



**Spire**

Bushey Hospital

# HEAD TO TOE – Red Flags in General Practice GP MASTERCLASS

**Date: Tuesday 2<sup>nd</sup> April 2019**

**Location: The Village Hotel, Centennial Park, Elstree, WD6 3SB**

**Chairman - Dr Ian Gold**

## **Agenda**

<b>Time</b>	<b>Topic</b>	<b>Speaker</b>
8.45	Coffee and Registration	
9.00	Welcome and Introduction	Dr Ian Gold
9.10	The swollen leg and the cold leg	Mr Daryll Baker
9.50	ENT Emergencies	Mr Jonathan Hughes
10.30	Red Eyes – Red Flags	Mr Alan Kosmin
<b>11.10</b>	<b>Coffee</b>	
11.30	Syncope, palpitations and other red flags in cardiology	Dr Amanda Varnava
12.10	Back pain – when is it not routine?	Mr Rajiv Bajekal
<b>12.50</b>	<b>Lunch</b>	
13.50	Spotting the headaches that need a referral	Dr Dominic Mort
14.30	LFTs – how to avoid patients slipping through the net	Dr Mohamed Shariff
15.10	Childhood sepsis	Dr Ashley Reece (tbc)
<b>15.50</b>	<b>Closing &amp; Tea</b>	



This meeting will be sponsored by Pharmaceutical Reps sponsoring stand space only.  
Please take the time to speak to the reps at the event.

**BOOKING FORM**  
**HEAD TO TOE –**  
**Red Flags in General Practice**  
**GP MASTERCLASS**

**Date: Tuesday 2<sup>nd</sup> April 2019**

**Location: The Village Hotel, Centennial Park, Elstree, WD6 3SB**

**PLEASE NOTE:**

***We can only take reservations with a booking form and deposit cheque. If you do not book in advance and turn up on the day we may not be able to accommodate you due to the high volume of attendees and limited space.***

**A certificate of attendance will be issued by e mail after the event and your deposit cheque will be returned in the back of your badge at the event.**

Name ..... GMC No.....

Surgery Address .....

(In full please)  
.....

Postcode ..... Telephone No .....

**Email address** .....

***(please write clearly as confirmation & certificate of attendance will be sent by e mail only)***

This meeting is free of charge but subject to a **£50.00 'refundable on the day'** deposit.  
Please make the cheque payable to **Spire Bushey Hospital**.

***No bookings will be accepted without a deposit cheque.***

- A) Please reserve a place for me for the **whole day** [ ]
- B) Please reserve a place for me for the **morning only** [ ]
- C) Please reserve a place for me for the **afternoon only** [ ]

\*Please circle as appropriate: I am a **VEGAN\*** I am a **VEGETARIAN\***

Please confirm if you have any allergies .....

Please print off this form and return to me with your cheque to the following address:

***Tina Moss, Events Executive, Marketing Department  
Spire Bushey Hospital, Heathbourne Road, Bushey, Herts. WD23 1RD***

A confirmation e mail will be e mailed to you once I receive your form and cheque – Thank you.