

Working towards the PCN strategy

The Patient and Carer Network (PCN) has been working for 10 years, giving their time, experience and skill to enrich the work of the RCP by bringing forward the voices of patients and carers. At any time there are between 30–40 active members of the PCN, who come with a breadth of patient knowledge across the health landscape in outpatient, inpatient and community support. Network chair Sam Mauger talks about their vision for the future.

The PCN will be finalising its contribution to the RCP for 2026 and beyond in April, and will thread the patient voice throughout the new RCP strategy. This initial piece describes how we support the RCP and what we feel is important.

We believe that the PCN brings value to the RCP membership by providing in-house patient experience across the breadth of its work. Every month the PCN receives requests for patient contributions; as an example, in January alone we were invited to put forward volunteers to contribute to the Federation's Ethics Committee, to the National Confidential Enquiry into Patient Outcome and Death's (NCEPOD) advisory group on delirium and to contribute to the RCP museum's next exhibition that will focus on patient experience. This was in addition to the many functions that PCN members are already involved with across the RCP.

In setting our direction for the year ahead, we will examine how best to integrate patient experience with those areas emerging in the RCP strategy. We advocate that patient experience – if embedded throughout the RCP – will strengthen the college's reputation as a dynamic, responsive membership organisation that is at the forefront of best practice. We know that many new members are interested in gaining patient insights. Strengthening the patient contribution helps physicians understand what truly matters to patients as people, including the complex life factors that shape their experiences.

Education

A key priority of the RCP has long been excellence in education, and the college has justifiably earned a strong reputation in this area. The PCN feels that this reputation can be further enhanced with the addition of lay examiners, as the direction in the health economy moves toward patients taking more responsibility for

their health, the focus on prevention and the move from hospital to community. The widening of the examination process to include lay examiners remains a priority for the PCN, with a focus on those areas where a lay view can strengthen the patient perspective in an examination experience. We all want our physicians to understand us and for us to understand them.

We believe that lay examiners add particular value in assessing areas such as building rapport with patients, creating a positive first impression, and listening fully to what patients say – not simply noting a list of symptoms, but hearing their concerns with empathy and respect. Further value includes assessing the approach that the examinee takes to understand how a patient feels, being able to explain to the patient what is happening in a clear way and, from this, to work with the patient towards shared decision making about their care. This strong listening approach is already advocated in the compassionate care discussions across healthcare.

Outpatient guidance

Late last year the PCN contributed to the RCP's *Prescription for outpatients: reimagining planned specialist care*. Part of this work looked at what was important in the patient–physician relationship. A PCN member summed up what a great physician approach looks like:

- > treating the person, not just the condition
- > listening fully and looking at the patient, not the screen
- > acknowledging the patient's concerns, even if not much else can be done or if the caregiver does not perceive it to be a concern
- > treating the patient the way they would want their most loved person to be treated
- > following up with the patient if they said that they would.

A PCN members stated: 'I was really pleasantly surprised when my consultant recently followed up with me, it made me feel like I really did matter.'

[Read more](#) in *Commentary* about the guidance in the *Prescription for outpatients*.

Wellbeing

The PCN can provide valuable insights to make patients more comfortable, more secure, more in control and more efficient when using healthcare resources. At the same time, the PCN supports physicians who are calling for change where conditions that they work in are simply unacceptable – such as [corridor care](#).

A thread that weaves itself into virtually all PCN discussions is concern with physician wellbeing. The PCN understands the pressures that the health community faces, along with the limited resources available. Our discussions support workforce and wellbeing ambitions from the perspective that supported physicians lead to supported patient experience.

Embedding lived experience

The PCN already engages with members across the RCP through everything from invited reviews, national audits, committees, insights in working groups, to judging

awards for resident physicians and more. We believe that this assists with fostering a continuous improvement approach. We feel that the patient-centred culture in the RCP is an imperative, including engaging patients in service design and good practice in a systematic way.

The PCN already contributes very quietly across the RCP. Our strategy will continue to embed the patient experience and insight across the college. We feel that, as modern organisation, the RCP will learn and develop with and for patients and carers; challenging health inequality, developing cutting-edge approaches and engaging the new generation of physicians.

Find out more about the PCN and work being done.

This feature was produced for the April 2026 edition of *Commentary* magazine. You can read a [web-based version](#), which includes images.