

RCGP organisational response to NHS England's Medical Training Review – call for evidence

May 2025

About RCGP

We are the professional membership body for GPs in the UK. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice. We support GPs through all stages of their career, from medical students considering general practice, through to training, qualified years and retirement.

The response to this call for evidence was prepared in collaboration with the GP Registrar community.

Overview

The Medical Training Review is conducting an extensive programme of engagement and listening to ensure that doctors, educators, patients and NHS leaders have the opportunity to shape medical training in England for the future. This activity forms the 'diagnostic' phase 1 of the review, which will report in summer 2025. These outputs will inform reform options, to be developed in phase 2.

This call for evidence will run for 6 weeks, from Tuesday 8 April to 23:59 Tuesday 20 May. Responses will form part of the review's evidence base, alongside the outputs of listening events and targeted focus groups with stakeholders, including patients and patient advocacy groups.

While the call for evidence is open to the public, the questions are tailored towards those with experience of undertaking and/or delivering postgraduate medical education or delivering clinical services. This exercise will therefore be supplemented by engagement, such as the focus groups, to widen opportunities for other groups, such as patients to respond to the review and capture a breadth and plurality of perspectives.

The questions have been informed by listening events to date, the academic literature and a desktop review into the current challenges facing postgraduate medical training and options for addressing these.

Theme 1: Is postgraduate medical training meeting the needs and expectations of patients, healthcare services and doctors?

Subtheme 1.1 - Workforce Distribution

To what extent do you agree or disagree with the following statement?

'The current system of recruitment to and distribution of training posts meets the health needs of patients and the population.'

1 - Strongly disagree

If you disagree, what changes are needed to better align the distribution of training posts with local health needs?

The RCGP believes that postgraduate medical training – and training in general for all healthcare students – is falling short of meeting the needs and expectations of patients and the population.

The Long-Term Workforce Plan committed to increasing the number of GP training places from 4,000 in 2022/23, to 4,500 in 2025/26, 5,000 in 2028/29 and 6,000 in 31/32. However, for the 2024 recruitment round, [4,096 posts were advertised](#) but after adjustments made during the recruitment process, [the final number of posts available was only 3,537](#), representing a reduction on previous years (the final number of posts available in 2022 was 3,648).

Without significant efforts to urgently address the barriers to increasing GP training places, it will not be possible to meet the health needs of patients and the population, in line with the requirements of the Government's own promises to the public to 'bring back the family doctor' and run a 'neighbourhood health service'. Although there has been a steady increase in the total number of full-time equivalent GPs (including registrars) in England, the number of fully-qualified full-time equivalent GPs has been declining for many years, reaching a low point of 27,153 in June 2023. While this number is now slowly increasing, reaching 28,281 as of March 2025, we are still 1,256 below March 2016.

This is reflected in the ratio of patients to fully qualified GPs, which has similarly increased significantly over time. Although now declining slightly from a peak of 2,305 in July 2023, it remains at 2,254 as of March 2025, 307 more than in March 2016. In addition, the closure of the 'New to Practice Fellowships' in March 2024 has meant that newly qualified GPs are struggling to gain confidence in their early years, learning about

continuity of care and the holistic approach to communities that enables the very special trusting doctor/patient relationship.

To what extent do you agree or disagree with the following statement?

'The current distribution of training posts meets the needs of healthcare service providers in delivering healthcare and developing their future medical workforce.'

1 – Strongly disagree

If you disagree, what changes would better align training post distribution with service and workforce needs?

The current number of training places in general practice is failing to meet the needs of general practice service providers, just as it is failing to meet patient need. In general practice, the current training system is at full capacity. Practices are struggling with limited physical space, trainer availability and other vital resources needed to support registrars effectively.

Despite insufficient training capacity, there also appears to be a significant disconnect between training and workforce planning to ensure that future services are equipped with the skills and staffing necessary to meet the population's care needs.

Our [2024 RCGP survey of ST3 Associates in Training](#) found significant concerns about post-qualification employment, particularly difficulties in securing roles due to visa sponsorship barriers for International Medical Graduate GPs, who now make up over 40% of all GP trainees. This is causing considerable anxiety among GP registrars and undermining morale. These employment challenges are especially concerning given the low numbers of full-time equivalent GPs. This paradoxical situation highlights systemic inefficiencies that require urgent attention. Co-ordinated action is needed to ensure there is robust data to understand the problem, as well as adequate funding and practical support to enable newly qualified GPs find employment and deliver essential patient care.

Subtheme 1.2 Experience of being a Resident Doctor

To what extent do you agree or disagree with the following statement?

'The current model of postgraduate medical training meets the personal and professional needs of most doctors.'

2 – Disagree

If you disagree, what changes would have greater impact in supporting the personal and professional needs of doctors in training?

Until NHS England implements its plan for GPs to spend the full three years of their training in primary care settings, which the RCGP welcomes, we consider that the current model of postgraduate medical training should be re-evaluated to ensure that any time spent in secondary care is meaningful and directly relevant to general practice. Registrars should undertake activities aligned with agreed training goals – such as attending relevant clinics or working within specialties that will provide direct benefit, such as frailty services – rather than being used solely for service provision.

Protected weekly educational time must be upheld throughout the entirety of GP training, including during hospital placements. Additionally, consistency in study leave budgets and equitable access across training programmes are essential. Shorter hospital placements, focused on acquiring the skills necessary for primary care rather than on service provision, would be ideal to ensure training remains relevant and valuable. Ideally, GP training should be longer than three years (in Ireland it is four years' training), to cover such a broad spectrum of competencies and skills.

Subtheme 1.3 Flexibility in training

To what extent do you agree or disagree with the following statement?

'Current training processes are flexible enough to meet the needs of most doctors.'

2 – Disagree

If you disagree, please indicate which areas of flexibility need improvement?

RCGP considers that less-than-full-time training (LTFT) must become more 'normalised' and factored into workforce planning and the allocation of training places. LTFT working has a number of advantages for both individual doctors and the healthcare system; allowing doctors to manage stress and avoid burnout, and supporting those with health needs or caring responsibilities in an increasingly female workforce (although many male doctors are also requesting to reduce their hours) – in addition to improving workforce retention, which is an essential priority. There needs to be equitable access for all registrars who may benefit from LTFT, not just those with health needs or caring responsibilities – and medical schools, deaneries and local training providers must work together to align expectations and resources.

Theme 2: Training capacity, delivery and quality

Subtheme 2.1 – Preparation for future practice

To what extent do you agree or disagree with the following statement?

'The current postgraduate medical training adequately prepares doctors for the professional and clinical demands of their future roles.'

3 – Neither agree nor disagree

If you disagree, which of the areas contributing to preparedness require the most improvement?

While the RCGP curriculum is comprehensive in providing both the clinical skills and the broader attitudes and expertise required, embarking on roles within practice, particularly within the relatively independent setting of general practice, can be a challenging transition for some.

As such, there is a growing appetite for structured post-CCT professional development programmes. While current training equips doctors to deliver patient care, it often does not adequately prepare registrars for the broader responsibilities of a fully qualified GP – particularly the leadership and management of multidisciplinary teams, which are increasingly central to the role – and understanding the business aspects of the job. Many registrars report feeling unprepared for the step up to independent practice, with limited time and opportunities during training to work at a level equivalent to a salaried GP. Addressing the discrepancy between training and real-world expectations is essential to ensure confidence, competence and retention in the GP workforce.

Newly qualified GPs must be given the opportunity to settle into practice quickly and develop their skills and confidence. The New to General Practice Fellowship programme – nationally funded until March 2024 – was a valuable initiative that supported GP retention, wellbeing and career satisfaction. It played a critical role in helping new GPs feel valued and equipped for the professional and clinical demands of their future roles. As set out in our [2024 Retention Report](#), RCGP strongly recommends re-establishing this programme as a national initiative.

More broadly, the RCGP has long called for the expansion of GP training to four years, and we would suggest the review should consider this to allow for sufficient time to incorporate the necessary skills for GPs to quickly thrive in practice settings.

Subtheme 2.2 – Quality of the learning environment

To what extent do you agree or disagree with the following statement?

'The current system of postgraduate medical education provides doctors with a high-quality learning environment.'

1 – Strongly disagree

If you disagree, which of the areas contributing to preparedness require the most improvement?

The RCGP's May 2023 report, [Fit for the Future: Reshaping General Practice Infrastructure in England](#), highlights concerns about the quality of the training environment and educator capacity.

An RCGP survey of 2,649 general practice staff, conducted in 2022–23 and cited in the report referenced above, revealed that the most common concerns about receiving GP registrars were a lack of physical space and insufficient funding. Among the practices that reported that their premises were not fit for purpose, 32% identified poor disabled access as a contributing factor – an issue that can limit access to care for patients with disabilities and hinder participation for registrars with disabilities. The availability of adequate space will also be a critical factor in efforts to shift more care into the community and support the co-location of services, where this aligns with local population needs.

Key findings from the survey included the following:

- 84% of general practice staff said a lack of physical space limits their practice's ability to take on GP registrars or other learners.
- 73% of general practice staff said their practice has little or no capacity to increase training places without additional funding.

Aside from the issue of physical space, a high-quality learning environment is one in which registrars feel safe, supported and empowered to ask questions. Registrars should be encouraged to explore areas of interest, and self-directed learning time should be meaningful and easy to make use of. This includes having straightforward access to educational experiences – such as sitting in on specialty clinics – without excessive administrative hurdles.

The broader cultural context also plays a role in shaping learning environments. Dismissive attitudes towards general practice (“just a GP”) can undermine morale and devalue the profession in the eyes of registrars. [The RCGP definition of a GP](#) seeks to debunk the myth that general practice is made up of ‘easy’ cases that only require a

superficial knowledge of medicine. The training needed to produce a modern GP is complex and multi-faceted.

Financial constraints are compounding these pressures. Statutory Education Bodies are under pressure to find efficiencies, leading to a growing emphasis on accelerated training pathways. With a focus on support for those who are struggling, this has implications for the training experience of the wider registrar body. At the same time, the ongoing presence of Allied Healthcare students within practices – alongside a growing number of medical students – is contributing to increased competition for supervisor time and physical space. These challenges are disrupting the training environment and adversely shaping the experience of newly qualified GPs.

Subtheme 2.3 – Educator capacity

To what extent do you agree or disagree with the following statement?

'Trainers in postgraduate medical education have sufficient time, support and resources to deliver quality supervision and training.'

1 – Strongly disagree

If you disagree, which factors could better support medical educators?

As further detailed in the RCGP's [May 2023 infrastructure report](#) referenced above, trainers often lack the time, support and resources required to deliver high-quality supervision and teaching – factors that directly affect the standard of care and preparedness of the next generation of GPs.

In the same RCGP survey quoted in the report, many survey respondents highlighted a shortage of available educators or supervisors, along with limited time for training, likely due to intense workload pressures. 47% of general practice staff cited a shortage of educators or supervisors as a barrier to taking on GP registrars or other learners. This will also have implications for any movement to expand and train a wider range of roles within primary care, particularly where GPs are expected to provide this training and supervision.

Trainers are expected to shoulder increasing responsibilities with little additional support. At the same time, as set out above, [the number of experienced GPs is not rising substantially, reducing the capacity for supervision and mentorship](#). These issues threaten the sustainability of the GP workforce and ultimately, patient care, particularly in socioeconomically deprived areas.

As above, financial constraints mean that training budgets remain under considerable strain, and there has recently been a recruitment freeze on medical educator roles within NHS England. This directly affects trainer capacity, increases the risk of burnout and diminishes the quality of support provided to GP registrars.

Subtheme 2.4 – Equality, diversity and inclusion

To what extent do you agree or disagree with the following statement?

'Postgraduate medical training creates an equitable and inclusive environment for doctors from diverse backgrounds, including those from minority ethnic groups and those with disabilities.'

2 – Disagree

If you disagree, how can things be done differently to address differential attainment, sexism and microaggressions for doctors from diverse backgrounds?

Differential attainment in training remains a live issue which the RCGP continues to work with other stakeholders to attempt to resolve.

Training programmes must also address the broader cultural environment. For example, bystander training – which equips individuals to intervene when they witness discrimination or inappropriate behaviour – would help to support a diverse workforce and address issues like ageism, which affects older registrars and post-qualification doctors.

Equity of opportunity is undermined by current visa sponsorship policies. Doctors who require Tier 2 visas when they finish their three-year training programmes (up to 40% of all GP trainees are International Medical Graduates) are frequently ineligible for many roles simply because those roles do not offer sponsorship.

Theme 3: Enabling and reforming postgraduate medical education to achieve the 3 NHS mission shifts

Subtheme 3.1 – Hospital to community

To what extent do you agree or disagree with the following statement?

'Postgraduate medical training should include more opportunities in community-based settings to better align with patient and community needs.'

5 – Strongly agree

If you disagree, please explain why you believe postgraduate education should not provide more community-based opportunities.

The RCGP welcomes plans for greater training opportunities in community-based settings generally and general practice specifically, including NHS England's plan for future GPs to spend the full three years of their training in primary care settings. However given the significant capacity challenges outlined throughout our response, this will not be feasible without more innovatively designed training posts and increased funding. In this context, new approaches – such as blended learning – are beginning to gain traction as a potential way to address capacity challenges. Ideally, all healthcare students should have placements in general practice, but the constraints outlined above mean the reality is that there is not currently enough placement room for them to receive this.

It is also vital to ensure that registrars have opportunities to gain experience across both medical and other healthcare specialties, fostering collaboration and shared learning. These cross-disciplinary experiences enhance flexibility, strengthen multidisciplinary teamwork, support career development, and ultimately contribute to better patient outcomes. As such, we would support secondary care specialty registrars spending some time in primary care, where capacity allows, to gain an understanding of general practice.

To further support a smooth transition into community-based roles, additional training options could be explored to allow registrars to develop special interests relevant to community settings.

Subtheme 3.2 – Treatment to prevention

To what extent do you agree or disagree with the following statement?

'Postgraduate medical training curricula should include a stronger focus on addressing health inequalities, social determinants of health and population health.'

5 – Strongly agree

If you disagree, please give your reasons.

The GP Curriculum, both in its current form (in effect until August 2025) and its updated version (in effect from August 2025), extensively references “health inequalities, social determinants of health, and population health”.

Below is a list of illustrative examples from both the current and updated Curriculum:

Being a GP

- **Current Curriculum (until August 2025):**

Area of Capability: Caring for the Whole Person and the Wider Community

“Recognise how the roles and influence of the GP span across the healthcare system... Identify the opportunities that this expanded role provides for reducing inequalities and improving local, national and global healthcare.”

- **Updated Curriculum (from August 2025):**

Subsection: Promoting Population and Planetary Health

“Apply your understanding of the wider determinants of health to address health inequalities and inequities.”

Life Stage Topic Guides

- **Current Curriculum:**

Older Adults – Service issues

“Inequalities in health care provision can be particularly significant in older persons (e.g. learning, physical disabilities, access to care). This can be limited by ensuring easy access to the primary healthcare team, appropriate timing of appointments, signposting to appropriate team members, and the systematic management of chronic conditions and co-morbidities.”

- **Updated Curriculum:**

Children and Young People – The Role of the GP in the Care of Children and Young People

“Understand that social determinants of health are particularly important in vulnerable sectors of society, especially with rising incidences of child poverty and inequality, and engage in reducing inequality of access to services.”

Professional Topic Guides

- **Current Curriculum:**

Equality, Diversity and Inclusion – Emerging issues

“The NHS also has a wider social duty to promote equality through the services it provides, especially to groups or sections of society where health and life expectancy could be improved.”

- **Updated Curriculum:**

Population and Planetary Health – The Role of the GP in Population and Planetary Health

“Apply an understanding of the wider determinants of health to address health inequalities and inequities.”

Clinical Topic Guides

- **Current Curriculum:**

Metabolic Problems and Endocrinology – Additional important content

“Genetic and environmental factors (e.g. ethnicity, lifestyle, social inequalities) affecting prevalence and outcomes in conditions such as diabetes.”

- **Updated Curriculum:**

Infectious Diseases and Travel Health – Additional Important Content

“Health inequalities relating to infectious disease (such as differential outcomes in Covid-19).”

Bridging the gap between theoretical learning and clinical practice can be challenging, especially when comparing work in socioeconomically deprived areas to more affluent urban settings. As such, the RCGP would like to see greater training opportunities provided that better align with the aims and aspirations of our curriculum.

Subtheme 3.3 – Analogue to digital

To what extent do you agree or disagree with the following statement?

'Postgraduate medical training should incorporate more content on digital health, AI and remote care, including the use of technologies such as extended reality, AI and machine learning, to enhance learning experiences and improve training capacity.'

5 – Strongly agree

If you disagree, please give your reasons.

As digital technologies transform general practice, training must keep pace. We agree that postgraduate medical training should incorporate more content on digital health, AI and remote care. [With one in five GPs incorporating AI tools in their clinical practice](#), it is essential that future doctors are equipped to understand the risks and benefits of these technologies. The RCGP will play its part as a curriculum and standards body to ensure that GP training keeps pace with these innovations and the needs of our members to be able to evaluate and use these new resources appropriately. We also hope to see the development of training and guidance outside of the GP curriculum to support with appropriate use of new technologies and the assessment of risks and benefits.