

**Guidance note for Proposers, Seconders & Candidates**

**Nomination of Non-Membership candidates for election to Fellowship**

**(ie candidates who do not hold MRCP(UK), MRCP(Edin) or MRCPCH)**

These guidelines relate to the procedure for election to the Fellowship of this College for candidates who do not hold MRCP(UK), MRCP(Edin) or MRCPCH.

**How to submit a nomination & election process**

* Nominations should be submitted using the appropriate online nomination form. Candidates’ CVs, any letters of support or any other accompanying information may be uploaded when completing the online form. Please go to <http://www.rcpe.ac.uk/membership/fellowship> and click on the link which will take you to the nomination forms (Fellows’ log-in required).

Publications should be listed fully, and nominations which are not completed in full are unlikely to be approved by Council.

* Proposers should inform their candidates that if successful they will be required to pay a one-off Fellowship fee of £150 in addition to the annual subscription payable by Fellows: ([https://www.rcpe.ac.uk/membership/subscription-rates-0)](https://www.rcpe.ac.uk/membership/subscription-rates-0%29))
* Proposers and seconders must both be Fellows of this College who are up to date with the annual subscription. Proposers should seek the agreement of the seconder of the nomination before completing the online nomination form.
* Election to Fellowship is by no means automatic and Council may not approve all candidates. The College will not write to candidates during the election process, but proposers will be kept informed.
* Enquiries about Fellowship nominations or the procedure for putting forward nominations should be directed to Avril Harries (telephone: + 44 (0) 131-247 3650, e-mail: a.harries@rcpe.ac.uk.
* There are 5 Fellowship Committee meetings a year, so nominations may be submitted at any time. They are examined by the Fellowship Committee which then makes its recommendations to Council. Council may or may not accept the Committee’s recommendations. If accepted, the candidates’ details are then circulated to the Fellows, who may send in comments on individual candidates for the attention of Council.

**Please see overleaf for the criteria for non-Membership candidates.**

**CRITERIA**

The criteria for election to Fellowship by this route are outlined below. This procedure is applicable to those individuals who do not have the MRCP (UK), MRCP (Edin) or MRCPCH. The following is an extract from the Laws of the College:

*The Fellows of the Council may recommend for election to the Fellowship medical graduates or Licentiates who are not Members of the College provided that their contribution to medical practice is especially meritorious. Fellows of the Council may also recommend for election to the Fellowship other persons of exceptional distinction.*

**Revised Criteria for Candidates nominated via the Non-Membership Route**

Council recently approved revised criteria for Fellowship candidates nominated via the non-Membership route to reduce the emphasis on research and give recognition to achievement in a broader range of domains. At the discretion of the Fellowship Committee, it may be possible for individuals with exceptional performance mainly in one or more domains to progress to Fellowship via this route.

**General Comments**

* **Proposers must have personal knowledge of their candidates’ professional work.**
* Candidates should not be in a phase of their career where they could use the Fellowship to advance their careers.
* Candidates should usually have held a substantive permanent post with complete responsibility for patient care (i.e. be of consultant-equivalent status) for 4 years or more. Doctors working in Pakistan who do not hold the MRCP(UK) are eligible for nomination if they have held an Associate Professorship or above for at least 5 years.
* Individuals in locum Consultant positions may be eligible, but a final decision depends on factors such as whether or not the individual has previously held a substantive Consultant position, the reasons for the individual being in a locum rather than a substantive position and their contributions to activities such as teaching.
* SAS doctors should have been in post for a minimum of 5 years.

Non-medical candidates may also be nominated although such individuals should generally have some medical connection.

***Other candidates:*** Persons of exceptional distinction may be elected under this category, including non-medical candidates (who should generally have some medical connection). There is an option to highlight exceptional performance in one or more domains on the scoring system.

**The Fellowship Committee will generally consider nominations of non-Membership candidates based on the following criteria:**

**Contribution to Research**

* No current or previous significant research activity
* Contribution to research, but not independent researcher – site or hospital lead for multi-centre trials, active in recruitment of patients to such trials, some research publications (not including case reports), but not first or senior author. This category also for individuals who have made a contribution to research in the past, but are no longer research active.
* Independent research programme, first or senior author in multiple research publications (not including case reports). Formal editorial role in national or international journals.

**Contribution to Teaching**

* No current or previous teaching activity
* Active in local teaching - regularly teaches medical students of trainees on ward rounds or in lectures/tutorials, supervises MD students.
* Regional and/or nationally recognised role in teaching – author of medical textbooks, regularly invited to speak at regional and/or national educational meetings, made significant contribution to regional and/or national education programmes, e.g. organising educational meetings, senior educational role in a society.

**Contribution to Training**

* No current or previous contribution to training
* Active in local training – educational supervisor of individual trainees
* Regional and/or nationally recognised role in training – involved in regional and/or national training curriculum or training programme development/organisation

**Contribution to Medical Management**

* No current or previous contribution to medical management
* Active in local medical management – clinical lead for service in a hospital, formally involved in the day-

to-day management and running of a clinical service, e.g. as ‘Clinical director’.

* Regional and/or nationally recognised role in management – involved in medical management at regional and/or national level, e.g. working in senior management at regional and/or Governmental level, medical director/CEO of a group of hospitals/ healthcare providers

**Contribution to Quality Improvement and/or Service Development**

* No current or previous contribution to quality improvement/service development
* Active in local quality improvement/service development – made significant improvements to quality

of care in a local clinical service. Active involvement in clinical audit. Involved in writing of local clinical

care guidelines.

* Regional and/or nationally recognised role in quality improvement/service development – made

significant improvements to quality of care on a regional and/or national basis, e.g. major contribution to the development of a new clinical programme or pathway. Involved in writing of regional and/or national clinical care guidelines.

**Peer Recognition**

* Not a Fellow or Senior Office Bearer
* Current or previous Senior office bearer in a national society (not a local chapter of a national society)
* Fellow of another UK or international College (where election is based on peer recognition/merit and

not simply a Fellowship ‘open to all’ that simply requires completion of an application form)

**Contribution to Charitable Activities**

* Not made a current or previous contribution to charitable activities
* Provides ‘pro bono’ medical services to help individuals in deprived communities and/or has chosen to

work in a remote/rural service to improve healthcare to deprived communities

* Provides ‘pro bono’ services for a regional/national/international charity