

Communication from NHSE English Deans

Industrial action and management of Resident Doctors

23 July 2025

Note: The impact of industrial action may vary by region and provider. Locally Employed Doctors (LEDs) are not managed by NHSE so any decision about their redeployment sits with the provider.

Impact of Industrial Action on training progression

How should planned local and regional teaching be managed on strike days?

Providers are asked to review whether (1) trainers can be released to provide teaching and (2) whether resident doctors will be able to be released. This will depend on availability of other staff.

Any formal teaching or training that cannot take place would be expected to be delivered on an alternative day, prior to resident doctors rotating or completing their programme.

Resident doctors who opt to take strike action would not be expected to attend planned teaching during the strike.

How should shadowing and induction be approached for FY1 doctors?

Incoming FY1 doctors (due to officially start FY1 on 6 August) are not included in the upcoming industrial action. [FY1 Doctors: Update your info to be included in industrial action plans](#)

Individuals due to start FY1 should plan to attend pre-FY1 induction and shadowing as advised by their employing trust (LEP) and Foundation School.

Foundation schools and trusts may need to make local adjustments. Individuals involved with delivering induction and shadowing events should not be asked to cover clinical service unless there are no other options and there is a risk to patient safety.

It is vital that any changes to any induction and shadowing programs are communicated to all involved, especially the incoming FY1 doctors. Employers are encouraged to discuss with their local Foundation School in the first instance.

Will strike days be included in the 20 days missed Foundation training time?

All Foundation doctors have a 20-day absence allowance (per year) for sick leave, compassionate leave etc; this is particularly important in FY1 as this is a time-based programme, with each FY1 doctor having to complete 12 months training pro rata.

If a Foundation doctor has more time off than this, a review of their performance is triggered, but this does *not* mean an automatic extension to training.

In the event of resident doctors taking industrial action in 2025, then any time absent from work will be considered to be within the '20-day allowance' for any days on which the doctor would otherwise have been at work.

If the '20-day allowance' is exceeded for any reason (including industrial action), then this should trigger a review of overall performance and achievement of curricular outcomes, and could lead to an extension to training. This review will be carried out by the Foundation School with oversight by the Postgraduate Dean, but, in line with Gold Guide, does not require an ARCP.

This should be discussed with the Foundation School Director/Postgraduate Dean before any training is extended.

What will happen to progression, and at the Annual Review of Competency Progression (ARCP), if strike action is taken?

Absences from training and impact on certification (or completion) date other than for study leave or annual leave, may affect an individual's ability to demonstrate capability and progression through the curriculum. The GMC has therefore determined that within each 12-month period where a postgraduate doctor in training has been absent for a total of 14 days or more (when they would normally be at work), a review will be triggered of whether they need to have their core training programme end date or their CCT date extended. This review would normally occur at the ARCP.

The ARCP process assesses whether a resident doctor has met the curriculum requirements for their stage of training and identifies those who have a further developmental need (identified by an outcome 2 or 3).

The impact on an individual resident doctor could be because they choose to strike or because of the impact of a strike on services and training opportunities for those who chose to be at work.

The Educational Supervisor report and ARCP will not record whether an individual chose to strike or not, but where industrial action impacted on their training to the extent of requiring an extension to training, that will be recorded in the ES report and ARCP.

What will happen to ARCPs planned for days of industrial action?

This will depend on the level of industrial action, and therefore be decided by the Postgraduate Dean, but should a significant number of providers be affected, it is likely that ARCPs will be rearranged for a non-strike day on the basis that panel members may be required to support clinical services.

Resident doctors do not attend the ARCP and feedback will be provided through the normal routes taking into account resident doctor availability due to industrial action.

Impact of Industrial Action on Medical Specialty Recruitment

Contingency plans for specialty recruitment are being prepared on a specialty by specialty basis and will be shared at a later date, and will depend on the dates of industrial action, recognising that interviewers may not be able to support recruitment if needed to cover in-patient work on strike days.

Will national recruitment interviews be cancelled if they fall on dates of industrial action?

This will be dependant on panel member availability. This will be reviewed on a specialty by specialty basis if industrial action takes place and the dates clash with a national recruitment event for that specialty.

Will specialties that have interviews affected by industrial action revert to their plan B selection processes used during the pandemic

This will be dependent on whether interviews can be rescheduled and still meet the Code of Practice deadlines. Any change in advertised selection criteria will only occur after engagement with the specialty and trainee representative groups. The contingency used for each specialty is being discussed and will include what we learned from the covid-19 'plan B' recruitment approaches in 2020.

If resident doctors choose to take industrial action, will they be able to have their interview rescheduled?

This will also be subject to available capacity and whether the specialty has a single interview date or whether there are multiple dates of interview. It will also depend on whether interviews go ahead on a strike day and the contingency plans for that specialty as outlined above.

If a resident doctor is working under a Certificate of sponsorship would industrial action be included within 'a period of authorised unpaid leave'?

As part of the UKVI Policy guidance industrial action is one of the exceptions where a sponsored worker can be absent without pay for more than 4 weeks and the employer would not be required to withdraw sponsorship

Should resident doctors fill in exception reports during industrial action?

Resident doctors should continue to complete and submit both Education and Hours Exception Reports through the Guardian for Safe Working if there is an impact on their training or their work outside their agreed hours, and should explain the relationship with industrial action when submitting exception reports.

Staff who have concerns about their, or patient, safety during a strike should discuss this directly with their educational or clinical supervisor or through the Freedom to Speak Up Guardian.

Are resident doctors able to undertake locum/bank shifts during industrial action?

If a resident doctor has chosen to take industrial action, they should **not** undertake a locum/bank shift elsewhere in the NHS.

This will be regarded as a professionalism issue and discussion will occur with the Postgraduate Dean as Responsible Officer.

Can Academic Trainees undertake Industrial action?

Clinical Lecturers who work for universities with honorary contracts in the NHS are not eligible to strike.

Academic Clinical Fellows and Specialised Foundation Program (A) doctors are mainly employed within the NHS and therefore may take industrial action.

Redeployment of resident doctors to cover colleagues who take strike action

Can resident doctors who are not on strike be re-deployed?

Redeployment of resident doctors, where needed to ensure patient safety, and where other staff are not available to cover, could be redeployed in line with the current guidance (attached as Annex below), noting that prior approval is needed from the Postgraduate Dean.

Given that it is likely there will be an impact on all clinical settings, resident doctors who choose not to strike are probably better remaining in their usual areas of work to ensure a safe patient environment working with senior colleagues and other staff, rather than moving them to an unfamiliar setting.

Should a redeployment be necessary, then a clear departmental induction and provision for clinical supervision will be needed. No doctor in postgraduate training should be expected to work outside their level of competence.

Annex: NHSE Deans: Principles for redeployment of Doctors in Postgraduate Training

- NHSE Postgraduate Deans recognise that there are often very significant service pressures across all sectors of the NHS and Social Care.
- We also understand the need for providers and systems to maintain elective and diagnostics work.
- While it sometimes feels like maintaining services and providing training are competing pressures, we would ask that, in the interests of ensuring the progression of resident doctors through to the substantive workforce, providers work with us to maintain training whether staff are deployed away from the specialty base or not.

Guiding Principles

- That the redeployment of a DrPGT is only considered where all other options have been exhausted and redeployment is needed to ensure a patient safe service
- That plans, and triggers, for redeployment, are agreed in advance, with input for trainees, and as much notice as possible is provided to those affected.
- Redeployment must be discussed, in advance, with the Postgraduate Dean or their designated deputy within the NHSE local or regional office. The Director of Medical Education and Specialty College Tutor should be consulted on all redeployments prior to seeking approval from NHSE. (For Foundation trainees, the local Foundation Programme Director should be included.)
- That an individualised approach is taken to avoid an impact of training progression, specifically that the following groups are not redeployed:
 - Foundation Year 1 doctors, recognising that they are pre-registration
 - Trainees currently identified as needing extensions to training or having additional training needs (Current ARCP outcome 3 / 10.2)
 - Trainees on an ARCP outcome 2 / 10.1 should not be redeployed if at all possible.

- Trainees in 'high risk' specialties are not redeployed if their specialty workload is continuing (e.g. operating / diagnostic lists)
 - Trainees in the last year of a programme where a redeployment would threaten completion and progression.
- That any redeployment location has adequate induction, clinical supervision, identified routes to escalate clinical concerns and provision of access to training and workplace-based assessments.
 - The period of redeployment will be agreed prospectively. Any redeployment lasting more than 7 calendar days will be reviewed every 48 hours. If a further redeployment is required further approval from the Postgraduate Dean will need to be sought.
 - Trainees must receive an induction to a new area of work and must not work outside their competence and capability
 - Trainees will not be redeployed back into secondary care from Mental Health Trusts, Primary Care or academic programmes.
 - Annual and study leave should continue to be taken.