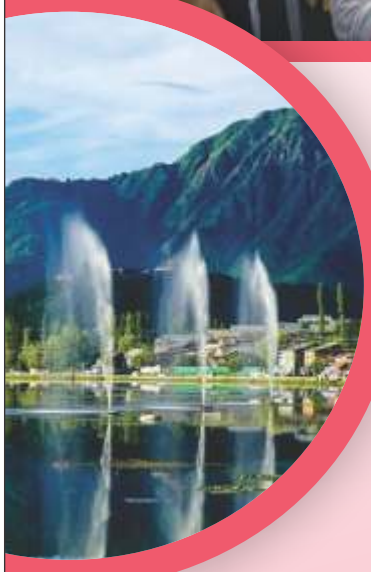
2nd Edition

2025 NEWSLETTER

'Ilaj-o-Isharat'
(Treatment & Guidelines)

We Are BKMA



Our Objectives

- ☑ Better Patient Care
- ☑ Education & Support
- ☑ Better Healthcare System

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(Treatment & Guidelines)

CONTENTS

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'Ilaj-o-Isharat'
(Treatment & Guidelines)

BKMA NEWSLETTER

APRIL 2025

EDITORIAL

Roshan Ara Khuroo MRCGP
Editor & Executive BKMA

2nd Edition

Warm Greetings

"The best way to predict the future is to create it together".
It is my pleasure to welcome you to read the 2nd annual BKMA newsletter, 2025

BKMA as an organisation is committed to deliver its objectives of promoting patient care and safety through education,training and enhancing a better healthcare system here in the UK and our homeland Kashmir.

This newsletter reflects on the past year and how we as a healthcare organisation and registered charity have grown as a community. BKMA has provided a platform to its members and their families to connect both at a professional and social level.

The current president, **Dr Tafazul Hussain,** has emphasised in his message the importance of continued active engagement and support from all members. The outgoing vice president, **Dr Mudasir Firdosi,** has further highlighted the efforts of the BKMA officials to promote the growth of this association. He emphasises attracting new members by creating attractive programs, professional development, better communication and transparency.

Education plays a pivotal role in fostering a better healthcare outcome. The BKMA has successfully delivered two conferences with world class healthcare experts sharing their experiences and scientific work.

Dr Shaheen Shora has summarised our 2023 conference, which focused on "sharing best practice". **Dr Trevor Dale** explained the art of working with fallibility. The inspirational work of **Professor Owaise Jeelani** and his take home message of taking pride in our identity and nurturing our inner self received a standing ovation on the day .

BKMA pays tribute to Kashmiris who left a legacy of inspiration for future generations. We acknowledge and celebrate the successes of our members in the form of awards and appreciations.

Dr Kuchai has thoughtfully described the importance of principles and discipline in order to leave a long lasting impact as individuals and as an organisation.

BKMA supports new to the UK and young healthcare professionals during their transition into the UK healthcare system. **Prof Farooq Wandroo** leaves key pieces of advice to resident doctor colleagues about the importance of valuing traditional clinical skills in the modern medical context.

Collaboration is a key part of the success in any organisation, executed through a clearly defined vision and mission and based on transparency and constant communication. BKMA continues with its healthcare initiatives in Kashmir through collaboration with educational and healthcare institutions.

Dr Mehdi Hassan and **Dr Salim Punjabi** have summarised their involvement and leadership in conducting adult and paediatric life saving courses in Kashmir.

As a lead of BKMA's Palliative care project has given me an opportunity to fulfil my passion of striving for a better palliative care service and training in Kashmir

Mr Arshad Bhatt has highlighted the successes of our very first fundraising event in 2024 a testament to our strength as a community. Funds raised have been invested to build a **better healthcare system** in Kashmir.

The individual talent, skills and abilities of our members is a key to improve our performance as an organisation. Our members continue to show enthusiasm and passion to write about important and interesting facts of their practice in order to educate us.

Amina and Samad's difficult journey during their last years has clear evidence of gaps in the healthcare system in Kashmir. Our desire to enhance and standardise the healthcare system through sharing best practice remains firm.

Reflections by **Burhan ul Islam Malik** is an article about contentment as a deeper and enduring feeling, and faith being the healer and means of filling the void we often try to fill with temporary satisfactions.

Dr Tarfarosh writes to highlight the strengths of Kashmiri clinicians and promotes the benefits of using emotional intelligence in work places for conflict resolution, remaining attuned to the cultural needs of our colleagues and leading change for patients on a global scale.

Screening and prevention are key components of effective healthcare that saves lives and improves quality of life.

Dr Eram Durrani has written about practical tips of hydration using a Miswak and limiting sugary drinks during Ramadan to maintain oral health.**Dr Ahmed** suggests replication of Amblyopia screening programme in Kashmir. This programme is simple, cost effective and proven to significantly improve the prevention and treatment of Amblyopia.

'I hope you enjoy reading this edition and continue to contribute and engage to build a stronger, sustainable, and successful BKMA.

Best Wishes

President's Message

Dear Members,

Assalamu Alaikum,

DR TAFAZUL HUSSAIN
President BKMA

It has been a true honour to serve as the President of BKMA for the past three years, and I am deeply humbled to have been re-elected for another term.

Over these years, BKMA has grown tremendously. Becoming a registered organisation has provided us with a stronger foundation to serve our members and fulfil our mission.

Together, we have accomplished significant milestones:

- Successfully delivering two annual conferences, with our third scheduled this April.

- Leading impactful fundraising initiatives to support critical healthcare projects in Kashmir.

- Assisting new doctors from Kashmir in their transition to the UK healthcare system—helping them prepare for PLAB exams, strengthen their CVs, refine interview skills, and contribute to the NHS.

- Conducting educational events in Kashmir at SKIMS, medical colleges, and primary care institutions—supporting the professional growth of doctors and fostering cross-border collaboration.

These achievements are a testament to our collective dedication, but this is not the time to pause. Over the next three years, our goal is to consolidate our progress and expand our impact. This can only be achieved through your continued engagement and support.

I invite all our members to get actively involved—share your expertise, offer constructive feedback, and help shape the future of BKMA. With a strong leadership team and your contributions, I have no doubt that we will continue to thrive.

Finally, I extend my heartfelt gratitude to our BKMA office and executive committee. Your unwavering commitment—often at the expense of personal and family time—has been instrumental in our success. My deepest appreciation also goes to your families, whose support behind the scenes makes all of this possible. I look forward to working alongside you all to serve our community—both here in the UK and back home in Kashmir.

The Journey and Future of the BKMA: Celebrating Our Collective Strength and Vision

Dr Mudasir Firdosi FRCPsych*

Vice President & Trustee BKMA

Any organisation is as good as its membership. So is the British Kashmiri Medical Association (BKMA). Thanks to the dedication of its members, the BKMA has transformed from a fledgling idea into a thriving association. In six years, the association has grown from nothing to a meaningful entity due to the efforts of its elected officials and trustees. Our core is defined by what united us and keeps us moving forward.

Our collective vision of fostering community, promoting knowledge, and supporting one another through various initiatives has been instrumental to our progress. Through numerous meetings, collaborative projects, and community events, we have established a robust network of professionals dedicated to the mission of the BKMA. This united effort has not only bolstered our association but also had a significant impact on the broader community we serve.

That said, it has not been easy. Despite the challenges, the resilience and dedication of our members have been instrumental in overcoming obstacles and achieving our goals. We have faced financial constraints, logistical hurdles, and moments of doubt, yet our commitment to the BKMA's mission has never wavered. Each setback has been met with renewed determination, and every success has been celebrated as a testament to our collective strength. As we look to the future, we remain steadfast in our purpose, ready to embrace new opportunities and continue making a difference.

For me personally, serving in the interim office and then elected office as the vice president of the association has been the privilege of a lifetime. Being a founding member and seeing the association grow like my child has been incredibly fulfilling.

Witnessing firsthand the passion, dedication, and camaraderie of our members has reinforced my belief in the power of collective effort. The friendships forged and the knowledge shared within our association have enriched my professional and personal life in ways I never imagined.

As we continue to grow and evolve, I am confident that the BKMA will remain a beacon of collaboration and innovation, guiding us towards a future where our impact is even more profound. Together, we will continue to uphold the values that brought us together and strive to make a lasting difference in our community.

We must concentrate on increasing membership and diligently encourage individuals who are considering joining the association. To accomplish this, we need to enhance our outreach efforts by leveraging our existing network to engage potential members and demonstrate the tangible benefits of being part of our dynamic community. By improving our programs, offering more diverse opportunities for professional development, and highlighting the success stories of our current members, we can create a compelling narrative that attracts new talent and fosters a sense of belonging Furthermore, it is essential to prioritize transparency and communication, ensuring all members feel heard and valued and that their contributions are acknowledged. Through strategic partnerships and innovative initiatives, we can broaden our influence, drive growth, and continue to build an association that not only meets but also exceeds the expectations of its members. With unwavering commitment and a clear vision for the future, the BKMA will undoubtedly continue to flourish, making a positive and lasting impact on all those we serve.

As new office bearers take over at BKMA, I am confident in their strength and capability. After six years, stepping down feels like dropping off my son at school for the first time. It's a moment to celebrate our progress, from baby steps to running forward.

Education and Conferences

Dr Shaheen Shora
General Secretary, BKMA

British Kashmiri Medical Association (BKMA) 2nd Annual conference took place on 30th September '23 in Northampton on **'Sharing Best Practice'**. We would like to express a heartfelt gratitude to all our speakers for sharing their expertise, knowledge & wisdom. Our keynote speaker Prof Owase Jeelani received a standing ovation for his outstanding and inspirational talk covering many areas of science, technology, medicine, art, compassion and leadership. Panel moderator Mr Gulzar Mufti & panel members Tamarind Ashcroft & Andrew Lewis from GMC took us through various aspects on maintaining both public safety & public confidence in professionals. Dr Ibreez Ajaz spoke about 'The Emoji Effect' and Prof Iqbal Saleem Mir who joined us with his faculty from Kashmir spoke about surgical advances in gastric carcinomas. Our guest speaker Trevor Dale reminded us humans including experts can be 'fallible' and 'how to work with Fallibility'.

Our delegates told us 'They thoroughly enjoyed the conference which was of a high calibre & were very impressed by the richness & variety of the programme'.

For me, reading out the 'tributes' posthumously for past British Kashmiri medical members and BKMA presenting 'lifetime achievements' awards to the families of Dr Ghulam Jeelani Drabu, Dr Nisar Ahmad Bakshi, Dr Tariq Nazki& Dr Aslam Rafiqi was the most humbling experience and an honour that I will treasure for a lifetime.

A huge round of applause to BKMA executives who worked together relentlessly, over several months to make the conference a success – Dr Tafazul Hussain, Dr Mudasir Firdosi, Mr Arshad Bhat, Dr Eram Durrani, Burhan ul Islam Malik, Dr Roshan Ara Khuroo, Dr Yasir Rashid, Dr Mehdi Hassan, Dr Qazi Manan, Rukhi Mackay, Dr Salim Punjabi and Dr Adil Zargar.A big thank you to our sponsors Carebit and Aspire Pharma Ld.

The take home message from Prof Owase Jeelani was - 'your soul belongs to you!' - 'maintain your soul & your spirit' and take pride in your identity and who you are.

Feedback from Young Doctors

Being a part of BKMA has been an incredibly helpful experience. It played a key role in my interview preparation, which ultimately helped me secure a surgical training number. The mock interviews and guidance provided were instrumental in building my confidence and refining my answers. I also had the opportunity to contribute to PLAB 2 teaching, which not only enhanced my own knowledge but also gave me a sense of purpose and responsibility. Most importantly, BKMA fostered a strong sense of community, making the journey feel less isolating and more collaborative. I'm truly grateful to be part of it.

Dr Kamran Dar

Charity and Fundraising

Mr Arshad Bhat
Treasurer and Vice President Elect BKMA

British Kashmiri Medical Association (BKMA) Hosts Its First Ever Fundraising Charity Gala at Royal Nawab, London

On the evening of Saturday, 27th April 2024, the British Kashmiri Medical Association (BKMA) proudly hosted its inaugural Fundraising Charity Event at the prestigious Royal Nawab, London—an evening that brought together hearts, hopes, and a united vision for a better future for Kashmir.

The event, which witnessed an overwhelming response with around 300 attendees, was graced by

not only by members of the Kashmiri diaspora from across the UK, representing a diverse mix of professionals including doctors, entrepreneurs, students, academics, and community leaders but also some people representing other ethnicities settled in UK.

The primary aim of the evening was to raise funds for two deeply impactful causes:

1. The construction of the first-ever dedicated Children's Cardiac Care Hospital inKashmir, a much-needed facility to address the growing burden of paediatric cardiac diseases in the region.

2. The training of nurses in palliative care, ensuring that patients with terminal illnesses receive the compassionate, specialised support they deserve.

The evening commenced with a powerful and emotionally resonant keynote address byMr. Asif Hassan, a globally respected Paediatric Cardiothoracic Surgeon, whose words highlighted the urgency and significance of the mission. His talk left the audience inspired and determined to contribute.

Two important presentations were also delivered during the evening. Dr. Altaf Bukhari, Director of the Hope and Health Foundation, gave an insightful presentation on the work of his charity and the critical need for paediatric cardiac care in Kashmir.

This was followed by Dr. Roshan Ara Khuroo, who delivered a compelling talk on the pressing need for palliative care services in the region, highlighting the challenges faced by patients and families and the urgent requirement for trained nursing staff.

The charismatic and motivational Mr. Rizwan Hussain, a well-known media personality and anchor, led the proceedings with flair and heartfelt energy, seamlessly guiding the evening and striking a chord with the audience.

One of the most remarkable moments of the night came during the fundraising appeal. In just 30 minutes, the audience demonstrated extraordinary generosity, raising a staggering £100,000—a testament to the community's deep commitment and compassion for the homeland.

Following the successful fundraiser, guests were treated to a lavish, multi-course meal served by the iconic Royal Nawab, renowned for its culinary excellence. The delectable dinner provided a perfect backdrop for conversation, connection, and celebration.

The evening reached its crescendo with a breathtaking live musical performance by acclaimed singer Shujat

Ali Khan, whose soulful and electrifying renditions captivated the audience and added a magical touch to an already memorable night.

In his closing remarks, Dr. Tafazul Hussain, President of BKMA, expressed heartfelt gratitude to all those who donated and supported the cause. He also extended a special thank you to the dedicated organising team, whose tireless efforts and meticulous planning ensured the event's resounding success.

This landmark evening was more than just a fundraiser—it was a celebration of unity, purpose, and the power of a community coming together to build a brighter, healthier future for Kashmir

Healthcare Initiatives In Kashmir

Dr Mehdi Hassan
Executive BKMA

In August 2024, the *British Kashmiri Medical Association (BKMA) spearheaded key healthcare initiatives in Kashmir to strengthen emergency and paediatric care. We conducted an **Advanced Life-Saving Simulation Workshop** at District Hospital Budgam, led by Dr. Mehdi and Dr. Bashir, to enhance emergency response skills. Earlier, BKMA partnered with GMC Anantnag for a **Paediatric Advanced Life Support (PALS) Workshop**, training doctors in child emergency care. Additionally, DD Kashmir aired *"Halate-Hazira,"* a public awareness program on emergency medicine. These efforts underscore Kashmir's commitment to improving medical preparedness and healthcare resilience with BKMA's support.

Palliative Care Project In Kashmir

Dr Roshan Ara Khuroo
Executive BKMA
Principal GPGP trainer , CBM Tutor
University Of Birmingham & Aston university
Health Inequalities Lead North Birmingham PCN

This initiative is to aid and enhance palliative care training in Kashmir. Our aim is to train healthcare professionals mainly nurses from Kashmir who are enthusiastic and committed to this area of care.**"Train The Trainer"**programme will involve sponsoring healthcare professionals for training in UK. A huge thank you to our members and other British Kashmiris and their families who donated generously last year to BKMA charity to support this initiative Both government and private health sector in Kashmir has gaps in this service due to lack of

resources and training . Lot of ground work has been done to identify the best and smooth way to start this programme After several meetings and communication we are very pleased with the response from healthcare organisations in Kashmir and UK who have supported this initiative with an intention to engage..So far we have been successful in securing places for training in west midlands and are keen to start this programme as soon as the administrative formalities are completed..

Primary Trauma Care (PTC) Courses in Kashmir

Dr Salim Punjabi
Executive BKMA

The Primary Trauma Care (PTC) organization is an international charity headquartered in Oxford, United Kingdom. Led by Mr. Nigel Rossiter, a distinguished Trauma and Orthopaedic Surgeon, PTC operates through a dedicated network of volunteers across the globe. The organization focuses on training healthcare professionals in the management of trauma, beginning from the site of the incident through to safe transfer to trauma centre for definitive care.PTC courses are primarily conducted in developing countries where advanced trauma care systems such as the Advanced Trauma Life Support (ATLS) are either unavailable or still in development. These courses serve as a crucial stepping stone toward building robust trauma care infrastructure.

Over the past few years, we have been in communication with the PTC team to initiate these vital training programs in Kashmir. We believe this initiative will lay the groundwork for establishing a comprehensive and effective Initial discussions took place with the former Principal of Government Medical College(GMC), Srinagar, and their trauma representatives, aimed at facilitating the launch of these courses. trauma care system in the region.

Update;

In continuation of these efforts, a significant meeting was held in September last year with Dr. Bakshi Jehangir, Director of Health Services, Kashmir, and his team from the training college. We also held online discussions with Dr. Arun Prasad, PTC Regional Head for Asia.

More recently, we met with the current Principal of GMC Srinagar, Dr. Iffat Hassan, along with Dr. Iqbal Saleem (Head of the Department of General Surgery) and Dr. Henna (Head of the Department of Anaesthesia). Their response to the proposal was overwhelming positive and supportive.

We are pleased to announce that the first PTC course in Kashmir is scheduled to take place on the 23rd and 24th of May, 2025, at the Dobiwan Training Centre. The course will be conducted under the supervision of Dr. Iqbal Bhat, Principal of the Dobiwan Training Centre, and Dr. Arshad Rafi. Both have shown exceptional commitment and enthusiasm in facilitating the launch of this initiative. We are currently awaiting final confirmation of the training faculty from Dr. Arun Prasad.Plans for a second course at GMC Srinagar are already underway, with dates to be confirmed in the near future

Health And Wellbeing

Author

Dr Eram Durrani
Specialist Dentist .Practice Principal.
BDS.MFDS (Rcpsg)MJDF (RCSeng)

The Impact of Ramadan on Oral Health: Challenges and Tips for a Healthy Mouth.

Introduction

Ramadan is a sacred month observed by millions of Muslims worldwide, marked by fasting from dawn to sunset. While fasting offers numerous spiritual and health benefits, it also brings certain challenges for oral health. Reduced food and water intake, altered eating patterns, and changes in oral hygiene routines can affect the mouth's overall well-being. This article explores the impact of fasting on oral health and provides practical tips to maintain a fresh and healthy mouth during Ramadan.

Typical fasting day

Most individuals observing within the UK will fast for between 15-17 hours ,with an early morning breakfast before 4:30 am and then fasting until about 6:30 pm ,Water can be consumed before beginning the fast and after opening the fast ,but not while fasting.

Timing change each year with summer periods of Ramadan being longer in duration.

How Does Ramadan Affect Oral Health?

1. Dry Mouth (Xerostomia)

One of the most common effects of fasting is dry mouth due to the lack of water intake. Saliva plays a crucial role in washing away bacteria and neutralizing acids in the mouth.

When saliva production decreases, harmful bacteria can thrive, leading to an increased risk of bad breath, cavities, and gum disease.

2. Bad Breath (Halitosis)

Prolonged fasting, combined with dry mouth, can lead to an unpleasant odour due to bacterial buildup. Additionally, the breakdown of food particles in the absence of frequent hydration can contribute to bad breath.

3. Increased Risk of Cavities and Gum Disease

During Ramadan, if oral hygiene is neglected, plaque buildup can lead to tooth decay and gum inflammation (gingivitis). Additionally, breaking the fast with sugary or acidic foods can accelerate enamel erosion and increase the risk of cavities.

4. Change in Dietary Habits

Many people tend to consume high-sugar and high-acid foods, such as sweets, fruit juices, and carbonated drinks, during Iftar and Suhoor. While these may provide an instant energy boost, they can also contribute to enamel erosion and bacterial growth.

How to Maintain Oral Health During Ramadan

1. Brush and Floss Properly

- Brush your teeth twice a day (after Suhoor and after Iftar) using fluoride toothpaste.
- Floss daily to remove food particles and plaque buildup.
- Use a tongue cleaner to eliminate bacteria responsible for bad breath.

2. Stay Hydrated

- Drink plenty of water between Iftar and Suhoor to help maintain saliva production and prevent dry mouth.
- Avoid excessive consumption of caffeinated drinks, as they can lead to dehydration.

3. Use a Miswak or Alcohol-Free Mouthwash

- Miswak, a natural teeth-cleaning twig, is a Sunnah practice that helps fight bacteria and freshen breath.
- An alcohol-free mouthwash can be used after Iftar and Suhoor to kill germs without causing dryness.

4. Limit Sugary and Acidic Foods

- Reduce your intake of sweets, carbonated drinks, and citrus fruits, which can weaken enamel.
- opt for fibre-rich foods like fruits and vegetables, which help clean teeth naturally.

5. Chew Sugar-Free Gum

- Chewing sugar-free gum after Iftar can stimulate saliva production and reduce dry mouth.

Ramadan is a time of spiritual growth and self-discipline, but it is also essential to maintain good oral hygiene throughout the month. By following proper dental care practices, staying hydrated, and making mindful food choices, you can keep your mouth healthy and fresh while fasting. A little extra attention to oral health can go a long way in ensuring a comfortable and odour-free Ramadan experience.

Screening for the Prevention of Amblyopia: A Remarkable Success Story

Author

Dr Syed Riyaz Ahmad
Retired Ophthalmologist, Essex,

Introduction

Amblyopia (lazy eye) screening in England has revolutionised the care of children at risk of poor vision. By screening for amblyopia nationally, countless children have received prompt and effective treatment, optimising their vision and enabling them to lead normal, fulfilling lives.

Amblyopia is characterised by subnormal vision due to lack of normal visual development, causing a problem in how the brain and eye work together. It usually affects one eye, but occasionally affects both eyes.

Babies are not born with full vision. Newborn babies have blurry vision, approximately 6/120. They only

see in black and white until their colour vision starts developing, typically at 5 months of age. Their vision improves significantly in first few months of infancy and typically becomes normal (6/6) around 3 to 4 years of age. Common causes of amblyopia are refractive errors (requiring spectacles) and squint. The other causes are congenital cataracts, congenital ptosis (drooping eyelid), or any condition that obstructs vision.

Amblyopia can be prevented and/or treated up to around eight years of age, so it is vital that it is promptly detected and treated. A child will most likely not notice or complain of the low vision, especially when in one eye only, hence the best way to pick it up is by screening.

Neonatal Eye check

The standard neonatal eye check in England involves external eye examination and checking for red reflexes to rule out congenital cataracts. It is carried out at the maternity unit within 72 hours of the child being born and repeated after 6-8 weeks by a general practitioner. If born prematurely, the baby is referred to an Ophthalmologist for screening of retinopathy of prematurity.

Vision screening by Orthoptists.

The local government (council) commissions an Orthoptist lead screening service. Mass screening of children is possible due to all births being registered in the registry office of the area and screening services having access to this information. They invite all children between the ages of 4-5 years for eye assessment and vision testing. The parents or legal guardians of a child are contacted for their consent. They are given full information about the purpose of the assessment, the expected outcome, and further management, if needed. Orthoptists carry out examination and vision test in children's schools, in the hospital eye clinics or in some areas in the community clinics. Some parents may choose to take their children to an Optometrist or an Ophthalmologist instead. Vision is tested by child-friendly methods. The outcome of the vision check of a child is confidential. Children with subnormal vision are referred to an Optometrist or hospital eye clinic for refraction and prescription of glasses if required. If the child has Amblyopia, the treatment is provided by an Orthoptist.

Vision screening by School Nurses.

School nurses are based in community child health clinics or community health centres. Children with potential visual problems are detected in schools by school nurses and referred to an Optometrist or Ophthalmologist. The vision test, eye assessment and colour vision test is carried out as a part of general health and hearing screening. In some areas, school nurses carry out formal vision screening of all seven-year-old children.

Conclusion

Amblyopia screening in England is a remarkable success story for screening programmes, helping children to develop good vision and have

normal, fulfilling lives. Amblyopia screening is simple, cost effective, non-invasive and proven to significantly improve the prevention and treatment of Amblyopia. This screening programme can be replicated wherever possible, including back home in Kashmir. Further information is availablefrom Gov.uk at: https://www.gov.uk/government/publications/child-vision-screening-providing-screening/child-vision-screening-service-specification

The Journey of a Fisherman

Author

Dr Shah Faisal Tarfarosh,
MBBS, MRCPsych (London), PGDip CBT (Cardiff), PGDip CREL (Cambridge)

An Immersive & Interactive Emotional Intelligence Workshop — Shaped by Your Decisions, Like a Game

As British Kashmiri clinicians, we carry more than just stethoscopes and face masks - our identity walks beside us, our language speaks even in silence, and our resilience stands quietly behind us, shaped by a shared history of collective adversity.

And yet, many of us say, "Leadership isn't for me." But what if it is? What if leadership simply means understanding yourself better and helping others grow? That's Emotional Intelligence. That's what this training is about. Towards the end of this piece, I'll share how you can bring this workshop to your workplace, team, or academic setting.

Late last year, I had the privilege of organising and chairing a pilot Emotional Intelligence (EI) training workshop for future leaders in psychiatry, hosted by the South-Eastern Division of the Royal College of Psychiatrists (Psych). It was an incredible experience. Around fifty people attended the workshop, and the feedback - both qualitative and quantitative - showed a measurable increase in participants' confidence in applying EI skills to their work and leadership roles.

We explored a core question: Should clinicians take on leadership roles? And if yes, what are the key skills they need to develop? Unsurprisingly, emotional intelligence emerged as a vital theme for navigating the complexities of leadership and improving our own workplace well-being in the process, especially within systems as stretched and diverse as the NHS.

The event featured several respected speakers who shared powerful insights.

- **Dr Chetna Kang, a celebrity Psychiatrist,**

highlighted that conflict isn't caused by disagreement itself, but by the tone and delivery of that disagreement. She explored three core mindsets - win-win, win-lose, and lose-lose - encouraging participants to adopt a more collaborative, emotionally intelligent approach to conflict resolution.

- **Dr Billy Boland,** drew a meaningful distinction between sympathy (feeling sorry for someone) and empathy (feeling with them), reminding us to reflect on our own privileges and to remain attuned to the cultural needs of our colleagues.
- **Dr Rais Irfan Ahmed** challenged us with a choice:

- either remain passive in our roles and complain about poor leadership, or step up, develop EI skills, and lead change for patients on a global scale.

The feedback carried a consistent message: We need more of this. There was strong demand for more time - especially for group discussions - and several participants suggested a future half or a full-day, or even face-to-face format.

Earlier this year, I had the honor of delivering a version of this training for the faculty and students at Vishwakarma University in Pune. Once again, the themes resonated deeply, underscoring the universal need for emotionally intelligent leadership in healthcare - regardless of geography or system.

The workshop is built around four key emotional intelligence areas, explained through the story of Oliver - a humble fisherman. When the island's ailing king announces that whoever brings back the most fish will be crowned the next leader, Oliver sets out on a journey that helps him discover the emotional skills needed to lead

1. Self-Awareness – Mirror Lake

Oliver begins by recognising his thoughts, emotions, and reactions. For us, this is about understanding how our internal world shapes our actions at work. It's the ability to pause, reflect, and recognise our own emotional patterns, mainly stemming from our traumatic or difficult times in the past, before they impact patient care or team dynamics.

2. Self-Management – The Dark Forest

In uncertain and stressful situations, Oliver learns to stay calm, adapt, and keep moving forward. This mirrors our day-to-day challenge of managing stress, regulating impulses, and maintaining motivation - especially when working under pressure

- **3. Social Awareness – The Village of Echoes**

Oliver realises that others are fighting their own silent battles. In healthcare, this is empathy in action - listening, observing, and understanding what others might be experiencing. It's also about reading the emotional tone of teams and understanding how cultural and systemic dynamics affect people differently.

4. Relationship Management – The Palace of Harmony

Finally, Oliver learns to lead - not by command, but by inspiring, coaching, influencing, and resolving conflict. This reflects our need to build trust, mentor others, and work collaboratively in ways that elevate the team, not just the individual.

This is an immersive, interactive workshop just like the Bandersnatch episode of the Black Mirror Netflix Series, with a journey rooted in real stories, cultural nuance, and reflective dialogue. It's especially valuable for minority groups like British Kashmiri professionals who often navigate not only clinical complexity but cultural and systemic layers in their roles. It blends narrative, neuroscience, psychology, and purpose in a way that feels human and practical.

If you're interested in bringing this training to your workplace or your local or regional academic meetings - whether as a half-day online workshop or in-person event - please feel free to reach out. We would love to collaborate and tailor the content to your team's needs.

Let's build a generation of emotionally intelligent healthcare leaders - together.

You can contact me via email – *dr.shahtarfarosh@gmail.com*

or any of my social media handles

LinkedIn *https://www.linkedin.com/in/dr-shah-faisal-tarfarosh-91715919a/*

Twitter/X *https://x.com/ShahFTarfarosh*

Facebook *https://www.facebook.com/shah.faisal.9*

Instagram *https://www.instagram.com/dr.shah.f.tarfarosh*

Dr Shah Faisal Tarfarosh, an Oxford-based Consultant Psychiatrist and Psychotherapist, possesses a deep-seated interest in Positive Psychology, Preventative Psychiatry, and Personal Productivity. Beyond conducting workshops, he integrates these specialised areas into his hands-on clinical practice.

Reflection

Author

Burhan ul Isalm Malik
BKMA Treasurer

WHEN SCIENCE HURTS ...

As I sat down to write this piece for our newsletter, one thought kept coming in my mind, why we are, where we are? Many of us left the comfort of our homes in Kashmir, stepping beyond familiar surroundings in pursuit of knowledge. Knowledge that not only equips us with skills but also enables us to build livelihoods, support families and contribute meaningfully to society. Through this journey we shaped an identity recognised by our peers, communities and the world around us. For some the decision to leave was entirely personal, for others societal expectations or cultural influences played a decisive role. Regardless of the reason the most important question is whether we are content with the path we have chosen. Few things in life are as fulfilling as finding satisfaction and purpose in our work.

At the heart of this journey lies an insatiable curiosity to achieve the best from the best, a drive to seek this knowledge and develop these skills at respectable institutions and organisations across the world.

It is this curiosity that compels us to leave behind our comfort zones, to constantly learn, relearn, adapt and grow. With a cultural push many of us gravitate towards healthcare and science disciplines that seem to provide structured answers to our inquisitive minds, others have courageously ventured into fields such as information technology, artificial intelligence and beyond.

Historically our forefathers lived simpler lives, deeply shaped by the socio-political realities of Kashmir. Limited resources and societal structures brought them closer to faith and for generations spiritual understanding provided answers to their deepest questions. They seem to live a satisfied life with a rich culture. Science and technology remained distant concepts and fulfilment was often found through religious reflection rather than material progress. However, as advancements in science and technology began to reshape the world and the political uncertainty of the region intensified there was a shift. The focus turned more towards materialism, finding practical solutions rooted in reason and discovery.

Yet research and innovation are by no means a recent phenomenon, from the cultivation of the first crops to the discovery of fire, the invention of the wheel and ultimately modern achievements such as flights, computers, AI and space exploration the human drive to innovate has always existed. Each generation has taken pride in its contributions laying the foundations for the next. The latest scientific contribution overtakes the previous, the new scientific marvel now, becomes a thing of past over time.

Nevertheless, amid this relentless pursuit of knowledge we may risk losing something fundamental, a sense of satisfaction. Our forefathers perhaps experienced completeness through faith that many of us struggle to attain today. In our focus on scientific progress have we overlooked the spiritual wisdom they so carefully preserved? Has science answered all of our questions, or has it left certain voids untouched? Science tells us human creation start from atoms and will return to atoms and molecules as part of nature's cycle. Faith, however offers a more comforting perspective, assuring us that the soul returns to its Creator, that reunions with loved ones await and that there is meaning beyond this physical world.

While science has the power to heal the body, it inevitably reaches a point where it can no longer ease the soul and we start to feel hurt. It is here where faith provides solace, offering comfort where empirical knowledge cannot, and starts to answer our deepest questions. As we continue to challenge our curious minds and push the boundaries of discovery perhaps the ultimate truth lies in maintaining a balance between the uncertainties of science and the enduring reassurance of faith.

... THEN FAITH HEALS

Fading Clinical Acumen: A Need for Change

Author

Prof Farooq A Wandroo,
MD,FRCP,FRCPath,FRCpathME
Head of Clinical Haematology, SWBH
NHS Trust,
Midland Metropolitan University Hospital
Birmingham, UK

When we were young, we heard stories of physicians who, just by listening to or observing a patient, could produce an accurate diagnosis and prognosis on the spot. Many times, after a brief consultation, a patient would be told, "There's nothing wrong with you," or, "You may not even live six months," and be sent on their way.

I was brought up and fully trained in Kashmir in the late eighties and early nineties, at a time when traditional medicine was transitioning into the modern era. On entering medical school, we were handed Thomas Hutchinson's Clinical Methods. We were taught to form a hypothesis by observing and listening to the patient, taking a thorough history, followed by an in-depth examination to generate a narrative. This process developed in us an inquisitiveness and an ability to reason methodically. With experience, this grew into clinical acumen. It was this that made clinical medicine great.

Physicians of the pre-investigative—or so-called Ali-Jan era—had no choice but to rely on their clinical findings. This meant spending time with patients and listening carefully, which in turn increased patient satisfaction and trust (with some exceptions, of course).

Upon arriving in Britain, the most striking difference in practice was the easy availability of investigations. Without doubt, this ensured more accurate and quicker diagnoses. It was clear I had entered a setting of superior resources and efficiency.

The art of medicine has since evolved dramatically. Medical education itself has transformed, making doctors more practical and well-adapted to the modern clinical environment. Today's graduates are more tech-savvy, and they utilise available technologies far more effectively than previous generations.

But this shift has come at a cost—the fading of clinical acumen: the ability to synthesise various pieces of patient information and apply them to the diagnostic and management process.

One wonders—could a recently graduated physician rely on mere observation and clinical examination to make a diagnosis without investigations? This thought makes me anxious about the future of medicine. The profession seems to be becoming overly dependent on technology.

Some might argue that clinical medicine is no longer relevant. I believe instead in a combined approach—leveraging technological advancements while retaining the traditional clinical method. We cannot go back in time, but we can carry forward the wisdom of the past alongside modern tools.

A recent case comes to mind: A patient presented with upper abdominal or lower chest discomfort. The medical team followed the usual chest pain protocol—ECG, troponins, D-dimers, and a CTPA. She was commenced on heparin, only for it to later transpire that the diagnosis was constipation, not a

pulmonary embolism. A simple question about the patient's bowel habits had been missed during the initial history.

This highlights our transition into a protocol-based culture that sometimes overlooks the basics. Machines, no matter how advanced, cannot replace an inquisitive and emotionally intelligent clinician.

This "test-first, question-later" culture leads to unnecessary, costly, and often misleading investigations that result in vague or incidental findings, often overshadowing common and treatable conditions.

While we're fortunate to practice in an era guided by professional guidelines and algorithms, over-reliance on them—especially by less experienced clinicians—can lead to rigid thinking, de-skilling, and even emotional harm. A benign incidental finding can cause unnecessary distress for both clinician and patient when it is poorly interpreted or communicated.

Furthermore, the pressure to practice defensively, out of fear of litigation, leads many to order a barrage of tests simply to protect their reasoning.

I continue to advise my students: spend time with your patients and return to the basics. Each patient is a textbook of their own. As senior clinicians, it's our duty to help revive these skills in the next generation.

To conclude, I leave my junior colleagues with three simple pieces of advice they can apply to their clinical practice:

1. Listen to the patient—they will often give you the diagnosis.

2. Use traditional methods to generate differentials—be inquisitive, think before ordering tests, calling a specialist, or relying on a machine.

3. If a patient feels well, they probably are—regardless of how the numbers read.

Amina and Samad

Author

Dr Shaheen Aslam Shora
MBBS, FRCPsych, MSc
Consultant Psychiatrist, Old Age
Clinical Director, Specialist Services
Hertfordshire Partnership University NHS Foundation Trust

Amina, a well-educated home maker in her early-60s, complained of backache while she was lying down on a carpet, in her garden, basking in the autumn sunshine. She handed over the share of pomegranates to her niece, for her niece's family, from her garden from the 5-6 pomegranate trees she had tenderly looked after since being married into the house in Old city of Srinagar, just over 40 years ago. She would equitably distribute it amongst

her extended family, relatives and neighbours as she would share and care for everyone in every aspect of life from letting neighbours use the massive hall (called Kani in Kashmiri) in her house for reception of grooms at the weddings of the neighbours' daughters to letting the wedding cooks (Waza's) set up their whole entourage in her back garden.

Her niece took her to see an orthopaedic consultant for her backache who prescribed some medication and gave her some exercises to do but there was very little improvement. She now started complaining of constipation and some fullness after meals but intermittently. She was then seen by a renowned surgeon who advised she needed to be seen by a gynaecologist. A top gynaecologist of the valley saw her in her private clinic, examined her and ruled out any gynaecological problems. Few months passed, she started eating less, losing weight and complained about the same backache and now pain in the lower abdomen and right groin area. A range of investigations followed – USG abdomen and pelvis, CT abdomen and pelvis and blood tests and she was diagnosed with an ovarian mass? tumour.

She was booked for routine surgery in a newly set Government hospital in Bemina as the different gynaecologist she saw this time, was head of the department there. The surgeon opened her up and the niece who was a new intern working there, was allowed in the theatre. She saw a huge mass around the ovary, the size of a small to medium pomegranate on one side of her pelvis. The surgeon got very nervous and didn't think it was wise to operate as this was too close to the artery and feared excessive or even fatal haemorrhage. The surgeon stitched her back up without performing any surgery and came out to inform her husband, an elderly man in his late sixties. The husband listened patiently to the surgeon and said, 'you are the expert to know the best', tell me 'What next?'. He was a retired engineer with vast experience of working in the public works with a can-do attitude. The surgeon had little to offer in terms of a plan B but was kind and empathic.

As it turned out to be an unsuccessful operation and a very unsatisfactory and distressing experience, the family and some doctors in the family got together and decided to take her out of the state and family settled on New Delhi as an option - being the nearest big city with better healthcare options privately and with some extended family already living there. These factors swayed the decision in favour of Delhi instead of Mumbai where the biggest cancer centre of India is. The family were financially able to afford the treatment privately. The workup started promptly, she was given some chemotherapy sessions and then operated for the ovarian tumour to be removed. It was adenocarcinoma of the ovary with some local lymph node involvement but no metastasis. This stage was over with some post op complications with persistent vomiting that needed nasogastric feeding for a while. She was longing to be back home and returned once she was stable and fit to travel.

10 – 14 months passed with Amina attending hospital numerous times, having chemotherapy sessions, many scans and she was supposedly in remission now. By this time the niece had passed

her PLAB part 1 and came to say goodbye to her before leaving for London (UK), in the spring of 2002 to sit her PLAB exam part 2. She held her niece's hand tightly not wanting to let go and told her with moist eyes 'I am not going to live long now as you are leaving'. The niece comforted and reassured her aunt that she shouldn't worry as she is in remission and stable. Within a few months, Amina started becoming weak, losing her appetite and feeling pain in her tummy and back more severely than previously. She remained under oncology in SKIMS, a tertiary care centre in Srinagar, Kashmir and by late summer, her younger sister, who had been by her side throughout the illness, observed her eyes to be yellow (jaundiced). Amina was admitted to Ward 5 (Gastroenterology)at SKIMS for further investigations and was put on a drip. Within a few days, one morning when her sister was helping her in the ward washroom, she appeared confused and fell unconscious shortly after. Not long after, she had slipped into a coma, likely hepatic encephalopathy and never returned home. Her niece called the oncologist from the UK (she had passed her PLAB 2 and started a training post in August the same year), who informed her that he had seen her aunt walking down the long corridor of the hospital deeply jaundiced and the prognosis was poor. She reached out to a friend too who was a registrar at SKIMS to ensure her aunt is kept comfortable and well looked after. Amina sadly passed away in September 2002 leaving behind her husband of over 40 years (he was her first cousin from both her paternal and paternal side as 2 sisters (their mothers) had married 2 brothers (their respective fathers) and their only child, a daughter who was in her mid-twenties. Amina, in her earlier years of marriage, had lost a few babies shortly after they were born, and this very precious child had come along after over 18 years of marriage.

In September 2024, Amina's husband Abdul Samad passed away exactly on the same day 18th September, 22 years later. He remained a devoted father, a quiet friend of everyone in need, a kind widower throughout the rest of his last 22 years of life carrying on with dignity and compassion living far away from his only daughter Roohi, who got married to her first cousin, a GP in Birmingham, a year after her mother Amina had passed away. He leaves behind Roohi and his 3 grandsons.

March 2021, Samad, a 9-year-old boy with a diagnosis of ALL (Acute Lymphoblastic Leukaemia) had relapsed and his oncologist in SKIMS, Srinagar had advised Clofarabine which wasn't available in Srinagar or New Delhi. The family had been told this new drug was available in the UK and Europe. Samad's uncle got in touch with me as he knew me and was also aware that I had actively been involved in his nephew's fund-raising appeal for stem cell transplant a month or so earlier. Samad's parents in desperation were willing to try whatever was possible and had taken him to Bangalore, India where he had previously received treatment and were told he was no longer suitable for a stem cell transplant.

I got in touch with a very renowned haemato-oncologist in London who sent the summary for a second opinion to a T ALL specialist in Great Ormond Street Hospital in London. The specialist on seeing the summary and films of his CT scans described the stage as grim with a palliative regime as a possible option. His father

feared his only son would either choke or die of respiratory failure due to the huge mass in his chest. Clofarabine was costing around 4-6 lacs (£4000-6000 approximately) and this may control the disease for a very short period if any at all and the little boy would perhaps get a few months of less symptoms or hopefully symptom free time or a possibility that he could respond more favourably to treatment. The renowned professor here in London was regularly liaising with the oncologist in SKIMS working out a best management plan in this dire situation. Professor managed to procure Nelarabine but transporting this from Mumbai in a cold storage package was proving difficult. Finally, somehow, a transport company called Blue Dart delivered it to SKIMS for Samad.

Samad received Nelarabine at the end of March and managed to be discharged home for a few days, in a long while, and was stable. Unfortunately, he developed severe neutropenia and dropped his haemoglobin post treatment and was receiving blood transfusion and platelets. His mediastinal mass has very slightly reduced, and he had pleural effusion. Unfortunately, he developed non-stop coughing with low saturation of 75% and was shifted to ICU as there were no proper monitoring facilities on the oncology ward. He was likely having mediastinal obstruction. He received the second dose and remained hemodynamically stable, but he was constantly coughing which was very distressing for him and his father. His saturation continued to drop, and he was being given oxygen by mask and no beds were available in surgical ICU or paediatric ICU. After a couple of days, his cough improved, and saturation got better. This didn't last long and little Samad was back in ICU and was restless and very lethargic at the same time. He needed platelets and blood transfusions in between and his father had to arrange donors (his brothers, family and friends) to give blood, so Samad could receive the transfusions! The situation and the desperation of his father made me cry! By then the family purchased their own pulse oximeter and arranged an oxygen concentrator privately. His parents were fighting many battles at once – arranging donors, collecting test results from the laboratory, running to the pharmacy, waiting for ward rounds, preparing meals and of course looking after their unwell child. This was April 2021; the Holy month of Ramadan has just started. Samad's breathlessness and cough improved by the 4th infusion although he was extremely tired. His father was hanging on hope and faith for his son to get better. He was grateful for the constant advice on a daily basis that was coming from the Prof directly to the oncologist and to the father through me. Suddenly, Samad started getting very restless as if his whole body was in severe pain but later that evening, he improved, and his saturation was 91%. He had moved his bowels after 19-20 days, had some soup and asked his parents when he was going home, this was 14th April. He was very tired of long hospital stays and fearful of ICU as it was not just more unfamiliar to the ward but also because only one of his parents could be with him at one time.

The plan was to start mediastinal radiotherapy, and further treatment was discussed with the Bangalore team where Samad had been previously and who had advised stem cell transplant earlier in the year. Later the same day in the evening, Samad had suddenly become extremely breathless, but he was alert and talking but feeling chills? sepsis. By then, it was nighttime, and I called the Professor in a panic and he advised blood culture and iv fluids and broad-spectrum antibiotics. Samad needed an urgent review but there was no senior doctor available on site and the doctors present told the father, Samad needed intubation which he wasn't in favour of. Seeing his son's restlessness and severe breathlessness, he wanted Samad to have some respite and reluctantly said yes to intubation. His mother was crying her heart out believing 'this was

going to be the end'. Samad was ventilated and didn't look good. The father had called his surgeon friend who sent staff from surgical ICU to intubate Samad as apparently no trained staff were available on paediatric ICU. The experience of intubation and Samad being put on the ventilator was a 'brutal' and an excruciatingly painful experience for his father, the memories of which would haunt him for a long time.

The Xray done was reported as ARDS by the radiologist, the quality of the film was very poor and there was no comment on the mediastinal mass.

Next morning was the first Friday of Ramadan, 16th April 2021 and Samad reunited with his Creator just before Jummah prayers. He left behind his parents and his older sister. Samad's father was ever so grateful to all the help and support he had received from here in London. The desperation and helplessness of the father of this 9-year-old little boy and the suffering of Samad will always stay with me as will their patience, courage and hope. His most caring, devoted and amazing father did everything that was possible and beyond, being by his son's side day and night for 1 full year. I have yet to come across such an exceptional father in my 25 years of professional life as a doctor.

22 years on since Amina passed away, we are still going out of Kashmir to seek treatments, we still rely on people who may be able to influence how quickly we can access investigations or treatment if we weren't to pay for this. There were too many questions – In Amina's case, why there was such a undue delay between the onset of her symptoms to her diagnosis, why she was opened up without proper investigations to determine whether or not she was operable, how reliable was the conclusion of the Delhi private hospital that she has been treated fully and whether she and her family were given a false assurance?

Perhaps, one of the reasons is that we have no proper or scientific protocols in place, perhaps we have no clear guidance to diagnosis, management and treatment, perhaps we still lack a system of accountability and responsibility. A lot has changed in our health care system in Kashmir with better and quicker access to sophisticated investigations; more hospitals, a lot more private sector hospitals but has actual progress being made; have we improved safety and quality of care; have we made any progress in raising awareness, pre-screening and screening in cancers, cardiovascular illnesses, mental illness; have we improved post operative care; have we got a better governance structure around accountability, around learning from patient safety incidents or are we still just reliant on goodwill, pot luck and few incidents becoming a sensational news for a few days or weeks (usually not for the right reasons) but nothing changes in reality!

In Samad's case, specialist advice and guidance from the start would have been immensely helpful and perhaps saved a great deal of hardship and heartache, exhausting trips to very expensive private hospitals costing a fortune for families and being emotionally and physically drained so far away from home. To add, the concept of palliative care and end of life care planning is still in infancy in Kashmir.

Amina was my beloved aunt, I called her masi and she was truly my Masi (like my mother) as I

inadvertently became the much longed for first grandchild on my maternal side although my own mother was the youngest siblings amongst 3 brothers and 2 sisters (1 other sister had died in her infancy after falling from the attic). I never gathered enough strength to write an obituary for her as I was filled with immense sense of loss, lots of emotions, feelings of guilt at leaving her and questioning my own abilities as a newly qualified doctor back then. I finally managed to write a tribute in the form of an obituary in September 2024 when Papa (my Khalu, masu as we say in Kashmiri) passed away and it was a joint tribute to them both. Perhaps it was meant to be this way, given the closeness of their bond and the love and mutual respect & devotion in their relationship. The dear friend in SKIMS at the time was, Dr Syed Imtiyaz Gilani, who continues to be my 'go to person' regarding any health-related matters if someone needs help in Kashmir. The London based professor of Haemato-oncology was the humblest, incredibly helpful and the loveliest **Prof Ghulam Jeelani Mufti** - I am indebted to him for all times to come! I had no previous direct relationship (professional or personal) with him and his input and support was exceptional. It is Kashmir and the desire to do what we can for our people that helps us find the mutual connection (almost sacred), no matter which part of this world we are in.

Samad is the little boy whom I never got a chance to meet in person and I got some solace from visiting his visibly smaller grave compared to others in the vast cemetery called Malkhah in Srinagar, Kashmir, in 2021 when I visited this cemetery for the first time ever. He shared the same name as my uncle 'Samad' (An Arabic word) meaning 'eternal' and they live forever in my memories. To keep the legacy alive (of Amina, of Samad and a couple more close ones I have lost), I try to do what I can, to contribute in any possible way, to be of some help and support to others predominantly but not exclusively fellow Kashmiris.

A sincere wish and my deep desire is for health care to be similar, if not the same, in my homeland, like this country that has gradually become a second home. Samad's father Bilal aspires for a safer, good quality, compassionate healthcare as do all parents, families and carers, at least at par with some parts of India where he and his family were given a more holistic care including counselling as part of the cancer treatment Samad received, albeit paid. These are just 2 individuals very close to my heart but there are so many more examples and so many more individuals. Let us all try and make a difference for the better, safer and high-quality health care in Kashmir. Let us remember to be grateful to the Almighty and the NHS and how lucky we are!

A College is Born: Memories of GMC Srinagar's Formative Years

Dr Nazir Ahmad Kuchhai
Retired General Practitioner

From its inception in 1959 to 1962, the Govt. Medical College was functioning, from a lovely riverside building near the current Lal Ded Women's Hospital in Hazuri Bagh Srinagar. In those days any applicant for Medical college training was to have a very detailed interview conducted by a team of prestigious doctors including **Dr Fazal u Rehman** (Director Health Services, a veteran Consultant surgeon, The Principal of Medical College, Col. GVS Murthy, and three other members There was no entrance examination those days the admission was done purely on merit obtained in Faculty Of Science (FSc) examination results, I started my training in August 1961. The current building was completed in 1961 and its inauguration was carried out in October 1961. The 1st year classes and 2nd year classes would still run from Hazuri Bagh building, but only the 3rd year class, which happened to be the first batch of Medical college, were moved to new building. On its Inauguration Day in October 1961, we were honoured to have the then Prime Minister Bakhshi Gulam Mohammad (as you know we used to have PM not CM those days). In Our admission year, a batch of 56 students were selected, and started classes in August. In two months, the PM had managed to creep in few more students. Our Principal, who was an Army Col. from Madras (current Chinnai), was a very strict army disciplinarian, and obviously was irritated by this trickling of new entries.

So on the inauguration day, Principal Col Murthy welcomed the PM and in his address said " As our Medical College is in its infancy of only 3rd year, I would urge the PM NOT TO ADMIT Too many students, as the college will not be able to cope, and we will not be able to train them as efficiently as we would like to". In his reply address the PM Bakhshi Sahib replied in URDU language -" I have worked hard to recruit the best available Specialists like yourself,from all over India. I feel it is very easy to train a bright student to become a good doctor, the test of efficiency of a good teacher is, whether he can make a good doctor out of not as bright student". The audience ended up in laughter. Within few weeks, there was an incident when in the Medical College hostel, one of the students found his Physiology book missing. The Hostel Warden searched all the rooms and found the lost book in another student's room. Following his investigations, the Warden informed the principal who as I mentioned was a very strict disciplinarian. He immediately rusticated (expelled) the culprit student from the Medical College. The

expelled boy was a family member of some influential political family from Jammu. Our principal was hard pressed by PM to retract the order of expulsion of the student. A politically motivated strike was organised with support from the PM, our hard working and a great Principal immediately RESIGNED from the post. Thus it was sad we lost a great leader of an Infant Medical School.

Prizes & Awards

1.The first prize goes to Dr Shah Faisal Tarfarosh for ' A simple, time-effective, and sustainable quality improvement project to improve staff wellbeing through an innovative digital social intervention.'

1.2nd prize goes to Dr Mudassir Wani for '"Green enough to make the surgical practice sustainable?'

1.3rd prize goes to Dr Obaid Sheikh for 'Diabetes, Diet & SGLT2 A case series'

Our members are our strength

BKMA invites members who achieve excellence in their work and have a national or local recognition. Our 2024 award winners were

Dr Shah Faisal tarfarosh
Dr Mudassir Wani
Dr Obaid Sheikh

Tributes

BKMA paid tribute to late Kashmiri personal who have had contribution of time effort and expertise towards their community cohesion and development. Their legacy is a great inspiration for current and future generations.

Dr Aslam Rafiqi 1925- 2018

Our father was born Mohamed Aslam Rafiqi on 20th June 1925 in Srinagar, Kashmir. The eldest of 12 children, he aspired to be a doctor from a very young age and left Kashmir to study in Lahore's King Edwards Medical College, where he forged not only his future profession but also lifelong friendships with several fellow students including Dr Jeelani Drabu, also being honoured here today. After qualifying, amidst the brutality of Partition, a short stint in the Pakistani army prevented him, to his great sadness, returning to his beloved Kashmir. And so he followed in the footsteps of his father and his uncle and travelled to Indonesia, where he worked for the WHO as a hospital doctor on the island of Bali. He also reacquainted himself with his cousins (including my mother to be) and fell head over heels in love with the eldest Laila Rafiqi. They soon married, made a home and a family and a good living in Indonesia and were very happy. In the early 1960's the whole family travelled to The Netherlands to visit relatives and were duly told they could not return as political unrest in Indonesia was seeking independence and refusing re-entry of all non-nationals. My father was

then forced to travel to Britain to find work as he could not speak Dutch and within 6 months, we had all moved to join him. He arrived in Britain in 1964, working first in Wrexham, moving on to Leicester, then within the walls of Winson Green Prison in Birmingham and on to a GP practice in the heart of the city's Asian community, where he stayed for the next 13 years. A move out to a New town in Worcestershire gave him another 25 years of working in surgeries, high and medium security prisons and RAF bases until he finally retired at the age of 78 when he and my mother decided to spend their twilight years in Spain. Yet another country, another language, another lifestyle and another new experience. Three wonderful years were thwarted by the sudden illness and unexpected death of his beloved Laila (our truly wonderful mother) and my father soon returned to England to be with family and his closest friends. He was a founding member of the first iteration of the Kashmiri Association of Great Britain and would have been delighted to see this gathering today. His most extraordinary qualities were his adaptability and resilience. He grew up in a time without radio, without phones, without TV, without fridges, freezers, washing machines, the list goes on. Yet he was able to slide into the computer age without much difficulty and embraced modern technology and all its uses. Twenty years ago, his eldest grandson wrote to him to thank him for gracing this earth and for being a constant guide and support through his love, and for being the most fantastic Head of the family he could ever have wished for. In his later years our father longed to return to his birthplace, and as providence would have it, his return to his beloved Kashmir, 72 years after leaving it would conclude his days on Earth. He was buried by the side of his beloved mother in the family plot in Srinagar as was his final wish. As we reflect on the fascinating tales he recounted of his boyhood, we have to conclude that you can take the man out of Kashmir, but with our father, you could never take Kashmir out of the man.

Written by Ben Ishaq Rafiqi (son) & Shireen Rafiqi (daughter)

Dr Ghulam Jeelani Drabu 1926-2019

Dr Ghulam Jeelani Drabu, Papa, was born in Rajpora, on 21st August in 1926. He was the fifth son of Ghulam Hassan Drabu, a well-respected Jaghirdar and a fruit merchant. His brother Ghulam Nabi Drabu believed in education and encouraged his younger brother to study Medicine whilst he studied Law. Papa being modest always said that he was surprised when he got into Lahore's King Edwards Medical College. His paternal grandfather Salaam sahib, a very pious man, had foretold of his future, saying “Be gentle with him, he will travel far from home”

In 1947 partition took place. He was 21 and about to qualify but was on the wrong side of the border. The refugee camps needed medical help and even though he had no experience he volunteered. He described his journey to the camp as dangerous due to bounty on their heads and threats of being killed. During this time, he had the honour of meeting Qaide Azam and Liaqat Ali Khan.

Once things stabilised, he realised that due to the political situation he could not return to Kashmir. He found accommodation and a job in Rawalpindi and brought his young family to Pakistan. With his family came others and they all were accommodated in the house in Board Bazaar. He worked in Pakistan for 10 years and any chance of going back to Kashmir diminished each year. In 1957 He took the opportunity to come to England on a scholarship. His initial attachment was in the Brompton Hospital and his first accommodation was a bed and breakfast in Edith Grove, Chelsea. He had many cultural shocks. He often recounted one of his memorable experiences, when the ward sister asked him to prescribe pain relief for a patient. Papa told her that the patient could not

possibly be in pain as he was not writhing or screaming - as patients often did in Pakistan! The English stiff upper lip was a very novel concept for him! After two difficult years his family Ayesha and three children joined him. The move was based on the perception of a much better prospect of returning to Kashmir. The settle in Kashmir was a dream that was never realised. From London the family moved to Poole and then in 1962 settled in Manchester where he worked as a GP until his retirement in 1994. He was a highly respected member of the Muslim community in Manchester. Bringing leadership, wisdom and pragmatism to many contentious issues that affect new migrant communities. Jeelani and Ayesha engaged with the Muslim community as well as the host community, working hard to bring up their family in a diverse society taking the best from both. In 2006 he moved to Winchester to be nearer to his children. His love for his heritage and welfare of the local community is reflected in the installation of a lift for disabled visitors in Medina Mosque Southampton. This is dedicated to his and Ayesha's parents. Little did his parents imagine that their names would be commemorated on a plaque in a Mosque in Southampton.

He brought the same qualities in supporting the fledgling Kashmiri community. He worked closely with the late Dr Rafiqui, Dr Bakhshi and Judge Khurshid Drabu and many others who are present here today. They formed the Kashmiri Association of GB, the Kashmir Medical Relief Trust, and Kashmiri Council for Human Rights.

Dr Jeelani Drabu and his wife Ayesha have left a legacy with the Royal College of Physicians with the aim of improving Palliative care in Pakistan and Kashmir. A highly successful course was delivered in Pakistan in Nov 2019 – the week that he passed away. The legacy is aiming to seed fund the provision of Home Palliative Care Service in Pakistan. Work is in progress to deliver the same in Kashmir. Papa passed away peacefully at his home on 5th November 2019 surrounded by his children, grandchildren and great grandchildren. He was a wonderful role model for #the family to follow. He arrived in this country with nothing but his medical degree. He has left behind a legacy which takes the best from the country which gave him a home and which serves the people in need in the two places which were dear to him, Kashmir and Pakistan for years to come.

Tribute written by his children and family - Dr Yasmin Naqushbandi, Dr Reefat Khurshid Drabu, Dr Khalid Darbu, Dr Tariq Drabu

Dr Tariq Nazki

My name is Tawseef Nazki son of the late Dr. Tariq Nazki.

First of all I would like to thank the organisers for the opportunity to remember and celebrate those of us who are here no more. When asked to say something about my dad, I immediately thought of a time during his latter days, when his battle with cancer was coming to an end.

While I was sitting with him he spoke to me with a look of sad contemplation, "I wonder if anyone will remember me when I'm gone?"

Well, had he known how many hundreds of people were gathered at his funeral both here and back in Kashmir, he may not have looked so sad. And we are now talking about him at a gathering over a decade after his demise.

As many of you know, he was a highly spirited, strong willed and very sociable individual with a very strong affinity for his birthplace, Kashmir. These characteristics combined with his motivation to help the people, would have no doubt been a driving force to help establish, along with his good friends, this type of association. I have no doubt that seeing such an organization made up of his beloved Kashmiris

would have touched him deeply and made him very proud.

As a second generation Kashmiri, I can say that it is not easy to feel that same sense of belonging. Our experiences are tethered to the environment in which we spend our formative years. As much as our parents try to inculcate and provide a Kashmiri influence to our upbringing, I really do believe that a social network, such as this, is a key to reinforcing those cultural values and beliefs into the subsequent generations.

It was this connection that facilitated the ease with which the handful of Kashmiri doctors could come here and navigate their way through such a difficult transition. My Dad came here alone, several months before his wife and the kids joined him. How dreadful this would have been, had it not been for the Kashmiris already here to help him.

Some may be, he knew only by name, but through their mutual kinship and backgrounds, an existing bond of trust already existed. What a help this must have been!

Finally, thank you for giving us a chance to remember those who are not here. I would add that we should do more to show appreciation for people's efforts while they are still with us.

So, thank you for all your ongoing work and efforts to make occasions such as this possible.

Written by Tawseef Nazki

Dr Nisar Ahmed Bakhshi 1946- 2020

Dr Nisar Ahmed Bakhshi was born on 5th of April 1946 in Nawa kadal, Srinagar. He was the eldest son of 6 siblings and his father Ghulam Hussain Bakhshi was a clothing merchant and owned a tailoring business at the time. They later moved to Gogji Bagh around 1962 which remains our family home till date.

He joined the General Medical College Srinagar, in 1962 and qualified as a doctor in 1967.He was described by his friends as a popular figure who had an amazing ability to bring people together. He was also known for his generous nature from an early age. His first job as a doctor was in a small village in Kashmir called Chattarpur where he was paid Rs 500 per month.

In 1970 he came to the UK and after spending some time in hospital attachments in Mansfield General Hospital and Kings Mill Hospital near Sheffield, he went to the USA briefly. He returned to the UK and worked as a GP in Sheffield for 11 years. His career took him to Saudi Arabia for 6 years and then back to the UK in 1991 where he settled in Manchester as a GP working with his dearest mentor, and beloved friend Dr Ghulam Jeelani Drabu.

Nisar was always passionate about Kashmir and with his knack of bringing people together and his wife Amina's delicious cooking, they soon became known for their wonderful dinner parties and get togethers wherever they were.

He was one of the founding members of the Kashmir Medical Relief Trust established in 1984, through which they provided enormous medical relief to various projects in Kashmir. He was also the General Secretary and one of the founding members of the former BKMA and helped establish the first Kashmiri directory in the UK in 1978 bringing Kashmiris together once again.

After the new BKMA was established, he accepted a role on the Advisory Board showing his continued passion and enthusiasm for Kashmir.

His charitable nature for the less fortunate was further established when together with his brother Dr Mushtaq Bakhshi, they purpose built an orphanage for 80 girls in Tangmarg providing education and boarding. This is now a training centre for girls for tailoring and computing. He worked

tirelessly for a long time to establish a multi-specialty hospital in Kashmir however, circumstances on the ground were not favourable unfortunately. So, with many of his friends he opened an international diagnostic clinic once again trying to improve medical care in Kashmir.

To summarize Nisar, the following passage is a quote from Dr Shafiq Bandey -Consultant ENT surgeon "I had just landed in the UK, and he immediately took me under his wings starting a relationship of love & guidance. He became my big brother. I used to call him Nisa Kaak because he truly was my Kaak. Nisar Saheb besides being an excellent physician was the most loving & charming person. His handsome face with that cheeky smile was always a source of joy for everybody around him. His generosity when it came to helping others was beyond our comprehension. His passion for Kashmir & Kashmiris was endless. While In Riyadh he kept the Kashmiri community together as a family. We miss him dearly".

Dr Nisar Bakhshi passed away in his home in Brentwood on 24th November 2020

Written by Dr Azhar Bakhshi

Paintings by
Dr Syed Riyaz Ahmed
Retired Ophthalmologist

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