Commentary

April 2026 Issue 2

Royal College of Physicians

Membership magazine of the Royal College of Physicians

April welcome: Professor Ollie Minton

'Progress Maustin progress' – while the Alliance and Lester Building Society is no more, as *Commentary* is approaching our own Diamond Jubilee, we are moving to a rolling schedule of publishing articles online.

You will of course get the bimonthly email of contents as a default. We will keep the range of offerings as broad as it has been and monitor all feedback via any appropriate medium (commentary@rcp.ac.uk), if your carrier pigeon is under the weather or the fax machine is broken (again).

It is conference season, with Medicine 2026 being the RCP centrepiece in person and online with all the associated etiquette; always ensure it is more of a question than a comment.

I think these conferences are excellent opportunities to show off data / reassure yourself that you are doing what is achievable – but also time outside of work to think about clinical improvement.

The regional Updates in medicine are also a great place to see work being shared; and yes, the CPD points and a nice lunch are the bonus of being a collegiate member or fellow – I was pleased to note my FRCP adorning my badge at the London Update last month. The Turner-Warwick lectures at the Updates allow a showcasing of truly exceptional work which can be continued during a year as a hospital's chief registrar – the reflections of how best to maximise this role are included in this edition.

This edition highlights some of the excellent education offerings and a reminder of all the unseen work that the RCP does and continues to do – we can only highlight a small segment. The London RCP building by Regent's Park has the surrounding RCP Medicinal Garden which continues to provide inspiration, as the RCP launches a new artist-in-residence scheme to encourage further philanthropy and the intersection of medicine and the arts.

We also have our ongoing global influence and connections – now headed by Dr Emma Vaux, vice president for global, continuing her important work in education and collaboration. There are some specific examples of work being done in range of locations, from Iraq to Brazil. The ability to support these networks is something the RCP is rightly sharing, and I would encourage further Commentary contributions on exchanges or other adventures of shared learning as they bring the day job into focus. This edition also includes the first articles submitted by a member of the Commentary Advisory Group (Dr Ajay Verma and Professor Anita Simonds) – something we hope to build on in time.

The Green physician toolkit has appropriately blossomed again for spring and is a reminder that we all have a responsibility to do our bit, given the general awareness and feeling that climate change and its associated impacts can have on our practice. We are also pleased to have a Patient and Carer Network that continues to feed into all the work being done and, with over 30 active members at any one time, helps to put this voice into strategy for the college and wider influencing.

And finally – we are nothing without the history of our physician predecessors and learning through the ages. We have started 'A news from the past' section with updates from the RCP museum. The first honorable mention goes to the first Harveian librarian Christopher Merrett who, among his various achievements, was the first scientist to document how to put the fizz into sparkling wine in 1662.

Hope you enjoy the edition.

All the best,

Ollie.

April welcome: Professor Mumtaz Patel

Welcome to the April edition of *Commentary*. It has been a busy start to 2026 – and the breadth of work included in this edition displays just that.

The end of March was particularly exciting and historic as we had our first elections in over 500 years where collegiate members could cast their vote for college officers and members of Council. I'm delighted to welcome Dr Dan Furmedge as our new senior censor and vice president for education and training, and Professor Sam Rice and Dr Ben Thomas as joint vice presidents for Wales. Thank you to all who voted, and it was wonderful to meet so many members and fellows in the RCP building at Regent's Park. I am looking forward to meeting even more of you at our flagship conference in May, Medicine 2026!

This edition of *Commentary* offers the chance to get to know a lot of the faces behind RCP work; not only do we have an interview with our new joint vice presidents for Wales, but it includes an introduction to many of our associate global directors and Dr Emma Vaux, vice president for Global. Sam Mauger, the head of the fantastic Patient and Carer Network, also shares some of the work and goals of the PCN.

This edition also encompasses the work of our members and fellows across the world; from doctors working as chief registrars or changing education in Iraq, to working in gastroenterology across different healthcare systems and improving healthcare for patients with learning disabilities.

Spring has finally arrived, and the work of artists in the RCP's garden, museum and library is a great reminder of how inspiring the natural world can be. Commentary also speaks to doctors who are working to protect that natural world in their everyday practice, looking at how the Green physician toolkit is being used by different specialties.

Finally, our current Harveian librarian Professor Anita Simonds has put together a lovely look back into the history of the college with the 'News from the past' column – this time looking at the tumultuous career of the first Harveian librarian, Christopher Merrett.

I hope you enjoy reading this edition.

Wishing you all the best,

Mumtaz.

Commentary news round-up: April 2026

Since the last edition of *Commentary* in February the RCP has been working to represent our members and support the work of physicians. Read our summary of the news from the last 2 months and the upcoming opportunities.

RCP governance matters

Read the latest updates on RCP governance matters and find your opportunities to get involved.

Central elections 2026

The results of the elections for senior censor and vice president for education and training (VPET), vice president for Wales and councillors are now available.

The RCP is tremendously grateful to all the candidates who stood and to all fellows and collegiate members who voted. Congratulations are due to:

- Dr Dan Furmedge, who will take up the VPET role at an agreed date as soon as possible.
- Professor Sam Rice and Dr Ben Thomas, who have already started in role as joint vice presidents for Wales. Read our *Commentary* interview with the pair.
- Dr Gina Allen, Dr Patrick Davey, Dr Shruthi Konda and Dr Asif Qasim, who will join Council from 1 August 2026.

Read more about College Day 2026 in *Commentary*.

Special general meeting (SGM) of fellows for the election of the president / College Day 2026

As required by section 6 of the Medical Act 1860, the annual election of the president was held on Monday 30 March 2026 as part of College Day. Professor Mumtaz Patel was the only fellow nominated and was re-elected as president by fellows in the uncontested election.

Fellows and members will be able to watch the SGM on the RCP website (behind the login) after 17 April and access both the FitzPatrick and Samuel Gee lectures through the RCP Player.

Read more about College Day 2026 in *Commentary*.

Summary of March 2026 Council meeting published

You can read a full summary of the open section of the meeting on the RCP news page.

As part of the RCP's commitment to transparency, summaries of all open session Council discussions are published online following each meeting.

- RCP publishes summary of September 2025 Council meeting.
- RCP publishes summary of November 2025 Council meeting.
- RCP publishes summary of January 2026 Council meeting.

About RCP Council

RCP Council meets six times a year to debate, develop and approve policy on professional and clinical matters. The next meeting is 19 May 2026.

- Learn more about the governance of the RCP.
- Read about the role and responsibilities of Council.
- Read about our impact in the media.
- Read our recent news stories and blogs.

Council meeting minutes (open section) are published in the member-only section of the RCP website once they are approved at the following meeting. The closed section of the meeting is reserved for fellowship and business-sensitive information. For more information, please contact Council@rcp.ac.uk.

Annual general meeting (AGM) of fellows 2026

Please note that the AGM is scheduled for Tuesday 22 September 2026. It will be a hybrid meeting held 5–7pm and followed by a dinner (for pre-booked fellows).

RCP roles – your chance to get involved

Our officer, committee and other clinical volunteer roles are an ideal opportunity to support the RCP, guide our decision-making and ensure the voice of the membership is included across all activity. Read about the latest opportunities. This includes the recruitment for two new censors.

Recent RCP work

Read more about our work, from publications, award winners and responses to healthcare reports, on our News and opinion page – and see some of the recent highlights below.

New access to the RCP library

You can now access our VLe ebook collection with a mobile app allowing you to read anywhere, anytime and offline. The app is available on Windows, MacOS, iOS and Android.

To download the app go to www.vlebooks.com/install. To link the app to RCP ebooks you need to be logged into your RCP OpenAthens account, you can then generate an access code that will last for 90 days.

You will need an OpenAthens account for the RCP eLibrary to access ebooks. Sign up today by contacting the library team by email at library@rcp.ac.uk or call 020 3075 1490.

New *Future Healthcare Journal* issue on palliative care

The new issue of *FHJ* focuses on end-of-life care, bringing together perspectives from patients and healthcare professionals working in community services, emergency medicine, intensive care and palliative care, guest edited by physician, author and campaigner Dr Kathryn Mannix.

One of the authors in this issue is *Commentary* clinical editor, Dr Ollie Minton, writing about the use of AI in palliative care.

You can also read a blog by Kathryn on why all physicians need to talk about dying.

The RCP responds to legislation and consultations

Over the past 2 months, the RCP has published multiple responses to bills and consultations. The RCP news pages contain full details of the following stories:

- The RCP welcomed decisive House of Lords support for a smokefree generation.
- The RCP responded as the Medical Training (Prioritisation) Act becomes law and published an update on Government Authorised Exchange visa sponsorship for the Medical Training Initiative.
- Read more about the work on the Terminally Ill Adults (End of Life) Bill and its progression through parliament.
- Learn about the RCP engagement with MHRA consultation on the regulation of AI in healthcare.
- The RCP responded to the Health and Social Care Committee report on palliative care.

New Clinical Medicine March issue

As the global population ages, geriatric medicine becomes increasingly important. The latest issue of ClinMed features a CME section on geriatric medicine, edited by Dr Ian Chan and Dr William Gibson, looking at frailty, fragility and falls in older people. Elsewhere the issue features papers on prolonged disorders of consciousness and genetic aetiologies of bronchiectasis. Read the latest issue now.

Future Healthcare Journal achieves Scopus Indexation

FHJ has been officially accepted for indexation in Scopus, the world's largest and most reputable abstract and citation database, recognising the journal's high editorial standards and the quality of its peer reviewed content. Scopus indexing will significantly broaden *FHJ*'s global reach, making its articles easier for researchers to discover, cite and share, and increasing visibility for contributing authors.

FHJ continues to welcome new submissions on issues shaping the future of healthcare in the UK and beyond. Get involved as a reader, reviewer or author. Submit your article here.

Upcoming events and opportunities

There is plenty more to look forward to in 2026, including a variety of events for resident doctors and new consultants. Here are a selection of educational programmes, webinars and other opportunities to look out for in the next few months.

RCP museum events

A body of knowledge: woodcut print workshop
21 April | 6pm–8.30pm
We are delighted to be hosting London Drawing artist and expert printmaker Sisetta Zappone for an introductory workshop to woodcut printing this spring. Tickets are £28, with member discount ticket at £25 (use code RCP2026 at checkout).

RCP Museum Late: medicinal garden
6 May | 5.30pm–8pm
This May, step into spring with us for a free evening enjoying our medicinal garden and museum with expert tours and a special display of botanical books.

Plants and potions: children's workshop
28 May | 10.30am–12.30pm
Create your own pomander, explore the plants of the RCP medicinal garden, get hands-on with medical history, and more in this creative half-term workshop. Tickets are £12 per child, adults go free.

The Dwyer-Hart RCP medical research grant

Applications are now open for the Dwyer-Hart RCP medical research grant, supporting high-impact translational research that bridges laboratory science and real-world patient care.

Funded by the Dwyer-Hart Medical Research CIO, this prestigious project grant award offers up to £60,000 to support a 12-month research project led by mid- to advanced-level clinical researchers based at UK institutions.

- Duration: 12 months, full-time.
- Eligibility: RCP members / fellows based at UK institution.
- Applications close: Sunday 7 June 2026 at 11.59pm.

Find out more and apply today.

Apply for the post of censor

The RCP invites its fellows to apply for the post of censor.

RCP fellows are invited to apply for these important roles which will commence on 1 August 2026 with a three year tenure. The roles are open to all fellows, in good standing, including SAS doctors.

The deadline for applications is 12pm on Wednesday 13 May 2026 and shortlisted candidates are expected to be available for interview on Monday 8 June 2026.

Please note that interviews will be conducted virtually with details provided to shortlisted candidates.

Find out more and apply today.

Lewis Thomas Gibbon Jenkins of Briton Ferry Fellowship

Applications are invited for the Lewis Thomas Gibbon Jenkins of Briton Ferry Fellowship.

This award was established in honour of the late Nancy Crawshaw to provide money for the promotion of medical research within Wales. Monies from the trust fund can be provided for travelling bursaries, with an emphasis on training for research linked with Wales, or for research into any aspect of physical disease prevalent in, but not necessarily exclusive, to Wales.

Up to £40,000 per annum is available, to be paid over a maximum of 2 years.

Applications are open to resident doctors up to and including ST6, or at least one year pre-CCT at the commencement of the fellowship. Applicants must also be subscribing members of the RCP prior to the start of the fellowship.

Please email your application form, CV and supporting papers to the development officer at fundingandawards@rcp.ac.uk by Thursday 30 April 2026.

Learn more and apply today.

Medicine 2026

Join us at the RCP annual conference, Medicine 2026, a 2-day event dedicated to exploring the three transformative shifts outlined in the 10 Year Health Plan for England: fit for the future.

- From hospital to community – the neighbourhood health service
- From analogue to digital – the digital revolution in care delivery
- From sickness to prevention – healthier, longer lives for everyone.

Wednesday 13 – Thursday 14 May 2026 at RCP at Regent's Park and online system. **What to expect**:

- **Keynotes and discussions:** dive into the future of AI and neighbourhood health and hear from Professor Ben Goldacre MBE, renowned for his work on evidence-based medicine and data-driven healthcare.
- **Specialty and policy updates:** stay informed on the latest developments shaping clinical practice, and health policy. Expert speakers from across the UK and around the world will deliver vital clinical updates across various specialties. Including acute medicine, cardiology and neurology.

Medicine 2026 is open to all career stages and specialties and will be CPD-accredited.

Free publication in a globallyy ranked journal

Clinical Medicine is among the top 15% of general medical publications worldwide. By publishing open access with *Clinical Medicine*, you can:

- expand your reach
- amplify your visibility
- connect with collaborators across the globe
- contribute to high-quality educational resources supporting clinical practice.

As an RCP member you can publish in the journal for free. That's a saving of up to £1,850 per article (depending on exchange rate).

Join our many members who have published original research for free, including RCP fellow Professor Trisha Greenhalgh, who told us how the fee waiver has benefited her:

'*Clinical Medicine* processed our paper promptly and we were delighted to discover that we were exempt from the publication fee because we were members and fellows of the RCP. This was a significant benefit at a time when our grant had run dry. The paper has been highly accessed and widely cited.'

Find out more online.

Deceased fellows

***Munk's Roll* is the RCP's collection of biographies of deceased fellows, published online as Inspiring Physicians. To write an obituary or notify the RCP of the death of a fellow, email munksroll@rcp.ac.uk.**

Over the period of 8 February – 16 April 2026 the RCP was informed of the deaths of the following fellows:

- Alok Kumar Deb
- Noel Connolly
- Jerzy Jacek Misiewicz
- Graham John Thorpe
- Arthur Sydney Edward Fowle
- Richard Frank Gunstone
- John Battersby Wood
- Lateef Akinola Salako
- Michael Harry Snow
- Ian Arthur Dennis Bouchier
- Hugo Roger Baillie-Johnson
- David John Walker
- Reinhard Ziegler

This feature was produced for the April 2026 edition of *Commentary* magazine. You can read a web-based version, which includes images.

Interview: the RCP's global work – Dr Emma Vaux

Dr Emma Vaux OBE was appointed as RCP global vice president (VP) in 2025. She shares her background and the international work being done by the RCP with *Commentary*.

What is your clinical background – and what first drew you to the role of RCP global VP?

I'm a consultant nephrologist and general physician at the Royal Berkshire NHS Foundation Trust, where I've worked since 2003. Alongside my clinical work, I serve as clinical director for integrated medicine and recently demitted as associate medical director for patient safety. I'm also involved in renal services nationally through the NHS England South-East Renal Clinical Network, particularly around chronic kidney disease.

Throughout my career I've been driven about improving patient care not just through clinical practice, but through education, quality improvement and leadership. My involvement with the RCP has grown over many years, from contributing to the education faculty and examining for MRCP(UK), to working in JRCPTB, and serving as vice president for education and training and chief examiner.

What drew me to the role of global vice president was the opportunity to extend that work internationally. The RCP has an extraordinary global community of physicians, and I see this role as a chance to strengthen those connections – sharing learning, supporting leadership and ultimately improving patient care across borders.'

You've done a lot of work in medical education – even receiving an OBE for services to medical education in 2021. How has your experience in this area helped to support the work that you're doing with the RCP Global team?

Education has been a central thread throughout my career, and I've been fortunate to work with colleagues across many areas of training and assessment. Receiving an OBE for services to medical education was a real honour, but more importantly, it reflects the collective work of many people dedicated to improving how we train physicians.

That experience has shaped how I approach global work. Education is one of the most powerful ways that we can bring physicians together internationally. Whether it's through training programmes, examinations, quality improvement initiatives or leadership development, education provides a shared language.

In the RCP Global team, we're thinking about how we support learning that is accessible, relevant and collaborative. That includes working with our international members and fellows to ensure that educational opportunities are shaped by their contexts and needs, rather than simply exported from the UK.

One of the things I feel most strongly about is how much doctors in the UK can learn from our international members and fellows. Medicine is a global profession; innovation, resilience and new ways of thinking often emerge from very different healthcare environments. Our colleagues around the world are managing complex challenges with creativity and adaptability, and there is huge value in sharing those experiences.

For UK physicians, learning from international colleagues can broaden perspectives on patient care, service design and medical education. It reminds us that there are many different ways to deliver high-quality healthcare. At the same time, those exchanges strengthen the wider global community of physicians. When we share knowledge, support each other and build networks across countries, the ultimate beneficiaries are our patients. That sense of mutual learning and collaboration is something that I believe is central to the RCP's global mission. The forthcoming Medicine 2026 conference includes a session and a workshop which brings this to life.

With nearly 30% of our membership located in 131 countries outside the UK, there is a huge variety in the RCP's global work. What is your approach for responding to the variety of voices and needs of members and fellows?

One of the things that I find most inspiring about the RCP's global community is its diversity. Physicians across the world are working in very different healthcare systems, often with very different challenges, but they share a commitment to high-quality patient care.

My approach is to start by listening. The RCP has an excellent network of associate global directors and international advisers who represent different regions of the world, and they play a crucial role in helping us understand the priorities of members and fellows locally.

Rather than assuming a one-size-fits-all approach, we try to build partnerships. That means working

collaboratively with physicians, institutions and developing regional networks to advance initiatives that genuinely add value, whether that's in education, leadership development or professional connection.

Over the last few months in this role, what projects have you been working on? Have any been particularly rewarding?

Over the past few months, I've been focusing on strengthening relationships across the RCP's global network. That includes connecting with our associate global directors, engaging with members and fellows internationally, and understanding where the college can best support them.

A particularly rewarding aspect has been seeing how strongly our global community values the opportunity to connect with one another. Whether it's through educational events, professional networks or collaborative initiatives, there is a real appetite for shared learning.

What I find most encouraging is the sense that global engagement is a two-way exchange. We learn just as much from our colleagues around the world as they do from us, and that mutual learning is incredibly valuable.

What are you looking forward to working on? Are there any big global projects ahead?

Looking ahead, I'm excited about building stronger global networks across the college. The RCP has an incredible reach – and there is huge potential to connect physicians with shared interests across different countries and regions.

Education and leadership development will continue to be important areas of focus. We want to support physicians at different stages of their careers and create opportunities for collaboration, mentorship and shared learning.

Another priority is strengthening partnerships with institutions and organisations internationally, ensuring that the RCP continues to play a meaningful role in advancing global health and professional standards.

A new RCP strategy is being launched soon. How will that impact the RCP's global work?

The new strategy is an exciting moment for the college because it reinforces the importance of education and learning, voice and advocacy, and community and networks.

These priorities resonate strongly with our global work. Education and learning are central to how the RCP connects with physicians around the world. Our voice and our advocacy role are increasingly important in addressing global health challenges and supporting the profession internationally.

Perhaps most importantly, the strategy emphasises community and networks and that's exactly what our global membership represents. Nearly one-third of our members and fellows are based outside the UK and they are a vital part of the RCP's identity.

For me, the strategy is a reminder that the RCP is truly an international community of physicians. Our task is to ensure that every member and fellow, wherever they are in the world, feels connected to that community and able to benefit from it.

Find out more about the RCP's global session at Medicine 2026: Crowds, crises and chronic disease: medicine at a global scale.

Global work highlights

Europe

- We are hosting a session on the role of the RCP in the UK health system at the German Society for Internal Medicine conference on 18–21 April.
- We have a long-standing relationship with the European Federation of Internal Medicine (EFIM), which exists to emphasise the importance of internal medicine in a world of increasing specialisation.

Americas

- We maintain an annual connection with the American College of Physicians, typically at their conference in spring. Our two colleges have occasionally delivered joint activities, such as our 2021 health equity and justice webinars.
- RCP Global engages on a regular basis with the College of Internal Medicine of Mexico, often participating in their annual conference.

Middle East and North Africa:

- We celebrated the establishment of the first RCP membership network outside of the UK: the RCP Iraq Network. This highly effective network now delivers around 30 local training courses and an annual conference.
- In 2025, we delivered the first RCP Update in Medicine – Dubai conference, which attracted over 1,200 in person attendees. The 2026 conference will take place in June.

South Asia:

- The RCP supports the Jeelani Drabu Palliative Care Programme, which aims to build capacity and support local development of this vital speciality in Pakistan and the Jammu and Kashmir regions.

- We have a 10-year partnership with *BMJ* India, delivering a hybrid Diabetes certification course which is tailored to address the needs of doctors in India. Future work will branch into new physician specialities.

Asia Pacific

- Working with the College of Physicians Malaysia (COPM) for the past 3 years, we have been jointly delivering two annual 2-day workshops for Malaysian doctors, focused on clinical audit (June) and leadership (October).
- In May this year, the first RCP-COPM Tuanku Nazrin travelling fellow, Dr Andrew Blanshard, will undertake his placement in Malaysia. We will share Andrew's experience and learnings with you in a future issue.

Sub-Saharan Africa

- T his year, the RCP celebrates its 10-year partnership with the East, Central and Southern Africa College of Physicians (ECSACOP). Join us at their annual conference in Zambia later this year and read a *Commentary* article written by Dr Chris Pasi, ECSACOP president.
- In October, the RCP will join colleagues and friends at the West African College of Physicians (WACP) in Nigeria, to celebrate their 50-year anniversary. The RCP and WACP are exploring new partnership opportunities a s part of a renewed memorandum of understanding.

This feature was produced for the April 2026 edition of *Commentary* magazine. You can read a web-based version, which includes images.

Growing into a leader - being a chief registrar

As a young doctor, what is the best way to gain leadership experience? How can you balance professional development with the demands of clinical training?

Earlier in 2026, Commentary explored how the RCP Chief Registrar Programme benefits and supports hospitals, speaking with a deputy medical director and deputy chief medical officer about how the role is creating a future generation of medical leaders at Sandwell and West Birmingham Hospitals (SWBH) NHS Trust.

But what does becoming a chief registrar mean for resident doctors?

The job is an in-hospital, leadership role which was created by the RCP in 2016. Over the course of a year, it provides protected time for senior resident doctors to practise leadership and quality improvement (QI) while in clinical practice. The RCP runs a 10-month development programme alongside the chief registrars' hospital work, to help develop clinical leaders of the future.

Commentary spoke with Dr Laura Pearson, a chief registrar who was mentored by Dr Sarb Clare MBE. While she is now a consultant geriatrician at the Royal Wolverhampton NHS Trust, she took up the chief registrar role in her final year of training at SWBH NHS Trust. She has also recently been appointed as an RCP college tutor.

Laura found her time in the role to be immensely valuable: 'It was genuinely the best year of my career – even now, as a consultant.'

Personal development and leadership skills

For Laura, improved leadership skills and confidence were some of the most important outcomes: 'It felt like a natural progression, trying to develop my leadership and learn more about management.'

The chief registrar role brought unexpected insights into how hospitals work behind the scenes – such as an understanding of how long change can really take within hospital trusts, and the need to be patient when undertaking projects. This element, Laura explains, was really useful; the role allowed her to see 'all the cogs behind the front door; learning that this is why decisions are made they way they are and this is why things take time.'

Trust-wide communication also played a role – the chief registrar acts as the link between resident doctors and management in many hospitals. Laura had to learn how to be an advocate for the SWBH resident doctors, as well as putting together a regular bulletin for her colleagues. She has carried these skills through to her current role as a consultant; setting up working groups in her current hospital and collating feedback to make changes to a problematic rota. As her department education lead, she's even set up a resident doctor representative position to strengthen the link between resident doctors and consultants, and to create an opportunity for younger doctors to develop their leadership skills, 'because I found it really valuable'.

The programme helped Laura with finding her leadership style, developing her confidence and learning that her opinion is valid and important. Having the opportunity to be in the room with senior leadership means that chief registrars are exposed to a lot of different leadership styles, and learn what works well for them.

'I learned about how to manage different personalities and how you adapt according to who you're dealing with,' explains Laura. 'By the end, I'd learned that I can't do everything myself and that you need to have a team around you, and to delegate. That's something that I've taken through to my consultant role.'

Quality improvement

One of the best aspects of the chief registrar role for many resident doctors is the time that is set aside for doing QI projects. This time can be hard to find on typical placements and rotations, Laura says: 'You start a project, but then you move to another placement and things don't necessarily carry on where you've left off – so to have that time set aside to be able to really get your teeth into some QI was something that appealed to me.'

The role offered a chance to address some of the problems that she was seeing appear regularly in clinical work: 'You get a lot of satisfaction when you see a patient and help to make them better, but I liked the idea of being able to impact healthcare in a broader way.'

The workshops and courses at the RCP don't only teach leadership, but also the practical steps that doctors need to take to put projects into motion and keep them going in the long term. 'You see a lot of issues – some to do with morale and wellbeing. The idea that I might be able to help, and learn how to help, appealed to me,' explains Laura.

Over the course of the year, Laura worked on several projects, including one on sepsis screening that was presented at a national meeting. However, she ended up focusing a lot on education – and QI itself. As a larger

project, Laura set up a QI teaching programme for foundation doctors and advanced clinical practitioners within the trust. This meant that they had more time to work on QI projects – a project that arose from her own frustration at not having enough time for QI at that stage:

Alongside the clinical effectiveness team and QI teams, we set up a 2-day training programme for foundation doctors. They were taught QI skills, then we supported them by identifying projects in line with the trust's priorities and their own interests. They presented their project at the end of the year – there was an awards ceremony and sessions on how to publish their work. The clinical effectiveness and QI teams have, after I left, carried on running that programme.'

Being able to focus so much on QI as chief registrar has meant that Laura feels much more proactive and confident effecting change in her consultant role. She has been part of starting the process of improving the hospital's perioperative medicine service: 'I've been able to start moving that forward; setting up a working group, doing QI to show our value, putting together a business case for that service. There's no way I could have done that before [being a chief registrar].'

How to make the role work effectively

Laura offers up a variety of advice for resident doctors looking to apply:

- **Ask yourself when it is best to apply**: 'For different people, different stages will be best,' says Laura. 'I found doing it later beneficial because my specialty curriculum was signed off, which meant that I could really focus on getting my teeth into the role and that it was fresh in my mind going into my consultant role…. But there are pros and cons to each.'
- **Speak to previous chief registrars to find out more about the role**. Speaking to people from more than one trust allowed Laura to decide where she wanted to apply. She encourages doctors to ask former chief registrars what support, mentorship and opportunities they had within each trust.
- **Find a good, supportive mentor**. Laura states: 'I was very fortunate to have [Sarb] as my mentor and supervisor.' Any hospitals recruiting chief registrars should be aware that 'getting the right people doing the mentoring does make a really big difference. Being enthusiastic is important to support these resident doctors.'
- **Think about applying where you have worked before.** I wasn't really interested in applying for a chief registrar job somewhere that I hadn't worked, because a year is not actually a very long time. When you move to a new trust there's a lot of learning new systems. I didn't have to worry about that.'
- **Plan your projects and interests, says Laura.** 'Have ideas for what projects you might want to do and find out how they aligns with the priorities of the trust. Start planning before you start, so that you can hit the ground running.'
- **Start preparing your CV early.** The role can be competitive. If you think you might want to apply in future, it is worth seeing what opportunities you can get involved in now for experience to help you in your chief registrar year.
- **Don't hesitate to go for it.** 'I wish everyone could do it. It's a shame it can't be mandatory!' says Laura, 'I absolutely loved it and I've not met anyone who hasn't.'

Equipping doctors with the skills to become a consultant

When Laura spoke to colleagues who had become consultants, they would say that the clinical move was fine – the move into a responsible, management role was much harder.

'At that stage of training, I was just about to become a consultant. I was very aware of the non-clinical aspects of my role; in the training programme there's not much opportunity to explore those aspects of your career.'

After her year as chief registrar, she says: 'I definitely felt more prepared going into my consultant role.' Ironically, she found the clinical side slightly more daunting, as she felt so equipped with the non-clinical skills of being a consultant.

Laura's year as a chief registrar equipped her with the confidence to take on extra leadership roles quite quickly, such as the education lead for her department – a role that she would have 'definitely shied away from [before the programme] … but I've really loved that role. There's no way that I would have had the confidence or skills, had I not done the chief registrar role.'

She also feels that she has the ability to make positive change as a clinical leader. 'Before, I'd probably have just bumbled along, doing what had been done before. Now, I have more aspiration and ask how we can make things better.'

'I want to continue doing that and to explore new opportunities as they come. I hope that I'll develop my leadership skills further throughout my career, but [the chief registrar role was] a brilliant stepping stone for me to start doing that.'

Find out more about the Chief Registrar Programme and fill in an online form to reserve your place today to join the 2026–27 cohort.

This feature was produced for the April 2026 edition of *Commentary* magazine. You can read a web-based version, which includes images.

Interview: Dr Charly Annesley

Dr Charly Annesley is a consultant geriatrician and learning disability specialist. To celebrate International Women's Day in March 2026, she speaks with Commentary about her work as the first UK consultant learning disability physician, focusing on optimising the physical health needs of adults of all ages with a learning disability.

In 2019, Charly helped create the first NHS post, drawing inspiration from the Netherlands where the role already existed.

She is also the course lead for the postgraduate certificate, Meeting the medical needs of adults with a learning disability, which she helped launch in 2023. She co-designed and runs the course with an expert faculty – working closely with experts by experience, the RCP and Edge Hill University. The course aims to champion high-quality care for adults with a learning disability and to equip senior doctors, nurses and allied health professionals with the skills to provide excellent patient-centred care through effective clinical practice and leadership.

Charly has worked on creating a number of national guidelines, eg *NHS England Guidance to support implementation of the Mental Capacity Act in acute trusts for adults with a learning disability* (2025) and the *British Thoracic Society Clinical statement on the prevention and management of community-acquired pneumonia in people with learning disability* (2023). She is a passionate advocate for improving acute medical care standards for people with a learning disability. She also works with the Emerging Women Leaders Programme, providing talks and mentorship, to inspire the next generation of female leaders in medicine. She lives in north London with her husband, two daughters and a rescue cat.

Your leadership journey has been one led by passion for something different. Why did you decide to create a new job role instead of following an already walked path?

Charly: In my first year of work, I learned about Dr Marjorie Warren – often called the mother of geriatrics. Her story was incredibly inspirational because she didn't just follow the existing system; she reshaped it. She identified inequality and transformed the way that older people are seen and supported in the healthcare system, creating radical change for treatable and preventable illnesses. That idea stayed with me.

At the same time, I found so much joy in working with people with a learning disability in different settings. So, combining that passion with the possibility of cultural change led me to create a role that didn't previously exist. It was a risk, but there is so much that needs to be done to improve healthcare outcomes for people with a learning disability – and honestly, I feel like I've got the best job in the world.

What leadership skills do you value in yourself? Does your approach to leadership complement your specialty?

Charly: Medical training teaches the classic assertive leadership skills – being steely, tenacious, decisive. Those skills matter and I have developed those, but the skills I value most are the ones we don't always revere; listening deeply, remaining calm, being fair, respectful and approachable.

These are crucial when working with people with a learning disability and their families/carers, who are the experts on the person – they know them better than I ever could. Leadership, for me, is about listening rather than being the loudest voice in the room.

The skills that make the biggest difference aren't always the ones we celebrate.

Advocacy requires both compassion and assertive challenge. How do you balance these?

Charly: I start with what's right for the patient. Most of the time, collaboration is easy, and fun. Another great joy of my job is working with so many multidisciplinary colleagues across the whole spectrum of medical specialties. But if I strongly disagree with a decision, I won't hesitate to challenge it.

I'm in a privileged position because of my niche expertise – I lead a postgraduate course; I'm confident in the evidence base – so I'm well-placed to advocate when needed. That foundation helps me be assertive without becoming adversarial.

Do people ever seem surprised when you use more authoritative leadership skills?

Charly: I It's hard to know why people respond the way they do, but yes – sometimes people assume that the 'soft skills' are all I use. They'll ask, 'What's the trick?' when a difficult case goes well. Often, the answer is those softer skills. But when assertiveness is needed, I use it. It's just not my starting point. One big potential pitfall is diagnostic overshadowing (attributing a presentation or symptoms as being due to the learning disability, and therefore potentially missing an important treatable diagnosis) – that's definitely a time for me to step in.

I'm driven by doing the right thing for the person in front of me. Sometimes that means gentle conversation – and sometimes it means challenge.

What challenges have you experienced as a woman on your career journey?

Charly: So many. Most women in medicine will recognise them. A major one is being underestimated or doubted. And there's sometimes a perception that learning disability work is 'women's work', or somehow less important – the ugly truth behind that is both disability discrimination and sexism. That combination can create a sort of double bias.

Being underestimated is a common experience for women in medicine – and even more so in specialties seen as 'less glamorous'.

If you could help others to understand one key thing about your experience, what would it be?

Charly: I love what I do, but I'm aware that many clinicians feel uncomfortable around people with learning disabilities simply because they've often had almost no training. I would encourage others to look for training that will support them to understand what they can do to provide patient-centred care for people with a learning disability. It's useful to push ourselves to get a bit more experience – about 2% of the UK population have a learning disability, so we will meet people in all areas of medicine. We've got a duty to make sure that we're providing equitable care, but on top of this, with a bit more confidence, I'm sure people will start to value this as a really exciting and fun aspect of medicine.

The small things matter; listening, taking family expertise seriously, challenging diagnostic overshadowing. You don't have to be a specialist to make a huge difference. Anyone can do this work well if they take the time to provide reasonable adjustments (things as simple as a bit of extra time for communication, reading a hospital passport, making sure the person has family member / carer to support them) and keep an open mind.

You've recently had your second baby. Is there still tension between women's careers and society's expectations of caregiving?

Charly: Yes – very much so. And interestingly, if I were a man, you probably wouldn't ask me this question. My husband and I split childcare 50/50. He's often praised for being so involved as a dad, while I sometimes get judged both as not doing enough at home and not doing enough at work. I think a lot of people can feel undervalued when working less than full time, but ultimately life is complicated and we've all got to work out how to best juggle all our different commitments. When childcare is shared equally, men get praised – and women get questioned.

What can we do to ensure that women are supported, trained and recognised for the value they bring to medicine?

Charly: We need honest conversations – both the easy and the uncomfortable ones. Positive role modelling is powerful, especially showing that there's no single way to be a woman in medicine.

We must also recognise bias – gender, disability, race, all of it. When making clinical decisions, a question I ask myself often is: 'Would I make the same decision if this person didn't have a disability? If they were a man? If they were White?'

It's a useful way to spot bias in real time. Being aware, being curious, and acting as allies – those are the foundations.

Are there women who inspire you? How have they influenced you?

Charly: I've been fortunate to have worked with so many amazing people over the course of my career. I worked with Dr Anine Kritzinger in South Africa back in 2011 – it was an intense and gruelling job in an emergency department, and Anine demonstrated exceptional qualities of leadership as well as attention to detail. She set an incredible example of how to remain calm under real pressure – quite a useful skill in the NHS at the moment!

My former educational supervisor, Dr Sophie Edwards, has also been hugely inspirational to me. I feel that she taught me everything I know about person-centred care and, although she might not realise it, has been a role model in shaping this specialty.

Work on women and leadership can feel like an echo chamber. How do we involve others with different perspectives?

Charly: This is the challenge across all inequalities work. The people who attend the talks, read the reports, take the courses – they're already engaged. Reaching those who think that it's not quite relevant to them is the hard part, especially when we are all so busy. For learning disability, for example, there are national reports going back over 20 years that all highlight inequality, and yet not much has changed in terms of clinical outcomes – that was a big driver for creating my role.

Part of it is personal work: recognising that bias sits within all of us. And part of it is structural: one of the most important laws in healthcare is the Equality Act and we have a legal duty to support all protected groups.

Creating allies takes nuance – we must share the difficult truths, but also build relationships without leaving people feeling judged or defensive. In equalities work, the people who show up are usually the ones who already care. The challenge is reaching those who think that it isn't about them.

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Physicians go green: how doctors are using the RCP Green physician toolkit

The RCP's Green physician toolkit was first published in July 2024 and received widespread news coverage. The document sets out the health risks of climate change and explores actions that physicians can take in their day-to-day practice to deliver sustainable healthcare.

In December 2025, a refreshed toolkit was published after a member survey showed that 3 in 4 (75%) of 490 responding physicians were worried about the effects of climate change on patient health. Interestingly, 69% were either very or somewhat concerned about the environmental impact of clinical practice.

The refreshed toolkit was developed in consultation with a short-term clinical reference group, comprising physicians from a range of specialties, as well as patient and academic representatives. Commentary spoke to two physicians involved in the group – acute medicine registrar, Dr Jamie Phillips and specialty doctor in palliative care, Dr Kate Crossland – about their experiences of how climate change is affecting their practice, and what actions they are taking in their workplace to change this.

Kate's interest in the climate crisis came from a personal perspective, standing as a Green Party candidate in the last general election and has been involved in grassroots community activism. However, she found that in her NHS work, the topic was barely being touched on – so she founded the Palliative Care Sustainability Network with the Centre for Sustainable Healthcare and they launched the Green Palliative Care Awards this year.

Similarly to Kate, Jamie struggled to find ways to tackle climate change in the NHS. As a member of the Society for Acute Medicine (SAM), he became involved in a sustainability specialist interest group, known as EcoSAM which he now leads.

Climate change and health

Jamie and Kate are clear that the impact of climate change is something they have seen evidence of in their own practice. Jamie's understanding used to be that that climate change 'was more likely to affect distant places with higher degrees of deprivation' but the data and personal experiences show that 'it's affecting us far closer to home than I ever anticipated.'

The evidence set out in the Green physician toolkit shows how significant an impact climate change is having on the NHS and health in the UK. Between 2020–2024, there were 10,781 excess deaths caused by heatwaves – and there are an estimated 30,000 deaths per year attributed to air pollution. Vector-borne diseases such as malaria and dengue fever are climate sensitive and increasingly seen across Europe.

Both Jamie and Kate shared the impact of heatwaves on practice in their specialties. Jamie highlighted in acute medicine that patients 'turn up at the front door' with issues related to excess heat. He highlighted a case of a patient at a music festival who hadn't been aware that their insulin would denature in hot weather. 'These patients came to hospital, not because of an exacerbation of their underlying chronic illness, but due to extreme heat,' he explained.

As a palliative care physician, Kate does a lot of work in the community and has encountered how some patients are particularly vulnerable to the effects of extreme weather. 'Sometimes a patient's housing is unsuitable, it's incredibly hot. Somebody bedbound can't get up to open the window or get some more ice … the government can't push for more care in the community if housing isn't up to scratch, and patients can't stay safely at home in a heatwave.'

She shared how hospitals and hospices are often not built to withstand extreme heat, with some lacking air conditioning and the necessary infrastructure to maintain a safe clinical environment: 'It is crazy that we don't have the infrastructure within buildings to cope with heat and that we're accepting extreme heat management in vulnerable populations as a part of what physicians do now – without thinking about why that is.' Jamie pointed out that this was not just a threat to patients – but also very environmentally damaging: 'A lot of hospitals are ageing buildings. A huge proportion of the NHS carbon footprint is from estates and infrastructure, like heating poorly insulated buildings.'

The Green physician toolkit highlights that around 90% of hospitals in England are at risk of overheating, with 25.5% at risk of flooding. Both Kate and Jamie shared concerns about future risks to healthcare provision related to climate. They pointed out that many hospitals have hot weather plans, but questioned how healthcare staff can get to hospitals or hospices during adverse weather events, or how to get to staff in the community

to check on patients. Jamie said that in many areas there was 'a lack of awareness that those plans need to be in place' – but, as Kate pointed out, these sorts of weather events are a 'real threat' in many parts of the UK.

Communicating with patients

Extreme weather events are projected to intensify and become more common, which will undoubtedly have a significant impact on patient health. Physicians will need to have more conversations with patients about what they can do to stay well. Jamie points out the need to warn patients about medications that could make them more vulnerable to hot weather and advise them of the health conditions exacerbated by the heat.

'Informing and empowering patients really is key … Every situation is going to be patient specific, and patients will have different levels of education and understanding.'

He points physicians to the list of medications on the SAM Hot weather health plan that he helped to create, which includes 'common culprits' in medication and offers physicians some simple steps for hot weather advice.

It is vital that all physicians take the initiative to talk to their patients about adverse weather, Kate says, warning against 'siloed working'.

'In palliative care, we talk about death and dying being everyone's business – and I think it's the same with climate … Every time someone is making a point of contact with the health service, we are all going to have to provide advice – because that person might not contact the health service again until they pitch up at A&E.'

'Raising awareness with patients is the number one issue,' says Kate. 'People just don't necessarily know that they need to make changes [based on weather]; we need to communicate and give them a steer.'

'The RCP Green physician toolkit is really good at saying this is every clinician's business. If you're doing your orthopaedic clinic on a day when there's a heatwave, you should be looking at that heat plan.'

Making your practice more sustainable

In England, the NHS accounts for 30–40% of public sector emissions and 4–5% of national emissions.

But Kate and Jamie shared ways that they had made small changes in their specialties that can significantly help reduce waste or carbon emissions. Kate stated: 'If we can stop doing unnecessary things, that's an easy win. That's probably the kind of biggest environmental impact that we can bring about.'

As an acute medicine physician, Jamie feels that he is 'uniquely placed at the start of the patient journey. We can influence decisions around healthcare, investigations, treatments and whether people would need admission.' He encourages fellow physicians to pause and really think about what actions and resources are really needed – and if there might be a low-carbon alternative.

There are estimations that a CT scan is equivalent to driving 76 km in a fossil fuel car – would it really change your next steps, he asks? He also encourages physicians to think more about telemedicine, which will reduce travel emissions, or what to prescribe – pointing out the differing carbon footprints of various types of inhaler.

'I try not to focus on one particular action, but just stop, think and ask, "Do I need this?"' he advises.

'As medics, those early decisions at the front door can have the biggest impact on the carbon emissions related to the patient journey.'

Kate has implemented similar habits in her practice as a palliative medicine specialist: 'It's about finding that sweet spot; what's clinically appropriate vs what do you want to do [for the environment]?'.

She finds that palliative care medicine does advance care planning well, and that can include thinking about environmental impact. She encourages rational prescribing of medication whenever possible, speaking to patients about what they really need or what they might have stockpiled. The Palliative Care Sustainability Network looked at the impact of anticipatory prescribing. 'That's been an interesting discussion in our specialty; we've got the potential to save waste, money and environmental impact – but how do we structure it so that patients aren't at risk of not getting the medication that they need?'

One key change that she suggested for physicians in any specialty is to look at whether you can switch patients from IV or liquid medications, to an oral route: 'We know that IV and liquid preparations will always have a higher carbon footprint. They're heavier, they require more sterilisation, they last for less time.'

Both physicians recommend starting with small changes and then working your way up. The Green physician toolkit provides a range of actions – large and small – that can be embedded into clinical practice to help reduce the NHS's carbon emissions while also improving patient care. Jamie shares advice that he was given:

'"Don't reinvent the wheel." We've got so many resources out there, all free to access, with some amazing work that we can all apply in our own practice.'

The end result will likely end up 'being far more aware of sustainability in your own practice,' he says.

Making your practice more sustainable

Kate and Jamie both encourage physicians to get involved in sustainable healthcare – but not to go at it alone. 'When I started to become interested in sustainable healthcare, it's overwhelming,' Jamie shares 'It felt like a huge issue where I can't make a difference as one person … But you're not on your own.'

Support and resources are out there for anyone who wants to learn more or start taking action on sustainability. Kate recommends reaching out to your sustainability network with the Centre for Sustainable Healthcare, your trust's sustainability team or even asking to be involved in work within royal colleges. There are challenges and barriers that are encountered when promoting sustainability – she warns. 'While sustainability is a priority for most trusts and general practices, it's not the number one priority.' The threshold for evidence is often high and getting your voice heard can be difficult – which is why it is so important to connect with others and build on work that has been done before. 'When you do get frustrated or have a setback, being able to meet with like-minded people is rejuvenating.'

Kate suggests that a good first step is to start a sustainability quality improvement (QI) project. 'As clinicians, we're doers and fixers – we're quite practical. We learn by doing.' Many doctors have to do QI work and a project will give you the chance to acquire sustainability skills and knowledge, such as calculating a carbon footprint. Jamie says the Centre for Sustainable Healthcare's QI website, SusQI, is a good place to start, and the RCP Green physician toolkit also contains case studies. Kate says:

'Good healthcare is sustainable healthcare. Being thoughtful, not wasting resources or money, doing things that are right for the patient and not unnecessarily … This is part of what I should be doing to be a good clinician.'

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Artists in the garden, museum and library

John Newton FRCP, garden fellow and Anita Simonds FRCP, Harveian librarian

The RCP's garden, museum and library provide a rich and intricate insight into medical practice past and present. The garden contains over 1,000 different plants with a connection to medicine. Many are sources of modern medicines, others were used by physicians in the past or are still used in other traditions of healing around the world. The archives and objects in the museum and library also provide a unique link to the way that medicine was practised, the people and plants involved and the cultural context.

The garden, museum and library are not only of interest to doctors and historians, they are a powerful source of inspiration to artists. Flowers and plants have long held a special significance in art. The exhibition 'Flowers' last year at the Saatchi Gallery in London on the role of flowers in contemporary art and culture, displayed over 500 works. More specifically, there seems to be increasing interest in the professional art world in the role of plants in health and illness. Many currently active artists are inspired by the natural world and concerned about the threats to it from climate change. They are producing work that explores the relationship between the natural environment and human health.

Previous artistic collaborations at the RCP

The Archive, Heritage Library and Museum services team (AMS) has worked with a number of artists in recent years. A project, funded by the Wellcome Trust in 2019, produced the exhibition 'Catch your breath' combining research, artist commissions and objects from the RCP's collections. In 2023, photographer Theo Deproost challenged our understanding and impressions of museum objects in the exhibition 'Unfamiliar.' AMS has also commissioned artworks for display, such as the elegant 'A heart of glass' by Angela Palmer. In the Dorchester Library until August 2026, visitors can see the conceptual work 'Making visible' by Catherine James which strikingly demonstrates the overlooked contributions of women to the college library. This includes crucial donations from Grace Pierrepont, Dorchester's daughter, whose portrait is featured.

In the garden, the distinguished botanical artist Gillian Barlow was the RCP's artist in residence in 2012, followed by Patrice Moore in 2013. Patrice speaks powerfully in this video about being inspired by the garden, as was Nina Krauzewicz, artist in residence in 2014. We also published and exhibited a series of specially commissioned botanical paintings in 2018 as *The Illustrated College Herbal*.

New artist in residence in the garden

Since 2021, our own Karl Simmons (artist and one of our garden volunteers) has been producing beautiful annotated portraits of the plants in the garden to illustrate our publications and other outputs including three calendars.

Karl's work can also be seen in the garden itself and in the cabinet opposite the Hoffbrand collection of apothecary jars on the lower ground floor of the RCP at Regent's Park. Karl has been a professional artist and art teacher for many years and continues to be active in the wider art world. Karl has been appointed artist in residence in the garden from 2025–2027 in recognition of his continuing contribution.

New visiting artist scheme

From 2026, working with the RCP Philanthropy team, we will be formally appointing 'visiting artists' at the RCP. The visiting artist scheme aims to attract established contemporary artists (working in any medium) with a view to creating specific work for display or performance at the RCP buildings (London and Liverpool) and elsewhere. Their work will be inspired by their interactions with the garden, museum and library and discussions with relevant experts at the RCP. The artists will be invited to attend garden and museum events and to explore the collections in depth. The goal of the collaborations will be to develop creative ideas that are inspired by what they see and experience.

For 2026, we have appointed two exceptional contemporary artists to kick-start the scheme.

Amy Shelton is a visual artist whose work explores the role that plants play in tracing climate change and its implications for health, while also highlighting the historical, aesthetic, cultural and ethnobotanical value of plants. She has recently created commissioned work for the NHS at University College London Hospital, Dyson Cancer Centre at the Royal United Hospitals Bath, University Hospital Southampton and Great Ormond Street Hospital. The Crown Estate and many private collectors have also commissioned Amy's artworks. Her work was featured in the Saatchi Gallery's 'Flowers' exhibition last year, has been exhibited widely across

the UK and Europe and was the subject of a very recent *Lancet* profile. Amy plans to create a herbarium from plants in the RCP Medicinal Garden, which will serve as a palette for a series of illuminated artworks.

Jane Hayes Greenwood works in painting, alongside sculpture, video and installation. She draws on landscape and natural motifs to explore life, death, desire and embodiment, combining the familiar and the otherworldly to create heightened visual forms. She has exhibited in the UK, Germany, China and USA – including at the Saatchi Gallery, Stuart Shave Modern Art and Mana Contemporary. She plans to use drawing, painting and archival research to bring to life the layered scientific, cultural, personal and collective histories embedded in the RCP's archive, museum collections and garden.

Call for support

To make this scheme work, members and fellows are invited to make charitable donations to a dedicated fund at the RCP. This will be used to cover the expenses of the visiting artists, to commission work and support subsequent displays, performances or exhibitions. The more funds that we can raise, the more productive we can make the collaboration.

Anyone wishing to donate should contact Sally Williams, RCP head of philanthropy at Sally.williams@rcp.ac.uk. Those who donate will receive updates and invitations to relevant events. When we receive sufficient donations we will also be able to apply for matching external grant support (for example, Art Fund Commission grants).

We are confident that this scheme will generate new and exciting ideas and outputs. It will improve access and engagement with our collections and the garden from wider and more diverse audiences. It will expand the potential of our public programmes in ways that we may not be able to anticipate. If you would like to know more about the visiting artist scheme please email john.newton@rcp.ac.uk.

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Comparing the Brazilian and British way of care for patients with inflammatory bowel disease

Dr George Luiz Welter Corrêa is a consultant gastroenterologist at the Paulista School of Medicine at the Federal University of São Paulo, Brazil. He shares his experience of visiting Kettering General Hospital, Leicester – spending time there with Dr Ajay Verma, RCP fellow and member of the *Commentary* advisory board.

On my annual trip to Leicester, UK to visit my brother and his family, I had the opportunity to visit Kettering General Hospital and spend some time with Dr Ajay Verma, a consultant gastroenterologist. I observed Ajay's inflammatory bowel disease (IBD) clinic.

This experience was eye-opening, not only in terms of clinical practice but also in the broader way in which the healthcare system shapes our daily decisions in IBD management. Throughout the clinic, I could observe some marked differences, starting with something as simple as the way we introduce ourselves to patients. In the UK, it was 'Dr Verma and Dr Correa' in the room. In Brazil, it would be 'Dr Ajay and Dr George'.

In Brazil, we have the national health system, SUS (*Sistema Único de Saúde*), which covers the entire population for free (plus taxes), alongside a smaller private health insurance sector that encompasses roughly 25% of the population. The majority of patients with IBD in the public system face important limitations, particularly regarding drug availability. In contrast, the NHS, despite its own challenges, offers a wider range of biologics and advanced therapies, and patients can access treatments that remain out of reach for many Brazilians.

The therapeutic arsenal

The therapeutic arsenal in Brazil's public sector is still limited. For Crohn's disease, we can prescribe infliximab, adalimumab and certolizumab. For ulcerative colitis, the options are infliximab, vedolizumab and tofacitinib. That is essentially the entire spectrum available through the SUS. In the private sector, the drug availability is quite different. Patients have access to other classes of medications. Although JAK inhibitors are not formally approved, it may be possible to obtain access through health insurance by demonstrating that their use could represent a more cost-effective option compared to other classes.

In comparison, in the UK physicians can count on ustekinumab, filgotinib, upadacitinib and others, depending on NICE approval and local commissioning agreements. The gap is potentially enormous. This directly influences our strategies; while in the UK the decision is which drug to choose, in Brazil it is often how to make the few drugs available last as long as possible. I understand from Ajay that prescribing of biologic and small-molecule agents for IBD is unusual in the UK private sector.

At the Universidade Federal de São Paulo, where I trained in gastroenterology and where I currently work, we run one of the largest IBD clinics in the country. We see around 150 patients per month and about 95% of them exclusively count on the SUS. As there are so few available drugs, we often need to be resourceful. We commonly optimise dosing without therapeutic drug monitoring, hoping to recapture response during flares. We do not have cheap access to faecal calprotectin testing to support monitoring the disease and response; most patients cannot afford it. We sometimes combine two advanced therapies off-label, despite limited evidence, and on occasion we even 'recycle' drugs, reintroducing a biologic that failed in the past – simply because there are no alternatives. This is far from ideal, but reflects the daily reality of practising gastroenterology in Brazil.

Surgical pathways

Another striking difference that I noticed in the UK is the pathway for surgery. Ajay explained that patients in need of elective surgery for IBD can usually have this within weeks, and potentially sooner if required. In Brazil, the situation could not be more different; many patients wait months, sometimes years, for surgery. They may end up hospitalised in emergency settings, often in poor condition, when a timely elective procedure could have avoided complications.

The differences extend beyond medications and

surgery. Access to diagnostic tests, endoscopy and imaging is also more restricted in Brazil. We mainly rely on colonoscopy and magnetic resonance enterography, but both investigations usually involve significant waiting times before they can be performed. I understand that, in the UK, access is typically timelier and can be expedited based on clinical concern. Intestinal ultrasound provision is growing in the UK, though not available to Ajay's local service currently. IBD nursing and nutritional support – pillars of multidisciplinary management in the UK – are scarce or absent in the SUS.A PCN members stated: 'I was really pleasantly surprised when my consultant recently followed up with me, it made me feel like I really did matter.'

Between two approaches

Despite all these barriers, there are strengths in the Brazilian system. The sheer number of patients that we see, many of them with severe, refractory disease, provides an environment that teaches us a lot. Our residents gain exposure to complex, advanced cases early in their careers. We learn resilience, adaptability and to be creative with limited resources.

Learning more about the UK approach made me reflect. The NHS is not perfect, but the safety net of having multiple therapeutic options and a truly multidisciplinary team allows for more evidence-based and structured care. In Brazil, innovation often comes from necessity, but it also raises ethical questions: are we providing the best care or simply the best care possible within our constraints?

Ultimately, IBD knows no borders and the experiences of clinicians around the world can enrich each other. My day in Kettering General Hospital was not only a professional exchange, but also a reminder that medicine is practised within a social, economic and cultural context. Understanding these contexts is essential if we want to truly deliver equitable care for our patients with IBD across the world.

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Working towards the PCN strategy

The Patient and Carer Network (PCN) has been working for 10 years, giving their time, experience and skill to enrich the work of the RCP by bringing forward the voices of patients and carers. At any time there are between 30–40 active members of the PCN, who come with a breadth of patient knowledge across the health landscape in outpatient, inpatient and community support. Network chair Sam Mauger talks about their vision for the future.

The PCN will be finalising its contribution to the RCP for 2026 and beyond in April, and will thread the patient voice throughout the new RCP strategy. This initial piece describes how we support the RCP and what we feel is important.

We believe that the PCN brings value to the RCP membership by providing in-house patient experience across the breadth of its work. Every month the PCN receives requests for patient contributions; as an example, in January alone we were invited to put forward volunteers to contribute to the Federation's Ethics Committee, to the National Confidential Enquiry into Patient Outcome and Death's (NCEPOD) advisory group on delirium and to contribute to the RCP museum's next exhibition that will focus on patient experience. This was in addition to the many functions that PCN members are already involved with across the RCP.

In setting our direction for the year ahead, we will examine how best to integrate patient experience with those areas emerging in the RCP strategy. We advocate that patient experience – if embedded throughout the RCP – will strengthen the college's reputation as a dynamic, responsive membership organisation that is at the forefront of best practice. We know that many new members are interested in gaining patient insights. Strengthening the patient contribution helps physicians understand what truly matters to patients as people, including the complex life factors that shape their experiences.

Education

A key priority of the RCP has long been excellence in education, and the college has justifiably earned a strong reputation in this area. The PCN feels that this reputation can be further enhanced with the addition of lay examiners, as the direction in the health economy moves toward patients taking more responsibility for their health, the focus on prevention and the move from hospital to community. The widening of the examination process to include lay examiners remains a priority for the PCN, with a focus on those areas where a lay view can strengthen the patient perspective in an examination experience. We all want our physicians to understand us and for us to understand them.

We believe that lay examiners add particular value in assessing areas such as building rapport with patients, creating a positive first impression, and listening fully to what patients say – not simply noting a list of symptoms, but hearing their concerns with empathy and respect. Further value includes assessing the approach that the examinee takes to understand how a patient feels, being able to explain to the patient what is happening in a clear way and, from this, to work with the patient towards shared decision making about their care. This strong listening approach is already advocated in the compassionate care discussions across healthcare.

Outpatient guidance

Late last year the PCN contributed to the RCP's *Prescription for outpatients: reimagining planned specialist care*. Part of this work looked at what was important in the patient–physician relationship. A PCN member summed up what a great physician approach looks like:

- treating the person, not just the condition
- listening fully and looking at the patient, not the screen
- acknowledging the patient's concerns, even if not much else can be done or if the caregiver does not perceive it to be a concern
- treating the patient the way they would want their most loved person to be treated
- following up with the patient if they said that they would.

A PCN members stated: 'I was really pleasantly surprised when my consultant recently followed up with me, it made me feel like I really did matter.'

Read more in *Commentary* about the guidance in the *Prescription for outpatients*.

Wellbeing

The PCN can provide valuable insights to make patients more comfortable, more secure, more in control and more efficient when using healthcare resources. At the same time, the PCN supports physicians who are calling for change where conditions that they work in are simply unacceptable – such as corridor care.

A thread that weaves itself into virtually all PCN discussions is concern with physician wellbeing. The PCN understands the pressures that the health community faces, along with the limited resources available. Our discussions support workforce and wellbeing ambitions from the perspective that supported physicians lead to supported patient experience.

Embedding lived experience

The PCN already engages with members across the RCP through everything from invited reviews, national audits, committees, insights in working groups, to judging awards for resident physicians and more. We believe that this assists with fostering a continuous improvement approach. We feel that the patient-centred culture in the RCP is an imperative, including engaging patients in service design and good practice in a systematic way.

The PCN already contributes very quietly across the RCP. Our strategy will continue to embed the patient experience and insight across the college. We feel that, as modern organisation, the RCP will learn and develop with and for patients and carers; challenging health inequality, developing cutting-edge approaches and engaging the new generation of physicians.

Find out more about the PCN and work being done.

This feature was produced for the April 2026 edition of *Commentary* magazine. You can read a web-based version, which includes images.

News from the past: the rise and fall of Christopher Merrett, the first Harveian librarian

Christopher Merrett was the first Harveian librarian at the Royal College of Physicians, appointed in 1654 after William Harvey left his library of several thousand books and collection of medical artefacts to the college. Professor Anita K Simonds the Harveian librarian, shares his tumultuous career.

Harvey's home had been pillaged by Puritan forces in 1642 in retribution for his role as physician to King Charles I, so the college library could be seen as a safe haven for his collection. Physicians in the 17th century were expected to be 'groundely lerned' by studying the classics, literature, natural history, rhetoric and other scientific subjects – and Harvey's extensive donation reflected this.

Merrett had come to Harvey's attention as a rising star of the college and Harvey personally recommended him for the position of the first 'Harveian' librarian. Alongside his college work in cataloguing the books and extending the library, Merrett became a member of the '1645 Group' of radical thinkers including Robert Boyle, Christopher Wren, John Evelyn and Jonathan Goddard, who met at Merrett's college rooms, among other London venues. This group eventually led to the creation of the Royal Society in 1660. As a founding member, Merrett was elected chair of the Royal Society's committee on trades, a role that he combined fruitfully with college work, publishing a catalogue of British flora, fauna and minerals, papers on metal refining – and, most remarkably, a treatise on the double fermentation process to make wines 'brisk and sparkling', which was the first description of the production of champagne.

Tragically, on 4 September 1666 the college building, then sited at Amen Corner in the shadow of St Paul's Cathedral, burnt down in the Great Fire of London. Anticipating the fire spreading on 3 September, Merrett had begun to set aside books and possessions that were a priority to be moved if the fire extended to the college. But in the path of the fireball that had consumed St Paul's, the college's home since 1614 stood no chance. Merrett was only able to save around 150 books, plus Harvey's portrait which was cut from its frame, Harvey's cane, a collection of archives, college annals and silverware. Years later, Merrett's son Christopher described his father: 'On the terrible night when the College caught fire … walking down Warwick Lane which was on fire on both sides, with arms full of books followed by bedel (college warden).'

Surprisingly, Merrett was criticised by the college for not salvaging more library contents, although he had only one assistant to help him and the fire spread rapidly. He worked subsequently as a college censor, taking responsibility for enforcing the college's remit on apothecaries. The original charter of the RCP gave it regulatory powers over the apothecaries who were expected to dispense medicines, but there was evidence that they were diagnosing and prescribing medicines too. In 1660, Merrett entered into a battle with the apothecaries with a paper, 'A Short View of the Frauds and Abuses Committed by Apothecaries' followed by the publication 'The Accomplisht Physician, the Honest Apothecary, and the Skilful Chyrurgeon' (surgeon) where he defined the roles of individual medical practitioners. This rigid demarcation was in line with the RCP's views, with physicians firmly at the top of the hierarchy. However, it was seen as elitist and difficult to apply in practice, as there were insufficient physicians to meet the needs of the growing population, which had depended increasingly on irregular practitioners such as apothecaries, healers and other empirics – especially since the Great Plague in 1665.

In the spirit of experimentation advocated by the Royal Society, Merrett proposed two bold reforms – one was an overhaul of physician education, where he suggested that the principles of natural experimentation should be incorporated into physician training alongside Galenic teaching, which had been the cornerstone of practice for around 500 years. He further argued for a reduction in the period of physician education, with a greater focus on clinical training – with bedside exposure to patients with a variety of conditions.

In an attempt to reduce the influence of apothecaries, he suggested that students should be schooled in pharmaceutical medicine and in producing and dispensing medicines – taking on board the principles of artisanal practice that he had learned in his work in the trades section of the Royal Society.

Merrett was ahead of his time in terms of medical education, but ran into opposition from all sides. The traditional Galenists in the college objected to the new ideas of experimentation, and the modernists felt the that the reforms had not gone far enough in sweeping

away stultified traditional training. Not surprisingly, the apothecaries were unhappy too. So Merrett's reforms did not come to pass and in the 1670s he entered a protracted court battle with the college over the books that had been saved in the Fire of London. Merrett's Harveian librarian post had been discontinued as there was no longer a library of substance, but he disputed this loss of role and kept the books that he had rescued as leverage. The college sued for their return and, after a series of High Court cases which Merrett lost, he was summarily expelled as a fellow of the college. In an additional blow, he was ejected from the Royal Society for non-payment of fees in 1685, probably related to large legal costs that he sustained in the court cases against the RCP. Merrett retreated to his home in Hatton Garden and continued as a practitioner, but a bright career had come to an ignominious end.

The full story of Merrett's rise and precipitous fall from grace is told in this RCP Museum long read.

Some of the books that Merrett saved in the Great Fire of London and many more volumes from our rare books collection can be seen in the current RCP exhibition 'A body of knowledge', which describes 500 years of the doctors' library; reflecting the books, their owners, authors and content – and the medical knowledge, practice and social values across the period. The exhibition is open to all until the end of July 2026.

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Medicine 2026: to explore the future of healthcare

Physicians from across the UK and beyond will come together for Medicine 2026, the annual conference hosted by the RCP. Taking place on Wednesday 13 – Thursday 14 May 2026 at the RCP at Regent's Park in London and online, the 2-day event will provide essential clinical updates, expert perspectives and practical guidance on the policies, technologies and specialty developments shaping the future of medicine.

The conference is designed to help clinicians navigate a rapidly evolving healthcare landscape. From digital transformation and artificial intelligence to changing models of care and specialty-specific challenges, the programme aims to equip delegates with the knowledge and skills needed to adapt and lead within modern healthcare systems.

Addressing the changing landscape of medicine

Healthcare is undergoing profound change, driven by advances in technology, new policy priorities and growing pressure on services. Medicine 2026 will bring together clinicians, researchers and healthcare leaders to discuss how physicians can respond to these shifts while continuing to deliver high-quality patient care.

Attendees will have the opportunity to earn continuing professional development (CPD) credits while hearing from leading experts across a range of fields. Sessions will combine clinical insights with practical advice, allowing delegates to translate new knowledge into everyday practice.

The conference will focus not only on emerging science and clinical innovation but also on the broader systems and societal factors influencing healthcare delivery. This includes discussions on workforce challenges, patient-centred care and the growing role of digital technologies in diagnosis and treatment.

'It was a wonderful experience to attend Medicine 2025.' – Medicine 2025 conference delegate.

Practical skills and in-person experiences

Alongside the main conference programme, Medicine 2026 will offer a series of in-person workshops and hands-on training sessions aimed at supporting professional development beyond clinical practice.

These sessions will provide practical guidance on topics such as publishing academic research, supporting physicians working in areas affected by conflict, and understanding how artificial intelligence tools can assist clinical decision-making.

Delegates attending in person will also be able to take part in immersive simulation-based training. These sessions are designed to help clinicians practise essential skills using specialist equipment in realistic scenarios.

Among the practical workshops are demonstrations exploring how AI technologies can assist clinicians in identifying anatomical structures during regional anaesthesia, as well as training sessions focused on CPAP and non-invasive ventilation techniques.

The aim is to provide an environment where clinicians can experiment, learn and refine their skills in a supportive setting while keeping pace with emerging technologies.

Collaboration across specialties

A central theme of the conference is collaboration across specialties. Medicine 2026 has partnered with several medical specialty societies to ensure that the programme reflects the latest clinical priorities and challenges facing physicians in different areas of practice.

Partners include the UK Kidney Association, the Association of British Neurologists and the Joint Specialty Committee for Palliative Medicine.

Through these partnerships, the conference will deliver sessions that highlight new research, evolving treatment approaches and the practical realities of caring for patients with complex conditions.

The collaborative approach is intended to encourage knowledge-sharing across disciplines and to highlight the importance of integrated care as healthcare systems become increasingly interconnected.

'Really interesting speakers and topics covered. Highlights into prevention rather than only clinical management is also important and I am glad this was highlighted during this conference.' – Medicine 2025 conference delegate.

Specialty updates on key clinical challenges

The programme will feature several focused sessions addressing pressing issues in specific areas of medicine.

One session will examine chronic kidney disease and the transition from early detection to long-term

management. Speakers will discuss how earlier diagnosis and integrated care between primary and secondary services can help slow disease progression and improve outcomes for patients.

The session will also explore the patient perspective on the healthcare system's shift from analogue to digital pathways, reflecting broader changes in how services are delivered and accessed.

Another session will focus on neurological emergencies, particularly the assessment and management of headache and blackout presentations in emergency departments. Clinicians will examine strategies for rapid diagnosis and risk assessment, as well as the appropriate use of clot-busting treatments in stroke care.

Palliative care will also be a key area of discussion. A dedicated session will explore new approaches to delivering medicines and supportive care in the home and community settings.

Speakers will highlight innovations such as alternative medication routes and the development of virtual palliative care wards. The session will also address the sensitive but vital issue of communicating with patients and families about hydration and nutrition during the final weeks of life.

Keynote sessions and expert speakers

Medicine 2026 will feature a range of keynote presentations and panel discussions from leading figures in clinical research, healthcare policy and medical practice.

His talk will reflect on the challenges of improving research standards while engaging policymakers, researchers and the public in addressing complex issues around medical data and evidence.

Another session will focus on the future of acute medicine. Dr Vicky Price, a consultant at Liverpool University Hospitals NHS Foundation Trust and president of the Society for Acute Medicine (SAM), will lead a discussion examining new models of care designed to improve outcomes while reducing pressure on hospitals.

Topics will include the growing use of 'hospital at home' services, which enable patients to receive treatment in their own homes rather than being admitted to hospital. The session will also explore the intersection of homelessness and healthcare, highlighting the importance of prevention and tailored care for vulnerable populations.

Panellists will additionally consider how clinicians can avoid unnecessary or potentially harmful interventions, particularly near the end of life, when overtreatment can sometimes occur.

'The topics were well selected and focused mainly on our day-to-day practice which was really helpful.' – Medicine 2025 conference delegate.

The role of AI in healthcare

Artificial intelligence is expected to play a significant role in future healthcare delivery, and Medicine 2026 will examine both its opportunities and challenges.

A panel session led by Professor Alastair Denniston, chair of the UK National Commission on the Regulation of AI in Healthcare, will explore how AI technologies could transform the NHS.

The discussion will address potential applications ranging from diagnostic tools and clinical decision support systems to workflow automation and population-level data analysis.

However, speakers will also examine the regulatory, ethical and practical challenges associated with implementing AI in healthcare settings. Ensuring safety, maintaining transparency and building public trust will all be key themes of the conversation.

The session aims to provide clinicians with a clearer understanding of how AI may shape their work in the coming years and how healthcare systems can adopt these technologies responsibly.

'Exceptional choice of topics and very rich panel discussions.' – Medicine 2025 conference delegate.

Looking ahead

As healthcare continues to evolve, conferences like Medicine 2026 play an important role in bringing clinicians together to share knowledge, debate ideas and explore solutions to common challenges.

By combining clinical updates, practical training and discussions on emerging technologies and policy changes, the event aims to provide physicians with the tools they need to navigate the next era of medicine.

For the RCP, the conference represents an opportunity not only to highlight advances in medical science but also to foster collaboration and leadership within the profession.

With its mix of expert speakers, specialty insights and hands-on learning opportunities, Medicine 2026 is set to offer a comprehensive overview of the issues shaping modern healthcare – and the innovations that may define its future.

Explore the programme and book your tickets for the conference now.

This feature was produced for the April 2026 edition of *Commentary* magazine. You can read a web-based version, which includes images.

The Iraqi Young Educators Programme

The Iraqi Young Educators Programme (IYEP) is an initiative launched by the RCP Iraq Network in early 2025, with the aim of empowering Iraq's next generation of educators and equipping them to drive meaningful and sustainable reform within the national educational system. Dr Meryem Al-Saffar, head of the RCP Iraq Network's junior medical education subgroup, shares the programme's aims and recent presentation at the RCP Iraq Network's 5-year anniversary celebration.

The programme is delivered in collaboration with several medical colleges. IYEP is structured into three main phases. The first phase, recruitment, focuses on selecting individuals who demonstrate passion, commitment and a genuine desire to contribute to systemic improvement. The second phase, core training and mentorship, consists of interactive workshops and a comprehensive capacity-building course delivered online through a dedicated learning platform.

The third and current phase, implementation, centres on translating knowledge into action. Participants are designing and leading projects within their respective colleges to identify, analyse and address specific educational challenges, with the goal of generating measurable impact in their institutions and communities in the coming months.

Dr Dween Shkak, IYEP participant said: 'My journey in IYEP was more than just attending sessions; it truly changed the way I see education. I joined wanting to improve my teaching skills, but I ended up understanding the real responsibility of being an educator. Through planning lectures, writing clear objectives, and learning how to give proper feedback, I became more organised and confident. The experience helped me grow not only academically but also personally and as a leader. Completing IYEP feels like an important step toward becoming the kind of doctor who doesn't just treat patients, but also teaches and inspires others.'

5-year anniversary celebration

During the RCP Iraq Network's 5-year anniversary celebration, a group of programme participants was given the opportunity to showcase their learning and achievements. They maximised this platform by delivering a dynamic session composed of four integrated mini-sessions.

The session began with an overview of the programme, followed by a data-driven presentation illustrating the programme's impact on participants. This was complemented by a panel discussion on peer-assisted learning, and the session concluded with an engaging debate exploring whether modern learning systems should entirely replace hybrid models within Iraq's educational environment.

All components were fully conceptualised, designed and delivered by the participants themselves. The session was met with overwhelmingly positive feedback from attendees, reflecting both the quality of the work and the transformative potential of the programme.

Dr Mohammed Resan, IYEP participant: 'During the network's 5-year anniversary, we presented a debate through IYEP on traditional versus modern medical education and its future in Iraq. We worked as a team from different universities to build strong arguments and shared key perspectives in front of UK and Iraqi leaders in a positive atmosphere. The debate ended in a tie, reflecting the strength of both sides and our shared hope for a better future in medical education.'

Testimonials: the value of a network of young educators

Dr Meryem Al-Saffar, head of the RCP Iraq Network's junior medical education subgroup said: 'The programme itself added to my personal and career development, but what I found rather exciting yet nerve-wracking was the experience of taking over organising a whole session without the contribution from senior members of the network. That for me, was a moment where I had no choice but trusting the process and waiting for the hours of rehearsals to pay some good results.

'I had the trust in that wonderful group of young educators and the potentials each and every single one of them had and eventually, the results were fantastic! And the great feedback we received from the attending RCP members will always be a personal core memory for me.

'It is an experience that I would definitely repeat, as I would love to have more opportunities offered for a greater number of the new generation of educators to show their capabilities and have a positive impact in their communities.'

Other IYEP members have similar positive feedback to offer:

Dr Hassanien Al-Hahsimi:

'Standing just before the debate began, I felt a real sense of nervous excitement, but I chose to turn that tension into motivation and fully embrace the challenge. As the discussion progressed, I focused on presenting my arguments with confidence and clarity, using humour and storytelling to keep the audience engaged and smiling. I also aimed to respond to the opposing team's points in a thoughtful way that gently exposed weaknesses while keeping the debate respectful and enjoyable.

'The supportive feedback from RCP members and Medical Training Initiative colleagues made the experience even more meaningful. The warm applause from senior faculty at the end was a memorable moment that reflected the positive energy and shared appreciation throughout the event.'

Dr Tema Ezzadin:

'It was such an honour to take part in the IYEP with the RCP–Iraq Network. Teaching has always been a passion of mine, as I have always associated it with helping others grow and succeed. As someone who was very careful with her studies yet sometimes needed extra time to fully grasp certain topics, I found immense joy in mastering a concept and gaining the confidence to apply it. Being able to make that learning journey clearer and shorter for someone else has always inspired me, from shadow teaching at the International School of Choueifat since sixth grade to mentoring throughout university. This programme transformed teaching from a simple passion into a field where I have developed strong competence, confidence and a refined set of skills.'

Dr Mohammed Baqir:

'Participating in IYEP shifted my mindset from a student to a professional educator. Presenting to the RCP proved that Iraqi medical students are hungry for formal pedagogy. By sharing evidence-based results, I showed how better teaching creates a stronger healthcare system. This experience has officially redefined my future role as both a clinician and a mentor.'

Dr Areen M Omar

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Find out more about the work of the RCP Iraq Network on their website and read a *Commentary* interview with Dr Mustafa Zubaidi, a resident doctor who is training in Iraq.

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Get to know our new associate global directors

The RCP assists physicians across the globe with improving healthcare worldwide, but this can't be achieved without the help of our members and fellows. Our international network is supported through the global vice president, associate global directors (AGDs) and an extensive network of international advisers (IAs).

AGDs are appointed on an honorary basis for a 4-year term. They guide RCP global activity in their regions, build relationships with local physicians and institutions, participate in clinical training projects and act as RCP ambassadors. Since 2025, the global team has recently welcomed several new AGDs to their team, including:

- The Americas – Hariharan Iyer
- Asia Pacific – Swe Myint
- Middle East and North Africa – Mohammed Bakhit
- South Asia – Preetham Boddana
- Sub-Saharan Africa – Dzifa Dey.

We asked the new AGDs about their goals for the upcoming years, and the AGDs who have served for longer than 6 months how they experienced their role.

Professor Hariharan Iyer – AGD for the Americas

Professor Hariharan Iyer is a transplant nephrologist and professor of medicine at the Schulich School of Medicine and Dentistry, Western University in London, Ontario, Canada. His work focuses on developing approaches to expanding living donor renal transplantation through positive crossmatch, ABO-incompatible transplants, paired exchange and desensitisation protocols. He has been AGD for the Americas since August 2025.

He says: 'Working with the RCP's excellent team over the past year has been a wonderful experience. During my visit to the UK in November 2025, I had the opportunity to meet and have lunch with the RCP president, global vice president and head of global at the RCP. We shared thoughts and innovative ideas to enable the RCP to expand its global footprint.

'Since 2025, we have seen an increasing number of nominations for fellowship to the RCP from the Americas, a testament to the RCP's global popularity. Being part of the grading and adjudicating team has been a great learning experience. There is great enthusiasm within the RCP fellows and IAs from the Americas to make meaningful contributions to the RCP's global outreach activities. I am eagerly looking forward towards this next phase!'

Dr Swe Myint – AGD for the Asia Pacific region

Dr Swe Myint is a consultant endocrinologist at Norfolk and Norwich University Hospital and an honorary associate professor at the University of East Anglia. An elected RCP councillor and PACES examiner, she is deeply dedicated to leadership, service improvement and medical education. She started her role as AGD for the Asia Pacific region in February 2026.

She stated: 'I'm pleased to take on the role of AGD for the Asia Pacific region. Coming from Myanmar originally, I feel a natural connection to this part of the world, and I hope that background will help me understand the region's needs and perspectives.

'My first priority is to get to know our international advisers, fellows and members – to listen, learn, and build trust and supportive relationships across the region. I will also continue the valuable work led by my predecessor, including the clinical leadership programmes, quality improvement projects and travel fellowships.

'Looking ahead, I hope to help develop two to three meaningful regional programmes, focusing on areas such as women's leadership, inclusive professional networks, training, guidelines, audit, service improvement, leadership development, health equality and fellowship opportunities. I look forward to working with you all.'

Dr Mohamed Bakhit – AGD for the Middle East and North Africa

Dr Mohamed Bakhit is a consultant in diabetes, endocrinology and general internal medicine at University Hospital Lewisham in London. His clinical interests encompass diabetes technologies, diabetes care for young adults and conditions affecting the adrenal and pituitary glands. He has been AGD for the Middle East and North Africa since August 2025.

He said: 'When I stepped into the role of RCP AGD for the Middle East and North Africa in summer 2025, I was impressed by the ambition and support of the RCP global team. Serving an economically and geopolitically diverse region brings both complexity and opportunity, reflected in rising engagement, including 40 fellowship applications in the last round. The success of local networks has sparked interest in similar models across the region. In the coming year, we aim to strengthen IAs'

involvement, launch a remote education programme for colleagues in areas of crisis, and deliver a second RCP Update in medicine – global version.'

Dr Preetham Boddana – AGD for South Asias

Dr Preetham Boddana is a consultant nephrologist in the NHS and serves as director of medical education at Gloucestershire Hospitals NHS Foundation Trust. As an MRCP(UK) PACES examiner and national IMT interviewer, he brings substantial expertise in postgraduate training and leadership, alongside longstanding professional links with South Asia. Preetham started his role in February 2026.

He says: 'I am honoured to take up the role as AGD for South Asia and to continue the excellent work of my predecessor, Dr Haroon Hafeez, drawing on my experience in medical education, leadership and global public health.

'My goal is to turn evidence into action, supporting decisions that promote healthier and more equitable communities for present and future generations. Having grown up in the subcontinent and now working in the UK, I value cultural diversity and the strength of collaboration. I believe progress depends on partnerships across disciplines and borders, with education central to building a sustainable South Asian network aligned with RCP values.'

Professor Dzifa Dey – AGD for sub-Saharan Africa

Professor Dzifa Dey is an associate professor at the University of Ghana Medical School and a consultant rheumatologist who leads the rheumatology unit at Korle Bu Teaching Hospital in Ghana. Having completed fellowship training in internal medicine and specialised rheumatology training at University College London Hospital, she is widely acknowledged for her influential role in advancing rheumatology and medical education throughout Africa. Professor Dzifa Dey started her role as AGD for sub-Saharan Africa in February 2026.

She says: 'I see my role as AGD for sub-Saharan Africa as building trusted institutional partnerships that strengthen physician education, clinical standards and system leadership across the region.

'My priority is to translate the RCP's global vision into practical, locally relevant impact, expand access to high-quality CPD, support quality improvement, and amplify regional expertise by building a connected, empowered community of physicians who are supported by the RCP's global standards while shaping those standards through their experiences.

'Above all, the RCP should be seen as a trusted, long-term partner; collaborative, respectful and committed to sustainable impact.'

Find out more about the RCP's work across the globe.

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