An international presence and direction for the Royal College of Physicians

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I was excited, to say the least, to be appointed Hans Sloane Fellow and Director of the International Office, Royal College of Physicians (RCP) in 2004. At the interview – an experience I had not had for a few years! – the President, Carol Black, made it very clear to me how important she considered it to be for the RCP to enhance its presence and influence overseas. I was delighted too at being back as a college officer, having much enjoyed previous office as Clinical Vice President, as well as an earlier spell on the College Council. This meant too that I was already well versed in how the RCP organised its day-to-day and longer-term activities. By the time of my official start at the end of July 2004, we were already bringing to fruition an inspired decision by my predecessor, Keith Prowse, to appoint seven associate international directors each responsible for an important area overseas, namely, Australasia and the Far East (Roy Pounder), the Middle East (Iain Murray-Lyon), Europe (George Kitas), South Asia (Tanzeem Raza), Africa (Peter Newman), Russia/global health (Michael Pelly), and the Americas (John Scott). Their work has added immeasurably to what I have been able to achieve during my time in the post (2004–8).

The College's presence overseas

The *College List* shows for the year 2007 some 1,800 Overseas Fellows, accounting for nearly 25% of the total Fellowship together with another 900 Overseas Collegiate Members. Unfortunately, the RCP does not have a database on the substantial number of Overseas MRCP(UK)s who have not signed up to Collegiate membership (Table 1). Of prime concern for the International Office is the keeping of the Overseas Fellows and Collegiate Members in contact with the RCP. Currently there are International Advisors in many countries to provide a link with the RCP's work and every two years we bring them together for a two-day meeting in London to discuss issues of mutual concern. Many of them make considerable effort in promoting the RCP's affairs locally. Much effort also goes into making the tri-annual publication *International Focus* informative and the regular international e-bulletin brought an encouraging response. We are also having some success in increasing the number of overseas physicians elected to the Fellowship (Table 1). Visits by the President, other officers, as well as the staff of the International Office to meetings abroad all help in maintaining presence and influence. Very important too are the overseas conferences and during my tenure of office, I have tried to direct to those areas where there are significant numbers of Fellows and Members. During the past four years, meetings have been held in Cyprus, Malta, Jordan, the Far East, including Thailand, Hong Kong and Singapore, as well as in South Africa and India. There are now two overseas conferences each year with dedicated resources from the RCP and more and more I see the need for promoting additional involvements in national and international meetings overseas through specifically badged RCP sessions, as we conducted in Sydney at the Royal Australasian College of Physicians annual meeting in May 2008.

The meeting in Cape Town in February 2007 was held jointly with the Colleges of Medicine of South Africa with delegates attending from across the whole of Africa. It was the first visit by the RCP to Cape Town for some 10 years. This is much too long an interval if our competitors, particularly the American Boards, are not to usurp our place in areas of the world which traditionally have had strong links to UK medicine. I can but hope that there will be closer collaboration with the Colleges of Medicine of South Africa which were so enthusiastically welcomed during the conference there. It could serve as the basis for much ongoing collaboration on the educational and clinical fronts as could the recently signed Memorandum of Understanding (MoU) with the West African College of Physicians.

Table 1. Number of subscribing Collegiate Members and Fellows.

Types of Members	2006	2007
UK Fellows	6,923	7,523
Overseas Fellows	1,598	1,748
UK Collegiate Members	6,669	6,830
Overseas Collegiate Members	1,026	900
Affiliates	283	293
Associates	321	354
TOTAL	**16,820**	**17,648**

The conference in Kerala, India, in March 2006 represented somewhat of a sea change for the RCP in that it was held in conjunction with a private health corporation. With the increasing affluence of the subcontinent a substantial proportion of the population are going to opt for private healthcare and my view is that the RCP should be as open to forging links with this sector as with the public service hospitals. Medical teaching in India is currently based on the traditional English system and we need to ensure that this remains firmly entrenched in the medical schools and regulatory institutions. An early visit by Professor Parveen Kumar and Tanya Barman, then Manager of the International Office, to a meeting of the Indian Medical Association in New Delhi, has been followed by further visits by Parveen in her role as Associate International Director for Education to the International Office. But much more work will be required before the necessary contracts are in place.

The setting up of new centres for the MRCP(UK) overseas, for instance Pakistan in 2008, provides a natural base for developing a range of RCP activities around the examination, including courses in general medicine, skills training for the PACES examination and in career guidance generally. International expansion in the MRCP(UK) examination is particularly important as the number of overseas candidates coming into the UK to take the examination may decrease with the abolition of permit-free training for International Medical Graduates (IMGs).[1] In 2006 there were 26 centres outside the UK where Part I of the examination could be taken. Nineteen of the centres had diets for Part II written and 8 for the Part II clinical.

The number of candidates taking the various parts overseas is steadily increasing or have held relatively constant (Fig 1). It is vital that new ways are found to maintain contact with these doctors through relevant RCP activities on the international front.[2]

Libya is another country where traditional British teaching remains to the fore and an MRCP(UK) test centre was recently opened there. The International Office has been working to ensure that a small number of doctors coming on scholarships from Libya will be able to undertake short-term postgraduate training in the UK and the RCP's Education Department delivered a 'Physicians as Educators' course in Tripoli in early 2008.

International healthcare policy

An important initiative during my tenure of office has been fostering the RCP's involvement in healthcare policy at an international level. The different patterns of funding and provision of care worldwide have always interested me. Indeed when I was Clinical Vice President, I organised in 1993 the first College conference on international healthcare.[3,4] The programme we held in Athens in November 2007 was developed jointly with the Health Policy Unit of the London School of Economics and organised by George Kitas, the RCP's Associate International Director for Europe. The programme was attended by a wide range of physicians in clinical medicine, public health, and health policy. Generous support from Pfizer Global provided bursaries to enable young doctors from the Balkans and other Mediterranean countries to attend. The new programmes for core and specialist clinical training in the UK, the workings of the National Institute for Health and Clinical Excellence and the major impetus being given to translational research by the National Institute for Health Research through the Office for Strategic Coordination of Health Research are all areas where working links and collaborations with overseas centres could be established to mutual benefit.

We have few Fellows and Members in the old European Union let alone the new accession countries and how to extend the RCP's influence into mainland Europe has always been high on my list of priorities. This is even more relevant now with the large numbers of EU professionals working in the UK whose medical training has followed a different pattern from that which we are accustomed to. In March 2005 we held a conference entitled 'Health implications for an expanded EU: threats or opportunities for the UK and Europe'. It was organised by Michael Pelly, Associate International Director for Global Health, in partnership with the Department of Health, World Health Organization and the Health Protection Agency. We

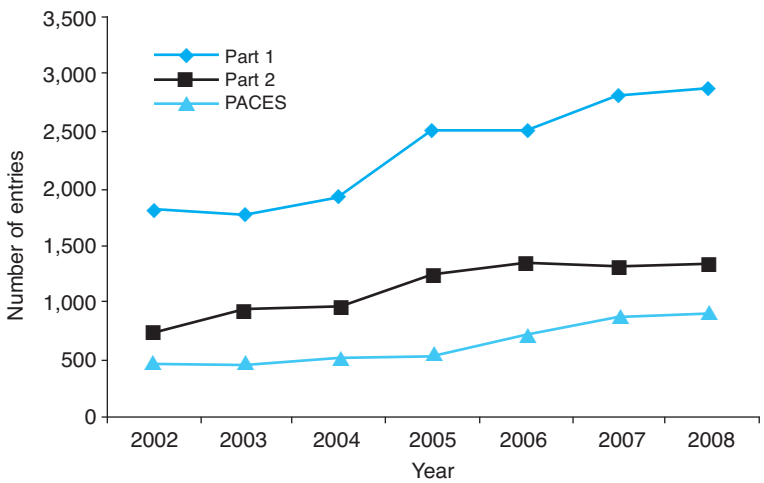

Fig 1. MRCP(UK) Examination Overseas entries by component 2002–8. Reproduced with permission of the MRCP(UK) Central Office.

need to build on this and other initiatives to gain better links for the RCP with the numerous and very different European regulatory bodies and institutions. More recently, through a donation to the College, we have been able to sponsor doctors from Eastern Europe to attend the European School of Internal Medicine held in Portugal. A UK bid to host the school for a three-year period from 2009, which the International Office strongly supported, has been successful and part of the annual programme will be held at the RCP. The MRCP(UK) Part II written paper has been used for a number of years as the general medicine paper of the European Diploma in Internal Medicine. Sadly, the numbers taking it are small and this is another area where greater efforts are required if this important educational link with mainland Europe is to be maintained.

Present work and challenges

There have been great efforts to gain a sphere of influence for the RCP in China with its most extraordinary and exciting pace of development. I was asked by the President to represent the College in a UK government delegation to China in 2005 which was lead by Lord Warner the then Minister of Health. We have signed a MoU of well-thought-out proposals for young Chinese physicians to spend four to six weeks in the UK learning more about British medicine. This has followed much personal lobbying with the Vice Minister of Health in Beijing and with much support from Mr Stuart Smalley, Head of International Developments at the Department of Health.

Increasingly relevant to the international work of the RCP is the UK government's efforts in promoting a global health agenda for the poorer countries of the world. Visits by UK Fellows to hospitals and universities in central Africa are currently being sponsored through a scheme known as Taking Knowledge Overseas. We have also worked closely with the Tropical Health Education Trust in schemes for raising the standards of postgraduate medical education in Kumasi, Ghana, and Mbarara, Uganda. In April 2008 the RCP held a conference entitled 'Global health, current issues, future trends and foreign policies' again organised by Michael Pelly.[5] There were over 240 attendees and the meeting provided a real opportunity for experts to examine the latest government proposals following on from Lord Crisp's and Sir Liam Donaldson's reports in 2007 on global heath. One can but hope that widely supported plans to allow specialist registrars and young academics in training to spend time abroad in developing countries will be taken forward. I will never forget the marvellous clinical and research experience I gained during a three-month placement to Kampala, Uganda, before taking up a consultant appointment.

Matthew Foster, who was promoted to Head of the International Office on Tanya Barman's departure, is currently working with the postgraduate deaneries on a scheme for identifying suitable medical placements in hospitals and specialist centres in which overseas doctors can be trained for periods of up to 24 months. Meanwhile the RCP international bursary scheme which funds young physicians from lower income counties to attend an RCP conference as well as being attached for one to two weeks to a relevant general or specialty medical unit is going from strength to strength. Twenty-six young doctors have already benefited from the chance to broaden their horizons with an RCP bursary, with a further 12 due in 2009. It is clear from their testimonials that they see this as the beginning of a long-term relationship with the RCP and UK medicine.

In conclusion, the name and reputation of the RCP stand as high as ever but if it is to maintain, let alone increase, spheres of influence around the world it will have to become much more proactive in its attitude and direction. I make three points. Firstly, the promotion abroad of the RCP's educational materials, whether in medical professionalism, new postgraduate courses or the well-established Doctors as Educators and Medical Masterclass, requires for the backing of a marketing organisation with expertise within the RCP. The International Office through the President and College Officers can help in establishing the necessary networks but implementing these schemes requires additional skills and much further effort. Secondly, great opportunities internationally could attend the introduction of the Specialty Certificate Examinations (formally the KBAs) which are being developed by the Federation of Royal Colleges of Physicians in partnership with the specialist societies. There is a real need around the world for high-quality specialist examinations. Through continued expansion overseas the MRCP(UK) could become a world leader in standards for general medicine and the Specialty Certificate Examinations could do the same for the medical specialties. Finally, I believe international work will become of even greater importance to the RCP in the future, whatever its ongoing role in the NHS. This needs to be recognised and a greater proportion of central College funds, generated from the subscriptions of those Fellows and Members based overseas, should be allocated to international work.

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