Medical education update

Prof Roisin Haslett

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Department of Health & Social Care

NHS England

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

Current situation

- Money Money Money
- End of NHSE March 2027
- NHSE will merge with DHSC
- ICB and Regional blueprints being implemented
- VR ongoing and significantly reduced head count expected
- PGMDE currently out of scope of the model region and wider design as work required to deliver reform and improvement is ongoing
- PGMDE in scope for VR and offers went out last week
- It is expected that the regional structures will movement to consultation March 2026 but PGMDE structures may be later

Department of Health & Social Care

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Directly managed medical training programme

Recruitment and Selection

- JDs and advertisements
- Oriel portal
- Eligibility check
- Situational judgement tests, interviews, portfolio scoring
- Navigating multiple selection points

- Conditional offer
- TIS Self-Service
- Onboarding emails
- Centralised onboarding via TIS

- Local trust induction
- ESR Dashboard
- Mandatory training
- Access to statutory training

Training and Development

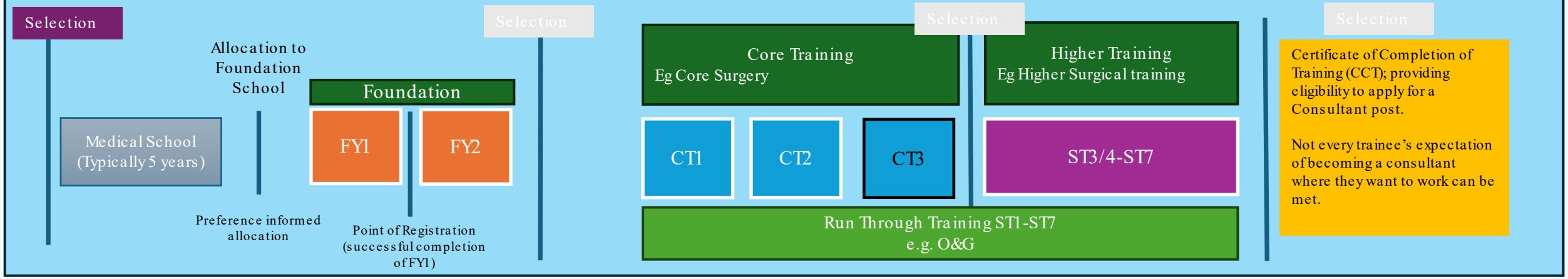
- Clinical supervisors
- Rota systems
  PGDME platforms
- Rotations in NHS/non-NHS
- Simulation and digital learning

- ARCP reviews
- Supervisor feedback
- Wellbeing services
- Structured feedback
- Career guidance and support

- Innovative placements
- Blended Learning
- Learning Hub
- SCRIPT
  e-Learning for Healthcare
- Simulation
- Postgraduate Virtual Learning Environment

Medical training pathway

Oversight and responsibility sits with the Postgraduate Deans from the start of foundation training to core training, higher training, until CCT.



Business as usual : 6 core functions (PGMDE*)

1. **Recruitment**
   Lead: Namita Kumar
2. **Programme mapping, ARCP and rotations** – national pilots, locally implemented, meeting curriculum needs
   Leads: Namita Kumar, Geeta Menon, Geoff Smith, Caroline Chipperfield
3. **Revalidation and fitness to practice**
   Lead: Namita Kumar
4. **Service for learners in need of support**
   Leads: Ruth Monger, Emma Scales (+PSW leads)
5. **Education Quality** – statutory functions inc sign off for provisional and full registration, CCT and trainer database
   Lead: Sam Illingworth
6. **Management of complaints and legal challenge**
   Lead: Namita Kumar

*the agreed changes would also apply where **the functions are similar across Dentistry, Pharmacy and Healthcare Science**

Principles for reform and future delivery (within 10-year plan model)

Place – devolution

Core functions should be as devolved as possible with principles that:

- National functions – set the policy and own the 'do once' activities including running central/national digital systems (e.g. online assessment, trainee information)
- Regional functions – in line with the Model Region with a focus on performance management, strategic oversight, intervention and improvement
- Providers/neighbourhood functions – responsive to local population and trainee needs
- Devolved nations – aligned to population and trainee needs outside England.

Productivity

Functions and processes should be streamlined and efficient:

- Phase in medium-term process changes to reduce manual tasks and begin transitioning to any identified alternative automated solutions, with particular focus on areas most pressured.
- Detailed planning for digital transformation of business processes, identifying technology solutions that can replace or enhance manual workflows.
- Prepare and plan for policy changes that will drive new ways of working
- Opportunity for further LEAN/ process mapping.

3 shifts

Reform should reflect the 10YP and the three shifts aimed at transforming healthcare delivery:

1. Hospital to community: moving care from in hospitals to community settings
2. Analogue to digital: providing health and care services using digital technologies instead of analogue
3. Sickness to prevention: focussing on the prevention of ill health rather than treating sickness.

Key considerations

- Impact of directly managed programs v commissioned programmes
- Lead Employer model
- Management of quality, complaints and legal risk
- The difference for dental, pharmacy and healthcare science
- Finance
- Key challenges e.g. rising number of trainees needing training, appropriate supervision and interventional support with less people to support them.

10-year workforce plan

Due out Spring 2026 to replace LTWP

10-point plan

The 10 Point Plan in August 2025, was a challenge to improve across a series of long-standing systemic issues that have affected resident doctors for too long - in just 12 weeks,

10- point plan/ improving working lives

Workplace Wellbeing: In a range of areas including access to hot food 24/7, locker access, and access to rest spaces 167 of 189 trusts reported improvements over the 12 weeks. We asked Resident Doctor Peer Leads (RDPLs) to validate these returns and 89% fully agreed the assessments.

Rota and Schedule Transparency: We now have our first ever comprehensive end-to-end picture which shows 12-week notifications are at 92%; 8-week schedules at 82%; and 6-week rotas at 76%. This shows that a vast majority of resident doctors get the information they need with enough time to plan their lives and we ask you to continue to share rotas in a timely manner.

Annual Leave Reform: We committed to reviewing how resident doctors' annual leave is currently agreed and managed recognising it would take longer than 12 weeks to solve the issues across the country. Our new Task and Finish Group has four priorities: national best practice guidance, local templates, rota coordinator training, and self-rostering options and we expect rapid delivery in this financial year.

Board-Level Leadership: Local ownership is critical to embedding the improvements long term. Now all 189 trusts have a Board Lead and 98% of Trusts have a Resident Doctor Peer Lead, with the remaining in active recruitment.

Payroll Accuracy: To improve payroll accuracy, we have informed and trained over 300 colleagues from 200 NHS trusts and other NHS organisations since September. We have set a target for a 90% reduction in errors over the next two months as a result.

10- point plan/ improving working lives

Mandatory Training: Every trust has now committed, via a Memorandum of Understanding, to recognise training completed at a previous employer and our audit shows this is being delivered across the country.

Exception Reporting Reforms: We ensured this was in contracts in September and will be launching the national programme on 4 February having completed training for 365 employers and issued the guidance last year.

Course-Related Expenses: 75% of trusts are now reimbursing course expenses within 6 weeks of submitting expenses, up from 53%. Our ambition is to reach 100% compliance by April.

Rotation Reform: We worked with the BMA, Postgraduate Deans and Training Programme Directors to agree 18 pilot programmes to test real world options starting in August to coincide with rotations. When we get the results, we will implement what works best.

Lead Employer Model: This is a fundamental NHS wide change, and we are on target for approving a business case and publishing a delivery road map as soon as possible as this remains a system-wide priority.

Next steps

- Webinars for RDPLs including a focus on cultural piece to re-build trust
- Embedding continual monitoring into regional education quality processes so part of business as usual
- National task and finish groups ongoing with regional input
- Regional teams working with individual trusts on action plans
- Annual leave standards and guidance to be released
- Lead employer models being nationally developed
- New exception reporting introduced Feb 2026

Medical Training Review

11 key themes

Published end October 2025

Medical Training Review- 11 key themes

- Urgent Reform of Postgraduate Medical Education
  Acoordinated and strategic overhaul is needed to address longstanding issues that incremental changes have failed to resolve.
- Address Bottlenecks in Training Progression
  Training bottlenecks at all career stages must be tackled, including reviewing the balance between UK-trained and international medical graduates.
- Increase Flexibility in Training Pathways
  Training should allow more personal agency, adaptability, and bespoke progression routes for doctors.
- Reduce Rigidity Between Training and Service Roles
  Support all doctors—whether in formal training posts or service roles—to progress and develop, especially early in their careers.
- Revise Rotational Structures
  Incorporate the findings of the ongoing rotational structure review to reduce disruption and improve continuity in training.

Medical Training Review

- Ensure Equitable Workforce Distribution
  Reform training to better serve underserved areas (e.g. rural and coastal regions), aligning medical school and training placements with population health needs.
- Support and Enable Educators
  Develop a national strategy to ensure educators have protected time, transparent funding, and reduced bureaucracy.
- Protect Procedural Training in Craft Specialties
  Ensure doctors in procedure-heavy specialties (e.g. surgery, anaesthetics) have sufficient time and access to develop practical skills—including in the independent sector.
- Update Curricula to Reflect Future Needs
  Work with UK nations and the GMC to revise curricula to include generalist skills, digital literacy, and alignment with the NHS 10 Year Health Plan.
- Review Recruitment Processes
  Make recruitment fairer, more flexible, and better aligned with future training models—while recognising excellence in clinical practice.
- Strengthen Clinical Academic Medicine
  Expand and support clinical academic pathways, especially in primary care, public health, and community settings.

Recruitment and workforce planning- UK Medical graduate prioritisation

Bill read in parliament

first time 22/1/26

second 27/1/26

Workforce supply and demand planning

- Concerns about increased application ratios
- Concern re FY2 progression into CT/ST
- Very high competition ratios particularly at CT level
- Lots of doctors wanting to re-enter training due to head count reductions by trusts
- 250 expansion in GP training numbers
- Small hospital expansion
- Some FY expansion to meet COVID bulge in UG numbers
- Trusts not taking all posts due to costs pressures
- Previous expansions funded for programme length but there are often extensions to training and these are becoming more difficult to finance
- Prioritisation bill set out to parliament and read for first time 13/1/26 and second time 27/1/26

Prioritisation of UK medical graduate

- **Why is the Government introducing this Bill?**
- Since the lifting of visa restrictions in 2020, UK-trained doctors have faced growing competition from overseas-trained doctors for specialty medical training posts, with applicants rising from 12,000 in 2019 to nearly 40,000 this year
- The number of eligible applicants for the Foundation Programme (FP) has also grown from 8,137 in 2019 to 11,205 in 2025
- To ensure UK graduates achieve full General Medical Council (GMC) registration and strengthen the domestic workforce, all eligible applicants (UK and overseas) have so far been guaranteed a place
- The Medical Training (Prioritisation) Bill intends to implement the commitment set out in the 10 Year Health Plan for England to prioritise UK medical graduates for foundation training places, and to prioritise UK medical graduates and other doctors with significant NHS experience for specialty training places.
- The Bill is UK-wide
- The Bill will also enable us to prioritise internationally trained doctors with significant NHS experience,

Prioritisation of UK medical graduate

- **What does the Bill do (subject to Parliamentary passage)?**
- The Bill establishes rules for prioritising certain groups of applicants for foundation and specialty training places
- The Medical Training (Prioritisation) Bill must go through the full parliamentary process
- For the UK Foundation Programme, the Bill requires that places are allocated first to applicants with a UK primary medical qualification, and other priority groups before being allocated to other applicants.
- The priority groups include applicants holding a primary medical qualification (PMQ) from an Irish medical school and, in line with existing international agreements, those with a PMQ from Norway, Iceland, Liechtenstein or Switzerland.
- For specialty training the Bill sets prioritisation criteria from 2026 and gives us the ability to change how we define significant NHS experience from 2027
- Including those with significant NHS experience is crucial to delivering the policy intent of the Bill
- For specialty posts starting in 2026 prioritisation will be applied at the offer stage. For training posts starting from 2027 onwards, prioritisation will apply at both the shortlisting and offer stages

Recruitment of UK medical graduate in 2025

- Despite lower competition ratios over 2000 appointable UK graduate applications did not receive an offer in R1 2025
- Those UK Graduates who were not offered were either out competed by non-UK applicants or only preferenced a small number of locations and would have been offered if they preferences a wider geographical preference
- Despite lower competition ratios, applicants may still not get their first-choice specialty or geography due to the competition
- There will aways be competition, with the highest quality applicants being appointed, especially for popular training programmes and/or geographies

Prioritisation of UK medical graduates

Baseline

For 2026, c40,000 individual applicants made 74,000 applications at CT1/ST1For 2026, it is estimated that c10,000 training posts will be advertised, giving a competition ratio of 3.8 applicants to every training post, at a UK aggregated level. As applicants can make up to 5 applications, competition as measured by applications will be higher at an average of 7.4 applications per post (individual specialties will vary)

Prioritisation and additional 1000 training posts

With the delivery of prioritisation, the total number of prioritised applicants will be an estimated 21,000. With the 10,000 advertised posts, this gives a competition ratio of 2:1 (prioritised applicants versus posts), almost halving the applicant pool.With prioritisation and an additional 1000 training posts promised in the 10 Year Health Plan, this further reduces competition ratios, at applicant level. With the 21,000 prioritised applicants now competing for c11,000 training posts, which creates a competition ratio of 1.9:1.

Applications

However, competition will appear to be greater, when considered by the number of applications made for a specialty, as applicants are applying to up to 5 specialties. With competition on average at 3.8 across all CT1/ST1 specialties.

Offer stage

Competition will reduce at offer stage, as only appointable applicants will be considered, and applicants can only accept one training offer.

Workforce expansion in Psychiatry

- The desire to redress historical issues and the need to serve under doctored areas has led to significant expansion in psychiatry over past few years
- There are now very good fill rates now in core programmes and very high competition ratios
- There is a plan for 1000 extra hospital posts for 2027 recruitment and 175 of these planned to be core psychiatry
- There is a hope to deliver this early for 2026 start and letters describing this went to all CEOs/MDs 30/1/26 from Glen Burley NHSE Financial Reset Director and Accountability Director
- Funding is expected to be from current trust budgets with some small top up as trusts are expected to consider conversion of current LED posts or locum costs
- If posts can be identified there will be an additional April recruitment round for August 2026 start
- Posts should be used to balance historical imbalances and serve population need
- There are unknown numbers of locally employed doctors, trusts may not want or be able to convert posts and this recruitment round is dependant on no further IA .

What next for the Medical education?

- The Deans need to work with providers and ICSs to deliver education and workforce in current context
- Continue a focus on education quality as there may be impacts from the financial pressures
- Adapt to 10 yr workforce plan when published
- Oversee delivery of 10-point plan and continue to drive improvements
- Deliver outputs from MTR
- NHSE ceases March 27
- PGMDE structures are being worked on currently
- Adapt to new structures when known
- Need to design for future not reproduce past
- Be the cheer leaders for education

QUESTIONS?

roisin.haslett1@nhs.net