



## JRCPTB position statement on recruitment plans for IMT in 2026

We are seeing continuing increases in application numbers for Internal Medicine Training (IMT) Stage One, predominately from applicants out with UK training. The most recent recruitment round saw almost 9,000 applications for only 1,650 posts (compared with 6,200 applicants in 2024 and 4,400 applicants in 2023). Competition ratios have deteriorated from 1.89 in 2019, when IM Stage One began, to 5.20 in 2025. We have a finite interview capacity of just under 4,000 and subsequently this results in many good applicants failing to secure an interview.

As a result, large numbers of doctors completing Foundation training are dissuaded from applying for medical specialty training and then consider alternative career pathways.

For some time, we have been considering what changes can be made to the recruitment process for 2026 that would address these problems.

At a governmental level, there may be a review of the Resident Labour Market Test (RLMT) that could potentially affect the likelihood of applicants from within UK obtaining a training rotation.

The Certificate of Readiness to enter Specialty Training (CREST) form (used by doctors who have not satisfactorily completed a UKFPO-appointed 2-year Foundation programme or FY2 standalone post, or whose Foundation Certificate is over 3.5 years old, is a generic certificate that is not specific for application to medical specialty training, and we thus cannot alter the form to be physician specific.

We have been looking at other potential interventions to address these increasing competition ratios and have been in discussion with the Resident Doctors Committees, the Physician Specialty Recruitment Office (PSRO), and Medical and Dental Recruitment Service (MDRS).

Since the pandemic, IMT recruitment has used a non-verified self-assessment process to longlist for interview. There are concerns that many excellent candidates do not score highly enough in this self-assessment to secure an interview.

Historically, those wishing to obtain a training rotations in UK were allowed multiple applications across the specialties. In 2025, 35% of applications for IMT were “unique” to Medicine (i.e. with no other specialties applied for). We consider a unique application to be an expression of dedication to specialty and propose that those doing so would score higher on self-assessment and thus be more likely to obtain an interview.

For 2026 recruitment, the four Statutory Education Boards of UK have agreed that there will be a limit of maximum of five training programmes per applicant.

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Other domains within the self-verification process could potentially be altered and new questions included. It is our intention to review the current self-verification process.

Other specialties use alternative selection processes. The Multi-Specialty Recruitment Assessment (MSRA) is used in many specialties including General Surgery, General Practice, Core Psychiatry, Radiology, Nuclear Medicine, Ophthalmology, Obstetrics and Gynaecology, Community and Sexual Reproductive Health, Neurosurgery, Anaesthetics, ACCS-EM and Broad-Based Training.

Some specialties use only the MSRA for selection with no interview process, using a top-down ranking approach with a cut-off score, whereas others combine MSRA and interview, with MSRA contributing between 10% and 40% of the overall ranking score.

The Resident Doctors Committees are not in favour of introducing MSRA for IMT recruitment in 2026. Furthermore, there would need to be an expanded capacity of MSRA sittings, the timing of the interview period would need to change and there could potentially be even greater numbers of applicants to IMT given that candidates may choose IMT as one of their training programmes options, thus increasing the competition ratio.

In the 2025 application window, 3063/8841 (34.6%) were unique applicants to medicine and 5788 /8841 (65.4%) were multiple specialty applicants, of whom 4820 (83.5%) had sat the MSRA. In total, 54.5% of all IMT applicants had sat the MSRA.

We are analysing the data, looking at MSRA scores, success at obtaining interview and subsequent offer of a post. This will aid in future decision-making regarding any adoption of MSRA in future years.

We do not feel that introduction of a time-limitation on previous medical experience for IMT application is worthwhile and may adversely affect those doctors who have worked in non-training locally-funded posts but subsequently wish to apply for IMT.

We agree that there can be no prioritisation of UK vs International Medical graduates as this would be considered discriminatory and subject to legal challenge.

We believe that there is the possibility of reviewing the current multi-station IMT interview. It is highly structured and has strict time guidance for each station, however the balance of clinical and ethical questions should be addressed.

### JRCPTB Recommendations

1. Survey all 2025 IMT applicants for feedback on the current recruitment round.
2. Survey all current Foundation Doctors who may be involved in 2026 recruitment.
3. Obtain data on MSRA results from 2025 application round and correlate with subsequent success at interview.
4. Give positive scoring on self-assessment for unique applicants to IMT.
5. Review the current multi-station interview and determine the optimal format.