Commentary

March 2025 Election edition

RCP 2025 presidential election

Royal College of Physicians

Membership magazine of the Royal College of Physicians

Contents

Election guidance

In the upcoming 2025 elections, RCP fellows will be able to vote for candidates running for the roles of president, clinical vice president and councillors.

In this special election edition of *Commentary* – the first such edition – we include short interviews with the candidates standing for the role of the president of the RCP (PRCP).

The PRCP is a high-profile, authoritative representative of the professional physician community worldwide. The membership was asked to submit the pressing questions which they want answered by the incoming PRCP. These were then shortlisted by RCP censors and shaped the interviews in this edition.

Voting for PRCP will open to fellows on 17 March 2025, when they will be emailed online voting instructions by Civica Election Services, sent from takepart@cesvotes.com, and links to the full election material about the candidates. The full timetable can be found below.

Election timeline

- **17 March 2025**: Voting opens – Civica Election Services to send voting invitation emails to all eligible voters. Can't find your email? Check junk mail or contact membershipqueries@rcp.ac.uk
- **14 April 2025 (College Day)**: Online voting closes at midday in all elections. An option exists for in-person votes for president to be cast as part of the special general meeting. Presidential election result announced (successful candidate to take up post as soon as possible thereafter)
- **Late April 2025**: Public announcement of results in CVP and councillor elections
- **1 August 2025**: Successful CVP and councillor candidates to take up office

Hustings

Hustings took place on the afternoon of 7 March 2025 at the RCP at Regent's Park. The videos will be available to watch on the RCP election website when voting goes live.

Other roles / candidates

While this election edition of *Commentary* only covers interviews with PRCP candidates, RCP fellows will also have the opportunity to vote for clinical vice president and four RCP councillors.

The clinical vice president (CVP) is a key role in the elected senior officer team, leading on care quality and improvement for patients, RCP fellows and members. The CVP is a member of Council and the Board of Trustees.

RCP Council meets six times a year and develops RCP policy in relation to professional and clinical matters. It gives authority to RCP statements and publications and elections to the fellowship and membership, as well as RCP officers.

Voting for these roles will run from 17 March 2025, closing on midday on 14 April 2025. The results will be announced in late April 2025.

More information about the role of CVP and councillor can be found on the RCP website, with a full list of candidates nominated for both roles.

Special general meeting of fellows for the election of the president / College Day 2025

This will be held on Monday 14 April 2025 as required by section 6 of the Medical Act 1860. Further information and College Day papers can be found on the RCP events webpage.

Fellows who physically attend the special general meeting will have an option to vote in person as required by current legislation. Full details of the procedure will be included with the voting papers, which will be emailed to fellows.

As in previous elections, the presidency is an annual office as required by statute, but RCP Council recommends to fellows that the new president is elected with the expectation that their term of office will be 4 years.

The formal transfer of authority to the new president, following an induction period, will take place as soon as possible following election in negotiation with the new postholder. The new president will serve until transfer of authority to their successor at the annual general meeting in 2029.

For any further information, and the supporting documents for this election, you can visit the RCP election website.

Presidential candidate

John Alcolado

Professor John Alcolado DM BM(Hons) PGCert (Med Ed) RCPath(ME) FRCP is a consultant physician, medical examiner and medical school adviser, University Hospital of Derby and Burton NHS Trust and NHS Wales Shared Services Partnership.

What is your vision if you are successfully elected as RCP president? What would you do in your first 100 days in office?

JA I am standing on a platform of strong servant leadership; while my own vision is clear, it is the vision and views of members and fellows that will inform action. My priorities are:

A. To robustly represent resident physicians' views to the review of postgraduate medical training, calling for increased training opportunities, both training numbers and portfolio pathways
B. To ensure a robust response to the Leng Review, including a scope and ceiling of practice for medical associate professionals working in physicianly specialties
C. A clear timetable for the expansion of the franchise to including collegiate members
D. Urgent clarification of the roles and responsibilities of the president, CEO and chair with a roadmap to substantial governance review, including live-streaming of RCP Council and ensuring a majority of Council members are directly elected
E. Restore the confidence of members and the reputation of the RCP by demonstrating the cultural values that will be the hallmark of the RCP
F. Revisit the position of the RCP in relation to assisted dying, in view of planned legislative changes.

A weekly blog will detail my activities and meetings with transparency.

The RCP London estate requires substantial investment and is much larger than needed following the opening of The Spine in Liverpool and flexible working. What is your vision for the college infrastructure and ways of working, both in London and UK-wide?

JA Our estate and infrastructure exist to serve us, and not us to serve them. The college is its members and fellows, not its buildings. Form follows function, so we need to agree what we want to do, and how we want to do it, before we decide what space we need. We are a college of physicians, not a conference venue for the highest bidder, some of which, such as security companies hosted recently, have had little to do with healthcare. We have to live with some of the decisions that have been made in the past

regarding The Spine and Regent's Park, but need to have an open debate about what is best for us. Regent's Park is a great location, but the college has moved location in its past, and I would prefer to see a vibrant, cohesive, financially secure college than a fossil in a listed building. My own view is that money is better spent on communications infrastructure and developing a much greater presence in every devolved administration and region than chasing financial deals to support an unsustainable centralised structure. Hybrid working is here to stay but undoubtedly we need to keep face-to-face meetings and conferences where so much vital networking takes place.

Many of the RCP's legal frameworks and bye-laws date from its formation in 1518. What is your vision for constitutional reform for the college and how can we ensure it is relevant and fit to serve medicine in the 21st century?

JA In my view there has not been the will to change many of the regulations that some say limit our activities. I called on the RCP to allow members to vote when I stood in 2023 and, 2 years on, we are no closer. We can't let the claimed complexity of legal change slow down what we can do right now. Interestingly, time was found to push a Statutory Instrument through parliament in 1999 to allow the college to remunerate senior officers, so it's about priorities. The pressing issue of allowing members to vote in elections could be addressed innovatively, for example by making all collegiate members into fellows, and creating a senior fellow category for current fellows.

Reforms such as live-streaming of Council, removing unnecessarily restrictive confidentiality clauses and changing the composition of Council do not need legal reform. The relationship between the chair, president and CEO is key and would be my first priority. Change is required at pace, but reform must be underpinned by meaningful cultural change. Our bye-laws are there to serve us, not the other way around. Any changes in our legal framework must be flexible enough to allow future updating without obfuscation.

As RCP president, how would you advocate for protecting training time for doctors. How would you ensure that medical education is recognised as an essential contribution to high-quality patient care and service improvement?

JA Time and resources to both train and be trained are vital for the next generation of physicians but have shamefully been eroded in recent years. We need to introduce a 'star rating' system for all hospitals and posts, informed by what resident physicians themselves tell us and by our own inspections. This information should be made publicly available, harnessing the power of app-based real-time feedback systems. Similar information needs to be gathered and shared for senior doctors who require access to appropriately funded study leave for ongoing training.

The current GMC training survey is no longer fit for purpose and the college should insist on change or introduce its own physician-focused process. RCP representatives on appointment's committees must decline to approve consultant posts where job plans do not identify adequate time for supervision, teaching, quality improvement and professional development. Although we no longer have the power to withdraw training recognition from posts, as a previous director of medical education I have a strong track record in this area and I am aware of the leverage that targeted college reviews and support can have on training quality.

Approximately 26% of RCP membership is based outside of the UK. What action would you take to ensure that this cohort feels valued and better represented through core RCP functions?

JA Many UK-based members and fellows do not feel valued or represented, so what hope is there for those overseas! The RCP needs to listen, value and represent all members. Servant leadership is the strongest way of achieving this goal. We need to listen, provide support and respond to the individual concerns and local priorities of all members wherever they may be. The RCP structure of dividing the globe into large regions is not sufficiently responsive. I would advocate the development of RCP expert partners in every country, focusing on grassroots active physicians, not just those in ivory towers. Prioritising clear lines of communication will allow us to collect the intelligence we require to respond to the needs of our international members, rather than focusing on what we think are the larger geopolitical questions. Our systems must be updated to recognise the country of origin IP addresses of users, to ensure they are directed to country-specific content and our webpages need a review of internationally relevant information. Cultural change within the RCP should recognise we have as much, if not more, to learn from our overseas members as they have to learn from London.

To learn more about John Alcolado, you can visit his page on the PRCP 2025 election website. His answers from the hustings will be available from voting opening. Full election material will then be available on the Civica Election Services voting platform.

Presidential candidate

Albert Ferro

Professor Albert Ferro MB BS PhD FRCP FAoP FBPhS FBIHS FESC is a professor of cardiovascular clinical pharmacology, King's College London, and honorary consultant physician, Guy's and St Thomas' Hospitals, London.

What is your vision if you are successfully elected as RCP president? What would you do in your first 100 days in office?

AF My vision as RCP president is to champion a modern, inclusive and patient-focused medical profession. I will advocate for the highest standards in medical education, workforce wellbeing and equitable healthcare access. Doing all I can to lobby for tackling workforce shortages, reducing burnout and ensuring physicians have the support they need will be my priority. This is of course going to take time, but I will set plans in motion immediately.

In my first 100 days, I will engage directly with members to understand their concerns and set clear priorities. Although I have my own views based on nearly 30 years as a practising physician, I strongly believe it is important to consult widely and get as much input as possible into what our members feel is needed. I will push for urgent workforce planning discussions with policymakers, strengthen mentorship programmes and promote diversity in leadership. I will also enhance RCP's role in climate-conscious healthcare and digital innovation.

Collaboration will be key – and strong and visionary leadership is crucial in uniting physicians, policymakers and patients, to drive meaningful change for the profession and improve patient care.

The RCP London estate requires substantial investment and is much larger than needed following the opening of The Spine in Liverpool and flexible working. What is your vision for the college infrastructure and ways of working, both in London and UK-wide?

AF The RCP's infrastructure must be sustainable, financially viable and aligned with our evolving ways of working. With The Spine in Liverpool now a key hub and flexible working reshaping our needs, I do agree that we must optimise our London estate while ensuring strong UK-wide engagement.

I plan to lead a strategic review of the London site, exploring options for modernisation, downsizing or

repurposing to maximise value while maintaining a strong presence. Any investment must support members – enhancing education, collaboration and accessibility.

Beyond London, I will strengthen RCP's regional role, expanding hybrid learning, digital engagement and local networking to ensure equitable access to resources and influence. The college must work for all members, wherever they are, while maintaining a world-class presence in both London and Liverpool.

Many of the RCP's legal frameworks and bye-laws date from its formation in 1518. What is your vision for constitutional reform for the college and how can we ensure it is relevant and fit to serve medicine in the 21st century?

AF It is most certainly the case that the underlying legal framework of the RCP is showing its age. I strongly believe that the RCP's constitution must evolve to reflect the realities of modern medicine while preserving its rich heritage. My vision is for a governance structure that is transparent, inclusive and responsive to the needs of today's physicians. Events in the college's recent history have highlighted to me how a complete overhaul of its governance is now sorely needed – and wished for by its membership.

I will lead a comprehensive review of our legal frameworks and bye-laws, ensuring they support equity, diversity and adaptability. In my view, we must remove outdated barriers to leadership, strengthen member representation and streamline decision making to be more agile in responding to healthcare challenges.

To remain relevant, the RCP must engage widely – consulting members at all career stages, across all regions and specialties, to shape reforms that serve the profession effectively. A modernised constitution will empower the RCP to lead with impact in the modern age.

As RCP president, how would you advocate for protecting training time for doctors? How would you ensure that medical education is recognised as an essential contribution to high-quality patient care and service improvement?

AF Protecting training time is essential for both patient safety and the future of our profession. As RCP president, I will push for national policies that safeguard dedicated training time, ensuring it is not eroded by service pressures. I will work with NHS leaders and policymakers to embed training as a core workforce priority, advocating for adequate staffing levels so that education is never compromised.

Medical education must be recognised as integral to high-quality patient care. I will champion protected teaching time, fair recognition for trainers, and – importantly – stronger incentives for institutions that prioritise training excellence. By demonstrating the direct link between well-trained doctors and better patient outcomes, we can shift the culture to one where education is valued as an essential service investment, not an afterthought.

Approximately 26% of RCP membership is based outside of the UK. What action would you take to ensure that this cohort feels valued and better represented through core RCP functions?

AF International members are a vital part of the RCP community, and I am committed to ensuring they feel valued, represented and fully integrated into our college's work.

I will establish stronger regional networks and leadership roles for international members, ensuring their voices shape RCP policy, education and advocacy. Expanding digital engagement – through accessible CPD, leadership programmes, and remote networking – will help bridge geographic barriers.

I will also push for greater recognition of global healthcare contributions, fostering international collaboration in research, training and workforce development. Strengthening our partnerships with overseas institutions and ensuring international fellows play a key role in RCP decision making will reaffirm our commitment to a truly global medical community.

To learn more about Albert Ferro, you can visit his page on the PRCP 2025 election website. His answers from the hustings will be available from voting opening. Full election material will then be available on the Civica Election Services voting platform.

Presidential candidate

Fraz Arif Mir

Dr Fraz Arif Mir BSc MA MBBS FRCP is a consultant in acute and general internal medicine, Addenbrooke's Hospital, Cambridge; associate dean, NHS East of England; clinical sub-dean, School of Clinical Medicine, University of Cambridge; proctor, University of Cambridge; director of clinical studies and fellow of King's College, University of Cambridge.

What is your vision if you are successfully elected as RCP president? What would you do in your first 100 days in office?

FM My vision is to reunite physicians under the RCP's banner, make its leadership team more inclusive, diverse and representative of the current generation of doctors, and reclaim our status as the trusted voice of the profession. We must also refocus on our core mission of delivering excellence in healthcare, education and training, and promoting professionalism. I believe in a college where accountability, competence and transparency are mandatory. From day 1, we would start afresh by drawing a line under recent events and work towards reconnecting and re-engaging with our disenchanted and disenfranchised members. My first 100 days would be spent listening to them and reaching out to important stakeholders (eg NHS England, universities and other royal colleges) to signal our intentions to work collaboratively. We urgently need to embark on a bold programme of change that will modernise the RCP, provide more value for money and serve our fellowship better, nationally and internationally. Our strategy for the next 5 years must be shaped by our members – their needs, priorities and aspirations. Ultimately, we need practical and deliverable policies, not politics or personalities.

The RCP London estate requires substantial investment and is much larger than needed following the opening of The Spine in Liverpool and flexible working. What is your vision for the college infrastructure and ways of working, both in London and UK-wide?

FM I believe that the membership is the RCP. The college stands wherever our members may be active in keeping with its ethos, be that in London, Liverpool, Llanelli or Lagos! However, the RCP in London is not just bricks and mortar – it is also the spiritual home of physicians worldwide. Our plan for the future will determine the required physical space. We will look at streamlining college function, assess how best to work more efficiently across all its departments and break down silos. Given the changes in working practices, we have to consider reductions in the estate size which should include selling The Spine (which has cost millions of pounds and whose use is insufficient to

justify this immense expense) if appropriate leasing or renting arrangements cannot be made. More must be done instead to promote and support regional hubs and networks of physicians everywhere. Regional college advisers alongside college tutors have a pivotal role to play here and the RCP must invest further in them. With advances in IT, connectivity is better than ever. We need to harness the opportunities to develop and nurture a worldwide virtual community of physicians to complement the physical one.

Many of the RCP's legal frameworks and bye-laws date from its formation in 1518. What is your vision for constitutional reform for the college and how can we ensure it is relevant and fit to serve medicine in the 21st century?

FM A great question! The RCP is over 500 years old but faces an existential threat if it fails to modernise through constitutional change and innovation. I welcome the current RCP review but feel that its scope is too limited. We must go further if we are to make the RCP relevant to the 2020s and to our membership. The fellowship and college function must have primacy; its charitable status, while important, is secondary. In addition, I would propose the following reforms: all senior leadership roles at the RCP must be elected democratically with no 'appointments' (including registrar and global VP posts); no individual should be allowed to hold multiple senior posts simultaneously; and acting senior officers should be barred from participating in the presidential election, to prevent 'incumbent advantage', make elections fairer and to protect against groupthink. Furthermore, senior RCP officers should be backfilled for their time adequately in order to widen participation. Most importantly, we must extend voting rights in elections to all holders of the MRCP diploma associated with the London college. This will help to engage and empower our next generation of physicians as well.

As RCP president, how would you advocate for protecting training time for doctors? How would you ensure that medical education is recognised as an essential contribution to high-quality patient care and service improvement?

FM Doctors in training, as well as educational and clinical supervisors, must be valued more and adequate time for teaching built into their rotations and job plans, respectively. At present, there is huge variability within and between regions. We must work with other stakeholders to ensure a fair and equitable policy across the country that recognises the importance of education and training to not just be on par with clinical service but to be inexorably interlinked. One cannot exist without the other and the ultimate impact is of course on patient safety and quality of healthcare. The current model of 'training' means that education plays second fiddle to service provision because it is effectively 'separated out'. I will propose constituting an RCP task group that works with individual trusts to restore the principles of continuity of care of patients, learning through experience for residents and making medicine 'fun' again. As a senior educator myself, with broad experience in the undergraduate and postgraduate arena, I believe I am ideally placed to understand the challenges as well as opportunities in a physician's career and have the skills to make urgently needed progress.

Approximately 26% of RCP membership is based outside of the UK. What action would you take to ensure that this cohort feels valued and better represented through core RCP functions?

FM Our international members are the RCP's ambassadors globally. We must do more to make them feel an intrinsic part of the college, both virtually and in person, and support them in achieving high standards in education, training and professionalism in their respective countries too. I would propose that the overseas majority regions (eg South Asia, Iraq / Middle East, the Americas and Australasia) have representation on the RCP Council. In addition, we need to help prevent 'brain drain' from less well-resourced countries and further promote the mutually beneficial Medical Training Initiative (MTI) scheme, including fostering vital research collaborations. We should work with trusts to provide observerships for overseas fellows and encourage residents to experience medicine under the supervision of fellows abroad. Closer to home, we need to support refugee doctors to become part of the NHS workforce and work with UK-based diaspora groups to further strengthen international ties and mentoring. My former role in the RCP's global office was hugely rewarding in terms of building fantastic links, helping to establish MRCP PACES centres and participating in conferences and MTI interviews.

To learn more about Fraz Arif Mir, you can visit his page on the PRCP 2025 election website. His answers from the hustings will be available from voting opening. Full election material will then be available on the Civica Election Services voting platform.

Mumtaz Patel

Dr Mumtaz Patel PhD FRCP FHEA MSc Med Ed (distinction) MBChB (honours) is a consultant nephrologist, Manchester University Hospitals NHS Foundation Trust; acting as president and senior censor / vice president for education and training, RCP.

What is your vision if you are successfully elected as RCP president? What would you do in your first 100 days in office?

MP My vision is to re-establish the RCP as the voice of our membership and of medicine. I will lead the college to be the best organisation it can be, supporting our members through every career stage to deliver the best possible healthcare for our patients.

In the first 100 days, I will work on a three-point plan, which includes an ENGAGE, DEVELOP and IMPLEMENT phase.

I will ENGAGE with our membership to identify the priorities most important to them, ensure their voices are heard and incorporated in development of the new RCP strategy. I will build on bringing all the RCP constituents together, uniting our college and work with our membership to deliver on their priorities for the patients we serve.

I will work collaboratively to DEVELOP and IMPLEMENT the new RCP strategy. Supporting our workforce, empowering the next generation of physicians, expediting a full constitutional and governance review aiming to modernise the RCP and rebuilding trust and confidence of our membership are key to what I wish to achieve.

I lead with integrity, compassion and authenticity. I will continue to build strong networks with our internal and external stakeholders towards achieving common goals.

The RCP London estate requires substantial investment and is much larger than needed following the opening of The Spine in Liverpool and flexible working. What is your vision for the college infrastructure and ways of working, both in London and UK-wide?

MP My vision for the college infrastructure and ways of working, UK-wide is that it needs to be membership-focused, flexible, cost-effective and sustainable long-term. This will need to be managed sensitively, with full stakeholder engagement and consultation with our membership, staff and discussion at Board and Council.

An options appraisal will need to be considered for the London and Liverpool estates. This must include membership activities at both sites, need for type of space for staff, value and membership benefits.

Consultation with other royal colleges who have moved to other sites will be important to share learning and understand the risks. A risk management strategy will

need to consider potential risks and benefits with a balanced view presented to our membership. Factors to consider include space, location, quality, value for money and sustainability.

Over recent years, post-COVID, our ways of working and delivering activities have changed significantly, and we need to review our estates use in response to that. RCP has a strong policy position and commitment to environmental sustainability, and we need to demonstrate that in the work we do and decisions we make.

Many of the RCP's legal frameworks and bye-laws date from its formation in 1518. What is your vision for constitutional reform for the college and how can we ensure it is relevant and fit to serve medicine in the 21st century?

MP My vision is to modernise the college, ensuring it is fit for purpose and that our bye-laws help achieve our strategic aims, rather than hinder progress. While respecting its history, I strongly believe RCP needs to modernise, so that it is relevant, relatable and sustainable to our current and next generation of members and fellows.

The constitutional and governance review is currently underway which I oversee in my role acting as president. Wider consultation is planned with our membership so that all views can be heard. This will help shape our recommendations to Council, Board and the AGM for ratifying later this year.

I want RCP to become a modern, inclusive and supportive organisation which welcomes diversity and embraces change. I strongly support for members to be allowed to vote for elections. We need to look at the value of fellowship alongside this. The eligibility criteria for elected roles are currently under review.

I believe in ensuring equal opportunities for women and those in less-than-full-time positions like myself. The bye-laws should not preclude us from progressing as an organisation and this review is vital towards fostering inclusivity and growth.

As RCP president, how would you advocate for protecting training time for doctors? How would you ensure that medical education is recognised as an essential contribution to high-quality patient care and service improvement?

MP As RCP vice president for education and training, I have always advocated and actively worked on protecting training time for doctors and recognising the importance of medical education in driving high quality patient care. One of the key themes in our RCP Next Generation of Physicians Oversight Group that I chair is around protecting time for training, teaching and supervision. We are working on a position statement and policy on this, which will be used to influence key stakeholders to enable change in practice. Job planning is key to this, and RCP has recently developed new job planning guidance which enables this.

If elected as PRCP, I will continue to advocate for protected training time for doctors and ensuring medical education is given the recognition it needs. This will continue as part of the work I am doing with key stakeholders including government, chief medical officer, GMC and statutory education bodies. I will strongly relay our college position in the national review of training. I will work both top down and bottom up through the trusts and regions, with our college tutors, regional advisers, networks sharing best practice and implementing guidance we develop.

Approximately 26% of RCP membership is based outside of the UK. What action would you take to ensure that this cohort feels valued and better represented through core RCP functions?

MP As RCP global vice president (2020–23), I developed the global strategy which within 3 years made a significant impact on membership growth (increase from 18–24% with 30% international fellows), diversification (19–25% females; threefold increase in female international advisers) and established strong international networks.

If elected, I will build on this, ensuring our global membership feel valued with greater representation in core RCP functions such as membership to Council, committees representing every career stage, designated sessions in RCP conferences, CPD activities, more articles from international members in RCP journals, greater representation on editorial boards (I made first international appointment), rewarding and valuing the bidirectional learning that our global membership brings.

Building on global networks such as the RCP Iraq network (which I initiated) will be key. This involves linking RCP international advisers with members, fellows in-country and with diaspora globally. Recognising, valuing, sharing learning from our international networks through core RCP functions is essential in advancing medical education and improving patient care globally.

To learn more about Mumtaz Patel, you can visit her page on the PRCP 2025 election website. Her answers from the hustings will be available from voting opening. Full election material will then be available on the Civica Election Services voting platform.

Gerrard Phillips

Dr Gerrard Phillips MA DM FRCP is a consultant physician and respiratory physician, Dorset County Hospital, Dorset.

What is your vision if you are successfully elected as RCP president? What would you do in your first 100 days in office?

GP Three years ago, I highlighted the gap between RCP and its members. I'll bridge this gap and deliver an open, transparent RCP that listens to and advocates fearlessly for you. You'll have access to RCP Council minutes and we'll discuss voting rights for collegiate members.

Our college has no statutory role. Its influence comes from you, its 38,000 members. Although a charity, being a membership organisation representing you will be its first priority.

To enable this, I'll:

- strengthen presence in trusts
- transform governance, revise the organogram
- democratise Council, prioritise its voice
- rebalance the Board of Trustees
- chair the Strategy Executive Group.

Since >50% of RCP's charitable purpose is education, this will have funding priority. The new exams IT transformation will be top of my list. My focus for the first 100 days will be:

- rapid action on college governance
- review of the estate and finances, deciding expenditure priorities, including stronger presence in trusts
- appointing a new CEO and Board of Trustees' chair who'll support my vision
- supporting / advocating for exam casualties, expanding training, reforming resident recruitment, opposing 4-year undergraduate training.

The RCP London estate requires substantial investment and is much larger than needed following the opening of The Spine in Liverpool and flexible working. What is your vision for the college infrastructure and ways of working, both in London and UK-wide?

GP RCP's unrestricted reserves are depleted. It spends 20% income on its estate. I do have an emotional tie with the London building, but is this how fellows want their fees spent?

The main college and houses are 116,774 sq ft. The leases expire in 2060 and 2084, and running London costs £280k / month. The Spine's lease expires 2045 and running costs of £350k / month will increase once it's no longer rent free in 2027.

We could (A) retain the whole London estate, but we'd have to pay for a new 125-year lease (£16 m) and modernisation (£20 m) when the current lease expires; (B) sell the entire estate and move, but the current lease value (£26–29 m) falls the longer we wait; (C) retain only the main building, but will Crown Estate allow this?

Flexible / virtual working are here to stay so RCP only needs space for (A) offices (B) ceremonial (C) heritage (Harveian

Library, Censors' Room) in a customisable, climate and cost-friendly building near transport and hotels. Conference space can be rented. Exam space is in The Spine, but its whole financial model also needs review. I'd consult fellows.

If we move, I'd use the money to improve presence in trusts, strengthen regional offices and support trainees.

Many of the RCP's legal frameworks and bye-laws date from its formation in 1518. What is your vision for constitutional reform for the college and how can we ensure it is relevant and fit to serve medicine in the 21st century?

GP I want transformative change. Only 25% vote in elections. As I said 3years ago, I'll strengthen RCP's relationship with its members and open it up to scrutiny by them. Our democracy is constitutional rather than political so I'll widen participation.

Leadership must act on what members want, not what it thinks they want. So a priority will be improved presence in trusts and strengthened regional offices to foster opinion gathering and communication.

The tripartite structure of executive, Council, Board of Trustees needs rebalancing, and the organogram, altered so power really does check power (Montesquieu). Council will properly hold the executive to account. I'll strengthen its voice and democratise it – only 16 of 51 members are nationally elected. I'll modify 'the Faith' so Council's a safe space for debate. I'll rebalance the BoT; Council's influence should be stronger. Only 8 of 15 members are physicians and the chair is lay. The Strategy Executive Group will be chaired by the PRCP, not the CEO.

I want Council meetings open to all fellows and will investigate this; and we should at least discuss giving our 12,000 members, in addition to our 18,000 fellows, voting rights.

As RCP president, how would you advocate for protecting training time for doctors? How would you ensure that medical education is recognised as an essential contribution to high-quality patient care and service improvement?

GP This is a four-nation, three-college issue for both national training numbers and portfolio route doctors, requiring national, regional and local action driven by data, linkage between centre and periphery, and levers of change.

I have 20 years' experience of the complex national regulatory landscape. The JRCPTB, which I oversaw for 6 years, produced CMT quality criteria (QC) that were included in the GMC NTS. In 2019, JRCPTB showed that using the QC improved performance in 8 of 13 domains, including protected training time. IMT quality criteria are published shortly.

One of my visions is stronger RCP presence in trusts. I'll ask college tutors / RCP reps to implement the QC, encourage GMC survey engagement and use the results to lever local time for training change.

I invented the chief registrar role, which protects time for leadership development. Independent review showed significant gains in service improvement, patient care and resident education. As it's very much my baby I'll strongly support it.

I'll advocate that every trust's:

- board has an education and training lead
- year-end report shows how the money for E&T has been used
- CQC visit report formally rates E&T.

If implemented, these will produce change.

Approximately 26% of RCP membership is based outside of the UK. What action would you take to ensure that this cohort feels valued and better represented through core RCP functions?

GP RCP has members in 115 countries but many don't feel they 'belong'. Correcting this requires having the right structures and enabling authentic voices to be heard.

I'd reform the current fragmented governance. I've done this before. There's both a global executive and a global committee, with different accountabilities. There's a global VP, six associate directors, 50+ international advisers, who need coordinating.

I'd introduce direct representation on RCP committees with strategy informed by regular in-country surveys.

Global delivers via strategic partnerships, network events, single events. It runs the MTI scheme, mentors ECSACOP, has global partners eg THET. I'd focus on the most effective. Money's tight but could be freed by sorting out the estate.

I've had significant international success; for example, I added 1,000 international PACES seats in the last 2 years, opened 11 new centres, three in new countries and lowered competition ratios for seats from 6:1 to 2:1.

There's a perception of barriers to FRCP and difficulties with payments. International fellows feel isolated. They want more F2F presence. Improving our offer to such a large and valued part of our community is essential.

To learn more about Gerrard Phillips, you can visit his page on the PRCP 2025 election website. His answers from the hustings will be available from voting opening. Full election material will then be available on the Civica Election Services voting platform.

Asif Qasim

Dr Asif Qasim MA PhD FRCP is consultant interventional cardiologist, Croydon and King's College Hospital; founder and CEO, MedShr.

What is your vision if you are successfully elected as RCP president? What would you do in your first 100 days in office?

A The RCP and UK medicine are in crisis. The King's Fund Review (KFR) exposed failures of leadership and governance and the EGM showed RCP policy was disconnected from members. The MRCP UK exam debacle further undermined confidence. The workforce crisis, training bottlenecks, doctor substitution and unemployment all demand that we mobilise the RCP to defend the profession and excellence in medicine.

My vision is to restore the RCP through strong, dynamic leadership and a programme of reform, cherishing the heritage and values of the RCP as we modernise how it operates and re-engage our members.

In the first 100 days I will:

Engage members

- Weekly online president's rounds showcasing member expertise
- Quarterly interactive all-member meetings – updates from RCP senior team
- Design online RCP community to foster collaboration and harness expertise.

Improve operations

- Work with new CEO to align staff with RCP vision and purpose
- Drive efficiency, reduce costs and ensure membership represents value.

Strengthen external relations

- Meet key stakeholders & ensure the RCP leads on policy
- Work with Federation to resolve data error issues and support MRCP UK candidates
- Use RCP Interim PA scope pending Leng Review.

The RCP London estate requires substantial investment and is much larger than needed following the opening of The Spine in Liverpool and flexible working. What is your vision for the college infrastructure and ways of working, both in London and UK-wide?

A The estate represents a major £7m pa drain on RCP finances. The drive to generate revenue has meant competition between college business and conference events, with no dedicated space for members to meet or study. Since the pandemic remote working has radically reduced the need for staff offices.

The RCP should be the home of medicine. Physically, a place for members to meet, for ceremonial functions, for staff to connect and to house the museum and historic library. I will lead work to make the RCP more open and inviting, ensuring that members feel welcome in their own college.

I commit to the RCP continuing to have its main building

in London. However, with only 35 years remaining on the Regent's Park building lease, I will initiate a fully costed options appraisal leading to a members' consultation. All options need to be considered, ranging from repair of the building and renewal of the lease, through to purchasing new freehold premises.

A similar appraisal needs to be conducted for The Spine, with options to include relinquishing the lease and exploring alternative approaches to regional activities such as funding RCP education hubs across England and Wales.

Many of the RCP's legal frameworks and bye-laws date from its formation in 1518. What is your vision for constitutional reform for the college and how can we ensure it is relevant and fit to serve medicine in the 21st century?

AQ The KFR raised serious concerns about governance, decision making and accountability at the RCP, much of which stems from the conflict between its historical legal framework and its obligations as a charity. This has led to ambiguity between the roles and responsibilities of the PRCP, CEO and chair, and dysfunction between RCP Council, senior team and the Board.

The governance review must take account of the unique functions of the RCP, the complexity of relationships and the views of stakeholders. Modern governance demands an emphasis on democracy and transparency. As such, all paying MRCP and FRCP members should be entitled to vote in elections and attend the AGM; and appropriate minutes and actions from Council should be released to the membership.

We should also consider:

- what does it mean to be an FRCP
- the makeup and size of Council and how it might best represent the membership
- the makeup of the RCP Board
- the relationships between specialist societies and the RCP
- how to support SAS and locally employed (LE) doctors in the NHS.

New governance structures will only be effective with better leadership. I will chair Council and participate on the Board with a view to eliminating poor conduct while encouraging robust debate.

As RCP president, how would you advocate for protecting training time for doctors? How would you ensure that medical education is recognised as an essential contribution to high-quality patient care and service improvement?

AQ For a decade we have struggled to retain trainees and now face the absurdity of resident doctor unemployment during a medical workforce crisis. My priority is to get these doctors into training posts and stop doctor substitution. I pledge to lead reform in this area.

I will work with NHSE to ensure resident, SAS and LE doctors have bleep-free protected teaching, with this recognised in consultant job plans. This can only happen if we address clinical service demands and workforce issues so teams are fully staffed. I will start the President's Teaching Awards to recognise this work.

Modern working patterns have reduced apprenticeship learning, exacerbated by loss of the firm structure. I will develop an RCP bedside tutor programme, supporting consultants to provide regular teaching.

I will reinforce to the NHS review of postgraduate medical education that excellence in medical education is essential, not just for career progression but for doctor retention, high-quality patient care and clinical outcomes. I will ensure the review is not used to allow routes to doctor substitution. I will advocate for clinical academic training as this drives research and innovation, both essential for the NHS.

Approximately 26% of RCP membership is based outside of the UK. What action would you take to ensure that this cohort feels valued and better represented through core RCP functions?

AQ We must encourage overseas members to participate in RCP activities. I bring 20 years' experience in educating and training doctors in Africa, the Middle East and Asia, as well as digital expertise to support this. I connect >2.5 m doctors in 195 countries via MedShr, the online case discussion platform that I founded. I have a deep understanding of the educational needs and clinical service challenges in low- and middle-income countries (LMICs) where many RCP members are based, having delivered global health education programmes to more than a million doctors in LMICs in 2024.

The new RCP online community will provide a virtual home of medicine for overseas members and involve them in the RCP response to the evolving challenges of global public health and climate change. I will use the new President's Rounds to celebrate the achievements and promote the expertise of overseas members.

We need to address issues around coming to and working in the UK which many overseas members have faced. I will ensure we formally determine what overseas members need from the RCP beyond education and support for MRCP exams, and will work with our international advisers to engage them using our new survey platform.

To learn more about Asif Qasim, you can visit his page on the PRCP 2025 election website. His answers from the hustings will be available from voting opening. Full election material will then be available on the Civica Election Services voting platform.

Asad Rahim

Dr Asad Rahim MBChB MD FRCP (London) FRCP (Edinburgh) FCPS (honorary) is a consultant endocrinologist.

What is your vision if you are successfully elected as RCP president? What would you do in your first 100 days in office?

AR In the first 100 days I will focus on openness, transparency, collaboration, equity and being strategically agile to start RCP's evolution to become a responsive, inclusive leader in healthcare. I will ensure everyone starts this new era with a clean slate asking for all involved to work as a team.

A. Commission an independent external governance review, ensuring full transparency of findings.
B. Publicly archive historical policies no longer relevant to today's demands.
C. Initiate member / fellow-driven roadmap with clear implementation timelines.
D. Launch inclusive forums – members, trainees, staff – to co-design reforms prioritising workforce challenges, training and amplifying RCP's national / global voice.
E. Review leadership structure to enhance accountability, Council members with regional representation elected locally in transparent timelines, terms of office.
F. Establish expert rapid-response teams to address crises (workforce shortages, AI ethics, wellbeing), positioning RCP as a leader in national debates.
G. Effect AI-driven CPD / telemedicine training and tackle digital access gaps.
H. Commission external review of assets / estates to optimise utilisation.

The RCP London estate requires substantial investment and is much larger than needed following the opening of The Spine in Liverpool and flexible working. What is your vision for the college infrastructure and ways of working, both in London and UK-wide?

AR Core principles
The core principles must include:

- financial prudence
- sustainability
- digital transformation
- regional relevance
- greener options.

The vision provides: Unified strategy integrating estate modernisation, regional inclusion, digital investment, to fulfil commitments on asset review, hybrid working and member-centric services.

Estate modernisation

London: Consolidate underused spaces (external review); repurpose for education / health tech partnerships to generate revenue, preserving heritage.

The Spine: Northern hub for training / exams; lease excess space to health innovators for income.

Regional and digital strategy

Hub-and-spoke: London (South / Midlands), Liverpool (North). Pop-up education centres and local partnerships reduce travel, addressing regional priorities.

Digital infrastructure: AI-driven CPD, hybrid committees, enhanced connectivity; overseen by locally elected councillors.

Tech and sustainability: Smart building tech, virtual platforms, greener operations .

Funding: Savings / income from London / Spine fund digital upgrades, regional outreach and member services.

Outcome: A sustainable, connected college honouring heritage while advancing innovation.

Many of the RCP's legal frameworks and bye-laws date from its formation in 1518. What is your vision for constitutional reform for the college and how can we ensure it is relevant and fit to serve medicine in the 21st century?

AR I will modernise the constitution for 21st-century medicine, grounded in heritage, meritocracy, inclusivity, adaptability and transparency. Key reforms:

A. Electoral reform: Replace rigid national hierarchies with regionally elected, merit-based leadership. Introduce new term limits and equitable specialty representation.
B. Digital governance: Integrate AI, telemedicine and digital ethics to enable new policies around training and operations.
C. Inclusivity: Overhaul election pathways for RCP Council to ensure regional representation, with members and fellows electing local leadership.
D. Ethics and sustainability: Strengthen constitutional commitments to genomics, climate health and commercial health partnerships, with expert committees' oversight. Include healthcare decarbonisation and planetary health advocacy.
E. Include global collaboration: Encourage international participation on pandemics, health equity and medical innovation.
F. Adaptability: Mandate a 5-year constitutional review with member feedback.

By evolving with both heritage and modern needs, the RCP will drive progressive medicine, empowering physicians and improving patient care both locally and globally.

As RCP president, how would you advocate for protecting training time for doctors? How would you ensure that medical education is recognised as an essential contribution to high-quality patient care and service improvement?

AR This requires policy leverage, employer accountability, cultural reframing, and trainee empowerment – training is about safety.

Core focus: Work with the VP training / education to safeguard training through policy, accountability, cultural change and trainee empowerment.

Policy and accountability: Work with the BMA to demand government / NHS contractual safeguards for 'protected training time' (patient safety priority) with ring-fenced funding, audits penalising breaches.

Develop RCP-accredited trust standards, rewarding educational excellence.

Culture and leadership: Reframe training as core to patient care quality and safety. Collate data on training's impact (reduced errors, retention gains). Secure protected consultant time for mentoring via job plans / appraisals.

Tech and flexibility: Expand digital portfolios tracking procedural / QI outcomes; invest in simulation / virtual learning.

Trainee advocacy: Guarantee trainee seats on NHS / RCP boards. Support campaigns showcasing training-driven innovations improving outcomes.

By uniting policymakers, trusts and clinicians, we will embed education as a non-negotiable pillar of healthcare, ensuring patients benefit from world-class UK-trained doctors.

Approximately 26% of RCP membership is based outside of the UK. What action would you take to ensure that this cohort feels valued and better represented through core RCP functions?

AR With the VP for global affairs, implement a global inclusion strategy to ensure international members shape RCP priorities. Key actions:

A. Governance reform: Explore voting rights and dedicated Council seats for elected global members, review regional ambassador roles for inclusive decision-making.
B. Regional networks: Partner with overseas colleges to co-deliver culturally relevant exams, CPD and ethical recruitment hubs based on a 'learn and return' model.
C. Tailored support: Expand tropical medicine modules, virtual mentorship and global grand rounds showcasing innovations.
D. Digital access: Provide 24/7 on-demand training, hybrid events across time zones and AI-driven multilingual tools.
E. Affordability: Review income-based fees, hardship grants and subsidised exam access for low-resource settings.
F. Planetary advocacy: Collaborate on climate health, ethical recruitment and global health equity.
G. Inclusive culture: Establish an international advisory group and celebrate global contributions via awards / newsletters.

By uniting physicians worldwide through accountability and collaboration, we will drive meaningful change, amplify RCP's global voice advancing healthcare equity.

To learn more about Asad Rahim, you can visit his page on the PRCP 2025 election website. His answers from the hustings will be available from voting opening. Full election material will then be available on the Civica Election Services voting platform.

Presidential candidate

Tom Solomon

Professor Tom Solomon CBE FRCP FMedSci is professor and consultant in neurology, Walton Centre NHS Foundation Trust; director, The Pandemic Institute; RCP academic vice president

What is your vision if you are successfully elected as RCP president? What would you do in your first 100 days in office?

TS My vision is for a modernised fit-for-purpose RCP at the forefront of professionalism, education and training, focusing on the key issues that affect physicians (training, working conditions, retention, workforce planning), and influencing government and other stakeholders to improve health services and patient care.

We currently have no strategy (expired 2024), so we will develop this as a priority, through widespread engagement (including focus groups and surveys) with staff and membership. I have developed and successfully delivered strategic plans for the Institute of Infection and Global Health and the Academy of Medical Sciences (a charity / membership organisation with similarities to RCP).

With the interim CEOs, I will then map all RCP activities to the new strategic priorities. Currently, RCP is doing too many different things, because 'it's what we've always done'.

As additional quick wins, within 100 days I will:

A. make Council meetings open online
B. modernise presidential communications to include a regular video blog on social media
C. reorganise the presidents' portraits at RCP London, to bring females (currently hidden) to prominence on the ground floor.

The RCP London estate requires substantial investment and is much larger than needed following the opening of The Spine in Liverpool and flexible working. What is your vision for the college infrastructure and ways of working, both in London and UK-wide?

TS My vision is for the RCP to be housed in iconic sustainable facilities that staff and the membership can be proud of and enjoy working in. But there is no simple cheap answer here.

We have 35 years left on the RCP London lease, with an option to extend for 125 years. To stay, renovate and bring up to net zero would be expensive, and thus require reduced spend on other activities, and/or increased income; alternatively, we relocate to a new, smaller, sustainable London home. In Liverpool we are committed to 20+ years on the lease, which is also proving costly, so we must make better use of it.

Views vary among membership and staff on the importance of the historical attachment to RCP London. However, the RCP's failed attempt to sell some rare books in 2020, and the recent debacle over physician associates, show the folly of the senior leadership team taking

insufficient account of membership views.

While I would be sorry to leave the London estate, I will understand if collectively we feel this is best. I have led capital projects before, as associate pro-vice chancellor at Liverpool University, and am confident that as president I can deliver whichever option is chosen.

Many of the RCP's legal frameworks and bye-laws date from its formation in 1518. What is your vision for constitutional reform for the college and how can we ensure it is relevant and fit to serve medicine in the 21st century?

TS My vision is for constitutional reform so that our rules support a modern vibrant and dynamic RCP, reflecting and responding to the views and needs of members and fellows. We are currently far from this. My experience from senior roles in similar organisations is that RCP governance (currently under review) is overly complicated.

A. Council is too large (50 members) and overburdened with procedure and paperwork, leaving insufficient time for proper discussion of key issues. We need a slimmed down 'operational council' to focus on RCP internal management issues, and a broader 'clinical council' (with specialties represented) to consider clinical, educational and NHS issues.
B. We need to give members more rights and responsibilities (eg voting for president and senior officers) while also preserving the benefits of fellowship (eg eligibility to stand for such roles). We must also be more transparent (eg open council meetings).

We can achieve much of this through modification of the regulations, standard operating procedures and bye-laws, but parliamentary / Privy Council petition may be needed for amendments relating to the Medical Act (1860) and Royal Charter.

As RCP president, how would you advocate for protecting training time for doctors? How would you ensure that medical education is recognised as an essential contribution to high-quality patient care and service improvement?

TS The president needs to do more than advocate. We need a president who understands how policy is made, and how to actually influence it.

Knowing how to engage politicians, civil servants and the media is key to policy change, as I have shown in previous national and international leadership roles. We have to indicate that we understand the harsh realities facing DHSC, NHS England and devolved equivalents, but demonstrate with data, case studies and campaigning, that investment in training and education leads to happier, more motivated, better doctors, resulting in improved patient outcomes at no more cost.

As academic VP, responsible for the Communication, Policy and Research directorate at RCP, I have led a step-change in this area; eg following the growing competition for training posts, we pushed hard for an urgent review of postgraduate medical training, which is now happening.

Aligning with other stakeholders is also critical. As chair of the academic leads committee of the Academy of Medical Royal Colleges I have developed a consensus statement pushing for more research training opportunities for resident doctors, which has also been highlighted by them as a priority.

Approximately 26% of RCP membership is based outside of the UK. What action would you take to ensure that this cohort feels valued and better represented through core RCP functions?

TS Having lived / worked in Asia, Africa and the Americas I have some understanding of what our international fellows and members want from the college. This includes:

A. greater connection with mainstream college activities (eg as academic VP, I introduced an international stream to our Medicine and Med+ conferences)
B. more scope to develop their own national and regional RCP networks (we have done this in Iraq, and my recent visits to India and Sri Lanka suggest great appetite for this)
C. closer working with equivalent national organisations overseas, on areas of shared policy (eg I have been discussing with the Hong Kong College of Physicians how they might adapt our Green Physicians Toolkit and push for sustainable healthcare)
D. taking pride in our global work, giving it more website prominence so all can see the benefits
E. as part of our governance review, see what scope there is for greater representation of our international membership in more college activities.

Critically, alongside this, we must enable our 74% UK membership to benefit from the RCP's fantastic global community, eg by providing networking opportunities and facilitating exchanges and sabbaticals.

To learn more about Tom Solomon, you can visit his page on the PRCP 2025 election website. His answers from the hustings will be available from voting opening. Full election material will then be available on the Civica Election Services voting platform.

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Royal College of Physicians

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