

Tom Solomon

Professor Tom Solomon CBE FRCP FMedSci is professor and consultant in neurology, Walton Centre NHS Foundation Trust; director, The Pandemic Institute; RCP academic vice president



What is your vision if you are successfully elected as RCP president? What would you do in your first 100 days in office?

TS My vision is for a modernised fit-for-purpose RCP at the forefront of professionalism, education and training, focusing on the key issues that affect physicians (training, working conditions, retention, workforce planning), and influencing government and other stakeholders to improve health services and patient care.

We currently have no strategy (expired 2024), so we will develop this as a priority, through widespread

engagement (including focus groups and surveys) with staff and membership. I have developed and successfully delivered strategic plans for the Institute of Infection and Global Health and the Academy of Medical Sciences (a charity / membership organisation with similarities to RCP).

With the interim CEOs, I will then map all RCP activities to the new strategic priorities. Currently, RCP is doing too many different things, because 'it's what we've always done'.

As additional quick wins, within 100 days I will:

- A. make Council meetings open online
- B. modernise presidential communications to include a regular video blog on social media
- C. reorganise the presidents' portraits at RCP London, to bring females (currently hidden) to prominence on the ground floor.

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?

TS My vision is for the RCP to be housed in iconic sustainable facilities that staff and the membership can be proud of and enjoy working in. But there is no simple cheap answer here.

We have 35 years left on the RCP London lease, with an option to extend for 125 years. To stay, renovate and bring up to net zero would be expensive, and thus require reduced spend on other activities, and/or increased income; alternatively, we relocate to a new, smaller, sustainable London home. In Liverpool we are committed to 20+ years on the lease, which is also proving costly, so we must make better use of it.

Views vary among membership and staff on the importance of the historical attachment to RCP London. However, the RCP's failed attempt to sell some rare books in 2020, and the recent debacle over physician associates, show the folly of the senior leadership team taking

insufficient account of membership views.

While I would be sorry to leave the London estate, I will understand if collectively we feel this is best. I have led capital projects before, as associate pro-vice chancellor at Liverpool University, and am confident that as president I can deliver whichever option is chosen.

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?

TS My vision is for constitutional reform so that our rules support a modern vibrant and dynamic RCP, reflecting and responding to the views and needs of members and fellows. We are currently far from this. My experience from senior roles in similar organisations is that RCP governance (currently under review) is overly complicated.

- A. Council is too large (50 members) and overburdened with procedure and paperwork, leaving insufficient time for proper discussion of key issues. We need a slimmed down 'operational council' to focus on RCP internal management issues, and a broader 'clinical council' (with specialties represented) to consider clinical, educational and NHS issues.
- B. We need to give members more rights and responsibilities (eg voting for president and senior officers) while also preserving the benefits of fellowship (eg eligibility to stand for such roles). We must also be more transparent (eg open council meetings).

We can achieve much of this through modification of the regulations, standard operating procedures and bye-laws, but parliamentary / Privy Council petition may be needed for amendments relating to the Medical Act (1860) and Royal Charter.

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?

TS The president needs to do more than advocate. We need a president who understands how policy is made, and how to actually influence it.

Knowing how to engage politicians, civil servants and the media is key to policy change, as I have shown in previous national and international leadership roles. We have to indicate that we understand the harsh realities facing DHSC, NHS England and devolved equivalents, but demonstrate with data, case studies and campaigning, that investment in training and education leads to happier, more motivated, better doctors, resulting in improved patient outcomes at no more cost.

As academic VP, responsible for the Communication, Policy and Research directorate at RCP, I have led a step-change in this area; eg following the growing competition for training posts, we pushed hard for an urgent review of postgraduate medical training, which is now happening.

Aligning with other stakeholders is also critical. As chair of the academic leads committee of the Academy of Medical Royal Colleges I have developed a consensus statement pushing for more research training opportunities for resident doctors, which has also been highlighted by them as a priority.

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?

TS Having lived / worked in Asia, Africa and the Americas I have some understanding of what our international fellows and members want from the college. This includes:

- A. greater connection with mainstream college activities (eg as academic VP, I introduced an international stream to our Medicine and Med+ conferences)
- B. more scope to develop their own national and regional RCP networks (we have done this in Iraq, and my recent visits to India and Sri Lanka suggest great appetite for this)
- C. closer working with equivalent national organisations overseas, on areas of shared policy (eg I have been discussing with the Hong Kong College of Physicians how they might adapt our Green Physicians Toolkit and push for sustainable healthcare)
- D. taking pride in our global work, giving it more website prominence so all can see the benefits
- E. as part of our governance review, see what scope there is for greater representation of our international membership in more college activities.

Critically, alongside this, we must enable our 74% UK membership to benefit from the RCP's fantastic global community, eg by providing networking opportunities and facilitating exchanges and sabbaticals.

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.