Various schemes were discussed and evaluated including several joint ventures in the UK and internationally. These possible partnerships eventually floundered and Terence and Karol concluded that if Buckingham was to have a Medical School, it must do it alone with its own resources.

Buckingham has always done things differently – it pioneered the two-year undergraduate degree, it focussed much of its student recruitment on the overseas market and it focussed its resources on the students, resulting in it regularly topping the National Student Satisfaction survey. Many of these principles have been built into the medical course. First, it is 4½ years rather than 5 or 6 with the same number of teaching and clinical hours as elsewhere. Second, it aims to provide excellent student support, but also it aims to train doctors to prioritise the needs of individual patients in the Sikora mould.

The Medical School set out to find clinical partners and recognised that Milton Keynes, which is less than 15 miles away, was the fastest growing city in Europe and moreover took very few medical students from other universities. Staff there were enthusiastic supporters of the idea of becoming a university hospital. They were joined by St Andrew’s Healthcare, a large and well-equipped mental health facility in Northampton and Bedford hospital.

We have hosted three selection events which are aimed at judging attributes identified by the GMC and published in ‘Good Medical Practice’ that make good doctors. And, with two more planned, we will have our full planned cohort of 66 students starting in January 2015 and we are already planning for the January 2016 entry, when we hope to increase the annual intake.

Key staff have been recruited to fill all major functions and we look forward to welcoming our first cohort of students in January 2015.

Professor Mike Cawthorne
Head of Medical School
was acquired by the University following a bequest from the Warren Foundation. Interestingly, the Warren Foundation made a similar bequest to the British Diabetic Association (now Diabetes UK) which was used to establish a DNA depository of diabetic twins.

The University established seminar rooms and lecture theatres in the building, but around 40% of the building has been used as storage.

It is in this area that building work is going on now to convert it for use as the Medical School. The plans include a new lecture theatre, seminar rooms, anatomy, consultation area, academic offices and study areas for students. The whole area will have Wi-Fi with students having access to the Moodle electronic learning resource and electronic access to the huge library collections at the Royal Society of Medicine.

Dr Konstantin Libster is the Head of the Department of Traumatology at Lugansk Regional Hospital in Ukraine. He graduated from Lugansk National Medical University in 1999. He is now a Physician of Higher Category, specializing in Orthopedics and Trauma.

In your opinion, is there a big difference between studying Medicine in Eastern Europe and in the United Kingdom?

Medical degree programmes in the UK focus on Chemistry, Physics, Psychology and Anatomy among others – subjects that are of vital importance to a future specialist. Here, during Soviet Times, the emphasis was on subjects like History of Marxism and Leninism, which had no real relevance to those studying Medicine. And while we are just starting to integrate new technologies and leaving the old school behind, Western medicine is on track with the needs of patients worldwide, and is supported by investments in resources and latest technologies.

Do you think that there are more opportunities in the UK for effective practice than there are in Eastern Europe from a technological point of view?

From what I have seen, I can confidently say that the UK is ahead in terms of time, training and resources dedicated to practice and to the introduction of new technologies.

A few days ago, I was at a Training Centre in York. This facility is open all year-round, and there is a constant turnover of doctors of different specialties who are being introduced to new technologies – and this is simply amazing!

Upon my return, I drew the following conclusion: the technological advancements in the UK used in both the training of doctors and everyday practice allows them to minimize human errors. This can be vital when practicing medicine.

Is there a lot to gain, therefore, in your field by studying in the UK?

Absolutely! While doing my first internship in the UK, I was incredibly impressed by the Western practitioners with whom I had the pleasure to share thoughts and ideas on diagnosis and surgeries. Plenty of time was devoted solely to practice, and this is exactly what helps avoid potential mistakes when treating real-life patients.

My recommendation to our future doctors is to go study Medicine in the UK if they have the opportunity to do so. They will obtain a real high quality knowledge base and benefit immensely from the best on-hands training available.
“Simulation gives the students a chance to deal with conditions that they might not have come across before and gives them the opportunity to try out various method and techniques”, he says. “Simulation aids them not only with their practical skills but also with their communications skills. Working within a team to establish a diagnosis forces them to participate in group discussions with each member taking up a specific role.”

Through simulation exercises, students get to practice resuscitation, catheterization, injections, intubations and venipuncture as well as observing, assessing and monitoring critical vital signs. Scenarios which will assess their critical thinking, communication and decision-making skills will also be run using simulation equipment.

This prepares them for clinical practice in a way that was practically impossible before the introduction of modern simulation equipment.

John Clapham, Chief Operating Officer at the University of Buckingham Medical School, sees simulation as an extremely effective way to safely introduce clinical techniques. “If a student happens to kill Simman, it can always be re-booted and the student can have another go”, he says. “When students progress to meet patients for the first time, they will have already gained the skills, familiarity and confidence essential to them as doctors of the future.”
Dr Adil Amin is a qualified physician from Pakistan who is undertaking a research project in the Institute of Translational Medicine at the University of Buckingham. Dr Amin’s project involves exploring links between the microbial population that inhabits our gut and metabolic diseases, particularly diabetes and obesity.

Diabetes and obesity have become worldwide epidemics over the last 30 years and whilst it is strongly believed that they arise through changes in diet and lifestyle, the disease-promoting mechanisms are not well defined.

“90 per cent of the DNA in our body does not belong to us,” says Dr Amin. “It belongs to the micro-organisms that inhabit us. The vast majority of these micro-organisms inhabit our intestine. There is growing evidence that the type of bacteria in our gut can impact on chronic diseases such as obesity, Type 2 Diabetes and cardiovascular disease.”

Dr Amin’s research is aimed at looking at two families of intestinal bacteria – the firmicutes and the bacteroides. The bacteroides are less efficient at harvesting calories and nutrients from the food within the gut than firmicutes. Previous studies have suggested that a high firmicutes to bacteroides ratio is associated with increased susceptibility to obesity. Dr Amin is looking at the ratio of these bacteria in various parts of the gut in relation to the presence of obesity and diabetes and dietary composition.

Dr Amin says that “many years ago, a scientist called Marshall in Australia found that a bacterium called helicobacter was responsible for the development of many gastric ulcers and this fundamentally altered treatment. Maybe in the future, we may be treating metabolic diseases through the modification of our gut flora”.

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Professor Peter Thomas is an Emergency Medicine Consultant at Milton Keynes Hospital NHS Foundation Trust. He started in Milton Keynes as a trainee and was appointed a consultant in 1998.

The Emergency Department based at the “front door” of the hospital manages approximately 250 acutely ill and injured patients a day. It is Peter’s and his medical and nursing colleagues’ role to ensure that the patients who attend 24 hours a day, 7 days a week, receive care of the highest possible standard.

Peter has an interest in management and teaching alongside his clinical commitments. Within the Trust he has held a number of posts overseeing the delivery of quality postgraduate medical education including Specialty Tutor, Associate Clinical Tutor and until recently Associate Medical Director (Medical Education).

Peter is Foundation Training Programme Director with responsibility for ensuring that trainee doctors in their first two years after qualification receive exemplary training.

Regionally he has been Programme Director and Head of the Oxford School of Emergency Medicine, responsible for ensuring high quality training to the Emergency Medicine trainees across the Oxford Deanery.

Peter is responsible with General Practice colleagues for the delivery of the Clinical Skills Foundation Course. This course introduces first year Buckingham medical students to the art of history taking and clinical examination. The students initially gain competence with actors and simulated patients before progressing under supervision to managing patients on the ward and in general practice. The course integrates basic science knowledge, communication skills, examination skills and professionalism to provide a solid foundation for the development of skilled compassionate doctors of the future.
St Andrew’s Healthcare is the UK’s leading charity providing specialist NHS care, with a reputation as an influential pioneer in mental health.

It is also the country’s first charity to become an independent national teaching hospital, as well as a university learning and research centre.

Our students will gain clinical experience within highly specialist services and clinical teams, building on the foundations of Phase 1 through intensive care with patients and doctors in clinical environments.

At St Andrew’s these will be specialist care pathways in mental illness, learning disability and brain injury, and well as expertise in trauma, personality disorder, psychosis, autism, learning disability, brain injury and dementia.

‘St Andrew’s Healthcare is the UK’s leading charity providing specialist NHS care, with a reputation as an influential pioneer in mental health’