

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.

- Commission an independent external governance review, ensuring full transparency of findings.
- Publicly archive historical policies no longer relevant to today's demands.
- Initiate member / fellow-driven roadmap with clear

implementation timelines.

- Launch inclusive forums – members, trainees, staff – to co-design reforms prioritising workforce challenges, training and amplifying RCP's national / global voice.
- Review leadership structure to enhance accountability, Council members with regional representation elected locally in transparent timelines, terms of office.
- Establish expert rapid-response teams to address crises (workforce shortages, AI ethics, wellbeing), positioning RCP as a leader in national debates.
- Effect AI-driven CPD / telemedicine training and tackle digital access gaps.
- 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.

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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.

This interview was produced for a special election edition of *Commentary*, the RCP's membership magazine.

You can find interviews with all candidates and information about the 2025 RCP election on the [RCP website](#).