CMA President’s Annual Report

It has been another busy year for CMA. Last year’s annual meeting was a great success, again benefiting from a welcome group of medical students from our sister college, Brasenose. We are continuing to invite Brasenose and we look forward to welcoming them again next June.

Sir Marcus Setchell, recently retired as the Queen’s Gynaecologist, started the 2015 meeting with a very interesting talk on “Royal Births 1700 – 2000: a reflection of changing practices in Obstetric Care”. Marcus described how the fertility and pregnancy outcomes of Princesses and Queens have played a major part in the succession of the monarchy. The custom of retaining medical records and related documents in the Royal Archives has provided a unique source of information of what should have been the best medical practice at the time. Marcus illustrated how little in the way of effective pregnancy care was available until the 19th century, when meaningful statistical data began to be available and more rational treatment considered. As expected, Marcus was the soul of discretion about the most recent royal confinements he has supervised.

Dr Luke Hughes-Davies of the Cambridge Cancer Centre at Addenbrooke’s then spoke on “The hottest hashtag of 2015: PD1 directed cancer therapy”. This was an excellent talk that brought the audience up to date with the molecular mechanisms governing the host response to tumours. The programmed death-1 (PD-1) pathway is normally involved in promoting tolerance and preventing tissue damage in settings of chronic inflammation. Next-generation immunotherapy agents that target the PD-1 checkpoint pathway are demonstrating anti-tumour activity and encouraging safety profiles in early clinical trials. The talk was particularly interesting for the medical students in the audience – demonstrating how a clear understanding of basic medical science can lead to exciting new treatment opportunities.

Professor Sir Mark Welland of the Nanoscience Centre in Cambridge then spoke on Nanotechnology in Medicine. Nanotechnology, primarily responsible for the miniaturisation of the electronics in computers and smartphones, is increasingly being applied to medicine. Mark gave a fascinating talk on nanotechnology’s medical potential – in diagnostics: faster, more accurate and more compact tools, and in therapeutics: where smuggling therapy into target cells is becoming a reality.

Mr Francis Wells, Consultant Cardiac Surgeon at Papworth Hospital, provided the
“humanities” talk when he presented on *The Heart in the Art of Leonardo*. Francis gave a truly fascinating talk on the anatomical and physiological research that was going on in Renaissance Italy. The talk was accompanied by a superb selection of art works including Da Vinci’s astonishingly accurate drawings of the heart. In those drawings, he used his knowledge of fluids, weights, levers and engineering to try to understand how the heart functions. Francis showed us how Leonardo realised that the blood was in a circulation system and may have influenced William Harvey’s discovery in 1616 that blood was pumped around the body by the heart.

As usual an extremely interesting, entertaining and educational afternoon. This was followed by a reception kindly hosted by The Master and Lady Fersht in their garden and then an excellent and convivial dinner in the college.

In other developments: Mike Adams has kindly taken over from Arpan Mehta as editor of this Newsletter: he has done this whilst travelling around the world with only intermittent internet access and we are hugely grateful to him. We are continuing to strengthen further the links between CMA and the current medical students, by making all of them members (free!), and asking their President (currently Chris Gilmartin) to join our committee. We hope they will choose to continue as members after they graduate.

Finally I would like to add my own personal thanks to Joe Herbert, my immediate predecessor as President of CMA. Joe leaves shoes that are impossible to fill – his limitless enthusiasm, kindness and encouragement have all meant a great deal to me and many of you as well. I would also like to thank Kevin O’Shaughnessy for his support and guidance. We are hugely fortunate to continue to benefit from the hard-work and blazing efficiency of Julia Mantle – I am certain that she must truly understand how organising doctors is like herding cats. Many thanks also to Bleddyn Jones who serves as our highly efficient and organised Treasurer. Thanks also to the rest of the CMA committee, including of course James Fitzsimons who kindly continues to provide wise counsel and continuity.

The Caius Medical Association (CMA) was founded in 1997, which coincidentally was the 400th anniversary of Harvey’s graduation from the college in 1597, in order to allow Caius medical graduates to keep in touch with each other, and with the college; and to maintain a sense of a Caius medical community after graduation.

The CMA also allows older members to provide help and advice to Caius students and younger members, and the many offers of support and help are much appreciated by the young Caian medics who take them up.

A key part of the CMA is the annual meeting in June, which combines a social occasion with a scientific meeting. We also provide financial assistance to Caius students who wish to stay in Cambridge over the Long Vacation to complete lab-based projects or Part II courses: their work is presented as posters at the June meeting.
The CMA provides funding for Caius undergraduates to undertake research projects over the long vacation. This scheme is hugely valuable, often allowing students to gain their first experiences of real research. Each year, a good proportion of the students – between a quarter and a half – who apply for CMA funding obtain more generous studentships from charities or research councils. This highlights the quality of the project proposals, and of course helps us to preserve the CMA’s funds. But, for the students who are unable to obtain funding elsewhere, a CMA Summer Studentship is a safety net, enabling our students to make full and productive use of their long vacations.

In 2015 an amazing 16 students successfully applied for CMA funding. Of these, four secured full funding from other sources: Ed Mawdsley from the Pathology Society, Ellie Walder from the Anatomical Society, Hassall Lee from the HE Durham fund and Pree Jareonsettasin from the Genetics Society. These students were thus awarded Honorary CMA Studentships. Several students also received contributions from the college’s Tutors’ Development Fund.

Two students, Asanish Kalyanasundaram and Sam Atkinson, won places on the Tsinghua summer studentship programme. This is a scheme run for students of Caius and Clare colleges organised by Prof Babak Javid, a Caian now based in Tsinghua. The CMA contributes to the students’ subsistence in China, while Tsinghua University pays for their travel and laboratory costs.

The CMA Summer Studentships are now in their 13th year. 2015 was the busiest year yet, but I am pleased to report that we were nevertheless able to fund all first-time applicants. The scheme therefore continues to allow students to approach prospective supervisors with the confidence that they will be able to (just) afford accommodation during their project. One observation is that third year students are finding it difficult to obtain funding from other sources, as they no longer count as undergraduates; it would be a shame if our most experienced students were unable to conduct a research project in their final long vacation, especially as many of them wish to continue work started during their part II projects. The CMA therefore performs an especially valuable role for these students.

It is important to appreciate that the great majority of contributions to the CMA are used to fund summer studentships, so this is an excellent point to thank all those who have contributed to the CMA through subscriptions and donations! The CMA Students will give poster presentations at the CMA meeting this year and would be very pleased to discuss their work with attendees. Thanks too to all the project supervisors for giving our students such a varied and valuable exposure to research, and in particular to Babak Javid for organising the Tsinghua programme.
The students who received funding for projects in the UK were:

Ahmed Maiter worked with in the Department of Radiology at Addenbrooke’s Hospital under the supervision of Dr Ferdia Gallagher, a Caius Fellow. He investigated the development of novel non-invasive tumour imaging techniques.

Ella Mi undertook a project at the Francis Crick Institute with Paul Nurse, studying the genome-wide localisation of Cdc2, using ChIP-seq throughout the cell cycle to shed light on the CDK-chromatin relationship.

George Hourston worked with Mr Raj Prasad at Leeds Hospital on a project looking at case reports on patients who have undergone liver surgery, auditing outcomes from a recent alteration in the patients’ care provision.

Luke Bibby worked in the Cambridge Vet School on a project entitled “Is endogenous retroviral reactivation responsible for the increased incidence of lymphoma in CVID patients”, supervised by Prof Jonathan Heeney.

Ronak Shah investigated the assembly and function of the prothrombinase complex (composed of factor Xa, cofactor Va and prothrombin). This involved generating mutant DNA, transfecting mammalian cells and selecting clones. His project was supervised by Prof Jim Huntington.

Rupa Kumar worked with Prof Tony Green to understand the function of the gene Calreticulin, a gene recently found to be mutated in myeloproliferative neoplasms that do not contain the JAK2 mutation.

Sreela Jonnada travelled to the Mayo Clinic in Rochester, Minnesota to work with Dr Lilach Lerman on a project designed to characterise the cargo and reparative capacity of extracellular vesicles isolated from swine mesenchymal stem cells.

Susanna Xu also worked overseas, at the University of Alabama at Birmingham, investigating the pathogenesis of vascular calcification in atherosclerosis and diabetes with Dr Yabing Chen.

Zena Tansley-Ahmed worked under Dr Jordi Tremoleda at the Blizard Institute of Cell and Molecular Science at Barts, testing neuroprotective therapeutic approaches for traumatic brain injury.

Dr James Fraser
I must begin with an apology for there being no report on the Ackroyd Lecture in the last newsletter. You will be pleased to learn that despite this hiatus, the Lecture and Scholarship remains in fine fettle and we were privileged to welcome Sir Venkataraman Ramakrishnan to give the 11th Lecture on 9th March 2015. He had previously spoken in 2013 (pictured) at the meeting to celebrate the 60th anniversary of the publication of the structure of DNA, an event preceded by the unveiling by James Watson of the Crick Memorial in the Great Gate.

Many of you who may not previously have heard of Venki probably will now as he recently took up the reins as President of the Royal Society. Venki studied at the University of Baroda before moving to the United States to undertake a PhD on ribosomes with Peter Moore at Yale.

He has continued to work on the ribosome throughout his subsequent career at Brookhaven, the University of Utah and, since 1999, the MRC Laboratory of Molecular Biology in Cambridge. His work on elucidating the structure of this extraordinary molecular machine was recognised with the Nobel Prize for Chemistry in 2009, jointly with Ada Yonath and Tom Steitz.

At the time the ribosome was the largest macromolecular structure ever determined. This structure has not only provided unparalleled insights into the molecular events that take place during protein synthesis but also explained in exquisite detail how many common antibiotics work, as well as suggesting approaches to creating new drugs: true translational research. Venki’s talk explored the history and theory behind how protein structures are determined, first discussing the principles of protein crystallography before moving on to the recent extraordinary developments in cryo electron microscopy, which essentially allows proteins to be photographed at atomic resolution, a development that is transforming structural biology.

The 2014 scholar is Petros Fessas, who distinguished himself by being placed top in the University in Part Ia of MVST, a performance which my tardiness allows me to report that he repeated in Ib.

More recently we enjoyed the Twelfth Ackroyd Lecture, which was given by Professor Sir Adrian Bird on 15th February 2016.
Adrian (third from left) was born in Wolverhampton, did his degree at the University of Edinburgh and PhD at the University of Sussex.

Following work in Yale and Zurich he returned to Edinburgh in 1975 first at the MRC Mammalian Genome Unit and latterly, as Buchanan Professor of Genetics, he helped set up the Wellcome Trust Centre for Cell Biology.

He is best known for his work on CpG islands, regions of the genome in which the DNA are prone to be methylated, a direct modification of DNA that plays a critical role in controlling gene expression. Adrian also discovered the first methyl-DNA binding protein, MeCP2 and showed that this protein is disrupted in the autism spectrum disorder Rett Syndrome. In his talk Adrian explained in a wonderfully lucid and engaging way how MeCP2 was discovered and how it is linked to Rett Syndrome, taking us from very basic biochemistry through to recapitulating, and reversing, the disease in an animal model providing a proof of principle that gene therapy could be used to treat this devastating disorder even when at a relatively advanced stage.

The 2015 scholar is Timothy Venkatesan who not only performed superbly in Part Ia of MVST but is a talented musician and sportsman. Well done to both Tim and to Petros!

Julian Sale

The Ackroyd Scholarship and Lecture were endowed in memory of Harold Ackroyd VC MC, a Caian medic killed by a sniper on 11th August 1917 while tending to the wounded in no-man’s-land during the third battle of Ypres. His medals are on display at the Imperial War Museum in London.

Ed.

photo: Wellcome Library, London - [1] [2], CC BY 4.0
https://commons.wikimedia.org/w/index.php?curid=32732239
The medics and vets at Caius have had another very successful year and have really typified the ‘work-hard, play-hard’ mantra of medical students.

As always, Caius has performed well academically and we have seen some very impressive Tripos scores and an extensive list of scholarships and exhibitions. This once again shows how the combination of exceptional supervisions and unrivalled peer-to-peer support makes Caius one of the best places to study medicine.

Of course, Caius has also done well outside the exam hall in a wide range of extracurricular activities. This summer saw a large number of students partake in summer research studentships thanks to the continued financial support of the Caius Medical Association.

Many students stayed in the UK for their projects but some travelled further afield: Petros Fessas ventured across the pond to work in the Harvard Stem Cell Institute in Cambridge, Massachusetts while Samuel Atkinson and Asanish Kalyanasundaram travelled to China as part of the Tsinghua-Cambridge Summer Studentship Scheme. Outside the lab, some students took to volunteering: Jenny Tempest-Mitchell, Maria Seago and Zena Tansley-Ahmed flew to Bali to teach students basic healthcare, while Claire Wang and Paige Walker taught English in China.

There has been continued success in sports: medics have represented the College in rowing, badminton, basketball, hockey, lacrosse and rugby, and many have also played for the University. Maria Fala, Edward Mawdsley and Claire Wang have performed well in Dancesport and Gerda Bachrati captained the football team in a close fought match against Oxford. Chris Lovejoy played for the Cambridge Basketball Squad and Rachel Elwood has been selected for the 2016 Squad for the Cambridge University Women’s Boat Club. We have also seen Lisa Schomerus in ice hockey, Alex Schlindwein in fencing, Baven Balendran in athletics and Susanna Xu in Eton Fives. Maria Seago recently ran the Cambridge Half Marathon, raising money for Oxfam.

The musical and theatrical talents of Caius medics and vets have also been on show: as usual, the Addenbrooke’s Panto was aided by a very strong Caius contingent, both on
stage and behind the scenes. The multicultural show ‘Mastana’ also heavily featured Caius medics with Sajan Rajani and Rupa Kumar being part of the committee and Pree Jareonsettasin and Havish Samudrala showcasing their acting and musical talents respectively. Rob Humphries, Ellie Walder, Aaron Fleming and Caroline Daniel have also been busy with the choir, with tours to Hong Kong, Thailand and Singapore.

This year sees the return of the Gonville and Caius May Ball and it is great to see medics from all six years being involved on the committee: Cheng Chen as Vice-President; Karthik Chandrasekharan as Assistant President Logistics; Hugh Hathaway and Torben Heinsohn as part of the creative team; Sreela Jonnada on Staffing; Susanna Xu on Sponsorship and Publicity; and Elizabeth Lunn on ticketing.

The theme is ‘Præternaturalia’ and it will take place on Tuesday 14th June. Special mention should also go to Shreya Singhal who gave an excellent piano performance for the launch video. The Cambridge MedSoc Ball also took place this year thanks, in part, to the hard work of Jenny Tempest-Mitchell, Samuel Atkinson, Ellie Walder and Isabelle Cochrane.

On top of all of this, it has been a superb year for the Caius Medical Society. We have had a very successful garden party and held a popular talk series. To end the year on a high, we were joined by 120 students and fellows for our annual medical society dinner and I am sure everyone would agree it was a thoroughly enjoyable evening for all.

Thanks to our Access Officer, Ellie Walder, this year saw the first ever Caius MedSoc Shadowing Scheme (pictured below), which aims to encourage students from state schools and with limited experience in medicine to apply to competitive universities such as Cambridge. Twenty Year 12 students visited Caius for two nights to experience life as a Caius medic, and had a great time: the scheme has since been featured in the Independent newspaper.

It’s been a fantastic year for all associated with medicine here at Caius and, with your continued support, I am sure that we will become doctors and vets who are accomplished and successful in all that we do.

Luke Bibby, Caius MedSoc President
In 2013 Caius medic Alex Gibbs received a CMA bursary to spend two months learning Spanish in Salamanca. Amidst the strife caused by the imposition of a new junior doctors’ contract, he reflects on the differences between Spanish and British medical training - Ed.

One consequence of the UK government’s imposition of a new junior doctor contract is that thousands of British trained doctors have requested documentation from the GMC that would allow them to apply to work abroad.¹ The English-speaking nations of Australia, New Zealand and the USA are the most likely destinations for disgruntled UK doctors: staying within Europe is discussed less often, undoubtedly due to language barriers.

Salamanca is a university city with a well-respected medical school and three large hospitals covering a population of over 350,000. I enjoyed my time in the country and the recent talk of junior doctors looking to work outside of the NHS has left me wondering what life is like for medical students and doctors in Spain. The Spanish healthcare system is very similar to the NHS, with a government-funded service that is free to access.

Spain has almost forty medical schools and produces around 7,000 new doctors every year.² Medicine is studied for six years, and entrance to a Spanish medical school is extremely competitive: between the ages of 16 and 18 students are required to study Spanish, a foreign language and philosophy; in addition, students select a number of other more specialised subjects to study. For a prospective medical student, these would normally include biology, chemistry and mathematics. These subjects are assessed at the end of the students’ final year of school, in an examination known as ‘la PAU’ (la prueba de acceso a la universidad).

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¹ http://www.theguardian.com/society/2015/sep/25/nhs-doctors-contract-changes-work-abroad-applications

Spanish students apply to university in their final year of school, as in the UK. However, in Spain, medical schools evaluate prospective students solely on their performance in the school-leaving examinations: there are no interviews or additional examinations, such as the UK’s BMAT and UKCAT. For university application, all school examination results for a student are combined to give that student one overall mark out of fourteen. Typically, a student would have to achieve a final grade of at least twelve in order to gain entry into a Spanish medical school³.

University tuition fees do not exist in Spain, although a medical student would still be expected to pay around €2,000 per year for various university costs and study resources. As many Spanish students continue to live at their family home whilst they study, they do not incur additional accommodation expenses and the Spanish government no longer provides loans for students. Nevertheless, bursaries of up to €3,000 per year do exist for students from financially disadvantaged backgrounds⁴. As an incentive to work hard at medical school, the government offers financial rewards for high academic achievement.

Medicine is taught with a theoretical base. Medical students spend their first two years learning the basic science of the human body and disease before progressing to spend the majority of their final four years undergoing hospital placements. Exams are held annually in summer. After six years, the successful students will graduate from their university but their days of studying are not yet over!

Before newly qualified doctors can take up employment in Spanish public hospitals, they must pass one final examination known as the MIR (Medico Interno Residente). This four-hour examination plays a major role in determining a doctor’s future career path: the mark from this examination is combined with the doctor’s previous examination results attained in medical school, providing a score that is used to rank that doctor against every other newly qualified doctor within the whole country. The ranking determines the hierarchy from which newly qualified doctors are able to select both the speciality they will pursue and the location in which they will work.

³ https://sites.google.com/site/notasdecorte/notas-de-corte-medicina-2013-2014
Around 6,500 people take the examination every year. Usually, newly qualified doctors will spend one year post-graduation preparing for the examination. The government provides no financial support during this period. Foreign unspecialised doctors coming to Spain for work must also pass the MIR examination; a maximum of 10% of MIR passes are awarded to foreign doctors.

Speciality training commences once the doctor has completed the MIR examination and is typically 4-5 years; there is no equivalent to the UK Foundation Programme. During speciality training, doctors in Spain earn around €25,000 per year. The salary rises to just under €30,000 per year once speciality training has been completed. It is very rare for a Spanish doctor to have an annual income above €50,000. During the early years of British doctors’ careers, the salary is comparable to their Spanish counterparts. However, once a doctor in the UK has advanced within their speciality training, they can expect to earn at least double that of an equivalent doctor in Spain. It should be noted that a lower cost of living in Spain, as well as less student debt, means that the dramatic difference in pay does not lead to as large a reduction in the standard of living; although a difference does still exist for Spanish doctors.

The recent economic crisis in Spain has led to a reduction in the number of hospital specialty positions available within the country. Yet medical schools have not reduced their intake of students. Thus, there now exists a greater number of doctors than jobs available and many Spanish doctors are forced to move abroad to find employment. In recent years, doctors’ salaries in Spain have decreased by over 10% and job security has worsened.

Despite its financial difficulties the Spanish healthcare system is held in high public regard: in 2011 a national survey in Spain found that 73.1% of 7800 individuals asked said that their healthcare system was functioning fairly well or well; a similar poll in the UK in 2012 found that only 61% of participants were satisfied with the NHS. Perhaps this shows that in Spain, even without the attraction of a very high salary, the responsibility, privileges and vocational rewards that go with being a doctor are sufficient to ensure that those entering the profession are competent, talented and motivated enough to enable the healthcare system to provide an excellent service.

At a time when many UK doctors complain about their salaries, a look at Spain provides a sense of perspective. Is the uproar over junior doctors’ contracts an overreaction? Or will the government’s proposed changes be the first step on a path that will lead to British doctors facing the same challenges as their Spanish counterparts?

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6 http://www.bbc.co.uk/news/health-22007487
Your globe-trotting Editor reports on his progress so far…

There are more people alive who have climbed Everest than have sailed around the world. Six months into the 2015-2016 Clipper round-the-world yacht race, I can understand why; but I don't regret my decision to take a year out from ophthalmology and undertake the world’s longest sailing race: 40 000 miles around the globe in a 70-foot yacht.

The brainchild of Sir Robin Knox-Johnston, the first man to complete a solo non-stop circumnavigation, the Clipper race gives ordinary people - many of whom have never sailed before - sufficient training not only to survive aboard an ocean-going yacht, but to compete against eleven other identical boats as we race from continent to continent.

Each million-pound boat carries a crew of sixteen to twenty, roughly half of whom are ‘worlders’ and the rest ‘leggers’ who have signed up for one or more of the eight legs that make up the entire circumnavigation, and each has a professional skipper upon whose shoulders rests the burden not only of navigation, but of competition.

On board my boat, Garmin, the crew is split into two watches. The responsibility for carrying out our skipper’s tactics lies with the watch leaders and so, during my watch, I’m constantly monitoring our speed and course, the wind strength and direction, and pondering when to reduce or increase sail. At night I must also keep an eye on the horizon: whilst it’s reassuring to know that there is life beyond our 70-foot world, most cargo ships cruise at around 13 knots so there could be as little as 15 minutes between a friendly twinkle on the horizon, and a forty-thousand tonne nightmare.

The Clipper race aims to let us experience all the aspects of ocean racing, and so everyone gets a go at helming, working on the foredeck, or powering the ‘coffee-grinders’ that drive the largest winches; but in tough conditions, at tactical moments, and especially at night, helming becomes a specialist job. It is hard to describe the feeling of controlling a forty-tonne boat as she surfs at 25 knots down 25-foot rollers, with breaking waves sweeping over her stern and leaving me knee-deep in foam, a cross-swell intermittently punching her bow sideways, and all in the pitch-dark with no stars, no horizon, my visible world shrunk to the 70 feet from illuminated spinnaker to glowing binnacle: exhilaration doesn’t quite cover it.
It’s not always so dramatic for the rest of the crew though, and occasionally I’m reminded of how an anaesthetist friend described his job: ninety-five percent boredom, five percent panic.

But when the action comes, it comes now: a tangled trip-line accidentally releases the spinnaker, turning our most powerful sail into a huge flapping flag. We have just minutes to wrestle down thousands of square feet of canvas before the sail tangles and tears itself apart. With one person managing the halyard, three ‘hunter-gatherers’ rush to pull the sail down and wrap their arms around it to prevent it re-filling, all while keeping their footing on a writhing, living deck that’s angled at thirty or forty degrees.

Crew below are roused out of their bunks to receive the sail, and it gets stuffed down the companionway and into the boat where it is spread out - a soggy canvas tide filling the floor, lapping up against bunks and saloon benches - before being rolled up and re-packed; meanwhile, the deck crew are running lines and hoisting the Yankee and staysail to maintain our speed. As soon as it’s ready the spinnaker must be lifted back on deck, re-launched, and those temporary headsails dropped and secured. Only then we can relax.

Behind all these activities the pulse of boat life continues: bilges must be emptied, heads cleaned, the logbook completed every hour, and meals cooked by the two ‘mothers’ of the day. In the cold of the Southern Ocean we each needed around 5000kcal a day to keep us warm and active: preparing hot food as Garmin was thrown around by the huge pyramidal waves that form in the Roaring Forties was no mean feat, and more than once the galley was redecorated with the contents of the cooking pot.

Since then we’ve rounded Australia and come a creditable 30th out of 90 in the 2015 Rolex Sydney-Hobart yacht race (a year when - in an image that will stay in my mind forever - a huge, horned, black cloud boiled up in the night sky and then slammed into the fleet, creating a spectacle more akin to the Pamplona bull run than a yacht race and forcing a third of the other entrants to retire); we’ve crossed the Great Barrier Reef and sailed past Papua New Guinea, dodged supertankers and warships in the South China sea, and battled hurricane-force winds north of Taiwan in the toughest conditions our skipper has ever raced through.
At each stopover we have roughly a week to recover, repair the boat, and replenish our supplies: the chance of an extra day or two in port is a major incentive to sail quickly. The reception varies from port to port, but the last two stops - DaNang, Vietnam and Qingdao, China - have been the most exuberant, with drummers, dancers, and long lines of VIPs waiting to shake hands and take selfies.

Once the welcome is done, the hard work starts: deep-cleaning Garmin from keel-bolts to deck-fittings takes four hours, loud music and a strong stomach; and repairing chafed halyards, jamming winches and ripped sails takes a couple of days.

But there’s still time to be a tourist, and so far I’ve enjoyed arriving in Rio de Janeiro by sea, that first glimpse of Table Mountain, surfing in Albany, exploring downtown Sydney, scuba-diving in the Whitsunday islands, the Vietnamese imperial city of Hué and - yet to come - the sights of Seattle, Panama and New York before we return to London.

Experience alone is no longer enough: the need to justify our activities by what we have learned is a thread that now runs through every profession; but it’s not hard to find transferrable skills from the Clipper race, quite apart from the patience needed to live with 15 other people in such a confined space (and the recognition of one’s own idiosyncrasies).

I’ve been used to leading from the front – the old medical mantra of ’see one, do one, teach one’ – but as watch-leader I’ve had to learn how to lead from the back, standing by the helm watching the ‘big picture’ as I ask people to go forward onto the wet, windy and unpleasant foredeck to trim or change a sail. I still find that uncomfortable and guilt-inducing (not that I always get off scot-free…); and I’ve learned the value of identifying the best person for a particular role at a particular time, and not assuming it’s me.

I’ve never been good at keeping a journal; but I do keep a list of things worth remembering: waves, whales, meteorites, hail, cold, heat, and the bleak basalt of Tasmania are all in there somewhere. With two more oceans still to cross before we’re home, there are sure to be a few more.

Mike Adams
www.look-to-windward.com
### The CMA Committee
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**www.srcf.ucam.org/cma**

The CMA website is an invaluable resource for details of the upcoming Annual Meeting, application & direct debit forms, for ordering your distinguished CMA tie, and of course for poring over those bygone issues of the CMA newsletter.

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Please remember your subscriptions!

**www.gonvilleandcaius.org/cma**

Your CMA subs make a real difference to young Caius medics, providing them with opportunities for research and medical experience that would otherwise be beyond their reach.
Programme of the 20th Annual Meeting
Saturday 25th June 2016

The Bateman Auditorium, Gonville and Caius College, Cambridge

12.30-13.30 Optional sandwich lunch in the Bateman Room, Caius Court

13.45 Registration and welcome from John Latimer, President of the CMA

14.00 Friends with (Brain) Benefits – The Microbiome as a Regulator of Neurodevelopment and Behaviour. Professor John Cryan. Department of Anatomy & Neuroscience, University College Cork

The Challenges of managing Type 2 Diabetes in India - the challenges affecting the management of T2DM resulting from specific political, economic and cultural factors in India. Dr Geoffrey Levine. Christian Medical College Hospital, Vellore.

15.30 Tea

1600-17.30 Mitigating mitochondrial mutational meltdown: can we save the species? Professor Patrick Chinnery FMedSci. Department of Clinical Neurosciences, University of Cambridge

Colour and the Body
Dr James Fox. Research Fellow, History of Art, Gonville & Caius College.

17.45 Business meeting

18.45 Pre-prandial drinks in the Master’s Lodge (in the Master’s Garden if fine) followed by

19.30 Dinner in Hall (Dress: smart casual).