

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.

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.