

Annual general meeting 2024

AGM address

Tuesday 10 September 2024

Dr Mumtaz Patel | Acting as president



**Royal College
of Physicians**

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Senior censor and vice president for education and training Acting as president

Fellows, colleagues and friends, I am honoured to be here today, standing before you, acting as president at this year's annual general meeting of the RCP. A very warm welcome to those of you here in person, and to those who are joining us online both in the UK and internationally.

For those who don't know me, my name is Dr Mumtaz Patel. I am a consultant nephrologist based in Manchester and I was elected as the RCP's senior censor and vice president for education and training last year, having previously been global vice president for 3 years.

I qualified as a doctor over 25 years ago. I was born and brought up in Preston in Lancashire in a very much working-class environment, with my parents emigrating from India in the late 60s. I went to school in inner-city Preston, where I was told – when I said I wanted to do medicine – that no one goes to university from this school, let alone does medicine.

I went on to study medicine at the University of Manchester and did my early postgraduate training in Manchester and then went as far as Yorkshire to do my specialist training in renal and general internal medicine. I came back to Manchester for my PhD in the genetics of lupus nephritis and soon after secured a consultant post at Manchester Royal Infirmary, which was my base hospital when I was a medical student.

For the RCP, I have been actively involved with the college since getting my MRCP back in 2000. I was initially an RCP trainee representative, then a college tutor as a consultant, later a regional adviser and a PACES examiner, a role which I was keen to do to promote diversity among our examiners. My first national strategic college role was in 2016 as clinical lead for quality management for the Federation of the Royal Colleges of Physicians of the UK. Later I was appointed as the RCP's global vice president in 2020, which I thoroughly enjoyed, and then elected as senior censor and vice president for education and training (VPET) in 2023.

When I was elected to the VPET role, I was aware that I may need to deputise for the president from time to time, but I certainly did not ever expect to be acting as president. Only very rarely in the 506-year history of the college has such a situation occurred, where the senior censor has had to step in and act as president. These rules are governed by the bye-laws and constitution of the college, which is why, following the resignation of Dr Sarah Clarke as PRCP earlier this year, I was asked in June 2024 to step up and act as president. This was ratified at the RCP Council meeting in July 2024.

This morning, Council also agreed the detailed arrangements for a contested presidential election. Nominations will open in November to fit with the legally required annual election timetable for president. Fellows will elect a new president, with the result to be announced at College Day on Monday 14 April 2025.

It will come as no surprise to anyone in this room, or those watching online, that I will start by saying it has been an unprecedented year for the college. Unprecedented is a word that was used frequently a few years ago during the pandemic, but I do believe it is the right word here for the college.

The world is moving quickly. The NHS is – as usual – facing an existential crisis. The workload is forever increasing and unmanageable, there are not enough doctors and staff to care for our patients, not enough money in the system to fix things. Our waiting lists are overwhelming. Industrial action became the norm for a while: the only way that our early career doctors felt they could be heard, which is awful. The pressures on the hospital front door threaten to normalise corridor care. We are all working to the brim, and it is so frustrating when things are not improving, patient care is being compromised and our own wellbeing is being affected.

The situation is unacceptable. For us, for our patients, for our society.

I was elected as senior censor and VPET last year. Within 3 months of taking up post, it became obvious to several of us that there were significant concerns among some of our fellows and members about the way that the college was working and how decisions were being made.

I believe that the campaign for an extraordinary general meeting (EGM) was about far more than the role and scope of physician associates (PAs).

I believe that we had begun to fail as a member-first organisation well before the first letter calling for an EGM arrived. Looking back, and with hindsight, I can see that mistakes were made during this period, and we are very sorry for this – that our governance, leadership, structures and processes need to be modernised. That we need to be more transparent and honest to win back the trust and respect of our members and fellows. It takes 500 years to build a strong reputation. It takes far less time to damage one.

This afternoon, The King's Fund published a [learning review](#) that was commissioned by the RCP following the EGM in March, with the intention of learning and embedding change. It is difficult reading for those of us in senior leadership positions at the college, but nonetheless, it is a powerful reminder that every organisation has room to improve. Although uncomfortable, I must confess that I recognise the basis for the findings, and I am reminded that leadership comes with both privilege and accountability when reading this report. We are committed to learn from it and we will make significant changes to improve.

The King's Fund report finds evidence of significant organisational dysfunction, particularly with respect to leadership behaviours, its governance and processes at the RCP. It describes poor behaviours at different levels within the college, opaque processes and a lack of collective responsibility. Not dissimilar to the publication of the [Summerskill report in 2020](#), there is a clear need for improvement, and I am pleased to report that we are already working on and are committed to the improvements needed. These problems did not begin with the EGM, and they are not the fault of the PA workforce per se. Over time, sadly we had become an organisation that did not listen, nor respond quickly enough, to the concerns of our members. We had failed at our core purpose: to put physicians first.

Our former president Sarah Clarke lost the confidence of her senior officers, censors and the wider membership and resigned in June. Concerns around Sarah's leadership, leading to a loss of confidence and trust, were wider than the EGM. Yet the EGM brought these issues to the forefront and the reasons around this were outlined in full to Sarah at the time.

Following Sarah's resignation in June, as senior censor and VPET, and as per college bye-laws, I was asked by RCP Council to take on ceremonial duties, chair Council and act as president until the next election can be held.

Since agreeing to act as president, I have been determined and committed to re-establish stability for our college and regain the trust and confidence of our membership with a calm, open, honest and transparent approach. I want to demonstrate this with action. The priorities that I outlined at our Council meeting in July are to deliver on the PA agenda and complete all the recommendations of the PA short life working group, focus on the next generation of physicians, undertake a constitutional and governance review that modernises the college and, of course, to learn from and act on the recommendations of The King's Fund report.

The King's Fund makes ten key recommendations. It asks us to explore changes to the way we work and how we are governed. It calls for a more honest and open relationship with our membership, and one that welcomes constructive challenge, rather than avoiding it. The RCP has accepted the review and its recommendations in full. As senior officers, I can promise you, we will learn from our mistakes and, more importantly, we will act to improve and rebuild our relationship with you, our fellows and members. We are committed to drive this positive change and we are already working towards this.

This afternoon, I can announce that we will be launching a major constitutional and governance review which will involve consultation with fellows, members and other stakeholders. Some of this work was started in 2023 by our former registrar, Professor Cathryn Edwards, and is now being led by Dr Omar Mustafa, our interim registrar and global vice president. The RCP must become more inclusive, modern and transparent in how it works with, and for, our members. After all, a period of stability is what we need at the moment. We are working hard to regain the trust and confidence of our physicians. We are being honest with you about the hurdles we face. We will act to put things right.

A new oversight group for RCP activity linked to PAs has recently been established, led by Dr Hilary Williams, vice president for Wales. We are on track to deliver all of the post-EGM short life working group's recommendations by November. We have repeatedly called on NHS England to review the projected numbers for PAs in their Long Term Workforce Plan. I have been clear, in the meetings I have had, that the RCP wants to see a limit to the scale and pace of the expansion of PA numbers.

Today, I can also announce that we will be [closing the Faculty of Physician Associates](#) (FPA) by the end of this year. Once the GMC becomes the regulatory body for PAs in December, we will dissolve the FPA. I hope that this clear way forward will come as a relief to doctors and PAs alike. We needed a strong RCP position on PAs, and we now have that. We can finally move on from months of uncertainty.

We are, of course, committed to working with other professional bodies, including the recently established College of Medical Associate Professionals, to safeguard and prioritise patient safety. But it should no longer be our role as the RCP to lead this work. As a newly regulated profession, it is time for PAs to embark on their own journey.

For the RCP, our focus will, quite rightly, turn to physicians. More specifically, to our next generation of physicians. There are many challenges that they are currently facing, and I have been working closely with our trainee representatives to address these in my VPET role. I want our early career colleagues, those just starting out, to have a long, fulfilling and rewarding career in medicine and they deserve our active support.

We are establishing a new 'next generation' cross-college workstream and an oversight group that will report into RCP Council. We will explore how we can improve the working lives of early career

doctors – not just trainees, but locally employed and specialty doctors too, the fastest-growing group in our medical workforce. From the design and delivery of training, promoting flexibility to wider career development pathways, from workforce planning to the unique role of doctors in the multidisciplinary team, we will aim to discuss it all. We want to ensure that the RCP is, once again, considered an innovative thought leader in national healthcare policy.

I want to re-establish the RCP as the voice of medicine and the voice of our membership. We will work with you, and we need your support. I invite you to be part of the conversation and help us drive positive change at the RCP.

Since I started acting as president, I have been advocating strongly and clearly for our members with key stakeholders. I have been having regular meetings with the chief medical officer, General Medical Council, NHS England and the Academy of Medical Royal Colleges, talking to them about the issues that matter to physicians, repositioning the RCP as a force for change, and rebuilding our strong reputation as a leading royal college.

The day after I formally started acting as president, a new government took power. I have written to Wes Streeting, secretary of state for health, and other key ministers, and I will meet with them in the upcoming political party conferences.

I have made it clear – and will continue to make it clear – that the medical workforce is the backbone of the NHS. Without physicians, the healthcare system would collapse.

But I cannot do this alone. From elected Council members to censors, from specialist societies to college tutors on the ground, from regional advisers to trainee networks: it is yourselves, our 40,000 members and fellows, who make up this college. From one clinician to another, I am asking you to get involved. Be part of the solution.

Our college is over 500 years old. We have survived wars, plagues, famines and, more recently, COVID. We will come back stronger, together.

So, here I want to take a moment to thank my senior officer colleagues – Omar, John, Simon, Hilary and Tom, and of course, Ramesh, our outgoing academic vice president. We have navigated a very difficult time together. Without them by my side, I would not have agreed to step into this interim role, acting as president. Our censors have also been a wonderful support and they have been such a measured voice during the chaos of what we have had to deal with.

I also want to take this opportunity to thank Sarah, our former president, for her commitment to the college. Her decision to resign earlier this year was the right decision for the college, but that doesn't mean that we should overlook her hard work and dedication to the RCP.

Our former registrar Cathryn also left us this year to build a new portfolio career, as did our former deputy registrar, Jamie Read, who became dean of the Lincoln Medical School. We wish them all the best.

Moving forwards, our college work continues, despite the recent challenges, with our three strategic themes of educating, influencing and improving. I thank all our senior officers, executive directors, clinical leads and our wonderful staff who have worked tirelessly towards achieving our shared objectives and vision, which is for everyone to have the best possible health and healthcare.

The RCP brings together doctors of all backgrounds, ethnicities and ages, working in a diverse range of roles and specialties, and united by our ambition to deliver the very best care for our patients, alongside a thirst for knowledge and the desire to keep learning from each other.

Our popular conferences, regional updates and webinars continue to sell out. Our educational resources have reached many thousands of people this year. We provided over 1,000 hours of CPD, supported around 250 international medical graduates to work and train in the NHS, and enrolled more than 100 chief registrars on our flagship trainee leadership programme. We have hosted summits in partnership with NHS England to shape the future of outpatient care. We added a new [Diabetes Care Accreditation Programme](#) to our suite of accreditation programmes.

Our [RCP Medicine podcasts](#) have been downloaded over half a million times. Articles in our [journals](#) were downloaded almost 9 million times. Our [website](#) had well over 3 million page views, and we gained over 11,000 new followers on social media.

We launched [Medical Care – driving change](#), our online hub showcasing best practice and real-world examples of quality improvement. We welcomed the launch of NHS England's Long Term Workforce Plan, the end result of our successful campaign to double medical school places and increase postgraduate training places over the next decade.

However, there is plenty of work left to do. We are calling for better clinical engagement, a new approach to workforce modelling and changes to the Long Term Workforce Plan. We will continue to fight, not just to increase student and training numbers, but also to focus on retention and how we can improve the working environment for our current and future doctors.

Ahead of the general election, we at the RCP set out our own [manifesto ideas](#). Now we are working to make sure that ministers deliver against our priorities. The new government promises to prioritise prevention and public health – a key campaign call for the RCP – and ministers have committed to legislating for a smoke-free generation. The RCP-led [Inequalities in Health Alliance](#) continues to drive debate, with over 250 organisations now signed up as members.

Globally, the RCP is going from strength to strength with significant growth and diversity in our membership. Over 30% of our fellows are now international. We are building strong networks within and across countries and are delivering a range of activities tailored to our membership needs. Huge appreciation to our amazing global team.

In terms of our financial position, high inflation contributed to a small overall deficit for the year. An improvement plan was implemented as part of our long-term financial strategy, which significantly reduced our planned deficit for 2023 and will bring the RCP back into balance in 2024. Under the leadership of our CEO, Ian Bullock, we are working hard to deliver change as efficiently as possible, and my grateful thanks also go to our Board of Trustees, chaired by Professor David Croisdale-Appleby.

I want to say a huge thank you to our RCP staff in Liverpool, London, across the UK nations and regions and internationally, who work tirelessly to ensure that we are a member-first organisation, supporting the leadership to deliver our strategy to educate, improve and influence for better health and care, work that has continued in 2024 despite recent events.

Fellows, colleagues and friends, it has been a difficult, challenging 12 months. Who could have predicted a year ago, at our last AGM, where we would be today? But no matter what has gone

before, I am still incredibly proud and feel privileged to be a doctor and I am committed to the college. I am proud to be a physician and a member of the RCP. Proud to belong to a global community of medical leaders, spanning every career stage from medical student to emeritus consultant. Proud to play my part in driving positive change at the college.

Lastly, I wanted to say a huge thank you to all those who have supported me personally. This includes my wonderful family, friends, colleagues, members and fellows both in the UK and internationally. The past few months have been so challenging, the most difficult time during my career to manage so many different things. It has felt like living through a tornado at times, and without my family and friends by my side, this would not have been possible.

As I mentioned earlier, plans are now underway to prepare for the next RCP presidential election which will take place in the spring, and I look forward to seeing many of you back here on 14 April for College Day.

So, thank you for joining us at today's AGM. Thank you for your support, and for everything you do for the college, your patients, your colleagues and the NHS. And thank you for being with us, as we refocus, refresh and reset our vision for the future of the college.

I believe that for the RCP, this is a fresh start, and we intend to move forwards.

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