



# Federation of the Royal Colleges of Physicians

Annual review 2017

## CPD

Continuing Professional Development of the  
Royal Colleges of Physicians of the United Kingdom

## JRCPTB

Joint Royal Colleges of Physicians  
Training Board

## MRCPUK

Membership of the Royal Colleges  
of Physicians of the United Kingdom

# About the Federation

The Federation of the Royal Colleges of Physicians, based in the UK and with international reach, is a partnership between the:

- > Royal College of Physicians of Edinburgh
- > Royal College of Physicians and Surgeons of Glasgow
- > Royal College of Physicians of London.

Collectively, the colleges represent more than 50,000 physicians worldwide. For physicians in the UK and globally, the colleges provide an invaluable professional network, opportunities to share best practice and ongoing educational opportunities. This work is grounded in the latest evidence, integrity and mutual respect.



## Areas of work

Teams within the current Federation deliver three key aspects of our service, to support doctors at every stage of their careers: continuing professional development, training and examinations.

## Continuing professional development (CPD)

The three colleges collaborate on the development and delivery of CPD for fellows and members. We offer an online scheme to support appraisal and revalidation, which helps physicians record and reflect upon their educational activities in a personal CPD diary. The Federation also approves quality-assured CPD activities according to structured criteria, maintains strong relationships with the specialist societies and is active in research and policy development to promote learning for physicians at all stages of their careers.

## Training

The Joint Royal Colleges of Physicians Training Board (JRCPTB) is responsible for curriculum design and implementation; the recruitment and certification of trainee physicians; and quality management in medical training. We monitor each individual's progress through specialist training, and offer an e-portfolio to record evidence of their experience, competencies and courses for the entire medical training period. We support trainees, their supervisors and postgraduate deans, and in the UK we provide regular reports to the regulator, the General Medical Council (GMC).

## Examinations

MRCPUK develops and delivers the Federation's postgraduate medical examinations, which ensure that physicians have the knowledge and skills to provide safe, high-quality patient care. Highly qualified physicians debate each question and scenario through analysis of the evidence and detailed peer review, and oversee the quality and conduct of every bedside clinical assessment. Non-clinical staff provide expertise in assessment methodology and data analysis, and a supportive service to examiners and candidates.

## The new Academy

**In June 2017, the presidents of the three colleges signed a letter of intent to establish a new joint venture, the Academy of Physicians Colleges UK, which will build on the existing relationships established through the Federation. The new organisation is due to launch in 2018, and will continue to develop and deliver CPD, training and examinations to physicians in the UK and across the globe.**

## Contents

Welcome	2
Lifelong learning for a physician's career	4
Training physicians for tomorrow	6
Ensuring the best training experience	8
Our global partners	10
Acknowledgements	12



# A welcome from the medical directors

This annual review brings UK and international stakeholders up to date on our work over the past year, and provides a snapshot of the services and expertise we can offer the profession globally.

Previous annual reviews have focused mainly on our examinations. As we move towards the launch of the new Academy, for the first time this annual review takes a broader perspective. It covers the entire scope of our work, which supports career development and excellent patient care at every step of the physician's educational journey.

Here, our three medical directors set out recent achievements in each of our key areas of work, and outline some of our future aspirations.

## Continuing professional development



Continuing professional development (CPD) is essential to good clinical practice, high-quality patient care and empowered clinical leadership. It allows clinicians to learn, develop and stay current throughout their careers, so they can practise effectively, safely and legally.

We provide high-quality CPD support, a benefit that is valued greatly by our members and fellows. Looking forward, we have a clearly articulated strategy, which incorporates a vision of:

- ▶ Encouraging lifelong learning to move away from the current focus on CPD as a core activity that commences post-training for specialist doctors only, towards a notion of ongoing education from graduation to retirement.
- ▶ Embedding an understanding of CPD as a normal, lifelong path of learning and reflection, to underpin good medical practice while supporting physicians through appraisal and revalidation.
- ▶ Promoting audit, evaluation and research so we may understand and continually respond to the learning needs of physicians.
- ▶ Developing international outreach and collaboration to champion our services and resources beyond the UK, in order to sustain and enhance the reputation of British medicine and of lifelong learning strategies.

I would like to thank all of the hard working CPD staff, clinical leads of the three colleges, members of the CPD Management and Policy Board, and all our members, fellows and other users of the CPD diary.

**Dr Myra Stern, medical director, CPD and Revalidation**

'As we move towards the launch of the new Academy this annual review takes a broader perspective. It covers the entire scope of our work, which supports career development and excellent patient care at every step of the physician's educational journey.'

## Training



The reform of physicianly curricula to meet the future needs of both patients and trainees is at the forefront of the work of the JRCPTB.

Over the past 2 years, we have been developing a new internal medicine curriculum, which will form the spine of all physician training. It will focus on the complexity of comorbidities and ageing, while ensuring the highest professional standards and capabilities as expected by the GMC. We are also taking this opportunity to reform the assessment methodology. We are moving towards a system that will be based more on outcomes and professional judgement.

Alongside this work, we are continuing a programme of activity to support quality management by postgraduate deans and quality assurance by the GMC across the UK, with initiatives such as the quality criteria for CMT.

We have also started supporting postgraduate training initiatives in a number of countries outside the UK, with programmes starting in Kerala, India and Dubai, United Arab Emirates in 2017.

Finally, I would like to thank the ever hard-working JRCPTB team and the invaluable contributions from the hundreds of clinicians and lay representatives who sit on our specialist advisory committees (SACs).

**Professor David Black, medical director, JRCPTB**

## Examinations



Examinations continue to be a highly visible part of the work of the three royal colleges of physicians, and are an explicit representation of the high standards of knowledge and practice to which the colleges have always aspired.

In the past year, MRCP(UK) has continued to ensure that our examinations develop in harmony with planned curricular changes, for example with the revision of the clinical examination in the PACES (Practical Assessment of Clinical Examination Skills) 2020 project. We have made significant progress with the development of specialty examinations that can be recognised for training in mainland Europe, and continued to extend delivery of the MRCP(UK) Diploma to more countries internationally. Uptake of all our examinations is increasing, indicating their strength, reputation and relevance.

Our success is highly dependent on the input of many patients, trainees, consultants and lay people in the UK and around the world who work with us to ensure that the examinations we produce remain of the highest possible standard. I give my sincere thanks to all, and to our industrious examinations office staff in London, Edinburgh and Glasgow, for their continued support.

**Professor Andrew Elder, medical director, MRCP(UK)**



# Lifelong learning for a physician's career

Ultimately, we see a future where learning and reflection are captured seamlessly and in real time, to support lifelong education from medical school through to retirement. For senior physicians, our approved learning opportunities and CPD diary already support good clinical practice, professional advancement and leadership. The year ahead promises some exciting developments that will blend digital technology and the latest educational thinking.

Access to our CPD online diary is the single most popular benefit identified by fellows and members when subscribing to one of the three royal colleges of physicians.

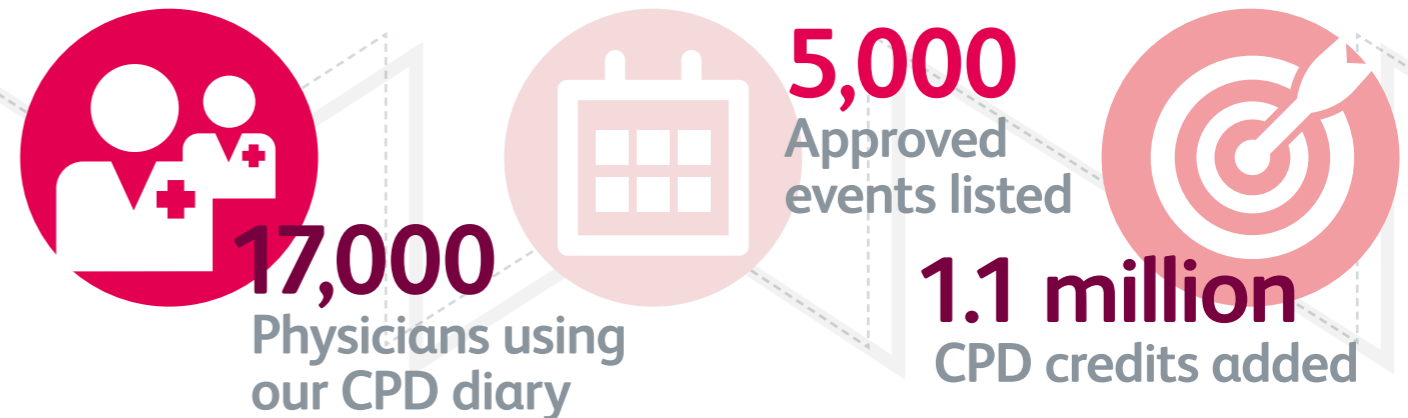
## Our key activities include:

- > Providing fellows and members with access to a CPD service that supports their needs for appraisal and revalidation.
- > Giving fellows and members access to an online CPD diary that allows them to record their learning activities, align these activities with good medical practice as defined by the GMC, reflect on their learning and link these reflections to personal development needs.
- > Providing quality-assured accreditation of CPD live educational events and distance learning activities, including e-learning modules to promote high-quality educational activities for trained physicians.
- > Raising awareness of the substantial programme of CPD activities on offer from the three colleges of the Federation.
- > Utilising technology to expand the accessibility and flexibility of our CPD service, and facilitating a culture of recording and reflecting on learning 'on the go'.

Over the past year, some of our most exciting work has focused on that final goal of harnessing technology, through development of a new CPD app that is scheduled to launch before the end of 2017.

'CPD lies at the heart of good clinical practice and the provision of high-quality patient care. I am fortunate to be involved in helping deliver important changes into how CPD can be delivered and accredited through the Federation.'

Dr Marie Freel, director of CPD and Revalidation, Royal College of Physicians and Surgeons of Glasgow



## On the move and in the moment

Our new app will allow physicians to use a smartphone or tablet to record and reflect on their CPD activities. It will complement, synchronise with and expand on the capabilities of the existing, computer-based CPD diary that is currently used by some 17,000 senior physicians in the UK and internationally.

The app will be the culmination of a systematic development process, which has consulted users at the discovery phase, during prototype design and through user experience testing. Uptake and use of the app, as well as user experience and perception of its effect on the quality of learning, will be carefully audited on a rolling basis from launch onwards.

This work has been guided by a dedicated steering group. Members include the CPD directors of all three colleges, along with experts in education and training, business development, IT and procurement.

## Equality and diversity training

The Federation has also been developing an e-learning module on equality and diversity, as part of the comprehensive training and support package available to trainers and examiners. Keeping up to date on this topic is a GMC requirement for physicians in these roles and we are building a bespoke package that specifically addresses issues they might encounter in the course of this work. Due to be launched by November 2017, it is an important part of our commitment to staying at the forefront of education across all stages of the physician's career.

## Without walls

Physicians are busy looking after patients and leading their teams. Digital technology offers flexibility, while meeting colleagues face to face continues to provide unique insights. That is why we offer a range of relevant, accessible CPD opportunities to suit every schedule and learning style.

## In person

Physicians can choose from thousands of accredited educational events listed in the CPD diary. The Federation's examiners also benefit from training and collaboration with their peers, whether they are reviewing questions for the written examinations or assessing bedside clinical skills in the PACES examination.

## Online

Physicians can use the popular CPD diary online, follow approved e-learning modules and watch college educational events streamed live. Soon, trainers and examiners will have access to bespoke e-learning on equality and diversity.

## On the go

In addition to the other online opportunities, physicians will be able to use the new CPD app on a smartphone or tablet to record and reflect on their learning in real time. Voice-activated transcription will be embedded, facilitating immediate spoken reflection in addition to written documentation using the standard keyboard.

# Training physicians for tomorrow

The needs of our patients are increasingly complex and training must adapt. An updated curriculum and system of assessment will equip physicians with the right knowledge and skills to meet the challenges they will face in their trainee roles and as our future consultants.

Any doctor who has just finished a shift on the acute medical take will tell you that our patients are changing. These days they are likely to be older and sicker, with more than one long-term condition, a complex medical history and several different medications.

In this context, the skills and knowledge of the generalist are more important than ever. We need a system that helps all physicians become expert general medical registrars before they specialise. It must also meet the needs of trainees and the service, offering career flexibility and building confidence, while providing the right skill mix to keep the health service running smoothly.

## Listening and leading

These forces drove the 2013 Shape of Training review, and we ensured that the voices of physicians were heard in our response. We have been building on its principles, and those of the Royal College of Physicians of London's Future Hospital Commission, to develop a new internal medicine curriculum and a closely matched system of assessment.

At every step we have consulted widely with trainees, service representatives, lay people and consultant physicians who are actively involved in training. These stakeholders are represented on our Internal Medicine Committee and its working groups. We also held regular engagement events.

## Acting on evidence

In addition to consulting on the internal medicine curriculum, we tested our ideas for assessment with matched pairs of trainees and trainers, in a formal proof of concept study. The resulting programme of assessment will be more authentic and holistic, replacing 120 different competencies with an evaluation of just 14 work-based outcomes (known as capabilities in practice) covering generic and specialty clinical practice.

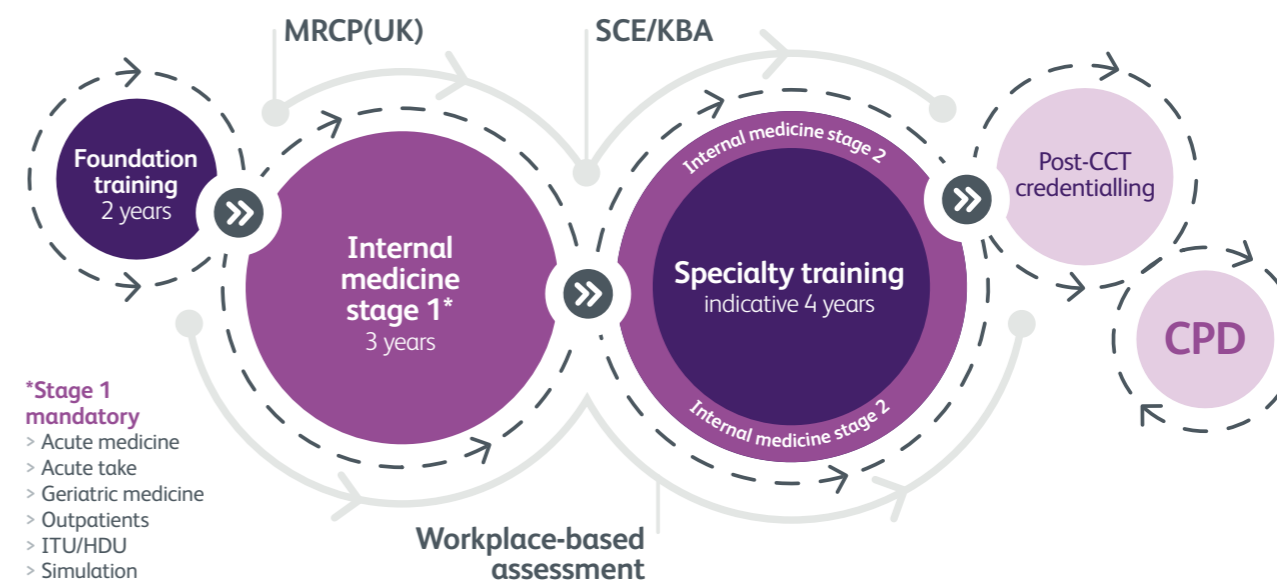
We are also including simulation-based training as an important part of the new curriculum. This decision follows a literature review and assessment of the evidence undertaken jointly with Health Education England.

Work on the new training system has been thorough but brisk, thanks to the efforts of our hardworking staff and all the physicians and stakeholders who generously volunteered their time. We will present the new curriculum for the first stage of internal medicine to the GMC for approval this year, and look forward to its implementation in August 2019.

[www.jrcptb.org.uk/new-internal-medicine-curriculum](http://www.jrcptb.org.uk/new-internal-medicine-curriculum)

'We believe excellent training equals excellent patient care and continue to engage with key stakeholders to ensure the new curriculum will be beneficial to trainees and deliver safe patient care.'

Dr Katherine Walesby, chair, Trainees and Members Committee, Royal College of Physicians of Edinburgh



## Pathway for the future

The new curriculum will strengthen, but not lengthen, training. Under the proposed model, the initial 2 foundation years will be followed by 3 years of internal medicine training before selection into a minimum of 4 years of dual training, leading in the majority of cases to dual certification of completion of training (CCT): one in a specialty and one in internal medicine.

[www.jrcptb.org.uk/new-internal-medicine-curriculum](http://www.jrcptb.org.uk/new-internal-medicine-curriculum)

'Whilst the examinations are carried out by physicians, the views of lay people, often based on actual experience, provide a valuable contribution to the discussion.'

Norman Mackey, lay representative, Clinical Examining Board, MRCP(UK)

## PACES 2020

As an integral part of training, examinations must also keep up with the changing needs of patients and advances in medical practice. Therefore, we established the PACES 2020 working group to take an in-depth look at our unique assessment of clinical skills at the bedside, which is part of the MRCP(UK) Diploma. The working group has reviewed the examination's strengths and areas for improvement, and considered ways of mapping it to the new internal medicine curriculum.

PACES is currently built around a series of five stations that assess seven core skills. Part of the group's remit is to determine whether these stations require an update. To test some new ideas, a proof of concept study has been taking candidates through a revised carousel with three clinical consultations of 20 minutes, four communication encounters of 10 minutes and a rest station. This study was held in Edinburgh, and yielded promising results.

We are also looking at the possibility of adding an element of lay assessment to PACES, to formally incorporate the patient's perspective. In research studies, we have asked lay surrogates to mark candidates in Stations 2 (history taking) and 4 (communication skills and ethics). These studies will feed into the PACES 2020 review. The conclusion of the PACES 2020 project will be reported to the Clinical Examining Board and the recommendations will be reviewed by our Academic Quality Management and Research Committee for final approval.

[www.mrcpuk.org/about-mrcpuk/research](http://www.mrcpuk.org/about-mrcpuk/research)





# Ensuring the best training experience

An initiative to enhance core medical training (CMT) is running well in its third year. Encouraged by this success, we believe this concept can enhance learning at later stages of postgraduate medical training. Therefore, we are now developing similar quality criteria to support improvement in the role of the general internal medicine (GIM) registrar.

Trainees are the backbone of medical services in the NHS and the importance of their role in delivering patient care cannot be overstated. At the same time, training posts are meant to offer meaningful learning opportunities alongside excellent care, so there is always a balance to strike.

We believe that formal quality criteria, which define key characteristics of a high-quality training experience, can help organisations better achieve this balance.

The initiative began in 2013, when the JRCPTB commissioned a survey to ask doctors in their CMT years to describe their educational experiences. Many told us that service demands left little time for educational activities, and they felt unprepared to move up as medical registrars.

## CMT quality criteria

In response, we consulted widely and then developed a set of quality criteria covering four domains:

- > structure of the programme
- > delivery and flexibility
- > supervision and support
- > communication with trainees.

The quality criteria are now firmly in place across the UK and the results are routinely monitored in the GMC's national training survey.

## Supporting the medical registrar

The success of this programme has inspired a new JRCPTB initiative, to develop quality criteria for GIM registrar posts. We have broadened our steering group to include policy makers, employers and lay representatives alongside trainers and trainees. They have been working for several months to identify three main domains, which cover around 20 specific and measurable criteria:

- > workplace environment and culture
- > workflow and support
- > educational experience.

We expect to launch the criteria in 2018 after further consultation with professional colleagues.

Learn more: [www.jrcptb.org.uk/cmtquality](http://www.jrcptb.org.uk/cmtquality)

‘The quality criteria have helped us hugely in driving up the quality of our core medical training programmes, by providing us with a framework to which we can map our quality management processes.’

Dr Ian Barton, head of Postgraduate School of Medicine, Health Education England, East of England Local Office

## Listening to trainees and candidates

Trainees are at the heart of everything we do. A sound framework of training and assessment equips them to provide safe, effective and compassionate patient care. It is also our duty to support trainees in developing their careers. We continually seek their views and value their insights from the front line.

### Fair price

£ For the fourth year running, we were able to freeze the cost of MRCP(UK) Diploma examinations and JRCPTB enrolment in 2017. Candidates for the Specialty Certificate Examinations (SCEs) saw a 23% fee reduction in 2016.

### Better timing

The GMC approved our proposal to reduce the duration of the MRCP(UK) Part 2 written examination while maintaining its high standard as a robust assessment of knowledge. From 2018, the new format will take 1 day instead of 2, reducing time and cost pressures for candidates and the health service alike.

### Strong voices

Trainee representatives sit on all the boards that govern our examinations and on the SACs for the JRCPTB. They are also involved in key project groups, and we work closely with the trainee committees of all three colleges.



## Our global partners

We are committed to sharing our expertise, and learning from international partners, to enhance medical careers at every stage and improve patient care in the UK and beyond. In 2016 the breadth and depth of our international growth exceeded all expectations.

**‘The implementation of CMT in Iceland has been a genuine success. In addition to its positive impact on the quality of training and morale of our trainees, it has had widespread positive repercussions on healthcare in Iceland in general.’**

**Dr Tomas Thor Agustsson, consultant endocrinologist, Landspítali National University Hospital of Iceland**

A closely integrated system of training and assessment is one of UK medicine’s greatest strengths. For the past few years, we have been working to develop this model as part of our international offering, to provide a complete package including a curriculum, e-portfolio, examinations and accreditation. Thanks to the enthusiasm and dedication of our international partners, those efforts are now bearing fruit for trainees, patients and healthcare systems beyond the UK.

### Filling a gap

This work is most advanced in Iceland, and UK CMT is now firmly embedded there. It is filling a career gap for doctors – and a service gap for hospitals – in a country where medical graduates once routinely had to travel overseas to complete their training.

### Training the trainers

Work commenced in 2014, with colleagues from Iceland joining us in a series of development days. The government in Iceland established the necessary legal and regulatory frameworks, while more than 100 educational and clinical supervisors undertook a programme of training so they could implement the new system.

**‘PACES has a significant impact on my trainees, from the time they start preparing. It definitely improves their skills in daily practice, both in the outpatient department and in caring for patients admitted to hospital. Their communication with patients and relatives is also improved.’**

Professor Nyunt Thein, emeritus professor in medicine, University of Medicine, Yangon



Candidates sat MRCP(UK) exams



Countries host our exam



for international PACES

### Examinations

As they start moving through the programme, Iceland’s trainees are able to undertake the MRCP(UK) Part 1 and Part 2 written examinations. As they progress, they can travel to the UK to sit PACES. So far, Iceland’s trainees have been achieving impressive examination results. Those who complete the training programme and pass all three MRCP(UK) Diploma examinations are eligible to apply for specialty training posts in the UK.

### Sustainability

The programme in Iceland has now been accredited as equivalent to UK CMT, with a review planned for June 2018. As our international colleagues in Iceland and elsewhere gain more experience, the ultimate aim is to support them in building and running a sustainable, high-quality system that meets local needs for many years to come.

### Building on experience

We have since been putting this experience to work in other parts of the world, introducing CMT in collaboration with our partners at Aster Medcity in Kochi, India. A successful launch in November 2016 was attended by the mayor and the local member of parliament, and the first trainees started in June 2017.

**Learn more: [www.jrcptb.org.uk/about-us/international-development](http://www.jrcptb.org.uk/about-us/international-development)**

### Expanding access

**Our credentials are valued around the world and demand remains high for our examination.**

**Over the past year, we continued working with partner organisations to create European knowledge-based assessments for specialty trainees in gastroenterology and nephrology. We also had our busiest-ever year for PACES, after launching several new centres with the dedicated support of our local colleagues:**

- > **India**  
Federation lead: Dr Srinivas Murali  
Hosted by: Manipal Hospital, Bengaluru
- > **Penang, Malaysia**  
Federation lead: Dr Ong Loke Meng  
Hosted by: Penang General Hospital
- > **Qatar**  
Federation lead: Professor Aldelnasser Awad El Zouki  
Hosted by: Hamad Hospital, Doha
- > **Sri Lanka**  
Partner: Ceylon College of Physicians  
Federation lead: Dr Lalith Wijaratne  
Hosted by: National Hospital, Colombo

**Learn more: [www.mrcpuk.org/get-involved/international-partnerships](http://www.mrcpuk.org/get-involved/international-partnerships)**

# Acknowledgements

Thanks are due to our demitting Examination Board members and SAC chairs for their hard work and contributions. A warm welcome is also extended to our new board members and SAC chairs.

## Examination Board members

### MRCP(UK) Part 1 Examining Board Thank you

Dr Stephanie Dundas  
Dr Aza Abdulla  
Dr Arriane Laws  
Dr Amar Puttanna  
Dr John Byrne  
Dr Alastair Wilkins  
**Welcome**  
Dr Oscar Swift  
Dr David Warriner

### MRCP(UK) Part 2 Written Examining Board Thank you

Professor Chak Lau  
Professor Jam Chin Tay  
**Welcome**  
Professor Philip Li  
Dr Shih Hui Lim

### Scenario Editorial Committee (PACES) Thank you

Dr Susan Pound  
Mr Norman Mackey  
Dr Simon Dover  
**Welcome**  
Dr Dayavathi Ashok  
Dr Moe Thaw Oo  
Dr John Kurian  
Dr Sheena Mitchell  
Dr Hasan Tahir  
Dr Atef Michael

### Scenario Writing Group (PACES) Thank you

Dr Song  
Dr Mylvaganam  
Dr Shawis  
Dr Davis  
Dr Mitchell  
Dr Kurian

Dr Lindsay  
**Welcome**  
Dr Varughese  
Dr Stirrup  
Dr Ormerod  
Dr Pope  
Dr Podger

### Acute Medicine SCE Examining Board Welcome

Dr Elizabeth Hart  
Dr Vivek Srivastava

### Dermatology SCE Examining Board Thank you

Dr Richard Groves  
Dr Clive Archer  
Dr Sue Lewis Jones  
**Welcome**  
Dr Andrew Carmichael  
Dr Jenny Hughes  
Dr Niall Wilson

### Endocrinology and Diabetes SCE Examining Board Thank you

Professor Graham Leese  
**Welcome**  
Dr Andrew Toogood  
Dr Jane Dale  
Dr James Ahlquist

### Gastroenterology SCE Examining Board Thank you

Dr John Hebden

### Geriatric Medicine SCE Examining Board Thank you

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**Welcome**  
Dr David Mangion  
Dr Atef Michael

### Medical Oncology SCE Examining Board Thank you

Dr Judith Cave  
**Welcome**  
Dr Fiona Nussey

### Neurology SCE Examining Board Thank you

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Dr Owen Pearson  
Dr Haider Katifi  
**Welcome**  
Dr Lucy Kinton  
Dr Wojtek Rakowicz

### Palliative Medicine SCE Examining Board Thank you

Dr Clare Marlow  
Dr Craig Gannon  
**Welcome**  
Dr Helen Morgan  
Dr Venkata Chaitanya

### Respiratory Medicine SCE Examining Board Thank you

Dr Saskia Jones-Perrott  
**Welcome**  
Dr Andrew Leitch

### Rheumatology SCE Examining Board Thank you

Dr Sanjeev Patel  
Dr Karen Walker-Bone  
**Welcome**  
Dr Arumugam Moorthy  
Dr Kaushik Chaudhuri

### Clinical Examining Board Thank you

Dr Thomas MacKay  
Professor Dewhurst  
Mr Norman Mackey

## Specialist Advisory Committee chairs

### Acute Internal Medicine Thank you

Dr Mike Jones  
**Welcome**  
Dr Ben Chadwick

### Allergy Thank you

Dr Alexander Croom  
**Welcome**  
Dr Chris Corrigan

### Cardiology Thank you

Dr Ian Wilson  
**Welcome**  
Dr Russell Smith

### Clinical Genetics Thank you

Dr Sarah Smithson  
**Welcome**  
Dr Alex Murray

### Clinical Neurophysiology Thank you

Dr Arup Chattopadhyay  
**Welcome**  
Dr Nandini Mullatti

### Clinical Pharmacology and Therapeutics Thank you

Dr Ross Breckenridge  
**Welcome**  
Dr Jamie Coleman

### General Internal Medicine Thank you

Dr Brian Bourke  
**Welcome**  
Dr John Firth

### Genitourinary Medicine Thank you

Rak Nandwani  
**Welcome**  
Dr Katia Prime  
Dr Margaret Kingston

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**Welcome**  
Professor Michael Vassallo

### Medical Oncology Thank you

Professor David Cunningham  
**Welcome**  
Dr Jackie Newby

### Medical Ophthalmology Thank you

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**Welcome**  
Dr Catherine Guly

### Pharmaceutical Medicine Thank you

Professor Alan Boyd  
**Welcome**  
Dr Ian Mills

### Rehabilitation Medicine Thank you

Dr Rory O'Connor  
**Welcome**  
Professor Derick Wade

### Stroke Medicine Thank you

Professor Tom Robinson  
**Welcome**  
Dr Jon Cooper

### Sport and Exercise Medicine Thank you

Dr Justin Hughes  
**Welcome**  
Dr Michael Loosemore

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