



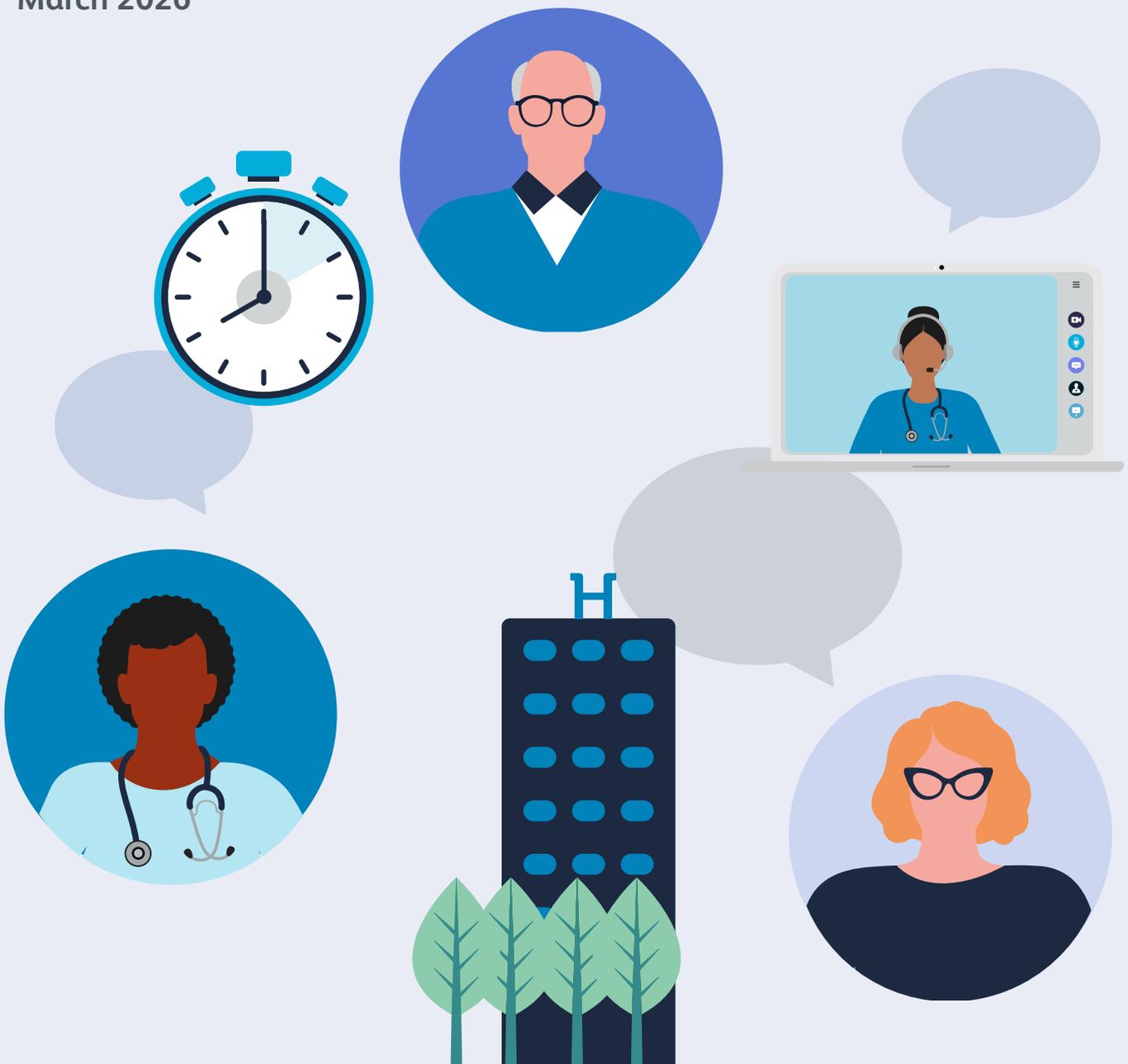
Royal College  
of Physicians

# Turning the tide

## Supporting Northern Ireland's physician workforce

A briefing from the Royal College of Physicians

March 2026



# Introduction



In November 2025, senior officers from the Royal College of Physicians (RCP) met with doctors and system leaders from across Northern Ireland (NI) at a roundtable to discuss the future of medical training and the reality of delivering care in an overstretched health system.

Northern Ireland's medical workforce is under immense pressure, but the solutions are within reach. Clinicians and system leaders share a clear, collective vision: expand and modernise medical training, value and progress specialist, associate specialist and

specialty doctors (SAS) and locally employed doctors (LEDs), fix working conditions and digital infrastructure, support generalist practice and invest meaningfully in clinical leadership. People are eager for collaboration, innovation and cultural change – and with the right support, we have the people, commitment and capability to rebuild a sustainable, patient-centred health and care system.

This write-up summarises the key themes from the discussion.

## Four key areas for action

### 1 Workforce pressures and morale:

Persistent strain on staff wellbeing and morale remains a major concern, compounded by post-pandemic recovery and increasing service demand. The growing number of SAS/LEDs in the medical workforce highlights the need for structured progression routes for doctors without a national training number.

### 2 Training bottlenecks and competition ratios:

Growing competition ratios have reached unfair and unsustainable levels. Concerns were raised about fairness in recruitment processes for specialty training. Greater flexibility in career pathways and changes in curriculum design should support generalism and multi-professional team working.

### 3 System pressures and corridor care:

The daily reality of prolonged waits for discharge and growing issues with patient flow is leading to the normalisation of corridor care. There was strong support for the [Health and Social Care \(HSC\) Reset Plan's](#) emphasis on neighbourhood care, prevention of ill-health and the rational use of investigations.

### 4 Clinical leadership and valuing people:

Clinical leadership should be recognised and incentivised, alongside protected time for career development, medical education, clinical research and quality improvement.



# Workforce pressures and morale

Participants at our roundtable repeatedly highlighted that workforce shortages sit at the heart of Northern Ireland's system pressures. Despite an increase in the medical workforce, the demand and acuity of patients have outstripped this growth. Consultant numbers have risen, yet many specialties remain severely understaffed and resident doctor rota gaps continue to drive unsafe workloads.

**'It doesn't feel like we've gained 1,000 more doctors – the daily pressures that we're experiencing are increasing.'**

**– RCP roundtable, November 2025**

Resident doctors spoke openly about the cumulative strain of juggling the responsibilities of more than one doctor due to staffing shortages. Consultants described increasing inter-team conflict, exhaustion and a sense that goodwill is eroding.

**'If you don't value them, the workforce will burn out.'**

**– RCP roundtable, November 2025**

SAS and locally employed doctors now make up an expanding proportion of the medical workforce. Participants emphasised that the health service depends on them – yet career progression remains inconsistent, undervalued and under-resourced. SAS doctors spoke powerfully about both their contribution to patient care and their frustration at being overlooked.

For SAS doctors, their key concerns included:

- > limited access to specialist roles despite long service
- > lack of structured career progression pathways
- > insufficient SPA (supporting professional activities) time or opportunities to build portfolios
- > cultural assumptions that 'leadership equals consultants'

- > departments relying on SAS doctors for continuity while not investing in their development.

Colleagues argued for a shift in mindset:

**'A specialty doctor moving up the career should be a specialist in 5 years' time. That should be expected, not the exception.'**

**– RCP roundtable, November 2025**

Participants highlighted successful models already happening locally – eg SAS physicians leading Parkinson's services, frailty pathways and chronic disease clinics – demonstrating the clinical and financial value of developing in-house expertise rather than relying on locums.

There was consensus that workforce modelling must shift away from a consultant-centric view and recognise SAS/LED progression as essential to sustainability.

## Recommendations

- > Develop structured SAS career pathways.
- > Expand specialist roles and leadership opportunities for SAS and locally employed doctors.
- > Convert recurrent locum spend into permanent posts.





# Training bottlenecks and competition ratios

A central theme was the escalating difficulty foundation doctors face in securing internal medicine training (IMT) places. High competition ratios mean that even high-performing local resident doctors are struggling to enter training in their home region. This was described as ‘unconscionable’ and a major threat to the long-term NI consultant pipeline.

‘We risk losing an entire generation of our future physicians if this does not change.’

– RCP roundtable, November 2025

Participants described the unintended consequences of UK-wide recruitment rules, including:

- high-volume applications from abroad by candidates with extensive CVs
- local medical graduates being crowded out despite intent to remain in NI
- foundation doctors deliberately delaying sign-off to avoid unemployment.

Senior system leaders in the room acknowledged the scale of the problem and explained that changes to recruitment are under active discussion at a UK level. Participants supported:

- recognising NHS experience during shortlisting
- smoother re-entry for NI graduates returning from abroad
- ringfencing opportunities for those with strong ties to NI
- expanding high-quality IMT posts designed with realistic workloads.

Clinicians stressed that meaningful professional development boosts morale and improves retention. Even small allocations of protected time for research, quality improvement or teaching significantly improve engagement. Resident doctors also asked for:

- consistent access to breaks
- reliable annual and study leave
- protected teaching time
- better educational supervision.

## Recommendations

- Increase training places to reflect the expansion of medical school spaces.
- Redesign recruitment processes to reflect NHS experience and encourage NI retention.
- Support resident doctors with better supervision, wellbeing and fair access to training.
- Embed flexible, modern career pathways including non-traditional and portfolio roles.



# System pressures and corridor care



Clinicians described in stark terms the ethical burden of providing care in overcrowded corridors. Older people being treated for hours or days in chairs, cancelled beds and minimal dignity erode staff morale and patient trust.

‘The beds are just creeping further and further up the corridor. They’re going to be up at the coffee shop in the lobby quite soon.’

– RCP roundtable, November 2025

Participants emphasised:

- delayed discharges due to lack of community capacity
- ‘winter pressures’ that actually last all year
- medically fit patients occupying acute beds for months
- the urgent need for regional solutions on step-down and intermediate care.

Despite ongoing work on discharge, community beds, tariff reform and independent sector engagement, clinicians emphasised that pressures remain overwhelming on the ground.

Several colleagues argued that Northern Ireland must rethink the model of hospital care itself. Most acute patients present with generalist needs rather than specialist ones and the training curriculum still over-prioritises narrow sub-specialism.

‘We’re still producing specialists who happen to have a certificate of completion of training (CCT) in general internal medicine (GIM), rather than genuinely rounded physicians. The day-to-day reality of GIM training simply doesn’t work.’

– RCP roundtable, November 2025

Participants supported:

- expanding acute and generalist skillsets across the workforce
- better aligning medical training with population need
- redesigning services around multidisciplinary teams
- embedding realistic medicine and value-based care.

There was strong appetite for sensible, patient-centred decision making that reduces over-investigation and unnecessary hospital appointments.

‘Electronic rotas that we could see across Northern Ireland would be really helpful.’

– RCP roundtable, November 2025

Participants also highlighted major inefficiencies caused by outdated and fragmented digital systems, including lack of interoperability, inability to track multiple versions of rotas, duplication of documentation and excessive scanning and investigations. There was consensus that digital reform – including AI – must centre on interoperability, thoughtful implementation and meaningful clinical involvement.

## Recommendations

- Support generalist practice and value-based care.
- Expand ambulatory and community models to relieve acute pressures.
- Address corridor care through system-wide discharge and intermediate care planning.
- Introduce standardised, transparent rota platforms.
- Improve interoperability and reduce duplication.
- Ensure digital tools are clinically co-designed and evaluated.



# Clinical leadership and valuing people

The need for strong, visible, supported clinical leadership was a key theme.

‘The greatest asset we have in the health service is the people working in it.’

– RCP roundtable, November 2025

Participants noted that leadership responsibilities often fall to clinicians without protected time, training or recognition. They were in favour of:

- > a Northern Ireland Clinical Leadership Academy
- > structured leadership development pathways for consultants, SAS and resident doctors
- > mentoring networks and succession planning
- > investment in leadership roles at all levels, not limited to medical directors.

There was strong support for reinstating a form of clinical excellence or impact awards, not primarily for financial gain, but for recognition and retention.

‘We need to invest in clinical leadership if we want to deliver the [HSCNI Reset Plan](#).’

– RCP roundtable, November 2025

## Recommendations

- > Establish leadership development programmes across all career grades.
- > Provide protected time and mentoring to those taking on service redesign.
- > Introduce recognition mechanisms that reinforce value and contribution.

## Conclusion

Our roundtable discussions demonstrated both the scale of the challenge and the ambition of Northern Ireland’s medical workforce. The RCP will continue to champion the perspectives shared in this meeting – particularly those of resident and SAS doctors – as part of our work on medical training reform, workforce planning and improving the culture of medicine.

‘We are all here because we care deeply about patient care. We just need a system that allows us to do our jobs.’

– RCP roundtable, November 2025

Royal colleges are uniquely placed to convene clinicians and system leaders, and our roundtable highlighted the strong appetite for joint discussion spaces that foster shared understanding and support innovation. Reform of healthcare depends not only on structures and pathways but on relationships and local networks. Colleges can support this by amplifying local success stories and helping people connect with one another to share what works.

The RCP is committed to working with colleagues across Northern Ireland to turn this commitment into meaningful action – we will play our part in shifting culture, strengthening professional trust and ensuring that change is underpinned by shared learning, shared priorities and shared purpose.

# About us

Representing around 600 members in Northern Ireland, the RCP aims to educate, improve and influence for better healthcare. This briefing was developed following a roundtable in Belfast that brought together representatives from the Department of Health, HSCNI, Northern Ireland Medical and Dental Training Agency (NIMDTA) and universities in Northern Ireland.

Chaired by the RCP president, the roundtable was attended by the RCP registrar, NI regional advisers, Resident Doctor Committee and SAS Network members and the RCP Student and Foundation Doctor Network chair, who were joined by the chief medical officer for Northern Ireland, Professor Sir Michael McBride, deputy chief medical officer, Professor Lourda Geoghegan, Health and Social Care (HSC) chief executives (including Belfast Trust chief executive Jennifer Welsh) and several HSC medical directors, along with senior colleagues from NIMDTA, Queen's University Belfast and Ulster University.

This document was approved by the RCP president, registrar and NI regional advisers before publication.

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