

Annual general meeting 2024

Notice is hereby given that the annual general meeting of the Royal College of Physicians will be held on

Tuesday 10 September 2024 | 5pm

Dr Omar Mustafa | Interim registrar



**Royal College
of Physicians**

Annual general meeting

Tuesday 10 September 2024

The annual general meeting (AGM) 2024 will be a hybrid meeting with fellows able to attend online or in person at the RCP at Regent's Park in London.

Online attendance

All eligible fellows are automatically registered for online attendance at the AGM and Samuel Gee lecture, which precedes it.

Fellows will receive an email by Friday 19 July 2024 from no-reply@eckoenterprise.net, which will include a link to watch the full broadcast and give access to the dedicated AGM virtual platform.

If you have not received an email by Wednesday 24 July 2024, please email rcpevents@rcp.ac.uk or call 020 3075 2389. We encourage you to access the website as soon as you have received the email to ensure that you do not have issues accessing the broadcast page and associated documentation on the day.

The link you are provided with in your registration and reminder emails must not be circulated to non-fellows of the RCP as this is a fellows-only broadcast page, in line with Bye-law 4.2(1).

AGM papers will be made available to both fellows and members but with the caveat that AGM attendance and voting is a benefit of fellowship only.

We hope that fellows and members find the information interesting but stress that it is confidential in nature.

AGM papers will be made available at least 2 weeks prior to the AGM and will be accessible on the dedicated AGM virtual platform for fellows as well as on the RCP website www.rcp.ac.uk/agm24.

Please note that the Samuel Gee lecture is free and online access is open to all. If you have colleagues, family or friends who are interested in attending, please direct them to the following link to book their place: [Samuel Gee lecture](#).

Physical attendance and bookings for dinner

We are able to host the 2024 AGM with in-person attendance, up to a set capacity. Fellows wishing to attend in person will need to [book in advance via this link](#). Fellows who wish to stay for dinner will need to book separately at the same link.

All bookings for physical attendance and dinner must be made by **Friday 30 August 2024**. We regret we are not able to accept walk-in registrations.

Voting

Full instructions on how to participate in voting will be issued within the AGM papers and as part of a reminder email. All attendees will be given access to vote, whether they are attending in person or online. If you are attending in person please make sure you bring a device with you. Staff will be on hand to support on the day.

Tuesday 10 September 2024

The annual general meeting (AGM) 2024 will be a hybrid meeting with fellows able to attend virtually or in person at the RCP at Regent's Park in London.

Please note that the senior censor and vice president for education and training is currently acting as RCP president and will perform the duties of president at the AGM 2024.

Programme

| | |
|-----------------|--|
| 15.00 | Registration For those attending on-site |
| 15.30 | Welcome and introduction Dr Mumtaz Patel, acting as president, Royal College of Physicians <i>Seligman Lecture Theatre</i> – in-person admission to fellows only or online access for all |
| 15.35 | Samuel Gee lecture: A new era in Alzheimer's disease - translating hope into impact Professor Catherine Mummery, professor of neurology, Dementia Research Centre, Institute of Neurology, University College London and consultant neurologist, National Hospital of Neurology and Neurosurgery, University College London Hospitals NHS Foundation Trust <i>Seligman Lecture Theatre</i> – in-person admission to fellows only or online access for all |
| 16.35 | Refreshments |
| 17.00 | Annual general meeting of fellows <i>Dorchester Library</i> – in-person admission or online access to fellows only |
| 19.00 for 19.30 | Dinner (lounge suits) <i>Osler Room</i> – for pre-booked guests only |

In case of any queries about:

- > the annual general meeting please contact Simon Land, head of professional governance simon.land@rcp.ac.uk
- > the Samuel Gee lecture please contact rcpevents@rcp.ac.uk

Fellows attending the AGM are welcome to submit questions at the meeting. Pre-meeting questions can be sent to simon.land@rcp.ac.uk

AGM agenda

Please note that the senior censor and vice president for education and training (VPET) is currently acting as RCP president and will perform the duties of president at the AGM 2024.

1 Obituary list

The senior censor will ask fellows to honour the memory of those fellows whose deaths have been reported to the RCP since the previous meeting, as their names are read out

2 Address from Dr Mumtaz Patel, acting as RCP president

3 Vote of thanks

At the conclusion of the address, the senior fellow will propose a vote of thanks

4 Abstracts

Proceedings of the AGM held on Tuesday 5 September 2023 [Document 24/01 enclosed](#)

Proceedings of fellowship Comitia (held since last AGM) [Document 24/02 enclosed](#)

Proceedings of the extraordinary general meeting (EGM) held on Wednesday 13 March 2024 [Document 24/03 enclosed](#)

Proceedings of the special general meeting – presidential election held on Monday 25 March 2024 [Document 24/04 enclosed](#)

5 Annual reports

Annual report of the RCP Council [Document 24/05](#)

Reports from college officers (presentations) [Document 24/06 enclosed](#)

Report from the Federation of Royal Colleges of Physicians of the UK [Document 24/07 enclosed](#)

6 Annual report of the Board of Trustees

[Document 24/08a enclosed](#)

Summary of key decisions taken by the Board of Trustees [Document 24/08b enclosed](#)

7 Delegated sub-group of Council – elections and wider constitutional issues

[Document 24/09 enclosed](#)

8 To approve the appointments on the nomination of the RCP Council

[Document 24/10 enclosed](#)

Eight censors
Treasurer
Registrar

9 Appointments

College officers for 2024–25

[Document 24/11 enclosed](#)

10 Faith

11 Retiring officers

The following have demitted or are due to demit from office in 2024:

Professor Ramesh Arasaradnam (academic vice president)

Dr Tun Aung (censor)

Dr Somaditya Bandyopadhyay (interim SAS lead)

Professor Cathryn Edwards (registrar)

Dr Harriet Gordon (censor)

Jade Moore (senior examiner, PANE)

Professor James Read (deputy registrar)

Professor Tom Solomon (censor)

Dr Louella Vaughan (Harveian librarian)

12 Dr Mumtaz Patel, acting as RCP president, dissolves Comitia

4 Abstracts

Edited abstracts of the proceedings of the AGM held on Tuesday 5 September 2023

The annual general meeting (AGM) of fellows 2023 was held as a hybrid meeting with fellows able to attend virtually or in person at the RCP at Regent's Park in London. It was the third AGM to be held in a hybrid format. All voting was conducted electronically either through individual devices for those present in person or online for those attending virtually.

Item 1 – Obituary list

Dr Clarke invited fellows to honour the memory of those fellows whose deaths had been reported to the RCP since the meeting of Comitia on 13 September 2022.

Fellows noted that the names of fellows whose deaths had been reported to the RCP were published in *Commentary* in the first edition following report.

Item 2 – President's address

Dr Clarke addressed the meeting, as follows:

'Fellows, I am honoured to address you at my first annual general meeting as the 122nd president of our wonderful college. Welcome to those of you here in the Dorchester Library and to those of you joining us online. I am sure you agree that our meeting both in person among centuries old books and virtually thanks to 21st-century technology somewhat reflects the nature of our 505-year-old association today.

Firstly, thank you to my predecessor, now Sir Andrew Goddard – or Bod as we all know him – for his kind words at last year's AGM and for all the work he led so ably, particularly during COVID, through his time as president. I also fondly remember our time at Addenbrooke's all those years ago. I keenly feel his absence at the RCP following our time together as senior officers and am grateful for the foundations he laid for our recent successes in campaigning on behalf of the workforce.

Bod also continues his role as 'the COVID president' in representing us as we provide evidence to the UK inquiry. That evidence is heavily informed by the wealth of information fellows and members provided in response to our series of workforce surveys, and that was so valuable in helping resolve in some cases, and at least ease in others, issues at the time. We are confident he will be called to provide oral evidence before the inquiry, helping to ensure that the country is better prepared for the next pandemic.

Thank you to my senior officer colleagues and our councillors for their support during my first year. There have been challenges, but we have faced them head on together, and we will continue to do so. Thank you.

Because we of course meet during extremely difficult times today – indeed, between two periods of consultant industrial action, the first such action in a decade, and the prospect of consultants and trainees taking action together for the first time. Doctors feel overworked and under-resourced to deliver the care they want to provide. Trainees in particular are feeling pressure from all sides. A difficult winter is looming and we are concerned that the NHS's plans don't go far enough. The government has pledged significant funding, but it is not enough for the levels of demand we are experiencing now, let alone what we expect at the end of the year.

But not to be gloomy, there are also things to celebrate. As I said, this year the RCP has enjoyed successes as a result of our tireless campaigning focus on the medical workforce. While there are still many details to pore over and iron out, if it were not for the RCP, the NHS would not have its first proper Long Term Workforce Plan. We would not have the largest-ever expansion of medical school places. There is much to do, and these developments do not solve the short- and medium-term problems we face. But I do feel the future looks a little brighter as a result of our influencing work. Informed as it is by our members, it is so ably developed and executed by our Communications, Policy and Research Directorate, who make sure our experiences and concerns are heard and seen by those with power. I am personally and professionally grateful to have them working so closely alongside me.

Another area of influencing work we are developing this year is led by our academic vice president, Ramesh Arasaradnam. The recent images of wildfires around the world are a reminder, if we needed it, of the importance of mitigating and reversing climate change, and Ramesh is leading our new advisory group to make sure that medicine is increasingly sustainable. From reducing our use of resources to improving prescribing and eliminating unnecessary travel, we have much to do as a profession that has a responsibility to show leadership on this issue.

I am delighted to still be working alongside John Dean, who, as you know, replaced me as clinical vice president. John is providing excellent leadership in bringing together specialty leaders to hold the government and the NHS's feet to the fire on urgent and emergency care. He is also continuing his focus on reforming outpatient services, working with NHS England to develop a new strategy that we believe will greatly enhance the patient experience by helping us deliver more timely and integrated care. We are hosting the last of four summits that have brought together patients, clinicians, charities, NHS managers and many others next week, with a view to the strategy being completed by December. So watch this space.

I am also grateful for his support in leading the launch of our Medical Care – driving change online resource – do take a look later. Our vision for the website is a portal that brings together the latest in medicine and multidisciplinary healthcare to support sustainable improvements in healthcare and patient outcomes. Since it went live in March, we've delivered seven CPD-accredited webinars and acquired 1,000 users, and are growing that by around 250 a month. Around 100 people are involved in developing and delivering the resource so far, including representatives of 17 of our specialties. None of this work would be possible without the excellent work of the members and staff of our Care Quality Improvement Directorate – thank you on behalf of John and myself.

Turning to our education work, thank you to Áine Burns who demitted this year as senior censor and vice president for education and training. Also to Della Freeth, who has left us as executive director to take up the well-deserved role of chief executive at the Science Council. We still owe them, and all the staff of the directorate, a debt for their work in developing The Spine as a centre of medical education, and in dealing with the impact of the pandemic on training.

And congratulations to Mumtaz Patel, previously RCP global vice president, who was elected to the senior censor and education VP role, and Tom Baker, who has been appointed to the executive director role. Mumtaz made a significant impact on our international membership growth over the past 2 years, increasing diversity and establishing a strong network, with her development of our global strategy. I know together they will build on the work that has kept the RCP at the forefront of approaches to medical education.

This year we have launched new e-learning research resources for NIHR – in partnership with the British Pharmacological Society, the Faculty of Pharmaceutical Medicine and the Faculty of Public

Health. Our conference programme continues to be varied and stimulating, with Med+ at the end of 2022 and Medicine 2023, earlier in the year, at its heart. For Med+ we welcomed almost 1,300 colleagues in person, plus another 167 online. And for Medicine 2023 we hosted over 1,400, over 400 of them in person, the most attendees we've had on site since before the pandemic. We're pleased that attendance at new members and new fellows ceremonies has also returned to pre-pandemic levels.

Another example is RCP Launchpad, which since its introduction last year, is helping new consultants and SAS doctors grow into excellent educators, trainers and autonomous medical practitioners. Our membership team, under the guidance of our registrar Cathryn Edwards, has a tireless focus on making sure we understand and respond to the needs of all our members with resources such as these. They developed our SAS strategy, led by our excellent SAS lead Jamie Read, which is now in its second year. It is helping us to better understand this important and growing section of our workforce. Indeed, not long after we launched the strategy the GMC informed us that, on the current trajectory, SAS and locally employed doctors (LEDs) are set to become the largest group on the register, once again showing the RCP has its fingers on the pulse of developments.

Another growing part of the healthcare workforce are physician associates (PAs). Our Faculty of Physician Associates is another area of our work that benefits from Cathryn's oversight, working closely with its president, Jamie Saunders. We are pleased that the regulation of PAs is now firmly in sight, and that their role is recognised in the NHS workforce plan. But the anti-PA narrative that Bod referred to last year has increased as the pressure on doctors, particularly trainees, has grown. It is my view that the emergence of the multidisciplinary team has been the most important development in healthcare in recent years. I am saddened that consistent underinvestment in health and care by government has led to tension, fuelled in part by the nature of social media, between different elements of what should – and can – be one dedicated professional family, relentlessly focused on improving patient care and the health of the nation.

After reflecting on the findings of the GMC's 2022 workforce report along with other developments – such as the growth in UK graduates using the CESR route to specialist registration – we have worked with Dan Sumners in the Communications, Policy and Research team to develop a discussion paper on the future of the medical workforce, education and training that we will publish next week, and it will include the education and training needed as well. In it we say that healthcare is changing, and so must the RCP. The thoughts, comments and suggestions from you, all our members, and the medical workforce as a whole, will guide our future strategy. I look forward to discussing it with you further.

The RCP is criticised by all fronts, at one time or another, for not saying more in defence of one position or another. This is of course not least the case when it comes to the current industrial action over pay. But the fact is that our membership is a broad church – I have received passionate emails from fellows and members both exhorting me to support that action and to oppose it just as strongly – which is why we have consistently said that striking is a matter for individuals, that it is a reflection of the conditions in which we are working, and that we hope to see a swift end to the dispute. I am consistently impressed, for example, by the ability of our Council to reach sober, reasonable collective decisions after quite heated debates. We can, must and will continue to advocate for the right solutions for patients and all our fellows and members. Part of that is sticking to our conviction that a modern healthcare service is a diverse healthcare service, informed by and respectful of different experiences and practices. We are not each other's enemies. Indeed, the government is not our enemy. Rather, there are differences of opinion and it behoves us to work collectively to arrive at solutions that are acceptable to all of us, always remembering that we are here not for ourselves, but for the health of us all.

Turning to perhaps more prosaic, but no less important matters, no AGM would be an AGM without some mention of finances. The RCP is of course not immune to the national and global economic situation, and the ongoing impact in that regard of the pandemic, but we are responding well under the leadership of our CEO, Ian Bullock, treasurer Simon Bowman, and the efforts of everyone at the RCP to ensure we do what we do as effectively and efficiently as possible. We are of course kept on our toes in this regard by the Board of Trustees, under the chair Professor David Croisdale-Appleby, and my thanks goes to them as well – in particular the members who demitted in the past year: Dr Iain Lawrie, Andrew Chandler and Graham Meek. In July, I was delighted to welcome our new lay trustees – Anne Marie Millar, Dominic Whittle, Dr Fiona Pathiraja, Professor John Bateson, Katie Smith and Patrick Lowther – and to announce the reappointment of David as chair. I also want to put on the record a huge thank you to all 300+ staff at the RCP across London and Liverpool, who ensure we are a membership-first organisation, supporting the leadership to deliver our strategy to educate, improve and influence for better health and care.

I can hardly believe I have already completed one quarter of my time as president – the year seems to have passed in the blink of an eye, but when I reflect on how much has happened it feels much longer than 12 months. I do look forward to addressing you again in 2024, by which time I fervently hope resolution will have been reached on at least some of our present challenges.

Thank you.'

(quoted in full)

Item 3 – Vote of thanks

The senior fellow, Dame Parveen Kumar, moved the vote of thanks to the president on behalf of all fellows.

Dame Parveen opened that she was both delighted and honoured to be giving the vote of thanks and felt that a year of incident had been navigated by the president with serenity, common sense and leadership. Referencing major issues – including junior doctor unrest, set/unmet NHS targets, patient concerns with delays and the wider practical and financial challenges post COVID-19 – the senior fellow was reassured that the RCP had worked well, especially with other royal colleges on workforce numbers and implementation of the NHS Long Term Workforce Plan. Sadly, the year had also involved getting used to a new norm of constant political upheaval.

Dame Parveen then reflected on how much the RCP had changed since the time of Sir William Harvey (whose portrait hung behind Dr Clarke). Harvey was described as perhaps our first cardiologist and his role at St Bartholomew's Hospital had been thrown into focus as part of that hospital's 900-year anniversary in 2023. Sir William's role of censor at the college was also noted, including some of the archaic rights of the role in the early seventeenth century (censors might under certain circumstances raid pharmaceutical shops, break glass jars and crash vats ...). Dame Parveen articulated her appreciation that today the college was a very different organisation with huge influence both nationally and internationally. Its role in examinations, training, conduct, publishing statement on public health and health policy, and more widely in the political arena had all been supported and led by the president.

The senior fellow then referred to an article (in *BMJ Confidential*) where the president had been described as conscientious, determined and convivial. Dame Parveen felt these qualities had continued to be evident over the last 12 months as Dr Clarke combined her continued work as an NHS consultant with the pursuit of a myriad of issues relevant to the role of president to ensure that the college remained relevant to its time.

In conclusion, Dame Parveen stressed how massive the role of president was in extremely difficult times with many external factors evident. Positives for the college were listed, including the award-winning RCP North building (The Spine), conference offerings which went from strength to strength, implementation of the online fellowship system and astute management of college resources post pandemic. The in-house team of officers and staff, many working behind the scenes, were thanked on behalf of fellows with the president personally thanked for a superb year.

Fellows showed their support through the round of applause that followed both the president's address and the vote of thanks.

The president thanked Dame Parveen for her kind words.

Item 4 – Abstracts of previous meetings

Proceedings of the AGM held on Tuesday 13 September 2022 (document 23/01) were approved.

Proceedings of fellowship Comitia held since the last AGM (document 23/02) were approved.

Proceedings of the special general meeting – presidential election held on Monday 3 April 2023 (document 23/03) were approved.

Fellows were invited to raise any specific or factual issues either during or post meeting with the president.

Item 5 – Annual reports

The president stated that this was the first opportunity since September 2022 for a full account to be given to fellows about all college activities, and an opportunity for the senior college officers to report their activities. It was also an essential opportunity to obtain formal approval for the decisions taken during the year by Council, along with other items that needed approval.

Fellows noted the annual report of Council (**document 23/04**), which was presented in a format based on the confirmed minutes of each Council meeting. Fellows also noted the signed-off RCP annual report and accounts for 2022 (**document 23/05**) and the report of the Federation of Royal Colleges of Physicians of the UK 2021/22 (**document 23/06**). Senior officers then provided verbal reports with slides to supplement key achievements outlined in the annual report. This included thanks to officers and staff in each directorate for their hard work and dedication during the year. Comitia then had opportunity to ask questions specific to their presentations.

First the president called on Dr John Dean, the clinical vice president (CVP) who summarised the work taken forward by the Care Quality Improvement Directorate (CQID) to improve the quality, outcomes, safety and experience of patient care by developing and setting standards. In addition, CQID worked to support the clinical community to embed those standards by enabling and sharing local, regional, national and international quality and service improvement initiatives. Fellows noted a graphic of highlighted activity in 2022 which featured in the annual report.

Dr Dean stressed the importance of data-driven areas of work. This included two audit programmes (respiratory and fragility fractures) and seven accreditation programmes (including endoscopy, allergy, pulmonary rehab, immunodeficiency, liver standards). National audit reports had been published on COPD, asthma, inpatient falls and fragility fracture care with data and recommendations for improvements in services. Accreditation programmes had assessed over 60 clinical services and a new Diabetes Care Accreditation Programme had launched in May 2023 working in collaboration with Diabetes UK and senior diabetes clinicians.

The flagship RCP Chief Registrar Programme currently had over 100 mid-career trainees learning leadership and improvement skills and putting these into practice in local organisations. Over 400 alumni of the programme continued to deliver in a wide variety of ways. Similarly, leaders had been trained with relevance to data-driven programmes on a regional and across clinical teams basis.

With regard to publishing and sharing good practice, a new digital health strategy had been developed to address the key component skills for clinicians and also the technology currently available. Close working with NHS leaders continued through GIRFT (Getting It Right First Time) and thought leadership was provided in collaboration with others to produce key resources in acute care priorities, acute deterioration and to mark the 10-year anniversary of the NEWS2 tool. Following previous reference in the president's address, the Medical Care – driving change improvement portal had been successful in providing online resource information and debate in showcasing guidance and innovative practice.

In 2023, challenges were being addressed through strategic work, which included engagement with NHS England, patients, and other stakeholders to deliver a challenging but deliverable report on outpatients and how care could be delivered differently over the next 5–10 years. Supporting existing and new connections and networks was also a key theme to explore the needs and experiences of physician improvers and to understand how best the RCP could support them. Multiprofessional, cross-sector work had also been evident across medicines safety, acute deterioration, transfers of care and the diabetes inpatient accreditation programme. Key priorities in urgent and emergency care challenges were being addressed through specific guidance for government, the NHS and frontline clinical teams.

The president then introduced Dr Mumtaz Patel, the recently elected senior censor/vice president for education and training (VPET), who particularly thanked her predecessor Professor Áine Burns for her huge contribution. Fellows noted that the education portfolio aimed to develop clinicians as educators, leaders, researchers and career-long learners and improvers. It achieved this by; providing high-quality education programmes and learning resources; supporting high-quality assessment and examinations; consultancy and bespoke packages; curriculum development; credentialling; supporting implementation of QI; and developing clinician researchers.

Dr Patel outlined that high-quality in-person education workshops and longer courses continued to be delivered across the education portfolio, in London, Liverpool and in trusts and health boards. International education was increasing post-pandemic with programmes delivered in multiple sites across India, Pakistan and Switzerland. Online 'virtual classrooms', were proving popular and supported interactive learning and breakout small groups. The team had delivered 265 days of training and supported 4,022 learners on its programmes. Over 6,244 new enrolments for RCP OnlineEd e-learning modules were evident.

Turning to the Assessment Unit, the senior censor highlighted both successes and challenges. Positively, a return to pre-pandemic delivery had seen 2,445 candidates examined at 74 RCP MRCP(UK) PACES centres. This represented a 20% increase in capacity. Industrial action and related examiner availability had caused some loss of exam spaces but this had been limited to 77 candidates. PACES examiner training was back on track with 80 new PACES examiners trained and a focus on improving the gender balance. As such, candidate demand for PACES in UK was being met. PACES23 (delayed by the pandemic) had recently been launched with 22 individual PACES centres, including 910 candidate spaces. The challenge was now to continue to manage PACES demand in the UK, returning to spaces offered at application as well as offering it to non-UK based PACES candidates, where a backlog was still apparent. In addition, the Physician Associate (PA) National Certification and Recertification examinations were being successfully delivered and had seen over 900 PAs pass in 2022 and so eligible to join the Managed Voluntary Register.

Development of learning spaces had seen the library and learner support teams working hard to ready the new teaching space in London. This was a multiuse space in the main building bringing together library collections, researcher and learner support as well as education and training programmes. State-of-the-art spaces in The Spine continued to bring benefits to RCP programmes and commercial opportunities to maximise use of the assessment suite were being looked at.

Looking ahead, a review of current activity would take place to include wide consultation with key internal and external stakeholders to plan for future activity. A new education strategy and operational plan would be developed for the next 3 years aligned to the broader RCP strategic aims. This would ensure that the education portfolio met changing demands and was relevant, relatable and sustainable to all stages of the membership in the UK and internationally. This would build on and strengthen partnerships with greater collaborative working, Clear metrics of impact of activity would be developed to enable a tailored approach based on these with ongoing evaluation.

The VPET then answered the following question:

Q. Strong supporter of a portfolio career but we also need newly appointed consultants to be allowed time to grow into their primary role first and learn how to be patient-centred, effective leaders. Are you adequately considering this? (*submitted online*)

A. This is very important. When reflecting on my own journey... you do the grind to begin with to establish credibility and be strong physicians at heart. Then you can start to broaden. We must make sure that people have the skillset developed to instil early leadership skills as consultants and junior doctors have so many challenges to deal with from day one. Better preparation is needed for these roles to later be able to grow into portfolio careers with greater flexibility. It is also important to work well with key stakeholders to ensure there is adequate time for each role and varying responsibilities of a portfolio career.

Following on, the president introduced Professor Cathryn Edwards, registrar, who led work on supporting RCP members through the Membership Support and Global Engagement (MSGE) directorate.

Professor Edwards was pleased to report a headline membership growth of 2% across all categories since the last AGM. This was felt to be positive in light of difficult post-pandemic and economic conditions. A detailed membership data validation exercise had also been carried out, resulting in some data cleansing and attrition. Positively, overall membership retention was 90% and the total number of members now stood at just under 43,000.

Fellows noted a slide that illustrated growth for key subscribing categories (ie members who pay money to be part of the college). The SAS strategy had seen the overall number of SAS members rise to around 1,500, although it was noted that the number of SAS doctors who were fellows remained relatively small (105). International fellows had increased by 2% but there had been a contraction in UK fellows, the latter felt due to changes in fellowship categories introduced in 2021 (£80 fee payable for retired fellows under 80 and some movement of fellows over 80 to the non-paying emeritus category). Overall, there were 3,500 subscribing UK retired fellows. The number of trainees was shown to have decreased by 3% which was likely related to how the category had been counted (from F2 up). Overall, the RCP continued to attract around 40% of higher specialty trainees (HSTs) as subscribers. A large increase to the physician associates category was also noted (20%). The registrar highlighted that 15% of the total membership were currently non-fee paying and that the expectation was that this would remain the case going forwards.

Moving to the new fellowship process, an online and criteria-based process introduced in 2021, it was noted that during 2022, 607 fellows were admitted. The decline rate of applications reviewed

was between 20–25% but importantly the acceptance rate of those offered fellowship was now 95% (previously 20–30% under the old process). The male to female ratio for fellowship overall remained at 75:25. However, the 2023 fellowship cycle was more reflective of the modern workforce with 40% of new UK fellows being women. It was acknowledged that more needed to be done especially internationally where the number of female fellows admitted over the same period was 20%. Professor Edwards formally thanked Dr Alastair Gilmore, who would soon demit as deputy registrar, for leading work on the new fellowship system.

The registrar concluded with focus on the voice of the membership and professionalism. The census completion rate had turned the corner and was 27% in 2022 (compared to 23% in 2021) noting the large sample size. A number of important spot surveys were noted including the Membership Insights Survey which ranked top 10 benefits for members. Representation on RCP committees was noted as an often-unheralded activity on the ranked list, which involved 100s of volunteers contributing to the RCP advisory and decision-making mechanisms. The continuing work and importance of invited reviews and the expert reviewers who contributed was noted. Thematic learnings from reviews had been published and were commended to the fellowship. The consultation process had seen a response rate of 24% in 2022 and currently stood at 21% in 2023. Council had also approved a number of clinical guidelines for publication or endorsement with the guideline on fibromyalgia seeing the highest number of downloads from the website. Finally, an increase in the number of conduct/complaints received was noted. This was thought largely due to better capturing of data with cases being resolved in line with internal deadlines.

The registrar then answered the following question:

Q. Notwithstanding the explanation given about the way the data are presented this year, has the college any concerns about the 3% reduction in trainee membership? (*submitted online*)

A. Professor Edwards felt that it was encouraging that membership at the HST level was being maintained. However, it was acknowledged that trainees were under great pressure, particularly at IMT1/IMT2 and so it may be that this group explained the drift off. It was stressed that the 3% figure was from 1 year of data and so the picture could become clearer next year. The registrar concluded by outlining the college focus on touchpoints during a physicians' career. This started with networks at medical school, continued through the network of college and associate college tutors, and culminated with the work of the education portfolio as outlined by the VPET.

Next, the president introduced Professor Ramesh Arasaradnam, the academic vice president, who presented key achievements of the Communications, Policy and Research (CPR) Directorate. Fellows noted that the CPR Directorate work covered communications, policy development, publishing, heritage and events. It acted as the voice of the college to realise its strategic priorities.

The academic vice president presented a slide of key influencing successes from 2022. The RCP had achieved its highest number of parliamentary mentions during the period (70) and made the news with over 6,000 pieces of media coverage. This helped promote policy themes decided by the fellowship – workforce, health inequalities and research. These priorities had been refreshed with the addition of sustainability and health. This had been a focus of the Medicine 2023 conference where a new position statement had been launched. A round table with the CMO, greener NHS and other stakeholders had also been held to enhance efforts in this area. Fellows also noted that: *Commentary* had been revamped and won an award for 'best in-house membership magazine'; 5,200 physicians had completed the census helping the RCP plan and lobby for change with data; over 30 reports and new pieces of guidance had been published to support physicians and practice.

Moving to the longstanding ambition of the RCP to grow the medical workforce, success had been apparent with the Labour Party adoption of a doubling of medical school places within its health

manifesto. The publication of the NHS Long Term Workforce Plan was broadly welcomed but it was important to realise that the workforce landscape was changing, which needed to be factored to ensure quality patient care. A thought leadership piece to position the RCP for the future would be published shortly.

Within corporate communications and publishing, downloads of RCP journal articles had reached record levels this year (769k for ClinMed and 131k for FHJ in May). ClinMed's impact factor had doubled and was rated as a top member benefit by respondents to the recent physician workforce census. Looking forward, new editors-in-chief for both journals and a new publishing partnership would ensure a bright future for the RCP's academic journals focused on educating and improving.

There was a growing programme of digital and in-person events. This was reflected in spring's Medicine 2023 conference, which included 35 hours of live content, workshops, an abstract competition, wellbeing sessions and media headlines. Attendance rose to over 1,400 – the highest number to date. Ceremonies were also back in full swing – over 2,000 new fellows, members and guests had celebrated at the RCP at Regent's Park. RCP Player had proved to be a key medical education streaming service, recruiting new members and sponsorship. Looking forward, plans included the autumn conference Med + and work to improve the generalist and specialist interface.

Finally, the archive, heritage library and museum services had returned to full strength following the pandemic. The 'Unfamiliar' exhibition had been successful and a new project to promote medicine as a career to London school children was in progress. The academic vice president commended the forthcoming 'Fortitude' exhibition to fellows. This captured healthcare professionals' reflections of working through COVID-19. Contributors were thanked for taking part in the exhibition.

Finally, the president invited Professor Simon Bowman, treasurer, to comment on the annual report and accounts. The treasurer began by paying tribute to his predecessor but one, Professor Linda Luxon, who had passed away over the weekend prior to the AGM. Professor Luxon was described as a very fine person and a true servant of the college.

Professor Bowman then shared a high-level overview with slides covering the 2022 audited accounts, 2023–26 outlook, and a pension and estates update. Fellows were directed to the published annual report and accounts for full details.

The 2022 operating result had shown an overall deficit of £0.5m. This consisted of a small surplus (£0.1m) for unrestricted income (the broad activities of the RCP) and a deficit (£0.5m) for restricted income (the sponsored or contracted activities, eg across education and improving). The latter was thought partially due to timing as projects waxed and waned. The balance sheet at the end of 2022 remained healthy but included some fall in total value as the investment portfolio had been negatively impacted by external global factors. Cash balance, including the Federation, remained stable. The RCP retained 4 months of free, accessible funds which was in line with Charity Commission guidance in this area (charities should hold between 3–6 months available running costs).

Covering unrestricted performance (2019–23), fellows noted that a pre-pandemic deficit position and the effects of the pandemic itself had seen substantial deficits in 2019 and 2020. The college had worked hard to return to surplus in 2021 and 2022 but the invasion of Ukraine, and the resulting increase in energy prices and inflation, meant that a deficit of £0.9m was predicted in 2023. Over the same period a genuine reduction in headcount had been achieved, which included the transfer of 50 or so roles relevant to the National Guidelines Centre moving away from the RCP. The 2023–26 outlook aimed to move the dial to surplus through the financial strategy and financial improvement

plan. Fellows noted the main sources of income and expenditure in 2023. Federation, membership fees and meetings and events (including conferences) accounted for over 70% of income. For expenditure, overheads accounted for 36%, roughly half of which related to the estates, while Federation stood at 20% of total expenditure. Professor Bowman outlined the financial strategy to keeping a balanced budget but noted the challenges that global events (high inflation and interest rates) presented as well as the aim to try to increase membership/exam fees at below inflation. In this context there remained difficult choices on how best to use resources and whether further spending cuts would be necessary.

The treasurer highlighted the defined benefit (DB) pension scheme, which had 129 members. Paradoxically, the increase in inflation and interest rates had improved the overall position. Fellows noted that it was not the amount of money in the pot that mattered, it was whether the RCP could meet its future obligation to those in the scheme. Although the overall amount in the scheme had fallen, future provision had improved. Annual top up by the college of around £1m had been necessary but it was hoped this could be reduced going forwards without affecting the benefits of those in the scheme. It was also noted that the long running and legally expensive deeds review was now complete.

On the estates, The Spine, in Liverpool was fully operational. It was a modern and environmentally sound building and represented a long-term investment with some short-term challenges. It was noted that it could take some years to generate business (eg conferencing) and that sub-lets to increase income were also being considered. The main building at St Andrews Place was fabulous but not modern. As such, substantial investment was needed across electrics, plumbing and heating. It was likely that careful thought would soon be required as to how the London estate was used in the future. Conversations with the Crown Estate would continue and the involvement of fellows and members in any considerations would be necessary.

The following questions were received and answered by the treasurer:

Q. Would you comment on the *BMJ's* report on the RCP receiving funds from commercial companies that could be said to be against the RCPs principles? (*submitted online*)

A. The treasurer responded that the RCP did accept money from pharmaceutical and other external sponsorship to deliver its charitable purposes. This included sponsorship for webinars and contributions to conferences. This was in line with similar charitable organisations. It was highlighted that the RCP was fully compliant with the ABPI guidelines and noted that sponsorship had been handed back to a major pharmaceutical company who had been sanctioned by the ABPI in 2023. Looking forward, there would be further moves to improve transparency in this area. The annual report already included the funding received from named commercial companies and this information would be more detailed in future years.

Q. It is reassuring to hear college aims to keep increases in membership and examination fees to a minimum, I think I heard below inflation...can the college consider restricting any increase in examination fees to no more than percentage increase in junior doctor pay? (*submitted online*)

A. Professor Bowman responded that the level of examination fees was controlled by the Federation and so he could not make a commitment on behalf of the college in this area. However, clearly tension existed between supporting junior colleagues who were under enormous pressure and the needs of running the organisation. This was an ongoing challenge and required careful thought, which would continue.

The president thanked the senior officers for their presentations.

Comitia approved the Council report, officer's reports and Federation report.

Item 6 – Annual report of the Board of Trustees

The meeting received and accepted document 23/07a – Annual report of the Board of Trustees, which was conveyed by Professor David Croisdale-Appleby, the lay chair of the Board of Trustees. Fellows also noted document 23/07b – Summary of key decisions taken by the Board of Trustees. Professor Croisdale-Appleby reflected on the successes and achievements across the three strategic themes (educating, improving, influencing) since the last AGM. He stated that the RCP had significant influence on the quality of healthcare as part of its global role and thanked the members of the Board for their thoughtful and careful governance of the organisation. A sustained financial recovery had been navigated despite a challenging external environment – post pandemic with high levels of cost inflation. The lay chair felt that the president had led the college with great distinction with fine support from the other senior officers, Council trustees, lay trustees and the executive team.

To conclude, Professor Croisdale-Appleby stated that he felt privileged to chair the Board. Trustees would continue to be vigilant that the college employed all of its resources to meet its charitable objectives while supporting its fellows and members and promoting its work effectively.

The president then asked fellows if they had further questions on any matter. There being none, fellows were reminded that they could make contact at any time with concerns or queries.

Item 7 – Delegated sub-group of Council – elections and wider constitutional issues

The registrar presented a single slide on the delegated sub-group of Council (DSGC) as detailed in document 23/08 – following discussion at July 2023 Council. Fellows noted a timeline for a proposed constitutional review, across three areas, as a result of Council's delegation to a sub-group to look at the college's election and constitutional procedures. This followed scheduled 'wash-up' from the election cycles in 2022 and 2023 and a tabled paper submitted to Council under bye-law 1.2.

The proposals for review covered a wide area of professional governance and internal processes; each to be considered by a separate workstream of the DSGC. It was estimated that this would take at least 12 months including appropriate internal and external stakeholder validation. The three workstreams for proposed review were noted as:

- 1 Reform and effectiveness of Council: its role in the governance of elections and the committee structure of the RCP.
- 2 Board effectiveness and wider governance; including relationship between Council and the Board of Trustees.
- 3 Wider constitutional considerations, including current restrictions under the Medical Act 1860 and the founding Charter of 1518

The registrar explained that the third workstream was more speculative but in line with regular overview of college generally taken forward every 5–10 years. Constraints and liberties placed on the RCP by the Medical Act and Charter were noted with regard to elections and in particular the election of the president. This workstream would variously consider governance around senior officers, election regulations, frequency, voting, and longer-term membership constituencies of the RCP.

The registrar concluded that fellows and the wider membership could be reassured that Council took its responsibilities very seriously with regard to organisational and constitutional review and that a planned and well worked out governance framework was in place. At every juncture of the timetable Council would be updated and the fellowship consulted as appropriate.

Item 8 – To approve the appointments on the nomination of the RCP Council

Comitia noted the nominations made by Council relevant to the roles of eight censors, the treasurer and the registrar (document 23/09). Fellows were asked to approve the nominations and the following were supported:

Censors

Dr Tun Aung
Dr Anita Banerjee
Dr Daniel Furmedge
Dr Harriet Gordon
Dr Ruth Law
Dr Rajaratnam Mathialagan
Professor Tom Solomon
Dr Jo Sykes

Treasurer

Professor Simon Bowman

Registrar

Professor Cathryn Edwards

Item 9 – Appointments

Appointments of college officers 2023–24 as set out in the document enclosed with the agenda of the AGM (document 23/10) were reported to the meeting and approved.

Item 10 – Faith

The president explained that the processes to appoint replacements for the officers who had stood down over the past 12 months had been carried out. In addition, the processes to appoint replacements for officers who were due to stand down later in the year were in train. Any new officers appointed would give Faith later in the year, at an appropriate occasion.

Item 11 – Retiring officers

The president expressed warm thanks to the following retiring officers:

Censors

Dr Manish Gautam
Dr Catherine Sargent

Elected councillors

Dr Tun Aung
Dr Angshu Bhowmik
Dr Mark Temple
Dr Rob Wright

Officers and other senior roles

Dr Kevin Fox (editor-in-chief, *Future Healthcare Journal*)
Dr Amy Proffitt (patient involvement officer)
Dr Ulrich Schwab (exam board chair, Diploma in Tropical Medicine and Hygiene)

Dr Olwen Williams (vice president for Wales)

Dr Mumtaz Patel (vice president – Global) – fellows were reminded that Dr Patel was now the senior censor and vice president for education and training

Professor Áine Burns (senior censor and vice president for education and training) – the president gave particular thanks to Professor Burns who had recently demitted.

Fellows noted that Dr Abdul-Majeed Salmasi (senior examiner, PACES) and Dr Alastair Gilmore (deputy registrar) currently remained in post but would demit later in 2023.

To conclude this item, the president stated that she personally appreciated the support and camaraderie provided by all officers. Through their hard work, dedication and commitment the RCP was able to do so much in so many areas to support physicians and improve patient care, both in the UK and internationally.

Item 12 – The president dissolves Comitia

Looking ahead to 2024, fellows noted the contested elections to decide the new academic vice president and elected councillors. Nominations would open in Q4 2023 with the elections being held concurrently and digital only with voting opening towards the end of Q1 2024.

Comitia was requested to return any comments on the AGM so that the college could look to make improvements going forward.

The president thanked fellows for joining proceedings and hoped that they would be able to stay for the reception and dinner that followed.

This marked the end of the AGM business and Dr Clarke dissolved Comitia.

4 Abstracts

Proceedings of fellowship Comitia (held since last AGM)

Abstract of proceedings of Comitia on 23 October 2023

A meeting of the RCP was held on 23 October 2023.
99 new fellows were admitted.

Abstract of proceedings of Comitia on 6 December 2023

A meeting of the RCP was held on 6 December 2023.
75 new fellows were admitted.

Abstract of proceedings of Comitia on 1 May 2024

A meeting of the RCP was held on 1 May 2024.
59 new fellows were admitted.

Abstract of proceedings of Comitia on 16 July 2024

A meeting of the RCP was held on 16 July 2024.
66 new fellows were admitted.

An additional 317 fellows who were unable to attend a ceremony were admitted in absentia.

4 Abstracts

Proceedings of the extraordinary general meeting (EGM) of fellows held on Wednesday 13 March 2024

The meeting was agreed by Council following a requisition by 20 or more fellows, in accordance with Bye-laws 4.3 and 1.2.

The purpose of the meeting was to debate five motions relating to physician associates and their impact on patient safety and training opportunities for doctors. Council agreed that an online ballot of all fellows would take place immediately after the EGM on the five motions. As such, no vote on the motions took place during the EGM. Fellows had access to a recording of the meeting until the ballot closed on 20 March 2024 to inform their vote.

Fellows could either attend the meeting in person at the RCP at Regent's Park or online. The EGM online platform and post-meeting ballot were supported by Civica Election Services (CES). Peak attendance for fellows was 794 (in person or online). Peak attendance for subscribing UK doctor members was 371 (invited as guest viewers online only).

The registrar opened the meeting with housekeeping statements including guidance on meeting conduct and declaration of interests.

In line with the bye-laws, the president chaired the EGM.

Summary of motions for debate

| | |
|--|---|
| Motion 1: Scope of practice | <i>Physician associates are not doctors. They should not be regarded as replacements for doctors, and they should never replace a doctor on a rota. They are valued healthcare professionals who participate in patient care in addition to the rest of the wider multidisciplinary team.</i> |
| Motion 2: Accountability | <i>This EGM notes the current legal restrictions on who can prescribe medication or request ionising radiation and reminds all medically qualified membership categories of the college that they remain responsible for any such decisions by others that they may be asked to endorse.</i> |
| Motion 3: Evaluation | <i>This EGM calls on the RCP to contribute actively to generating an evidence base and evaluation framework around the introduction of PAs, addressing (for example) clinical outcomes, cost effectiveness, safety, the patient experience, staff wellbeing and interrelationships, and implications for the healthcare workforce.</i> |
| Motion 4: Training opportunities | <i>This EGM calls on the RCP to explore, document and address the impact on training opportunities of doctors resulting from the introduction of PAs.</i> |
| Motion 5: Caution in pace and scale of roll-out | <i>In the initial request for this EGM, fellows called on the RCP to pause the roll-out of PA roles. A pause is clearly not feasible given recent legislation. This EGM therefore calls on the RCP to limit the pace and scale of the roll-out until the medicolegal issues of regulation, standards and scope of practice are addressed.</i> |

Programme overview

The following papers were circulated with the meeting agenda:

- > Covering letter – EGM from Dr Sarah Clarke, RCP president
- > Signatories statement and agreed motions – signatories called upon fellows of the RCP to support (vote FOR) the five motions
- > RCP response to EGM motions – called upon fellows to support (vote FOR) motions 1–4 but vote AGAINST motion 5

Item 1 Welcome

Introduction and housekeeping by the registrar

Welcome and opening remarks by the president (chair)

Item 2 Presentation of motions

by Dr David Nicholl as the representative of the fellows who called the meeting

Item 3 Response on behalf of RCP Council

by the honorary secretary to Council (registrar)

Item 4 Presentation of results of RCP survey of members

by the deputy registrar

Item 5 Discussion from the floor

chaired by the president

Item 6 Meeting closes

The president thanked fellows in the room and online for attending and partaking in the debate. The president would contact members and fellows the following day through the e-bulletin and the result of the ballot will be announced after the ballot closed. The president then dissolved Comitia.

Fellows' ballot results announced (post meeting)

Fellows were invited to vote on five motions covering scope of practice, accountability, evaluation, the impact on training opportunities, and the pace and scale of roll-out. Voting closed on 20 March and the following results were shared on 21 March 2024.

The results were:

- > Motion 1 on **scope of practice** was passed with **96.9%** of the vote
- > Motion 2 on **accountability** was passed with **95.6%** of the vote
- > Motion 3 on **evaluation** was passed with **96.1%** of the vote
- > Motion 4 on **training opportunities** was passed with **95.9%** of the vote
- > Motion 5 on **caution in pace and scale of roll-out** was passed with **78.7%** of the vote.

The turnout was 31.9%. The number of votes cast by RCP fellows was 4,398.

Regarding next steps, the RCP would now work closely with its Council, Board of Trustees and key stakeholders in response to this clear direction from the fellowship.

4 Abstracts

Proceedings of the special general meeting – presidential election held on Monday 25 March 2024

The special general meeting – presidential election was held on Monday 25 March at 16.30hrs as part of College Day.

College Day was held as a hybrid meeting allowing both in person and virtual attendance for fellows.

Item 1 – President's address

Comitia, it is a pleasure to address you in person and those of you who are joining us online.

We meet today following what has been a difficult time for the NHS and a difficult few months for the college. The RCP has a broad remit and while the recent public focus has been – together with other organisations – on physician associates or PAs, our influencing, educating and improving work and is very much wider, as I will illustrate later. But I will start with PAs.

As many may know, or may not know, we have hosted the Faculty of Physician Associates (FPA) since 2015, that's for 9 years, starting well before my time. PAs are not our sole responsibility as they work across the broader medical community. The members of the Academy of Medical Royal Colleges (including the RCGP and other royal colleges), GMC (who will become the regulator later this year), the wider NHS and trusts, health boards, ICBs and primary care employers all have their role to play.

Last week, we published the ballot results from the extraordinary general meeting called to discuss the role of PAs. We now have a clear steer from fellows. 78.7% voted to limit the pace and roll-out of the role of PAs. More than 95% voted for each of a clear scope of practice, fellow and member accountability for prescribing, evaluation framework around introduction of PAs and assessment of the impact of PAs on training opportunities of doctors. The turnout was 31.9%. Full details are available on the website.

My first commitment to you today is to deliver the outcome of this ballot. We will work with Council and our Board of Trustees to draw up our next steps as a college. I will be clear to NHS England and the devolved nations that it is time to pause and reflect. There is work to be done.

As fellows of the RCP, we are all leaders. We are senior decision-makers, making complex and nuanced choices every day about a wide variety of responsibilities. Ultimately, the buck stops with us, and I understand the call to be cautious about the roll-out of a new professional role. Yes, patient safety is paramount.

PAs are not doctors and they must not be used to replace doctors including in rotas. They should not be prescribing. They must be supervised by a doctor. It is time that the NHS developed an evidence base and evaluation framework around the introduction of PAs. The RCP is the voice of medicine, and it is up to us set high, consistent standards and for the GMC to oversee the professional behaviour of PAs as they do for doctors, when regulation comes in.

While we are already working on what supervision and scope of practice should look like in medicine for PAs, we want to see overarching national guidance on these published as soon as possible, and we will work with the NHS to ensure that both employees and employers understand the importance of following this guidance for patient safety. Also, and equally important, the supervision of PAs must never be to the detriment of the training, education and supervision of doctors.

For too long, the NHS has taken our trainees for granted. So, my second commitment to you today is this: I will refocus the college on supporting and empowering the current and the next generation of doctors.

The current medical training model has been in place for years. It is no longer fit for purpose. Today's junior doctors want flexibility, they want high-quality medical education, they want understanding from their employer and compassionate leadership from their seniors. It's not too much to ask and we need to make it happen.

After all, when the RCP speaks, the government does listen. The NHS Long Term Workforce Plan was a direct result of our campaign for more doctors. Over the next 10 years, the government has committed to double the number of medical school places and increase specialty training places. Comitia, we should note and be proud of these achievements. Now it is time to turn our voice to the reform of the training pathway. Too many trainees are unhappy, disillusioned and angry. They say we haven't been listening. We're listening.

Well, I promise you now that I will continue to work with our Trainees Committee and junior doctors around the country to learn more about how we can improve the trainee experience. I have already facilitated meetings between the chairs of the trainee committee and Steve Powis (national medical director NHSE) and Sheona McLeod (HEEs executive medical director and acting director education and quality) to highlight and address some of the non-pay challenges the trainees face.

I will work with Council to explore how we can better support specialty, specialist and locally employed doctors, and also our international medical graduates. We are a membership organisation, working with our members, for our members. It's time to focus on our core purpose.

This brings me to my third promise. Fellows, I commit to restoring the strong reputation of this college. As your president, I am determined to bring us together in celebration of our achievements as well as to shout about what makes us great and why you should be proud to belong to the RCP family. We need to be an adaptable membership organisation and if this means change, we will deliver that change.

Many, if not all of us, joined the RCP for a sense of belonging and being connected to a wider community; and a college recognised as a leader globally, and because firstly we want to inspire and educate the next generation of physicians and medical leaders; Secondly, we want to influence and ensure delivery of the best and latest in healthcare and thirdly, not thirdly: We want patient safety top of the list.

So, a few stats for you to start – I'm delighted to say that in 2023, the RCP enrolled over 100 chief registrars on our flagship trainee trust-based leadership programme. We supported more than 150 international medical graduates to work and train in the NHS on the Medical Training Initiative (MTI) programme before heading back home with knowledge and expertise. In the past 5 years, we have delivered exams to over 20,000 candidates. Our RCP podcasts have been downloaded over half a million times. But there is more:

Education and training: we continue as a team to organise a wide variety of popular conferences, webinars and lectures – online and in person, in London, Liverpool and across the nations and regions. Our award-winning annual conference Medicine 2023 included 85 speakers across 20 specialties and our successful online conference for trainees 'Call the medical registrar' had over 2,100 delegates last September. Around 1,200 people attended a regional update in medicine conference. As I speak, a tremendous amount of work is going into organising this year's annual conference in April.

Number two: Improve and influence. The RCP has a leading role in influencing and setting standards. We are a professional body, committed to improving the quality, outcomes, safety and experience of patient care.

This year, I'm delighted to say that we launched Medical Care – driving change, our new online improvement hub. As clinical vice president, getting this off the ground was a priority for me. This repository for case studies, podcasts, webinars and best practice is intended not only to act as a guide for individuals to lead, drive and deliver sustainable change in the NHS but also to connect with others like-minded.

The expertise of our members and fellows is incredibly valued. Last year, we were asked to conduct 17 invited service reviews in trusts. We launched a new accreditation programme to join existing schemes, published several national audit reports, and, alongside NHS England, we brought together over 100 professionals and patients at four key summits to shape the future of outpatient care producing modern outpatient guidance for trusts. We are now working with the Patients Associations and NHSE on a new strategy to modernise outpatient care. Together with our guidance on modern ward rounds, this work covers a large component of physicians' practice.

We also work with other colleges speaking truth to power about the state of urgent and emergency care including social care. We produce joint guidance with specialist societies on areas such as winter pressures and work with national directors, national programmes such as GIRFT to enable improvement and evaluation of interventions.

And I have to mention IT, digital health and AI. We are influencing with clear data from surveys on the poor usability of IT systems in the NHS. Something we all struggle with day to day. It should be easier, and the government is beginning to listen as highlighted in the chancellor's speech.

And thirdly: patient safety. This is a priority in all that we do and we work closely with the patient safety commissioner, national director for patient safety. HSSIB (Health Services Safety Investigations Body) and other bodies. We have produced guidance on medicines safety, acute deterioration, acute care toolkits – with the latest on acute oncology in acute medical units. Patient safety will always be a priority in our work at RCP.

One of the most enjoyable parts of this role is visiting trusts to hear first-hand from the trainees, physician associates, consultants and senior management about the challenges they face day to day in trying to deliver safe evidence-based patient care. There are recurring themes – one of course is how challenging it is at the moment. We listen but at the same time we can share what we have learned from elsewhere and direct people to resources or contacts at the RCP. Conversations I have had strengthened my voice when speaking with NHS and political leaders.

When I look at the sheer breadth of what we do, I feel almost overwhelmed at the commitment shown by our fellows and members, most of whom are involved with the college in a voluntary capacity. You make us what we are: the voice of medicine, advocating on your behalf and on behalf of our patients. Thank you.

And our patients deserve the best possible care we can provide, something we actively fight for as a college every day. I will continue to advocate on the issues that matter to you – including staff shortages, working conditions, ill health and inequalities, the social care backlog. I am proud to say that over 250 organisations have now signed up to our Inequalities in Health Alliance and more than 3,500 physicians completed our annual census in 2023, helping us to influence and lobby for change. Our record on public health is impressive, and this year we have ramped up our campaigning on

climate change and health sustainability, recognising climate change as the biggest threat to human health. We've welcomed proposals to create a 'smokefree' generation, more than 60 years since we published *Smoking and health* our seminal 1962 report that highlighted the link between smoking and lung cancer. Think how many lives we have saved with our campaigning over the past few decades – and think how many thousands of lives we'll save once cigarettes are finally a thing of the past.

I don't know what this year holds for us politically, but it goes without saying that the NHS will continue to be a major campaigning issue for all the political parties. Later this year the RCP will publish its own manifesto calls ahead of the general election. We will continue to speak truth to power on the issues that matter to you.

I have barely scratched the surface of the work the college does. I am so proud of our staff and officers, all of whom go above and beyond, giving their all on a daily basis. But what is important now, in such changing times is that we move with the times; listen to you our members and fellows, advocate on your behalf, adapt and modernise, remain relevant, on the front foot.

I would like to finish by thanking you all for your commitment to medicine and the college and for joining me today. I know it has been difficult recently, but I and my team won't shy away from mistakes or criticism, apologies and commitment to learn and do better. We always recognise that there needs to be better communication, engagement and debate. As a college we must continue to be a leading voice of our medical profession and influence with credibility on your behalf. I and my team are committed to rebuild trust and emerge stronger than ever.

I want to thank all the staff at the college and my fellow officers, clinical leads, special advisers and volunteers for their dedication and support over the last 6 months. I thank you all for your support as I take forward the commitments I have made today and in our mission.

Thank you.

Item 2 – To elect a president as required by section 6 of the Medical Act 1860, and bye-laws 10.1, 10.2 and 5.1.

The (uncontested) presidential election was conducted in accordance with the bye-laws. Dr Sarah Clarke was re-elected, and gave the Faith.

Item 3 – The president dissolves Comitia.

The president drew attention to the elections for the new academic vice president and councillors, which had closed for voting earlier in the day. Successful candidates would be announced in the coming weeks but all who stood and had voted were thanked for their participation.

The president reminded fellows that the annual general meeting would be held on Tuesday 10 September 2024. The president then dissolved Comitia.

5 Annual reports

Annual report of the RCP Council

This document can be accessed on the broadcast website and the RCP website at www.rcp.ac.uk/agm24

5 Annual reports

Reports from college officers

Fellows are directed to the RCP annual report and accounts for 2023 available to download at www.rcp.ac.uk/about-us/college-documents/rcp-annual-report-2023-celebrating-diversity-in-medicine.

This will be supplemented by presentations from senior officers at the AGM.

5 Annual reports

Report of the Federation of the Royal Colleges of Physicians of the UK 2023/24

Dr Gerrard Phillips, executive medical director, Federation

The Federation of the Royal Colleges of Physicians, based in the UK and with international reach, is a collaboration between the Royal College of Physicians of Edinburgh, Royal College of Physicians and Surgeons of Glasgow and the Royal College of Physicians. The team of medical directors and associate medical directors is led by Dr Gerrard Phillips, executive medical director of the Federation.

A major focus for the Federation in 2024 has been the development and introduction of new IT systems to provide improved customer service for our multitude of stakeholders, including candidates, trainees, trainers and CPD diary users. We launched a new and comprehensive Federation website, which now acts as the home for all of our online information, guidance and services. A bespoke customer relationship management (CRM) system for the Federation is being introduced later this year following extensive development and research. This will enable us to better track, manage and respond to the many enquiries we receive from our stakeholders.

Below is a summary from each of my medical director colleagues on their respective areas of responsibility for the Federation.

Assessment: Dr Stuart Hood, medical director for assessment

MRCP(UK) Part 2 examination

During the COVID pandemic a fourth diet of MRCP Part 1 and 2 written exams was introduced in anticipation of potential cancellation of exams. Post pandemic, the Part 2 board have reported difficulty in producing four papers per annum and the exam will revert to three diets per year. This is unlikely to affect career progression.

PACES23

PACES23 was successfully introduced in the third diet of 2023 and over 6,000 candidates have now presented for the exam. Feedback from examiners and candidates has been generally positive with the new carousel felt to be an improvement and more reflective of day-to-day practice. The standard setting group met in May 2024 and agreed the marks going forward. Results can now be released in a timely manner (15 working days in the UK) rather than holding back results to ensure that the exam standard was consistent between old and new carousels.

Potential European pilot examinations

An agreement has been reached to run the specialty certificate exam (SCE) in geriatric medicine with UEMS (European Geriatric Medicine Specialty Exam (EGEMSE)). The exam will take place on 23/04/25. An agreement to develop a European Knowledge Based Assessment in Rheumatology has not been reached and negotiations have ceased.

Charging for MRCP(UK) candidate appeals

Charging for MRCP(UK) appeals has been introduced and the impact this will have on the number of appeals will be determined. If upheld, a full refund of the appeal fee will be issued.

International implementation of remote online proctored (exams)

The MRCP(UK) Part 1 and 2 written examinations are now successfully delivered using a remote

online proctored (ROP) format in the UK. This has been very successful, resulted in very low technical error rates and appears to be popular with candidates. Internationally the exams are delivered in centre on a computer-based platform. Plans are in place to roll out ROP examinations at our international centres. This will be undertaken in a phased manner starting with Part 2 in certain countries where security is perceived to be less of a risk. There will be review of the process before moving to the next phase of roll-out.

Training: Dr Mike Jones, medical director for training and development

Curricula and training progression

The commencement of training in the group 1 physician specialties from August 2022 has been followed by a review of implementation of these curricula. The report from the JRCPTB was submitted to the GMC, who felt that although the report provided a significant amount of information there was a need for us to undertake another year of monitoring given the length of the individual training programmes. Thus the review of implementation of curricula will become a regular feature each year for the JRCPTB and the prospect of reviewing all 30 specialties and one subspecialty for reports in December will continue to prove challenging. The concern about the availability of trainers to act as educational supervisors in certain specialties and locations highlighted in the last report remains a challenge, although the advice developed to allow those who may not practice internal medicine themselves to act as educational supervisors has been reasonably successful.

ARCP results continue to be reviewed and there is some improvement in those received for IMT in that there seems to be less geographic variation in outcomes. This may reflect the efforts that have been made in producing a clear ARCP decision aid. It is hoped that this will be extended to more of the higher specialties next year. Trainees who have transitioned to the new group 1 curricula have now all moved unless there were specific exceptions granted by postgraduate deans, and our attention is now focusing more on the penultimate year review process. It is still of concern that these may not be occurring or if they do they occur without any externality. This may be reflected in ARCP results in the coming years and will obviously be included in our ongoing monitoring process.

The collaborative working between JRCPTB and MRCP(UK) for the benefit of trainees that became even more evident during the pandemic has since been maintained, with ongoing active discussion about trainee progression and prioritisation in the PACES examination.

ePortfolio

The development of the ePortfolio continues and most of these changes have been greeted with enthusiasm, especially the summary of progression sheet which is now available for IMT and all of our specialties. Work continues to ensure that the ePortfolio fulfils the needs of both trainers and trainees across all the specialties, and as a part of this all specialties now have a PYR form incorporated into the ePortfolio.

Certificate of Equivalence for entry to the specialist register (CESR)

The review of the CESR process by the GMC is continuing. All the specialist advisory committees reviewed and revised the specialty-specific guidance (SSG) to adhere to the 'new standard' defined by the GMC that considers the knowledge, skills and experience of all potential applicants rather than specifically being related to curricular objectives. It is felt that such SSGs will ensure that the standards and evidence required are not diminished but that the application process is as user friendly as possible. It is acknowledged that there remain difficulties in maintaining an adequate throughput of assessments, although the CESR team continue to train as many people as possible to improve the turnover.

Research

The research activity within JRCPTB is focusing on the progression of trainees who were previously recruited into core medical training and looking to identify patterns of progression particularly related to protected characteristics. This will also inform the EDI work that Federation is doing across all of its departments. It remains critical that our work does not promote differential attainment because of an inadvertent adverse effect on anyone who has one of the nine protected characteristics.

Continuing professional development: Dr Adrian Jennings, associate medical director for CPD

CPD diary

In line with guidance from the GMC and the Academy of Medical Royal Colleges, physicians can opt not to complete a specified minimum number of CPD credits each year. The GMC emphasises that at a doctor's appraisal it is the quality of the CPD and their reflection on that CPD that are particularly important. The Federation continues to make recommendations regarding the amount of CPD it advises physicians to undertake as it is felt this can be helpful for the physicians themselves and because a CPD record that includes an indication of the time a physician has committed to their professional development can be useful for appraisers. For the 2024–25 diary year, the recommendation is that physicians undertake 50 hours of CPD, including 25 hours of external CPD.

The new CPD diary was due to be introduced in 2025 but has been deferred by the Federation Board, a new date for its introduction has yet to be agreed.

CPD approval

The CPD department is continuing to implement changes to meet the International Academy for CPD Accreditation standards, with a view to reducing the risk of bias and commercial influence in approved CPD. Meeting the International Academy standards will bring the Federation into line with major accrediting bodies in Europe and North America.

The Federation has extended the options available for blended learning which combines live or live-streamed learning with e-learning. Additionally, the Federation has taken steps to ensure that the CPD needs of SAS doctors are prominent in the approval process. The number of SAS doctors acting as CPD reviewers has increased.

A process to introduce accredited provider status for high-quality CPD providers has been developed and the three colleges of physicians are taking steps to become accredited providers within the Federation CPD system.

International: Dr Tanzeem Raza, international medical director for PACES, and Professor David Black, international medical director for training

Assessment

The international capacity for accommodating PACES candidates has increased significantly over the last year, with the addition of new centres in Pune and Mumbai in India, Kathmandu in Nepal, Dhaka in Bangladesh, Abu Dhabi in UAE, Johor Bharu, Kuching and Kota Kinabalu in Malaysia, and Manama in Bahrain. In addition, several existing international centres including Delhi, Bengaluru, Trivandrum, Lahore and Islamabad have increased their capacity by adding additional days for exams. The forthcoming 2024.3 diet will accommodate 1,700 candidates, making it the largest diet ever. The demand for international candidates for PACES remains high particularly in Malaysia, Bangladesh, Pakistan, Egypt and Saudi Arabia.

A pathfinder is planned for Alexandria, Egypt in September 2024 and a factfinder will take place in Karachi. There will also be a pathfinder in Jaipur, India, subject to an approval from the Federation Board.

Unfortunately, PACES centres in Myanmar, Sudan and Brunei remain suspended. There is ongoing demand from hosts in Brunei to reopen its centre, but the Federation Board has not approved that yet.

Training and development

There are now 255 trainees registered in the 10 Federation International UK equivalent Internal Medicine Training programmes. In total 42 trainees have successfully completed all parts of the programme, including the full MRCP(UK) Diploma, and received certificates of completion of IMT stage 1 training. We are aware of at least 16 of these who are now working and training in the UK.

A new centre based in the MAX superspecialty Nanavati Hospital Mumbai started in June 2024.

The new centres with Aster in Kannur and Perinthalmanna had successful first ARCP and full accreditation visits.

Within a new faculty of Federation, seven ARCP reviewers have been trained and delivered ARCPs internationally.

6 Annual report of the Board of Trustees September 2023 to August 2024

Since the last AGM held on 5 September 2023 the Board of Trustees has met formally on five occasions: 3 October 2023, 7 November 2023, 6 December 2023 (jointly with Audit and Risk Committee and Finance and Resources Board colleagues), 20 March 2024 and 20 June 2024. The Board committees of the Audit and Risk Committee and Finance and Resources Board have also met frequently during the year.

The continuing legacy of the COVID-19 pandemic and economic factors such as the slowdown in the UK economy and escalating cost of living have all had an impact on the RCP's finances and operations. However, inflation has decreased significantly from its double-digit level to the Bank of England's target of 2% during the course of the year, which has eased pressures on budgets. As a consequence, I and my fellow trustees have been engaged in very frequent discussions and meetings focused on addressing specific issues which have arisen directly or indirectly from these pressures, and so the work of the Board and its committees has continued to be both frequent and intensive.

The Board is primarily focused on those strategic issues that guide the direction of development of the RCP as we face a future, which, while presenting challenges, also has huge opportunities. Identifying these opportunities is just as important as facing and overcoming the challenges. Our strategy continues to be focused on fulfilling our charitable objectives and pursuing the core purpose of the college. To do so effectively involves early and accurate identification of risks, the quantification of both the likelihood and resultant impact of such risks, and ensuring we have plans in place to mitigate those risks.

The Board's governance remit covers a very broad spectrum of activities undertaken by the RCP, among which financial matters continue to assume particular importance. Over the year, ensuring we take the right long-term financial decisions for the RCP, and for its fellows and members, has been a major area of focus. In particular, we continue our commitment to achieving a sustainable ongoing operational financial surplus to in order to be able to reinvest in meeting our objectives and achieve our charitable purpose.

To do this, the Board undertook frequent and detailed scrutiny of the financial situation throughout the year, paying particular attention to cash flows and level of reserves. We continued to address the issues and the opportunities arising from our estate in London and Liverpool. In this and in other matters, continuing to demonstrate ecological responsibility remains important to the Board.

In my report last year, I mentioned our modernisation of corporate governance, with several new lay members being recruited in line with a skills and competency framework drawn up to identify the expertise and experience we need for the next few years. Those new lay members have brought further expertise in digital transformation, strategic estate management, financial, legal and commercial competencies to meet the challenges we had foreseen nationally, regionally and globally, recognising that uncertainty and rapid change will be the most consistent factors that characterise the future environment in which the college operates.

Board members have been very mindful of the need to ensure that the interests of our global membership and fellowship, the public and patients served and supported by our members, and those of our other stakeholders have been ever-present in our minds in all decisions taken. Our focused approach has placed us in a strong position to meet the challenges and take the opportunities of this coming year and beyond.

A major challenge for the college arose over the role of physician associates, and the college's responsibilities in terms of the scope of their practice and further recruitment to the role. The college Council was asked to hold an extraordinary general meeting (EGM) on this subject, which took place on 13 March 2024, at which five motions were discussed and subsequently voted upon. As the consequences of this developed further, both the deputy registrar and the registrar resigned from their posts. Following continuing challenge to the leadership of the RCP, the Council and censors asked the president to step aside with immediate effect. A 'lessons learned' review of matters leading up to, during and immediately following the EGM was commissioned from The King's Fund and will be delivered later this year.

But as mentioned previously, along with our many challenges come opportunities, and your Board is facing the future in a very positive frame of mind. We continue to realise the opportunities in developing different ways of working, embracing increased digitisation, widening the sources and increasing the scale of our income generation and fundraising, and becoming ever more agile and evidence-based in our decision making.

I would like to thank those trustees who have demitted this year having given great service to the Board and to the college as a whole: Professor Charles Baden-Fuller, Professor Cathryn Edwards, Professor Jamie Read, Dr Sarah Clarke, Professor Jo Szram and Professor Ramesh Arasaradnam.

It remains for me also to thank my fellow trustees for their unwavering support of the RCP, their exceptional contribution to the college's corporate governance, financial security and identification and quantification of risk factors. I would also wish to express my appreciation for the leadership of our immediate past president Dr Sarah Clarke, and for the work of the executive team throughout the year.

Professor David Croisdale-Appleby OBE MStJ JP

PhD FAcSS FRSS FRSA FRSPH HonFRSE HonMFPH HonFCSFSc HonFAcadMEd HonFFFLM

Membership of the Board of Trustees

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|---------------------------------------|--|
| Chair | Professor David Croisdale-Appleby OBE |
| Lay members | Professor Charles Baden-Fuller (demitted 31 December 2023) Professor John Bateson Anne Marie Millar Dr Fiona Pathiraja Katie Smith Dominic Whittle |
| Members nominated from Council | Dr Eileen Burns (appointed 1 August 2024) Dr Ananthakrishnan Raghuram Dr Jamie Read (resigned 31 March 2024) Dr Ganesh Subramanian (appointed 1 August 2024) Professor Jo Szram (demitted 31 March 2024) |
| Senior officers | Dr Sarah Clarke (stepped aside 20 June 2024) Professor Ramesh Arasaradnam (demitted 31 July 2024) Professor Simon Bowman Dr John Dean Professor Cathryn Edwards (resigned 31 March 2024) Dr Omar Mustafa (appointed 1 April 2024) Dr Mumtaz Patel (appointed 1 April 2024; acting as RCP president) Professor Tom Solomon (appointed 1 August 2024) |

6 Summary of key decisions taken by the Board of Trustees in the period September 2023 to August 2024

The following summary of Board of Trustee decisions is limited to major decisions only. Meetings at which no major decisions were taken have not been included.

3 October 2023

- > Agreement to proceed with the repayment of the Santander loan in full.
- > Agreement to delegate to the treasurer the decision to liquidate financial assets, acting in consultation with the Investment Advisory Panel (IAP) and external advisers, within a reasonable timescale not exceeding 6 months.
- > Agreement to authorise a bank mandate in relation to the Will Edmonds Clinical Research Trust.

7 November 2023

- > Approval to award the Facilities Management Contract to Pareto from 1 February 2024 in accordance with the circulated paper.
- > Agreement to delegate to the chair of trustees, or another trustee nominated by the chair along with the treasurer, to approve and sign the contracts for security in London and cleaning in London and Liverpool, provided that they are satisfied with the recommendations of the Estates Committee delegated panel established for this purpose.

6 December 2023

- > Approval of the 2024 budget as presented.
- > Endorsement of the proposed staff salary increase of 4%.

20 March 2024

The following were approved by the trustees:

- > the reserves policy as presented, with a minimum of 3 months cover
- > the charity commission trustee checklist
- > the executive director finance to progress proposals in relation to The Spine business case.

20 June 2024

The following were approved by the trustees:

- > the CH&Co contract renewal
- > the fundraising strategy and careful monitoring of its delivery
- > the estates vision
- > the annual report and financial statements for 2023
- > the terms of reference of the Audit and Risk Committee.

7 Delegated sub-group of Council – elections and wider constitutional issues

The interim registrar will provide a verbal update to fellows on this item, consequent to discussions at the September 2024 Council meeting.

8 To approve the appointments on the nomination of the RCP Council

Nominations have been made by the president and the RCP Council under Bye-law 5.2.

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|---------------------------|--|
| Censors | Dr Peter Andrews Dr Anita Banerjee Dr Dan Furmedge Dr Ruth Law Dr Clive Lewis Dr Rajaratnam Mathialagan Dr Jo Sykes Professor Alexander (Sandy) Thomson |
| Treasurer* | Professor Simon Bowman |
| Interim registrar* | Dr Omar Mustafa |

** These officers do not retire by rotation*

9 Appointments

College officers and other senior roles 2024–25

Appointments have been made by the president and the RCP Council under bye-laws 5.2 and 9.1, as set out below:

Bye-law 5.2

- (1) The appointment of the Treasurer, Registrar, and Censors (excluding the Senior Censor and Vice President for Education) shall be approved at each Annual General Meeting. If any appointment is not approved by the General Meeting the matter shall be referred to the Council for further consideration.
- (2) The Senior Censor and Vice President for Education, the Academic Vice President and the Clinical Vice President shall be elected by ballot using such method of voting agreed by the Council for that election.
- (3) All other officers of the College shall be appointed in accordance with the processes approved by the Council.

Bye-law 9.1

- (1) The senior officers of the College shall be the President, the Registrar, the Treasurer, the Senior Censor and Education and Training Vice President, the Clinical Vice President, and the Academic Vice President.
- (2) The other officers of the College shall be the other Censors, and such others as shall be annually confirmed by the Council and reported to the General Meeting of Fellows.

The order of listing in the table below does not necessarily define seniority or precedence

| College officers for 2024–25 | |
|---|--|
| President (interim arrangements in line with bye-law 25.1 pending next presidential election) | Dr Sarah Clarke (resigned 20 June 2024) Successor to be elected as per the election timeline approved by Council on 3 July 2024 |
| Senior censor and vice president for education and training; acting as president | Dr Mumtaz Patel |
| Clinical vice president | Dr John Dean (until 31 July 2025) Successor to be elected |
| Academic vice president | Professor Ramesh Arasaradnam (until 31 July 2024) Professor Tom Solomon (from 1 August 2024) |
| Treasurer | Professor Simon Bowman |
| Registrar | Dr Omar Mustafa (appointed as interim registrar from 8 April 2024) Successor to be appointed |
| Vice president for Wales | Dr Hilary Williams |
| Vice president global | Dr Omar Mustafa |

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| Censors | Dr Peter Andrews (from 1 August 2024) Dr Tun Aung (until 31 July 2024) Dr Anita Banerjee Dr Dan Furmedge Dr Harriet Gordon (until 31 July 2024) Dr Ruth Law Dr Clive Lewis (from 1 August 2024) Dr Rajaratnam Mathialagan Professor Tom Solomon (until 31 July 2024) Dr Jo Sykes Professor Alexander (Sandy) Thomson (from 1 August 2024) |
| Harveian librarian | Dr Louella Vaughan (until 31 August 2024) Successor to be appointed |
| Linacre fellow | Dr Shruthi Konda |
| Editor-in-chief, <i>Clinical Medicine</i> | Professor Ponnusamy Saravana |
| Editor-in-chief, <i>Future Healthcare Journal</i> | Dr Andrew Duncombe |
| Medical director, publications | Professor Anton Emmanuel |
| Improvement clinical director | Dr Andrew Rochford |
| Director of the Medical Workforce Unit | Dr Sarah Logan |
| Medical director, Invited Review service | Dr Adam De Belder |
| Clinical lead for assessments | Dr Celia Bielawski |
| Patient involvement officer | Dr Laura Waters |
| RCP digital health clinical lead | Dr Anne Kinderlerer |
| Clinical lead for outpatients | Dr Theresa Barnes |
| RCP lead for specialist, associate specialist and specialty (SAS) doctors | Dr Naeem Aziz |
| Medical director of CME and CPD | Dr Mumtaz Patel |
| Other senior roles | |
| Deputy medical directors, Invited review service | Dr Jonathan Bennett Dr Emma-Kate Reed Dr Sean Weaver |
| Deputy registrar | Vacancy – role to be appointed, following review |
| Editor-in-chief, Medical Care – driving change | Dr Daniel Smith |
| Senior examiner (PACES) | Dr Rasha Mukhtar |
| Senior examiner: Physician Associate National Examination | Ruth Berry |
| Senior examiner: Diploma in Geriatric Medicine | Professor Michael Vassallo |
| Garden fellow | Professor John Newton |
| Representative on the advisory committee of the Chelsea physic garden | Dr Noel Snell |

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|---|--|
| President, Faculty of Physician Associates | Jamie Saunders (resigned 6 June 2024) Successor to be elected |
| Officers of the Federation of Royal Colleges of Physicians of the UK | |
| Executive medical director | Dr Gerrard Phillips (until 31 October 2024) Dr Mike Jones (from 1 November 2024 for 1 year) |
| Medical director, training and development | Dr Mike Jones (until 31 October 2024) |
| International medical director, training and development | Professor David Black |
| Medical director, assessment | Dr Stuart Hood |
| International medical director, assessment | Dr Tanzeem Raza |
| Deputy medical director, JRCPTB | Dr David Marshall |
| Associate medical director for clinical exams | Dr Rod Harvey |
| Associate medical director for written exams | Professor Albert Ferro |
| Medical director for CPD | Dr Adrian Jennings |
| Deputy medical director for CPD | Vacancy – role to be appointed at a later date |
| Deputy international medical director, training and development | Dr Alastair Miller |

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