

MRCPUK

Membership of the Royal Colleges of Physicians of the United Kingdom

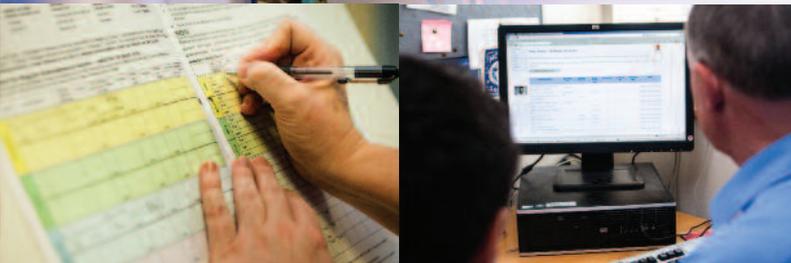


ANNUAL REVIEW 2014



Contents

- About MRCP(UK) 1
- Welcome from the Medical Director 3
- Stakeholders speak out 4
- Exams for a global profession 6
- Making time for training 8
- Launching our new website 9
- Assuring academic quality 10
- Managing 30,000 questions 11
- Improving diversity and representation 12



MRCP(UK)
11 St Andrews Place
Regent's Park
London NW1 4LE

www.mrcpuk.org



About MRCP(UK)

The Federation of Royal Colleges of Physicians of the United Kingdom sets internationally acknowledged standards in medicine, building on a proud tradition of professional excellence, established over centuries by British physicians.

The Federation is a partnership between:

- ◆ The Royal College of Physicians of Edinburgh
- ◆ The Royal College of Physicians and Surgeons of Glasgow
- ◆ The Royal College of Physicians of London.

Working together, the Colleges develop and deliver membership and specialty examinations that are recognised around the world as quality benchmarks. The Federation is responsible for the following postgraduate medical examinations.

The Membership of the Royal College of Physicians (UK) Diploma tests the skills, knowledge and behaviour of doctors in training. The MRCP(UK) Diploma has been approved by the General Medical Council (GMC) as the summative assessment for core medical training and the successful completion of the entire three-part examination is a requirement for physicians wishing to undergo training in a medically related specialty in the UK. Internationally, the MRCP(UK) Diploma is also a valued professional distinction in many other countries.

The Specialty Certificate Examinations (SCEs) have been developed in close collaboration with the UK specialist societies. Physicians in training must pass the appropriate SCE in order to gain admission to the GMC Specialist Register. Success in the SCE certifies physicians as having sufficient knowledge of their specialty to practise safely and competently as consultants. The SCEs are a requirement for specialist physicians in the UK and they provide an international benchmark for postgraduate medical education.

MRCP(UK) works closely with the examination teams in the three Colleges and is accountable to the Federation. Staff handle applications, coordinate logistics and communicate results to candidates. The team also works closely with the examining boards, to develop the content of the tests, to set the standards required to pass the exams, and to guide academic development of the exams ensuring that they remain the best. MRCP(UK) monitors performance in the examinations and generates statistical analyses, which are crucial to maintaining academic quality.



MRCP(UK) monitors performance in the examinations and generates statistical analyses, which are crucial to maintaining academic quality.

Internationally, the MRCP(UK) Diploma is also a valued professional distinction in many other countries.

The SCEs are a requirement for specialist physicians in the UK and they provide an international benchmark for postgraduate medical education.





Our stakeholder review provided much information of which we should be proud, with trainees and trainers speaking highly of our examinations.

The range, detail and extent of our work is now such that fluently integrated information technology is a necessity.

Last year, 2,326 clinicians contributed to the work of MRCP(UK)

We continue to extend opportunities to sit the examinations around the world



Welcome...



...from the Medical Director

The past year has seen further success for MRCP(UK): a stakeholder review yielded positive evidence of the quality and validity of our examinations, candidate numbers are now at their highest ever level, and our clinical and non-clinical teams continue to deliver high quality academic, developmental and analytical work.

Our stakeholder review provided much information of which we should be proud, with trainees and trainers speaking highly of our examinations. These examinations play a critical part in driving the learning of our trainees, and the Francis report, the Future Hospital Commission and the Greenaway report on the shape of training continue to guide our thoughts about their content, and the fundamental need to ensure that the doctors we train have a skillset that matches the needs of the patients they will serve.

More than half our candidates now sit the examinations outside the UK. We must therefore appraise our international position in the light of developments in training and assessment in the countries we have historically supported, and the emergence of alternative training models and qualifications in those countries.

We continue to extend opportunities to sit the examinations around the world, and have opened new PACES centres in Myanmar and Brunei. We are also exploring the potential for extending the reach of our specialty certificate examinations to trainees in countries within the European Economic Area. Ensuring that no aspect of our examinations presents any unfair challenges to candidates of any nationality, ethnicity or gender remains a priority.

The continuing inclusion of PACES – a high-stakes clinical skills examination – as part of the MRCP(UK) Diploma sets us apart from some of our international competitors. It also continues to ensure that young clinicians are not only knowledgeable but can apply that knowledge at the bedside, communicate effectively and compassionately, and treat their patients with dignity and respect.

Last year, 2,326 clinicians contributed to the work of MRCP(UK) by writing questions, setting standards, or examining in PACES, and 50 administrative staff further supported the development and delivery of the examinations



in our Edinburgh, Glasgow and London offices. An open and transparent recruitment process ensures that we broaden opportunity to participate and creates a real potential for clinicians to develop longstanding and progressive roles within the organisation.

The range, detail and extent of our work is now such that fluently integrated information technology is a necessity. Major projects to enhance these capabilities have been underway, and although the process has been challenging at times, we are confident that stakeholders will start to experience the benefits within the next year.

Sustaining and enhancing our reputation in the UK and internationally depends on the continuing high quality of our examinations, on their content being relevant to modern medical care, and on all aspects of assessment being fair to all candidate groups. MRCP(UK) has the commitment, the vision and the personnel to achieve these aims and drive the highest standards of medical knowledge and practice for physicians in training around the world.

We thank you for your support in recent and coming years.

Andrew Elder
Medical Director, MRCP(UK)



Stakeholders speak out

Understanding stakeholder opinion is vital intelligence for any modern, forward-thinking organisation. We don't work in isolation and our examinations have an impact on many people, from individual trainees and their patients through to organisations with responsibility for developing, regulating and managing the medical workforce.

The MRCP(UK) Diploma plays a key role in postgraduate medical education and training in the UK. Passing the three-part Diploma examination demonstrates a doctor's readiness for specialty training in the UK, ensuring that they have the right knowledge and skills to practise safely and competently. It is also a high-profile activity for the Federation, in a time of change for medical education and training.

With these responsibilities in mind, in 2013 we commissioned research to explore how the MRCP(UK) Diploma examinations are perceived in terms of standards, academic quality, reputation and service in the UK. Experienced researchers from an independent agency, Cragg Ross Dawson, conducted focus groups and in-depth interviews with NHS physicians at all levels of seniority and from a range of backgrounds.

'The MRCP(UK) Diploma is seen as an essential component of a physician's training and is well respected among the medical profession'

Results to be proud of

Overall, there is much to be proud of in the findings. The MRCP(UK) Diploma is seen as an essential component of a physician's training and is well respected among the medical profession. Physicians say the examinations are difficult and demanding to pass, but appropriately so to ensure that junior doctors are prepared for the rigours of specialty training. The Diploma examinations are seen to increase knowledge and skills by providing motivation for learning. In this way, they are felt to contribute to increased quality of patient care. The research also revealed some areas of concern, and people were forthright in giving their opinions.

Perceived value

Some junior doctors felt that the Part 1 examination was unconnected to day-to-day clinical practice and we have learned that we must articulate the academic rationale behind the content of our examinations more clearly and widely among candidates.

Examination fees were also commonly mentioned, perhaps because most of the work we undertake to produce examinations of the highest quality is not visible. We appreciate that we need to demonstrate the infrastructure and staff required to support continual development of content, examination delivery and the services we provide to our candidates.

Fairness

Some junior doctors in our survey felt examiners do not always make full allowance for accents among candidates whose first language is not English, and that this could count against them.

Our long-standing programme of evidence-based review and academic research is already investigating related concerns raised by stakeholders and this work will continue. One such area is equality and diversity. In 2013 we published a study that demonstrated that we could find no evidence of bias amongst our examiners¹ and will be publishing results of a qualitative study into the language and communication skills of international candidates². You can read more on our website at: www.mrcpuk.org/about-mrcpuk/research

Such analyses signify that MRCP(UK) takes these issues very seriously. We are making every effort to deliver a fair and unprejudiced examination, and to identify evidence of lack of fairness where we can. Requiring evidence of equality and diversity training as an essential criterion that all examiners must satisfy underlines the importance we attach to fairness in all our examinations.

1 McManus IC, Elder AT, Dacre J. Investigating possible ethnicity and sex bias in clinical examiners: an analysis of data from the MRCP(UK) PACES and nPACES examinations. BMC Med Educ. 2013 Jul 30;13:103.

2 Verma A, et al. Cultural dimensions in UK trained doctors and International Medical Graduates ability to manage patients' concerns in the MRCP PACES exam (submitted for publication).

2012		2013	
January	May	September	March
Identified need for qualitative research to understand stakeholder perceptions	Pilot survey of 200 trainers confirms there is overall confidence in the quality of the exam	Research proposal approved by MRCP(UK) Management Board	Commissioned independent research by Cragg Ross Dawson



Balancing authenticity and examination validity

Creating realistic situations is the constant challenge in delivering PACES, and this theme also emerged. Junior doctors said that some patients at Station 5 in PACES cannot always articulate their symptoms clearly, and this made it more difficult for candidates.

A dynamic conversation

Many of the issues raised might be addressed with improved transparency and communication. Through our re-launched

website and interactive presence on social media it is now easier for our stakeholders to talk to us. You can read more about this, and the launch of other digital channels such as our Twitter account, on page 9 of this annual review.

Overall, the research has been a valuable exercise and we are grateful to all of those who took part. The best way we can thank them is to maintain a critical eye on our examinations, improve them whenever necessary, and continue the conversation at every opportunity.

Who we listened to



2014				
April – June	September	January	July	
Cragg Ross Dawson conduct 48 in-depth interviews and five focus groups with participants from across the UK	Final report presented to MRCP(UK) Management Board	MRCP(UK) Examining Boards discuss and evaluate the findings	Research and action plan published on the MRCP(UK) website	



Exams for a global profession

Our examinations offer physicians an opportunity to demonstrate their knowledge and clinical skills against a recognised, international benchmark. In some countries, such as Hong Kong and Singapore, they are formally integrated into postgraduate training, and other countries are considering using the MRCP(UK) Diploma similarly. In many other countries, while the Diploma is not a formal requirement, it is a sought-after credential that is widely considered essential for career progression and certainly confers a significant professional advantage.

Hosting the PACES examination at centres outside the UK, using local patients and pairing UK and local examiners, ensures that the clinical examination is relevant to local clinical practice, prevalent conditions, and ethical considerations. All of our examinations can play a role in each country's continual efforts to enhance patient safety and care.

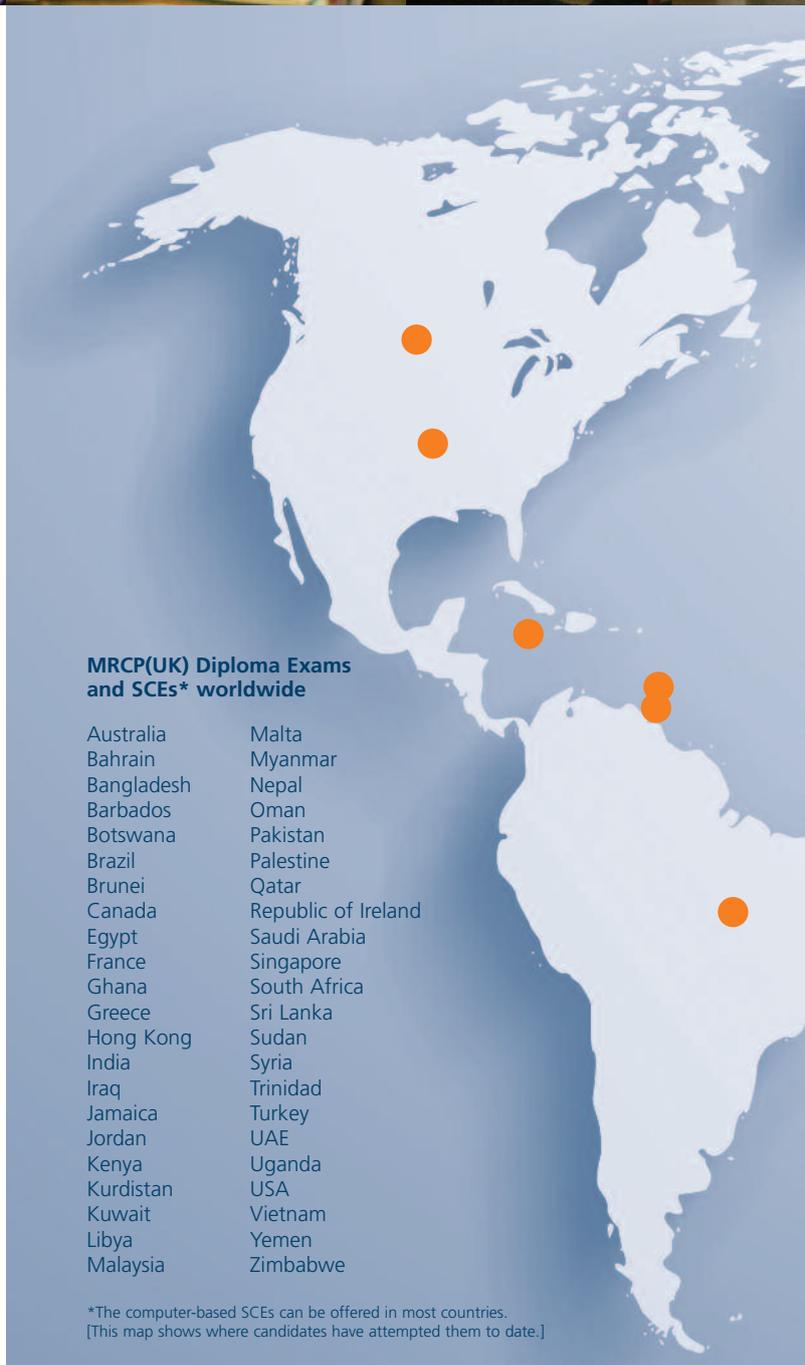
We have been working steadily to offer the examinations to all candidates worldwide who wish to attempt them, and the past year has seen some exciting developments.

A successful pilot of PACES in Brunei was completed in March 2014, in partnership with the University of Brunei Darussalam (UBD) and with excellent leadership from our host, Dr Arif Abdullah. The first live PACES examination at this new centre was then held in the clinical skills facility of the University of Health Sciences in Brunei, in June 2014.

Another successful PACES launch took place in Myanmar. The first 45 candidates were examined in November 2013 and the second diet (also 45 candidates) was held in March 2014. We gratefully acknowledge the contribution of the host examiner, Professor Nyunt Thein, New Yangon General Hospital.

The Specialty Certificate Examinations (SCEs) have also been sparking interest outside the UK, and a two-year pathfinder project is under way, following an agreement between the Federation, the British Society of Gastroenterology (BSG) and the European Board of Gastroenterology and Hepatology (EBGH). During this trial period, MRCP(UK) is providing an examination on behalf of the BSG and the EBGH for specialists and trainees in gastroenterology. Applications opened in December 2013 and 50 candidates sat the examination in April 2014. In the longer term, such ventures have the potential to set a benchmark for Europe, encouraging consistency of specialty practice across borders.

Thanks to these efforts, and earlier work over many years, the number of international candidates is growing rapidly. Demand for the Diploma examination continues to rise faster than capacity, and we will continue our endeavours to make it available to physicians around the world. The challenge now is to maintain a careful balance between accessibility and the maintenance of world-class standards.



'I find the MRCP(UK) Diploma is respected around the world, particularly for its PACES clinical examination, which sets clinical standards for all hospital doctors that their patients need. We are continuing to expand existing PACES examination centres and to open new centres to increase the number of places where candidates can sit PACES outside the UK. I am delighted to work with so many talented and enthusiastic physicians in taking this expansion forward.'

Dr Lawrence McAlpine, MRCP(UK)
International Associate Medical Director



'The MRCP(UK) exam serves as an international benchmark standard for physicians from different backgrounds and learning experiences, and also reminds candidates of the importance of a sound diagnostic and treatment plan for every patient. Its gruelling nature means it is certainly not a pleasant exam preparation, but it is one that is vital to the foundations of a sound physician.'

Dr Eve Anwar, Northeast Medical Group, Singapore

'The MRCP(UK) exams are a good opportunity for career development, especially where a structured training postgraduate programme may not be available. The Diploma is respected all over the world as an objective and professional award.'

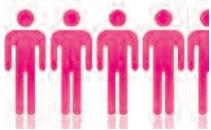
Dr Seif Salem Al-Abri, Oman Royal Hospital

'Looking back, the Colleges have offered pride, intellectual elegance and ethics, educating physicians through many generations. Under the mentorship of Professor Jane Dacre, and as an African lady and female leader in the newly opened Khartoum centre for PACES, I feel ready to catch tomorrow.'

Dr Sarah Misbah El-Sadig,
Soba University Hospital, Sudan

Growth in international attempts

Part 1



2011: 4537



2013: 5490

Part 2 Written



2011: 1854



2013: 3678

PACES



2011: 970



2013: 1485

SCEs



2011: 140



2013: 481



Making time for training

A physician's training is a journey, and postgraduate medical examinations are an essential part of it, providing milestones along the way and confirming the direction of travel.

Consequently, it is vital for MRCP(UK) to stay in constant touch with key issues and organisations in medical training. Our closest partner in this activity is the Joint Royal Colleges of Physicians Training Board (JRCPTB) that sets and maintains standards for physician specialist training in the UK on behalf of the three colleges.

Some of the JRCPTB's duties include:

- ◆ developing the curricula for postgraduate medical training
- ◆ advising on the quality of training programmes
- ◆ monitoring each trainee's progress, and confirming when they are ready for specialist certification.

The increasing pressure on time in the NHS and tension between service demands and the provision of teaching and assessment is a particular issue of concern. This affects trainers as well as trainees and MRCP(UK) are aware that intense service commitments can make it difficult for senior clinicians to work with MRCP(UK) or in other training roles. As job planning has developed it has become apparent that insufficient time has traditionally been designated in consultants' job plans for such roles. In response, the Colleges have lobbied employers and government, reminding them that high quality patient care depends on well-trained doctors and that assessment is a key component of that training.

Pressures on trainees

Research by JRCPTB has revealed that junior doctors are also struggling with the intensity of service pressures. In a published survey³ of 871 doctors in core medical training posts, 90% said that their service duties take up most or even all of their time. With such responsibilities on the wards, some feel less able to study for exams and develop their careers.

Despite this, progression through MRCP(UK) examinations for trainees in core medical posts has improved in recent years but JRCPTB and MRCP(UK) are committed to identify, understand and address any barriers and challenges that compromise trainees, access to top quality training or their performance in their mandatory assessments.

'In a published survey of 871 doctors in core medical training posts, 90% said that their service duties take up most or even all of their time.'

Possible solutions

Straightforward steps could go a long way towards relieving this situation. Some possibilities include:

- ◆ supporting clinicians to integrate clinical teaching with day-to-day clinical service
- ◆ enhancing feedback on performance in examinations to trainers and developing means of supporting trainees who have difficulty with such examinations
- ◆ reinvigorating local PACES teaching courses in hospitals where trainees work. Such courses are currently available to fewer than half of the trainees (47%) who responded to the survey.

Trainees in the NHS can feel unsupported, and changes in work practice in some areas have removed valuable peer guidance. We must find ways to recognise and celebrate professional achievements as junior doctors progress through their training, and ensure that we listen to, hear and act upon their concerns.

3 Tasker F, Newbury N, Burr B, Goddard AF. Survey of core medical trainees in the United Kingdom 2013 – inconsistencies in training experience and competing with service demands. *Clinical Medicine* 2014; 14(2):149–56.





Launching our new website

It's midnight in Edinburgh. During his night shift, a trainee takes advantage of a welcome break in his duties on the ward, to check on the status of his application for one of the MRCP(UK) Diploma examinations. Everything is running on schedule so while he is at the computer, he can switch over to the hospital's system and put in his request for study leave.

At the very same moment, another young doctor in Hong Kong takes a moment to pay the fee for her upcoming Diploma examination. In Egypt, a third doctor is sharing her results from the Specialty Certificate Examination with her supervisor.

Making all of this activity possible is the new MRCP(UK) website, which was re-launched early in 2014. Visitors will immediately notice the modern new look, and they will find it much easier to navigate.

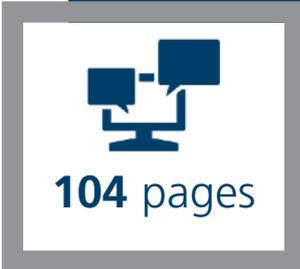
Operating quietly behind the public face of the MRCP(UK) website, there are sophisticated new functions that allow us to provide a more efficient and convenient service for candidates, and for the physicians who contribute to the development, delivery and governance of our examinations.

Among the latest changes are enhanced features in My MRCP(UK), the account facility for candidates. Most candidates can now apply online, track their application, update their contact details, and view their examination results.

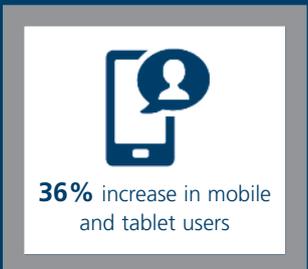
These facilities are available to UK and international candidates sitting the MRCP(UK) written examinations, and the Specialty Certificate Examinations (SCEs). Candidates attempting the MRCP(UK) Part 2 Clinical Examination (PACES) in the UK can also apply online and obtain their results. Additional online services for PACES candidates in the UK and at international centres are in development.

We're also increasing our use of digital media at a rapid pace. Candidates, examiners and other stakeholders can find videos on YouTube, and updates on our Twitter feed @mrcpuk. Through the website and other communications activities, we are encouraging visitors to share items of interest from the website with their peers and colleagues, through these and other social media platforms.

These developments represent a step change in our digital presence and the convenience of our services, and we will continue to harness technology to support and stay connected with all of our stakeholders. Ultimately, the aim is for a seamless experience, tailored for each individual and fitting effortlessly into the busy professional lives of physicians around the world.



'We're also increasing our use of digital media at a rapid pace.'



'Most candidates can now apply online, track their application, update their contact details, and view their examination results.'

Statistics are for 12 months



Assuring academic quality

Our examinations are an integral part of postgraduate medical education in the UK, and an objective measure of a physician's knowledge and skill. They make a crucial contribution to patient care and safety, so it is vital to maintain high academic standards.

To this end, we work closely and in a transparent manner with our regulator, the General Medical Council (GMC), to monitor and where necessary update our policies. We also undertake evidence-based evaluations of our examinations.

SCE pass mark review

One recent change has been resetting the pass mark standard for the Specialty Certificate Examinations (SCEs), using the UK cohort as the reference point.

The growing attraction of these examinations outside the UK during the past few years indicates international confidence in their reliability as assessments of specialist knowledge. However, the SCEs are designed for UK trainees and do present a greater challenge to those whose first language is not English, and who are working in other healthcare systems. This is reflected in an average pass rate among international candidates that is considerably lower than the rate achieved by UK trainees.

The pass mark for each SCE is based on the recommendation of a careful criterion-referencing exercise, informed by candidate performance, and until 2013 this procedure took into account results from all candidates sitting the examination, whether in UK or international centres. However, the pass mark in certain specialties was falling yearly, owing to a decline in average performance after candidates who had not previously passed MRCP(UK) became eligible to sit the SCEs. This observation led MRCP(UK) to recommend that in future, the performance of UK trainees alone should inform the final mark. The GMC agreed to this proposal, and the change was implemented from the start of 2014.

'The change to the SCE pass mark will ensure that the examinations continue to be robust assessments, reinforcing confidence among patients that successful candidates have the knowledge necessary to provide specialist care of an appropriate standard.'

Dr John Mucklow,
Associate Medical Director for Written Examinations, MRCP(UK)

PACES evaluation

The past year also saw an evaluation of Station 5 in the MRCP(UK) Part 2 Clinical Examination (PACES). In 2009, a new format was introduced for this scenario-based element of the examination, to increase the clinical range of material covered, and to allow an integrated assessment of communication and clinical examining skills.

In 2013, a team from all three Colleges, including senior examiners, hosts, administrative staff and a trainee representative, carried out a planned review of the new format. They considered a range of quantitative and qualitative evidence, including surveys and feedback from senior physicians and candidates, and information from appeals lodged by PACES candidates. The team concluded that the new Station 5 is meeting the objectives of the updated format. They also suggested improvements to ensure best use of scenarios, prepare patients and surrogates, and cover a balance of acute and chronic medical conditions. Work to implement the findings has already commenced, starting with the development of new guidance for examiners.

'Our rigorous review processes ensure that PACES remains one of the foremost summative assessments of clinical examining skills in the world. They also maintain an examination that is fair to candidates, relevant to the modern workplace and fit for purpose. The benefits to patients include clinical care that is safe and high quality.'

Dr Kenneth Dagg,
Chair, MRCP(UK) Clinical Examining Board





Managing 30,000 questions

When a trainee physician passes one of our examinations, this success is the result not only of their performance on the day, but also the culmination of many hours of rigorous preparation. So it is with the examination paper itself, which follows months of research, discussion, statistical analysis, peer review and editing.

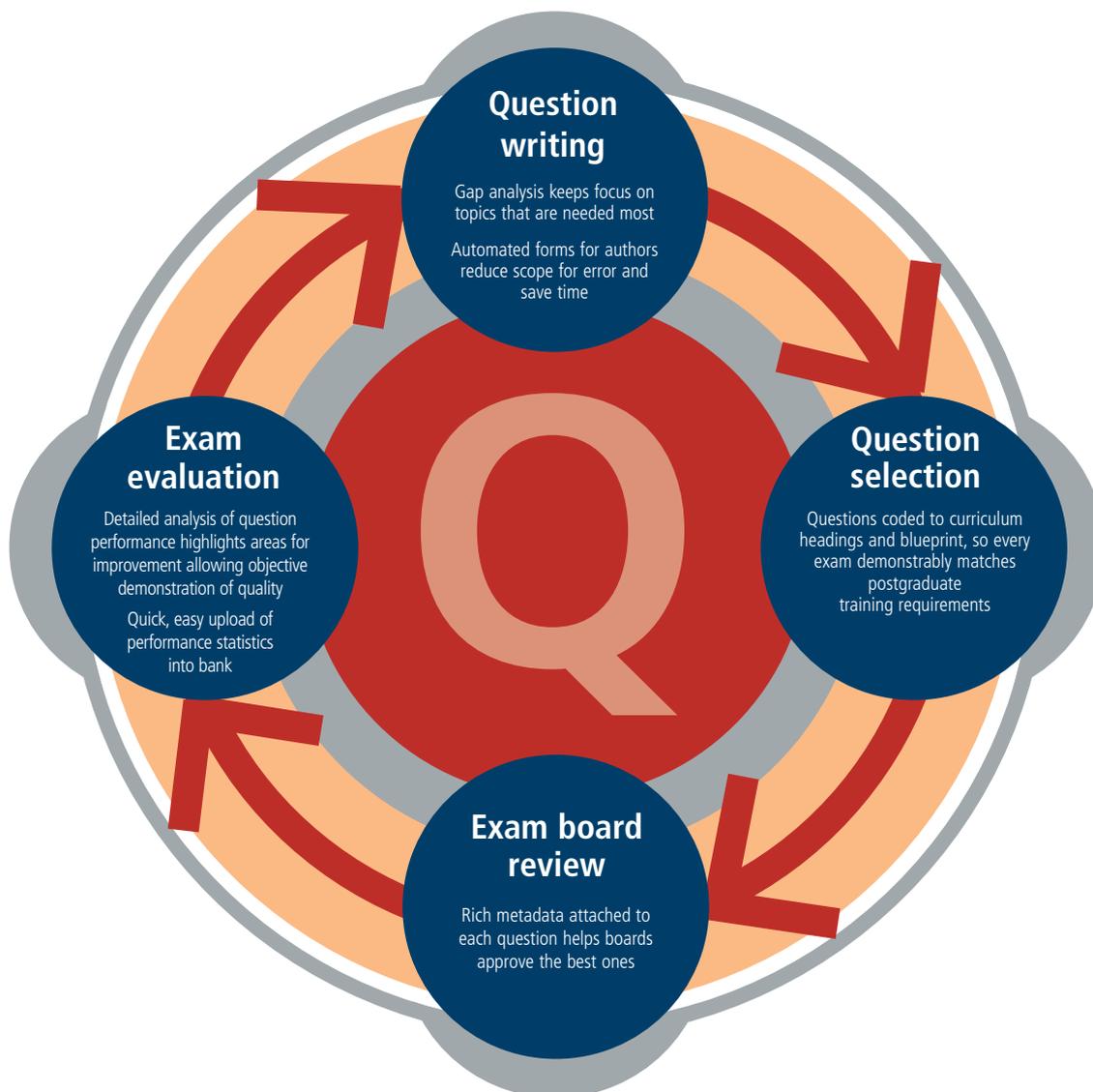
Preparing our written examinations involves hundreds of experts: mainly physicians, but also editors, statistical experts and administrators. A closer look at our range of written examinations helps to illustrate the sheer size of this task:

- ◆ MRCP(UK) Part 1 Examination (600 questions required each year)
- ◆ MRCP(UK) Part 2 Written Examination (810 questions per year)
- ◆ Specialty Certificate Examinations (2,400 questions every year).

To produce all of these papers on a regular basis, we maintain a bank of more than 30,000 questions. We have been upgrading our technology and database to manage this content, and to automate many of the associated processes. All of our questions have been moved to the new question bank, while the old one continues to run alongside it for a failsafe transition. Our team will continue to migrate the examinations in a careful fashion, testing and validating each part of the changeover.

We have now used the new system to create an in-house pilot examination, and have progressed to using the question bank to assemble selected SCE papers for consideration by the examining boards.

It is painstaking work, but ultimately this new system will save valuable time for our clinicians, and enhance the quality of our examinations.





Improving diversity and representation

Hundreds of physicians volunteer their time and expertise to produce and monitor our examinations, which are integral to postgraduate medical training and quality assurance in patient care. In addition to members and fellows of the three Colleges, we also seek input from trainee and lay members, and experts in psychometrics, ethics and communications.

We operate a recruitment policy that balances continuity of leadership with a steady flow of fresh perspectives. Each term for board members runs for five years, and vacancies open on a rolling basis. This means that at any one time, there are opportunities to come forward and take on a role in the examinations. The boards include:

- ◆ MRCP(UK) Part 1 Examining Board
- ◆ MRCP(UK) Part 2 Written Examining Board
- ◆ MRCP(UK) Part 2 Clinical Examining Board (for PACES)
- ◆ Scenario Editorial Committee (for PACES)
- ◆ SCE Examining Boards (one for each of 12 specialties).

It is vital that our leadership should reflect the profile of the profession, and we encourage applications from qualified physicians of all backgrounds.

Our annual census of examiners – which includes board members – provides a dashboard to show how well we are progressing towards this goal. The 2014 census indicates that 20.1% of our board members are female. According to April 2014 statistics from the General Medical Council, 43.9% of all licensed medical practitioners in the UK are women, as are 31.8% of doctors on the specialist register.

We participated in the British Medical Association review of equality and diversity,³ and we regularly monitor and publish statistics for candidates, examiners, question writers and

³ British Medical Association. 2014. Examining equality: A survey of royal college examinations – Progress review. www.bma.org.uk

board members, and are extending this work to surrogates. You can view the figures for candidates on our website: www.mrcpuk.org/about-us/research/exam-pass-rates

This year, we have introduced an optional question about ethnicity in the census. We are also piloting the collection of data on all characteristics protected under equality legislation for candidates.

To remove some potential barriers, this year we invited College members as well as fellows to become PACES examiners. We also aim to offer flexibility, for physicians who must balance professional and personal responsibilities.

The benefits flow both ways, and physicians who join in MRCP(UK) roles often mention the opportunities for professional development, networking and collaboration. If you would like to become involved in the examinations, please visit our website at: www.mrcpuk.org/get-involved. Encouragement from others can be a deciding factor, so please do mention these opportunities to colleagues, too.

'I was encouraged to apply for the post by a previous trainee representative who had found their time on the exam board interesting and rewarding. I'm looking forward to getting started and hope to develop my role in exams and education.'

Dr Arrianne Laws,
ST3 Rheumatology, Ninewells Hospital, Dundee

'I have had the pleasure of being a member of a Specialty Question Group and have recently been recruited to the Part 2 board. It's a privilege to be part of the system that ensures a legacy of high quality physicians. It is also fabulous CPD and great fun. It is enlightening to see first hand the immense amount of work and scrutiny that goes into the MRCP(UK) examinations, and I would strongly encourage anyone with an interest in education and training to apply.'

Dr Sushmita Pearce, Consultant in Diabetes, Endocrinology and General Medicine, Royal Albert Edward Infirmary, Wigan

'It is a great privilege to be involved with PACES. Although it can be intensive, the opportunity to update knowledge, meet colleagues from around the UK (and abroad if you examine internationally) whilst contributing to a world-renowned practical clinical examination is hugely rewarding. Women are under-represented – please do join the team!'

Dr Liz Berkin,
Consultant Cardiologist, Leeds General Infirmary



Welcome

A warm welcome is extended to new members who have recently joined our boards.

Management Board

Dr Chloe Broughton (trainee representative)
Dr Rahul Mukherjee (trainee representative)
Dr David Steel (lay representative)

SCE Steering Group

Dr Jim MacFarlane (trainee representative)

Joint Curricula and Assessment Committee

Dr John Ong (trainee representative)
Dr Maria Slade (trainee representative)

MRCP(UK) Part 1 Examining Board

Dr Arriane Laws (trainee representative)
Dr Amar Puttanna (trainee representative)

MRCP(UK) Part 2 Written Examining Board

Dr Zor Maung
Dr Sushmita Pearce
Dr Sivakumar Sathasivam

Endocrinology and Diabetes SCE Standard Setting Group

Dr James Ahlquist
Prof Simon Pearce

Gastroenterology SCE Examining Board

Dr Penny Neild
Dr Terry Wong

Geriatric Medicine SCE Standard Setting Group

Dr Terry Aspray
Dr Kyra Neubauer

Infectious Diseases SCE Examining Board

Dr Sani Aliyu
Dr Julia Greig

Medical Oncology SCE Examining Board

Dr Ellen Copson
Dr Lesley Dawson
Dr Jackie Newby

Nephrology SCE Examining Board

Dr Neal Padmanabhan (Chair)
Dr Aroon Lal (Medical Secretary)

Neurology SCE Examining Board

Dr Anish Bahra

Palliative Medicine SCE Examining Board

Dr Emma Husbands
Dr Ollie Minton
Dr Cate Seton-Jones

Respiratory Medicine SCE Examining Board

Dr Ben Creagh-Brown
Dr Trevor Rogers

Thank you

Thanks are due to demitting members, for their hard work and dedication. (This list was correct at the time of going to press).

Management Board

Mr John Breckenridge (lay representative)

SCE Steering Group

Dr Daniel Bayliss (trainee representative)

MRCP(UK) Part 1 Examining Board

Dr Euan Cameron (trainee representative)

MRCP(UK) Part 2 Examining Board

Dr Jane Tighe

Acute Medicine SCE Examining Board

Dr Mark Poulson

Gastroenterology SCE Examining Board

Dr Jonathan Green

Infectious Diseases SCE Examining Board

Dr Philip Gothard
Dr Martin Llewelyn

Medical Oncology SCE Examining Board

Dr Helena Earl

Neurology SCE Examining Board

Dr Michael Rose
Professor Phil Smith

Palliative Medicine SCE Examining Board

Dr Stephanie Gomm
Dr Rachel McCoubrie

Respiratory Medicine SCE Examining Board

Dr Rosalind Green
Dr Gerard Phillips

Copywriting: Colleen Shannon, Freelance medical writer

Design: Chris Hewitt, WLG design

Photography: Rupa Photography

Production: Ruth Lorimer

Printed by: Latimer Trend

Published for the Federation of Royal Colleges of Physicians of the UK by MRCP(UK)

© 2014 Royal Colleges of Physicians

MRCPUK

Membership of the Royal Colleges of Physicians of the United Kingdom



ANNUAL REVIEW 2014

**Royal College of
Physicians of Edinburgh**
Educating doctors, improving care.



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



**Royal College
of Physicians**