



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.

RA 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 amendments as necessary. This is normally the responsibility of the main point of contact in the region unless a specific alternative arrangement has been approved.
3. **Approving continuing professional development (CPD) events.** RAs assess proposed educational events for RCP approval.
4. **Arranging an annual 'Update in medicine'.** This is an important annual 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.
5. **Arranging at least one other regional CPD event annually.** This event should have a significant internal medicine component and should be suitable for and open to junior doctors as well as consultants. The event provides an opportunity for one of the RAs to deliver an update on RCP activities and to answer questions from the members and fellows who are present. The event also provides an opportunity for networking during intervals in the programme. The event should be organised in a way that is mindful to the national conference programme and other regional events.

6. **Reviewing applications for RCP fellowship.** RAs are required to review and assess applications for RCP fellowship from consultants in their region.
7. **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.
8. **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.
9. **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.
10. **Facilitating the introduction of a pre-consultant CPD course.** A CPD course specifically for final-year trainees is being developed centrally by the RCP. The RAs and their regional manager will facilitate the introduction of this course in their region.
11. **Facilitating the introduction of CPD events for new consultants.** A CPD course specifically for new consultants is being developed centrally by the RCP. The RAs and their regional manager will facilitate the introduction of this course in their region.
12. **Ensuring that mock PACES exams are available in their region.** Regions differ in the way that mock PACES exams are provided. For example, in some cases the School of Medicine facilitates their introduction, in others RAs and/or college tutors facilitate them. If mock PACES exams are not available, the RAs will facilitate their introduction.

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, including the Future Hospital Programme.**
4. **RAs for Wales and Northern Ireland may have additional national roles advising their devolved health departments.**