



## Fellowship proposal criteria

### 1. How has the candidate made significant impact on the service in the field of their appointment?

This could be by establishing a new service where there was previously no service; or, if such a service was previously available, by further improving it, or by introducing a range of new approaches or techniques; or by contributing substantially to the work of professional related medical charities or patient interest groups.

*Criteria employed by Council for assessing service impact:*

The candidate has made significant impact on the service in the field of their appointment. This could be by establishing a new service where there was previously no service; or, if such a service was previously available, by further improving it, or by introducing a range of new approaches or techniques; or by contributing substantially to the work of professional related medical charities or patient interest groups. On the other hand, if the candidate has simply 'slotted' in to an already established service and has merely carried on, or has appeared to be doing the minimum necessary to fulfill a contract, then it may be appropriate to defer a recommendation on their criterion.

### 2. How has the candidate made an out-of-the-ordinary contribution to undergraduate or postgraduate medical education?

For example by organising courses, by taking on a substantial burden of career guidance, or a RCP tutorship.

*Criteria employed by Council for assessing contribution to education:*

The candidate has made an out-of-the-ordinary contribution to undergraduate or postgraduate medical education. For example by organising courses, by taking on a substantial burden of career guidance or a RCP tutorship.

### 3. How has the candidate contributed to the advance of their specialty by research?

This would be recognised by their having presented results of the research at regional, national or international conferences, or published them.

*Criteria employed by Council for assessing contribution to research:*

For this criterion, research done before achieving the consultant grade should not be counted unless there is evidence that the work is actively continuing. The exception to this rule is that if the work conducted as a junior has been generally recognised as of high distinction (rather than a modest but competent contribution) and the candidate has been a leader in the work concerned.

### 4. If working in primary care, how has the candidate demonstrated an interest in the RCP and either contributed to an area relevant to the activities of the RCP or to the development of medical services in other ways?

For example by improving patient services at the interface between primary and secondary care or in education or research.

*Criteria employed by Council for assessing contribution to RCP activities:*

Those working in primary care should have demonstrated an interest in the RCP and either contributed to an area relevant to the activities of the RCP eg the interface between primary and secondary care or to education or research, or to the development of medical services in other ways.

**5. If a non-physician, how has the candidate particularly distinguished themselves in an area relevant to physicians?**

For example if the candidate is a surgeon or a radiologist, how have they enhanced the service, which physician colleagues can provide?

*Criteria employed by Council for assessing non-physicians:*

Non-physicians should have distinguished themselves particularly in an area relevant to physicians.