Our next gen top 10: priorities for reform of medical training

Resident doctors are the backbone of the NHS today and the consultants, leaders and educators of tomorrow.

In 2025, the Royal College of Physicians (RCP) surveyed over 1,000 resident doctors across the UK for our next generation campaign. The results paint a stark picture: training is being delivered in an environment of rota gaps, relentless service pressures and widespread burnout and exhaustion.

NHS England has published a <u>10 Point Plan to improve resident doctors' working lives</u>, but wider structural reform of medical training is also urgently needed if we are to retain the next generation of physicians in the NHS and secure the future of high-quality patient care.

The following 10 priorities are drawn from our next generation survey findings:

- Fair and transparent recruitment: publish clear recruitment criteria, reform tick-box processes, recognise the full breadth of doctors' skills and drop proposals that risk adding more unfairness to the system (like the Multi-Specialty Recruitment Assessment).
- 2. Rotations that work: make training more flexible and supportive by piloting 'stay local' schemes in hard-to-recruit areas, properly consulting clinicians and royal colleges on changes to rotational training, and giving doctors practical help with housing, childcare and transport so they can train where they are most needed.
- 3. The right skills for the job: modernise training to recognise and reward doctors' non-clinical contributions including research, teaching and leadership and embed skills like financial management and digital health in curricula.
- 4. Protected learning time that counts: guarantee protected time for research, education and CPD by building it into rotas and job plans. Ensure workforce planning balances service demand with the need for doctors to develop and learn throughout their career.
- 5. Work-life balance through rota reform: give more doctors the option of self-rostering, improve the quality and experience of general internal medicine training, and guarantee protected specialty training time in every rota template.
- 6. Supervision and mentorship that make a difference: define what 'good' looks like and enforce national minimum standards for supervision, promote regular scheduled meetings, and expand educator

and supervisor capacity so that senior doctors have the time to give meaningful support.

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- 7. Assessments that add value: review workplacebased assessments and the annual review of competency progression. Improve supervisor training and streamline portfolios to reduce burden and maximise learning benefit.
- 8. Getting the basics right: create safe, supportive workplaces by ensuring 24/7 access to affordable, healthy food and proper rest/study spaces. Tackle discrimination and enforcing zero tolerance of bullying, harassment and sexual misconduct with clear accountability. Level the playing field for locally employed doctors by standardising inductions, guaranteeing access to supervisors and ensuring fair study leave and budgets.
- 9. Better use of digital in healthcare: guarantee working IT equipment and user-friendly software, design new digital tools with clinicians, provide a bank of trusted clinical apps at induction, enable remote multidisciplinary teams and handovers, and embed AI training into curricula.
- 10. Workforce planning for the future: deliver a 10 Year Workforce Plan that increases the number of training places in line with medical school expansion. Reduce competition ratios to fair and sustainable levels, use data to target retention risks, engage meaningfully with clinicians and royal colleges on system and workforce planning, improve continuity of supervision and care, and embed a culture of continuous listening to tackle the real drivers of attrition.