A Triennial Review (1994-7) by the Retiring President

> Last season's fruit is eaten
> And the full beast shall kick the empty pail.
> For last year's words belong to last year's language
> And next year's words await another voice.
>
> T. S. Eliot

It is just possible that the seventeenth-century philosopher and cleric John Donne, who enjoyed many contacts with the medical profession in and around London, may have been aware that a group of physicians in Edinburgh were agitating to establish a Royal College in that city. More certain, however, is that he would have warmed to the notion that Presidents and Councils of such institutions cannot be islands unto themselves but are part of a historical continuum. For those more at ease with sporting analogies, Donne might have suggested that such Presidents and Councils were recipients of a baton passed on from those who had run previous laps of the course of time. This immediate past President and the Councils over the last three years are no exceptions: our task has been to consolidate and build on foundations laid by predecessors. That said, there is little doubt that, because of the quite extraordinary milieu in which the profession finds itself as the millennium approaches, the momentum of the consolidation and construction has greatly accelerated; this was such that our several forefathers might be disposed to offer sympathy and encouragement, mindful of their own trials and tribulations at the time when the College was founded in 1681, on the occasion in 1858 when the first Medical Act received Royal assent, and at the birth of the NHS in 1946.

Reference has already been made in the College's Annual Report to some of the underlying causes of this remarkable, and so far sustained, innovation and rejuvenation in the life and work of the College, and in this triennial review the opportunity arises to expand and explain.

Those who have been close to the life and work of Royal Medical Colleges are aware that in government, health authorities and trusts, health care trade unions, sister professional organisations and academic circles alike, there is a view that an overriding objective of these Colleges is to maintain the *status quo*. It is opined that Royal Medical Colleges, are hostile to change and indifferent to the consequences of a currently fragmenting profession; they are portrayed as promoters of patronage inappropriately preoccupied with territorial and/or specialty governance. Concern has also arisen (from other quarters) that some of these institutions have been losing touch with their Fellows and Members at a time when, worldwide, their place of work is in rapid and massive change, brought about in part by an increased demand for health care, increase in public expectations, and the growth of diagnostic and therapeutic opportunities. These escalating requirements are not being addressed by matching increases in resource, but by management-led demands for radical modifications in the way health care is delivered and in the work of those who deliver it. Against such challenges, which call for a united medical profession with vision, flexibility and courage, the concept of

status quo is untenable. Recent Councils of this College, believing there is now a rapidly diminishing window of opportunity for Royal Medical Colleges to make an effective contribution to the inevitable changes, have sought to address the substantial challenges.

Whilst there is much to report to Fellows and Members on these matters perhaps I may be allowed first to refer to matters of a more personal nature, by recording my appreciation of and thanks to elected members of Council, Office Bearers and the past Vice-President (Sandy Muir) for their sustained friendship and support; to the College Master of Music, College Piper and College Cleric who have contributed so much to College occasions; and to a very large number of Fellows and Members who have devoted a considerable amount of their time to the life and work of this institution, both at home and abroad. My thanks are also due to the staff of the College who have responded cheerfully and with much commitment to a call for change in patterns of work and productivity. Finally, I am bound to record that both Angela and I have been the recipients of much kindness and support from all past Presidents and Office Bearers and so many Fellows and Members.

Processes of consolidation and build have been primarily directed to those areas traditionally espoused by Royal Medical Colleges: doctors in training, consultants in practice, setting of professional standards and the operational interfaces between the profession and statutory health authorities. In addressing all these subjects, we have sought to develop programmes in which processes have been engineered in favour of outcomes that seek to diminish fragmentation, both within the medical profession and also between doctors and other health care professionals and between doctors and managers. Thus a central feature of many of the College's initiatives has been intercollegiate collaboration, and collaboration with health care professionals and managers. But at the same time, partly because we have been increasingly conscious of the influence of the State on the delivery of health care, while we have felt a need to renew the College's commitment to its independence from government, we also have to remind ourselves of the considerable opportunities which governments have in promoting and securing both personal and corporate patronage. We have sought to increase democracy within the College, and have promoted a substantial increase in the involvement of younger Fellows and Collegiate Members in its life and work. We have done much to improve good management practice within the College and have thereby been able to redirect vital resources to new ventures.

DOCTORS IN TRAINING

Senior House Officer training programmes

There is some truth in the conclusion of friends south of the border, that the Scots have been a little slow to develop an appropriate collegiate interface with postgraduate Deaneries in the delivery of an effective and unified training programme for physician Senior House Officers in Scotland. That, however, is history and we owe much to Professor Ray Newton who, at the invitation of our Council, has led an intercollegiate (Edinburgh and Glasgow) team which has enjoyed the active support of the Scottish Council of Postgraduate Medical and Dental Education. The emerging outcome is an imaginative programme, which may yet prove to be the envy of our cousins to the south, and which is particularly sensitive to the personal and professional needs of trainees and trainers, provides important opportunities for developing innovative dialogue with interested parties on the 'New Deal', and will introduce new and integrated quality systems involving trainee, trainer and postgraduate Deans.

MRCP(UK) examination

The MRCP(UK) examination is currently in the throes of major review with an expectation that this excellent examination will be modified to meet the demands of the millennium for educational quality. It is appropriate in this Report to acknowledge that this College, through the efforts of Council and the late Dr Gordon Leitch, was responsible for initiating the review of this examination. Moreover, much of the planning for change was promoted by our former Registrar, Dr John Munro, when he was Chairman of the MRCP(UK) Policy Review Committee.

In the period of this Presidency, a large number of Fellows in Malaysia, Singapore and the UK, from all three physician Colleges, have worked together to realise the dream of my predecessor, Dr Tony Toft: the establishment of a full MRCP(UK) examination in Malaysia and Singapore. We can be sure that similar arrangements with colleagues in other countries will soon emerge. These successes have led the three Colleges to agree to explore the possibility of developing intercollegiate collaboration in overseas educational projects directed towards higher specialist training.

Higher specialist training

Higher specialist training for physicians in the UK has not escaped the attention of those committed to addressing change. Much attention has inevitably been focused on the College's contribution to the implementation of proposals in the Government (Calman) Report that deals with higher specialist medical training in the UK. But this period of change has also provided an opportunity to promote radical reorganisation of the structure and the management function of the Colleges' Joint Committee for Higher Medical Training. We are particularly grateful to the College Dean (Professor Neil Douglas), who has done much to formulate Council's views on the details of desirable change, and thereafter debated these suggestions with colleagues from our sister Colleges. Major reforms are now being implemented and it is our earnest hope that these will lay down the foundations upon which physicians in the UK can build strategies of innovation and extend excellence of value both nationally and overseas. One of the areas that is likely to have high priority in the foreseeable future is the development of improved methodology for the assessment of the effectiveness of a doctor's higher specialist training. Intercollegiate discussions on this topic, led by former Vice-President Professor Sandy Muir, took place in 1995, and there is reason to believe there now exists a growing intercollegiate commitment to explore this and possible options.

Over the past three years the UK Physician Colleges have together been particularly active in responding to the need for change with regard to postgraduate medical education. In the context of a response to the proposition that we are above all wedded to the *status quo* the outcomes of our efforts in this area speak for themselves, but a pressing need remains for us to contribute further to promoting high quality educational programmes which are value for money - not least because doctors in training are currently consuming almost 80% of the NHS's training budget. In all these activities we are indebted to Dr Michael Watson who, on behalf of Council, makes this College's contribution to these intercollegiate developments.

Clinical research methodology courses

Council believes that in an era when much importance is given to evidence based medical practice the need is increasing for doctors to have a sound knowledge of generic research skills, in particular those relevant to the critical appraisal of scientific publications. We are indebted to Professors Fowkes and Murray who have established

a course directed to this, and we are pleased that it continues to be an outstanding success. It is clear that this is a topic of considerable interest to trainees.

DOCTORS IN PRACTICE

Continuing medical education

All doctors working in the UK are aware of the introduction of continuing medical education (CME) programmes by the Royal Medical Colleges and, in principle, these have enjoyed the support of health departments, health authorities and the general public. The three physician Colleges have joined together to create a single CME programme for all physicians in the UK; its logging office is based in the Glasgow College. The intercollegiate team has worked well together and a soundly-based system has become established for reporting to respective Councils and for maintaining contact with those who have similar collegiate responsibilities in other medical disciplines.

But there is a growing interest, which may soon be shared throughout the countries of the European Economic Union, in the effectiveness and value for money of current CME programmes: there is little doubt that we are now at the beginning of a journey of development in which the profession will need to generate programmes of increasing quality such that government, hospital employers and patients are content that high professional competence is maintained and developed. This aspect of what is a critically important and relatively new feature of professional self-regulation continues to be of considerable interest to the Council, and we have been both surprised and delighted to learn from a survey of Fellows and Members (see below) that a significant majority accept that much of the current simplistic 'bums on seats' approach to CME will need to be replaced by more effective educational methods, and to be supported by some form of peer-reviewed reaccreditation process. This College, through its Dean, is currently promoting an intercollegiate debate on this issue which, at least in the first instance, will be between the three Physician Colleges. In the meantime the quality of this College's contribution to CME is high, and we are indebted to Dr Brian Chapman (Chairman of the Symposium Committee) and Dr Ieuan Davies (Editorial Board of *Proceedings*) for their many contributions.

Consultants' workloads

During the period immediately before the start of the implementation of the Calman Report on higher specialist training, this College conveyed its grave concern to the Academy of Colleges in the UK that an effective implementation of the recommendations made in this Report would require a substantial increase in the input and commitment from consultants. We advised that we had serious reservations as to whether the majority of consultants would be able to deliver that which was promised to the trainees in the Calman Report, for it was believed many consultants might now be almost overwhelmed by the new pressures associated with the NHS' internal market, increasing patient demand and expectations, the expansion of diagnostic and therapeutic opportunities and a rapid decline in the concept of the clinical team in which consultants enjoyed vital support from members of that team, many of whom were in training.

It seemed evident at the time that many Academy colleagues concluded that the view emanating from Edinburgh was unduly negative, but Council of this College resolved, with the support of the Glasgow College and the collaboration of the Scottish Council of Postgraduate Medical and Dental Education, to mount an in-depth study

of the consultant physician in Scotland. This intercollegiate project was co-ordinated by Professor Sandy Muir and his disturbing Report, which confirms previous Council's worst fears, has recently been published and will contribute much to current broad-ranging UK discussions on the future role of the NHS consultant. Much reference has been made, in the deliberations about Senior House Officers over the last five years, to the 'lost tribe'. There can be little doubt that the work of Muir's intercollegiate team has revealed a second 'lost tribe' - the consultants. We have been slow to recognise this most serious state of affairs which in a state-dominated health care programme could have grave consequences. We have reason to believe that many of the problems confirmed in Muir's study also apply to other health care professionals, and in a service that now seeks to direct its energies to improving quality, the Muir Report is important and timely. It will be essential for the College to ensure this topic remains high on future Councils' agendas, and that the dialogue now becomes more broadly intercollegiate, and firmly retained in the arena of clinical effectiveness.

Management training for doctors

One of the striking features of the intercollegiate consultant workload study was the frequency with which consultants expressed the view that, in the environment of the internal NHS market, they had increasingly felt marginalised from involvement in their hospital's affairs. In some situations there appears to have been a deliberate practice by management to exclude doctors from this development policy and strategy. In many others there has been evidence that with the evolution of more effective management introduced throughout the NHS, with or without internal markets, many consultants have spontaneously become marginalised simply because they lack basic knowledge (which includes the language) and experience of the principles and practice of management. There can be no surprise then that polarisation between the practising clinician and management is frequent and that this problem alone represents a major feature behind the current escalation of work-related stress in NHS consultants, must impact on the quality of care, is not confined to the hospital environment and is a major cause of dysfunction within the NHS.

Council concluded that there would be substantial merit if the Colleges recognised the central importance of good management practice in the NHS, promoted and supported educational programmes which increased the familiarisation of doctors with the basic principles of the management process and led to a genuine appreciation that this knowledge base was of equal importance to the major parts of their clinical practice. This does not mean that all future doctors will be inclined or qualified to be health care managers!

These considerations led Council of this College to invite Dr Lindsay Burley, one of our Fellows, to establish an intercollegiate group to explore this proposal, and both our sister Colleges in Scotland expressed their desire to contribute such that this initiative became a Scottish Royal Colleges exercise. The first major outcome of this initiative has already been secured: a basic generic curriculum for management education for all trainee doctors in the UK has been approved by the Academy of Colleges and Faculties; individual colleges and collegiate faculties will be responsible for their own implementation programmes. The Presidents of the three Physician Colleges have already referred the matter to their Joint Committee on Higher Medical Training. The Scottish group now intends to explore how best this development can be translated to undergraduate education, how interested consultants might be able to acquire this knowledge and how the Colleges can give better support to those consultants who

wish to develop the specific management skills needed for clinical directors and medical directors.

I share the view that this development may prove to be one of the most important contributions this College has made to the NHS in the period of this Review, and would wish to record our thanks and congratulations to Dr Burley and her intercollegiate team and thanks to Dr Jenny Simpson, Chief Executive of the British Association of Medical Managers and a number of NHS managers for their sustained and expert support. Thanks are also due to Dr Alistair Parker who has responded to Council's desire to reciprocate the assistance received from NHS managers and has established an intercollegiate education programme directed to providing all NHS managers in Scotland with a better understanding of medical practice.

International medicine

There will be many Fellows, both at home and abroad, who will take the view that one of the most important College developments over the past three years has been the creation of the International Medicine Department. I share this view, for Council was increasingly concerned that the impetus for sustained interaction with our Fellows and Collegiate Members outside the UK, aside from the important work of the College's Overseas Postgraduate Director, was, by tradition, in the hands of the President. The period of office of the President in this College is short and the President has increasing operational duties which make it necessary for him/her to be available in the UK. The establishment of an International Medicine Department, with its own permanent infrastructure, has provided an unique opportunity for the College to renew its commitment and service to its Fellows and Members outside the UK. It has also provided new possibilities for Fellows and Members in the UK to interact with other parts of the collegiate family. In recognition of the importance of this development, Council sought and succeeded to persuade Dr Tony Toft, former President, to lead this initiative.

There is already much evidence of innovation and change that has been welcomed by Council and many overseas Fellows and Members, but the most important outcome has been the creation of a stable, sustained collegiate resource directed to the College outside the UK. Much of the initial effort has rightly been directed to Fellows in those parts of the world who have long-standing and close ties with the College, but it is my hope that in due course we will also be able to direct more attention to the substantial number of Fellows and Members in neighbouring countries in Europe.

College Library

It is appropriate that our Library, which was established in 1682, is included in this Triennial Review because the last three years has been a period of quite extraordinary change for this College institution. I have some difficulty in positioning some brief comments on the Library in this Review because the Library team is now interfacing and interacting with almost every College activity - it is in the process of becoming, in addition to a repository of well-catalogued books and of manuscripts of substantial historical and scientific value, a central information network that is destined to provide an increasing gamut of services to Fellows and Members, and perhaps, in the fullness of time, to other health care professionals. The potential for this development has greatly increased since the College created its own Website on the Internet some 18 months ago. We are indebted to Professor Lawson who brought the Library through a difficult period in recent times and to Dr Martin Eastwood (Honorary Librarian) and his team

for their commitment, energy, creativity and tenacity.

Paediatrics and child health

This College has a long tradition of supporting paediatrics and child health, and many paediatricians have given great service to the College's life and work over many decades. In the circumstances the College found itself during the period of this Review, Council was moved to give its formal support to a proposal before the Privy Council to establish a College of Paediatrics and Child Health. We wish our paediatric friends and colleagues every success and trust that we will continue to enjoy close intercollegiate collaboration, particularly in Scotland, in the years to come.

THE COLLEGE AND NHS INTERFACE

Three years as College Vice-President followed by a further three as President, coupled with a position in the NHS which from time to time required close liaison with Scottish Office officials and Ministers, lead me to conclude that there is still much to be done to optimise the interface between the medical profession in Scotland and those with responsibility for health in the Scottish Office and Health Authorities and that this is a matter of both public and professional interest.

Civil service officials, serving successive Governments, seem to have been more comfortable when in dialogue with local representatives of UK medical Trade Unions than with the Scottish Medical Colleges, even though for decades the latter have been engaged in promoting, specifying and validating postgraduate medical education, and have sought to influence the quality and direction of health care provision in Scotland and beyond through the work of their Fellows and Members. Hitherto a long-standing Whitehall practice was to place Scotland in an operational category known as a 'territory' and this has led health service officials in London to consult only with Colleges with their headquarters in London, and for the Scottish Office to simply rubber-stamp the outcomes of these consultations with marginal and inadequate consultation with the medical profession in Scotland. This long-standing practice has been a source of growing concern and is likely to undergo close scrutiny by the soon-to-be-established Scottish Parliament.

Yet to the contrary, in recent years important developments have occurred in the interface between the profession and the Scottish Office, the most notable of which is arguably the creation of the Scottish Intercollegiate Guideline Network (SIGN); however very soon there may be a need to re-examine the nature and extent of this most successful venture's collegiate ownership and consider whether guideline implementation and the associated-outcome assessment would be more appropriately led by NHS quality assurance managers. In the meantime we note with pleasure that Professor Jim Petrie, despite the new pressures of his high office in the College, will continue to co-ordinate this programme, which is of considerable international interest.

The primary and secondary care interface

We have been increasingly concerned that the Government's promotion of a primary care-centred NHS lacks, among other things, an emphasis and opportunity for early and sustained liaison between the relevant institutions in Scotland that represent shared professional concerns in primary and secondary care. As a consequence, the Council of this College has established an intercollegiate group of doctors working in Scotland in which an opportunity for dialogue on matters of shared professional interest will be made available to those working in primary and secondary care. This group is led by

a member of Council (Professor Elizabeth Russell) and it is hoped that it will provide an important independent sounding board which, in due course, may include other health care professional and management interests.

Acute medical admissions study

In the context of quality of patient care and delivering effective postgraduate and undergraduate teaching, Council has been made aware of the growing concern of its Fellows and Members throughout the UK of the professional consequences of the relatively recent and very substantial increase in the number of acute medical admissions to NHS hospitals. We have left others to research the cause of this phenomenon and concluded that the most useful contribution we could make would be to join forces with our sister College in Glasgow and explore the opportunities for a professional contribution to solving this most pressing of NHS problems.

To this end Council established an intercollegiate working party, chaired by a member of Council (Professor Peter Brunt), and its Report, which received the support of Councils of both Colleges, has recently been published and made available to Fellows and Members, the Scottish Office, Health Service managers throughout Scotland and our sister College in London. This Report raises, among other things, the urgent need for an improvement of quality in the interface between the profession and NHS management; and for all concerned, including and perhaps most importantly the Physician Colleges, to be aware that we have witnessed and perhaps also inadvertently promoted during recent years in which medical sub-specialties have rightly proliferated, a decline in the status and practice of general medicine. This decline must be reversed: to address it, an urgent need exists for jointly-managed complementary and parallel policy and 'strategy' developments which involve NHS Executives, Health Authorities, the Colleges and others, and outcomes which are appropriately monitored. The notion that this problem can, and should, be left to operational managers in Hospital Trusts is untenable.

Mention should also be made that during the period in which there has been significant intercollegiate interest in the well-being of general medicine we (the Glasgow and Edinburgh Colleges) have also sought to consolidate collegiate interest and commitment to the medical specialties. To this end intercollegiate specialty groups are being established in Scotland, in close association with existing specialty Associations and Societies, so that the Colleges will be better briefed on the relevant strengths and weaknesses within the specialties and thereby are able to provide more effective support and representation.

Scottish Office report on coronary heart disease (1996)

An unexpected meeting between Sir Robert Shields (former President of the Royal College of Surgeons of Edinburgh), myself and a group of cardiologists and cardiothoracic surgeons in the period of this Review led to an important intercollegiate scrutiny of a recent Scottish Office Report on coronary heart disease. The intercollegiate team, led by Professor Keith Fox, found sufficient evidence, that was accepted by all three College Councils, to opine that several of the conclusions contained in this Government Report lacked the level of supporting evidence to warrant their application to the development of health care policy in Scotland at this time. Many of the findings in this intercollegiate study have recently been published and have also been included in the Scottish Office's current Acute Services Review. This intercollegiate exercise has provided an important and timely opportunity for the Colleges in Scotland to

demonstrate their potential to contribute to the development of health care policy. It is my hope that in a devolving Scotland this function, which is long overdue, will flourish.

Skillmix

Politicians, Health Service officials and managers have all espoused the notion that 'skillmix' must increasingly contribute to the delivery of health care in the future, but regrettably the Royal Colleges' contributions to debates on this topic have been sparse. Conscious of this collegiate deficiency, and mindful that in many provider health care settings skillmix is evolving on the ground but in an unco-ordinated way which may leave health care professionals and management in vulnerable situations, Council invited Drs Charles Swainson and Derrick Doyle to develop an intercollegiate and multi-professional Workshop on Skillmix and report their findings to respective Councils. The outcomes of this Workshop have recently been published, and it is clear that the exercise proved to be an important starting point for significant interprofessional dialogue in Scotland which will be of interest to Fellows, Members and Health Service managers wherever they work. It also provided a stimulus for the Presidents of the three medical Colleges in Scotland to initiate a new and informal dialogue with senior members of the nursing profession, with a view to exploring opportunities for interprofessional collaboration.

Oncology services

The NHS is currently seeking to reorganise its oncology services and Council established an intercollegiate (Scotland) Working Party, chaired by Professor John Smyth, to examine ways in which the Colleges might give assistance. Professor Smyth has reported to the Councils that the members of his Working Party believe that the most useful contribution the three Scottish Colleges can make is to join forces and support a modular generic education programme that brings together young trainees and teachers from the range of disciplines engaged in the care of patients with cancer. This proposal has been approved in principle by all three Colleges.

Intercollegiate developments in Northern Ireland

Information received from several sources in Northern Ireland has suggested that there would be considerable advantage to the NHS there if the three UK Physician Colleges established a single intercollegiate operational mode. In the period of this Review this proposal has been realised with the setting up of an intercollegiate Northern Ireland Committee. This important and unique achievement would not have been possible without the collaboration of many Fellows in Northern Ireland from all three Colleges, the tenacity and good humour of Professor Desmond Burrows, the former Northern Ireland representative on our Council, and the innovative vision of all three College Councils.

The College and the patient

Several sister Colleges have sought to establish ways in which they can develop a greater awareness and sensitivity to the needs of patients. In the period of this Review, Council invited Dr Colin Currie to establish a Patient Liaison Group that would report direct to Council. This group has now functioned for 18 months and is already proving to be an important, albeit at times painful, point of contact between the College and the public. It has done much, for instance, to alert colleagues that one of

the goals for the SIGN initiative must in due course be the promotion of the development of materials that provide the general public with information that relates to clinical guidelines and protocols used by professionals.

Women in medicine

Council has been exercised on a number of occasions during the period of this Review with the difficulties many women encounter in developing and sustaining a career in medicine. Aside from the serious personal difficulties this situation creates for individuals, there are now grave concerns that in the context of medical schools with more than half of graduates being women, the subsequent loss of a substantial number of these graduates to an NHS that is critically short of doctors cannot be borne much longer. Radical changes are required in the attitudes of the Colleges and throughout the NHS; Council invited Dr Andrew Zealley to establish a multidisciplinary Working Party to generate radical proposals for change. Dr Zealley's report is imminent and it is my hope that it will provide a basis for important novel discussions both within the Colleges and throughout the NHS, and that it will at last lead to an effective programme whereby this serious problem is addressed and resolved. I have little doubt that for the Colleges and many of our Fellows some of the features of the prescribed change may be painful and unpopular, but the time is long overdue for radical reform. I believe, that if necessary, this College must lead the demand for a positive collegiate response and the much-needed radical operational change throughout the NHS.

COLLEGE MANAGEMENT

Some would argue that most Colleges have been rather slow to espouse the virtues of good management. This College is no exception, but over the last five years a number of opportunities have arisen that have enabled successive Councils to enhance, very substantially, the quality of the College's governance. Much more, of course, still needs to be done but the changes now in place have greatly improved staff morale, confidence, effectiveness and productivity. Moreover, the new management systems that have been put in place have significantly enhanced quality and accountability.

The Fellows and Members owe a great debt to the College's 'Civil Servants' and Office Bearers: their robust and constructive responses to calls for change have been a pleasure and privilege to witness. They have allowed us to bring new benefits to Fellows and Members and at no increase in cost. Special thanks are due to one of our Council members (Professor Walter Nimmo) who has given so much of his time contributing to this success and to the College Manager (Captain Richard Smith) and his Heads of Departments (Lesley Lockhart, Lindy Tedford, Evelyn Cassini, Sue Simpson, Iain Milne, Christina Pottinger and Juliet Harlen) and Senior College Officer (Billy Hamilton).

College governance

Brief reference has already been made to the efforts recent Councils have made to enhance the democratic process throughout the College, and how we now have a cadre of younger Fellows actively engaged in the management of College affairs; some have been appointed to newly-created Assistant Office Bearer posts. More developments are under way but, as some are likely to require changes in the Laws and approval at future College meetings, the outcomes of these deliberations will not emerge until 1998/99. Nonetheless, Office Bearers and Trustees now have a fixed term of service and are appointed by Council after nominations have been sought from the wider Fellowship.

Communications Group

Institutions, however energetic and innovative their leadership, often fail because they lack effective methods of communication with their members. Recent Councils have concluded that there was scope for improvement in the College's communication systems and, notwithstanding the new contributions being made by the Library team, have established a Communications Group which brings together the College Newsletter, *Proceedings*, report publications and our public relations activities.

The gratifying outcomes of this development are already evident and we are grateful to Dr Derrick Doyle for co-ordinating the Group and to Drs Philip Welsby (Editor of *Chiron*) and Professor Anthony Busuttil (Editor of *Proceedings*) who succeeded that formidable duo of Drs Sircus and Passmore.

Survey of Fellows and Collegiate Members

The period of the internal market in the NHS was one during which providers were reminded of the need to give close attention to the needs of customers. Council, no doubt influenced by this ethos, concluded that it should establish a Survey of Fellows and Collegiate Members, worldwide, in order to ascertain their views on the strengths and weaknesses of the life and work of the College. We are indebted to Professor David Lawson and Dr Alison Jones, former chairman of the Collegiate Members' Committee, for undertaking this Survey and Council was delighted that there was a 73% return. We have done a number of important and useful things in the last three years but I would venture to suggest that this exercise may prove to be the most significant to the College's future. Perhaps the most gratifying outcome for Council has been to witness the extent of the interest in and commitment to the life and work of the College of so many of its Fellows and Collegiate Members. We now have a remarkably clear view of our strengths and weaknesses, and future Councils will be better placed to target energies and resources.

CONCLUDING REMARKS

I share the view of many colleagues that the College is in the midst of a period in its history of intense innovative activity that will underpin a bright future. The future, if we will but grasp it, is full of remarkable opportunities for our profession and our patients, provided we are prepared and able to respond to change and take a leadership role in the change process. For those of us who live in Scotland there are other and specific new opportunities and challenges as we move towards a political devolution. Our commitment and energy, though rooted in Scotland, must also continue to be directed towards the UK and beyond, for we remain, as has so often been declared, an international institution with its headquarters in Scotland.

Innovation usually engenders increased expenditure. Thus far better management of our resources has enabled us to increase output at only a marginal increase in unit costs. I believe that if we are to meet our future obligations to the profession and patients, the desires of our Fellows and Collegiate Members and also retain a strong commitment to our independence from Government we will, in the foreseeable future, need to increase significantly our financial resources. I have reason to believe that there will be strong support from Fellows and Collegiate Members and others, such that we move into the millennium with sufficient resources to match the energy and innovation that is so evident at this time and will be needed to meet the many challenges ahead.

This period of being the President of the Royal College of Physicians of Edinburgh

has been the greatest privilege of my professional life. It has brought me much pleasure and satisfaction. But the greatest privilege and pleasure has been to work with an exceptionally gifted, committed and energetic group of friends and colleagues. For all this I can but offer thanks and assure my successor, James Petrie, of similar abundance and my best wishes.

John Cash

Professor J. D. Cash