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.

**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.**