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Viewpoint

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.

Key Takeaways

- We highlight trainees' strategic engagement with RKWOs—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.

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 though 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] Sub-sections of these associations—such as the British Medical Association Resident Doctor Committee and the Indian Medical Association Junior Doctors Network—have served as key vehicles for this pressure. The substantive engagement

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