

Fraz Arif Mir

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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.

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.