



# Next generation oversight group

Meeting note | 14 October 2024, 12.00–14.00

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

## Overview and key themes

This introductory meeting of the next generation oversight group focused on:

- > how the group should decide on priority areas for future work
- > how the group should design and deliver a UK-wide survey of resident doctors.

## Actions

- 1 Provide feedback on the terms of reference (ToR) and membership list by Monday 21 October when the ToR will be finalised. (All)
- 2 Convene a smaller working group to develop survey questions, engage with resident doctors and pilot them with the trusts and health boards visited by RCP senior officers during 2024. Work with the regional team, college tutors and regional advisers to get the survey distributed as widely as possible. (MWU/CP&R)
- 3 Carry out a prioritisation exercise to identify and agree 3–5 key issues that the group should explore in 2025. (MWU/CP&R)



## Attendees

Mumtaz Patel (chair)

Sarah Logan (deputy chair) (SL)

Alexander Royston

Anita Jones

Anthony Martinelli

Ben Chadwick

Hannah Parker

Hatty Douthwaite

Helen Newton

Jacob de Wolff

James Norman

Jeremy Samuel

Mashkur Khan

Caroline Burton

Claire Burroughs

Jennifer Finn

Kelly Sarsfield

Louise Forsyth

Melissa Matthews

Mike Jones

Paul Dilworth

Peter Latchem

Rowan Harwood

Ruford Sequeira

Ruth Law

Sam Rice

Seán Coghlan

Shairoz Samji

Shamsher Ahmed

Thida Win

Lowri Jackson

Matthew Foster

Nina Newbery

Teena Chowdhury

Tom Baker



## Key discussion points and next steps

### Terms of reference (ToR) and membership list

- > Federation Board should be named as a key stakeholder in the group's ToR.

### Survey discussion and engagement strategies

- > SL presented a proposal to survey resident doctors using JRCPTB data, building on what we know from previous surveys and feedback from trust visits. We will ask about training experience, supervision and the impact of service pressures.
- > We will establish a short life writing group to develop survey questions. This will include resident doctors from different regions and specialties. We will include a PCN representative on the survey writing group.
- > We will pilot survey questions with the trusts we have visited in 2024. We will consider holding a focus group to test the survey questions.
- > We will work with the regional team and our local networks (including postgraduate centre managers) to distribute the survey. We will consider holding follow-up interviews or focus groups to explore survey findings in more detail.

### Stakeholder engagement and prioritisation exercise

- > We will run a prioritisation exercise internally through Council and RCP committees. This will enable us to develop clear messages on a smaller number of key priorities that we can use to engage and influence with key stakeholders (NHSE, GMC, etc) and influence national policy and direction under a new government.

### Broader discussion themes

- > **Terms and conditions:** There is a clear relationship between a resident doctor's experience of medical training and the terms and conditions of their contract. Should the RCP be involved with influencing and making recommendations related to T&Cs (especially when they affect training and quality of care)?
- > **Flexible working:** Resident doctors are increasingly working less than full time. Work life balance is very important to them. Future iterations of the NHS England Long Term Workforce Plan should focus on flexibility, the balance between service and training, and longer-term career sustainability.
- > **Health inequalities:** We know that resident doctors tend to become consultants where they have trained. How can we ensure that training numbers are in the right place to address inequalities in health and access to patient care? (Note: in our



2024 manifesto for medicine, the RCP called on the next UK government to fund, deliver and engage with clinicians on the [Distribution of Medical Specialty Training Programme](#), which is reviewing and aligning specialty training placements to the areas of greatest need across England.)

- > **Balance of service provision with training needs:** Resident doctors report that they struggle to find time for training, especially since the pandemic. While the group agreed that resident doctors need hands-on experience, this also needs more capacity for clinical and educational supervision to support career development. There may be a gap in understanding between what consultants believe is happening during training and the actual experience of resident doctors. Workforce shortages mean that patient care often lacks continuity and affects the quality and consistency of medical education offered in hospitals. Financial constraints at a local level in the NHS are beginning to have an impact on senior doctor recruitment.
- > **Design of training programmes:** Portfolio pathway training was discussed, with some feeling that a local approach might incentivise consultants to engage with training resident doctors if they had more control over recruitment (rather than national schemes) and others making the case that a new system would need structured, thoughtful oversight to ensure high quality training and patient care.
- > **Balance between generalism and specialism:** The balance between generalist and specialist training is crucial. There is a growing need for more doctors working in general internal medicine (GIM) who can care for complex patients living with multiple conditions. How can we make GIM training more attractive?

### Potential outputs for 2025

1. **Reimagining the training pathway for physicians** – Rethink the current training model, given the changing workforce and career aspirations of trainees. Explore alternative training models and career pathways.
2. **Defining the role and identity of physicians within the multidisciplinary team** – Clearly articulate the distinct and valuable role physicians play as part of the wider healthcare team. Help to address an ‘identity crisis’ in resident doctors. Consider how the introduction of PAs has affected training opportunities for physicians. Avoid broadening the role of doctor without extra resource.
3. **Getting the basics right for resident doctors** – Explore issues that directly impact the working lives of resident doctors (eg rota gaps, supervision, protected time).