and students on how to safely evacuate the building in the event of a fire was introduced. And a new security room, fully compliant with anti-terrorism guidelines and installed with police guidance, was built to serve the St George's, University of London site.

## Preserving Jenner's cow

Dr Edward Jenner is credited with saving more lives than anyone else in human history after discovering that the relatively harmless cowpox gave complete protection against smallpox. For over 200 years, the hide of Blossom, the cow that was the source of the vaccine developed by Jenner, has resided in St George's. That is until 2010, when this important part of medical history was taken away to undergo professional restoration.

Medical history tells of the crucial role Blossom played in the development of the first vaccine and the eradication of smallpox. According to records from the time, the physician Jenner – an alumnus of St George's – had always been intrigued by the country lore that said people who caught cowpox from their cows could not catch smallpox.



In 1796 he began investigations into his theory that cowpox offered protection from smallpox – when a dairymaid, Sarah Nelmes, consulted Jenner about a rash on her hand which he diagnosed as cowpox. She had caught this from milking her cow, Blossom, who had recently had cowpox. Jenner extracted materials from the cowpox blisters on Nelmes' hand and injected some into a young boy called James.



He repeated this process over a number of days, gradually increasing the amount of vaccine he put into the boy. He then deliberately injected James with smallpox. James became ill but after a few days made a full recovery with no side effects. So successful was Jenner's discovery that in 1840 the government banned any treatment for smallpox other than Jenner's.

Blossom became somewhat of a local celebrity and lived out her retirement in Gloucestershire. After her death, Jenner hung her hide in his coach house and his family later donated it to St George's. Her hide has been on display there ever since, until 2010, when it was temporarily entrusted into the hands of a conservator.

// Medical history tells of the crucial role Blossom played in the development of the first vaccine and the eradication of smallpox

# Alumni and Development



## Alumni relations

The graduates of 1980 were the last to qualify from St George's before the queen officially opened the joint university and hospital site in Tooting. And 30 years later, to mark the anniversary of this momentous part of St George's history, the university welcomed them back to their alma mater.

The 1980s decade reunion saw over 200 alumni, guests and former staff return to St George's for an evening of nostalgia, fine food and dancing. This was the first event of its kind to be held on site for a number of years, and was a huge success enjoyed by all who attended.

The class of 1970 also got together for a sumptuous dinner at the Apothecaries' Hall, scene of many alumni gatherings over the years. Some of the guests took the opportunity to visit St George's earlier that day and received a tour of the site from the principal and one of the Students' Union heritage officers. A source of much lively discussion during the reunion was the posters produced for the occasion, featuring mug shots of the young students taken at enrolment.

Also last year, St George's launched an electronic alumni newsletter, 'The Dragon', which allows for more timely communications and greater interaction with graduates. It has been well received and has helped to grow the number of alumni who keep in touch with their alma mater.



## Development

In a challenging financial climate, alumni and friends continue to show their support for St George's by making philanthropic gifts benefiting current students. Graduates of the '60s and '70s warrant special mention for their contributions to the Alastair Hunter Fund, which have enabled the launch of the first St George's sports bursary programme. Recipients of the bursaries are shining examples to their peers and illustrate the array of sporting talent that resides at St George's.

Students once again benefited from gifts to the Annual Fund, with the largest number of projects supported in the yearly campaign's history. Once again, student clubs and societies were the big winners, particularly those with a community focus. The Students' Union's provision was also enhanced by the Annual Fund, with updated lighting for performances and much-needed improvements to the dance rehearsal room.





## Donations support Olympic bid

Olympic hopeful Yoven Soobramaney received a boost for his 2012 ambitions with one of 10 new sports bursaries funded by donations from St George's alumni.

These bursaries aim to help students participating in high-level sports to pursue their sporting ambitions alongside their studies, by supporting some of the associated costs such as equipment and training.

Yoven, a second-year physiotherapy student at St George's, is focused on qualifying for the London 2012 taekwondo session – one of only two Asian martial arts included in the Olympic Games. If successful, he will represent his home country of Mauritius.

To qualify he needs to compete in Azerbaijan in July 2011 and will be using his sports bursary to help fund his trip.

The path to sporting glory is often thought to be arduous and lonely, characterised by early starts and late finishes, hours of training and the

inevitable setbacks through injury. Add to this the rigorous demands of a full-time physiotherapy degree that includes lectures, self-guided study and three placements this year and next, and one has to ask how Yoven finds the time and why he puts himself through it?

Yet his passion for the sport is clear, and from an early age he has learnt to balance his education and his taekwondo and still achieve great things. After all, Yoven has been competing in the sport since aged nine, has won medals all over the world, and now represents Mauritius at international level.

## A year in numbers

# 100%

graduate employment on the St George's therapeutic radiography course with a combined employment of **97%** across both therapeutic and diagnostic radiography courses.

**98%** graduate employment on the St George's graduate-entry four-year medical degree and **94%** on the five-year medical degree. These figures compare favourably with national averages of 84% employment amongst graduates in subjects allied to medicine, and 94% in medical graduates.

# 5,866

The number of students who study on St George's degree and continuing professional development courses

SGUL's student experience was voted **number one** in London for the second year in a row in the Times Higher Education's Student Experience Survey, and ranked 27th in the UK

# £26,005

is the average starting salary for a graduate from one of the St George's undergraduate degrees

# 860

The number of people employed by St George's, University of London

## £19.7m

The St George's research grants and contracts income for 2009/10

# 60

new consultancy contracts were agreed during 2009/10. These see St George's researchers consulting with businesses to help them find solution to their healthcare problems.

# 141

The number of new research contracts awarded to St George's researchers during 2009/10

# 3,500

St George's worked with approximately 3,500 school aged children around the UK to raise their career aspirations and inform them of careers in healthcare.

### Financial summary 2009/10

	£m
Income	<b>90.28</b>
Expenditure	<b>90.25</b>
Surplus for the year	<b>0.03</b>
Endowment transfer	<b>0.03</b>
Surplus and general reserves	<b>0.06</b>
General reserves	<b>20.00</b>

# £62,290

for charity raised by the St George's Students' Union in 2009/10

# Who's who?

## Principal

**Professor Peter Kopelman**

## Heads of Divisions

**Professor Nigel Brown**

Division of Biomedical Sciences

**Professor Paul Jones**

Division of Clinical Sciences

**Professor Sean Hilton**

Division of Population Health Sciences and Education

## Deans

**Professor Pat Hughes**

Dean of Staff and Student Affairs  
Division of Population Health Sciences and Education

**Professor Nigel Brown**

Acting Dean of Research  
Division of Biomedical Sciences

**Dr Andrew Kent**

Dean of Education  
Division of Population Health Sciences and Education

**Professor Fiona Ross**

Dean of the Faculty of Health and Social Care Sciences

**Dr Val Collington**

Deputy Dean of the Faculty of Health and Social Care Sciences

**Professor Paul Andrews**

Dean of Postgraduate Studies  
Division of Biomedical Sciences

**Professor Michael Patton**

Dean of Enterprise and Innovation  
Division of Biomedical Sciences

## Associate Deans

**Professor Peter McCrorie**

Associate Dean for International Affairs (education)  
Division of Population Health Sciences and Education

**Dr Tony Michael**

Associate Dean (taught postgraduate courses)  
Division of Clinical Sciences

**Dr Fran Gibson**

Associate Dean (research degrees)  
Division of Clinical Sciences

**Dr Jade Chow**

Associate Dean for Undergraduate Education  
Division of Clinical Sciences

**Dr Gill Cockerill**

Associate Dean for the Biomedical Research Facility  
Division of Clinical Sciences

**Professor Terry Poulton**

Associate Dean for Educational Technology  
Division of Population Health Sciences and Education

**Dr John Hammond**

Associate Dean for Widening Participation  
School of Rehabilitation Sciences, Faculty of Health and Social Care Sciences

**Dr Steve Bevan**

Associate Dean for Career Development of Research Staff  
Division of Clinical Sciences

**Dr Phillip Hay**

Director of Clinical Research  
Division of Clinical Sciences

## Administration

**Mr Mark Bery**

Director of Finance and Deputy Director of Administration

**Mrs Sophie Bowen**

Secretary and Academic Registrar

## Council membership

### Independent members

**Ms Judith Evans**

Chair of Council

**Mr Anthony Bicknell**

**Mr James Cochrane**

**Mr Michael Draper**

**Mrs Naaz Coker**

**Mrs Isabel Nisbet**

**Professor Sir Peter Scott**

**Professor Richard Smith**

**Mr Michael Stevens**

**Mrs Susan Thomas**

**Mr Graham Turner**

**Professor Sir Nicholas Wright**

### Internal members

**Professor Peter Kopelman**

Principal

**Professor Sean Hilton**

Head of the Division of Population Health Sciences

**Professor Pat Hughes**

Dean of Staff and Student Affairs

**Professor Nigel Brown**

Acting Dean of Research

**Dr Andrew Kent**

Dean of Education

**Professor Alan Johnstone**

Elected member of academic staff

**Mr Kenton Lewis**

Elected member of support staff

**Mr Luke Turner**

President of Students' Union 2010–11

**Mr David Rawaf**

President of Students' Union 2009–10

### In attendance

**Mr Mark Bery**

Director of Finance and Deputy Director of Administration

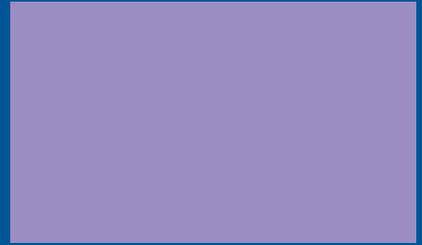
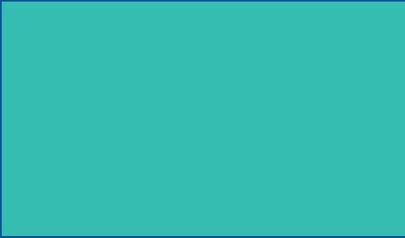
**Mrs Sophie Bowen**

Secretary and Academic Registrar

**Ms Susan Trubshaw**

Head of Secretariat

Who's who is accurate at the time of printing, which is the 2010–11 academic year

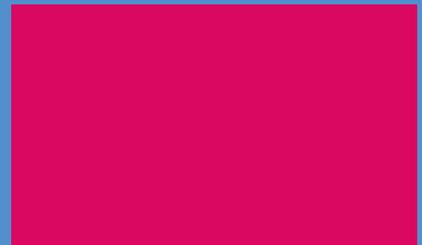




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The mission of the Forest Stewardship Council is to support environmentally appropriate, socially beneficial, and economically viable management of the world's forests.

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