

National training survey 2013: undermining

Our 2013 national training survey asked doctors in training if they had experienced bullying or undermining in their workplace. This report summarises what doctors in training told us, and what we're doing about it.

- Over 13% of respondents reported being victims of bullying and harassment in their training post.
- Female doctors and doctors who gained their primary medical qualification outside the UK are more likely to make a comment about bullying or undermining.
- Doctors in training who raised a free text comment about bullying or undermining are less satisfied with their training.
- Every report of undermining is reviewed and shared with deans so it can be followed up locally.

Undermining and bullying behaviour is totally unacceptable during medical training. When it is reported, we take action.

Our annual national training survey plays a key role in identifying potential bullying and undermining problems in a training post. The survey includes questions about bullying and undermining, as well as giving doctors in training an opportunity to describe a specific incident.

This report examines the framework we use to investigate and take action on cases of undermining or bullying, and sets out how doctors in training should raise an issue.

Introduction

Doctors sometimes face difficult situations in the training environment that involve them being undermined and, in some cases, bullied. Recent research published in the *British Medical Journal* suggests that workplace bullying remains a significant but under-reported problem in the National Health Service (NHS).*

What did the 2013 national training survey show about undermining?

- 13.2%[†] of survey respondents said that they had been victims of bullying and harassment in their posts – a slight increase from 13.1% in 2012.
- 19.5% had witnessed someone else being bullied in their post (19.8% in 2012).
- 26.5% experienced undermining behaviour from a senior colleague (26.6% in 2012).

* Carter M, Thompson N, Crampton P, et al (2013) *Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting* available at: www.bmjopen.bmj.com/content/3/6/e002628.full#T3 (accessed 26 September 2013).

† All percentages and scores in this report have been rounded to one decimal place.

- Doctors training in obstetrics and gynaecology posts are more likely to report undermining than those in other posts.
- Doctors in years four to seven of specialty training are more likely to report undermining than those in foundation or core training.
- Indicator scores from respondents who made a free-text comment about bullying and undermining were lower than from those who didn't raise a comment, particularly overall satisfaction (68.9 compared with 81.1) and feedback (62.9 compared with 76.2).
- Every report of undermining is reviewed and shared with deans to be followed up locally. Deans report on the actions they have taken in their twice yearly reports, which are published on our website.
- We take action when undermining and bullying is not resolved locally, using our response to concerns process. From next year we will publish information on the actions we have taken and we will update this information regularly.

- We will develop a series of targeted check visits to investigate how bullying and undermining is being responded to locally in specialties where respondents tell us this behaviour occurs more.

Undermining behaviour in medical training

The latest edition of our core guidance for doctors, *Good medical practice*, was published in March 2013. It outlines how doctors should work with colleagues, stating:*

- you must work collaboratively with colleagues, respecting their skills and contributions
- you must treat colleagues fairly and with respect
- you must be aware of how your behaviour may influence others within and outside the team.

Undermining or bullying behaviour is in total contradiction with these values – it is more than a simple failure to comply. Serious or persistent failure to follow our guidance puts a doctor's registration at risk.

Changing the culture in a paediatric department

The paediatric department at a large district general hospital has a history of concerns dating back to 2005, including poor support for doctors in training and poor consultant supervision, leading to reports of bullying and undermining.

The trust submitted action plans to the deanery/LETB, but did not make consistent or longstanding improvements. In 2011, the dean reported the issues to us through our response to concerns process.

We met with doctors in training from the department in early 2013 and found evidence of continuing bullying and undermining, poor supervision and some patient safety issues.

With no progress on such serious problems, the dean escalated the issue by calling for risk summit meetings to bring together all relevant parties to

discuss resolving the matter. We attended all the meetings and supported the dean throughout, who was under external pressure to keep the doctors in training in post.

Ultimately, the dean, supported by the GMC, took the difficult decision to remove seven doctors in training from their posts, moving them to nearby hospitals.

We continue to work closely with the dean and continue to offer support. Following the risk summit, the hospital is carrying out internal inquiries into its postgraduate medical education provision, specifically on paediatric training. No new doctors in training will be placed at the hospital until the dean and ourselves are satisfied that the improvements have resulted in safe patient care and good education and training.

* General Medical Council (2013) *Good medical practice* (paragraphs 35–37) London, GMC available at www.gmc-uk.org/guidance/good_medical_practice.asp.

Ways for doctors in training to raise concerns

Doctors in training can raise concerns about bullying and undermining at any time. They can do this in one of three ways.

- **Through their current employer:** in the first instance, a doctor in training should raise a concern with their employer.
- **Through their local education and training board (LETB) or deanery:** if the employer doesn't deal with a concern appropriately, the doctor in training should take their concern to their deanery or LETB. All deaneries and LETBs keep a log of concerns as part of their quality management work.
- **Through the General Medical Council (GMC):** our national training survey allows doctors in training to raise concerns about bullying and undermining directly with us. All issues raised are investigated and shared with LETBs. If a concern is serious, we take action to rectify the problem. For example, we can carry out visits with deaneries to look into the issue.

In December 2012, we introduced a confidential helpline to help doctors raise concerns. The helpline lets doctors raise concerns if they do not feel able to do so locally. It is staffed by specially-trained advisers who can discuss concerns and advise who to speak to.

Doctors can call the helpline on 0161 923 6399 from 9am to 5pm, Monday to Friday.

The role of the national training survey in identifying undermining

Our national training survey plays a key role in alerting us to potential bullying and undermining problems in a training post. There are two ways the survey gathers information from doctors in training for our quality assurance process.

- First, respondents are presented with three questions, asking whether they have been

bullied or undermined in their current post, or witnessed such behaviour among other doctors in training.

- Second, doctors can tell us about problems in their training environment, using a free-text question in the survey. All free-text comments are checked to see if the respondent wishes to pursue an undermining issue with us (in one recent case, this led to us opening a fitness to practise investigation).

Each comment made by a respondent is treated as a separate case. Each is considered along with other information about the training environment (such as information collected through local systems for raising concerns) and other quality management activities (such as deans' visits).

Every comment made in the survey is taken seriously – this means doctors in training have a responsibility to be honest in reporting concerns, as they can result in substantial consequences for named clinicians.

If the situation is clear from the comment, the dean can investigate the issue with the relevant training site. Sometimes the situation is not clear, or the reported concerns may not identify the source of the behaviour. In these situations, the dean will ask us to contact the respondent, so we can ask them to talk through the nature or extent of their concern with their dean.

Sometimes doctors in training do not feel able to share their concerns locally, which can hamper local investigations. Deans need to make sure that the training environment supports doctors in training by developing a local reporting culture that makes it easy to raise concerns.

Investigations into allegations can be tough for the clinicians who are implicated. Often, they aren't aware of the effect of their behaviour on doctors in training. Although this is a difficult situation, it is important that clinical departments are open to discussing any concerns that doctors in training raise about bullying and undermining, and that they support doctors in training who share concerns.

Undermining results in the online reporting tool

National training survey indicators can result in negative outcomes (red and pink flags) or positive outcomes (green and light green flags). Working with colleges and LETBs who had been following up trainee concerns from the 2012 national training survey, we identified that the statistical model for the undermining indicator was potentially producing misleading results. Whilst the red flags were proven to be accurate, we found that some of the pink flags were pointing towards sites where undermining might have happened less frequently than once a month.

Clearly, any instances of bullying or undermining are not acceptable. However, the survey is a tool that is used to support local investigations as part of quality management, and infrequent undermining is difficult to follow up. The large volume of pink flags being raised by the indicator demands a huge amount of deanery and LETB resources to fully investigate each one thoroughly.

We therefore took a different approach for the 2013 survey, and removed the undermining results from the online reporting tool. Instead, we have shared the results in a way that still requires deaneries and LETBs to investigate the outliers, but present the survey findings publically as a thematic analysis that provides more context.

How we shared the 2013 results

This year, we removed reports of undermining from the online reporting tool (see box above) and shared the survey results with deaneries and LETBs in a different way.

In May 2013, we sent each deanery and LETB a package containing the full set of free-text comments on undermining, patient safety and the clinical environment from doctors in training in their area. In September, we gave deaneries and LETBs a list of concerns that were marked as most serious (flagged as red) for the undermining indicator in posts at trust level in England, and at site level in Northern Ireland, Scotland and Wales.

We asked deaneries and LETBs to respond to these concerns through their dean reports at the end of October. This made sure that all concerns raised

by doctors in training were fed into the quality management framework and that action to address the issues can be monitored.

Giving criticism in the right way

After a very busy night in an intensive therapy unit, the night registrar began the handover process with the incoming consultant in the morning ward round.

During the handover the registrar was clearly interrogated in public by the incoming consultant, and told that local protocol had not been adhered to regarding the newly admitted patients. This was despite the fact that the management decision was discussed with the on-call consultant during the night shift. The incident occurred in front of the trainee's colleagues (multi-professional team).

This behaviour led to the trainee feeling undermined and humiliated, and that they had been used as a scapegoat by the consultant, who had used the situation to raise general frustrations with clinical management in the hospital.

The trainee reported the incident through the national training survey, as well as a local specialty trainee survey, organised by the specialty school. From this data, the trust decided to interview all the doctors in training in the rota in a confidential manner to receive more contextual feedback. The consultants involved were also given an opportunity to discuss the matter with the senior management team.

The consultants were told that that they need to reflect on the way their feedback was delivered, and that public humiliation was completely unacceptable. It was made clear that while doctors in training learn from these teaching opportunities and welcome the feedback, it was the way and forum in which the feedback was delivered that was the issue.

The trust has continued to monitor the department – continued regular confidential feedback with both doctors in training and trainers has not raised any further issues. The trust has introduced leadership training for all senior medical and clinical staff. Feedback will be closely monitored in the future to make sure doctors in training are not undermined.

Table 1: How often do doctors in training experience undermining in their post?

	How often have you been the victim of bullying and harassment?	How often have you witnessed someone else being the victim of bullying and harassment?	How often have you experienced behaviour from a consultant or GP that undermined your professional confidence or self-esteem?
Every day	90 (0.2%)	125 (0.3%)	144 (0.3%)
At least once per week	479 (1.0%)	702 (1.4%)	706 (1.4%)
At least once per fortnight	483 (1.0%)	679 (1.4%)	801 (1.6%)
At least once per month	989 (2.0%)	1,729 (3.5%)	2,051 (4.1%)
Less often than once per month	4,579 (9.2%)	6,488 (13.0%)	9,574 (19.1%)
Never	43,370 (86.8%)	40,170 (80.5%)	36,782 (73.5%)
Total	49,990	49,893	50,058

Data show the number of doctors who responded with that answer and as a percentage of the total number of survey respondents. The results exclude doctors in training who responded 'prefer not to answer'.

Results for bullying and undermining from the 2013 survey

Table 1 shows the responses to three questions in the survey about whether doctors in training had experienced or witnessed undermining behaviour in their post. Overall, we found that at some time during their training post:

- 6,620 doctors (13.2%) had been a victim of bullying (compared with a score of 13.1% in 2012).
- 9,723 doctors (19.5%) had witnessed bullying (19.8% in 2012).
- 13,276 doctors (26.5%) had experienced undermining behaviour from a senior colleague (26.6% in 2012).

Analysis of free-text comments from the 2013 survey

During the closing section of the survey, we asked doctors in training the following question:

If you have any other comments about your training, your site, your deanery or any other comments about medical training generally please type them here.

Respondents could then use a series of tick-boxes to select the appropriate theme for their comments. One of the themes they could select was 'Bullying, undermining or discrimination'. After the survey finished, we separated all of the comments with this theme selected. In total, there were 2,273 comments where doctors in training had ticked the flag for bullying and undermining. However, 807 of these comments made no reference to bullying or undermining behaviour – some were just single characters such as full stops – so were removed from the pool.

We coded the 1,466 comments about bullying and undermining according to:

- the type(s) of behaviour described in the comment
- the source(s) of the behaviour described.

The coding categories we used were adapted from definitions of bullying and undermining provided in the paper *Managing bullying and harassment – a guide to good practice in postgraduate medical education in London*.*

* London Deanery (2013) *Managing bullying and harassment – a guide to good practice in postgraduate medical education in London*, London Deanery.

What does undermining behaviour look like?

Of all the undermining comments made by doctors in training, 40.0% (n=587 comments) did not describe the specific type of behaviour. These comments simply mentioned that the trainee had been bullied or undermined in their current post, but did not describe the nature of the behaviour. A typical comment like this is: 'In this post, I have been regularly undermined by my consultant.'

The most common specific behaviours reported were:

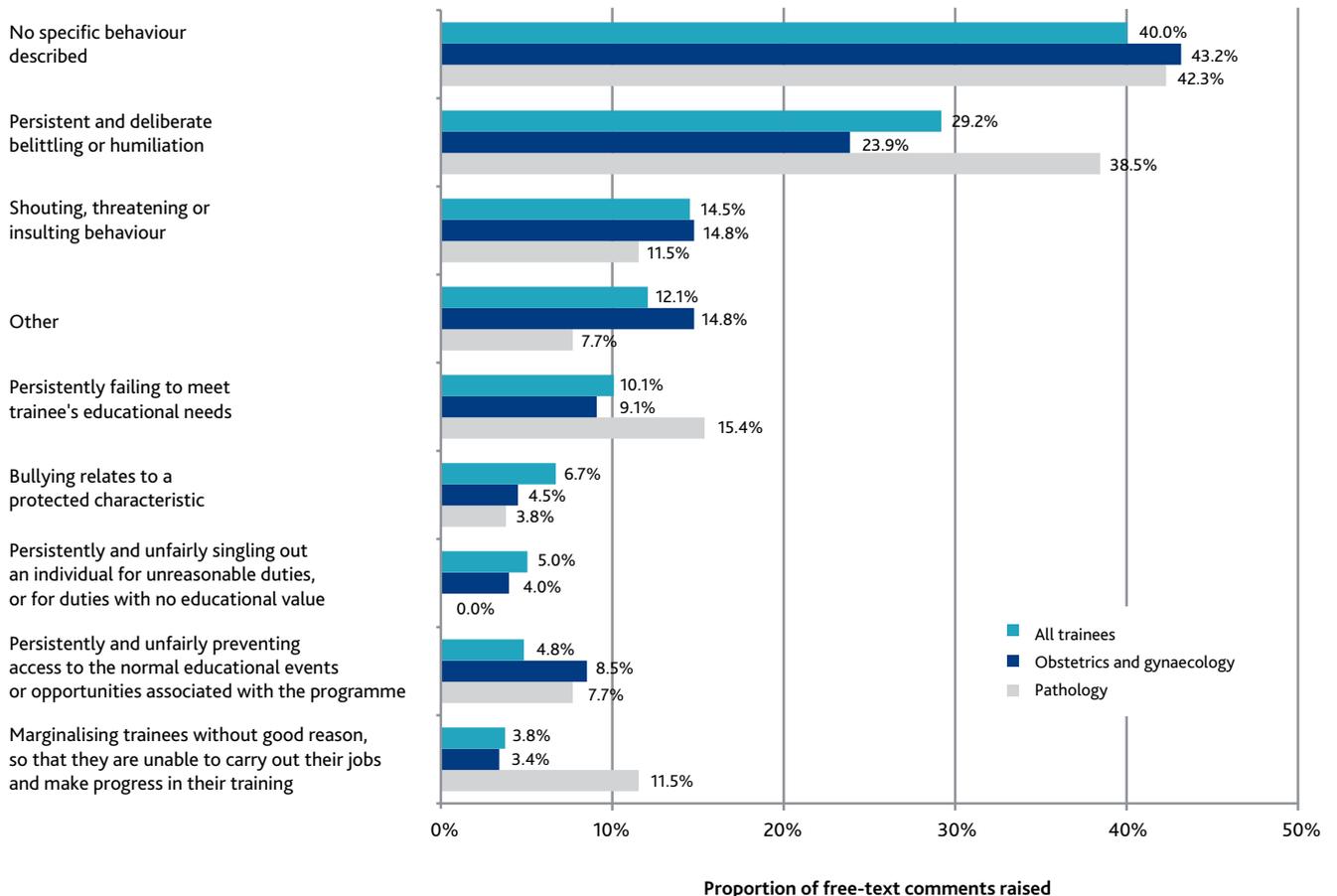
- persistent and deliberate belittling or humiliation – 29.2% of comments (n=428)
- shouting, threatening or insulting behaviour – 14.5% of comments (n=213)

- other – 12.1% of comments (n=177)
- persistently failing to meet the educational needs of the doctor in training – 10.1% of comments (n=148).

Figure 1 compares the specific type of behaviour reported in the two specialties that had the highest proportion of comments from their population of doctors in training – obstetrics and gynaecology (5.7%, 176 of 3,067 doctors) and pathology (3.8%, 26 of 686 doctors) – against the results for all doctors in training.

Figure 1: Specific type of undermining behaviour reported by doctors in training

Type of behaviour described



Comments could be coded to more than one behaviour category, so total percentages may not equal 100%.

Who is the source of the behaviour?

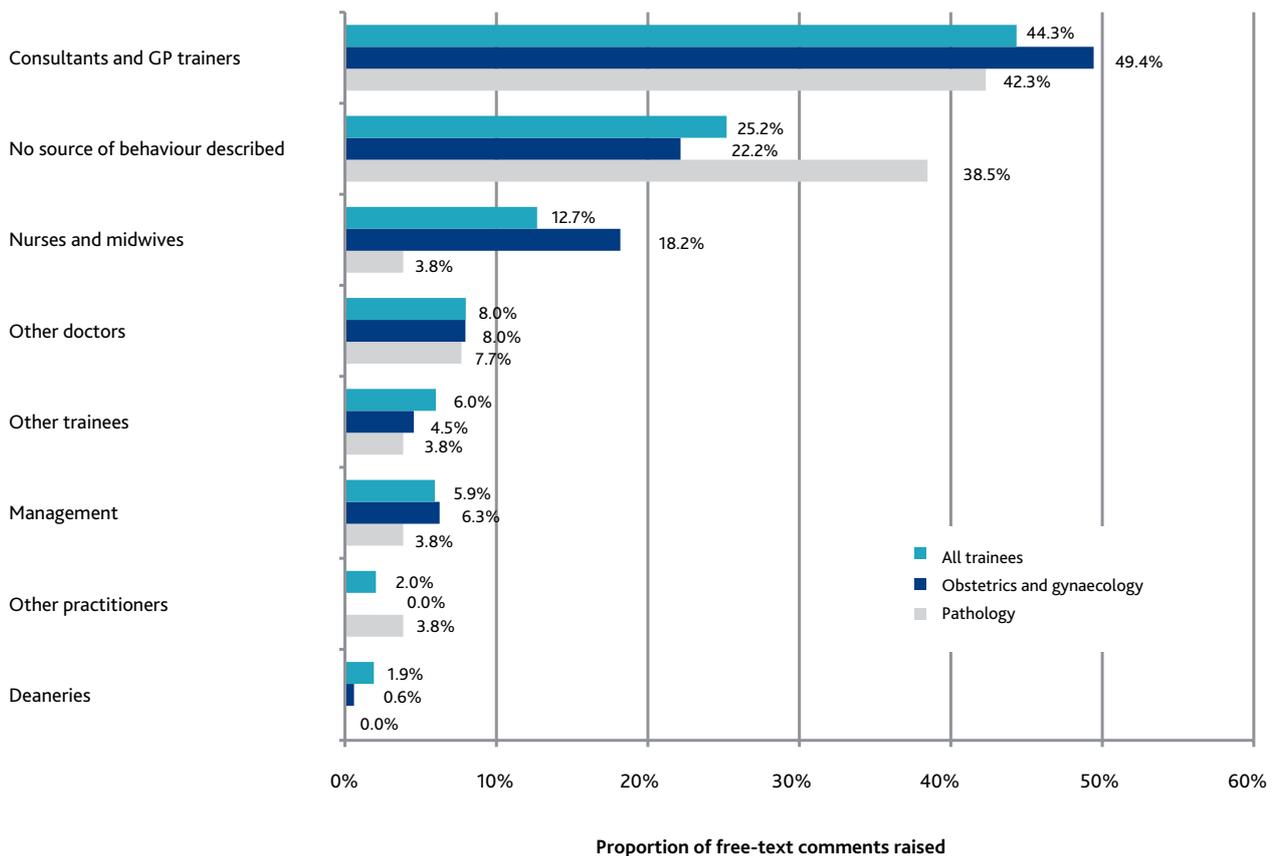
Almost half of the comments made by doctors in training (44.3%, n=650) described the source of the bullying or undermining behaviour as their consultant or GP trainer. This result reinforces the research published in the *British Medical Journal* into workplace bullying in the NHS,* which found that the most common source of bullying was a supervisor or manager (51.1% of those bullied).

Over a quarter of the comments did not describe the source of the behaviour (25.2%, n=370). The next most common sources were nurses or midwives (12.7%, n=186), other doctors (8.0%, n=117), other doctors in training (6.0%, n=88) and management (5.9%, n=87).

Figure 2 compares the source of behaviour for obstetrics and gynaecology and pathology against the results for all doctors in training.

Figure 2: Source of undermining behaviour reported by doctors in training

Source of behaviour



Comments could be coded to more than one behaviour category, so total percentages may not equal 100%.

* Carter M, Thompson N, Crampton P, et al (2013) *Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting* available at: www.bmjopen.bmj.com/content/3/6/e002628.full#T3 (accessed 26 September 2013).

An action plan to challenge undermining

The Royal College of Obstetrics and Gynaecology (the RCOG) has recognised that undermining and bullying has long been a problem for doctors training in the specialty. Evidence from surveys, including our national training survey, supports this.

In 2013, the RCOG appointed a workplace adviser to lead a project to address the problems. This is the first time a medical college has created a role like this.

A joint action plan has been developed with the Royal College of Midwives, which will:

- introduce local workplace behaviour champions at each deanery and LETB
- revise the college's procedure for handling undermining enquiries from doctors in training

- develop a toolkit for employers to use when addressing unacceptable behaviour at a local level, including videos and e-learning resources

Also, other deaneries and LETBs have been taking actions to prevent bullying and undermining. For example, Health Education Wessex have started a campaign called Stop It, which was devised as a response to increasing concerns, both nationally and within the Wessex deanery, about unacceptable levels of undermining behaviour and bullying.

The programme took the form of a series of half-day educational 'intervention' workshops, appropriate for all staff groups within a hospital, including doctors in training. Evaluation of the pilot run of the campaign was very positive, resulting in significant outcomes considering the small scale of the intervention.

Who raises concerns about undermining?

Proportionally, female doctors made more comments about bullying and undermining than male doctors: 3.0% (866 of 28,972 female doctors) versus 2.5% (600 of 23,714 male doctors).

The place where a doctor in training gained their primary medical qualification also affects their likelihood to report undermining.

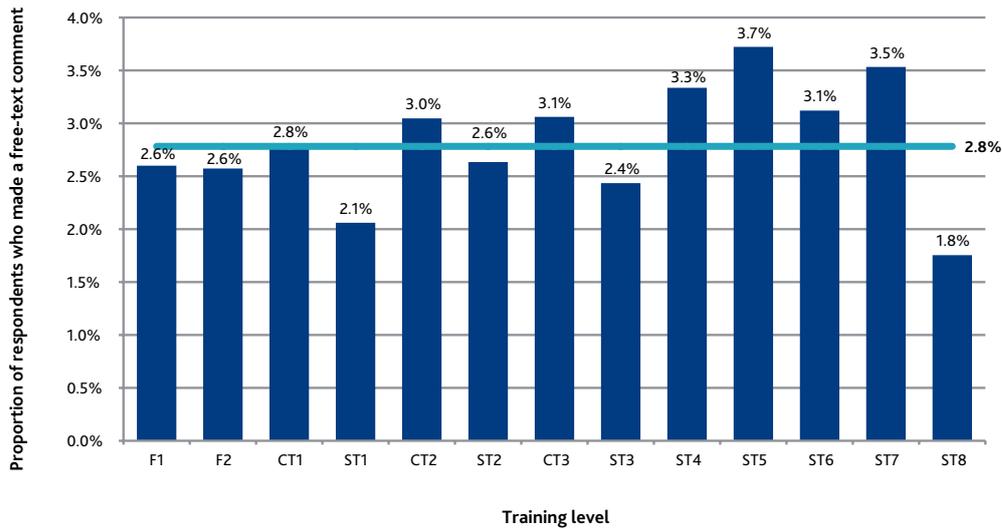
Those who completed medical school outside the UK raised more concerns than those doctors who graduated in the UK: 3.2% in the European Economic Area (63 of 1,940 doctors) and 3.3% in the rest of the world (283 of 8,464) versus 2.6% in the UK (1,120 of 42,282). Both of these differences were found to be statistically significant using Pearson's chi-square ($P < 0.005$).

Does the training level matter?

Figure 3 shows that a doctor's stage of training also affects their likelihood to report undermining (and also found to be statistically significant). Doctors in ST4–ST7 of their specialty training were the most likely to report undermining, and core trainees (CT1–CT3) were more likely to report undermining than their run-through equivalents (ST1–ST3). Doctors in ST8 made the lowest proportion of comments (1.8%).

This result is interesting, especially when compared with another aspect of the 2013 survey: doctors who were early on in their training programmes were much more likely to raise patient safety concerns. The same pattern is not present in the responses to the undermining questions.

Figure 3: Stage of training of doctors who reported undermining



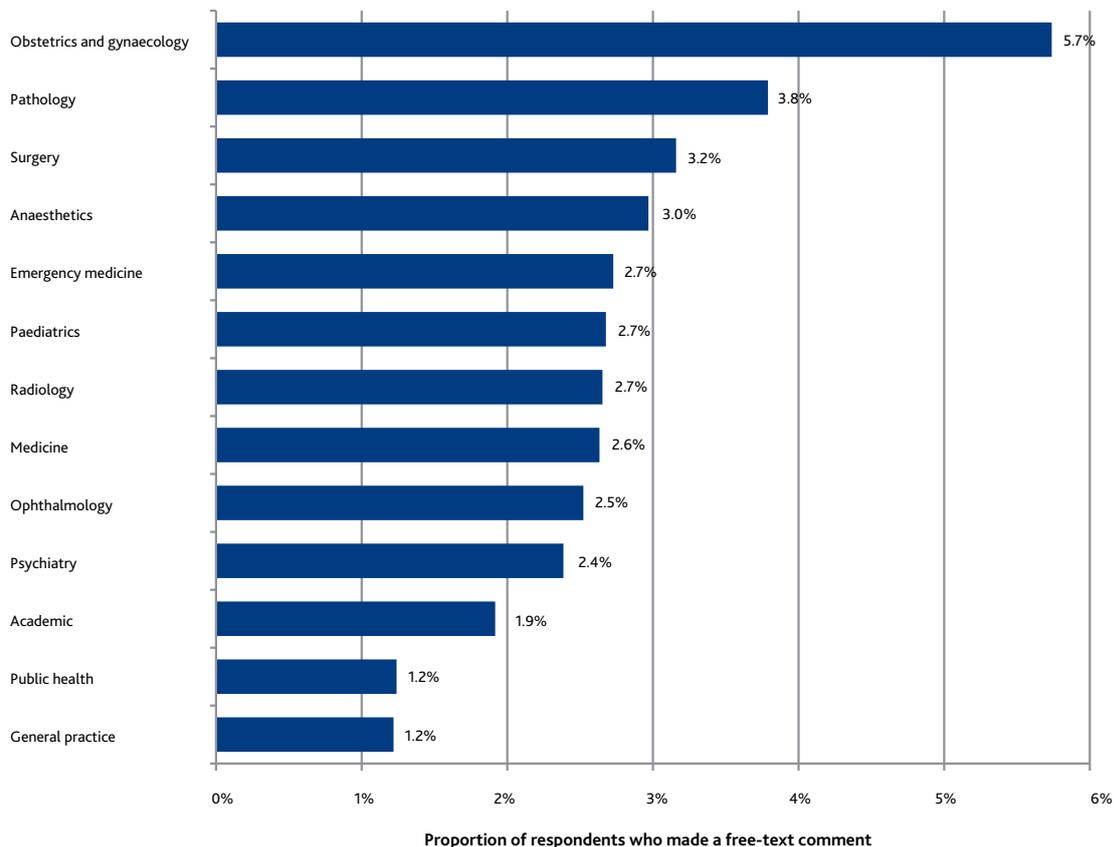
Stages of training are foundation (F), core (CT) and specialty (ST); the number is the year of training. The light-blue line represents the mean proportion of doctors in training across the whole trainee population who reported undermining.

Does the specialty matter?

We also analysed the proportion of comments made by doctors training in different specialty posts, with specialties grouped by college. Groupings of fewer than 100 doctors in training were removed from analysis. Again, the differences were found to be statistically significant using Pearson's chi-square ($P < 0.005$).

Figure 4 shows the proportion of free-text comments raised – it doesn't take into account the frequency of bullying and undermining reported via the survey question. Therefore, it doesn't necessarily illustrate the true extent of bullying and undermining issues in each specialty group.

Figure 4: Post specialty group of doctors in training who reported undermining



Definitions of post specialty groups are listed in Annex A.

How do doctors who report undermining feel about their training and their environment?

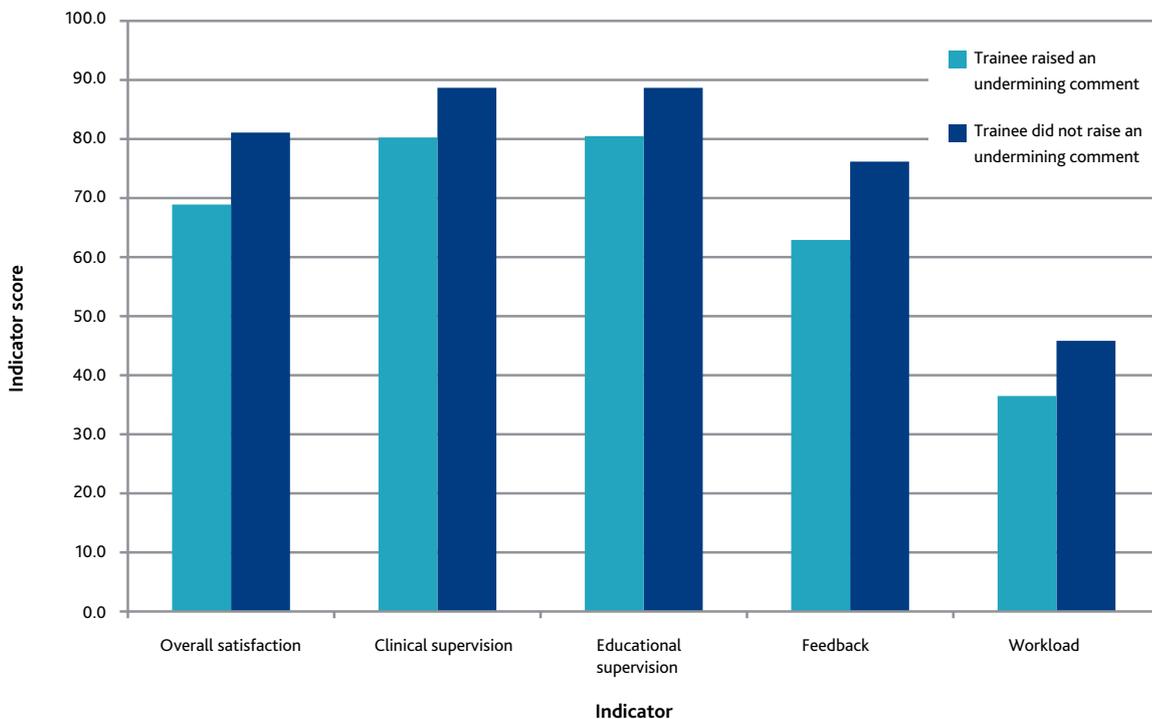
Figure 5 shows the mean score for five indicators – overall satisfaction, clinical supervision, educational supervision, feedback and workload – comparing the results between those respondents who raised a concern about bullying and undermining, and those who didn't.

For all five of the indicators, results from respondents who made a free-text comment about bullying and undermining were lower than from those who didn't raise a comment, particularly overall satisfaction

(68.9 compared with 81.1) and feedback (62.9 compared with 76.2). Other indicators showing lower scores from respondents raising free-text comments were clinical supervision (80.2 compared with 88.7), educational supervision (80.5 compared with 88.7) and workload (36.5 compared with 45.8).

This suggests that being involved in an incident relating to bullying and undermining has a substantial negative impact on doctors' satisfaction with their training, and perceptions of their training environment within their post.

Figure 5: How key indicator scores are affected when raising a comment about bullying or undermining



Addressing undermining as a team

Following poor results in the 2012 national training survey – across a whole series of indicators – one deanery organised a triggered visit to a surgical unit, led by the head of school.

A comprehensive visit report was produced and returned to the trust. One major issue that the visit highlighted was a report of bullying by some consultants. The department also had a culture of publically undermining doctors in training, as part of a regular case review process.

The Medical Director, fully supported by the Chief Executive, Director of Medical Education, Training Programme Director and departmental lead, agreed an immediate action plan to address these concerns.

Further information was gathered through individual and group meetings between the Director of Medical Education and the doctors in training, who gave their ideas for improvement.

The Medical Director met with each of the individuals named by the doctors in training and agreed appropriate interventions to support a change in behaviour. Notably, some of the individuals were unaware of the impact of their behaviour and were keen to address these concerns in a constructive manner.

A multi-professional departmental workshop was held, which included all consultants and doctors in training, as well as nursing representatives. Issues were discussed openly and actions were agreed to improve the experience in the department. This workshop was facilitated by individuals with experience in the field but external to the department. Crucially, cultural differences were examined and understood, personal impact was explored and further feedback was sought from doctors in training.

The department agreed a number of actions, which were then implemented. In particular, changes were made to the case review meetings to make them more constructive and educational.

The Director of Medical Education and departmental lead met with the doctors in training regularly, to review and monitor progress. Positive changes included a significant improvement in the behaviour of key individuals, plus an overall change in culture in the department, which the doctors in training noted.

Since these changes have been made, the department's 2013 national training survey results have shown a marked improvement.

Next steps

How are we going to respond to reports of undermining?

Response to concerns

- We will continue to escalate and respond to instances of undermining or bullying, that are not addressed locally, through our response to concerns process.
- In early 2014, for the first time, we will publish information on the concerns we have escalated and are more closely scrutinising and we will update this regularly so doctors in training can see how we are working with deans and the service to tackle issues such as undermining and patient safety.

Check visits

- In 2014, we will work with the colleges whose specialties feature more frequently in survey results on undermining and carry out a series of short, targeted check visits to investigate how concerns of doctors in training are being responded to.
- We will continue to ask deans to tell us about issues and progress in their reports every six months.
- We will work with networks of doctors in training to explore how we and local systems can give further support to help them report undermining. We'll look at the way comments

are shared, discuss how to maximise the impact of concerns raised, and define the responsibilities of doctors in training who report undermining.

Fitness to practise

- In serious cases of doctors displaying bullying and undermining behaviour that is not in accordance with our core guidance, *Good medical practice*, we will open fitness to practise investigations. These investigations can lead to actions taken against their licence to practise medicine.

How are we going to develop the survey of doctors in training?

We are currently working with deans to decide the process for reporting the undermining results for the 2014 national training survey. We hope to improve how undermining is reported in three ways.

1 Use a new method to produce undermining flags

First, we will share the results of the existing undermining indicator with deaneries and LETBs, using an improved method to highlight potential problem areas. As well as flagging concerns as red, we'll use a binary method to identify additional locations where we think deaneries should investigate reports of undermining.

We have tested the new method with three different deaneries and LETBs, making comparisons between their 2012 and 2013 results and their local knowledge of training posts. We are confident that the new method accurately shows where problems exist, and will provide deaneries with a richer source of data on which to base their work to improve quality of training in 2014.

2 Develop and test a new balanced indicator

We will introduce questions to evaluate the attitudes of doctors in training towards their workplace culture, using a balanced scale that allows both positive and negative responses.

This will help to avoid the inherent problem of the existing undermining indicator – that it can only report varying degrees of negativity. A balanced indicator will produce normally-distributed results, giving a true balance of concerns that we will be confident to publish in our online reporting tool.

We are now testing these new questions with groups of doctors in training, deans, LETBs, colleges and employers. Our aim is to test them in the 2014 survey, analyse the results and report back on the findings in the autumn, comparing the performance of the new questions against those in the existing undermining indicator.

3 Improve the question where doctors can make free-text comments about undermining

This will involve altering the order of questions in the survey, so that doctors in training are presented with a specific question about undermining with space to make a free-text comment. This will be placed immediately after the undermining section, via a routing question that will allow respondents to bypass the free-text page if they do not have anything to report.

We will also add some accompanying information to the page, outlining the process for doctors in training to raise concerns, and providing the confidential helpline for doctors in training to call us. Again, we plan to test this approach with stakeholder groups, and aim to launch the newly-designed question in the 2014 survey.

Annex A – post specialty group definitions

Post specialty	Post specialty group	Post specialty	Post specialty group
Academic	Academic	Occupational medicine*	Occupational medicine
Anaesthetics	Anaesthetics	Ophthalmology	Ophthalmology
Intensive care medicine	Anaesthetics	Child mental health	Paediatrics
Emergency medicine	Emergency medicine	Community child health	Paediatrics
Pre-hospital emergency medicine	Emergency medicine	Neonatal medicine	Paediatrics
General practice	General practice	Paediatric clinical pharmacology and therapeutics	Paediatrics
Acute internal medicine	Medicine	Paediatric diabetes and endocrinology	Paediatrics
Acute medicine	Medicine	Paediatric emergency medicine	Paediatrics
Allergy	Medicine	Paediatric gastroenterology, hepatology and nutrition	Paediatrics
Audio vestibular medicine	Medicine	Paediatric immunology, infectious diseases and allergy	Paediatrics
Cardiology	Medicine	Paediatric inherited metabolic medicine	Paediatrics
Clinical genetics	Medicine	Paediatric intensive care medicine	Paediatrics
Clinical neurophysiology	Medicine	Paediatric nephrology	Paediatrics
Clinical pharmacology and therapeutics	Medicine	Paediatric neurodisability	Paediatrics
Dermatology	Medicine	Paediatric neurology	Paediatrics
Endocrinology and diabetes mellitus	Medicine	Paediatric oncology	Paediatrics
Gastroenterology	Medicine	Paediatric palliative medicine	Paediatrics
General (internal) medicine	Medicine	Paediatric respiratory medicine	Paediatrics
Genitourinary medicine	Medicine	Paediatric rheumatology	Paediatrics
Geriatric medicine	Medicine	Paediatrics	Paediatrics
Haematology	Medicine	Chemical pathology	Pathology
Hepatology	Medicine	Forensic pathology	Pathology
Immunology	Medicine	Histopathology	Pathology
Infectious diseases	Medicine	Medical microbiology	Pathology
Medical oncology	Medicine	Medical microbiology and virology	Pathology
Medical ophthalmology	Medicine	Medical virology	Pathology
Neurology	Medicine	Metabolic medicine	Pathology
Nuclear medicine	Medicine	Neuropathology	Pathology
Paediatric cardiology	Medicine	Paediatric pathology	Pathology
Palliative medicine	Medicine	Child and adolescent psychiatry	Psychiatry
Rehabilitation medicine	Medicine	Forensic psychiatry	Psychiatry
Renal medicine	Medicine	General psychiatry	Psychiatry
Respiratory medicine	Medicine	Liaison Psychiatry	Psychiatry
Rheumatology	Medicine	Medical psychotherapy	Psychiatry
Sport and exercise medicine	Medicine	Old age psychiatry	Psychiatry
Stroke medicine	Medicine	Psychiatry of learning disability	Psychiatry
Tropical medicine	Medicine	Chemical pathology	Pathology
Community sexual and reproductive health	Obstetrics and gynaecology	Rehabilitation psychiatry	Psychiatry
Gynaecological oncology	Obstetrics and gynaecology	Substance misuse psychiatry	Psychiatry
Maternal and fetal medicine	Obstetrics and gynaecology	Public health medicine	Public health
Obstetrics and gynaecology	Obstetrics and gynaecology	Clinical oncology	Radiology
Reproductive medicine	Obstetrics and gynaecology	Clinical radiology	Radiology
Sexual and reproductive health	Obstetrics and gynaecology	Interventional radiology	Radiology
Urogynaecology	Obstetrics and gynaecology	Cardiothoracic surgery	Surgery
		General surgery	Surgery

* Occupational medicine removed from post specialty group analysis due to there being less than 100 doctors in training posts.

Post specialty	Post specialty group
Neurosurgery	Surgery
Oral and maxillofacial surgery	Surgery
Otolaryngology	Surgery
Paediatric surgery	Surgery
Plastic surgery	Surgery
Trauma and orthopaedic surgery	Surgery
Urology	Surgery