



# The road to recovery: an RCP manifesto

## Senedd election 2026

### Foreword

Doctors in Wales deliver world-class care. From research into diabetes, to novel and award-winning lung cancer diagnostics and treatments, to working with our vibrant local communities to reduce liver disease, we are proud of the care that we deliver 24/7. But despite pockets of brilliance, we know too well that many of our patients are receiving emergency care in corridors and chairs or stuck on waiting lists for life-changing treatments.

The Ministerial Advisory Group published its report, *NHS Wales: performance and productivity: independent review*, in April 2025. We welcomed the report for its clear focus and time-bound and actionable recommendations, which rightly highlight the urgent issues in services. But without a sustainable, expert workforce, none of this will be possible to achieve.

Long-term investment in training, recruitment and retention of doctors across Wales is essential to ensure that our patients and communities can access the high-quality, innovative care that our staff are committed to delivering. This means getting the workforce right across Wales and realising the potential of investment in Bangor Medical School.

Wales needs to be a great place to train and a great place to work.

**This is why we are calling for a long-term workforce plan for health and social care.**

The next government in Wales must also get to grips with growing health inequalities in Wales. This is a cross-governmental issue that requires actions to prevent ill health in every government department.

Our manifesto for Senedd 2026 is the culmination of months of dialogue, and I want to thank each and every one of the physicians who participated in our discussions and contributed their ideas and thoughts. Diolch o galon.

**Dr Hilary Williams**

RCP vice president for Wales



## 1. Address the NHS workforce crises

We have both a recruitment and a retention crisis in the Welsh NHS, and too many physicians are overstretched and burnt out.

A recent [GMC report of the state of educational and medical practice in the UK](#), found that doctors in Wales reported a range of barriers to providing good patient care, including:

- > 81 % of doctors in Wales reported inadequate staffing (compared with 72 % UK average)
- > 52 % of doctors in Wales reported poor organisational leadership (compared with 45 % UK average)
- > 53 % of doctors in Wales reported lack of access to necessary equipment or services (compared with 44 % UK average)
- > 24 % of doctors in Wales said insufficient support from senior colleagues (compared with 19 % UK average) and 19 % said inadequate training or preparation was a barrier to patient care (18 % UK average).

In addition to this, 66 % of doctors worked beyond rostered hours at least once a week (62 % UK average) and 37 % of doctors felt unable to cope with their workload at least once a week (33 % UK average).

**With too few of the right staff working in the NHS, it takes longer for patients to get the right care – and for those working in the health service, the workload goes up and morale goes down.**

Addressing the recruitment and retention crises in Wales must be a priority for the next Welsh government. In order to keep people working in the NHS and improve patient care, we need to invest in the right people – consistent teams led by

specialists provide safer, efficient care, but many healthcare settings, particularly outside the south-east of Wales, are highly dependent on temporary staff, as rota gaps are so stark.

The RCP has consistently called for a clinically led, long-term NHS workforce plan – a call echoed by Audit Wales, which also found that staff are overstretched with high sickness and staff turnover, and a reliance on locum staff.

Retaining the next generation of physicians is vital. Postgraduate medical training in the UK isn't fit for the future. Just 44 % of respondents to our national next generation survey of resident doctors said that they were satisfied with their clinical training. A lack of supervision, excessive rota gaps and limited access to outpatient and procedural training were all cited as problems. Growing competition for training posts is also causing significant concern among foundation and resident doctors. In 2024, applications for internal medicine training outstripped the posts available by 73 % – up from 30 % in 2019.

In Wales, we need to focus on local solutions for our population. Resident doctors tell us that they face a number of barriers to their training and career progression – in particular, we need to build 'stay local' training schemes. Investment in doctors staying locally means investment in the local community and economy.

*'We need to be able to make the most of our newly trained doctors and allow them the opportunity to become physicians in Wales.'*  
(Consultant physician, NHS Wales)



## The next government in Wales should:

- > **Develop a clinically led, long-term NHS workforce plan for health and social care.** This should set out a new approach to recruitment and retention, consider the impact of changing working patterns and flexible working, address issues with infrastructure, technology and the working environment, and invest in local clinical leaders to deliver service change, from digital to community care.
- > **Ensure that the workforce plan addresses the current and future needs of the population right across Wales,** particularly older and frailer patients, who are currently very dependent on acute care.
- > **Consider the lessons that could be learned from the findings of the NHS England review of postgraduate medical training,** working closely with the UK government and Health Education and Improvement Wales to improve the experience and quality of medical training and reduce competition ratios for medical training places.
- > **Invest in doctors as leaders across Wales.** Doctors as leaders bring real value by understanding both the needs of patients and the reality of clinical delivery; therefore, doctors as leaders should be at the forefront of delivering excellence. This means prioritising time to deliver change, alongside building expertise in data and implementation of new technologies and artificial intelligence.
- > **Get the basics right.** Employers must ensure that doctors have safe, comfortable places to rest, access to healthy, hot food and drink available 24/7, and access to essential IT and office space.
- > **Support protected time for education, research and training.** This is vital for career development and clinical improvement, but is not currently prioritised in many clinical job plans.
- > **Take a zero-tolerance approach to workplace harassment, bullying and sexual misconduct in the NHS.** Staff must feel safe and empowered to speak up and change must follow.

## 2. Put prevention first and tackle health inequalities

*'It's all connected in my opinion – you need to invest if you're going to tackle health inequalities.'*  
(Consultant physician, NHS Wales)

If we want to tackle growing demand for NHS services, the next government in Wales needs to tackle poverty and health inequalities. Reducing health inequalities will, in the long term, reduce avoidable illness and avoidable pressure on the health service.

Deepening poverty and a decline in living standards are increasing sickness and ill health. In Wales, nearly a quarter of households now live in poverty, 31 % of children are thought to live in poverty, and adults in work make up the largest group of people (57 %) living in poverty. We also know that some individuals and communities are more at risk of poverty and health-related effects.

There are specific challenges for Wales too – one in three people in Wales live in rural areas affected by low income and limited employment opportunities, the migration of young people, poor access to health and care services and an ageing population. Recruitment and retention of doctors in these areas must be prioritised to reduce variation in care and build stable clinical services that work for the local population.

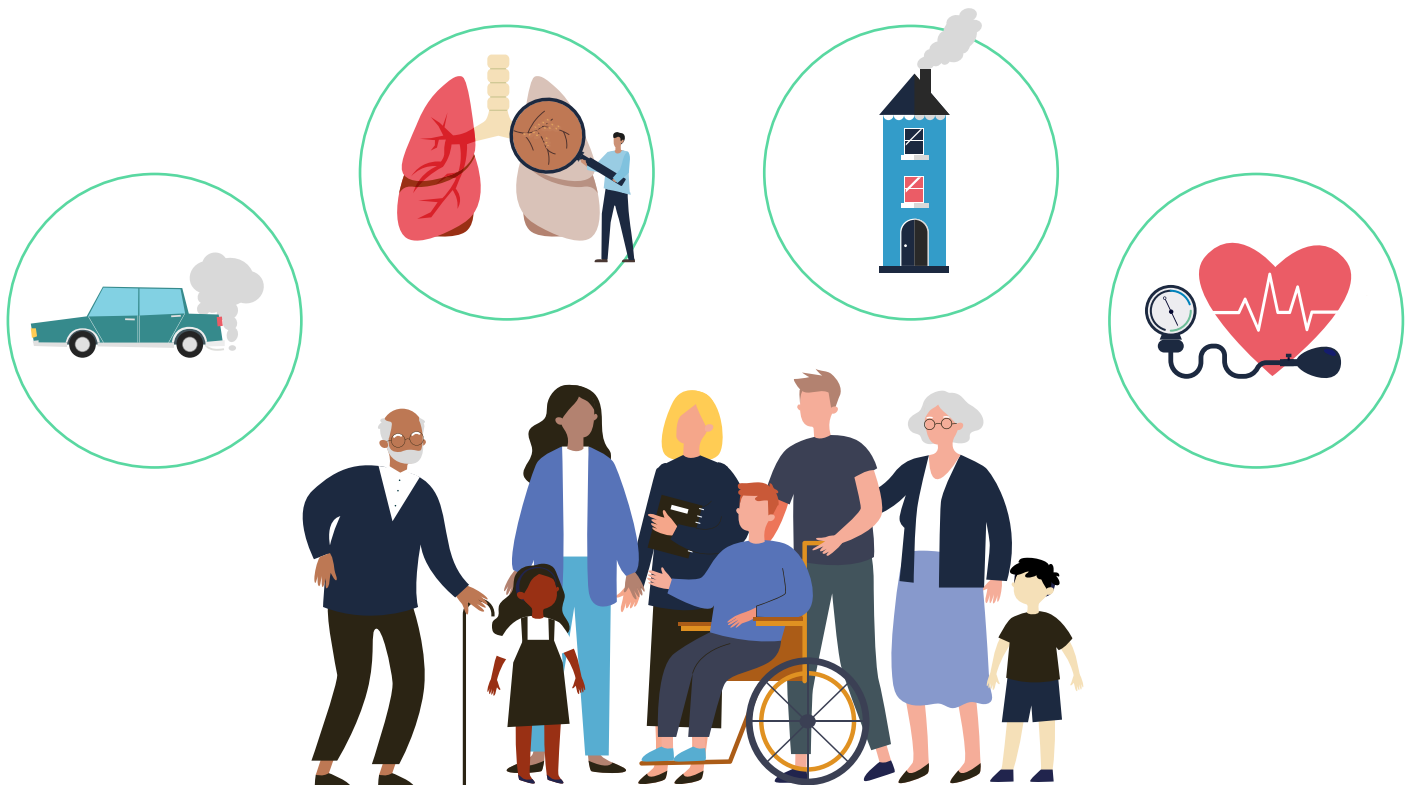
Wales' population is ageing and it is vital that the next Welsh government does all it can to ensure that people are able to live in good health for longer. If we invest in prevention, getting older doesn't have to mean getting sicker.

Policies to reduce obesity and the use of tobacco, vaping and alcohol are key to ensuring that people have the best possible chances of maintaining good health. Addressing poverty and the social determinants of health must be a priority too – everything affects our health, from where we live and work, to the food we eat and the air we breathe. The Welsh government must tackle the things that make patients sick in the first place, with investment in housing, early years, education, communities, business, the community, the environment and air quality.

Air pollution is the largest environmental health risk globally, causing loss of healthy years of life and premature death – it is harmful to everyone, but it disproportionately affects the most vulnerable groups in society. In Wales each year, between 1,000 and 1,400 deaths are attributable to air pollution exposure. We now know that air pollution is a significant threat to public health, impacting almost every organ in the body and the major diseases that affect them. National and local governments in Wales must take increasingly ambitious action to reduce people's exposure to outdoor and indoor air pollution.

## The next government in Wales should:

- > **Implement a 'Marmot Nation' policy, supported by a cross-governmental action plan to tackle health inequalities in Wales.** This plan should balance universal measures with targeted actions for specific groups, allocating resources according to levels of need.
- > **Implement the Environment (Air Quality and Soundscapes) (Wales) Act 2024.** To protect public health, the Welsh government should work with stakeholders and citizens, including marginalised and vulnerable groups, to deliver the World Health Organization's 2021 global air quality guideline levels.
- > **Fund and deliver a public health clean air campaign.** This should provide accurate and trusted information about the health impacts of short- and long-term air pollution exposure.
- > **Consider the disproportionate impacts of air pollution on disadvantaged groups.** This should include recognised ethnicity- and deprivation-based disparities, and focus action on areas and populations with high levels of air pollution and greatest vulnerability to health harms from pollution.
- > **Implement the Tobacco and Vapes Bill in Wales.** This would create the first 'smoke-free' generation – the Welsh government must ensure that smoking cessation services are adequately funded.
- > **Commit to bold action on obesity.** The Welsh government should implement the Food (Promotion and Presentation) (Wales) Regulations 2025, restrict price promotions of unhealthy foods and ensure equitable access, funding and support for weight management services.



## 3. Parity in social care

Too many patients in Welsh hospitals are being treated in corridors and chairs. A higher-than-average proportion of doctors in Wales also identified patient flow or bed pressures as a barrier to good patient care (69 % compared with a 56 % UK average). An RCP snapshot survey of members in February 2025 found that nearly four in five physician respondents had provided care in temporary environments. A lack of capacity is pushing vulnerable patients into undignified and unsafe conditions.

### **Addressing the crisis in our health service means addressing the underinvestment in social care.**

This bottleneck stems from delays in transferring patients to their home from hospital. A patient who is well enough to leave hospital, but unable to leave due to lack of capacity in the community, can mean that there is no bed for a sick patient who arrives at the hospital front door.

In 2024, the average delay for patients in Wales to leave hospital once fit to leave was 5 weeks. Delays are mainly due to patients waiting for assessments or waiting for a care home placement or suitable home care, according to a recent BBC freedom of information request.

To improve patient flow through the hospital and speed up discharge, we need parity in status, funding and governance of social care.

### **The next government in Wales should:**

- > **Develop and implement a fully costed plan for social care.**
- > **Adopt a ‘zero tolerance’ approach to corridor care and invest in the health and social care workforce.**

Through our work with patients and doctors, the RCP is working to achieve real change across the health and social care sector. As the membership body for physicians, we represent around 40,000 fellows and members in the UK and worldwide, and around 1,300 members in Wales, across 30 medical specialties, diagnosing and treating millions of patients every year. We campaign for improvements to healthcare, medical education and public health.

*The road to recovery: an RCP manifesto, Senedd election 2026* was developed through a series of roundtables and one-to-one discussions with physicians across Wales, including with the RCP vice president for Wales, and RCP regional representatives in Wales. The document was approved by the RCP vice president for Wales prior to publication.

**Contact:** [wales@rcp.ac.uk](mailto:wales@rcp.ac.uk)

Published September 2025

