



# Six simple ways to retain doctors in training in the health service

## The ATDC REFORM principles

### Summary

The Academy Trainee Doctors' Committee (ATDC) represents trainees in postgraduate training. It has over 60 representatives drawn from the 24 medical royal colleges and faculties in the UK and Ireland. The members are all at different stages of their postgraduate training pathways. By working together to identify issues and challenges that affect trainee doctors and suggesting solutions, we strive to implement changes across the whole health service. In particular, we look at ways to improve the support given to trainee doctors throughout their postgraduate years to enhance training, recruitment and retention of this crucial component of the workforce.

Medicine is a career that attracts some of the brightest minds from across the UK. Investing in these people throughout their career will help advance and develop healthcare for the benefit of patients, as well as expanding a healthy workforce. It is crucial that medicine continues to be an attractive career, particularly as we actively compete with other careers in non-health related professions.

Industrial action has highlighted significant concerns regarding pay across healthcare professionals, including doctors in training. While pay is outside the remit of the Academy and the ATDC, there are other concerns that impact the working lives of doctors. These concerns represent the fundamental basics and legal requirements of employment, and some practices that are at odds with practice seen in other non-healthcare professions.

The ATDC's REFORM principles focus on six challenges experienced throughout training and the working environment in the health service, and across the devolved nations. Recognising their importance and taking active steps to address them will, we believe, improve the recruitment and retention of current and future doctors in training.

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## The REFORM principles

**Rotation:** The frequency, need and location of training rotations *must* be reviewed to minimise disruption and improve continuity of care.

**Exams:** The number and value of exams and assessments *must* be reviewed and balanced with the personal and financial cost.

**Flexibility:** Those seeking to re-enter training or alternative working patterns *must* be supported to do so.

**Organisational support:** Employers *must* support doctors in training to maintain a healthy work-life balance including time for self-development.

**Recuperation:** Appropriate break areas with 24-hour access are *essential* to sustain the wellbeing of doctors in training.

**Management:** Human Resources and onboarding processes *must* be streamlined to support periods of transition.

### **Rotation: The frequency, need and location of training rotations *must* be reviewed to minimise disruption and improve continuity of care**

Doctors in training respect and value the high-quality training that specialty training programmes provide. There is no doubt it motivates and inspires. However, rotations are currently every four to six months, depending on the stage of training. We believe that the number of rotations should be minimised to help prevent not only the associated disruption of changing to a new placement, but also help to provide continuity of care – benefitting doctors in training and patients. If training needs and requirements can be adequately provided by a particular centre, rotations should only be used to ensure gaps in training can be satisfactorily remedied. We know it is important to work with different colleagues and in different departments to enhance training, but this needs to be balanced with the impact that frequent rotation can have.

The redesigning of rotations must also address the location and associated travel requirements of placements. Working long distances away from home can have a significant impact on doctors' well-being, as well as their personal and family life. Often, it also adds great cost to already expensive training programmes. When planning training rotations, every effort should be made to minimise travel, and consideration given to practical issues such as parking and public transport.

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## Exams: The number and value of exams and assessments *must* be reviewed and balanced with the personal and financial cost

Completing assessments and passing exams is necessary for training progression. However, it brings with it enormous pressure for trainee doctors on all specialty training programmes. The quantity and frequency of assessment causes significant strain not just personally but also financially. The cost associated with the delivery of high-quality exams continues to increase — a cost borne by trainees. But doctors in training are struggling to meet the increasing financial demands — which also includes professional registration, indemnity, and training courses. Many trainees accumulate significant debt as they progress through training, and this reality has become a barrier to both recruitment and retention.

We urge allied stakeholders to explore alternative funding methods to help relieve this cost for doctors in training. We are already seeing increased lobbying for higher study budgets, and the provision of greater flexibility in access and use of them in a bid to help balance the demands that living and learning costs present. Without support, training progression will be significantly impeded, and trainees will be forced to leave training and the profession entirely.

## Flexibility: Those seeking to re-enter training or alternative working patterns *must* be supported to do so

Trainees who have taken time out of training often face logistical challenges when they attempt to return. Individually tailored gap analyses are needed to adequately capture skills gained while outside of the training system and identify where additional help and support is needed. Effective communication and access to resources (e.g. specialty recruitment information) for those who have opted to leave training to engage with 'locally employed doctor' posts is vital. Likewise, having access to suitable childcare support will help trainees who have young families return to work. Methods to re-enter training should be easily identifiable, accessible, and actively supported.

The use of flexible working schemes should also be considered; these can support the wellbeing of doctors in training but also may help improve productivity. The ability to work less than full-time should be supported across all specialties, departments and trusts, and made available to all, without disadvantage.

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## **Organisational support: Employers *must* support doctors in training to maintain a healthy work-life balance including time for self-development**

There are significant personal costs that doctors in training experience. Each doctor in training's individuality should be respected and valued as part of a diverse and inclusive workforce. Individuals have the right to spend time with their families, undertake their varied hobbies and interests, and enjoy their personal lives. Time out is vital for recharging in what is an already stressful environment. However, there is often a lack of support for the basic principle of a balanced working life. Trainees are known to work incredibly hard, often working extended hours to meet clinical demands or complete the requirements of their portfolios.

Feeling valued and appreciated for hard work is important in all careers. As a minimum, employers should ensure that access to holiday and personal time is not impeded and should work to allow provision of time in working hours for the completion of portfolio-related work ([self-development time \[SDT\]](#)).

## **Recuperation: Appropriate break areas with 24-hour access are *essential* to sustain the wellbeing of doctors in training**

Working in healthcare is high-pressured and burnout rates among doctors in training are very high. Employee wellbeing is a vital for a healthy workforce, and being well rested with appropriate space to recuperate is essential. Having a safe space to take a break, re-charge, reflect and recover, is necessary for both physical and mental health and will make a huge difference for a tired doctor and the safety of patients. Similarly, all doctors need access to nutritious food and drink choices (hot and cold) and a place to eat and drink them. No-one should be deprived of this fundamental basic requirement regardless of the time of day or night they work.

## **Management: Human Resources and onboarding processes *must* be streamlined to support periods of transition.**

When a doctor in training moves to a new Trust, there are enrolment and onboarding requirements (such as login details and permissions) which must be provided to them by the start of the post. If not, it can delay access to vital information necessary to work, such as patients' records and results. In many cases, delays to onboarding prevent doctors in training from working effectively and cause additional stress to an already pressured period of transition.

Hospital administrative teams should improve and streamline these processes, including implementing innovative systems, that would ensure a quicker and more efficient enrolment process, so that trainee doctors are able to work efficiently from the first day in post.

Dr Matthew Clarke

Chair of the Academy Trainee Doctors' Committee, 2022-2024

Dr Waqas Akhtar

Chair of the Academy Trainee Doctors' Committee 2024- present

On behalf of the following members:

Association of Surgeons in Training

British Orthopaedic Trainees Association

Faculty of Dental Surgery

Faculty of Intensive Care Medicine

Faculty of Medical Leadership and Management Faculty of Occupational Medicine

Faculty of Pharmaceutical Medicine

Faculty of Public Health

Faculty of Sexual and Reproductive Healthcare Faculty of Sports and Exercise Medicine

Royal College of Anaesthetists

Royal College of Emergency Medicine

Royal College of General Practitioners

Royal College of Obstetricians & Gynaecologists Royal College of Ophthalmologists

Royal College of Paediatrics & Child Health

Royal College of Pathologists

Royal College of Physicians & Surgeons in Glasgow Royal College of Physicians of Edinburgh

Royal College of Physicians of London

Royal College of Psychiatrists

Royal College of Radiology (Clinical Oncology) Royal College of Radiology (Clinical Radiology)

Royal College of Surgeons of Edinburgh