



Medical Trainee Organizing in a Shifting Healthcare Landscape

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Physician trainees occupy a unique position within health systems. As both students and essential clinical labour, they are embedded in daily healthcare delivery as well as long-standing medical hierarchies and training structures. This “interstitial”¹ status grants them a distinct vantage point from which to critique and influence health system governance. Recent scholarship has drawn attention to the pivotal role of trainees in reforming medical education and advocating for progressive health policy.^{2,3} Their activism has catalysed changes in working conditions, educational policy, and professional standards, and in many cases, has extended beyond the confines of their workplace to broader health and social system accountability.^{4,5} In this viewpoint, we explore the contours of physician trainee organizing and its implications for health system governance. We situate this phenomenon within broader labour trends, analyse the organizational strategies deployed by trainees, and suggest

future research directions to further interrogate the politics and professional hierarchies embedded in this activism.

Trainees and the Contemporary Labour Movement

Medical trainee activism mirrors broader trends in labour organizing. Labour scholars have documented a shift from centralized union leadership to more decentralized, grassroots mobilization. This “agentic” turn in labour studies has emphasized the role of workers, rather than unions, in shaping labour dynamics. Scholars describe a number of resistance activities outside of union collective bargaining and strike activity—for instance, participation in social movement activism addressing gender, race, sexuality, and broader societal inequality, and the use of digital activism.^{6–8}

Physician trainees exemplify these patterns. While often agnostic or even sceptical of traditional organized labour, they nonetheless mobilize within, across, and outside of representative health worker organizations (RHWOs), including physician associations and independent trainee unions.⁹ Moreover, trainee-led advocacy often aligns with broader trends in worker-led movements across sectors. These include mobilizations for racial justice, gender equity, and public-sector accountability, as seen in the advocacy of medical trainees around issues such as gay marriage, climate change, discriminatory policing, universal healthcare access, military conflict, and gender equity.^{5,10,11} In addition to labour strikes organized by unions, trainees have engaged in advocacy through hunger protests (Poland), sit-ins organized through social media (Mexico), public demonstrations (Turkey, Italy, Greece, France, and Japan), and by refusing to sit for examinations (Afghanistan).⁵

Organizational Strategies of Trainee Activism Reconfiguring Professional Associations

First, we highlight the strategic alignment of medical trainees with physician associations, harnessing the power of these traditional venues of physician policy preferences and interests, but deploying them to new ends. In the United States, resident and student sections of physician organizations have pushed for endorsements of marriage equality, anti-racism, and universal health coverage.^{10–12} In other national umbrella associations, such as the Kenya Medical Association, junior doctors have pushed senior-dominated national physician associations to adopt the priorities of junior members.¹³ Subsections of these associations—such as the British Medical

Key Takeaways

- We highlight trainees’ strategic engagement with RHWOs—including both traditional physician associations and trainee-specific advocacy organizations—in order to impact health systems governance.
- We also discuss the multiple (and often contradictory) motives underlying trainee mobilization, describing both efforts to advance progressive social policies, as well as actions to protect traditional professional hierarchies.
- We advocate for increased attention to transnational dynamics of trainee labour and activism. Digital infrastructure and international migration in particular have facilitated cross-national comparisons between trainee grievances in different countries, contributing to the perception of a universal vulnerability associated with trainee status.

Association Resident Doctor Committee and the Indian Medical Association Junior Doctors Network—have served as key vehicles for this pressure. The substantive engagement of trainees with physician associations is of significant interest insofar as it has the potential to change the priorities of these powerful voices in health policy governance. Physician organizations have historically adopted conservative positions on health policy issues, protecting physicians' status as incumbents; the claiming of space within these organizations by younger generations of physicians could lead to consequential shifts in these organizations' advocacy activities.

Independent Trainee Organizations

Though some trainees have strategically harnessed the power of traditional physician associations, in other instances they have broken with these organizations, forming independent RHWOs to advocate for their priorities. In India, the trainee-comprised Federation of Resident Doctors Association and Federation of All India Medical Association have served as voices for concerns about violence against healthcare workers, excessive patient loads, and inadequate legal protections. In Pakistan, the Young Doctors Association and Doctors Wake Up Movement have organized strike actions outside of traditional physician organizing structures.¹⁴ In France, InterSyndicale Nationale des Internes has led national mobilizations against reforms perceived to threaten physician autonomy and patient access. These newer interest groups have the potential to usher in important policy gains (especially around labour protections), as well as to set up a generational tension in physician organizing.

Digital Mobilization and Power

In keeping with shifts in the broader labour movement toward more direct advocacy by workers, physician trainees have also made significant use of digital platforms. Online platforms have enabled trainees to effectively organize outside of traditional RHWOs, enabled decentralized coordination, public messaging, and grievance collection. In Kenya, a Facebook group laid the groundwork for the formation of a new union distinct from the traditional medical association.¹³ Similarly, in Pakistan, social media was a key mobilizing force for new trainee organizations; Facebook served as a key platform for the Young Doctors Association strikes in Pakistan in 2011, facilitating coordination and communication in light of concerns around cell phone usage leading to arrests.¹⁵ In France, the InterSyndicale Nationale des Internes used Twitter to conduct public negotiations with policy-makers. Trainees' engagement with digital platforms constitutes a critical domain for scholarly inquiry, particularly in light of the expanding role of digital spaces as arenas for advocacy. Such strategies signal a shift in the ways power might be enacted within health systems governance.

Directions for Future Research

Despite growing interest in trainee-led mobilization, key questions remain about the political and structural dynamics shaping their advocacy. For one, greater attention must be

given to the multiple motives underlying trainee mobilization. Typically, the literature on physician trainees has focused on the progressive aspects of trainee mobilization, characterized them as a force for health system accountability, and for advancing progressive health policy. However, physician trainees are not monolithic in their social or political views and have a complicated relationship to progressive politics. While trainees have been at the forefront of some progressive social movements (for instance, the Black Lives Matter movement in the US, and advocacy for gender minorities in the UK¹⁶), trainees also significantly benefit from traditional professional hierarchies, and have engaged in advocacy to protect them. For instance, in India, trainees have mobilized against health reforms perceived to undermine physician dominance, joining calls to limit the ability for traditional medicine practitioners to practice biomedicine.¹⁷ Future research might consider the conditions under which physician trainee organizing relies upon—and reinforces—traditional hierarchies within medicine, as well as the identity of trainees as both challengers and defenders of medical authority.

Second, while we have highlighted the distinct vantage point through which trainees view the health system, it is not only *physician* trainees who are equipped to do so. And yet, physician trainees have received disproportionate attention relative to other health worker trainees.⁵ This may occur both because of researchers' biases regarding the importance of physicians in health systems, as well as because of physician trainees' visibility as a result of professional status, training duration, and professional incentives for engagement. Scholars should critically assess these dynamics and examine how other cadres—such as nursing, midwifery, or allied health trainees—participate in governance processes.

Third, transnational dynamics warrant further exploration. Labour scholars have highlighted the increasingly global nature of labour activism and trainee organizing is no exception. Digital infrastructure in particular has facilitated connections between trainee grievances in different country contexts, contributing to the perception of a universal vulnerability associated with trainee status.¹⁸ However, as labour scholarship has made clear, local politics can undermine the potential for global solidarity.¹⁹ In the case of trainees, international migration has added to the complexity of transnational connections, creating competition and hierarchy.²⁰ These dynamics are deserving of further attention.

Finally, future research should also consider how trainee organizing is shaped by recent transformations in health system delivery. As healthcare becomes increasingly corporatized and financialized, physicians' traditional roles and professional identities are being reconfigured. Trainee activism may represent an effort to reclaim agency within a system where medical labour is increasingly devalued. Future studies should explore how health system restructuring affects both the form and content of trainee advocacy.

Conclusion

Medical trainees are playing an increasingly central role in shaping the politics and governance of health systems. Their organizing is diverse—spanning professional associations,

independent unions, and digital platforms—and reflects broader shifts in labour politics and health system structure. While often characterized as progressive actors, trainees also draw on professional hierarchies that may limit their potential as reform agents. The complex—and potentially contradictory—perspectives of trainees is reflective of tensions that are embedded in contemporary healthcare. In the case of health systems, the activism of physician trainees offers not only a window into emerging governance dynamics but also a test case for the future of professionalism, solidarity, and power in a rapidly changing healthcare landscape.

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