



RCP fellowship proposal

Supporting information guidance

Candidates or proposing fellows must describe the candidate's activity in two domains:

1. their breadth of practice
2. their area of special interest/expertise in:
 - service improvement, innovation and leadership
 - education and training
 - research.

Domain 1 – Breadth of practice

While some candidates will be excelling more in specialised areas of their practice, RCP fellows should demonstrate skills across a broad range of physician activity. We expect that candidates will be able to demonstrate achievements in multiple domains other than their chosen field of expertise and domain 1 is an opportunity to show that breadth.

Please use examples from other areas of interest listed to guide your submission in this box. While there is likely to be synergy between activities detailed in each domain, please avoid repetition.

We have set a maximum word count of 250 words for each domain. We expect this to give candidates enough space to offer details of between three and five activities or achievements which demonstrate that they are going over and above the expectations of their current role. We ask that (with the exception of those working flexibly or less than full time) evidence provided is limited to activity from the past 5 years working at consultant level / independent autonomous practice.

If candidates are undertaking roles that do not fall within their chosen area of interest (eg RCP committees, specialist society positions, work for charities), please include them here.

Domain 2 – Service improvement, innovation and leadership

Typically, candidates selecting this option will have been in a substantive post for long enough to have demonstrated an impact on patient care by leading service improvements within their departments or possibly in regional or national work.

If candidates are in formally job-planned clinical leadership roles, eg departmental clinical lead, this should be declared alongside time allocation. It is not necessary to be the lead for a service to select this domain.

Recognition will not be given for leadership titles/roles separate to evidence of impact. Candidates will be assessed on the quality of work and impact on patient care. Where improvement outcomes attributable to candidates' efforts have been measurable, please include data to demonstrate impact.

Examples

- Local quality improvement work you have led that has had a demonstrable effect on quality or safety of patient care.
- Involvement in local, regional or national audit work.
- Developing a new service that did not previously exist and showing how it has improved care.
- Redesigning an existing service to make it more efficient or effective.
- Clinical governance work or leadership that has demonstrated improvements in quality or patient safety.
- Developing new clinical pathways or policies at local, regional or national level.

Domain 2 – Education and training

Applicants who are UK consultants are expected to provide teaching and educational supervision as part of a standard contract, so if selecting this option, they should provide evidence of how their activity exceeds this. It should be clear whether candidates are in a formal education role internally or externally that is remunerated and how much time is allocated to the role.

Formal roles, in and of themselves, will not merit recognition without explanation of how candidates have positively impacted the learner experience through their position.

Examples

- Organising teaching programmes (departmental, training grade or regional).
- Innovative teaching or assessment methods.
- Educational research with evidence of publication or presentation.
- Taking part in undergraduate or postgraduate examinations – eg examining, organising.
- MRCP(UK) or SCE examination activity, eg question writing, PACES examiner, organising exams.
- Volunteering for ARCP panels.
- Involvement in recruitment to undergraduate or postgraduate training.
- Specialist training committee participation or leadership at regional or national level.

Activity and achievements as part of education roles – including college tutor, departmental education lead, trust director or medical education, regional lead for specialty education – should be included here as evidence.

Domain 2 – Research

Candidates who are research active at all levels are encouraged to identify this as a special interest area.

We expect most candidates completing this section to be in full-time NHS posts, but it may also apply to candidates who are in part-time or full-time academic contracts.

If you are employed in an academic role, please specify how your achievements have gone over and above the expectations of your post.

Examples

- Active recruiter to NIHR/CRN studies for your hospital/unit.
- Unit or trust research lead role – recruitment statistics.
- Research governance role – steering group for research, or independent research governance reviewer for a study.
- Membership of academic networks supporting research.
- Participation in regional or national audit networks.
- Evidence of participation in research strategy development for NHS, academic or specialty organisation.
- Presentation of research at national/international conferences.
- Associate principal/principal/chief investigator in study.
- Research committee member for trust, regionally/nationally (NIHR/CRN).
- Research committee member for specialist society.
- Editorial roles for peer-reviewed journals.
- Evidence of regular reviews for manuscripts submitted to journals.
- Author of a papers in a peer reviewed journal.
- Patient liaison roles for research participation.
- Trustee of a medical research charity.

Candidates selecting this option should preferably provide a link to their research profile – ideally ORCID or ResearchGATE, or list their top five publications in the last 3 years.

Additional information

As a shared proposal, the supporting information above will be entered by either the proposer or the self-proposing candidate who has initiated the process, but this domain will allow the co-proposer to contribute any additional information they wish that might support the domains above.

This may be an opportunity to add additional information or evidence about the quality or impact of activities already described.

It can also be used to describe in more detail the context in which the candidate is working. This may be particularly helpful for candidates who are working flexibly or less than full time, or in non-consultant/SAS roles, where job-planned time for additional activities may be less available.

Flexible/LTFT applicants

Numbers of physicians working flexibly or less than full time (LTFT) have been increasing steadily over recent years. We are committed to ensuring that fellowship election processes recognise this essential diversity of working patterns and support an equitable proposal and grading system.

Like other applicants, we would expect candidates to have been in a substantive role long enough to have established themselves and started to develop other roles and/or activities which demonstrate that they are working over and above their contractual obligations. It is acknowledged that candidates who work flexibly/LTFT may not have as much dedicated time to devote to leadership roles or external activities, and this may be taken into account.

Sponsors and candidates should therefore be clear when submitting their supporting information to specify their patterns of flexible or LTFT work. This will help to demonstrate the expectations of their current job plan, against which proposals will be assessed.

SAS applicants

While emphasising the need for a high standard of practice worthy of fellowship in candidates who are not in consultant grades, there is a recognition that job plans and contractual obligations of physicians in SAS roles may not support the same time and opportunity for formal leadership or external roles as is available for consultants.

When submitting a proposal, it is therefore important to be clear what role(s) the candidate is currently working in, and how activities in their chosen area of interest and breadth of activity demonstrate that they are going above and beyond basic expectations of the clinical job. As with colleagues in consultant roles, SAS doctors being proposed / self-proposing to be fellows must be working in an autonomous capacity and demonstrating excellence in care through leadership of their local teams.

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Publication date: April 2025

Date for review: April 2026

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