Presidential candidate

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.

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.