

MRCPUK

Membership of the Royal Colleges of Physicians of the United Kingdom



ANNUAL REVIEW 2015



Contents

About MRCP(UK) 1

Welcome from the medical director 2

Opening our doors to quality: inviting external scrutiny 4

Commitment to fairness: equality and diversity 6

International partnerships: examinations and training around the world 8

Support for training: benefits for candidates and their trainers 10

Our people: clinical leadership, appointments and thank you 12

MRCP(UK)

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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 with the examination teams in the three Colleges and is accountable to the Federation. Staff process applications, coordinate logistics and communicate results to candidates. The teams also work closely with the examining boards to:

- develop the content of the tests
- set the standards required to pass the examinations
- guide academic development of the examinations ensuring that they remain the best.

MRCP(UK) monitors performance in all the examinations and generates statistical analyses, which are crucial to maintaining academic quality. MRCP(UK) also collaborates with academics in medical education and psychometrics, who use the data to publish work in their field.





The focus over the past year has been on systematic quality review, the fairness of our examinations and the relevance of their content ...

Welcome from the medical director

At a time of considerable change in healthcare and medical education, one thing at least remains constant – the need for high quality assessments of the knowledge and bedside skills of our doctors in training.

MRCP(UK) is proud to continue to provide such assessments and in 2014 more than 20,000 aspiring general physicians or specialists sat our examinations in over 40 countries.

The focus over the past year has been on systematic quality review, the fairness of our examinations and the relevance of their content.

We held our first external quality review meeting, in which lay people, trainees and representatives of diverse candidate groups gathered to interrogate our processes, our pass standards and our pass rates. Internally, we continued to restructure our monitoring and reporting of key performance indicators.

Everyone wants assessment to be fair. We have continued to collaborate with

stakeholders to ensure that our examinations do not unfairly disadvantage specific candidates or candidate groups. We have published research, which shows no evidence of unfair ethnic or gender bias within our clinical examinations, and we continue to seek and research other factors that may contribute to differences in performance. It is increasingly clear that support and guidance for trainees in the workplace, be that in preparation for high-stakes examinations, their training in general, or their integration into UK medical or broader social culture, is a vital part of the solution.

High-stakes examinations are powerful educational tools and it is often said that assessment drives learning. This brings a responsibility to ensure that the content of our examinations directs young doctors towards the knowledge and skills that our patients desire and need. The imminent changes to postgraduate training in the UK, outlined in the Shape of Training report led by Professor Greenaway, present a real opportunity to tailor curricula and their linked assessments to modern medical practice. We will ensure that MRCP(UK) examinations are complementary to the more formative learning experiences that occur in the workplace.

International uptake of our examinations continues to develop. However, we recognise that international employers and regulators increasingly seek evidence of high quality training in addition to passage through stand-alone examinations when considering young doctors for promotion, employment or further training opportunities. Therefore, we are working with our sister organisation the Joint Royal Colleges of Physicians Training Board, and our international partners, to adapt and extend our model of postgraduate medical training to benefit doctors and patients in other countries.

MRCP(UK) seeks to deliver examinations that are fair, relevant and of the highest possible quality. Achieving this requires commitment, enthusiasm, effort and expertise. I thank all the clinicians and staff who have worked together to create and deliver a suite of examinations that are vital in maintaining standards of care for an inestimable number of patients around the world.

Dr Andrew Elder
Medical Director, MRCP(UK)



Opening our doors to quality: inviting external scrutiny

Academic quality is our top priority, because our qualifications are trusted by so many people. The career stakes are high for candidates. Employers need to know they are hiring safe and competent doctors. Above all, patients have a right to expect the highest standards of care, from doctors who are knowledgeable, skilled and dedicated to their welfare.

To meet this responsibility, we make it a matter of routine to consult widely, share our data, and listen to ideas for continuous improvement.

We also believe that assessments are an integral part of training. Therefore we seek to influence our peers, for example through representation on key working

groups organised by the Academy of Medical Royal Colleges. We are also working with the Joint Royal Colleges of Physicians Training Board (JRCPTB) to stay abreast of, and have an impact on, the training agenda (please see page 10).

Voices at the table

One of our key advances this year was to invite external representatives to join our MRCP(UK) Standards Advisory Review Group (MSARG), which met for the first time in February 2015. The purpose of the group is to gain an objective, outside view of MRCP(UK) quality management, and the pass standards required in our Diploma examinations.

Invitations were accepted by a wide variety of stakeholders, including the Conference of Postgraduate Medical Deans (COPMeD), NHS Employers, and some of the individual deaneries. We were also pleased to welcome others

representing the interests of trainees, the public, and diverse groups of candidates, including international medical graduates. An independent expert on psychometrics and a representative from JRCPTB completed the group.

The pass standards and pass rates for all components of the MRCP(UK) Diploma were agreed to be appropriate.

Recommendations from the meeting included:

- reviewing the Part 1 examination to ensure its scientific content remains clinically relevant (although the emphasis on clinical science, and the format, should remain)
- considering ways to reduce the number of papers and the length of the Part 2 Written examination
- increasing patient involvement in the Part 2 Clinical examination (PACES).

A pilot project to test active involvement of surrogates in assessing candidates has already been conducted, and analysis of the data is underway.

Academic quality is our top priority ...



Getting it right

To ensure that we are testing the right things, we use the coding in our question bank to map our examinations to the UK training curricula and demonstrate which parts of our examination test them. From time to time, we also need to adjust the pass mark for an examination, to ensure it remains at the right standard. We did this in 2015 for the MRCP(UK) Part 1 examination, raising the pass mark from 521 to 528.

The group confirmed that PACES remains a good test of core bedside clinical skills, and that the scoring system and passing standards should remain as they are.

Members were impressed by the work undertaken to investigate the issue of differential attainment (where some groups of candidates, for example from a particular gender or ethnic background, achieve higher scores than others – please see page 6). They encouraged us to develop this further.

'I was very pleased to have been invited to attend the recent MSARG meeting. It was good to see the Colleges being so willing to be open to discuss and receive feedback on their quality. It shows a genuine desire to ensure that the MRCP(UK) examinations remains fit-for-purpose and an international benchmark of academic and clinical knowledge and skills.'

Dr Inam Haq

Director of Undergraduate Studies and Reader in Medical Education and Rheumatology, Brighton and Sussex Medical School

'Maintaining the standards of key examinations such as MRCP(UK) is essential to achieving and maintaining the highest quality healthcare that the NHS can deliver. However, it is also important that those standards meet the needs of employers within the NHS, ensuring that we are training the right number in the right specialties, and delivering fully-trained doctors with the right skills to meet the healthcare needs of today's patients. It was therefore an excellent opportunity that, as the voice of employers for the NHS in England, I was able to contribute to the annual standards review. With all parts of the examination considered, it truly was a thorough review and I look forward to participating again in the future.'

Sarah Parsons

Medical Workforce Manager, NHS Employers

Members were impressed by the work undertaken ...

Listening



Developing



Commitment to fairness: equality and diversity

If any examination is to have real value, it must be fair. This is particularly important for our postgraduate medical examinations, where the stakes for safe patient care and successful medical careers are so high.

Differential attainment – meaning that some candidate groups perform less well in examinations than other groups – has been recognised in the UK for some time in a range of disciplines, including medicine, from performance in medical school through to competition for training posts and beyond.¹

Mindful of this, we take seriously our responsibility to ensure that no aspect of the generation or delivery of any of our examinations could contribute to the issue.

Understanding the issues

To solve a problem, we first need to understand it. For several years, we have been gathering detailed self-

1 Woolf K, Potts HW, McManus IC. *Ethnicity and academic performance in UK trained doctors and medical students: systematic review and meta-analysis.* BMJ 2011;342:d901.

declared data about candidate characteristics such as gender and ethnicity, and relating these factors to performance in our examinations.² These data are published openly on our website. We gather similar information about our examiners, through our annual census, and ultimately we want to monitor all protected characteristics for candidates and examiners alike. In addition to enabling comparison of outcome for different candidate groups, this will allow us to ensure that no barriers exist to the participation of examiners from any specific background.

Our approach has allowed us to publish peer-reviewed research on fairness and equality in examinations. A recent publication found no evidence of systematic ethnic or gender bias in our clinical skills examination, PACES.³

Our data also informed the General Medical Council's 2015 report⁴ on

2 Dewhurst NG, McManus C, Mollon J, Dacre JE, Vale AJ. *Performance in the MRCP(UK) Examination 2003-4: analysis of pass rates of UK graduates in relation to self-declared ethnicity and gender.* BMC Med 2007;5:8.

3 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;13:103. To see our extensive portfolio of academic publications, including research on differential attainment, please visit our website at www.mrcpuk.org/about-mrcpuk/research

4 See the GMC report about factors affecting progression of doctors through training on the GMC website: www.gmc-uk.org/education/25495.asp

progression of doctors in training, and was presented at the British Medical Association (BMA) Symposium on Ensuring Fairness in Clinical Training and Assessment.

We are also committed to promoting understanding on an individual level. Although equality and diversity training is widely available, some of our examiners have indicated difficulty in accessing it in their workplace, and we are now developing a bespoke online programme to meet this need.

Listening to stakeholders

To achieve genuine equality and fairness, we work to establish relationships with our stakeholders, hear their views, and act to address any concerns they hold. We meet regularly with representatives from the BMA Junior Doctors Committee and the British Association of Physicians of Indian Origin (BAPIO) and have gained many insights, particularly into how culture and language can affect learning styles. We have revised our website to make it more accessible for international medical graduates (IMGs), and appointed representatives of both IMGs, and candidates from black and minority ethnic backgrounds to our key

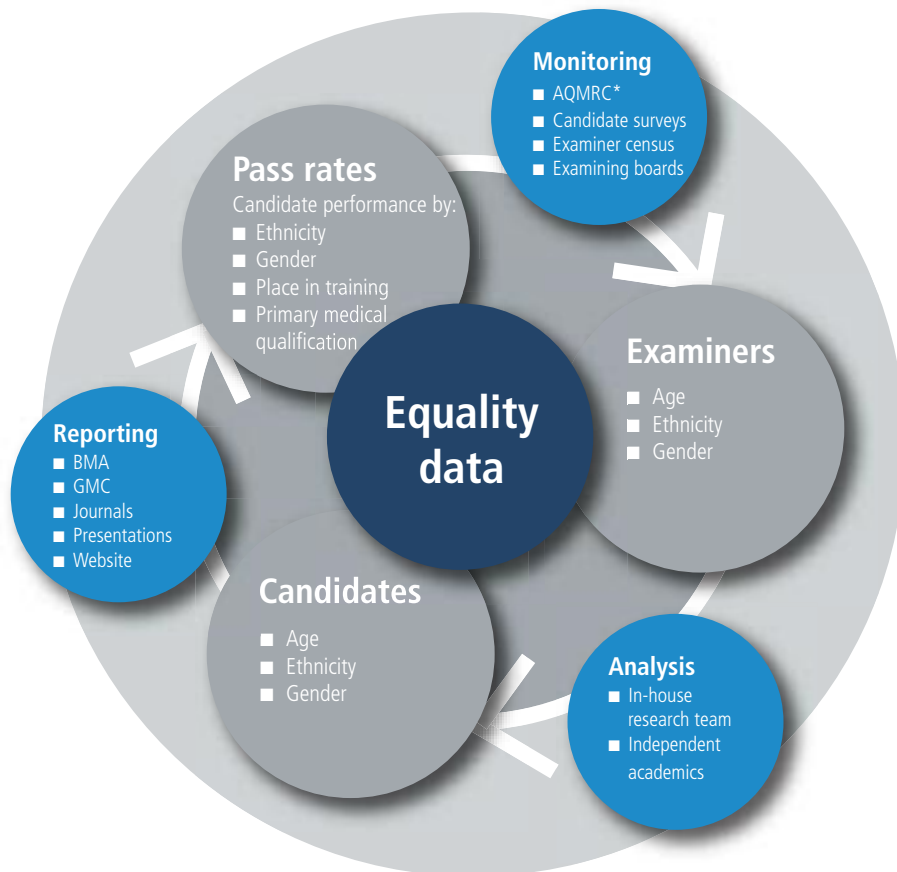


external examination review body, the MRCP(UK) Standards Advisory Review Group (see page 4).

Beyond examinations

Our own work, the work of others in the UK and the experience in other international training systems, suggests that factors outside the examination setting contribute to differing performance in different candidate groups. We therefore support the work of the Academy of Medical Royal Colleges (AoMRC) and our partner organisation, the Joint Royal Colleges of Physicians Training Board, to provide enhanced advice regarding examination timing and preparation to all trainees, and to identify and provide early support for those who have difficulty in passing examinations.

Ultimately, our examinations are about people – trainees, their trainers, and their patients. As we operate in increasingly diverse populations, we are resolved to work with our UK and international partners to identify and minimise any source of disadvantage and maximise the potential of every doctor in training to succeed in the examinations.



*Academic and Quality Management Research Committee

If any examination is to have real value, it must be fair ...



International partnerships: examinations and training around the world

We are increasingly delivering our examinations outside the UK, and international candidates tell us how much they value this educational opportunity, and the qualifications in which they take great pride. Our senior colleagues confirm how much the examinations are respected by educators and employers.

Encouraged by this success, we are now taking our international activities to a higher strategic level, with the aim of integrating our examinations within local postgraduate medical training programmes. In Europe, we are also exploring specialist medical qualifications that cross borders. Meanwhile, we continue expanding international capacity for the delivery of our written

and clinical skills examinations, and we are harnessing communications technology to stay in touch with our valued international partners.

Integrated training partnerships

We believe that examinations to assess knowledge and clinical skills, along with teaching, supervision, and workplace evaluation, form an integral part of training that prepares competent physicians for independent practice.

That is why we have teamed up with our sister organisation, the Joint Royal Colleges of Physicians Training Board, to explore comprehensive training and examination partnerships beyond the UK.

In the past year we met with colleagues from Iceland and Sri Lanka, at an event hosted at the Royal College of Physicians of London, to explore the development of accreditation programmes in these countries. The focus was on core medical training (CMT), and the three Diploma examinations (Part 1, Part 2 Written and PACES) would be part of this complete package.

Similar discussions are underway in other countries, and we look forward to a very exciting year ahead.

European initiatives

Many physicians work across borders in Europe, and this year has seen progress towards common qualifications that can travel with them.

In a two-year pathfinder project, we have been providing a specialty examination on behalf of the British Society of Gastroenterology (BSG) and the European Board of Gastroenterology and Hepatology (EBGH). Representatives of the EBGH have contributed extensively to the examining board meetings and question writing and standard setting groups.

Candidate numbers nearly doubled in the second year of the pathfinder: 50 candidates sat the examination in 2014 and this increased to 95 in 2015.

The examination has already been adopted as a mandatory element of higher specialist training in Switzerland, a welcome move that is in line with our vision of an integrated approach to training and assessment.



Collaborating

Expanding

255

more international
PACES places

'Preparing for PACES is an exciting experience. I have learned a lot and after passing the exam, I started to help and teach my junior colleagues. Passing PACES will pave my way to higher training opportunities.'

Dr Hala Ibrahim AbuElhassan AbdAlla

Ibn Sina Hospital, Ahfad University for Women, Khartoum, Sudan
– achieved full marks in PACES.

'MRCP(UK) is an internationally respected examination of clinical knowledge, skills and communication. Increasingly this is linked to a requirement to demonstrate a period of recognised training in internal medicine. MRCP(UK) is working with regulators to facilitate this integration.'

Dr Donald Farquhar, International Associate Medical Director, MRCP(UK)

Now that the initial pathfinder has come to an end, we are talking to our partners about next steps.

In addition we are exploring the possibility of pan-European qualifications in other specialties including neurology and nephrology.

Expanding capacity

Alongside these new initiatives, we are also expanding our capacity to bring the MRCP(UK) Diploma within reach of more doctors, in more countries.

An inspiring example has been Myanmar, where partnerships are blossoming. In 2013, the first PACES examination was held in New Yangon General Hospital. Interest has been keen, and in 2015, an additional PACES centre opened at Mandalay General

Hospital, hosted by Professor Aye Aye Chit. This centre will offer 45 places in each examination cycle.

Partnerships in the Middle East have also been fruitful, with the opening of a new PACES centre at Hamad General Hospital in Doha, Qatar. The hosts there are Dr AA Gehani and Dr Wanis Ibrahim, and their dedicated team was assisted on site by senior staff from the Royal College of Physicians of Edinburgh. A pathfinder in October 2014 was very successful, the examination went live in December and a second diet took place in April 2015.

Launching these new centres has been characterised by a strong sense of camaraderie and shared learning – which is what our international partnerships are all about.

Virtual conferences

Working side by side with our PACES hosts provides a valuable opportunity to build relationships and a sense of common purpose. However, it is a busy time, and everyone is focused on delivering the examination. In order to learn more about what our partners need, and discuss practical improvements, we have launched a series of teleconferences with our international PACES hosts. This allows for conversations outside the hustle and bustle of examination days, and it is proving to be a useful new activity. Teleconferences with our colleagues from Oman, Brunei, Chennai and Hong Kong have already taken place, and we look forward to talking with all of our partners on a regular basis.

We are increasingly delivering our examinations outside the UK ...



44

countries
worldwide

Inspiring

'MRCP(UK) is a very highly respected qualification in Oman and other countries. There is great demand for the examination all over the world. It is well respected by employers when they recruit doctors for training posts or senior jobs.'

Dr Seif Salem Al-Abri
Lead PACES Examiner in Oman

Support for training: benefits for candidates and their trainers

Our examinations are woven into the fabric of medical training. They assess the desired skills and knowledge, guide doctors in their studies, and tell us how well individuals – and even entire cohorts – are progressing.

This is why we work with medical educators to ensure a close match with the curricula, and provide data that can support training on an individual and local level. We also use our influence to promote national policies to benefit training and patient care.

Data for development

We collect a wealth of data on candidate performance, and analysis from our research team gives it context. We share these analyses with various stakeholders so they can spot trends, see how training in their locality measures up, and identify areas where trainees may need more input and support.

To give one example, as part of our commitment to transparency in our processes, and in the spirit of helping candidates prepare for their examinations, we have recently published data on performance by topic for each of our Specialty Certificate Examinations. This information may also be of interest to deaneries and educational supervisors as they help their trainees prepare for the examination, and will help inform examining board members in maintaining the examination standards. We have prepared similar data for the Diploma examinations, and this information has now been provided in our regular examination performance updates for the Local Education and Training Boards in England, and the deaneries in Wales and Scotland.

Quality standards for training

We also work with the Joint Royal Colleges of Physicians Training Board (JRCPTB), which sets and maintains standards for training on behalf of the three colleges in the Federation. One of JRCPTB's recent achievements has been the introduction of quality criteria for Core Medical Training (CMT). These clear standards are designed to improve the educational experience for trainees, and drive up the quality of the training environment.

The quality criteria were inspired by feedback from trainees, who told JRCPTB that the pressures of their service commitments were crowding out time for educational activities. The criteria were developed with input from trainers and trainees, after broad consultation.

The CMT quality criteria cover four domains:

- structure of the training programme
- delivery and flexibility
- supervision and support for trainees
- good communication.

Among the detailed recommendations, the criteria call for bleep-free cover arrangements to allow protected learning time. This will give trainees more opportunities to attend outpatient clinics and other learning events, including clinical skills development for PACES. We are very encouraged by this reminder that hard-working junior doctors need time in their working lives to learn and progress with their training.

Support and monitoring

Localities are being encouraged to review what they are providing for trainees, and reflect on ways to enhance the learning

Quality

Development

Training



environment and the opportunities on offer. To this end, JRCPTB produced a comprehensive package of resources designed to support implementation of the quality criteria, which was sent to all heads of school for local discussion and distribution.

Implementation of the criteria will also be monitored through the General Medical Council's annual trainee survey.

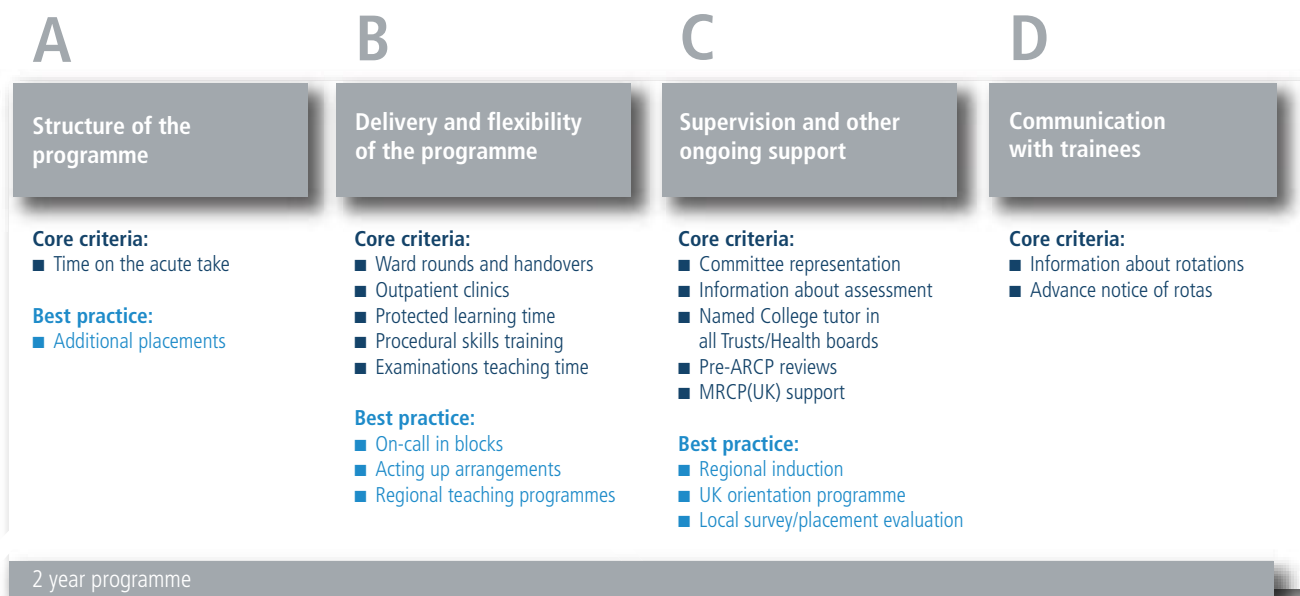
Simply asking the question should encourage trainees to find out more about what is available locally, and give extra thought to their experience of training and how it could be improved. Publication of the overarching findings will indicate where there are strengths to build on, and weaknesses to address.

Ultimately, a supportive environment for training will benefit patient safety and

care. In the immediate term, for example, skills learned in a simulation workshop carry over onto the wards and give junior doctors more confidence. Looking further ahead, this initiative is about training the consultants of the future and ensuring they have the skills, sensitivity and judgment to lead their own teams effectively and with assurance.

Quality criteria for CMT – overview

The diagram here gives an overview of the elements covered within each domain of the CMT quality criteria. The aim is to ensure that trainees have ongoing support and sufficient exposure to learning opportunities that will allow them to become well-rounded, confident and proficient consultant physicians. For more details, please visit www.jrcptb.org.uk



Supporting



Our people: clinical leadership, appointments and thank you

Medical training in the UK is due for significant changes in the next few years, and we are actively involved in shaping and implementing this transformation. Meanwhile, our international work is opening new doors around the world, and maintaining our high academic standards is becoming an increasingly complex task.

To stay ahead of these challenges, we have restructured and strengthened our clinical leadership roles. This includes the creation of a new post, Associate Medical Director (AMD) for Quality. The physician in this role will build on the capabilities of our in-house research and policy teams, and ensure that academic quality remains embedded in all our work.



With the new appointments, the team is structured as above.

Three highly valued medical leaders demitted from their posts this year:*

- Dr Lawrence McAlpine, International AMD
- Dr John Mucklow, AMD for Written Examinations (see right)
- Professor Trudie Roberts, AMD for Academic Quality.

We would like to thank them all for their years of outstanding service.

*You can read profiles of our demitting AMDs on the website, and biographies of our new AMDs are in progress for publication on the same page. Please visit: www.mrcpuk.org/about-us/publications/newsletters

Professor Jane Dacre, President of the Royal College of Physicians of London, who worked alongside Dr Mucklow on the examinations said, 'Dr Mucklow has provided an extraordinary contribution to UK medicine, in particular via his support for the MRCP(UK) examinations. His strategic thinking has shaped several innovations to the examinations over many years. He has been a wonderful colleague, and loyal friend to the Royal College of Physicians of London.'

Outstanding contributions

In recognition of his contribution to the MRCP(UK) examinations over the years Dr John Mucklow is due to receive the President's Medal from the Royal College of Physicians of London. It is a rare honour, and the Medal will be presented at the Harveian Oration on 15 October 2015.



Appointments and thank you

Thanks are due to our demitting officers and board members, for their hard work and contributions. A warm welcome is also extended to our new board members.

MRCP(UK) Part 1 Examining Board

Thank you

Dr Ray Fox (Chair)
Dr Nigel Reynolds (Medical Secretary)
Dr Tom Brown
Professor Sue Carr
Dr Ken Lim
Dr John Murphy

Welcome

Professor Albert Ferro (Chair)
Dr Karen Adamson (Medical Secretary)
Dr Richard D'Souza
Dr Nicholas Heaney
Dr Ramasharan Laxminarayan
Dr Malcolm Locke

MRCP(UK) Part 2 Written Examining Board

Thank you

Dr Derek Waller (Chair)
Professor Anthony Nicholls (Medical Secretary)
Dr Charles Hind
Dr Adrian Stanley
Dr Catherine Stirling

Welcome

Dr Rob Wright (Chair)
Professor Rudy Bilous (Medical Secretary)
Dr Peter Andrews
Dr Ian Beales
Dr Paul Lambert
Dr Fraz Mir
Dr Ananthakrishnan Raghuram
Dr Catherine Sargent

Scenario Editorial Committee (PACES)

Thank you

Dr Jon Goldman
Dr Derek Gordon
Dr Andrew Innes
Dr Michael Rudolf
Dr Udi Shmueli

Welcome

Dr Parijat De
Dr Arthur Dunk
Dr Sara Fairbairn
Dr Michael Flower (trainee representative)
Dr Ellon McGregor
Dr Laura-Jane Smith (trainee representative)

Academic, Quality Management and Research Committee

Thank you

Dr Iain Drummond (trainee representative)

Welcome

Dr Daniel Furnedged (trainee representative)
Dr Chris Wilkinson (trainee representative)

Acute Medicine SCE Examining Board

Thank you

Dr Deepak Bhatia (Chair)
Dr Philip Dyer

Welcome

Dr Nick Scriven (Chair)
Dr Nicola Cooper (Medical Secretary)
Dr Suresh Chandran
Dr Mark Cranston

Acute Medicine SCE Standard Setting Group

Welcome

Dr Ruth McEwan

Dermatology SCE Standard Setting Group

Thank you

Dr Richard Meyrick-Thomas

Endocrinology & Diabetes SCE Examining Board

Thank you

Professor Jayne Franklyn
Dr Dinesh Nagi

Welcome

Dr John Miell

Gastroenterology SCE Examining Board

Thank you

Dr Elizabeth Alstead
Dr Geoff Sandle

Welcome

Dr Safa Al-Shamma
Dr Ian Beales

Gastroenterology SCE Standard Setting Group

Thank you

Dr Simon Campbell

Geriatric Medicine SCE Examining Board

Thank you

Dr Julia Newton

Infectious Diseases SCE Examining Board

Thank you

Dr Nick Beeching
Dr Mark Melzer

Welcome

Dr Brian Angus
Dr Elinor Moore
Dr Catherine Sargent

Infectious Diseases SCE Standard Setting Group

Welcome

Dr Sani Aliyu
Dr Julia Greig

Medical Oncology SCE Standard Setting Group

Welcome

Dr Cathryn Brock

Nephrology SCE Examining Board

Thank you

Dr Ellon McGregor
Dr David Reaich
Dr Chris Winearls

Welcome

Dr Richard D'Souza
Dr Stephen Kardasz
Dr Edward Kingdon

Nephrology SCE Standard Setting Group

Thank you

Professor Neil Sheerin

Welcome

Dr Catherine Stirling

Palliative Medicine SCE Standard Setting Group

Thank you

Dr Fiona Hicks

Respiratory Medicine SCE Examining Board

Thank you

Dr William Kinnear

Respiratory Medicine SCE Standard Setting Group

Thank you

Dr Ian Coutts

Rheumatology SCE Examining Board

Thank you

Dr Tom Lawson
Dr Sophia Steer

Welcome

Dr James Martin
Dr Karen Walker-Bone

Rheumatology SCE Standard Setting Group

Thank you

Dr Oliver Duke

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MRCPUK

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