

A stylized world map composed of horizontal bars of varying lengths, creating a pixelated or mosaic effect. The map is centered in the upper half of the page.

# Royal College of Physicians **global strategy 2021–24**



Royal College  
of Physicians

**The Royal College of Physicians (RCP) global strategy is based on the RCP's core values, vision, mission and principles.**

**It aligns with the RCP's strategy and its broader strategic aims, as well as its charitable purpose.**

The RCP is a leading body for physicians in the UK and internationally. The membership is over 39,000, of which 18% are international members and fellows spanning across 119 countries including high-, middle- and low-income countries.

The RCP's vision is to provide the best possible health and healthcare for everyone. The RCP's mission has three strands: educating physicians and supporting them to fulfil their potential, influencing the way that healthcare is designed and delivered, and improving health and care and leading the prevention of ill health across communities.

The RCP global strategy aims to fulfil and work across these themes to achieve these broader objectives.

## RCP vision

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- > To provide the best possible health and healthcare for everyone

## RCP mission

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- > Educating physicians and supporting them to fulfil their potential
- > Influencing the way that healthcare is designed and delivered
- > Improving health and care and leading the prevention of ill health across communities

## RCP principles

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- > Aligning with RCP's values of taking care, learning and being collaborative
- > Listening to and working with our members, partners, patients and carers
- > Ensuring the RCP is an accessible, inclusive organisation that benefits from a diversity of experience and thinking
- > Fostering local, national and international networks

# 1. RCP global strategy 2021–24

**Purpose:** to support achieving the RCP’s vision of providing the best possible health and healthcare for everyone.

**Strategic aims:** these are mapped to the RCP mission and principles.

- 01 Educating physicians to fulfil their potential**
  - > **Providing high-quality education and development programmes** for our international members and fellows; optimising the use of digital technology and innovation
  - > **Supporting the Medical Training Initiative (MTI) through the entire training pathway;** streamlining process (online application, interviews, induction); providing holistic supervision, pastoral support and creating an alumnus network
  - > **Promoting diversity in members and fellows;** promoting women in senior leadership positions; narrowing the differential attainment gap and maximising potential by getting the best out of everyone
- 02 Influencing the way that healthcare is designed and delivered**
  - > **Engaging more widely with international members and fellows;** creating partnerships to support and influence healthcare design and delivery to drive standards of patient care and reduce health inequities globally
  - > **Promoting leadership and physician involvement;** supporting international members, fellows and advisers to position themselves for leadership of system design and delivery of patient-centred care
  - > **Developing opportunities for the whole RCP membership to be involved in research, education, leadership and quality improvement;** delivery of these initiatives globally. Sharing good practice; promoting presentation and publication
- 03 Improving health and care and leading on prevention**
  - > **Working more closely with our international partners** to understand challenges faced by communities, patients, carers, clinicians and health services, particularly in areas of greater need
  - > **Supporting clinicians in leading on improving healthcare and prevention** based on current best evidence, eg WHO reports – focus on non-communicable disease prevention; improving health information systems<sup>1</sup>
  - > **Developing and disseminating evidence-based resources,** tools to raise clinical, educational and professional standards globally; promoting different models of working to improve patient care and global health

# 2. RCP global themes and activities

## Strategic objectives

RCP activities that take place outside the UK represent high-quality member and fellow engagement and recruitment opportunities. These are being delivered to the benefit of health and healthcare improvement for patients, and the personal and professional development of the physicians involved.

In order to achieve the **RCP’s global aims and objectives**, a themed approach has been developed, which aligns to the types of activity that are delivered.

- > **Membership and fellowship engagement**
- > **Medical Training Initiative and supporting the international workforce**
- > **Education and training**
- > **Conference and CME events**
- > **Federated activity including exams**
- > **Projects mapped to RCP strategic aims, vision, mission, principles and its charitable purpose**

The RCP global strategic aims and objectives will be achieved with close cross-collaborative working across the RCP directorates, the Federation of the Royal Colleges of Physicians of the UK (Federation) and working closely with our associate global directors (AGDs), international advisers (IAs) and partners, as well as close engagement with our members, fellows and patient representatives.

Fig 1. Cross-collaborative working



### 3. RCP charitable purpose

All RCP activities must fit with the RCP's charitable purpose as defined by our charter<sup>2</sup> and be consistent with the Charities Act 2011.<sup>3</sup> The RCP's modern statement of charitable purpose reconciles the RCP's activities to the original charter and subsequent amendments by various acts of parliament,<sup>4</sup> but it is not just about improving health, healthcare and training. The charter (as amended) includes the requirement for there to be a benefit for the English public. Advice from the RCP's lawyer Fieldfisher in 2015 states, 'It is assumed that the RCP is prepared to identify a benefit for the public in England in relation to any charitable activities it carries out overseas'. The trustees are answerable for this assessment and so the Board of Trustees needs to understand that this is the case and how it is the case.

Therefore, the new RCP global strategy aims to make this explicit within the core themes of the activities, as well as ensuring that the processes and governance of the RCP's global work meet these objectives.

The main themes of the activities demonstrating how the global work can meet the RCP's charitable purpose include education and training, the Medical Training Initiative (MTI) and supporting the international workforce, and the wider link between UK health and global health.

#### RCP charitable purpose – global themes and activities

- |           |   |   |
|-----------|---|---|
| <b>01</b> | <b>Education and training</b>                         | <ul style="list-style-type: none"> <li>&gt; Individuals we develop internationally work in the UK</li> <li>&gt; Up to 40% of the UK medical workforce is of international origin<sup>5</sup></li> <li>&gt; Knowledge and skill development that helps to shape global health outcomes has direct benefit to the UK economy</li> <li>&gt; UK clinicians who deliver training internationally can cascade what they have learnt to UK colleagues</li> <li>&gt; Direct income from activity supports the wider mission delivery</li> </ul>   |
| <b>02</b> | <b>MTI and supporting the international workforce</b> | <ul style="list-style-type: none"> <li>&gt; <b>MTI</b> – central government scheme which is mutually beneficial; training opportunity for international doctors; creates learning opportunities for UK/RCP and also provides high-quality alternative to locums</li> <li>&gt; <b>International medical graduates (IMGs)</b> – dramatic increase with numbers doubling 2017–19; more IMGs joining the UK workforce than UK-trained doctors in 2019<sup>6</sup></li> <li>&gt; <b>Workforce is a major issue in the UK</b>; rota gaps impact significantly on training and patient safety outcomes.<sup>7</sup> Supporting the international workforce benefits the UK public</li> </ul> |
| <b>03</b> | <b>UK health and global health</b>                    | <ul style="list-style-type: none"> <li>&gt; Healthcare is a global challenge – need for international footprint to ensure benefit from strategic partnerships internationally that inform what we do in the UK</li> <li>&gt; Influencing healthcare design/delivery and improving healthcare with a focus on prevention in low- and middle-income countries improves global health outcomes; reduces migration; benefits UK economy and patient care</li> <li>&gt; Addressing wider global health inequities will ultimately benefit UK public</li> </ul>   |

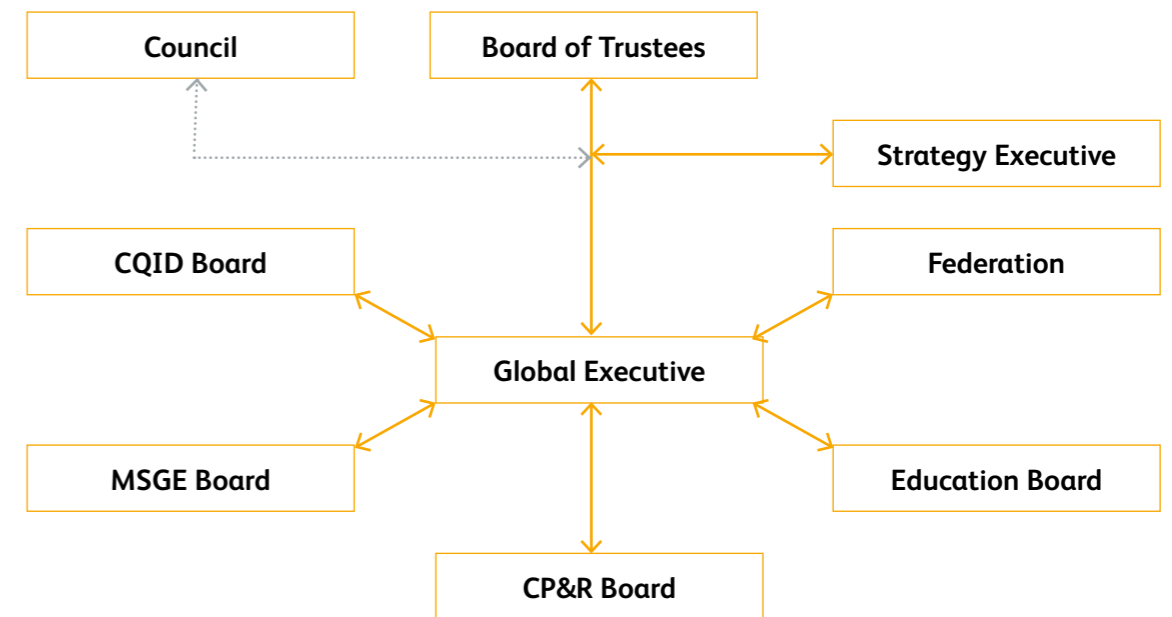
### 4. Governance and reporting

The RCP's global work is an RCP-wide function, with different types of international work being delivered through the most appropriate RCP departments. It is drawn together by the RCP's Global Executive, with membership from all departments. The Global Executive informs the RCP Council and reports to the Board of Trustees (Fig 2).

The Global Executive includes representation from the Federation, which is governed by a three-college memorandum of agreement overseen by the Federation Board. The Global Executive is chaired by the RCP registrar and supported by the RCP Global Office. The purpose of the group is to act as the central point of reference for all global activity across the RCP. It ensures there is a coordinated, collaborative and transparent approach to the global activity. It evaluates and monitors impact and quality of approach and advises on the risks associated with any given global aspect of the RCP's existing or potential work and commitments.

Standardised templates for reporting of activity and new projects are used and particular emphasis is given to ensuring that new and ongoing projects meet the charitable purpose as defined above. New global initiatives will be required to seek approval to proceed through completion of a structured form, which outlines the description of the activity, resources to be committed and how it meets the RCP's charitable purpose, including a demonstrable benefit to the English public. Any associated risks must be stated, with the planned mitigation strategy. There is ongoing monitoring of all activity, including risk evaluation (through the global risk register) and quality management of all global work.

Fig 2. Governance and reporting structures for the RCP's global work



#### Reporting:

- > Standardised templates for reporting of activity and new projects
- > New and ongoing projects to discuss/approve at Global Executive
- > Regular reporting to Board of Trustees and Council

Ensure coordinated, transparent approach which evaluates and monitors impact, quality of approach with ongoing risk management.

CQID = Care Quality Improvement Directorate  
 MSGE = Membership Support and Global Engagement  
 CP&R = Communications, Policy and Research

## Global work checklist

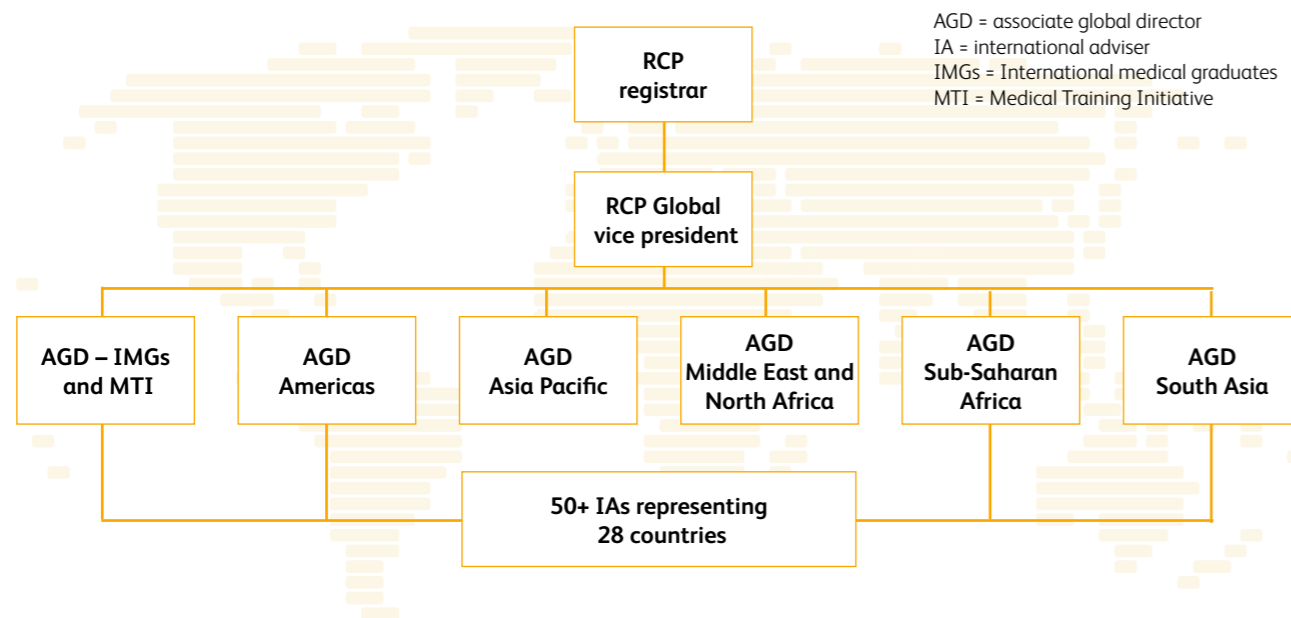


- > Description of activity: what, where and how
- > Resources to be committed: how much, how, to whom
- > Description of how activity maps to RCP global strategic aims, mission and principles
- > Description of how activity meets the RCP's charitable purpose, including how it will benefit the English public
- > Drawn up by and reviewed by: who and when
- > Signed off by senior officer
- > Approved at Global Executive with Board of Trustees representative
- > Regular reporting and update to Board of Trustees and/or RCP Council
- > Regular review and monitoring of activity, risk management, quality metrics
- > Ongoing review to ensure work meets the RCP's strategic aims and charitable purpose

## Physicianly leadership

The RCP's global work is supported through an extensive network of international advisers (IAs). These are RCP fellows who live and work outside the UK. They support the RCP by reviewing fellowship applications, making requests for support and channelling potential opportunities to the associate global directors (AGDs). The IAs are our link to the members and fellows in their respective regions and understand the local healthcare priorities and patient needs. There are five AGDs working across the main geographies of the world and another AGD is specifically responsible for the MTI and international medical graduates (IMGs). The AGDs are senior clinicians with expertise of working internationally. The AGDs report to the RCP Global vice president. These clinical leaders are providing an RCP-wide function and are supported by a team of administrators and managers based in the RCP Global office (Fig 3).

Fig 3. Physicianly leadership and support for RCP global work



## Wide stakeholder consultation

A wide stakeholder consultation exercise of key internal and external partners was conducted over a 3-month period (September–November 2020). This has helped greatly in shaping the RCP's new global strategy. This process is summarised below.

### Phase 1

- > Short questionnaire (seven open questions) circulated to primary stakeholders (6 Sept 2020)
- > Included AGDs, RCP directorates, RCP officers, Federation and RCP Global team
- > Questions around key strategic global priorities; RCP strengths/weaknesses; basis of international work; other key stakeholders to engage
- > 18 responses; feedback collated, themed and presented at Global Executive and Strategy Executive meetings in Sept 2020; MSGE Board meeting in Oct 2020

### Phase 2

- > IA events arranged: Middle East / North Africa 5 Oct; Americas 9 Oct; Sub-Saharan Africa 16 Oct; South Asia 23 Oct; Asia Pacific 26 Oct 2020
- > Wider consultation exercise – specialist societies; other royal colleges in the UK and colleges internationally, eg ACP
- > Other stakeholders/external partners – eg HEE, THET, BMJ India, ECSACOP

### Phase 3

- > Meeting with Board of Trustees representatives to discuss how RCP Global work meets charitable objectives (5 Nov 2020)
- > Themed IA event feedback into workstreams for operational plan; discussed at Global Executive meeting in Dec 2020
- > Circulation of near-final draft strategy – received feedback and revised strategy document
- > Final RCP global strategy – approval Dec 2020; operationalise early 2021

ACP = American College of Physicians; AGD = associate global director; BMJ = *British Medical Journal*; ECSACOP = East, Central and Southern Africa College of Physicians; HEE = Health Education England; IA = international adviser; MSGE = Membership Support and Global Engagement; THET = Tropical Health and Education Trust



**Influencing healthcare design/  
 delivery and improving healthcare  
 with a focus on prevention in  
 low- and middle-income countries**

The initial phase of the consultation included a short questionnaire circulated to primary stakeholders, which had seven fairly open questions focused on the RCP and its global work. This included strategic priorities, strengths, challenges, basis of the RCP global work and its funding, other key stakeholders and countries to engage where most impact can be made. Rich qualitative feedback was received from this exercise, which was extremely useful and helped to shape the strategy. This was collated, themed and presented at various meetings as described opposite.

A series of IA events were arranged in the second phase. These were virtual meetings involving the AGDs and the IAs for the five main geographical regions. The strategy questionnaire was circulated ahead of each event and discussed during the meeting. The discussion and feedback received from these meetings were summarised and themed, and contributed towards the new RCP global strategy, as well as the operational plan for 2021.

The third phase included meetings with a number of RCP trustees to ensure that the emerging global strategic approach met the RCP's charitable purpose. There has been an ongoing iterative process of the strategy document as feedback was received from various channels.



**Knowledge and skill development that helps to shape global health outcomes has direct benefit to the UK economy**

## 5. SWOT analysis of the RCP and its global work

Feedback from the wider consultation exercise from both the questionnaires and IA events was collated and themed. This feedback contributed to the strengths–weaknesses–opportunities–threats (SWOT) analysis of the RCP and its global work.

### SWOT analysis of RCP and its global work

#### 01 Strengths

- > RCP reputation, brand and profile
- > Members and fellows in 119 countries, 18% globally
- > High quality and range of work delivered
- > Huge cache of experience, breadth of faculty and expertise; links with medical specialties
- > High-quality UK training, MRCP(UK), SCE exams
- > High quality and reputation of MTI scheme
- > Strong international partnerships, global reach
- > Substantial credibility with many governments, especially developing world

#### 02 Weaknesses

- > Membership/fellowship engagement, growth and diversity
- > Current financial pressures
- > Cost of work, viability and sustainability of programme of work
- > Limited external funds to support charitable work
- > Competing internally and working at crossed purposes
- > Spreading ourselves too thinly, affecting quality
- > Presence of global work in RCP and other journals
- > Ethical practice – in some regions, cost

#### 03 Opportunities

- > COVID-19 enhanced different ways of working
- > Use of digital technology and innovative solutions, eg RCP Player, global stories series
- > Blending learning, online teaching platforms, webinars, conferences
- > Improve membership and fellowship engagement with greater use of technology
- > Other key stakeholders to engage with: other royal colleges, UK and globally; medical specialist societies, other organisations such as WHO, THET, PAHO, FCO, NICE, HEE; other large philanthropies, eg Gates Foundation, Wellcome Trust

#### 04 Threats

- > COVID-19 pandemic – impact on healthcare systems, priorities, teaching, training, travel, limited face-to-face engagement
- > Impact on MTI scheme
- > Financial constraints – threat to global activity
- > Need to maximise impact during challenging financial period
- > Need to make global activity viable and sustainable
- > Politics – in some countries/regions
- > External/donor-funded projects limited

FCO = Foreign and Commonwealth Office; HEE = Health Education England; MTI = Medical Training Initiative; NICE = National Institute of Health and Care Excellence; PAHO = Pan American Health Organization; SCE = Specialty Certificate Examination; THET = Tropical Health and Education Trust; WHO = World Health Organization



**Continue working on membership/fellowship growth – explore factors that incentivise, aid growth and promote diversity; work alongside UK membership team; standardise and streamline fellowship process**

## 6. Strategic global priorities

The feedback from the consultation exercise around the key priorities for RCP and its global work were themed and are summarised below. These key themes have helped us with developing the strategy as well as the operational plan going forwards.

Our strategic approach has considered the impact of the COVID-19 pandemic and many of our global priorities have had to be realigned based on resources, capacity and what is practically feasible, and deliverable given the restrictions. Our focus will remain on supporting our international members and fellows during and after this challenging period.

### Key strategic global priorities

- 01 Membership and fellowship support and engagement**
  - > Focus and improve level of engagement, communication and support
  - > RCP Player, podcasts, webinars – well received; aim to extend initiatives further; optimise use of technology and innovation
  - > Support through COVID-19 sharing training and experience worldwide; improve access to resources; support practice
  - > Membership and fellowship growth; understand local needs, challenges; explore incentivising, tailor support and promoting diversity and inclusion
  - > Celebrate and include international members and fellows to deliver charitable mission; improve links with IAs
  - > Support presentation, publication of global work
- 02 Education and training**
  - > Continue to grow online educational material, eg advances in clinical medicine, health policies, topical items (eg COVID-19)
  - > Support development of international members and fellows; conferences, webinars; education offers tailored to specific region
  - > Support international members and fellows to become leaders in developing services; upskill trainers in each region; build sustainable model
- 03 MTI and international workforce**
  - > Expand and broaden MTI scheme, especially in low- and middle-income countries and Commonwealth countries
  - > Invest in international trainees; develop world-class RCP fellowship programme for training in UK
  - > Support international workforce development
- 04 Global health**
  - > Support high standards of patient care worldwide
  - > Improve health and care and lead on prevention of ill health worldwide with focus on non-communicable disease prevention
  - > Work on quality improvement (QI) programmes to reduce health inequities globally
  - > Develop more collaborative research opportunities and partnership working to address global health priorities



Plan review of strategy, operational plan and activity at **6–9 months**

- 04 General principles/ networking/ funding**
  - > Position RCP as a global brand; develop cohesive and compelling vision for work; attention to ethics/integrity
  - > Increase networking with other international colleges; specialist societies; other major organisations
  - > Work smartly; more collaboratively within departments, particularly with limited resources (Education; Federation; MRCP(UK))
  - > Streamline network of IAs in each region with clear roles and expectations and build in markers of success
  - > Explore, generate funding, grants for projects such as ECSACOP; aim towards becoming self-funding

ECSACOP = East, Central and Southern Africa College of Physicians; IA = international adviser; MTI = Medical Training Initiative; QI = quality improvement

International membership/  
fellowship growth:  
aim to increase from 18% to  
**25%**

## 7. Operational plan and review of global work

An overview of the short-, medium- and longer-term operational plan is given here. A more detailed operational plan will follow the main strategy document. The operational plan will map out the activity over the next 3 years with indicative timelines, outcome markers and evidence to evaluate and monitor impact as well as quality.

The RCP's new global strategy will be implemented in early 2021. There will be ongoing monitoring of activity and its quality assurance. A formal interim review is planned for autumn 2021 where progress of the strategy will be measured against key quality markers. Lessons learnt and recommendations from the internal global audit will inform this review as well.

### RCP Global: overview of operational plan and priorities

#### 01 Short term: months 1–3

- > Focus on membership and fellowship engagement and support
- > Scheduled IA events quarterly, next one Jan/Feb 2021; global webinar series – planned Jan 2021 onwards – to celebrate successes of global work; link IAs to members and fellows by region/country; streamline process of IA recruitment and fellowship process
- > Streamline MTI process; virtual interviews (Sri Lanka Nov/Dec 2020), virtual induction; improve pastoral support; create alumnus network; explore MTI programme growth opportunities (Caribbean, Commonwealth countries, Middle East)
- > Education, training–CME events (Sri Lanka annual conference Nov 2020; Malaysia–Sunway vasculitis webinar Nov 2020; plan webinar/conferences for 2021 onwards)
- > Wider engagement; build on new and advance existing partnerships (meeting specialist societies Jan 2021; other colleges, ECSACOP); map activity for 2021
- > Develop/implement communications plan in line with global strategy; proactive planning of content for global newsletter, RCP *Commentary* and journals
- > Advertise/appoint international associate editor for *Clinical Medicine* journal
- > Explore, develop new project on International Women in Leadership in low- and middle-income countries (scoping, planning, consultation with stakeholders; trainee questionnaire/feedback Jan/Feb 2021); cross-collaborative working across RCP



**Our strategic approach has considered the impact of the COVID-19 pandemic and many of our global priorities have had to be realigned based on resources, capacity and what is practically feasible**

#### 02 Medium term: months 3–6

- > Continue working on membership/fellowship growth – explore factors that incentivise, aid growth and promote diversity; work alongside UK membership team; standardise and streamline fellowship process
- > Continue education, CME, conference events virtually / in a blended fashion
- > Explore funding opportunities for global work (THET and other grants; fundraising, larger philanthropic organisations; pharma companies)
- > Develop programme of QI work aiming to reduce health inequities; linking high- and low/middle-income countries and also supporting underserved and disadvantaged populations
- > International Women in Leadership programme – develop potentially transferable model (building networks, support for female physicians; mentoring scheme; leadership training. Aim to improve diversity among physician community, empowering them to progress into senior leadership positions. Maps to RCP's mission and principles)

#### 03 Longer term: months 6–12

- > Plan review of strategy, operational plan and activity at 6–9 months
- > Monitor activity using dashboard of key quality indicators and markers of success; ongoing review, quality assurance of activity and processes
- > International membership/fellowship growth: aim to increase from 18% to 25% milestone; increase diversity from 19% female international members to 30% over the 4-year strategy period.
- > Monitor success and growth of MTI scheme; trainee/trainer/trust feedback; quality assurance process; development of alumnus network; growth in new and existing countries
- > Delivery of agreed programmes and projects within timescales and budget
- > New and productive links with stakeholders/partners in the UK and overseas
- > Collate feedback from international members/fellows, partners and stakeholders annually to review and drive quality of processes and activity

**Note:** this is not an exhaustive list. Further details will be outlined in the operational plan.

CME = continuing medical education; IA = international adviser; MTI = Medical Training Initiative; QA = quality assurance; QI = quality improvement; THET = Tropical Health and Education Trust



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Royal College of Physicians  
11 St Andrews Place  
Regent's Park  
London NW1 4LE

**Authors:** Dr Mumtaz Patel, RCP Global vice president and Aimee Protheroe, head of global, RCP London.

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