

In conversation with the RCP registrars

Dr Omar Mustafa has been the RCP registrar since October 2024, with Dr Ben Chadwick joining him as deputy registrar in March 2025. At the end of 2025, Commentary caught up with them both to learn more about their roles within the RCP, their advice for young doctors and their reflections for 2026.

What's the role of the registrar and deputy registrar? How do you end up working with members and fellows?

Omar: There are a number of themes that sit within the registrar role. It includes a connection to the membership and fellowship; managing the process of becoming a member or fellow, and – more importantly – having that connection, listening and putting members' views to the wider college.

The second part [of the role] is about governance; ensuring that the parts of RCP overseen by the registrar function well.

The third part is being an honorary secretary to RCP Council, the body where the profession meets to discuss policy and everything else linked to the profession. I also sit on the RCP Board of Trustees.

Through those roles, there's a lot of interactions across the RCP and with external stakeholders in the UK and internationally. It's a lot of work, but of course it's not a single-person job. I sit within an executive team, so I have colleagues who manage [lots of aspects]. It can't be delivered by one person.

Ben: The deputy registrar is a relatively new role – really only one other person has done it before me for any length of time. I've been in post now since March 2025. One of the main responsibilities is overseeing the fellowship application process, which is much more transparent and visible than it used to be. My role includes training people who are going to mark applications and make judgements about whether an application is of sufficient standard, and also overseeing the whole process; that involves working closely with the fellowship administrator, who's brilliant. That's continuous work because there are three cycles per year.

The other bits of the role include engaging with the regional teams; being involved with the regional Updates in medicine and talking to doctors within the UK regions about what medical careers look like these days.

One really nice thing about the deputy registrar role is that it is more loosely defined, as a relatively new role. That gives me the ability to get involved with things; it's

a nice combination of the core role – certainly enough to keep you busy – but also helping out where you're needed and developing the things that you're interested in. I've really enjoyed it so far.

Going back much further, what was a defining moment in your early medical career?

Ben: In the early 2000s, acute medicine was being developed as a specialty, and just starting to become a recognised training programme. I was one of the first people appointed to Wessex's acute medicine training programme, back in 2004. I still do a lot of clinical work, I've now been an acute medicine consultant for 17–18 years, and I still really enjoy it. Acute medicine can also be very sessional – it allows me to do other things like being deputy registrar and leading a graduate-entry medicine programme at the University of Southampton.

Omar: I had a slightly atypical journey. I grew up in the UK and various other places, and my medical training was actually in Iraq. I experienced medicine at a time when, practice-wise, resources were limited. I could see how practising with low resources, managing demands, creativity and bringing in teamwork worked. I then came back to the UK. Through that, I chose endocrinology, diabetes and general medicine. I still do and enjoy both, because it provides that holistic view.

Another turning point came after I became consultant. I went for a training programme director role, which opened up a different perspective on training. It was in 2019 when the 2022 'new' curriculum was being written. The national specialist advisory committee was involved in writing that, which opened my eyes to managing training programmes, policies and governance, and managing and evolving resident doctors.

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And looking back at that, what advice would you offer yourself at the beginning of your career?

Omar: I'd probably do what I did before, which is stay curious. Develop and have a goal. But the goal may need to evolve, depending on circumstances.

Ben: The main bit of advice would be to take the part 1

exam for MRCP(UK) seriously, please. That might have led to me not having to make four attempts to pass it! I still remember the letter I received after my first fail, that essentially advised me to take some time to do some more work and revision before having another attempt.

So, my advice to myself would be: take it seriously, do the work, believe the letter and you might save yourself a few quid and a bit of heartache.

When did you first come across the RCP? Was it through the exams?

Omar: In training, people talk about MRCP(UK) a lot, so it permeates your psyche. But this was in the days before the internet, so my real first contact was actually in 2002. I went to a careers fair and there was a stand for the RCP, and one of the things that they had caught my attention. It was the original, paper version of a portfolio. Halfway through training came e-portfolios – but that came quite late, so that RCP portfolio was my first contact. I still have the original, light green version.

Ben: My first contact was coming to my MRCP(UK) ceremony. I'm not by my nature a particularly formal person, but I quite liked the formality and history of it, and becoming part of something much bigger. It does make an impression on you and it does make you think about your future.

2025 was a pretty busy period for the RCP. How did you find it?

Omar: It has been busy, as always, and there's been a lot of change. Developing people remains a core part of the college; developing new members, welcoming new fellows, and looking ahead, through development of a new college strategy. It's a year where we have been looking forwards a lot, and there's been a lot of movement to reflect on the past but develop new things. It's about continuing to do what we do, and accepting the challenges while continuing to look ahead.

Ben: Part of this year for me has been about settling into a new role. I started in March and it's been a steep learning curve to get my head round everything. I'm now in a position where I understand the processes, have seen a couple of fellowship application cycles all the way through. That leads me to think about how we can improve things, which is quite a nice position to be in.

Similar to what Omar has said, I've been really interested in balancing the strengths of the RCP as a 500-year-old institution – with that weight of history and tradition – with modernisation and making it fit for the future. Some of the actions that are now happening are really important; more transparency about how Council works, the vote at the annual general meeting to expand

the voting franchise to collegiate members.

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If you could wave a magic wand and change one thing about medicine in the UK at the moment, what would it be?

Omar: I have one word: continuity. It relates to patient care and to training, education and development. The continuity of care and continuity of learning, wherever you are. With everything that is happening and evolving processes, there's a lack of continuity of care. Care can be disjointed, inequitable and not provided to the standard which we wish it to be for our patients. Equally, that impacts on how we train the future generation of doctors. So that's my one wish.

Ben: If I could wave a magic wand, I would get the NHS as a system to recognise the importance and the value of medical training. In the past, training has been something that just happens through goodwill; people wanting to go the extra mile, consultant physicians feeling that it is their role to train the next generation coming through. It happens almost as a side effect of the clinical work and everything that we're doing on a day-to-day basis.

It needs to be recognised in job plans more, actually having time for educational supervision and roles within trusts about delivering that education at a strategic level. It's incredibly important, but often assumes a lesser importance than the clinical workload. So my wish would be: don't forget about education, it's really important.

As we look to 2026, what is one thing you think that RCP members and fellows should be looking forward to from the college?

Omar: IAs we move forward, continuing to make the RCP relevant to our members and fellows; maintaining those connections. Without that, the college doesn't really exist. Having our new strategy, which actually answers what our members and fellows feel. A key thing that we should be doing is to continue our modernisation of the governance and engagement programme.

We also need to look after the next generation through the [Next Generation campaign](#) and beyond.

Ben: What I'm most looking forward to is [running the first election with an expanded franchise](#). I hope that it stimulates more engagement from both members and fellows. One of the roles up for election is vice president for education and training – that is a key role within the RCP and it would be really good to see the candidates

and what they think about the future of training.

What advice would you give final-year medical students as they prepare to become NHS doctors next summer?

Omar: Medicine has always been described as a marathon, but I'm not a runner. I'm more of a hiker and a mountain climber. I'm going to describe medicine as going through a series of hikes in the mountains; you'll need to navigate to your target, but also work with your colleagues to achieve that. Without those skills, you won't be able to navigate medicine. You may sometimes stall, but you'll have your team around you. They will always support you, get you through and keep you going up the mountain.

Ben: I have not climbed mountains. I'm best at sea level, it's fair to say. I have quite a lot of involvement with medical students at the University of Southampton. One of the things that I really enjoy is acting as a tutor; I meet with a group of final-year medical students and it's really interesting to talk to them about their expectations, worries and challenges.

My advice to final-year medical students is that the transition is a tough one; probably the most challenging that they will do in their career. Often they underestimate

the amount that they have learnt over that period of time, because it is a gradual evolutionary process.

Omar mentioned earlier about looking after yourself and getting support from your peers. You're going to be in a group all going through the same thing; it may seem that you're the only one who's struggling and everybody else is doing fine, but that is almost never the case.

Outside the RCP, what is something that you are excited about for this new year?

Omar: Normally at this time, I start looking at booking time off and planning different holidays. The question tends to be about where do we want to walk next? There is a long list which hasn't come down yet.

Ben: I am excited and slightly concerned about my ability to train my younger dog, who is about 18 months old, to not chew the sofa. If I can achieve this, it will be a very good thing and may lead to me buying a new sofa to replace the one that has been mostly eaten.

This feature was produced for the February 2025 edition of *Commentary* magazine. You can read a [web-based version](#), which includes images.