



RCP fellowship proposal

General guidance

Background and eligibility summary

Successful election to RCP fellowship (FRCP) requires eligible candidates to have demonstrated the values expected of a fellow. The application process is through nomination (now called proposal) by an existing fellow, or by self-proposal supported by an existing fellow.

Successful candidates need to demonstrate that they are doing more than standard contractual obligations in the pursuit of supporting clinical excellence; that is to say, they will be going over and above what is expected for someone in their role.

Fellows of the RCP are established clinicians within their health systems and will usually have been in substantive employment for several years. Typically, this is expected to be at least 12 years from primary medical qualification and/or 8 years from MRCP(UK), but this will vary depending on factors including candidates' choice of specialty and work patterns.

Fellows will be clinical leaders within their teams and will demonstrate excellence in a range of professional domains. Examples of criteria for these domains are set out in the [Supporting information guidance](#), but the list is not comprehensive and is for the purposes of illustration.

Candidates must:

- > be licensed to practise
- > be participating in annual appraisal and revalidation
- > make a declaration of good standing.

Candidates must also voluntarily declare any formal investigations or disciplinary action by their employer or professional regulator, along with any outcomes. If investigations are ongoing, we would recommend delaying proposal until their conclusion.

Key changes to the fellowship process

- > Eligibility for FRCP is not dependent on length of time served.
- > The process is no longer done without candidates' knowledge.
- > The criteria against which proposals are graded are more explicitly defined.
- > The grading (scoring) process is completely anonymised.

- > More recognition and weighting are given to those training by alternative routes to independent practice, in different countries or healthcare systems and in less-than-full-time roles, ensuring that the process is equitable and increasing transparency.

What has not changed

- > Fellowship remains a reward of excellence and an accolade awarded by peers.
- > RCP Council remains the final arbiter of election.
- > The process is held and overseen by the office of the registrar, with the registrar accountable to RCP Council for its good governance.

The proposal process

Any eligible candidate can either be proposed or self-propose through the RCP website during the three annual fellowship cycles. A call for proposals will be made through email, the RCP website and social media channels, with cycles taking up to 4 months to complete from start to finish. Those proposals missing the cycle cut-off date will be transferred across to the next cycle. The process is shared between a sponsor, an existing fellow and the candidate, and candidates will need to contribute to the early stages of the proposal.

The proposal process for fellowship can be initiated by:

- 1 Current fellows who wish to propose an eligible physician colleague.
- 2 Eligible physicians who can self-propose along with the support of a fellow to act as a sponsor for their proposal.

Existing members of the RCP, or those expressing interest in membership through our annual census, will be invited to consider self-proposal when they reach the indicative timeframes discussed above.

The same information will be required from candidate and sponsor, regardless of the route of entry into the process, and all grading will be anonymised in the interests of fairness and equality. Grading will be performed by established fellowship panels made up of a diverse group of RCP representatives, all of whom are fellows of the RCP.

Step 1: Proposal webform

Proposal webforms are accessed through the [fellowship portal](#) and can be completed by either the candidate or a proposing fellow. The form contains basic eligibility and contact information, which initiates the process of fellowship proposal.

Candidates who are self-proposing will be asked for the details of a fellow to act as their sponsor. This should be a senior clinical colleague who knows the candidate professionally and can confirm and support the detail in the candidate's statement. They are the equivalent of the sponsoring fellow (proposer/nominator) if the candidate has been proposed.

Step 2: Supporting information domains

There are two domains that demonstrate a candidate's professional activities:

- 1 Scope of professional practice.
- 2 One chosen area of special interest or expertise.

These two domains will be completed by either the candidate or the sponsoring fellow, jointly or independently. Examples of activities which indicate that candidates meet the criteria for fellowship are given in the [Supporting information guidance](#) document. This short guidance should be reviewed before completing the form. It has been designed to give candidates the best chance of success. Information provided should be concise, with entries limited to 250 words per domain.

Step 3: Additional information

Once the form has been completed, the initiating candidate or proposing sponsor should submit it and will receive an acknowledgment from the RCP.

Step 4: Anonymised scoring

The submitted proposals will be anonymised and distributed to panels made up of current RCP regional representatives, fellows and committee members for grading. Between 15–20 proposals will be allocated to a panel and graded by all panel members using a simple scoring matrix.

A minimum of 60% of the panel members will need to score the proposal for the mean score to be calculated. This is part of the procedure's quality assurance and the expectation is that most eligible candidates will achieve the required score. Borderline candidates and candidates who do not achieve the required score will be reviewed by the panel chair to ensure that the process is fair and consistent, and discussed at a virtual meeting of all panel chairs (second-stage quality assurance).

Step 5: RCP Council approval

Scoring panels will have a nominated chair, who is usually drawn from RCP regional advisers or other recognised RCP appointees. Following the meeting of panel chairs, they will make recommendations to RCP Council for election. These will be reviewed by the registrar and deputy registrar and presented to Council for final ratification. Council has the right to increase or decrease the number of cycles per year, or to make the process continuous, as it sees fit.

Step 6: Offer of fellowship – the Green List

RCP bye-laws state that the list of elected fellows, approved by Council, will be made available to the wider RCP fellowship to review for a short period before candidates are invited to accept an offer of fellowship. This is known as the Green List. The Green List will be circulated digitally for a maximum of 2 weeks. If no objections are received, fellowship offers will then be made to successful candidates. Once a fellowship offer has been made to a candidate, it is valid for 12 months only and will be withdrawn following this period.

Unsuccessful candidates and their sponsors will receive feedback from the administrative team. Exceptionally, if candidates or sponsors require more direct feedback, this can be provided through the office of the deputy registrar on request. Unsuccessful candidates and their sponsors who feel that the process was not adhered to may appeal their decision.

The office of the deputy registrar will work to ensure that the correct process has been followed. In the event of there being no failure of the process, the previous decision will stand. If there has been a failure of the process, then a further anonymised regrading by a minimum of six fellows will take place, and this will be confirmed by a specially arranged panel with an appropriate chair.

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