

Meet your new RCP clinical vice president Dr Hilary Williams

Dr Hilary Williams, a consultant in medical oncology at Velindre Cancer Centre in Cardiff, took up the role of RCP clinical vice president in August 2025. She was previously RCP vice president for Wales and an active founder member of the UK Acute Oncology Society. Hilary trained in Sheffield before completing a PhD in Edinburgh in immunology and oncogenic viruses, and is a mentor for the RCP Emerging Women Leaders Programme. Guest editor Dr Nicola Maddox spoke to Hilary to find out how she is finding her new role.

What first inspired you to become a doctor?

It was a mixture of things. I wanted a practical career, where I could do something useful. But it was a late decision for me; I actually applied after my A-levels. Medicine is in the family – that might subconsciously influence you, but I didn't grow up wanting to be a doctor.

I did A-level maths, and I was only the only girl in the set. Some of the boys wanted to be doctors. As teenagers, their communication skills were a bit limited – they are probably great doctors now, but I just thought that you would need a range of experiences in medicine. I met a few people at medical school who seemed different from the traditional role of doctor. Seeing medical students who I could identify with made me feel that it might be the role for me.

Are there any women leaders who have inspired you – either in medicine or in other areas of your life?

There weren't that many female consultants then, or many women in leadership positions. Through the RCP, it's been great to connect with people like Professor Dame Carol Black, Dame Jane Dacre and Dr Linda Patterson. Now there are women around me, older and younger, who are great to connect with.

I did my PhD with Professor Dorothy Crawford. I didn't realise quite what a trailblazer she was – she had this great sense of humour about how challenging it was in her world. She did some of the very early work on T-cell immunotherapy in cancer – it's led to such amazing changes in cancer treatment, and sometimes we forget those early pioneers. Her lab was full of really bright women, but it was really fun as well.

When I did my foundation training, I had great support from Professor Anthony Weetman, the professor of

medicine in Sheffield. He was very encouraging. The people around you, who believe in you, are really important.

Can you tell us about how you first became involved with the RCP?

When I moved to Wales, I was looking to extend my career beyond being an oncologist. I was always interested in public health policy; how doctors are represented and how we improve the NHS. That's why I became an RCP regional adviser in Wales and I really enjoyed it. I spoke at a Cardiff Update in medicine. It was a great meeting; people seemed to be having great fun connecting and they seemed like normal doctors. That burst that 'bubble' the idea that the RCP was a bit of an 'old boys' club'.

What would you say is your biggest achievement?

Sometimes it's just staying sane as a doctor, isn't it? I'm really proud of where I've got to, but I don't think I've compromised my values, which feels important.

For practical things, hopefully helping to 'right the RCP ship' after the physician assistant (PA) issues, which caused big fractures within the college. I do feel very proud that I brought voices together where there was a lot of discord. We have had very real challenges, but we bought some collaboration and consistency. I'm really proud of what we delivered to the Leng Review and I think we represented resident doctors well; I hope that's what they feel as well.

In this new role of clinical vice president, what are your aspirations?

First, we have to build back better, haven't we? We've got to get better structures and be much more real to our membership, and engage with people on the ground. We need [our decisions] to be based in reality for people delivering care every day. It is important to re-establish the RCP as a strong, professional voice of integrity for the profession, and a respected voice to policymakers. We need to take our members with us on that journey.

Then there are the things that, throughout my career, have interested me clinically.

My role is very much around improvement. There's some big focuses I want to bring around improvements in end-of-life care – cancer care is my background. We

need to recognise the skill sets around complex conversations and holistic patient care. I think we were undervaluing really vital 'soft skills', which are just as important as being able to do a procedure.

Then the real challenge that we've got is workforce. Physicians are really, really busy – especially in training – so much so that they don't have optimal time to care for patients. If you've got a stable workforce, and you know your team well, then people are a lot happier and you can improve things a lot more. But if every time you go to work, you find gaps in the rota, you don't know who you're working with, you don't know where anything is, then you're surrounded by chaos. I think we're risking patient safety with that, as you're much less able to make good decisions within that type of environment.

Training in stable teams and feeling a part of something is valuable; you can learn a lot more. That is something that we've lost in some places. Feeling valued, being part of the team and always putting patients at the heart of what we're doing is something that, perhaps, today's resident doctors have lost out on.

It's probably leading to burnout. I really enjoyed my training years, but many of us feel like we've lost teams and continuity. We've got to work out the modern version; what gives physicians better work-life balance and fits in with modern patterns of care. It's a hard one to crack. We've definitely lost some things around teamwork, continuity of care and decision making. We've got to rebuild that.

The RCP being regional is really very important to me; that links to recognising the real-world problems that people are experiencing and how we can advocate, articulate and amplify those issues. I'm really passionate about regional work from my Welsh experience. I often talk about the RCP connecting people from Carlisle to Cornwall, Bodmin to Bangor to Belfast. Those smaller hospitals are absolutely brilliant, but they can be where the most challenging workforce problems are; recruitment's tougher and it's harder to retain people. The RCP has got to get out there and understand the challenges both in big and small hospitals.

We need to think about the right workforce for the right bits of the UK; bigger cities might need highly specialist units, but a smaller hospital might need a bigger generalist skill set and a larger range of procedures. I don't think training has got that quite right at the moment.

What advice would you have offered yourself earlier in your career, especially about leadership?

Everyone's got leadership skills; finding the bits that you enjoy is probably the most important thing.

You're not going to go above and beyond unless you feel personal satisfaction in your work. You need to know what the value is in what you are doing – particularly when feeling stressed or burnt out.

Don't be afraid to try things. I've taken the wrong job. I've hated a job. I've left places. That's absolutely fine. I've been a full-time and part-time academic, had career breaks, been a locum. We are not all going to go on a perfect pathway – it is a long and twisting road. If you take a pathway and it doesn't work out, that's fine; you'll find your place within it. But recognising when things aren't good for you is quite important as well; take that step back and get some support. Find people around you who you can connect with and talk to. I love talking to and collaborating with people – that's always been a real way of reducing burnout for me.

How do you achieve work-life balance?

The hardest time for me was probably when the kids were young. At that point my other half travelled a lot, so home life was quite busy. It's a really tough one, isn't it? Especially for women, because it can be a career point where perhaps you want to be a more ambitious, but your home life may mean that's quite hard. You don't need to do it all at once; at some points, just getting to work and back, eating and sleeping is enough.

I've also always tried to do other stuff [outside work]. My perfect day is probably out on a Scottish or Welsh mountain with friends and family, a swim at the end of it – and hopefully some vaguely nice weather! I do try and build that in; being out in the fresh air is therapy for me.

I have done some leadership training; it was helpful to actually understand what I find hard and quite irritating, and understanding which certain situations are going to stress me out.

As doctors, we are perfectionists and very driven. I've learned to be a lot better about thinking how I will feel in 3 minutes, 3 weeks, 3 months or 3 years from now. If I feel like I'm banging my head against a brick wall, sometimes that helps me find perspective.

Why would you encourage resident doctors to become members of the RCP?

For me, it's about community and having your voice heard. I'm a great believer that we can all moan, but you've also got to do something about it.

Making those connections, meeting professional colleagues and friends; that's really important. The RCP's work and events bring that ability to connect with people in real life, when we've lost that old team structure – working different shifts, virtual working and not doing as much connecting on the

shop floor.

The RCP should also be about giving resident doctors a voice and making sure that they're able to be heard in a very busy system; influencing everything from training and exams to policy.

The present leadership team really value people's views; hearing from the people who have retired, those who are starting as consultants or in training. We value our connection with our members as much as we value our connection with senior policy makers. We're a much more vibrant and effective community when hearing all those voices, in a professional and productive way. Listening to all the voices in the room is really vital.

We are working on the RCP strategy at the moment and want to hear from people – so do get in touch by emailing clinicalVP@rcp.ac.uk. There's lots of ways to contribute; please let us know what you want us to focus on and if you've got things that you want to highlight in your local hospital. I'm particularly keen to hear from smaller hospitals and teams, and to just get to know people and see the brilliant stuff they're doing. I've enjoyed the aspect of getting out and about in Wales in my previous role, so if you want us to come and visit your hospital (if you've got a unit you're really proud of, or something that we can help with), then reach out.

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