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Try this cure for the trainee doctor crisis

The health service needs more recruits but turns away thousands of bright British students. Wes Streeting could fix this

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Friday December 05 2025, 6.34pm, The Times

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This is a nerve-shredding time for sixth-formers. University offers and rejections are landing in inboxes at any hour and for those hoping to study medicine, it feels especially cruel. Stories are already circulating of straight-A candidates being rejected without interview or explanation.

Demand for medicine surged this year: 25,800 applications for 8,130 places. Rising demand has hit the immovable object of government-capped places. At a time when the NHS is chronically short of doctors, it's a tragic waste of potential.

We are often told the NHS would collapse without immigrant doctors. That is true, but only because Britain has chosen to import roughly 20,000 doctors a year while rejecting about 16,000 med-school applicants. About one in six of Nigeria's

registered doctors now works in Britain, as do one in ten of Pakistan's.

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The ethics of raiding the workforces of countries suffering doctor shortages is questionable but the arithmetic is not. Training a doctor costs the state about £160,000. Importing is cheaper. A more honest rejection letter might simply say: "Your grades are great. You probably are, too. But our system is fundamentally broken."

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In a way, the junior doctors on strike this Christmas are the lucky ones. They won a place on a heavily subsidised course — and if they get through the hurdles of the early years they can expect a long, stable and reasonably paid career. Not to mention one of the world's most generous pension schemes.

This is why it's odd that the British Medical Association should be striking over pay. The lifetime salary trajectory of a British doctor is decent. But the way the NHS treats doctors in the early years is a genuine outrage.

After university, trainee doctors complete two "foundation" years and then go for a specialism. There are nowhere near enough of these places, leading to multiple applications and failure ratios as daunting as those facing sixth-formers. Only

one in five applicants for GP specialisms, for example, succeeds: the others are rebuffed — in a country crying out for more GPs. The success rates for psychiatry and radiology specialisms are lower than that for getting into Oxford. For neurosurgery, it's 26:1.

As part of the post-Brexit workforce panic, the Tories allowed young foreign doctors to apply for these mid-level training positions on the same terms as Brits. This makes competition all the more brutal. A survey this year found that half of doctors finishing foundation training this summer had no job lined up for August. They can end up going medical walkabout by taking “locally employed doctor” posts: service roles, with no training progression. Or go to the other side of the world.

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If you want to understand the pitfalls of the NHS, young British doctors in Australia are a good focus group. I talked to three of them, working in Perth. They spoke in awe of the “armies of doctors” in the A&E wards as opposed to the skeleton crew of juniors left to cope in the NHS. A nine-to-five job in a well-resourced Australian hospital pays as much as a hellish year of 12-hour shifts in the NHS. “The Australians treat you like a professional they want to retain,” one doctor told me. “Not like a commodity, to be replaced or dispatched anywhere.”

She's referring to the current, rather Stalinist system where medical graduates can be dispatched like soldiers to the other end of the country. Once, those rated for high performance had more of a say on destination for their first placement. Now, merit plays no role. A young doctor in Cornwall could be sent to Belfast, for example, regardless of personal circumstances. (The last NHS application form asks if they think, in future, having children should be taken into account — as if this is a novel idea.)

In the mayhem, even basics like holiday booking is a struggle. The 1.5 million strong NHS has more staff than any private company apart from Walmart and Amazon (it recently overtook the Indian railways) so time off is a challenge. It's not just that doctors can't book holidays in advance: I heard of one denied permission to attend her own wedding (the hospital could not rule out that the bride might be needed on the ward).

It adds to a sense of being a pinball in a dysfunctional machine rather than a professional in a vital job. The NHS seems to have acclimatised to expensive chaos: penny-pinching in training yet spending a fortune for locums when acute shortages strike.

“Unions never want this to be fixed because staff shortages increase their negotiating power,” one former health secretary tells me. “This crisis actually suits a lot of people.” But not the patients, the taxpayer or doctors — and this is how [Wes Streeting](#) could break the strike deadlock. Online chatrooms show doctors dismayed about the BMA’s obsession with salary, especially after Streeting’s pretty generous offer. Their main complaint, which the health secretary could and should address, is about the ten-year training pipeline.

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Rather than offer more pay, Streeting should make a firm pledge on mid-level training places: if a doctor passes the tests, there will be a place in the NHS for them. This should not be a controversial principle. He could restore the pre-Brexit Resident Labour Market Test, a commonsense rule that UK graduates should be preferred for these medical training positions. And he can stress another basic rule: an NHS that spends millions on locums (and poaches medics from developing countries) cannot afford to be careless with training its own doctors.

I asked the three British doctors in Australia why they don't just stay. More money, better facilities, more training time, easier hours: what's not to like? They all replied that Britain is their home: for all the NHS's faults, they're reapplying to resume training. Rejoin their families. This ethos — essentially, a public service ethos — is the real fuel of the NHS. It's the same kind of ambition that makes today's sixth-formers apply for medicine, in full knowledge of the hunger-games hurdles that lie ahead.

Can the NHS get away with treating young doctors in the way it does? Probably. But should it? That's where Streeting can give a definitive "no". He has hinted at reforms, but needs to go further. If he can credibly outline a new system built around respect, predictability and merit he could go over the heads of the BMA and make an offer that young doctors, exhausted by years of strikes, would likely accept.

The Tories spoke about reforming the NHS yet always shied away. By ditching chequebook politics and making a bold offer, Streeting could finally break the cycle.

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