

By email

28<sup>th</sup> November 2024

Dear Sheona

I am writing to share new guidance developed by the RCR on the importance of prioritising the training of resident doctors. We would appreciate your support with sharing this guidance with your colleagues at NHS England and with NHS trusts.

Our members have expressed concerns about the impact of changes in service delivery and staffing models on training opportunities, especially with the introduction and expansion of physician associates. Multiprofessional team working is essential for a sustainable service. However, it must support resident doctors, who are uniquely impacted by these changes.

We support the independent Review into physician and anaesthesia associates and urge that Review to consider how, given limited training capacity, training for these roles will be balanced against the need to train residents.

As the future leaders of clinical teams, and in the context of an unprecedented increase in the number and complexity of tests, interventions and treatments, it is vital that resident doctors be given every opportunity to develop their clinical, leadership, problem-solving skills.

Our new guidance sets out the actions that must be taken to ensure residents are equipped to lead the multidisciplinary teams that will meet patients' needs. Training Programme Directors, College Tutors, deaneries or local offices, service leads, finance directors, and HR teams in trusts should:

1. Recognise that resident doctors are the future leaders of multidisciplinary teams, and therefore ensure their training is comprehensive, effective, and protected.
2. Support multi-professional teams to collaborate to maximise the training opportunities available to resident doctors during each of their rotations. Ensure that every clinic, multidisciplinary team meeting and reporting list is fully utilised as an opportunity to train.
3. Ensure that training is available in every setting, including all hospitals, clinics and community diagnostic centres.
4. Ensure provision of sufficient named supervisors and that all supervisors have adequate time in their job plan for these roles, appropriate funding and access to relevant professional development.
5. Support LEDs, SAS doctors, AHPs and senior residents to take on educational roles and be trained to provide supervision and teaching.
6. Ensure access to office space, workstations, and clinical areas for all resident doctors and plan ahead to meet the future resource requirements of a growing imaging and cancer workforce.
7. Design rotations that prioritise resident doctors' education and wellbeing. Provide adequate notice, minimise geographical dispersion, conduct thorough inductions, and foster a supportive team environment.

8. Ensure all services have clear lines of responsibility across professional groups, with clear formal communication channels and mechanisms for providing residents with a voice in their teams.
9. Consider the impact on resident doctors of any reviews of, or changes to, service models and both seek and consider resident and trainer input. Ensure full evaluation and ongoing review of all service changes and ensure that impact on training is an integral part of these.

As your team work to develop the next iteration of the NHS Long-Term Workforce Plan, we hope that these actions are useful for your understanding of how resident doctors, particularly those working in imaging and cancer care, can best be supported to deliver for patients and develop into our future clinical leaders.

Kind regards



**Dr Katharine Halliday**  
President  
[president@rcr.ac.uk](mailto:president@rcr.ac.uk)