

## Executive summary

This report is the cumulation of three years of discussion and consideration of multiple views. A suite of terms is needed to cope with multiple situations. The term 'Junior Doctor' was traditionally applied to doctors after qualifying, whilst working through a series of posts with on-going training on their way to Consultant or GP roles. There are 62,000 doctors in approved training posts, of whom 4,248 are over age 40 and all spend most of their time providing NHS service during their training contracts.

Large numbers of doctors do not follow a linear path. 62% of doctors completing their Foundation years do not continue immediately into approved training posts (UKFPO, 2018). Aside from Consultants and GPs, there are now almost as many doctors who are not in training (49,798) as those who are in training (61,592) (GMC, 2019). These other doctors are working as SAS Doctors or as locally employed doctors. Within hospitals and clinical areas, all doctors should be valued primarily for doing the job they are doing now and the skills they have obtained already rather than for their future educational potential. **It is recommended that they should all be called 'Doctors' in workplace settings.**

Most doctors in their first few years are on shifts, changing posts every 4 months, interacting with large numbers of other staff and patients and undertaking very intense work. Unconscious bias from patients, relatives, visitors and other staff means doctors are mistaken for other staff, students, newly-qualified or highly experienced doctors on the basis of what they look like. This may affect how medical advice is interpreted, may reduce training opportunities and may introduce embarrassment. The training system introduced in 2007, with a different term for every year of training, works for educational purposes but is too detailed for use in the workplace. Many hospitals and clinical settings still use the old terms to delineate the two main rota tiers with 'SHO' for the first few years and 'Registrar' for more senior doctors in a specialty. This is similar to imperial and metric still being in common parlance, for example a person's height may be stated as 6'2" rather than 187cm. The task and finish group favoured a return to the old terms, but this report shies away from this because the term 'SHO' has its own negative connotations. The term 'Registrar', however, was particularly popular in surveys. Multiple options were considered. A new term of 'Central Doctors' is recommended to directly replace the term SHO for this broad tier and to include those within and outside formal training posts. Most Central doctors will be within the first five years after graduation. **It is recommended that the broad ranks of Foundation Year 1 (FY1), Central Doctor, Registrar and Consultant are used.** This fits with four RCP 'Tiers' for workforce in acute hospitals. It should be noted that SAS doctors are trained doctors with national terms and conditions of service, usually working within specialties at a senior level, often providing a skilled contribution to the Registrar rota or Consultant rota.

Every doctor's name badge should have the title Dr or word Doctor on it (or surgeon if they identify as a surgeon, have passed exams and are operating). There are many different audiences. Introductions should be clear and tailored to every person or group, including by those introducing others. There are many useful initiatives around name and role emphasising both the individual and their general healthcare role, including: 'HelloMyNames', 'SignUpToSafety' and 'TheatreCapChallenge'.

Each doctor's annual training grade and educational needs will still exist as an extra layer when required, for example within departments.

**It is recommended that the terms 'Junior Doctor' and 'trainee' should not be used as these terms are felt to be pejorative.** From our survey with 1,948 respondents, 78% thought 'Junior Doctor' was inappropriate and 47% also thought 'trainee' should be avoided. The evidence section and appendices include free text from the survey detailing multiple instances and opinions. Other terms that can cause offence are 'middle grade', 'Career Grade', 'non-Consultant' and 'sub-' and these should also be avoided. Many felt strongly. Being treated in a belittling way (such as when a trainee or junior tag has been used in the past) can be part of a culture where bullying persists; this can be changed.

A different term is required to replace the very specific group term meaning 'all doctors who are in a training post'. The organisational term 'Doctors in training' is not favoured by patients or other staff as it seeps into the lexicon in acute areas and may be misinterpreted as 'student'. Patients dislike acronyms. I offer a final pragmatic solution that the word 'training' should only be acceptable in a title alongside an appropriate adjective. I recommend that groups of doctors in Foundation, Core and Specialty Training posts may be referred to as 'Doctors in Postgraduate Training' when a formal term is needed, unless another adjective is possible, usually signifying specialty eg 'Doctors in Paediatric training' or 'Doctors in foundation training'. In the workplace, I recommend that this is shortened to 'Postgraduate Doctors' or 'Postgrad Doctors' only for those in training posts when needed. This has some flexibility, removes the need for the terms 'trainee' and 'junior doctor' and is respectful. In most instances involving work or scheduling, the term Doctors is better as it includes those not in training. **The term 'Postgraduate doctor' is recommended to replace 'Junior doctor' meaning doctor in a training post.**

Any changes would require an educational exercise for the different audiences of doctors, other staff, the public and patients.

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