

Meet your new PRCP: Dr Mumtaz Patel

In April, Dr Mumtaz Patel was elected as the 123rd president of the RCP (PRCP). A consultant nephrologist in Manchester, her most recent RCP role is senior censor and vice president for education and training – during which time she was acting as president since June 2024. Other RCP roles include global vice president, regional adviser and college tutor.

Mumtaz speaks to *Commentary* about what inspired her to become a doctor, her vision for the presidency and the challenges and opportunities that she has faced in her career.

What made you want to become a doctor?

It's always been something that I wanted to do. My grandfather was a medical officer in India and a doctor through the World War II. He would tell us stories and I used to think, 'Oh, gosh, this sounds really exciting ... you can support people at their time of need.'

If anything, my dad did not want me to be a doctor because my grandfather used to travel and move jobs a lot and was not very present at home due to the long hours that he worked. None of my grandfather's children became doctors; I was the first to pursue it. Getting into medical school just reaffirmed my love of wanting to help, support and make a difference to people.

Who has been the biggest influence and inspiration in your career?

My mum was probably my biggest inspiration to go further with education and medicine – given that was my passion.

My mum was from India, from very humble beginnings, not very affluent. She had to stop education at 14. Despite her being very clever, she didn't have the opportunity as she had to work to support the family. So, for my siblings and I, it was always instilled that education is a great privilege, education is power and education will be your path to independence.

Then, further on in my career, I had different people encouraging me along the way ... I've been really lucky with lots of lovely supportive mentors invested in my journey. A lot of people encouraged me to become a hospital doctor. My initial thoughts were to become a GP ... but when I started my training, I really enjoyed the hospital setting. Renal medicine was like a family,

because you get to know your patient over decades and follow their journey across their lifespan. Even now, becoming PRCP, people from my medical student journey – both patients and colleagues – have reached out, which is wonderful.

How has medicine changed in the time that you have been practising?

I think medicine – expectations from patients, your role as a doctor within the profession – has changed dramatically from early in my career in the late 1990s and early 2000s.

The wider team has changed, with lots of multidisciplinary working, which I'm a big fan of. We, as a team and a department, all work together. There are new approaches and different methods of teaching and training which didn't exist before; we only had 1–2 days of communication teaching in my fourth year – and that was it.

A lot of changes are for the better, but we need to keep pace with how we teach, how we train and how we support so that the next generation will be future-proofed for the demands they face.

How did you first become involved with the RCP?

My first involvement was with the MRCP(UK) exams. They take up a big chunk of your life! Once I got my membership in 2000, I started getting involved with the college, because I wanted to help people sitting the exams. I struggled with them, like a lot of other people. I started doing MRCP teaching in my hospitals, in Preston and Manchester.

I became a resident doctor college representative in 2001; and I really enjoyed the advocacy bit. Soon after becoming a consultant, I became a college tutor – supporting resident doctors going through internal medicine training, exams, and help with their rotas and rotations. I became a regional adviser in 2014 for nearly 8 years. My first national role was in 2016 with the Federation of the Royal Colleges of Physicians of the UK, as clinical lead for quality management, which I thoroughly enjoyed. I enjoyed working with key stakeholders nationally and influencing policy.

Education and training was a big theme in my career – and giving something back, which I found very rewarding. If you've gone through challenges and

hardship, it's nice to share what works and how to make it better for subsequent cohorts at both an individual and system level – to improve things for our next generation of doctors.

Many of your roles at the RCP have focused on supporting inclusion and widening access to medicine as a career; what inspired this work?

It stems from my own journey ... my parents were immigrants from India in the 1960s and I was brought up in a very working-class background. When I used to say that I wanted to do medicine, it was frowned upon a bit. At the careers fair, I went to the medicine stall ... they said: 'Oh no ... People from your school don't do medicine. They don't even go onto university, so you will be lucky if you get into medical school'.

It was really challenging to feel that I could achieve it. My parents would always say, just keep going – it doesn't matter what people say, you can do it and just prove it to them by getting the grades.

Despite being predicted all grade As at A-level, I didn't get a place at medical school. They used to ask what your parents did and many of the extracurricular activities you were asked about, we could not afford ... I took a year out and applied again with all grade As. I then got offers and started medical school.

I didn't want other people to go through that. I've been involved with a lot of widening access and inclusion programmes, like the one at Edge Hill University.

It's not just about access to a career in medicine; you can leave people to fail if you don't support them through their journeys. That's where inclusion and belonging comes in; through medical school, into postgraduate training. As a woman, people questioned: 'You'll want to have a family, why do you want to do renal medicine? That's a hard career path. Why do you want to get a PhD? You don't need to do that.'

It's all these barriers that I encountered, which I don't want others to face. You can change things at an individual level ... but we need change at a system level, so that people are not going through these barriers. The RCP has a role here.

How can we ensure that the RCP becomes an organisation that represents modern medicine?

We pride ourselves with being over 500 years old and one of the largest medical colleges. We respect the history, but moving with the times is really important too, particularly for our current and next generation of doctors.

If you can't see the relevance of what the RCP is doing, and why, then our core purpose is lost. The modernisation of our organisational structures, our strategic approach and how we're viewed by others is really important.

Our resident doctors ask me, 'What does the RCP offer?'. There's loads that we are doing, and can do more of, that is relevant to and representative of our membership throughout their career stages. We should look at our current and future generations – doctors at the early start to the end of their careers – and see it as a continuum.

The true, unique thing that we have the potential to do is support people right through their career journey, through educating, influencing and improving. We advocate for our membership at a national and international level to fight for things that matter most to them, to influence and change policy in order to improve things for our membership and ultimately improve patient care. For me, that's the value the RCP offers. And there's so much more potential.

You are still working as a consultant nephrologist, a mum and now PRCP – in what ways can we support the growing number of women in medicine and leadership?

I'm very proud to be a mum of two and continuing as a nephrologist; keeping your hand in the day-to-day work and doing senior leadership roles is important.

Balance is really important and that sometimes is difficult. I had my children as a consultant, because as a resident doctor, I thought it would be really hard. But the work-life balance aspect shouldn't be a barrier. From a systemic perspective, we should be supporting women and people with different needs to not have these challenges affecting their future career.

When I started as a consultant, I was 27 weeks pregnant and my mum, sadly, was going through treatment for a glioblastoma. I took a career break at that critical time – just after starting a consultant job. But life happens. Thankfully I had a good support mechanism, and my trust – where I had been a resident doctor and PhD research fellow – was fantastic, which enabled me to progress.

Individual capability is not an issue. It is how we enable organisations to support individuals. Children, caring responsibilities, broader life, different protected characteristics; none of these should be a barrier. It is about making sure that the system can adapt, providing flexibility, different work options or career breaks as I had. I have always pushed for an inclusive supportive working environment for everyone.

I'm a big advocate for women in medicine and leadership – supporting the RCP Emerging Women Leaders programme and the Global Women Leaders programme – which we started in my global role and I am very proud of.

What would success at the end of your presidency look like to you?

Success would be making sure that our membership is happy with what we do and bringing people along on that journey.

The start is developing the new RCP strategy, a new approach ... that we are relevant in modernising our approaches and the foundation is laid for the organisational structures to flourish over time. It's not just about producing a document; you want to see that that change and impact at all levels – for our membership, the staff, and for the wider influencing work that we do ultimately to improve patient care.

At the moment, it's such a turbulent time for medicine as a whole – and for our role as a doctor and professional in the wider healthcare system. I see a lot of challenges as opportunities. There's much more that we can do; working to be more harmonious in how we approach things, that greater collaboration.

Over the years, I've worn a lot of different hats; as a hospital clinician supporting my teams and patients, and then with national organisations – whether it's the RCP, NHS England or universities. We should all work together – that's really important. If we have a unified voice, we can do so much more, which will be beneficial and supportive for our membership, and ultimately our patients as well.

How can the RCP rebuild trust after a tumultuous time? What strategy does the RCP need?

That's a really important question In my mind honesty, integrity, being open and transparent; that approach is absolutely essential for the RCP. That's what I've been trying to do since I started acting as president. But that's always been my approach; to be very open in how we operate.

It is also about listening. There was a disconnect between what our membership was saying and what was being heard by the senior leadership team. Actively listening is really important, and demonstrating that by actions. I am keen to hear the voices of as many physicians as possible.

A lot is changing around how we operate and function as a college, how we do day-to-day business and

breaking down artificial barriers of old. We're here for our membership, we're here for our patients; that needs to be front and centre.

With the strategy, it is the same approach. Any big strategy shouldn't be written behind closed doors. It should include all relevant stakeholders. Whenever I've done strategy development, the first thing was consultation; a listening exercise with our teams, our staff, our wider stakeholders and, most importantly, with our membership – regional advisers, RCP Council, different specialties etc. Then I would try to create themes from what we're hearing – something that's tangible, deliverable, sustainable and will have measurable, demonstrable impact over time.

It's about bringing people with us to help shape the RCP's future. We all want to improve things for current and future generations, but also patient care and systems. The RCP is a big player. The potential of what we can do is huge. It's about making people part of that journey, so that we can provide positive change together.

If you weren't a doctor, what would you like to do?

I don't know – I've always wanted to be a doctor! I don't think there's any other career that gives as much reward and satisfaction. If I hadn't become a doctor, I'd probably have gone into some kind of educational role – I love the idea of supporting, influencing, being part of somebody's journey and making a difference. But as a doctor, you can do all that! You can do wider things too such as research like I did, quality improvement, service innovation, and regional and national leadership roles to influence and drive meaningful change, you can do lots of other things. It's still the career for me. .

This interview was produced for the June 2025 edition of *Commentary* magazine and published on 1 June 2025. You can read a [web-based version](#), which includes images.