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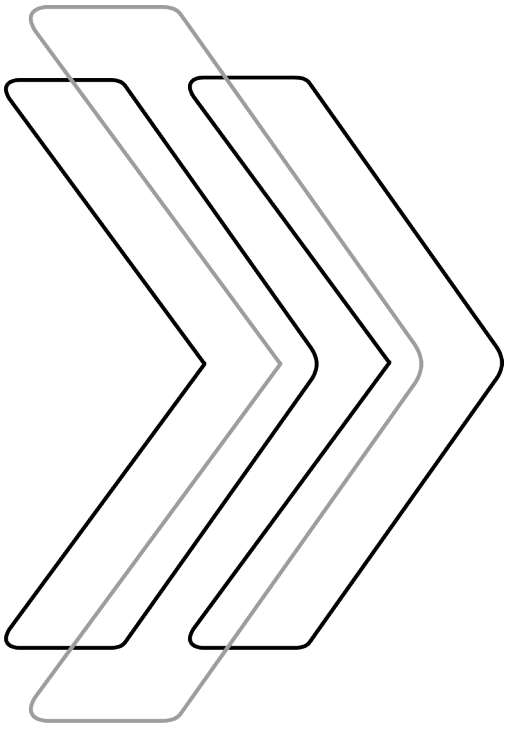
Ideas that change health and care

Royal College of Physicians

Independent learning review following the Royal College of Physicians' Extraordinary General Meeting 2024



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The Royal College of Physicians commissioned this independent report to support its learning in relation to its Extraordinary General Meeting held in March 2024. The views in the report are those of the authors and all conclusions are the authors' own.

The King's Fund is an independent charity working to improve health and care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible health and care is available to all.

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Contents

Executive summary

Overview

In March 2024, the Royal College of Physicians (the College) held an Extraordinary General Meeting (EGM) of fellows, arranged to debate issues relating to physician associates. Several members of the College raised significant concerns following the EGM, in relation to the presentation of information at the EGM and the conduct of participants. In response to these concerns the College commissioned The King's Fund to examine: the events leading up to the EGM, from the point at which the initial communication was received from the petitioners; the running of the EGM; and the relevant activities after the EGM.

This learning review considers:

- the context leading up to the EGM and the handling of survey data presented as part of the EGM
- the application of the current governance framework of the College, including its leadership and internal processes as relevant to the EGM
- areas of strength and opportunities for improvement in data management, governance practices and procedures
- relevant reflections on culture, behaviours and relationships within the College as manifested in relation to the EGM.

It is important to note that this learning review was not directly concerned with the policy and implementation issues in relation to the rollout of physician associates.

In conducting this review, we interviewed a range of College staff and officers, members of the Council of the College (the Council) and other interested individuals who had played a direct role in the EGM or were involved in the governance surrounding it. As we were not able to interview all Council members or trustees, we also received a number of written submissions from those groups. We watched the recording of the EGM and reviewed the formal documentation relating to the EGM and a range of emails and other correspondence relevant to the period. We also reviewed samples of relevant social media.

Overall, we identified a range of collective failures in leadership across the College, and our findings and recommendations are focused on the learning for groups within the College – the Council, the Board of Trustees, senior officers and executive leaders – and for the relationships between those groups both

internally and with the wider College membership. There was a clear lack of accountability and due process.

It was clear that all those who participated in the review, whatever their role, were keen to ensure learning from the events surrounding the EGM. It was also clear that, although undoubtedly individuals took actions that, with hindsight, they recognised to be inappropriate or unhelpful in relation to the outcome of the EGM, this was in the context of significant organisational dysfunction that was described to us during the course of this review. This review does not seek to point the finger of blame at any individual, but rather to identify the underlying issues that the College needs to address in order to rebuild relationships internally, with the wider College membership and with external stakeholders – and through doing so, to deliver effectively its mission of educating, improving and influencing for better health and care.

Our findings are summarised below. More details are given in sections 3 to 6.

Governance

- With regard to the calling of the EGM, the College followed relevant bye-laws closely. We did, however, identify that it may have been possible for the EGM to have been called sooner by following other aspects of relevant bye-laws.
- More generally, there is a pervasive lack of trust and confidence in the College's governance. There is concern that the lay trustees are too distant from the activities of the College, and that the Board of Trustees does not operate as a single board with lay and clinical trustees acting collegiately.
- The Council is not operating effectively. Decision-making processes are unclear and this both creates inefficiency in the way in which the College operates and puts individuals at risk of challenge where decisions are not seen to be undertaken transparently.

Survey of members

- There was a lack of due process in the survey of members: it was conducted without clear processes in relation to design, sign-off and quality assurance.
- We found no collective ownership of the survey by College officers: there was a lack of collective responsibility throughout the survey process, leading to individuals feeling blamed and isolated when the survey was criticised.

- There was ineffective use of expertise: survey design, questionnaire development and analysis and the dissemination of the results require specific skillsets and expertise, which were either lacking at the College or, where they did exist, they were not used.
- There was a perceived lack of transparency: the process around the survey's development was opaque and this meant that when it was criticised, the College could not show clearly how conclusions had been reached, further fuelling accusations of bias.
- There appeared to be organisational bias. A survey should not be carried out with the aim of proving a pre-determined point of view. Instead, it should be seen as contributing to an evidence base without preconceived ideas of what the results should show. When the evidence did not meet the aims of the survey or match the apparent pre-conceived views of those behind the survey, it led to the results being presented in a biased way.

Broader culture and behaviour issues

- We found poor interpersonal relationships within the College, which affected staff and officers across the organisation. This was one of the contributory factors to the lack of confidence in governance noted above.
- We also found poor behaviours across the organisation and in particular surrounding Council meetings and other interactions with and between Council members. These included shouting and the use of intimidatory language on both open and closed social media.
- Communications with fellows and members appeared reactive rather than proactive. The College leadership team appeared to be lacking the bandwidth to listen and respond effectively to member issues.
- There was limited support for senior officers and at least some executives in carrying out their roles effectively in times of pressure, and they also lacked the time to meet their responsibilities fully at such times.
- Many participants in this review perceived the College not as an organisation that sets policy, but rather as one that reacts to others and is driven by other organisations' agendas rather than driving its own.

Recommendations

Leadership, management and culture

- It is clear that all participants recognised the significant cultural issues within the College and wanted to see change and improvement. We strongly recommend that the College seeks external support to the president and chair of the College for a programme to help implement the desired changes identified in this review. The programme should

support individuals and groups within the College to develop a culture that is trusting, collaborative and forward-looking, making the best use of the skills and experience brought to the College by each part of the organisation. This would need to be aligned to any governance review commissioned in response to our recommendation below, but does not need to wait for it to conclude.

- We understand that there is an intention for a further review of governance within the College. We recommend within that further work:
    - a review of the way in which the Council operates, in particular to consider whether it is appropriate to bring greater public transparency to at least some parts of Council discussions
    - an externally commissioned review of the effectiveness of the Board of Trustees, to include the effectiveness of the relationship between the Board and the Council
    - a further review of the bye-laws to reduce ambiguity, in particular to provide greater clarity on the criteria by which either the president or the Council may judge that an EGM is required
    - consideration of the relationship between the full membership of the College and its governance arrangements, in particular how the membership of the College is engaged on policy issues
    - consideration of the appropriate threshold number of fellows required to trigger an EGM should the president or Council not deem that the criteria have been met.

Structure and processes

- The College should develop a Standard Operating Procedure for EGMs or any meeting involving discussion with large numbers of fellows or members.
- The College should have a clear Standard Operating Procedure for surveys of fellows and members.
- The College should consider whether College officers and executives have sufficient time commitment and support to undertake the duties asked of them, especially during workload peaks, and to ensure training enabling them to discharge their duties in respect of the different governance structures and processes in which they are involved.
- The College should review the arrangements it has in place to provide support to the physical and mental health needs of both staff and officers.

We understand that the College is already taking some actions relevant to these recommendations.

Given the importance of this learning to the College as a whole we recommend that this report is considered in full by both the Board of Trustees and Council, and that the chair of the College Board of Trustees and the president (currently the senior censor acting as president) take joint accountability for responding to the recommendations.

1 Introduction and scope

Context to this report

In March 2024, the Royal College of Physicians (the College) held an Extraordinary General Meeting (EGM) of fellows, arranged to debate issues relating to physician associates. Several members of the College raised significant concerns following the EGM, in response to which the College commissioned The King's Fund to examine:

- the context leading up to the EGM and the handling of the survey data presented as a part of the EGM
- the application of the current governance framework of the College, including its leadership and internal processes as relevant to the EGM
- areas of strength and opportunities for improvement in data management, governance practices and procedures
- relevant reflections on culture, behaviours and relationships within the College as manifested in relation to the EGM.

Scope of this report

It is important to note that this learning review was not directly concerned with the policy and implementation issues in relation to the rollout of physician associates. However, we received a number of communications in the course of the review from individuals who were concerned to ensure that these matters are fully addressed, and with permission we have shared those communications (anonymised where appropriate) with the College. This report therefore covers:

- a chronology that relates to the organisation, delivery and aftermath of the EGM – this includes matters relating to the external context, where directly relevant
- the level of consistency of the approach to the EGM with the College's established governance arrangements – the appropriateness of the governance arrangements themselves is beyond the scope of this report, although we identify learning from the events surrounding the EGM that could feed into a further governance review
- the quality of the survey of members conducted ahead of the EGM and of the analysis and presentation of the survey findings at and following the EGM
- reflections drawn from a desktop review of documentation, interviews and written submissions from Council members and trustees on learning for the College – these include reflections on working

relationships within the College so far as they are relevant to learning from the events surrounding the EGM.

Learning review process

Once the scope of the learning review was agreed with the College, we undertook a desktop review of the relevant documentation that the College had shared. We then carried out a series of semi-structured interviews with College staff, officers, a selection of Council members and trustees and representatives of the petitioners for the EGM. Interviews covered:

- participant's role in the College and in relation to the EGM
- what participants witnessed and experienced in the periods before, during and immediately after the EGM
- the participant's views of the learning for the College from the EGM
- positive aspects of the preparation and conduct of the EGM that should not be lost.

As the number of interviews we could undertake was necessarily limited, we also invited written submissions from Council members and trustees.

We also reviewed the survey data in some detail and tested the analysis.

A draft of this report was reviewed by two external reviewers and internally within The King's Fund, in addition to being shared with the College for fact-checking.

Further detail on the learning review process

Below we give more information on the learning review process.

- We interviewed 22 individuals.
- We received eight written submissions.
- The College provided emails and related artefacts (documents and links to pages on the College website), dating from October 2023 to April 2024, which we reviewed.
- Additional contextual information considered as part of the desktop review included:
    - the documentation relevant to the calling of the EGM, including written documentation (both formal governance papers and email communications) on the purpose of and the agenda for the EGM, which was held in person and online
    - information provided to the Council and to members in relation to the EGM (both in public and in private), including the survey information and process, and other information provided to the Council and executive leadership team relevant to the EGM

- relevant corporate governance documents
- information regarding key stakeholders and the role of the College in the development of national policy on physician associates
- a limited scan of public social media activity around the time of the EGM.

2 Background

Physician associate policy

This learning review is not directly concerned with policy questions relating to the role, practice and scale of deployment of physician associates. However, the events that triggered the review were directly related to concerns about these issues. A summary history is included here for context.

Physician associates were introduced into the English National Health Service (NHS) in 2003. Physician associates are health care professionals who work as part of a multidisciplinary team, with supervision from a named senior doctor – a General Medical Council (GMC) registered consultant or general practitioner – and provide care to patients in primary, secondary and community care environments (Royal College of Physicians undated c).

At present, there is no formal regulatory oversight of physician associates in the United Kingdom (UK), although the GMC intends to begin regulation in December 2024 (GMC undated). There has been a voluntary register of physician associates since 2011, which the Faculty of Physician Associates (FPA) holds.

The Royal College of Physicians (the College) has hosted the FPA since 2015, although this relationship will end in 2025 following a decision of the Council of the College (the Council) subsequent to the Extraordinary General Meeting (EGM) in March 2024.

The FPA published its most recent census of physician associates in October 2022 (FPA 2022). This census showed that there were 3,240 physician associates working across primary and secondary care in the NHS. The *NHS Long Term Workforce Plan*, which NHS England published in 2023, plans for a significant increase in the number of physician associates (NHS England 2003). It envisages increasing physician associate training places to more than 1,500 a year by 2031/32. In support of this, approximately 1,300 physician associates will be trained a year from 2023/24, increasing to more than 1,400 a year in 2027/28 and 2028/29. The intention is to establish a workforce of 10,000 physician associates by 2036/37 (NHS England 2003).

Petitioners' concerns raised at the College's EGM relate to both the regulation and deployment of physician associates. These concerns must be viewed in the context of the NHS Long Term Workforce Plan's proposed significant expansion of physician associates at a time of shortages of fully qualified medical

practitioners. Discourse on this policy, particularly on both open and closed social media, has become increasingly heated and polarised.

Timeline of actions

This subsection provides a summary version of a timeline containing key actions and decision-making points in relation to the EGM. Other than brief reference to key contextual matters, it is limited to:

- the events leading up to the EGM, from the point at which the initial communication was received from the petitioners
- the running of the EGM
- relevant activities after the EGM.

Contextual chronology

2015	The College's Council approves the setting up of the Faculty of Physician Associates (FPA)
June 2023	The *NHS Long Term Workforce Plan* is published

Events leading up to the EGM

2 October 2023	An initial email from petitioning fellows sets out concerns and requests discussion at the Council.
25 October 2023	A Council meeting includes discussion of concerns raised.
20 November 2023	Outcome of the Council meeting communicated formally to petitioners. The College receives a formal request for an EGM from petitioning fellows.
January 2024	Parliament passes the Anaesthesia Associates and Physician Associates Order (2024) as a statutory instrument – 2024 no. 374 – enabling statutory regulation of physician associates by the GMC.
25 January 2024	A second council meeting discusses the petitioners' request for an EGM.
25 January 2024	The College's president sends a letter to the petitioners with the outcome of the Council meeting – the Council agreeing to call an EGM to be held on 13 March 2024.
30 January 2024 – 13 February 2024	Correspondence moves between petitioners and College officers (executives and clinical senior

	officers) to finalise motions to be presented to the EGM.
1 February 2024	A survey of subscribing doctor members of the College is sent out to garner views on questions relating to physician associates, which the College commissioned from Civica.
28 February 2024	EGM papers are made available to College fellows.

The EGM

13 March 2024	The EGM is held with attendance both in person and online. A post-EGM vote opens.

Relevant activities after the EGM

18 March 2024	The College releases survey data, together with an apology from the president.
20 March 2024	A Board meeting receives feedback on the EGM and notes 'challenges' in relation to the EGM generally and the survey data in particular.
21 March 2024	A Council meeting is held where the EGM is discussed.
10 April 2024	A Council meeting receives the EGM vote results and all motions passed, with a turnout of 31.9%.
Mid-April 2024	There is agreement to commission a 'lessons learnt' review.

3 College governance as relevant to the EGM

College governance

In common with other Royal Colleges established by charter and now operating as charities, the Royal College of Physicians (the College) necessarily has a somewhat complex set of governance arrangements. These are described on the College's website (Royal College of Physicians undated b) and summarised here.

The College was originally established by Royal Charter in 1518, confirmed by an Act of Parliament in 1523. The College has established a set of bye-laws to govern its activities, which were last reviewed between 2018 and 2020 (Royal College of Physicians 2022). As a chartered corporation and registered charity, the main governing body of the College is the Board of Trustees, which comprises:

- a lay chair
- five senior officers of the College (*ex officio*)
- three members nominated from the Council
- up to six lay members appointed by the Board of Trustees.

The Council of the College (the Council) is responsible for College policy in relation to professional and clinical matters, including current issues affecting professional practice and standards. The Council has 51 members. These include the senior officers, directly elected councillors and other representatives of those involved in the College's work.

There are two boards reporting to the Council:

- the Strategy Executive – to which three management boards report, each focusing on a strategic theme, with a regular financial update provided by the Finance and Resources Board
- the Medical Specialties Board – which brings together representatives of the specialties.

In addition, a range of other sub-committees have been established.

The senior officers of the College are selected through a combination of election and appointment (*see* Table 1).

Table 1: Senior College officers	
Elected	President Censors including senior censor, education and training vice president Clinical vice president Academic vice president Vice president for Wales
Appointed	Treasurer Registrar Global vice president

The chief executive of the College is formally appointed by the College's Board of Trustees. The chief executive serves both the trustees and the Council.

In support of the Strategy Executive referenced above, the president meets regularly with several executives and College officers in the 'President's Fortnightly Meeting'.

Although this learning review is not a governance review *per se*, several common themes were raised during our interviews relating to the operation of the arrangements described above. These are discussed in section 6.

Extraordinary General Meeting governance

The concerns that the petitioners raised in their initial email related to:

- patient safety
- ambiguity of professional titles
- professional jurisdiction
- regulation, supervision and liability
- pay disparities.

These concerns were discussed at two Council meetings before the date of the Extraordinary General Meeting (EGM), the first on 25 October 2023. It is clear from the comprehensive minutes of that meeting that there was a robust discussion in which a number of Council members clearly shared the concerns that the petitioners had put forward. At the meeting, a number of actions were agreed in relation to:

- the scope, supervision and career progression of physician associates
- giving an explanation of the physician associate role to the public
- liaison with both the General Medical Council and the Royal College of General Practitioners.

The minutes also note that the Council was 'asked to consider approving a consensus statement based on discussions and noting that a few individual Council members will hold views distinct from that consensus'. This statement

was published on the College's website on 17 January 2024 (Royal College of Physicians 2024b).

The outcome of the Council meeting was not formally communicated to the petitioners until 20 November 2023. Earlier on the same day, the petitioners submitted a formal request for an EGM. That request was considered at the second Council meeting, on 25 January 2024 and, again after extensive discussion on both the relevant policy issues and the impact on the reputation of the College, the request was agreed. There was a further extensive discussion on relevant governance issues, that is, the construction of the motions to be debated and the approach to the ballot of fellows to follow the EGM. A post-meeting note to the minutes references the decision to survey the entire subscribing doctor membership.

Arrangements for EGMs of the College are described in the bye-laws. There are two relevant bye-laws. The first reads as follows.

> *Bye-Law 1.2*
>
> *(previously Bye-Law 2)*
>
> *(1) Any Fellow or Fellows wishing to propose a motion for consideration by the Fellows for the enactment of a new Bye-Law or Regulation, or the alteration or repeal of an existing Bye-Law or Regulation or any other purpose shall do so by giving written details of any such motion to the Council.*
>
> *(2) The Council shall decide whether, when and in what manner such motion may be presented to the Fellows for vote or, if appropriate, referred to the appropriate Board or Committee for advice or review. The decisions and any consequent review process shall be completed without undue delay. The Fellows concerned shall be kept regularly informed and shall be notified of the Council's decision.*
>
> *(3) If at the end of that process the Fellows remain dissatisfied they may refer the motion to an Extra-Ordinary General Meeting under the terms of Bye-Law 4.3.*
>
> Royal College of Physicians 2022

The second reads as follows.

> *Bye-Law 4.3*
>
> *(previously Bye-Law 9)*
>
> *(1) An Extra-Ordinary General Meeting shall be summoned by order of the President, or on a requisition from the Council to that effect.*

> *(2) Provided that the process required under Bye-Law 1.2 has been completed in respect of a motion, an Extra-Ordinary General Meeting may be requested by twenty or more Fellows for the purpose of putting the said motion to a vote. The meeting will be organised by the College and held within eight weeks after the receipt by the President of such request.*
>
> *(3) An Extra-Ordinary General Meeting requested under paragraph (2) above may be cancelled by the Council upon a unanimous request to do so by the Fellows who have called it.*
>
> *(4) At any Extra-Ordinary General Meeting, the Council will have the right to state its decision alongside the motion, and to decide whether any vote will be taken at the meeting or by a ballot of all Fellows.*
>
> Royal College of Physicians 2022

These two bye-laws essentially describe a two-part process for addressing concerns. Fellows must first raise a concern to be discussed by the Council. Should the fellows who raised the concern be dissatisfied with the Council's response, they may then call for an EGM.

In the case of the concerns raised about physician associates, this is broadly what happened. The petitioners first raised concerns in October 2023, which the Council discussed later that month. However, the petitioners continued to believe that the issues they had raised were sufficiently serious to merit discussion at an EGM, and so submitted a formal request for an EGM in November 2023.

It is here that a question arises about the precise application of the bye-laws and the timeliness of the EGM. The College's response to the petitioners' call for an EGM indicated that, in order to comply with the letter of bye-Law 1.2, the Council would need to discuss a formal motion at its next meeting on 25 January 2024. This discussion took place, and the Council confirmed the request for an EGM to take place on 13 March 2024 – that is, within eight weeks of the Council meeting.

However, bye-law 4.3 allows for an EGM to be called 'by order of the President' – the requisition from the Council is not essential. In addition, the bye-law is clear that the EGM should take place within eight weeks of receipt of such a request, not within eight weeks of the Council's discussion. Although there is some ambiguity and room for interpretation, it does appear that the EGM could have been held earlier than happened. Although clause (2) of bye-law 4.3 required a formal discussion at the Council, the president could have called an EGM under clause (1), without waiting for further discussion by the Council in January 2024. Bye-law 10.3 also makes clear that the president has the power to summon an EGM.

This point is significant for two reasons.

First, almost all our participants expressed a view that the time lapse between concerns originally being raised in October 2023 and the EGM taking place in March 2024 heightened tensions. Some participants stated that the time lapse gave the impression that the College was deliberately trying to delay discussion of the petitioners' concerns.

Second, the time lapse had the effect of delaying the EGM until after parliament had passed the Statutory Instrument giving the General Medical Council powers to regulate physician associates. Petitioners who we interviewed stated that, had the EGM been held before that point, the concerns raised would have been fed into the parliamentary process and may have affected the passage of the legislation. Of course, there is no way of knowing now whether that would in fact have been the outcome. But the fact that it did not happen will now always leave the question open.

It is worth noting that many participants in this learning review stated that engaging proactively and positively with the petitioners over their concerns at an earlier stage would have headed off the need for an EGM. Balanced against this, petitioners who were interviewed stated that their motivation for requesting the EGM was less from desperation at the College's failure to engage earlier, and more because they felt their concerns were so fundamental that an EGM process would have been the appropriate course of action throughout. Earlier and more effective engagement may have 'flushed out' this difference in perspective and enabled a mature discussion about the merits of the EGM approach.

The Council and the president led the EGM process and relevant decisions. There was limited engagement with the full Board of Trustees. Minutes of Board of Trustees' meetings show that the possibility of an EGM was highlighted in November 2023, and that trustees were made aware of the policy concerns that had been raised. However, there is no record of any detailed discussion about the EGM before the March 2024 trustee meeting that followed the EGM. Trustees who held senior office positions in the College were involved in the planning for the EGM; lay trustees were not.

In conclusion, the process that the College followed in relation to the EGM was consistent with its governance arrangements as set out in the bye-laws. However, it may have been possible to adopt a different approach, equally consistent with the bye-laws, which would have addressed petitioners' concerns sooner. In addition, it would have been possible to engage the full trustees group more fully in the planning of such an unusual event in the life of the College. We reflect more on the impact of the process surrounding the governance of the EGM in section 6.

4 Survey design, analysis and presentation at the EGM

The Royal College of Physicians (the College) has a number of categories of membership, which are set out on its website (Royal College of Physicians no date a). Under the College bye-laws, only fellows are able to vote in Extraordinary General Meetings (EGMs). In the run-up to the EGM in March 2024, the College conducted a members' survey on the impact of the physician associate role. The survey was designed to represent the views of College doctor members who were likely to be affected by the physician associate role, but who were not able to vote at the EGM in relation to their experience of and attitudes towards physician associates in relation to:

- training opportunities
- multidisciplinary team working
- supervision and support.

The survey has been published on the College's website (Royal College of Physicians 2024c).

However, instead of informing the debate about physician associates, the survey led to significant criticism of the College, especially the deputy registrar who presented the results at the EGM. The criticism centred around the objectivity of the survey analysis and presentation, with many suggesting that the results of the survey were presented in a way that was skewed towards an overly positive view of physician associates, which did not reflect the true findings. We explore these concerns in more detail below.

There were also questions around why a well-established organisation like the College did not produce a better-quality survey and presentation of the results. This situation could have been avoided and can be prevented in future with improvements to how the College designs, delivers, analyses and presents member surveys.

Survey design and delivery

The members' survey on physician associates was sent to 12,053 members of the College, via Civica, an external software company with the capability to run surveys on behalf of clients.

It appears from our learning review that the survey design process failed to make use of the skills and knowledge the College had access to, and therefore missed several opportunities to design and deliver a better-quality survey.

First, it is unclear why the survey was not conducted by the internal medical workforce team, who had set processes and existing expertise in running members' surveys. It is also not clear why the College did not involve an expert bespoke polling and survey organisation. Furthermore, the design and delivery of the survey should have been conducted through a pre-agreed process and should have been the responsibility of a consistent team with clearly delegated roles and responsibilities set out from the beginning. It is clear that many individuals were involved in the survey design, but there was no clear end-to-end accountability for the process, with appropriate oversight from the Council.

Question design

Best practice for the design of survey questions starts with setting clear objectives, followed by co-designing, testing and piloting questions with key stakeholders (Organisation for Economic Co-operation and Development 2012). In this case, stakeholders should have included College fellows, College members, physician associates and any other relevant clinicians. There is little evidence to suggest that the College completed these steps thoroughly. Instead, the College gathered feedback on the questions informally through internal discussions and email correspondence.

As a result, the questions asked in the survey had some value but overall did not effectively capture the views of College members on the physician associate role. For example, the question on how people felt about physician associates being part of the multidisciplinary team could have been more specific as there are a range of different ways in which physician associates can have an impact on such a team (for example, in terms of team culture, patient safety or the capacity to meet demand).

Response rate and sample

The survey on physician associates received a response rate of 17.7%. The threshold for a 'good' response rate to a survey depends on the type of survey and the context. However, research suggests that the average response rate for email surveys is often higher than 17.7% and ranges from 25% to 30% (Menon and Muraleedharan 2020). Response rates for some other College surveys have been similar to the physician associate one – for example, a 2024 survey of consultant physicians received a 17% response rate (Royal College of Physicians 2024d). However, the College has also received higher response rates in the past – for example, a 2019 survey on assisted dying received a 29% response rate (Royal College of Physicians 2019). So it is possible that the College could

have received a higher response rate if it had used some well-established methods to increase response rates (Shiyab et al 2023) (for example, checking if email addresses were up to date).

Furthermore, the College did not determine whether the sample received was representative. Some concerns were raised that the survey over-represented members who had previously worked with physician associates. However, no further evidence was gathered to test this hypothesis, and it was instead assumed to be true. This concern should have been investigated further.

Timing

The timeline for the design and delivery of the survey was much too short. Minutes of a Council meeting suggest that the decision to conduct a survey was made following a meeting at the end of January 2024, College members were sent the survey via Civica a couple of weeks later on 16 February 2024. They were then sent a reminder to complete the survey on 26 February and the survey closed on 28 February. This gave members less than two weeks in total to respond to the survey. This rapid turnaround potentially exacerbated other issues with the design and delivery of the survey.

Where possible, the College should dedicate more time to the design of members' surveys to ensure that all the steps involved in designing a survey are completed and that they are fit for purpose. It also needs to allocate a sufficient amount of time for respondents to complete the survey, to maximise the response rate.

Survey analysis

The College received the survey results from Civica on 29 February 2024. The Excel spreadsheet that Civica produced included all the raw data from the survey, plus question breakdowns by different cohorts of respondents. Further analysis by the College was largely done by a single individual without any pre-agreed plans or processes in place to make sure the analysis was well structured and comprehensive. The survey analysis presented at the EGM was technically accurate and the figures can be recreated from the raw data. However, some of the College's analysis was subjective and misleading.

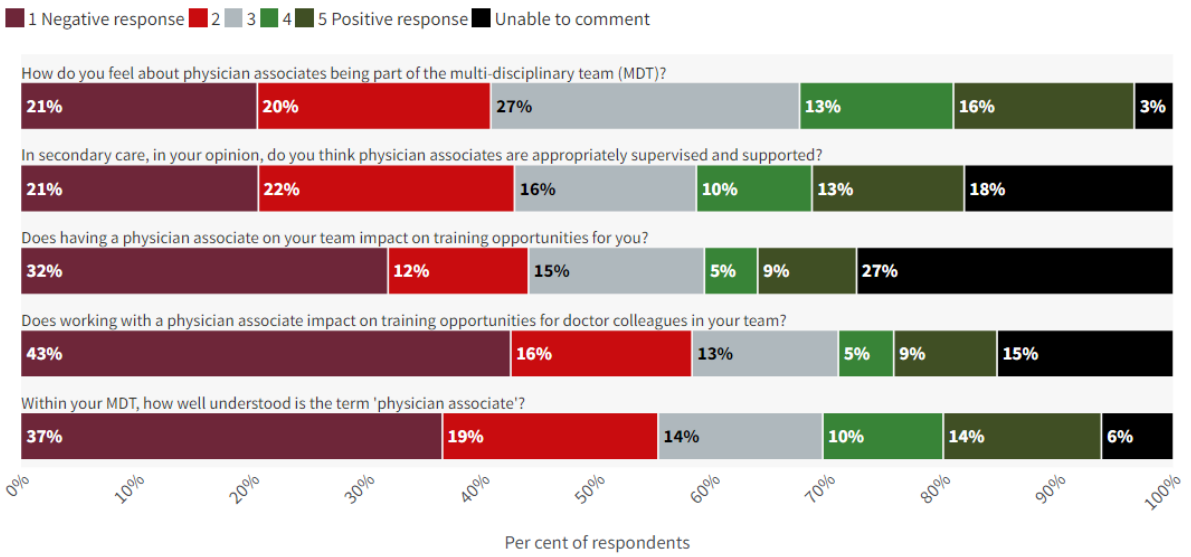
Missing from both the results from Civica and the analysis from the College was an overall summary of the survey results. The College should have created a simple table or chart to use as a starting point for any further analysis.

The King's Fund has analysed the raw data from Civica and produced a chart as an example of good practice (*see* Figure 1). This chart is a simple summary of the percentage of respondents who chose each option across the five questions

on physician associates in the members' survey. The College should have used something similar as a starting point for its analysis of the results.

Figure 1

The King's Fund's analysis of the College's survey of members in relation to physician associates



Source: RCP's survey about Physicians Associates, March 2024
Note: positive and negative response options vary by question.

The King's Fund

It is possible that the College purposefully did not use a summary chart or table either due to poor analytical practice or in order to obscure negative results, as the summary chart clearly shows some substantial negative responses to the survey questions.

Another significant issue with the survey analysis was the exclusion of the 'have previously worked with physician associates' cohort of respondents – which made up 46% of the respondents – from the final presentation of the survey. Of this cohort of respondents, 73% said they had previously worked with physician associates on a daily or weekly basis (25% said monthly or less often and 2% did not answer the question), so they were clearly a valuable data source on the impact of physician associates and should have been included in the analysis. As already mentioned, concerns were raised about this group because an assumption had been made that 46% of respondents having previously worked with a physician associate was too high a proportion to be a representative sample. Again, this should have been investigated further rather than assumed, or the results should have been reported with appropriate caveats.

Response grouping

Each of the survey questions had response options on a scale from 1 to 5, with 1 being the most negative response and 5 being the most positive response. For each question, response options 1 and 5 were labelled with an appropriate

descriptor (for example, 'not supportive' or 'very supportive'; 'rarely' or 'most of the time'). Responses 2 to 4 were not labelled.

With this type of scale (Likert), common practice is to assume that the middle response (response 3) is a neutral response (Sullivan and Artino 2013). However, the College chose to group the most positive responses (responses 4 and 5) with the middle response 3. This grouping was misleading as respondents choosing option 3 are unlikely to have interpreted it as a positive option – although there is some ambiguity without the question being labelled. This grouping appears to have been a conscious choice to inflate the percentages of respondents with positive views towards physician associates and therefore align the survey results with a positive narrative. An unbiased way to present this data would have been to present all the results of all the response options (as shown in the example chart from The King's Fund; *see* Figure 1). It is also best practice if response options are labelled. Future surveys should have response options on a scale that is clear to respondents (for example, option 3 should be labelled 'neither supportive nor unsupportive'.

Quality assurance

The medical workforce team at the College, who regularly conduct and analyse surveys, checked the accuracy of the analysis, and summaries of the analysis were shared via email with the College leadership team. However, it appears that there were no systematic quality assurance checks on the College's analysis and presentation of the survey results, as would normally be expected from an organisation of this standing.

Survey presentation

The deputy registrar presented the survey results in slide format, in a 10-minute slot at the EGM on 13 March 2024.

Sharing survey data and results

A 10-minute presentation was a very short amount of time to present a comprehensive overview of survey results designed to inform how the College fellows voted, especially given the controversial nature of the topic. There should have been more time in the EGM for the audience to digest and consider the survey results. In addition, it would have been beneficial to have shared either the raw data or a comprehensive summary of the results before the EGM, so that the audience had more time to reflect on the results. Also, sharing the data would have helped to counteract some of the criticisms of bias, as it would have allowed voting members to have confirmed the analysis for themselves. A table of survey results was only shared with College fellows and members two days before voting on the motions closed on 20 March 2024.

Objectivity

The College received criticism from College members that the presentation was not objective, as it misrepresented the survey results to make them seem more positive towards physician associates. There are several examples of bias in the presentation slides, including some already identified in the 'survey analysis' subsection above. Another key example is the exclusion of headline results that are negative towards physician associates – for example:

- 41% of members were not supportive of physician associates in the multidisciplinary team
- 43% did not think physician associates were appropriately supported
- 44% thought physician associates had an impact on their training opportunities.

There was also an overemphasis on the fact that those who had worked with physician associates were more positive than those who had not worked with them. While this is true, the presentation should have acknowledged that there were also negative responses from those working with physician associates – for example, 53% of those who had worked with physician associates thought that physician associates affect training opportunities for others in their team.

Email correspondence and evidence from interviews suggest that there were several opportunities for a number of leaders within the College to give feedback to each other and to the presenter on the presentation ahead of the EGM, for example over email and during the presentation rehearsals. However, as discussed further in section 5, these opportunities were not taken up, and the bias in the presentation slides was either not identified or not identified as an issue. Some participants suggested that this bias was encouraged in order to lend support to the position the College presented in relation to the EGM motion 5.

Learning related to the survey process

There are some common learnings from across the design, analysis and presentation stages of the survey on physician associates and these are listed below.

- **Lack of due process.** The survey was conducted without clear processes around design, sign-off and quality assurance. This meant that opportunities to improve the quality of the survey and the presentation of the results were missed. Each stage of the survey needed pre-agreed processes with clearly defined roles and responsibilities.
- **No collective ownership.** There was a lack of collective responsibility and accountability through governance lines to Council throughout the

survey process, leading to individuals feeling blamed and isolated when the survey was criticised.

- **Lack of expertise.** Survey design, questionnaire development and analysis and the dissemination of the results require specific skillsets and expertise, which were either lacking at the College, or where they did exist they were not used.
- **Lack of transparency.** The process around the survey was opaque and this lack of transparency meant that when it was criticised the College could not show its working, further fuelling accusations of bias.
- **Organisational bias.** Across each stage of the survey, there were examples of bias or risk of bias. In ensuring objective analysis, a survey should not be carried out with the aim of proving a pre-determined point of view. When the evidence did not meet the aims or match the apparent pre-conceived ideas of those behind the survey, it led to the results being presented in a biased way. Bias can be addressed, for example by making better use of external feedback, checking for bias during quality assurance processes and being more transparent with data and analysis.

5 Culture and behaviours surrounding the Extraordinary General Meeting

In this section of the report, we consider the culture and behaviours surrounding the Extraordinary General Meeting (EGM). In doing so, we draw particularly on the perspectives of interviewees and the written submissions received to consider people's experiences of:

- the period between the receipt of the petitioners' original request for discussion of their concerns, in October 2023, and the EGM in March 2024
- the EGM itself
- the period after the EGM.

We asked interviewees to describe what they had witnessed, experienced and felt in those periods. Participants also made some broader observations about culture and behaviour within the Royal College of Physicians (the College), which we consider in section 6 of this report.

It is important to highlight that EGMs are just that – extraordinary events. The College has held just 3 EGMs in its 500+ year history. They are exceptional occasions and therefore precedents to follow are rare. In addition, the changing nature of society and in particular use of technology and social media mean that any past precedents that do exist are unlikely to offer a full blueprint for the future. Nevertheless, the infrequency and importance of such events underlines the importance of careful planning and preparation.

The nature of EGMs as exceptional does not mean that holding an EGM is to be avoided at all costs. There may be times in future when issues arise which are serious, and which merit exceptional treatment. But the criteria to measure such seriousness against should be clear, and EGMs, as with all College business, should be held in a constructive and inclusive manner.

Before the EGM

This section relates to the period between October 2023 (receipt of the petitioners' original request for discussion of their concerns) and the EGM in March 2024. We focus on the discussions at the Council of the College (the

Council) that led to the formal decision to organise an EGM, and the process that College officers – both the executive and senior clinical officers – went through in organising the EGM. However, some general observations also apply.

General observations

A common theme of the interviews and written submissions was that Council discussions have become dysfunctional in recent years. Participants stated that this more generalised dysfunction contributed to the specific culture and behaviours that manifested during the matters in question.

> *I've been part of the college since in different roles... And it has really changed for the worse in certain aspects with the culture aspect of things.*
>
> *Having joined RCP Council in [redacted] I have seen relations and behaviour on Council degenerate.*

The Council is a large body and draws its membership from three main groups:

- College officers
- representatives of medical specialties
- elected councillors.

The chief executive and other senior executives are also in attendance at meetings. Each of those groups has a legitimate interest in, and contribution to make to the work of, the Council in developing the College's policy in relation to professional and clinical matters. This diversity of perspective and accountability should add value to discussions, ensuring that consideration is given to the views of all those affected in different ways by matters under discussion. But to achieve this requires an environment where all participants feel able to contribute openly and honestly to discussions, and to have their voices heard. Currently, this does not appear to be the case.

Several interviewees expressed concern that a few 'louder voices' tend to drown out others, and that if views were expressed that were contrary to those, they would be shouted down, particularly in discussions taking place outside formal Council meetings. In addition, although when they first join the Council, members commit to keeping Council discussions confidential (known as 'taking the faith'), many interviewees stated that in their view this confidentiality has been breached repeatedly. It is clear to us that these perceived breaches of confidentiality have had a 'chilling' effect on the willingness of some Council members to participate actively and collaboratively in the College's work, so as to fulfil their respective roles to the best of their abilities. The wording of the 'faith' is as follows:

> *You give your faith that you will not divulge any of the proceedings of the meetings of Council held for the nomination of fellows, censors or other College officers, or any proceedings of any meeting which you shall be required to keep secret; and that you will faithfully discharge the duties intrusted to you, in strict accordance with the bye-laws and Code of Conduct of the College.*
>
> Royal College of Physicians 2022

Further, several participants referenced inappropriate communications by email and via WhatsApp. We consider the perceived inappropriateness to have two aspects.

- First, participants questioned whether discussions and decision-making, which proper governance would require to happen in Council meetings, should be taking place via email and/or WhatsApp communication.
- Second, participants commented on their perception of the tone and content of communications falling below the professional standards expected of Council members.

Several interviewees referred to Council business being discussed in various forums, and the tone and content of communications, as having a constraining effect on what they felt they could contribute within Council meetings.

While we have reviewed some, but not all, such referenced communications directly, the point was raised so often that we feel compelled to flag it as part of this review. The following quotations are typical of the feedback we received.

> *The behaviour of some individuals around the EGM and Council meetings has led many to not want to raise their voice, amid fear of leaking on to social media.*
>
> *There was open hostility amongst Council members and evidence of what I considered to be unprofessional behaviour at the Council just prior to the EGM.*

Organisation of the EGM

Many executive and clinical officers of the College were involved in the organisation of the EGM. Several interviewees stated that responsibility for decision-making in relation to the organisation and running of the EGM was unclear. For example, some decisions were taken in meetings – such as the 'President's Fortnightly Meeting' – only to be overturned by subsequent WhatsApp discussions. As one participant said:

> *It was almost impossible to keep track of what was happening, who is making those decisions and why*.

Reflections on the arrangements can be divided into reflections on:

- the preparation of the logistics of the EGM
- the preparation of the content of the EGM
- the engagement of the College leadership in the immediate run-up to the EGM.

As regards logistics, these were mainly handled by the College staff as distinct from elected or appointed College officers, although informed by decisions that included College officers. For the most part, the feedback we received was that staff were proud of the arrangements they had been able to put in place, working as a team across different parts of the organisation, for what was a very complex meeting including a large number of participants both in the room and online. However, as discussed in the next section of the report, in the event, not all went according to plan.

Some concerns were expressed about the process for determining the content of the EGM, including the process for agreeing the motions. We were able to review a considerable amount of email traffic with the petitioners on this, but understand that there were also calls and meetings that were not recorded, which reflects the lack of clarity on decision-making referenced above.

Five motions were agreed for debate at the EGM (Royal College of Physicians 2024b), covering:

1. Scope of practice
2. Accountability
3. Evaluation
4. Training opportunities
5. Caution in the pace and scale of rollout.

The College supported the first four motions (that is, the College position aligned with the petitioners' position) but opposed the fifth.

College staff arranged for two rehearsals in the 72 hours before the EGM. The first might be described as a 'technical' walkthrough where participants described the part they would play in the proceedings at each stage. But the second was intended as a full dress rehearsal. It was clear from feedback we received from both College officers and executives that participation in both rehearsals was inconsistent. Not all officers were able to attend them, even those who had a part to play in the EGM. A number of participants also told us that some of those who did attend did not seem, in their perception, to be taking the preparation seriously or paying close attention. Perhaps the most significant point to highlight is that in the second rehearsal, the deputy registrar went through the full survey presentation. Notwithstanding this, almost every participant we engaged with, including some who were involved in that rehearsal, said that they had not seen the slides in advance. We should be clear

that we have no reason to doubt that participants have given us their genuine recollections – but there is disparity and contradiction between recollections.

A Council meeting was held earlier on the day of the EGM. The minutes of that meeting show discussion of both the EGM process and some clarification on the implications of motion 5. A number of participants said to us that there was a missed opportunity to present the survey results at that meeting, which would have been likely to have drawn attention to concerns about the presentation at an earlier stage.

The EGM

It is clear from our interviews and from written submissions received that the seeds for the very difficult experience of the EGM had been sown well before the meeting. Words participants used to describe the EGM included 'very unpleasant', 'really aggressive' and 'an unmitigated disaster'.

Although the EGM was constructed as a debate, with a motion to be considered, in practice what participants experienced was effectively a question-and-answer session, which became very hostile very quickly. There were several contributory factors to this.

Physical environment

Many participants noted that the room layout was not conducive to open discussion. The College officers were seated in a row at the front of the stage, with the petitioners seated in the first row of the audience, directly in front of them. This created an adversarial impression from the beginning, which was heightened as tempers began to fray.

For online participants, their view was largely limited to the stage, so they were unable to see audience members, even those raising questions.

Technology

The decision taken to run the meeting as a hybrid meeting (with in-person and online participants) meant that the functionality of the technology was critical. Unfortunately, there was a loss of connectivity for online participants for a period of time, resulting in a seven-minute break in the video stream, although the audio stream continued. In addition, the audio feed was – understandably – linked closely to the microphones in use in the room. Very little background/audience sound travelled to the online participants, meaning there were two different experiences of the meeting – such that online participants had a limited appreciation of the tensions within the room. As one review participant who viewed the meeting online described it:

> *You couldn't hear the audience, so you could only hear really the senior officers and anyone who was handed a microphone. There were a couple of exceptions to some people with quite loud voices who were stood in the front row. [The senior officers] looked really distressed.*

The technology did enable online participants to submit questions, but as discussed further below, those questions were effectively moderated by a small team working behind the scenes, rather than being visible to those in the room. This added to a sense, which several participants reported, that the meeting either was being manipulated or could be perceived to be manipulated. The approach being used to moderate questions for submission to the meeting was not clear to all participants.

Conduct of the meeting

At the start of the meeting, the registrar set out the process to be followed during the meeting very clearly. They specifically referenced the fact that the president would be chairing the meeting in accordance with the bye-laws. Several participants in this review suggested that, given the known tensions, the meeting may have benefited from having an independent chair. However, the bye-laws are clear that the president, if present, must chair all General Meetings of the College.

The meeting followed a straightforward structure, with the petitioners' representative being invited to speak for the motions, the registrar giving a response on behalf of the College and the deputy registrar presenting the survey information. The president then opened the meeting to contributions from fellows. As noted above, although the meeting was ostensibly a debate, the format was in practice a question and answer session. For the most part, after each question was asked, the president asked a specific College officer to respond before opening up to further comments from the floor.

It was clear that many fellows, both in the room and online, were keen to contribute questions and comments. Although efforts were made to balance input between those in the room and those online – and indeed those who had submitted questions in advance – this became very difficult in practice. For questions coming online, the staff group 'moderating' sought to group similar questions by theme and put a typical question for each theme through to the panel. Having a process to moderate multiple questions being submitted online is reasonable. As noted above, however, because this process was effectively happening behind closed doors, it led to suspicion on the part of some attendees that online questions were being filtered. We have seen no evidence that this was in fact the case, and were told that the moderating group messaged the panel to encourage them to take questions from the online audience.

Participants also reported a suspicion that the College had 'planted' some of the fellows in the room who were invited to speak, particularly those who had apparently prepared their contribution in advance. The relatively high proportion of those invited to speak who were past or present College postholders exacerbated this. Again, there is no evidence that that was in fact the case. All those who contributed were entitled to speak as fellows, and it is not unreasonable, given the strength of feeling on the topic under discussion, that some may have prepared notes in advance.

As the meeting progressed, contributions became more heated. One observation that a participant made early in the meeting was that the format of taking a question, followed each time by a response from a senior officer, before opening things up for wider contributions, would reduce the time available for comments from fellows. And indeed, towards the end of the meeting, as time became more pressing, fewer responses were given to questions or statements.

The aftermath

Those involved in the meeting quickly recognised that there were serious concerns to address. In the first instance, those centred on the survey data. It was clear to those involved that there were issues with the way in which the data had been analysed and presented at the meeting, and that the data would need to be shared more fully with the fellows to inform the ballot. It was notable during our interviews that several of those we spoke to suggested that they had played the leading role in the re-presentation of the data prior to publication on the RCP website in the days immediately following the EGM. Again, this is not to suggest that participants' recollections are not genuine, but to highlight the relatively confused leadership and decision-making surrounding the EGM.

More broadly, the hostility that had been palpable in the room continued to play out on social media, to the very real and personal distress of some participants, as well as in more private discussions within the College. One participant told us: 'I've not been in that lecture theatre since that happened… it was so terrible.'

It is a matter of record that the registrar and deputy registrar both resigned shortly after the EGM, and that the president stepped aside on 20 June 2024.

6 Themes identified

In this section we draw on the reflections on the Extraordinary General Meeting (EGM) period set out in earlier sections, together with feedback we received from participants on wider culture and behaviour issues within the Royal College of Physicians (the College).

Governance

This is not a review of the overall governance of the College. However, it was clear to us as we undertook the review that the events surrounding the EGM reveal many insights into its governance and culture, which were contributory factors to those events. We therefore summarise those concerns here.

As noted in section 3, the College's governance arrangements are necessarily somewhat complex albeit similar to those of other Royal Colleges, for example the Royal College of Surgeons and the Royal College of General Practitioners. But the roles and responsibilities of the two key decision-making bodies – the Board of Trustees and the Council of the College (the Council) – are clearly set out in the bye-laws and on the College's website (Royal College of Physicians undated b).

Feedback from participants suggests, however, that there is little confidence that the governance arrangements are working effectively. This manifests in several ways.

Some individuals said to us that they were unclear about their roles within the governance structures – not in relation to the specific technical function of their post, but how they should exercise wider corporate governance responsibilities relevant to their role. It is not clear that there have been meaningful and effective conversations with either individuals or groups as to how they should operate as a team, in terms of supporting each other, holding each other accountable, ensuring clear delineation of responsibilities and so forth. This is particularly important given the regular changes of individuals holding elected office.

In addition to the bodies set out in formal governance structures, individuals and groups take decisions in less formal ways. These decisions are not communicated effectively and, in addition, decisions taken by one individual or group seem to be overturned by others without clear process. This clearly affected the organisation of the EGM, but was described to us as a wider issue as well. In particular, a number of participants reported decision-making via WhatsApp groups, which was not transparent to those not involved in these groups.

Some participants expressed dissatisfaction with the governance arrangements for the Council, and in particular that Council business is confidential rather than transparent to College members. Other participants expressed concern that confidential discussions had been 'leaked'. Concerns were also raised that the size and range of participants in the Council make it unwieldy. It is entirely legitimate to raise a question as to whether the governance arrangements for the Council are still fit for purpose. But it appears that some Council members have effectively decided to take matters into their own hands to change practice without the appropriate agreement of all members, and this has raised tensions and led to a loss of trust.

Many participants indicated to us that the work of the Board of Trustees is too distant from the business of the College. Although the Council and the trustees have different responsibilities, for the trustees to exercise their responsibilities effectively it is necessary for them to have a sufficient understanding of the policy and delivery work of the College overseen by the Council. Multiple participants expressed the view that the lay trustees, while good individuals in themselves, do not have this understanding, and that the Board of Trustees does not act as a single board, but rather as two groups – the lay trustees and the College officers. There is also clearly ongoing concern relating to the decision taken in 2022 to undertake a formal restructure of board membership, informed by a skills audit, and to reduce the proportion of clinical trustees. We note this not to endorse the concern, but to recognise it as an underlying factor in the concerns raised about relationships with the Board of Trustees.

Related to governance, a number of participants reflected with us on the role of the College as a membership organisation and, associated with that, the ways in which the College works both to reflect and to influence the views of its members, and the constitutional position of members and fellows. This is not a central theme to this report and we will not dwell on it further, but it is relevant in that the reasoning behind surveying members to inform the EGM discussions was that a wide range of members who may be more directly affected by the further rollout of physician associates were not fellows of the College and therefore not entitled to speak at or vote in the EGM.

Working relationships

Underlying the issues with governance highlighted above, participants described to us a range of examples where working relationships between individuals within the College were dysfunctional and had been so over a long period of time. It is not appropriate within the scope of this review to go into detail on the specifics of those relationships. However, many participants expressed the view that the difficult relationships were a significant contributory factor to the breakdown in governance processes. These relationships also had a significant

impact on other individuals, who had to find ways to compensate for the failings in relationships between other people for a prolonged period of time, which was both stressful and labour intensive.

It is fair to say that, for the most part, the individuals concerned recognised the relationship difficulties themselves, although they may not have recognised the scale of the impact on those around them. However, there appears to have been relatively little attempt on the part of those concerned to reflect on their own behaviours and the potential need for additional internal or external support to address the situation.

Behaviours

The majority of participants described concerns about behaviours on the part of a range of individuals in the College and in particular in and relating to the Council. The College has a clear Code of Conduct and behaviour framework (Royal College of Physicians 2023) but participants described behaviours that were at odds with both. Participants described being 'shouted down' in meetings or observing this happening to others. They also described a range of interactions in both public and closed social media, which included:

- swearing and gratuitously offensive language
- personalisation of public communications, with the apparent purpose of intimidation and pressure
- campaign-style interactions designed to pressurise key people.

Concerns were also raised regarding the sharing of information, again both on public and closed social media, with regards to discussions that took place at the Council. The College bye-laws state clearly that 'the proceedings, papers and correspondence of Council should be assumed to be confidential and not divulged further without permission'. Indeed, as noted above, when new members join the Council they 'take the faith', which is an explicit statement assenting to this. However, we have seen examples of the nature of discussions at the Council being shared on public social media and we have been told about more specific breaches of confidentiality in closed media groups by a sufficient number of individual participants to be assured that this is a widespread concern. As this report is not an investigation into the conduct of individuals, we are not quoting any social media messaging here. However, the following quote is typical of a number of comments made to us.

> *The language being used for the discussions on social media was increasingly aggressive. Increasingly, being led by anonymised accounts, who you know are able to speak in a much less professional manner because there's no way to attribute it to*

> *people. There were increasingly personalised attacks as well on social media.*

The collective impact of this behaviour was to create a 'chilling' effect on open and transparent discussions. A number of individuals told us that they felt that they could not express their views for fear of public disapprobation, or that if they did, they would not be listened to in any case. This has implications for the College's role in policy leadership as noted below.

At an individual level, we also heard a number of examples of a significant impact on the mental health of individuals involved. It is not clear whether the College has good arrangements in place to ensure the safeguarding and wellbeing of staff, officers or Council members.

Although many participants described these issues with concern, few were able to say what, if any, action they had taken as a result. We saw examples of the 'bystander effect' – that is, the presence of others paradoxically reducing the likelihood of an individual from intervening in a situation that they recognise to be inappropriate, for example when someone is being bullied or intimidated.

Some participants told us that when they had raised concerns, they had found it hard to find anyone prepared to listen. One participant said:

> *It wasn't a culture that encouraged listening. I'm not sure that was because people didn't want to listen. I just don't think they had the bandwidth to listen.*

Professional support and capacity

A number of participants expressed concerns to us in relation to the arrangements in place to enable them to carry out their College roles effectively. The challenges in relation to governance and behaviours described above have many consequences, including waste and inefficiency. Both senior officers and executives have pressured work schedules as a natural consequence of their roles. In particular, officers are balancing their College role with substantive clinical roles. This would be a challenge at the best of times – and is almost impossible at the worst of times.

Both officers and executives described to us the pressure created by what appears to be an ever-increasing range of 'asks', which largely relate to the external context – for example, the NHS Long Term Workforce Plan (NHS England 2003) and the impact of strikes – and which internal dysfunction within the College has exacerbated. It was not clear to us what systems are in place to prioritise workload and ensure that it is deliverable within the capacity available. As noted above, we were also unclear what arrangements are in place to ensure the health and wellbeing of staff and officers.

The EGM, of course, created a significant amount of additional work, and this was overlaid on a working environment that was already stressful, for the reasons described above.

The role of the College in leading policy and implications for relationships with stakeholders including members

Many of the participants reflected on the question of 'how did we get here?' in terms of the need for an EGM to discuss a key policy area. Leaving aside the governance and behavioural aspects of that question, a number of participants suggested that the College is currently seen as responsive and reactive to policy that others set, rather than leading the pace. They suggest that had the College been seen to be more 'on the front foot' as regards workforce policy, the issues that created concern in relation to the rollout of physician associates would have been addressed before, or at least alongside, the development of the NHS Long Term Workforce Plan.

Other participants emphasised to us the part that the College played, and continues to play, in influencing 'behind the scenes' and in maintaining positive relationships with key stakeholders in doing so.

Any organisation that seeks to influence policy has to tread this tightrope of being close enough to, and respected sufficiently by, key decision-makers to be able to influence them, without being 'captured' by them. It is a particularly delicate balancing act for a membership organisation representing physicians at different stages of their career, and in the case of the College as the current host organisation for the Faculty of Physician Associates (although that hosting arrangement will end in 2025).

The obvious place for both policy discussions and discussions on the public and private stance of the College to take place is the Council. Indeed, that is the Council's key role – to develop College policy in relation to professional and clinical matters and on current issues affecting professional practice and standards. As the role of the College in policy setting is not within the scope of this review, we have not explored this theme in detail, but we would suggest that there is a relationship between the breakdown in effective functioning of the Council described earlier in this report and the perception that the College is not leading the policy agenda effectively. An environment which is not conducive to open and transparent discussion, respecting diverse views, is not an environment which enables effective policy leadership.

7 Recommendations

The recommendations that we make below are intended to address the key underlying issues we have identified, as well as more immediate practical issues. We have not sought to prescribe exactly how the College should take each recommendation forward, as that is for the College to determine. However, the College will want to take account of the experiences and learning which we have described in this report in determining the actions they take in response.

Leadership, management and culture

Culture

It is clear that all participants recognise the significant cultural issues within the Royal College of Physicians (the College), and want to see change and improvement. We would strongly recommend the following.

- The College should seek external support to the president and chair of the College Board of Trustees for a programme to help implement the desired changes in culture and behaviour identified in this review. This must include addressing:
    - inappropriate behaviour
    - use of unacceptable language
    - microaggressions described in relation to formal and informal business of the Council of the College (the Council).
- The programme should support individuals and groups within the College to develop a culture that is trusting, collaborative and forward-looking, making the best use of the skills and experience brought to the College by each part of the organisation.
- This would need to be aligned to any governance review commissioned in response to our recommendation below, but does not need to wait for it to conclude.

Governance

We understand that there is an intention for a further review of governance within the College. We recommend within that further work:

- a review of the way in which the Council operates, and in particular to consider whether it is appropriate to bring greater public transparency to at least some parts of Council discussions

- an externally commissioned review of the effectiveness of the Board of Trustees, to include the effectiveness of the relationship between the Board and the Council
- a further review of the bye-laws to reduce ambiguity, and in particular to provide greater clarity on the criteria by which either the president or the Council may judge that an Extraordinary General Meeting (EGM) is required
- consideration of the relationship between the full membership of the College and its governance arrangements, in particular how the membership of the College is engaged on policy issues
- consideration of the appropriate threshold of numbers of fellows required to trigger an EGM should the president or the Council not deem that the criteria have been met.

We understand that the interim president, chief executive and chair of the Board of Trustees are meeting regularly to build and maintain relationships, which is welcome. As part of that there is a proposal for a Board awayday in the coming months.

Structures and processes

Under structures and processes we recommend the following.

- The College should develop a Standard Operating Procedure for EGMs or any meeting involving discussion with large numbers of fellows or members, which should include:
    - a step-by-step approach to following the relevant bye-laws
    - clarity on which individuals and groups are accountable for key decisions on the structure and content of the meetings
    - transparency on the process adopted to manage questions and contributions from audience members, whether in person or online
    - consideration of the potential to invite neutral facilitators to run specific sections of the meeting, which the president chairs.
- The College should have a clear Standard Operating Procedure for surveys of fellows and members. This should:
    - make better use of the existing expertise within the College and, where appropriate, external expertise
    - ensure that sufficient time is allowed for the conduct and analysis of the surveys
    - ensure that internal and external reviewers scrutinise survey design and analysis.
- The College should consider whether College officers and executives have sufficient time, commitment and support to undertake the duties asked of them, especially during workload peaks, and to ensure training enabling

them to discharge their duties in respect of the different governance structures and processes in which they are involved.
- The College should review the arrangements it has in place to provide support to the physical and mental health needs of both staff and officers.

We understand that the College is already taking some actions relevant to these recommendations:

- The census survey methodology has been published (Royal College of Physicians *et al* 2024) and there is a commitment to publish methodologies for any surveys undertaken in the future.
- As part of the People Strategy currently in development, there is a commitment to formally ensure appropriate induction, clear roles and responsibilities, and a consistent approach to performance management – for clinical roles as well as for operational staff.

Given the importance of this learning to the College as a whole we recommend that this report is considered in full by both the Board of Trustees and Council, and that the chair of the College Board of Trustees and the president (currently the senior censor acting as president) take joint accountability for responding to the recommendations.

8 Conclusion

The events surrounding the Extraordinary General Meeting (EGM) in March 2024 in relation to physician associates have been painful and shocking for the individuals concerned, for the Royal College of Physicians (the College) as a whole and for observers. Reputations have been damaged. And perhaps most significantly, it has become very difficult to hold the necessary discussions about the regulation, scope of practice and further rollout of physician associates dispassionately and with the genuine best interests of both patients and professionals in mind.

However, there is a real opportunity now for a reset. The changes that we have already seen since the EGM are setting the tone for better ways of working in the future. There is a lot to be done, and it will require active engagement by all involved, but there is no reason at all why the College should not emerge from these challenges stronger than before. To achieve this, extensive focus on governance and organisational development will be required for a sustained period of time.

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