

PACT

REPORT
2010



Royal College of
General Practitioners

OUR MISSION

The Royal College of General Practitioners is the professional membership body for family doctors in the UK and abroad. We are committed to improving patient care, clinical standards and GP training.

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REPORT OF THE CHAIRMAN AND CHIEF EXECUTIVE

1

We can look proudly back on a year of major achievements and challenges for the Royal College of General Practitioners and for the profession. The College continues to lead the way in the development of general practice, in the education, training and professional development of GPs, and in raising standards to deliver better-quality patient care.

At the heart of general practice is commitment to patient care. This central purpose can be seen throughout every initiative the College embarks upon – none more so than revalidation, which continued to be a major priority throughout 2009/10.

The RCGP has taken a central role advising the General Medical Council on the evidence needed and the standards required for the revalidation of GPs. We are committed to engage and consult with GPs every step of the way, to ensure that the standards we develop are appropriate and workable for all.

We have defined the policy and principles that underpin appraisal and developed a fresh credits-based continuing professional development (CPD) approach, which emphasises learning with practical application for the benefit of patient care.

This year, discussion and consultation developed into practice, and the College led several pilot projects to test our criteria and processes. Our key document, *RCGP Guide to the Revalidation of General Practitioners*, saw its fourth version and, consistent with our principles, is available for all to view on our website (www.rcgp.org.uk/PDF/PDS_Guide_to_Revalidation_for_GPs.pdf). Our support for GPs undergoing revalidation will include a new, purpose-built ePortfolio in which all GPs and their appraisers can manage their evidence.

We are at the forefront of developing and maintaining standards to improve the health care that patients receive. The College's Quality Practice Award (QPA) is a gold standard aspiration for UK general practices. Its purpose is to improve patient care by encouraging and supporting practices to deliver the highest-quality care to their patients. A major revision of the QPA with a wider UK perspective was launched in April 2009.

The College's Practice Accreditation scheme helps GP practices and other primary healthcare providers to demonstrate that they have attained the high standards of patient care required by the Care Quality Commission. We are delighted with

the overwhelming response from initial pilots, indicating that it is an extremely useful tool in improving quality. The active involvement of the whole practice team has led to some clear and significant changes in services, enabling practices to make sustainable improvements in their delivery of patient care.

We strive towards raising the standing of our profession through improvements to the specialty training that GPs receive, and in quality management of policy and standard setting. A report on the RCGP curriculum for specialty training and its associated assessment system to the former Postgraduate Medical Education and Training Board (PMETB) drew positive comments on the provision of clearly articulated and detailed evidence to demonstrate how standards were met. We are delighted that a national survey of GP trainees and trainers has demonstrated a positive shift in attitude towards the curriculum over the last 12 months. In response to feedback received, we have begun to integrate necessary changes to the interpretive statements that form part of the core curriculum in order to simplify the information and make it more accessible.

The College's case for extending general practice training from three to five years, as recommended in the Tooke Report, was submitted to the Department of Health in December 2009. We remain optimistic that this important change, in the interests of patients and the service as a whole, can be achieved, and we are committed to pursuing this goal as a high priority.

In 2009, pandemic flu became an issue of major national concern. The College's response should be regarded as a benchmark against which we will measure our future role in public health issues. Our leadership saw us informing the profession and reassuring the public. At the height of the outbreak we provided GPs with daily updates and we were the first port of call for television and radio. Behind the scenes we assisted government in its responses and preparations for escalation.

Success in our priority objectives translates into growing membership. Membership numbers rose to a record level of 38,780 on 31 March 2010, a 7% increase in total membership. New initiatives for our membership included the development of First5, a new and exciting programme that supports newly qualified GPs from the point at which they complete their training to their first revalidation after five years of practice. It brings together many existing College benefits into one comprehensive package of support.

GPs do not work in isolation. The General Practice Foundation – for practice nurses, practice managers and physician assistants – was launched at the annual conference in November 2009. It is a pioneering way of supporting members of the general practice team and involving them in the work of the College, with the goal of enhancing effectiveness and generating improvements in patient care.

Of course, the continued success of the College depends on the commitment, values and hard work of our members, officers and staff. We would like to thank all those who have worked so hard for the College during the past 12 months and for their future support. We would like to put on record our thanks to Professor David Haslam, who completed his term as President in November 2009, and to Dr Maureen Baker, who stood down as Honorary Secretary after having completed ten years in the role.

In changing times, our commitment to high-quality patient care remains central to our vision of a world where excellent person-centred care in general practice is at the heart of health care.



PROFESSOR STEVE FIELD CBE FRCGP
Chairman of Council



HILARY DE LYON
Chief Executive

PROFESSIONAL STANDARDS LEADING THE DEVELOPMENT OF SPECIALIST TRAINING POLICY AND STANDARDS

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OUR STRATEGIC OBJECTIVES:

- TO MAKE THE COLLEGE THE STANDARD-SETTING BODY FOR GPs TRAINED IN THE UK
- TO LEAD THE DEVELOPMENT AND IMPLEMENTATION OF PROFESSIONAL STANDARDS FOR GPs IN THE UK
- TO INFLUENCE EDUCATION POLICIES WITH RESPECT TO GENERAL PRACTICE
- TO DEVELOP THE COLLEGE'S VOCATIONAL TRAINING POLICY AND STANDARDS
- TO INVOLVE PATIENTS IN ALL ASPECTS OF COLLEGE POLICY IN PROFESSIONAL STANDARDS
- TO PROMOTE MRCGP INTERNATIONAL.

GP SPECIALIST TRAINING

The College has been commissioned by the Department of Health (DoH) to develop the case for extending general practice training. This follows a recommendation in the Tooke Report, which looked at modernising medical careers.

After producing an interim report in December 2008, the College produced a further draft report in 2009. This strongly recommends that GP training should be extended to five years, following foundation training. The report argues that, while the landscape for GPs and primary care has changed substantially, training has not. The College firmly believes that extending training would enhance GPs' competence and confidence, strengthening their decision-making. It would also reflect the extensive changes in GP practice, particularly the shift in emphasis from secondary to primary care, which involves GPs undertaking more complex and demanding roles.

Submitted to the DoH in January 2010, the College is still waiting to hear its formal response. In the interim, Medical Education England has not accepted the College's proposals in their current format. The College remains optimistic, however, that change can be achieved and will

continue to pursue its goal in the interests of patients and the service as a whole.

GP CURRICULUM

Since publishing the very first curriculum for GPs in 2007, the College has commissioned an independent review, carried out by the University of Birmingham. Now in its second year, the goal of the curriculum evaluation project is to examine how it is working for users in everyday practice, assessing any changes needed to bring about improvements for the future. Results from a national survey of trainees and trainers demonstrate a positive shift in attitude towards the curriculum over the last 12 months.

As part of the College's information-gathering and standard-setting role, a curriculum diary project invites participants to keep an online diary of their activities during a day in March. Introduced in 2008, it has now broadened to include anyone who is involved in GP training – including

trainers, trainees, course organisers, educational and clinical supervisors, practice managers or practice nurses. The project runs every year, collating feedback on the curriculum and building a contemporary history of GP training in the UK. Diary entries help the College to understand how to develop GP training and the curriculum in ways relevant to modern general practice.

The new Medical Educators Group is enabling the College to develop mechanisms that enhance its two-way communication with those involved in the training of GPs. A website will provide targeted resources and networking opportunities, making the flow of information more regular and effective.

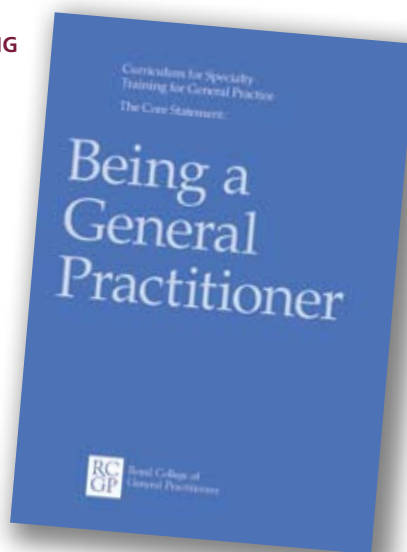
DEVELOPING SPECIALIST TRAINING POLICY AND STANDARDS

The College continues its valuable work to calibrate training standards nationally, within a robust framework.

Amongst its developing responsibilities in this field is the College's quality management role in deaneries' annual reviews of competence progression (ARCP) for individual trainee GPs. The College has a growing involvement in ensuring quality, and its work is highly regarded.

In September 2009, the PMETB conducted a formal review of the GP specialty curriculum and associated assessment system. The College's submission was very well received, with the PMETB commenting on the provision of clearly articulated and detailed evidence to demonstrate how standards were met.

Work also began this year to integrate changes to the interpretive statements that form part of the core curriculum. The 31 statements support the pivotal statement – *Being a GP* – with more specific information on topics such as: care of people with mental health problems; information management and technology; and caring for patients with eye problems. In response to feedback that the



statements are too lengthy, the College is working to simplify the information, making it more accessible.

In addition, the College has initiated a collaborative research project, working with the University of Cambridge and Cambridge Assessment. Called the Collaboration for Research in Assessment in Medical Education and Training – CRAMET – its aim is to study these issues, with a particular focus on GPs.

PROFESSIONAL STANDARDS SETTING THE STANDARDS FOR GPs TRAINED IN THE UK

MRCGP ASSESSMENT

Now entering its third year of delivery, the MRCGP assessment system is well established as the licensing examination required to achieve a Certificate of Completion of Training in general practice and membership of the College. There are three components.

Applied Knowledge Test (ATK)

Three computer-based, multi-centre AKTs were delivered during the reporting year. These were taken by candidates at various stages of specialty training for general practice for certification purposes, and by others – principally doctors on general practice ‘returner’ schemes. The numbers of candidates sitting and passing during

the year are shown below.

The proposal to raise the standard, with effect from the January 2010 examination, was approved by the College’s Assessment Committee, which includes representatives from the deaneries as well as trainee and lay representation. This was in recognition of the fact that the cohort taking the ATK consists almost exclusively of doctors selected into training.

A more detailed analysis of the results for the January 2010 examination showed that candidates taking the ATK for the first time had an overall pass rate of 80.3%; comparable figures for ST3 and ST2 first-time takers were 83.0% and 80.6%, respectively.

Post-examination reports for all of the above examinations are available from the College’s website. These provide a detailed appraisal of each examination including performance in key clinical areas as well as aspects that candidates found challenging.

Candidates sitting the Applied Knowledge Test

	Year ST1	Year ST2	Year ST3	Other	All
April 2009					
Sat	59	708	292	43	1102
Pass	50	620	226	27	923
Pass rate %	84.7	87.6	77.4	62.8	83.8
October 2009					
Sat	8	293	1175	14	1490
Pass	5	228	962	8	1203
Pass rate %	62.5	77.8	81.9	57.1	80.7
January 2010					
Sat	69	432	398	16	915
Pass	40	339	282	9	670
Pass rate %	58.0	78.5	70.9	56.3	73.2

Note: the pass rates for the year of training are not directly comparable given the considerable variation in candidate numbers and the likelihood of the ST3 cohort containing a proportionately greater number of re-sitting candidates.

Clinical Skills Assessment (CSA)

Five sessions of CSA examinations were held during the reporting year. The fifth session was held over four days in mid-March to cope with unprecedented demand for places in the January/February examination.

A total of 3195 candidates were examined during the 2009/10 year, of whom 2585 (80.9%) were successful. This compares with 3049 candidates and a pass rate of 78.5% for 2008/09. In each instance it was necessary to pass eight of the twelve cases in the assessment in order to pass the examination as a whole.

The numbers of candidates sitting and passing during the year are shown below.

Candidates sitting the Clinical Skills Assessment

	May 2009	September 2009	November/ December 2009	January/February & March 2010
Sat	872	327	355	1641
Pass	695	264	270	1356
Pass rate %	79.7	80.7	76.1	82.6

Note: The proportion of first-time applicants attempting the examination varies between sessions, and generally speaking the variances in the pass rate reflect the composition of the candidature. The regulations do however require applicants to be in year ST3.

The January/February 2010 examination was the largest to date in terms of both candidate numbers (1347) and duration (18 days). Of the candidates, 98.1% (1322) were sitting for the first time, with 85.3% achieving success.

Workplace-Based Assessment (WPBA) and the ePortfolio

The third MRCGP component, WPBA, has now been running for more than three years and the process continues to evolve. A review of priorities for its development has continued throughout the year. A new Clinical Supervisor's Report (CSR) was developed and implemented in the ePortfolio in December 2009. The Educational Supervisor's Report (ESR) has also been subject to a major review, with the new version due to be incorporated into the ePortfolio in August 2010.

KEY ACTIVITIES FOR 2010/11

Changes to the CSA

The College, in responding to the expectations of the PMETB, has been able to carry out a rigorous evaluation of the CSA and to consider how further improvements to the examination might be introduced with effect from September 2010.

Eligibility

The College will also be reviewing the eligibility requirements for the examination and the length of time for which AKT and CSA passes should remain valid.

RCGP CERTIFICATION UNIT

The College's Certification Unit evaluates those who have completed GP specialty training, recommending to the PMETB those eligible for a Certification of Completion of Training. (PMETB merged with the General Medical Council (GMC) on 1 April 2010.)

Completing training were 1929 people, who were awarded a certificate in the reporting year. The unit fielded more than 1600 enquiries by telephone or post, and up to 30 emails a day. The College works closely with deaneries, meeting with them regularly to discuss guidance, the certification process and any queries or concerns.

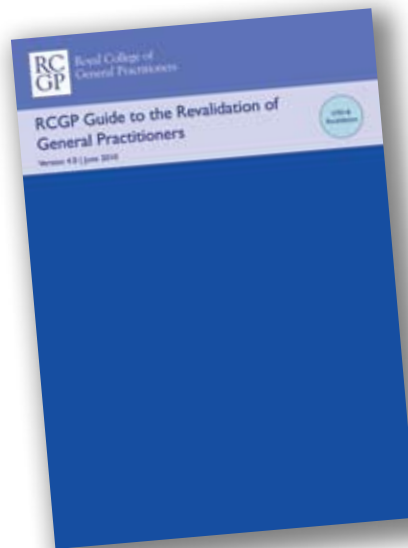
PROFESSIONAL STANDARDS LEADING THE DEVELOPMENT AND IMPLEMENTATION OF PROFESSIONAL STANDARDS

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REVALIDATION

The College has taken a central role on the crucial issue of revalidation, attracting widespread support for many of its ideas and successfully collaborating with colleagues on the GMC and the British Medical Association's General Practitioners Committee.

The College is also playing a key role in helping to support family doctors to understand the process and what will be expected of them and their professional development. Following widespread consultation with members, the fourth version of the College's *Guide to the Revalidation of General Practitioners* was launched in 2010, receiving positive media coverage.



This landmark document sets out the RCGP's proposals for the evidence that will be required in order for GPs to be revalidated when the scheme finally comes into being – expected to be in 2013. In addition, the College has also expanded coverage of the topic on its website, adding a frequently asked questions section along with revalidation webcasts to help GPs understand some of the major issues.

Working towards revalidation, the College has developed a prototype ePortfolio – an electronic portfolio designed to hold evidence of GPs' skills, competences, professional development and their reflective learning. After being piloted by five primary care trusts, it is expected to be rolled out in late 2010. Meanwhile, joint pilots with other medical colleges are continuing on the vital issue of quality, with reports also expected in 2010.

'The most important change in medical registration for decades, revalidation is almost upon us. Many organisations need to play their role to make it successful, among them the RCGP. We are setting the standards and defining the supporting information for revalidation. In doing so, we are working closely with the British Medical Association, the Academy of Medical Royal Colleges and the General Medical Council.'

Professor Mike Pringle

Chair of the RCGP Trustee Board and
Revalidation Clinical Lead

PROFESSIONAL STANDARDS DRIVING QUALITY STANDARDS TO IMPROVE PATIENT CARE

PRACTICE ACCREDITATION

The College's Practice Accreditation scheme (formerly Primary Medical Care Provider Accreditation (PMCPA)) is a professionally led, evidence-based and voluntary programme. Helping GP practices and other primary healthcare providers demonstrate that they have attained high standards of patient care, through continuous quality improvement, is a key objective. It also allows practices to show more easily that they have achieved the standards required by the Care Quality Commission.

After an initial pilot in 2008 – involving 36 providers across four primary care trusts – 2009 has been spent evaluating the results and refining the criteria. It has been well received by participants, who see it as an extremely useful tool to improve quality. The active involvement of the whole practice team has led to some clear and significant changes in services, enabling practices to make sustainable improvements in their delivery of patient care.

While the scheme is likely to involve only England in the first iteration, it has been developed with a UK-wide and international perspective. The accreditation process is expected to take between one and three years, with a final assessment to ensure rigour before the practice can receive its official College badge. The College is now working with the DoH in England, the Care Quality Commission and other key stakeholders to take forward the next stage.

QUALITY PRACTICE AWARD

The College's Quality Practice Award (QPA) is the gold standard for UK general practices. Its purpose is to improve patient care by encouraging and supporting practices to deliver the highest-quality care to their patients. A practice's route to attaining the QPA remains focused on team development and reflective learning for all team members. It is more than just a stamp of quality in patient care.

Each year, the criteria against which potential practices must measure themselves are updated and, in April 2010, version 13 was launched. Developed as a four-nations programme with a core set of common criteria, it also incorporates country-specific criteria reflecting differences in practice.

In addition, in response to a survey that highlighted time and money as key factors preventing practice participation, a new pilot modular version of the QPA was created with funding from NHS Quality Improvement Scotland, with up to three years available to complete six modules. A modular version of the QPA will be available to practices in Northern Ireland, England and Wales by August 2010.

A modified version of modular QPA is being piloted in two HM Prisons: New Hall women's prison in Wakefield and Glenochil prison in Alloa. A number of other prisons in England and Northern Ireland have also shown interest in the scheme.

One practice that achieved QPA version 9 in 2009 states: 'Everyone has ownership of their area and has contributed to something in the practice. The process is not undertaken lightly, especially as QPA is the responsibility of the whole team. This really helped with team working.'

PRACTICE-BASED COMMISSIONING

To develop the skills of GPs in practice-based commissioning (PBC), and boost their understanding of the possible advantages for patients, the College is developing a number of master classes and workshops on PBC. The College is also collaborating with Aetna UK and PricewaterhouseCoopers (PwC) to work on locally based PBC projects. Set in train in 2009, assistance will be provided to strategic health authorities, primary care organisations and practice-based commissioners, through a development framework that has been established by the DoH.

RECOGNISING PRACTICES' EXCELLENT SERVICE FOR CARERS

In partnership with the Princess Royal Trust for Carers, the College has launched a new Caring about Carers Award, inviting patients to nominate those GPs and practice teams who provide an excellent service to carers. Winners will be selected for each home nation, with an overall UK winner. A certificate signed by the Princess Royal and a commemorative plaque will be presented to each of the winners at the College's annual conference.

PROFESSIONAL STANDARDS THE PATIENT PERSPECTIVE

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Blackthorn disability care patient finds major benefit from sculpture as therapy.



Credit: Blackthorn Trust

THE COLLEGE'S PATIENT PARTNERSHIP GROUP

This year, the College's long-established Patient Partnership Group (PPG) led the development of a leaflet aimed at patients to help them understand the proposed process of GP revalidation. This has been distributed to practices across the UK with positive feedback from patients and doctors.

The PPG was also involved in collaborative work that promoted local, practice-based patient participation groups. Other organisations involved were the DoH (England), the NHS Alliance, the BMA and the National Association for Patient Participation. One of the PPG's tasks was to review the guidance for setting up new groups, alongside resources encouraging patients to participate. The overall aim was to ensure that patients' views helped to inform and shape the services provided by practices.

In November 2009, Chief Medical Adviser to the Department of Work and Pensions, Dr Bill Gunnyeon, gave a brief

presentation to the PPG on planned revisions to the medical statement, which were piloted in 2009. The main change was the creation of an option allowing GPs to say that a patient was 'fit for some work', suggesting avenues of support – for example, contact with the occupational health service. Specifically, Dr Gunnyeon sought the PPG's assistance in producing guidance to help patients understand the changes. The PPG had a number of comments and concerns, and gave input into the final 'fit note' guidance for patients published this year.

The PPG also helped with the assessment of the RCGP Disability Care Award – sponsored by Leonard Cheshire Disability – for practices that demonstrate excellence in their care for people with disabilities. Now in its fifth year, patients nominated 201 practices. Blackthorn Medical Centre in Maidstone, Kent, this year's award winner, has several exceptional features and a strong ethos of encouraging patients to be active and involved in their care.

'The group is a true partnership, with patients and GPs working together. The nine lay members bring a huge amount of knowledge combined with different experiences of their local services – but we also offer a UK-wide perspective. In essence, our role is to be critical friends to GPs, ensuring that they stay connected to what is happening on the ground. By being involved in every aspect of the College's work, we have the opportunity to put patients at the very heart.'

Anthony Chuter

PPG Chair

The College's patient groups in Scotland, Northern Ireland and Wales continue to actively involve patients and lay representatives, and more about this can be found on page 23.

PROFESSIONAL STANDARDS CHAMPIONING THE DEVELOPMENT OF INTERNATIONAL GENERAL PRACTICE

MRCGP INTERNATIONAL ACCREDITATION

Membership of the RCGP (International) – MRGP[INT] – is an internationally recognised postgraduate standard for general practice and family medicine. It offers an accreditation programme and an assessment framework for local postgraduate primary healthcare examinations. However, rather than simply exporting the UK model abroad, the RCGP works with various countries to develop their own existing examinations, enabling them to have the same academic rigour and standard as the College's UK examination.

Among the most remarkable success stories of this year is Egypt's achievement in gaining MRCGP[INT] accreditation in record time – just 18 months rather than the more usual two to four years. Also in the Middle East, a successful visit to Kuwait took place in the first week of May 2009, with the MRCGP[INT] Board confirming a two-year re-accreditation. Both the curriculum and the examination in Kuwait have achieved rigour, while the self-sufficiency that is the programme's hallmark is being developed. After a visit to Oman in March 2010, the first site to receive MRCGP[INT] accreditation has been re-accredited for three years. Meanwhile, Dubai MRCGP[INT] continues to provide opportunities for any eligible doctor in the Middle East who wishes to demonstrate his or her quality, including expatriate primary care doctors. Two exams took place, in April and December 2009.

Following an increasing number of applications from doctors working in Saudi Arabia, the King Faisal Specialist Hospital Department of Family Medicine in Jeddah asked if they could open an examination centre. With the help of the British Council, a centre for written papers only – Part 1 of a two-part examination – opened in December 2009.

In South Asia, an administrative office for this region's examination was established in Karachi, Pakistan. The number of candidates registering to take the exam more than doubled over the last year, testifying to the programme's success.

INTERNATIONAL DEVELOPMENT CONFERENCE

Now in its eighth year, the annual three-day international development conference, held at the College's centre in Croydon in June 2009, attracted around 90 participants from 20 countries. It is targeted at those who have already achieved accreditation, are on the pathway towards it or who simply want to find out more.

It also provides UK GPs with a unique opportunity to meet current and prospective overseas College members. Interactive workshops enabled participants to explore topical issues, such as standard setting and accrediting professional development programmes internationally.



Thai delegation visit to the RCGP, August 2009. Professor David Haslam, then RCGP President, and Dr Garth Manning, RCGP International Medical Director, hosted a high-level delegation from Thailand, led by Dr Kanshana, Deputy Permanent Secretary, Ministry of Public Health, Thailand. The signing of a Memorandum of Understanding formally indicated agreement by the two parties to promote family medicine in Thailand.



Delegates at the MRCGP[INT] development day, June 2009, Croydon.

PROFESSIONAL DEVELOPMENT SUPPORTING PROFESSIONAL DEVELOPMENT THROUGH EDUCATION AND LEARNING

11



OUR STRATEGIC OBJECTIVES:

- TO SUPPORT THE PROFESSIONAL DEVELOPMENT OF GPs THROUGHOUT THEIR CAREERS
- TO ENSURE GPs HAVE ACCESS TO TIMELY, EVIDENCE-BASED GUIDANCE ON CLINICAL PRACTICE
- TO ENSURE EFFECTIVE COMMUNICATION OF CLINICAL ADVANCES AND RESEARCH RELEVANT TO GENERAL PRACTICE
- TO FACILITATE AND PROMOTE THE DEVELOPMENT OF AN EFFECTIVE INFRASTRUCTURE FOR RESEARCH IN PRIMARY CARE.

RCGP'S E-LEARNING FOR GENERAL PRACTICE

Formally launched in July 2009, e-Learning for General Practice (e-GP) offers learning and professional development tailored towards the needs of GPs and those training for the role. Funded by the DoH's e-Learning for Healthcare programme, which provides technical support, the College creates the content, ensuring quality and enabling GPs and trainees to register for this unique and free service.

As of April 2010, there are more than 18,000 users registered, of whom around half are trainees. To date, over 200 e-learning sessions are available that cover a wide range of primary care topics, which in total have been completed around 30,000 times by learners. Structured around the GP curriculum, these topics include domestic violence, delivering care to children with long-term health conditions, and adolescent mental and sexual health.

e-GP is also an important element of the package of services available to those who have joined the General Practice Foundation, enabling the wider healthcare team to access high-quality learning.

'We've had very positive feedback from both GPs and trainees for our e-learning initiatives. GPs have told us that e-GP feels very relevant to their everyday practice, with some saying that it is changing and improving the care they offer their patients.'

'Indeed, patients have been integral to the development of e-GP, giving their input on some of the content. For instance, our consultation skills sessions include content authored by patient representatives working in partnership with GPs. We have also launched e-learning on areas of key national importance, such as learning disability, dementia and child safeguarding.'

Dr Ben Riley

Medical Director for e-Learning



RCGP ONLINE LEARNING ENVIRONMENT

The College's Online Learning Environment (OLE) was launched in May 2009.

With funding from the DoH, the OLE is delivering a growing number of e-learning courses and modules, including Improving Access to Psychological Therapies. Plans are underway to develop Personal Education Planning (PEP), a tool developed by RCGP Scotland, as part of OLE in 2011.

The College's six-monthly synthesis of new and changing knowledge for GPs – Essential Knowledge Updates (EKU) – are also now available free to members on the OLE, as are the related Essential Knowledge Challenges. These offer GPs a voluntary self-assessment on their learning through EKU, with the option of a downloadable certificate for those who successfully pass the test. Attracting 4300 GPs and trainees during the year, EKUs have proven to be highly popular.

CREDITS FOR CONTINUING PROFESSIONAL DEVELOPMENT

Following a successful pilot programme, which ended in 2009, the College has launched a new guide aimed at boosting GPs' understanding of how to collect credits for their professional learning. Eventually this will help GPs to meet the requirements of revalidation. Published on the College's OLE, the credit scheme is based upon a new concept. Through reflecting on learning they have undertaken, GPs have the chance to gain double points by demonstrating a tangible impact on

improving patient care and their own practice.

'Our aspiration is that the College will become the natural home for GPs who are searching for professional development opportunities. To that end, over the last two years we have invested a great deal in our support for professional development including e-learning such as Essential Knowledge Updates, which are a flagship of our strategy.'

'Meanwhile our new credit-based scheme means that we are currently the only college to recognise the outcomes of learning, as well as the time spent achieving it, with GPs able to double their points by demonstrating how they implemented learning in practice.'

Professor Nigel Sparrow
Chair of the RCGP's Professional Development Board

EDUCATIONAL EVENTS AND COURSES

General courses

The College's highly popular and over-subscribed two-day minor surgery course is now being offered monthly, increasing the number held each year from six to 12. Further increases are likely in the future. Another two-day course looking at preparation for the CSA is now being delivered ten times a year, again rising from six.

In autumn 2009, the first advanced consulting skills course was held, building on the success of the existing course. Another new one-day advanced course is enabling GPs to develop even further their business skills.

Supported by the UK's leading independent healthcare provider, BMI Healthcare, a series of new supper seminars delivered by the College's clinical champions have been embraced by GPs, providing an opportunity for them to hear the latest clinical information in different fields.

Former Work and Pensions Minister Lord McKenzie (centre) and Dr Bill Gunnyeon (left), Director of Health, Work and Wellbeing and Chief Medical Adviser at DWP, met with Dr Debbie Cohen and Professor Steve Field, RCGP Chairman, to mark the national roll-out of health and safety workshops for GPs. The content of the interactive workshops was devised by Dr Cohen with colleague Professor Sayeed Khan.

RCGP Substance Misuse Unit

In September 2009, the College launched a new Certificate in the Management of Alcohol Problems in Primary Care, running the first course in York. Formally linked to the DoH (England)'s own programme of action to combat alcohol misuse, the RCGP Substance Misuse Unit (SMU) has developed this certificate in response to increasing demand for education. Aimed at GPs and other healthcare professionals working in primary care, the certificate is in three parts: a DoH e-learning course, a workbook and a one-day training event.

The RCGP Certificates in the Management of Drug Misuse Parts 1 and 2 have continued to attract high levels of participants. Part 1 involves two e-modules and one day of face-to-face training, while Part 2 is equivalent to nine days' study, spread over six months, with three mandatory study days.

Collaborative working continues with the NHS National Treatment Agency for Substance Misuse (NTA) and the DoH to provide courses on drug misuse specifically for those who work in secure environments. This includes a specially tailored advanced secure-environment course.

National education programmes

Using funding of £102,800 from the DoH, the College launched a pilot scheme to help GPs and their practices enhance their support to carers. The programme was delivered through a series of six half-day workshops throughout England, taking place in September and October 2009.

Following a successful pilot in 2007, the Department for Work and Pensions (DWP) commissioned the College to roll out a programme on health and work in general practice. Delivered through a series of half-day workshops organised by the College's faculties, currently around 1000 GPs have received training. The vision is to run 100 to 150 sessions, training between 3000 and 4500 GPs. The workshops

The College is developing a joint framework with the Royal College of Psychiatrists and the Association of National Health Occupational Physicians to define the training necessary to help healthcare professionals support doctors and dentists with ill health. Following development of the framework, a training programme and certificate are being developed for national roll-out.



are designed to be interactive, offering up-to-date evidence about work and health, alongside skills and strategies for managing difficult consultations.

The workshops have led to a new website – Healthy Working UK – which has been developed in collaboration with the Faculty of Occupational Medicine and the Society of Occupational Medicine. The site provides primary care professionals with a 'one stop shop' signposting them to information and training – including an e-learning package – plus a discussion forum.



Around the UK

In the College faculties, there has been a great increase in local education provision matched to local needs. This includes a variety of courses, predominantly clinical, on topics such as cognitive behavioural therapy, tropical infections and a practice receptionist course.

In May 2009, a special event was held at the headquarters of the National Assembly for Wales to celebrate the success of disability awareness training, which has been developed and run throughout the country by a network of RCGP Wales, Equip Cymru. Also in May, RCGP Wales hosted a highly successful study day on women's health. Taking place in Swansea, it was attended by more than 100 GPs, who gave excellent feedback. The popular annual minor surgery study day took place in June in Chepstow.

RCGP Wales continues to receive government funding to run drug misuse courses. There is a one-day course and a more detailed course running over six to nine months, covering issues such as maintenance, detoxification, harm reduction, policy developments and safeguards for prescribers. Both lead to RCGP certificates for successful participants.

GPs from the top 100 most deprived practices in Scotland attended a special conference on health inequalities, 'GPs at the deep end', organised by the RCGP in Scotland with funding from the Scottish government. GPs now feel that they have a voice at national level and the event's success has led to securing funding for three more events, a programme of work to engage with

communities and vulnerable families, and continuing dialogue between these GPs and the government, facilitated by the College.

RCGP Scotland also hosted its annual conference for Associates-in-Training (AiTs), on 23 September at the Stirling Management Centre, giving trainees the opportunity to meet with experienced GPs. In addition to running drug misuse courses, a new one-day alcohol misuse course began in Scotland, held in liaison with NHS Health Scotland, which provides funding.

In Northern Ireland a new events programme has boosted interest among members, with a wide variety of events. These include an AiT seminar on 'Life as a locum', a symposium on deep-vein thrombosis, and Quality and Outcomes Framework training.

DEVELOPING A LEADERSHIP STRATEGY FOR MEMBERS

The lack of a systematic approach to leadership development for GPs was highlighted in a report by Professor Amanda Howe and endorsed by College Council. She recommended that College members should be encouraged to consider professional leadership roles over the course of their careers and the College should provide opportunities to support them.

The Professional Development Board is planning, in response, to develop a number of CPD resources to complement the existing Leadership Programme, which is aimed at mature doctors. These will include blended learning and website resources, induction and mentoring for new national office holders, and a set

of master classes. The courses will be based on the spiral curriculum approach, which will enable GPs to revisit the topic at different levels depending on their experience and stage of working life. It will link in to the First5 initiative, which supports GPs in their first five years post-qualification, as well as other initiatives aimed at different career stages.

TASK FORCE ON LEADERSHIP LAUNCHED BY RCGP

The RCGP launched a new initiative with the British Association of Medical Managers (BAMM) to tackle management and leadership initiatives in primary care. A Joint Board for Medical Managers in Primary Care was proposed to act as a national network supporting Medical Directors and Responsible Officers in primary care, producing relevant training and developmental opportunities for those interested in primary care management and in stepping up to leadership.

The inaugural meeting of the board at the College drew representatives from nearly 40 PCTs. Chaired by Dr David Colin-Thomé, it discussed the role of Medical Director, widening links with secondary care, encouraging grassroots GPs into leadership, and proposed a BAMM/RCGP Blueprint for Effective Medical Management.

National Clinical Director of Primary Care, Dr David Colin-Thomé, and Chief Executive of BAMM, Professor Jenny Simpson, alongside RCGP Chairman, Professor Steve Field, at the launch of the leadership initiative, September 2009.

PROFESSIONAL DEVELOPMENT SUPPORTING RESEARCH IN PRIMARY CARE

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Research Paper of the Year Award, June 2009. Winner Professor Gary Parkes (centre left) and his research team celebrate their success with then RCGP President Professor David Haslam (third left) and Professor Nigel Mathers, Director of the RCGP Clinical Innovation and Research Unit (second right).

Keeping an eye on the health of the nation. Dr Douglas Fleming, Director of the RCGP Research and Surveillance Centre, which has been gathering information from GP practices since the 1960s on infectious diseases in the UK. The monitoring service and the information provided are unique on a worldwide scale.

RCGP CLINICAL INNOVATION AND RESEARCH CENTRE

The RCGP Clinical Innovation and Research Centre (CIRC) is an extraordinary success story for the College. Since its launch in 2007, the Centre has initiated an ambitious programme of work that engages with a wide range of external stakeholders, alongside other College departments. In the past two years it has developed programmes of work to improve the care of patients through clinical innovation, audit and research.

CIRC integrates the clinical focus of the College with the development of primary care research and the related work of the RCGP Research and Surveillance Centre. The latter had a crucial role in responding to this year's flu pandemic, providing the Chief Medical Officer with weekly epidemiological information. Other highlights of the year included the re-launch of the Scientific Foundation Board, which doubled its maximum



Credit: Justin Grainge Photography

award grant to £20,000, attracting twice as many applicants.

Each year, CIRC makes an award for the Research Paper of the Year. Sponsored by Merck Sharp & Dohme in 2009 and now in its twelfth year, the award's purpose is to raise the profile of research in general practice and primary care, demonstrating that high-quality research is taking place. It also aims to give recognition to individuals or groups who have published exceptional research relating to general practice or primary care.

In 2009, the award was given to a paper by Professor Gary Parkes *et al.* entitled 'Effect on smoking quit rate of telling patients their lung age: the Step2quit randomised controlled trial', which was published in the *British Medical Journal*. Professor Trish Greenhalgh *et al.*'s paper on 'Patients' attitudes to the summary care record and HealthSpace: qualitative study' was highly commended.

'CIRC's expanding portfolio of work includes the development of audit tools and work streams based upon the College's clinical priority areas, using the expertise of our excellent clinical champions. CIRC continues to focus on clinical innovation, alongside offering College members some practical tools to facilitate quality clinical care.'

Dr Imran Rafi
CIRC Medical Director



BRITISH JOURNAL OF GENERAL PRACTICE

Founded in 1953, the College's *British Journal of General Practice* (BJGP) continues to be highly regarded both in the UK and internationally.

Following his retirement in December 2009, Dr David Jewell was succeeded as Editor by Professor Roger Jones, formerly Wolfson Professor of General Practice at King's College London.

Over the last 12 months, highlights of the monthly academic journal have included original research looking at the treatment of depression and hypertension. The relationship between doctors and their patients was a common theme of many articles, with contributions exploring patients' ideas, perspectives and expectations.

To ensure that research becomes increasingly accessible for more members, the journal now features research 'tasters'. These condense full-scale studies into short summaries, signposting those who are keen to discover more to the complete versions.

Members can download, free of charge, any article that is more than 12 months' old by visiting the journal's archives. Figures show that in March 2010 alone members downloaded 109,000 articles – the highest number recorded to date – while there were 185,000 visits to the site.

'I want to see the BJGP take its place as the top international primary care research journal, as well as leading the debate on the future of general practice and primary care, and remaining a valuable and enjoyable resource for associates, members and fellows of the RCGP.'

'We have ambitious plans for major developments of the online journal and re-design of the print version to make it more accessible, relevant and authoritative. Increasingly, full versions of original papers, guidelines and systematic reviews will be published online only, with short, attractive and readable summaries appearing in print.'

'We have taken soundings from groups of registrars and AITs, and surveyed the university departments of general practice, to ensure that our developments meet the needs of both writers and readers. We are currently seeking the input of younger members of the College to the Editorial Board and are establishing an International Advisory Board to strengthen our overseas authorship, readership and influence.'

Professor Roger Jones

Editor, BJGP

Then RCGP President, Professor David Haslam (left), and Master of the Worshipful Society of Apothecaries, Mr Nicholas Wood (Centre), presenting an engraved silver rose bowl to the winner of the 2009 Rose Prize, Mr Joshua Rubenstein, Enfield, for a study on the historical struggle faced by the specialty of general practice for recognition.

PROFESSIONAL DEVELOPMENT GENERAL PRACTICE FOUNDATION

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(Left to right) Then RCGP Honorary Secretary Dr Maureen Baker launches the RCGP General Practice Foundation with nurse Sue Cross, practice managers Sandy Gower and Fiona Dalziel, and physician assistant Neil Erickson.

A NEW CONCEPT IN PRACTICE TEAM DEVELOPMENT: GENERAL PRACTICE FOUNDATION

The RCGP General Practice Foundation is a pioneering way of engaging members of the practice team – specifically including nurses, managers and physician assistants – within the work of the College.

In essence, the Foundation reflects a shift of emphasis within primary care. This is towards working, learning and developing together as a team, with the goal of enhancing effectiveness and generating improvements in patient care.

Introduced in April 2010, the Foundation enables the various members of the practice team to access a wide range of high-quality College services. These include: information updates; the chance to be consulted on policy that will shape future general practice; the opportunity to network within and between different professional groups; and a regular programme of special events, targeted at different practice team members. The first of these – Supporting Your Practice Manager – was delivered in December 2009. Looking ahead, there are plans to provide master classes on



with managers, nurses and physician assistant team members through the Foundation, they can, in turn, share their knowledge and insights with the only royal college committed to the specialism of general practice. The College would like to see Foundation membership reach 3500 by 2013.



Credit: RCGP/Andy Forman

both clinical and management topics.

As the focus of the College is increasingly to support the wider general practice team, through practice accreditation, the Quality Practice Award (QPA) and the Annual National Conference to name a few areas, the Foundation is a timely development. By sharing the College's expertise

PROFESSIONAL DEVELOPMENT SUPPORTING INTERNATIONAL DEVELOPMENT AND STUDY



INTERNATIONAL DEVELOPMENT PROGRAMME

The College continues to manage a growing portfolio of international development work, with inspiring educational activities that support family medicine around the world.

China remains a major focus of the programme's work. During the year, plans have been agreed with the Shanghai Municipal Health Bureau to send cohorts of six GPs each, three times a year, to undertake a four-week long observational programme. A similar agreement has also been reached with Zhejiang Province, involving two doctors each time for a five-week stay. Their trip includes practice visits, with participants encouraged to maintain a learning portfolio throughout their time here.

India is becoming an increasingly busy aspect of the programme, with

activities set to multiply over the coming years. This year, highlights include family medicine residency programmes in Trivandrum and Calicut (Kerala) with College-accredited professional development also in Calicut, plus Pune (Maharashtra). In addition, cordial relations continue with the Indian Medical Association (IMA) College of GPs.

A Memorandum of Understanding with the Iraq Ministry of Health and the Academy of Medical Royal Colleges (AoMRC) has been signed, with four strands of work now agreed. Also in the Middle East, the British Embassy in Beirut asked the RCGP to undertake a short mission to advise on future training for family medicine in the Lebanon, and the visit took place in March. The College has also submitted a tender to the Cyprus Ministry of Health to train 1200 GPs.

'Here in the UK, we have a huge amount of expertise in GP family medicine that is world renowned. As a result, we receive regular requests from our colleagues overseas and we meet with them whenever we can. In return, our members reap the benefits of those links, with the opportunity to learn about others' practice. It's a win-win situation.'

Dr Garth Manning

Medical Director of the College's International Development Programme

(Third from left) Dr John Howard, MRCGP[INT] Medical Director and Chairman of the International Forum of the AoMRC, presenting a commemorative plaque to Dr Yassin Ahmed Abbas, Vice-President, National CPD Council, Iraq Ministry of Health (MoH), on the occasion of the second working party meeting at the College to establish a Memorandum of Understanding between the AoMRC and the Iraq MoH.

PROMOTION OF THE PROFESSION DEVELOPING AND INFLUENCING POLICY AFFECTING GENERAL PRACTICE, THE GENERALIST ROLE AND GPs

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OUR STRATEGIC OBJECTIVES:

- TO DEVELOP AND INFLUENCE POLICY AFFECTING GENERAL PRACTICE, THE GENERALIST ROLE AND GPs
- TO PROMOTE PUBLIC UNDERSTANDING OF THE ROLE OF GPs
- TO PROMOTE GENERAL PRACTICE AS A CAREER, INCLUDING ALL SPECIAL CLINICAL, MANAGERIAL, EDUCATIONAL AND RESEARCH INTERESTS
- TO ACHIEVE RECOGNITION AMONG THE PUBLIC OF THE COLLEGE'S ENTRY STANDARDS FOR GPs IN THE UK
- TO PROMOTE THE COLLEGE'S INITIATIVES TO MEMBERS AND EXTERNAL AUDIENCES.

WORKING WITH GOVERNMENT

One of the College's priorities for the year has been to ensure that the voice of GPs is heard by central government and that the views of GPs are on the political agenda. To that end, the College has worked hard to raise its profile at Westminster, liaising closely with key health spokespeople representing the major political parties.

Specifically, the College has been involved in Lord Darzi's review, *High Quality Care for All*, via a network of leading GPs, many of whom had an opportunity to put their questions and comments directly to him. Through its activities, the College was able to influence the outcome of the review, particularly on the controversial issue of polyclinics, moving the focus back towards GP practice.

The College was also invited to give evidence to several House of Commons select committees, including the inquiry into Sure Start Children's Centres. The RCGP's evidence examined issues such as barriers to Sure Start Centres working with GPs, good practice and suggestions for improvement.



Credit: RCGP/Wide Fry

Safeguarding patient confidentiality

The College played an active part in the Coroners and Justice Bill, co-signing a letter to the then Justice Secretary, Jack Straw MP, outlining grave concerns concerning a controversial clause in the bill, which would allow almost unlimited access to confidential medical records of individuals without their consent. Under clause 152, health information on named individuals held by GPs, health centres, pharmacists and hospitals could be handed over to the DWP and made more widely available.

RCGP Policy Breakfast
in February 2010
with the then Liberal
Democrat Shadow
Health Secretary,
Norman Lamb MP.



REVIEW OF OUT-OF-HOURS CARE

Following the death of a patient in February 2008, then Health Minister Mike O'Brien MP asked College Chairman Professor Steve Field to work with Dr David Colin-Thomé, National Clinical Director for Primary Care, to lead a joint review of current arrangements for local commissioning and provision of out-of-hours services. They produced a variety of recommendations, including calling for primary care trusts (PCTs) to review the performance management arrangements in place for their out-of-hours services, ensuring they are robust and fit for purpose. They also asked the DoH (England) to issue guidance to PCTs to assist them in making decisions about whether or not a doctor has the necessary knowledge of English to be admitted to their medical performers list.

HIGHLIGHTING ISSUES FACED BY THE VULNERABLE IN SOCIETY

The College joined forces with other medical royal colleges in a report criticising the practice of sending children of immigrant families to detention centres. The campaign continued throughout the year, with the College receiving national media coverage on its views about the psychological and physical consequences of this practice.

A wide range of other health issues has achieved media coverage throughout the year. RCGP Chairman Professor Field was interviewed by the BBC, *Daily Telegraph* and *The Times* about how vulnerable young people can fall between the gaps of children's and adult services. Professor Field was also quoted extensively in the *Guardian* about the College's stance on assisted dying. The College's End of Life Care strategy document was launched at the annual conference in November 2009. It includes ten specific recommendations, as part of a three-year plan that sets out the College's vision.

DEVELOPING AND INFLUENCING POLICY AT REGIONAL LEVEL

The College in Wales developed regular contact with the Welsh Assembly Government, responding to various consultations. In addition, relationships continue to develop with the vice chairs and assistant medical directors of the local health boards. The College is also strengthening its relationships with both the GMC and the BMA in Wales, with the aim of working more collaboratively.

In Northern Ireland, the College worked in partnership with the BMA to map out a ten-year strategy for general practice. Permanent Secretary to the

Department of Health, Social Services and Public Safety, Dr Andrew McCormick launched *The Future of General Practice in Northern Ireland* document in January 2010, at Stormont, home to the Northern Ireland Assembly.

The College in Scotland began work on its own vision for the future, which will be launched in 2010. It will include some key recommendations for the Scottish government. The College continued to work closely with Scottish politicians and the government, holding regular meetings with the Cabinet Secretary for Health and Wellbeing. There was also concerted lobbying on the Alcohol Bill, which focuses on a key health risk in Scotland, with the intention to reduce harmful levels of consumption, introducing a minimum price per unit.

Launch of the ten-year plan for general practice in Northern Ireland. (Left to right) Dr David Johnston, Chairman RCGP Northern Ireland Council, Dr Andrew McCormick, Permanent Secretary to the Department of Health, Social Services and Public Safety, and Dr Brian Dunn, Chairman of GPC Northern Ireland at the launch at Stormont.

PROMOTION OF THE PROFESSION PROMOTING PUBLIC UNDERSTANDING OF GENERAL PRACTICE

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RESPONDING TO THE NATIONAL FLU PANDEMIC

Among the College's greatest public successes this year has been its pivotal role in the government's response to the H1N1 flu pandemic.

Dr Maureen Baker, the RCGP's pandemic flu lead, was at the forefront of preparations to deal with a pandemic situation and in issuing guidance to GPs, a role which the College maintained throughout the pandemic.

In close liaison with the Health Protection Agency and other organisations, the College took a lead in communicating developments, both with GPs and the public. This resulted in an unprecedented media profile for the College, with RCGP Chair Professor Steve Field appearing on national and regional television and radio many times over the course of the outbreak. The Chief Medical Officer wrote thanking the RCGP for its invaluable contribution.

At the height of the outbreak, daily updates were issued to College members, with tailored information sent to key contacts in Westminster and the devolved parliaments. The College was among those submitting evidence to the House of Lords Science and Technology Committee's Pandemic Influenza Inquiry, outlining the views of GPs on the government's pandemic preparedness.

Working with the Proprietary Association of Great Britain (PAGB), the College produced a leaflet offering advice to patients on how best to prepare for the outbreak and look after themselves. The College also took part in the government's call centre



Chief Medical Officer for Wales, Dr Tony Jewell, addresses the RCGP Pandemic Summit, March 2010, London.

initiatives, helping to provide support and advice to worried callers.

PATIENT SAFETY

Commissioned by NHS Connecting for Health, the College's Health Informatics Group published its Shared Record Professional Guidance Project in June 2009. Among the study's purposes was to consider the patient safety consequences of shared electronic patient record (SEPR) systems in primary care. The report provides evidence and principles to inform generic guidance for primary care and community professional groups.

'The publication of these principles, underpinned by sound research, is likely to guide and accelerate the processes of information sharing that are crucial for improving care. We hope the report will prove immediately useful to a wide range of professional groups, and that the principles established are worthy of wider consideration throughout the NHS.'

Dr Alan Hassey

Project leader



First introduced in 2007, the document *Safeguarding Children and Young People: a toolkit for general practice*, was revised in 2009. The product of collaboration between the College and the National Society for the Prevention of Cruelty to Children (NSPCC), the toolkit is intended to support GPs who want to increase their awareness of child protection issues, enhancing the ability of primary care teams to



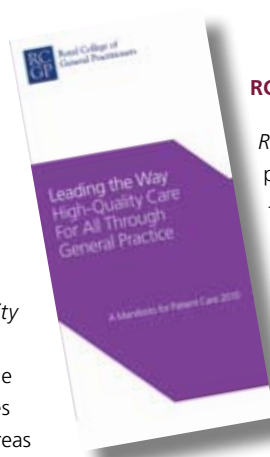
support young patients at risk. Among its objectives is reassuring parents that general practices are committed to safeguarding children and young people, ensuring their welfare.

SHAPING THE PUBLIC HEALTH AGENDA

In March 2010, the College published its election manifesto, *Leading the Way: high-quality care for all through general practice*. The document addresses several key policy areas including extending GPs' training, lengthening the patient consultation, and providing high-quality care, both in and out of hours. The manifesto will continue to play a major role in the College's work to influence government policy and that of the opposition parties.

WORKING WITH THE MEDIA

This year, the College's media strategy has centred upon patient care, gaining the highest ever media profile in its history, with 4000 national mentions in both print and broadcast media on a wide range of issues. These include: extending the smoking ban; alcohol misuse; patients using the web to self-diagnose; the safety of the cervical cancer vaccine; and how easily GPs can access psychological 'talking' therapies for their patients.



RCGP NEWS

RCGP News – the monthly publication for College members – continues to gather pace. This year has seen a growing number of contributions from individual College members and fellows. This is alongside approaches from influential figures within the healthcare sector, who are keen to use the newspaper as a way of communicating their work to GPs. Crucial topics, such as revalidation, e-learning support for trainees and GPs, and quality initiatives, feature monthly, ensuring that members can gain easy access to current information and resources.

Stepping out for safety – In June 2009, the National Patient Safety Agency (NPSA), the RCGP and other national organisations launched the guide *Seven Steps to Patient Safety in General Practice*. The launch at the College was accompanied by sold-out master classes, demonstrating GPs' commitment to patient safety. (Clockwise from top left) Professor Mike Pringle, RCGP Revalidation Clinical Lead and Professor of General Practice at the University of Nottingham; Richard Jenkins, NHS Institute for Innovation and Improvement; Robert Varnum, Associate, Safer Care Priority Programme, NHS Institute; Dr Christine Johnson, GP Adviser, NPSA; then RCGP Honorary Secretary Dr Maureen Baker; and Bruce Warner, Head of Primary Care, NPSA.

PROMOTION OF THE PROFESSION PROMOTING PUBLIC UNDERSTANDING OF GENERAL PRACTICE

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PATIENT PARTICIPATION: ENGAGING PATIENTS AT LOCAL LEVEL

Patient participation is gaining momentum throughout the College, with the creation of more opportunities for service-users to play an active role. For instance, most faculty boards now include lay representation, ensuring that the views and experiences of patients are at the centre of the College's work.

In Wales, the College awarded its second awards for patient-nominated GP of the Year and Practice Administration Team of the Year at an awards evening held in December in Cardiff. With the finalists short-listed by the RCGP Wales patient group, the awards recognise excellence in general practice, celebrating the outstanding contribution of GPs and practice teams across Wales. The event also raised £1520 for the Kidney Wales Foundation.

'We are absolutely delighted with this donation from RCGP Wales. It was very heart-warming to hear the patient stories at first hand and I'm positive this work will go from strength to strength.'

Roy Thomas

Kidney Wales Foundation Chair

A similar event was held in Scotland in December 2009 to celebrate the best of general practice there. For the first time, awards were presented to the patient-nominated GP of the Year along with Practice Team of the Year. The GP of the Year award attracted 117 nominations from patients. Their moving testimonials were included in a specially produced booklet, which was also featured at a parliamentary reception held in February 2010 to launch the start of GP Week in Scotland.

The RCGP Scotland GP of the Year attracted this winning nomination:

'Dr Walker-Love has been a pillar of strength for us, because of her caring and empathetic manner. I can honestly say that without her help coping would have been far more of a challenge. She did and continues to do whatever is humanly possible to ease our burden.'

Another patient had this to say about his GP: 'He is so devoted to his profession that he is there all the hours of the day serving his patients. He treats his patients like family members. His work is excellent for the community.'

Patients in Scotland also played a major role in developing a learning tool, called 'Essence of General Practice'. This includes a booklet and a pack of cards capturing the unique contribution that GPs make to patient care. The tool has proven useful for trainers as a mechanism to demonstrate what it is like to be a GP.

The RCGP in Northern Ireland has been the trailblazer in developing national awards, presenting them for eight years. In November 2009, presentations were made for the Practice Accreditation Award, Practice Administration Team of the Year, Practice Manager of the Year and Patient Nomination Award. The evening provided an excellent opportunity to bring general practice to the forefront of the newly structured health service. Meanwhile, RCGP Northern Ireland's Patients in Practice Group forged a relationship with the newly formed Patient and Client Council, who support their work in setting up new patient groups.

REACHING OUT TO THE NEXT GENERATION OF GPs

Now in its fourth year, the College's Student Forum aims to attract new members while they are still at medical college, when they may be considering becoming a GP. The forum helps to promote family medicine as a positive career choice. Already more than 900 students have registered to join, with more than 20 attending the College's annual conference. Here they took part in a discussion group, where they gave their opinions on proposals to extend GP training to five years.

The College's active participation at careers fairs provides an opportunity to promote general practice as a career. GPs in training (AiTs) who attended the *British Medical Journal's* careers fair in October 2009 met with undergraduate delegates at the start of their medical education, informing them about life in GP training. Careers advice events are also organised or attended by many of the faculties, through their strong links with medical schools. Events included a one-day event hosted by the South East Thames Faculty in the spring, while the Leicester Faculty attended the local university medical careers fair in the autumn.



RCGP Scotland GP of the Year Dr May Walker-Love (left) with Mrs Samar Sheikh who nominated her for the award.

INDIVIDUAL SUPPORT SUPPORTING AND PROMOTING THE PURPOSE OF MEMBERSHIP

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- TO DEVELOP A STRATEGY TO PROMOTE THE PURPOSES OF MEMBERSHIP
- TO DEVELOP OPPORTUNITIES FOR NETWORKING, MENTORING AND PEER SUPPORT
- TO ENSURE EFFECTIVE COMMUNICATION TO MEMBERS OF MATTERS AFFECTING GENERAL PRACTICE AND THE COLLEGE
- TO BECOME THE PORTAL FOR MEMBERS WORLDWIDE
- TO STRENGTHEN THE MEMBER FOCUS OF THE COLLEGE
- TO ENABLE INDIVIDUAL MEMBERS TO FULFIL THEIR POTENTIAL.

GROWING THE TRAINEE MEMBER FOCUS OF THE COLLEGE

Starting life in 2007, the AiT Committee is increasingly engaging younger members of the College in a variety of activities. Alongside giving views on the European Working Time Directive and the impact of foundation training, the Committee is also looking at how newly qualified GPs can be better supported, as they embark on independent practice.

Other areas where the group's impact is being felt include faculty boards and the College's annual conference. This is by helping to shape conference topics and streams of work, networking with UK and overseas colleagues, and taking part in various sessions including the global impact of GP training, career development and aspirations for the future.

'AiTs are changing the dynamic of the College with around a quarter of our members now in training. Although relatively new, the group is enthusiastic, active and clearly growing in influence, both inside the RCGP and externally. This is demonstrated by invitations to join an increasing number of influential organisations, such as Medical Education UK, the Academy of Medical Royal Colleges and the British Medical Association.'

Dr Greg Irving

Chair of the AiT Committee



‘Through this rising awareness of what we do and the effect that we are having, the Committee has attracted a representative from Northern Ireland for the first time. Tangible impacts of our work include fostering a clear sense of community for trainee GPs in ways that I’ve not experienced before.

‘At the annual conference in Glasgow, many GP trainees came along because they had heard about our work. It was wonderful to see them feeling part of something significant. The conference also enabled us to meet with trainees from overseas, giving us the opportunity to share knowledge. We are the future College members and what we’re thinking about today becomes tomorrow’s reality.’

BEYOND TRAINING – THE FIRST FIVE YEARS

Born out of the AiT Committee, First5 is a new RCGP initiative that supports newly qualified GPs from the point at which they complete their training to their revalidation after five years of practice.

Bringing together many existing College benefits into one comprehensive package of support, First5 is based upon five pillars. These are:

- promoting a sense of belonging and appropriate representation
- facilitating networks with peer support and mentoring
- supporting revalidation
- helping to make the most of a career in general practice, through mentorship
- supporting professional development and gaining new skills.

‘The first years after training can be a difficult time for new GPs, who find themselves in the ever-changing world of modern general practice. As a result, the new independent practitioner may feel vulnerable and isolated.

While the RCGP already does excellent work to support all of its members, the benefits of maintaining membership are not well known to all newly qualified GPs. The concept of First5 is a way for the RCGP to play a key role in supporting new GPs through those crucial first five years, up to the first point of revalidation.’

Dr Clare Taylor

First5’s Professional Development Fellow

WELCOMING NEW MEMBERS

Four ceremonies have welcomed 400 new members, the majority being newly qualified GPs. Celebrating entry into the RCGP, the ceremonies provide family and friends with the chance formally to commemorate qualification as a GP. For those who have achieved membership by assessment of performance, it is the opportunity to mark success later in their career.

INDIVIDUAL SUPPORT CREATING OPPORTUNITIES FOR NETWORKING, MENTORING AND PEER SUPPORT

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RCGP NATIONAL CONFERENCE

The College hosted its most high-profile annual conference ever in November 2009. Held at the Scottish Exhibition and Conference Centre in Glasgow, more than 1200 GPs and primary care professionals heard about the latest clinical and policy developments. Internationally, the number of delegates more than doubled from the previous year to 88. Key topics focused on areas such as clinical updates, patients, quality, nursing, innovation and research. Highlights included the launch of the General Practice Foundation and two new leaflets on revalidation, both achieving strong media coverage.

Among those attending were Mike O'Brien, the then government's health minister, Shona Robison MSP, Minister for Public Health, and Niall Dickson, Conference Chair and Chief Executive of the King's Fund. Former RCGP President, Professor David Haslam, opened the conference.



The many positive comments from delegates include:

'Well done to those behind the conference. It was world class and thoroughly worthwhile. I have taken back so many tips and ideas to practise that I will struggle to implement them all before next year's conference.'

'I feel totally invigorated professionally and personally after the event.'

'I am proud to be a member of a college with such inspiring senior members. It's good to be reminded of the bigger picture of our role.'

NETWORKING AT COUNTRYWIDE, LOCAL AND GROUP LEVELS

Opportunities for networking alongside tailored educational events, targeted to help AiTs, have been an important aspect of the work of College faculties. Such events include an induction evening in South East Scotland and a very well attended monthly lecture hosted by the North East England Faculty. The Vale of Trent Faculty also launched its First5 International

Prize – sponsoring attendance at the RCGP Junior International Committee meeting, followed by attendance at the WONCA European conference – in addition to a prize offering two trainee GPs £250 towards registration and attendance costs at the RCGP annual conference.

Responding to the specific needs of rural GPs, the College launched its Rural Forum at the annual conference. Already attracting around 400 members who practise in rural locations, the goal is to reach out to GPs who work remotely, ensuring that their views can be heard at national level. Feedback from members shows that the Forum has been very well received, with rural GPs feeling that they now have a voice.

Bringing together GPs throughout the country, RCGP Wales hosted two conferences on revalidation, with Professor Mike Pringle speaking at the North Wales event and Chair Bridget Osborne speaking in South Wales. Meetings held in Llandudno and Swansea provided opportunities for practitioners who work with patients with mental health issues to network and share experiences, information and practical responses to service provision. Throughout 2009, the College developed its relationship with the All Wales Practice Managers' Committee, winning the contract to manage their annual conference in 2010.

INDIVIDUAL SUPPORT INTERNATIONAL TRAVEL AND OVERSEAS EXCHANGE

SUPPORTING YOUNG DOCTORS

The first meeting of the College's Junior International Committee (JIC) took place in April 2009. Formed as a subcommittee of the RCGP International Committee, the JIC aims to facilitate international educational activities and to represent junior UK GPs within the Vasco da Gama Movement (WONCA Europe's network for GP trainees and those within five years of completion of training).

The group's inception has galvanised GP trainees and junior GPs to take a greater interest in international primary care by drawing together those who are passionate about sharing and learning from experiences in an international healthcare context. In September 2009 the annual WONCA Europe conference, held in Basel, Switzerland, attracted over 30 junior UK junior delegates, including a record number of trainees.

The JIC has also encouraged more junior doctors to take part in the international exchange programme, Hippocrates. This offers a two-week exchange, where junior GPs can visit an overseas GP practice and shadow healthcare colleagues. This year, for the first time, the College hosted an international exchange programme at its annual conference, attracting 19 representatives from 16 different countries, including Israel and Ukraine. They stayed in the homes of local GPs and spent a day in a general practice, before attending the conference in Glasgow.



GPs sans frontières: RCGP Junior International Committee delegates at the WONCA Europe 2009 conference, Switzerland.

'This new group for AiTs and First5 GPs is an important step forward to help nurture valuable international collaboration amongst GPs from an early stage in their career.'

Dr Luisa Pettigrew

Chair of the RCGP Junior International Committee

INTERNATIONAL TRAVEL SCHOLARSHIPS

Scholarships are available for any family doctor anywhere in the world, offering the chance for overseas doctors to travel to the UK to learn about practice and vice versa. Individual awards of between £500 and £2000 are presented twice a year. This year seven doctors received scholarships – four from the UK and one each from Uzbekistan, Egypt and Brazil.

MEMBERSHIP 2009/10

Membership numbers rose to a record level of 38,780 as at 31 March 2010, an increase of 2536 on the comparable figure last year. The figure represents a 7% increase in total membership.

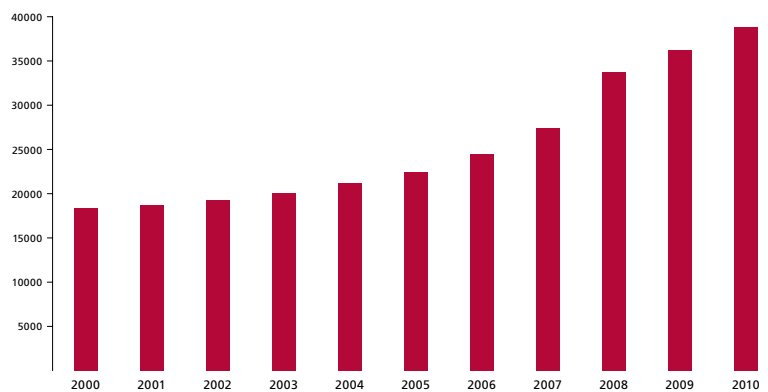
While steady growth across all membership categories contributed to this success, the largest increases have been seen in full membership, AiT (trainee) category and International membership. The College membership is made up as follows: 25,381 members, 9451 AiTs, 2713 fellows, 717 associates, 386 international members and 132 honorary fellows.

Of the 2012 AiTs who successfully completed the College's MRCGP examination in 2009/10, 93% have taken up full membership. The first cohort of successful interim Membership by Assessment of Performance (iMAP) candidates became eligible for membership last year, with 90% joining the College (322 out of 358 eligible candidates).

Membership retention is also at an all-time high (95.9%). In 2009/10, 382 members rejoined the College and 372 joined for the first time; this number does not include the above mentioned members via iMAP.

The Membership Support team focuses its efforts on providing high standards of customer service to members, identifying key areas for development and finding innovative solutions to support better delivery. AiTs continue to require a higher than average level of support by the team around the time of registration, on extension of training and following completion. Processes have been put in place to make these transition

Total membership 2000–10



MRCGP pass candidates taking up membership

Period	No. of (n) MRCGP passes	No. eligible for membership at time of reporting	No. taking up membership	% take-up
2008/9	1677	1672	1491	89%
2009/10	2012	1945	1866	93%

iMAP pass candidates taking up membership

Period	No. of passes	No. taking up membership	Remaining	% take-up
2008/9	84	52	32	62%
2009/10	358	322	36	90%

stages seamless and effortless from the member perspective, providing a positive experience and nurturing good relationships with the College.

Work has begun on implementing paperless Direct Debit systems, which will become an integral part of the AiT registration, resulting in a 'one-step sign-up' for AiT membership. It is hoped that the system will be piloted during the February 2011 intake. Apart from improving user experience, the system will support the College's environmentally friendly efforts and paperless working. Work

is also underway towards electronic membership renewals, further increasing the College's environmental practices.

The College has developed more streamlined processes to welcome new International members to the College after passing MRCGP[INT] in their respective countries. Enhanced services, a streamlined application process tailored specifically to International members' requirements, personal contact and close liaison with the International team, all contributed to the increased numbers in this category.

HONORARY TREASURER'S REPORT, 2010

INTRODUCTION

I am pleased once again to present my report, which shows a very positive year for the College.

The general global recession has presented some challenges, not least a reduction in investment income, particularly short-term investments and a need to limit subscription and staff salary increases at 2% and 1%, respectively.

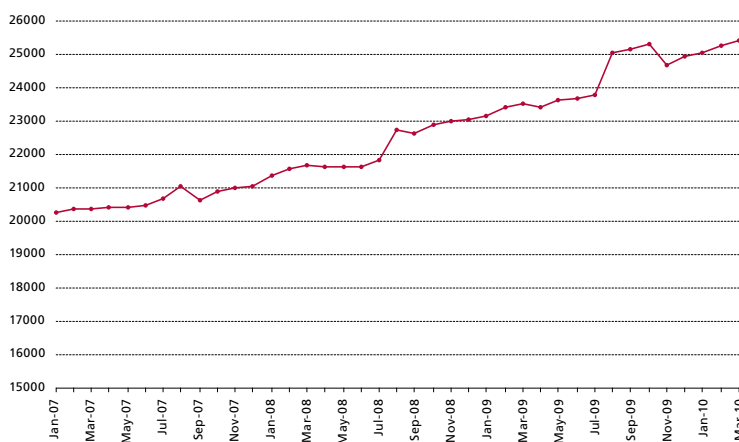
MEMBERSHIP

College membership continues to grow year on year (see graph on page 29). As at 31 March 2010 membership stood at 38,780, an increase of 2536 compared with 31 March 2009. It is worth noting that the College continues to see a significant number of reinstatements (individuals who have previously left the College and rejoined). The graph (right) shows the growth in membership of the College, not including AiTs. The number of new AiTs in August 2009 was less than anticipated due to the expected number of posts for general practice training not being realised.

FINANCIAL REVIEW FOR 2009/10

The College continues to be in an overall strong financial position. This is a significant achievement in the current financial climate. The College's consolidated income has increased by £1.2m to £30m. The surplus has largely been achieved as a result of

Membership excluding Associates-in-Training, 2007–10



an increase in membership, greater than expected activity in iMAP and a number of initiatives that also made a valuable contribution to the College's overall income. In addition, budget managers have continued to exercise prudent budget management throughout the College.

Net assets have increased to £16.5m, before an adjustment of £3.7m in respect of the closed final-salary pension scheme as required by the adoption of accounting standard FRS17. The College moved from a final-salary pension scheme to a defined-contribution scheme in 2006. The present value of the scheme liabilities stands at £17m, while the market value of the scheme assets stands at £13.3m. The payment towards the pension fund was increased to £930k in April 2009. The FRS17 deficit has reduced from £4.3m in 2009 to £3.7m in 2010.

The College continues with a planned programme to bring the pension fund into balance over the next seven years.

The net assets figure takes into account cash balances of £1.9m held by faculties at 31 March 2010. The College's charitable expenditure for 2009/10 was £27m, which equates to 90% of the income.

General funds (before the pension scheme deficit) at 31 March 2010 stood at £1.7m after new designations of £1.2m, and this represents 6% of total incoming resources. Our reserves at the year end are within the parameters set out in the College's reserve policy. At 31 March 2010, free reserves – those unrestricted funds not invested in certain tangible fixed assets (£5.2m) (2009: £1.4m), not designated for specific purposes, or not otherwise committed – stood at £3.4m (2009: £0.355m). Included within tangible fixed assets is an amount of £3.5m, which relates to the deposit on our new building on Euston Square funded by cash received in early April 2010. Therefore, free reserves at 31 March 2010 are more appropriately stated as £0.057m. Reserves will continue to be monitored by the Trustee Board.

In relation to the past year, I would highlight the following:

1. MRCCGP

The development of this world-class assessment was funded through an internal loan arrangement. The cost was in the region of £1.6m. I am pleased that, as of 31 March 2010, this development has been repaid in full.

2. Annual conference

The 2009 annual conference was held in Glasgow. It has not only increased in stature as an event but in financial terms has also generated a surplus that is covenanted back from RCGP Conferences to general funds.

3. Revalidation

The College has continued to work towards being ready to implement revalidation, when the GMC and government signal its 'going live'. The development work has been partially funded by grants from the Academy of Medical Royal Colleges, but largely from the College Development Fund.

4. Investments

The market value of our investments, excluding cash held for reinvestment, has increased by £866k to £3.6m. We achieved an overall performance of 56.8% against a benchmark of 59.9% – an underperformance of 3.1% against benchmark. We have had discussion with Newton Investment Management Ltd on its strategy for the forthcoming months and the Trustee Board will be monitoring the performance on a regular basis.

5. Trustee Board

College Council agreed to set up a Trustee Board, which has assumed the responsibilities previously carried out by the Finance Committee. The Trustee Board has been in operation since July 2009 as a pilot for a period of two years. The Trustee Board includes lay members with special expertise and knowledge, Council members, the Honorary Treasurer and the Honorary Secretary. The Senior Management Team is in attendance at the Trustee Board.

6. Digital strategy

The RCGP now has a digital vision that seeks to deliver to members the full benefits of online services – delivered not just via a website, but also through the full range of 'e-technologies'. The digital vision would give members access to their own area online, which would be tailored to meet their personal needs. In addition, members would be able to access content from across the RCGP and through partners. Full delivery of the vision would mean high-quality content such as audio and video download applications for smart phones, information management and retrieval, online communities and much more being the norm in the RCGP. Delivery will mean that much of the College's business will be conducted through digital means, with possible efficiency savings being available, as well as new revenue streams becoming possible.

7. New College building

In moving forward, the College will see an unprecedented time of development.

The sale of Princes Gate was concluded in April 2010 at the same time as the acquisition of a very substantial building on Euston Square. Work has commenced on the planning of the interior of the new College building, which is scheduled to be ready in summer 2012. As well as providing a world-class conference centre and examination centre we will have modern office accommodation for our staff.

There will be a two-year period when our London-based staff will move to interim accommodation. This will be a big cultural change for many as we move from smaller cellular office space to an open-plan environment. It will give us all the opportunity to try out different configurations and ways of working before we move into the new building.

However, the physical space is only part of the story. We are making a very significant investment in our IT infrastructure, including additional capacity that should serve us for the next 5–10 years. The IT infrastructure will support a new digital delivery where we have ambitious plans to ensure that all available technologies are developed to support our members and fellows. This includes an ePortfolio for revalidation that will be launched for members in autumn 2010.

Plans are also in place to provide an enhanced package of benefits for members, and for members of the General Practice Foundation (practice managers, nurses in general practice and physician assistants).

All of this is linked to the increased commercial activity of the College. We foresee many opportunities to diversify our income and to continue to grow our College.



CONCLUSION

The College continues to be in a healthy position and in good shape to support the development and implementation of revalidation. We will continue to strive to increase income from sources other than membership fees. We will design and deliver a modern and effective College building, infrastructure and digital delivery in the next two years.

I wish to record my thanks to all the members of the Trustee Board for their invaluable contribution over the last year. I also wish to thank the independent advisers, who give their services to the College voluntarily, the Senior Management Team, all budget holders and budget managers, and finance staff.

DR COLIN M HUNTER OBE FRCGP
Honorary Treasurer

SUMMARISED ACCOUNTS

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CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2010

	Unrestricted funds £	Restricted funds £	Endowment fund £	Total 2010 £	Total 2009 £
INCOMING RESOURCES					
Incoming resources from generated funds:					
Voluntary income	38,565	164,616	-	203,181	456,153
Activities for generating funds	1,511,455	51,720	-	1,563,175	1,453,464
Investment income and interest receivable	111,911	74,816	-	186,727	643,209
Incoming resources from charitable activities:					
Professional standards	8,674,032	581,006	-	9,255,038	9,553,583
Professional development	2,687,711	3,174,781	-	5,862,492	5,169,890
Individual support (includes Membership)	12,022,772	176,862	-	12,199,634	10,936,989
Promotion of the profession	564,215	150,536	-	714,751	562,021
Total incoming resources	25,610,661	4,374,337	-	29,984,998	28,775,309
RESOURCES EXPENDED					
Costs of generating funds:					
Fundraising and publicity	137,899	-	-	137,899	43,828
Investment management fees	7,118	17,461	-	24,579	26,918
Charitable expenditure:					
Professional standards	9,395,428	551,751	-	9,947,179	11,089,139
Professional development	6,881,917	2,298,893	-	9,180,810	6,669,077
Individual support (includes Membership)	4,963,813	248,546	-	5,212,359	4,854,753
Promotion of the profession	2,468,665	230,494	-	2,699,159	2,496,055
Governance	477,916	-	-	477,916	510,304
Total resources expended	24,332,756	3,347,145	-	27,679,901	25,690,074
Net incoming resources before transfers	1,277,905	1,027,192	-	2,305,097	3,085,235
Transfers between funds	112,488	(112,488)	-	-	-
Net incoming resources before gains/(losses) on the revaluation and disposal of investments	1,390,393	914,704	-	2,305,097	3,085,235
Gains/(losses) on the revaluation and disposal of investments	245,752	604,987	-	850,739	(912,474)
Actuarial (losses) on defined-benefit pension scheme	(24,000)	-	-	(24,000)	(2,960,000)
Net movement in funds	1,612,145	1,519,691	-	3,131,836	(787,239)
Fund balances brought forward as at 1 April 2009	2,934,944	5,352,988	1,390,027	9,677,959	10,465,198
Fund balances brought forward as at 31 March 2010	4,547,089	6,872,679	1,390,027	12,809,795	9,677,959

CONSOLIDATED BALANCE SHEET AS AT 31 MARCH 2010

	2010 £	2009 £
Fixed assets	10,144,506	5,522,864
Current assets	11,887,322	12,550,489
Creditors (amounts falling due within one year)	(5,485,033)	(4,067,394)
Net current assets	6,402,289	8,483,095
Net assets excluding pension liability	16,546,795	14,005,959
Defined-benefit pension scheme liability	(3,737,000)	(4,328,000)
Net assets including pension liability	12,809,795	9,677,959
Represented by:		
<i>Income funds:</i>		
Unrestricted funds:		
Free reserves	1,734,793	1,716,339
Pension reserves	(3,737,000)	(4,328,000)
Designated funds	(2,002,207)	(2,611,661)
	6,549,296	5,546,605
Restricted funds	4,547,089	2,934,944
<i>Capital funds:</i>	6,872,679	5,352,988
Endowment fund	1,390,027	1,390,027
Funds	12,809,795	9,677,959

TRUSTEES' STATEMENT

The summarised financial statements have been agreed by our auditor, Chantrey Vellacott DFK LLP, as being consistent with the full financial statements for the year ended 31 March 2010. These were prepared in accordance with the Statement of Recommended Practice 'Accounting and Reporting by Charities' 2005 and received an unqualified audit opinion. These summarised financial statements are not the full statutory financial statements and therefore may not contain sufficient information to enable a full understanding of the financial affairs of the Royal College of General Practitioners. For further information, the full financial statements and Annual Report of the Royal College of General Practitioners, and the Independent Auditor's report, should be consulted. The full financial statements that were approved by the Board of Trustees on 21 July 2010 have been submitted to the Charity Commission.

Further information and the full accounts are available by contacting:

Head of Finance
 mbirungi@rcgp.org.uk
 Telephone: 020 3188 7400

SIGNED ON BEHALF OF COUNCIL

Dr Colin M Hunter OBE FRCGP
 Honorary Treasurer
 21 July 2010

AUDITOR'S STATEMENT TO THE TRUSTEES OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

We have examined the summarised financial statements set out on page 33.

RESPECTIVE RESPONSIBILITIES OF THE TRUSTEES AND AUDITOR

The Trustees are responsible for preparing the summarised financial statements in accordance with applicable United Kingdom law and the recommendations of the charities SORP.

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements with the full annual financial statements and the Trustees' Annual Report.

We also read the other information contained in the summarised annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board.

OPINION

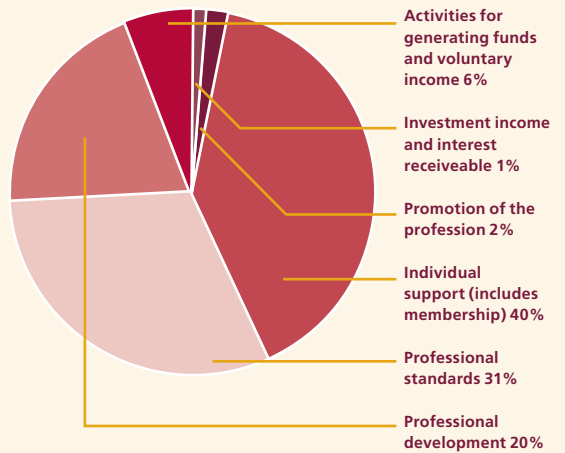
In our opinion the summarised financial statements are consistent with the full financial statements and Annual Report of the Royal College of General Practitioners for the year ended 31 March 2010.

CHANTREY VELLACOTT DFK LLP

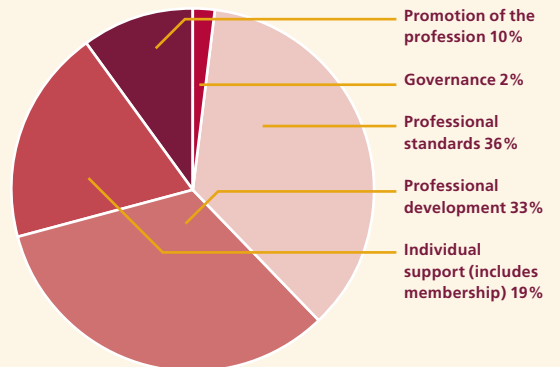
Chartered Accountants and Registered Auditor

London
 21 July 2010

RCGP TOTAL INCOME 2010



RCGP TOTAL EXPENDITURE 2010



QUEEN'S BIRTHDAY AND NEW YEAR HONOURS LISTS

35

RCGP members honoured in the Queen's Birthday Honours List, June 2009:

ORDER OF THE BRITISH EMPIRE

Commander of the Order of the British Empire

Professor Yvonne Helen Carter OBE

(since deceased)

Pro-Vice-Chancellor for regional engagement, University of Warwick
For services to medical education (Coventry, Warwickshire)

Members of the Order of the British Empire

Dr Terence Rees Davies

Medical Director, Carmarthenshire Local Health Board

For services to medicine and to the NHS in Wales (Llandeilo, Carmarthenshire)

Dr Roger Gadsby

General Medical Practitioner

For services to diabetes care and to the NHS (Nuneaton)

RCGP members honoured in the New Year Honours List, December 2009:

ORDER OF THE BRITISH EMPIRE

Commander of the Order of the British Empire

Professor Stephen John Field

Head of Workforce and Regional Postgraduate Dean, NHS West Midlands, and Chairman of Council, Royal College of General Practitioners
For services to medicine (Birmingham, West Midlands)

Member of the Order of the British Empire

Dr Timothy Alan Carney

General Medical Practitioner
For services to health care (Hexham, Northumberland)

Members of the Council of the RCGP, 2009/10.



PATRON, PRESIDENT & MEMBERS OF THE COUNCIL OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS, 2009/10

PATRON

HRH The Prince Philip,
Duke of Edinburgh

MEMBERS OF COUNCIL

*The members of Council
at 31 March 2010 were:*

President

Dr Iona Heath CBE FRCGP

Chairman

Prof. Steve Field CBE FRCGP

Vice-Chairman

Dr Clare Gerada MBE FRCGP

Vice-Chairman

Dr Has Joshi FRCGP

Honorary Treasurer

Dr Colin Hunter OBE FRCGP

Honorary Secretary

Prof. Amanda Howe FRCGP

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Dr Soleman Begg

Deputy Chair, Associates-in-Training
Committee

Mr Antony Chuter

Chair, Patient Partnership Group

Dr Greg Irving

Chair, Associates-in-Training
Committee

Dr Terry John MRCGP

General Practitioners Committee

Prof. Roger Jones FRCGP

Editor, *British Journal of General
Practice*

Dr Malcolm Lewis FRCGP

Committee of General Practice
Education Directors (COGPED)

Dr Alec Logan FRCGP

Deputy Editor, *British Journal of General
Practice*

Dr Sue Rendel FRCGP

Interim Chief Examiner

Dr Sabyasachi Sarker

British International Doctors'
Association

Col. RG Simpson FRCGP

Armed Forces Group

Dr Richard Vautrey MRCGP

General Practitioners Committee

Prof. Paul Wallace FRCGP

Society for Academic Primary Care
(SAPC) Observer on Council

OTHER MEMBERS

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Dr Tina Ambury FRCGP

Dr Sati Ariyanayagam FRCGP

Dr Paul Armstrong FRCGP

Dr Ken Aswani MBE FRCGP

Dr Tim Ballard FRCGP

Dr Sunil Bhanot FRCGP

Dr Stuart Blake MRCGP

Dr Howard Bloom MRCGP

Prof. Scott Brown FRCGP

Dr John Chisholm CBE FRCGP

Dr Una Coales MRCGP

Dr Philip Cotton FRCGP

Dr Frances Cranfield FRCGP

Dr Paul Creighton FRCGP

Dr Peter Davies FRCGP

Dr Janet Day FRCGP

Dr MeiLing Denney FRCGP

Dr Robert Dickie FRCGP

Dr John Dracass MBE FRCGP

Dr Jill Edwards FRCGP

Dr Philip Evans FRCGP

Prof. Simon Gregory FRCGP

Dr Janet Hall FRCGP

Dr Kamila Hawthorne FRCGP

Prof. Jacky Hayden FRCGP

Dr Steve Holmes FRCGP

Dr Christine Johnson FRCGP

Dr David Johnston FRCGP

Dr Jean Ker FRCGP

Dr Mike Knapton FRCGP

Dr Rhona Knight FRCGP

Prof. Mayur Lakhani CBE FRCGP

Dr Ken Lawton FRCGP

Prof. Helen Lester FRCGP

Dr Stephen Lynch FRCGP

Dr Helena McKeown FRCGP

Prof. Martin Marshall CBE FRCGP

Prof. Nigel Mathers MRCGP

Dr Kay Mohanna FRCGP

Dr Robert Mortimer FRCGP

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Dr Noel Tinker MRCGP

Dr Victoria Tzortziou Brown MRCGP

Prof. Valerie Wass FRCGP

Dr David Wood FRCGP

Dr Venetia Young MRCGP

PROMOTING EXCELLENCE IN FAMILY MEDICINE

The Royal College of General Practitioners is most grateful to all those individuals and organisations who have continued to support the College and its activities throughout the year including:

Aetna UK
Alistir Wood Tait
Amgen
Barclays Bank
BBC Health Team
BMI Healthcare
Boehringer Ingelheim
Bristol-Myers Squibb
British Heart Foundation
British Medical Association
Cambridge Assessment
Chest Heart & Stroke Scotland
Danone
Department for Work and Pensions
Department of Health
Depression Alliance Scotland
Diabetes UK
Doctors.net.uk
e-Learning for Healthcare
Elsevier
Eric Gambrell Memorial Fund
Faculty of Occupational Medicine
General Medical Council
General Practitioners Committee (of the BMA)
GP newspaper
GSK (UK)
Guardian
Health Protection Agency
Health Service Journal
Institute of Healthcare Management
Leonard Cheshire Disability

Lumison
Mazars
Medical Defence Union
Merck Sharp & Dohme (MSD) Ltd
National Association for Patient Participation
National Patient Safety Agency
National Society for Prevention of Cruelty to Children
NHS Confederation
NHS Connecting for Health
NHS Education for Scotland
NHS Health Scotland
NHS National Treatment Agency for Substance Misuse
NHS Quality Improvement Scotland
NHS Scotland health boards
Novartis
Nursing and Midwifery Council
Pagan Osborne
Pfizer
PricewaterhouseCoopers
Princess Royal Trust for Carers
Proprietary Association of Great Britain
ProStrakan
Public Health Wales
Pulse magazine
Royal College of Nursing
Scottish Development Centre for Mental Health
Scottish Government
Society for Academic Primary Care
Society of Occupational Medicine
Stiefel (GSK)
Stone King Sewell
UK Association of Physician Assistants
Univadis
University of Cambridge
Welsh Assembly Government

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