Presidential candidate

Asif Qasim

Dr Asif Qasim MA PhD FRCP is consultant interventional cardiologist, Croydon and King's College Hospital; founder and CEO, MedShr.

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

A The RCP and UK medicine are in crisis. The King's Fund Review (KFR) exposed failures of leadership and governance and the EGM showed RCP policy was disconnected from members. The MRCP UK exam debacle further undermined confidence. The workforce crisis, training bottlenecks, doctor substitution and unemployment all demand that we mobilise the RCP to defend the profession and excellence in medicine.

My vision is to restore the RCP through strong, dynamic leadership and a programme of reform, cherishing the heritage and values of the RCP as we modernise how it operates and re-engage our members.

In the first 100 days I will:

Engage members

- Weekly online president's rounds showcasing member expertise
- Quarterly interactive all-member meetings – updates from RCP senior team
- Design online RCP community to foster collaboration and harness expertise.

Improve operations

- Work with new CEO to align staff with RCP vision and purpose
- Drive efficiency, reduce costs and ensure membership represents value.

Strengthen external relations

- Meet key stakeholders & ensure the RCP leads on policy
- Work with Federation to resolve data error issues and support MRCP UK candidates
- Use RCP Interim PA scope pending Leng Review.

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?

A The estate represents a major £7m pa drain on RCP finances. The drive to generate revenue has meant competition between college business and conference events, with no dedicated space for members to meet or study. Since the pandemic remote working has radically reduced the need for staff offices.

The RCP should be the home of medicine. Physically, a place for members to meet, for ceremonial functions, for staff to connect and to house the museum and historic library. I will lead work to make the RCP more open and inviting, ensuring that members feel welcome in their own college.

I commit to the RCP continuing to have its main building

in London. However, with only 35 years remaining on the Regent's Park building lease, I will initiate a fully costed options appraisal leading to a members' consultation. All options need to be considered, ranging from repair of the building and renewal of the lease, through to purchasing new freehold premises.

A similar appraisal needs to be conducted for The Spine, with options to include relinquishing the lease and exploring alternative approaches to regional activities such as funding RCP education hubs across England and Wales.

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?

A The KFR raised serious concerns about governance, decision making and accountability at the RCP, much of which stems from the conflict between its historical legal framework and its obligations as a charity. This has led to ambiguity between the roles and responsibilities of the PRCP, CEO and chair, and dysfunction between RCP Council, senior team and the Board.

The governance review must take account of the unique functions of the RCP, the complexity of relationships and the views of stakeholders. Modern governance demands an emphasis on democracy and transparency. As such, all paying MRCP and FRCP members should be entitled to vote in elections and attend the AGM; and appropriate minutes and actions from Council should be released to the membership.

We should also consider:

- what does it mean to be an FRCP
- the makeup and size of Council and how it might best represent the membership
- the makeup of the RCP Board
- the relationships between specialist societies and the RCP
- how to support SAS and locally employed (LE) doctors in the NHS.

New governance structures will only be effective with better leadership. I will chair Council and participate on the Board with a view to eliminating poor conduct while encouraging robust debate.

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?

A For a decade we have struggled to retain trainees and now face the absurdity of resident doctor unemployment during a medical workforce crisis. My priority is to get these doctors into training posts and stop doctor substitution. I pledge to lead reform in this area.

I will work with NHSE to ensure resident, SAS and LE doctors have bleep-free protected teaching, with this recognised in consultant job plans. This can only happen if we address clinical service demands and workforce issues so teams are fully staffed. I will start the President's Teaching Awards to recognise this work.

Modern working patterns have reduced apprenticeship learning, exacerbated by loss of the firm structure. I will develop an RCP bedside tutor programme, supporting consultants to provide regular teaching.

I will reinforce to the NHS review of postgraduate medical education that excellence in medical education is essential, not just for career progression but for doctor retention, high-quality patient care and clinical outcomes. I will ensure the review is not used to allow routes to doctor substitution. I will advocate for clinical academic training as this drives research and innovation, both essential for the NHS.

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?

A We must encourage overseas members to participate in RCP activities. I bring 20 years' experience in educating and training doctors in Africa, the Middle East and Asia, as well as digital expertise to support this. I connect >2.5 m doctors in 195 countries via MedShr, the online case discussion platform that I founded. I have a deep understanding of the educational needs and clinical service challenges in low- and middle-income countries (LMICs) where many RCP members are based, having delivered global health education programmes to more than a million doctors in LMICs in 2024.

The new RCP online community will provide a virtual home of medicine for overseas members and involve them in the RCP response to the evolving challenges of global public health and climate change. I will use the new President's Rounds to celebrate the achievements and promote the expertise of overseas members.

We need to address issues around coming to and working in the UK which many overseas members have faced. I will ensure we formally determine what overseas members need from the RCP beyond education and support for MRCP exams, and will work with our international advisers to engage them using our new survey platform.

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.