

Royal College of Psychiatrists: Medical Training (Prioritisation) Bill Briefing 2026

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About the Royal College of Psychiatrists:

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom. We work to secure the best outcomes for people with mental illness, intellectual disabilities, neurodevelopmental conditions and neuropsychiatric conditions by promoting excellent mental health services, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of psychiatry.

College position on the Bill

The Royal College of Psychiatrists **welcomes the Government's introduction of the Medical Training (Prioritisation) Bill**, which seeks to prioritise UK medical graduates for access to core and higher specialty training points from 2026. Securing clearer and more reliable training pathways for UK medical students and foundation doctors is a long-standing priority for the College, particularly in psychiatry, where growing interest in the specialty is being undermined by persistent bottlenecks and a shortage of training posts.

While we support the Bill's intent, we have identified several important gaps that must be addressed to ensure the legislation contributes effectively to expanding the psychiatric workforce, tackling longstanding training bottlenecks, supporting international medical graduates already working in the NHS and delivering the wider workforce growth needed to meet rising mental health demand.

The College recommends that **the requirement for NHS service within the Medical Training (Prioritisation) Bill be set to two years**, aligning with the length of the Foundation Programme and ensuring that applicants have sufficient clinical experience before accessing priority training routes.

Key messages

- Medical graduates face fierce competition when applying to train in psychiatry in the UK, and this is leading to bottlenecks which leave many of them without a secure pathway into core training.
- While growing interest in psychiatry is welcome, we recognise that the recruitment system is not keeping pace and this is incredibly frustrating for individuals. We also find this situation concerning, particularly given the urgent need to expand the number of psychiatrists in the UK because of the historic underfunding of psychiatry training posts and mental health services more broadly.
- **We would welcome a process that secures training posts for UK medical students and UK foundation trainees** and have been calling for this for some time. The UK has some of the most outstanding psychiatric training in the world, and it is vital that this is used to attract the best doctors so that they can be nurtured and developed into the best psychiatrists.
- International Medical Graduates (IMGs) already working in the NHS are a valued and integral part of the health system. They make up 40% of the psychiatric workforce. Like all of those working in the NHS they must feel welcome and be supported to develop

in their careers. In a system where there are 1 in 6 consultant vacancies, we cannot afford to lose this vital part of our workforce.

- **These measures must form part of a wider programme of reform to grow and support the NHS workforce.** This is essential if we are to adequately address the current workforce crisis. Alongside the measures we need to see:
 - Investment in recruitment including comprehensive action to address bottlenecks and deliver more postgraduate training places.
 - Ring fenced funding for education and training.
 - Measures to retain psychiatrists, particularly UK-trained psychiatrists, as they are often in high demand in other countries as well.

Investment in recruitment and training

The Psychiatric and the wider mental health workforce is critical to the success of the NHS reforms and the spreading of good practice.

- Yet **growth of the consultant psychiatric workforce still falls short** of commitments set out in Stepping Forward to 2020/21: the mental health workforce plan for England and the NHS Mental Health Implementation Plan 2019/20-2023/24. This has resulted in **impossible case workloads with staff leaving the workforce**. We also know that not meeting patient need has an impact on patient morbidity and adds further pressure on healthcare services as well as welfare systems.
- While the College welcomed the 2023 NHS England Workforce Plan commitment to expand medical school places to 10,000 per year by 2028/29 and 15,000 by 2031/32, we are concerned that the recently published 10 Year Health Plan states that by 2035 the NHS will have fewer staff than projected under the 2023 Long Term Workforce Plan. There have been suggestions that AI and digital technologies might help address the workforce shortfall. It should be noted that digital technologies should help productivity of existing staff, if there is sufficient and effective IT infrastructure available, but are highly unlikely to replace the therapeutic relationship and continuity of care needed for good mental health care.

A solution to these problems is for the workforce plan to:

- **Maintain commitments to double medical school places, ensuring this is fully costed and delivered**, with more medical school places put into schools with a proven track record of delivering consultants in shortage specialties including psychiatry. RCPsych estimates that doubling places could increase the numbers becoming consultants by between 450 and 675 posts a year.
- **Set out forecasts for growing specialties, including psychiatry in the short, medium and longer term.** We need to see comprehensive and transparent modelling of postgraduate medical specialty places, including in the range of psychiatry specialties.
- Ensure the **integration of psychiatry with the wider health and care system**, for example, integration of neuropsychiatry in neurology services.
- Address bottlenecks in medical training pathways.
- Ensure local medical schools and postgraduate schools are supported to create medical school placements in psychiatry and that there are enough trainers for the planned increase of medical students and resident doctors.

Comprehensive action to address bottlenecks and deliver more postgraduate training places

To solve this problem, we need to see:

- **A continued expansion of core psychiatry training places.** Alongside this expansion, capacity must be increased at ST4 level (higher specialist training) to ensure those progressing through the training pipeline can access ongoing training on the road to consultant psychiatry posts.
- **A clear pathway developed for UK graduates to progress to Consultant or SAS doctor level.** The Medical Training Review offers a promising pathway to ensure we train enough doctors to meet the needs of the population. It's particularly important for specialties like psychiatry, where training bottlenecks have been a persistent issue. We welcome the emphasis on flexible training and inclusive team structures. These priorities must be matched by formal recognition and incentivisation of educator development. Supporting staff throughout their training journey is essential to building a more resilient NHS.
- **Indeed, more flexibility system-wide alongside protected time for training and supervision in consultant, specialty doctor and specialist job plans** to improve resident doctors' experience of training and ensure the right people are being trained in the right areas to meet the needs and expectations of patients.
- **Mapping local population needs to local medical workforce planning.**

The College is actively working in this area and would be happy to discuss our ongoing initiatives and learning further.

Ring-fenced funding for education and training

Local medical schools and postgraduate training providers need adequate support to expand psychiatry placements and ensure sufficient trainers for the planned growth in medical student and resident numbers. Our members report that limited capacity is already compromising the quality of undergraduate and postgraduate training, with difficulties placing students in appropriate clinical settings and reduced access to key recruitment areas such as Child and Adolescent Psychiatry, as well as essential non-CCT specialties including eating disorders, perinatal psychiatry and addictions. Teaching time is increasingly squeezed by rising clinical pressures and poor infrastructure, with limited space, IT access and opportunities for in person supervision, challenges that mirror those seen across foundation and postgraduate training.

To address these problems, we recommend ring-fenced funding for the following solutions:

- An increase in paid administrators within medical schools, postgraduate medical education departments as well as supporting educational and supervision time for undergraduate and postgraduate leads.
- SAS doctors having support to become educators.
- An increase in patient educator education - which requires comprehensive organisation and supporting structure.
- Investment in simulation to compensate for reduced clinical placements at undergraduate and postgraduate levels.
- Consultants and SAS doctors having protected time in their job plans to deliver training and supervision. Reinstating paid roles to support foundation training and ensuring the funding for Foundation Training reaches the areas of most need.
- An increase in psychiatry placements within Foundation Training given the rising clinical demand.

- An increase in online teaching resources (given online teaching will be inevitable due to the lack of clinical placements).
- More training in leadership for resident doctors and early career consultants.
- Training for trainers in education and support for cross-organisational working.
- Investment in the Mental Health Estate – much of the estate remains unfit for purpose, adversely impacting the wellbeing and productivity of the workforce among other concerns. Sustained investment in the mental health and learning disability estate across inpatient and community settings is therefore integral to aiding recovery, improving patient flow. We're calling on Government to demonstrate its commitment to parity of esteem through the introduction of a Mental Health Infrastructure Plan to support delivery of new mental health estate, improve the therapeutic environment within the existing estate and ensure staff working in community and crisis services can be based in suitable facilities as system expansion proceeds.
- The undergraduate and postgraduate tariffs must also be protected and ringfenced for undergraduate and postgraduate education.
- As well as action at a national level there would need to be regional and local level action – for instance involving Postgraduate Deans, College Deans, Directors of Medical Education and Medical Directors. Local level action would be supported by an accountability framework which clearly sets out who is accountable for workforce in each region.

Measures to retain psychiatrists

There has been insufficient investment in retaining the healthcare workforce, with clear consequences for patient care, and the forthcoming Workforce Plan provides an opportunity to address this.

For years now NHS staff have been struggling with high workloads, growing administrative burdens, poor working environments and worsening work-life balance. Many staff, including those from marginalised groups, have experienced burnout and mental health difficulties, with neurodivergent doctors, trainees and junior doctors particularly affected due to inadequate support.

As experts in the field, we set out solutions below, which must be embedded as core elements of the Workforce Plan to be effective:

- **Comprehensive, accessible mental health and wellbeing support for NHS staff is essential**, alongside proactive action to encourage early help seeking and tackle stigma associated with mental health diagnoses. This should be underpinned by ring-fenced, recurrent funding of £45 million, including £5 million to build occupational mental health capacity and £40 million to support staff mental health and wellbeing hubs nationwide. We welcome the 10 Year Health Plan commitment to introduce Staff Treatment Hubs and are keen to understand how these will align with existing NHS Staff Mental Health and Wellbeing Hubs.
- Ring-fenced investment that will ensure staff (a) receive administrative support, (b) can access working technology (including digital support to manage caseloads and to support clinical prioritisation) and (c) have adequate space to carry out daily duties (including confidential consultations).

- Particularly within the context of commitments in the 10 Year Health Plan to 'develop a new set of staff standards' the following basics addressed through staff standards:
 - 24/7 access to healthy and hot (or the facilities to heat) food and drink for staff.
 - Hospitals that meet minimum standards for appropriate on-site staff rest facilities that are available 24/7.
 - Measures to support flexible working offers for staff, for instance adaptable posts as post holders seek to pursue specific interests within job roles and paid sabbaticals for senior mental health professionals.
 - Non-financial incentives to reward innovation and productivity.
 - Compassionate employment i.e. support for life events such as bereavement, pregnancy and maternity, parenthood, breastfeeding and menopause.
 - Assertive action to tackle bullying, harassment, racism and discrimination faced by healthcare staff with data on the diversity of the workforce shared routinely and publicly.
 - Related to these areas, the NHSE '10-point plan to improve resident doctors' lives must continue to be implemented with similar provisions extended to all NHSE staff.

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