

# HE RT

The **RMBF** Newsletter

## Spotlight on mental health

### Medicine & Me event highlights attitudes, challenges and best practice in the profession

**On 10th March, over 150 guests convened at the Royal Society of Medicine (RSM) in central London to attend *Medicine & Me: Your mental health as a doctor*.**

The event, jointly hosted by the RSM and RMBF, offered a range of perspectives on how to improve mental health care for those working in medicine. It also outlined current best practice and examined key issues from the doctor's and patient's perspective, including regulation, addiction issues and why doctors are reluctant to seek help.

Attendees came from a wide range of backgrounds, including doctors, patients, medical students and other health professionals. This variety was well-reflected in the day's presentations, which offered a mix of the practical and personal, examining different aspects of mental health issues in the medical profession, and provoking insightful questions and comments from audience members throughout the day.

In the opening talk, RMBF Vice-Chair Heather Mellows (*pictured, below*) posed the question of whether our knowledge of mental health issues within the medical profession is only the tip of the 'iceberg'. Heather also set the context for the day with some fascinating insights into reported incidence of stress, anxiety, burnout and other mental health

disorders across professions including veterinary medicine, dentistry and teaching. Fellow trustee Dr Richard Stevens went on to deliver a highly interesting talk on the complex phenomenon of "medical narcissism", whilst Dr Raj Persaud posed further questions about conflicting identities as a root of strife.

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# CEO update

Steve Crone | RMBF Chief Executive



## Extending our support

Much of our work in the early months of 2018 has been focused on the development of our newest projects, ones that aim to extend the level of support we offer and respond to the changing needs of the profession. I'm happy to say that we are already seeing strong and steady progress.

## Coaching & mentoring

When we asked our beneficiaries what new types of support would be most useful, the most requested was coaching and mentoring, to aid doctors looking to return to work. There is a wealth of evidence showing the positive effects that coaching and mentoring can have on people when returning to work after a long period of absence. After careful planning and scoping, and with funding from BMA Charities, we are very pleased to say that our first cohort of Volunteer Coach-Mentees is now undergoing training and will soon be ready to deliver this support. The six-month training programme is led by Oxford Coaching and Mentoring, and all our volunteers who successfully complete the programme will receive EE European Mentoring and Coaching Council certification. We thank all of our Volunteer Coach-Mentees for their dedication, and I look forward to keeping you updated on their progress.

## Medical student support

Our programme of support for medical students facing hardship continues to grow at pace. As part of the programme's relaunch last year, we began recruitment of our first cohort of Student Medical Liaison Officers, who have embraced the role with enthusiasm and dedication. You can read an interview with two of our Student MLOs on page 5 of this issue. Another important stage in the development of the programme is the establishment of a Medical Student Advisory Group, comprising medical students from across the UK plus RMBF staff and trustees. Meetings of the group will give us a clearer insight into current and emerging needs among medical students, how best to connect with

students in the short and long term, and what our aims should be for the future of the programme. We look forward to the first group meeting on 4 June.

## DocHealth

Since its launch in 2016, DocHealth, the psychotherapeutic consultation service led jointly by the RMBF and the BMA, has continued to prove an invaluable resource, with over 270 doctors having self-referred to date. The ability to self-refer is crucial, helping to remove the barrier of stigma that can often dissuade doctors from seeking help. DocHealth is open to all UK doctors, with support provided by consultant psychiatrists in psychotherapy. Doctors struggling with stress at work, harassment, anxiety or depression, and many other issues can really benefit, so don't be afraid to reach out or let a colleague know this support is available.

## The Vital Signs

We have had excellent feedback on our series of guides for doctors seeking help and support, written by RMBF trustee Dr Richard Stevens. Previously available online, I'm happy to say that we now have printed copies available for all three editions: the original guide for all doctors, as well as specialist versions for medical students, and for those working in primary care. They are ideal to have on hand for your GP surgery, hospital ward or medical school common room. *The Vital Signs* is free to supporters – visit [www.rmbf.org/resources](http://www.rmbf.org/resources) or call 020 8540 9194 to find out what else we can provide, and how to order.

## Casework update

As well as these new initiatives, it's important to keep a close eye on the

progress of our core work. Figures for the year 2017-18 look encouraging in terms of our reach to those in the most desperate need. We supported 255 beneficiaries this year, an increase of 21 on 2016-17, and we have also increased the amount of financial help paid out in grants to our beneficiaries. Over 60 doctors were helped to return to work, remain in employment, or access education and training, again an increase on last year. Look out for a comprehensive roundup of the year's work in our Annual Review in July.

I wanted to mention one more figure that has also increased, specifically the proportion of doctors seeking our help who are aged under 40 – making up 60% of new applicants this year. This is a continuing trend that we have observed over recent years, and it underlines the importance of reaching out, raising awareness and taking preventative action.

## Thank you

Finally, my deepest thanks to everyone who donated to our President's Appeal – I am delighted to say that your support helped us raise over £65,000 to support doctors and medical students in crisis. We are incredibly fortunate that so many of you continue to support our work year after year, and I would like to stress just how valuable it is to have this bedrock of long-standing support underpinning our activities. It enables us to plan for the future, and to ensure we can respond to changing needs within the profession. Once again, thank you.

With all good wishes,

Steve

## Medicine & Me event report

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Perhaps the most affecting perspectives came from two doctors who had themselves experienced becoming a patient when affected by mental health issues. As Dr Richard Gorrod pointed out, “shock horror, normal doctors can become mentally ill”, a sentiment that bears repeating in the face of ongoing stigma. The reluctance of doctors to seek help was also covered by Prof Clare



Gerada, who argued that doctors can feel an erosion of their power and authority when taking on the role of a patient.

In the final session, RMBF CEO Steve Crone was joined by Tom Rapanakis and Dr Tony Garelick for an important reminder of the services available



via the RMBF, the BMA, and our joint psychotherapeutic consultation service, DocHealth. RMBF President Prof Dame Parveen Kumar’s closing address summed up the day’s discussions and identified some key points to take away and act on, so that attendees could help to continue



the conversation on the vital subject of doctors’ mental health.

A big thank you to everyone who visited the RMBF table stand to say hello, find out more and take home useful materials. It is vital for us to spread the word about the support we offer, so that every doctor and medical student knows where to turn in times of crisis.

*Pictured L-R: Prof Clare Gerada, Medical Director, Practitioner Health Programme and Medical Director, GP Health Service; attendees network and chat at the RMBF stand; Dr Raj Persaud, Broadcaster with roles at Gresham College and University of Buckingham Medical School*

## Guild & volunteer news

### Brentwood Annual Meeting

On 7 March, the RMBF’s Brentwood Guild held its annual review meeting, a chance to look back over the year’s activities and plan for the next, while enjoying a delicious and sociable lunch.

Sarah Stewart, the RMBF’s recently-appointed Head of Fundraising & Communications, came along for the day to meet Guild supporters.

Sarah said: “Thank you to everyone at the Brentwood Guild for such a warm welcome. It was lovely to meet such a passionate group of supporters, and such an energetic organising committee – the Guild’s continued support and dedication to the RMBF’s cause is really an inspiration.”

### Upcoming events

The Brentwood Guild also has a great programme of events in the diary for this summer and autumn. If you’d like to attend, please contact the Fundraising & Communications Team on [info@rmbf.org](mailto:info@rmbf.org) or 020 8545 8441, who can put you in touch with guild officers.

**22 May:** Visit to the 40-hectare Barnard’s Farm gardens, including national crab-apple collection, motor museum, miniature railway & art installations

**1 July:** Tour of Historical Warley Church followed by lunch in village Hall

**17 November:** Supper party at Thornton Golf Club, Brentwood

### Fundraising success for Belfast Guild

On 23 March, supporters of our Belfast Guild held their annual RMBF fundraising dinner at Malone Golf Club. We are



*Attendees at the Belfast Guild’s annual fundraising dinner (L-R): Dr Barbara MacAfee, Dr Bob Boggs, Dr Olivia Anderson, Dr Fiona Connolly, Dr Michael McBrien (Speaker), Mrs Irene McBrien, Mrs Liz Hall, Dr Anna Diamond*

pleased to announce that a fantastic total of over £2,500 was raised on the night. Our warmest thanks and congratulations to everyone involved!

### Regional Volunteer seminars

We are delighted to be hosting three RMBF regional volunteer seminars this summer. As well as catching up on the latest RMBF news, attendees will be helping us to develop the volunteering programme, in order to meet the charity’s key objectives.

These seminars have become increasingly popular over the past years, providing an informal setting for volunteers to meet over lunch or early evening refreshments and share their views and experiences.

**Edinburgh,** Weds 13 June, 12 noon-3pm

**Belfast,** Weds 4 July, 6pm-8.30pm

**Cardiff,** Thurs 26 July, 12 noon-3pm

For more information, and to book your place at a seminar near you, contact Kate Sheppard on 020 3255 3003 or [ksheppard@rmbf.org](mailto:ksheppard@rmbf.org).

# No more “Physician, heal thyself”

Q&A with Dr Caroline Elton, author of *Also Human*



A psychologist who specialises in helping doctors, Caroline Elton has had a unique insight into the stresses and strains that medics face in their day-to-day lives. Drawing on over twenty years of work supporting doctors under pressure, Caroline wrote the acclaimed book *Also Human: The Inner Lives of Doctors*, a revealing, candid and overwhelmingly human insight into today’s medical profession.

Caroline talks to us about her aims in writing the book, the problems facing modern doctors, and what can be done to support those who are struggling.

## What were your hopes when writing *Also Human*?

My hopes were probably very similar to the RMBF’s hopes for its own campaigns: to raise awareness and draw attention to the issues faced by medical professionals today. I was in the privileged position of being alone in a room hearing all these stories, and didn’t really get the sense that the wider population and patients really know what it’s like to be a doctor. I also don’t think TV programmes have tended to give a real picture; all glossed and skewed compared with reality.

I wanted to highlight these issues because I could see that certain things were occurring again and again: issues around race, gender, choosing the right speciality as well as, of course, the pressures that all doctors were working under. The people – the individual doctors – were different, but the underlying problems were very much recurrent.

## What is the ‘systemic psycholectomy’ you describe?

What I was referring to with ‘systemic psycholectomy’ was the way in which the psychological needs of the doctor have been surgically excised from how they are selected, trained and supported.

I have seen this in instances where doctors are told that their personal circumstances do not matter, like the obstetrician who can’t get pregnant and is told by her supervisor that her struggles with infertility shouldn’t have any bearing on how she feels about delivering other women’s babies. It’s also

extremely apparent in the cavalier way that junior doctors are treated; being expected to find their place in ever-rotating teams with little to no continuity and often inadequate induction.

If you look at the selection process, the way in which the psychological piece has been removed is deeply troubling here too. In the book I describe how a skilled clinician and senior faculty member from one of the UK’s top medical establishments had to ask whether they ‘should be worried’ by the behaviour of one of their high-performing students. This was a story of poor judgement on two counts. The student in question had tried to interrupt an emergency patient resuscitation to get an attendance form signed; whilst the faculty member hadn’t acted on a glaring red flag and escalated the student’s case. Because the student was brilliant academically, faculty had paid inadequate attention to mounting evidence that he was going to struggle as a practising doctor.

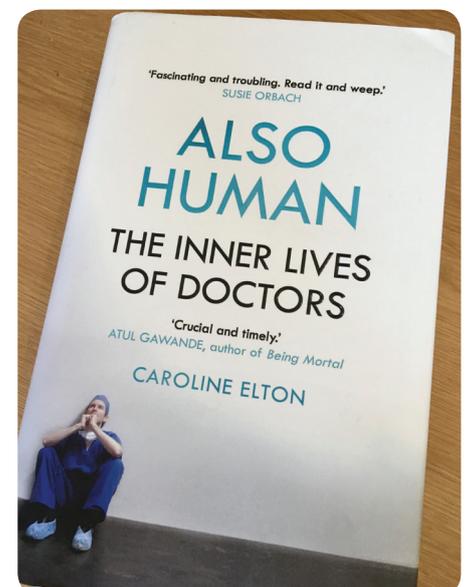
In short, all the amazing advances in medical practice over the last 100 years should be recognised and saluted. But in the light of all these advances, somehow we have lost sight of the basic truth: patients *and* doctors are both human.

**We often find that doctors will delay asking for help until they have gone ‘over a cliff’ of sorts, enduring difficulty in isolation for long periods. Is that also true of doctors who seek your support?**

Yes, very much so. Very occasionally, somebody pops up who just wants some help with a particular career transition

such as choosing the right specialty; they are not struggling in any way, but they just want to increase the chance that they will make a robust decision. But these are not the typical doctors who come my way. Far more typical is for doctors to approach in crisis, including doctors like Leo, whose example the book begins with [Leo approached Caroline towards the end of his studies, worried that he wouldn’t ‘survive working as a doctor’]. He had sought help before turning to me, but very often people in medical school rush to reassure, making it hard for students to discuss how desperate they are feeling. Again and again it happens, not out of malice but because people think that reassurance is all that is needed, or sometimes because they are afraid of opening a can of worms.

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### How can medical students like Leo be better supported?

I think in medical school, support can fall between careers services and counselling services so that the support that doctors like Leo need often falls into a gap. What people need is psychologically nuanced careers support, but what is available currently is either careers advice without much psychological understanding, or psychological support with little knowledge of the students' future career options.

I wonder whether it wouldn't be possible to develop a tandem service, with the careers advisers and the university counsellors working together, to help reduce the numbers of people that fall through the cracks. The reason I suggest this is because almost all the doctors who have come to see me who have experienced extreme difficulties in foundation, also experienced problems in medical school. Those who end up leaving in foundation have often experienced considerable difficulties in medical school – but they haven't received the support they need, to help them make robust career decisions at an earlier stage.

I suspect that many of the doctors who struggle in foundation could be identified in advance, and offered more support once they begin work. However, because of stigma, they don't come forward; they disengage in medical school, do less well, and get allocated to F1 places that more highly-ranked students have avoided and may also be far away from family and friends. For these reasons, the most vulnerable medical students can end up being offered the least support in their first jobs.

### Does this also relate to advice for medical students and trainees when choosing their specialties?

Educational supervisors don't necessarily have a nuanced understanding of the particular stressors associated with different specialties. For example, I often see trainees who are prone to perfectionism and anxiety, and who have struggled to cope with the acute demands of the foundation years – particularly when the health service as a whole is currently under such pressure. These students often tell me that well-meaning educational supervisors from their hospital placements have said: "Well, if you're finding it really difficult in hospital, why don't you consider work

as a GP?" This itself is a fundamental misunderstanding of the stresses found in general practice. There might not be patient resuscitations to deal with, but you have to be competent across a whole range of specialties and you're far more isolated than you are when working on the wards. To enjoy working as a GP (and of course, many doctors do), you have to have a capacity to manage uncertainty.

### What single piece of advice would you give to medical students or doctors as something they can take away and apply from today?

My single piece of advice would be to challenge the saying: "Physician, heal thyself." It is fundamentally wrong. The medical profession as a whole cannot escape the fact that medical work is psychologically demanding so the physician should not be expected to heal themselves. Instead, they should feel able and comfortable to seek help from others, whenever it is needed. 'Get help', rather than 'heal thyself' is a better maxim.

*Also Human: The Inner Lives of Doctors is published by Heinemann*

## Meet our new Student MLOs

As part of our recently relaunched Medical Student Support Programme, we were very pleased to welcome our first cohort of student Medical Liaison Officers. Two of these are Sam Bennett and Dom Mears (pictured, right), currently studying at Birmingham University Medical School.

### Why did you choose to study medicine?

**Dom:** It's the old cliché really, for me it was about wanting to come home at the end of the day and feel satisfied that I've made a difference. Having done well at school with science, medicine seemed like the best platform as a subject. There is so much science in medicine that's inherently interesting to get involved

with, and I was keen to learn how that scientific knowledge can be applied to help people when they are at their most vulnerable. At medical school you need to be motivated and work so hard, so the result is very important. If my time at medical school means being able to help give people back decades of their lives by treating heart attacks or cancer, that's extremely rewarding.

**Sam:** In my case, it was the chance to combine so many different factors into one career. There's the personal side to medicine: having the ability to work with lots of patients and as part of a team on the wards; not sitting behind a desk. Then there's the puzzle-solving, diagnostic side: the sense of challenge, trying to work out what's wrong and what action to take. There's also the chance to work on larger challenges in

areas such as public health, which is also very exciting to me. Overall, it was that combination of patient interaction, responsibility and challenge which means you could take the degree in different ways if you wanted to: whether surgeon, psychiatrist or public health leader.

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## Q&A: our new Student MLOs

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### How did you first hear about the RMBF?

**Dom:** In our positions on the Birmingham MedSoc Committee [Dom as President and Sam as Sponsorship Rep], we received an email from the RMBF inviting us to attend a conference last year. Sam and I hadn't heard of the charity before or its new Student Support Programme, so we thought we would have a quick look online to find out more...

### Why did you decide to support the RMBF as a volunteer?

**Sam:** It was really based on what we learned about the RMBF at the conference. There were clearly a lot of well-respected people involved and they were pushing for things that are very close to our hearts: trying to improve welfare issues and support doctors at the same time. A lot resonated with what we wanted to do as doctors in future, and we felt that we could make a difference now too by helping the RMBF to reach out to more medical students.

**“We'll be able to ensure that people's welfare and mental health is better supported right from the start of their careers”**

**Dom:** The other big factor was the way that the RMBF supports doctors and medical students facing difficulty associated with mental health. I severely doubt that anyone studying medicine hasn't known or experienced stress or mental health issues, and I'd much rather be part of the solution to that.

**Sam:** We also learned from the RMBF more and more younger doctors are seeking support under the age of 40 with stress and anxiety. It really hits home when you see yourself working in the same stressful environment in a few years, which is contributing to people's difficulties.

**Dom:** It is a real concern. The whole dynamic and appeal of going into medicine has been affected by the level of stress and financial demand that the NHS is under. It really worries me that it's affecting the appeal of the profession, so I think the support that the RMBF is providing is crucial right now. The scale of the issues is quite disturbing.

### What do you plan to do in your role as Student MLO?

**Dom:** We're very excited to be among the first trailblazers to try out as Student MLOs, and to provide insight from our perspective as the next generation. We hope that by sharing our opinions, we'll be able to help shape the RMBF's policy and ensure that people's welfare and mental health is better supported right from the start of their careers, from medical education into life as junior doctors.

**Sam:** We will also be working hard to raise the profile of the RMBF and be advocates for the charity, making sure fellow students are aware of the types of support that are available. It's a chance to create a more comprehensive strategy for advertising for future Student MLO's to build on, and to make sure the message is right there in front of 4th and 5th year students.

**Dom:** External sources of support have a real role to play and can take away some of the fears that you have with university services which are closer to home for some people. Having a network of volunteers at medical schools up and down the country will be a powerful asset.

### What do you think are the biggest challenges facing medical students today?

**Sam:** I'm a fan of the phrase 'information overload' which is a big part of it. There's an ever-expanding list of things to know, and a lot to cover within such a small spare of time.

**Dom:** Fundamentally, we're also part of a group of medical students coming up through the junior doctor strikes, so one of the biggest challenges is looking forward to the next 50 years and thinking "am I going to enjoy a career in medicine?" As Sam says, it can be difficult to keep up as more treatments emerge and more is known about medicine. When that is combined with so much negativity, financial problems in the NHS, and people leaving the profession, it can be very demoralising. It can make people question the end goal: "Is being a doctor all I wanted it to be? And is it worth it, especially with all the stress and mental health problems that can tend to arise?"



**Sam:** It's also really dispiriting as a medical student when you go into placements and doctors don't have much positive to say. You will have people saying things like 'don't go into medicine right now' which is frustrating to hear. People can be very critical about some doctors saying that, but if that's what they're feeling then that's what they are feeling.

**Dom:** That said, we also come across so many doctors who absolutely love the job. And while it's a challenge, we still have thousands of people applying to study medicine this year; people who are very determined to practise medicine and do it well. I really wouldn't want to do anything else, so it's extremely sad what's happening but it hasn't dissuaded me and nothing has put me off yet. We've been hearing these things since we were 14!

**“I really wouldn't want to do anything else - nothing has put me off yet!”**

# Dr Kate Granger chosen by RMBF supporters as “The Doctor’s Doctor”

In November, as part of our *Together for Doctors* campaign, the RMBF’s Trustees put forward a 10-strong list of doctors who have made vital contributions to the support and reform of the profession – and we asked you, our supporters, to vote for your most influential figure.

We recently announced that your choice for “The Doctor’s Doctor” is Dr Kate Granger MBE, who received over half of all votes cast.

Kate was diagnosed with cancer in 2011. During one stay in hospital, she observed with alarm that many of the staff looking after her did not introduce themselves before delivering care. This led her to launch the *Hello My Name Is* campaign, which has the simple but vital goal of encouraging healthcare staff to introduce themselves to patients.

The campaign immediately proved popular and transformative, especially on Twitter where the #hellomynameis



hashtag spread widely. Within two years, the campaign had won the backing of over 400,000 health professionals from 90 organisations, pledging to introduce themselves by name at work.

In 2014, NHS England created the Kate Granger Awards for Compassionate Care, and Kate was also elected as a Fellow of the Royal College of Physicians, the first doctor-in-training ever to become a Fellow. She also championed better end-of-life care, and through fundraising events and the proceeds of her two books, raised over £250,000 for Yorkshire Cancer Centre.

Kate died in 2016, but the impact of her work continues through the *Hello My Name Is* campaign, and her husband Chris Pointon continues to spread the word at events worldwide. The recognition from RMBF supporters in voting Kate the Doctor’s Doctor shows how deeply her efforts to improve quality of life for both doctors and patients have resonated with the profession.

Our thanks to everyone who voted and helped to spread the word – and visit our website to read CEO Steve Crone’s latest blog, reflecting on Kate’s legacy and the ingenuity of doctors under pressure.

## The difference your support makes In the words of our beneficiaries

“ The funding allowed us to build a ground floor extension, providing ramped wheelchair access to the rest of the house, as well as a wonderful space for my recuperation. We moved my bed out into it the day after completion. The new space is beautiful, has positively transformed my quality of life and I spend all my waking hours in it.

I am now able to look out at the garden and watch the birds, the changing seasons and the sunsets, rather than staring at the ceiling all day! It is fabulous! I am also growing seedlings and pot plants on my windowsill, which makes me feel even closer to the garden. I have always loved nature, and this environment has helped keep my spirits up despite ongoing challenges with my health.

We are so grateful to you.  
Many, many thanks!

—Naomi

“ Having thought I would not have the concentration or stability to return to medicine, the extra few months, without financial pressure, enabled me to try working as a doctor again. It is approaching four months since I began a part-time palliative care post at my local Hospice, which I love and where I feel I’m making a true difference.”

—Elsbeth

“ I cannot thank the RMBF enough for assisting me through this period of hardship. You have literally seen me back into employment and for that me and my children are extremely grateful.”

—Anonymous

# Donation form

## Your details

Title  Forename(s)   
Surname   
Home address   
  
  
Postcode   
Email   
Phone

## Contacting you

We will only contact you via the methods of communication you're happy with.

If you've already let us know your contact preferences, you can leave this blank - or check the relevant boxes to update your preferences.

Please confirm if you are happy for us to contact you via the following channels with information about our news, activities and how you can donate and support our work (including volunteering or fundraising on our behalf).

Your details will only be used by the Royal Medical Benevolent Fund – we will **never** give your information to other organisations to use for marketing purposes.

For full details see [www.rmbf.org/privacy-policy](http://www.rmbf.org/privacy-policy)

I'm happy to be contacted by:

- Email**  
 **Text**  
 **Phone**  
 **Post**  
 **None** (unsubscribe from RMBF communications)

## I would like to make a one-off donation

£25  £50  
 £100  £  Other  
 I enclose a **cheque/charity voucher** made payable to **RMBF**  
 I would like to make a donation by  
**MasterCard/Maestro/Visa/Visa Debit/Amex**  
Card no.   
Start date       Expiry date        
Issue no. (Maestro only)  Security code   
Signature  Date

## I would like to make a regular donation

Amount £  beginning on        
and  monthly  
 quarterly  
 annually thereafter until further notice  
Bank name   
Bank address   
  
Account name   
Account number          
Sort code        
Signature  Date

Payment to: RMBF, NatWest Bank, Regent Street, London, sort code: 56-00-27, account number 24465178. **This replaces any existing standing order**

*giftaid it*

**Boost your donation by 25p of Gift Aid for every £1 you donate**

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

**In order to Gift Aid your donation you must tick the box below:**

**I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to the Royal Medical Benevolent Fund.**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

**Please notify the charity** if you want to cancel this declaration, change your name or home address, or no longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please return forms to **FREEPOST RMBF** (no stamp required)

or to **RMBF, 24 Kings Road, Wimbledon, London SW19 8QN** (stamp required)

You can also donate online at **rmbf.org** or by phone on **020 8540 9194**

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**NLS18**