



**TUESDAY, 15<sup>th</sup> NOVEMBER 2011**

**‘TUBERCULOSIS: PROBLEMS AND SOLUTIONS’**

**Joint Meeting with Manchester Medical Society and TB Alert.**

**To be held at the Liverpool Medical Institution from 9 am to 5 pm.**

**(Approval has been sought for 5 CPD points)**

Tuberculosis remains a significant health problem in the North West of England

Topics covered will include: Cohort reporting of TB. Management of drug resistant TB. New drugs for TB and management of Environmental Mycobacteria.

**PROGRAMME**

- 9.00 am     **REGISTRATION & COFFEE**
- 9.30 am     Cohort Reporting of TB Patients and Contacts.  
Interactive Session lead by the Manchester and Liverpool TB Specialist Nurses.
- 11.00 am    **COFFEE**
- 11.30 am    Management of MDR and XDR TB. Interactive Session lead by Mr Damian Cullen and Professor Peter Davies, Liverpool Heart and Chest TB Service.
- 1.00 pm     **LUNCH**
- 2.00 pm     Difficult to Diagnose: Case Presentations. Interactive Discussion lead by Dr Bertie Squire, Reader, Liverpool School of Tropical Medicine.
- 2.45 pm     What’s New in Drugs, Diagnostics and Vaccines?  
Dr Gerry Davies, Senior Lecturer, Liverpool School of Tropical Medicine.
- 3.30 pm     **TEA**
- 3.45 pm     Management of Environmental Mycobacteria  
Professor Peter Davies, Liverpool Heart and Chest TB Service.
- 4.15 pm     Consumptive Gun Slingers of the Wild West  
Dr Alex Tankard, Lecturer, Department of English, Chester University.
- 4.45 pm     **CLOSE & ASSESSMENT**

The registration fee including lunch and refreshments is £25. If travelling by car, arrangements have been made for parking space in the Metropolitan Cathedral’s underground car park at £5 for the day - see box below.

To attend the meeting ‘*Tuberculosis: Problems and Solutions*’ on Tuesday, 15.11.2011, please complete details below in block capitals and return, together with cheque for relevant amount, to:

**The Administrative Secretary, Liverpool Medical Institution, 114 Mount Pleasant, Liverpool L3 5SR.**

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

First name: \_\_\_\_\_ Title: \_\_\_\_\_

Specialty & Grade: \_\_\_\_\_

Hospital/Practice Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Tel No: \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

Please attach a cheque for either (1) **£25** for registration fee (including refreshments and lunch) **or** (2) **£30** to cover registration fee and parking permit. Cheques should be made payable to ‘**Liverpool Medical Institution**’.  
Please tick box if parking permit required.