

Left in the lurch: Royal College of Physicians describes resident doctor recruitment crisis in new statement

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The RCP has issued an urgent call for the government and the NHS across all four UK nations to address growing competition for doctor training posts by commissioning a four-nation review of postgraduate medical training that considers how doctors will want to learn and work in the future.

As competition ratios – which represent the number of applicants per available training position – continue to escalate, there is a growing concern that many UK graduates are unable to secure a job that will allow them to continue their postgraduate medical training in the NHS. An increasing number of aspiring early career doctors are worried about their future.

Internal medicine training (IMT) forms the first stage of specialty training for most doctors seeking to become a consultant physician in the UK. There has been growing competition for posts at this stage of training for some years. In 2019, applications for IMT outstripped the posts available by 30%, and this figure had grown to 73% in 2024. The post-to-application ratio has gone from around 1.4 in 2019 to 3.7 in 2024.

The RCP is calling on governments and the NHS across all four UK nations to take urgent action. We need to understand why competition ratios are rapidly changing. UK graduates must be supported and enabled to enter postgraduate training schemes to continue their training in the NHS. **Governments and the NHS across the UK must commission a comprehensive four-nation review of postgraduate medical training that addresses growing competition for NHS training posts.**

The UK Foundation Programme is a mandatory 2-year structured training programme for newly qualified doctors, which serves as a bridge between medical school and specialty or general practice training. A [Health Education England and RCP study](#) on the ‘F3 phenomenon’ found many reasons why doctors might take a break after foundation training before returning to the NHS – these included burnout, the opportunity to work abroad, and the desire to gain additional experience in areas like leadership, teaching or quality improvement. However, with a growing number of doctors now taking a break from the formal training pathway when they finish their foundation years – [in 2022, 75% of those who completed foundation training in the NHS did not immediately enter core or specialty training](#) – we believe that it is time to revisit the ‘F3 phenomenon’. **A review of postgraduate medical training should look at why so many doctors are not continuing from foundation into core or specialty training.**

The RCP believes that all efforts should be made to ensure that doctors training in the NHS are not forced to take another route because they cannot secure an IMT place, and that where doctors *do* choose to take an F3 year, the NHS is an attractive place to return to for further training and career development.

A review of postgraduate medical training must also address higher specialty training competition ratios. There are significant bottlenecks in some specialties, while others struggle to fill their training spaces. We need the right medical workforce in place for our future population needs, which is why the RCP has campaigned for years for better long-term NHS workforce planning. It's why we asked for independent workforce projections based on population need, and it's [why we will continue to make the case for more robust modelling of medical specialty places](#) in the 2025 iteration of the NHS Long Term Workforce Plan.

With the welcome expansion of medical school places to 15,000 by 2031, there will soon be an even greater cohort of UK graduate doctors needing to enter internal medicine and specialty training. The RCP has campaigned for this expansion since 2018, and we still believe this is needed to ensure that we have enough doctors to meet growing patient demand. From university graduation through to their first consultant or specialist role, doctors should be supported and empowered to train and work in the NHS throughout their careers. For every new medical school place created, we need a commensurate expansion in foundation and specialty training posts, based on population need in different parts of the country. **A review of postgraduate medical training should address competition ratios for specialty training and ensure that publicly funded medical school places lead to the recruitment of more NHS doctors.**

Any action taken by the government and/or the NHS to improve the retention of UK-trained doctors on NHS training pathways must consider the impact of potential solutions on the opportunities for international medical graduates (IMGs). IMGs are an essential part of the NHS workforce and benefit the system in a multitude of ways, contributing diverse perspectives, varied clinical expertise and knowledge as well as cultural competence – all of which drive positive change to the NHS working environment and improve the quality of care provided to our diverse population.

Without swift action to deliver solutions for imminent application rounds, this situation may worsen, risking further erosion of the trust and confidence early career doctors have in the systems to help them progress their careers.

To ensure that doctors can continue in their training and patients can receive the high-quality care they need, governments and the NHS across the UK must:

- commission a comprehensive four-nation review of postgraduate training that considers the impact of rising competition ratios
- explore mechanisms to ensure that UK graduate doctors can continue their training in the NHS on postgraduate training schemes in time for the 2026 recruitment process
- ensure that IMGs working within the NHS have access to career development, educational opportunities, and are supported to deliver high-quality patient care. The important contribution of IMGs to the NHS must be recognised
- make a long-term commitment to expand IMT and postgraduate medical specialty training posts based on population need
- increase educator and supervisor capacity and recognise and remunerate these roles in senior doctor job plans. This is essential to high-quality medical training in the UK.

