The RMBF’s new Med Students Matter campaign calls for greater support for medical students, as new research finds that two thirds of current medical students have faced financial or mental health pressures, and over 1,000 have had to withdraw from their medical degrees in the past five years.

Through commissioned research, Freedom of Information requests submitted to universities, and an in-depth online survey, we have found that the current landscape of medical school sees dedicated students facing serious obstacles that sadly mean many are lost to medicine before qualifying.

In many cases these students are facing a choice between food and rent – with their finances put under extreme strain by costs that are especially high for medical students,” said Professor Dame Kumar. “These are people who we and our children will depend on in the future, and supporting them is one of the best investments we can make.”

There’s still time to get involved with the campaign, help spread the word and access resources – visit www.rmbf.org/medstudentsmatter for more information.

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Recent years have seen the RMBF undertake new initiatives to enhance the effectiveness and scope of our core work – offering support to doctors who have fallen on hard times. Launching DocHealth with the BMA has enabled us to offer face-to-face psychotherapeutic support, and training our volunteers as Coach-Mentors strengthens our ability to help doctors back to work and back to independence – all while increasing the amount we’ve awarded in direct grants to doctors and medical students in hardship.

Reaching out to talented young medics

We ensure that every new initiative is carried out in a planned and achievable way, with careful use of evaluation and feedback. We’re also dedicated to ensuring that work is sustainable into the future, and our new Med Students Matter campaign, as well as raising awareness and vital funds, forms one important part of that sustainability work.

Spreading the word of the RMBF’s work at medical schools doesn’t just help us to reach more aspiring doctors who are facing crisis and need immediate intervention. By involving these talented young medics in our campaign, we encourage them to take forward an awareness of what we do, and a willingness to support colleagues through hardship, into the profession and the NHS once they qualify. That leads to doctors of all ages, levels and specialties within medicine feeling the benefit.

Speaking of the AGM & Volunteers’ meeting, it was once again a very successful day, and as always a pleasure to catch up with so many of you. We have had some lovely feedback from those in attendance about the engaging and positive feel of the event. My thanks to all attendees including our brilliant guest speakers, who you can read about on page 3.

More support for fundraising

I’m very pleased to say that in September we welcomed Charlotte Ward to the RMBF staff team, as our new Community and Events Fundraising Officer. Charlotte will be on hand to support your fundraising activities – from coffee mornings to half marathons – for our local Guilds, other supporter groups and individual supporters. If you’re looking for ideas, resources or promotion for your events, I hope you’ll take the opportunity to get in touch for a chat on 020 8545 9946.

Thank you to Chris

I would like to pay tribute to our colleague Christine Linehan, who is stepping down as a Trustee, having also been Chair of the Grants & Awards Committee for almost five years. Chris’s contribution to the RMBF’s work has been truly invaluable: chairing the Committee’s meetings with professionalism and compassion, and helping to steer the charity’s work in the right direction through changing times.

I’m sure I speak for everyone involved with the RMBF when I say it has been a privilege to work with her, and we’re very glad that she plans to continue supporting the charity through our Brentwood Guild.

Of course, the Grants & Awards Committee will remain in excellent hands as Heather Mellows takes over as Chair. We spoke to Heather about her life in medicine, involvement with the RMBF and hopes for the charity’s future work – you can find the interview on page 6 of this issue.

Survey success

Finally, my thanks to everyone who took the time to respond to our recent Supporter Survey, sent out with this year’s Annual Review. This was the first time we have undertaken such an exercise, and it’s really helpful for us to understand what matters most to you. I was particularly struck by the reasons you gave as to why you feel it’s important to support doctors and medical students in need, which demonstrated both an acute awareness of the pressures faced by doctors today, and a strong empathy for colleagues in medicine. It was also inspiring to be reminded how many of you have been involved in the RMBF’s work for such a long time, decades in some cases. That bedrock of long-standing support is so utterly vital to our work, and we are very fortunate to have your dedication.

With all good wishes

Steve
AGM sees focus on doctors’ wellbeing and career support

This year’s AGM and Volunteers’ Meeting, held on 24 September at the Royal College of Physicians, had a strong focus on mental health and wellbeing among doctors – and what we can do, both as a charity and a profession, to help.

As usual, the first session saw the happy occasion of awards of life membership. These were presented by our President Professor Dame Parveen Kumar, to former RMBF Trustees Dr Fuzz Ahmed and Prof Neil Johnson; long-standing and dedicated volunteers Sue Lancaster-Smith and Dr Geoffrey Robb; and Mrs Christine Linehan, recently stepping down as Trustee and Chair of the Grants and Awards Committee.

Our special guest speaker slots for the morning began with Dr Julia Bland, one of the senior clinicians at DocHealth, the joint RMBF and BMA psychotherapeutic consultation service for all doctors, talking about what we can learn from the wants and needs of doctors who use the service. Julia noted the inherent “double bind” of practising medicine – that good doctors must engage with patients emotionally and be empathetic, and yet for doctors themselves to survive emotionally, they must be detached from their patients’ pain and suffering. What has emerged from doctors using DocHealth, said Julia, is that doctors highly value insight into their own problems; autonomy, agency and self-worth; and to be treated as an individual rather than via protocol.

Speaking next was Dr Caroline Elton, featured in the last issue of this newsletter, who draws on more than twenty years of experience as a psychologist who specialises in helping doctors. She began by sharing stark and candid anonymous examples of how doctors feel when facing burnout. The key to supporting them, argued Caroline, is high-quality, psychologically informed careers advice: a straw poll of the room indicated very few had ever received this. Julia and Caroline then joined Parveen for a Q&A session, with insightful questions from the floor addressing a wide range of issues.

After lunch, the day concluded with our annual Volunteers’ Meeting. This is a chance for volunteers across all roles to give us input and feedback the charity’s current and future work, and this year’s meeting covered three key issues:

- Developing the volunteer roles to maximise effectiveness and involve and engage volunteers more
- Emerging needs seen by volunteers which we should be responding to
- The most relevant services for RMBF to consider developing, outside our traditional role of financial support

We will be feeding back to volunteers and supporters on the key conclusions from the meeting.

Our thanks to all who attended and made the AGM such a memorable one.

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Guild & volunteer updates

Halifax Guild dinner

On Wednesday 7 November, members and friends of the RMBF’s Halifax Guild met for a successful fundraising dinner.

32 attended on the night, enjoying a three-course set menu and taking part in a raffle, raising £427 for the charity.

Thank you to Dr Helen Galvin, Mrs Michelle Davies and Dr Eileen London for their hard work in organising the event, and to everyone who gave so generously.

Summer seminars

It was a pleasure to welcome so many attendees to our series of Regional Volunteer Seminars this summer.

Taking place in Edinburgh in June and Belfast and Cardiff (pictured) in July, these meetings are an important opportunity to hear ideas and feedback from those volunteers who cannot always travel to London events.

Thank you to everyone who came along to contribute – please do watch this space for news of future events.

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T 020 8540 9194 | E info@rmbf.org | www.rmbf.org | @TheRMBF
Campaign survey: key findings

Students’ voices and experiences are at the heart of our Med Students Matter campaign.

In the lead-up to launch, we surveyed over 600 current medical students, as well as asking medical schools to provide responses to Freedom of Information requests, to build a picture of the pressures affecting those studying medicine in 2018.

There are hidden financial costs to studying medicine

68% of students we surveyed said that there were costs involved in studying medicine that they hadn’t anticipated before they began their course. The most frequently mentioned costs were travel and transport, especially on placement; accommodation; and professional clothing.

Money worries...

...take a toll on mental health

65% of students we surveyed who’d experienced financial pressures during their degree said that it had taken a toll on their mental health, and 41% said that they or someone they knew had considered withdrawing from their studies as a result of financial pressures.

Students value the NHS and want to be a part of it

90% of students we surveyed said the NHS was very or extremely important to them, and 85% intend to work in the NHS after graduation. This is despite more than half saying that their perception of the NHS working environment has worsened since starting their degree.

A sample of the reasons students gave for choosing to study medicine

To use my brain and think on my feet
Intellectually stimulating, emotionally rewarding
Couldn’t imagine doing anything else
To use my love of science
Meet new people every day
The different pathways and possibilities
Sense of meaning
A passion for science
Interaction with people from different walks of life
Problem solving
A good career
To serve a greater purpose
Job security
A privilege to care for people at their most vulnerable
Emotional & spiritual satisfaction
Great career prospects
Desire for public service

To help people

Like knowing how the body works
Long held ambition
The chance to change lives for the better
I wanted a meaningful, humanistic and intellectual life
A sense of purpose in work
To lessen health inequalities
Just felt right
Huge scope to specialise and grow
Balance between science and art
Highly skilled
Clear career pathway
Work with other like minded people
A profession that is always changing
My experience as a patient
The best way to utilise what I am good at
Caring for people and solving mysteries

Infographics use icons made by Freepik from www.flaticon.com
I was married with two small children when I decided to go back to University to study medicine.

I had been working as a post-doctoral researcher in epigenetics, and from time to time we would have doctors coming into the labs to do research. There was one chap who was looking into a particular gene that is expressed in breast cancer and transcribed way before you can pick up any tumour or mass. I was helping him do his research, showing him lab techniques, when he invited me to see the other side of the fence and how they get samples away from the labs.

He was a really gentle soul, very mild mannered, but as soon as he walked into the operating theatre he was confident, in-charge and decisive. The transformation was incredible. It wasn’t only the operation that he did which was absolutely amazing: he was also brilliant at reassuring his patients and winning their trust. I knew that’s what I wanted to do.

I said to him that I didn’t think I was clever enough to do medicine, but he reassured me that it was mostly a different way of thinking. You have to be good at linking things together, part detective work and part memory. I loved research and doing the bench stuff, but having that as well as the patient side means a lot of time constraints, so it was fortunate that I got a place at the medical school near me. My mother and husband had agreed to be my support system, which was vital with mandatory sessions and exams that you can’t miss no matter the circumstances.

In my second year, everything changed. My mum died, and soon after, my husband and I got divorced. I was suddenly a single parent. I knew I could make life better for all of us in the long run by studying medicine, but because of that choice, my children went short for a time and I felt incredibly guilty. There were things they needed and school trips that they should have had, but there just wasn’t the money. Despite that, I just about made it work on my student loan. We quite often found ourselves choosing between milk and bread, but it’s amazing how you can make money stretch.

Going into my fourth year, the Student Loans Company told me they’d accidentally overpaid me the year before. Despite it being their mistake, they couldn’t pay me at all that year. I remember looking at the letter while trying to revise, thinking ‘I have no idea how I’m going to pay for everything’. I had no choice but to speak to my personal tutor, who suggested approaching the RMBF. Frankly, if the RMBF hadn’t been able to help me, then I wouldn’t have been able to continue.

My RMBF caseworker was one of the most supportive people through my medical degree. It can be really difficult to admit you don’t have the financial resources to do something and you can feel ashamed. The RMBF were nothing but supportive and wonderful, and in my corner one hundred percent. If my son needed money for a school trip, my caseworker would always take the time to follow up afterwards to see how it went. The same went for my exams too.

Hearing that the RMBF could support me for the next year felt like a huge weight off my shoulders. You lose sleep thinking about how you’ll pay this bill and that bill, pay for another CRB check. It gave me the mental space to focus on getting through the year and being a good doctor. It’s more than just monetary support: when things haven’t gone to plan and life has thrown a curve ball, it’s nice to have someone say “You can do it and we’re going to help you.”

With help from the RMBF, I’m a surgical trainee now: I’m a surgeon. It’s a nice feeling that you can make things better for people when all has gone to custard. I recently saw a patient who had come off a motorbike. She was about my age and was absolutely terrified. It was really nice to be able to say “we’re going to take good care of you”, knowing deep down that we could and that I could.

I think if I had my time again, I would have spoken to someone sooner. I didn’t like to let on that I was struggling, didn’t want to seem different: I was already different, having kids. If you’re in trouble or worried about something, don’t be ashamed of it, there are people who can help and who want to help. I don’t know why we don’t ask for help sooner – I suppose we’re all too busy pretending that we’re fine.

It’s nice to have someone say “You can do it and we’re going to help you.”
Q&A: Miss Heather Mellows OBE
New Chair of the RMBF Grants & Awards Committee

Heather Mellows was a consultant obstetrician and gynaecologist for over 23 years. She served as Vice-President to the Royal College of Obstetricians and Gynaecologists from 2001 to 2004, and during that time co-chaired the Maternity Module of the Children’s National Service Framework. She developed an interest in helping doctors in difficulty during her time as Vice-President and worked with the National Clinical Assessment Service on the Back on Track project. In retirement she carried out Inspections for the Care Quality Commission in England. She was awarded an OBE for services to Medicine and Healthcare in 2011, the same year as she joined the RMBF as a Trustee. Heather succeeds Christine Linehan as Chair of our Grants & Awards Committee.

How did you first hear about the RMBF?
I hadn’t known much about the charity until the past Treasurer, Peter, put me forward as a Trustee 7 years ago.

At the time, I had recently retired and people were asking what I was going to do next. That’s how I found out that two very close friends had actually been supported by the RMBF themselves. I told them that I was becoming a Trustee, and quickly learned what a difference the charity had made to them. As one friend put it, the RMBF “saved my life”. Another’s father had died very suddenly – this was back in the 1950s, whilst she was a student – and the RMBF had stepped in to help her mother who was struggling.

When I realised that the RMBF was there to help people who, for whatever reason, had fallen into difficulty, I knew it was an extremely valuable thing.

What drew you to support doctors and medical students in difficulty?
Earlier in my career and when I was Vice President of the Royal College of Obstetricians and Gynaecologists, I had quite a few dealings with doctors experiencing clinical difficulty who found themselves unable to work and having to go through the assessment process. I also worked with the National Clinical Assessment Service to help get doctors back into work. In these situations, I would be helping to line up places to work and attachments, and acting as the link person when problems were resolved.

One of the things that I feel most strongly about as a consequence is helping people to maintain their independence and dignity. That’s largely why the RMBF appealed so much. The charity does things differently because it actually has money to give to people who really need it. When I was first involved I was very impressed with the detail of assessments and the processes involved in determining who is to be supported and the types of support that are most appropriate.

It is so often the case that a little bit of money can make the world of difference to people, and that is very special indeed. In fact, one of my favourite types of support is when people receive travel cards, so they can get out and see family or visit a local museum. There are these ongoing things that we can do which just help people stay alive, and then there are the additional things that drastically improve people’s quality of life and help them get better. The fact that we can do things and be flexible – like give a travel card or fix a broken washing machine – it is so very important.

What have been the things that have most surprised you in the demand for support?
I think the most surprising thing is that doctors, who are all professional people, can let themselves get into such terrible trouble and end up on a downward spiral that takes them to a far worse place than they needed to be. There is a natural reluctance within the profession to accept the fact that you need help. I suppose it is the misplaced sense of failure and the embarrassment of having got into difficulty.

In some cases, things can happen incredibly quickly. I am always extremely saddened by the number of younger doctors who have had significant medical problems and who run out of sick leave. Often they have mortgages and children, and simply not enough paid sick leave to keep themselves afloat.

Very sadly, it is this reluctance to ask for help in time that means it all gets much, much worse.

What are your hopes looking ahead to your time as Chair of the Grants & Awards Committee?
I hope that we are going to go on to increase the profile of the RMBF so that more people know about us and are encouraged to seek help earlier. When people come to us sooner, it is possible to rescue the situation much more quickly with less money so that is something we try to encourage. This also ties in with the prevention part of our work and programmes such as DocHealth, which again seek to address problems far earlier and before they become entrenched.

Another major priority is helping people to get back to work and study to regain their independence. Last year we helped 30 beneficiaries to return to work or remain in work. That has tremendous benefits all round and not least for doctors themselves.

What do you find most rewarding in your role as a Trustee and the new Grants & Awards Committee Chair?
The main thing is how incredibly rewarding it is to receive such effusive thanks from beneficiaries. Even with some of the smaller grants where, in monetary terms, we haven’t awarded as much – we receive these beautiful letters to thank us and to say what it is that they’ve been able to do as a result. These things are so
genuine and heartfelt that it makes it all extremely rewarding work. The other greatly rewarding thing is being part of such a dedicated team. I have also been so impressed by the number of people who give their time and effort to help fellow doctors and medical students in need, from fellow Trustees and Committee members to our many volunteers. Having such a rich variety of skills and perspectives really helps with understanding what people are going through and what their needs might be. In my new role as Chair, I am especially thankful for the role that our Area Visitors play. The first-hand contact that they have with beneficiaries is often incredibly supportive in itself, but the attention to detail and additional knowledge that they bring to make sure that people are as best supported as possible is absolutely critical. They pick up on things like the washing machine that’s broken and needs replacing, but wouldn’t have been mentioned previously as the beneficiary might not realise we can help with that. And finally, it’s such a pleasure to work with the RMBF’s Casework department. The knowledge and experience that they bring – how they channel people to the right care, whether it’s money advice or sending in an application for us – is the greatest reassurance that if something were to go wrong with any of us, they would be the best support one could hope for.

What would you say to doctors, medical students and their families who are struggling?

Don’t be embarrassed to ask for help. Any of us could get into trouble as a result of physical or mental health problems – so please do ask for help sooner rather than later. It is so important.

Thank you for remembering us

It is an honour to be entrusted with someone’s wish to support future generations, and these gifts truly are invaluable in ensuring we will always be there for doctors in need.

Our sincerest condolences to the families of those who we have lost this year, and our warmest thanks to those who have chosen to remember us.

In Memoriam

Mrs Helen Pringle Douglas, Edinburgh
Dr Helen Stewart, Edinburgh
Dr Geoffrey Vivian Feldman, Wilmslow
Mrs Allner Mavis Channing, London
Mrs Frances Janet McKerron, Saxmundham
Dr Ian West Stoddart, Winchester
Mrs Jean Hansell, Bath
Mrs Pamela Mason, London
Mrs Jennifer Trusted, Exeter
Dr Ronald Herbert William Pearce, London

A message from one of our beneficiaries

I and my family are so very grateful. The award towards my children was particularly important, as they were all in need of things that I had been unable to provide until that money was received. I felt a great deal of fear about being put in a position that saw overwhelming financial pressures forcing me back to work before I was fully recovered. Although I recognise that this would be unsafe for myself and my patients, I was scared and felt I had no other option. The help you have given me has given me permission to wait until I am fully well before returning, and that is more of a gift than you will know.

— Rachel, GP and RMBF beneficiary
Donation form

Your details
Title

Forename(s)
Surname
Home address
Postcode
Email
Phone

I would like to make a one-off donation

£25
£100
£50
£
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 MMY
Expiry date MMY
Issue no. (Maestro only)
Security code
Signature
Date

I would like to make a regular donation

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

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

I'm happy to be contacted by:

Email
Text
Phone
Post
None (unsubscribe from RMBF communications)

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 in the current tax year 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 RMBF 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)

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