Royal College of Physicians regional adviser role and responsibilities

Purpose and overview

The Royal College of Physicians (RCP) regional advisers (RAs) are fellows who are elected by their peers to serve their region in England, Wales and Northern Ireland. The RCP regards RAs to be essential in advising on a range of training, teaching and service activities that are pertinent to the work of physicians.

The RAs’ duties are outlined below. Additional duties may be dictated by regional and/or national events. In order to support RAs in the duties below, the RCP has committed to provide administrative support to each region from a team of regional managers.

Qualification and tenure

RAs should be RCP fellows who are in good standing and in active clinical practice within the respective region. The tenure of an RA is typically 6 years. RAs work within their region as a team and the local distribution of work between advisers can be flexible and change over each RA’s tenure. One RA must be designated the main RCP point of contact and the RA team should agree between them who should take this role. The overall tenure can be extended by agreement between the RA and the RCP registrar. In order to deliver the above roles effectively, RAs should receive an appropriate induction.

Regional adviser duties and responsibilities

1. **Attending the quarterly RCP RAs meeting.** At least one RA from each region should be present at each meeting.

2. **Approving consultant job descriptions.** Prior to advertising, trusts seek RCP approval for job descriptions. RAs, with advice from the regional specialty advisers (RSAs), check that job descriptions fulfil the RCP recommendations and suggest further amendments or approve as necessary. Advice must be given within a particular timescale, usually one week, as the aim is to get overall comments back to the requesting NHS Trust/Authority within three weeks. This is the responsibility of regional advisers within the region.

3. **Arranging an ‘Update in medicine’.** This is an important regional event that combines an internal medicine CPD day, which is usually attended by the RCP president and other RCP officers, with a visit by the RCP president to a local hospital on a separate day. The CPD day should be suitable for and open to junior doctors as well as consultants.

4. **Reviewing and assessing applications for RCP fellowship.** RAs will be invited to become a fellowship grading panel member which involves reviewing, assessing and grading nominations for fellowship, adhering to the guidance and criteria as set out by the RCP. Regional advisers are strongly encouraged to fully take part in this process. Invitations to sit on a panel will be sent out on an annual basis from the Fellowship team. RAs will receive appropriate guidance documentation regarding the fellowship review process prior to commencing the core duties.

5. **Acting as an RCP point of contact for RCP college tutors and/or senior physicians in the region.** RAs should endeavour to forge links with RCP college tutors and/or senior physicians in the trusts in their region, which will include holding a meeting for RCP college tutors and associate college tutors twice a year. These links are particularly important if there are concerns about training or care in a particular locality, in which case it may be appropriate to arrange a meeting with physicians in that trust.

6. **Contributing to the management of training in internal medicine for core medical trainees and specialty trainees.** One of the region’s RAs should endeavour to represent the RCP on the Regional Core Medical Training Committee, the Regional Internal Medicine Committee and the School of Medicine Board. Due to clinical commitments, responsibility for attending these meetings may be shared between the RAs.
7. **Facilitating the introduction of CPD events for new consultants.** CPD events for new consultants are being developed by the RCP New Consultants Committee. The RAs and their regional manager will work with the regional New Consultants Committee representative to facilitate the introduction and development of these events in their region.

8. **Approving continuing professional development (CPD) events.** RAs may be asked to support the work of the CPD team to assess proposed educational events for RCP approval.

9. **Scoring National Clinical Excellence Award applications from those seeking RCP support.** The RCP is a national nominating body for the Advisory Committee on Clinical Excellence Awards (ACCEA). On an annual basis, RAs are asked to score applicants for higher awards and the scores are then collated to guide selection for RCP support.

**Other duties may include:**

1. **Participating in the appointment of RCP college tutors.** The college tutor post should be advertised internally in the trust, with appointment by interview. The panel should include the head of the School of Medicine (or a nominated deputy, usually the regional core medical programme director), the trust director of medical education (or a nominated deputy) and one of the RAs (or a nominated deputy). The trust concerned may make an interim appointment before a formal process is undertaken at a later date.

2. **Contributing to supporting doctors in difficulty.** The RCP believes that it is important to offer support to members and fellows who encounter a professional difficulty. A comprehensive approach to this issue is being developed and RAs will contribute as a potential point of contact for those who are in difficulty. Often this will be to signpost the member or fellow involved to more appropriate resources, but this is a new approach and as such the RAs’ role will be reviewed and amended in the light of experience and discussion with RAs.

3. **Promoting the activities of the RCP.**

4. **RAs for Wales and Northern Ireland may have additional national roles advising their devolved health departments.**

**MSGE Department**

The RCP is comprised of five departments. The Linacre fellow will be based within the Membership Support and Global Engagement Department, which includes the following units: Membership Engagement; Membership Administration; UK Regional Offices; Faculty of Physician Associates; Global Office; Professional Governance; Committees and Consultations; Invited Service Reviews; Medical Workforce Unit; Advisory Appointment Committees. The Department is headed by an executive director and overseen by the registrar. [Find out more about the RCP.](#)

**Our values**

We are committed to **taking care, learning, and being collaborative.** These values drive the way we behave, how we interact with each other, and how we work together to achieve our vision and improve patient care.

**We value taking care**

This means we behave respectfully towards people, whatever their role, position, gender or background. It means we act as representatives of the RCP and take decisions in the interests of the organisation as a whole.

**We value learning**
This means we continuously improve through active learning and honest reflection, so that we grow personally and as an organisation, while striving for excellence. We support learning and development opportunities.

**We value being collaborative**

This means we work together towards the RCP’s vision in a collaborative and professional way, understanding that individuals bring different strengths and approaches to our work. We value diversity and each other’s contributions.

As an employee/volunteer/temporary contractor you are expected to comply with all RCP data protection and security policies and procedures.

*The RCP positively encourages applications from suitably qualified and eligible candidates regardless of sex, race, disability, age, sexual orientation, transgender status, religion or belief, marital status or pregnancy and maternity.*

*The RCP is all about our people – our members, our staff, our volunteers and leaders. We educate, influence and collaborate to improve health and healthcare for everyone and know we can only do this by being inclusive, encouraging and celebrating diverse perspectives. That’s why welcoming and having people who represent the 21st-century medical workforce and the diverse population of patients we serve is so important to us.*

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