Royal College of Physicians

Election of the president 25 March 2013

Candidates' statements

On the suggestion of Council, and in accordance with the Bye-Laws, the candidates for election have provided the following information for voters. Each was restricted to a maximum of 600 words. The words are those of the candidates. The statements can be seen in their original format, along with a CV for each candidate, on the private area of the College website.

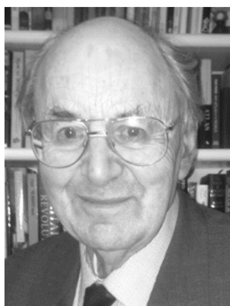
The names are presented in alphabetical order.

Bye-Law 32 states that:

"No candidate shall canvass for votes directly or indirectly for Membership, Fellowship or any office, distinction, advancement or promotion in the College, or in any Faculty or Joint Faculty of the College except as may be expressly permitted by Council."

D0244_P2

11 St Andrews Place, Regent's Park, London NW1 4LE
Tel: +44 (0)20 3075 1649, Fax: +44 (0)20 7487 5218 **www.rcplondon.ac.uk**
Registered charity no 210508



Dr Richard Taylor FRCP

Retired Physician. Formerly Consultant in General Medicine and Rheumatology, Kidderminster General Hospital and Droitwich Centre for Rheumatic Diseases. Independent MP for Wyre Forest from 2001 – 2010.

The College's central mission is to improve the quality of patient care by educating and training doctors and developing evidence-based guidelines.

I am standing for the Presidency to redress the College's failure to oppose effectively the devastating reorganisation of the NHS proposed by the Health and Social Care Bill. When that bill became an Act, it seriously eroded the framework in which professionally led standards, independent of vested interests, could be upheld.

I have seen the futility of trying to persuade a government with a working majority to change its mind without concerted opposition from outside the political system. If I were elected, the College would have a powerful voice to challenge - on behalf of its members and fellows, and the patients it exists to serve - the threats to the NHS and the College's mission. The College must remain independent of party politics, but it needs to engage more effectively with the political process.

I have also seen the low regard many MPs have for doctors. The College is uniquely placed to show that we act only in the interests of patients.

The priorities are to oppose the increasing incursion of private providers and unrestrained managerialism into the NHS, improve safety and quality of care and improve efficiency and value for money while exposing spurious reasons for returning billions of NHS underspends to HM Treasury.

Private providers threaten professional training in quantity and quality. How can the College maintain its effective oversight of doctors' training in a service fragmented by different providers with different aims?

A blue print for improving safety and quality exists in the Health Select Committee's Report (2009) upon which I worked. The Committee's Report on commissioning and its session on value for money provide vital evidence for challenging how NHS money is spent.

If elected I will lead the College's efforts to foster improvements in these areas. I see our College as a powerful voice to draw together professional groups who remain committed to ethical, evidence-based care and who therefore oppose so much of the Health and Social Care Act.

My experience of complaints about the NHS points to ways the College must act to support one of its most important objectives – *promoting patient-centred care:*

Communication – This frequently fails between NHS staff and patients and between doctors and nurses. I will campaign for the re-establishment, where necessary, of formal consultant ward rounds and regular multi-disciplinary team meetings, building on work already done by the College.

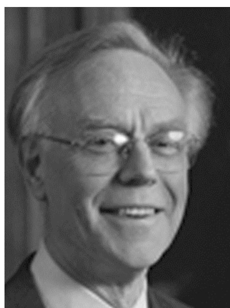
Continuity of care – Junior doctors' hours and consultants' responsibilities need attention. The handover process must be improved. We must continue to support reform of the European Working Time Directive. Improvements in these areas would have a direct impact on quality of training and experience of junior doctors.

Care - Meticulous consideration of all aspects of patient care is essential to ensure the highest standards are consistently achieved. The demise of Royal College inspections of hospitals was a serious loss. Potential whistle blowers at Stafford and elsewhere could have used these inspections. I previously attempted to introduce support for whistle blowers via a Private Member's Bill.

I believe the College has been out-manoeuvred by politicians and is now in a position that many of its members and fellows deeply regret. This will continue unless the College, and the Academy of Medical Royal Colleges, can find their political voices. My nine years of parliamentary and Health Select Committee experience will provide this. I will work closely with other College officers with their complementary areas of expertise.

Action is urgent and cannot wait until the next general election.

11 St Andrews Place, Regent's Park, London NW1 4LE
Tel: +44 (0)20 3075 1649, Fax: +44 (0)20 7487 5218 **www.rcplondon.ac.uk**
Registered charity no 210508



Sir Richard Thompson KCVO DM PRCP

President, Royal College of Physicians.
Emeritus Consultant General Physician and Gastroenterologist, Guy's and St Thomas' Hospital.

Every president lives in exceptional times and I am seeking your support for the final year of my presidency.

Our biggest challenge is the increasing workload in secondary care, particularly in acute services, which are seriously underfunded. When I visit trusts I find the local situation is often dire, with overworked and disillusioned consultants, gaps in trainee rotas, and pressure from managers to maximise elective care.

What is your College doing about this?

We have led the move towards seven day, not 24 hour, working for acute medicine with compensatory time off, set up the Future Hospital Commission to review all the problems around the acute services, and after two years of lobbying have achieved a review of the restrictive New Deal for trainees. Our report 'Hospitals on the Edge' documented many of these problems and drew intense media interest and wide support from fellows. The Medical Workforce Unit is soon to publish devastating data on the plight of the medical registrar leading the acute take. We have lobbied the government, and they have agreed to set up its own review of urgent care. We are now responding to the major review "Shape of Medical Training"; this is an opportunity to change future medical training and include our ideas, such as generalism.

Throughout my presidency I have striven to ensure that the College resists being drawn into party politics, and remains an important, independent voice of professional standards.

The Lansley reforms coincided with my election in 2010, and since then your College has battled to improve these unnecessary and disruptive plans, culminating in our success in achieving significant changes of the Bill in the House of Lords early in 2012. I am proud of what we achieved. Without the RCP's pressure I do not believe that there would be a secondary care doctor on all clinical commissioning groups, nor would we have achieved the improvements in education and training, which included the retention of postgraduate deans and placing an obligation on all providers of care to NHS patients to include education and training. A further positive effect has been better integration of primary and secondary care. However, I remain worried about the creeping privatisation of clinical services, a policy initiated by the previous government; I am persistently raising such concerns with ministers.

11 St Andrews Place, Regent's Park, London NW1 4LE
Tel: +44 (0)20 3075 1649, Fax: +44 (0)20 7487 5218 **www.rcplondon.ac.uk**
Registered charity no 210508

My position on reconfiguration of services is that when there are true clinical reasons, then concentration of certain services on fewer sites, or closure or merger of whole sites, may be the right option. However, any changes must be led by clinicians to improve patient outcomes and not in the vain hope of saving money.

The prime role of president is promoting standards in secondary care and representing physicians' views. Hence I really worry about low morale and disillusionment among clinical staff, which leads inevitably to poor care. The RCP will keep up the pressure on government, so that fellows and nurses work more effectively together to make the NHS better.

Several College reports have recently been published, such as "Cancer patients in crisis" and our early warning (NEWS) guidance. I have appointed an acute care fellow, and we are publishing a series of practical tool kits for the acute services. But there is still much to do: launching the high profile Future Hospital Commission report in the Spring and carrying forward its recommendations, helping to remodel training and support trainees, leading on new areas like genomic medicine, encouraging the introduction of clinically based IT systems, improving the morale and influence of physicians and, above all, making the RCP an even more influential voice in healthcare.

11 St Andrews Place, Regent's Park, London NW1 4LE
Tel: +44 (0)20 3075 1649, Fax: +44 (0)20 7487 5218 **www.rcplondon.ac.uk**
Registered charity no 210508

This page is intentionally blank