



NEWS LETTER

Medical Institute of Tamils - கமிடர் மருக்காவ அரிசுநர் சங்கம்

MIOT NEWS (JAN—APRIL 2004) A QUARTERLY PUBLICATION OF THE MIOT. Editor: Dr. M. Muthiah

From the editor's pen

It was with some trepidation that I took on the task of editorship fearing that I may have genuine problems in keeping to deadlines for articles.

It is heartening that MIOT is serving as a vessel for garnering the enthusiasm and desire of individuals to help the needy of our community in Sri Lanka and acting as a channel to help translate them in to action.

For me personally the real joy, is to see the commitment and interest demonstrated by the younger members by actually visiting the war torn area, gaining deeper insights in to the prevailing needs, with practical suggestions to address some of these issues.

It is imperative that we realise the importance of nurturing, grooming and empowering our younger generation to take on the mantle from us, so that the lofty ideals of MIOT, and the practical action that stems from it continue uninterrupted. This will mean more than lip service and a willingness to see younger members in key positions in the organisation.

The MIOT news carries three short articles from those younger folks with their impressions of the visit.

The trauma course conducted in Jaffna hospital for the first time in its history is another brilliant example of targeted help to meet specific needs. It serves as a model, as to how effective local liaison, international help, and relevant resources can pull off a scheme which will have far reaching benefits for years to come. MIOT congratulates those who have worked tirelessly to achieve this and commends it as worthy of emulation.

Mahen Muthiah

President's address

Leadership is all about inspiring your troops, rallying them and leading them from the front by example. It is about action and not about position. The great end of life is not knowledge but of action and what one has achieved in terms of making life better for others. Our membership has grown steadily over the years with 3 regional branches since we started 14 years ago. Our strength lies in our numbers and the gifts and talents we possess to make a positive difference in the lives of needy people. To those who are cynical about us, all I can say is that we can destroy ourselves by cynicism just as effectively as bombs do.

I would urge you to join us and debate issues. We have spent around £47,000 in the last year on charitable projects in our homelands, despite the fact that the spending has doubled and the membership fee continuing at a paltry £25 /year.

To those who are apathetic all that I can say is that

apathy is worse than antipathy.. We in the west are very privileged, protected and shielded within a civilised society. Our children have been successful because they were able to grab every opportunity that came their way and have earned respect and a place in society. But look at our brethren who can only dream of such opportunities.

It has been a tumultuous time in Sri Lanka at present with the peace process put on hold and the future of the Tamils is at stake. We need your help at this difficult times. Do what you can with what ever you have and where ever you are. You do not have to be medically qualified to help our brethren. You can teach English or computing skills, work as individuals or as teams in delivering care. There are opportunities to donate books, medical journals, educational cassettes, videos, media equipment. Our credibility in the MIOT stems from our strong constitution, accountability, professionalism and regular dialogue with the members of our community.

My final rallying call to all our members is 'rise up ladies and gentleman- your country and community needs you , and you can do it for them. It is better to light a candle than curse the darkness.

Dr E Velauthapillai

My Experience Of Healthcare In Sri Lanka

My first ever experience of healthcare in Sri Lanka was when I was born. It was the hot summer of July of 1982 and I'd had just about enough of cord blood and amniotic fluid. I wanted to see the world, meet new faces, and do a bit of travelling. But first I had to get out of my mother's womb. Unfortunately, I thought I'd make my entrance feet first and I gave the staff at Mullaithivu hospital some problems. There was no doctor available and I had to be driven by Jeep (there was no driver for the ambulance either) all the way to Jaffna hospital. It was a very bumpy ride - at least that's what my mother told me - and a heart patient who also needed medical care accompanied us. When I did eventually enter the world, 3 days after my mother had gone into labour, I tried to strangle myself with the cord and became hypoxic. Eventually of course I had to bring the show to a happy ending and everything went fine. I am told that due to the complications, I had a large audience of medical students. Maybe something rubbed off that night.... and maybe that's why I am here now writing about this.

I spent the next few months growing up in Sri Lanka

and at the age of one, I moved to England with my family where my father had got a job transfer. It was another 19 years before I returned to Sri Lanka.

When I first returned to Sri Lanka, I went to visit my aunt who was working in intensive care in a small hospital on the outskirts of Colombo. I was expecting a really backward department with unreliable equipment and unhygienic conditions. To my surprise, the ICU was equipped with the latest equipment that hospitals in the U.K wouldn't even have. It was clean and modern and the only things that looked out of place were the patients! This was not a private hospital. It had just been upgraded very recently. However, next-door was the accident emergency department. This was definitely not as well furnished and I was not prepared for what I saw next.

I walked into one of the small rooms and there was patient lying there with a horrific injury to his foot. He had collided with a train after becoming intoxicated. The entire sole of his foot appeared to be hanging off and the only thing connecting it to the rest of his body was a small piece of flesh. The entire foot was drenched in blood and covered in clots. Amazingly he was no longer bleeding. I was impressed that normal haemostasis could do such a good job. The doctors and nurses were busy cleaning the wound and trying to get in touch with the surgical team – which was proving difficult at that time of night. A few minutes later, a woman was brought into the same room with lacerations to her scalp and arms. The A&E department was small and so often many patients would be cramped into the same room. As my aunt began suturing the scalp wound, a third patient was brought into the same small room. He was a victim of a mugging and had been stabbed in the shoulder. I stood back and tried to take in the whole picture: 3 patients; one small room (which appeared to be getting smaller and smaller by the minute); and numerous staff running around trying to sort everything out. Moreover, the first patient was getting restless. He was trying to get up and was screaming as his foot was cleaned. His relatives had to be brought in to hold him down. The fact that he'd had quite a lot to drink had made him very violent. Meanwhile the lady began crying and the third patient just sat there. His wound was nothing compared to the others so he must have felt obliged to stay quiet. And then a stray cat wandered in. It started to lick up the pool of blood beneath the first patient. No one seemed to notice but me. My jaw was wide open and I couldn't comprehend what was going on. I left that A&E later on that night being surprised, inspired and confused!

Later on in that holiday I visited the hospital in Trincomalee. The hospital was quite large but so

was the amount of patients. As I walked through the wards, I was mistaken for a doctor and I encountered many patients with their arms outstretched asking for my help. I felt very frustrated and powerless. It was clear that there was a shortage of staff and equipment. What I remembered most from that day was the difference in the doctor patient relationship. We've all heard of doctors being treated like God but the truth of it became very apparent to me that day. Regardless of their discomfort, patients would get up and greet the doctor and I felt the doctors didn't return their kindness with enough sympathy and kind words. Perhaps the doctors themselves were worn out. There was one incident that bothered me. I was sitting in clinic with a doctor and there were only two rickety old chairs in the room. I sat on one chair and the doctor on the other. When the patient came in, I naturally stood up and offered my seat to them. I was astonished to hear the doctor tell me to sit down and almost scold me for my behaviour. To my discomfort, the rest of the consultation was conducted with the patient standing! After the patient had gone, I remarked how that in the UK, the consultations are more patient centred. The doctor laughed and gave me an answer that I was not satisfied with. This echoed my view that the patients didn't receive enough respect from the doctors. I am sure that this was probably not true of all doctors in Sri Lanka.

A year later, I went again to Sri Lanka and in particular I returned to Mullaithivu hospital. As I walked into the waiting room, I came across a large number of patients waiting to be seen. For a hospital serving hundreds every day, there was only ONE doctor working there. He and the nursing staff were working flat out and when I spoke to them, it became clear that they were in need of help and support.

What struck me most were the conditions that the patients were in and the lack of facilities that they had. Most of the buildings had been bombed and all that remained was rubble and a few brick walls here and there. The building that was intact was in poor condition. They were lacking in many essential pieces of equipment.

When I asked what the most pressing need was, I was saddened to hear that what they needed most was things like clean sheets and materials for the patients. They could cope without 'fancy' machines like ECG's or blood analysers - things we take for granted - but were unable to cope with the lack of basic materials.

I learned that a lot of the government bureaucrats squander funding and the staff & patients see very little money. Mullaithivu hospital is unlucky in that it is not as well funded and doesn't have a stream

of cash flowing in from donors like other hospitals such as Jaffna.

If I have learned anything from these visits, it is that there is a sharp contrast between the medicine practised in the UK and that in Sri Lanka. Whilst the fundamental aspects of patient care remain the same, the lack of resources and equipment mean that clinical decision-making has to be sharper and more intuitive in Sri Lanka than in the UK. There is also wide variation in the state of healthcare across Sri Lanka with hospitals in the North and East in a much poorer state than those in the south. There is help but not always to the place where it is needed and as always, there is so much more that could be done by people like us.

Aroon Baskaradas

MIOT – Youth Forum

MIOT Youth Forum which has been functioning since 1994 has been re-formed with a committee of students and young graduates. Our aims remain the same:

- To create a **network** of Health professionals who are of Tamil origin
- To organise **educational** events for students and graduates
- To undertake **health promotion** for the Tamil community in the UK
- To fund raise for **health projects** in North and East Sri Lanka
- To assist and organise **voluntary work** in North and East Sri Lanka
- To organise **social events** for young Tamils in the UK

Previous A-level/ GCSE students have benefited from attending MIOT Youth Forum Careers Advice events as well as many students enjoying the Deepavali Dinner Dance and Autumn BBQ that were held. We will continue to hold educational and social events here in the UK.

A website has been set up for information about the Youth Forum, forthcoming events and other information. We would like to invite all from the students from the UK and abroad to join us by signing up to the MIOT Youth Forum discussion group to know what events are coming up. We are networking with The Student Volunteer Programme - Canada, Students in USA, Jaffna University Student Union, and students in Europe.

There are also students and doctors who are very interested in taking back their skills to North East Sri Lanka and sharing skills, helping in hospitals

and clinics as well as undertaking projects to improve the lives of our community in North and East of Sri Lanka.

Our Committee:

Student Co-ordinators: Sajiram – Clinical Research student Imperial College, Medical School

Aroon – Clinical Research student Imperial College, Medical School

Graduate Co-ordinators: Raj – PRHO

Arani – Clinical Research Fellow in Neurology

Treasurer:

Myuran – 4th Year Student
Imperial College, Medical School

Secretary:

Shiamala – GP

Educational Co-ordinators: Tharani – Clinical Research Fellow in Urology

Prasanna – Lecturer in Prostate Cancer

Web Co-ordinator:

Rajan – 2nd Year Medical Student
Ganga – 5th Year Medical Student

Kings Medical School Rep: Sachi

St George's Rep: Sajitha

Glasgow Rep: Nachii

Forth coming MIOT YF events:

March 27th: Careers Fair 2004 - A/Level and GCSE students can obtain advice about a variety of careers (not just medicine), and get help with CV writing, interview techniques and organising GAP years in Sri Lanka.

May 15th: Medical Symposium 2004 – for medical students to learn about a variety of medical careers/ research/ overseas work as well as OSCE revision.

We would welcome others to come and join the committee by representing their Medical/ Dental schools or Universities. By joining MIOT Youth Forum everyone benefits with peer help, contacts and friends from different Universities, as well as an interesting extra curricula activity to add to your CV.

For more information:

<http://www.miot.org.uk/miotyf>

Post message:

miotyf@yahoo.co.uk

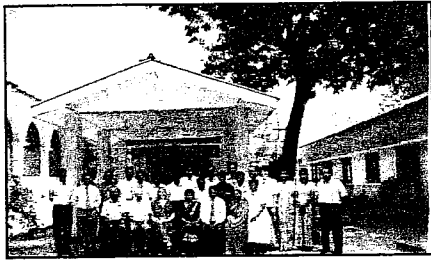
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Primary Trauma Course in Jaffna Teaching Hospital

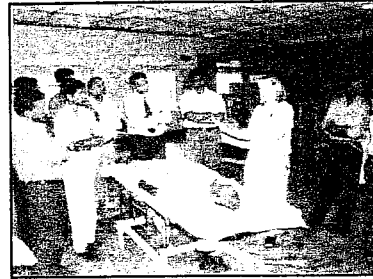
by Dr. D.C. Ambalavanar; published January 29, 2004

Trauma is one of the major causes for emergency admissions at the Jaffna Teaching Hospital. Over the past two decades much of this was due to war-related injuries. However over the past two years, with the reopening of the A-9, road accidents have become a major cause of trauma. This is directly related to the dramatic increase in vehicles on our narrow roads, including two wheelers and heavy vehicles. Allied with an almost total lack of awareness of road regulations by the local populace, it is not surprising that such a dramatic increase in road traffic accidents has come about. This is keeping the Teaching Hospital and its staff busy! There are, of course, the other causes of trauma as well such as accidental injuries, burns, etc.



Trainers and participants

The treatment of emergency trauma around the world is done by using different management protocols. What they all have in common is that they provide a systematic manner in which such emergencies can be quickly and efficiently taken care of. The Primary Trauma Course teaches one set of these protocols and is conducted worldwide. The Jaffna Medical Association was able to have this course conducted in the Jaffna Teaching Hospital from the 20th to 22nd January 2004. The course was attended by close to twenty doctors, mainly from the Jaffna Hospital, though there were also doctors from Mullaitivu and Tellipallai. The JMA was very fortunate in getting an excellent team of doctors from England, India and Sri Lanka to conduct this course. The team comprised of Dr. James de Courcey, Dr. Sarah Bakewell and Diane Wilkinson from England, Professor Rebecca Jacob from Vellore, India and Dr. Shirani Hapuarachi from Colombo. They held a half day course in Basic Life Support methods for the medical doctors as well. In addition to training doctors in the step by step management of trauma, the visitors also trained them to be instructors so that the JMA itself can continue to independently conduct this course in future. The JMA hopes to have an ongoing series of courses in the hospital while planning to also take the course into the Vanni and other parts of the North-East



Dr. Sarah Bakewell taking a case scenario.

The visiting doctors enjoyed their time in Jaffna immensely and also gained an insight into the problems faced by the Tamil community. This course would not have been possible without the very active help of a few expat Tamils and organisations.

Dr. Preman Jeyaratnam (UK) was the one responsible for making the necessary contacts with the team members and also raising a significant amount of funds. He participated in the course and has expressed a willingness to return to help conduct the course in future, too. Funds were also donated by TRRO (California), SCOT(UK), MIOT (UK), the Birmingham Tamil Association (UK) and the Sydney Tamil Christian Fellowship (Australia). There were also significant contributions from organisations in Colombo. The bulk of the money went towards the purchase of manikins and teaching aids needed to conduct such a course and the rest towards travel and accommodation expenses.



Practise on a goat chest!

For the doctors who participated the course was extremely useful and has infused in them an enthusiasm to take it forwards. This is also a good example of how expatriate

Tamils can help in the long term improvement of healthcare and standards in the North-East. The views and opinions expressed are not necessarily those of Ilankai Tamil Sangam, USA, Inc., its members, or its affiliates.

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Institute of Medicine, Dentistry and Health Care Studies

Project Proposal

Introduction:

The North East of Sri Lanka has for the past 20 years been a war zone. The effects of the war, economic embargo and internal displacement has resulted in the health of the people in the North East being severely affected. This is reflected in the higher rates of maternal and infant mortality than the rest of the island.

There is a severe shortage in health professionals to man existing institutions from doctors, dentists, nurses and paramedics as seen in the table below.

The North East was once proud of its health care system with highly qualified and trained staff. Low infant and maternal mortality rates were a reflection of the good health care system and this rate was lower than the South of the island, envied by other developing countries.

The break down in health infrastructure and poor health of the people in the North East has resulted in a disjointed, fragmented and understaffed health care system. There are plans to rebuild and even to build new hospitals and to introduce primary care.

For this to be achieved a qualified and trained workforce of health professionals is essential. Universities train many doctors each year but only a handful will return to the North East to work, as further training opportunities and accommodation facilities are often lacking. The same situation applies to dentists and nurses. There is no training of Physiotherapists, Radiographers, Pharmacists and other Paramedics in the North East.

The Future Health Service of the North and East.

Primary Care, which is locally based, simple and cost-

The requirements for Paramedical Health Manpower for the NEP:

Category of staff	Requirement	Availability	Shortage	Criteria
Assistant Medical Officers	250	183	69	1: 10,000 population
Nurses	3375	1159	2216	1: 4 beds
Public Health Nurses	250	5	245	1: 10,000 population
Family Health Workers/ Public Health Midwives	1200	393	807	1:3000 population
Hospital Midwives	350	202	148	1: 15 deliveries/ month
Public Health Inspectors	400	295	105	1: 9000 population
Medical Laboratory Technicians	210	56	154	1: 50 beds in DH/ GH
Pharmacists	300	113	187	1: 300 beds & 1: 200 OPD & 1 per SDHC
Physiotherapists	100	8	92	1: 100 beds in DH/GH
Radiographers	230	18	212	2 per machine

Source: Dr N. Sivarajah, Consultant WHO, Sri Lanka

effective health care will probably be at the forefront of delivering health care to the population in the North East. Hospitals will be reserved for acute emergencies and chronic problems requiring specialist input.

A generation of Primary Care Practitioners both medical and dental is required with their supportive paramedical staff. Other countries such as the UK are training a grade of nurses to take the role of General Practitioners and training them to be Nurse Practitioners. They are able to triage patient's problems, deal with minor illnesses and prescribe from a limited formulary. Some will be also running chronic disease clinics therefore reducing the burden on the small number of GP's. Developing this type of Primary Care Practitioner will be essential for the running of Primary Care Centres in the North and East.

Public Health which is essential to prevent and limit the spread of diseases is required with its respective health professionals such as public health midwives, public health inspectors, pharmacists, Family Health Workers, Nutritionists etc.

Training of medical & paramedical professionals takes time, dedicated trainers, facilities and the support of local health institutions to gain practical experience. It has been quoted that the training of Public Health Midwives to fill the current vacancies will take up to 6 years at the rate of 100 per year, in Jaffna and Batticaloa training schools. It is accepted locally that training centres for paramedics is required as those training schools in Jaffna and Batticaloa are not going to be able to meet the demands.

Proposed Institute of Medicine, Dentistry and Health Care studies

Seeing, working and discussing the problems faced by the health care workers in the Vanni region alone, I have come to realise that a structured school for the training of paramedics is essential to meet the health needs of the population of the North and East. It can be combined with Vanni Institute of Technology which has commenced training people in software, hardware and electronics engineering and aims to become a University in the future.

The proposed Institute of Medicine, Dentistry and Health Care Studies is **not** for the purpose of training MB BS doctors or dentists but to train a generation of health care professionals to meet the current and future demands of the health service which is primary care based.

The Institute will also be aiming to train paramedics in Pharmacy, Medical Laboratory techniques, Physiotherapy, Optometry, Nutrition, Nursing and Midwifery. Ambulance paramedics can also be trained as well as Public Health Inspectors and Public Health Workers.

The expatriate medical community has an important role to play in developing a modern health care training institute to give the younger generation in the

North East opportunities for careers in health care as well as providing the Health Service of the North East with trained professionals. It will be a legacy for future generations of an innovative Institute for training health care professionals.

Dr Shiamala Suntharalingam
BSc, MB BS, DRCOG, DFFP, MRCP

Appeal for Paralysed Victims of War

There are a number of homes in Vanni and North East Sri Lanka which look after paralysed victims of war. These are mainly young people in their early twenties who are paralysed from the waist downwards from shrapnel injuries to the spine. They are wheelchair bound and need to be rehabilitated. They are given lessons in office administration and computing skills and so on. In order to mobilise them, there are specially designed motor cycles for such paralysed patient that can be bought locally in Sri Lanka. We are currently looking for 16 volunteers to pay £575 each, for 16 such victims. Please register your interest with the MIOT office at 339 South Street, Romford, Essex RM1 2AP or by E-mail to:

admin@miot.org.uk

Burns Unit—Jaffna Teaching Hospital

It is proposed to establish a Burns Unit at the Teaching Hospital in Jaffna. This premier teaching institution treats patients with varying degrees and types of burns in the various surgical wards in the hospital. It has been proposed to pool the expertise and facilities in a purpose built small burns unit at this hospital. A fund raising event has been arranged to raise funds for this project. This fund raiser will be in the form of a dance drama at the Logan Hall in London on Saturday 6th March 2004. Tickets are priced at £10 each. Please contact the MIOT office for further details. Also, anyone wishing to make donations are requested to write to: Jaffna Burns Unit Appeal, MIOT Office, 339 South Street, Romford, Essex RM1 2AP

Or by E-mail to: admin@miot.org.uk

Trip to Kilinochchi

Having been inspired by Shiamala Sundaralingam's work at the Health clinic in Kilinochchi, I visited the area for two days in July 2003.

After passing through the army and Eelam checkpoints I arrived in Kilinochchi by van. The checkpoints in themselves were an experience. There were no signposts nor instructions of what forms to fill or which queue to stand in. However the friendly Eelam staff helped us to complete the required Tamil forms and directed us along the con-

fusing points to get our vehicle checked and then our luggage.

A kind volunteer from one of the many non-governmental organisations in Kilinochchi gave directions to the Centre of Health Care, where Shiamala was based. It was late afternoon and she was busy teaching some AMP (Assistant Medical Practitioner) students in a makeshift tented area.

The next day I joined Shiamala's mobile health clinic, piling into the van already packed with the necessary requirements for the clinic and staff. There were three Japanese nurses, Nanthini, a Tamil nurse who dispensed medication, the driver, a translator and Shiamala. We went along the resurfaced A9 road to Mangulam and set up clinic in the village cinema (an open mud hut with a corrugated roof). People had already started to gather outside to see Shiamala. The Japanese nurses had learnt sufficient words in Tamil to ask the appropriate triage questions. Between us we saw 71 patients that morning, mainly with chest or ear infections.

On the way back, Shiamala pointed out the old bombed out hospital and we went to see one of the ten primary health care units being run by a one-man team. It was a humbling experience.

I was then taken to the newly opened Kilinochchi General Hospital. The whole area has five MBBS qualified doctors serving a population of 150, 000. This can be compared to one GP in England serving ~2000 people. The basic facilities in the hospital amazed me. Their pathology lab consists of a small room with one microscope. The X-ray room with its windows wide open had an old machine with an even older X-ray protection gown. While I was there, a trauma victim was admitted, a tribute to the new A9 road. He had cuts on his face and possible head injury. The attending experienced doctor got ready to suture his wounds and assess him further.

What amused me about the wards was that if they were full, the over-spill of patients was housed in an open area covered with corrugated iron – a truly air-conditioned room! I was introduced to the doctor managing this hospital. He had only qualified in 1999 but was in charge of the running of the hospital.

Having seen the mobile health clinic and the hospital and having spoken to various team members, I realised the most important problem was, that they were lacking in staff. It made me wonder how to persuade medics in Jaffna, Colombo or England to come to areas like Kilinochchi and work. Kilinochchi is having the same problem as the rural outback areas of Australia where medical facilities have difficulty attracting a workforce. They have solved the problem in Australia by ensuring that all doctors are in a rotation that involved six months of outback medicine with one year on the Gold Coast. Could the medics in Sri Lanka be persuaded to do the same? However, Kilinochchi has

an advantage. Facilities are improving and maybe when the schools are better, the houses more comfortable and the roads smoother, doctors with their families will want to come to these areas, but this will take time.

Meanwhile, medical students and foreign doctors should be encouraged to spend time in areas like Kilinochchi. They would not only serve a needing community, but also learn skills that are fast dying in privileged areas - diagnosis without ordering numerous investigations. My experience has been an unforgettable one.

Thavani Nitkunan

A Dental Service for Jaffna

There is a need for a dental service to:

act as a resource for the healthcare community when oro-dental expertise is required to train dental, medical and dental auxiliary personnel

To treat specialized conditions requiring specialist oro-dental services

Conditions which require specialist expertise

- treatment/rehabilitation after trauma
- rehabilitation of inherited cleft palate patients
- rehabilitation of victims of trauma and injury to the face and jaws
- help local practitioners with cases which are beyond their expertise/training

Although there are a surplus of dental graduates in the country, it may be difficult to recruit those individuals to the North. In addition, it will always be advantageous to have a local training resource.

Consideration should be given to training auxiliary personnel to supplement the workforce using a hub/spoke configuration.

Do we know our needs?- can we get a NGO to do a survey?

What should be the aims?

1. Short term

To establish a dental service appropriate to the prevailing needs

2. Medium term

To establish a training facility

3. Long term

To establish training school

DIARY OF EVENTS 2004

DATE	COMMITTEE	VENUE
January 17th	MIOT Youth Forum (MIOTYF) Committee Meeting	Alexander Flemming Building, Imperial College
January 24th	NTR MIOT PG Clinical Meeting	Edmonton Community Centre, Fore Street, London N9
January 24th	STR MIOT Clinical Meeting	Farnborough Hospital
January 25th	Central Committee Meeting	Rush Green Medical Centre
February 21st	STR MIOT Clinical Meeting	Farnborough Hospital
March 6th	Fund Raising Event—Support by Northern MIOT	Logan Hall, London
March 20th	STR MIOT Clinical Meeting	Farnborough Hospital
March 27th	Career Fair—MIOTYF	Alexander Flemming Building, Imperial College
April 3rd	Northern MIOT Clinical Meeting	Rochdale or Burnley
April 17th	STR MIOT Clinical Meeting	Farnborough Hospital
April 24th	STR MIOT'S Muthamil Vizha	Kelsey Park School, Beckenham
May 8th	Medical Conference—MIOTYF	Alexander Flemming Building, Imperial College
May 15th	STR MIOT Clinical Meeting	Farnborough Hospital
June ?	Summer Ball—MIOTYF	To be decided
June 19th	STR MIOT Clinical Meeting	Farnborough Hospital
June 27th	Charity Lunch	Liversedge Parish Hall
July ?	THO Sponsored Walk	Richmond Park
July 24th	STR MIOT Clinical Meeting	Farnborough Hospital
August ?	Tamil Sports Festival—MIOT Health Checks	To be decided
September 18th	STR MIOT Clinical Meeting	Farnborough Hospital
October 16th	NTR MIOT's Tear Drops	Beal High School, Ilford
October 23rd	STR MIOT Clinical Meeting	Farnborough Hospital
November 13th	STR MIOT Clinical Meeting	Farnborough Hospital
November 20th	AGM	Comet, Luton & Dunstable Hospitals
December ?	Winter Ball	To be decided
December ? (1st Week)	NTR MIOT AGM & ROBIM ME- MORIAL LECTURE	To be decided
December 11th	STR MIOT AGM	To be decided